

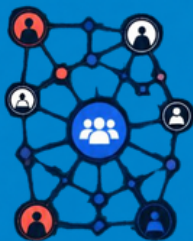
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Strengthening Community Priorities in Funding Request Window 3 and beyond.

(Lessons from the Technical Review Panel - GC8 Windows 1 and 2 Review)



Background:

When a country submits a Funding request to the Global Fund, it is reviewed by The Technical Review Panel or TRP. TRP consists of experts in HIV, tuberculosis, malaria, human rights and gender, health systems and sustainable financing. It is independent of the Global Fund secretariat. Their role is to review the funding requests and evaluate them for technical merit and strategic focus. For Grant Cycle 8, TRP reviews each Funding request based on the GC8 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

Global Fund released GC8 TRP Review for Window 1 on July 8, 2026 and GC8 TRP Review for Window 2 on September 15, 2026

TRP recommended

- All 20 funding requests from Window 1 and 37 Funding requests out of 38 from Window 2 for grant making.
- US\$3.35 billion for W1 and US\$4.58 billion for W2 for funding allocation
- US\$75.3 million and US\$132.9 million for matching funds



58

Funding Requests Reviewed



57

Recommended for Grant Making



US\$7.93 billion

Total Funding Allocation
US\$3.35 billion (W1)
US\$4.58 billion (W2)



US\$208.2 million

Total Matching Funds
US\$75.3 million (W1)
US\$132.9 million (W2)

Some of the TRP Observation from Window 1 and 2 review:

- Funding request showcased more use of evidence for prioritization than before with greater use of epidemiological, geographical and equity analysis.
- Countries show stronger commitment to integrating HIV, TB and malaria services.
- Community systems, community-led monitoring (CLM) and human rights and gender barriers got more attention.
- Social contracting is increasingly recognized as an important way to sustain community-led services.
- Matching Funds helped. Countries with did more on public financial management, social contracting, and human rights and gender barriers than countries without.

■ Some Gaps identified during TRP 1 and 2 review

Based on Strategic Shifts:

➔ **3** Shift 3: Programmatic prioritization

- The reasons for major prioritization choices were not always clear.
- Priorities were not always translated into budget decisions, step-by-step implementation, or clear choices between the main allocation and the Prioritized Above Allocation Request (PAAR).
- Some essential treatment, tests and medicines were placed in PAAR rather than main allocation.
- A smaller Global Fund allocation should not automatically mean cutting programmes.
- Case-finding plans were often presented without comparing expected results and cost.



Prioritized Above Allocation Request (PAAR) is a list of cost interventions and programs to a country wants to implement but cannot afford within its standard baseline country allocation. If the Global Fund gets extra resources, savings, or reserve funds, it uses the PAAR to finance these extra priorities.

➔ **5** Shift 5: Community systems integration and financing

- Only 48% of portfolios showed a believable path for the government to take over community service costs (6 points from Window 1).
- Some Social Contracting roadmaps lacked in a clearer, contracting, milestones and contracting arrangements
- TRP observed only 3 countries planned a dedicated budget to build social contracting in Window 1 review.
- Community investments were often scattered and weakly institutionalized, with too little for strengthening CSOs themselves.
- Community health workers and CSOs need different transition plans. Social contracting is not the only way.
- Shifting funding to governments without supportive political environments places key population and community services at heightened risk.

➔ **4** Shift 4: Integrated delivery in primary health care

- Plans often asked for more than available capacity and budget.
- Many plans lacked a clear operational model like how integrated services will be delivered, coordinated, paid for and monitored, including referrals and workforce.
- Plans were lacking in showcasing what is being integrated, why, how, by whom and with what accountability.
- Major reforms were sometimes launched together without clear sequencing.
- Integration was measured more by activities than by results.
- Unclear on how integration aligns with national government platforms, understanding gaps in primary care capacity, workforces, data systems and predictable domestic financing.

➔ **6** Shift 6: Domestic resources and co-finance

- Only 63% of portfolios showed a robust plan to increase domestic health financing (10 points from Window 1).
- In window 1 observation, domestic financing commitments have increased in many countries, but spending the budget well remains a challenge.
- In Window 1 observation, expectations for government funding were often unrealistic in fragile and challenging settings.
- Co-finance should take over what the Global Fund pays for, not just add spending where domestic financing already pays. [W]
- As Global Fund support for HIV and TB commodities falls, requests should include a clear yearly plan for the government to take over.
- Priorities were not always reflected in budgets, which raises concerns for value-for-money.

- Human rights and gender interventions were scattered, underfunded and often without measurable results. Stories were often stronger than the supportive data.
- Sustainable financing and use of CLM findings remain unclear.
- In the Window 2 review, TRP observed past recommendations on gender barriers were unmonitored. Privacy, safeguarding and data protection need clear attention.
- Staff and travel costs were often not checked against government systems or national cost norms.
- Large recurring costs paid by the Global Fund should be tested for value and additionality.

Based on Disease



- **HIV:** Funding requests demonstrated strong interest in introducing long-acting prevention, including Lencapavir (LEN), but many requests lacked sufficient operational planning for service delivery models, eligibility criteria, provider capacity, supply chain, laboratory monitoring, pharmacovigilance, data systems and monitoring. Paediatric HIV cascade gaps persist. Many requests focused on testing, with less on linkage, retention and viral suppression. Key and Vulnerable population prioritization choices were not always clear.



- **TB:** In Funding requests of Window 1, implementation plans frequently lacked sufficient operational detail and comprehensive diagnostic network optimization. Investments to improve TB case detection and notification were often insufficiently prioritized and deferred to PAAR. In Window 2, TRP observed weak yield-based targeting, as well as persistent gaps among women, children and adolescents.



- **Malaria:** TRP observed, in Window 1, Pilots and scale-up efforts frequently lacked sufficient detail on targeting and in Window 2, quantities and spare stock of nets, tests and medicines were lacking with clearer justification, and severe malaria medicines risk being budgeted without a buffer.

WHAT APPLICANTS (SUBMITTING WINDOW 3 & BEYOND) NEED TO THINK:

- Does the funding request explain what was reduced, delayed or stopped, and why?
- Are treatment, tests and medicines protected in the main allocation rather than PAAR?
- Does Funding request show which services must stay community-led, and why?
- Are key population services protected inside integration plans?
- Is there an early plan with clear financing, responsibilities and milestones toward government ownership?
- Where it is not possible, is there a cost alternative?
- Is there a costed, time-bound plan for financing community health workers?
- Is financing for CLM sustainable, do CLM findings link to decisions, and are consent, privacy and safety covered?
- Are there cost packages for Human Rights and Gender with owners and measures such as access, denial of care and redress?
- Does co-financing include planned domestic financing for community services?
- Are major reforms sequenced to match delivery capacity, financing and system readiness?

READ IN DETAILS:

- [TRP Lessons Learned: GC8 TRP Review Window 1: 8 July 2026](#)
- [TRP Lessons Learned: GC8 TRP Review Window 2: 15 September 2026](#)

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1

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