DPHK COUNTRY DIALOGUE: IDENTIFICATION OF GAPS AND PRIORITIES FOR GF FUNDING REQUEST 2023-2025

S.No	Identified gap	Proposed priority
HIV		
	Inadequate analysis of the higher AIDS-related deaths – to show which age-group or gender most affected.	Conduct comprehensive analysis of findings / new evidence to help formulate interventions
	Commodity security remains a major challenge – shortage and delayed procurement.	Adequate resources especially domestic funds and prompt procurement
	PMTCT	HIV Testing
	Young adults 3X95 care cascade	Integrated programs with MNH, nutrition
	Infant diagnosis	Facilitate outreach diagnosis for adolescents
	Efficient program targeting Adolescents	Stratify and target areas with high incidence
	Key population health outcome	better identify the key population and their health outcome
TB		
	TB cases	TB case finding including DR/MTR
		Include enablers to improve retention on treatment
		TB NSP focus areas
Malaria		
	Perceived inadequate representation of the county teams in decision making regarding interventions and finances (during funding request development and implementation).	Increase engagement with the County government leadership, as well as the county health management teams; proposal that the expansion of county representation should be considered. County Operational Plans for the GF funding need to be developed. This will ensure ownership and considerations of impactful county priorities.
	Community stipend uptake by the County governments is slow and sometimes not forthcoming	Consider county leadership engagement to pursue innovative ways of filling the community health volunteer stipend gap for optimal community support to implementation. The leadership should be at the highest level as this is a HR issue needing political will.
RSSH (Resilient sustainable Systems for Health)		
	Weak integration – more often the silo operation/ implementation is observed	Strengthen integration – across all the disease areas / all health system

	Low ownership / leadership by the county in management of CHVs – the PRs take charge and sometimes appear parallel or duplicate	Harmonize management of CHVs.
		Design integrated and holistic response at CHU : integration of prevention of HIV, TB, Malaria, NCD, MNH
		Ensure the supply chain of commodities for all diseases
		Capacity building of laboratories in remote area to improve diagnosis return time
		Capacity building for data interoperability
		Leverage other funds (Gavi, Pandemic fund…) to optimize and complement GF funding
	Community stipend uptake by the County governments is slow and sometimes not forthcoming.	Consider county leadership engagement to pursue innovative ways of filling the community health volunteer stipend gap for optimal community support to implementation. The leadership should be at the highest level as this is a HR issue needing political will

National resource mobilization, county level engagement and resource mobilization, better identification of the key population and their health outcome