



Grant Cycle 8

Enabling Impact: Advancing Integration

Issued 17 April 2026

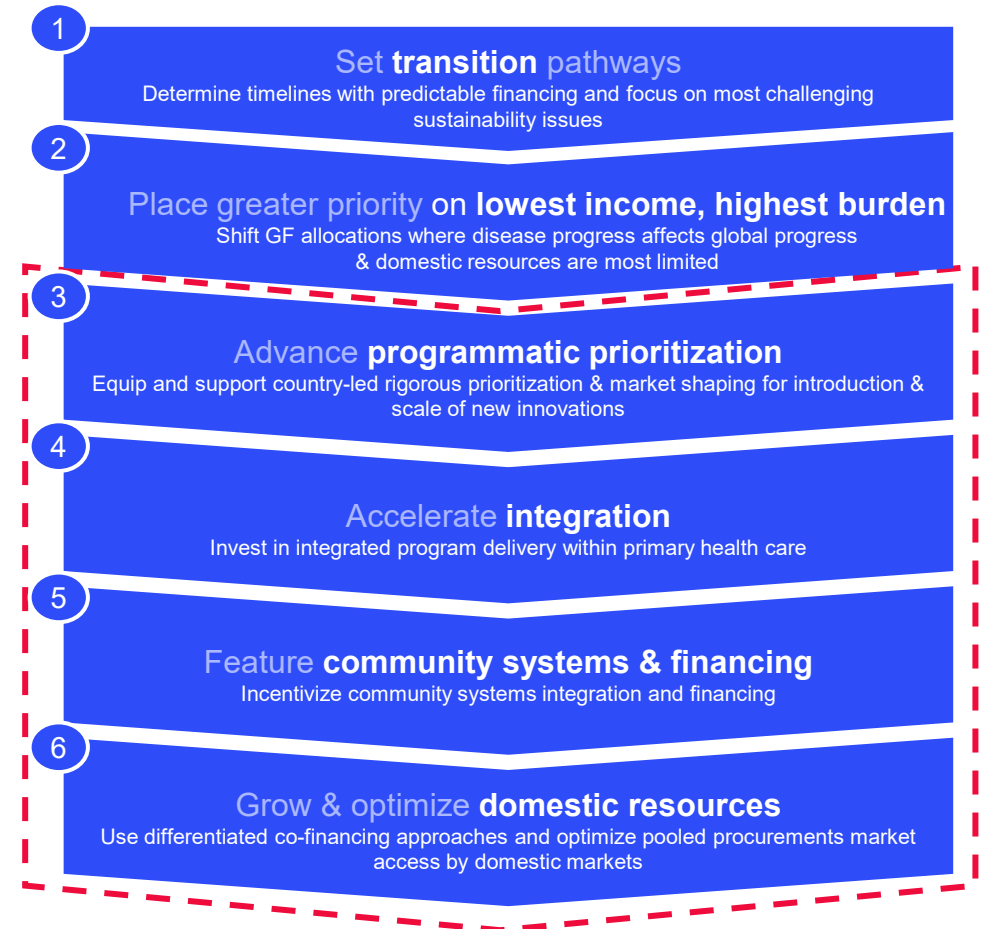
Updated 17 April 2026

Context & purpose of this GC8 guidance

The health financing landscape is changing, and countries face an urgent need to prioritize limited resources, strengthen sustainability and focus investments where they will have the greatest impact. In response, the Global Fund's February 2026 Board meeting introduced the GC8 Strategic Shifts.

This guidance on *Enabling Impact* includes **5 components** and serves as a companion tool to the HIV, TB, Malaria and RSSH *Prioritization Guidance*, with direct links to the Modular Framework. As diverse and reinforcing topics, each component expands upon principles, focus and prioritized approaches to drive results in GC8.

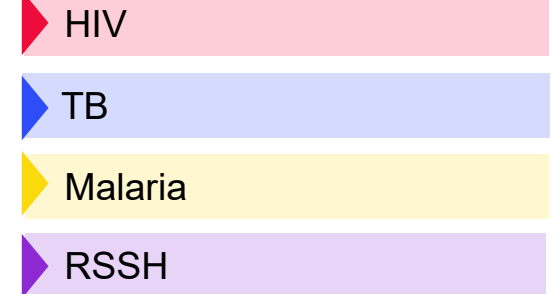
Enabling all shifts, with an emphasis on 3, 4, 5 and 6



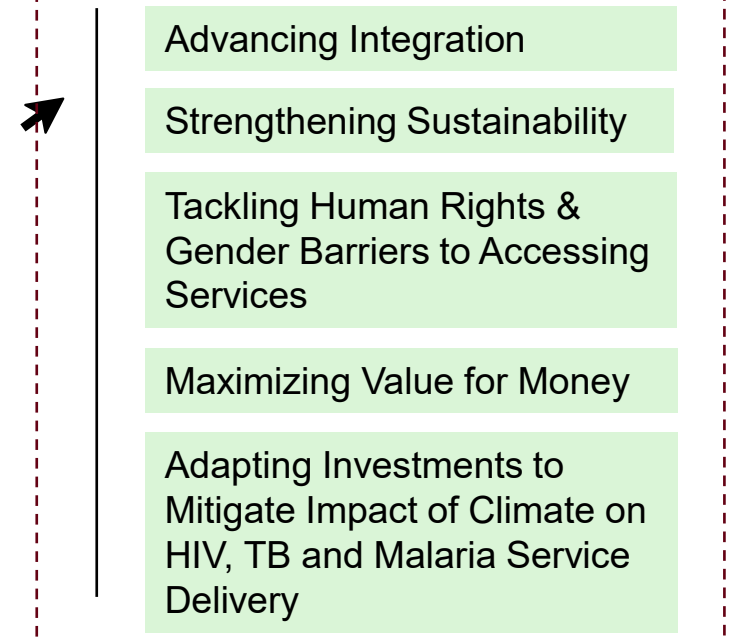
How to use this guidance

- The cross-cutting Enabling Impact Guidance is based on **evidence-based normative and technical guidance** from across the partnership and includes relevant references.
- It complements the Global Fund’s Modular Framework Handbook, which describes the interventions eligible for Global Fund investments, and the Prioritization guidance, which lays out overall priorities for GC8 and prioritization considerations for HIV, TB, malaria and RSSH.
- The Enabling Impact Guidance informs **country-led decision-making** on how to maximize the impact of Global Fund resources, used together with National Strategic Plans to ensure alignment with overall spending plans, including domestic resources and external funding from other sources.
- Each section of this guidance includes considerations for cross-cutting interventions and priorities to increase the impact of efforts to fight HIV, TB and malaria and strengthen resilient and sustainable systems for health.
- This document will be updated as necessary to reflect innovations and changes in technical guidance.

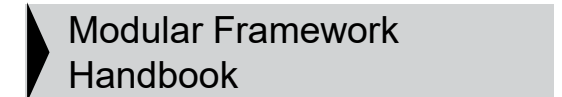
Prioritizing Investment



Enabling Impact



Programming & Monitoring for Results



Increased, inclusive integration of HIV, TB and malaria services into primary health care and broader health systems can strengthen health outcomes. Integration can improve a people-centered approach and enhance efficiencies to advance the end of HIV, TB and malaria in a sustainable way.

As one of the Global Fund's Strategic Shifts in GC8 and with countries in the lead, this guidance reinforces deliberate planning, prioritization and management of risks.



- ✓ **Outlines** core principles and practical applications of integration across diverse settings.
- ✓ **Emphasizes** *how* to optimize investments and drive cost effectiveness to maximize results.
- ✓ **Reinforces** that Global Fund investments should focus on evidence-based interventions and approaches that are critical for impact, as recommended in WHO normative guidance and in line with National Health Sector Plans.

Objectives, principles and focus for enhancing integration in GC8

Objectives



Improved
health
outcomes



Increased
efficiency
& cost
savings
(especially
mid-long
term)

Principles

Country Ownership Integration is country-led and aligned with national priorities.

Financing for Impact Resources support quality, efficient and sustainable integration, guided by measurable outcomes.

Differentiation Approaches are based on local contexts, disease burden, available financial resources and ensure inclusive, people-centered care.

Partnership Strong partnerships across sectors harmonize efforts across resources and stakeholders.

Community Engagement Integration is co-designed and co-led with community and most-at-risk population representatives at national and sub-national levels as an iterative process, including in grant design.

Access Integration should be designed to broaden access and prevent barriers to access, particularly for at-risk populations.

GC8 Focus

1

**Service
Delivery**

2

**Systems for
Health**

Many countries are *already* integrating HIV, TB and malaria responses – in GC8, GF investments can reinforce

Entry points to accelerate integration

- ▶ **Plan** inclusively with stakeholders under the Ministry of Health (MOH)'s leadership and with the Country Coordinating Mechanism (CCM) to identify integration priorities *before* disease-focused preparation.
- ▶ **Submit** all funding requests for eligible disease components and RSSH in the same window, noting that the Global Fund *encourages* submitting a single multi-component funding request.
- ▶ **Adjust** sustainable implementation arrangements, with priority given to national PRs and SRs and to CSOs where they are best placed to reach most-at-risk populations, to ensure sustainability. Consider a common program management unit (PMU) within the MOH.
- ▶ **Leverage** financing such as strategic purchasing or other output-based financing (e.g., social contracting to communities) to incentivize integrated service delivery.

Prioritization approach & considerations

Service Delivery Point Prioritization considerations

<p>Primary Health Care settings</p>	<ul style="list-style-type: none"> • Note that Malaria services are well integrated into PHC in moderate and high malaria burden settings; leverage guidance from Malaria Prioritization in lower burden and elimination settings. • Use WHO and UNAIDS guidance to support integration of HIV and TB services according to epidemiological and operational context (e.g., rural/ urban, public/ private) for social and behavior change and communication, prevention, screening, diagnosis, counseling and treatment. • Deliver integrated HIV, TB, and malaria services through PHC outpatient departments, where appropriate—for example, acute care (including malaria) and chronic care (including HIV, TB, and NCDs). Ensure services are safe, inclusive, and accessible to all at-risk populations. • Coordinate ante-natal and post-natal care with MNCH/adolescent health programs to provide people-centered services (e.g., Co-delivery of HIV and malaria prevention and care, including LLIN, IPTp and TB screening in ANC and PMTCT). • Leverage TB near point-of-care (NPOC) diagnostics for further integration of TB diagnosis closer to patients. • Adapt services to populations at risk, including in humanitarian settings, to avoid risk of reduced coverage or continuation of care; and adapt packages and spaces to ensure safety and respect patient confidentiality needs, including training of all facility and community staff.
<p>Community-specific</p>	<ul style="list-style-type: none"> • Ensure integrated service models formalize the roles of community implementers in reaching key and vulnerable populations, leveraging established community trust, local knowledge and delivery capacity as core efficiency gains of integration. • Integrate CHW into PHC teams to address the health needs of the community in a coordinated manner. • Ensure mobile brigades/outreach clinics/workers provide integrated services, addressing the specific population needs. • Use CHW to provide links to communities and contribute to implementing activities such as campaigns, surveys and social and behavior change and communications (SBCC). • Define an integrated training package for community health workers and social mobilizers. • Ensure recording and reporting tools for CHWs are integrated into the national health information system, either through integration with health facility reporting or through software integration in the case of digital reporting.

Prioritization approach & considerations

Service Delivery Point Prioritization considerations

<p>Primary-Secondary Care Integration</p>	<p>Address the needs of the continuum of care:</p> <ul style="list-style-type: none"> • Strengthen coordination across levels of care through continuous quality improvement activities, which should include monitoring and responding to gaps in patient health services and integrated training and supervision on service integration. Adapt hub-and-spoke models for HIV care where appropriate to link HIV specialized services with PHC to improve health outcomes across all health conditions. • Strengthen referrals and counter-referrals through formal linkages between community platforms, PHC clinics, and higher-level facilities with patient peer navigation support. Include psychosocial services and peer-paralegal support to address access barriers where required. Ensure integrated lab sample transport systems to expand access to quality-assured diagnostics. • Support the interoperable patient and laboratory data systems across the levels of service where possible, including shared medical records, with safeguards for data protection, informed consent, confidentiality and digital rights, in line with national standards. • Collaborate on data quality checks for HMIS reporting and secure data sharing between levels of care to support referrals and continuity of care – while safeguarding data privacy, informed consent, and digital rights.
<p>Campaigns</p>	<ul style="list-style-type: none"> • Integrate malaria campaigns (insecticide-treated net (ITN) and Seasonal Malaria Chemoprevention) with other malaria services and/or with other activities targeting the same populations or communities (e.g., vitamin A, nutrition, Neglected Tropical Diseases, routine immunization), including in humanitarian settings. Integration of campaigns does not only mean co-delivery, but it requires coordinated planning, financing, SBCC, health product management, training and supervision, digital systems, M&E and reporting. • Use existing guidance and examples – e.g., Collaborative Action Strategy for Campaign Effectiveness. • Utilize existing community platforms to deliver campaigns and community engagement interventions where possible. • Utilize existing information on population, such as population denominators or micro-plans from different disease programs or partners, analyzing their discrepancies, and work with the broader MOH and statistics office to determine a way forward.

Prioritization approach & considerations

System Component

Prioritization considerations

Human Resources for Health (HRH)

Develop and implement task-sharing reforms and optimize health worker roles.

- Implement nurse-led treatment initiation for TB or HIV.
- Implement midwifery-led care for integrated services at ANC (refer to service delivery integration slide).
- Review CHW scope of work to include as needed: e.g., postnatal follow-up of HIV-exposed newborns, TB screening and referral; delivery of integrated parenting package.
- Implement community-based surveillance.

Consider the optimal deployment of multiprofessional teams aligned with service integration models.

- Train clinical staff for TB treatment initiation at the PHC level with specialist remote support.
- Deploy workforce based on a geospatial analysis that considers workloads.
- Target CHW deployment to include community engagement, screening, referrals and counter-referrals.

Integrate supervision and training.

- Coordinate across disease-specific programs and deliver integrated supervision that goes beyond simple logistical coordination.
- Develop integrated supervision tools.
- Adjust the frequency and content of training and supervision based on identified needs linked with the task-sharing reform.

Accelerate planning processes for HRH-CHW sustainability and transition.

- Conduct labor-market analysis.
- Develop costed national HRH and community health strategies.
- Create HRH-CHW investment compacts.

Strengthen institutional arrangements for integration and sustainability.

- Redesign vertical management functions to support PHC integration.
- Harmonize pay scales aligned to national standards.
- Formalize CHW roles through harmonized job descriptions aligned with the essential package of services and related policies.
- Advance social contracting for community-led responses.

Prioritization approach & considerations

System Component

Prioritization considerations

Community Systems

Recognize, formalize, and institutionalize community systems as part of national/sub-national health systems.

- Expand PHC services through community-led services to ensure access to underserved populations.
 - Embed peers and treatment supporters for psychosocial, legal and adherence support.
 - Include peers and paralegals within the workforce.
- Ensure appropriate levels of CSS investment, including sustainable financing and fair remuneration for community-led services and peer workers. Costing should include organizational core costs, digital infrastructure, and community monitoring, alongside program delivery costs, and should identify insufficient CSS resourcing as a programmatic risk where communities are expected to anchor integrated services.
- Ensure sustainable financing and fair remuneration for community-led services.
- Use social contracting or performance-based financing to integrate community providers and peer-led services into PHC systems.
- Invest in peer-to-peer and south-south learning networks to accelerate the adoption of effective community-led models and build organizational capacity across community systems.

Collect, analyze and use social and behavioral data together with surveillance data.

- Use data to tailor community outreach and engagement to address local drivers of vulnerability, increase health-seeking behavior and reduce access barriers to HIV, TB and malaria services.

Integrate Community Led Monitoring (CLM) into health systems to understand quality, compliance and barriers to accessing health services.

- Embed community-led monitoring (CLM) within health information and quality systems to strengthen accountability and provide real-time insights on service quality and patient rights, safety, accessibility and experience.
- Integrate CLM data - both quantitative and qualitative - into HMIS, community health information systems (CHIS) and surveillance platforms to strengthen quality assurance, enhance program performance and enable coordinated referrals and care pathways.
- Establish community social listening mechanisms.
- Monitor integration processes and their contribution to health outcomes.

Prioritization approach & considerations

System Component

Prioritization considerations

Health Information Systems (HIS) and Strategic Data

Include all health information systems and tools within national HIS, surveillance, and digital strategies.

- Establish dashboards allowing for data triangulation and analysis across systems.
- Strengthen integration between surveillance, laboratory and supply data, create integrated dashboards, automated reporting and rapid outbreak detection and activation of action plans.

Integrate and ensure interoperability of data systems and their governance.

- Apply and ensure compliance with national data standards (e.g., HL7 FHIR).
- Create interoperable data hubs that house multiple sources.
- Establish or leverage existing governance structures for integrated data use.
- Establish data sharing agreements.

Strengthen data quality, use and ownership in an integrated way.

- Reduce the volume of data collected using the approach “collect once, use multiple times”.
- Reinforce data analysis and use at the sub-national level, leveraging data validation meetings.
- Invest in community-owned data systems and community capacity to generate, interpret, and use integrated data for community advocacy and program improvement.
- Provide pre- and in-service training on data use and reinforce it through supportive supervision and data quality assurance.
- Ensure quality assurance of integrated data within routine processes.

Simplify tools.

- Reduce fragmentation of paper and digital tools.
- Harmonize registries (e.g., ANCs).

Treat digital rights as a core principle in system design.

- Safeguard personally identifiable information through encryption and access controls.

Prioritization approach & considerations

System Component

Prioritization considerations

Laboratory Systems

Establish coordinated governance for laboratory systems strengthening (LSS).

- Create Laboratory Technical Working Groups with representation from disease programs, NPHI, laboratory directorate, surveillance authorities and others recognized by ministerial decree with decision-making authority.

Support integrated management and oversight of LSS interventions.

- Implement unified governance for cross-cutting interventions (e.g., External Quality Assurance proficiency testing programs).
- Remove distinctions between clinical diagnostic and public health functions.

Optimize utilization of molecular diagnostic platforms.

- Use multi-disease testing platforms or multiplexed assays.
- Strategically place relevant instruments based on data analysis, available resources and health needs.

Integrate sample transport systems for HIV/TB referrals, malaria samples and surveillance.

- Establish a single MoH unit to coordinate sample referral across all diseases.
- Enable co-financing from domestic resources and donors.
- Include the public and private sectors within networks.

Ensure that facility-level supply chains provide essential diagnostics.

- Provide tier-based diagnostic packages aligned with National Laboratory Strategic Plans.
- Strengthen basic clinical microbiology services aligned with AMR surveillance.

Pursue pooled procurement mechanisms and pricing service level agreements for molecular diagnostic platforms.

- Negotiate pooled procurement for commodities and service agreements to reduce costs.

Conduct integrated planning and budgeting for laboratory services.

- Budget for reagents, power, and skilled operators alongside capital equipment to ensure functionality.

Prioritization approach & considerations

System Component

Prioritization considerations

Supply Chain Systems

Support coordinated, comprehensive national supply chain governance.

- Establish governance structures for accountability and oversight.
- Develop holistic costed national strategies for coordinated financing.
- Strengthen coordination and harmonization of approaches across actors to avoid duplication and improve performance.

Use interoperable, standards-compliant supply chain information systems that are not limited to specific product types.

- Implement ERP, LMIS, WMS and TMS systems.
- Adopt a whole market approach incorporating public and private sector data.
- Integrate the analysis of service point stock management data into existing national health information review and analysis processes, such as district review and supervision meetings.

Adopt innovative, integrated and patient-centric multi-channel approaches to supply chain design.

- Ensure last-mile delivery extends beyond health facilities, reaching underserved and hard-to-access areas.
- Include commodities funded through different sources, including public, donor and private sector.
- Promote integrated forecasting, planning and analytics at health facilities and at the district level based on actual consumption.

Storage Strengthen disease-agnostic warehousing, inventory management and product traceability.

Consider integration of safe waste management for reduced emissions and better access and availability.

- Ensure coordination/convergence with other transportation networks (sample, supervision).
- Engage with Logistics Cluster in COE contexts or where activated.

Integration with other systems.

- Coordinate with the sample transport and supervision system.
- Advocate for the adoption of group purchasing platforms (Wambo/GDF) to purchase health products with co-financing.
- Integrate logistics flows between programs.

Prioritization approach & considerations

System Component

Prioritization considerations

Health Financing Systems

Strengthen financing systems and integrate HTM services into domestic financing.

- Partner with MoH, MoF and relevant ministries to integrate HTM into domestic financing; leverage co-financing commitments.
- Provide technical assistance for health technology assessments and budget impact assessments for integration.
- Promote joint planning and budgeting using public financial management (PFM) systems.

Support health financing strategies for UHC to ensure access to an expanded package of essential services.

- Support national health insurance schemes or other unified strategic purchasing or payment mechanisms.
- Pool funds and/or harmonize budgeting with other development partners.
- Use blended financing with multilateral development banks to incentivize HTM service delivery within broader health services.
- Align Global Fund financing with PFM systems (e.g., payment for results, joint planning, budgeting and budget execution across funding sources).

Support costing and efficiency analysis.

- Map service coverage, funding flows and resource gaps across all health system domains to inform allocation of resources to enhance integration and sustainability.

Risks, challenges & mitigation strategies (1/2)

Risks & challenges

Mitigation Strategies

<p>Cost-effectiveness. Well-integrated systems will mostly increase savings but may also entail higher initial costs for planning, alignment and implementation. Similarly, co-location of service delivery may entail additional costs for training, supervision and staffing, among others.</p>	<ul style="list-style-type: none"> • Ensure appropriate coordination across programs, health systems and levels of care within integration priorities. • Consider that while some efficiencies will be gained in the mid or long-term, ensure there is sufficient budget for initial integration investments. • Costing integrated activities can be challenging, but can help decision-making in the mid-long term.
<p>Diluted quality. Integration can compromise quality. For example, if health workers are expected to deliver services across multiple areas without an adequate number of workers, training, supervision or caseloads to maintain clinical expertise. It can also dilute currently specialized services (e.g., HIV care) when integrating with broader PHC.</p>	<ul style="list-style-type: none"> • Support integration strategies by task sharing reform and incorporating patient volumes that allow clinicians to maintain expertise, balancing accessibility with the need for critical caseloads. • Consider that integration of service delivery can be implemented gradually, to provide the grounds for learning and adapting. • Note that integration and specialized care <u>are not mutually exclusive</u>, and both will be necessary to provide adequate care. • Leverage strategically located specialist expertise and blended learning approaches (e.g., Hub and spoke models). • Use continuous quality improvement approaches for data-driven tailoring of interventions as integration progresses.
<p>Fragmented financing and governance. Siloed budgets & vertical program structures can hinder joint planning and implementation. Integration requires alignment across all levels of domestic and external funding sources & governance mechanisms, which may not always be in place.</p>	<ul style="list-style-type: none"> • Identify the existing integration opportunities that can catalyze broader work. • Consider how sub-national governance structures may need to adapt to reflect joint planning, shared accountability and performance monitoring for integrated, people-centered quality services. • Identify fragmentation within data systems, digital health and other critical investments and implement interoperable platforms to allow for adequate analysis.

Risks, challenges & mitigation strategies (2/2)

Risks & challenges

Mitigation Strategies

Limitations to access. Integrated models may unintentionally exclude or underserve most-at-risk populations if not designed with inclusion in mind. In contexts where these populations are key drivers of disease burden, failing to address them may have a disproportionate effect on epidemics.

- Tailor approaches and ensure continuous community and most-at-risk population engagement including social contracting and monitoring and evaluation such as community-led monitoring (CLM).
- Engage at-risk populations and PLHIV in planning, designing and monitoring service integration.
- Adopt a gradual transition approach to integration for key population services, based on community-led readiness assessments, recognizing rapid or unplanned transitions from community-based to facility-based delivery carry measurable risks of declining service uptake and loss to follow-up.
- Ensure that integrated platforms strengthen and retain the specialized competencies, peer models, and confidentiality protections that key population and AGYW programs require.
- In criminalized contexts, protect community service delivery points and ensure integrated data systems and referral pathways do not compromise client confidentiality or anonymity.
- Ensure that most-at-risk population communities have dedicated mechanisms to monitor whether integration is achieving effective access to services for those most at risk, and to escalate concerns where service access is declining. Support health facilities in the provision of non-discriminatory and competent care to key populations.

Planning and implementation complexity. Integration requires coordinated updates to guidelines, training, supervision, workforce systems, supply chains, and financing codes. These changes are resource-intensive and time-consuming, and excessive planning can delay implementation.

- Collaborate with partners and countries with similar contexts to capitalize on existing or ongoing work to address existing and emerging needs of planning and implementation.
- Focus first on essential updates and advocate for MOH to develop planning capacity for integrated service delivery.
- Adapt CCM composition to reflect and address the thinking around integration.

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

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

- <https://www.who.int/teams/health-financing-and-economics/health-financing/diagnostics/crossprogrammatic-efficiency-analysis>
- A blended learning approach for capacity strengthening to improve the quality of integrated HIV, TB, and malaria services during antenatal and postnatal care in LMICs: a feasibility study <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-06633-2>
- Integration of tuberculosis services with primary healthcare: converting challenges into opportunities [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00056-1/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00056-1/fulltext)
- Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review <https://pubmed.ncbi.nlm.nih.gov/articles/PMC6185992/>
- <https://www.who.int/activities/promoting-strategic-purchasing>
- Global Fund Modular Framework
- [Primary health care and HIV: convergent actions: policy considerations for decision-makers](https://www.who.int/publications/i/item/9789240111295) <https://www.who.int/publications/i/item/9789240111295>
- [CAS.tools - Health Campaign Effectiveness Coalition](https://campaigneffectiveness.org/cas-tools/) <https://campaigneffectiveness.org/cas-tools/>
- Principles of the Africa health workforce investment charter to stimulate sustainable health workforce investments DOI: [10.1007/s44250-025-00297-5](https://doi.org/10.1007/s44250-025-00297-5)
- WHO guidance AMR surveillance
- Mayigane LN, Vedrasco L, Chungong S. 7-1-7: the promise of tangible results through agility and accountability. *Lancet Glob Health*. 2023 Jun;11(6):e805-e806. doi: [10.1016/S2214-109X\(23\)00167-5](https://doi.org/10.1016/S2214-109X(23)00167-5)
- Guidance for conducting a country early action review (EAR): rapid performance improvement for outbreak detection and response, 31 August 2023. Geneva: World Health Organization; 2023 (WHO/WPE/HSP/CER/2023.1) see: <https://www.hl7.org/fhir/overview.html> and WHO's M RT Guidelines <https://www.who.int/teams/digital-health-and-innovation/smart-guidelines>
- Logistics Cluster <https://logcluster.org/en>
- Parenting and family interventions in lower and middle-income countries for child and adolescent mental health: A systematic review <https://doi.org/10.1016/j.comppsy.2024.152483>
- https://www.who.int/health-topics/universal-health-coverage#tab=tab_1
- <https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care>
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- Grépin KA, Reich MR (2008) Conceptualizing Integration: A Framework for Analysis Applied to Neglected Tropical Disease Control Partnerships. *PLoS Negl Trop Dis* 2(4): e174. doi: [10.1371/journal.pntd.0000174](https://doi.org/10.1371/journal.pntd.0000174)

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

- WHO Global strategy on human resources for health: Workforce 2030 (2020)
- Global strategy on human resources for health: Workforce 2030
- WHO Optimizing community health worker programmes for HIV services (2021)
- WHO Implementation guidance on transitioning to midwifery models of care (2025) <https://iris.who.int/handle/10665/381641>
- WHO recommendations on antenatal care for a positive pregnancy experience (2016)
- Humanitarian Interagency Working group Minimum Initial Service Package in Crisis Situation (2022)
- Minimum Initial Service Package (MISP) for SRH in Crisis Situations | United Nations Population Fund
- WHO Digital Implementation Investment Guide (DIIG): Integrating Digital Interventions into Health Programmes (2020) <https://www.who.int/publications/i/item/9789240010567>
- ITU and WHO Health Platform Handbook: Building a Digital Information Infrastructure (Infostructure) for Health (2020) <https://www.who.int/publications/i/item/9789240013728>
- WHO Ethics and governance of artificial intelligence for health (2021) <https://www.who.int/publications/i/item/9789240029200>
- America First Global Health Strategy September 2025 America First Global Health Strategy
- [PATH integration Primer](#)
- [PATH Prioritization for Integration Decisions \(RAPID\) Tool](#)
- [Integration That Works for Communities: A Community-Centred Framework for Integrated HIV, TB, and Malaria Investments on the Path to Domestic Sustainability](#) (2026) Communities Delegation to the Board of the Global Fund
- Primary health care and HIV: convergent actions: policy considerations for decision-makers (2023): www.who.int/publications/i/item/9789240077065
- Integration of HIV testing and linkage in family planning and contraception services: implementation brief (2021)
- WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach (2021): <https://www.who.int/publications/i/item/9789240031593>
- Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (2022) <https://www.who.int/publications/i/item/9789240052390>
- WHO Country guidance for planning triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus programmes (2025)
- Longevity Brief Global Fund (Link)