



TRP Lessons Learned Window 5

June 2021

Window 5: Objectives

TRP Review Window 5

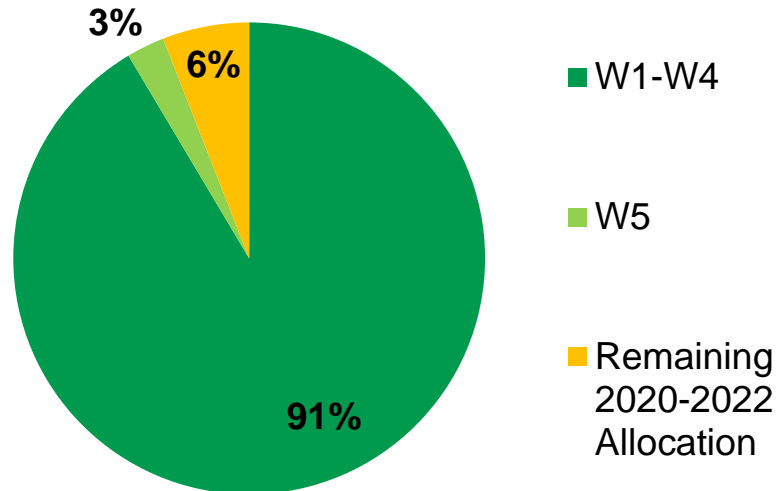
- ✓ **Review 17 allocation-based funding requests**
 - 3 Full Review, 2 Tailored for NSP, 10 Tailored for Focused Portfolios, 1 Tailored for Transition, 1 Program Continuation
- ✓ **Review 3 catalytic multicountry applications**
- ✓ **Review 6 matching funds requests**
- ✓ **Review 20 prioritized above allocation requests**
- ✓ **Identify lessons learned**

Window 5: Outcomes

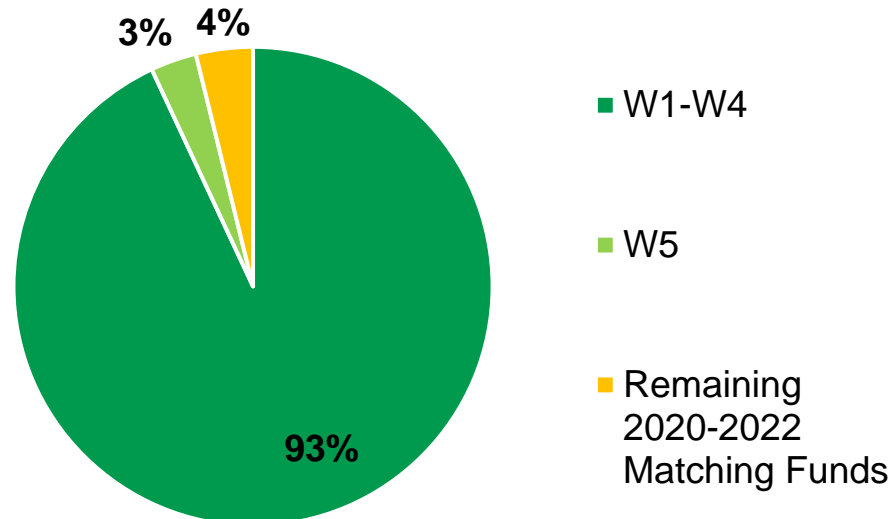
All 20 Funding Requests were recommended for grant-making

- US\$11.9 billion in allocation funding recommended for grant-making by end of window 5, representing 94% of the total 2020-2022 allocation. \$330.1 million recommended in Window 5.
- US\$328 million recommended in matching funds by end of window 5, representing 96% total funding. \$10.6 million recommended in Window 5.
- US\$169 million recommended in multicountry funds by end of window 5, representing 73% of total funding. \$34.5 million recommended in Window 5.
- Additional US\$126.6 million requested as Prioritized Above Allocation in Window 5

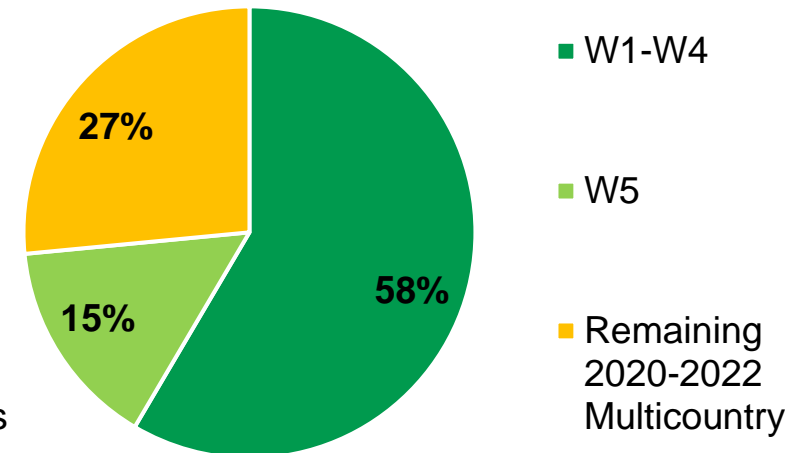
Allocation



Matching Funds



Multicountry



Window 5: Lesson Learned

Greater engagement and guidance needed when designing Performance Based Financing and Payment for Results models

The TRP observed several examples of Payment for Results (PfR) and Performance Based Financing (PBF) within programs presented in Window 5, and notes a need for greater guidance for applicants on their appropriate use and for consistent engagement of communities who may be affected. The TRP also advises early engagement with the TRP in the design of these mechanisms:

- The TRP welcomes the use of PfR in the context of social contracting.
- Successful PBF/PfR programming is context- and time- specific and not one-size-fits-all. Care is needed in considering short and long-term incentives and disincentives associated with each situation.
- The early engagement of key populations and marginalized communities, especially those with historically adversarial relationships with the health care system, is pivotal for the success of PfR programs when these communities are affected by the schemes.
- Early engagement with the TRP could help in building strong programs that avoid pitfalls that may negatively manipulate consumer choice and autonomous decision making.

Recommendations for Applicants:

- PBF salary-based incentives should be time-bound with clear explanations of when the incentive will end, and applicants should consider and explain plans for the long-term sustainability of the scheme.

Recommendations for the Secretariat and Partners:

- The Global Fund should develop additional guidance on the appropriateness and sustainability of PBF incentive schemes. The TRP would welcome the opportunity to contribute.
- Partners and the Community, Rights and Gender Department should develop guidelines needed on community engagement in the design of PBF/PfR programs, with a focus on preventing “perverse incentives”.
- The Global Fund should continue early engagement with the TRP on PBF/PfR related to innovative financing, e.g. World Bank programs, venture capital funds, etc.

Window 5: Lesson Learned

Multicountry approaches would benefit from greater differentiation by type of MC

- The TRP reviewed several forms of Multicountry (MC) funding requests in Window 5 including both allocation MC and catalytic funding MC. Within the catalytic there were ‘pre-shaping’ funding requests and one response to a Request for Proposals.
- The TRP observed that current review criteria, application formats and grant time-frames are similar for most MC Funding Requests (FRs), despite differing objectives and needed time-frames for achieving results (e.g., immediate responses vs. capacity-building activities; direct national program support vs. catalytic regional activities). Both the review lens and the FRs would be better served with greater differentiation to ensure maximum value for each of these various types of MC grants. The expected three-year programming and grant duration may not be ideal for MC grants, particularly for catalytic MC activities where a longer duration grant may help maximize impact of the program.
 - Allocation-funded MC requests should be reviewed more like individual country FRs, but with greater attention to areas of synergy.
 - Catalytic funded requests should focus on maximizing synergies across the countries and programs in each of the countries, with concern for sustainability of grant outcomes.
- MC grants based on Request for Proposals (RFP) responses may provide new opportunities for local actors and innovation. However, applications are resource intensive and may discourage responses from stakeholders with limited resources. In addition, the TRP review lens and COI restrictions may not be well-suited for review of these competitive, regional applications.

Recommendations for the Secretariat:

- The Secretariat should review the grant duration of catalytic MC grants to enable achievement of impact and catalytic learning. This should take into account the funding available and avoid spreading the resources too thin for any meaningful impact
- The Secretariat and TRP should collaborate on refining how multicountry funding requests are developed and reviewed, considering the intended duration and the nature of the program in relation to other Global Fund financing.
- The Secretariat should improve guidance on how to define and assess sustainability for multicountry grants and reduce barriers to the use of the Request for Proposals modality, considering the up-front development costs for the program design.
- Consideration should be given to moving TRP review further upstream of the final proposals for RFP-type MC applications.

Window 5: Lesson Learned

Insufficient focus on medium-term sustainability and transition planning

- Despite the existence of very good guidelines on sustainability, transition and co-financing (STC), many FRs do not pay sufficient attention to efficiency, sustainability and transition. Although most countries appear to be meeting their co-financing commitments, the TRP observes that domestic financing, particularly in upper-middle-income countries (UMIC) is still not reaching the levels and consistency that are required to sustain HIV, Tuberculosis and Malaria (HTM) interventions. This is especially apparent in countries approaching elimination of malaria and those with lower HIV prevalence settings.
- TRP is concerned that even countries approaching transitioning remain heavily dependent on Global Fund resources, including funding for program management, for prevention and for work in human rights with key and vulnerable populations, and to supplement shortfalls in national financing for programs. In some countries, HTM interventions are discontinued or may be poorly implemented due to lack of national support.
- While stronger transition planning was seen in several Focused portfolio countries, TRP did not see evidence that transition plans are being implemented in a timely manner; in addition, concomitant disease elimination plans were often lacking or not synergized with Global Fund transition planning, as a result, some countries preparing for malaria elimination have unrealistic timelines for doing so.
- The TRP however observed good practices in transition and sustainability, such as countries continuing with social contracting during the pandemic, albeit with a small budget. Practices such as these should be shared regionally.
- Sustained national commitment to protecting the gains and moving towards elimination of the three diseases is crucial, but more emphasis is needed on advocacy, reforms and political mobilization, which existing performance metrics do not measure well.

Recommendations for Applicants:

- Increase focus on high level advocacy to strengthen political commitment and increase domestic resources for health.
- Better demonstrate how programmatic efficiency will be maximized, in view of enabling long-term sustainability.
- Prioritize clear and measurable timelines and accountabilities for transition plan implementation.
- Pre-elimination countries should develop detailed elimination strategies and plans, including costed plans for the programmatic shift from control to elimination, based on adequate and predictable resources, with more focus on national commitment.

Recommendations for the Secretariat and Partners:

- Secretariat and Partners should increase support to transition and pre-elimination countries to:
 - Continue the evolution and application of the STC guidance;
 - Adequately plan for transition and elimination with clear and achievable transition and disease targets and milestones;
 - Create realistic gap analyses to identify shortfalls in donor and domestic financing; and
 - Support high-level advocacy to increase domestic and donor support.
- Secretariat and Partners should facilitate the sharing of good practices with countries in the same region or in a similar context.
- Secretariat should adapt performance frameworks to capture progress in reform and political commitment to transitions. In some cases, a theory of change with custom indicators may be needed.

Window 5: Lesson Learned

Importance of protecting all health care workers against COVID-19 when providing care

- Some FRs included increased levels of PPE for front-line workers, including community workers.
- However, these interventions often seem ad hoc and without a system in place to ensure equitable distribution or proper use and disposal.

Recommendations for Applicants:

- Applicants should ensure that health workers, including community health workers, are provided and are properly using PPEs when implementing malaria and other health interventions that require interaction with the public.
- Applicants are encouraged to ensure systems are in place for reporting on the status of COVID-19 protection of health workers, including volunteers, by cadre including a gender lens on PPE coverage.
- Systems for safely reusing (as appropriate) and discarding PPEs should be put in place to minimize health and environmental impacts.

Recommendations for Partners:

- Partners and the Secretariat should support national programs to prioritize the safety of front-line health workers, including both paid and unpaid community health workers, and ensure that PPE for those interacting with patients, clients and/or the broader public is rapidly made available and that opportunities are provided for these workers to gain a clear understanding of the necessity of correct and consistent PPE use.
- Partners should support national systems to assess disparities in access to, and training in effective use of, PPE among different cadres of workers, and across different genders.

Window 5: Lesson Learned

HIV

Insufficient alignment with WHO normative guidance and ambition to reach the 2025 UNAIDS targets, especially in focused countries.

- In 2021, UNAIDS adopted ambitious 95-95-95 targets for the HIV care cascade, including prevention. Several applicant countries have adopted many of the 95-95-95 targets for diagnosis and treatment, however, the prevention targets are yet to be consistently adopted.
- The TRP continues to observe insufficient alignment with WHO normative guidance, without which the global targets will remain out of reach: e.g., Test and Treat is not fully adopted; Western Blot-based diagnostic algorithms are still used; timelines for transition to new normative guidance are missing; or outdated elements are being placed in co-financing. There is also limited ambition in scale-up of pre-exposure prophylaxis (PrEP), self-testing, and Opioid Substitution Therapy (OST), and these services are often placed in Prioritized Above Allocation Request (PAAR).
- Positively, cascade data for key populations is increasingly used, however, major gaps are observed with limited monitoring systems put in place and missed opportunities to generate more reliable data, e.g. Integrated Biological and Behavioral Surveillance (IBBS).

Recommendations for Applicants:

- Work with technical partners and in-country stakeholders to adopt the comprehensive 2025 targets and increase ambition for prevention.
- Prioritize adoption of normative guidance with Global Fund support if needed.
- Improve quality of key population cascades by utilizing IBBS.

Recommendations for Partners or Secretariat:

- Partners should:
 - Help countries to adopt and contextualize ambitious targets for 2025 in line with UNAIDS targets and linked to National Strategic Plans (NSPs);
 - Develop more detailed guidance on how to measure targets, e.g., 95% combination prevention; and
 - Support countries to adapt IBBS to include more data on key population cascades.
- Secretariat should:
 - Promote south-to-south cross-country learning and good experiences;
 - Track the progress of adoption of new normative guidance and share such information with TRP; and
 - Work with applicants to align coverage indicators in the performance framework with UNAIDS targets.
- Partners and Secretariat should intensify the promotion of normative guidance with countries.

Window 5: Lesson Learned

HIV

Need for greater integration of HTM programs into comprehensive, people-centered health services

- Comprehensive needs of key and vulnerable populations and opportunities for integration are increasingly recognized in FRs but they remain insufficient and fragmented, with lack of vision on how to evolve into systemic and sustainable people-centered approaches. The TRP continues to observe low rates of TB Preventive Treatment (TPT) among people living with HIV (PLHIV), limited integration of sexual and reproductive health and rights (SRHR) among services for adolescent girls and young women (AGYW) in high-prevalence settings and sex workers in all settings, as well as limited integration and interventions to address chronic conditions.
- Mental health is mentioned in some FRs as an emerging need, often linked to human rights issues (in relation to homophobia/transphobia, gender-based violence, substance use, post-abortion care). The TRP recognizes that the evolving mental health needs will require inclusion in FRs and integration into comprehensive, people-centered health services.
- Countries with low HIV prevalence, where the TRP observes other serious epidemics, do not use opportunities for integrated interventions and policies that could contribute to universal health coverage (UHC). Although a Global Fund Board decision (GF/B33/11) supports use of Global Fund resources for co-infections and co-morbidities as appropriate, demand for funding of hepatitis B and C interventions is seldom included in FRs.

Recommendations for Applicants:

- Better utilize integration opportunities and the Global Fund's framework for financing co-infections and co-morbidities, especially for synergetic interventions and policies to address linked epidemics.
- Give stronger attention to mental health (utilizing examples and tools for assessing needs and programming).

Recommendations for Partners or Secretariat:

- Secretariat should:
 - Update existing guidance on integration, including within core applicant guidance;
 - Further inform countries and highlight good practices in addressing co-infections and co-morbidities under current GF policies; and
 - Provide additional guidance and support countries in developing the investment case for GF financing of co-infections and co-morbidities, esp. in countries with large unmet public health needs linked to HIV.
- Partners should help countries to contextualize the integration at service and policy levels and promote integrated approaches that would enhance HIV outcomes and promote UHC.

Window 5: Lesson Learned

HIV/HRG Encourage innovation in HIV programming, especially in low-HIV prevalence settings

- Some countries have proposed introduction of new interventions with known promising impact (e.g., long-acting injectable cabotegravir) that are not yet part of WHO normative guidance but have been shown to be efficacious, or have been only recently recommended (e.g. Dapivirine vaginal ring), without consideration as to whether these represent value for money at this point in their development.
- In low HIV prevalence settings, a more nuanced approach to HIV programming is needed as traditional surveillance, IBBS, & cascade data only provide approximate information on local epidemics. In such settings, vertical approaches using tools that prioritize case-finding may fail to provide expected results, while factors that continue to drive HIV infection, such as high-risk sexual behavior (transgenerational and transactional sex with high rates of partner change), ulcerative and inflammatory STIs, alcohol consumption and violence, including gender-based violence, remain unaddressed. These factors need to be approached in a more innovative manner, integrating HIV interventions through other services and taking a people-centered approach to reach people through other priorities, including through greater integration of HIV programs with sexual and reproductive health and rights (SRHR) services. These more nuanced approaches need to pay careful attention to gender and should aim to deliver gender-transformative, or at least gender-sensitive approaches, and should focus on risk environments rather than key populations only, based on their assumed identity.

Recommendations for Applicants:

- Applicants should consider innovative approaches when working in low HIV prevalence settings, depending on the specific context including:
 - Operational research to inform the fast scale up of newer technologies;
 - Consideration of more innovative methods for surveillance such as social mapping tools to identify risk environments; and
 - Conduct a thorough analysis of risk factors from a human rights and gender (HRG) perspective
- Take more proactive steps to integrate HIV and SRHR and ensure that all services are gender-transformative or gender-sensitive.

Recommendations for Secretariat and Partners:

- Secretariat and Partners should:
 - Discuss with mature programs possible ideas of innovation;
 - Promote greater attention to improved integration of HIV/SRHR in low-HIV-prevalence countries;
 - Request attention to gender equity throughout programs; and
 - Support dynamic integration while waiting for normative guidance.
- Partners should design or recommend innovative data collection tools, and HRG assessments, in low-HIV-prevalence settings.

Window 5: Lesson Learned

TB

Limited evidence on TB preventive treatment (TPT) regimens for at risk populations who are not contacts in settings with a high burden of drug-resistant TB (DR-TB)

- For contacts of people with DR-TB, WHO recommends determination of a TPT regimen based on assessment of exposure to the index person, testing for TB infection with Interferon-Gamma Release Assays (IGRA) or Tuberculin Skin Test (TST), confirming if the strain affecting the index person is susceptible to isoniazid, rifampicin and fluoroquinolone. Several funding requests included interventions to scale up TPT following this recommendation.
- While WHO recommends standard TPT regimens irrespective of underlying DR-TB prevalence, there is lack of evidence of effective regimens for at risk populations who are not contacts, such as people living with HIV, in settings with a high burden of DR-TB, especially multidrug- and fluoroquinolone resistance.
- The TRP noted this limited evidence on TPT regimens among certain population groups and makes the following recommendations while results of ongoing studies are awaited in high DR-TB prevalence settings.

Recommendations for Applicants:

- Ensure that TPT implementation is monitored and evaluated to assess its effectiveness.
- Consider operational research on TPT implementation in settings with high DR-TB prevalence in collaboration with technical and development partners.

Recommendations for Partners or Secretariat:

- Technical and development partners should support rigorous operational research on TPT implementation in high DR-TB settings and develop evidence to inform normative guidance.

Window 5: Lesson Learned

Malaria Investments in key malaria interventions not translating into malaria burden reduction

- In some high burden high impact countries, there is an increase of malaria burden despite considerable investments made by the Global Fund and other donors for key malaria interventions. This is particularly seen in some COE countries.
- There are discrepancies between reported data on coverage of malaria control interventions between programmatic records (e.g. LLINs distributed) and population coverage estimates.
- There are a lack of operational plans to support improvement in the quality of malaria intervention implementation.
- There is a lack of understanding of the multiple factors contributing to stagnation of malaria control progress.

Recommendations for Applicants:

- Rigorous assessments of the factors contributing to the lack of progress in malaria control and burden reduction are needed in high burden and high impact countries when lack of progress is first observed.
- Need to ensure that implemented interventions are targeted, appropriate, and effective.
- Ensure that the existing performance frameworks and implementation plans are adequate and are used, ideally at the district-level, to ensure the effective coverage of key malaria interventions ~~are reaching~~ for those at highest risk of malaria.

Recommendations for Partners:

- Partners should support countries in reviewing constraints to progress in reducing malaria burden and in improving targeting and implementation of appropriate interventions.

Window 5: Lesson Learned

Malaria Vector control interventions for prisons are not well addressed

- As country malaria programs seek to respond to human rights and gender (HRG) issues by targeting interventions to the vulnerable and key populations, they are including prisons to benefit from these interventions. This is positive, since prisoners in areas where the risk of malaria is high must also benefit from quality and safe interventions, just like the rest of the population. However, there is no clarity on the safety, feasibility and appropriateness of using Long Lasting Insecticidal Nets (LLINs) in crowded prisons.
- A few countries included distribution of LLINs in prisons in their funding requests, yet they acknowledged that the prisons are overcrowded with lack of sleeping places.

Recommendations for Applicants:

- Ensure that prisons have adequate space and the sleeping arrangements for LLINs before planning their distribution in such areas.
- Put in place measures to monitor the safety of LLIN use within prisons.
- Consider Indoor Residual Spraying in cases where or LLIN use is not applicable or safe and vector control cover is necessary.
- Ensuring of adequate space within prisons for the use of LLINs should be in accordance with the recommendations by the UN Office on Drug and Crime to help mitigate COVID among confined populations.

Recommendations for Partners:

- The World Health Organization should provide guidelines on the appropriate vector control strategies for confined populations living in malaria risk areas, including clear guidelines on which vector control strategy is most appropriate in prisons.

Window 5: Lesson Learned

RSSH Resilient and Sustainable Systems for Health (RSSH) modules are not consistently clearly budgeted or supported by performance indicators

- TRP observed that FRs often lack sufficient information on budgets for RSSH investments, for example, one FR described RSSH modules and submodules representing a significant investment in health systems. However, very little of the total allocation budget is coded for health systems. It was unclear to the TRP if these investments will be funded.
- Similarly, a number of funding requests included RSSH modules, but no performance indicators for these RSSH components in the Performance Framework.
- The TRP would like to be able to assess that RSSH investments are adequate to achieve impacts. Without clear budget and performance indicators, there is a risk that the work will be incomplete. While RSSH investment accomplishments will ultimately be measured in disease impacts, intermediate indicators of RSSH progress would ensure that progress can be monitored, and the intended strengthening achieved.

Recommendations for Applicants:

- Ensure that where RSSH interventions are planned, their budgets are clearly indicated and coded as such.
- Ensure appropriate RSSH-specific outcome, coverage and workplan tracking measures are included in the Performance Framework.

Recommendations for Partners or Secretariat:

- Secretariat should encourage applicants to disaggregate and correctly code RSSH intervention budgets and to include indicators from the modular framework where possible.
- Partners should support applicants to develop custom indicators for RSSH interventions if suitable ones are not available in the modular framework.

Window 5: Lesson Learned

RSSH

Some positive examples of integration were noted although there remain gaps in implementation and sustainability arrangements

- Despite limited funding envelopes, several funding requests demonstrated progress on community systems strengthening (CSS) through greater integration of community health worker (CHW) programs (across the adolescent girls and young women, key population and TB programs and broader health care services). It was also noted that having one single Principal Recipient for multiple component grants enables better coordination and integration towards community and health system strengthening.
- Some FRs elaborated a comprehensive, multi-actor government-led HIV integration plan. The plan included activity-based contracts to Civil Society Organizations (CSOs)/NGOs (for HIV and TB services delivery) as well as performance-based incentives to OST and PrEP service providers and primary health care providers (for HIV detection, TB active case finding, improved TB treatment outcomes).
- However, the TRP was concerned by insufficient detail regarding the coordination and implementation arrangements of these initiatives, and missing information about how the support provided through the Global Fund will be sustained beyond the life of the grants.

Recommendations for Applicants:

- When requesting Global Fund support for CHWs, secure and provide assurance that the Government will take over and maintain funding of these Global Fund-supported positions before the end of the grant. This should include a time-bound, phased plan of the transition of the CHW to the government.
- It is good practice to enhance visibility of CSS investments by developing a coordination matrix that clearly shows e.g., CHW investments planned under the HIV, TB and malaria programs and other parts of the health system, indicating who funds how many CHWs and where (districts) among current Global Fund grants, planned support under funding requests, other donors and the government.

Window 5: Lesson Learned

RSSH

Evaluating the Resilient and Sustainable Systems interventions in Health in a multi-country funding request is often a challenge.

- Multi-country applications have invested in RSSH (HMIS, Health systems Governance and Planning) and the Health Management Information Systems (HMIS) interventions are on the same platform as country programs (in this case DHIS-2) for ease of data sharing and uploading, but it is challenging to evaluate these efforts vis-à-vis individual country level interventions, as limited details on the country programs are provided in the MC funding request.
- It was noted that a Multicountry application sought to improve laboratory systems without a detailed plan showing how proposed investments would lead to improved, functional, quality-controlled national laboratory systems. There was no mention of ownership of the lab from senior public health officials. This continues the theme noted in the Laboratory systems strategic initiative that lab is often regarded as a self-standing technical area of not much interest to senior policy makers.

Recommendations for Applicants:

- If requesting funding for RSSH in a MC application, clearly detail the RSSH interventions and related interventions funded from other sources for each country to demonstrate complementarity, and address the possible duplications
- If MC applications include laboratory investments, include an action plan with timelines and milestones on how laboratory investments would lead to improved, functional, sustained and quality-controlled laboratory systems.
- Advocacy efforts to get buy-in from senior policy makers should be expected and described by the applicant.

Recommendations for Partners or Secretariat:

- Secretariat should include a table in all MC FRs for applicants to detail how the requested RSSH interventions complement and are non-duplicative of other in-country interventions. Multicountry requests should include one of these tables for each constituent country.
- Partners should support applications with laboratory systems strengthening modules to develop definitive action plans with measurable milestones.

Window 5: Lesson Learned

HRG

Human Rights and Gender (HRG) issues continue to be inadequately addressed despite the TRP repeatedly drawing attention to these issues

- TRP notes that some FRs included a description of HRG barriers, but this did not always translate into budgeted interventions.
- Countries that do include HRG programming often struggle with prioritization and include *all* the HRG program areas. As a result, the FR is unfocused with proposed interventions not well suited to the country situation and with no clear pathway to address key HRG barriers.
- Even where HRG tools exist, their application may be underutilized. In some countries, a Matchbox application was proposed to inform communication strategies but not as a data source for case management, vector control, M&E tools and strategies. In another country, the Secretariat shared the Stop TB Partnership's TB community, rights and gender (CRG) Assessment, but the country chose to design their own methodology, which had multiple issues in its design and implementation arrangements, resulting in gaps in the analysis and a weak action plan.
- A lack of attention to gender equity continues to be of concern. Some countries seem to be postponing the integration of gender transformative approaches by waiting for gender disaggregated data to become available. Positively, one malaria FR demonstrated how gender equity can be addressed ahead of the availability of gender disaggregated data.

Recommendations for Applicants:

- Ensure that proposed HRG programming is contextualized to the specific needs of each country and is informed by the epidemiological, political, social and cultural realities of each country.

Recommendations for Secretariat:

- Secretariat should:
 - Provide guidance on the prioritization of HRG programming to ensure a more logical flow and better targeting of HRG interventions; and work with countries so that they use the GF assessment tools to inform national disease responses.
 - Develop and share case studies on how gender equity can be addressed while waiting for gender disaggregated data.

Window 5: Lesson Learned

HRG Urgent need to strengthen cross-fertilization and integrate gender and rights-based approaches across technical areas

- HRG issues are often addressed in silos whereas the impact of the program would be improved if applicants considered the relationship among and between all program components and how human rights and gender equality affect all aspects of program effectiveness and impact. For example, social contracting interventions must consider whether they are strengthening community-led responses as key and vulnerable population leadership is essential to addressing HRG barriers.
- Similarly, proactive steps to address gender equity – analyzing the needs of all genders and focusing programs to address these in a nuanced fashion – should be considered in all aspects of the design and implementation of programs.
- In response to the secretariat guidance and previous TRP recommendations (e.g., from 2019) we notice a trend for applicants to include a section on HRG as a standalone item, rather than taking a gender lens, and rights-based approach across the whole proposal.

Recommendations for Applicants:

- Applicants should take proactive steps to address gender equity and equality in all aspects of the proposal.
- Applicants should take a rights-based approach to all aspects of the proposal, and not see HRG as a standalone issue.
- Applicants should consider how social contracting and support to community and key population-led programs can strengthen impact across components.

Recommendations for Partners or Secretariat:

Partners and Secretariat should:

- Encourage applicants to address gender equity and equality throughout the funding proposal.
- Support key population-led organizations to link human rights and gender-related programs directly to testing, prevention and treatment services thereby maximizing access to these services.

Window 5: Lesson Learned

SISF Insufficient information on the impacts of COVID-19 on sustainability and equity

- COVID-19's macroeconomic impact is likely to be a big setback to financial sustainability; it is important to prepare now to minimize the impact.
- Funding requests (FRs) vary in the details provided on COVID-19's impact on disruptions in service provision, macroeconomic situation (current and forecasted), and perspectives of domestic resource mobilization.
- Moreover, FRs do not provide much detail on COVID-19 Response Mechanism (C19RM) and other external funding.

Recommendations for Applicants:

- Provide more information on COVID-19's likely impacts on service provision, domestic resource mobilization and expected evolution of the macroeconomic situation.
- Provide more information on the funding landscape related to COVID-19 recovery, and how you intend to minimize the impact on sustainability and equity.

Recommendations for Partners or Secretariat:

- Secretariat should:
 - Work more closely with the World Bank, WHO and other partners to generate more information on the macroeconomic impacts of COVID-19 and adapt support and requirements to countries accordingly.
 - Consider requesting information on the impact of COVID-19 on macroeconomic outlook and resource mobilization at the country level to address co-financing risks in a timely manner.
 - Utilize above information in recalibrating co-financing requirements and sustainability expectations for countries as needed. Consider also as a source of data for country allocations, in addition to GNI per capita.