Grant Cycle 8 (GC8) Prioritization Guidance: HIV

Issued 13 April 2026

Updated 13 April 2026

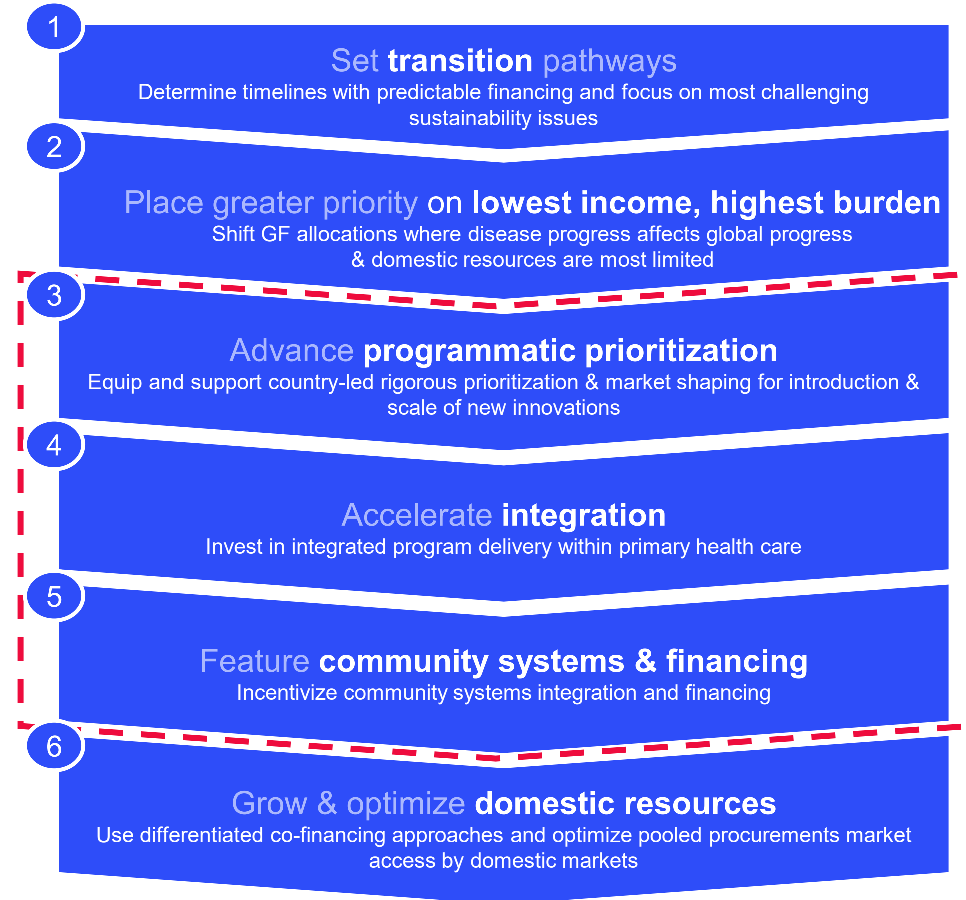
Context & purpose of this GC8 guidance

The Global Fund Partnership is committed to its mission of advancing the end of HIV, TB and malaria as health threats while investing in resilient systems that improve health outcomes. Within a context of constrained financing, this requires optimizing the use of *all* available resources through rigorous programmatic prioritization.

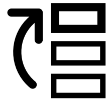
With countries and communities in the lead, success requires a relentless focus on efficiency and effectiveness, on making tough trade-offs in the face of inescapable funding gaps, on tackling barriers to accessing life-saving services for those most at risk, and on acting at pace to innovate and adapt.

This prioritization guidance serves to equip national stakeholders in determining additive, high impact Global Fund investments in national responses.

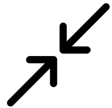
*The six (6) **Strategic Shifts** for GC8, shared with the Board in February 2026. This guidance reinforces all shifts, with an emphasis on 3, 4 and 5*



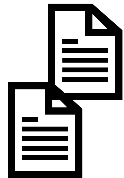
What are some of the changes in the guidance?



Increased focus on prioritization. With constrained global health resourcing, this guidance was developed with technical partners to equip stakeholders in determining additive, prioritized investment from the Global Fund. This was further streamlined in line with the Strategic Shifts.



Reduced complexity. Stakeholders have repeatedly requested more concise materials, including slide decks to summarize key points in CCM meetings and cascade to diverse audiences during country dialogue.

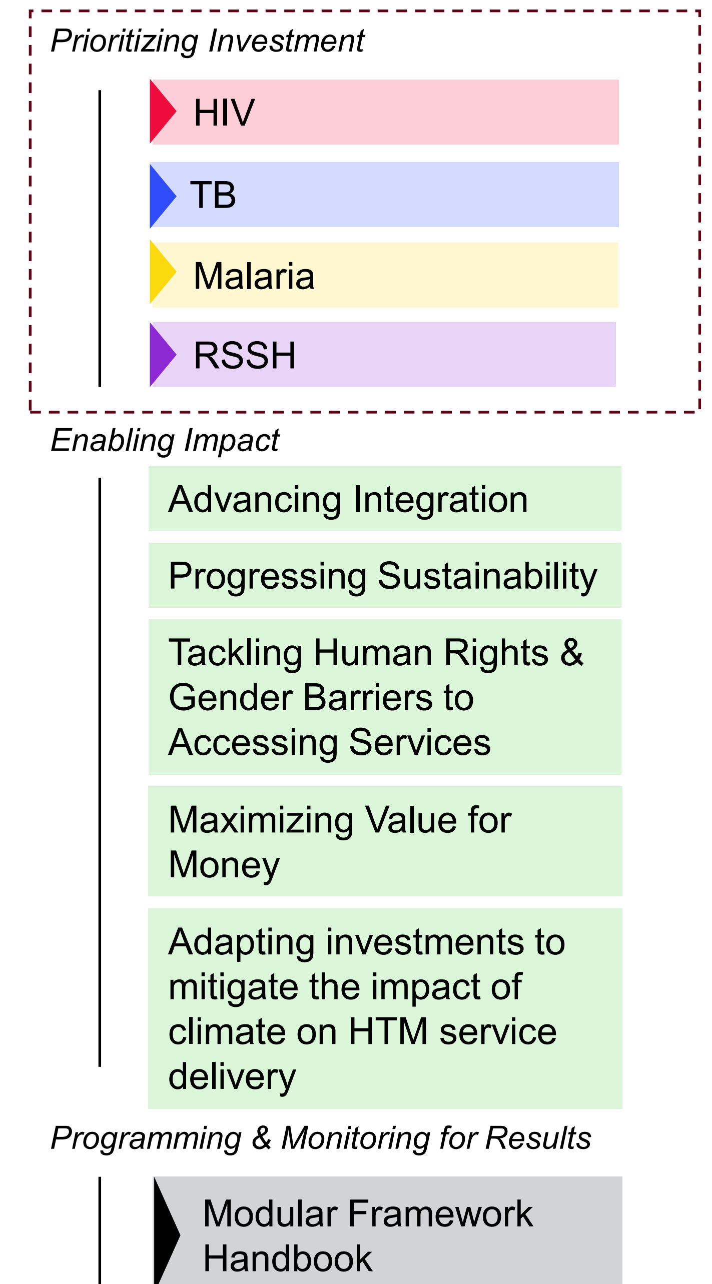


Decreased duplication within existing materials. The Modular Framework Handbook includes eligible modules, interventions and activity descriptions. As requested by stakeholders, this guidance includes further information on how to prioritize in GC8.

Recognized maturity of national responses. With decades of experience across most countries & communities and readily available technical and normative guidance, the reconfiguration of GC8 investment guidance is in step with most countries' self-reliance and leadership.

How to use this guidance

- This Prioritization Guidance is based on **evidence-based normative and technical guidance** from across the partnership and includes relevant references.
- The guidance informs **country-led decision-making** on how to maximize the impact of Global Fund resources, used together with National Strategic Plans to ensure alignment with overall spending plans, including domestic resourcing and external funding from other sources.
- The guidance **complements** the Global Fund's Modular Framework Handbook, which describes the interventions eligible for Global Fund investments, and a separate cross-cutting guidance on "Enabling Impact".
- Each section of this guidance (HIV, TB, Malaria, RSSH), **lays out overall priorities for GC8** (expanded for HIV and TB as Program Essentials), and suggests the prioritization approach and considerations for each intervention, including higher priority activities, potential optimization and efficiency opportunities, and (in some cases) lower priority activities which may no longer be necessary.
- This document will be updated as necessary to reflect innovations and change in technical guidance.



Definitions: Key Populations and Key and Vulnerable Populations

For **HIV**, Key Populations (KP) are defined by UNAIDS as those particularly vulnerable to HIV and frequently lack adequate access to services. These five groups are gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people (definition). Key and Vulnerable Populations (KVP) include KP, adolescent girls and young women (AGYW) and other vulnerable populations (OVP) at risk.

For **TB**, KVP are defined by Stop TB Partnership as populations at high risk and people in vulnerable situations (definition).

For **malaria**, WHO defines populations vulnerable to malaria as those at increased risk of infection and severe disease, particularly children under five, pregnant women and girls, people with immunocompromising conditions such as HIV, non-immune populations such as travelers, mobile populations, and populations with limited access to prevention and treatment services including in humanitarian settings; vulnerable groups vary by context.

To end AIDS as a public health threat by 2030 and to sustain the HIV response after 2030, this prioritization guidance equips applicants of Global Fund financing to select the most impactful interventions.

- ✓ **Outlines** areas of investment that are high priority and those the Global Fund is unlikely to fund or that require a strong justification.
- ✓ **Emphasizes** how to optimize investments and drive value for money to sustain impact.
- ✓ **Drives** access to services for those communities most affected by HIV.
- ✓ **Reinforces** that Global Fund investments should focus on evidence-based interventions and prioritize approaches for HIV that are critical for impact and recommended by HIV technical partners.

GC8 Priorities

- **HIV prevention.** Prioritize interventions for people with the greatest HIV prevention needs and locations with the highest HIV incidence, and close access gaps in settings with high concentrations of KP* and adolescent girls and young women who are at particular risk in settings with moderate and high HIV incidence.
- **HIV testing**. Use strategies tailored to the needs of priority populations to enable people to know their HIV status and support HIV prevention and treatment uptake. Provide/prioritize HIV, syphilis and hepatitis B testing and treatment for pregnant and breastfeeding women to further reduce infections and mortality in children.
- **HIV treatment.** Ensure access to antiretroviral treatment (ART) and identification and management of advanced HIV disease in adults and children. Invest to sustain viral load suppression and scale up ART access to those not yet reached. Gaps in access to ART are significant in some regions including central and western Africa, and among KVP groups, including children.
- **HIV Integration.** Optimize service delivery and leverage integration opportunities. To increase efficiency, effectiveness and universal access to care, a recommended priority is to integrate HIV services into primary health care, along with integration of HIV prevention and testing services into sexual, reproductive, and adolescent health services.
- **Access barriers.** Prioritize interventions that reduce key human rights- and gender-related barriers to access care, uptake and retention in care for the most affected populations, and by shaping HIV services together with communities to ensure they are trusted, accessible, acceptable and of good quality.
- **Partnerships.** Enhance collaboration between government structures and community organizations to increase demand for and access to HIV prevention, testing, and treatment. Empower people living with HIV to take an active role in sustaining their own health and continuity of care, including through self-care, to improve health-seeking behavior and reduce the risk of advanced HIV disease (AHD) and mortality.
- **Community Systems.** Leverage community systems for reaching KVP and protect the safety of people delivering and using services. This includes investment in peers to provide integrated HIV and related health services for these populations, as well as supportive systems and policies (e.g., for linkage/referral, training and supervision, remuneration).
- **Decision-making.** Use analytic tools and information, and leverage community expertise, to equip multi-stakeholder platforms to make difficult trade-off decisions that may arise under limited resources, accounting for factors such as cost-effectiveness and impact. Consider approaches outlined in priority-setting guidance from the World Health Organization (WHO), as well as the tools available as part of the OneHealth suite

*Key populations are defined as gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings as the five main KP that are particularly vulnerable to HIV and frequently lack adequate access to services (UNAIDS terminology guide 2024: https://www.unaids.org/sites/default/files/media_asset/2024-terminology-guidelines_en.pdf)

Program Essentials provide a framework for prioritizing context specific interventions

HIV prevention

1. Condoms and lubricants for people at increased risk of HIV infection.

2. PrEP for people at increased risk of HIV infection, post-exposure prophylaxis (PEP) following any potential HIV exposure, and ART for people living with HIV to promote HIV treatment as prevention.

3. Harm reduction services for people who use drugs.

4. Voluntary medical male circumcision (VMMC) for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries.

5. Sexually transmitted infections (STIs) screening and treatment for people at increased risk of HIV infection.

Differentiated HIV testing

6. HIV testing services use self-tests, rapid diagnostic tests (RDTs), and enzyme immunoassays (EIAs) at the point-of-care.

7. HIV testing services include network-based testing (including index testing) and provider-initiated testing and counseling (PITC), with linkage to prevention or treatment.

8. A three-test algorithm is followed for HIV diagnosis based on RDTs.

9. Health professionals and lay providers conduct RDTs in facilities and communities.

Prevention of vertical transmission

10. ART for pregnant and breastfeeding women living with HIV to ensure viral suppression.

11. Testing for HIV, syphilis and hepatitis B surface antigen (HBsAg) at least once and as early as possible in pregnancy.

12. Provision of care for all HIV-exposed infants, including HIV testing per normative guidance -- such as early infant diagnosis (EID) and testing after cessation of breastfeeding -- and provision of postnatal prophylaxis.

HIV treatment and care

13. Rapid ART initiation, including same-day initiation, for people living with HIV following a confirmed diagnosis.

14. HIV treatment uses WHO-recommended regimens for adults and children.

15. Cluster of differentiation 4 (CD4) testing for identification of AHD, with all individuals diagnosed with AHD receiving the WHO-recommended AHD package of care.

16. Screening and testing for relevant co-infections and co-morbidities.

17. Viral load testing for HIV management and treatment monitoring.

18. Services for treatment continuity and return to care.

TB/HIV

19. People living with HIV and TB disease begin ART as soon as possible.

20. TB preventive treatment for eligible adults, children and adolescents living with HIV.

21. TB/HIV services follow recommendations for concurrent use of low complexity automated nucleic acid amplification tests (LC-aNAATs) and lateral flow urine lipoarabinomannan (LF-LAM) tests for the diagnosis of TB disease among people living with HIV in line with WHO guidance.

Differentiated service delivery

22. HIV services in health facilities and in the community.

23. Multi-month dispensing for ART and other HIV commodities.

24. HIV services integrate interventions to reduce human rights- and gender-related barriers to services.

Access Barriers.

25. Programs to reduce stigma and discrimination experienced by people living with HIV and KVP in health care and other settings.

26. Access to justice services to address discrimination against people living with HIV and KVP.

27. Community-led mobilization and advocacy to monitor and support changes to criminal and other harmful health-related laws, regulations, policies and practices that hinder effective HIV responses.

28. Intimate partner violence identification, first-line support and care,
and post-rape care integrated into HIV prevention, testing, treatment and care services.

Prioritization approach & considerations

Interventions	Prioritization considerations

Condom and lubricant programming for key and vulnerable populations (KVP)
(Program Essential 1)
	Areas prioritized for GF investment
	• Expand availability of condoms and lubricants at informal sites (e.g., bars, vending machines) managed by local actors. If resources are limited, free condom distribution should prioritize public & community channels that do not displace potential commercial sales.
	Opportunities to increase optimization & efficiency
	• Invest in high and moderate HIV incidence settings and focus attention and resources on last-mile supply to community settings.
	• Improve the sustainability of condom programs by expanding a total market approach, leveraging the strengths of all sectors
	  • Consider opportunities for health product efficiencies, namely:
	  • Avoid customization of condoms, which increases manufacturing costs and supplier lead times.
	  • Ensure sufficient supplies of lubricants.
	  • Estimate free condom needs based on actual use by low-income populations, not total demand. Use Condom Needs. Estimation Tool to balance free & sold supply and engage commercial & social marketing brands to serve those who can pay
	Activities of lower priority (context dependent)
	• Limit investment in female condoms due to higher cost & limited (maintain flexibility where there is high demand, especially among sex workers).

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programming
(Program Essential 2)
	Areas prioritized for GF investment
	• Provide for:
	  • Female sex workers where national adult (15-49) HIV prevalence is >3%.
	  • People who inject drugs in settings with few or limited reach of needle-syringe programs and low opioid agonist maintenance coverage.
	  • Prisoners and others in closed settings where national adult (15-49) HIV prevalence is >10%.
	  • Adolescent girls and young women (AGYW) and their male partners & other vulnerable populations in high HIV incidence settings where incidence for the population is (1) >3%; or (2) 1-3% and high-risk behavior is reported.
	  • MSM and transgender people where the estimated incidence is >3%.
	  • All people requesting PrEP/PEP should have access without identifying with a specific population or revealing risk behaviors.
	• Ensure access to PEP following potential HIV exposure.

Prioritization approach & considerations

Interventions	Prioritization considerations
Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programming *(Program Essential 2)*	**Opportunities to increase optimization & efficiency** • Eliminate procedures that cause barriers to access and use, for example, requirements for HIV testing before PEP access. • Promote task shifting or task sharing. • Identify opportunities for health product efficiency, e.g., select lower-cost oral PrEP with tenofovir disoproxil fumarate (TDF) and lamivudine (3TC) rather than TDF/emtricitabine (FTC). **Activities of lower priority (context dependent)** • Limit use of diagnostics and services for PrEP/PEP use that are not part of WHO's suggested minimum service delivery packages.
Information and communication for uptake of HIV prevention and outreach services for KVP	**Areas prioritized for GF investment** • Combine interpersonal and targeted communication campaigns, using online modalities for priority populations. Ensure HIV prevention programs and communications are people-centered. **Opportunities to increase optimization & efficiency** • Use demand creation activities that address multiple HIV prevention or testing activities, including in community-based venues. • Consider mobilizing private sector marketing expertise to increase the reach of communication and demand creation campaigns.
Community mobilization for HIV prevention	**Areas prioritized for GF investment** • Provide safe spaces and activities to ensure safety for implementers and beneficiaries. • Leverage community involvement in service delivery and community surveys, including participatory assessment of community needs for HIV program design. • Ensure community participation in decision-making fora, such as national or local technical working groups.

Prioritization approach & considerations

Interventions	Prioritization considerations
Sexual and reproductive health services to support HIV prevention for KVP *(Program Essential 5)*	**Areas prioritized for GF investment** • Ensure PEP for all potential exposures to HIV at facility and community levels, including as part of post-rape care. • Integrate basic STI services and syndromic STI management. • Support for cervical cancer screening, secondary prevention and referral for those accessing HIV services. • Provide hepatitis C virus (HCV) testing/treatment in harm reduction services in countries with high levels of HIV/HCV co-infection. **Opportunities to increase optimization & efficiency** • Integrate HCV services through low-cost and low-threshold delivery models, especially community-based harm reduction services for people who inject drugs. • Integrate HIV prevention with sexual and reproductive healthcare programs. • Use referral networks for gender-based violence response-related care. • Support hepatitis B testing and management for individuals accessing HIV prevention platforms who are at high risk of hepatitis B. **Activities of lower priority (context dependent)** • Limit use of STI molecular (etiological) diagnosis investments (e.g., Xpert CT/NG for chlamydia and gonorrhea). • Deprioritize use of untargeted adult hepatitis B screening.
Needle and syringe programs for people who inject drugs (PWID) *(Program Essential 3)*	**Areas prioritized for GF investment** • Provide sterile needles and syringes and safe injecting equipment in dispensing centers. • Ensure wound care and safe disposal of injecting equipment. **Opportunities to increase optimization & efficiency** • Monitor cost of service delivery by limiting the range of add-on services, minimizing non-essential staff and extending the reach of outreach, including by using online approaches.

Prioritization approach & considerations

Interventions	Prioritization considerations
Opioid agonist maintenance treatment and other medically assisted drug dependence treatment for people who use drugs (PUD) *(Program Essential 3)*	**Areas prioritized for GF investment** • Procure and distribute opioid agonist maintenance treatment to maintain and scale up access. • Ensure continuous supply and delivery. **Opportunities to increase optimization & efficiency** • Integrate services where possible. • Introduce or expand take-home dosing for stable patients to reduce costs of service delivery, including human resource costs and expand other low-threshold models such as community pharmacies. • Assess market availability and potential to implement long-acting depot buprenorphine, which could simplify delivery, improve acceptability for users and, depending on the price of long-acting depot buprenorphine at market launch, reduce program costs. • Assess quality assured, regionally manufactured harm reduction commodities where possible (some countries can access commodities such as methadone or buprenorphine at lower prices than those from global manufacturers).
Overdose prevention and management for PUD *(Program Essential 3)*	**Areas prioritized for GF investment** • Procure and distribute naloxone and provide related services, including in community settings.
Sexual education for HIV prevention for adolescents and young people	**Areas prioritized for GF investment** • Prioritize high HIV incidence settings and, if not funded through the education sector (including for out-of-school adolescents and young people). • Focus programs on increasing uptake of high impact HIV prevention options. **Opportunities to increase optimization & efficiency** • Transition responsibly to domestic financing. • Leverage existing sexual education programs developed by the education sector.

Prioritization approach & considerations

Interventions	Prioritization considerations
Social protection for adolescent girls and young women (AGYW) in high HIV incidence settings	**Areas prioritized for GF investment** • Use structured interpersonal communication on HIV prevention and social norms (conversations can address underlying social issues that would normally have a negative impact on health outcomes). • Ensure social support, such as safe spaces, mentoring, targeted education assistance and economic empowerment activities. **Opportunities to increase optimization & efficiency** • Target investments towards AGYW in high HIV incidence settings with a high prevalence of HIV risk factors. • Accelerate transition to government programs for social protection and education support, phase out funding gradually (in non-priority locations) for social protection and education support interventions to minimize harm.
Voluntary medical male circumcision (VMMC) *(Program Essential 4)*	**Areas prioritized for GF investment** • Target interventions for boys over 15 years old and men in the 15 WHO/UNAIDS priority countries in Eastern and Southern Africa. **Opportunities to increase optimization & efficiency** • Integrate service delivery (including community-, home-, facility-, school- and sports-based approaches, digital platforms for information and referrals). VMMC services can be an entry point for other health services for adolescent boys and men (e.g., sexual and reproductive health, non-communicable diseases and mental health) as well as an opportunity to promote health seeking behaviour and positive male sexual attitudes and behaviors. **Activities of lower priority (context dependent)** • Avoid stand-alone VMMC services.
Prevention program stewardship	**Areas prioritized for GF investment** • Strengthen coordination and management functions to align investments with national priorities and ensure sustainability of HIV prevention programs. Planning, management and adaptation of service delivery, including management of integration of HIV prevention into existing platforms that countries have on sexual and reproductive health, and primary care services, and address critical supply needs (e.g., for condoms and lubricants, PrEP/PEP, harm reduction commodities). Integration of HIV prevention on these platforms makes Global Fund investments more efficient. • Develop safety and emergency preparedness plans and protocols to reduce risks for HIV prevention service providers and service users in hostile environments. **Opportunities to increase optimization & efficiency** • Invest sufficient attention and resources in condom program management and last-mile supply of prevention commodities.

Prioritization approach & considerations

Interventions	Prioritization considerations
Integrated testing of pregnant women for HIV, syphilis and hepatitis B *(Program Essential 11)*	**Areas prioritized for GF investment** • Provide HIV testing as part of antenatal care in high-burden settings. • Provide HIV testing among pregnant and breastfeeding women in key population groups and other women at high risk. • Provide HIV, syphilis and hepatitis B testing (dual HIV/syphilis test as first test in antenatal care is encouraged). **Opportunities to increase optimization & efficiency** • Consider opportunities offered by health product innovations. For example, the dual HIV/syphilis RDTs and self-tests, as well as the forthcoming WHO prequalified triple test for hepatitis B, syphilis and HIV, offer opportunities for scaling up cost-effective and client-centered services for pregnant and breastfeeding women. • Optimize service delivery to ensure that testing leads to rapid treatment initiation for mothers & timely interventions for infants to prevent illness & early death.
Prevention of incident HIV among pregnant and breastfeeding women *(Program Essential 1, 2)*	**Areas prioritized for GF investment** • Provide condoms. • Introduce/scale-up PrEP in settings providing services to individuals who are pregnant/breastfeeding where incidence in the population is (1) >3%; or (2) 1-3% **and** high-risk behavior is reported. Use the lowest-cost oral and injectable PrEP options. • Continue access to PrEP for those currently using PrEP. • Screen for gender-based violence and ensure effective referrals and first-line response services for gender-based violence per WHO guidance. **Opportunities to increase optimization & efficiency** • Use RDTs and HIV self-tests for PrEP initiation and follow-up, noting that HIV self-tests are not recommended for initiation or continuation of injectable PrEP. • Support task shifting/sharing for PrEP. • Use referral networks for response to gender-based violence and for survivor support services. **Activities of lower priority (context dependent)** • Limit procurement of one-month PrEP ring for new users, while supporting transition to other HIV prevention options which best meet the individual's needs. • Deprioritize use of diagnostics and services for PrEP initiation or continuation that are not part of WHO's suggested minimum service delivery package for PrEP.

Prioritization approach & considerations

Interventions	Prioritization considerations
Post-natal infant prophylaxis *(Program Essential 12)*	**Areas prioritized for GF investment** • Infant prophylaxis for all children exposed to HIV.
Early infant diagnosis and follow-up HIV testing for exposed infants *(Program Essential 12)*	**Areas prioritized for GF investment** • Ensure infant diagnosis and follow-up testing for all children exposed to HIV. • Provide infant prophylaxis for all children exposed to HIV. **Opportunities to increase optimization & efficiency** • Optimize existing diagnostic networks to continue ensuring infant diagnosis. **Activities of lower priority (context dependent)** • Avoid investment in new point-of-care equipment for early infant diagnosis/viral load testing.
Retention support for pregnant and breastfeeding women (facility and community) *(Program Essential 18)*	**Areas prioritized for GF investment** • Provide retention support to continue ART, including community-based strategies. **Opportunities to increase optimization & efficiency** • Consider efficiencies within peer support/mentor mother models based on HIV burden; identify opportunities to expand scope in lower prevalence settings (e.g., in support of self-testing, ART dispensing, post-natal follow-up or community health beyond HIV). • Integrate efforts to reduce stigma and discrimination to improve retention of patients in ART treatment and care of mother and baby during breastfeeding.

Prioritization approach & considerations

Interventions	Prioritization considerations
Testing for key populations (KP) *and* Testing for at risk adolescent girls and young women (AGYW) and their male partners in settings with moderate and high HIV incidence *and* Testing for others at risk of HIV infection *(Program Essentials 6-9, 22)*	**Areas prioritized for GF investment** • Provide testing for KVP. • Provide testing for AGYW and their male partners (including partner notification services) in areas where incidence is very high (>3%), high (1-3%) and in areas where incidence is moderate (0.3-<1%) and AGYW report high-risk behavior. • Ensure facility-based testing in TB services and services for at-risk children and adolescents, people with an STI and others defined as at-risk by providers (provider-initiated testing and counseling). • Invest in index and social network testing, and family testing to identify undiagnosed children. **Opportunities to increase optimization & efficiency** • Engage trained lay providers for HIV testing as a cost-effective intervention compared to the delivery of HIV testing by health workers. It can help address gaps in human resources for health and significantly expand community reach for HIV testing and testing access for KVP. • Identify opportunities for cost savings by shifting to low-cost HIV test kits and commodities. Low-cost quality-assured RDTs are available, with a focus on the first test in the three-test algorithm. • Integrate laboratory systems, including integrated quality management, can enhance quality and efficiency and strengthen current systems. • Shift to HIV self-testing (including at the facility level) could lead to savings in the context of a reduced health workforce. • Use HIV self-testing to increase testing uptake in countries with rising HIV incidence, including by making it available in communities (such as through community workers, pharmacies and drug stores) and by making full use of available product options (less costly blood-based, urine-based and oral-fluid kits) to expand client choice and help reduce prices. • See WHO's Frequently Asked Questions for additional efficiencies.

Prioritization approach & considerations

Interventions	Prioritization considerations

HIV treatment and differentiated service delivery - adults (15 and above)
and
HIV treatment and differentiated service delivery - children (under 15)
(Program Essential 10, 13, 14, 18, 22, 23)
	Areas prioritized for GF investment
	• Invest in HIV treatment, including procurement of ARVs and service delivery (ART delivery, support for treatment continuation) for existing cohorts and expansion to newly diagnosed individuals.
	• Optimize regimens for adults and children (initial and subsequent) aligned to WHO guidelines.
	• Provide patient support for retention and re-engagement with care, with people-centered and flexible approaches.
	• Ensure adherence services for patients with viral non-suppression (counseling, barriers assessment, mental health screening and referral, peer-coaching, medication reminders, case management, psychosocial support).
	• Maintain key and/or vulnerable populations on treatment (in the context of poor treatment outcomes/loss to follow-up), including maintaining safety and security, peer-based support for treatment continuation and reducing stigma and discrimination.
	Opportunities to increase optimization & efficiency
	• Prioritize resource-saving dispensing and pick-up models where possible, e.g., quick pick-up points. Consider private pharmacy models as part of differentiated service delivery.
	• Consider multi-month dispensing (at least three months and, where feasible, six months), community ART delivery and optimized use of peers and community actors where feasible. Adapt service delivery and adherence support models to reach those most in need, including vulnerable adolescent girls and young women, as well as youth and men.
	• Identify people with unsuppressed viral loads despite adherence to medications and promptly switch them to an effective subsequent regimen.
	• Consider opportunities for health product efficiency:
	    • Transition eligible patients from costly protease inhibitors to dolutegravir-based regimens when dolutegravir was not used in the initial regimen, resulting in treatment effectiveness and over 60% savings in commodity cost.
	    • Transition where protease inhibitors are used to lower-cost, more effective options such as darunavir/ritonavir and atazanavir/ritonavir per the 2025 WHO HIV guidelines.
	    • Implement the 2025 WHO guidelines, retaining tenofovir, tenofovir alafenamide (TAF) and abacavir, which could lead to cost efficiencies.
	    • Transition to pALD for children living with HIV, replacing separate tablets of pediatric dolutegravir (pDTG) and pABC/3TC, to achieve pricing efficiencies.

Prioritization approach & considerations

Interventions	Prioritization considerations
Treatment monitoring - viral load, antiretroviral (ARV) toxicity and drug resistance *(Program Essential 17)*	**Areas prioritized for GF investment** • Invest in viral load testing, with potential modifications (see optimization and efficiency considerations below). • Monitor ARV toxicity, adverse events. **Opportunities to increase optimization & efficiency** • Ensure contingency plans for viral load testing may include conducting tests less frequently or in a more targeted way than recommended by WHO. Note that routine viral load testing remains essential for treatment monitoring and continuity, as recommended in the WHO HIV treatment guidelines. **Activities of lower priority (context dependent)** • Limit investment in HIV drug resistance surveys and surveillance.
Integrated management of common co-infections and co-morbidities (adults and children) *(Program Essential 16)*	**Areas prioritized for GF investment** • Integrate HCV testing and management as part of HIV care with a focus on countries with high HCV burden, including among people who inject drugs, and where HIV/HCV co-infection is prevalent. • Identify and manage hepatitis B among those most at risk and within triple elimination programs. • Integrate cervical cancer screening and secondary prevention for those accessing HIV services. • Integrate screening of non-communicable diseases, including diabetes and hypertension and for mental health conditions (including depression, anxiety and alcohol use disorders). • Identify and manage HIV associated cancers; syndromic management of STIs. **Opportunities to increase optimization & efficiency** • HCV services, if supported, should be delivered through integrated low-cost delivery models.

Prioritization approach & considerations

Interventions	Prioritization considerations
Diagnosis and management of advanced HIV disease (adults and children) *(Program Essential 15)*	**Areas prioritized for GF investment** • Prioritize CD4 testing for all individuals initiating treatment, re-entering care, or presenting with signs of treatment failure. • Use TB diagnostics for people with AHD, using near point of care tests, urinary LF-LAM and molecular tests concurrently. • Use CrAg testing, and treatment for cryptococcal meningitis with WHO preferred regimens, including Flucytosine and liposomal Amphotericin B. • Provide Cotrimoxazole prophylaxis, with attention to subsequent discontinuation when appropriate. • Prioritize testing and management of other opportunistic infections based on country context, e.g., histoplasmosis. • Provide relevant diagnostics, including blood cultures, for the diagnosis of serious bacterial infections and strengthened empiric management of severe bacterial infection or sepsis among people living with HIV. **Opportunities to increase optimization & efficiency** • Consider the use of telemedicine to support service improvement where appropriate.

Prioritization approach & considerations

Interventions	Prioritization considerations
TB/HIV - Collaborative interventions *and* TB/HIV - Screening, testing and diagnosis *and* TB/HIV - Treatment and care *and* TB/HIV - Prevention *(includes TB/HIV Program Essentials)*	**Areas prioritized for GF investment** • Offer provider-initiated **HIV testing** and counselling to all people with TB and presumptive TB, and ensure early initiation of **antiretroviral therapy, cotrimoxazole and TB treatment** for those with TB/HIV co-infection through well-coordinated or integrated service delivery. • **Screen people living with HIV for TB** at every health-care contact, integrate TB screening into differentiated service delivery models. • Use molecular WHO-recommended rapid diagnostic test (mWRD) as the initial test for TB diagnosis. (e.g., GeneXpert, TrueNat, LF-LAM,NPOC). • Provide **TPT to all eligible people living with HIV** without requiring TB infection testing, preferentially using shorter TPT regimens. • **Integrate TPT** into differentiated HIV service delivery models to reduce patient burden and improve retention, including through multi-month ART dispensing, community adherence groups and related approaches. • **Strengthen TB/HIV collaboration** through integrated service delivery, joint planning, implementation, supervision and monitoring. Leverage multi-disease diagnostic platforms and integrate sample transportation. **Opportunities to increase optimization & efficiency** • Integrate TB, HIV and other services. • Consider the use of concurrent low-complexity automated nucleic acid amplification testing (LC-aNAAT) and lateral flow urine lipoarabinomannan (LF-LAM) assays for early TB diagnosis among people living with HIV, in line with WHO recommendations. • Prioritize people with advanced HIV disease where concurrent testing cannot be provided to all. **Activities of lower priority (context dependent)** • Limit use of C-reactive protein for TB screening.

Prioritization approach & considerations

Interventions	Prioritization considerations
Expanding access to quality and discrimination-free health care *(Program Essential 24, 25)*	**Areas prioritized for GF investment** • Invest in activities to reduce HIV-related stigma and discrimination that create barriers to access services by those most at risk in health care and community settings. • Support multistakeholder forums to coordinate implementation of programs that address barriers to HIV/TB services (including technical working groups, steering committees). • Provide community-led responses and engagement with stakeholders in health care, community and justice settings to enable access to HIV, TB and malaria services.
Improving legal literacy and legal support related to health services *(Program Essential 26)*	**Areas prioritized for GF investment** • Provide community-led monitoring (CLM) of human rights-related barriers to services in health facilities with referral to legal services and community-led interventions (e.g., paralegals). • Integrate programs to remove HIV-related gender and discriminatory barriers to services into the work of national human rights mechanisms and relevant multi-sectoral responses.
Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services *(Program Essential 24, 27)*	**Areas prioritized for GF investment** • advocacy to improve access to services, including changes in health policies that serve as barriers to accessing services.

Prioritization approach & considerations

Interventions	Prioritization considerations
Addressing gender discrimination, and norms that pose a barrier to HIV, TB and malaria services	**Areas prioritized for GF investment** • Reduce barriers to HIV services and improve treatment adherence by investing in peer support to increase self-efficacy and empowerment for women and adolescents living with HIV. • Provide group and peer education programs targeting men and adolescent boys to improve HIV health-seeking behavior and HIV treatment adherence. • organizations from at-risk population groups facing gender discrimination to improve access to services by tackling barriers and improving community empowerment. **Opportunities to increase optimization & efficiency** • Prioritize geographic areas with the greatest gender-related disparities in HIV outcomes, such as communities with high HIV incidence during pregnancy or low treatment uptake and adherence among men and boys. • Support coordinated multi-sectoral action plans to address underlying social and structural drivers of gender-related differences in HIV, TB and malaria infection and mortality rates, including education, social protection and economic empowerment.
Preventing and responding to violence against women and girls *(Program Essential 28)*	**Areas prioritized for GF investment** • Prioritize the following interventions in geographic areas where gender-based violence contributes to higher HIV incidence, vertical transmission or lower adherence to treatment: integrated post-rape and intimate partner violence care, including psychological support and mental health assessment and referral, HIV PEP, STI services, pregnancy testing, and voluntary forensic evidence collection. • Develop and implement policies, protocols and training for the identification and management of intimate partner violence, rape and sexual exploitation, abuse and harassment in HIV facilities and programs, in line with WHO guidelines. • Provide referral for psychosocial support, legal services, child protection services, and economic support to survivors of violence and sexual exploitation, abuse and harassment. • Prioritize integrated post-rape and intimate partner violence care (in line with WHO guidelines). In geographic areas where GBV contributes to higher HIV incidence, vertical transmission or lower adherence to treatment.

Prioritization approach & considerations

Interventions	Prioritization considerations
Organizational and leadership development *and* Community coordination and engagement in decision making	**Areas prioritized for GF investment** • Invest in and strengthen organizational leadership and capacity of community-led partners, platforms and networks to support HIV service delivery and ensure linkages and referrals between community and formal health services, including updating standard operating procedures to streamline client pathways to improve access to HIV prevention, testing, treatment, care and support services. • Strengthen linkages between community coordination platforms and formal decision-making bodies (e.g., Country Coordinating Mechanisms, Local Health Boards, HIV technical working groups), so communities can systematically contribute to priority-setting, budgeting and monitoring. Promote mechanisms that aggregate and amplify feedback from marginalized and underserved populations to ensure their collective voices inform national and subnational fora. **Opportunities to increase optimization & efficiency** • Consider how investments in capacity development of community-led and community-based organizations can support transition and absorption of peers into formal health workforce. • Build on existing governance and accountability structures (Country Coordinating Mechanisms, Local Health Boards, universal health coverage platforms). • Support collective representation through KVP or people living with HIV coalitions or networks to reduce fragmentation and support inclusion of diverse community voices.
Community-led monitoring (CLM) and advocacy	**Areas prioritized for GF investment** • Monitor the quality, accessibility and acceptability of HIV and related services so that client experiences inform program design and delivery. • Share CLM-related data with program managers and other decision-makers to improve program and access, especially for KVP. **Opportunities to increase optimization & efficiency** • Embed CLM data use and community engagement for advocacy into routine coordination, oversight and management committees. • Integrate (where feasible) HIV and/or related issues into one CLM mechanism with differentiated approaches to use data with decision-makers.

Prioritization approach & considerations

Data application	Prioritization considerations
Investing in HIV data & systems	Key investments include HIV case surveillance, integrating patient-level (e.g., electronic medical records, DHIS2 Tracker) and aggregated systems (e.g., DHIS2) into national frameworks rather than maintaining parallel structures, to enhance sustainability and efficiency. Interoperability between systems – such as community health, private sector, logistics and laboratory data – is essential to improve service delivery, enable longitudinal monitoring and align with WHO guidelines. Where possible, this should be supported by health information exchanges using HL7 Fast Healthcare Interoperability Resources (FHIR) standards. Strong system security must also be ensured to protect data privacy and confidentiality.
Analyzing & using routine data	Quarterly or more frequent reviews are recommended to track outcomes and make timely program adjustments. Strategic priorities include: monitoring ART initiation, re-entry and retention; ARV dispensing (for ART, PrEP, PEP); and laboratory tests such as viral load and CD4. Routine cascade reviews help identify gaps across the prevention-testing-treatment continuum, while monitoring ARV toxicity and adverse events across populations, including pregnant women, remains important. Programmatic data quality should be periodically assessed. In addition, expenditure analysis through National AIDS Spending Assessments can guide financial tracking and resource allocation.
Monitoring HIV prevention outcomes	Annually assessing prevention behaviors and uptake is key in monitoring HIV prevention outcomes. Bio-behavioral surveys (BBS) and population size estimates are also needed, ideally every five to six years, with simplified methods such as BBS-lite and HIV sentinel surveillance plus as options. WHO recommends surveillance of drug resistance, in particular acquired resistance among those failing treatment, and monitoring resistance in individuals who acquire HIV while on PrEP.
Supporting investment prioritization through modeling	Tools such as Spectrum and Naomi generate nationally endorsed, disaggregated estimates of people living with HIV and at-risk populations. These models support investment prioritization and help address inequalities.

Health products for introduction and scaling in GC8

- **Not all health products will be needed in all contexts.** A country-led decision-making process should assess its cost-effectiveness, introduction pathway and scale-up. Also consider any policy adaptations and change-management activities needed to implement changes to health products.
- **For new health products that will replace older ones, it is important to manage stock levels of existing products to enable a smooth transition to new products**. The procurement implications of new products should be carefully considered and included in forecasting and procurement plans.
- **For health products that expand choice, program managers should assess the preferences and choices of users to inform product quantification, procurement, delivery, demand generation and literacy.** A mix of service delivery platforms should be considered to promote widespread availability, including through retail, pharmacy and community organizations where feasible.
- **Introduction and scale-up should be accompanied by interventions to increase knowledge amongst potential users and to promote access**, premised on informed consent and measures to ensure confidentiality, along with policy, regulatory and programmatic enablers.
- **The use of new technologies, in particular digital technologies, should be accompanied by an analysis of safety and security considerations,** such as the protection of personal user data.

Reinforcing efficiencies in GC8

Switch to more effective, lower-cost, WHO-recommended pharmaceuticals, such as optimal HIV treatments, and lower-cost, quality-assured, WHO-recommended health products of equivalent effectiveness.

Consider product efficiencies when selecting new health products, in terms of both absolute commodity costs and service delivery costs. Treatment optimization, such as transitioning to products with fewer side effects or to more efficacious or cost-effective regimens as aligned with WHO guidelines, can lead to improved patient outcomes and unlock further efficiencies in the health system.

Concentrate demand on fewer product variations, including pack sizes, to support efforts to maintain unit price efficiencies.

Standardize specifications to simplify global and national supply chains (e.g., storage, distribution). Recommended pack sizes for high-volume antiretrovirals (ARVs) include the 90-pack size for tenofovir-lamivudine-dolutegravir and the 180-pack size for pediatric abacavir-lamivudine-dolutegravir (pALD).

For all procurement channels, program managers should:

- ✓ **Use reference pricing** from the Global Fund's Pooled Procurement Mechanism (PPM) for health products and associated services; monitor any market availability changes through the Global Fund's advice on lead times to enable procurement orders to be placed on time, should lead times for some products be extended.
- ✓ **End customization** (condom labels) to support manufacturing efficiency and control costs to help mitigate pricing pressures.
- ✓ **Prioritize service, maintenance and warranty coverage** of existing equipment to maximize investments and the useful life of equipment.
- ✓ **Optimize procurement channels for grants and domestic financing** through the use of the Global Fund's PPM/wambo.org to benefit from negotiated terms, prices and quality-assured products.

Available and anticipated new products in HIV

Product Area	Objective	Products
Diagnostics/ screening HIV	Improve case finding, accelerate self-care and prevention	**HIV testing** • Lower-cost HIV rapid diagnostic tests and self-tests • New oral-, blood- and urine-based HIV self-tests
Diagnostics/ screening Coinfections and comorbidities	Accelerate rapid diagnosis of important coinfections and comorbidities	**Coinfections and morbidities testing and diagnostics** • Multiplex RDTs (e.g., HIV/STIs/hepatitis B) • Self-tests for coinfections and comorbidities (e.g., HCV) • Syphilis dual non-treponemal and treponemal antibody tests • Semi-quantitative cryptococcal antigen (CrAg SQ) tests • Point-of-care molecular devices and tests • Histoplasmosis point-of-care rapid tests • High-performance human papillomavirus (HPV) DNA tests and self-sampling for HPV
Prevention HIV	Expand choice, accelerate self-care, tailor HIV prevention to different needs	**Harm reduction** • Low dead space syringes and needles • Long-acting depot buprenorphine **Pre-exposure prophylaxis** • 6-monthly lenacapavir, including generic products • 2-monthly cabotegravir, including generic products • 3-month dapivirine vaginal ring • Daily dual prevention pill to prevent HIV and unintended pregnancy • Ultra-long-acting versions of cabotegravir (4 months) and lenacapavir (1 year) • Monthly MK-8527 pill

Available and anticipated new products in HIV

Product Area	Objective	Products
Management HIV treatment and care	Achieve early and sustained viral suppression	**Antiretrovirals (ARVs) for HIV treatment** • Pediatric abacavir/lamivudine/dolutegravir fixed-dose combination (pALD) • ARVs to support subsequent regimen optimization, including those for continuing tenofovir and abacavir-based regimens, as well as adult and pediatric darunavir/ritonavir (DRV/r) • Pediatric tenofovir alafenamide (pTAF) • Dual ARV regimens **HIV treatment monitoring** • New diagnostics (e.g., urine tests for ARV levels to monitor adherence) • HIV drug resistance test kits
Prevention and management Coinfections and comorbidities	Optimize HIV management to reduce morbidity and mortality	**Advanced HIV disease** • Flucytosine • Liposomal amphotericin-B (L-AmB), including generic options • Itraconazole **Sexually transmitted infections** • Benzathine penicillin-G • Point-of-care STI diagnostics **Cervical cancer** • Thermal ablation devices **Viral Hepatitis** • Low-cost pan-genotypic Hepatitis C treatment regimens **Kaposi's Sarcoma** • Paclitaxel and pegylated liposomal doxorubicin

Available and anticipated new products in HIV

Product Area	Objective	Products
TB/HIV	Optimize TB screening, diagnosis, prevention and treatment in people living with HIV	**TB screening and diagnosis:** • Digital chest x-ray and computer aided detection software, prioritizing the use of existing equipment • Near point-of-care rapid molecular diagnostic tests • Alternative sampling techniques, including tongue swabs • Next-generation lateral flow urine lipoarabinomannan (LF-LAM) technologies **TB preventive treatment:** • Pediatric formulations (dispersible rifapentine, isoniazid and levofloxacin)

This guidance was developed with expertise and input across the technical partnership.

The prioritization recommendations draw from deep technical resources linked here as well *(non-exhaustive)*

Planning and prioritization

WHO (2025). Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape.

HIV Prevention

WHO (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for KP.
WHO (2022). Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance.
WHO (2024). WHO implementation tool for pre-exposure prophylaxis of HIV infection (webpage).
WHO (2024). Guidelines for HIV post-exposure prophylaxis.
WHO (2020). Preventing HIV through safe voluntary medical male circumcision for adolescent boys and young men in generalized HIV epidemics: recommendations and key considerations.
WHO (2025). Practical approaches and case-based models for reaching boys and men with integrated HIV services.
Global HIV Prevention Coalition (2022). Condom needs estimation tool.
Global HIV Prevention Coalition. Condom programming tools (webpage).
Global HIV Prevention Coalition (2023). Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women.
Global HIV Prevention Coalition (2025) – Planning and Managing HIV Programmes with Key Populations
FHI (2018). Going Online to Accelerate the Impact of HIV Programs.
The Global Fund (2022). Technical Brief. HIV Programming for Adolescent Girls and Young Women.
The Global Fund (2022). Technical Brief. Prisons and Other Closed Settings: Priorities for Investment and Increased Impact
The Global Fund (2022) Technical Brief. HIV programming at scale with and for KP.
The Global Fund (2023). Briefing Note. Optimizing HIV Prevention Reach for Key Populations.
The Global Fund (2022). Technical Brief. Harm Reduction for People Who Use Drugs: Priorities for Investment and Increased Impact in HIV Programming.
The Global Fund, FHI 360 and CSO-WCA (2022). Security Toolkit: Protecting implementers and improving programme outcomes.
WHO (forthcoming). Needle and syringe programmes for people who inject drugs: operational guide.
WHO (expected Jan 2026) - Updated Guidelines on OAMT
Global HIV Prevention Coalition (expected?) – updated guidance on HIV prevention communication and demand creation

This guidance was developed with expertise and input across the technical partnership.

The prioritization recommendations draw from deep technical resources linked here as well *(non-exhaustive)*

Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B

WHO (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach.
WHO (2024). Introducing a framework for implementing triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus: policy brief.
WHO (2022). Global guidance on criteria and process for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus.
WHO (forthcoming). Triple elimination operational guidance.

Differentiated HIV Testing

WHO (2024). Consolidated guidelines on differentiated HIV testing services.
WHO (2021). Integration of HIV testing and linkage in family planning and contraception services: implementation brief.
WHO (2025). Practical approaches and case-based models for reaching boys and men with integrated HIV services.
WHO (2021). Toolkit to optimize HIV testing algorithms.

HIV Treatment and Care

WHO (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach.
WHO (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for KP.
WHO (2023). Providing care to people with advanced HIV disease who are seriously ill : Policy Brief.
WHO (2024). Supporting re-engagement in HIV treatment services.
WHO (2025). Practical approaches and case-based models for reaching boys and men with integrated HIV services.
WHO (expected 2025) New Advanced HIV disease guidelines.
The Global Fund (2023). Guidance Note. Prioritization Framework for Supporting Health and Longevity Among People living with HIV
CHAI CD4 needs estimation and AHD commodity estimation tools

This guidance was developed with expertise and input across the technical partnership.

The prioritization recommendations draw from deep technical resources linked here as well *(non-exhaustive)*

TB/HIV

WHO (2024) WHO consolidated guidelines on tuberculosis: module 6: tuberculosis and comorbidities

WHO (2024) Diagnosis of tuberculosis and detection of drug-resistance: rapid communication

Reducing Human Rights-related barriers to HIV/TB Services

Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination (multiple resources).

UNAIDS (2023). Practical guide to ending HIV-related stigma and discrimination – Best practices and innovative approaches to reduce stigma and discrimination at the country level.

UNAIDS (2023). Guidance by the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination — Monitoring and evaluating programmes to eliminate HIV-related stigma and discrimination in six settings.

UNAIDS (2020). Evidence for eliminating HIV-related stigma and discrimination – Guidance for countries to implement effective programmes to eliminate HIV-related stigma in six settings.

WHO (2024). Ensuring quality health care by reducing HIV-related stigma and discrimination.

UNDP (2024). Spectrum: A Tool for Key Population-Led Law and Policy Reform.

Strategic Information

WHO (2022). Consolidated guidelines on person-centred HIV strategic information.

The Global Fund (2024). Measurement Guidance for Global Fund supported HIV Prevention Programs.

UNAIDS (2024). The BSS-lite: A methodology for monitoring programmes providing HIV, viral hepatitis and sexual health services to people from key populations – UNAIDS-WHO 2024 Implementation Tool.

Global HIV Strategic Information Working Group (2017). Biobehavioural survey guidelines for populations ar risk for HIV.

FHI 360 (2023). Guideline for Conducting a Rapid Coverage Survey of HIV Services among KP.

Bill & Melinda Gates Foundation, PHDA and University of Manitoba (2023). Expanding Polling Booth Surveys (ePBS) for Assessing HIV Outcomes among Key and Prioritized Populations: Implementation Guide and Manual.

UNDP (2021). Guidance on the rights-based and ethical use of digital technologies in HIV and health programmes. UNDP-Guidance-on-the-rights-based-and-ethical-use-of-digital-technologies-in-HIV-and-health-programmes-2-EN.pdf