# TRP Lessons Learned

GC8 TRP Review Window 1

8 July 2026

# 1 Window 1 overview

# Window 1 outcomes

TRP has recommended **all 20 funding request for grant-making.**
The reviewed funding requests represent **$3.35B in allocation funding** for grant-making. This accounts for almost a third of the allocation amounts communicated for GC8.

| | W1 Recommended Amount (US$) | % GC8 total communicated |
|---|---|---|
| Allocation | 3,348,941,693 | 31.1% |
| Matching Funds | 75,300,002 | 29.6% |
| Multicountry | 10,000,000 | 50.0% |
| **Total** | **3,434,241,695** | |

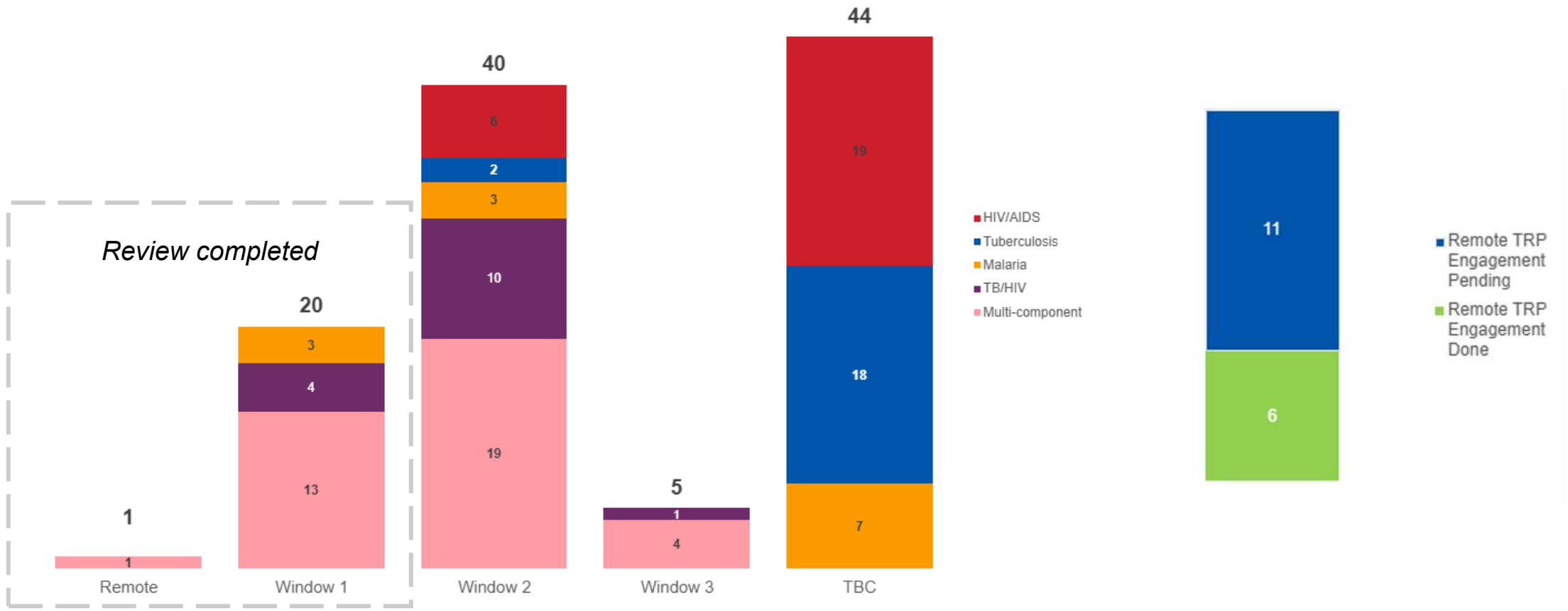
# Matching funds recommended for grant-making

| | W1 Recommended Amount (US$) | % GC8 total communicated |
|---|---|---|
| Equitable, Resilient Integrated Community & Health Services for Women & Children | 33,000,000 | 32% |
| Expanding Social Contracting to Enable Access to Services | 2,750,000 | 28% |
| Integrated HIV Prevention | 9,500,000 | 18% |
| Digital Solutions Supporting Integration | 10,500,000 | 47% |
| Public Financial Management | 6,750,002 | 23% |
| Address Human Rights & Gender Barriers to Services | 12,800,000 | 37% |
| **Total** | **75,300,002** | |

# Overview of TRP review windows

Approximately 128 Funding Requests are expected in the 2026-2028 allocation period. The majority of Funding Requests for this allocation period will go through TRP review in 2026.

So far, absolute majority of funding requests came as integrated across HIV / TB/ Malaria/ RSSH.




THE GLOBAL FUND

*1 TRP Remote Review in Q2 2026 outside review window following the World Bank process for a blended financing arrangement

# TRP review criteria and agility

The **GC8 TRP Review Criteria** adapted to the **Strategic Shifts**

- *Shift 3*: Programmatic prioritization
- *Shift 4*: Integrated program delivery within PHC and integrated health systems
- *Shift 5*: Community systems integration and financing
- *Shift 6*: Optimize domestic resources and co-financing

Greater differentiation and agility in GC8:

- Four modalities of reviews and engagements
- Criteria and process differentiated for Tailored for Focused and Transition portfolios
- Early TRP review window to give more time to applicants for grant-making

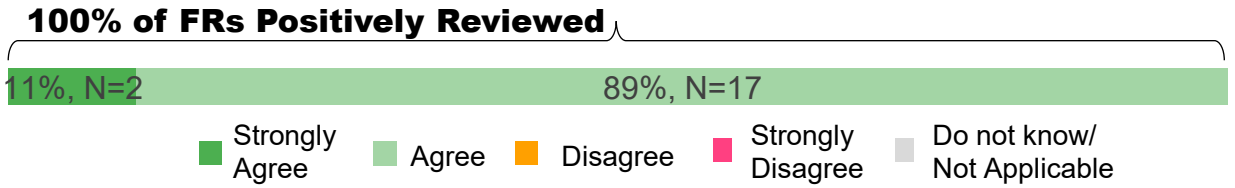
# 2 GC8 Strategic Shifts observations and recommendations

# TRP Funding Request Survey: Overall Quality and Alignment

20 Funding Requests reviewed from 19 Portfolios

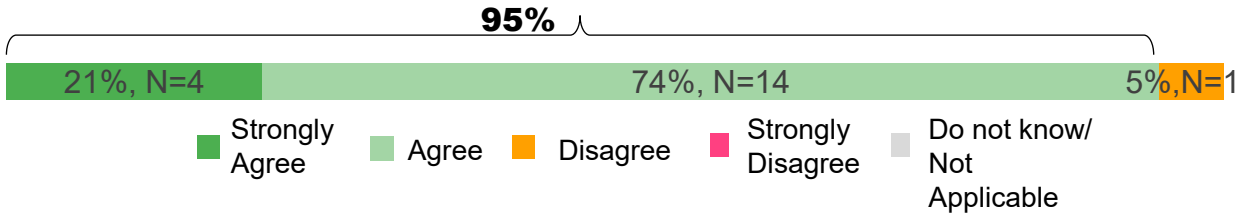
*The applicant's funding request(s) demonstrates a technically sound and strategically focused approach that is aligned with the epidemiological context and GC8 Strategic Shifts, maximizes impact, and supports sustainable program design.*

## Overall Quality of the FRs and Alignment with the GC8 Strategic Shifts




*The applicants' funding request(s), demonstrates alignment with the Aims of the Allocation included in the Allocation Letter.*

## Aims of the Allocation

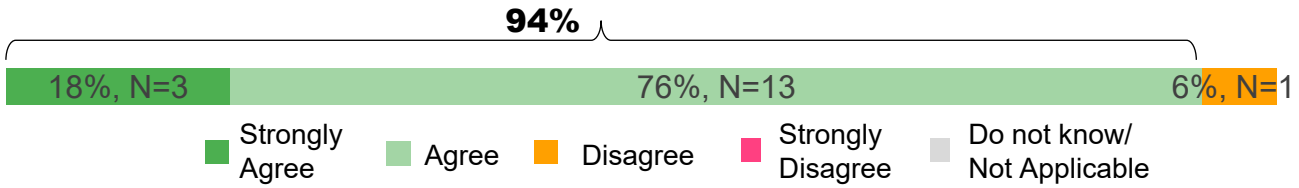


# Strategic Shift 3: Programmatic Prioritization

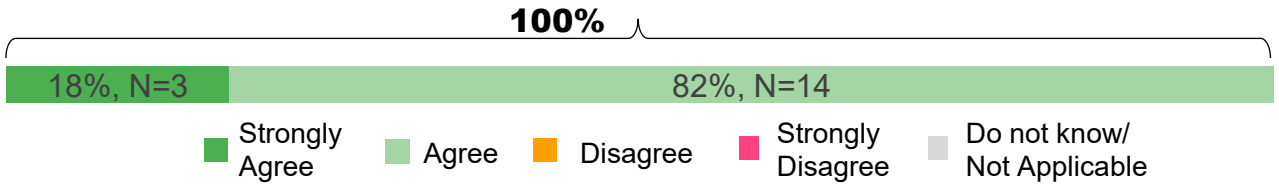
## Observations (1)

- TRP funding request quality survey shows generally good prioritization across the three diseases to maximize impact within available resources.

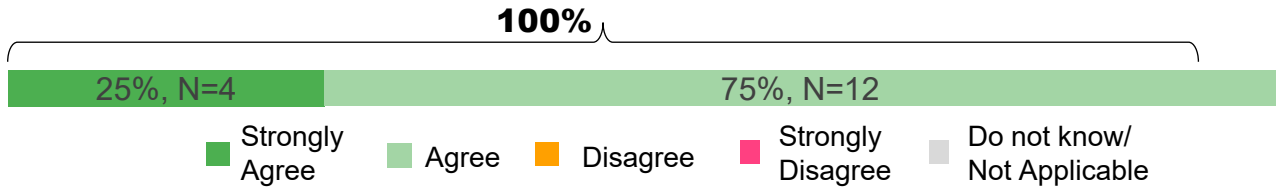
### Programmatic Prioritization - HIV




### Programmatic Prioritization - TB




### Programmatic Prioritization - Malaria




*HIV/TB/Malaria Investments included in the applicant's funding request demonstrate evidence-based prioritization of interventions (based on up-to-date country epidemiological data) that maximize impact within available resources, target high-burden populations, geographies and barriers to access, and reduce lower-impact or poorly aligned activities.*

# Strategic Shift 3: Programmatic Prioritization

## Observations (2)

- Funding requests demonstrated stronger evidence-based prioritization than in previous cycles, with **greater use of epidemiological, geographical and equity analysis**.
- Prioritization was **not always translated into explicit budgeting decisions**, **implementation sequencing or Allocation** budget versus Prioritized Above Allocation Request (PAAR) trade-offs.
- Prioritization processes lacked details on the **rationale for trade-offs**, the impact on the continuum of care, and alignment with other investments from domestic budget and other development partners.
- The **allocation letters** provided greater specificity of expected prioritization areas, which **largely aligned the funding requests**.

## Examples of progress and tensions

- The Applications the TRP recognized as good practice were those that **prioritized population and geographical targets using data**, rather than prioritizing between interventions.
- Applicants were **constrained by their allocation envelopes**, with 53% of requested budgets dedicated to health products and their procurement and supply chain management (PSM) (up to 75% in High-Impact; up to 60% in Focused portfolio).
- Reduced allocation enveloped significantly constrained applicants' ability to invest in broader **health system** priorities.
- **Life-saving measures like treatment and diagnosis were prioritized over prevention** in TB.
- In malaria, a **consistent implementation of World Health Organization (WHO) guidance** on sub-national tailoring enabled better prioritization.
- TRP recommendations of elevating critical interventions from PAAR to allocation reached 10% in some cases.

# Strategic Shift 3: Programmatic Prioritization

## Recommendations

**Applicants**

- Clearly **describe prioritization processes, trade-offs and expected programme-wide impacts**, including alignment with other funding sources and decisions on allocation vs PAAR.
- In program planning process and budgets for GC8, plan preserving critical data and cost-effectiveness inputs needed for prioritization.

**Technical Partners**

- Support countries in strengthening priority-setting processes to facilitate the translation of integrated, evidence-based programmatic and budget prioritization into programmatic and budgetary decisions across disease programmes and funding partners.

**Secretariat**

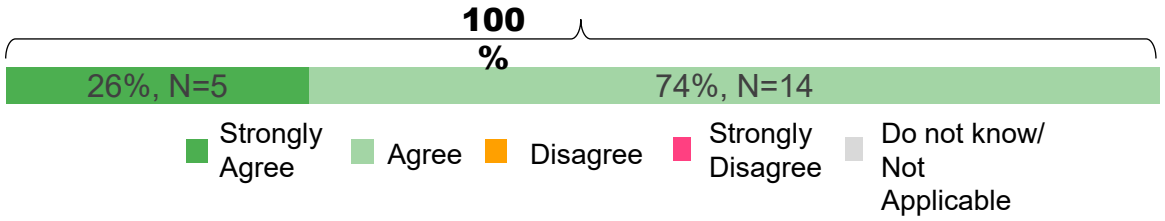
- Develop practical prioritization tools, and illustrative country examples to support transparent prioritization, trade-off analysis.

# Strategic Shift 4: Integrated program delivery within PHC and integrated health systems

## Observations

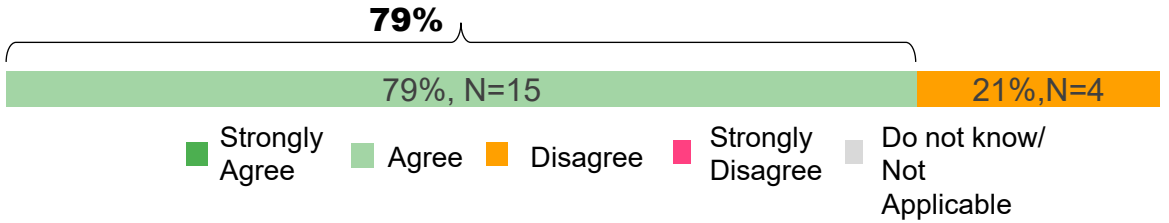
- Applicants expressed **stronger commitment to integrating** HIV, TB, malaria across programs and into PHC than in previous cycles.
- Funding requests often **lack operational models** describing how integrated services will be delivered, coordinated, financed and monitored, including referral pathways, minimum service packages and workforce optimization.
- **Performance frameworks do no support assessment of integrated service delivery**, quality or health outcomes including patient satisfaction. WPTI are underused for this purpose.
- There is **insufficient emphasis on the clinical cascade** and scope for more careful consideration on when and how integration should occur. In some cases, integration may not be the best option at a given time.
- Insufficient clarity in integration **pathways aligned with national government platforms**, recognizing gaps in primary health care (PHC) capacity, workforce absorption, data systems readiness, and predictable domestic financing.

### Integration Priorities




*The applicant's funding request(s) demonstrates contextually **feasible ambition and prioritized action** towards integration of services and systems for HIV, TB and malaria in a coordinated way within PHC and across the different health systems pillars.*

### Operationalization of Integration Priorities




*The applicant's funding request(s) translates integration priorities into **concrete activities and budgets** and, where applicable, reduces insufficiently justified vertical investments.*

# Strategic Shift 4: Integrated program delivery within PHC and integrated health systems

## Recommendations

**Applicants**

- Describe how integration will be **delivered, monitored and sustained**, including referral systems, workforce optimization, minimum service packages and quality assurance including mitigating risks for key populations.

**Technical Partners**

- Support countries with **practical implementation models** and **evidence on integrated service delivery**, including indicators to monitor progress.

**Secretariat**

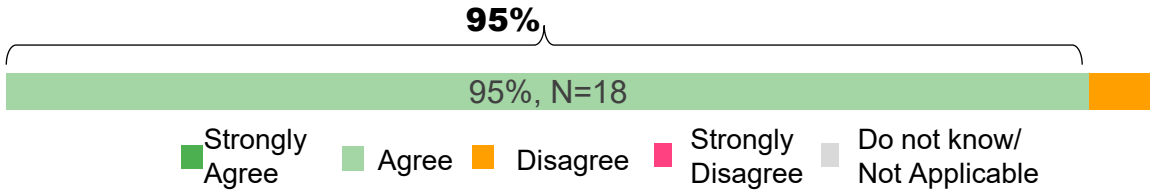
- Ensure that service integration is supported by a robust monitoring, evaluation and learning (MEL) framework, with standardized measures aligned with normative guidance and, wherever feasible, embedded in routine national information systems.

# Strategic Shift 5: Community systems integration and financing

## Observations

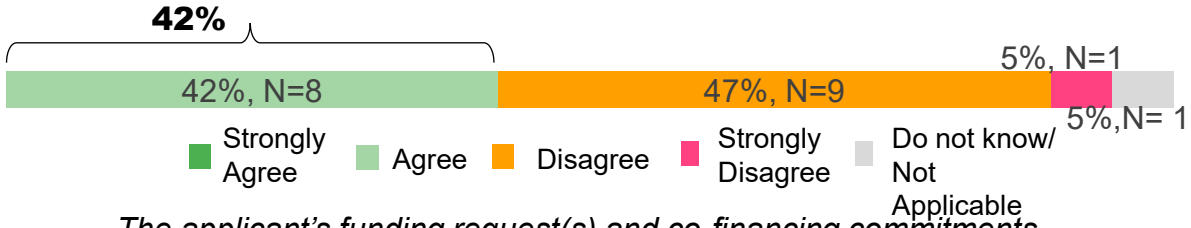
- Interventions related to Community systems (CS), Community-led monitoring (CLM), removing human rights and gender-related barriers to service delivery and ensuring equitable access received **greater attention** across funding requests.
- Evolving country political environment in some countries caused a **disconnect between CS and barriers to services such as those related to human rights and gender** leading to gaps in access for key and vulnerable populations (KVPs) and risk to community health workers (CHW).
- Investments were frequently **fragmented, insufficiently prioritized and weakly institutionalized**.
- CS investments frequently prioritized service delivery activities while **underinvesting in** institutional and organizational capacity **strengthening of civil society organizations (CSOs)**.
- Sustainability of community-led services remains a major, unchanged concern.

## Community Systems Integration




*The applicant's funding request(s) demonstrates feasible and appropriate integration of community-led and community-based services into national health systems, national strategies, policies, and financing frameworks, including through social contracting, policy reforms and safeguards where integration is not appropriate or feasible.*

## Community Systems Financing




*The applicant's funding request(s) and co-financing commitments demonstrate credible pathways for progressive government uptake of prioritized community interventions, identified community systems and community-led service delivery costs through domestic financing, with a focus on key and vulnerable populations.*

# Strategic Shift 5: Community systems integration and financing

## Social contracting

- Funding requests increasingly recognized **social contracting as an important mechanism** for sustaining community-led services. However, implementation pathways toward government financing and institutionalization often remained unclear.
- **Dedicated budgets** to developing and institutionalizing social contracting were foreseen **only in 3 countries**, including two countries with funding requests tailored for transition that receive dedicated matching funds for Social Contracting.

## Recommendations

**Applicants**

- Prioritize investments related to community systems and to removing gender and human rights-related barriers to services based on epidemiological evidence and embed them **within routine health system functions**, including in pre-service training.
- Plan **social contracting arrangements early** (High-Impact and Core portfolios).
- Present phased social contracting strategies with **clear financing pathways, institutional responsibilities and milestones toward government ownership,** as relevant, within the broader programmatic and financial sustainability plans.

**Technical Partners & Applicant**

- Strengthen institutional capacity of CSOs, including long-term organizational development, governance and financial management capacities, and support operationalization of social contracting.

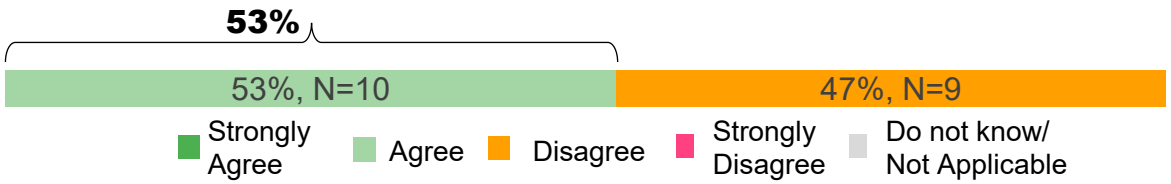
**Secretariat**

- Develop practical guidance, including country case studies, for integrating these interventions into the health systems landscape while maintaining independence.

# Shift 6: Optimize Domestic Resources and Co-financing incl VfM

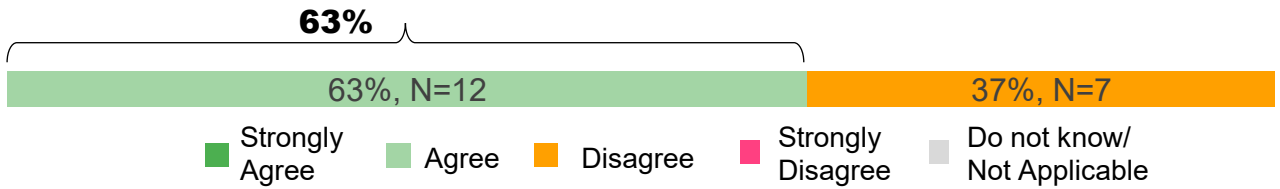
Missing domestic finance plans and co-financing commitments to meet critical programmatic gaps

## Domestic Financing Trajectory, Needs and Gaps



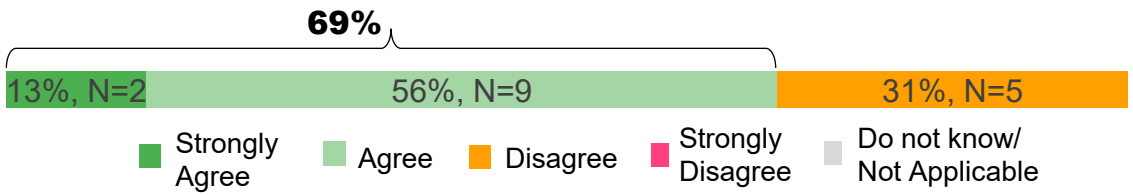

*The applicant's funding request(s) demonstrates a robust plan to increase and/or improve domestic financing for health and progressively assumes greater responsibility for HIV, TB and malaria responses, critical RSSH costs and specific programmatic interventions, with clear articulation of financing needs, available resources, projected government spending, remaining gaps and efforts to address those gaps.*

## Sustainability and Transition Readiness



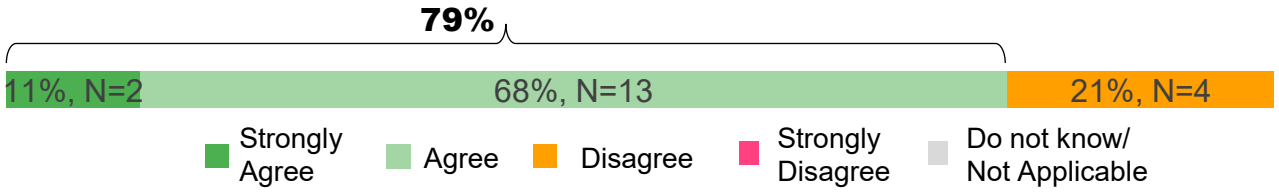

*The applicant's funding request(s) identifies key sustainability and transition challenges and includes clear national plans, actions and investments to address them.*

## Co-financing Commitments




*The initial co-financing commitments included in the funding request are clear, strategically focused, improve health system financing, reduce reliance on the Global Fund for specific programmatic interventions, and are directed toward critical programmatic gaps.*

## Alignment with National Systems and PFM




*The applicant's funding request(s) is planned within wider national strategies and budgetary processes, progressively aligns with national public financial management, health financing and planning systems, and strengthens the country's ability to plan, budget and execute health funding effectively, where applicable.*

# Strategic Shift 6: Optimize domestic resources & co-financing

## Observations

- Domestic financing commitments have **increased across many countries**; however, sustainability depends not only on commitments but also on effective budget execution, which remains a challenge in many settings.
- Expectations for **domestic resource mobilization** are **often unrealistic**, especially in fragile and challenging operating environments (COEs), where conflict, displacement, and economic constraints severely limit fiscal space.
- **Weak budget execution** often reflects **broader public financial management and implementation constraints**, requiring context-specific solutions and coordinated partner support.
- Sustainability should be assessed not only by domestic financing commitments, but **also by governments' ability to execute health budgets effectively**. Budget execution, not budget commitment alone, is a critical determinant of sustainability.
- Transition planning requires **early attention to service continuity risks**, including diagnostics, medicines and decentralized procurement systems.

## Value for money

- Despite reduced funding envelopes, operational costs—including programme management, salaries, per diems and and travel—often remained high and were not consistently benchmarked against government systems or national cost norms.
- In some funding requests, prioritization decisions were not fully reflected in budgets, with inconsistencies between Allocation and PAAR raising questions about value for money and implementation efficiency.
- Greater scrutiny is needed to ensure that limited resources are directed towards high-impact interventions rather than administrative or operational costs.
- Aligning operational costs with government systems strengthens value for money and improves long-term sustainability.

# Strategic Shift 6: Optimize domestic resources & co-financing

## Recommendations

**Applicants**

- Present **realistic, context-specific financing and transition plans**, including clear financing pathways and sustainability risks, including continuity arrangements for critical commodities and diagnostic services during transition.
- Justify **operational costs using government salary scales and national cost norms where available**, while ensuring budgets reflect prioritization and value for money.

**Technical Partners**

- Assist countries in **benchmarking operational costs against government standards and identifying opportunities for greater programme efficiency**.
- Support coordinated financing approaches and provide technical assistance **tailored to fragile and COE settings**.

**Secretariat**

- Continue operationalizing guidance on assessing budget execution, public financial management constraints, and context-specific sustainability planning.
- Strengthen guidance on benchmarking operational costs against government standards and reviewing consistency between budgets, prioritization and value for money.

# 3 Technical observations and recommendations

# HIV Lesson 1 : From Innovation to Equitable Access

## Observations

- Funding requests demonstrated **strong adoption of innovative HIV interventions**, including long-acting prevention and differentiated service delivery models, reflecting alignment with evolving global recommendations.
- Implementation readiness was often insufficient, with **limited operational planning for product introduction, supply chains, service delivery, monitoring, health workforce capacity and mitigations plans**.
- Programmes increasingly prioritized key populations and vulnerable groups; however, differentiated approaches that **address the needs of people with multiple vulnerabilities, human rights considerations, and "do no harm" principles were not always adequately translated into implementation**, particularly in challenging operating environments.

## Recommendations

**Applicants**

- Translate innovative HIV interventions into feasible, scalable programmes through clear implementation approaches, monitoring arrangements, and risk management strategies.
- Tailor differentiated service delivery to local epidemiology and context, ensuring equitable access for key and vulnerable populations.

**Technical Partners**

- Support **implementation research and country learning** on differentiated service delivery, long-acting HIV prevention, and service integration.

**Secretariat**

- Continue operationalizing practical guidance on implementation readiness for new HIV technologies and context-specific programming for key populations specially in challenging operational enviroments.

# HIV Lesson 2 : Implementation Readiness for Long-Acting HIV Prevention

## Observations

- Funding requests demonstrated **strong interest in introducing long-acting HIV prevention, including injectable lenacapavir (LEN)**, with some countries allocating a substantial proportion of HIV commodity budgets to its introduction.
- Selection for LEN introduction does not necessarily indicate implementation readiness. Many funding requests lacked sufficient operational planning for service delivery models, eligibility criteria, provider capacity, supply chain, laboratory monitoring, pharmacovigilance, data systems and monitoring.
- Where LEN represents a major share of commodity investments, **phased implementation, contingency planning and risk mitigation are essential** to ensure programme continuity and value for money.
- Successful introduction of long-acting HIV prevention depends on implementation readiness—not product selection alone.

## Recommendations

**Applicants**

- Develop implementation-ready plans for LEN introduction, including differentiated service delivery models, health system readiness, phased roll-out and contingency planning.

**Technical Partners**

- Support applicants in operational planning, provider training, implementation research and evidence generation to guide sustainable scale-up.

**Secretariat**

- Strengthen practical guidance and readiness assessment approaches for LEN introduction, including minimum requirements for implementation, monitoring and risk mitigation.
- Promote consistent review of implementation readiness when LEN represents a substantial share of HIV prevention investments.

# TB Lesson 1 : From Innovation to Effective Service Delivery

## Observations

- Funding requests demonstrated s**trong technical alignment with the End TB strategy**; however, **implementation plans frequently lacked sufficient operational detail**, including delivery pathways, implementation sequencing, and monitoring arrangements.
- **Expansion of molecular diagnostics**, particularly Near Point-of-Care platforms, was a recurring strength. However, many proposals lacked comprehensive diagnostic network optimization, including description of the optimal link of NPOCs with Xpert/ Truenat and expected resulting improvement in efficiency and sustainability, geographic placement, specimen referral systems, integrated/multiplex use, maintenance, and external quality assurance.
- **Public–Private Mix was recognized as a high-impact strategy** for improving tuberculosis case detection and notification, but related investments were often i**nsufficiently prioritized or deferred to PAAR**.

## Recommendations

**Applicants**

- Develop **implementation-ready operational plans**, including delivery models, implementation sequencing, diagnostic network optimization, and monitoring frameworks.
- **Integrate Near Point-of-Care diagnostics within comprehensive diagnostic networks**, including specimen referral systems, quality assurance, maintenance, and multi-disease use where appropriate.
- Prioritize high-impact Public–Private Mix interventions within the allocation and define sustainable implementation arrangements

**Technical Partners**

- Support countries in simplified, less expensive diagnostic network optimization using implementation research approach, and cross-country learning on molecular diagnostic scale-up.
- Support countries in generating evidence on cost-effectiveness of combined nPOC+Xpert/Truenat vs Xpert/Truenat only

**Secretariat**

- Strengthen operationalization of practical guidance on implementation of new tuberculosis diagnostics and strengthen support for diagnostic network optimization and Public–Private Mix implementation.

# Malaria Lesson : From Innovation to Impact

## Observations

- Countries increasingly recognized the need for **differentiated, data-driven approaches** (i.e., subnational malaria risk stratification) to target high-burden geographies and vulnerable populations groups, but implementation capacity, methods, and system readiness remained uneven.
- Funding requests demonstrated **a strong willingness to introduce innovative malaria interventions and delivery modalities** (e.g., post-discharge malaria chemoprevention (PDMC), community and school-based distribution of ITNs, spatial emanators) reflecting alignment with evolving WHO recommendations and need to maximizing investment for impact.
- **Pilots and scale-up efforts frequently lacked sufficient detail on targeting**; implementation sequencing; monitoring, evaluation and learning (MEL) frameworks.
- Malaria investments should **increasingly be guided by subnational stratification approaches** that carefully balance elimination objectives with continued support to high-burden geographies.

## Recommendations

**Applicants**

- Ensure operational/implementation research pilots and scale-up efforts of new interventions or programmatic modalities **include feasible implementation-ready plans, MEL frameworks, and sustainability considerations**.
- Clearly define **criteria for introduction, scale-up and adaptation of interventions** based on epidemiological evidence, operational context, and implementation experience.
- Explicitly justify how investments are balanced between **burden reduction, transmission interruption, and elimination goals**.

**Technical Partners**

- Support countries in **generating evidence** (including re malaria risk stratification) for the identification of appropriate intervention packages, appropriateness for new interventions, documentation of best practices and facilitating cross-country learning for new malaria interventions and programmatic modalities.

**Secretariat**

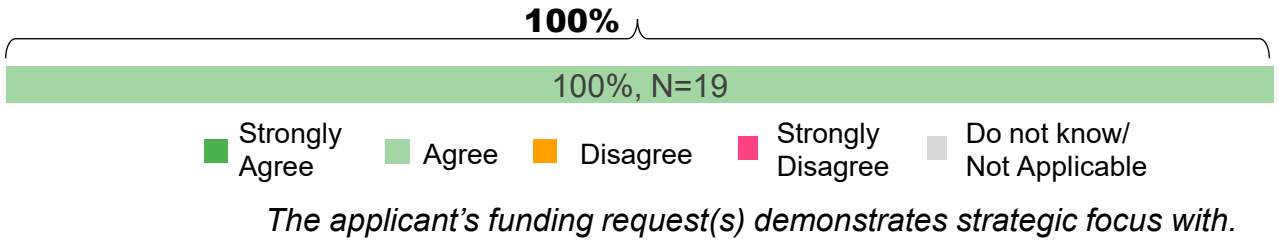
- **Support resource mobilization** for countries' capacity strengthening and institutionalization of SNT of interventions.
- Continue providing **practical guidance on implementation of emerging malaria interventions / modalities, and promote adaptive programme management** based on operational evidence.

# RSSH Lesson: From System Investments to System Readiness

## Observations

- RSSH investments were increasingly integrated into funding requests, but **operational planning and implementation arrangements often remained insufficiently developed**.
- HIV, TB and malaria program outputs, outcomes and impact in an integrated service delivery model **increasingly depended on health system readiness**, including workforce, laboratory systems, procurement, digital systems and governance.
- Integrated service delivery requires workforce models that **extend beyond in-service training to include pre-service education and institutional capacity development**.

### Focus on RSSH Prioritization




*The applicant's funding request(s) demonstrates strategic focus with.*

## Recommendations

**Applicants**

- Develop **implementation-ready RSSH plans**, guided by Theory of Change, with clear governance, financing and monitoring frameworks including WPTI.This plan should cover, as a minimum, critical cross cutting areas such as Supply Chain Management (SCP)/Health Product Management Systems (HPMS), Health Management Information Systems (HMIS) and Laboratory.
- Describe the **institutional arrangements** for integrated health workforce development, including pre-service education.

**Technical Partners**

- Support countries in **strengthening health workforce education systems** and developing **competency-based curricula** for integrated service delivery.

**Secretariat**

- Strengthen **application of RSSH guidance** with specific attention to long-term health workforce development, emphasizing institutional capacity and pre-service education for integrated primary health care.

# EHRG Lesson : Addressing access barriers to services for the effectiveness of HIV, TB and malaria programs

## Observations

- Funding requests increasingly incorporated equity, human rights, and gender (EHRG) considerations and community priorities into programme design **to address access barriers to services for the effectiveness of HIV, TB and malaria programs**.
- However, interventions often remained **fragmented and activity-based, with limited integration into routine health system functions, governance, financing and accountability mechanisms**.
- These gaps were particularly evident in **challenging operating environments (COEs)** and fragile settings.
- CLM, Social Contracting and CSO engagement were increasingly recognized but frequently **lacked sustainable financing, institutional arrangements, and stronger linkages with humanitarian and development partners**, particularly in challenging operating environments.
- Approaches to address barriers to HIV, TB and malaria services should be **adapted to country context, particularly in settings where these diseases most affect vulnerable populations** (such as fragile, humanitarian and criminalizing settings) where conventional programming may be insufficient.
- **Narratives were often stronger than the supporting evidence**, with inconsistent data, unclear definitions and limited articulation of what constitutes gender-responsive programming.

## Recommendations

**Applicants**

- Prioritize approaches to address access barriers to services for the effectiveness of HIV, TB and malaria programs **based on evidence and adapt implementation approaches** for challenging operating environments and fragile settings.

**Technical Partners**

- Support CSOs, CLM, and social contracting and strengthen coordination between humanitarian and development partners.

**Secretariat**

- **Continue operationalizing guidance** for equity, human rights, and gender programming to address access barriers to services for the effectiveness of HIV, TB and malaria programs, as well as in COEs and criminalizing settings, including coordination with humanitarian partners while preserving community leadership and independence.
- Strengthen **quality assurance of evidence** to address access barriers to services for the effectiveness of HIV, TB and malaria programs **during country dialogue**, and promote clearer classification of related interventions.

# 4 Evolving model and messages for Window 2

# Evolving model and insights

- Funding requests increasingly relied on **multiple financing sources**, including domestic resources, bilateral funding, multilateral financing and blended finance, but visibility and coordination of governance, operational arrangements and co-financing requirements across funding streams remained limited.
- **Blended financing** using other donor funding approaches might be beneficial for applicants, however, requires clarification on trade-offs, clarity of minimum requirements for country ownership and other principles of the Global Fund and operational details including on TRP role.
- **Matching Funds** particularly **- Public Financial Management, Expanding Social Contracting to Enable Access to Services and Address Human Rights and Gender Barriers to Services –** clearly helped to drive investments and strengthen strategic actions in these priorities, compared to countries without Matching Funds.
- While **malaria vaccines** have been mentioned by several applicants, the funding requests provided limited visibility on the collaboration across national malaria and immunization programs or cohesive prioritization planning of programs given restrictive financial landscape.
- Funding requests from **fragile settings** demonstrated that conventional approaches to prioritization, sustainability, co-financing and service integration often require adaptation to rapidly changing operational contexts. In some contexts, it is about preserving progress, “do no harm” approach, dynamic response to changes in available service delivery platforms and strong coordination with humanitarian partners.
- **Climate adaptations** have been planned in some contexts but there was a lack of consistency across countries vulnerable to climate events and lack of stepping up towards mitigation. Burundi demonstrated a good practice of the applicant building on collaboration between the Global Fund and Green Climate Fund, though operational details remain unclear.

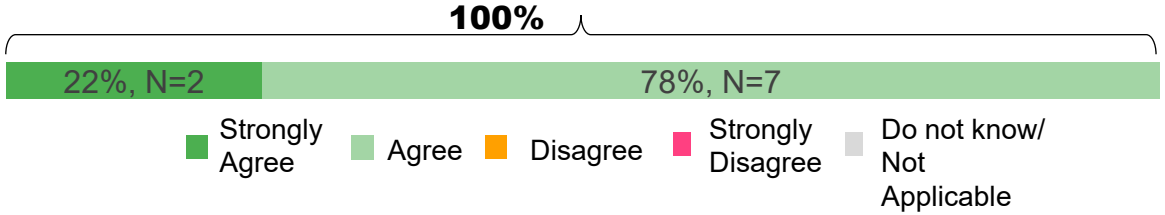
# Summary

- **Overall, the TRP observed a positive, though uneven progress towards the strategic shifts.**
- **There is a need for a strong learning on the operationalization of the strategic shifts, notably integration and new tools in the context of prioritization, at the country level and across the Global Fund partnership.**
- **The TRP encourages the applicants coming for the subsequent windows to pay particular attention to efforts to**
  - using all funding sources in prioritization efforts aligned with the principle of one plan, one budget, one monitoring and evaluation, and translating / reflecting prioritized interventions and integration efforts in the Global Fund supported and co-financing budgets from all funding sources.
  - mobilizing domestic financing for health and demonstration of progressive responsibility for key HIV, TB, malaria and RSSH programming areas to reduce critical programmatic gaps and reliance on the Global Fund for specific programmatic interventions.
  - identifying and addressing key sustainability and transition challenges
  - addressing community system financing,
  - increasing value for money
  - accompanying innovations and integration with operationalization considerations

# Overall Quality and Alignment

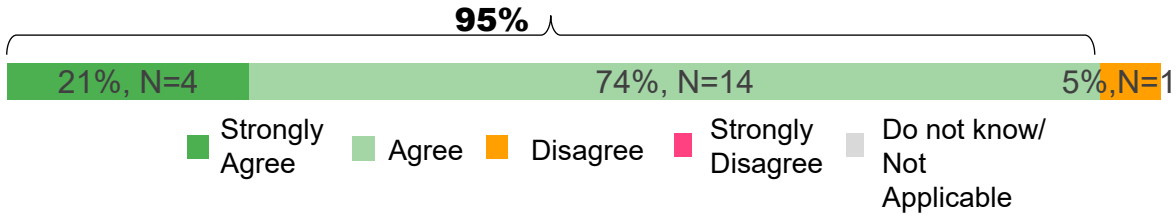
*The applicant's funding request(s) demonstrates a technically sound and strategically focused approach that is aligned with the epidemiological context and GC8 Strategic Shifts, maximizes impact, and supports sustainable program design.*

**Overall Quality of the FRs and Alignment with the GC8 Strategic Shifts**



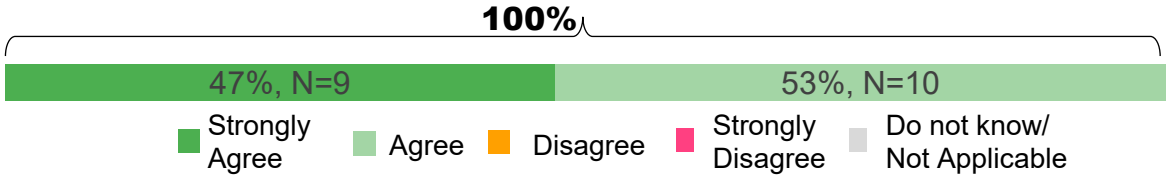

*The applicants' funding request(s), demonstrates alignment with the Aims of the Allocation included in the Allocation Letter.*

**Aims of the Allocation**



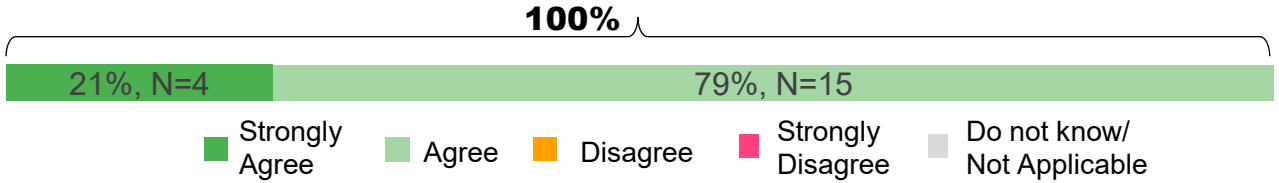
# Overall Quality and Alignment with National Plans

## Alignment of request to national disease and health sector plans



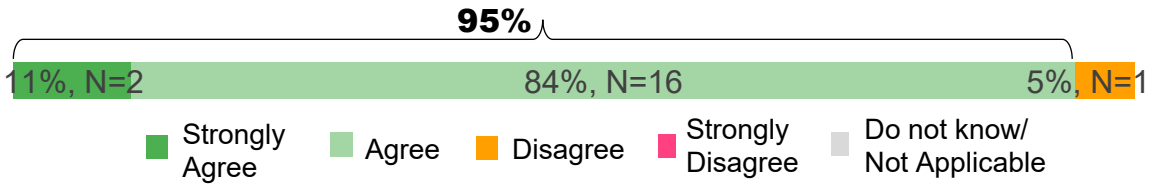

*The applicant's funding request(s), demonstrates alignment with national priorities as expressed in the national health sector plan or other national documents.*

## Use of Evidence in national disease and health sector plans



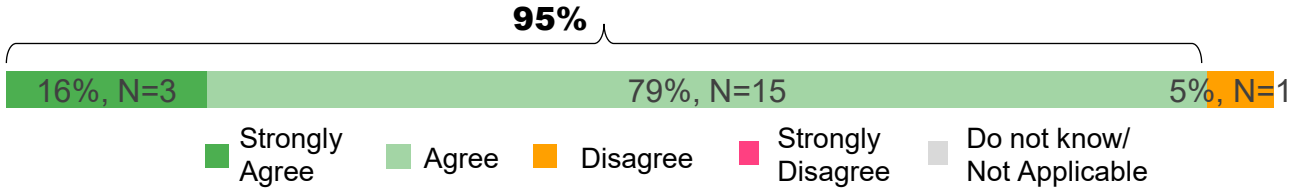

*The applicant's funding request(s), uses available evidence in the national disease and health sector plans, such as epidemiological and programmatic data, modelling, national reviews, etc.*

## Use of Costing in national disease and health sector plans




*The applicant's funding request(s), uses costing in the national disease and health sector plans, for financial gap analysis and budgeting.*

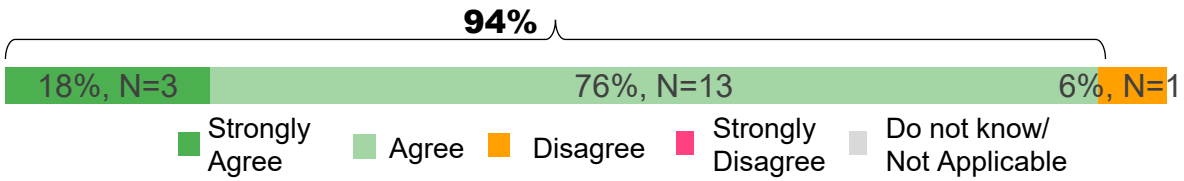
## Use of Targets in national disease and health sector plans




*The applicant's funding request(s), uses the national disease and health sector plans targets and monitoring plan to guide its measurement approaches and maximize impact.*

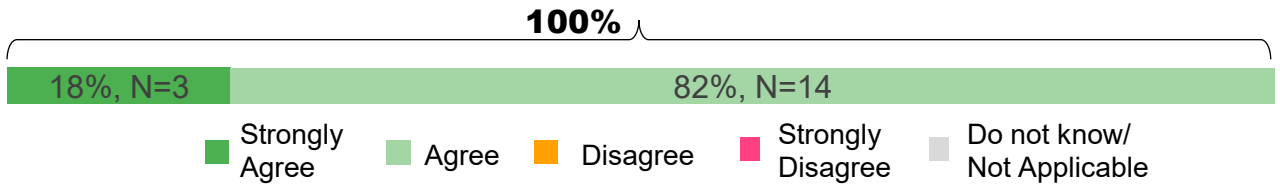
# Programmatic Prioritization

## Programmatic prioritization - HIV



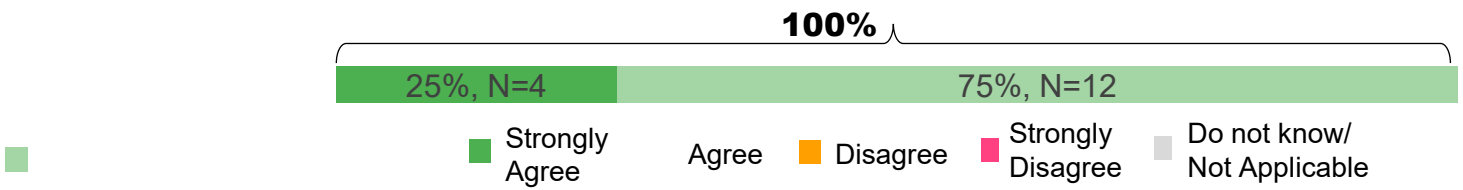

*HIV investments included in the applicant's funding request demonstrate evidence-based prioritization of interventions (based on up-to-date country epidemiological data) that maximize impact within available resources, target high-burden populations, geographies and barriers to access, and reduce lower-impact or poorly aligned activities.*

## Programmatic prioritization - TB




*TB investments included in the applicant's funding request demonstrate evidence-based prioritization of interventions (based on up-to-date country epidemiological data) that maximize impact within available resources, target high-burden populations, geographies and barriers to access, and reduce lower-impact or poorly aligned activities.*

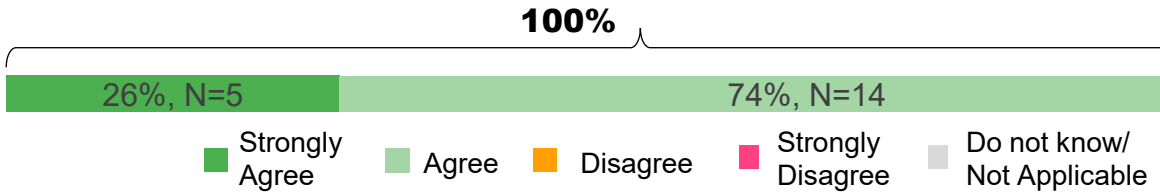
## Programmatic prioritization - Malaria




*Malaria investments included in the applicant's funding request demonstrate evidence-based prioritization of interventions (based on up-to-date country epidemiological data) that maximize impact within available resources, target high-burden populations, geographies and barriers to access, and reduce lower-impact or poorly aligned activities.*

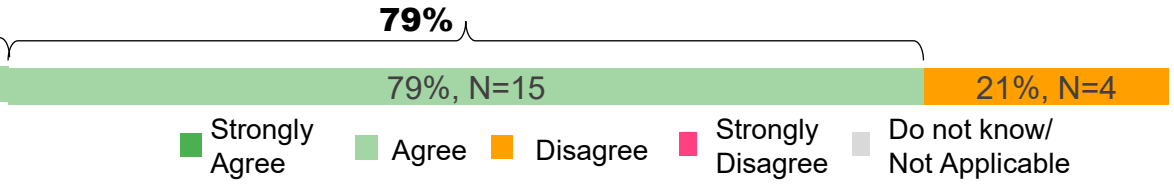
# Integrated program delivery within PHC and integrated health systems

## Integration Priorities



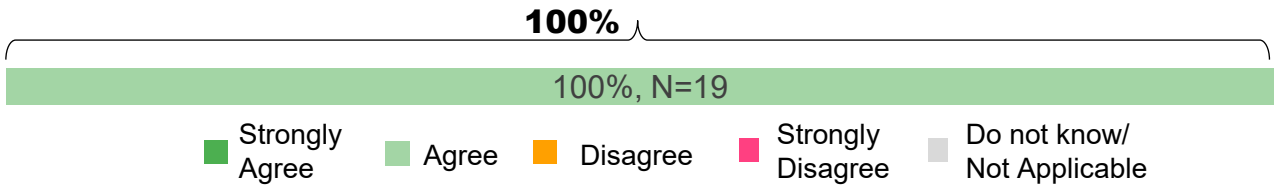

*The applicant's funding request(s) demonstrates contextually feasible ambition and prioritized action towards integration of services and systems for HIV, TB and malaria in a coordinated way within PHC and across the different health systems pillars.*

## Operationalization of Integration Priorities




*The applicant's funding request(s) translates integration priorities into concrete activities and budgets and, where applicable, reduces insufficiently justified vertical investments.*

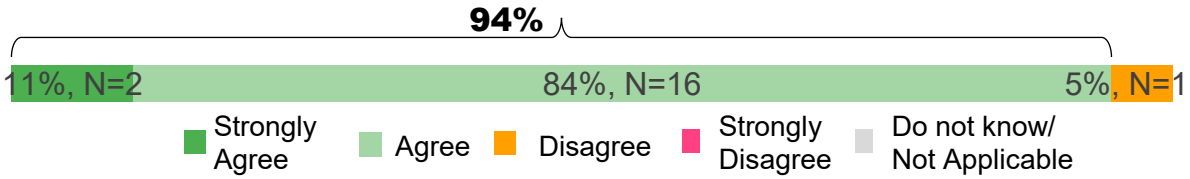
## Focus on RSSH Prioritization




*The applicant's funding request(s) demonstrates strategic focus with sufficiently prioritized cost-effective investments in resilient and sustainable systems for health that directly improve the sustainability of HIV, TB, and malaria interventions; accelerates implementation and achievement of the integration priorities; and ultimately improves health outcomes.*

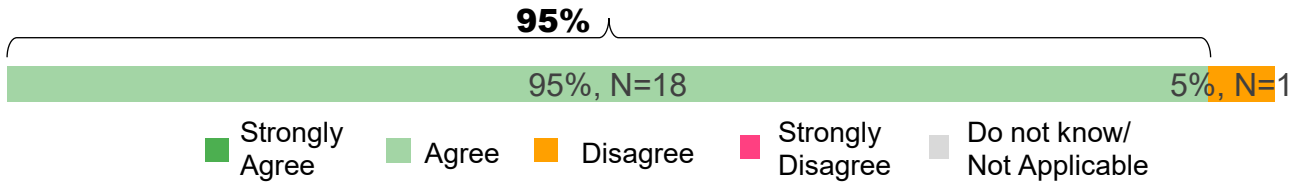
# Community Systems Integration & Financing

## Community Systems and Barriers to Equitable Access



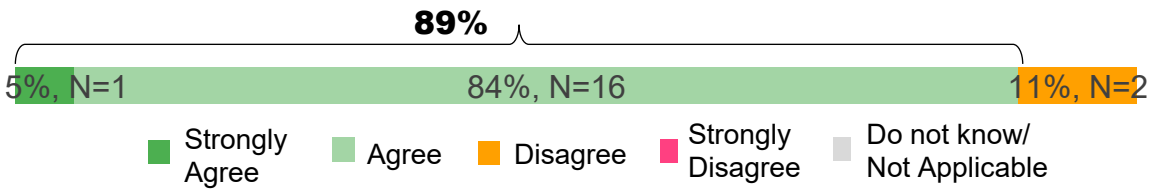

*The applicant's funding request(s) demonstrates evidence-informed community systems investments that are linked to epidemiological data, with service delivery models that are sufficiently tailored to address critical programmatic gaps, service continuity, equity outcomes, and barriers to accessing HTM prevention, treatment and care.*

## Community Systems Integration



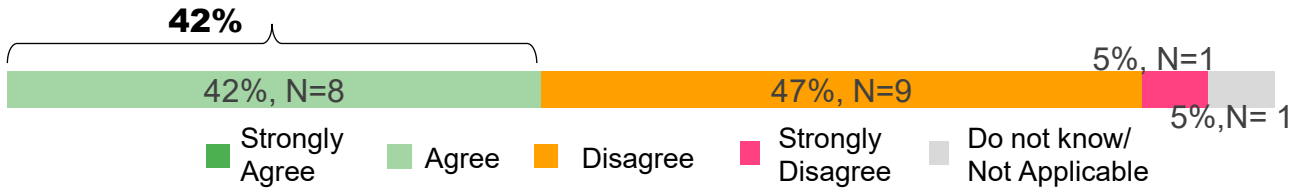

*The applicant's funding request(s) demonstrates feasible and appropriate integration of community-led and community-based services into national health systems, national strategies, policies, and financing frameworks, including through social contracting, policy reforms and safeguards where integration is not appropriate or feasible.*

## Community-led Monitoring and Accountability




*The applicant's funding request(s) includes a robust CSS approach, including integrated community-led monitoring and strengthened community platforms that enable communities to influence policy, funding decisions, planning, oversight and monitoring at national and sub-national levels.*

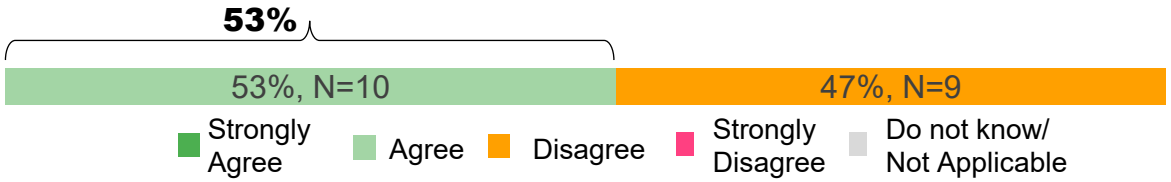
## Community Systems Financing




*The applicant's funding request(s) and co-financing commitments demonstrate credible pathways for progressive government uptake of prioritized community interventions, identified community systems and community-led service delivery costs through domestic financing, with a focus on key and vulnerable populations.*

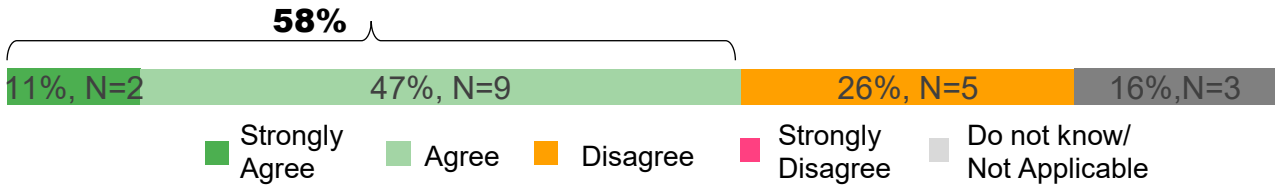
# Optimize Domestic Resources and Co-financing

## Domestic Financing Trajectory, Needs and Gaps



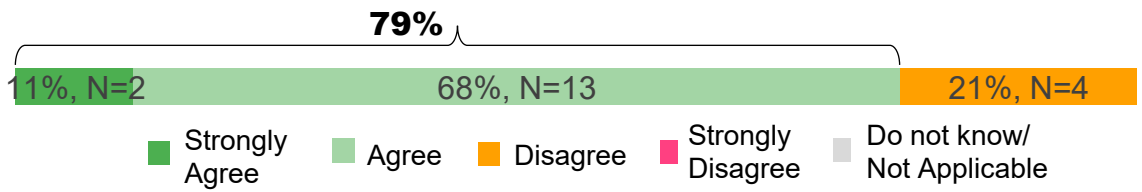

*The applicant's funding request(s) demonstrates a robust plan to increase and/or improve domestic financing for health and progressively assumes greater responsibility for HIV, TB and malaria responses, critical RSSH costs and specific programmatic interventions, with clear articulation of financing needs, available resources, projected government spending, remaining gaps and efforts to address those gaps.*

## Co-financing Commitments



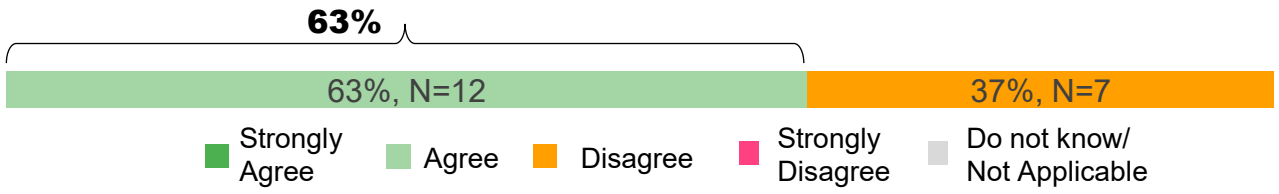

*The initial co-financing commitments included in the funding request are clear, strategically focused, improve health system financing, reduce reliance on the Global Fund for specific programmatic interventions, and are directed toward critical programmatic gaps.*

## Alignment with National Systems and PFM




*The applicant's funding request(s) is planned within wider national strategies and budgetary processes, progressively aligns with national public financial management, health financing and planning systems, and strengthens the country's ability to plan, budget and execute health funding effectively, where applicable.*

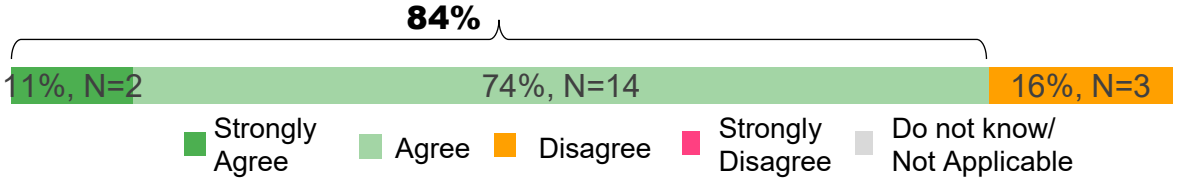
## Sustainability and Transition Readiness




*The applicant's funding request(s) identifies key sustainability and transition challenges and includes clear national plans, actions and investments to address them.*

# Optimize Domestic Resources and Co-financing

## Alignment with country specific health and health financing reforms



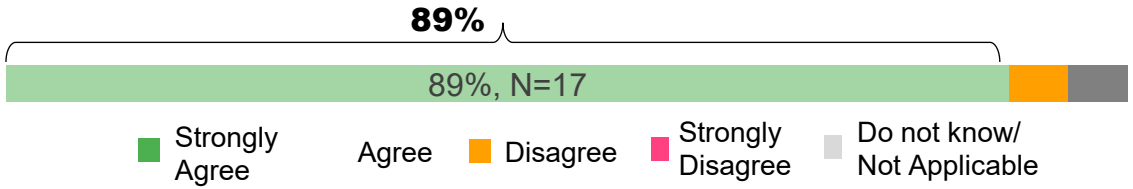

*The applicant's funding request(s) is aligned with and/or advances the financing and policy reforms (where application) needed to strengthen long term sustainability of the national response.*

## Alternative and Innovative Financing

*Question prompt being clarified and will be published starting W2*

*The applicant's funding request(s) uses innovative or alternative financing modalities, such as blended finance or Debt2Health, in a strategically focused way that complements core investments.*

## Value for Money




*The applicant's funding request(s) demonstrates efficient, effective and equitable use of resources aligned with the GC8 Strategic Shifts and Aims of Allocation, including cost-effective procurement, appropriate integration, justified program management and travel-related costs, and evidence-driven trade-offs to maximize health impact of funding request investments including for key and vulnerable populations.*