Evaluation Brief

HIV Prevention Evaluation

October 2026 GF/ELO/2026/02/05

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Evaluation Briefs are produced by the Global Fund's Evaluation and Learning Office to synthesize the key learnings and takeaways formulated in independent evaluations.

This evaluation brief is a high-level summary of the documents developed for the *HIV Prevention Evaluation*, including:

- The Evaluation Report
- The Independent Evaluation Panel Commentary
- The Secretariat Management Response

For a more complete view of the Evaluation, the final evaluation documents can be accessed individually through the above links.

This independent evaluation was managed by the Evaluation and Learning Office of the Global Fund and conducted by Itad Ltd. The Evaluation was conducted under the oversight of the Global Fund Independent Evaluation Panel (IEP).

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Introduction

The Global Fund operates in grant cycles, defined three-year periods during which funding is allocated and grants are developed, implemented, monitored and closed.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is currently implementing **Grant Cycle 7 (GC7)**, covering the 2023–2025 allocation period. Within GC7, the Global Fund has placed particular emphasis on **HIV prevention**, responding to persistent global prevention gaps and the continued concentration of new HIV infections among **key populations (KPs)** and **adolescent girls and young women (AGYW)** in high-incidence settings.[1] GC7 grants reflect a deliberate shift toward **precision prevention**, focusing HIV prevention resources on populations, locations and interventions with the greatest potential to reduce new infections. This approach promotes **combination prevention**, integrating biomedical, behavioral and structural interventions, alongside increased reliance on community-led and differentiated service delivery models. A comprehensive theory of change[2] for HIV prevention was developed to articulate the causal pathways through which these integrated interventions are expected to contribute to epidemic control. As part of its commitment to accountability, learning and continuous improvement, the Global Fund commissioned an **independent evaluation of HIV prevention** ("the Evaluation") that examined whether recent increases and strategic shifts in HIV prevention investments translate into stronger grant design, effective implementation and improved measurement of prevention outcomes.

The Evaluation focused on three core areas of the GC7:

1. **Grant design and configuration**: Assessed the extent to which HIV prevention investments are optimally allocated, aligned with global normative guidance and tailored to country epidemiological and contextual realities.
2. **Early implementation under resource constraints**: Examined whether GC7 HIV prevention interventions are being implemented as intended, how programs are adapting to funding pressures and shifting donor landscapes, and how coherent Global Fund-supported interventions are with those of other partners.
3. **Measurement of HIV prevention outcomes**: Reviewed how countries monitor prevention results, including the use and integration of the Global Fund's **Prevention-Outcome Monitoring Toolkit (POMT)**[3] within national monitoring, evaluation and learning systems.

The Evaluation was conducted across a diverse set of countries and epidemic contexts and engaged a wide range of stakeholders. Those consulted include the **Global Fund Secretariat**, **national governments and Ministries of Health**, **Country Coordinating Mechanisms (CCMs)**, **Principal Recipients and Sub-Recipients**, **civil society**

[1] Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy 2023-2028 (2022). Available at: https://www.theglobalfund.org/en/strategy/

[2] The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2024). *Measurement Guidance for Global Fund Supported HIV Prevention Programmes*. Available at: https://resources.theglobalfund.org/media/13909/cr_me-measurement-hiv-prevention-programs_guidance_en.pdf

[3] POMT is available as an annex to the *Measurement Guidance for Global Fund Supported HIV Prevention Programmes*. Available at: https://resources.theglobalfund.org/media/13909/cr_me-measurement-hiv-prevention-programs_guidance_en.pdf

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organizations (CSOs), **community- and KP-led groups**, and **global and regional technical partners** such as UNAIDS, WHO and the Global Prevention Coalition. Importantly, the Evaluation also incorporated perspectives from communities most affected by HIV, whose engagement is central to effective and equitable prevention responses.

Findings from this Evaluation are intended to inform **ongoing GC7 implementation**, support learning ahead of **Grant Cycle 8 (GC8)** covering the 2026–2028 allocation period, and contribute to broader discussions on how limited global HIV prevention resources can be used most strategically to maximize impact in an increasingly constrained funding environment.



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Evaluation Objectives

Purpose

To examine the extent to which, and the ways in which, the increased Global Fund efforts in HIV prevention have (a) led to GC7 grants that are optimally configured and coherent, to enable the maximizing of HIV prevention outcomes and impact, and (b) are being implemented in line with the grant design.

Objectives

- Assess the **configuration of grants** for optimal allocation of funds for HIV prevention.
- Review the **initial progress, alignment and coherence** of selected / sampled grants following approximately one year of implementation.
- Assess **country monitoring systems** of the sampled countries for measuring HIV prevention outcomes and subsequent use of information, with specific attention to the POMT.

A summary of the Evaluation methodology is provided at the end of this brief.

Evaluation Conclusions and Key Findings

The section below provides a high-level overview of the Evaluation's key conclusions and findings, with some background and context where relevant. It is followed by a summary of the Evaluation recommendations, as well as the Secretariat's level of acceptance and initial response to each recommendation. For the full Evaluation recommendations, please see Evaluation Recommendations and the Secretariat Management Response.

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Conclusion 1: *Despite the Global Fund's strong partnership model, emphasis on country ownership, and large-scale financing capacity, and in the context of its resource constraints, there are still opportunities to improve the prioritization of HIV prevention interventions. Key areas include scaling up the most impactful HIV prevention interventions, (as guided by global technical guidance), maintaining a strong focus on addressing structural barriers, and ensuring the delivery of critical interventions such as long-acting injectable PrEP and prevention services for people who inject drugs (PWID). Addressing these gaps will be essential to increasing coverage of HIV prevention programs.*

The following findings support this conclusion:

- **Persistent gaps in harm reduction services for people who inject drugs (PWID):** According to the Evaluation's cross-portfolio analysis, harm-reduction interventions for

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PWID are uneven across countries, with inclusion in several settings but major gaps in others due to policy and resource constraints.

- **Structural interventions at risk of deprioritization:** Structural interventions, (especially human rights programming, safe spaces, and social protection), are widely perceived as essential to enabling uptake of biomedical prevention, yet the Evaluation found that these are increasingly vulnerable to deprioritization and resource cuts.
- **Design and scale opportunities to maximize impact:** While program partners demonstrate a comprehensive commitment to identifying and planning appropriate HIV prevention interventions, the Evaluation concluded that significant challenges remain on programmatic design, availability of resources, operational scale and implementation levels needed to achieve optimal impact – though the strength of evidence for this finding was moderate.
- **Resource constraints limit scale and impact:** The Evaluation observed that while targeting and differentiation are strong, the attainment of a "sufficient scale of coverage for impact" is the most challenging area across the portfolio, constrained primarily by resource limitations that negatively affect data and amplify existing data deficiencies.
- **Uneven readiness for long-acting pre-exposure prophylaxis (PrEP):** Evaluation findings also demonstrated that long-acting PrEP is not planned or financed everywhere, noting variation in readiness and prioritization across countries in the portfolio.[4]

2 ***Conclusion 2:*** *After approximately one year of implementation, initial progress suggests that HIV prevention programming supported by GC7 grants is largely consistent with its intended design. Programs appear well-aligned with in-country partner strategies and leverage the strengths of the Global Fund model to promote sustainability. This coherence underscores the value of GC7's approach compared to previous funding cycles.*

The following findings support this conclusion:

- **Strong design alignment:** HIV prevention interventions under GC7 have a strong emphasis on key populations, expanding PrEP access, and integrating comprehensive harm reduction and community-led services; however, the Evaluation observed that the consistency of implementation varies across countries.
- **Grant flexibility enables adaptation:** The Evaluation reported that primary and secondary data sources consistently highlight that the flexibility of grant agreements and implementation approaches is necessary to make adjustments and maintain alignment to country needs.
- **Sharper focus on KPs and AGYW:** The Evaluation documented that GC7 grants prioritize high-impact HIV prevention investments through sub-national tailoring of intervention packages and service delivery models as well as a greater emphasis on KPs and AGYW in high-incidence settings.

[4] Lenacapavir PrEP generics are expected to become available in 2027, which would improve availability across a broader range of countries.

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- **Differentiated and community-led delivery:** The Evaluation asserted that GC7 grants aim to enhance choice and preferences for the users of prevention through biomedical intervention diversification and community-led and differentiated service delivery platforms.
- **Global scale of financing partner enables coordinated national response:** The Evaluation found that the Global Fund is one of the largest HIV prevention donors globally, has a comparative advantage of scale and uses its reputation to convene relevant in-country stakeholders to promote coherence across national HIV programs through institutionalized coordination mechanisms – though the strength of evidence for this finding was considered moderate.
- **Leveraging Global Fund support for sustainability**: The Evaluation noted that the Global Fund can facilitate sustainability by continuing to provide flexible funding that delivers adaptive programming, advocating for community-centered systems and pursuing strategic partnerships.

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Conclusion 3: *Countries are monitoring HIV prevention outcomes through a range of methods, though adoption of POMT approaches into monitoring, evaluation, and learning systems varies by context. Progress on POMT has not been as successful as hoped so it is too early to generate conclusive insights on its utility. As a result of the funding cuts, POMT rollout has now stalled, and evidence suggests broader cuts to country-level MEL systems may follow.*

The following findings support this conclusion:

- **Progress in measuring HIV prevention outcomes:** Evaluation evidence highlighted that all countries[5] considered for the Evaluation show evidence of measuring HIV prevention outcomes, primarily using population-based surveillances, and have made progress integrating the reporting of HIV programmatic data into their national Health Management Information System (HMIS). However, the Evaluation also noted that operational and technological challenges encumber these successes, which are being exacerbated with the current funding crisis.
- **Uneven implementation of POMT:** There was initial enthusiasm for the rollout of the POMT among the eight pilot countries.[6] However, implementation has progressed unevenly, despite the methodologies being viewed as straightforward, the toolkit quick to administer and the process potentially cost-effective for monitoring prevention outcomes.
- **Barriers to POMT implementation:** The Evaluation noted that the same eight pilot countries that implemented POMT reported a range of technical and operational hurdles during implementation, including challenges with the guidelines, the newness of method deployed, the reliance on external technical assistance and the rapidly constrained financing environment.

[5] The evaluation countries considered were Pakistan, Nigeria, Philippines, Kenya, Eswatini, Madagascar, Mozambique, Tanzania, Uganda, Zimbabwe, Kosovo and Paraguay.
[6] The eight countries selected to pilot POMT were Nigeria, Philippines, Kenya, Eswatini, Mozambique, Tanzania, Uganda and Zimbabwe.

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- **Limited use of POMT data:** As a result of POMT implementation being in its early phases, the Evaluation concluded that limited evidence is available on the utilization of data collected through the POMT methodologies for adaptive programming, despite stakeholder survey results[7] demonstrating continued enthusiasm for the toolkit and receptiveness towards sustainable integration its methodologies with country monitoring, evaluation and learning systems.

4 ***Conclusion 4:*** *Significant risks to programmatic impact persist. These include dramatic shifts in the donor landscape, reduction in Global Fund's funding, gaps in coverage of HIV prevention programs in many contexts, and unresolved structural barriers that hinder access to services. These challenges could undermine progress.*

The following findings support this conclusion:

- **Structural interventions at risk of deprioritization**: The Evaluation found that structural interventions, especially human rights programming, safe spaces and social protection, are widely perceived as essential to enabling uptake of biomedical prevention, yet they are increasingly vulnerable to deprioritization and resource cuts.
- **Funding shifts undermine planned prevention coverage:** The Evaluation reported that the withdrawal of major international donors and the Global Fund's reprioritization exercise[8] is negatively affecting the ability of many countries to implement all planned HIV prevention interventions and to achieve coverage targets.
- **Implementation barriers limit meeting coverage targets:** Evaluation evidence documented that procurement processes, safety concerns and associated stigma with key populations prevented some countries from achieving their coverage targets.
- **Uneven coverage despite early GC7 progress:** The Evaluation concluded that, while early GC7 achievements are visible in several countries, broader implementation data[9] suggests that this is not uniform across countries particularly when coverage is assessed against KP size estimates.
- **Structural barriers constrain performance:** In contexts where performance to date has not been as expected, the Evaluation's evidence points to structural barriers and the deprioritization of interventions aimed at addressing these barriers as contributing factors.
- **Legal and policy environment:** The Evaluation concluded that the legal and policy environment profoundly influences the effectiveness and continuity of intervention delivery.

[7] The POMT survey had 32% response rate (24/74), with all eight POMT pilot countries represented. Respondents included State and non-State actors, Principal Recipients, Sub-Recipients, development partners, government officials, academia, and civil society organizations, reflecting broad stakeholder engagement across different stages of POMT adoption
[8] The GC7 reprioritization exercise refers to mid-cycle adjustments made by countries during GC7 to review and reprioritize funding in response to resource constraints and changing country contexts.
[9] Implementation data, in this instance, includes data from progress update/disbursement requests.

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5 ***Conclusion 5:*** *The initial design of Global Fund investments under GC7 emphasized maximizing impact and efficiency, building on lessons learned from GC6. As a result, HIV prevention programs may now be better positioned to achieve results despite the risks. While outcomes remain to be seen, the strategic improvements introduced in GC7 provide a strong foundation for success.*

The following findings support this conclusion:[10]

- **Prioritization of high-burden geographies and populations:** Across the portfolio, the Evaluation found that countries utilize various data sources, including national surveillance, prevalence studies, and mathematical modeling, to pinpoint geographic areas of concentrated transmission and prioritize geographic locations that are experiencing, or are predicted to experience, the largest number of new HIV infections.
- **Consistent focus on populations most in need:** The Evaluation noted that the focus on populations most in need of HIV prevention services is evident and highly robust throughout the portfolio. It documented that global-level stakeholders[11] emphasize that KPs and other populations at high risk of HIV form the central focus of precision HIV-prevention approaches across the sampled countries.
- **Shift toward precision prevention:** The portfolio analysis conducted in the Evaluation confirmed that program partners in the vast majority of countries have recommended HIV prevention interventions most appropriate to their specific epidemiological context and are moving from broad coverage to more targeted, risk-stratified "precision prevention" for KPs and AGYW in high-incidence settings.
- **Wide programming of recommended biomedical interventions:** The Evaluation concluded that biomedical tools recommended by WHO/UNAIDS, (such as condoms/lubricants), are widely programmed with delivery models tailored to country context and, in several countries, sit alongside rapid adoption of newer technologies.
- **Well-targeted and differentiated design:** The Evaluation concluded that interventions are well-targeted and highly differentiated by design, with a clear strategic focus on the populations and areas where they can have the greatest impact, and where ambition to achieve scale is evident.

[11] Global-level stakeholders include Global Fund Secretariat, members of the Global Fund Technical Review Panel as well as global and regional technical partners, including UNAIDS, the World Health Organization, and the Global HIV Prevention Coalition and others.

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Evaluation Recommendations and the Secretariat Management Response

This section summarizes the Secretariat's response to the Evaluation and its recommendations.

The Secretariat broadly agrees with the direction of the findings, which highlight progress in data-driven HIV prevention programming, including stronger targeting of key populations and high-risk AGYW, and alignment with technical partner guidance. The findings also identify continuing challenges in sustainability, monitoring systems, service delivery and prioritization in a resource-constrained environment.

Summary of the Secretariat uptake of recommendations: The Secretariat broadly agrees with the Evaluation's findings and direction. The Secretariat fully accepts five recommendations, partially accepts two and has provided comments on one recommendation to partners.

Views on utility: Overall, the Secretariat considers the Evaluation a useful independent validation of current priorities and areas for improvement, particularly as shifts in global HIV financing reinforce the need to protect high-impact interventions, strengthen sustainability and monitoring, and direct limited resources where they can achieve the greatest impact. The recommendations,[12] levels of acceptance and initial Secretariat responses below summarize the Secretariat Management Response.

Recommendation 1	**Level of acceptance:**
The 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.	Accepted
Critical Recommendations for the Global Fund Secretariat	

In response to recommendation 1, the Secretariat:

- Will build on work initiated in GC7 to reduce HIV incidence, including a reassessment of focus countries based on countries with the highest number of new infections, and countries where HIV incidence rates are increasing;
- Commits to strengthening HIV prevention targeting by supporting countries to use sub-national data; and

[12] Evaluation recommendations are categorized into three groups:

a) **Critical recommendations for the Global Fund Secretariat**, which address areas that evaluators feel are essential and necessary for the Global Fund Secretariat to address to deliver the Strategy successfully;
b) **Important recommendations**, which focus on areas where changes made by the Global Fund Strategy will very likely increase the impact of investments. Whilst they may focus on near-term changes, they are more likely to be addressed by actions introduced over a longer period (one to three years); and
c) **Recommendations to partners,** which are grounded in the evaluation's findings and conclusions and address key changes beyond the Secretariat's span of control that are needed to support or enable greater impact from Global Fund investments. These changes may be the responsibility of Governance bodies, technical partners, or Principal Recipients.

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- Accepts strengthening AGYW programming in the 12 AGYW countries[13] by supporting a shift toward more targeted, integrated and sustainable approaches.

Recommendation 2	**Level of acceptance:**
The Global Fund Secretariat should ensure that CCMs and Principal Recipients sustain alignment with Global Prevention Coalition guidance and continue to emphasize differentiated service delivery.	Accepted
Critical Recommendations for the Global Fund Secretariat	

In response to recommendation 2, the Secretariat:

- Acknowledges that Funding Requests, grant design and implementation are country-led processes, which limits the Secretariat's ability to directly ensure country stakeholder alignment with partner guidance; and
- Nevertheless, will continue to promote the application of relevant Global HIV Prevention Coalition, WHO and UNAIDS guidance across grant processes, with particular focus on differentiated service delivery, precision prevention and evidence-based approaches that help countries prioritize for greater prevention impact.

Recommendation 3	**Level of acceptance:**
The 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.	Accepted
Critical Recommendations for the Global Fund Secretariat	

In response to recommendation 3, the Secretariat will, through GC8 processes and partner collaboration, promote learning on which combinations of service delivery approaches, system enablers and community-led interventions improve access, uptake, efficiency and sustainability, helping countries adapt evidence-based approaches to their context and capacity.

Recommendation 4	**Level of acceptance:**
The Global Fund Secretariat should continue supporting countries to prioritize KPs according to country specific context.	Accepted
Critical Recommendations for the Global Fund Secretariat	

Recommendation 4 aligns closely with Recommendation 1; related commitments are presented there.

[13] The countries prioritized for AGYW HIV prevention investments are defined by the Global HIV Prevention Coalition and are Botswana, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe as referenced here: https://hivpreventioncoalition.unaids.org/en/resources/technical-brief-hiv-programming-adolescent-girls-and-young-women-april-2023.

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Recommendation 5	Level of acceptance:
The Global Fund Secretariat should increase context-specific efforts to promote policies that enable KPs access to services, while CCMs should encourage, and Principal Recipients 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.	Accepted

Important Recommendations for the Global Fund Secretariat

In response to recommendation 5, the Secretariat:

- Will support countries to integrate approaches reflected in Global HIV Prevention Coalition guidance,[14] including Trusted Access Platforms, into GC8 Funding Request development, grant-making and implementation, with greater attention to national and sub-national barriers for key populations;
- Will support Principal Recipients and partners to develop multi-year plans for progressively integrating HIV prevention services into primary health care, with a focus on identifying approaches that can be adapted for broader facility- and community-based delivery;
- Will provide targeted investment support to help CCMs, Principal Recipients and country stakeholders identify and address service delivery and policy bottlenecks to HIV prevention services; and
- Will promote and document innovative KP service delivery models that improve privacy, accessibility, acceptability and continuity of prevention services.

Recommendation 6	Level of acceptance:
The 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 Principal Recipients should continue support, and assess its performance and value.	Partially accepted

Important Recommendations for the Global Fund Secretariat

In response to recommendation 6, the Secretariat:

- Recognizes that decisions on continued support and assessment are country-led. The Secretariat will nevertheless encourage stronger monitoring of HIV prevention outcomes by consolidating Evaluation findings, Secretariat feedback, data on current and planned POMT use, and lessons from implementation;
- Will simplify POMT tools and guidance based on implementation experience. It will also work with countries and technical partners to integrate POMT into national monitoring

[14] Please see the Global HIV Prevention Road Map here: https://hivpreventioncoalition.unaids.org/en/prevention-road-map

systems and to advance routine, cost-efficient approaches to monitoring prevention outcomes; and
- Will identify opportunities to integrate POMT approaches into existing data collection and service tracking systems.

Recommendation 7	**Level of acceptance:**
Global Fund Secretariat should work with technical partners to support CCMs and Principal Recipients 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.	Accepted
Important Recommendations for the Global Fund Secretariat	

In response to recommendation 7, the Secretariat:
- Will support countries, CCMs and Principal Recipients to identify, prioritize and systematically embed high-impact structural interventions during Funding Request development and grant-making, using context-specific analysis to determine which interventions are most critical;
- Will work with technical partners to strengthen practical guidance and to provide support to countries with the integration of prioritized structural interventions into HIV prevention program design;
- Will work with partners to adapt and promote a Trusted Access Platform approach for key population HIV prevention programming; and
- Will encourage countries to document and apply lessons learned regarding structural interventions and access-enabling service models in restrictive or politically challenging contexts.

Recommendation 8	**Level of 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.	Not applicable
Recommendation to Partners	

In response to recommendation 8, the Secretariat:
- Agrees with the overall intent of the recommendation, while noting that it does not specify the responsibilities of individual partners, the countries concerned or the mechanisms for implementation. As partner organizations operate under their own mandates, governance structures and country priorities, the Secretariat notes it has limited ability to direct or ensure partner support at country level.

Independent Evaluation Panel Commentary

The IEP endorsed the HIV Prevention Evaluation.

The IEP found that the Evaluation was conducted independently and provided sufficient evidence to assess the effectiveness and adequacy of Global Fund support for country HIV programs. It noted that the report's utility could be strengthened through a combination of more developed recommendations and deeper analysis of differences across countries.

Evaluation Methodology

This Evaluation employed a structured, mixed-methods design, integrating qualitative and quantitative evidence across the Global Fund's HIV prevention portfolio. The Evaluation included a total of 12 countries that reflect a mix of epidemiological contexts, geographic regions and HIV prevention programming models. Of the 12 countries, four were selected for in-depth, "deep-dive" analysis (Pakistan, Nigeria, the Philippines and Kenya) while the remaining eight were assessed through a lighter-touch review (Eswatini, Madagascar, Mozambique, Tanzania, Uganda, Zimbabwe, Kosovo and Paraguay).[15] In addition, a portfolio-wide analysis of grant design was also done for 101 grants.

The Evaluation drew on the following primary and secondary data collection and analysis methods:

- **A custom-built artificial intelligence (AI) system** called the Optimal Grants Agent. This secure, purpose-built AI platform was designed specifically for this Evaluation to analyze over 2,000 Evaluation documents, conduct intelligent searches based on Evaluation questions and generate initial draft summaries and thematic analyses. The approach followed an "Evaluator-in-the-Loop" methodology, where all AI-generated outputs were reviewed, validated, refined and triangulated by the Evaluation team to ensure accuracy, contextual nuance and analytical rigor. This AI-assisted approach enabled comprehensive coverage of the large document base while maintaining evaluation quality standards.
- **A total of 93 semi-structured key informant interviews** were conducted with a broad range of stakeholders at global and country levels, including Global Fund Secretariat, technical partners, implementers, civil society and community representatives across 11 of the 12 sampled countries. In addition, 10 focus group discussions were also held with implementers and community representatives across 9 of the 12 sampled countries Overall, more than 150 stakeholders were engaged through key informant interviews and focus group discussions.
- **A cross-portfolio analysis of 101 grants across 116 countries**, supported by AI-enabled tools was used to synthesize large document volumes. All analysis and

[15] The four deep-dive countries involved nearly twice the number of key informant interviews, while the remaining eight countries were assessed through a lighter-touch review with a smaller number of key informant interviews. However, the secondary data analysis was conducted with equal rigor across both categories.



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interpretation were undertaken and validated by the Evaluation team, and the document review provided core contextual evidence to triangulate interview findings.

- **A POMT evaluation toolkit**[16] which comprised of a checklist and an online survey that targeted selected country and partner stakeholders involved in HIV prevention monitoring. The checklist guided the review of POMT-related documents, and the survey gathered standardized information on the use, feasibility, perceived value and challenges of POMT-related approaches and other outcome-monitoring practices.

[16] Please see the final report of the HIV Prevention Evaluation.

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