Key populations and CSS
Integration

- Integration of services (for co-morbidities)
- Strengthening linkages between services provided by healthcare sector and communities (CSS/HSS connection)
- Integrated services to be funded by government after GF grants are over
M&E

• Improve M&E system and indicators for CSS and community-based services
• Integrate these indicators into national reporting
• Improve data quality, including population size estimates
Regional activities

• Support to regional grants to improve national advocacy, especially in countries with legal barriers and human rights crisis

• Regional networks have to be accountable
Sustainability

• Use transition plan including structural changes in the grant agreement: milestones to remove obstacles and government commitment to continue supporting

• Review the willingness to pay approach (so that it covers CSS and care and support + MDR TB)
Capacity building

• Support to building capacity of FPMs/LFAs in CSS, as well as human rights, gender
Other

- Future allocation should look at burden in key populations vs burden in country
- Possibility to access emergency fund or continuum of services fund for the countries where grants are closing