

# **User Guidelines for Health Product Management Template**

Allocation Period 2023-2025

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## Introduction

The Grant Cycle 7 (GC 7) Health Products Management Template (HPMT) replaces the HPMT used in the 2020-2022 allocation period (Grant Cycle 6). The GC7 HPMT has been updated for the Grant Cycle 7 (GC7) funding request applications and grant-making processes.

The HPMT is a grant document which captures key information pertaining to the procurement and supply management of health products funded by the grant. This document is the source document which is used – once it has been approved – to populate the Detailed Budget template (DB). The content and values of the HPMT's **Detailed Budget** worksheet must be transferred into the Detailed Budget-HP tab of the DB template.

The HPMT captures information on the items, quantities, unit costs, procurement channel and associated lead time of health products that grant implementers<sup>1</sup> intend to procure with grant funds during the grant implementation period. The **HPMT input worksheets** (disease specific worksheets and HPM costs worksheets) reflect the **period (quarter) in which purchase orders must be confirmed with manufacturers (suppliers)** and not, necessarily, the period (quarter) in which funds are needed for payments. The HPMT **Detailed Budget** worksheet is generated based on data entered in the **Setup** worksheet of the HPMT (procurement entity table). The **HPMT Detailed Budget worksheet** indicates the **period (quarter) in which funds are needed and hence must be disbursed from the Global Fund to the PR accordingly**.

The HPMT links programmatic targets by listing the health products required to achieve these and financial requirements by producing the budget required. The HPMT is a product of various activities and processes that must be finalized in-country prior to the HPMT being filled and submitted. As such, the HPMT is submitted with several supporting documents such as National Diagnostic algorithms and Treatment Guidelines, Stock Status Reports, Quantification and Forecasting (Q&F) reports including their key assumptions, relevant Procurement and Supply Management Technical Working Groups (PSM TWG) meeting minutes where available, detailed calculation files, etc.

To determine the reasonableness and feasibility of the HPMT, the Health Products Management (HPM) Specialist supporting grants must have knowledge of the country's health product management (with focus on procurement and supply chain management systems), including the major stakeholders and donors, how grant activities and implementation arrangements are aligned with this and the capacity of stakeholders to manage health products. In addition, the HPM Specialist will critically review all supporting documents to understand which items, quantities and unit costs have been used to populate the HPMT worksheets.

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<sup>1</sup>Grant implementer in this context refers to an entity who is involved in grant implementation as a grant Principal Recipient (PR) or sub-recipient (SR) and fill in the HPMT. The Global Fund recommends to pool procurements of health products under one implementer. However, it is to be noted that in certain cases, the grant may have more than 1 implementer with procurement and health products management responsibilities and therefore, 1 grant may have more than 1 HPMT. However, 1 implementer should always have 1 HPMT per grant.

The HPM Specialist is expected to ensure that the patient numbers/targets used to quantify the needs are aligned with those in the National Strategic Plan (NSP), Programmatic Gap Tables (PGT) and those in the Performance Framework (PF). The HPM Specialist is expected to ensure that grant contributions are aligned with the funding landscape and with the timing and support provided by various donors.

The HPMT is periodically revised together with other grant documents and includes version control features. During the grant implementation period, any revisions to the approved HPMT must be reflected in the approved HPMT and the values in the revised HPMT **Detailed Budget** worksheet must be incorporated into Grant Finance DB template. For portfolios where there is no HPMT (e.g., Focused portfolios), the DB template will still have cost grouping 4-7 and the PRs are expected strongly encouraged to input the budget for health products into the “Detailed Budget – non-HP” worksheet of the DB template.

The HPMT is not a grant implementation tracking tool. PRs are strongly encouraged to track the details of implementation in a separate file (e.g., which items were procured, order confirmation dates, delivery dates, quantities and all associated costs, including order numbers) and to submit the updated tracking file with HPMT revisions. This approach helps to identify grant savings timely, to support proactive use and reprogramming of grant funds.

## 1.1 How to read this user guide?

It is strongly recommended to read and understand this document, along with the instructions written in the different worksheets of the HPMT excel file. The information provided in both documents is complementary and not duplicative. While the different worksheets of the HPMT have clear instructions to help users fill the different sections and cells, this document provides background information, as well as a step-by-step approach to help users understand the different functionalities of the worksheets to manage health products in the global fund grants. The GC7 HPMT User Guidelines follow a similar logical flow to the one from the GC6 HPMT. Starting with introductory information, Global Fund policies, key supporting documents, moving to the standard worksheets **Setup** and **HPM cost** worksheets that provide users with information that is critical to completing the disease specific worksheets. The information from these worksheets is then aggregated in the key output of the HPMT namely, the **Detailed Budget** worksheet.

This document also indicates key information through the following:

### 1. GC7 HPMT Updates

The blue boxes (illustrated to the right) indicate the key changes introduced in the GC7 HPMT. This may include: (1) changes related to new worksheets; (2) updated functionalities; (3) new ways of transferring data between different grant documents; or (4) a new feature introduced within the worksheets to achieve health product-related grant objectives.

**GC7 HPMT update**

## 2. Important Notes

The red boxes (illustrated to the right) include key information, tips and recommendations that the users should take into consideration when completing the HPMT. These notes may emphasize existing key Global Fund policies related to health products, such as buffer stock levels, delivery cut-off dates between allocations and provide some tips on existing features while completing the different sheets of the HPMT.



## 2. Criteria for HPMT Submission

### 2.1 HPMT during the funding request submission (Pre-TRP)

#### High Impact and Core portfolios

- The preparation and submission of HPMT is mandatory for all High Impact and Core portfolio funding requests with a budget for procurement and management of health products (Cost Inputs within cost groupings 4 – 7).
- One HPMT should be submitted with each funding request, irrespective of number of implementers proposed in the funding request.

#### Focused portfolios

- The HPMT is not required at the funding request submission stage for Focused portfolios. However, the necessary information on health products (list of products, quantities, prices, procurement channel etc.) should be submitted with the funding request in a format determined by the applicant. This documentation should include at a minimum information on compliance with Global Fund Quality Assurance policies, quantities, unit costs that explain the total budget request for health products.

## 2.2 HPMT during the grant-making/grant negotiations (Pre-GAC)

### High Impact and Core portfolios

- The preparation and submission of HPMT at the grant-making stage is mandatory for all High Impact and Core portfolio grants with a budget for procurement and management of health products (Cost Inputs within cost groupings 4 – 7).
- One HPMT will be needed for each grant (irrespective of number of sub-recipients), unless in exceptional cases as demonstrated below.
  - The HPMT will capture the following:
    - Health products (HP) budget for the main implementer in charge of procurement and management of majority of HP under the grant).
    - HP budget for implementers whose HP budget is small (e.g., less than US\$500,000<sup>2</sup>). In such cases an 'other implementers' tab can be used.
  - In exceptional cases, when there is more than one implementer with large HP budget (more than US\$500,000), there can be more than one HPMT per grant.

#### GC7 HPMT update

The output of the HPMT Detailed Budget worksheet must be transferred into the **Detailed Budget – HP** worksheet of the Grant Finance DB template.

For portfolios where there is no HPMT, the Finance DB template will still have Cost grouping 4-7 and the PRs are strongly encouraged to check on the set-up tab of the Detailed Budget template to see if there is an HPMT file available for this grant. If so, the **PRs should manually input the budget for health products into the Detailed Budget – non-HP worksheet of the Grant Finance DB template.**

### Focused portfolios

As per the Global Fund [Operational Policy Note \(OPN\)](#), the HPMT is not mandatory for Focused portfolios. However, in the following circumstances and at the discretion of the Country Team and Regional Manager, the PR may develop and submit an HPMT:

- Total HPM budget (costing groups CGs 4-7), for the entire grant period represents more than 50% of the grant budget in HPs and associated HPM costs.
- When the budget for HPs and associated HPM costs is less than 50% of the total grant budget, but the CCM, PR, Country Team and Regional Manager agree that developing and using the HPMT will add value to grant implementation, as it provides necessary detailed information on the health products to be financed and procured.

In all cases, the PRs should be able to submit supporting documents that explain the total budget request for health products including information on product quality-compliance, quantities, unit

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<sup>2</sup> US\$ is used in this guide as the most commonly currency used in the Global Fund grants. However if the grant is using a different grant currency, the same amount would apply taking in to account the grant currency exchange rate with the US\$ agreed by The Global Fund Country Team/Finance team.

costs, procurement channel. If this information is not submitted in an HPMT, then the free worksheet in the Detailed Budget template (grant budget) can be used to include the necessary information. Additionally, any applicant (and later PRs) in discussions with the Country Team can opt-in to fill and use the HPMT if there is an agreement and need to do so.

### 3. Useful Information About the HPMT

- The HPMT is a grant document which captures information about the procurement and supply management of health products under the grant. The approved HPMT populates another key grant document: the DB template. All grant revisions related to the procurement and supply management of health products, should first be reflected in the HPMT before adjusting the DB template.
- The two versions of the HPMT which corresponds to the different versions of the DB template are: (1) a template with HIV, TB, malaria, RSSH and Multi (e.g., HIV/TB or HIV/TB/malaria); and (2) a template with C19RM 2021 worksheets.<sup>3</sup>
- Certain cells in the “SETUP” and “Key Info worksheets” are mandatory and are highlighted in yellow.
  - Information provided in these worksheets should be supported by planned activities workplans (e.g., scaling up diagnosis), historical implementation data, cited with reliable data sources and according to the Programmatic Gap Tables and Performance Framework (PF).
  - The implementer and HPMT owner should pay particular attention to filling the cells in the **Setup** and **Key Info** worksheets as the figures entered are critical to the correct calculations in the HPMT **Detailed Budget** worksheet.
- Where drop-down lists appear, **do not try to free text/type** and **do not use copy/paste**.
  - If there is information missing in the drop-down menus of the **Setup** worksheet, please contact your HPM Specialist in the CT.
  - If there is a product missing in the drop-down menus of any of the product-specific worksheets, implementers should first search the desired product in the **Search** worksheet or in the **Product Master** sheet available in the Annex to the HPMT Guidelines<sup>4</sup>. If the product is not listed in these resources, please select the “Other” from the drop-down list in the column “Product INN” and in the column named “Specification”, select the option “Other - Enter details in Comments column”.
  - When selecting “Other - Enter details in Comments” from any of the drop-down menus, the PR cannot type or enter any information in those cells. The PR should use the Comments column at the far right of the table to provide the required details.

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<sup>3</sup> This document applies to the HPMT for HIV, TB, malaria, RSSH and multi-disease grants. For the C19RM 2021 HPMT, please refer to the C19RM section of the Global Fund website: <https://www.theglobalfund.org/en/covid-19/response-mechanism/how-to-apply/>

<sup>4</sup> The annex of HPMT User Guidelines includes three sheets: (1) Product Master; (2) Product categories with their associated HPM costs; and (3) Modules/Interventions mapped against product categories.

## Important note(s)

- The HPMT aggregates information from multiple technical discussions and planning processes in country. A multi-disciplinary team should have expertise in health product management, programmatic, laboratory, procurement, supply chain and financial management to complete the HPMT.
  - It is not advisable for the HPM, PSM, or logistics teams at the implementer level to be solely responsible for completing the HPMT. Some data in the **Key Info worksheet** reflect critical **programmatic data** which should be provided, verified and validated by the relevant experts in the programmatic/laboratory teams within the PR programmatic/technical working group. If the PR does not have access to such information, they should use a “best” estimate which is agreed with the HPM and PHME Specialists of the Country Team.
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- When entering information on the products planned to be procured under the grant, the following three fields are mandatory and should be filled by the PR/implementer:
    - Item Category
    - Type of Product / Product INN +Strength<sup>5</sup>
    - Specification
  - For HPM costs calculated as a percentage (%) of the product costs, the **HPM costs** worksheet auto-populates figures based on the information provided in the individual product worksheets.<sup>6</sup>The PR can only edit the percentages (%) – in the estimated % fee column on a yearly basis, which is assigned to the individual HPM Costs categories.
  - The **Detailed Budget** worksheet will auto-populate. The PR cannot edit any information in this worksheet.
  - The **Detailed Budget** aggregates all cost inputs by annual “cash outflow” and will not populate a unit cost or a quantity or provide data disaggregated by quarter.
  - The **Detailed Budget** worksheet will be used by the Finance Officer to populate the Grant Detailed Budget (DB) Template.
  - All quantities of products that the PR plans to procure should be entered into the quarter in which the order will be placed/confirmed to the manufacturer/supplier. Based on information provided in the **Setup** worksheet, information on when the funding is required, will be placed in the relevant budget quarter.
  - Sections that require user input are highlighted in the template, normally with yellow color. Some cells are designed to accept any input from users (e.g. free text fields) while some

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<sup>5</sup> For non-pharma products, users should fill in the following fields instead of INN/specification: 'product description' / 'additional details'.

<sup>6</sup> Due to the technical limitations of the template, HPM costs for certain (infrequently used) item categories may not be captured in the detailed budget sheet of the HPMT, unless a more frequently purchased product of related nature/category is also included in the template. Please refer to “**Management of exceptions section under the HPM cost section of this user guide**”.

others are designed to accept only defined type of values (e.g. dates or numbers) or drop-down list values.

**Note:** To ensure the formulas and HPMT works correctly, certain sections of the template are protected. Users are advised to: (1) not tamper or unprotect the template; and (2) ensure that correct data is entered into the template as per the validation rules. When worksheets are unprotected, formulas are altered, or inputs are invalid (e.g., forcing text in fields that are designed to accept numerical values only), the template generates inaccurate outputs and/or becomes non-functional. If specific products need to be changed, it is best practice to delete the information in all three fields and then re-enter the correct product. In case of tampering, the HPMT will not be properly uploaded to the Global Fund database and the review and approval of the HPMT will be delayed.

### Important note(s)

- a) Health product estimated quantities may include buffer stock amounts within limits of national inventory management policies and according to the Global Fund budgeting, financial and grant closure guidelines.
- b) Program activities of a Global Fund grant are implemented and completed according to an agreed timeframe called a “grant implementation period” which is usually up to three years. The grant year in the implementation period may follow a calendar year or the country’s financial year. The first quarter (Q1) of the HPM Template must refer to Q1 of the implementation period, as agreed in the Performance Framework and Detailed Budget.
- c) The quarterly quantities entered in the HPMT should reflect the PR’s desired timing of placing the order with the assumption that purchase orders shall be confirmed in a timely manner considering the procurement methods and estimated lead-times.

## 4. Mandatory Supporting Documents

The HPMT is not a stand-alone document. It should link programmatic targets included in the Performance Framework with the health products required to achieve these.

The table below provides a checklist of sources of information and assumptions expected to be used to determine the quantities and fill the HPMT. Please attach the relevant documents when you submit the HPMT.

## Checklist

**HPM Plan:** A comprehensive but succinct document describing how the overall health products and HPM/Lab system-building activities will be managed during grant implementation. This plan should include the following:

- Cover the national systems where the grant activities would be an important component of the national systems, but could be grant-focused in some situations.
- Describe the HPM governance and monitoring of the program/country (national TWG to supportive monitoring and oversight); regulatory processes (NRA, QA/QC, registration/waiver); procurement (Value for Money considerations, modalities, national/PR regulations); supply chain management (push/pull distribution, national/ regional/ last mile warehousing, distribution, use of private providers, inventory management like min/max/buffer levels, expiry and waste management); e/LMIS (reporting frequency, quality, data analytics and use for decision-making); HPM human resource management (training, up-skilling, capacity building) ; and risk management (e.g., due to COVID-19 and global supply disruptions).
- Link HPM systemic gaps to requested RSSH activities that aim to address the gaps and improve systems during grant implementation.

The below requested sources of information and documents would complement the HPM Plan. Please make necessary references where relevant.

**National treatment guidelines** for the relevant disease and/or protocols of care at time of submission. If the protocols are under revision, please provide a transition plan (e.g., change of treatment regimens, introduction of new paediatric formulations, shortened regimens for DR-TB, roll-out plan and timeliness, supply chain preparation for the transition).

**National diagnostic test algorithms** for the relevant disease

**National quantification report** (for all relevant health products proposed to be funded from the grant needed in the response against the disease) based on which the quantities in the HPMT have been derived.

**Implementation arrangement map**, highlighting entities/bodies involved in forecasting/national forecasting committee, including the latest meeting minutes.

**Program capacity and scale-up plans/targets** for the grant period, which should be aligned with the National Strategic Plan targets, the Programmatic Gap Table for the disease and the grant Performance Framework.

**Strategy documents highlighting investments in health equipment** (e.g., molecular diagnostics): disease specific and/or national laboratory strategy and information on use across

<p>programs, long-term sustainability strategy for routine maintenance, repairs and services, including any service level agreements (SLAs) and reagent procurement.</p>
<p><b>Financial contributions for health products</b> (all sources of funding available to meet the targets – domestic, other donors etc.) and the financial gap analysis for health products for the grant period, information provided should be aligned with Programmatic Gap Table submitted as part of the funding request documents/annexes in the Health Products Worksheet in the Funding Landscape Table.</p>
<p><b>Copy of the national supply plan</b> which reflects the negotiated schedule of Global Fund contributions to national forecasted demand plan for the grant period</p>
<p><b>Copy of the national integrated stock status report/dashboard</b> showing stock-on-hand and purchase order quantities (pipeline) for key health product covering all financing/supply sources, including NGOs where applicable.</p>
<p><b>Buffer/safety stock and rationale for inclusion in the calculations</b>, including national/disease specific Health Products Management/ Logistics Standard Operating Procedures (SOP).</p>
<p><b>Calculation worksheets</b> with assumptions used and the formulas, quantification software files such as QuanTB, QuantiMed, others used.</p>
<p><b>Sources and justification of unit costs for health products:</b> The PR should provide all relevant information used to estimate the unit cost, such as a copy of the most recent Global Fund reference price list for core items (available on the Global Fund website), the GDF catalogue for TB program health products, the UNICEF supply catalogue, Global Fund PQR, local price quotations, etc. PRs are encouraged to review the relevant sections on unit costs in the Global Fund <a href="#">Instructions for Completing the Detailed Budget Template</a>.</p>
<p><b>PSM/HPM costs estimation.</b> Please separate operational costs from infrastructure. These should not be part of HPM/PSM cost/HPM/Lab/Pandemic preparedness system strengthening investments.</p> <p>The PR are required to provide all relevant information to support the individual percentages assigned to each product category (e.g., ARVs) and to each cost input (e.g., 7.2 Freight and insurance). This can include the procurement agent fee structure document, third-party logistics fee's structure contract, past invoices, etc. Historical data is normally used (e.g., mean of last year orders for a specific product category (e.g., average/mean of % for 7.2 for pharmaceuticals, ARVs, Anti-TB and Antimalarials, other essential medicines).</p> <p>PR PSM teams are required to budget accurately. Orders which can represent an outlier in the calculation of the % HPM cost average/mean for a specific category can be excluded. For example, at the start of the COVID-19 pandemic freight rates have increased above standard market rates before restabilizing in 2022, so it is not advisable to use historical HPM cost for orders only from the period of 2020-2021 in deriving HPM cost calculations. The Global Fund publishes regularly updated reference HPM costs from <a href="http://wambo.org/PPM">wambo.org/PPM</a> orders (e.g.,</p>

<p>freight/shipping costs, insurance, quality testing, etc.). PRs are encouraged to consult this document on the Global Fund website along with the Global Fund <a href="#">Instructions for Completing the Detailed Budget Template</a>.</p>
<p><b>Assessment reports of the supply chain and/or the laboratory network</b> (ideally national), which were conducted in the last three years, irrespective of the funding source for the assessment.</p> <p>This refers to assessments of the entire system or any part/section of it. It can be focused in one category of health products or the full range of essential health products and laboratory products. This can be partner organization’s reports, PR self-assessment, or private sector assessment report(s).</p>
<p><b>National Strategic Plan for managing health products and related documents:</b> This includes any strategic document that is available and used (e.g., National Medicines Policy, National Supply Chain Strategy and/or Master Plan, Strategy of Medicines Regulatory Agency, Medicines Financing Strategy (as part of the Health Financing Strategy), Laboratory Services Strategy and relevant costed implementation plans). Budget for development of such strategic documents should be factored in the total budget submitted with the funding request.</p> <p>Any funding request for systems strengthening investments should be based on a defined national strategy/vision and have an implementation plan. In the absence of a strategy document and/or an implementation plan, a request for funding to develop these documents is also possible.</p>
<p>At the time of submitting the funding request or in grant-making for the input worksheets, quantities per item/health product needed in Y1 should reflect the quarterly schedule of the Global Fund funded procurements, indicating the quarter when the orders need to be confirmed with suppliers.</p> <p>For subsequent years, if the details are not available, procurement quantities are tentatively entered in the HPMT as a single annual order in first quarter of that year, with the expectation that a more specific procurement plan will be progressively incorporated as part of the annual review of demand forecast, particularly for High Impact and Core portfolios. For Focused portfolio opting to not use a HPMT, PRs should reflect Y1 detailed procurement plan while following the same practice for Y2 and Y3 in case the detailed plan is not available, in lieu of the HPMT.</p>
<p><b>In case of grant revisions: reinvestment, reprogramming/reallocation exercise to use savings, along with the updated HPMT, the following supporting documents are mandatory:</b></p> <ul style="list-style-type: none"> <li>• Updated financial gap for national disease program health products funding.</li> <li>• Updated program targets to justify additional request for health products.</li> <li>• Supporting evidence of all assumptions used to update the request for funding additional health products.</li> </ul>

- Updated unit costs as per latest reference prices, if available.
- For procurements already executed during the grant period and until submission, updated quantities already procured (retrospectively) and actual final costs (projected at the grant signing vs. actuals at the time of the submission of the new request).

## 5. Standard Worksheets Applicable to all Versions of the HPMT

### 5.1 Search worksheet

**Purpose:** This worksheet allows users to search for a specific product to determine whether this product is listed in the HPMT and in which specific worksheet(s). It should be used if a specific product cannot be located and/or before using the Products labeled “Other”.

PRs can search for a specific product by scrolling through the list under **(Each)** and select the corresponding **(packaging)** the search results will appear on the left-hand side with the worksheet, the category, section and cost input. The search worksheet will allow to you find a specific product and then see in which component-specific worksheet and section this product should be entered. It also allows you to see which HPM Cost Category the product is associated with.

**Health Product Management Template - Search Products**

\* This search tool can be used to look for worksheet(s) and section where a particular product is available in Slicer.  
 \* User can enter few characters to search product name in "Each"  
 \* For a particular item all available packaging will be displayed in "Packaging"  
 \* On Selecting the desired packaging the Worksheet, Section and category is displayed where that particular item is available.  
 \* There can be more than one worksheet, sections where an item is available.

**Search For A Product in HPM Template**

Wkst	Sec	Category	Currency	Ref Price	Lead Time	Cost Input*
HIV - PHARMA	1	ARVs (for PEP)	USD	0	2	4.1
HIV - PHARMA	1	ARVs (for PEP)			3	4.1
HIV - PHARMA	1	ARVs (for PEP)			4	4.1
HIV - PHARMA	1	ARVs (for PEP)			(blank)	4.1
HIV - PHARMA	1	ARVs (for PEP)		1.7	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		2.05	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		2.25	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		2.75	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		3.37	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		3.97	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		4.5	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		5	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		5.35	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		6.25	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		7	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		11.8	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		12.2	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		17	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		17.25	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		17.5	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		17.95	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		20	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		23.5	2	4.1
HIV - PHARMA	1	ARVs (for PEP)		36	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		40	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		57	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		59	3	4.1
HIV - PHARMA	1	ARVs (for PEP)		65	3	4.1
HIV - PHARMA	1	ARVs (for PrEP)	USD	0	2	4.1
HIV - PHARMA	1	ARVs (for PrEP)			(blank)	4.1

**Each** (Click to Search Slicer)

- Abacavir/Lamivudine 120/60mg double-scored dispers...
- Abacavir/Lamivudine 120/60mg double-scored dispersi...
- Abacavir/Lamivudine 120/60mg single-scored dispersibl...
- Abacavir/Lamivudine 120/60mg single-scored dispersibl...

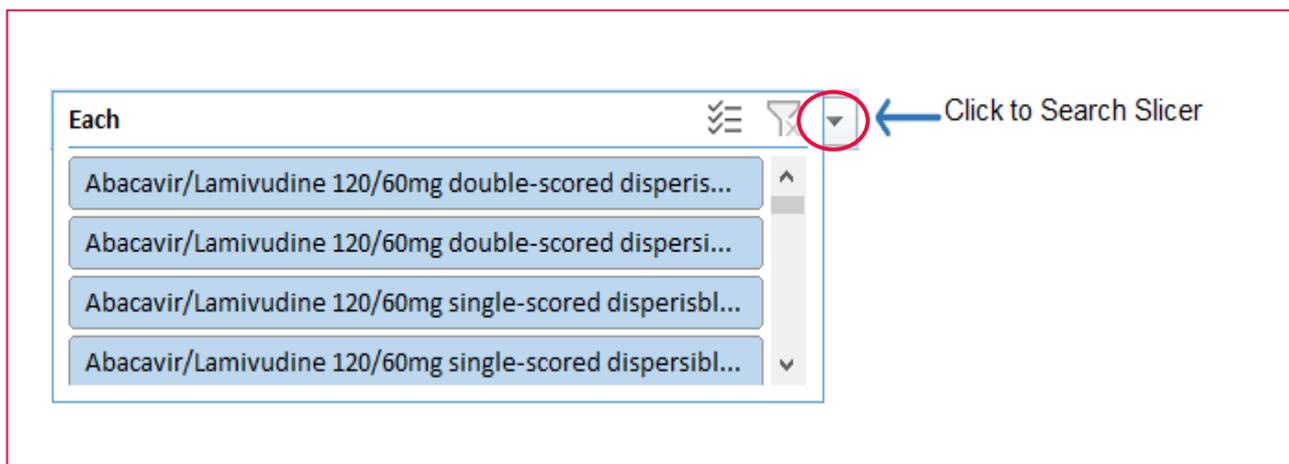
**Packaging** (Click to Search Slicer)

- 0.1-10ul, 30mm, 960 pieces
- 0.1-10ul, 960 pieces
- 0.2-20ul, 960 pieces
- 0.2-2ul
- 0.5-10ul
- 1 bottle
- 1 device with standard accessories
- 1 kit

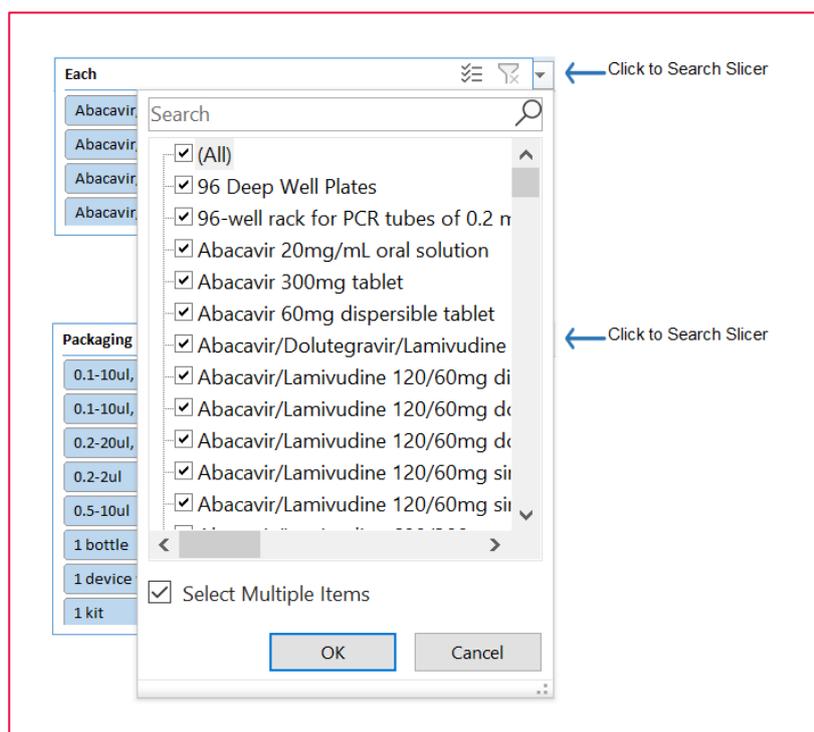
Search | SETUP | HIV - Key Info | HIV - PHARMA | HIV-NON-PHARMA | TB - Key Info | TB - PHARMA | TB-NON-PHARMA | Malaria - Key Info | MALARIA - PHARMA | MALA

In HPMT users can search where an item appears in the worksheet, in which section and category. Below is a step-by-step guide to the search functionality of the HPMT:

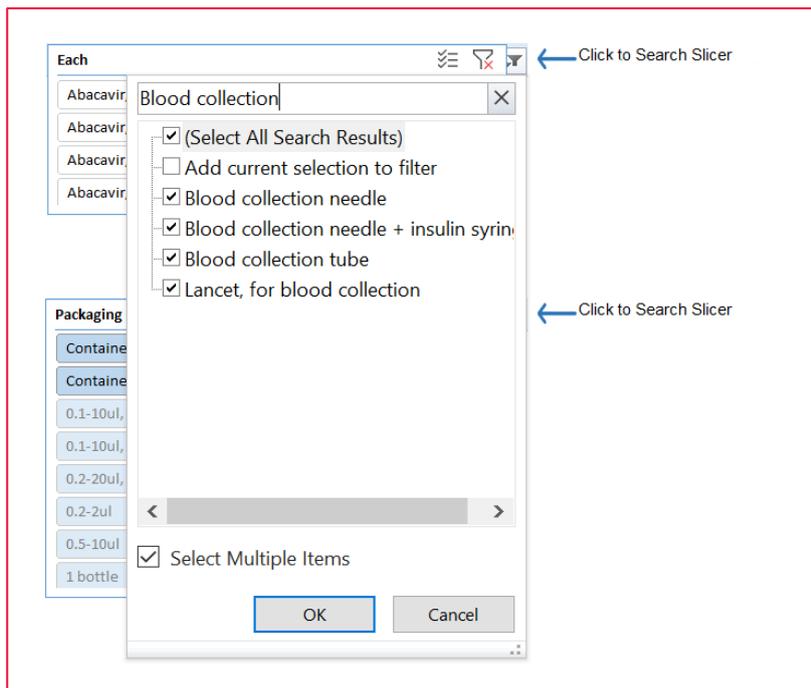
1. Go to Search worksheet in HPMT and Click on filter symbol next to window showing available “Each”:



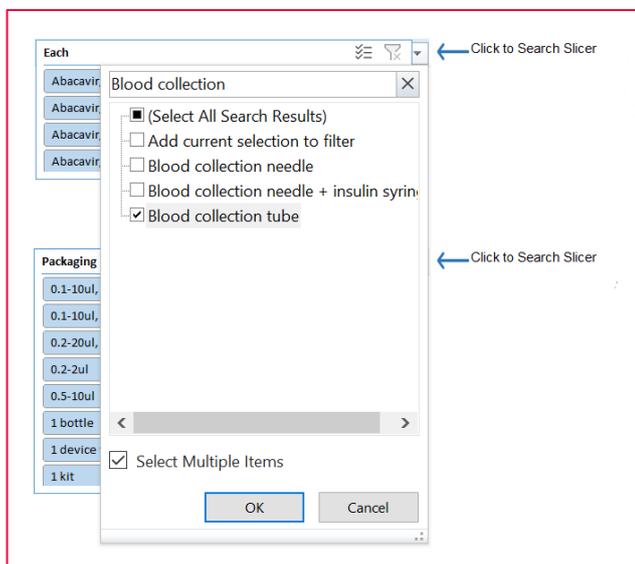
2. It will open a filter pop up with drop down values of all available Each with search box on top:



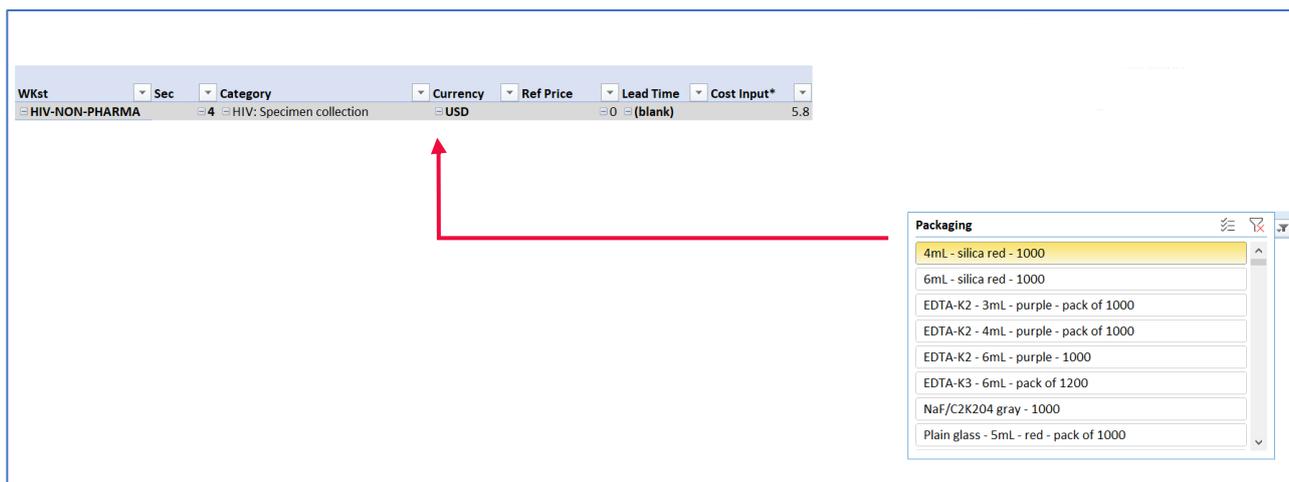
3. User can type few characters of item name to shortlist the drop downs:



4. Select the relevant drop down(s), click on OK and it will filter the available packaging types available for the selected Each.



5. Select the relevant packaging to see the worksheet, section and category of the selected item.



## 5.2 SETUP worksheet

**Purpose:** This worksheet captures information on the Grant, the PR, the various procurement mechanisms that will be used to procure the different health products, the associated payment modalities and the indicative delivery lead times.

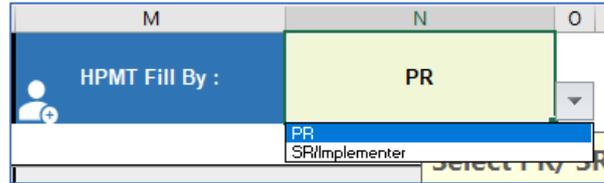
THE GLOBAL FUND		Health Product Management Template - TB - Set up		HPMT Fill By:	PR
COUNTRY:	Afghanistan	GRANT NUMBER:	AFG-T.MOPH		
<small>Type the first few letters of your country name, click enter, then use the dropdown menu to select your country</small>		<small>Choose the grant from the dropdown menu</small>		<small>Please Fill Grant Number in box below, if NA in List</small>	
LANGUAGE:	English	PR:	Ministry of Public Health of the Islamic Republic of Afghanistan		
<small>Choose your preferred language from the dropdown menu - English, French, Spanish</small>		<small>If PR name in JS is not populated automatically or if value is NA or if PR name is incorrect, please indicate the PR name manually in the field MS.</small>			
GRANT CURRENCY:	USD	SR/Implementer:			
<small>This field will automatically populate based on the grant and PR selected</small>		<small>Fill the SR/Implementer name in cell J7</small>			
COMPONENT:	TB	PR CONTACT:	Full name:		
<small>This field is defaulted to the version of the template that you have chosen to use</small>			Position:		
			Email:		
USD Conversion Rate (for the Implementation Period) 1 USD = 0.930122 EUR 0.930122		Implementation Period Start Date (DD MMM YYYY):	31/Mar/2023		
		Implementation Period End Date (DD MMM YYYY):	31/Dec/2025		

### 5.2.1 Select the Grant/Program details from the drop-down menus

Click the box to the right of each Field Label. A drop-down arrow will appear. Select the correct information from the drop-down list.

- **Country**
- **Language**
- **Currency** (EUR-USD rate as used in the grant detailed budget and according to agreement with Country Team Finance Specialist should be used in the HPMT).
- **Component:** Choose from drop down menu options: HIV, TB, Malaria, Multi (HIV/TB, HIV/TB/Malaria) and stand-alone RSSH.
- **PR entity** – For example Ministry of Health and Social Welfare (MOHSW). If PR name is not available in the list, please provide the full name in the grey box provided.

- **SR/implementer** (owner of the HPMT) if HPMT belongs to an implementer other than the PR mentioned in the PR field (J5) of the Setup worksheet”. Please also refer to the “HPMT Fill by” cell and chose SR/Implementer from the drop-down menu in cell N1 if applicable.



If an HPMT belongs to an implementer other than PR, please ensure that SR name typed in HPMT (in cell J7 of the Setup worksheet) exactly matches the SR name presented in the Detailed Budget template.

- **Grant Number**

**NOTE:** The drop-down menu for the fields “PR” and “Grant Number” will only display if the “Country” and “Component” has been selected. In case no drop-down list appears, type the first few letters of the field, click enter and then try the drop-down arrow again.

Fill in the **grant implementation start and end dates** (in the format DD/MM/YYYY). This will automatically populate the grant period table.

The **grant period table** can be used to align the start and/or end dates with the grant years in case these differ from a standard calendar year. NOTE: Year 1 and Year 3/4, as applicable, can be less than 12 months. However, Year 2 and 3, as applicable, will always be 12 months.

Implementation Period Start Date (MM/DD/YYYY):	January 1, 2024
Implementation Period End Date (MM/DD/YYYY):	December 31, 2027

Grant Period	Year 1	Year 2	Year 3	Year 4
Start Date	January 1, 2024	January 1, 2025	January 1, 2026	January 1, 2027
End Date	December 31, 2024	December 31, 2025	December 31, 2026	December 31, 2027

If your grant starts or ends within a quarter, or if the implementation period is different from the country's fiscal year, please enter the end date for year 1 of the grant. End Date of the year should be 31-Mar, 30-Jun, 30-Sep, 31-Dec only

Enter/type the details of the **HPM Specialist / PSM Officer (in PR/SR/Implementer Program Management Office)** who is leading the completion of the HPMT.

- PR contact details – Name, position and email

**NOTE:** If the Grant Information is captured correctly, this information will populate automatically in all the worksheets.

While the Global Fund will ensure that the Grant Entity Data (GED) information is regularly updated and integrated in the different funding request package documents, including key documents such as the HPMT and Grant Finance DB, if you cannot locate your specific PR entity and Grant Number, please enter the details manually in the boxes provided.

## 5.2.2 Version of the HPM Template

This information is controlled by the Global Fund Secretariat and reflects the version of the HPM Template (starting with #1) together with the release date (#####). The PR cannot edit this information.

## 5.2.3 Version table

This information is filled by the PR and reflects the version of the HPM Template (starting with FR or Funding Request) together with the submission date (DD/MM/YYYY). Then the approved Grant Making HPMT and Revisions 1-7 for each approved revision after signing the grant. Users can select the revision version FR,GM, rev 1-7 from the drop-down menu in the table.

**Version Table**

Version	{ Auto Filled By PR/SR}	Submission Date{Filled By PR/SR}	Approved by HPM Name	HPM Approval Date-Filled by HPM
FR	PR	1Mar2023		
GM	PR	2Apr2023		
rev 1	PR	10Oct2023		
rev 2	PR	1Jan2024		
rev 3	PR	3Dec2024		
rev 4	PR	10Oct2025		

Select the approval version of the HPMT

This field will automatically populate based on the Version selected

Provide the date that the final version of the HPMT is submitted to the CT

Provide the name of the CT member approving the HPMT

Provide the date of approval

## GC7 HPMT update

It is expected that seven revisions are sufficient within the grant period in most cases. In case the PR does more than seven revisions, the PR is advised to discuss with the HPM specialist to select the versions to be submitted with the grant revision package to remain within the seven revisions cap. If needed, PRs can submit interim HPMT versions to HPM Specialist between the seven major revisions tracked in this table.

## 5.2.4 Information about the Procurement Entity

This table is used to determine the period in which the funds will be needed for payment. It is essential to indicate the procurement entity together with the payment modalities / timing of disbursements from the Global Fund and the expected lead time (from order confirmation to delivery in-country), which will automatically indicate the period when the funds are expected.

**NOTE:** The timing of disbursements from the Global Fund is linked to “when the country requires funds to be disbursed from the Global Fund to the PR”.

- Column E, rows 20 onwards: Select the type of procurement entity (e.g., PPM, non-PPM, GDF, UN agency) that will be used to procure each type of product.

- Upfront payment option has been disabled to comply with recent changes in Guidelines for Grant Budgeting.
- As per the Guidelines for Grant Budgeting (Section 2, Paragraph 23), the grant budget should be prepared based on the timing of actual implementation of activities (for example, when goods, supplies or services are received or delivered, irrespective of related cash outflows). More specifically, the budget phasing has been changed from “timing of cash outflow” to “timing of actual implementation of activities.” Applicants and recipients are required to align the HPMT budget phasing with this requirement. To support this update, the “Timing of disbursements from the Global Fund (previously referred to as payment modality) in the HPMT has been locked to “At Delivery” for all procurement channels.” Therefore, users will be unable to select an “upfront” payment option under the “Timing of disbursements from the Global Fund” column in the Setup worksheet.
- Column G, rows 20 onwards: Indicate the delivery lead time.
  - Please select a number from one (1) to four (4) which represents the period (quarter) in which the products are likely to be delivered in-country.
    - 1 = 3 months / 1 quarter after the order is confirmed/placed with manufacturer(s).
    - 2 = 6 months / 2 quarters after the order is confirmed/placed with manufacturer(s).
    - 3 = 9 months / 3 quarters after the order is confirmed/placed with manufacturer(s).
    - 4 = 12 months / 4 quarters after the order is confirmed/placed with manufacturer(s).
  - For wambo.org/PPM portfolios, please use the information available in the latest version of “Category and Product-Level Procurement and Delivery Planning Guide: Indicative Lead Times”, which is regularly updated in the Global Fund’s website, for the “Delivery Lead Time”.

For the timing of disbursements from the Global Fund “at delivery”, the lead time will determine where the funds should be reflected in the Grant’s Detailed Budget.

PROCUREMENT ENTITY					
HPMT Worksheet	HPM Category	Procurement Channel	Timing of disbursements from TGF	Delivery Lead Time (in quarters) (Min=1 & Max=4)	In Country HPM Cost Modality
HIV - PHARMA	ARVs	UNICEF (non-PPM)	Upfront	1	⌘ Based
	Harm reduction: Medicines	WHO	Upfront	1	⌘ Based
	COIM, OI, STI Medicines	WHO	At delivery	1	⌘ Based
	Other strategic Medicines	PFSCM (non-PPM)	Upfront	1	⌘ Based
	TB Medicines for TPT	GDF: IDA	Upfront	1	⌘ Based
	Other supportive medicines	WHO	Upfront	1	⌘ Based
HIV-NON-PHARMA	Condoms	Wambo (PPM)	Upfront	1	⌘ Based
	Lubricants	Wambo (PPM)	Upfront	1	⌘ Based
	HIV RDTs	UNICEF (non-PPM)	Upfront	1	⌘ Based
	TB RDTs	WHO	Upfront	1	⌘ Based
	Other RDTs	IDA (non-PPM)	Upfront	1	⌘ Based
	Harm reduction: consumables	GDF: UNOPS	Upfront	1	⌘ Based
	Molecular testing, reagents	PR/SR	Upfront	1	⌘ Based
	HIV & other laboratory reagents	WHO	Upfront	1	⌘ Based
	Diagnostic consumables	PFSCM (non-PPM)	Upfront	1	⌘ Based
	Consumables: other	iPlus (+) (non-PPM)	Upfront	1	⌘ Based
	PPE, items	UNDP	Upfront	1	⌘ Based
	Molecular testing, equipment	UNOPS (non-PPM)	Upfront	1	⌘ Based
	Laboratory equipment: other	GDF: IDA	Upfront	1	⌘ Based
	Health equipment: other	UNOPS (non-PPM)	Upfront	1	⌘ Based
	Sequencing equipment	UNOPS (non-PPM)	Upfront	1	⌘ Based
TB-PHARMA	TB Medicines	Wambo (PPM)	Upfront	1	⌘ Based
	TB Supportive medicines	UNDP	Upfront	1	⌘ Based

## GC7 HPMT update

Additional drop-down menu options under procurement entity were added in this HPMT version to provide a more granular level of information such as where the PR/SR procures directly with the PSAs (e.g., IDA, PFSCM, Iplus (I+) Solutions) and not through wambo.org/PPM, as well as an option for PR/SR when they procure directly and not through any of the above-mentioned entities.

Procurement channel column in the disease specific forecasting sheets (e.g., HIV pharma, TB Non-Pharma, etc.) will be pre-populated based on input made on the setup worksheet. This will also be the basis on which the timing of disbursement column in the set-up tab procurement Entity table will be selected.

In some exceptional cases, if one or more products within the same HPM category (e.g., within the ARVs HPM category) such as Abacavir 300 mg is procured through a different procurement channel than the rest of the ARVs in the grant, the PRs have the option to select a different procurement channel for each item entered in the disease specific forecast worksheet (e.g., HIV Pharma) than the one selected at the setup worksheet procurement entity table, in this case the change is highlighted in blue color.

<b>2</b>	<b>HIV - PHARMA - Section 2</b>	Antiretroviral Medicines for HIV Treatment
----------	---------------------------------	--

Total Amount in USD	Y1	Y2	Y3	Y4
	5,500	7,000	7,000	70

1. Column A: Select the Product Category from the drop-down menu
2. Column E: Select the Product name (INN) and Strength from the drop-down menu
3. Column I: Select the Specifications from the drop-down menu; for Specifications which state "enter specifications manually", please use the "Comments" column AU to provide this information
4. Column N: Once the full product information has been entered (steps 1-3, above), if a reference price is available, it will automatically populate in Column N and in columns P, W, AD, AK. The Reference Price displayed will be in the grant currency selected in the SETUP worksheet.
5. Column O: The currency displayed in this column is defaulted to the grant currency selected in the SETUP worksheet. If the PR / Implementer needs to use a unit cost in an alternative currency (USD / EUR), please select the relevant currency for each product using the drop-down menu available in this column.
6. Columns P, W, AD, AK: In case a reference price did not automatically populate (step 4, above) for the product selected, or in case the reference price is inaccurate for this PR / Implementer, insert the unit cost per product. The unit cost should be in the grant currency (USD or EUR). If the PR / Implementer needs to use a unit cost in an alternative currency (USD / EUR), follow step 5.
7. If a reference price was available (step 4) and you have changed the unit cost to "more than or less than 30% of the reference price", the cell will display in red. Please double check that the unit cost is aligned with the product specifications selected. If everything is correct, you can proceed; the red color will not result in errors in the file.
8. Columns Q, R, S, T, X, Y, Z, AA, AE, AF, AG, AH, AL, AM, AN, AO: Insert the quantity per product that will be procured in the relevant quarter in which the order will be confirmed/placed with manufacturers
9. Column AU is optional and should be used if you have any relevant comments to communicate to the Country Team/LFA

Item Category	INN + Strength	Specification	Unit of measure	Procurement Channel	Reference Price (in Payment Currency)	Payment Currency	Months					
							Mar23 - Jun23		Jul23 - Sep23		Oct23 - Dec23	
							Y1 Unit cost	Y1 Q1 quantity	Y1 Q2 quantity	Y1 Q3 quantity		
ARVs (Treatment - adult formulations)	Abacavir 300mg tablet	Container/ pack of 60 tablets	PK	PR/SR	7,000 USD	7,000	100					
ARVs (Treatment - adult formulations)	Abacavir/Lamivudine/Zidovudine 300/150/300mg tablet	Container/ pack of 60 tablets	PK	Wambo (EDM)	- USD	8,000	100					
ARVs (Treatment - adult formulations)	Abacavir/Dolutegravir/Lamivudine 600/50/300mg tablet	Container/ pack of 30 tablets, no carton	PK	PR/SR	20,000 USD	20,000	100					
ARVs (Treatment - adult formulations)	Abacavir/Lamivudine/Zidovudine 300/150/300mg tablet	Container/ pack of 60 tablets	PK	PR/SR	- USD	10,000	100					
ARVs (Treatment - pediatric formulations)	Abacavir/Lamivudine/Zidovudine 60/30/60mg tablet	Container/ pack of 60 tablets	PK	PR/SR	- USD	10,000	100					

PRs are however encouraged to procure all products from a single HPM category through a single procurement channel (e.g., all ARVs through wambo.org or UNICEF and all condoms and Lubes through UNFPA or PR/SR) instead of splitting procurement of the same HPM category products across different channels as the above example (PR/SR and wambo.org are used to procure one HPM category of products, in this case ARVs).

The table has an update in column H with In-country HPM cost Modality: this was added in GC7 HPMT to allow for implementers who are paying a fixed cost for (e.g., distribution and warehousing costs) and not a percentage of health products procured (e.g., in grants supporting RSSH investments or when domestic financing or other non-Global Fund sources of funds cover the cost of health products procurement and Global Fund grant only covers HPM cost). This update also allows for a mixed option which means part of the HPM cost GC7 (e.g., 7.1-7.2 is percentage-based while 7.3 and 7.4 are a fixed cost). For more details refer to the HPM fixed cost section in this guideline.

**Summary of changes introduced in GC7 HPMT June 2023 release (V2.1):**

- Bugs fixed.
- Updated Catalog of products.
- Updated formatting of some cells.
- “Upfront” payment option has been disabled to comply with recent changes in budgeting guidelines.
- Analytics worksheet has been added.

## 5.3 RSSH worksheet: Health Product Management, Laboratory and Pandemic Preparedness Systems Strengthening

**Purpose:** This worksheet records information on the planned investments in health products for the modules “Health Products Management Systems Strengthening”, “Laboratory Systems Strengthening” and “Medical Oxygen and respiratory care systems under pandemic preparedness” and their associated interventions.

RSSH Cost										2023 - 2024	2024 - 2025	2025 - 2026	2026
Component	Module	Intervention	Description of Activities	Cost Input	Geography	Procurement Channel	Source of Funds	Payment Currency		Y1 Total	Y2 Total	Y3 Total	Y4 Total
RSSH	RSSH Health products management systems	Storage and distribution capacity, design & operations	Instal shelves and racking system	7.3 Warehouse and Storage Costs	National/Country Level	UNICEF (non-PPM)	Approved funding	USD		10,000			

The RSSH worksheet comprises one section with multiple fields:

- Select the main component under column A, (i.e., a TB grant which includes RSSH or an HIV grant which includes RSSH or a Malaria grant which includes RSSH or a stand-alone RSSH grant).

**NOTE:** If it is stand-alone RSSH grant, the component selected under column A should be RSSH.

- Then select the Module (column B).
- Finally, select the appropriate intervention from the dropdown menu (column C), ensuring that it is aligned with the information in the Grant Finance DB template for RSSH non-health product PSM activities.
- The PR must provide a brief description (Column D) on the planned activities for each Intervention.
- Select the corresponding cost inputs within Cost grouping 4-7, from under drop-down menu in column E.
- Like the fixed HPM cost and other implementer worksheets, users are **NOT** expected to complete columns F, G, H, I (geography, procurement channel, source of funds and payment currency), as they automatically populate and will have pre-set values.
- Total annual budget for health products selected under the RSSH interventions are added under Y1, Y2, Y3, Y4 in columns J, K, L, M.
- The consolidated budget figures will be calculated in column O and reflected in the HPMT Detailed Budget worksheet, at the level of “Module + Intervention + Cost Input”.

### Important note

As there are a limited number of budget lines allocated for RSSH HP investment; users should consolidate values when there are multiple health products to be procured under the same Cost Input for the same RSSH intervention. The detailed list of items and their specifications, unit costs, should be submitted as an Annex to the HPMT.

## 5.4 HPM costs worksheet

**Purpose:** This worksheet captures information on all costs associated with the procurement, handling and management of health products under the grant. The information is presented in two Sections – “HPM costs for delivering products to country” (Section 1) and “HPM costs for managing products in-country” (Section 2) costs – and seven sub-sections corresponding to the type of cost input (under budget cost grouping 7). The different disease-specific worksheets should be completed prior to completing this worksheet.

**NOTE:** Cost Input 7.5 Quality Assurance/Quality Control is represented in both sections since these activities can occur both “prior to arrival in country” and “along the supply chain once in country”.

The HPM costs worksheet will auto-populate the figures based on the information provided in the individual product input worksheets.

To see the detailed list of Product Categories linked to HPM cost categories refer to the HPMT Annex “Product Categories and their associated HPM Cost Category”.

The PR can only edit the percentages (%) assigned to individual product categories for each year.

For PPM portfolios, please ensure that you use the latest Global Fund Procurement Service Agent (PSA) fees reference [document published](#) on the Global Fund website<sup>7</sup> for the Procurement Agent and Handling Fees (cost input 7.1)

For procurement of TB products through the Global Drug Facility (GDF), please ensure that you use the latest GDF Indicative Reference Costs for Budgeting Purposes: Freight, Insurance and Quality Assurance.<sup>8</sup>

For in-country storage and distribution and for importation costs, if the PR HPM cost budgeting assumptions **are not based on a fixed percentage (%)**, but **rather a specific amount / value**, please use the “Fixed HPM Cost” worksheet.

### Important note(s)

HPM costs are not applicable to and therefore are not calculated for ‘maintenance and services and ‘surcharge’ related item categories (e.g., Molecular Testing: Maintenance & Services, Molecular testing: Surcharge, Malaria Microscopy: Maintenance & Services, Pesticide application: Maintenance & Services, Malaria Surveillance: Maintenance & Services, TB Microscopy: Maintenance & Services, etc.).

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<sup>7</sup> [Indicative reference costs for budgeting purposes: international freight, insurance, and quality assurance](#). The Global Fund, October 2022.

<sup>8</sup> [GDF Indicative Reference Costs for Budgeting Purposes](#). Stop TB Partnership, August 2022.

## **Important Note on management of HPM cost-related exceptions:**

**Limitation of the template:** Due to the technical limitations of the template, HPM costs for certain (infrequently used) item categories may not be captured in the Detailed budget sheet of the HPMT, unless a more frequently purchased product of a related category is also included in the template. These are exceptions and guidance on exceptions management is presented below. Particularly, if a product from the below 'affected' item categories is presented in HPMT, the HPM cost for the product will not be captured in the detailed budget sheet of the HPMT.

**Proposed solution to manage the exception:** in cases where after completing the different sheet with no errors (e.g., Key Info sheets are not showing any red box message or no message in the Detailed Budget sheet mentioning errors in multiple worksheets) and users can still find a variance in the checker tab of the HPMT, users are advised to follow the below guidance.

Refer to the table below and check if a product from the 'affected' product category column is selected in their disease specific sheets and that no other product from the same product category is forecasted,

To resolve this template limitation, **even in case not being required in the grant budget**, users are advised to still add in the disease specific forecast worksheet (e.g., HIV Non-Pharma or Malaria Pharma) at least 1 product from a 'related' product category into the HPMT **with a unit cost US\$ 0.00001 and quantity 1. This will ensure the total value of HPs remains unaffected with zero-dollar impact of the added product, while triggering the template to capture the missing HPM cost in the HPMT Detailed budget sheet.**

This will resolve the issue and applicable HPM costs for the 'affected' item categories will now be captured in the HPMT Detailed budget sheet and variance should disappear in checker tab

See below the affected categories under HIV and Malaria (None for TB). Please note similar cases may be faced under other HIV products, for exhaustive list or further support, please contact the HPM specialist of your Country Team.

Affected item categories	Solution
<b>HIV</b>	
<b>Immunoassays: Hepatitis B</b>	Please select in the HIV Non pharma worksheet (section 1: Health products used in HIV prevention programs) at least one product from item category 'Molecular testing POC/near POC, OI, STI' with quantity 1 and unit cost US\$ 0.00001.
<b>Immunoassays: Hepatitis C</b>	Please select in the HIV Non pharma worksheet (section 1: Health products used in HIV prevention programs) at least one product from item category 'Molecular testing POC/near POC, OI, STI' with quantity 1 and unit cost US\$ 0.00001.
<b>Voluntary Medical Male Circumcision (VMMC)</b>	Please select in the HIV Non pharma worksheet (section 1: Health products used in HIV prevention programs) at least one product from item category "other RDTs" with quantity 1 and unit cost US\$ 0.00001.
<b>Flow Cytometry reagents</b>	Please select in the HIV Non pharma worksheet (section 3: Treatment care and support) at least one product from item category 'Molecular testing POC/near POC, OI, STI' with quantity 1 and unit cost US\$ 0.00001.
<b>Malaria</b>	
<b>Antimalaria medicines (TES)</b>	Choose at least one product from the item category "Antimalaria medicines (Case Management)". If antimalarials for Case Management' are not required under the grant, please still add at least 1 product with a quantity 1 and unit cost US\$ 0.00001.
<b>Antimalaria medicines (Co-pay)</b>	HPM costs are disabled for this item categories, please budget at CIP/CPT or DAP incoterm.
<b>Malaria RDTs (Co-pay)</b>	

## 5.4.1 Section 1: Health Product Management costs: Costs associated with procurement

Input the following for each HPM Cost category (e.g., ARVs, HIV RDTs, Pesticides, X-ray Equipment etc.) as relevant:

- Percentage of health products cost for each procurement activity (Procurement Agent and Handling Fees (Cost Input 7.1), Freight and Insurance costs (Cost Input 7.2), pre-shipment QA and QC costs (Cost Input 7.5) and Custom duties and clearance charges (Cost Input 7.6)).
  - If you enter a percentage in Year 1 (column F), the same percentage will be applied for subsequent years. Alternatively, enter a percentage for each year of the grant.
  - This will automatically calculate the quarterly and annual cost per year

Health Product Management Template - Health product management costs and investm							
COUNTRY:			GRANT NUMBER:				
COMPONENT:			PR:				
COLUMNS F, L R AND X: reflects indicative percentages (%) per product category for each of the seven (7) PSM/HPM Cost Inputs. Review the percentages and adjust them, if n country PSM/HPM Costs, use the "Fixed Cost" worksheet.							
Section 1 - Rows 8 to 286 represents the PSM/HPM Costs for getting the products to the country.							
Section 2 - Rows 287 to 544 represents the PSM/HPM Costs for managing the products in-country.							
<b>1</b>							
<i>Procurement agent and handling fees (7.1)</i>							
Type of health product	Estimated % for PSA fee (7.1)	2023 - 2024					
		Y1 Q1 cost	Y1 Q2 cost	Y1 Q3 cost	Y1 Q4 cost	Y1 Total cost	
HIV - PHARMA	ARVs	18.00%	21,600.00	-	-	-	21,600.00
	Harm reduction: Medicines	0.00%	-	-	-	-	-
	COIM, OI, STI Medicines	25.00%	33,125.00	-	-	-	33,125.00
	Other strategic Medicines	0.00%	-	-	-	-	-
	TB Medicines for TPT	0.00%	-	-	-	-	-
	Other supportive medicines	0.00%	-	-	-	-	-

## 5.4.2 Section 2: Health Product Management costs: Costs associated with in-country supply chain management

Input the following for each HPM Cost category (e.g., ARVs, HIV RDTs, Pesticides, X-ray Equipment etc.) as relevant:

- Percentage of health products cost for each type of in-country activity (Warehousing and Storage (7.3), In-country Distribution (7.4), In-country QA/QC (7.5) and Other Procurement and Supply Management costs (7.7)).
  - If you enter a percentage in Year 1 (column F), the same percentage will be applied for subsequent years. Alternatively, enter a percentage for each year of the grant.
  - This will automatically calculate the quarterly and annual costs.

## 2

### Warehouse and Storage Costs (7.3)

Type of health product		Estimated % for warehousing (7.3)	2023 - 2024				
			Y1 Q1 cost	Y1 Q2 cost	Y1 Q3 cost	Y1 Q4 cost	Y1 Total cost
HIV - PHARMA	ARVs	5.00%	6,000.00	-	-	-	6,000.00
	Harm reduction: Medicines	0.00%	-	-	-	-	-
	COIM, OI, STI Medicines	6.00%	7,950.00	-	-	-	7,950.00
	Other strategic Medicines	0.00%	-	-	-	-	-
	TB Medicines for TPT	0.00%	-	-	-	-	-
	Other supportive medicines	0.00%	-	-	-	-	-
	Condoms	0.00%	-	-	-	-	-
	Lubricants	0.00%	-	-	-	-	-
	HIV RDTs	0.00%	-	-	-	-	-
	TB RDTs	0.00%	-	-	-	-	-

**NOTE:** We have used some business logic simplification for HPM Costs, which has improved the templates' performance. It should be noted that some HPM costs for some HPM Cost categories are assigned to the most used intervention (e.g., HPM costs for Sequencing: Reagents and analyzers should be allocated to "Treatment, care and support / Treatment monitoring - Drug resistance"; however, these HPM costs are included with Modules/Interventions which have Molecular Testing for VL, EID, STIs, Hepatitis and TB).

### 5.5 Fixed HPM Cost Worksheet (GC 7 HPMT Update: New worksheet)

**Purpose:** This worksheet enables a user to include, in the HPMT, any 'fixed' HPM costs that are known to the user or are estimated with a methodology other than defined percentage of the cost of procured products. 'Fixed costs' worksheet can be used for inclusion of fixed 'in-country' HPM costs. The worksheet supports only HPM costs under the cost inputs 7.3 or 7.4. or 7.6. The worksheet does not support upstream HPM costs (cost inputs 7.1, 7.2) as well as QA/QC costs (cost inputs 7.5) and other PSM costs (cost inputs 7.7). A few examples of costs that can be included in the 'fixed costs' worksheet is presented below. Please note that this list is non-exhaustive.

- When warehouse rental cost is known and is not based on the percentage value of the stored/procured products.
- In-country storage or distribution of health products procured during the previous years or procured from non-Global Fund sources.
- Fixed fees for customs clearance agents, or fees for storage of goods at customs terminal – when such costs are known in advance and are not based on percentage amount of procured products.
- In cases when a grant year (year 1, year 2...) does not include health products, therefore, percentage-based costs cannot be estimated, but in-country HPM costs for a given year are still required.
- Fixed HPM costs shall be entered by a user on 'fixed costs' worksheet.

#### Important note(s)

The amounts entered in the worksheet will automatically be added and visualized on the 'Detailed budget' worksheet of the HPMT. Incomplete lines – e.g., if any of the above mandatory fields are blank or erroneous – will not be added into the 'Detailed budget' worksheet until the mandatory values are provided or errors corrected.

**Recommendation:** Relevant assumptions, source or justification used for estimation of the costs shall be provided separately.

Fixed Cost										2023 - 2024	2024 - 2025	2025 - 2026	2026	
Component	Module	Intervention	Description of Activities	Cost Input	Implementer	Geography	Source of Funds	Payment Currency		Y1 Cost	Y2 Cost	Y3 Cost	Y4 Cost	Y1-4 Total Cost

The following mandatory values shall be selected by a user from the dropdown menus: **Component** (column 'B'): select HIV, TB, Malaria as applicable, **Module** (Column 'C'): an applicable module should be selected from the list, **Intervention** (Column 'D'): the same as above, **Cost Input** (column 'F'): select relevant cost input (7.3 or 7.4. or 7.6) based on activity description.

Note that, due to technical limitations, the 'fixed costs' worksheet will not accept more than one line with the same combination of component, module, intervention and cost input. When there are potentially multiple lines with the same combination of component, module, intervention and cost input, users are advised to consolidate these into one line and input this consolidated line on 'Fixed costs' worksheet. In such cases, it is advisable to share the details/breakdown of merged lines in a separate file, as an annex to HPMT. If a user enters more than one line with the same combination of component, module, intervention and cost input, all such lines will be highlighted in red. This relates to online fixed HPM costs that are entered on 'Fixed Cost' worksheet of the HPMT. The functionality of 'HPM costs' (percentage based costs calculation) worksheet remains unaffected.

The following fields shall be filled in **manually** by the user:

- Description of Activities (Column 'E') – user should provide a brief description of the activity/costs. This is a free-text field and the user should type in the activity description.
- Total cost per year (Year 1, Year 2, Year 3, Year 4 as applicable and required). The quarterly breakdown of costs is not required
- User shall provide annual activity cost.

Implementer and payment currency will be pre-set in the template.

**5.6 Other Implementer’s worksheet: “GC 7 HPMT Update: New worksheet”**

**Purpose:** The 'other implementer' worksheet is reserved for capturing information (quantities/costs) on small value health products that belong to implementer other than the one indicated on the 'setup' worksheet. It is expected that most of the grants will have 1 'main implementer' (PR) who will be procuring all health products under the grant. This will also facilitate pooling of demand and achieving economies of scale and secure better prices and/or favorable contractual terms and conditions.

However, in certain cases, 'other implementers' (SR/SSR etc.) other than the 'main implementer' may require health products budget. A few examples are: i) To procure small quantity of health

products locally, in the vicinity of implementation sites, ii) or to procure health products that can more efficiently be sourced by the 'other implementer' than by the 'main implementer' (for example in case of difficulty of in country distribution due to security situation, or seasonal, geographic or terrain barriers that prevents the main implementer from securely procuring and delivering health products to some areas where the other implementer (e.g., SR/SSR) operates). iii) 'other implementers may require budget to cover costs related to distribution for health products, rental cost of the other implementer's warehouse; maintenance/service of equipment in the possession of the other implementer, etc.

### Thresholds and rules on use of 'Other implementer' worksheet

- Users shall be able to define an implementer in Table 1 of the worksheet (by providing organization's full name, abbreviation, their role in implementation arrangements (PR, SR...), focal point's contact information, etc.
- Once the implementer is defined in the upper part of the worksheet, the user can add budget lines for these implementer(s) in Table 2.

For each implementer (other than an implementer mentioned on the Setup worksheet) the user of HPMT shall provide the following information:

- Name of Implementer: This is a free text field and user shall input a full name of an implementer organization.
- Acronym: This is a free text field and the user shall specify an acronym or shortened name of the organization (this value will then be used to assign budget lines to a specific implementer.
- Type (MM): the user shall select from a drop-down menu a relevant value that describes the implementer's role in the grant implementation (e.g., PR, SR, Lead Implementer, etc.).
- PSM Focal Point: This is a free text field and the user shall input Name and title of the implementer's PSM focal point.
- PSM Tele and PSM Email: user shall specify a telephone number and email address of the PSM focal point for each organization listed on the worksheet.

Please note that an implementer(s) listed on this tab should be different than one mentioned on the Setup worksheet of the HPMT.

- The following data shall always be available for each budget line to be considered as 'valid' and usable and to correctly populate in the detailed budget sheet of the HPMT. As defined below, data points shall either be selected or indicated by user
  - Choose from drop down menus:
    - **Module** (all possible modules of the component selected in the set-up worksheet of the HPMT).
    - **Intervention** (all possible interventions).
    - **Cost input** (limited to 4-7).

- **Implementer acronym** (linked to the table at the top of the 'other implements' worksheet).
  - Type in manually a brief description of activities and the annual cash outflow for each respective year (Y1, Y2, Y3 and Y4 where necessary).
  - Following fields will be pre-set:
    - Component - to be picked up from 'Setup WS (user needs to manually chose from TB/HIV/MAL).
    - Geography – permanently set to 'National/Country Level'
    - procurement channel (linked to procurement channels available in the HPMT set up tab),
    - Source of funds permanently set to 'Approved funding'
    - Payment currency (only EUR or USD present to grant currency)

**Implementor Cost**

TABLE 2:  
 1. Column A: Select the Component from the drop-down menu.  
 1. Column B: Select the Module from the drop-down menu.  
 1. Column C: Select the Intervention from the drop-down menu.  
 1. Column D: Provide a short description of the activity.  
 1. Column E: Select the Cost Input from the drop-down menu.  
 1. COLUMN F: Select the Implementer from the drop-down menu.  
 \* Columns G-I: Once all the fields are populated (steps 1, 2, 3 and 5, above) these columns will automatically populate.  
 1. Columns K-N: Insert the value per year that must be budgeted for these costs.

Component	Module	Intervention	Description of Activities	Cost Input	Implementer Acronym	Geography	Procurement Channel	Source of Funds	Payment Currency	2023 - 2024	2024 - 2025
										Y1 Total	Y2 To

- Any line with incomplete information, e.g., missing value for 'mandatory cells', will not be populated correctly in the Detailed Budget (DB).
- If a line item has a value under HPMT Y1/Y2/Y3 or Y4 but any of the mandatory cells are blank or have an invalid value (e.g., intervention not corresponding to module) it will be highlighted in **red as an error**.
- Complete rows/lines (with value under Y1/Y2/Y3 or Y4 and all mandatory cells complete) will be picked up by the HPMT DB and added at the bottom of the table (Rows 874-903) as individual lines.

**Validation rules**

- Each line of the 'other implementer' cannot be more than US\$ 50,000 per year (e.g., possible maximum line value is US\$ 200,000<sup>9</sup> for 4 years or US\$ 150,000 for 3 years grant). The worksheet supports only HP (cost inputs 4-6) or HPM costs (cost input 7).
- More than 1 lines/rows may belong to 1 implementer. Users can enter multiple lines with different products module/intervention/cost input/implementer.
- Worksheet shall aggregate and visualize budget line (summary) per implementer (showing implementer name, total budget for Y1/Y2/Y3/Y4 and total) – **on the first table of the WS (define implementer table)**.

<sup>9</sup> US\$ is used in this guide as the most common currency used in the global fund grant however if the grant is using a different grant currency the same amount would apply taking in to account the grant currency exchange rate with the US\$

- A line/row with no implementer (e.g., implementer value is blank or not the one presented under the ‘define implementer’ table presented in the upper part of the WS) will not be included in the summary calculations and populate correctly by the DB WS. The Sum of lines (total cash outflow for the entire grant period) for each individual implementer **shall not exceed US\$ 500,000**. This is the ceiling amount that can be entered on the ‘other implementer’ per individual implementer.

### Important note(s)

Validation is built in the template to prevent the total for one “other implementer” to go above US\$ 500,000 per year. A message will be shown (by change of font color) budget presented on this worksheet for this implementer exceeds US\$ 500,000 “Please develop an individual HPMT for this implementer”.

## 5.7 Detailed Budget worksheet

**Purpose:** This worksheet is used to populate the Grant’s Finance Detailed Budget Template by “Module + Intervention + Cost Input” and is intended to simplify the alignment across grant documents.

This worksheet is **automatically populated** with information captured in the other worksheets of the HPMT. It records the budget/ financial needs for all planned procurements of health products under the grant.

This worksheet allocates the health products to “Modules + Interventions” based on information contained in the 3 Key Info worksheets – HIV-Key Info, TB-Key Info, Malaria-Key Info. The PR cannot make any changes or edits to this worksheet.

### Important note(s)

- It is essential that the PRs pay particular attention when filling the data required in the Key Info worksheets for the three diseases; the information is critical to correctly allocating product costs to modules/interventions and to building the logic for calculating the HPM costs of the different categories in the WS.
- As of GC 7, the Grant Finance Detailed Budget template for **HI and Core portfolios**, will have two input worksheets – one for non-health products (Cost Groupings 1-13, excluding 4, 5, 6 and 7) and a second worksheet for health products (Cost Groupings 4, 5, 6 and 7). The HPMT Detailed Budget worksheet will be exported to the “**Detailed Budget – HP**” worksheet of the Finance DB template.
- The exception will be for portfolios with a limited health products budget and for Focused portfolios that opt to not submit a HPMT, the “**Detailed Budget – non-HP**” Grant Finance Detailed Budget template will be used to input the budget for health products; these cases should be discussed with the Country Team before the start of “grant making”.

## 5.7.1 Transfer of Calculated Detailed Budget from HPMT to the Grant Finance Detailed Budget Template:

1. Once user has provided all user inputs and have generated the Detailed budget in the HPMT it can be transferred from the HPMT to the Grant Finance DB template.
2. Prior to transferring ensure the following
  - a. Check the checker sheet and ensure it has zero variance in column **I**
  - b. In detailed budget sheet of the HPMT there should be no error shown in row 2 at top of the budget (in red highlight):

Subtotals							
Start Date of Year		Data entry error in 'HIV - Key Info Sheet', Pls correct to see TOTAL GRANT VALUE					
End Date of Year							
Error Message	Budget Line N	Module	Intervention	Description of Activities	Cost Input	Implementer	Geograph
	AHP4P45HP0001	Differentiated HIV Testing Services	Community-based testing for AGYW and their male sexual partners programs	Procurement of RDTs	5.4 Rapid Diagnostic Tests	United Nations Development Programme	National/Country Level
	AHP4P45HP0002	Differentiated HIV Testing Services	Community-based testing for AGYW and their male sexual partners programs	Procurement of Consumables	5.8 Other consumables	United Nations Development Programme	National/Country Level
	AHP4P45HP0003	Differentiated HIV Testing Services	Community-based testing for AGYW and	PSM Costs - PSA fees	7.1 Procurement agent and handling	United Nations	National/Country

3. Values in the detailed budget generated by HPMT can now be copied and pasted in DB. Follow the steps enumerated below
  - a. Open the detailed budget sheet in the approved HPMT and filter using column “S” (Status)
  - b. Select Value “Yes”, which will filter all non-zero rows in the DB
  - c. Go to cell B5 (Budget Line Number) in detailed budget sheet and select all columns till Q5 (Total Cashflow)
  - d. Select all filtered rows by pressing on Ctrl+ Shift and down arrow
  - e. Copy the selected cells by pressing Ctrl C or by clicking on copy in menu on top
  - f. Go to Detailed Budget-HP sheet in Grant Finance DB template
  - g. Go to Cell B6 to O6 and paste values. Please do not paste using ctrl V or any other paste option.**
  - h. In case of any issues in copying and pasting repeat the steps above.
  - i. Please note that the responsibility of copying and pasting the values from HPMT to DB should be done by the team filling the template at the applicant. The Finance Specialist of the Country Team will need to ensure the figures in the Grant Finance DB template -Detailed Budget – HP tab is the same as in the HPMT Detailed Budget tab.

## Important note(s)

- A seven-digit UID is generated by HPM template and prefixed before the static budget line number (HP0001.... HP0919) allocated to a Module + Intervention + Cost Input row in DB sheet of HPMT.
- This seven-digit UID along with Static budget line is proposed to be copied from DB generated in HPMT and pasted in DB-HP in finance template.
- Using this UID, the values pasted in Finance DB can be traced back to a particular HPMT which had generated that row.
- The UID is generated based on combination of Grant Number, PR/SR value (Who is filling the template), Last PR Version filled in setup sheet and date of submission.
- Since, we are generating a seven-digit UID using four variables, the chances of same UID being assigned are rare but cannot be ruled out due to logic limitations in Excel. In such case of same UID getting assigned to outputs of two different HPMTs, it will need to be resolved manually by the applicant and Country Team.

## GC7 HPMT update

For grants with more than 1 HPMT, the users are required to past the output (from the Detailed Budget worksheet) from each HPMT into the Detailed budget-HP worksheet of the Grant Finance DB template. Once the output of the HPMT1 is pasted into the Detailed budget-HP worksheet, the output of the next HPMT shall be pasted underneath of the previously pasted information; so that all the information from different HPMTs is in only one Detailed Budget-HP worksheet of the Grant Finance DB file.

**Important for Focus countries portfolio:** For portfolios where there is no HPMT (e.g., Focus countries' portfolios) the Finance DB template will still have Cost grouping 4-7 and the PRs are expected to check on the set-up tab of the Detailed Budget template that No HPMT file is available for this grant and then to manually input the budget for health products into the "Detailed Budget – non-HP"\_worksheet of the Grant Finance DB template.

The screenshot displays the 'Budget Template' interface. At the top, there is a 'Budget Template' header. Below it, the 'Grant Information' tab is active, showing a form with two questions: 'Does the grant require HPMT?' with a dropdown menu set to 'No', and 'Does the grant include PPP?'. A note below the first question reads: 'Please note, the implementation Period End Date is longer than the Allocation Utilization Period End Date'. To the right of the form, a grid of yellow cells is visible, representing the budget data. At the bottom right, a tab labeled 'Detailed Budget - Non-HP' is selected, indicating the current worksheet.

## 5.8 Pivot Tables worksheets

**Purpose:** The default Pivot Tables provided in the HPMT allow data to be summarized from the detailed budget worksheet and presents this data in various formats (e.g., by Cost Input or by Module/Intervention).

- PRs and HPM specialists can create their own pivot tables, too.
- Once data is entered, deleted or changed in the HPMT, **the Pivot Tables will need to be refreshed to reflect the latest information.**

To refresh the pivot table, click anywhere within the pivot table so that the **Pivot Table Analyze** tool appears in the Ribbon. Find the **Refresh** button and click on it.

Component	Sum of Y1 Q1 cost	Sum of Y1 Q2 cost	Sum of Y1 Q3 cost	Sum of Y1 Q4 cost	Sum of Y1 Total Cash Outflow	Sum of Y2 Q1 cost	Sum of Y2 Q2 cost	Sum of Y2 Q3 cost	Sum of Y2 Q4 cost
<b>MDR-TB</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Case detection and diagnosis: MDR-TB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5.4 Rapid Diagnostic Test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5.6 Laboratory reagents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5.8 Other consumables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6.3 Microscope: Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6.4 TB Molecular Test equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6.5 Maintenance and service costs for health equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6.6 Other health equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.1 Procurement agent and handling fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.2 Freight and insurance costs (Health products)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.3 Warehouse and Storage Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.4 in-country distribution costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.5 Quality assurance and quality control costs (QA/QC)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.6 PSM Customs Clearance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7.7 Other PSM costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Treatment: MDR-TB</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4.2 Anti-tuberculosis medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4.7 Other medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5.7 Syringes and needles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

The simplest summaries to work with are: 1) Cost Input summary by Component and by Year and 2) Module/Intervention/Cost Input summary by Component and by Year.

## 5.9 Checker worksheet

**Purpose:** This worksheet provides a final automated validation check for users to make sure that all inputs are correctly captured and reflected in the **Detailed Budget** worksheet.

The table provides a high-level summary for all costs inputted in the different input worksheets of the HPMT (product costs, HPM costs, fixed costs, other implementers and RSSH) and compares the combined total of these worksheets with the total of the Detailed Budget worksheet. Where the HPMT worksheets have been populated correctly, the **variance will be zero.**

### Important note(s)

If user observes a variance on the checker worksheet (under column 'I'), then this indicates that some of the costs were not picked up by the detailed budget and therefore, the user shall verify: 1) accuracy of input data on input worksheets and 2) accuracy of input made on 'key info' worksheets. If the issue persists, it should be brought to the attention of the Global Fund Country Team.

## 6. Disease-specific Worksheets

### 6.1 HIV

As programs do not procure health products by type of sub-activity, the HPMT input worksheets allow to specify the total quantities of each type of health products that will be procured under the grant (HIV-Pharmaceuticals and HIV-Non-Pharma).

Data provided in the following tables (**HIV-Key Info** worksheet) will support the automatic allocation of the total budget by type of health products to the following Module + Intervention combinations in the HPMT Detailed Budget worksheet. Details about which product categories are linked to which Module/Intervention can be found in the section Modules/Interventions associated HPMT worksheet sections and Product Categories.

- **Differentiated HIV Testing Services:**
  - Community-based testing for adolescent girls and young women (AGYW) and their male sexual partners programs.
  - Community-based testing for key populations (KP) programs.
  - Community-based testing outside of KP and AGYW programs.
  - Facility-based testing for AGYW and their male sexual partners programs.
  - Facility-based testing for KP programs.
  - Facility-based testing outside of KP and AGYW programs.
  - Self-testing for AGYW and their male sexual partners programs
  - Self-testing for KP programs.
  - Self-testing outside of KP and AGYW programs.
- **Elimination of vertical transmission of HIV, syphilis and hepatitis B:**
  - Integrated testing of pregnant women for HIV, syphilis and hepatitis B.
  - Prevention of incident HIV among pregnant and breast-feeding women.
  - Post-natal infant prophylaxis.
  - Early infant diagnosis and follow-up HIV testing for exposed infants.
- **Prevention package for AGYW and male sexual partners in high HIV incidence settings:**
  - Pre-exposure prophylaxis (PrEP) programming for AGYW in high HIV incidence settings.
  - PrEP programming for male sexual partners of AGYW in high HIV incidence settings.
  - Condom and lubricant programming for AGYW in high HIV incidence settings.
  - Condom and lubricant programming for male sexual partners of AGYW in high HIV incidence settings.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW and male sexual partners in high HIV incidence settings.
  - Voluntary medical male circumcision.

- **Prevention package for men who have sex with men (MSM) and their sexual partners:**
  - PrEP programming for MSM.
  - Condom and lubricant programming for MSM.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for MSM.
- **Prevention package for other vulnerable populations (OVP):**
  - PrEP programming for OVP.
  - Condom and lubricant programming for OVP.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for OVP.
- **Prevention package for people in prisons and other closed settings:**
  - PrEP programming for prisoners.
  - Condom and lubricant programming for prisoners.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for prisoners.
- **Prevention package for people who use drugs (PUD) and their sexual partners:**
  - PrEP programming for PUD.
  - Condom and lubricant programming for PUD.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD.
- **Prevention package for sex workers, their clients and other sexual partners:**
  - PrEP programming for sex workers.
  - Condom and lubricant programming for sex workers.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for sex workers.
- **Prevention package for transgender people and their sexual partners:**
  - PrEP programming for transgender people.
  - Condom and lubricant programming for transgender people.
  - Sexual and reproductive health services, including STIs, hepatitis, post-violence care for transgender people.
- **Treatment, care and support:**
  - HIV treatment and differentiated service delivery for adults (15 and above).
  - HIV treatment and differentiated service delivery for children (under 15).
  - Integrated management of common co-infections and co-morbidities (adults and children).
  - Diagnosis and management of advanced disease (adults and children).
  - Treatment monitoring: viral load and antiretroviral (ARV) toxicity.
  - Treatment monitoring: drug resistance.
- **TB/HIV:**
  - TB/HIV Prevention.
  - TB/HIV Screening, testing and diagnosis.

## 6.1.1 HIV-Key Info worksheet

**Purpose:** This worksheet provides an overview about the HIV program (e.g., population and service data on prevention, diagnosis and treatment services) categorized into different modules and interventions eligible under Global Fund-supported HIV services, as per the Modular Framework. This information is critical for determining and evaluating the health product needs and enables health products-related activities and associated costs to be linked to the different modules/interventions. This information is expected to reflect basic information that is used in program targets/gaps which, by default, is used in the assumptions for quantification.

### Important note(s)

All information inputted under this section should be supported by an appropriate reference source(s) as described in the 'Documents' worksheet.

## Patients on antiretroviral treatment

DATA - PATIENTS ON ANTIRETROVIRAL TREATMENT					
INSTRUCTIONS - all yellow cells must be filled by the PR / Implementer					
1. ROWS 22 - 24: Based on those supported under the grant, provide the number of adults (> 15 years) who are on ART by type of regime (i.e., first-line, second-line, and third-line regimens). Provide the number of adults who are on treatment at the start of the grant (COLUMN C) and, thereafter, the planned number of adults who are on treatment at the end of each grant year (COLUMNS D - G, as applicable).					
2. ROWS 26 - 27: Based on those supported under the grant, provide the number of children (< 15 years) who are on ART by type of pharmaceutical formulation (i.e., children taking adult formulations ROW 26 and children taking pediatric formulations ROW 27). Provide the number of children who are on treatment at the start of the grant (COLUMN C) and, thereafter, the planned number of adults who are on treatment at the end of each grant year (COLUMNS D - G, as applicable).					
	Grant starting Mar-23	Target - End of Y1 Dec-24	Target - End of Y2 Dec-25	Target - End of Y3 -	Target - End of Y4 -
	Number supported under the grant				
Total number of adults on ART	140.00	-	-	-	-
Total number of adults on 1st line ART	20	-	-	-	-
Total number of adults on 2nd line ART	20	-	-	-	-
Total number of adults on 3rd line ART	100	-	-	-	-
Total number of pediatrics on ART	-	-	-	-	-
Total number of pediatrics receiving "adult formulations"	-	-	-	-	-
Total number of pediatrics receiving "pediatric formulations"	-	-	-	-	-

- This table allows PRs and implementers to provide data on number of patients (adults and children) who are on ART supported under the grant.
- For adults, this data should be provided based on the type of regimen (i.e., first-line, second-line and third-line).
- For children, this data should be provided based on the type of formulation (i.e., those that are purely intended for children vs those that are used in children and adults).
- The PR/implementer should indicate the number of adults and children on treatment at the start of the grant and thereafter, the planned number of patients who are expected to be on treatment at the end of each grant year.
- The PR/implementer is expected to complete only the yellow cells and the total number across all regimens. Formulations will be calculated automatically in the green cells.

### Important note(s)

Where N/A is indicated in the cells, the specific health product is not relevant for that population group or setting and, thus, the PR/implementer cannot enter a percentage.

## Packages of Care for prevention programming

This section is divided into three key tables: 1) HIV Rapid Diagnostic Tests; 2) other prevention health products – non-pharmaceuticals; and 3) other prevention health products – pharmaceuticals.

**Table 1: HIV Rapid diagnostic tests (RDTs)**

In this table, two distinct sets of information should be provided: the first relates to the types of HIV RDTs being procured and the second relates to the type of service delivery/service delivery channel (e.g., facility, community).

### Type of RDTs

The Global Fund differentiates between two types of HIV product categories: HIV RDTs (test kits that must be administered by someone who has been trained) and HIV self-tests (test kits that are provided to people to test for HIV themselves using user instructions regardless of the service delivery channel).

The program should specify the proportion of each type of product that will be used for each population group. This can be based on actual data, planned activities or an estimate.

### Type of service delivery/ service delivery model

The program should specify the proportion of HIV RDTs (i.e., test kits that must be administered by someone who has been trained) that will be used for each key population by type of service delivery model. This can be based on actual data, planned activities or an estimate.

Group/population	% of total HIV RDTs	% of total HIV self-tests
<b>Differentiated testing for AGYW and their male sexual partners</b>		
<i>Facility-based HIV testing</i>	30.00%	N/A
<i>Community-based HIV testing</i>	70.00%	N/A
<b>Differentiated testing for KP programs</b>	<b>30.00%</b>	<b>10.00%</b>
<i>Facility-based HIV testing</i>	10.00%	N/A
<i>Community-based HIV testing</i>	90.00%	N/A
<b>HIV testing among people with confirmed TB</b>	<b>20.00%</b>	<b>30.00%</b>
<i>Facility-based HIV testing</i>	N/A	N/A
<i>Community-based HIV testing</i>	N/A	N/A
<b>Integrated testing for pregnant and breastfeeding women</b>	<b>30.00%</b>	<b>0.00%</b>
<i>Facility-based HIV testing</i>	N/A	N/A
<i>Community-based HIV testing</i>	N/A	N/A
<b>Differentiated testing outside of KP, AGYW, TB, and pregnant and breastfeeding women</b>	<b>10.00%</b>	<b>10.00%</b>
<i>Facility-based HIV testing</i>	80.00%	N/A
<i>Community-based HIV testing</i>	20.00%	N/A

**Table 2: Other prevention health products – non-pharmaceuticals**

In this table, one can enter information for a range of non-pharmaceutical health products that are used in HIV prevention programs. These include:

- Condoms – male and female;
- Lubricants;
- Other RDTs – syphilis, hepatitis, pregnancy;
- Lab-based tests for STIs and hepatitis.

The PR/implementer should specify the proportion of each type of product that will be used for each population group.

Other prevention Health Products - Non-pharmaceuticals											
INSTRUCTIONS											
All yellow cells must be filled by the PR / implementer											
The sum of each individual column should be 100%. If the column is highlighted in red, it means that sum of all percentages exceeds 100%. If the column is highlighted in yellow, it means that the sum of all percentages is below 100%.											
ROWS 62 TO 71: represents different population groups that will receive different prevention services, and these are aligned with the Modular Framework.											
Cells with N/A indicate that the specific health product is not relevant / applicable to the specific population group.											
1. COLUMNS C, D, E: What percentage (%) of the total number of male condoms, female condoms, and lubricants, that are being procured under the grant, will be distributed to each Population Group? Please include the % in the relevant column/row combination and reflect zero (0) for all other.											
2. COLUMNS F - J: What percentage (%) of the total number of syphilis, Hepatitis B, Hepatitis C, Pregnancy, and Other RDTs, that are being procured under the grant, will be used in each Population Group? Please include the % in the relevant column/row combination and reflect zero (0) for all other.											
3. COLUMNS K, L, M: What percentage (%) of the total value of laboratory reagents for STI, Hepatitis B, and Hepatitis C testing, that are being procured under the grant, will be used for each Population Group? Please include the % in the relevant column/row combination and reflect zero (0) for all other.											
Group/population	% of total male condoms	% of total female condoms	% of total lubricant	% of total syphilis RDTs	% of total Hep B RDTs	% of total Hep C RDTs	% of Pregnancy RDTs	% of total other RDTs	STI laboratory-based testing	Hepatitis B laboratory-based testing	Hepatitis C laboratory-based testing
HIV Prevention programming for AGYW in high HIV incidence settings						N/A					N/A
HIV Prevention programming for male sexual partners of AGYW in high HIV incidence settings		N/A				N/A	N/A				N/A
HIV Prevention programming for MSM		N/A					N/A				
HIV Prevention programming for prisoners											
HIV Prevention programming for PUD											
HIV Prevention programming for sex workers											
HIV Prevention programming for TG											
HIV Prevention programming for pregnant and breastfeeding women						N/A	N/A	N/A			N/A

**Table 3: Other prevention health products –pharmaceuticals**

In this table, the PR/implementer can enter information for pharmaceuticals that are used in HIV prevention such as PrEP, Post-Exposure Prophylaxis (PEP), medicines for hepatitis B, C and syphilis, as well as Hepatitis B vaccine.

The PR/implementer should specify the proportion of each type of product that will be used for each population group.

Other prevention Health Products - Pharmaceuticals						
INSTRUCTIONS						
All yellow cells must be filled by the PR / implementer						
The sum of each individual column should be 100%. If the column is highlighted in red, it means that sum of all percentages exceeds 100%. If the column is highlighted in yellow, it means that the sum of all percentages is below 100%.						
ROWS 78 TO 87: represents different population groups that will receive different prevention services, and these are aligned with the Modular Framework.						
Cells with N/A indicate that the specific health product is not relevant / applicable to the specific population group.						
1. COLUMNS C - H: For each type of treatment, what percentage (%) of the total value of products that are being procured under the grant, will be distributed to each Population Group? Please include the % in the relevant column/row combination and reflect zero (0) for all other.						
Group/population	PrEP	PEP	HEP B Tx	HEP B Vaccination	HEP C Tx2	STI Tx
HIV Prevention programming for AGYW in high HIV incidence settings				N/A	N/A	
HIV Prevention programming for male sexual partners of AGYW in high HIV incidence settings				N/A	N/A	
HIV Prevention programming for MSM						
HIV Prevention programming for prisoners						
HIV Prevention programming for PUD						
HIV Prevention programming for sex workers						
HIV Prevention programming for TG						
HIV Prevention programming for pregnant and breastfeeding women					N/A	
HIV Prevention programming for OVP						
HIV Prevention in all other populations	N/A	N/A				

## 6.1.2 HIV-Pharmaceuticals worksheet

**Purpose:** This worksheet captures the details of all pharmaceutical products, quantities and unit costs that the PR plans to procure with grant resources during the grant implementation period.

The worksheet consists of four Sections:

- **Section 1 – Medicines for HIV Prevention**
- **Section 2 – Antiretroviral Medicines for HIV Treatment**
- **Section 3 – Medicines for Advanced Disease**
- **Section 4 – Medicines for Co-infections & Co-morbidities**

Instructions for completing each section are provided in the HPMT, below each section heading.

When the PR/implementer selects a product (item category, INN+ Strength, specification), the unit of measure and procurement channel will be populated automatically. The procurement channel is defaulted to the procurement channel selected for that product category in the Setup worksheet.

The **Total Quantity** and **Total Cost** of each health product **for each year and for the total grant period** is calculated automatically.

The correct **Cost Input** (for the Detailed Budget) is automatically assigned based on the Category + Type of Product + Specification selected.

Products, quantities and unit costs should be supported by detailed information – see the list of documents in the Documents page.

If a reference price<sup>10</sup> is not automatically populated or is incorrect, enter the unit cost for the product in the grant currency (USD/EUR).

## 6.1.3 HIV-non-pharma worksheet

**Purpose:** This worksheet captures the details of all non-pharmaceutical health products, quantities and unit costs that the PR plans to procure with grant resources during the grant implementation period. Details on “Warranty, Maintenance and Service” are also included here.

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<sup>10</sup> The latest ref prices & lead times for PPM can be found on : <https://www.theglobalfund.org/en/sourcing-management/health-products/>

The worksheet consists of 6 Sections:

- **Section 1: Health Products used in HIV Prevention Programs**
- **Section 2: HIV Rapid Diagnostic Tests**
- **Section 3: Treatment, Care & Support**
- **Section 4: HIV-specific Reagents & Consumables**
- **Section 5: Laboratory Equipment**
- **Section 6: Other Health Products**

### Important note(s)

All pharmaceuticals and health products must be captured in these two worksheets (“HIV-Pharmaceuticals” and “HIV-Non-Pharma”). If you cannot locate the specific product that you are looking for, please use the “Search Product” worksheet. If the product does not exist in the HPMT, please follow the guidance under “Useful Information about the HPMT”, points d.ii and d.iii.

Instructions for filling this Section are provided in the HPMT, just below each section heading. When the PR/implementer selects a product (item category, product details, additional details), the unit of measure and procurement channel will be populated automatically. The procurement channel is defaulted to the procurement channel selected for that product category in the setup page. The **total quantity** and **total cost** of each health product **for each year and for the total grant period** is calculated automatically. The correct **budget cost input** is automatically assigned based on the “Category + Type of Product + Specification” selected. Products, quantities and unit costs should be supported from list of documents in **Documents** page.

### GC7 HPMT update in health products worksheets:

- Reference prices for core health products have been taken from wambo.org/PPM, as well as from Global Drug Facility (GDF) for TB products and have been integrated in the HPMT product master. When a user selects one product that has a reference price it will be automatically populated. If the reference price is available, but the PR/Implementer wants to use a different unit cost which is  $\pm 30\%$  of the reference price, then cell will be displayed in **red color**. Please recheck the unit price based on specifications and provide justification in the comments section for the unit cost variation when different from the reference price, which needs to be reviewed by the Country Team.
- Includes a summary budget table for each Worksheet that summarizes the annual total budget for each section of the input worksheet.

1	HIV - PHARMA - Section 1	Medicines for HIV Prevention

Total Amount in USD	Y1	Y2	Y3	Y4	Grant Total
	30,000	30,000	30,000	5,000	95,000

## 6.2 Tuberculosis

Recognizing that programs do not procure health products by type of sub-activity, the HPMT input worksheets allow the program to specify the total quantities of each type of health product that will be procured under the grant (TB-Pharmaceuticals and TB-Non-Pharma).

Data provided in the following tables, in the TB-Key Info worksheet, will support the automatic allocation of the total budget by type of health product to the following Module + Intervention combinations in the HPMT Detailed Budget worksheet. Details about which Product Categories are linked to which Module/Intervention can be found in the Section Modules/Interventions associated HPMT worksheet sections and Product Categories.

- **Collaboration with other providers and sectors:**
  - Private provider engagement in TB/DR-TB care
- **Key and vulnerable populations (KVP) – TB/DR-TB:**
  - KVP - Children and adolescents
  - KVP - Miners and mining communities
  - KVP - Mobile population (migrants/refugees /IDPs)
  - KVP - Others
  - KVP - People in prisons/jails/detention centres
  - KVP - Urban poor/slum dwellers
- **TB/DR-TB Prevention:**
  - Infection prevention and control (IPC)
  - Screening/testing for TB infection
  - Preventive treatment
- **TB/HIV:**
  - TB/HIV - Screening, testing and diagnosis
  - TB/HIV - Prevention
  - TB/HIV - Treatment and care
- **TB diagnosis, treatment and care:**
  - TB screening and diagnosis
  - TB treatment, care and support
- **Drug-resistant (DR)-TB diagnosis, treatment and care:**
  - DR-TB diagnosis/ drug susceptibility testing (DST)
  - DR-TB treatment, care and support

## 6.2.1 TB-Key Info worksheet

**Purpose:** This worksheet provides a snapshot of some key information about the TB program (e.g., population and service data on prevention & treatment services) categorized into different modules and interventions eligible under Global Fund-supported TB services, as per the Modular Framework. This information is critical for determining and evaluating health product needs and enables health products-related activities and associated costs be linked to the different interventions. It reflects basic information that is used in program targets/gaps which by default is used in the assumptions for quantification.

### Important note(s)

**All information inputted under this section should be supported by an appropriate reference source(s) as described in the 'Documents'.**

## 6.2.2 TB diagnostics

The total diagnostics investment split can be entered by PR in % between DS-TB diagnostics and DR-TB diagnostics. Alternatively, based on the information inputted in subsequent tables, this split is automatically calculated.

### AVERAGE SPLIT ACROSS GRANT IMPLEMENTATION PERIOD OF TB DIAGNOSTICS' INVESTMENTS BETWEEN DS-TB AND DR-TB MODULES/INTERVENTIONS

	PR entry
DS-TB	
DR-TB	

#### INSTRUCTIONS

All yellow cells must be filled by the PR / Implementer

TABLE 1 reflects the basic diagnostic tests used in the screening and diagnosis of Tuberculosis

TABLE 2 reflects the diagnostic tests used to determine the resistance patterns in patients who have been diagnosed with Tuberculosis

TABLE 3 reflects the number of people diagnosed with TB whose TB treatment is being monitored by Microscopy and/or Culture

ROWS 36-43 AND 22 etc.: represents different population groups that will be screened and tested, and these are aligned with the Modular Framework.

1. TABLE 1: Based on the testing supported under the grant, provide the number of people, disaggregated by population group, that will be screened and tested each year of the grant.
2. TABLE 2: Based on the testing supported under the grant, provide the number of people, disaggregated by population group, that will be referred for additional resistance testing each year of the grant.
3. TABLE 3: Based on the testing supported under the grant, provide an indication of the split between microscopy and culture being used for treatment monitoring for DS-TB and/or DR-TB.

## Table 1: TB screening & diagnosis – MTB/RIF

This table allows PRs and implementers/programs to provide data on expected number of presumptive TB cases screened and tested for TB and rifampicin resistance, per year.

PR/implementer should indicate the number of cases to be reached using various screening and diagnostic tool across different population groups.

The data should be further disaggregated to capture those expected to be screened & tested through public sector and private sector collaboration.

TABLE 1: TB SCREENING & DIAGNOSIS - MTB/RIF				
DATA - EXPECTED NUMBER OF PRESUMPTIVE TB CASES SCREENED & TESTED for TB and Rifampicin Resistance				
	Year 1			
	Screening X-RAY	Testing for TB and Rifampicin Resistance		
		MOLECULAR DIAGNOSIS		MICROSCOPY
		MTB/RIF (e.g., Xpert, TrueNat)	MTB/RIF,INH (e.g., Abbott)	MTB alone (e.g., TB- LAMP)
<b>TOTAL EXPECTED NUMBER OF PRESUMPTIVE TB CASES REFERRED FOR TESTING</b>	-	-	-	-
<b>TOTAL PUBLIC SECTOR</b>	-	-	-	-
Public Sector: ADULTS General Population				
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents				
Public Sector: KVP - Miners and mining communities				
Public Sector: KVP - Mobile population (migrants/refuges/IDPs)				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention centers				
Public Sector: KVP - Urban poor/slum dwellers				
<b>TOTAL through PRIVATE SECTOR COLLABORATION</b>	-	-	-	-
Private Sector: General Population				

**Table 2: TB screening & diagnosis – identifying drug resistance TB**

This table is for providing data on expected number of presumptive TB cases to be referred for additional testing to identify drug resistance.

PR/implementer should indicate the number of cases using various detection tools for drug resistance across different population groups.

The data should be further disaggregated to capture those expected to be screened and tested through public sector and private sector collaboration.

TABLE 2: TB SCREENING & DIAGNOSIS - Identifying Drug Resistance								
DATA - EXPECTED NUMBER OF PRESUMPTIVE TB CASES referred for additional testing to identify drug resistance								
	Year 1							
	Additional testing for identifying drug resistance						PHENOTYPIC DST	
	MOLECULAR DIAGNOSIS - GENOTYPIC DST			CULTURE				
	1st line (e.g., FL-LPA)	2nd line (e.g., SL-LPA)	1st/2nd line (e.g., Xpert-XDR)	LIQUID	SOLID	1st line	2nd line	
<b>TOTAL EXPECTED NUMBER OF PRESUMPTIVE TB CASES REFERRED FOR TESTING</b>	-	-	-	-	-	-	-	
<b>TOTAL PUBLIC SECTOR</b>	-	-	-	-	-	-	-	
Public Sector: ADULTS General Population								
Public Sector: TB/HIV Population								
Public Sector: KVPs - Children and adolescents								
Public Sector: KVP - Miners and mining communities								
Public Sector: KVP - Mobile population (migrants/refuges/IDPs)								
Public Sector: KVPs - Others								
Public Sector: KVP - People in prisons/jails/detention centers								
Public Sector: KVP - Urban poor/slum dwellers								
<b>TOTAL through PRIVATE SECTOR COLLABORATION</b>	-	-	-	-	-	-	-	
Private Sector: General Population								

**Table 3: Treatment monitoring table: DS-TB and DR-TB**

The data in this table will support allocation of budget for health products used for treatment monitoring of sensitive- and drug resistant-TB.

PR/implementer will be required to give an estimate of the number of notified DS-TB and DR-TB patients whose treatment is being monitoring using microscopy and/or culture.

**TABLE 3: TREATMENT MONITORING: DS-TB & DR-TB**

DATA - ESTIMATED NUMBER OF NOTIFIED DS-TB / DR-TB CASES ON TREATMENT (BEING MONITORED)		
<b>MICROSCOPY</b>		
NUMBER OF NOTIFIED DS-TB CASES REFERRED FOR MONITORING		0.00%
NUMBER OF NOTIFIED DR-TB CASES REFERRED FOR MONITORING		100.00%
<b>CULTURE</b>		
NUMBER OF NOTIFIED DS-TB CASES REFERRED FOR MONITORING		0.00%
NUMBER OF NOTIFIED DR-TB CASES REFERRED FOR MONITORING		100.00%

### 6.2.3 TB treatment table

#### Treatment: DS-TB

In this table, PR/implementer should indicate the number of patients (adults and children) expected to be treated for DS-TB in each year of the grant.

The data should be disaggregated across different population groups.

DATA - EXPECTED NUMBER OF CASES TO BE TREATED				
	Target - End of Y1 2024 Number supported under the grant	Target - End of Y2 2025 Number supported under the grant	Target - End of Y3 2026 Number supported under the grant	Target - End of Y4 2026 Number supported under the grant
TOTAL NUMBER OF NOTIFIED TB CASES (DS-TB)	-	-	-	-
TOTAL NUMBER OF NOTIFIED DS-TB CASES PUBLIC SECTOR	-	-	-	-
Total number of expected ADULTS notified DS-TB cases				
Public Sector: ADULTS General Population				
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents	N/A	N/A	N/A	N/A
Public Sector: KVP - Miners and mining communities				
Public Sector: KVP - Mobile population (migrants/refuges/IDPs)				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention centers				
Public Sector: KVP - Urban poor/slum dwellers				
Total number of expected PEDIATRICS notified DS-TB cases	-	-	-	-
Public Sector: ADULTS General Population	N/A	N/A	N/A	N/A
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents				
Public Sector: KVP - Miners and mining communities	N/A	N/A	N/A	N/A
Public Sector: KVP - Mobile population (migrants/refuges/IDPs)				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention centers	N/A	N/A	N/A	N/A
Public Sector: KVP - Urban poor/slum dwellers				
TOTAL NUMBER OF NOTIFIED DS-TB CASES PRIVATE SECTOR	-	-	-	-
Total number of expected ADULTS notified DS-TB cases				
Total number of expected PEDIATRICS notified DS-TB cases				

#### Treatment: DR-TB table

In this table, PR/implementer should indicate the number of patients (adults and children) expected to be treated for DR-TB in each year of the grant. The data should be disaggregated across different population groups (including KVPs).

DATA - EXPECTED NUMBER OF DR-TB CASES TO BE TREATED				
	Target - End of 2024 Number supported under the	Target - End of 2025 Number supported under the	Target - End of 2026 Number supported under the	Target - End of 2027 Number supported under the
<b>TOTAL NUMBER OF NOTIFIED TB CASES (DR-TB)</b>	-	-	-	-
<b>TOTAL NUMBER OF NOTIFIED DR-TB CASES PUBL</b>	-	-	-	-
<b>Total number of expected ADULTS notified RR/MD</b>	-	-	-	-
Public Sector: ADULTS General Population				
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents	N/A	N/A	N/A	N/A
Public Sector: KVP - Miners and mining communities				
Public Sector: KVP - Mobile population (migrants/refuges/ID				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention cente				
Public Sector: KVP - Urban poor/slum dwellers				
<b>Total number of expected ADULTS notified pre-XDI</b>	-	-	-	-
Public Sector: ADULTS General Population				
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents	N/A	N/A	N/A	N/A
Public Sector: KVP - Miners and mining communities				
Public Sector: KVP - Mobile population (migrants/refuges/ID				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention cente				
Public Sector: KVP - Urban poor/slum dwellers				
<b>Total number of expected PEDIATRICS notified RR/MD</b>	-	-	-	-
Public Sector: General Population	N/A	N/A	N/A	N/A
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents				
Public Sector: KVP - Miners and mining communities	N/A	N/A	N/A	N/A
Public Sector: KVP - Mobile population (migrants/refuges/ID				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention cente	N/A	N/A	N/A	N/A
Public Sector: KVP - Urban poor/slum dwellers				
<b>Total number of expected PEDIATRICS notified pre-XDI</b>	-	-	-	-
Public Sector: General Population	N/A	N/A	N/A	N/A
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents				
Public Sector: KVP - Miners and mining communities	N/A	N/A	N/A	N/A
Public Sector: KVP - Mobile population (migrants/refuges/ID				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention cente	N/A	N/A	N/A	N/A
Public Sector: KVP - Urban poor/slum dwellers				
<b>TOTAL NUMBER OF NOTIFIED DR-TB CASES PRIV</b>	-	-	-	-
<b>Total number of expected ADULTS notified RR/MD</b>				
<b>Total number of expected ADULTS notified pre-XDI</b>				
<b>Total number of expected PEDIATRICS notified RR/MD</b>				
<b>Total number of expected PEDIATRICS notified pre-XDI</b>				

## TB prevention

### TB Preventive Therapy – DS-TB and DR-TB

The data in this table represents number of people estimated to be on TB prevention therapy for drug-sensitive TB and for drug-resistant TB for each year of the grant.

The data should be disaggregated by different population group and across public sector and private sector collaboration.

DATA - EXPECTED NUMBER OF CASES TO RECEIVE TB PREVENTATIVE THERAPY (TPT)				
	Target - End of Y1 2024 Number supported under the grant	Target - End of Y2 2025 Number supported under the grant	Target - End of Y3 2026 Number supported under the grant	Target - End of Y4 2026 Number supported under the grant
<b>DS-TB PREVENTATIVE THERAPY</b>	-	-	-	-
<b>TOTAL PUBLIC SECTOR</b>	-	-	-	-
Public Sector: ADULTS General Population				
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents				
Public Sector: KVP - Miners and mining communities				
Public Sector: KVP - Mobile population (migrants/refuges/IDPs)				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention centers				
Public Sector: KVP - Urban poor/slum dwellers				
<b>TOTAL through PRIVATE SECTOR COLLABORATION</b>				
<b>DR-TB PREVENTATIVE THERAPY</b>	-	-	-	-
<b>TOTAL PUBLIC SECTOR</b>	-	-	-	-
Public Sector: ADULTS General Population				
Public Sector: TB/HIV Population				
Public Sector: KVPs - Children and adolescents				
Public Sector: KVP - Miners and mining communities				
Public Sector: KVP - Mobile population (migrants/refuges/IDPs)				
Public Sector: KVPs - Others				
Public Sector: KVP - People in prisons/jails/detention centers				
Public Sector: KVP - Urban poor/slum dwellers				
<b>TOTAL through PRIVATE SECTOR COLLABORATION</b>				

## 6.2.4 TB-Pharmaceuticals worksheet

**Purpose:** This worksheet captures the details of all pharmaceutical products, quantities and unit costs that the PR plans to procure with grant resources during the grant implementation period.

This worksheet consists of 4 Sections:

- **Section 1 – Anti-tuberculosis medicines for Drug Sensitive TB treatment**
- **Section 2 – Anti-tuberculosis medicines for Drug Resistant TB treatment**
- **Section 3 – Anti-tuberculosis medicines: Prevention of DS-TB & DR-TB**
- **Section 4 – Other medicines**

Instructions for filling each Section are provided in the HPMT, just below each section heading.

When PR/implementer selects a product (item category, INN + strength, specification), the unit of measure and procurement channel will be populated automatically. The procurement channel is defaulted to the procurement channel selected for that product category in the setup page.

The Total Quantity and Total Cost of each health product **for each year and for the total grant period** is calculated automatically. The correct Budget Cost Input is automatically assigned based on the “Category + Type of Product + Specification” selected.

Products, quantities and unit costs should be supported from list of documents in Documents page.

## 6.2.5 TB-Non-Pharma worksheet

**Purpose:** This worksheet captures the details of all non-pharmaceutical health products, quantities and unit costs that the PR plans to procure with grant resources during the grant implementation period.

This worksheet consists of seven sections:

- **Section 1 – TB Microscopy**
- **Section 2 – TB Molecular Testing**
- **Section 3 – TB Culture**
- **Section 4 – TB Phenotypic DST**
- **Section 5 – TB X-ray**
- **Section 6 – TB Other Laboratory Items**
- **Section 7 – TB Other Health Products**

Instructions for filling each section are provided in the HPMT, below each section heading.

When PR/implementer selects a product (item category, product details, additional details), the unit of measure and procurement channel will be populated automatically. The procurement channel is defaulted to the procurement channel selected for that product category in the setup page.

The **Total Quantity** and **Total Cost** of each health product **for each year and for the total grant period** is calculated automatically.

The correct **Budget Cost Input** is automatically assigned based on the “Category + Type of Product + Specification” selected.

Products, quantities and unit costs should be supported from list of documents in Documents page.

### Important note(s)

**All health products must be captured in these two worksheets (“TB-Pharmaceuticals” and “TB-Non-Pharma”). If you cannot locate the specific product that you are looking for, please use the “Search Product” worksheet. If the product does not exist in the HPMT, please follow the guidance under Useful Information about the HPMT, points d.ii and d.iii.**

## GC7 HPMT update

- Reference prices for core health products have been taken from wambo.org/PPM, as well as from Global Drug Facility (GDF) for TB products and have been integrated in the HPMT product master. When a user selects one product that has a reference price it will be automatically populated. If the reference price is available, but the PR/implementer wants to use a different unit cost which is  $\pm 30\%$  of the reference price, then cell will be displayed in **red color**. Please recheck the unit price based on specifications and provide justification in the comments section for the unit cost variation when different from the reference price, which needs to be reviewed by the Country Team.
- Includes a summary budget table for each worksheet that summarizes the annual total budget for each section of the input worksheet.

1	TB - PHARMA - Section 1	Anti-tuberculosis medicines: Treatment for Drug Sensitive TB (DS-TB)				
		Total Amount in USD	Y1	Y2	Y3	Y4
		25,000	10	100	100	25,210

### 6.3 Malaria

Recognizing that programs do not procure health products by type of sub-activity, the HPMT input worksheets allows the program to specify the total quantities of each type of health products that will be procured under the grant (Malaria-Pharmaceuticals and Malaria-Non-Pharma).

Data provided in the following tables, in the **Malaria-Key Info** worksheet, will support the automatic allocation of the total budget by type of health products to the following Module + Intervention combinations in the HPMT Detailed Budget worksheet. Details about which Product Categories are linked to which Module/Intervention can be found in the section Modules/Interventions associated HPMT worksheet sections and Product Categories.

- **Vector control:**
  - Insecticide Treated Nets (ITN) - Mass campaign: Universal
  - Insecticide treated nets (ITNs) - Continuous distribution: ANC
  - Insecticide treated nets (ITNs) - Continuous distribution: community-based
  - Insecticide treated nets (ITNs) - Continuous distribution: EPI
  - Insecticide treated nets (ITNs) - Continuous distribution: school based"
  - Indoor residual spraying (IRS)
  - Other vector control measures
  - Entomological monitoring
- **Specific prevention interventions (SPI):**
  - Intermittent preventive treatment (IPT) - In pregnancy
  - Intermittent preventive treatment for school children (IPTsc)
  - Mass drug administration

- Perennial malaria chemoprevention (PMC)
- Post discharge malaria chemo-prevention (PDMC)
- Seasonal malaria chemoprevention
- **Case management:**
  - Epidemic preparedness
  - Therapeutic efficacy surveillance
  - HRP2/3 gene deletion surveys
  - Facility-based treatment
  - Integrated community case management (iCCM)
  - Private sector case management
  - Intensified activities for elimination

### 6.3.1 Malaria-Key Info worksheet

**Purpose:** This worksheet provides an overview about the Malaria program (e.g., population and service date related to vector control, prevention, treatment services) categorized into different modules and interventions eligible under Global Fund-supported Malaria services, as per the Modular Framework. This information is critical for determining and evaluating the health product needs and enables health products-related activities and associated costs be linked to the different interventions. This information is expected to reflect basic information that is used in program targets/gaps which by default is used in the assumptions for quantification.

**Important note**

**All information inputted under this section should be supported by an appropriate reference source(s) as described in the ‘Documents’ worksheet.**

#### Diagnosis (Case Management)

In this table, the PR/implementer should indicate the proportion of suspected cases that will be tested by RDTs and by Microscopy across different sectors/facilities (public, private, communities and through intensified case finding activities). Data should be provided for each year of the grant.

DATA - DIAGNOSIS (CASE MANAGEMENT)				
RDTs	Y1 %	Y2 %	Y3 %	Y4%
Percentage of suspected malaria cases tested in health facilities				
Percentage of suspected malaria cases tested in the communities				
Percentage of suspected malaria cases tested in private sector facilities				
Percentage of suspected malaria cases tested through intensified case finding activities				
Microscopy	Y1 %	Y2 %	Y3 %	Y4%
Percentage of suspected malaria cases tested in health facilities				
Percentage of suspected malaria cases tested in the communities				
Percentage of suspected malaria cases tested in private sector facilities				
Percentage of suspected malaria cases tested through intensified case finding activities				

## Expected number of cases to be treated (Case Management)

This table is for providing data on proportion of uncomplicated malaria cases that will be treated per year across different sectors/facilities.

DATA - EXPECTED NUMBER OF CASES TO BE TREATED (CASE MANAGEMENT)				
Proportion of cases managed by different activities	Y1 %	Y2 %	Y3 %	Y4%
Percentage of UNCOMPLICATED malaria cases treated in health facilities				
Percentage of UNCOMPLICATED malaria cases treated in the communities				
Percentage of UNCOMPLICATED malaria cases treated in private sector facilities				
Percentage of UNCOMPLICATED malaria cases treated through intensified case finding activities				

## Chemoprevention Interventions

In this table, the PR/implementer should indicate the proportion of cases that are expected to receive different types of malaria chemoprevention across specific population groups (pregnancy and school children).

DATA - SPECIFIC CHEMOPREVENTION INTERVENTIONS				
Malaria Chemoprevention by Target Population	Y1 %	Y2 %	Y3 %	Y4%
Percentage of cases to receive Intermittent preventive treatment (IPT) - In pregnancy				
Percentage of cases to receive Perennial Malaria Chemoprevention (PMC)				
Percentage of cases to receive Seasonal malaria chemoprevention (SMC)				
Percentage of cases to receive Mass drug administration (MDA)				
Percentage of cases to receive Intermittent Preventive Treatment for School children (IPTsc)				
Percentage of cases to receive Post discharge Chemoprevention (PDMC)				

## Vector Control ITN

In this table, the PR/implementer should provide data on proportion (%) of ITNs to be distributed through continuous (routine) distribution for each year of the grant

Data should be disaggregated by type of services/activities i.e., ANC, EPI, school and community based.

DATA - VECTOR CONTROL ITN				
ITNs Distributed through Continuous Distribution	Y1 %	Y2 %	Y3 %	Y4%
ANC				
EPI				
School based				
Community-based				

## Surveillance activities

Data on malaria surveillance should be provided across two interventions – therapeutic efficacy surveillance and HRP2/3 gene deletion surveys.

SURVEILLANCE ACTIVITIES	
Split in funding between two interventions	In percentage
Therapeutic efficacy surveillance	
HRP2/3 gene deletion surveys	

### 6.3.2 Malaria-Pharmaceuticals worksheet

**Purpose:** This worksheet captures the details of all pharmaceutical products, quantities and unit costs that the PR plans to procure with grant resources during the grant implementation period.

- This worksheet consists of four sections
  - **Section 1 – Antimalaria medicines for treatment**
  - **Section 2 – Antimalaria medicines for prevention**
  - **Section 3 – Other medicines**
  - **Section 4 – Private Sector Co-Pay**
- Instructions for filling each section are provided in the HPMT, just below each section heading.
- When PR/implementer selects a product (item category, INN + strength, specification), the unit of measure and procurement channel will be populated automatically. The procurement channel is defaulted to the procurement channel selected for that product category in the setup page.
- The **Total Quantity** and **Total Cost** of each health **product for each year and for the total grant period** is calculated automatically.
- The correct **Budget Cost Input** is automatically assigned based on the Category + Type of Product + Specification selected.
- Products, quantities and unit costs should be supported from list of documents in 'Documents' page

### 6.3.3 Malaria-Non-Pharma worksheet

**Purpose:** This worksheet captures the details of all non-pharmaceutical health products, quantities and unit costs that the PR plans to procure with grant resources during the grant implementation period.

- This worksheet consists of six sections:
  - **Section 1 – Malaria Diagnostics – Microscopy, RDT**
  - **Section 2 – Vector Control - ITNs**
  - **Section 3 – Vector Control -IRS, other pesticides & tools**
  - **Section 4 – Entomological monitoring**
  - **Section 5 – Surveillance activities**
  - **Section 6 – Other Health Products**

- Instructions for filling each section are provided in the HPMT, below each section heading.
- When PR/implementer selects a product (item category, product details, additional details), the unit of measure and procurement channel will be populated automatically. The procurement channel is defaulted to the procurement channel selected for that product category in the setup page.
- The Total Quantity and Total Cost of each health product **for each year and for the total grant period** is calculated automatically.
- The correct Budget Cost Input is automatically assigned based on the Category + Type of Product + Specification selected.
- Products, quantities and unit costs should be supported from list of documents in 'Documents' page.

**Important note**

All pharmaceuticals and health products must be captured in these two worksheets ("MAL-Pharmaceuticals" and "MAL-Non-Pharma"). If you cannot locate the specific product that you are looking for, please use the "Search Product" worksheet. If the product does not exist in the HPMT, please follow the guidance under **Useful Information about the HPMT, points d.ii and d.iii.**

**GC7 HPMT update**

- Reference prices for core health products have been taken from wambo.org/PPM, as well as from Global Drug Facility (GDF) for TB products and have been integrated in the HPMT product master. When a user selects one product that has a reference price it will be automatically populated. If the reference price is available, but the PR/implementer wants to use a different unit cost which is  $\pm 30\%$  of the reference price, then cell will be displayed in **red color**. Please recheck the unit price based on specifications and provide justification in the comments section for the unit cost variation when different from the reference price, which needs to be reviewed by the Country Team.
- Includes a summary budget table for each Worksheet that summarizes the annual total budget for each section of the input worksheet.

1	MALARIA - PHARMA - Section 1	Antimalaria medicines	Total Amount in USD	Y1	Y2	Y3	Y4	Grant Total
		For treatment		70,000	130	130	130	70,390

## 7. Search Tables

This section provides an overview of the **Search Tables** file annexed to the HPMT User Guidelines. The search tables are in excel to facilitate users access to information that might be useful to correctly complete the HPMT

- **Product Master:** This sheet provides all health products that are part of the GC-7 HPMT, this sheet will be updated as new products are added or removed. The search worksheet in the HPMT provides access to the same database of products in the Product Master including the disease component, worksheet name, HPM cost category and product category (section # within the disease specific worksheet), each, packaging and cost input.
- **Product Categories with HPM costs:** This table provides a closer look on the different worksheets linking the 200+ product categories to their HPM cost group (e.g., all ARV product categories used in PEP, PREP, Infant prophylaxis, Adult and pediatric treatment are having one HPM cost category which is ARVs). The table provides clear mapping and helps users understand the grouping of the different product categories and HPM categories within a specific worksheet and their sections. This is important to understand to correctly complete the SET UP and HPM cost worksheets in the HPMT as well as to understand the **Detailed Budget** output.
- **Modules/Interventions/ Product Categories:** This table provides similar information on mapping the different product categories (sometimes referred to as item categories in the HPMT) to their HPM cost group/category. These are mapped against their relevant modules and interventions for the three diseases from the GC-7 Modular Framework. This mapping provides a great resource to users to understand the output of the **HPMT Detailed Budget** sheet which links products selected in the disease specific worksheet to its relevant modules and interventions as per the table provided.

## Annex 1: Abbreviations, Acronyms and Definitions

Cell	A cell is a rectangle (or block) housed in a worksheet. Any data that you want to enter into the worksheet must be placed in a cell. Each cell has a coordinate consisting of letters (to denominate columns) and numbers (for each row/line). This guide sometimes refers to cells by their coordinate ( e.g., A1 or X4, etc.)
CT	Country Team (of the Global Fund Secretariat)
DB	Detailed Budget
Grant Finance DB	Grant Budget file or template which contains the whole grant budget across cost categories 1 - 13, including inputs from the HPMT for cost categories 4 – 7.
Field Name	To ensure that data is entered in the same order for each record, headings are added to each column of a table. These column headings are referred to as field names.
GC	Grant Cycle (GC 6 refers to 2021-2023 and GC 7 refers to 2024-2026)
GDF	The Global Drug Facility
HPs	Health Products, as defined in the Global Fund’s “Guide to the Global Fund Policies on Procurement and Supply Management of Health Products”
HPM	Health Product Management
HPM Product Category	Represents the different product categories enumerated as sections within a specific worksheet (e.g., in the HIV pharma worksheet, ARVs product category would be split to different sections such as: ARVs for treatment, ARVs for prevention)
HPM Costs Category	Represents the categories to which various Product Categories are linked for the purpose of calculating HPM (PSM) costs such as Freight and Insurance. Generally, several Product Categories are associated with 1 HPM Cost Category e.g., ARVs (HPM Costs Category) is associated with 5 Product Categories – ARVs (Infant prophylaxis), ARVs (for PEP), ARVs (for PrEP), ARVs (Treatment - adult formulations) and ARVs (Treatment - paediatric formulations). <i>To see the detailed list of Product Categories linked to HPM Cost Categories go to section “Product Categories and their associated HPM Cost Category”.</i>
Key Info	Worksheet provided for each of the 3 diseases which provides specific programmatic information.

MF	Modular Framework
NRA	National Regulatory Authority (of health products)
OPN	Operational Policy Note
PF	Performance Framework
PGT	Programmatic Gap Tables
Pivot Table	This is a data summarization tool mostly used to sort, average, or to sum up data automatically. Pivot Tables makes it easy to retrieve specific information from a large source of data.
PR	Principal Recipient
PSA	Procurement Service Agent (of the Global Fund's <a href="http://wambo.org/PPM">wambo.org/PPM</a> )
PSM	Procurement and Supply Management (of health products)
PHM&E	Public Health, Monitoring and Evaluation
QA/QC	Quality Assurance / Quality Control
RSSH	Resilient and Sustainable Systems for Health
TWG	Technical Working Group
VFM	Value For Money
Workbook	The workbook refers to an Excel spreadsheet file, in this case, the <b>HPMT</b>
Worksheet	Within the workbook is where you'll find tabs called <b>worksheets</b> . Also known as spreadsheets, you can have multiple worksheets nestled in a workbook. <b>Tabs</b> at the <b>bottom of the of the screen</b> will indicate which of your worksheets you are currently working on.