THE GLOBAL FUND

HIV Information Note

Grant Cycle 8

Core Guidance

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Adapting GC8 to new realities on the path to self-reliance

The result of the Global Fund Eighth Replenishment, while still partial, reflects the increasingly challenging global health landscape that the partnership must now navigate. Whereas the Global Fund's unique model remains strong, it is clear that **the approach to Grant Cycle 8 (GC8) must evolve**. With less funding, the partnership will need to work smarter and collaborate even more effectively.

In GC8, most countries will receive reduced allocations. Those with higher economic capacity and lower disease burden will see a more significant reduction. However, all countries will need to make difficult but necessary decisions to selectively target investments to protect HIV, TB and malaria outcomes and sustain momentum, **and more rigorously use Global Fund investments** in a catalytic manner, in complementarity with domestic budgets and other funding.

The Global Fund will introduce significant changes and strategic shifts in GC8, including revamping its approach to co-financing, sharpening the focus on transition planning, supporting public financial management, integration, and other changes being discussed by its governance bodies. Country context will inform sustainability and transition pathways.

During this phase, countries can start preparing by planning how to:

- **Accelerate the path to self-reliance.** All countries will be expected to determine what changes are needed on the path to self-reliance and sustainability. Increasing domestic financing for health will be essential to advance sustainability progress across all portfolios. The Global Fund will continue to support to accelerate transitions from its investments effectively and responsibly with progressive take-up by governments, especially for human resources for health and commodities.
- **Rigorously prioritize investments and strengthen value for money.** Countries can expect a strong emphasis from the Global Fund on strategic prioritization of investments that advance equitable access to essential services for the most vulnerable populations and strengthen health and community systems. Optimization of investments and streamlined implementation arrangements to maximize value for money will be key. Community leadership and engagement will continue to be central to the partnership's approach.
- **Maximize health outcomes and sustainability through integration** of health systems and service delivery. Optimizing and sustaining HIV, TB and malaria outcomes requires integration to strengthen results, promote equitable access, and enhance efficiency and cost-effectiveness. Integration should be pursued based on countries' specific context and priorities. Other enablers include removal of barriers to human rights and gender equality, to reach most at-risk populations.
- **Consistently advance access to innovations.** Ensuring faster introduction and scale-up of innovations, whether in products, delivery platforms, or data systems, will be central to achieving accelerated results across HIV, TB and malaria. But innovations must be integrated into people-centered service packages so those who can benefit the most can access them.

GC8 Information Notes: guiding prioritization

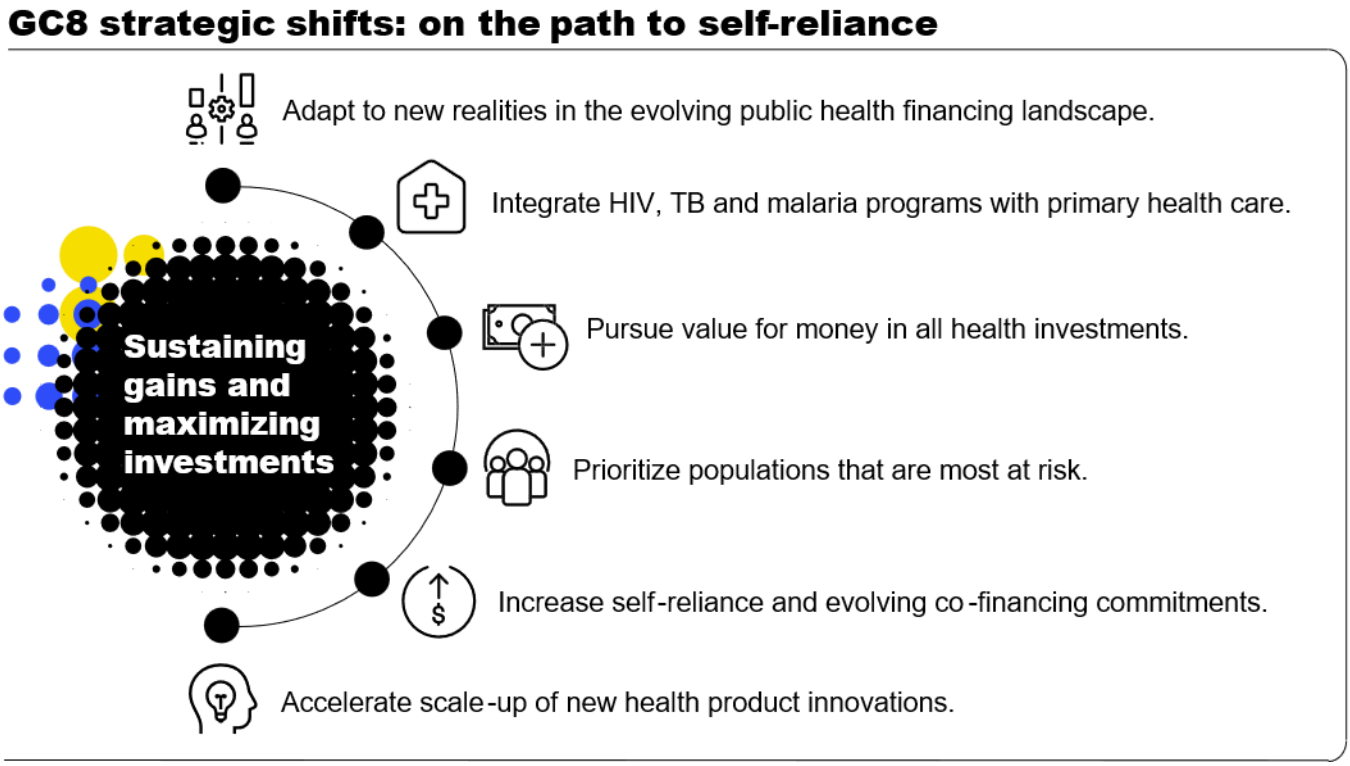
GC8 investment guidance more clearly outline areas of investment that are high priority and those the Global Fund is unlikely to fund or that require strong justification so countries can decide accordingly. The guidance emphasizes how to optimize investments and drive cost effectiveness to maximize results.

Countries should identify priorities for **integration of HIV, TB and malaria services** into primary health care and across health and community systems pillars. **Community, human rights and gender** considerations should be planned holistically and specific investments should enable equitable access to services.

Two other areas of attention include health product management for all essential medicines from all sources (including non-grant procurement) and **support for introduction and scale-up of innovations.**

Areas of focus to transition from Global Fund financing include: health worker remuneration, program management and maintenance and operating costs for equipment and infrastructure. Countries should **progressively use domestic financing for essential diagnostics and medicines** such as first-line treatment for HIV and TB, drugs for malaria in pregnancy and malaria rapid diagnostic tests.

What's new across all the investment guidance notes:



Key messages

To end AIDS as a public health threat by 2030 and to sustain the HIV response after 2030, this information note guides applicants to the Global Fund to select the most impactful interventions. It uses the Global Fund strategy (2023-2028) and the Global AIDS Strategy 2026-31[1] as roadmaps to set out priority actions and targets.

This information note contains updates to Program Essentials (introduced in GC7) and Health Product Considerations. It also builds on the 2025 Global Fund Reprioritization Approach, emphasizing intentional investment decisions in a challenging financial context to sustain and advance progress while increasing value for money.

To invest for impact, sustain progress and address gaps with reduced resources,[2] applicants are encouraged to:

- **Use allocative efficiency to determine the optimal mix and scale of interventions that maximize HIV impact** to reduce HIV incidence, morbidity and mortality in each epidemic setting, scaling back or eliminating interventions that do not.
- **HIV prevention.** Prioritize interventions for **people with the greatest HIV prevention needs and locations with the highest HIV incidence**, closing access gaps in settings with high concentrations of key populations, and for adolescent girls and young women who are at particular risk in settings with moderate and high HIV incidence.[3] Prioritize i**ntegration of HIV prevention and testing into sexual and reproductive health and adolescent health services.**
- **HIV testing. Prioritize strategies tailored to the needs and preferences of priority populations** to enable people to know their HIV status and support HIV prevention and treatment uptake. Include **HIV, syphilis and hepatitis B testing** and treatment in pregnant and breastfeeding women to reduce infections and mortality in children.
- **HIV treatment.** Prioritize **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.[4,5,6] Gaps in access to ART are significant in some regions including central and western Africa, and among vulnerable population groups, including children..
- **Partnerships.** Prioritize interventions that **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 AHD and mortality.
- **Community Systems. Leverage community systems for reaching key and vulnerable populations**, and protect the safety of people delivering and using services. This includes investment in peers to provide integrated HIV and related health services for key and vulnerable populations and supportive systems and policies (e.g. for linkage/referral, training and supervision, remuneration) (see Global Fund RSSH and PPR Information Note).

- **Decision-making. Use analytic tools and information to support difficult trade-off decisions** that may arise in the context of limited resources, accounting for factors such as cost effectiveness, impact and equity. We encourage the use of the approaches outlined in priority-setting guidance from the World Health Organization (WHO)[7] as well as the tools available as part of the OneHealth suite.[8]

Optimizing HIV outcomes: addressing human rights and gender-related barriers considerations

An effective HIV response relies on reaching the people who need it the most. Experience has long shown that specific programmatic approaches that effectively target different populations according to their needs considerably improve health outcomes.[9] Global Fund requirements on minimum standards are built into the Global Fund's Code of Conduct and grant agreements.

In addition, applicants are encouraged to design activities to consistently integrate these considerations and make HIV services rights-based and gender-responsive. This requires targeted programmatic investments to reduce access barriers. The technical brief on Reducing human rights and gender-related barriers to HIV, TB and malaria services and the RSSH and PPR information note further outline areas of investment to prioritize. This information note lists those specific to improving access to HIV services (see section 2.6).

Minimum standards and obligations include:

- **Safeguarding human rights standards** ensures the provision of people-centered services and prevents harm. These include: granting non-discriminatory access to services for all; employing only scientifically sound and approved medicines or medical practices; not employing methods that constitute torture or that are cruel, inhumane or degrading; respecting and protecting informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered; and avoiding medical detention and involuntary isolation. All programming must also protect the safety and security of data, staff and clients.
- **Implementing protection from Sexual Exploitation, Abuse and Harassment (PSEAH).** Applicants should indicate in their funding requests how they are identifying and mitigating sexual exploitation, abuse and harassment risks to beneficiaries and service providers at facility and community levels to ensure that services are provided in a safe way. This is to prevent and respond to instances where service providers use their power to withhold the distribution or allocation of resources, such as treatment and prevention tools (PrEP, condoms), and to demand sexual activities in exchange. Abuse or exploitation can also occur due to a lack of safeguards.

Integrating rights-based and gender-responsive approaches in HIV service delivery

- Availability of services is a first step. Access, uptake and retention in care require a focus on identifying and responding to specific barriers that are hindering equitable access for the most affected populations.
- Services need to be adapted to respond to the different needs and barriers experienced by women and girls, men and boys, trans and gender-diverse people.
- Services should be designed with and for the most affected and vulnerable populations, in a way that makes them rights-based, meaning available, accessible, acceptable and of good quality.

Specific Global Fund investment areas to prioritize as per the modular framework.

- Interventions such as training of health care workers against stigma and discrimination and strengthening mechanisms for accountability and redress, legal literacy, paralegal support and community-led monitoring of human rights violations.
- Tailored peer support interventions that support self-efficacy and autonomy for women and girls and health care-seeking behaviors for men and boys; and interventions to respond to gender-based violence and integrated post-rape care.

Additional Considerations

Demonstrating Value for Money for effectiveness, efficiency, equity in the context of the HIV response, means for applicants to:

- **Optimize service delivery and leverage integration opportunities.** To increase efficiency, effectiveness and equitable access, 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 (see Global Fund Integration Technical Brief). Pharmacy-based availability of HIV prevention, testing and treatment commodities is recommended. Integration should be tailored to ensure services are accessible and responsive to key and vulnerable populations. **Examples of integration of HIV services** into health insurance benefits packages are included in the Value for Money Technical Brief, and the Global Fund Sustainability, Transition and Co-financing policy includes information on progressive domestic investment in programmatic interventions and RSSH.
- **Provide people with choice in terms of the options and services** they receive and differentiate how and where they receive them to make services more effective and efficient. For example, self-care approaches, decentralized community services and multi-month dispensing of ART are efficient approaches to HIV service delivery in many contexts.[10]
- **Optimize the skills mix through the targeted use of Human Resources for Health (HRH), including community health workers (CHWs)**, to improve access to services. Task shifting, which means redistributing tasks from highly qualified health workers to less specialized ones, increases efficiency, expands access to care and addresses workforce shortages.
    - The priority is to align HRH investments with service integration priorities: shifting support from single-disease/vertical programs towards an integrated primary health care workforce, in alignment with national packages of essential health services and national HRH and community health strategies.
    - For more information, see Critical Approaches 1 and 2: HRH planning and governance for integration and sustainability, and Optimizing approaches to HRH-CHW capacity building and quality improvement for integrated services, in section 5 of the Global Fund's RSSH and PPR Information Note.

Sustainability, transition and co-financing. The Global Fund's approach to sustainability emphasizes the capacity of health systems to maintain and scale up service coverage at levels sufficient to control public health threats of national and potentially global concern. It also supports countries to progress toward the long-term management and eventual elimination of the three

diseases beyond reliance on Global Fund or other external financing. For further details, see the Global Fund's Sustainability, Transition and Co-Financing (STC) Policy and Sustainability, Transition and Co-Financing Guidance.

Challenging Operating Environments (COEs). In portfolios where the Global Fund's challenging operating environment policy can be applied, the Global Fund suggests that applicants consider a mix of humanitarian and systems strengthening investments that focus on building resilience when addressing responses to crises and/or emergencies. This will enable a continuum from emergency response to stronger and more sustainable systems for health.

Climate and health. RSSH investments directly and indirectly contribute to managing climate risks and increasing climate resilience of health systems under the current and future climate scenarios, including more robust supply chains, environmentally sustainable waste management and clean energy systems (including solarization), climate-informed health information and surveillance systems, and HRH. See the Technical Brief on Climate and Health.

Align RSSH digital investments in HRH, including CHWs, surveillance, health information and laboratory systems to strengthen digitalized disease surveillance and programmatic response monitoring systems.

Health product considerations

This section guides HIV program managers through key health product considerations for GC8, such as accelerating the introduction and scale-up of health products and unlocking budget efficiencies. See Global Fund Quality Assurance Policies, Guidelines on Health Product Procurement and Supply Management, GC8 Technical Brief on Procurement and Supply Management and other guidance.

Accelerating the introduction and scale-up of health products

The list of **currently available, new or anticipated health products that national HIV programs can consider introducing or scaling up** in GC8 can be found in Annex 1 (not exhaustive). During funding request development and grant-making, countries should assess opportunities to introduce and scale available health products in their contexts, and monitor market developments once the products become eligible for Global Fund procurement.

Considerations for the introduction and scale-up of health products include:

- **Not all health products will be needed in all contexts.** A country-led decision-making process should assess their cost-effectiveness, introduction pathway and scale-up. Also consider any policy adaptations and change management activities needed to implement health product changes.
- **For new health products that will replace older ones** (e.g., if new HIV treatment products become available), 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** (e.g., HIV prevention options), 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 by 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 **analysis of safety and security considerations** such as the protection of personal user data.

Unlocking budget efficiencies

To unlock budget efficiencies through health product optimization during GC8, countries should look into the following:

- **Large efficiencies can be realized by switching 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. For example, rapid diagnostic tests or HIV prevention options including condoms and oral PrEP.
- When selecting new health products, **consider product efficiencies**, both in terms of absolute commodity costs and costs of service delivery. **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 for fewer variations of products,** including pack sizes, to support efforts to maintain unit price efficiencies.
- **Standardized specifications** also help 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 180-pack size for pediatric abacavir-lamivudine-dolutegravir (pALD). For condoms, consolidate procurement around a few choices meeting most user preferences, such as 53 mm plain condoms.

Additional health product considerations

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** (labels, condoms) to support manufacturing efficiency and control costs to help mitigate pressures on pricing; **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.

1. Program essentials

HIV program essentials listed in Table 1 are evidence-based interventions and approaches that are critical for impact, recommended by HIV technical partners as they respond to their respective technical guidelines.

Table 1: HIV program essentials

Program area	Program essentials
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.[11] 5. **NEW**: STI 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 rapid diagnostic tests. 9. Health professionals and lay providers conduct rapid diagnostic tests in facilities and communities.
Prevention of vertical transmission	10. ART for pregnant and breastfeeding women living with HIV to ensure viral suppression. 11. **NEW**: 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 coinfections and comorbidities. 17. Viral load testing for HIV management and treatment monitoring. 18. Services for treatment continuity and return to care.

Program area	Program essentials
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. **NEW**: 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 are provided in health facilities and in communities. 23. Multi-month dispensing of ART and other HIV commodities.
Improve access to HIV services by reducing human rights- and gender-related barriers	24. HIV services integrate interventions to reduce human rights- and gender-related barriers. 25. Programs to reduce stigma and discrimination experienced by people living with HIV and key and vulnerable populations in health care and other settings. 26. Access to justice services for people living with HIV and key and vulnerable populations. 27. Community-led mobilization and advocacy to monitor and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses. 28. **NEW**: Intimate partner violence identification, first-line support and care, and post-rape care integrated into HIV prevention, testing, treatment and care services.

2. HIV investments

This section presents practical considerations for rigorous prioritization of HIV investments. Further guidance on priority setting is provided by technical partners.[12]

2.1 HIV prevention

The greatest number of HIV infections will be averted by ensuring access to the most cost-effective HIV prevention options. The Global Prevention Coalition's *Prevention 2030: A Global Access Framework for Country-Led HIV Responses* sets out a simplified framework for impact in a new era for HIV prevention. HIV prevention programs should be prioritized and take into account the following considerations:

People-centered approached. HIV prevention programs should focus on populations with the greatest HIV preventions needs and include a range of HIV prevention options. This includes: key populations and their sexual partners, adolescent girls and young women (AGYW) and their male sexual partners (MSP), and other vulnerable populations. Young women who sell sex or who have multiple sexual partners, including young women who are involved in transactional sex, are high priority for HIV prevention. HIV incidence amongst key populations is dynamic and high-quality HIV prevention programs should respond to these HIV transmission patterns.

Location. Programs should target locations with the highest HIV incidence.[13] For AGYW/MSP, target locations with **moderate to high HIV incidence** (largely in countries in Eastern and Southern Africa).[14] Other vulnerable populations should be prioritized where there is evidence of significant HIV prevalence.

Treatment. Providing access to ART to all people living with HIV to reduce the risk of HIV transmission (Undetectable = Untransmissible) is prioritized as an additional and important HIV prevention strategy.

Enabling environment. Reducing new HIV infections also requires interventions that provide people with the knowledge and power to use HIV prevention, along with an enabling environment that promotes access to HIV prevention.

Achieving HIV targets requires removing **human rights and gender related barriers to HIV prevention services.** To mitigate these risks, **interventions to ensure the safety and security** of service users along with program implementers, program sites and data systems should be prioritized. This includes access to support services for survivors of violence, sexual exploitation and abuse. See RSSH and PPR Information Note, section 9 on reducing human rights-related barriers to HIV services.

Planning. HIV prevention planning has become increasingly challenging in countries where new HIV infections have declined significantly, as it's more difficult to identify and reach those most at risk. HIV prevention program managers will need to increasingly manage dual approaches to financing HIV prevention programs that: (a) target higher-cost HIV prevention strategies and interventions towards populations and locations where there are highest needs; and (b) ensure there are widespread and lower-cost HIV prevention programs in many more moderate incidence settings for much larger numbers of people at moderate risk of HIV infection.

Service integration. Applicants are encouraged to leverage existing service delivery platforms, such as sexual and reproductive health, family planning, STI, adolescent health, maternal health and gender-based violence services for HIV prevention and testing access. Global Fund supports pharmacy-based delivery of HIV prevention commodities and other private sector delivery models such as direct-to-consumer models, informal outlets such as kiosks and vending machines, and online service delivery.

Monitoring HIV prevention reach is important but is insufficient to understand whether people reached are using HIV prevention options. The Global Fund has developed measurement guidance in collaboration with partners to support the routine monitoring of HIV prevention outcomes.

Community organizations. Community-based organizations (CBOs) and community-led organizations (CLOs) play an important role in delivering HIV prevention programs that are tailored to the needs of marginalized communities. Outreach-based services increase the reach of HIV prevention, including to people who have poor access to mainstream health services. CBOs and CLOs have unique capacities to build trust between mainstream services and marginalized communities. The Global HIV Prevention Coalition provides guidance on designing, managing, budgeting and financing trusted access platforms for the delivery of HIV prevention for key populations and how to tailor them to available resources and to different epidemic contexts.[15] CBOs and CLOs services with significant reach should be prioritized over outreach for single issues or interventions. Applicants are also encouraged to use online outreach where relevant, including CBOs/CLOs online platforms, and to integrate digital security into online programming to protect the confidentiality and privacy of organizations and beneficiaries. Human resource costs related to CBO and CLO outreach workers should be aligned with sustainable and standardized national salary scales. For more details, see the Global Fund's RSSH and PPR Information Note.

Rigorous prioritization of Global Fund resources – HIV prevention

HIV prevention	
Intervention	**Prioritization approaches**

Condom and lubricant programming for key populations and for AGYW/MSP in moderate and high HIV incidence settings[16]
 	
(Program Essential 1)
	Priority activities for Global Fund investments
	• Expanded availability of condoms and lubricants at informal sites (e.g., bars, brothels, vending machines) managed by local actors.
	Lower-priority activities for Global Fund investments, depending on context
	• Female condoms due to higher cost and limited use. However, flexibility is recommended where demand for female condoms is high, especially amongst sex workers.
	Optimization and efficiency considerations
	• Invest in high and moderate HIV incidence settings and focus attention and resources on last-mile supply to community settings such as bars, brothels and other hot spots.
	• Improve the sustainability of condom programs by expanding a total market approach, leveraging the strengths of all sectors – public, social marketing and commercial – for sustainable and diverse condom markets.[17]
	• Consider opportunities for health product efficiencies, namely:
	  ○ Avoid customization of condoms which increases manufacturing costs and supplier lead times.
	  ○ Minimize the number of condom product variations where possible to enable economies of scale and to simplify in-country supply chains.
	  ○ 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 [18] to balance free and sold supply and engage commercial and social marketing brands to serve those who can pay.
	  ○ Consider distribution strategies recognizing commercial and social marketing brands accessed through commercial establishments (including kiosks, shops, and often bars and hotels). If resources are limited, free condom distribution should prioritize public and community channels that do not displace potential commercial sales.

HIV prevention	
Intervention	**Prioritization approaches**

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing
 	
(Program Essential 2)
	Priority activities for Global Fund investments
	• Introduction/scale-up of lowest-cost oral and injectable PrEP for populations with highest risk of HIV acquisition according to Global AIDS Strategy 2021-2026 thresholds:
	  ○ Female sex workers (including AGYW selling sex/involved in transactional sex) where national adult (15-49) HIV prevalence is >3%.
	  ○ MSM, trans and gender-diverse people where a proportion of these populations are estimated to have incidence >3%.[19]
	  ○ People who inject drugs in settings with few or limited reach of needle-syringe programs and low opioid substitution therapy coverage.
	  ○ Prisoners and others in closed settings where national adult (15-49) HIV prevalence is >10%.
	  ○ AGYW/MSP and 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.
	• Access to PEP following potential HIV exposure, especially community provision.
	Lower-priority activities for Global Fund investments, depending on context
	• One-month PrEP ring procurements for new users, while supporting transition to other HIV prevention options that best meet individual needs.
	• Diagnostics and services for PrEP/PEP use that are not part of WHO's suggested minimum service delivery packages.[20,21]
	Optimization and efficiency considerations
	• Programs should be designed to reach key and vulnerable populations. However, all people requesting PrEP/PEP should have access without identifying with a specific population or revealing risk behaviors.
	• Eliminate procedures that cause barriers to access and use, for example requirements for HIV testing before PEP access.
	• Promote task shifting or task sharing.
	• Support transitions between PrEP/PEP where needed.
	• Opportunities for health product efficiency should be considered, namely:

HIV prevention	
Intervention	**Prioritization approaches**
	○ Selecting lower-cost oral PrEP with tenofovir disoproxil fumarate (TDF) and lamivudine (3TC) rather than TDF/emtricitabine (FTC). TDF/3TC has the same efficacy as TDF/FTC for oral PrEP but costs 10% less, per the Q2 2025 Global Fund PPM ARV Reference Price List.
HIV prevention communication, information and demand creation for key populations, and for AGYW/MSP in moderate and high HIV incidence settings	**Priority activities for Global Fund investments** • Combine interpersonal and targeted communication campaigns, using online modalities for priority populations. Ensure HIV prevention programs and communications are people-centered.[22] **Optimization and efficiency considerations** • Consider integrating communication and demand creation into services and outreach programs to increase uptake of HIV prevention options. • Consider the potential for demand creation activities that address multiple HIV prevention or testing options rather than single option campaigns. • Consider mobilizing private sector marketing expertise to increase the reach of communication and demand creation campaigns.
Community mobilization for HIV prevention	**Priority activities for Global Fund investments** • Provision of safe spaces. • Community events and venue-based HIV prevention. • Community surveys, including participatory assessment of community needs for HIV program design. • Participation in decision-making fora, such as national or local technical working groups. • Safety and security campaigns for implementers and beneficiaries of HIV prevention programs. **Optimization and efficiency considerations** • Consider online service delivery where feasible and appropriate. • Consider investments to strengthen the capacity of organizations to address safety and security for implementers (see Section 2 on community systems strengthening in the RSSH and PPR Information Note).

HIV prevention	
Intervention	**Prioritization approaches**
Sexual and reproductive health services, including sexually transmitted infections, hepatitis, post-violence care for key populations, and for AGYW/MSP in moderate and high HIV incidence settings *(Program Essential 5)*	**Priority activities for Global Fund investments** • PEP for all potential exposures to HIV, including as part of post-rape care, at facility and community levels. • Integrated basic STI services and syndromic STI management. • Support for cervical cancer screening, secondary prevention and referral for those accessing HIV services. • Hepatitis C virus (HCV) testing/treatment in harm reduction services in countries with high levels of HIV/HCV coinfection. **Lower-priority activities for Global Fund investments, depending on context** • STI molecular (etiological) diagnosis investments (e.g., Xpert CT/NG for chlamydia and gonorrhea). • Untargeted adult hepatitis B screening. **Optimization and efficiency considerations** • Integrate HCV services through low-cost and low-threshold delivery models, especially community-based harm reduction services for people who inject drugs. • Support hepatitis B testing and management for individuals accessing HIV prevention platforms who are at high risk of hepatitis B, such as key populations. • Integrate HIV prevention with family planning services. • Support referral networks for gender-based violence response, including survivor support services.
Needle and syringe programs for people who inject drugs [23] *(Program Essential 3)*	**Priority activities for Global Fund investments** • Provision of sterile needles and syringes and other safe injecting equipment such as sterile water, filters, spoons, cookers, tourniquets and acidifiers. • Wound care. • Safe disposal of injecting equipment. **Optimization and efficiency considerations** • Offer low dead space syringes to people who inject drugs to reduce the risk of HIV and HCV transmission.

HIV prevention	
Intervention	**Prioritization approaches**
	• Injecting practices and preferences vary widely. Survey users to identify preferences for injecting equipment. Ensure procurement decisions are informed by user preferences. • 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. • Explore availability of safe injecting equipment (e.g., pharmacy-voucher schemes, vending machines) beyond drop-in centers. • Offer safe injecting equipment without requirements for 1:1 exchange, identity documents or police interference.
Opioid agonist maintenance treatment and other medically assisted drug dependence treatment for people who use drugs *(Program Essential 3)*	**Priority activities for Global Fund investments** • Procurement and distribution of opioid agonist maintenance treatment to maintain and scale up access. • Ensure continuous supply and delivery. **Optimization and efficiency considerations** • 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. • Consider opportunities for health product efficiency, including: ○ Assessing 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 people who use drugs *(Program Essential 3)*	**Priority activities for Global Fund investments** • Procurement and distribution of naloxone, including in community settings. • All activities related to service delivery.

HIV prevention	
Intervention	**Prioritization approaches**
Comprehensive sexuality education[24] for AGYW and adolescent boys and young men (ABYM) in high HIV incidence settings	**Priority activities for Global Fund investments** • 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. **Optimization and efficiency considerations** • Transition to domestic financing. • Leverage existing comprehensive sexuality education programs developed by the education sector.
Social protection for AGYW in high HIV incidence settings	**Priority activities for Global Fund investments** • Structured interpersonal communication on HIV prevention and social norms. • Education subsidies and other education support such as dignity packs. • Social support, such as safe spaces, mentoring and economic empowerment activities. **Optimization and efficiency considerations** • Target investments towards AGYW in high HIV incidence settings with a high prevalence of HIV risk factors. • Focus programs on increasing uptake of high impact HIV prevention options. • Accelerate transition to government programs for social protection and education support. • In non-priority locations, gradually phase out funding for social protection and education support interventions to minimize harm.
Voluntary medical male circumcision (VMMC) *(Program Essential 4)*	**Priority activities for Global Fund investments** • Targeted interventions for boys over 15 years old and men in the 15 WHO/UNAIDS priority countries in Eastern and Southern Africa.[25] **Lower-priority activities for Global Fund investments, depending on context** • Stand-alone VMMC services.

HIV prevention	
Intervention	**Prioritization approaches**
	Optimization and efficiency considerations • Integrate service delivery (including community-, home-, facility-, school- and sports-based approaches, digital platforms for information and referrals).[26] VMMC services can be an entry point to other health services for adolescent boys and men (e.g., sexual and reproductive health, noncommunicable diseases and mental health) and to integrate change interventions on harmful gender norms.[27]
Prevention program stewardship	**Priority activities for Global Fund investments** • 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 sexual and reproductive health, family planning and primary care, and address critical supply needs (e.g., for condoms and lubricants, PrEP/PEP, harm reduction commodities). • Develop safety and emergency preparedness plans and protocols to reduce risks for HIV prevention service providers and service users in hostile environments. **Optimization and efficiency considerations** • Invest sufficient attention and resources for condom program management and last-mile supply of prevention commodities.

2.2 Elimination of vertical transmission of HIV, syphilis and hepatitis B

The Global Fund supports global "triple elimination" efforts to expand integrated approaches to prevent vertical transmission of HIV, syphilis and hepatitis B.[28] Such approaches should be delivered through existing maternal, neonatal and child health platforms and can include synergistic activities such as integrated commodity procurement, development of national guidelines, integrated delivery platforms, trainings and tools. As with all HIV services, TB testing and treatment should also be provided.

Applicants will need to **determine the most impactful contribution of the Global Fund to "triple elimination" efforts**, depending on the local epidemiological context and available funding from all sources. Global Fund investments should be guided by the 2021-2026 Global AIDS Strategy target of 95% of pregnant women tested for HIV, and prioritize HIV testing in antenatal care settings based on antenatal HIV prevalence, and among pregnant women at increased risk of HIV (e.g., sex workers, partners of MSM, people who inject drugs). Global Fund supports retesting per WHO guidance on optimal timing of testing[29] with effective linkage to treatment.

A **review of testing and treatment cascades of HIV, syphilis and hepatitis B** through pregnancy and breastfeeding can help to identify programmatic gaps and strategically tailor responses based on the local context and available resources.[30,31,32] For more information, see sections 2.1 on HIV prevention, 2.3 on Differentiated HIV testing and 2.4 on HIV treatment and care, below.

Rigorous prioritization of Global Fund resources – Elimination of vertical transmission of HIV, syphilis and hepatitis B

Elimination of vertical transmission of HIV, syphilis and hepatitis B	
Intervention	**Prioritization approaches**
Integrated testing of pregnant women for HIV, syphilis and hepatitis B *(Program Essential 11)*	**Priority activities for Global Fund investments** • HIV testing as part of antenatal care in high-burden settings.[33] • HIV testing among pregnant and breastfeeding women in key population groups and other women at high risk. • HIV, syphilis and hepatitis B testing (dual HIV/syphilis test as first test in antenatal care is encouraged). **Optimization and efficiency considerations** • 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. See also Annex 1 on Health products for introduction and scaling in GC8. • Optimize service delivery to ensure that testing leads to rapid treatment initiation for mothers and timely interventions for infants to prevent illness and early death (and that are integrated within maternal, newborn and child health platforms).
Prevention of incident HIV among pregnant and	**Priority activities for Global Fund investments**

Elimination of vertical transmission of HIV, syphilis and hepatitis B	
Intervention	**Prioritization approaches**
breastfeeding women *(Program Essential 1, 2)*	• Provision of condoms. • Introduction/scale-up of PrEP in settings providing services to individuals who are pregnant/breastfeeding where incidence in the population is high (1-3%) **and** high-risk behavior is reported. Use lowest-cost oral PrEP and lowest-cost injectable PrEP options. • Continued access to PrEP for those currently using PrEP. • Screening for gender-based violence and effective referrals; and first-line response services for gender-based violence when already integrated in antenatal care services. **Lower-priority activities for Global Fund investments, depending on context** • One-month PrEP ring procurements for new users, while supporting transition to other HIV prevention options which best meet the individual's needs. • Diagnostics and services for PrEP initiation or continuation that are not part of WHO's suggested minimum service delivery package for PrEP.[34] **Optimization and efficiency considerations** • 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. • Support referral networks for response to gender-based violence and for survivor support services.
Postnatal infant prophylaxis *(Program Essential 12)*	**Priority activities for Global Fund investments** • Infant prophylaxis for all children exposed to HIV.
Early infant diagnosis and follow-up HIV testing for exposed infants	**Priority activities for Global Fund investments** • Infant diagnosis and follow-up testing for all children exposed to HIV.

Elimination of vertical transmission of HIV, syphilis and hepatitis B	
Intervention	**Prioritization approaches**
(Program Essential 12)	**Lower-priority activities for Global Fund investments, depending on context** • Investment in new point-of-care equipment for early infant diagnosis/viral load. **Optimization and efficiency considerations** • Optimize existing diagnostic networks to continue ensuring infant diagnosis.
Retention support for pregnant and breastfeeding women (facility and community) *(Program Essential 18)*	**Priority activities for Global Fund investments** • Retention support to continue ART, including community-based strategies. **Optimization and efficiency considerations** • 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, postnatal follow-up or community health beyond HIV). • Integrate efforts to reduce stigma and discrimination and other human rights-related barriers to health services for improved retention in ART and retention and care of mother and baby during breastfeeding.

2.3 Differentiated HIV testing

As HIV testing is the entry point to HIV treatment and prevention services, applicants are encouraged to prioritize investments in testing approaches adapted to the local epidemic context and population needs and preferences.

Testing services must adapt to **changes in the epidemic** so they can continue to identify a typically shrinking cohort of undiagnosed people over time. Declining trends in test positivity can indicate a need for better targeting of testing services.

New approaches, such as distribution of self-test kits via online platforms, virtual consultations and counselling, and outreach through social media platforms, offer further opportunities to reach the hard-to-reach.

Targeted strategies such as family-based testing and provider-initiated testing of children are important as historic and current gaps in the prevention of mother-to-child transmission have left many children and younger adolescents living with undiagnosed vertically acquired HIV.

A **strategic mix of differentiated HIV testing approaches**[35] that includes facility-based testing, community-based testing, self-testing and network-based testing (including index testing), is critical to find missing cases in locations and among populations with the greatest needs. Integration of HIV testing into services where people living with HIV may be likely to present to care, in particular STI services, is also supported. All services that administer HIV testing and diagnosis should adhere to the WHO **"5 Cs"** of HIV testing services: Consent, Confidentiality, Counselling, Correct results and Connection.

National programs are encouraged to use **a three-test algorithm**, ideally using three rapid tests to avoid the bottlenecks associated with other testing modalities. The use of rapid diagnostic tests for PrEP initiation, continuation and discontinuation is recommended.

A careful examination of unit costs and cost-effectiveness of various delivery approaches can assist in identifying the most effective options in relation to available resources.

Rigorous prioritization of Global Fund resources – Differentiated HIV testing services

Differentiated HIV testing services	
Intervention	**Prioritization approaches**
HIV testing for all people at risk of HIV acquisition *(Program Essentials 6-9, 22)*	**Priority activities for Global Fund investments** • Testing for key populations. • Testing for AGYW and their MSPs (including partner notification services) in areas where incidence is high (1-3%) and in areas where incidence is moderate (0.3-<1%) and AGYW report high-risk behavior. • Facility-based testing in TB services, in services for at-risk children and adolescents, people with an STI and others defined as at-risk by providers (provider-initiated testing and counseling). • Index and social network testing, and family testing to identify undiagnosed children. **Optimization and efficiency considerations**

Differentiated HIV testing services	
Intervention	**Prioritization approaches**
	• Engaging trained lay providers for HIV testing can be cost-effective compared to 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 key and vulnerable populations. • 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. • Integrated laboratory systems, including integrated quality management, can enhance quality and efficiency and strengthen current systems. • Shifting to HIV self-testing (including at the facility level) could lead to savings in the context of a reduced health workforce. • HIV self-testing is an important approach 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.[36]

2.4 HIV treatment and care

To ensure treatment continuity for those already on treatment and successful linkage to treatment for those newly diagnosed, ongoing, sustainable scale-up and continuity of life-saving **HIV treatment with optimal regimens** is of high priority for Global Fund investments.

Closing coverage and equity gaps in HIV treatment should be prioritized since access to quality HIV services remains a challenge for many key and vulnerable populations, including children, adolescents and men. Support for retention and re-engagement is a key priority given that in some settings ART-experienced people who disengage from care represent the majority of AHD cases and contribute to new infections.

Consistent with its support for person-centered care, the Global Fund supports access to **integrated care across diseases**, supported by disease-specific and health system strengthening investments, in alignment with national priorities.

Reducing mortality from HIV-associated diseases requires that people newly diagnosed and/or failing therapy be assessed for AHD, which includes CD4 testing, with all those identified with AHD receiving the WHO AHD package of care.[37,38]

The leading causes of HIV-associated mortality include TB, serious bacterial infections and cryptococcal meningitis. These could be reduced by about a third with the AHD package,[39] an intervention that has been shown to be highly cost-effective in some settings.

The Global Fund supports all diagnostics, therapeutic commodities and programmatic initiatives for implementing the AHD package. This includes concurrent use of LF-LAM and molecular testing for TB for all people with AHD (irrespective of symptoms – see HIV/TB section), cryptococcal antigen (CrAg) testing, cryptococcal meningitis treatment (using WHO preferred regimens utilizing flucytosine and liposomal amphotericin B), histoplasmosis testing and testing for serious bacterial infections.

All children under five by definition have AHD and are at high risk of mortality. The Global Fund supports interventions summarized in WHO's STOP AIDS technical brief.[40]

In addition, the Global Fund supports investments related to:

- **HIV-associated cancers**, including anal cancer and Kaposi's sarcoma using WHO preferred regimens, based on country context.
- Women living with HIV are at increased risk of **cervical cancer**, with a particularly high burden of disease among people living with HIV in Eastern and Southern Africa. Advances in diagnostics and treatment have enabled effective primary care service delivery. Integrated screening and secondary prevention efforts for cervical cancer among women accessing HIV service delivery platforms.
- **Hepatitis B and C** interventions can represent an efficient use of resources in some settings through integration of HIV into non-HIV services and vice versa, as appropriate. See the guidance note on Prioritization Framework for Supporting Health and Longevity Among People Living with HIV for more.
- **HCV diagnosis** and treatment in countries with high prevalence of HCV among people with HIV along with other priority populations such as people who inject drugs.

- **Syndromic STI** management. Laboratory capacity for STI diagnosis and resistance testing is supported primarily through laboratory system strengthening and surveillance investments. Some limited support to rapid point of care / near point of care STI diagnostics can be available with strong justification.
- Up to a quarter of all people living with HIV are over age 50 and face the growing risk of **noncommunicable diseases**.[41] WHO recommends that diabetes, hypertension and mental health care be integrated within HIV services.[42] The Global Fund supports these integration priorities through integrated screening, assessment, multi-month dispensing and relevant systems investments with treatment for those diseases being principally supported by other means, such as related national health programs (see the RSSH and PPR Information Note for more).
- People living with HIV have an increased risk of **vaccine preventable infectious diseases**, and the Global Fund encourages integration with complementary vaccination activities. This includes activities for delivery of the following vaccines for diseases with increased risk in people living with HIV: hepatitis B (birth dose and high-risk groups), human papillomavirus (HPV), pneumococcal, pentavalent and others that contain diphtheria–tetanus–pertussis (DTP), rotavirus, measles, meningococcal meningitis, typhoid, and cholera. While vaccine procurement costs are beyond the scope of the Global Fund, vaccination service delivery investments can be supported. Eligible countries, are encouraged to explore synergy with available vaccination support from Gavi.[43]

  For further details of support to **coinfections and comorbidities,** see the guidance note on Prioritization Framework for Supporting Health and Longevity Among People Living with HIV.
- Mpox, as outlined in a Global Fund briefing note.

Differentiated and decentralized service delivery approaches can bring HIV treatment and care more effectively to larger numbers of people in need and provide people with **choice** in relation to where and how they receive HIV treatment.[44]

Tailored approaches such as multi-month dispensing of ART (at least three months and where feasible, six months) as well as other treatment, testing and prevention commodities, pharmacy delivery, community ART delivery and optimized use of peers and community actors, and self-care models can increase cost-effectiveness, increase access, support adherence and improve health outcomes.

National programs should include **quality assurance processes** across the care and treatment continuum to improve the quality of services.[45,46]

Within the current funding context, the Global Fund's support must be adaptable, with **high priority** given to addressing gaps in the commodities, service delivery including support functions such as laboratory systems, supply chain, human resources for health and data that are necessary for treatment continuity and scale-up.

Increased domestic resources to support HIV commodities are needed as a key part of a sustainable national epidemic response. For any trade-off decisions in national responses, precedence should be given to continuing and scaling up access to lifesaving ART, including the health system elements critical for service delivery.

Rigorous prioritization of Global Fund resources – HIV treatment, care and support

HIV treatment, care and support	
Intervention	**Prioritization approaches**
HIV treatment and differentiated service delivery - [adults (15 and above), children (under 15)] *(Program Essential 10, 13, 14, 18, 22, 23)*	**Priority activities for Global Fund investments** • HIV treatment, including procurement of ARVs and service delivery (ART delivery, support for treatment continuation) for existing cohorts and expansion to newly diagnosed individuals. • Optimized regimens for adults and children (initial and subsequent) aligned to WHO guidelines.[47] • Patient support for retention and re-engagement with care, with people-centered and flexible approaches. • Provision of adherence services for patients with viral non-suppression (counseling, barriers assessment, mental health screening and referral, peer-coaching, medication reminders, case management, psychosocial support). • Measures to 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, stigma and discrimination reduction and advocacy. **Optimization and efficiency considerations** • 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 tailored to reach those most in need, including vulnerable adolescent girls and young women, youth and men.

HIV treatment, care and support	
Intervention	**Prioritization approaches**

	• Identify people with unsuppressed viral loads despite adherence to medications and promptly switch them to an effective subsequent regimen.[48]
	• 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.
	  ○ Where protease inhibitors are used, transition to lower-cost, more effective options such as darunavir/ritonavir and atazanavir/ritonavir per 2025 WHO HIV guidelines.
	  ○ In subsequent regimens, implementing the 2025 WHO guidelines retaining tenofovir, tenofovir alafenamide (TAF) and abacavir 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.

Treatment monitoring – viral load, antiretroviral toxicity and drug resistance *(Program Essential 17)*	**Priority activities for Global Fund investments** • Viral load testing, with potential modifications (see optimization and efficiency considerations below). • Monitoring ARV toxicity, adverse events. **Lower-priority activities for Global Fund investments, depending on context** • HIV drug resistance surveys and surveillance should be included where resources are available. **Optimization and efficiency considerations** • In the context of severe budget constraints, contingency plans for viral load testing may include conducting tests less frequently or in a more targeted way than recommended by WHO. Global Fund-supported programs align with national guidelines in countries where this decision is made. Note that routine viral load testing remains essential for treatment monitoring and continuity, as recommended in WHO HIV treatment guidelines.

HIV treatment, care and support	
Intervention	**Prioritization approaches**
Integrated management of common coinfections and comorbidities (adults and children)[49] *(Program Essential 16)*	**Priority activities for Global Fund investments** • Integrated 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 coinfection is prevalent. • Identification and management of hepatitis B among those most at risk and within triple elimination programs. • Integrated cervical cancer screening and secondary prevention for those accessing HIV services. • Integrated screening of noncommunicable diseases including diabetes and hypertension, and for mental health conditions (including depression, anxiety and alcohol use disorders).[50, 51] • Support to identification and management of HIV associated cancers, including anal cancer and Kaposi's sarcoma. • Syndromic management of STIs. **Optimization and efficiency considerations** • HCV services, if supported, should be delivered through integrated low-cost delivery models.
Diagnosis and management of advanced HIV disease (adults and children) [52] *(Program Essential 15)*	**Priority activities for Global Fund investments** • CD4 testing for all individuals initiating treatment, re-entering care, or presenting with signs of treatment failure. • TB diagnostics for people with AHD, using both urinary LF-LAM and molecular tests concurrently. • CrAg testing, and treatment for cryptococcal meningitis with WHO preferred regimens, including Flucytosine and liposomal Amphotericin B, and use of lumbar puncture needles for diagnosis and management. • Cotrimoxazole prophylaxis, with attention to subsequent discontinuation when appropriate. • Testing and management of other opportunistic infections based on country context, e.g., histoplasmosis. • 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. **Optimization and efficiency considerations** • Consider the use of telemedicine to support service improvement where appropriate.

2.5 TB/HIV

TB remains the leading cause of death in people living with HIV.

Collaborative TB/HIV activities with integrated people-centered delivery remain central to efforts to address both diseases.

Key activities such as bidirectional screening and prompt treatment for both diseases should therefore be prioritized, as they are lifesaving measures.

TB preventive treatment in people living with HIV has also been proven to decrease morbidity and mortality and should be prioritized.

Countries with a high burden of TB/HIV coinfection[53] are required to submit joint TB/HIV funding requests that present integrated quality programming.

Rigorous prioritization of Global Fund resources – TB/HIV

TB/HIV	
Intervention	**Prioritization approaches**
TB/HIV Collaborative interventions	**Priority activities for Global Fund investments** • Intensify the collaboration between TB and HIV programs, integration of TB/HIV services, joint programming, implementation, supervision and monitoring. Multi-disease screening and diagnostic platforms and integrated sample transportation systems present opportunities to strengthen collaboration and contribute to strengthening health systems.
TB/HIV - Screening, testing and diagnosis *(Program Essential 21)*	**Priority activities for Global Fund investments** • Screening: TB symptoms among people living with HIV in every contact with the health facility. Wherever possible, screening algorithms could be adapted to fulfill new WHO recommendations to include chest x-ray (with/without computer-aided detection). • Diagnosis: molecular diagnosis (e.g., GeneXpert, TrueNat) and LF-LAM for TB diagnosis). • HIV testing and counselling for those with TB and presumptive TB. **Lower-priority activities for Global Fund investments – dependent on context** • Procurement of C-reactive protein for screening.

TB/HIV	
Intervention	**Prioritization approaches**
	Optimization and efficiency considerations • Since 2024, the concurrent use of tests (low-complexity automated NAATs or LC-aNAATs and LF-LAM) is recommended for early and timely diagnosis of TB.[54] LC-aNAATs (GeneXpert, True NAT) and LF-LAM should be used concurrently as diagnostic tests for people living with HIV. However, in countries facing budget constraints, contingency plans may include using LF-LAM less frequently or in a more targeted way than recommended by WHO. In such cases, people living with HIV with AHD should be prioritized for concurrent testing.
TB/HIV - Treatment and care *(Program Essential 19)*	**Priority activities for Global Fund investments** • Activities related to early initiation or continuation of ART for TB/HIV co-infected people and provision of anti-TB treatment. • Linkage to HIV and TB services for those co-infected. • Integration of TB and HIV services.
TB/HIV – Prevention *(Program Essential 20)*	**Priority activities for Global Fund investments** • TB preventive treatment among all eligible people living with HIV. • TB preventive treatment integrated into HIV differentiated service delivery models. **Lower-priority activities for Global Fund investments, depending on context** • TB infection testing is not a requirement to start TB preventive treatment among people living with HIV. Therefore, Interferon-Gamma Release Assay (IGRA) and antigen-based skin tests (TBSTs) are a lower priority for investment. Consider the use of TBSTs over IGRA due to cost effectiveness. **Optimization and efficiency considerations** • Use of shorter TB preventive treatment regimens, such as isoniazid-rifapentine (3HP), is recommended as they are cost effective, have fewer side effects and result in higher completion rates. • Pediatric formulations (dispersible rifapentine, isoniazid and levofloxacin) can facilitate administration of treatment for children.

2.6 Reducing human rights and gender-related barriers to HIV/TB services

Available HIV and HIV/TB products and services need to also be accessible for people who need them most. Barriers that hinder this access, such as human rights and gender-related barriers, have a negative impact on the response to the diseases. The Global Fund supports targeted activities to address these barriers. The Technical Brief on Reducing Human Rights and Gender-related Barriers to HIV, TB and Malaria Services includes guidance on priority disease-specific and cross-cutting RSSH activities.

To optimize these investments, the Global Fund recommends **assessments to identify key barriers and strategies** to address them for different populations, as part of national HIV program reviews. Integrating interventions to address barriers to services involves a **programmatic focus and attention to implementation arrangements**.[55]

For human rights-related barriers, priorities in HIV programs through Global Fund support include: addressing nondiscriminatory provision of HIV/TB services, addressing human rights violations when accessing HIV/TB services, and supporting community mobilization and advocacy for HIV/TB-related human rights.

Key activities for reducing stigma and supporting the **nondiscriminatory provision of HIV/TB services** include:[56] training health workers on patient rights, medical ethics, key populations, gender-responsive and gender-inclusive care,[57] and supporting accountability, redress and compliance monitoring. These are especially critical where HIV services are being integrated into primary health care. Other priority interventions for **addressing human rights barriers** include legal literacy; peer paralegal models that provide low-threshold legal aid; and **community-led efforts to monitor stigma and discrimination**[58] **and advocate** to reform harmful HIV-related laws and policies, including criminalization, gender-based discrimination and violence.[59]

Global Fund support is targeted to populations with higher risk of HIV acquisition or transmission and adverse HIV outcomes. Priorities to reduce gender-related vulnerabilities and barriers to HIV services include: **addressing harmful gender norms** that hinder HIV service uptake, increase HIV vulnerability or drive disparate HIV outcomes; and **responding to gender-based violence**.

Key activities include: community empowerment interventions that strengthen women's autonomy and decision-making, and peer support strategies for men and boys to transform norms that limit HIV care engagement;[60] integrating gender-based violence responses into HIV and sexual and reproductive health services; and training health workers to provide first-line support, post-violence clinical care and support services for survivors.[61]

For sustainability, programs to remove HIV-related gender and human rights barriers should be integrated into national human rights mechanisms and institutions or other relevant multisectoral responses.

Rigorous prioritization of Global Fund resources – Reducing human rights- and gender-related barriers to HIV/TB services

Reducing human rights-related barriers to HIV/TB services	
Intervention	**Prioritization approaches**
Eliminating stigma and discrimination in all settings & ensuring nondiscriminatory provision of health care *(Program Essential 24, 25)*	**Priority activities for Global Fund investments** • Activities to reduce HIV-related stigma and discrimination in health care settings and community settings. Other settings may be prioritized based on context. • Multistakeholder mechanisms to coordinate implementation of human rights strategic plans and programs that address barriers to HIV/TB services (including technical working groups, steering committees). **Optimization and efficiency considerations** • Integrate non-discrimination, key population and gender competencies, and safety of clients, staff and communities in capacity-building and sensitization activities for duty bearers, such as health care providers, law makers and law enforcement. • Integrate human rights literacy into HIV prevention and treatment literacy programs.
Increasing access to justice *(Program Essential 26)*	**Priority activities for Global Fund investments** • Community-led monitoring (CLM) of human rights violations in health facilities and referral to legal services and means of redress. • Community-led interventions (e.g., community paralegals) to support access to justice, accountability and redress in the context of overcoming barriers to HIV services. **Optimization and efficiency considerations** • For sustainability, support integration of HIV access to justice activities within broader national human rights mechanisms and institutions, including accountability mechanisms for rights-based HIV services and reporting mechanisms for patients.

Reducing human rights-related barriers to HIV/TB services	
Intervention	**Prioritization approaches**
Community mobilization and advocacy for human rights *(Program Essential 24, 27)*	**Priority activities for Global Fund investments** • Community-led stigma and discrimination monitoring and reduction activities, including in health care, community and justice settings. • Community-led advocacy for access to services and for law and policy reform. **Optimization and efficiency considerations** • Where possible, activities to reform harmful laws and policies should build on existing institutions that effectively monitor national laws and policies, including national human rights institutions and offices of ombudsmen.

Reducing gender-related vulnerabilities and barriers to HIV services	
Intervention	**Prioritization approaches**
Transforming harmful gender norms and reducing gender discrimination	**Priority activities for Global Fund investments** • To reduce barriers to HIV services, peer support to increase self-efficacy and empowerment for women and adolescents living with HIV. • Group and peer education programs targeting men and adolescent boys to improve HIV health-seeking behavior and HIV treatment adherence. • Support for women-led and trans and gender-diverse- people organizations to enhance community empowerment and improve access to services **Optimization and efficiency considerations** • Prioritize geographic areas with 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.

Reducing gender-related vulnerabilities and barriers to HIV services	
Intervention	**Prioritization approaches**
	• Support multisectoral coordination and joint action plans to address social and structural drivers of gender-related health inequalities and disparate HIV outcomes, including in education, social protection and economic empowerment.
Preventing and responding to violence against women and girls in all their diversity *(Program Essential 28)*	**Priority activities for Global Fund investments** • In geographic areas where gender-based violence contributes to higher HIV incidence, vertical transmission or lower adherence to treatment, the following interventions are prioritized and in line with WHO guidelines.[62] Integrated post-rape and intimate partner violence care, including psychological support and mental health assessment and referral, emergency contraception, HIV PEP, STI services, pregnancy testing, and voluntary forensics evidence collection. • Development and implementation of 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.[63] • Referral for psychosocial support, legal advice and access to justice, child protection services, and economic support to survivors of violence and sexual exploitation, abuse and harassment. • Awareness and sensitization interventions integrated into HIV services. **Optimization and efficiency considerations** • Integrate gender-based violence services within sexual and reproductive health and primary health care settings and referrals for support services for survivors; in geographic areas with high HIV incidence, consider gender-based violence services as a key entry point for identifying priority populations in need of HIV PrEP. • Coordinate investments in gender-based violence programs through multisectoral coordination fora and national or subnational planning to facilitate joint budgeting, reduce duplication and improve intervention quality, effectiveness and accountability.

2.7 Community systems and responses

HIV programs rely on robust community systems and active engagement of service users to respond to health-related challenges faced by communities.

Community systems are complementary to formal health systems and make HIV responses more cost-effective, accountable and equitable.[64]

Community responses support formal health facilities by identifying and responding to social and structural barriers to accessing HIV prevention, treatment, care and support services.

Trained community organizations employ peers who provide services where people need them most: in their communities.

Investments in community systems and responses should strengthen collaboration with national HIV programs, including public and private sector health service delivery.

Interventions to support community systems and responses should be an integral part of national HIV responses.

Rigorous prioritization of Global Fund resources – Community systems and responses

Community systems and responses	
Intervention	**Prioritization approaches**
Organizational and leadership development	**Priorities for Global Fund investments** • Strengthen organizational leadership and capacity of community-led partners and networks to support HIV service delivery and ensure linkages and referrals between community and formal health services, including revising standard operating procedures to facilitate client pathways to improve access to HIV prevention, testing, treatment, care and support services. **Optimization and efficiency considerations** • Consider how investments in capacity development of community-led and community-based organizations can support transition and absorption of peers into formal health workforce. • Optimize peers and paralegals to provide HIV-related integrated services to communities, where policy allows.

Community systems and responses	
Intervention	**Prioritization approaches**
Community coordination and engagement in decision-making	**Priorities for Global Fund investments** • Support community-led structures and networks to organize, coordinate and participate in decision-making mechanisms and processes at national and subnational levels to improve equitable access and quality of HIV services. • Strengthen linkages between community coordination platforms and formal decision-making bodies (e.g., Country Coordinating Mechanisms, Local Health Boards, HIV technical working groups), to enable communities to systematically contribute to priority-setting, budgeting, and monitoring. • Invest in the institutional and technical capacity of community platforms and coalitions to participate in HIV-related health governance while reinforcing their ability to operate within broader civic space and health systems landscapes. • Promote mechanisms that aggregate and amplify feedback from marginalized and underserved populations (e.g., key population-led groups, AGYW, youth, women), to enable their collective voices to inform national and subnational fora. **Optimization and efficiency considerations** • Build on existing governance and accountability structures (Country Coordinating Mechanisms, Local Health Boards, universal health coverage platforms). • Support collective representation through key and vulnerable populations or people living with HIV coalitions or networks to reduce fragmentation and support inclusion of diverse community voices.
Community-led monitoring (CLM) and advocacy	**Priorities for Global Fund investments** • Activities to routinely monitor the quality, accessibility and acceptability of HIV and related services so that client experiences inform program design and delivery. • Activities to share CLM-related data with program managers and other decision makers for program improvement and access, especially for key and vulnerable populations. **Optimization and efficiency considerations** • Embed CLM data use and community engagement for advocacy into routine coordination, oversight and management committees. • Where feasible, integrate HIV and/or related issues into one CLM mechanism with differentiated approaches to use data with decision-makers.

2.8 Strategic information

The Global Fund supports the use of data for strategic decision-making to ensure the selection of the right mix of interventions for the HIV response. This includes sustaining essential surveillance, health information systems (HIS) and monitoring and evaluation (M&E) functions. Priority investments include maintaining or establishing digital HIS, ensuring routine data quality assurance, improvement planning and promoting optimized data analysis and use at national, district and health facility levels.

Key investments in **HIV data** 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.[65] Strong system security must also be ensured to protect data privacy and confidentiality.

Routine data analysis and use, with 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 should be integrated into Global Fund-supported programs to assess prevention behaviors and uptake on an annual basis. Bio-behavioral surveys (BBS) and population size estimates are also needed, ideally every five to six years, with simplified methods like BBS-lite and HIV sentinel surveillance plus[66] 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.

Epidemic modelling 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. See the RSSH and PPR Information Note for further information on cross-cutting health information systems and M&E activities.

Annex 1: Health products for introduction and scaling in GC8

The table lists **available or anticipated new health products that national HIV programs can consider introducing or scaling up** in GC8 (not exhaustive). It provides an overview of either products that are already on the market and still require introduction or scaling depending on the context, and products that may launch on the market in GC8, pending clinical trial results, regulatory approvals, supply availability and recommendations from the World Health Organization. In some cases, existing products are included, as there are partnership market shaping activities to improve their access conditions, such as lowering the product's price and increasing supply availability. These health products add to the range of existing proven and effective products that are routinely used in programs and continue to be critical for HIV impact.

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

Product area	Objective	Products
		• 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
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
TB/HIV	Optimize TB screening, diagnosis,	**TB screening and diagnosis:**

Product area	Objective	Products
	prevention and treatment in people living with HIV	• 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)

New products will be added to the Global Fund's Health Product Management Template and available for budgeting, procurement and use once they meet conditions of the Global Fund Quality Assurance Policy for Pharmaceutical Products and for Medical Devices (including In Vitro Diagnostics).

Annex 2: Resources to guide decision-making

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 key populations.

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.

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 key populations

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 (expected mid 2025) – updated toolkit on Needle and Syringe programming

WHO (expected Jan 2026) - Updated Guidelines on OAMT

Global HIV Prevention Coalition (expected mid 2025) - updated Trusted Access Platform guidance for HIV prevention programs for key populations

Global HIV Prevention Coalition (expected?) – updated guidance on HIV prevention communication and demand creation

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 key populations.

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.

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

The Global Fund (2023). Undertaking a rapid assessment of information on human rights-related barriers to HIV and TB services: guidance and tools.

The Global Fund (2022). Removing human rights-related barriers to HIV services: Technical Brief.

The Global Fund and Frontline AIDS (2020). Implementing and scaling up programmes to remove human rights-related barriers to HIV services.

The Global Fund (2024). Summary report on progress to reduce human rights-related barriers to HIV, TB and malaria services: Breaking Down Barriers initiative.

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 Key Populations.

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

Annex 3: List of abbreviations

AGYW	Adolescent girls and young women
AHD	Advanced HIV disease
ART	Antiretroviral therapy
ARV	Antiretroviral
BBS	Bio-behavioral surveys
CBO	Community-based organization
CD4	Cluster of differentiation 4
CHW	Community health worker
CLM	Community-led monitoring
CLO	Community-led organization
CrAg	Cryptococcal antigen
EIA	Enzyme immunoassay
EID	Early infant diagnosis
FTC	Emtricitabine
GC7	Grant cycle 7
GC8	Grant cycle 8

HCV	Hepatitis C virus
HIS	Health information system
HPV	Human papillomavirus
HRH	Human resources for health
HBsAg	Hepatitis B surface antigen
LC-aNAAT	Low complexity automated nucleic acid amplification test
LF-LAM	Lateral flow urine lipoarabinomannan
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MSP	Male sexual partners
pALD	Pediatric abacavir-lamivudine-dolutegravir
PEP	Post-exposure prophylaxis
PITC	Provider-initiated testing and counseling
PPM	Pooled procurement mechanism
PrEP	Pre-exposure prophylaxis
PSEAH	Protection from sexual exploitation, abuse and harassment
RDT	Rapid diagnostic test
RSSH	Resilient and sustainable systems for health
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
3TC	Lamivudine

[1] UNAIDS (2025) Global AIDS Strategy 2026-2031, https://www.unaids.org/en/2026-2031-global-aids-strategy.
[2] UNAIDS has developed HIV Sustainability Roadmap guidance and tools to support prioritization and related decision making, available here: https://sustainability.unaids.org/. Countries can also benefit from use of the Goals Model, part of the Spectrum software suite, available free at https://avenirhealth.org/. See also WHO's guidance on prioritization of HIV investments: Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape at https://www.who.int/publications/i/item/9789240112759.

[3] For HIV prevention programs for AGYW moderate incidence settings are those with HIV incidence among AGYW aged 15-24 of 0.3 – <1.0%, and high incidence settings are those with HIV incidence of 1-3%. Source: Global HIV Prevention Coalition (2023). Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women.
[4] Carter, Austin et al. Global, regional, and national burden of HIV/AIDS, 1990–2021, and forecasts to 2050, for 204 countries and territories: the Global Burden of Disease Study 2021. *Lancet HIV*, November 2024, 11;12:e807-e822. DOI: 10.1016/S2352-3018(24)00212-1
[5] Stuart, Robyn M., et al. How should HIV resources be allocated? Lessons learnt from applying Optima HIV in 23 countries. *JAIDS* 21.4 (2018): e25097.
[6] Kedziora, D.J., Stuart, R.M., Pearson, J. et al. Optimal allocation of HIV resources among geographical regions. BMC Public Health 19, 1509 (2019). https://doi.org/10.1186/s12889-019-7681-5
[7] WHO (2025). Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape, https://www.who.int/publications/i/item/9789240112759.
[8] Avenir Health. One Health Tool.
[9] See also: WHO (2022) Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, https://www.who.int/publications/i/item/9789240052390; WHO (2019) Consolidated guideline on sexual and reproductive health and rights of women living with HIV – Guideline, https://www.who.int/publications/i/item/9789241549998; WHO (2021) Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach, https://www.who.int/publications/i/item/9789240031593; and World Health Assembly, 69 (2016). Framework on integrated, people-centred health services: report by the Secretariat. World Health Organization, https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_39-en.pdf
[10] WHO (2023). Guidelines for multi-month dispensing for HIV. https://www.who.int/indonesia/news/publications/other-documents/guidelines-for-multi-month-dispensing-(mmd)-for-hiv
[11] The 15 priority countries for VMMC are: Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.
[12] WHO (2025). Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape, https://www.who.int/publications/i/item/9789240112759 and WHO (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, https://www.who.int/publications/i/item/9789240052390.
[13] Priority populations for HIV prevention include key and vulnerable populations. Key populations include: sex workers of all genders (SW), gay men and other men who have sex with men (MSM), trans and gender-diverse people, people who use drugs (PWUD), and people in prisons and other closed settings (PIP). Vulnerable populations include those at increased likelihood of HIV acquisition including AGYW and their MSPs in settings with moderate to high HIV incidence. Other vulnerable populations, relevant to local contexts might include people with disabilities, homeless people and people living in extreme poverty, mobile workers, displaced populations and other migrants: These populations may also experience overlapping vulnerabilities such as AGYW who engage in transactional sex, or MSM who engage in drug use. These overlapping vulnerabilities are important considerations for HIV program design and delivery.
[14] For HIV prevention programs for AGYW, moderate incidence settings are those with HIV incidence among AGYW 15-24 of 0.3 – <1.0%, and high incidence settings are those with HIV incidence of 1-3%. Source: Global HIV Prevention Coalition (2023). Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women.
[15] Global HIV Prevention Coalition (2020). Key Population Trusted Access Platforms. https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/Budget-Considerations-for-KP-Trusted-Access-Platforms_final.pdf.
[16] For HIV prevention programs for AGYW, moderate incidence settings are those with HIV incidence among AGYW 15-24 of 0.3 – <1.0%, and high incidence settings are those with HIV incidence of 1-3%. Source: Global HIV Prevention Coalition (2023). Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women. https://hivpreventioncoalition.unaids.org/en/resources/decision-making-aid-investments-hiv-prevention-programmes-among-adolescent-girls-and.
[17] Global Prevention Coalition, guidance on Thrombotic microangiopathy (forthcoming)
[18] Global Prevention Coalition Condom needs estimation tool | GPC, https://hivpreventioncoalition.unaids.org/en/resources/condom-needs-estimation-tool

[19] Incidence rates among a proportion of the population may be further assessed by adjusting the population size estimate to remove people living with HIV and those not using condoms consistently. Where incidence data are limited, prevalence data combined with data on 95-95-95 progress can be used to support prioritization.
[20] WHO (2024). WHO implementation tool for pre-exposure prophylaxis of HIV infection: provider module for oral and long-acting PrEP, https://www.who.int/publications/i/item/9789240097230.
[21] WHO (2024). Guidelines for HIV post-exposure prophylaxis, https://www.who.int/publications/i/item/9789240095137.
[22] Global Health Prevention Coalition (2025). People-centred HIV Prevention Design and Communication Programming Brief. https://hivpreventioncoalition.unaids.org/en/resources/people-centred-hiv-prevention-design-and-communication-programming-brief-draft-v30
[23] WHO, Updated guidance on Needle and Syringe Programmes for People who Inject Drugs, Operational Guide (forthcoming)
[24] UNESCO (2024). International technical guidance on sexuality education: an evidence-informed approach , https://www.unesco.org/en/articles/international-technical-guidance-sexuality-education-evidence-informed-approach.
[25] The 15 priority countries are: Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.
[26] WHO (2020). Preventing HIV through safe voluntary medical male circumcision for adolescent boys and young men in generalized HIV epidemics: recommendations and key considerations.
[27] WHO (2025). Practical approaches and case-based models for reaching boys and men with integrated HIV services.
[28] WHO. Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B (webpage).
[29] WHO (2024). Consolidated guidelines on differentiated HIV testing services, https://www.who.int/publications/i/item/9789240096394
[30] WHO (2022). Global guidance on criteria and process for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus, https://www.who.int/publications/i/item/9789240039360.
[31] UNICEF (2020). Going the 'last mile' to EMTCT: A road map for ending the HIV epidemic in children. https://www.unicef.org/childrenandaids/media/241/file/1-EMTCT%20Whitepaper%20EN%20WEB.pdf.pdf
[32] WHO (2025). First-ever guidance for Triple Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B https://www.who.int/news/item/23-07-2025-first-ever-guidance-for-triple-elimination-of-hiv-syphilis-and-hbv.
[33] Considerations for prevention and testing prioritization in this document are informed by incidence and prevalence thresholds recommended by the UNAIDS Global AIDS Strategy 2021-2026, under prioritization of HIV prevention methods, https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.
[34] WHO (2024). WHO implementation tool for pre-exposure prophylaxis of HIV infection: provider module for oral and long-acting PrEP, https://www.who.int/publications/i/item/9789240097230.
[35] WHO (2024) Consolidated guidelines on differentiated HIV testing services, https://www.who.int/publications/i/item/9789240096394
[36] WHO (2025) Prioritizing Low-Cost and Effective Differentiated HIV Testing Services: Frequently Asked Questions (FAQ), https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/priorization_low_cost_faq_handout_may2025_final.pdf?sfvrsn=f49f2626_3
[37] The management of advanced HIV disease does not refer to the provision of advanced clinical care. Rather, it refers to the provision of a package of care for people living with HIV who are in an advanced stage of HIV disease.
[38] WHO (2017). Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy. https://www.who.int/publications/i/item/9789241550062
[39] WHO (2023). Advanced HIV disease, https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/treatment/advanced-hiv-disease.
[40] WHO Technical Brief (2020). Package of care for children and adolescents with advanced HIV disease: stop AIDS. https://www.who.int/publications/i/item/9789240008045
[41] UNAIDS (2024). UNAIDS Data 2024. https://www.unaids.org/en/resources/documents/2024/2024_unaids_data
[42] WHO (2025). WHO guideline on HIV service delivery, https://iris.who.int/bitstream/handle/10665/382521/9789240113879-eng.pdf?sequence=1
[43] https://www.gavi.org/sites/default/files/support/guidelines-2024/GAVI-Vaccine-Funding-Guidelines-aug2024.pdf
[44] WHO (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach, https://www.who.int/publications/i/item/9789240031593
[45] UNAIDS (2024). UNAIDS Data 2024. https://www.unaids.org/en/resources/documents/2024/2024_unaids_data

[46] WHO (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach, https://www.who.int/publications/i/item/9789240031593
[47] WHO (2025). Overview of WHO recommendations on HIV and sexually transmitted infection testing, prevention, treatment, care and service delivery. https://iris.who.int/server/api/core/bitstreams/16073301-792e-4153-9ce9-ad7a56ea37a7/content
[48] WHO (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach, https://www.who.int/publications/i/item/9789240031593
[49] The Global Fund (2023). Guidance Note: Prioritization Framework for Supporting Health and Longevity Among People Living with HIV.
[50] The Global Fund (2023). Guidance Note: Prioritization Framework for Supporting Health and Longevity Among People Living with HIV.
[51] WHO (2025). WHO guideline on HIV service delivery: Updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy. https://iris.who.int/server/api/core/bitstreams/f6e902a0-b37b-4340-8296-39d91f3321bb/content
[52] The Global Fund (2023). Guidance Note: Prioritization Framework for Supporting Health and Longevity Among People Living with HIV.
[53] WHO (2024). Global tuberculosis report. https://iris.who.int/bitstream/handle/10665/379339/9789240101531-eng.pdf?sequence=1. According to this report (page 43), WHO defines 30 countries with a high TB/HIV burden: Botswana, Brazil, Cameroon, Central African Republic, China, Congo, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Guinea, Guinea Bissau, India, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Philippines, Russian Federation, South Africa, Thailand, Uganda, United Republic of Tanzania, Zambia, Zimbabwe..
[54] Diagnosis of tuberculosis and detection of drug resistance. Rapid communication. Geneva: World Health Organization, 2024 (https://www.who.int/publications/i/item/B09111)
[55] See the Global Fund Technical Brief on Removing Human Rights-related Barriers to HIV Services (2022) for more information. https://resources.theglobalfund.org/media/14366/cr_removing-barriers-to-hiv-services_technical-briefing-note_en.pdf.
[56] See WHO (2024). Ensuring quality health care by reducing HIV-related stigma and discrimination. https://www.who.int/publications/i/item/9789240097414
[57] WHO (2022) Consolidated guidelines on HIV, viral hepatitis and STI for key populations, https://www.who.int/publications/i/item/9789240052390; WHO (2019) Consolidated guideline on sexual and reproductive health and rights of women living with HIV, https://www.who.int/publications/i/item/9789241549998
[58] UNAIDS (2024). Global AIDS Monitoring 2025: Guidance, https://www.unaids.org/sites/default/files/media_asset/global-aids-monitoring_en.pdf
[59] UNDP (2024). Spectrum: A Tool for Key Population-Led Law and Policy Reform, https://www.undp.org/publications/spectrum-tool-key-population-led-law-and-policy-reform
[60] WHO and UNAIDS (2023). Men and HIV: evidence-based approaches and interventions. A framework for person-centred health services. https://iris.who.int/server/api/core/bitstreams/e6af2d52-36aa-40cf-8f8c-6a5ffefd1341/content
[61] See WHO (2021) Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach, https://www.who.int/publications/i/item/9789240031593; and WHO (2025) RESPECT women: Preventing violence against women, https://www.who.int/publications/i/item/9789240117020
[62] WHO (2013). Responding to intimate partner violence and sexual violence against women, https://www.who.int/publications/i/item/9789241548595
[63] WHO (2021) Caring for women subjected to violence: a WHO curriculum for training health-care providers, revised edition, 2021, https://www.who.int/publications/i/item/9789240039803
[64] WHO (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach, https://www.who.int/publications/i/item/9789240031593; WHO (2022). Consolidated guidelines on HIV, viral hepatitis and STI for key populations, https://www.who.int/publications/i/item/9789240052390; Ayala et al (2021). Peer- and community-led responses to HIV: A scoping review, https://pubmed.ncbi.nlm.nih.gov/34852001/.
[65] See: FHIR® - Fast Healthcare Interoperability Resources®, https://ecqi.healthit.gov/fhir/about
[66] While there are no global guidelines for HIV Sentinel Surveillance Plus, and example is here: Thanh DC, Hien NT, Tuan NA, et al. Brief behavioural surveys in routine HIV sentinel surveillance: a new tool for monitoring the HIV epidemic in Viet Nam. Western Pac Surveill Response J. 2015 Jan 27;6(1):52-4. https://pmc.ncbi.nlm.nih.gov/articles/PMC4410099/