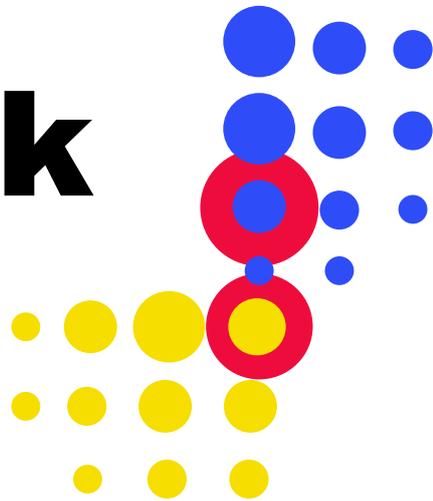


# Modular Framework



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## Handbook

Grant Cycle 8

Date published: 15 December 2025



Core  
Guidance



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# 1. Introduction

The Global Fund's Modular Framework Handbook guides applicants and implementers when completing the following Global Fund documents throughout the grant life cycle: Performance Framework (PF), Detailed Budget (DB), Progress Updates/Disbursement Requests (PU/DRs) and Health Product Management Template (HPMT).

It allows countries to organize program activities into standard modules and interventions for the three diseases (HIV, TB, malaria) and resilient and sustainable systems for health (RSSH) and select performance metrics that best align with their strategic priorities, health needs and specific country contexts.

The objective of this document is to support consistency when reporting on and monitoring progress of Global Fund grants. This handbook for Grant Cycle 8 replaces [the July 2022 version](#) (which remains available for GC7 grants) and includes updates and alignment with the latest technical guidance and partner recommendations.

During funding request, grant-making and subsequent reporting stages, applicants should use this document in conjunction with Global Fund information notes, technical briefs, available technical partner guidance and the country dialogue process to identify areas for strategic investments.

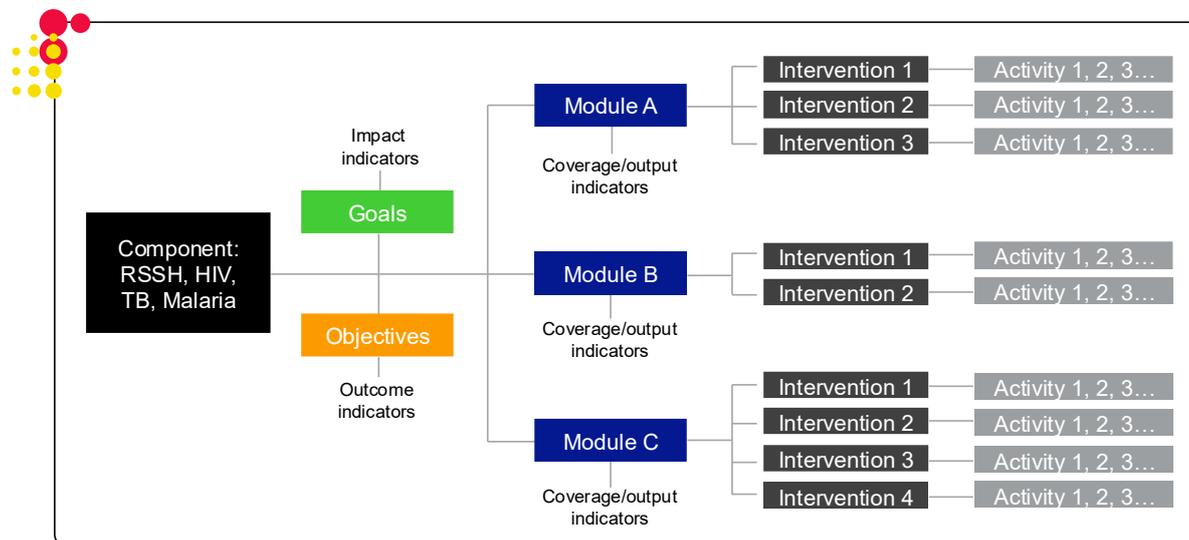
## 1.1 Definitions

The handbook is organized by component (RSSH, HIV, TB and Malaria), and contains modules, interventions, activities and indicators, as follows:

Level	Definition	Purpose	Example
<b>Module</b>	Broad programmatic area contributing to a strategic objective	Ensures standardization for budgeting and monitoring	Treatment Care and Support
<b>Intervention</b>	An area of specific programmatic focus within a module	Describes the type of support and action	Treatment monitoring - viral load, antiretroviral (ARV) toxicity and drug resistance
<b>Activity</b>	Specific tasks to operationalize interventions	Used for implementation planning and support costing.	Point of care and lab-based viral load testing
<b>Indicators</b>	Standardized measures to capture results linked to modules	Used to measure progress and performance	TCS-8 Percentage of people living with HIV and on ART with viral load test result



Figure 1: Structure of the Modular Framework Handbook



### 1.2 How to use this handbook

The handbook is structured in four components (RSSH, HIV, TB, Malaria), each divided into two sections. Section 1 outlines modules, interventions and illustrative list of activities while Section 2 provides the core list of indicators.

#### Section 1: Modules, interventions and illustrative list of activities

A module represents a broad programmatic area under each disease component or RSSH, that groups related interventions contributing to a specific objective. Each standard intervention includes a list of activities that can be adapted to country and program context. This set of modules, interventions and activities guides users to select and organize financial, procurement and programmatic information by strategic priority areas across grants and components.

##### TB Module: TB Diagnosis, Treatment and Care

Module	
TB Diagnosis, Treatment and Care	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB screening and diagnosis	<p>Activities related to early detection of all forms of TB among all ages and genders. This includes active case finding (in communities/outreach, and/or through contact investigation) and intensified case finding in health facilities. For example:</p> <ul style="list-style-type: none"> <li>Screening for TB disease using various tools such as digital X-rays (with or without computer-aided detection or artificial intelligence (CAD/AI) for X-ray readings).</li> <li>Diagnosis of TB using WHO-recommended rapid molecular diagnostic tools (WRD) and scaling up of WRD.</li> </ul>

#### Section 2: Core list of indicators

The list includes a set of Impact and Outcome indicators that are used to assess overall progress towards national program goals and objectives. In addition, each module has a list of proposed



coverage indicators to measure success of the program in reaching people with services. Based on the modules and interventions supported by the grants, a sub-set of indicators is selected and included in the performance framework.

Indicator type

TB coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">TB Diagnosis, Treatment and Care</a>	TBDT-1	TB notifications: Number of notifications of people diagnosed with a new episode of TB (all forms).	Age (<15, 15+) Gender (female, male) HIV status (positive, negative, unknown)

To facilitate navigation across the Handbook, sections 1 and 2 are interconnected within each component, with hyperlinks between modules, interventions and indicators. Hyperlinks are also used across RSSH, HIV, TB and malaria components to connect references to modules and interventions in different components.

**TB Module: TB Diagnosis, Treatment and Care**

Module	
TB Diagnosis, Treatment and Care	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB screening and diagnosis	<p>Activities related to early detection of all forms of TB among all ages and genders. This includes active case finding (in communities/outreach, and/or through contact investigation) and intensified case finding in health facilities. For example:</p> <ul style="list-style-type: none"> <li>Screening for TB disease using various tools such as digital X-rays (with or without computer-aided detection or artificial intelligence (CAD/AI) for X-ray readings).</li> <li>Diagnosis of TB using WHO-recommended rapid molecular diagnostic tools (WRD) and scaling up of WRD.</li> </ul>

Indicator type

TB coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">TB Diagnosis, Treatment and Care</a>	TBDT-1	TB notifications: Number of notifications of people diagnosed with a new episode of TB (all forms).	Age (<15, 15+) Gender (female, male) HIV status (positive, negative, unknown)

### 1.3 Selecting modules and interventions

Applicants are required to summarize their proposed activities and related investments in Global Fund funding requests and grant-making documents by selecting modules, interventions and indicators in the detailed budget and performance framework.

Activities related to delivery of quality HIV, TB or malaria services should be included under the relevant disease-specific modules. For more information, please refer to the [HIV](#), [TB](#) and [Malaria](#) Information Notes.

Cross-cutting activities related to strengthening health systems should be included in the RSSH modules. Pandemic preparedness and response (PPR) activities should be included under RSSH/PP modules. For more information, please see the [RSSH and PPR Information Note](#).



Activities supporting routine management of national programs and grants should be included under “[Program management](#)” module”.

## 1.4 Changes in the Modular Framework for GC8

To sustain the gains and accelerate progress towards the end of AIDS, tuberculosis and malaria as public health threats, in Grant Cycle 8, the Global Fund partnership must work on sharpening priorities and channel resources towards work that delivers the greatest value. With stronger attention to integrated services, value for money and human rights–based, gender-responsive programming, the updates below outline how these priorities have been integrated across the modular framework.

### Integration and Value for Money

In Grant Cycle 8, **integrated, people-centered service delivery** is considered a cornerstone of effective and sustainable health systems. The Global Fund will support countries to integrate HIV, TB and malaria services within the primary health care system, focusing on people’s health needs as a means to sustain gains and accelerate progress towards universal health coverage.

Value for money considerations, including effectiveness, efficiency, equity and sustainability, should be prioritized. Applicants can find more information in the [Value for Money Technical Brief](#).

Integration and value for money are embedded throughout all modules and interventions across HIV, TB, malaria, and RSSH to maximize impact and efficiency and enable equitable access to services. Examples of activities that promote integration are included under each intervention. For more information, see also the [Integration Technical Brief](#).

Additional support for the planning and management of integrated systems and services can be included under the “[Planning, management, and delivery of integrated people-centered services](#)” intervention within the RSSH module on “[Health Sector Governance and Integrated People-centered Services](#).”

### Human Resources for Health and Quality Improvement

In previous cycles, workforce investments were placed separately under HIV, TB and malaria modules. In GC8, countries are encouraged to give priority to investments in a polyvalent workforce. Activities related to human resources providing integrated services, in line with national human resources for health (HRH) and community health strategies should be included under the “[RSSH: Human Resources for Health \(HRH\) and Quality of Care](#)” module that contains interventions related to the development of the primary health care workforce, remuneration, training, integrated supportive supervision and quality improvement. Activities in these areas related to delivery of HIV, TB, TB/HIV or malaria specific services, if justified, should be included under the relevant disease specific modules, together with steps to gradually transition into a more integrated workforce investment, as relevant.



Activities to support community health workers (CHWs), including peers,<sup>1</sup> should also be included under the relevant CHW interventions in the “[RSSH: Human Resources for Health \(HRH\) and Quality of Care](#)” module. If necessary, CHW activities for a single disease should be included under the relevant disease modules. For example, human resources costs for vector control should be included under the “[Malaria: Vector Control](#)” module. HRH costs for staff whose primary role is to manage Global Fund grants should be included under the “[Program Management](#)” module.

## Human Rights and Gender-related Investments for Equitable Access to Services

The Global Fund continues to support activities that remove human rights and gender-related barriers to accessing HIV, TB and malaria services. The previous human rights and gender modules and interventions under the disease components have been consolidated into two new RSSH modules: “[RSSH: Reducing human rights-related barriers to HIV, TB and malaria services](#)” and “[RSSH: Reducing gender-related vulnerabilities and barriers to HIV, TB, malaria services.](#)”

All interventions must consider and address disease-specific human rights and gender issues, and these adaptations must be clearly reflected in the funding request. Activities promoting integrated approaches across diseases should be included in the new RSSH modules, while disease-specific interventions should be included within the respective HIV, TB or malaria components.

## Health and Climate

Climate-related disasters and shocks pose a significant threat to reversing the progress made in the fight against HIV, TB and malaria and disrupting system for health. The Global Fund supports both climate risk management and adaptation of HIV, TB and malaria programs, as well as investments that strengthen climate-resilient and environmentally sustainable health systems. Climate-relevant activities are embedded across modules and interventions.

Activities that build the longer-term climate resilience of health systems (e.g., developing climate-informed early warning and surveillance systems for climate-sensitive diseases) should be included under the relevant RSSH modules. Disease-specific activities that help manage climate risks, mitigate adverse impact on environment and adapt HIV, TB and malaria programs should be included under the relevant disease components, modules and interventions. For example, vector control activities responding to geographic expansion and reintroduction of malaria, or shifts in seasonality and intensity should be reflected in the malaria module “[Vector Control.](#)” For more information refer to the [Technical Brief on Climate and Health.](#)

## Protection from Sexual Exploitation, Abuse and Harassment

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<sup>1</sup> CHWs include polyvalent CHWs, peers, mentor mothers, adherence supporters, community psychosocial supporters, peer/community paralegals and other community-based workers.



To mitigate risks of sexual exploitation, abuse and harassment, activities to increase safe access to health services have been embedded within relevant modules and interventions, such as “[Grant Management](#)”, “[RSSH: Reducing human rights-related barriers to HIV, TB and malaria services](#)”; “[RSSH: Reducing gender-related vulnerabilities and barriers to HIV, TB, malaria services](#)”; “[Human Resources for Health \(HRH\) and Quality of Care](#)”; “[Community Systems Strengthening](#)” under the RSSH component, and “[Specific Prevention Interventions](#)”, “[Case Management](#)” and “[Vector Control](#)” under the malaria component. In accordance with the principle of “Do No Harm,” it is critical that all programs include proactive measures and mitigations designed to promote protection (prevention, response and support) of served populations. Special attention should be paid to the safety of children, women and other vulnerable populations.<sup>2</sup>

### 1.5 Modular Framework: RSSH and the Three Diseases

The table below provides a summary of the modules and interventions by component.

Component	Modules	Interventions
RSSH	Health Sector Governance and Integrated People-centered Services	• National health and cross-sector policy, strategy and coordination
		• Planning, management, and delivery of integrated people centered services
		• Supporting private sector engagement
	Community Systems Strengthening	• Community-led monitoring and advocacy
		• Community coordination and engagement in decision making
		• Organizational and leadership development
	Health Financing Systems	• Health financing schemes
		• Health financing strategies and planning
		• Public financial management (PFM) systems
		• Routine financial management systems
		• Advocacy and monitoring of co-financing commitments
		• Social contracting
		• Health financing data and analytics

<sup>2</sup> For more information please see the [PSEAH Guidance Note](#), the Codes of Conduct for [Recipients of Global Fund Resources](#) and [Country Coordinating Mechanism \(CCM\) Members](#), and the [Victim/Survivor Support Services Protocol](#).



Component	Modules	Interventions
	Health Products Management Systems	• Blended financing arrangements
		• Policy, strategy, governance
		• Storage and distribution capacity, design & operations
		• Planning and procurement capacity
		• Regulatory/quality assurance support
		• Avoidance, reduction and management of health care waste
		• Supply chain information systems
		• Augmenting national supply chain system with outsourcing
		• Climate-resilient health facilities and storage infrastructure
		• Climate-smart solutions for efficient and low-carbon health facilities and warehouses
	RSSH/PP: Human Resources for Health (HRH) and Quality of Care	• RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)
		• RSSH/PP: Education and production of new health workers (excluding community health workers)
		• RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers)
		• RSSH/PP: Continuous professional development for HRH (excluding community health workers)
		• RSSH/PP: Integrated supportive supervision for health workers (excluding CHWs)
		• RSSH/PP: Quality improvement and capacity building for quality of care
		• RSSH/PP: Community health workers: selection, pre-service training, certification and equipping
		• RSSH/PP: Community health workers: contracting, remuneration and retention
		• RSSH/PP: Community health workers: In-service training
		• RSSH/PP: Community health workers: Integrated supportive supervision
	RSSH/PP: Laboratory Systems	• RSSH/PP: National laboratory governance and management structures
• RSSH/PP: Quality management systems and accreditation		
• RSSH/PP: Laboratory information systems		



Component	Modules	Interventions
		• RSSH/PP: Geospatial analysis and network optimization
		• RSSH/PP: Laboratory-based surveillance
		• RSSH/PP: Laboratory supply chain systems
		• RSSH/PP: Specimen referral and transport system
		• RSSH/PP: Biosafety and biosecurity, infrastructure and equipment
	RSSH/PP: Medical Oxygen and Respiratory Care System	• RSSH/PP: Oxygen and respiratory care systems
	Monitoring and Evaluation Systems	• Governance
		• Routine reporting
		• Data quality
		• Surveillance for HIV, tuberculosis and malaria
		• Surveillance for priority epidemic-prone diseases and events
		• Surveys
		• Analyses, evaluations, reviews and data use
		• Administrative data sources
	Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	• Operational research
		• Eliminating HIV and TB-related stigma and discrimination in all settings
• Ensuring non-discriminatory provision of health care		
• Legal literacy (“Know Your Rights”)		
• Increasing access to justice		
• Ensuring rights-based law enforcement practices		
• Improving laws, regulations and policies		
• Community mobilization and advocacy for human rights		
Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services	• Transforming harmful gender norms and reducing gender discrimination	
	• Preventing and responding to violence against women and girls in all their diversity	



Component	Modules	Interventions
HIV	Program Management	<ul style="list-style-type: none"> <li>• Coordination and management of national disease control programs</li> <li>• Grant management</li> </ul>
	HIV Prevention	<ul style="list-style-type: none"> <li>• Condom and lubricant programming (7 interventions)</li> <li>• PrEP and PEP programming (7 interventions)</li> <li>• HIV prevention communication, information and demand creation (7 interventions)</li> <li>• Community mobilization for HIV prevention</li> <li>• Sexual and reproductive health services, including STIs, hepatitis, post-violence care (7 interventions)</li> <li>• Needle and syringe programs for PWID</li> <li>• Opioid agonist maintenance treatment and other medically assisted drug dependence treatment for PUD</li> <li>• Overdose prevention and management for PUD</li> <li>• Sexual health education for AGYW and adolescent boys and young men (ABYM)</li> <li>• Social protection for AGYW in high HIV incidence settings</li> <li>• Voluntary medical male circumcision</li> <li>• Prevention program stewardship</li> </ul>
	Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	<ul style="list-style-type: none"> <li>• Integrated testing of pregnant women for HIV, syphilis and hepatitis B</li> <li>• Prevention of incident HIV among pregnant and breastfeeding women</li> <li>• Post-natal infant prophylaxis</li> <li>• Early infant diagnosis and follow-up HIV testing for exposed infants</li> <li>• Retention support for pregnant and breastfeeding women (facility and community)</li> </ul>
	Differentiated HIV Testing Services	<ul style="list-style-type: none"> <li>• Testing for key population (KP) programs (MSM, sex workers, trans and gender diverse people, PUD, prisoners)</li> <li>• Testing for high-risk adolescent girls and young women (AGYW) and their male sexual partners programs in settings with moderate and high HIV incidence</li> <li>• Testing for others at risk of HIV infection (including OVP)</li> </ul>



Component	Modules	Interventions
	Treatment, Care and Support	• "HIV treatment and differentiated service delivery – adults (15 and above)
		• HIV treatment and differentiated service delivery - children (under 15)"
		• Treatment monitoring - viral load, antiretroviral (ARV) toxicity and drug resistance
		• Integrated management of common co-infections and co-morbidities (adults and children)
		• Diagnosis and management of advanced HIV disease (adults and children)
	TB/HIV	• TB/HIV - Collaborative interventions
		• TB/HIV - Screening, testing and diagnosis
		• TB/HIV - Treatment and care
• TB/HIV - Prevention		
TB	TB Diagnosis, Treatment and Care	• TB screening and diagnosis
		• TB treatment, care and support
	Drug-resistant (DR)-TB Diagnosis, Treatment and Care	• DR-TB diagnosis/ drug susceptibility testing (DST)
		• DR-TB treatment, care and support
	TB/DR-TB Prevention	• Screening/testing for TB infection
		• Preventive treatment
		• Infection prevention and control (IPC)
	Collaboration with Other Providers and Sectors	• Private provider engagement in TB/DR-TB care
		• Community-based TB/DR-TB care
		• Linkage to social protection for KVP affected by TB
		• Collaboration with other programs/sectors
	Key and Vulnerable Populations (KVP) – TB/DR-TB	• KVP - Children and adolescents
		• KVP - People in prisons/jails/detention centers
		• KVP - Others



Component	Modules	Interventions	
Malaria	TB/HIV	• TB/HIV - Collaborative interventions	
		• TB/HIV - Screening, testing and diagnosis	
		• TB/HIV - Treatment and care	
		• TB/HIV - Prevention	
	Vector Control	• Insecticide treated nets (ITNs) (5 interventions)	
		• Indoor residual spraying (IRS)	
		• Other vector control measures	
		• Entomological monitoring	
		• Social and behavior change (SBC)	
		Case Management	• Facility-based treatment
			• Integrated community case management (iCCM)
			• Private sector case management
			• Epidemic preparedness
• Intensified activities for elimination			
• Surveillance of biological threats to malaria intervention efficacy			
• Social and behavior change (SBC)			
Specific Prevention Interventions (SPI)	• Intermittent preventive treatment (IPT) - in pregnancy		
	• Seasonal malaria chemoprevention		
	• Mass drug administration		
	• Other chemoprevention interventions in children (PMC, IPTsc, PDMC)		
	• Social and behavior change (SBC)		



## 2. Resilient and Sustainable Systems for Health (RSSH)

### 2.1 Modules, interventions and illustrative list of activities

#### RSSH Module: Health Sector Governance and Integrated People-centered Services

Module	
RSSH: Health Sector Governance and Integrated People-centered Services	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
National health and cross-sector policy, strategy and coordination	<p>Activities related to planning, developing, implementing, reviewing and reporting on health sector strategies, policies, regulations, guidelines, protocols with linkages to policies and strategies for HIV, TB, malaria and broader health outcomes. For example:</p> <ul style="list-style-type: none"> <li>• Development of national health sector policies and strategies, including universal health coverage, primary health care (PHC), and PHC-oriented models of care.</li> <li>• Development of costed disease national strategic plans linked to national health sector policies and strategies.</li> <li>• Cross-sectoral policies and coordination for pandemic preparedness and response (PPR), such as national action plans for health security, disaster risk assessment, emergency responses, One Health/antimicrobial resistance prevention, and making health care services more resilient to climate change.</li> <li>• Cross-sectoral policies and coordination addressing social and economic determinants of health, including poverty, social protection, housing, education, labor and other relevant sectors.</li> <li>• Mid- and end-term strategy reviews at national and subnational level.</li> <li>• Leadership development and capacities for whole-system planning, learning and decision-making.</li> <li>• Assessments including joint external evaluations, after-action reviews, simulation exercises.</li> <li>• Development of health national adaptation plans (HNAPs), climate and health vulnerability and adaptation assessments, climate and health risk mapping, carbon footprint assessments for low-carbon health systems, cost of inaction, and other economic analysis for climate and health policies and plans.</li> </ul> <p>→ <b>Activities related to development and costing of subsector plans (e.g. health financing, community systems, health management information systems, laboratory and human resources for health) should be included under the relevant modules.</b></p> <p>→ <b>Activities related to costing and financing of national plans, including development and costing of essential care packages, should be included under the “<a href="#">RSSH: Health Financing Systems</a>” module.</b></p>



**Module**  
RSSH: Health Sector Governance and Integrated People-centered Services

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
<p>Planning, management, and delivery of integrated people centered services</p>	<p>Activities related to planning, management and implementation of integrated services at primary health care (PHC) and community level. For example:</p> <ul style="list-style-type: none"> <li>• Joint department/division-level planning, costing and coordination (including technical support).</li> <li>• Sector-level (e.g. policy and planning department) reviews of health service delivery systems and data analysis to inform integrated health planning priorities, such as cross-programmatic efficiency, geo-spatial, workforce analysis, structural barriers to services, and others.</li> <li>• Cross department, and division-level capacity strengthening of disease control programs and PHC units to manage and implement integrated service delivery models. Includes strengthening district management systems and service delivery mechanisms.</li> </ul> <p>→ <b>Activities related to planning, strategy development and capacity building for integrated functioning of specific RSSH areas should be included under the relevant RSSH modules.</b></p> <p>→ <b>Integration of disease-specific programs into health financing frameworks and development of essential packages of services linked to health insurance services should be included under the “<a href="#">RSSH: Health Financing Systems</a>” module.</b></p>
<p>Supporting private sector engagement</p>	<p>Activities related to engaging private sector entities in service provision and other health sector functions. For example:</p> <ul style="list-style-type: none"> <li>• Development of national planning, regulations and guidelines.</li> <li>• Assessment, technical assistance and capacity building of government to effectively engage with the private sector through policy dialogue, information exchange, regulation and financing.</li> <li>• Accountability mechanisms to ensure the private sector responds to the needs of populations according to national health plans and strategic priorities.</li> <li>• Franchising, networking, public-private facility referral mechanisms, and other innovations to expand private sector outreach.</li> <li>• Coordination mechanisms to support decarbonization and adoption of renewable energy solutions for health services by private sector, including development of regulations, standards and guidelines.</li> </ul> <p>→ <b>Activities related to private sector engagement in specific RSSH areas (i.e., health products, health information systems, laboratories, and others) should be included under the relevant RSSH modules.</b></p> <p>→ <b>Activities related to disease-specific service delivery by private sector providers should be included under the relevant disease modules.</b></p> <p>→ <b>Activities for contract management and public financing for private sector service delivery — especially by civil society and community-led and -based organizations — should be included under the “<a href="#">RSSH: Health Financing Systems</a>” module.</b></p>



### RSSH Module: Community Systems Strengthening

Module RSSH: Community Systems Strengthening	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Community-led monitoring and advocacy	<p>Activities related to accountability mechanisms led and implemented by local community-led organizations to improve service quality and access; monitor and report human rights violations and sexual exploitation and abuse; monitor and report on gender inequalities; monitor health financing and budgets; and support pandemic preparedness, prevention and response to climate impact on health through data-driven advocacy and meaningful engagement. For example:</p> <ul style="list-style-type: none"> <li>• Development of national community-led monitoring (CLM) frameworks and advocacy strategies for public health facilities, private facilities and in community settings.</li> <li>• Piloting of new CLM mechanisms and implementation of CLM programs including learning and refinement.</li> <li>• Guidelines and technologies for data management and storage, such as procurement of digital data collection equipment, licenses, and software for data security and confidentiality.</li> <li>• Tools and guidance to monitor climate vulnerability of community health systems, impacts of climate change on communities affected by HIV, TB and malaria, and impact of community participation in initiatives to mitigate climate health impacts.</li> <li>• Technical support and capacity building of community-led organizations to develop and implement climate and health justice advocacy strategies, pilot innovative monitoring frameworks, data collection, analysis and use, and meaningful engagement in service delivery.</li> <li>• Leadership and management skills building for women, adolescent girls, trans and gender-diverse people and key and vulnerable populations, including young key populations in CLM strategies, implementation and related advocacy.</li> <li>• Presentation and discussion of CLM data and recommendations in various governance structures, oversight mechanisms and other decision-making fora from national to local levels (districts).</li> </ul> <p>→ <b>CLM is complementary to routine program monitoring. Activities related to routine monitoring and evaluation should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module.</b></p> <p>→ <b>Activities related to monitoring of and advocacy on health financing, health budgets, and co-financing commitments and related capacity building should be included in the module “<a href="#">RSSH: Health Financing Systems</a>,” under the “<a href="#">Advocacy and monitoring of co-financing commitments</a>” intervention.</b></p> <p>→ <b>Monitoring human rights violations through CLM should be included in this intervention. Human rights capacity building and follow-up activities such as referrals and legal support should be included in the “<a href="#">Reducing Human Rights-related Barriers to HIV, TB and Malaria Services</a>” module.</b></p> <p>→ <b>Engagement of community actors in decision-making fora should be included under the “<a href="#">Community coordination and engagement in decision making</a>” intervention.</b></p>



**Module**

RSSH: Community Systems Strengthening

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Community coordination and engagement in decision making	<p>Activities related to the participation of communities and populations/groups most affected by HIV, TB and malaria (including key and vulnerable populations and women, adolescent girls, young key populations and trans and gender-diverse people) in national, subnational and local planning and decision-making fora and processes. For example:</p> <ul style="list-style-type: none"> <li>• Community participation in national health planning; development of national strategic plans and community health strategies; PHC and UHC review and development; pandemic preparedness and response plans, and climate and health related planning; technical working groups; and national key populations platforms.</li> <li>• Building capacity and support for participation and representation in national health decision-making and planning.</li> <li>• Participatory needs assessments, community-led situational analysis, community-led research and analysis.</li> <li>• Community coordination in decision-making through engagement with key populations and gender equality.</li> <li>• Mapping of stakeholders, including community-led and community-based organizations, civil society organizations, professional associations and networks/coalitions, and information sharing.</li> </ul> <p>→ <b>Disease-specific community engagement and mobilization activities for quality health services should be included under the relevant disease module.</b></p> <p>→ <b>Support for country coordinating mechanisms (CCMs) or community representation/engagement on CCMs should not be included in the country grants.</b></p>
Organizational and leadership development	<p>Activities related to establishing, strengthening and sustaining collaborative relationships between health systems and relevant civil society organizations (especially those that are led by communities and service users, such as key populations, women, youth and people living with the three diseases), community organizations and networks. For example:</p> <ul style="list-style-type: none"> <li>• Capacity building and mentoring of community-led and -based organizations, including small grants to: <ul style="list-style-type: none"> <li>○ Enhance their role in integrated service delivery, social mobilization and readiness for future social contracting mechanisms.</li> <li>○ Implement tools such as Community Pulse, vulnerability and capacity assessments (including climate and health vulnerability).</li> <li>○ Document and respond to barriers related to human rights, gender equality and health equity; conduct community-led research and advocacy; and actively engage in civic space.</li> </ul> </li> <li>• Development of strategy, governance and programmatic management documents for community-led and -based organizations.</li> <li>• National- or regional-level peer-learning initiatives to operationalize normative guidance; and strategic feedback loops to share implementation experiences, lessons learned and best practices to inform programming, policy and decision-making.</li> <li>• Registration of community organizations, including preparation and/or revision of necessary documents. Where registration is not possible, costs associated with legal advice, fiscal hosting arrangements, and overhead for consortium management and planning.</li> </ul>



**Module**

RSSH: Community Systems Strengthening

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Organizational and leadership development (continued)	<ul style="list-style-type: none"> <li>• Direct and indirect core costs, such as salaries of core staff, electricity, Wi-Fi, safety and security measures, office space of community-led organizations and networks.</li> <li>• Leadership development, including mentoring new emerging leaders/champions from under-represented communities affected by HIV, TB and malaria, such as peer-to-peer learning events at regional and national level and networking.</li> <li>• Training for community leaders (including youth and women’s associations) on social determinants of health and resilient community systems, including climate-health risk communication, community-based climate adaptation and resilience tools.</li> <li>• Partnerships and collaboration across communities and civil society and other sectors.</li> </ul>

**RSSH Module: Health Financing Systems**

**Module**

RSSH: Health Financing Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Health financing schemes	<p>Activities to establish or strengthen health financing schemes to enhance financial access to health services, particularly for vulnerable and marginalized HIV, TB and malaria populations, as part of national UHC efforts. This may include developing and implementing policies, programs and systems that pool health risks, such as community-based insurance, social or national health insurance schemes and tax-based national health schemes. For example:</p> <ul style="list-style-type: none"> <li>• Developing health sector budgets at various levels, from national to sub-national levels.</li> <li>• Linking health planning and budgeting processes and outputs, including linkages between medium term expenditure framework and annual budget envelopes for the health sector.</li> <li>• Review of benefit packages, provider payment mechanisms, and their administration and management.</li> <li>• Identification of target groups and setting up monitoring and evaluation systems for health financing schemes, including fund flows, use and financial protection rates, and beneficiary experiences.</li> <li>• Analysis of gender disparities within/across vulnerable populations and measures to improve access to and use of health financing schemes.</li> <li>• Subsidize health financing schemes for vulnerable populations to enhance affordability and coverage.</li> <li>• Awareness campaigns to educate communities on the benefits of and participation in health financing schemes, including advocating for revisions to costs of packages.</li> <li>• Engagement with non-state actors to ensure access and use of health financing schemes.</li> <li>• Comprehensive social protection networks by collaborating across sectors (e.g., community development, social welfare, labor and finance).</li> </ul>



**Module**

RSSH: Health Financing Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Health financing schemes (continued)	<ul style="list-style-type: none"> <li>Evidence generation to guide legal and policy reforms, and financing strategies that expand health financing schemes.</li> <li>Expansion of health financing schemes to include climate-related risks, e.g., heat-related conditions, vector-borne diseases, emergency health support.</li> </ul>
Health financing strategies and planning	<p>Activities related to the assessment, design, development, and implementation of national health financing strategies. These may support reforms and plans to enhance the integration and sustainability of health programs, to transition from Global Fund financing and to counter the impacts of climate change. For example:</p> <ul style="list-style-type: none"> <li>Development of health financing strategies that facilitate national pooling, strategic purchasing and provider payment mechanisms.</li> <li>Sustainability and transition readiness assessments and plans that consider Global Fund transition within overall domestic resources and other donor transition processes.</li> <li>Advocacy activities and facilitation of multistakeholder dialogue and engagement for implementation of health financing strategies for universal health coverage and domestic resource mobilization.</li> <li>Expansion of health financing strategies to incorporate climate change risks and resource mobilization and to address climate impacts on health systems.</li> <li>Pooling of funds for HIV, TB, and malaria, into broader health financing frameworks.</li> </ul>
Public financial management (PFM) systems	<p>Activities related to strengthening and aligning Global Fund grants financial management and co-financing monitoring systems to country financial management systems for budgeting, accounting, reporting and assurance provision. For example:</p> <ul style="list-style-type: none"> <li>Baseline capacity assessments required to determine suitability of public financial management architecture for Global Fund grant financial management and co-financing.</li> <li>Capacity building or technical assistance to address critical gaps in public financial management systems, including:               <ul style="list-style-type: none"> <li>Optimizing government financial management information systems (or accounting software).</li> <li>Mapping Global Fund's costing dimension to government chart of accounts.</li> <li>Strengthen and integrate government institutional arrangements and oversee development partner-funded projects.</li> <li>Optimizing national treasury and funds flow arrangements to ensure optimal flow of funds to the last mile or service delivery unit.</li> <li>Improving government operational policies and procedures, including internal controls strengthening.</li> <li>Installing and/or optimizing internal audit mechanisms of government.</li> <li>Conducting external audit assurance using supreme audit institutions.</li> <li>Improving human resources, e.g., capacity building of auditing bodies/implementers.</li> <li>Integrating climate-resilient budgeting practices to track climate-related health expenditures.</li> <li>Incorporating gender-responsive approaches across health sector budgeting processes.</li> </ul> </li> </ul>



**Module**

RSSH: Health Financing Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Routine financial management systems</p>	<p>Activities related to establishing, strengthening or optimizing routine financial management systems used by Principal Recipients (PRs) to manage the Global Fund’s investments in countries. Also refers to any integration or donor-harmonization efforts that enable the use of a shared service or common financial management system for managing development partner funding. For example:</p> <ul style="list-style-type: none"> <li>• Fiduciary oversight and control of grant funding. Timely and quality financial reporting to support grant management.</li> <li>• Human resources for financial management, financial management processes and information systems (i.e., introduction or optimization required to accounting or ERP systems).</li> <li>• Effective treasury and funds flow management.</li> <li>• Robust financial risk management and assurance processes.</li> <li>• Creation, optimization and/or strengthening of financial management systems for project or program implementation units for management of Global Fund investments.</li> </ul> <p>→ <b>For government PRs that manage Global Fund grants through national systems, use the “<a href="#">Public financial management (PFM) systems</a>” intervention, as relevant.</b></p>
<p>Advocacy and monitoring of co-financing commitments</p>	<p>Activities related to advocacy at multiple levels to hold governments accountable for co-financing commitments and increasing domestic resource mobilization, including those led by community organizations, networks, and civil society actors, particularly those representing marginalized and vulnerable populations. For example:</p> <ul style="list-style-type: none"> <li>• Advocacy activities related to increasing domestic financing for health, improving more health for the money.</li> <li>• Development of legal frameworks to ensure the role of civil society organizations (CSOs) in advocacy and accountability under national health programs.</li> <li>• Research and advocacy efforts to formalize CSO roles within national health systems, integrating them into routine service delivery and planning processes, including at national and sub-national levels.</li> <li>• Public engagement plans for the development of health budgets and advancing grass roots transparency and accountability regarding government health spending and budgeting processes. Institutionalizing M&amp;E systems and frameworks to continuously assess the impact of CSOs contributions to health programs, ensuring accountability and enabling ongoing improvements.</li> <li>• Capacity building to enable engagement in the development of policy, legal, and regulatory frameworks that enshrine CSOs’ role in advocacy and accountability under national health programs.</li> </ul>



**Module**

RSSH: Health Financing Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Social contracting	<p>Activities related to funding and creating frameworks and processes that enable effective contracting with CSOs and community-based organizations (CBOs) for advocacy and health service delivery, including harm reduction services and community-led responses. For example:</p> <ul style="list-style-type: none"> <li>• Development of legal frameworks to ensure CSOs' role in advocacy and accountability under national health programs.</li> <li>• Consultation with community and civil society, service providers and health financing experts to determine the preferred model for social contracting within the country context.</li> <li>• Development of assessment tools to evaluate CSO capacities to provide quality services, monitoring and other type of responses.</li> <li>• Periodic joint reviews of social contracting frameworks with community members and CSOs.</li> <li>• Development and/or revision of policies and legal and regulatory frameworks through inclusive policy dialogues to facilitate contracting with CSOs and CBOs.</li> <li>• Capacity-building for CSOs and CBOs, equipping them to meet contractual requirements and deliver quality services, including climate-sensitive and other critical health services.</li> <li>• Provision of technical support and bridge funding through transition periods to maintain continuity of services.</li> </ul> <p>→ <b>Activities related to broader private sector engagement should be included under the module <a href="#">“RSSH: Health Sector Governance and Integrated People-centered Services”</a> module.</b></p>
Health financing data and analytics	<p>Activities related to strengthening systems to generate costing, financing and expenditure data to improve the monitoring of health and disease financing, financial planning and budgeting, value for money of investments, and impact of climate change on health needs. For example:</p> <ul style="list-style-type: none"> <li>• Health expenditure tracking, including national health accounts, national AIDS spending assessment, resource tracking for community-based and community led services, joint expenditure analysis of disease programs with partners, public expenditure reviews, and other expenditure assessments.</li> <li>• Health budget review and analysis.</li> <li>• Costing of health sector plans, national strategic plans for disease programs, investment cases, operational plans and program implementation, climate-health action plans and national health adaptation plans.</li> <li>• Analysis of climate impacts on health spending and interventions.</li> <li>• Fiscal space for health assessments, health financing system assessments, health financing progress matrix, innovative taxation policy, implementation of the country-owned Sustainability Roadmap and other health financing diagnostics.</li> <li>• Efficiency analyses to maximize return on investment across funding sources.</li> </ul>



<b>Module</b> RSSH: Health Financing Systems	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Health financing data and analytics  (continued)	<ul style="list-style-type: none"> <li>• Tailored cost-effectiveness and budget impact analyses to inform the adoption or prioritization of (new) technologies, interventions/intervention mixes across populations and geographies and service delivery modalities.</li> <li>• Geospatial analysis of physical and financial accessibility to services to inform investment decisions.</li> <li>• Technical assistance, capacity building and operational support.</li> </ul>
Blended financing arrangements	<p>Activities related to leveraging additional resources (financial and technical) from other development partners, such as multilateral development banks, through innovative financing mechanisms and its effective use to catalyze or scale up disease services coverage and/or health sector reforms to address sustainability bottlenecks. For example:</p> <ul style="list-style-type: none"> <li>• Technical support for the development or implementation of innovative finance mechanisms, including to finance climate adaptation and mitigation needs of health sector.</li> <li>• Investments through innovative financing mechanisms, such as loan buy-downs.</li> <li>• Administrative expenses of development partners for innovative financing including fees and prepayment premiums.</li> <li>• Mobilization of climate and health finance by engaging both health, climate and environmental partners to jointly fund interventions for health services resilience in regions with high climate vulnerability.</li> </ul>

### RSSH Module: Health Products Management Systems

<b>Module</b> RSSH: Health Products Management Systems	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Policy, strategy, governance	<p>Activities related to the development, revision and implementation of a national multilevel health product management strategy ensuring collaboration across public and private sectors. For example:</p> <ul style="list-style-type: none"> <li>• National medicines policy (including adopting the WHO “AWaRe” classification), diagnostics and/or medical devices policy.</li> <li>• National strategy for procurement and supply chain management (PSCM) including Quality Assurance and logistics master plan/implementation plan. Can include plans for more climate-resilient, low-carbon, environmentally sustainable health products and action plans.</li> <li>• Essential medicines lists, essential diagnostics lists, national drug formularies and standard prevention, diagnosis and treatment guidelines. Malaria specific: removing artemisinin monotherapies through protocols, guidelines, audits.</li> </ul>



**Module**

RSSH: Health Products Management Systems

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Policy, strategy, governance  (continued)	<ul style="list-style-type: none"> <li>• Procurement legislation and manuals (laws/policies/guidelines, tools, etc.), including on regulatory matters and quality assurance/quality control.</li> <li>• Quality assurance management tools (regulatory and legal frameworks, policies, standards, documentation, standard operating procedures, forms, reports, etc.) for quality, safety and efficacy of health products.</li> <li>• National health products management, procurement and supply chain management coordination, supportive supervision and monitoring mechanisms, including integration of disease-specific vertical systems into a broader cross-program national system.</li> <li>• Development of health products supply chain, regulatory authority workforce policies and capacity building programs within context of HPM and broader HRH policies.</li> <li>• Strategy, policies and governance related to supply chain and regulatory Information systems, processes, standards and data.</li> </ul>
Storage and distribution capacity, design & operations	<p>Activities related to ensuring appropriate storage, inventory management, distribution, design and operationalization of supply chain of health products, including cold chain, to strengthen national supply chain performance. For example:</p> <ul style="list-style-type: none"> <li>• Assessment of the supply chain maturity, including maturity in implementing good storage and distribution practices for medical products.</li> <li>• Warehouse management capacity building.</li> <li>• Cost analyses between building versus renting of supply chain infrastructure (e.g., warehouses, fleet), and calculations of reasonable PSM costs for budgeting purposes.</li> <li>• Strategic needs assessments of the current storage and transport capacity, including future needs and efficiency evaluation.</li> <li>• Analysis, optimization and redesign of product flows, including flow paths, frequency, cycles, buffer stock, transport fleet, routes and transport modes.</li> <li>• Design of product flows (and data and financial flows) across public and private actors in mixed public-private delivery systems including distribution through private sector pharmacies or drug shops.</li> <li>• Tools, technology and capacity building to enable supply chain design exercises.</li> <li>• Infrastructure upgrade (central and/or peripheral level), for example:               <ul style="list-style-type: none"> <li>○ Physical warehouse infrastructure upgrade/increase of storage capacity.</li> <li>○ Increase of distribution capacity.</li> <li>○ Equipment for warehouse management.</li> </ul> </li> <li>• Temperature and relative humidity monitoring systems, such as temperature mapping, installation of temperature monitoring devices in warehouses (e.g., data loggers), vehicles, consignments and facilities. Development of SOPs to guide management of health products to avoid extreme heat exposure, including temperature or cold chain requirements, and steps to monitor temperature-sensitive health products, emergency relocation of stock, and others.</li> </ul>

**Module**

## RSSH: Health Products Management Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Storage and distribution capacity, design & operations (continued)	<ul style="list-style-type: none"> <li>Development and dissemination of guidelines/manuals/standard operating procedures on distribution, storage and inventory management of health products.</li> </ul> <p>→ <b>IT equipment and software for warehouse management should be included under the “<a href="#">Supply chain information systems</a>” intervention.</b></p>
Planning and procurement capacity	<p>Activities related to supporting effective planning and procurement of health products and services including for climate resilient and sustainable health product management including engagement of private sector. For example:</p> <ul style="list-style-type: none"> <li>Capacity building for planning, quantification, forecasting, planning and procurement of health products, including phase-in and phase-out of products.</li> <li>Monitoring procurement and supplier performance. Includes data tools for procurement management (e.g., procurement portal, ERP, supplier management, etc.).</li> <li>Development or updating of guidelines, training and adoption of responsible procurement practices that emphasize low-carbon, sustainable products with minimal packaging.</li> <li>Review of environment and sustainability practices and compliance with local/national/international laws and environmental regulations. Includes collection of information related to environment and sustainability practices, such as reducing greenhouse gas emissions.</li> </ul>
Regulatory/quality assurance support	<p>Activities to develop and strengthen the capability of the regulatory authorities in their key regulatory functions including quality management and risk management systems. For example:</p> <ul style="list-style-type: none"> <li>Assessment of the maturity of regulatory systems and development of regulatory Institutional development plan.</li> <li>Licensing, dossier assessment, registration/market authorization, and safety monitoring.</li> <li>National registration processes for health products to improve faster access in national markets.</li> <li>Meetings and trainings with in-country stakeholders to facilitate market access to new health technologies of public health value that are recommended by WHO.</li> <li>Pharmacovigilance and others vigilance activities.</li> <li>Marketing surveillance activities of medicines and other health technologies (including in-vitro diagnostics and equipment).</li> <li>Quality control (QC) of health products, such as supporting QC lab accreditation or prequalification.</li> <li>Malaria-specific: Supporting active recall and disposal of existing artemisinin monotherapy (or substandard/counterfeit anti-malarial) stocks from the market.</li> <li>Support the licensing, inspection, and enforcement of manufacturing sites and distribution chain.</li> </ul>



**Module**

RSSH: Health Products Management Systems

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Regulatory/quality assurance support (continued)	<ul style="list-style-type: none"> <li>• Development and dissemination of regulatory frameworks, strategies to combat counterfeits, collaboration with enforcement bodies (Ministry of Justice, police, customs/border control).</li> <li>• Information Management Systems (software, hardware, training, technical assistance, including system interoperability capacity) for regulatory data.</li> </ul>
Avoidance, reduction and management of health care waste	<p>Activities related to strengthening national systems for management of health care waste, including sustainable innovative methods to prevent, minimize and recycle lab waste and other healthcare waste. For example:</p> <ul style="list-style-type: none"> <li>• Assessments and interventions for responsible green procurement of health products and sustainable “deliver” and “return” supply chains compliant with international and national regulations.</li> <li>• Waste management in the supply chain – including risk assessments, supply chain design, and operations i, including reverse logistics of generated medical waste and/or of recalled and no longer needed products.</li> <li>• Development or updating the national plan for the management of health care waste and design of sustainable, safe and environmentally friendly interventions for the management and/or disposal of health care and lab waste.</li> <li>• Safe collection, classification and segregation, handling, return transportation, recycling and/or treatment and disposal of lab and medical waste.</li> <li>• Trainings for human resources across all tiers in the public and private sectors to increase awareness and improve competency in waste management practices, including the return supply chain.</li> <li>• Infrastructure and equipment for the collection, transport, treatment and disposal of health care waste that are compliant with environmental and occupational health standards.</li> <li>• Public-private partnerships and engagement of communities and civil society for sustainable and environmentally friendly health care waste management.</li> <li>• Assessment and management of greenhouse gas (e.g., CO2) emissions across the life cycle of health care waste. Adoption of climate-resilient health waste management measures, including transport and management of hazardous healthcare waste in case of extreme weather events, and improved storage areas for storing extra waste.</li> <li>• Operational costs related to waste collection, transportation, destruction or costs related to procurement, installation, maintenance and running of smaller scale waste destruction sites/equipment.</li> </ul>
Supply chain information systems	<p>Activities related to deployment of supply chain information management systems. For example:</p> <ul style="list-style-type: none"> <li>• Electronic logistics management information system (eLMIS), warehouse management systems (WMS), master data/national product catalog, forecasting and supply planning, order management, transport management, track and trace, information systems for regulatory data.</li> <li>• Capacity building in the design and deployment of dashboards, development of stock monitoring reports and dissemination and reporting for evidence-based decision-making including performance monitoring mechanisms and indicators.</li> </ul>

**Module**

## RSSH: Health Products Management Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
	<ul style="list-style-type: none"> <li>Artificial Intelligence (AI)/Machine Learning (ML) for supply chain applications e.g. improved forecasting and allocation, inventory management, or enhanced route planning and execution.</li> <li>Support capacity building to design governance systems and structures to accelerate supply chain data use.</li> <li>Support data analytics and visualization (reporting, dashboards) and the use of supply chain information systems for data quality and decision-making at all levels including at health facilities.</li> </ul> <p>→ <b>Interoperability and connectivity of supply chain information systems with each other and other national digital health systems (e.g., EMR, Lab IMS, HMIS, meteorological, climate and disaster data) should be included under the “<a href="#">Routine Reporting</a>” intervention, in the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module.</b></p>
Augmenting national supply chain system with outsourcing	<p>Activities related to augmenting national supply chain system with outsourcing of supply chain services to private or national providers where necessary. For example:</p> <ul style="list-style-type: none"> <li>Assessment of current operations (design, demand, performance, cost) and needs.</li> <li>Determination of logistics activities that would benefit from outsourcing, drafting requirements, procurement process, implementation, contract and services provider performance management, cost-benefit analyses.</li> <li>Operational costs related to warehousing and distribution outsourcing, including warehouse rental, outsourcing of security or data services, outsourcing of distribution to third party logistics (3PL) services providers, and others.</li> <li>Upgrading of infrastructure (considering use of renewable energy sources), including refurbishing facilities to comply with international recommendations and- backup power. The use of renewable energy sources should be considered.</li> </ul> <p>→ <b>Activities related to diagnostic network optimization and contracting of diagnostic providers under all-inclusive pricing modalities should be included under the “<a href="#">RSSH/PP: Laboratory Systems</a>” module.</b></p>
Climate-resilient health facilities and storage infrastructure	<p>Activities related to preparing health facilities and warehouses to enable better quality of care and protect against the escalating impacts of climate change, such as extreme weather, temperature spikes and disruptions in energy supply. For example:</p> <ul style="list-style-type: none"> <li>Refurbishment of health facilities to enable better quality of care, increase privacy, safety and accessibility for women and people with disabilities, and support more integrated service delivery.</li> <li>Climate risk assessments of health infrastructure and inventories (health facilities and warehouses only) to assess vulnerabilities due to climate and weather extremes.</li> <li>Climate-resilient action plans, including guidelines for health infrastructure, resource management, and operational procedures to enhance health facilities' and warehouses' resilience to climate emergencies.</li> </ul>



<b>Module</b> RSSH: Health Products Management Systems	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Climate-resilient health facilities and storage infrastructure (continued)	<ul style="list-style-type: none"> <li>• Early warning systems, including alert systems for health care facilities and warehouses to enable proactive responses before, during and after extreme weather events.</li> <li>• Climate-related geospatial data, climate models and temperature monitoring technologies to improve health facility operations and protect health care products.</li> <li>• Retrofit and future-proof infrastructure using climate resilience guidelines to ensure operational continuity, including during extreme weather.</li> </ul>
Climate-smart solutions for efficient and low-carbon health facilities and warehouses	<p>Activities related to adopting low-carbon, clean energy, and energy efficient solutions in health facilities and warehouses. For example:</p> <ul style="list-style-type: none"> <li>• Clean energy systems, including renewable energy solutions such as solar photovoltaics or wind with battery storage in health care facilities and warehouses, and clean energy-powered equipment.</li> <li>• Smart energy management systems, such as the internet of things-based tools, to monitor and optimize energy production and consumption in real-time.</li> <li>• Energy audits and upgraded lighting, appliances and equipment to more energy-efficient options, including technologies like passive cooling, daylighting and insulation.</li> <li>• Carbon assessment systems to identify emission sources, calculate total emissions (Scope 1, 2, or 3), and development of reduction plans with measurable targets.</li> </ul>

### RSSH/PP Module: Human Resources for Health (HRH) and Quality of Care

<b>Module</b> RSSH/PP: Human Resources for Health (HRH) and Quality of Care	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)	<p>Activities related to strengthening human resources for health (HRH) policy, planning and governance, including community health workers (CHWs). For example:</p> <ul style="list-style-type: none"> <li>• HRH analyses: health labor market analysis; workload indicators of staffing need (WISN) analysis; HRH resource tracking including mapping and benchmarking of externally funded positions against national Establishment and salary scales and mappings of CHWs (all types, including those employed by CBOs/CSOs); geospatial analysis of HRH/CHW distribution.</li> </ul>

**Module**

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: HRH planning, management and governance including for community health workers (CHWs) (continued)</p>	<ul style="list-style-type: none"> <li>• Development and monitoring of HRH strategic plans, including planning efforts that support integration on externally funded positions into government systems, including salary harmonization for HRH and CHWs (all types).</li> <li>• Definition of optimal staffing models for integrated facility and community-based service delivery at primary health care level or high-volume facilities.</li> <li>• Scope of practice or task sharing reform enabling workforce development for integrated services linking facilities and community levels.</li> <li>• Definition of package of integrated services to be delivered by different types of CHWs or CHW scope of practice.</li> <li>• Development of legal/regulatory framework for CHW professionalization, accreditation and certification.</li> <li>• Digital/mobile CHW payment systems.</li> <li>• Technical assistance for strengthening HRH/CHW planning and governance, and capacity strengthening of HRH directorates and national community health program.</li> <li>• Development and implementation of policies and practices to promote gender equality within the health workforce, Development of policy on protection and safeguarding of HRH, including CHWs. Development of national preparedness and response plans, legal and regulatory frameworks, protocols, SOPs, technical guidelines and toolkits to send and receive multidisciplinary health personnel during public health emergencies, including those caused by climate and weather extremes.</li> <li>• Support emergency policy measures and deployment planning for rapid response/workforce surge for acute shocks at all levels. These may include climate and weather extremes and outbreaks.</li> <li>• Strategic planning and development of minimum standards for investments in One Health and climate-smart health workforce development.</li> </ul> <p>→ <b>Health financing analysis such as fiscal space assessments to inform HRH strategic planning, resource mapping, expenditure tracking, investment cases, and plans for sustainable financing and resource mobilization should be budgeted under the “<a href="#">Health financing data and analytics</a>” intervention in the “<a href="#">RSSH: Health Financing Systems</a>” module.</b></p> <p>→ <b>Activities to develop and maintain georeferenced CHW master lists/registries and/or to add to the Master Health Provider List/Registry and related digital systems should be included in the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module in the “<a href="#">Administrative data sources</a>” intervention.</b></p>
<p>RSSH/PP: Education and production of new health workers (excluding community health workers)</p>	<p>Activities related to supporting expansion and improving quality of pre-service education in line with national HRH strategic plans and integrated service delivery priorities, with a priority on workforce providing or supporting services at primary care level. It covers health and care workers in both public and private sectors. For example:</p> <ul style="list-style-type: none"> <li>• Skills and competence-based pre-service clinical training for HRH prioritized under national HRH strategies/workforce investment plans and providing integrated services at primary care level.</li> </ul>



<b>Module</b>	
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
RSSH/PP: Education and production of new health workers (excluding community health workers) (continued)	<ul style="list-style-type: none"> <li>• Application, use and integration of digital health platforms and tools for education, training or mentoring, including development of blended learning solutions for HRH education and production.</li> <li>• Capacity building of health training institutions, including gender-responsive training provision. Activities may also include training-of-trainers on innovative pedagogical approaches.</li> <li>• Development or revision of training curricula to be skills- or competency-based, specifically integration of disease-specific training, ethics, gender equality and human rights, climate-resilient health care delivery in national pre-service training curricula.</li> </ul>
RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers)	<p>Activities supporting the expansion of coverage, deployment or retention of health workers who operate at primary health care or district hospital level or providing integrated services. For example:</p> <ul style="list-style-type: none"> <li>• Salaries and eligible allowances for health and care workers.</li> <li>• Development or contribution to national government-led retention schemes, in line with HRH analysis and strategic plans.</li> <li>• Development or contribution to performance-based incentive schemes.</li> <li>• HRH surge for emergency response, including due to climate and weather events, accompanied by sustainability plans. This may include temporary recruitment schemes for appropriately licensed health workers, such as retired HRH, unemployed HRH) or fast-track time-limited hire of medical/nursing/other health professions students or residents under close supervision.</li> </ul> <p>→ <b>Countries are encouraged to prioritize investment in a polyvalent workforce, providing integrated services, in line with HRH strategies. Where continued, support to HRH costs for health workers who provide single-disease services should be included under the relevant disease module and considered in disease-specific sustainability plans.</b></p> <p>→ <b>As per <a href="#">Global Fund Guidelines for Grant Budgeting</a>, all funded positions (RSSH and disease-specific) should be detailed and justified in the detailed budget salary assumption tab. Salary costs should align with national salary scales.</b></p>
RSSH/PP: Continuous professional development for HRH (excluding community health workers)	<p>Activities supporting the continuous professional development of health workers who operate at primary health care or district hospital level or providing integrated services. It covers health and care workers in both public and private sector facilities. For example:</p> <ul style="list-style-type: none"> <li>• Training/competence needs assessments to support integrated service delivery and inform workforce planning and development plans (e.g. to implement integrated service package in high volume facilities).</li> <li>• Development or review of comprehensive capacity building plans for HRH supporting integrated service delivery.</li> <li>• Support to structured, accredited, skills and competence based, on-site continuous professional development training, combined with post-training follow-up, through integrated supportive supervision, continuous collaborative quality improvement or collaborative learning.</li> <li>• Clinical mentoring programs focused on technical content from more than one disease or integrated patient centered care.</li> </ul>



Module	
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Continuous professional development for HRH (excluding community health workers)  (continued)	<ul style="list-style-type: none"> <li>Structured case-based collaborative learning programs supporting integrated service delivery, on the job, and in-service training for professionals. Application, use and integration of digital health platforms and tools for education, training or mentoring, including development of blended learning solutions for continuous professional development.</li> <li>Strengthening national databases capturing training received by health workers; support to HRH and Training Departments to use of data to improve selection and targeting of training programs and curricula revision.</li> </ul> <p>→ <b>Where included, in-service training must be informed by training needs assessments, prioritize accredited courses and align to structured continuous professional development programs. <i>Ad hoc, workshop based, refresher training is to be avoided.</i></b></p>
RSSH/PP: Integrated supportive supervision for health workers (excluding CHWs)	<p>Activities related to primary health and care workers who are responsible for delivering integrated, people-centered health services, including more than one disease or a disease and other primary health care services, working in public or private facilities and their supervisors. For example:</p> <ul style="list-style-type: none"> <li>Development of guidance and plans for integrated supportive supervision that includes group problem-solving, mentorship and audit of performance data and feedback, informed by community engagement.</li> <li>Development of tools and digital checklists for integrated supportive supervision.</li> <li>Training of supervisors on standard operating procedures for integrated supportive supervision, use of data and group problem solving for performance improvement and leadership and management skills.</li> <li>Integrated supportive supervision visits.</li> <li>Supervision of supervisors (planning and delivery).</li> <li>Support for HRH protection and safeguarding, including mental health, such as identification and management of work-related stress, addressing discrimination and workplace violence, and protection from sexual exploitation, abuse and harassment.</li> </ul>
RSSH/PP: Quality improvement and capacity building for quality of care	<p>Activities related to quality improvement for integrated services including for respectful patient-centered, stigma and discrimination free, gender-responsive care and protection from sexual exploitation, abuse and harassment. For example:</p> <ul style="list-style-type: none"> <li>Collaborative and innovative continuous quality improvement approaches, including group problem solving, using routine data.</li> <li>Leadership and management training for national, regional and district health managers. Development and implementation of national quality of care policies, strategies, standards and guidelines, including quality of care regulation for the private sector.</li> <li>Development and updating of standards, clinical guidelines and treatment protocols, including referral protocols and patient safety.</li> <li>Development of national measurement and performance frameworks to continuously monitor quality of care, including client satisfaction.</li> </ul> <p>→ <b>Prioritization of integrated quality improvement approaches at primary health care level or high-volume facilities is encouraged. Quality improvement activities for only one disease, if included, should be budgeted in the respective disease modules.</b></p> <p>→ <b>Implementation of the Global Laboratory Leadership Initiative should be included in the “<a href="#">RSSH/PP: Laboratory Systems</a>” module under the “National laboratory governance and management structures” intervention.</b></p>



**Module**

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
<p>RSSH/PP: Community health workers: selection, pre-service training, certification and equipping</p>	<p>Activities related to selection, training, certification and equipping of community health workers (CHWs) for the provision of integrated people-centered, gender-responsive health services and public health functions. It includes ensuring gender diversity and equal representation in the CHW workforce.. For example:</p> <ul style="list-style-type: none"> <li>• Development of comprehensive national plans for selection, training, certification and equipping of CHWs.</li> <li>• Development or revision of national competency-based pre-service training curriculum covering all tasks and full package of services to be delivered by each type of CHW and protection from sexual exploitation, abuse and harassment, and human rights.</li> <li>• Training of trainers in national or subnational training institutions for delivery of CHW competency-based pre-service training for CHWs.</li> <li>• Provision of competency-based pre-service training and formal competency-based certification for CHWs prior to service, including interventions to remove gender-related barriers and strengthen national systems for pre-service training and certification of CHWs.</li> <li>• Technical assistance to review and strengthen national competency-based pre-service training and certification plans, processes and tools, as well as the capacities of national training institutions.</li> <li>• Provision of CHWs with initial/renewal equipment following national guidelines regarding CHW equipment/kit.</li> </ul> <p>→ <b>Opportunities for integration of pre-service training across more than one disease should be prioritized, including integrated community case management (iCCM) and activities related to identification and reporting of notifiable diseases and early warning to appropriate authorities, i.e., community-based surveillance.</b></p> <p>→ <b>Where epidemiological or programmatic needs require it, activities for selection, pre-service training and competency-based certification for single-disease CHWs should be included in the relevant disease modules.</b></p>
<p>RSSH/PP: Community health workers: contracting, remuneration and retention</p>	<p>Activities related to contracting, remuneration and retention of community health workers (CHWs) (all types who are responsible for providing integrated people-centered and gender-responsive health services, including for the three diseases (HIV, TB and malaria), pandemic preparedness, community surveillance, risk communication and community engagement, depending on the expected role. For example:</p> <ul style="list-style-type: none"> <li>• Development or revision/updates to CHW contracting agreements specifying the roles and responsibilities, working conditions, remuneration package and benefits, career advancement and workers' rights, in alignment with national policies and labor standards.</li> <li>• Development and maintenance of mechanisms for making and tracking on-time, in-full payment to working CHWs and for avoiding payment to ghost workers.</li> <li>• Salaries, incentives, benefits and eligible allowances for CHWs</li> </ul>

**Module**

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Community health workers: contracting, remuneration and retention  (continued)	<p>→ Applicants are encouraged to support CHWs who provide an integrated package of services. Activities for contracting remuneration and retention of single-disease-specific CHWs should be included under the relevant disease module.</p> <p>→ As per <a href="#">Global Fund Guidelines for Grant Budgeting</a>, all funded positions (including CHWs) should be detailed in the detailed budget salary assumption tab. CHW remuneration should be aligned with national terms and conditions, remuneration scales and payment mechanisms.</p>
RSSH/PP: Community health workers: In-service training	<p>Activities related to in-service training of community health workers CHWs (all types) who are responsible for providing integrated people-centered and gender-responsive health services and public health functions, following the content of the national competency-based pre-service training curriculum. For example:</p> <ul style="list-style-type: none"> <li>• Competency-based in-service training for CHWs, including revisions of training curricula to strengthen patient-centered, respectful, gender-responsive, rights-based and stigma-free care.</li> <li>• Development and integration of digital health platforms and tools for tailored continuous professional development and blended learning coupled with integrated supportive supervision.</li> <li>• Development and use of training platforms and tools for delivering climate-resilient package of health services including climate change risk communications and community-based climate-health activities to ensure continuity and quality of services in regions with high climate risks to health services.</li> <li>• Training and mentorship to address gender gaps in knowledge and skill sets, as well as opportunities for career growth and leadership for female CHWs.</li> </ul> <p>→ In-service training should be reserved only for cases where new services or functions have been introduced to the national CHW service package. Refresher training (i.e., training CHWs on content they have previously been trained on) should be avoided and replaced by integrated supportive supervision.</p> <p>→ Applicants are encouraged to support CHWs who provide an integrated package of services. Where epidemiological or programmatic needs require it, in-service training for single-disease CHWs should be included in the relevant disease modules.</p>
RSSH/PP: Community health workers: Integrated supportive supervision	<p>Activities related to supportive supervision for community health workers (CHWs) (all types) and supervisors of CHWs who are responsible for providing integrated people-centered health services and public health functions per the national CHW service package. For example:</p> <ul style="list-style-type: none"> <li>• Development of standard operating procedures for integrated supportive supervision of CHWs, including for example: group supervision for problem-solving, community and patient feedback and audits, observation of the CHW in the community and one-on-one feedback with the CHW.</li> <li>• Development of tools and digital checklists for integrated supportive supervision.</li> </ul>



**Module**

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Community health workers: Integrated supportive supervision (continued)	<ul style="list-style-type: none"> <li>• Training of CHW supervisors and supervisors of CHW supervisors on standard operating procedures for integrated supportive supervision, leadership and management skills.</li> <li>• Support for CHWs protection and safeguarding, including mental health, such as identification and management of work-related stress, protection from discrimination and workplace violence, and protection from sexual exploitation, abuse and harassment.</li> <li>• Integrated supportive supervision of CHWs following standard operating procedures and using digital tools/checklists.</li> <li>• Supervision of CHW supervisors.</li> <li>• Technical assistance for review and strengthening of national approaches for integrated supportive supervision of CHWs and CHW supervisors and capacities of national institutions responsible for these functions.</li> </ul> <p>→ Applicants are encouraged to support CHWs who provide services for multiple diseases and integrated supportive supervision. Disease-specific supervision, if required, should be included under the relevant disease modules.</p>

**RSSH/PP Module: Laboratory Systems**

**Module**

RSSH/PP: Laboratory Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: National laboratory governance and management structures	<p>Activities related to strengthen national laboratory governance bodies to ensure adequate level of decentralized management capacity, comprehensive oversight on clinical, public health, civil society as well as government and private medical laboratories. Interventions include institutional capacity for planning, managing and coordinating laboratory systems. For example:</p> <ul style="list-style-type: none"> <li>• Establishment of national laboratory governance structures.</li> <li>• Development, revision and update of national laboratory norms and standards, policies, strategic plans as well as Standard Operating Procedures (SOPs) and technical guidance for tier-specific laboratory operations. Includes evidence-based development, implementation and monitoring of national essential diagnostic lists harmonization and regulation of medical devices and in-vitro diagnostics (IVDs).</li> <li>• Develop, revise or update national strategies relevant for surveillance [e. g national antimicrobial resistance AMR action plans (NAP), IDSR, National Action Plan for Health Security (NAPHS) to include adequate sections on laboratory activities.</li> <li>• Establishment of licensing and re-licensing requirements governing the practice of public and private laboratories and of the workforce.</li> <li>• Operating costs to maintain the routine functions of national laboratory directorates, including the development of normative guidance, reforms or regulation; oversight and coordination of national and subnational laboratory management structures or with counterparts from other ministries (e.g. One Health counterparts).</li> </ul>



**Module**

RSSH/PP: Laboratory Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: National laboratory governance and management structures</p> <p>(continued)</p>	<ul style="list-style-type: none"> <li>• Operating costs for laboratory technical working groups (TWGs) or tasks forces and their workstream.</li> <li>• Coordination of human resource planning/ staffing and training across the laboratory network and integrated management of disease programs.</li> <li>• Implementation of entire or selected modules of the Global Laboratory Leadership Program (GLLP) or embedding the curriculum in institutes of higher education.</li> <li>• Establishing standards or harmonization of tests and technologies aligned to the tiered laboratory system and essential diagnostics list.</li> <li>• Laboratory system maturity matrix assessment (LMM), reporting and translation into action plans.</li> </ul>
<p>RSSH/PP: Quality management systems and accreditation</p>	<p>Activities related to advancing integrated quality management systems (QMS) and accreditation in laboratories and across the tiered laboratory network.</p> <ul style="list-style-type: none"> <li>• Establishment of independent unit(s) at the central level mandated to inspect, assess and enforce compliance to norms and standards of QMS.</li> <li>• Establishment or strengthening of national or regional accreditation bodies.</li> <li>• Development and implementation of national quality policies, strategies or action plans detailing QMS implementation at various tiers of the laboratory network; development of pools of certified mentors and auditors.</li> <li>• Implementation of the Stepwise Laboratory Progress Towards Accreditation (SLIPTA) 2.0, Strengthening Laboratory Management Toward Accreditation (SLMTA) programs or modules of the WHO LQMS in selected laboratories.</li> <li>• Participation of laboratories in external quality assessment (EQA) schemes (i.e. proficiency testing schemes, inter-laboratory comparison and/or site supervision) for the diagnostics of priority diseases and for blood safety.</li> <li>• Local production and central coordination of National Proficiency Testing (PT) schemes.</li> <li>• Achieving and maintaining accreditation of public/private laboratories to standards specific to the competence of medical laboratories (ISO15189), PT panel providers (ISO17043) or laboratories conducting testing (not intended for clinical use (e.g. like animal health labs/public health labs) and calibration (ISO17025).</li> <li>• Establishing protocols for the validation and verification diagnostic instruments and reagents in support of regulatory processes for the adoption of new diagnostic technology.</li> </ul>
<p>RSSH/PP: Laboratory information systems</p>	<p>Activities related to establishing and strengthening integrated Laboratory Information Systems (LIS), for example:</p> <ul style="list-style-type: none"> <li>• Establishment, maintenance and strengthening of national integrated laboratory information management systems (LIS) enabling key functions such as electronic ordering of tests, return of results to patients and reporting to national HMIS data repositories (DHIS2).</li> <li>• Develop and implement interoperability and connectivity with other national digital health systems, including electronic medical records (EMR), logistics management information systems (LMIS), LIS and HMIS.</li> <li>• Establishment or strengthening of capacity for monitoring and evaluation of laboratory system functions, including the use of data generated through the LIS for development of key performance indicators.</li> </ul>



Module

RSSH/PP: Laboratory Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: Laboratory information systems</p> <p>(continued)</p>	<ul style="list-style-type: none"> <li>• Development of laboratory collection and reporting tools and data-quality assessment methods. Establishment of dashboards and data analysis mechanisms, interoperable with the national HMIS.</li> <li>• Development of computer literacy, data science and health data management skills for all lab staff through pre-service curricula or in-service training.</li> </ul> <p>→ <b>Installation of solar or alternative energy solutions for digital systems including LIS should be included under the “<a href="#">RSSH: Health Product Management Systems</a>” module.</b></p> <p>→ <b>Interoperability and connectivity of laboratory systems with other national digital health systems (EMR, LMIS, HMIS) should be included under the “<a href="#">Routine Reporting</a>” intervention in the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module.</b></p>
<p>RSSH/PP: Geospatial analysis and network optimization</p>	<p>Activities related to the continuous improvement of diagnostic networks towards integrated testing services, increased service coverage, improved readiness for outbreak response and enhanced resilience to disruptions caused by climate and weather extremes. For example:</p> <ul style="list-style-type: none"> <li>• Data collection, storage and analysis of geographic information system (GIS) data on the capacity of the laboratory network. Includes geo-localization and characterization of equipment, and availability of commodities such as water, electricity and internet.</li> <li>• Modelling and scenario building to improve laboratory networks (e.g. placement of instruments or optimization of specimen referral routes), evaluating trade-offs in access, cost-effectiveness and equity in integrated laboratory networks.</li> <li>• Piloting and scaling of system optimization scenarios.</li> </ul> <p>→ <b>Establishing Master Facility Lists and/or databases that include detailed information on testing sites, laboratories, laboratory equipment and other aspects of infrastructure should be included in the “<a href="#">Administrative data sources</a>” intervention of the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module.</b></p>
<p>RSSH/PP: Laboratory-based surveillance</p>	<p>Activities related to establishing or expanding surveillance networks (regional, central and district laboratories, sentinel sites) and core facilities for laboratory-based surveillance, or laboratory sections of National Public Health Institutes (NPHI) in support of the integrated Disease Surveillance and Response strategy (IDSR) and the Collaborative Surveillance framework, including genomic and anti-microbial resistance (AMR) surveillance. For example:</p> <ul style="list-style-type: none"> <li>• Designation, capacitation and operations of reference laboratories and sentinel sites for key diseases covered by the IDSR strategy, including their participation in global/regional surveillance networks.</li> <li>• Establishment of national AMR coordinating mechanisms, which includes One health and laboratory representatives, and steers the national AMR surveillance strategy.</li> <li>• Reporting of results to national and global platform (GLASS) and the utilization of data to improve standards of care (infection prevention and control; IPC &amp; empirical treatment guidelines, and prescriptions).</li> </ul>



**Module**

RSSH/PP: Laboratory Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: Laboratory-based surveillance (continued)</p>	<ul style="list-style-type: none"> <li>Establishment and capacity building (equipment, bioinformatics and other resources) of genomic core facilities, which contribute to the national genomic surveillance in routine and emergency situations.</li> <li>Advanced training, mentoring and supervision of pools of laboratory staff on sequencing and bioinformatics.</li> <li>Expansion of molecular, serology and other pertinent technologies supporting the detection and surveillance of epidemic prone pathogen and other priority diseases in human, animal and environment health laboratories.</li> <li>Electronic technologies and tools to measure and track the changes in pathogen prevalence, transmission dynamic, regarding environmental and climatic changes, population movement and human behavior. Integration of laboratory data in collaborative surveillance initiatives under the One Health agenda.</li> <li>Support simulation exercises and drills to assess the contribution of laboratory to surveillance and outbreak response to the 7-1-7 framework.</li> <li>Establish protocols, IT solutions and coordination mechanisms allowing the integration of laboratory data with existing health, animal and environment surveillance system targeting climate –sensitive diseases (e.g. vector-borne, water-borne diseases or pathogens emerging or re-emerging in relation to climate change).</li> </ul>
<p>RSSH/PP: Laboratory supply chain systems</p>	<p>Activities to support laboratory supply chain systems, ensuring resilience and capacity to respond to external threats, including extreme weather-related events. For example:</p> <ul style="list-style-type: none"> <li>Operationalization of the national essential diagnostic list adapted to each tier of the laboratory system and the community level.</li> <li>Electronic systems for the forecasting and quantification of needs for laboratory consumables and diagnostics.</li> <li>Adoption of alternative contracting modalities for diagnostic commodities and services, such as bundled service reagent rental agreement and all-inclusive pricing leasing.</li> <li>Local production or assembly of diagnostic products.</li> <li>Coordination of equipment management systems across biomedical laboratories and across disease programs, including planning and negotiation of maintenance contracts, bundled maintenance agreements and reagent rental agreements.</li> </ul> <p>→ <b>Forecasting and inventory management should be included in the “<a href="#">Storage and distribution capacity, design and operations</a>” intervention.</b></p>



Module

RSSH/PP: Laboratory Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: Specimen referral and transport system</p>	<p>Activities to support the establishment of integrated specimen referral and transport systems that enable increased access and coverage of diagnostic on appropriately identified and collected specimens, transported safely and securely within the national tiered lab network and/or to regional/global laboratories/centers of excellence. For example:</p> <ul style="list-style-type: none"> <li>• Assessment, business plans and operational plans for establishment or expansion of integrated specimen referral systems from existing transport networks (for example HIV, TB or other priority disease networks).</li> <li>• Specimen collection, management and transportation at all levels of the laboratory network.</li> <li>• Procurement of resources, including vehicles, fuel, safety equipment, digital tracking and monitoring tools (phones, QR code systems, GPS systems).</li> <li>• Training and certification of courier companies and health facilities on appropriate management of specimens from suspected cases of priority diseases.</li> <li>• Service agreements and electronic payment mechanisms with courier companies (public or private) for specimen transportation.</li> <li>• Monitoring and evaluation mechanisms, including but not limited to, electronic track and trace systems.</li> </ul>
<p>RSSH/PP: Biosafety and biosecurity, infrastructure and equipment</p>	<p>Activities related to biosafety and biosecurity, may include improvement of laboratory infrastructure and equipment management systems. For example:</p> <ul style="list-style-type: none"> <li>• Development of national health infrastructure policies, plans and practices.</li> <li>• Maintaining repositories of dangerous pathogens among human, animal and environmental health facilities, including annual service and maintenance, warranty cost.</li> <li>• Information security systems for all sensitive documentation in facilities where dangerous pathogens and toxins are stored.</li> <li>• Development, revision or update of national legislation/regulations for biosafety and biosecurity at all laboratories working with hazardous agents, including incident reporting systems.</li> <li>• Upgrade or refurbishment of laboratory infrastructure to meet international standards, meeting required biosafety levels, availability of back-up power, furniture, internet connectivity, electricity, water and other utilities.</li> <li>• Supportive supervision, monitoring and oversight of biosafety and biosecurity practices, including programs/initiatives at the ministry level.</li> <li>• Training on regulations for international shipment of potentially infectious specimens.</li> <li>• Implement job-specific biosafety and/or biosecurity training of laboratory personnel. Perform local biosafety and/or biosecurity risk assessments.</li> </ul> <p>→ <b>Equipment used for single disease testing should be included under the relevant disease modules.</b></p> <p>→ <b>Waste management interventions related to lab commodities should be included under the “<a href="#">RSSH: Health Products Management Systems</a>” module in the “<a href="#">Avoidance, reduction and management of health care waste</a>” intervention.</b></p>



### RSSH/PP Module: Medical Oxygen and Respiratory Care System

Module	
RSSH/PP: Medical Oxygen and Respiratory Care System	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Oxygen and respiratory care systems	<p>The Medical Oxygen and Respiratory Care Systems module supports sustainable access to medical oxygen in alignment with WHO standards recommendations and guidance through the following interconnected interventions. For example:</p> <ul style="list-style-type: none"> <li>• Oxygen supply, including installation of PSA plants Liquid oxygen and oxygen concentrators, including site preparation and auxiliary infrastructure for operations sand monitoring; spare parts, extended warranties and maintenance.</li> <li>• Oxygen storage and distribution, including piped oxygen or medical gas networks and inter-facility cylinder distribution equipment.</li> <li>• Oxygen delivery and respiratory care, including patient delivery and monitoring devices, such as masks, flow meters, ventilators, and pulse oximeters.</li> <li>• Oxygen ecosystems support, including national oxygen needs assessments and strategies, extended warranties, preventive maintenance and spare parts, capacity building of such as biomedical engineers and clinical providers.</li> </ul>

### RSSH Module: Monitoring and Evaluation Systems

Module	
RSSH: Monitoring and Evaluation Systems	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Governance	<p>Activities related to strengthening strategic planning and implementation of health information system activities, including system digitalization. For example:</p> <ul style="list-style-type: none"> <li>• Assessment, review, digital systems inventory, system maturity model or situational analysis of the M&amp;E system/health management information system (HMIS).</li> <li>• Assessment and review of climate/meteorological and/or other relevant environment sector data systems.</li> <li>• National M&amp;E/HMIS and digital HMIS strategies, implementation plans, enterprise architecture framework, investment planning and roadmaps.</li> <li>• Information and communication technologies, and/or digital health governance, coordination and capacity building.</li> <li>• Setting global normative data standards in national data systems and architecture, including for collection of data disaggregated by age, sex, gender and other relevant factors.</li> <li>• Policies and protocols to incorporate community and private sector health services data in the national HMIS/community health information systems (CHIS).</li> <li>• Development and implementation of data security and privacy legislation and policies, including for digital systems.</li> </ul>



**Module**

RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Governance (continued)	<ul style="list-style-type: none"> <li>Data interoperability and exchange and joint planning between relevant institutions such as Ministries of Health, national public health institutes, public health emergency operations centers, and cross-sectoral actors including environment, meteorological/climate departments.</li> </ul>
Routine reporting	<p>Activities related to the establishment, expansion, maintenance, strengthening of national programmatic data systems, such as health management information systems (HMIS), both disease-specific and/or cross-cutting. This includes aggregate and/or patient level reporting, any level (national, sub-national) providers (public, private, community) for either paper based or digital reporting systems (such as DHIS2, EMR, or any other software), populations (general, key, and vulnerable) and intra health and cross-sectoral data systems and data sources (environment/animal, meteorological/climate, etc.). For example:</p> <ul style="list-style-type: none"> <li>Development and implementation of national M&amp;E frameworks, indicators, reporting tools/forms/registers.</li> <li>Data collection and reporting on national health and disease strategic plans, including disaggregated data through the three sectors (community, public, private).</li> <li>Human resources, training and technical assistance for M&amp;E.</li> <li>Integration and/or interoperability across digital data systems such as listed below: <ul style="list-style-type: none"> <li>Community health services data systems, such as aggregate eCHIS and individual level community health worker services system.</li> <li>Facility-based health services data systems, such as aggregate HMIS and patient level Electronic Medical Record (EMR) and/or a Shared Health Record (SHR) System.</li> <li>Logistics Management Information System (LMIS), Warehouse Management System (WMS), Enterprise Resource System (ERP), Transportation Management System (TMS).</li> <li>Human Resources Information System (HRIS).</li> <li>Lab Information System (LIS), Lab Information Management System (LIMS), lab analyzers, eSample Transport System.</li> <li>Integrated disease surveillance and response (IDSR), including zoonotic diseases.</li> <li>Climate services information systems (e.g. DHIS2 climate module).</li> <li>Financial data or digital payments systems.</li> </ul> </li> <li>ICT infrastructure operation and maintenance such as internet connectivity, laptops, printers, mobile phones, tablets, etc.</li> <li>Data hosting and storage platforms such as cloud-based hosting services, physical servers or hybrid approaches.</li> <li>Adoption of Health Facility Profile on service accessibility and readiness, and climate vulnerability (e.g. DHIS2 climate module).</li> <li>Geo-enabling health information system, using geographic information system (GIS) for service optimization and climate resilience.</li> </ul> <p>→ <b>Disease-specific routine reporting activities should be planned as integrated and/or interoperable parts of the national routine health information system.</b></p>

**Module**

## RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Routine reporting  (continued)	<p><b>HIV specific routine reporting activities include:</b></p> <ul style="list-style-type: none"> <li>• HIV prevention outcome monitoring.</li> <li>• Reporting from prevention programs, including programs implemented at facilities and in communities for general and key populations, and AGYW.</li> <li>• Longitudinal ART patient cohort monitoring, including those initiated, re-entered and lost to follow-up and antiretroviral drug toxicity monitoring.</li> </ul> <p><b>TB specific routine reporting activities include:</b></p> <ul style="list-style-type: none"> <li>• Real-time TB digital case-based surveillance system strengthening.</li> <li>• TB treatment adherence monitoring using Digital Adherence Technologies.</li> <li>• Active TB drug safety monitoring and management (aDSM) platforms.</li> </ul> <p><b>Malaria specific routine reporting activities include:</b></p> <ul style="list-style-type: none"> <li>• Monitoring of ITN continuous distribution.</li> <li>• Case-based reporting in elimination settings.</li> <li>• Integration/interoperability of entomological surveillance data.</li> <li>• Digitalization of data systems for malaria-specific interventions (e.g. ITN &amp; SMC mass campaigns).</li> </ul> <p><b>Civil registration and vital statistics: Activities related to establishing, strengthening and scaling vital registration information system. For example:</b></p> <ul style="list-style-type: none"> <li>• Sample vital registration systems, verbal autopsy and rapid mortality surveillance.</li> <li>• Reporting of international classification of diseases (ICD)-coded hospital morbidity and mortality statistics, and cause of death.</li> <li>• Assessment and consistent use of WHO international form of medical certificate of cause of death for reliable cause of death reporting.</li> <li>• Digital-ready ICD-11 morbidity and mortality coding system and capacity building.</li> <li>• Community system for death reporting.</li> <li>• Training of community health workers on reporting vital events.</li> <li>• Integration/interoperability of civil registration and vital statistics in the national HMIS.</li> <li>• Mortality and cause of death analysis using various data sources – i.e., records of vital events, hospital death registers, surveys, sample registration system, health and demographic surveillance systems (HDSS).</li> <li>• Census strengthening and triangulation for robust population denominators.</li> </ul> <p>→ <b>Activities related to data analysis and data quality should be included under the relevant interventions.</b></p>

**Module**RSSH: Monitoring and Evaluation Systems

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Routine reporting (continued)	<p>→ <b>Set-up, and maintenance of supply chain and logistics reporting systems (e.g., Logistics Information Management System, LMIS), lab reporting systems (e.g., Laboratory Information System, LIS or LMIS), finance reporting systems and human resource for health systems (HRIS) should be included under the respective RSSH modules, while activities for interoperability across digital data systems should be included in this intervention.</b></p> <p>→ <b>Supervision for data collection and reporting activities should be included under the “<a href="#">Data quality</a>” intervention.</b></p>
Data quality	<p>Activities related to improving and monitoring data quality, including disaggregated data generated through routine systems (facility, community and private health sector), surveys and assessments. For example:</p> <ul style="list-style-type: none"> <li>• Monitoring or assessing routine data quality, including databases, data management tools and standards.</li> <li>• Tools to monitor data quality generated through community-led monitoring mechanisms.</li> <li>• Disease-specific and/or integrated data quality assurance activities, such as routine data quality audits or national data quality reviews, including for community and private sector data.</li> <li>• Implementation of data quality toolkit for digital systems, including digital data quality supervisions.</li> <li>• Development and implementation of data quality improvement plans.</li> <li>• Training and supportive supervision on data collection, data quality assurance, reporting and implementation of data quality improvement plans.</li> </ul> <p>→ <b>Supervisory visits related to program implementation should be included under the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Surveillance for HIV, tuberculosis and malaria	<p>Activities related to developing and operationalizing systems for continuous and systematic collection, including geospatial surveillance, analysis, interpretation and the use of disease-specific or behavioral data for public health response for HIV, TB and malaria.</p> <p><b>Example HIV activities include:</b></p> <ul style="list-style-type: none"> <li>• HIV case surveillance, including sexually transmitted infections.</li> <li>• ANC sentinel surveillance surveys among pregnant women.</li> <li>• Sentinel surveillance plus (with brief behavioral data) among key populations, adolescent girls and young women, and human rights programs.</li> <li>• Biobehavioral surveillance among key populations and adolescent girls and young women, including sexually transmitted infections.</li> <li>• Programmatic mapping and size estimation among key populations, including young key populations.</li> </ul> <p>→ <b>Designing and implementing HIV drug resistant surveillance/surveys should be included under the “<a href="#">HIV: Treatment, Care and Support</a>” module.</b></p>



**Module**

RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Surveillance for HIV, tuberculosis and malaria (continued)</p>	<p><b>Example TB activities include:</b></p> <ul style="list-style-type: none"> <li>• Systems for continuous surveillance for drug-resistant TB.</li> <li>• Geospatial surveillance for TB incidence mapping and identification of hotspots.</li> <li>• Monitoring of TB in mobile and migrant populations (including in cross-border populations) and linkages to national HMIS.</li> <li>• Deployment of rapid response surveillance team to investigate, report and manage TB outbreaks.</li> <li>• National and cross-country TB surveillance networks, including areas and communities affected by climate change, for example IDPs due to climate change or climate migrants.</li> </ul> <p>→ <b>TB real-time case-based surveillance activities should be included under the “<a href="#">Routine reporting</a>” intervention.</b></p> <p>→ <b>Activities related to the planning and implementation of anti-TB drug resistance surveys (DRS) should be included under the “<a href="#">Surveys</a>” intervention.</b></p> <p><b>Example malaria activities include:</b></p> <ul style="list-style-type: none"> <li>• Malaria surveillance practice and system assessments.</li> <li>• Development of surveillance systems and practices at service delivery sites, within and across countries, among targeted risk groups and highly vulnerable populations.</li> <li>• Use of integrated climate and environmental data from platforms, such as ENACTS (Enhancing National Climate Services).</li> <li>• Development of epidemic monitoring tools and data collection mechanisms.</li> <li>• Malaria data repositories that integrate GIS, climate (temperature, precipitation, humidity, seasonality); spatial (administrative boundaries, health facilities, health catchment areas, roads, bridges, rivers, etc.); land use (agricultural, industrial, etc.) and land cover (forest, savannah, desert, etc.) data.</li> <li>• Mapping of populations vulnerable to the effects of climate change and malaria and monitoring of changes in receptivity.</li> <li>• Malaria burden mapping (epidemiological and entomological profiles).</li> <li>• Malaria sentinel surveillance.</li> <li>• Epidemiological investigation of cases, contacts and focus of origin.</li> </ul> <p>→ <b>Activities, such as entomological monitoring, insecticide resistance studies and therapeutic efficacy studies should be included under the malaria modules: “<a href="#">Vector Control</a>” and “<a href="#">Case Management</a>”.</b></p>



**Module**

RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: Surveillance for priority epidemic-prone diseases and events</p>	<p>Activities related to the development and implementation of a national public health disease surveillance systems based on international health regulations requirements. These activities should also focus on integrated, collaborative surveillance (i.e., early warning surveillance, event verification, investigation, analysis and information sharing within all-hazards); climate-informed early warning systems; One Health and other animal/zoonotic disease and environmental surveillance; and cross-cutting public health functions within disease programs.</p> <p><b>Specific activities related to early warning surveillance, event verification and investigation, and analysis and information sharing related to priority epidemic-prone diseases include but not limited to:</b></p> <ul style="list-style-type: none"> <li>• IT platforms, human resources, training, and SOPS for both indicator-based and event-based surveillance (including reports from all sources i.e., communities, clinicians, social media and health facilities).</li> <li>• Development of terms of reference, standard operating procedures, policies, legislative instruments, strategic or operational plans and guidance documents for priority/epidemic-prone diseases, syndromes and events.</li> <li>• Trainings and supportive supervision of public health workforce, clinicians, communities including private sector, police force, traditional healers and others.</li> <li>• Develop, implement and publish early action, intra-action, after action reviews, and simulation exercises, including continuous quality improvement tools such as the 7-1-7 timeliness metric and bottleneck analysis.</li> <li>• Data triangulation meetings combining disease surveillance system data from multiple sources in relevant health and non-health sectors (e.g. environment, animal, etc.) within public health emergency operations centers.</li> <li>• Risk assessment at all levels and dissemination of risk assessment information with key stakeholders.</li> <li>• Field epidemiology training programs for human and animal health professions, including development of curriculum, capacity building of public health workforce training institutions.</li> <li>• Development and dissemination of epidemiological bulletins, situation reports, and scientific papers on disease outbreak surveillance for national, sub-national and local levels.</li> <li>• Data sharing mechanisms and platforms at regional, subnational and international levels, including peer-to peer-learning programs (communities of practice) for action.</li> </ul> <p><b>Activities related to other key surveillance functions include:</b></p> <ul style="list-style-type: none"> <li>• Risk monitoring and clinical surveillance systems in health care facilities, at all levels, including via clinical networks, modelling, and sentinel surveillance.</li> <li>• Stress-testing of digital tools for disease surveillance systems to support a rapid increase of demand for data collection and transfer, as part of a SimEx.</li> </ul>



**Module**

RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>RSSH/PP: Surveillance for priority epidemic-prone diseases and events  (continued)</p>	<ul style="list-style-type: none"> <li>• Development and dissemination of guidance to all sectors (such as animal health, food safety) on data standards, data sharing, health data exchange, and system interoperability.</li> <li>• Training of surveillance staff on alternative tools to guarantee continuity of surveillance activity during disruptive events (i.e., system downtime, etc.).</li> <li>• Online platform and data hubs for routine sharing of disease surveillance data among relevant sectors, including public health emergency operations centers.</li> </ul> <p>→ <b>Activities relating to integration or interoperability of digital surveillance systems with other relevant electronic tools of other sectors (including public and private sectors) should be included in the “<a href="#">Routine reporting</a>” intervention.</b></p>
<p>Surveys</p>	<p>Activities related to assessment of morbidity, mortality, service coverage, health systems, equity-, human rights- and gender-related barriers, and bio-behavioral surveys/studies in general populations or identified populations at risk. For example:</p> <ul style="list-style-type: none"> <li>• Household surveys, such as demographic and health survey, multiple indicator cluster survey (MICS), including modules on intimate partners violence.</li> <li>• Risk behavior and “knowledge, attitude and practices” surveys.</li> <li>• Outcome monitoring surveys, such as bio behavioral survey, including sexually transmitted infections.</li> <li>• Health and morbidity surveys to assess out-of-pocket expenditures or burden.</li> <li>• Community-based and community-led surveys.</li> <li>• Point prevalence surveys for antimicrobial resistance and antibiotic usage.</li> <li>• Other assessments of program quality, including cost efficiency analyses.</li> <li>• Client satisfaction surveys.</li> </ul> <p><b>Example HIV activities include:</b></p> <ul style="list-style-type: none"> <li>• Targeted and/or sub-national surveys estimating HIV prevalence and/or new infections including sexually transmitted infections.</li> <li>• Population-based surveys, such as AIDS indicator survey and population-based HIV impact assessment.</li> <li>• Risk behavior and “knowledge, attitude and practices” surveys.</li> <li>• PLHIV Stigma Index.</li> <li>• Qualitative surveys on facilitators and barriers to access to services, including gender-based violence, gender and human rights related barriers, and specific needs of different key populations.</li> </ul> <p><b>Example TB activities include:</b></p> <ul style="list-style-type: none"> <li>• National TB prevalence surveys.</li> </ul>

**Module**RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Surveys (continued)	<ul style="list-style-type: none"> <li>• Anti-TB drug resistance surveys.</li> <li>• TB patient cost surveys to measure the catastrophic costs borne by patients due to TB.</li> <li>• TB inventory studies.</li> <li>• TB mortality surveys.</li> <li>• TB stigma assessment/survey.</li> </ul> <p><b>Example malaria activities include:</b></p> <ul style="list-style-type: none"> <li>• Household surveys, such as demographic and health surveys, multiple indicator cluster survey, and malaria indicators survey to monitor parasite prevalence, under-five mortality, and intervention (ITN/IPTp/treatment) coverage.</li> <li>• Antenatal care-based surveys of intervention coverage and malaria parasite prevalence.</li> <li>• School-based parasite prevalence and intervention coverage surveys.</li> <li>• Sub-national surveys designed to generate malaria burden and intervention coverage estimates at smaller areas (e.g., districts), such as lot quality assurance sampling.</li> </ul> <p>→ <b>Surveys assessing data quality should be included under the “<a href="#">Data quality</a>” intervention.</b></p> <p>→ <b>Assessments/Surveys assessing cross-sectoral capacities such as joint external evaluations and climate and vulnerability assessments should be included under the “<a href="#">Health Sector Governance and Integrated People-centered Services</a>” module in the “<a href="#">National health and cross-sector policy, strategy and coordination</a>” intervention.</b></p>
Analyses, evaluations, reviews and data use	<p>Activities related to analysis, visualization, interpretation and use of data at national and sub-national level, collected through various sources, such as routine reporting, surveys, special studies, evaluations, reviews and others. For example:</p> <ul style="list-style-type: none"> <li>• Country-led evaluation of the performance, quality and impact.</li> <li>• National health sector and/or disease-specific program reviews, mid-term reviews and related epidemiological and impact analyses/reviews.</li> <li>• In-depth assessment of the entire Global Fund grant portfolio or specific areas of a national disease program.</li> <li>• Annual, biannual and quarterly performance reviews at national and sub-national levels.</li> <li>• Evaluations of adolescent girls and young women, young key populations, gender and human rights related programs.</li> <li>• Evaluation of community-led monitoring programs, indicators, trainings, frameworks, and strategies.</li> <li>• Analysis and use of data disaggregated data by sex, age, population, income, and other relevant factors (including health inequality monitoring and analysis).</li> <li>• Disease-specific routine and non-routine data analysis, including impact from climate change.</li> <li>• Geographic, spatial and temporal analyses and mapping of disease burden and transmission.</li> </ul>



**Module**

RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Analyses, evaluations, reviews and data use  (continued)</p>	<ul style="list-style-type: none"> <li>• Development and dissemination of periodic reports and analytical bulletins/websites/publications.</li> <li>• Development of guidelines for integrated data analysis and use, for all levels of the health pyramid.</li> <li>• Training and mentoring of national and subnational staff on data analysis and use.</li> <li>• Thematic reviews of cross-cutting programmatic areas and operational issues, such as community service delivery, intermittent preventive treatment in pregnancy, early infant diagnosis, TB preventive treatment, referral system and specimen transportation.</li> <li>• Model-based estimations for HIV, TB and malaria.</li> <li>• Quantitative and qualitative analyses of barriers to accessing and using HIV, TB and malaria services.</li> <li>• Reviews on prevention and management of co-morbidities among TB/HIV patients, etc.</li> <li>• Evaluation of the impact of HIV, TB and malaria interventions on the environment.</li> </ul>
<p>Administrative data sources</p>	<p>Activities related to the establishment, expansion, maintenance or strengthening of national administrative and service availability data sources, systems and registries. This can include digitalization and impact disease-specific and/or cross-cutting systems/services. For example:</p> <ul style="list-style-type: none"> <li>• Geo-referenced health facility list and digital registry (including community and private sector sites, labs, pharmacies etc.).</li> <li>• Master Facility Lists and /or databases that include detailed information on testing sites, laboratories, laboratory equipment</li> <li>• Health Provider master list/registry and Community Health Worker Master List (CHWML)/registry.</li> <li>• Unique national/health sector ID and patient registries.</li> <li>• Development of health care terminology data standards and registries.</li> <li>• Adoption and implementation of other administrative or cross-cutting data standards.</li> <li>• Systems and processes for digital and/or hardware assets management and monitoring.</li> </ul> <p>→ <b>Activities related to national health accounts, disease distributional accounts, annual health budget review and analysis and expenditure studies (e.g., national AIDS spending assessment or other assessment tools) should be included under the “<a href="#">RSSH: Health Financing Systems</a>” module.</b></p> <p>→ <b>Activities related to human resources for health, including health care provider and community health worker information systems should be included under the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module. The exception is health provider master lists/registries, which should be included in the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module, similar to all master lists/registries that are utilized across systems and programs.</b></p>



**Module**

RSSH: Monitoring and Evaluation Systems

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Operational research	<p>Activities related to operational research studies for HIV, TB, malaria programs and the overall health system. For example:</p> <ul style="list-style-type: none"> <li>• Proposal development, data collection.</li> <li>• Analysis, report writing and dissemination of findings.</li> <li>• Training/capacity building on operational research.</li> <li>• Engagement/collaboration related activities between the national programs, implementers and researchers.</li> </ul> <p>→ <b>Studies related to introduction and acceptance of new health technologies should be included under the respective disease or RSSH modules.</b></p> <p>→ <b>Bio-medical science research, including clinical trials, are not eligible for Global Fund support.</b></p>

**RSSH Module: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services**

**Module**

RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Eliminating HIV and TB-related stigma and discrimination in all settings	<p>Activities related to eliminating stigma and discrimination towards people living with HIV, people affected by TB and KVPs, at the individual, household and community level, in the workplace, education, and emergency and humanitarian settings (settings should be indicated in the respective activity description). Activities aimed at addressing HIV-related stigma and discrimination should be informed by guidance developed by the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. Activities aimed at addressing TB-related stigma and discrimination should be informed by the Stop TB Partnership guidance. For example:</p> <ul style="list-style-type: none"> <li>• Situational analysis and assessments, for example, the People Living with HIV Stigma Index or TB Stigma Assessment.</li> </ul> <p><b>Individual, household and community</b></p> <ul style="list-style-type: none"> <li>• Community mobilization and sensitization on HIV/TB-related stigma and discrimination and gender inequalities.</li> <li>• Public engagement of people living with HIV, people affected by TB, religious and community leaders, decision-makers, and celebrities.</li> <li>• Programs and strategies to shift social norms that drive stigma and discrimination at community level.</li> <li>• Training of journalists and media professionals to tackle misinformation and disinformation that drive stigma and discrimination.</li> <li>• Media campaigns to decrease stigma (e.g. anti-discrimination campaigns).</li> </ul>



**Module**

RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Eliminating HIV and TB-related stigma and discrimination in all settings (continued)</p>	<ul style="list-style-type: none"> <li>Community actions to improve health and social service quality, including through monitoring and addressing stigma, discrimination, gender inequalities, and other rights violations.</li> <li>Peer mobilization and support groups to counter internalized stigma.</li> </ul> <p><b>Workplace</b></p> <ul style="list-style-type: none"> <li>Development and implementation of anti-discrimination programs and policies.</li> <li>Reporting and redress procedures for stigma, discrimination and other rights violations.</li> <li>Virtual or workplace -based training for workers on their rights in the workplace and tools and services for redress.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Development and implementation of sector-wide zero tolerance policies on stigma and discrimination.</li> <li>Virtual or workplace-based training sessions and institutional support for educators and administrators.</li> </ul> <p><b>Emergency and humanitarian</b></p> <ul style="list-style-type: none"> <li>Development and implementation of stigma and discrimination reduction activities as part of national emergency plans.</li> <li>Advocacy for non-discriminatory access to essential services, safe access to care and treatment.</li> <li>Linkage between community-led organizations and formal health systems in emergency settings to reduce stigma and discrimination and other barriers to access and provide rights-based and gender-responsive services.</li> <li>Engagement of community organizations on HIV, TB, women’s and human rights in camps/group residence of refugees and internally displaced persons.</li> <li>Activities to prevent, address, monitor and report violence, including sexual exploitation and abuse.</li> </ul> <p>→ <b>Activities related to health care settings should be included under the “<a href="#">Ensuring non-discriminatory provision of health care</a>” intervention.</b></p> <p>→ <b>Activities related to justice settings should be included under the interventions: “<a href="#">Improving laws, regulations and polices</a>”, “<a href="#">Ensuring rights-based law enforcement practices</a>” and “<a href="#">Increasing access to justice</a>”.</b></p> <p>→ <b>Activities related to increasing safety and security of key population program implementers and key populations in HIV services should be included in the “<a href="#">HIV Prevention</a>” module under the “<a href="#">Community mobilization for HIV prevention</a>” intervention.</b></p> <p>→ <b>Applicants must mention the name of the setting and signpost the disease in the activity description.</b></p>



**Module**

RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Ensuring non-discriminatory provision of health care	<p>Activities related to ensuring health care settings providing HIV, TB and malaria services are places of welcome, acceptance, care and support for people living with HIV, people affected by TB and malaria, key and vulnerable populations, and those most at risk of malaria and/or underserved by existing interventions. For example:</p> <ul style="list-style-type: none"> <li>• Use and integration of evidence from needs assessments and program evaluations to design and adapt services.</li> <li>• Development and integration of content and training materials on how to provide rights-based, gender-responsive and people-centered services to inform curriculum development and pre- and in-service training of all health-care providers, including community health workers and peer cadres.</li> <li>• Specific capacity building through pre- and in-service training focused on patient rights, non-discrimination, gender equality, duty to treat, informed consent, confidentiality and privacy, and violence prevention and treatment (including obstetric violence and sexual exploitation, abuse and harassment).</li> <li>• Assessments of knowledge of policies and attitudes of healthcare providers on stigma and discrimination, and on policies for nondiscriminatory quality healthcare and accountability mechanisms.</li> <li>• Establishing, strengthening, and supporting health committees and other forms of collaboration between health care facilities and community organizations for patient support and quality control, led by members of the community and with participation of people living with HIV and TB, key and vulnerable populations, and those most at risk of malaria and/or underserved by existing interventions.</li> <li>• Engagement of paralegals into health facilities to provide on-site guidance and legal literacy.</li> <li>• Development of institutional policies for stigma and discrimination free health services, patients’ rights/human rights charters, and accountability mechanisms for health care facilities.</li> <li>• Development of materials and information for beneficiaries on relevant laws, policies and operational procedures.</li> <li>• Periodic and ongoing monitoring of stigma and discrimination in healthcare settings, including “mystery shoppers”, suggestion boxes, and exit or other patient-based surveys.</li> <li>• Establishment of referral networks and resources to address barriers and provide information to beneficiaries about health and social services.</li> </ul>
Legal literacy (“Know Your Rights”)	<p>Activities related to increasing knowledge of rights and means of redress, and mobilization around them, for people living with HIV, people affected by TB and malaria, key and vulnerable populations, those most at risk of malaria and underserved populations. For example:</p> <ul style="list-style-type: none"> <li>• Community-level legal empowerment efforts, including “Know-Your Rights” and legal literacy trainings.</li> <li>• Development and dissemination of communication materials on patient rights and other human rights.</li> <li>• Training for key populations, community networks, and human rights defenders on data privacy, data protection, freedom of expression, protection from online harm, and safe access to health information and services online.</li> <li>• Peer educator trainings on human rights and legal literacy as well as other community outreach strategies.</li> <li>• Establishment of crisis response mechanisms to prevent abuse, violence and other human rights violations.</li> <li>• Linkages with peer support groups.</li> </ul>



**Module**

RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Increasing access to justice	<p>Activities related to increasing access to justice for people living with HIV, people affected by TB and malaria, key and vulnerable populations, and those most at risk of malaria and/or underserved by existing interventions. For example:</p> <ul style="list-style-type: none"> <li>• Legal information, referrals, advice and representation related to HIV, TB, malaria and sexual, gender-based and interpersonal violence, including developing and supporting pro bono legal networks.</li> <li>• Engagement of national legal aid board/agencies, and human rights/legal organizations and clinics to expand pro bono legal services and/or legal aid clinics to include HIV and TB-related legal services.</li> <li>• Recruitment and supporting peer/community paralegals. Capacity building and certification, safety and security for community paralegals.</li> <li>• Legal services and counselling related to access to HTM services for women and girls and links to women and adolescent girl-led peer support.</li> <li>• Alternative and community forms of dispute resolution, including engagement of traditional leaders and customary law.</li> <li>• Engagement of religious or traditional leaders and traditional legal systems (e.g., village courts) in resolving disputes and changing harmful traditional norms affecting access to HTM services.</li> <li>• Strategic litigation to reform harmful laws and policies.</li> <li>• Strengthen linkage from human rights violations monitoring to legal counselling and support.</li> <li>• Rapid response mechanisms to HIV and TB-related rights violations (e.g. hotlines).</li> </ul> <p>→ <b>Key considerations on HRH and quality activities outlined in the <a href="#">introduction</a> of the Modular Framework apply to peer/community paralegals.</b></p>
Ensuring rights-based law enforcement practices	<p>Activities related to ensuring rights-based law enforcement practices to prevent harmful policing practices against key and vulnerable populations and ensure appropriate responses by law enforcement to human rights violations in context of HIV, TB and malaria, including sexual and gender-based violence and sexual exploitation, abuse and harassment. For example:</p> <ul style="list-style-type: none"> <li>• Development of materials and training of law enforcement officers (police, judges, prison staff) on HIV, TB, malaria, human rights and gender equality.</li> <li>• Assessments of attitudes of police, judges, prison staff, including pre- and post-intervention assessments.</li> <li>• Use of community-led monitoring of human rights violations in context of policing and prison practices for advocacy and engagement with police and prisons to improve practices.</li> <li>• Engagement of KVP communities and underserved populations (such as forcibly displaced populations) with police to improve policing practices.</li> <li>• Sensitization of judges on HIV, TB, malaria and human rights and gender equality, including gender-based violence and sexual exploitation, abuse and harassment.</li> <li>• Training of prison personnel (both in prisons for women and men) on public health, human rights, gender equality, including gender-based violence and sexual, exploitation, abuse and harassment.</li> </ul>



**Module**

RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Improving laws, regulations and policies	<p>Activities related to improving laws, regulations and policies related to HIV, TB and malaria responses and to address gender- and human rights-related legal and policy barriers. For example:</p> <ul style="list-style-type: none"> <li>• Legal and policy assessments.</li> <li>• Development and implementation of action plans for law and policy reform.</li> <li>• Monitoring of law and policy development and implementation.</li> <li>• Multisectoral efforts, including collaboration with communities, to advocate for legal and policy reform and/or their strong enforcement.</li> <li>• Engagement and training of parliamentarians in human rights and the role of protective legal frameworks in HIV, TB and malaria responses.</li> <li>• Advocacy and engagement with parliamentarians and ministers of justice, interior, corrections, finance, industry, labor, education, immigration, housing, gender, health and trade, and religious and traditional leaders, among others on law and policy reform.</li> <li>• Advocacy for the development of laws and policies that uphold health-related digital rights, including protections for health-related data privacy, safeguards against online harassment and discrimination, and equitable access to digital platforms for information and services related to HIV, TB, and malaria.</li> </ul>
Community mobilization and advocacy for human rights	<p>Activities related to community mobilization and advocacy for human rights. For example:</p> <ul style="list-style-type: none"> <li>• Community mobilization and community-led advocacy for law and policy reform, particularly decriminalization and budget advocacy, including building capacity of community-led and community-based networks in legislative and policy advocacy.</li> <li>• Community leadership and engagement in reviewing and drafting laws and policies and participating in legislative hearings.</li> <li>• Community leadership and engagement in efforts to monitor and reform laws that relate to HIV, TB and malaria.</li> <li>• Promoting and increasing safety and security of key and vulnerable population and human rights and gender equality program implementers, key populations, and women and girls including conducting security assessments, workshops and trainings; developing and implementing security frameworks, standard operating procedures and plans; securing program data and users' data.</li> <li>• Crisis response mechanisms including measures to prevent and respond to security incidents, abuses, and violations (e.g. crisis response teams, investing in security assets and infrastructure, emergency funding).</li> </ul> <p>→ <b>Applicants must mention specific communities in the activity description in the detailed budget.</b></p> <p>→ <b>Activities related to engagement of KVPs, including women and girls, in decision-making and service delivery should be included in the “<a href="#">RSSH: Community Systems Strengthening</a>” module in the “<a href="#">Community coordination and engagement in decision making</a>” intervention.</b></p>



### RSSH Module: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services

#### Module RSSH: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Transforming harmful gender norms and reducing gender discrimination	<p>Activities to reduce gender-related discrimination and transform harmful gender norms that increase vulnerability, contribute to barriers to services, and impact HIV, TB and malaria outcomes for women, men and trans- and gender-diverse communities. For example:</p> <ul style="list-style-type: none"> <li>• Community education and mobilization interventions to change attitudes, norms, and behaviors, prevent discrimination and harmful practices, and increase health decision-making power of women, adolescent girls, and trans and gender-diverse people.</li> <li>• Group and peer education programs and community-wide social marketing campaigns targeting men and adolescent boys to transform harmful masculinities, increase health-care utilization, improve treatment adherence, and reduce HIV, TB and malaria risk behaviors.</li> <li>• Community or peer-led structural interventions adopting human rights-based social empowerment approaches for women and girls and trans and gender-diverse communities, such as programs that combine community education, community organizing, advocacy, access to financial services, with linkages to health services.</li> <li>• Couples-based interventions to increase gender-equitable relationship dynamics and joint sexual and health decision-making.</li> <li>• Support for women’s groups and trans and gender-diverse-led groups to raise awareness of human rights, including in relation to HIV, TB, malaria and sexual and reproductive health, and gender equality, advocate for change, and provide peer support.</li> <li>• Integration of gender-norm change activities within broader health education, outreach, and other interventions.</li> <li>• Multisectoral coordination and collaboration to address social and structural drivers of gender-related health inequalities and disparate HIV, TB and malaria outcomes, including in education, social protection, and poverty reduction.</li> </ul> <p>→ <b>Activities related to addressing discrimination against women, girls and trans and gender-diverse communities in health services should be included under “<a href="#">Ensuring non-discriminatory provision of health care</a>” the human rights intervention.</b></p> <p>→ <b>Activities related to removing discriminatory laws and policies, such as those related to family, marriage, custody, harmful practices, or restrictions on access to sexual and reproductive health care or laws and policies on gender-based violence should be included under the “<a href="#">Improving laws, regulations and policies</a>” intervention in the “<a href="#">RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services</a>” module.</b></p> <p>→ <b>Activities related to community-led monitoring should be included under the “<a href="#">RSSH: Community Systems Strengthening</a>” module under the “<a href="#">Community-led monitoring and advocacy</a>” intervention.</b></p> <p>→ <b>Activities related to engagement of women, girls and trans- and gender-diverse communities, in decision-making and service delivery should be included in the “<a href="#">RSSH: Community Systems Strengthening</a>” module under the “<a href="#">Community coordination and engagement in decision making</a>” intervention.</b></p>



**Module**

RSSH: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Preventing and responding to violence against women and girls in all their diversity</p>	<p>Activities to prevent and respond to violence against women and girls, with particular attention to women living with and affected by HIV, women with TB, women in key and vulnerable populations, and women and girls who are most at risk for malaria, including in COE settings in line with the Minimum Integrated Service Package (MISP). For example:</p> <ul style="list-style-type: none"> <li>• Structured group education programs to promote attitudes and relationships centered in equality, sexual consent, empowerment and autonomy in decision making and reduce intimate partner violence, such as SASA and Stepping Stones.</li> <li>• Social empowerment interventions for women and girls, such as life skills, safe space and mentoring programs.</li> <li>• Economic empowerment programs that facilitate access to financial services, including banking and credit, savings and loans programs, national social protection services, or training programs.</li> <li>• 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 health facilities and programs, in line with WHO guidelines.</li> <li>• Post-rape care and intimate partner violence clinical care including psychological support and mental health assessment and referral, emergency contraception, PEP, STI services, and pregnancy testing, in line with WHO guidelines.</li> <li>• Support services for survivors of violence and sexual exploitation, abuse and harassment, including counselling, shelters, safe accommodation, one-stop crisis centers.</li> <li>• Referral and/or psychosocial support, legal advice and access to justice, child protection services, and economic support to survivors of violence and sexual exploitation, abuse and harassment.</li> <li>• Training, engagement and support for teachers, police, the judiciary, and social services providers, parents and community leaders on survivor-centered gender-based violence prevention and response.</li> <li>• Social marketing-based information and community mobilization and education activities focused on changing attitudes about the acceptability of violence against women and girls.</li> <li>• Multisectoral coordination and action plans to prevent and respond to gender-based violence.</li> </ul> <p>→ <b>Where post-rape and intimate partner violence clinical care is provided as part of HIV prevention responses, they should be budgeted under the “<a href="#">HIV Prevention</a>” interventions: “<a href="#">Sexual and reproductive health services , including STIs, hepatitis, post-violence care for key populations and adolescent girls and young women,</a>” or “<a href="#">Prevention of incident HIV among pregnant and breastfeeding women.</a>”</b></p> <p>→ <b>Activities related to law reform on gender-based violence should be budgeted under the “<a href="#">RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services</a>” module, “<a href="#">Improving laws, regulations and policies</a>” intervention.</b></p>

**Module: Program Management**

<b>Module</b> Program Management	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Coordination and management of national disease control programs	<p>Activities related to coordination and integrated management of infectious disease control programs at central, regional and district level, including health systems directorates, national public health institutes, etc. For example:</p> <ul style="list-style-type: none"> <li>• Oversight, technical assistance and supervision from national to subnational levels.</li> <li>• Human resource planning/staffing and training for program management.</li> <li>• Coordination with district and local authorities.</li> <li>• Purchase and maintenance of office/IT equipment.</li> </ul> <p>→ <b>Activities related to development of national health sector strategic plans, national disease-specific plans and policies and its alignment with the health sector plans should be included under the “<a href="#">RSSH: Health Sector Governance and Integrated People-centered Services</a>” module.</b></p>
Grant management	<p>Activities related to managing Global Fund grants at the Project Management Unit (PMU), PR, and/or SR level. For example:</p> <ul style="list-style-type: none"> <li>• Develop and submit quality grant documents.</li> <li>• Oversee and support technical assistance related to effective and efficient Global Fund grant implementation and management and specific Global Fund requirements.</li> <li>• Support supervision from PR to SR level (applicable when the national disease control program is not the PR).</li> <li>• Support human resource planning/staffing, training and overheads.</li> <li>• Fund operational costs.</li> <li>• Coordinate with national program, district and local authorities, including health system Directorates, NPHIs.</li> <li>• Plan quarterly grant management meetings and office/IT equipment at PR/SR level.</li> <li>• Mobilize leaders to support implementation and sustainability of the program.</li> <li>• Support risk mitigation strategies, including managing gender, human rights and environment-related risks, and the safety and security of program implementers.</li> <li>• Support the protection from sexual exploitation, abuse and harassment (PSEAH/SEAH), which may include: <ul style="list-style-type: none"> <li>○ Undertaking (at the start of the grant life cycle or during grant implementation) risk assessments to identify program activity-related SEAH risks for beneficiaries, implementer staff and community workers during service provision (Safer Programming).</li> <li>○ Updating or reviewing SEAH risk assessments and/or risk mitigation measures during grant implementation.</li> <li>○ Undertaking meetings/workshops with CCM members, PR, SR and community representatives.</li> </ul> </li> </ul>



**Module**  
Program Management

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Grant management (continued)	<ul style="list-style-type: none"><li>○ Leading or participating in activities promoting a PSEAH focal point community of practice or network.</li><li>○ Incorporating spot checks by PRs to assess how safe the interventions are in relation to SEAH related risks and gathering feedback from community members and grant beneficiaries.</li><li>○ Developing implementer capacity and guidance materials on PSEAH.</li><li>○ Organizing community PSEAH awareness raising activities.</li><li>○ Facilitating safe reporting of any SEAH encountered during service delivery in connection with Global Fund grant programs.</li><li>● Provide or facilitate access to support services to covered victim/survivors of SEAH in accordance with the <a href="#">Codes of Conduct</a> and the <a href="#">Victim/Survivor Support Services Protocol</a>.</li></ul>



## 2.2 Core list of indicators

### RSSH Indicators: Outcome

RSSH outcome indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	RSSH O-1.1	Percentage of facilities providing RMNCH, HIV, TB and malaria integrated services to pregnant women.	<b>Type of facility</b> (Primary, Secondary, Tertiary)
	RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting.	<b>Type of Health Product</b> (HIV - First Line Drugs, HIV - Second Line Drugs, HIV - Diagnostics, TB - First Line Drugs, TB - Second Line Drugs, TB - Diagnostics, Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)
	RSSH O-5	Percentage of facilities that implement supportive supervision (meeting all key attributes).	
	RSSH/PP O-3	Density of active health workers per 10,000 population.	<b>Occupation group</b> (Physicians, Nurses, Midwives, Laboratory technicians, Pharmacists, CHWs)
	RSSH O-6	Percentage of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.	<b>Age</b> (15-19, 20-24, 25-49)
	RSSH O-7	Percentage of health facility staff who report discriminatory attitudes towards people from key populations.	
	RSSH O-8	Percentage of health facility staff who report discriminatory attitudes towards people living with HIV.	
	RSSH O-9	Percentage of women and girls with a live birth in a given time period that received antenatal care four or more times.	<b>Age</b> (<15, 15-19, 20-24, 25+)
	RSSH O-10	Percentage of births attended by skilled health personnel.	

**RSSH Indicators: Coverage**

RSSH coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">RSSH: Community Systems Strengthening</a>	CSS-2.1	Number of community organizations that received a package of capacity building support for organizational development and/or for implementing HIV, TB, malaria, or climate impacts on health grant activities.	<b>Type of organization</b> (community-based organizations, community-led organizations) <b>Type of community-led organization</b> (KVP-led (TB), KP-led (HIV), women-led (all diseases), youth-led (all diseases))
	CSS-3	Percentage of health service delivery sites with a community-led monitoring mechanism in place.	<b>Type of CLM mechanism</b> (HIV, TB, malaria, TB/HIV, TB/HIV/malaria, integrated CLM)
	CSS-4	Percentage of issues in CLM advocacy or monitoring change logs that were resolved in the reporting period.	
<a href="#">RSSH: Health Financing Systems</a>	HFS-1	Percentage of public financial management system components used for grant financial management.	
	HFS-4	Percentage of population covered by health financing schemes.	<b>Type of scheme</b> (social health insurance, health funds, other health financing schemes) <b>Population Group</b> (people living with HIV, TB patients)
	HFS-5	Percentage of civil society organizations contracted by public entities for provision of community-based services to key populations.	<b>Source of financing</b> (domestic, external) <b>Disease/Program type</b> (HIV, TB, malaria) <b>Type of key populations</b> (MSM, sex workers, people who inject drugs, migrants, other)
<a href="#">RSSH: Health Products Management Systems</a>	HPM-1.1	LMIS Reporting Rate: Percentage of LMIS reports submitted by health facilities amongst those required to submit to the central authority during the reporting period.	<b>Type of report</b> (HIV reports, TB reports, malaria reports, integrated reports)



## RSSH coverage indicators

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>	RSSH/PP HRH-3.1	Percentage of remunerations to GF-funded community health workers made on time during the reporting period.	<b>CHW attachment</b> (public sector health facility, CLO/CBO) <b>Gender</b> (female, male, trans and gender-diverse people)
	RSSH/PP HRH-8	Number of GF-funded health workers (including CHWs) hired.	<b>Occupation group</b> (Physicians, Nurses, Midwives, Laboratory technicians, Pharmacists, CHWs) <b>Gender</b> (female, male, trans and gender-diverse people)
	RSSH/PP HRH-9	Percentage of polyvalent community health workers trained on the national CHW service package.	<b>CHW attachment</b> (public sector health facility, CLO/CBO) <b>Gender</b> (female, male, trans and gender-diverse people)
<a href="#">RSSH/PP: Laboratory Systems</a>	RSSH/PP LAB-2	Percentage of functional modules out of all the modules available within the entire fleet of molecular cartridge-based analyzers (eg., GenXperts, TrueNat, etc.).	
	RSSH/PP LAB-3a	Percentage of laboratories successfully participating in proficiency testing (PT) schemes for HIV viral load.	
	RSSH/PP LAB-3b	Percentage of laboratories successfully participating in proficiency testing (PT) schemes for molecular detection of tuberculosis.	
	RSSH/PP LAB-3c	Percentage of laboratories (or testing sites as applicable) successfully participating in proficiency testing (PT) schemes for Malaria rapid diagnostic tests (RDT).	
	RSSH/PP LAB-4	Percentage of laboratories that have electronic test results return capability via a remote module of the LIMS.	<b>Type of facility</b> (Reference level (level 4), Intermediate (Provincial level 3), District (level 2), Community (level 1))
	RSSH/PP LAB-6	Percentage of health districts connected to established specimen transport system(s).	



## RSSH coverage indicators

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">RSSH: Monitoring and Evaluation Systems</a>	RSSH/PP M&E-1	Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received	<b>Type of report</b> (HIV reports, TB reports, malaria reports, integrated reports, notifiable diseases and event surveillance reports) <b>Type of provider</b> (public, community, private)
	RSSH/PP M&E-2	Timeliness of reporting: Percentage of submitted monthly reports (for the reporting period) that are received on time per the national guidelines.	<b>Type of report</b> (HIV reports, TB reports, malaria reports, integrated reports, notifiable diseases and event surveillance reports) <b>Type of provider</b> (public, community, private)
	M&E-5.1	Percentage of service delivery units which digitally enter and submit data at the service delivery unit using the electronic information system(s) (e.g., HMIS, CHIS, EMR, other).	<b>Type of service delivery unit</b> (Health facilities, CHW/Community units)
	RSSH/PP M&E-7	Percentage of outbreaks in which 7-1-7 analysis was performed out of all reported outbreaks in reporting period.	
	RSSH/PP M&E-8	Percentage of reporting units which digitally enter and submit data at the reporting unit level using the early warning surveillance systems.	<b>Type of surveillance modality</b> (Indicator-based, Event-based)
<a href="#">RSSH: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</a>	GBV-1	Number of rape survivors receiving the minimum package of post-rape clinical care services at GF-supported health facilities.	<b>Age</b> (<15, 15-24, 25+) <b>Gender</b> (female, male, trans and gender-diverse people)



### 3. HIV

#### 3.1 Modules, interventions and illustrative list of activities

HIV Indicators

##### HIV Module: HIV Prevention

Module HIV Prevention	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Condom and lubricant programing for men who have sex with men (MSM)</p> <p>Condom and lubricant programing for sex workers</p> <p>Condom and lubricant programing for trans and gender-diverse people</p> <p>Condom and lubricant programing for people who use drugs (PUD)</p> <p>Condom and lubricant programing for prisoners</p> <p>Condom and lubricant programing for AGYW and their male sexual partners in settings with moderate and high HIV incidence</p> <p>Condom and lubricant programing for other vulnerable people (OVP)</p>	<p>Activities related to increasing condom use among a specified population and their sexual partners. For example:</p> <ul style="list-style-type: none"> <li>• Design, management and delivery of condom programs, including planning, supply management, and service delivery.</li> <li>• Hotspot mapping to support targeted distribution and supply management.</li> <li>• Targeted distribution of condoms and lubricants to the last mile including to non-traditional outlets (bars, restaurants, brothels, kiosks, hotspots).</li> <li>• Communication and demand creation on safer sex and condom and lubricant use, via peer-based and community platforms, schools, prisons and/or via social media/web-based communication.</li> </ul> <p>→ <b>Procurement of condoms and lubricants should be included here.</b></p> <p>→ <b>Community surveys and studies to examine barriers to condom use should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module.</b></p>



Module

HIV Prevention

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for MSM</p> <p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for sex workers</p> <p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for trans and gender-diverse people</p> <p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for PUD</p> <p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for prisoners</p> <p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for AGYW and their male sexual partners in settings with high HIV incidence</p> <p>Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programing for OVP</p>	<p>Activities related to provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for key and vulnerable populations and their sexual partners at substantial risk of HIV infection. For example:</p> <ul style="list-style-type: none"> <li>• Design, management and delivery of PrEP/PEP services, through all models of care, including health facilities, community services and online or telehealth models.</li> <li>• PrEP/PEP support services for effective use including peer-based models.</li> <li>• Communication and demand creation for PrEP/PEP, including via peer-based and community platforms, and social media/online communication.</li> <li>• Referrals to other HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, and other primary health care services (actual provision of these services is budgeted in other interventions).</li> </ul> <p>→ <b>Procurement of PrEP/PEP commodities, including different formulations such as oral, vaginal ring, and injectable, should be included here.</b></p>



**Module**  
HIV Prevention

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
<p>HIV prevention communication, information and demand creation for MSM</p> <p>HIV prevention communication, information and demand creation for sex workers</p> <p>HIV prevention communication, information and demand creation for trans and gender-diverse people</p> <p>HIV prevention communication, information and demand creation for PUD</p> <p>HIV prevention communication, information and demand creation for prisoners</p> <p>HIV prevention communication, information and demand creation for AGYW and their male sexual partners in settings with moderate and high HIV incidence</p> <p>HIV prevention communication, information and demand creation for OVP</p>	<p>Activities related to individual and community-level health communication and promotion, including communication regarding a range of HIV prevention options, such as condoms, PrEP, PEP, HIV/STI testing, opioid agonist maintenance treatment (OAMT), voluntary medical male circumcision (VMMC), safer sex and safer drug use, violence protection, and information on antiretroviral therapy (ART) and U=U (undetectable = untransmittable). For example:</p> <ul style="list-style-type: none"> <li>• Targeted information, education and communication activities, including at the community level, such as outreach-based communication.</li> <li>• Targeted media interventions, including social media and online communication.</li> <li>• One-on-one and group HIV risk reduction activities (including peer-based).</li> <li>• Development of communication materials that promote uptake of prevention options and skills-based risk reduction strategies (including at clubs, venues, festivals, and other non-traditional settings).</li> <li>• Community mobilization activities such as community dialogues and campaigns.</li> </ul> <p>→ <b>Activities related to integrated (multiple prevention options) communication, information, and demand creation should be budgeted here, while specific HIV prevention interventions such as PrEP or condoms, should be budgeted under these specific interventions.</b></p> <p>→ <b>Activities related to empowerment and violence prevention should be budgeted under the “<a href="#">Preventing and responding to violence against women and girls in all their diversity</a>” intervention, under the “<a href="#">RSSH: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</a>” module.</b></p>
<p>Community mobilization for HIV prevention</p>	<p>Activities related to enhancing community empowerment. For example:</p> <ul style="list-style-type: none"> <li>• Provision of safe spaces.</li> <li>• Community events.</li> <li>• Community surveys, including participatory assessment of community needs for HIV program design.</li> <li>• Community involvement in service delivery.</li> <li>• Participation in decision-making fora, such as national/local technical working groups.</li> </ul> <p>→ <b>Activities related to community systems strengthening (CSS) should be included under the relevant RSSH module.</b></p>



**Module**

HIV Prevention

**Intervention**

**Scope and Description of Intervention Package - Illustrative List of Activities**

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for MSM

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for sex workers

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for trans and gender-diverse people

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for prisoners

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW and their male sexual partners in settings with moderate and high HIV incidence

Sexual and reproductive health services, including STIs, hepatitis, post-violence care for OVP

Activities related to providing sexual health services for key and vulnerable populations and their sexual partners. For example:

- Referral, linkage, and provision of post-exposure prophylaxis (PEP) following any potential HIV exposure.
- Screening, testing and treatment of asymptomatic sexually transmitted infections (STIs), including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhea, rectal gonorrhea, chlamydia trachomatis.
- Syndromic and clinical case management for patients with STI symptoms.
- Prevention, screening, testing and treatment for hepatitis B and C. Referrals to vaccination for hepatitis B.
- Contraception/family planning information and services, including pregnancy testing.
- Screening for relevant cancers.
- Activities to support the integration of HIV prevention programs into sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services.
- Post-rape care and intimate partner violence response services including psychological support and mental health assessment and referral, emergency contraception, PEP, STI services.

→ **Activities related to strengthening primary health care (PHC) should be included under relevant RSSH modules.**



**Module**

HIV Prevention

**Intervention**

**Scope and Description of Intervention Package - Illustrative List of Activities**

Needle and syringe programs for people who inject drugs (PWID)

Activities related to needle and syringe programs, including virtual interventions, for people who inject drugs (PWID). For example:

- Procurement of needles and syringes, including low dead space syringes and other safe injecting commodities.
- Distribution of needles and syringes through direct and secondary distribution, mobile clinics, peer-driven interventions.
- Safe collection and disposal of used needles and syringes.
- Peer-based information and support on safe injecting practices.
- Provision of basic health care and injecting-related first aid, including wound care and treatment of skin infections.
- Needle and syringe programs for people in prison.
- Prevention, screening, testing and treatment for hepatitis B and hepatitis C. Referrals to vaccination for hepatitis B.

Opioid agonist maintenance treatment and other medically assisted drug dependence treatment for PUD

Activities related to opioid agonist maintenance treatment (OAMT) programs, including virtual interventions, for people who use drugs. For example:

- Procurement and distribution of OAMT, including provision of take-home doses and for people in prison.
- Development of OAMT protocols and policies that address the needs of pregnant clients and drug interactions for those on OAMT and ART/TB medications.
- Peer-based information and support.

Overdose prevention and management for PUD

Activities related to preventing and managing overdoses for people who use drugs. For example:

- Peer-based information and support on overdose prevention and risk management.
- Procurement of naloxone and support for distribution and administration by first responders, including peers, partners, family, NGOs/CBOs.
- Distribution of naloxone to people in prison.

Sexual health education for AGYW and adolescent boys and young men (ABYM)

Activities related to sexual health education for AGYW and adolescent boys and young men (ABYM) in moderate and high HIV incidence locations where not funded through the educational sector. For example:

- Digital sexual education using apps, websites and social media.



Module HIV Prevention	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Sexual health education for AGYW and adolescent boys and young men (ABYM) (continued)	<ul style="list-style-type: none"> <li>Moderate and high incidence locations: design and delivery of school-based HIV prevention campaigns (knowledge, risk perception, methods, skills, gender-based violence (GBV) linked to HIV prevention options (condoms, PrEP, PEP) in schools and tertiary institutions.</li> <li>High incidence locations: introduction of sexual health education.</li> </ul>
Social protection for AGYW in high HIV incidence settings	<p>In settings with high HIV incidence, social protection interventions for AGYW at high risk of HIV infection not funded through gender, social, or other relevant sectors. For example:</p> <ul style="list-style-type: none"> <li>Structured interpersonal communication on HIV prevention and social norms (e.g. SASA and Stepping Stones).</li> <li>Education subsidies and other education support such as dignity packs.</li> <li>Social support, such as safe spaces, mentoring and economic empowerment activities.</li> </ul>
Voluntary medical male circumcision	<p>Activities related to promotion and provision of voluntary medical male circumcision (VMMC) for adolescent boys and men in WHO/UNAIDS VMMC priority countries. For example:</p> <ul style="list-style-type: none"> <li>Communication, demand creation and community mobilization.</li> <li>Male circumcision by a surgical method including device-based as per WHO recommendations.</li> <li>Condom promotion, HIV testing and management of sexually transmitted infections (STIs), to be delivered alongside VMMC.</li> <li>Post-surgery follow-up, including adverse event/complications assessment and management.</li> </ul> <p>→ <b>Procurement of VMMC commodities should be included here, while commodities related to condoms and lubricants, HIV tests and STIs should be budgeted under the respective interventions.</b></p>
Prevention program stewardship	<p>Activities related to strengthening national HIV prevention program stewardship. For example:</p> <ul style="list-style-type: none"> <li>Development of national HIV prevention strategies/road maps, plans, and programs including target setting, costing, defining investment needs, and operational planning.</li> <li>Management, coordination and oversight of HIV prevention programs, technical working groups, national and subnational coordination and review mechanisms.</li> <li>Integrated last-mile supply and distribution systems for HIV prevention and sexual and reproductive health products.</li> </ul>

**Module**

## HIV Prevention

**Intervention**

Prevention program stewardship  
(continued)

**Scope and Description of Intervention Package - Illustrative List of Activities**

- HIV prevention product introduction and strengthening of total market approaches.
- Establish and strengthen social contracting mechanisms to support the delivery of HIV prevention by civil society organizations.
- Establish and strengthen safety and security provisions for HIV prevention programs.
- Activities related to the integration of HIV prevention and sexual and reproductive health service delivery, product supply and health communication.
- **Activities related to monitoring and collection of HIV prevention-specific data, including population size estimation, hotspot mapping, bio-behavioral surveys, market and program analytics, monitoring of prevention outcomes, program reviews, financial analysis, and others, should be included in the “[RSSH: Monitoring and Evaluation Systems](#)” module.**
- **Activities related to the national disease-specific plans should be included under the “[RSSH: Health Sector Governance and Integrated People-centered Services](#)” module and “[Planning, management, and delivery of integrated people centered services](#)” intervention.**

**HIV Module: Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B****Module**

## Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B

**Intervention**

Integrated testing of pregnant women for HIV, syphilis and hepatitis B

**Scope and Description of Intervention Package - Illustrative List of Activities**

- Activities related to integrated testing for HIV, syphilis and hepatitis B among pregnant women (including re-testing during pregnancy and breastfeeding) and linkages to treatment. For example:
- Virtual interventions, educational programs and campaigns, peer mentorship and navigation, community mobilization and empowerment.
  - Commodities for testing services, including dual HIV/syphilis test kits and hepatitis B testing for pregnant women.
  - **Treatment costs for HIV, syphilis and hepatitis should be included under the “[Treatment, Care and Support](#)” module.**
  - **Activities related to strengthening the broader health system (including staffing, training, mentoring, quality assurance, and others) to support quality antenatal care (ANC) and postnatal care should be included under respective RSSH modules.**



<b>Module</b> Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Integrated testing of pregnant women for HIV, syphilis and hepatitis B (continued)	→ <b>Opportunities for integration between HIV and primary health care (PHC) platforms should be prioritized. Integrated HRH capacity building costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b>
Prevention of incident HIV among pregnant and breastfeeding women	<p>Activities related to prevention of incident HIV among pregnant and breastfeeding women. For example:</p> <ul style="list-style-type: none"> <li>• Promotion and distribution of female and male condoms and condom-compatible lubricants.</li> <li>• Information and communication on safer sex, sex negotiation skills and condom use.</li> <li>• Pre-exposure prophylaxis (PrEP) literacy and awareness campaigns; adherence support.</li> <li>• Referral, linkage and provision of post-exposure prophylaxis (PEP) following any potential HIV exposure.</li> <li>• Post-rape care and intimate partner violence response services including psychological support and mental health assessment and referral, emergency contraception, PEP, sexually transmitted infections (STI) services.</li> <li>• Prevention, screening, testing and management of STIs.</li> <li>• Partner testing and engagement.</li> </ul> <p>→ <b>Activities related to strengthening the broader health system to support quality antenatal and postnatal care should be included under respective RSSH modules.</b></p> <p>→ <b>Opportunities for integration between HIV and primary health care (PHC) platforms should be prioritized, where feasible. Integrated HRH capacity building costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Post-natal infant prophylaxis	<p>Activities related to postnatal prophylaxis and prophylaxis for high-risk infants. For example:</p> <ul style="list-style-type: none"> <li>• Tools and job aids for post-natal prophylaxis for HIV-exposed infants (and integrated management of infants exposed to syphilis and hepatitis B).</li> <li>• Antiretrovirals (ARVs) for routine and enhanced infant prophylaxis.</li> <li>• Integrated service delivery for provision of HBV birth dose vaccine (not vaccine cost).</li> </ul> <p>→ <b>Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible. Integrated HRH capacity building costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>



**Module**

Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Early infant diagnosis and follow-up HIV testing for exposed infants</p>	<p>Activities related to early infant diagnosis (EID) of HIV-exposed infants. For example:</p> <ul style="list-style-type: none"> <li>• Point of care devices and near point-of-care multiplex devices and commodities for DNA_PCR testing, including for dry blood spots per national algorithms.</li> <li>• Placement costs of both conventional and near point-of-care instruments in line with laboratory networks for sample transportation and prompt return of test results.</li> <li>• HIV testing of exposed infants per national protocols including final status determination of the infant at the end of the exposure period (post breastfeeding cessation).</li> <li>• Rapid return of HIV test results.</li> </ul> <p>→ <b>Activities related to strengthening the broader health system to support quality postnatal care should be included under respective RSSH modules.</b></p> <p>→ <b>Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized. Integrated HRH capacity building costs should be budgeted under the relevant interventions in the <a href="#">“RSSH/PP: Human Resources for Health (HRH) and Quality of Care”</a> module.</b></p>
<p>Retention support for pregnant and breastfeeding women (facility and community)</p>	<p>Activities related to treatment and retention support for pregnant and breastfeeding women (integrated within ANC and MNCH services) at facility and community levels, including mobile services. For example:</p> <ul style="list-style-type: none"> <li>• Mother-to-mother and peer-led mentoring, counselling, and other community-based psychosocial support services for pregnant and breastfeeding women.</li> <li>• Adherence support for pregnant and breastfeeding women on ART, using both effective facility and community-based adherence models (including integrated services for mother-infant pairs), and virtual interventions.</li> <li>• Electronic client reminder systems with text messaging for upcoming or missed appointments.</li> <li>• Community mobilization to boost male involvement in partner’s antenatal care services and provision of partner services within ANC.</li> </ul> <p>→ <b>Activities related to strengthening the broader health system to support quality antenatal and postnatal care should be included under respective RSSH modules.</b></p> <p>→ <b>Key considerations on HRH and quality activities outlined in the <a href="#">introduction</a> of the Modular Framework apply to mentor mothers, peers, supporters and other community-based workers.</b></p>



## HIV Module: Differentiated HIV Testing Services

Module Differentiated HIV Testing Services	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Testing for key population (KP) programs (MSM, sex workers, trans and gender diverse people, PUD, prisoners)</p> <p>Testing for high-risk adolescent girls and young women (AGYW) and their male sexual partners programs in settings with moderate and high HIV incidence</p> <p>Testing for others at risk of HIV infection (including OVP)</p>	<p>Activities related to HIV testing services provided through the following approaches:</p> <ul style="list-style-type: none"> <li>• Network-based testing conducted by community health workers (e.g., peers) or health care workers, including contact/partner tracing and testing; social-network testing and testing for biological children of PLHIV (family testing).</li> <li>• HIV self-testing (HIVST) through facility, community, and network-based distribution, leveraging virtual interventions.</li> <li>• Provider-initiated testing and counseling (PITC), especially in clinical services managing people at risk for HIV infection (TB services, clinics managing sexually transmitted infections).</li> <li>• Effective linkage to HIV treatment and care for people confirmed HIV-positive, and risk assessment and effective linkage to prevention services for those found to be negative.</li> <li>• HIV testing for prevention services such as PrEP initiation/continuation and VMMC.</li> <li>• Activities for demand creation and mobilization of HIV testing, such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, social media and other digital platforms, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, and incentives.</li> </ul> <p>→ <b>Key considerations on HRH and quality activities outlined in the <a href="#">introduction</a> of the Modular Framework apply to CHWs, peers and other community-based workers.</b></p>

## HIV Module: Treatment, Care and Support

Module Treatment, Care and Support	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>HIV treatment and differentiated service delivery – adults (15 and above)</p> <p>HIV treatment and differentiated service delivery - children (under 15)</p>	<p>Activities related to planning and implementing the provision of HIV treatment to adults, children, and adolescents living with HIV (PLHIV). For example:</p> <ul style="list-style-type: none"> <li>• Differentiated ART service delivery models, as per WHO and national guidelines.</li> <li>• Activities related to provision of optimized HIV treatment for adults and children (at facility and community levels, including mobile services).</li> <li>• Procurement of adult and pediatric antiretroviral (first, second, and third line) drugs.</li> </ul>



**Module**

Treatment, Care and Support

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>HIV treatment and differentiated service delivery – adults (15 and above)</p> <p>HIV treatment and differentiated service delivery - children (under 15)</p> <p>(continued)</p>	<ul style="list-style-type: none"> <li>• Differentiated adherence and treatment support, as per WHO and national guidelines, including SMS reminders, telephone and online platform (virtual interventions); community support groups, adherence clubs (esp. adolescents), psychosocial counseling, peer support; treatment literacy including U=U messaging; systems for engagement/reengagement "welcome back services", systems to track, trace, and bring back to friendly care.</li> <li>• Management of clients with unsuppressed viral loads.</li> </ul> <p>→ <b>Activities related to strengthening the broader health system to deliver differentiated HIV services, such as governance, health financing, workforce planning, HRH (including integrated supportive supervision, and quality assurance), monitoring and evaluation, and health products management should be budgeted under the relevant interventions in the RSSH modules.</b></p> <p>→ <b>Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized. Costs related to integrated HRH and quality improvement activities should be budgeted under the relevant interventions in the RSSH modules.</b></p> <p>→ <b>Key considerations on HRH and quality activities outlined in the <a href="#">introduction</a> of the Modular Framework apply to CHWs, peers and other community-based workers.</b></p>
<p>Treatment monitoring - viral load, antiretroviral (ARV) toxicity and drug resistance</p>	<p>Activities and costs related to viral load monitoring and monitoring of ARV toxicities and drug resistance. For example:</p> <p><b>Viral load monitoring</b></p> <ul style="list-style-type: none"> <li>• Point of care and lab-based testing in line with wider laboratory network, including external quality assurance, community-based sampling and sample transport, procurement of reagents/cartridges and equipment (included use of integrated platforms and multi-disease devices).</li> <li>• Viral load testing (including community-based sample collection in community-based treatment models and point-of-care devices for all populations) per national viral load monitoring protocols.</li> </ul> <p><b>Monitoring serious ARV toxicities</b></p> <ul style="list-style-type: none"> <li>• Pregnancy registry to monitor the safety of ARV use in pregnancy.</li> <li>• Active toxicity monitoring in PLHIV on ART.</li> </ul> <p><b>Drug resistance monitoring</b></p>

**Module**

## Treatment, Care and Support

**Intervention****Scope and Description of Intervention Package - Illustrative List of Activities**

Treatment monitoring - viral load, antiretroviral (ARV) toxicity and drug resistance

(continued)

- Laboratory functions for HIVDR testing for example, supplies like Dried Blood Spot (DBS) cards, genotyping and shipment of specimens.
- HIVDR testing for patients failing second line, including cost of kits, reagents, and consumables.
- **Activities related to strengthening the broader health system to procure, supply, manage and deliver health products and management of information systems should be included under respective RSSH modules.**
- **Activities involving digital solutions for results return should be interoperable with broader laboratory information systems, and applicable for results return for other patient services and should be budgeted under the “[Laboratory information systems](#)” intervention in the “[RSSH/PP: Laboratory Systems](#)” module.**
- **Activities related to lab information systems should be included under the “[RSSH/PP: Laboratory Systems](#)” module.**

Integrated management of common co-infections and co-morbidities (adults and children)

Activities related to strengthening prevention and management of common co-infections and co-morbidities among people living with HIV (PLHIV). It includes hepatitis, STI, cervical cancer, mental health, and non-communicable diseases (NCDs). For example:

- Diagnosis and treatment for hepatitis B and C among populations at risk of these conditions who are accessing HIV service delivery platforms.
- Integrated screening and secondary prevention of cervical cancer for women living with HIV.
- Integrated efforts to identify and link to services, those eligible for HPV vaccination.
- Diagnosis and treatment of STIs, including syphilis among PLHIV, with a focus on KPs, AGYW, pregnant and breastfeeding women.
- Integrated detection and basic management of other NCDs as justified by context. (e.g. mental health, cervical and anal cancer, cardiovascular diseases, hypertension, diabetes, and obesity in PLHIV of 40 years and older).
- Evidence-based interventions to address harmful alcohol or drug use among PLHIV.
- **Activities related to management of TB/HIV co-infection should be included under the “[TB/HIV](#)” module.**
- **Activities related to strengthening the broader health system for the management of co-infections and co-morbidities should be included under the respective RSSH modules.**

Diagnosis and management of advanced HIV disease (adults and children)

Activities related to planning and implementation for integrating diagnosis and management of advanced HIV disease in adults, adolescents, and children. This includes the recommended WHO package. For example:

- CD4 testing.



**Module**

Treatment, Care and Support

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Diagnosis and management of advanced HIV disease (adults and children) (continued)</p>	<ul style="list-style-type: none"> <li>• Co-trimoxazole prophylaxis.</li> <li>• TB testing with Urinary TB LAM and molecular test supported for all with advanced HIV disease (AHD).</li> <li>• Cryptococcal antigen (CrAg) testing.</li> <li>• Diagnosis and management of all people with cryptococcal meningitis with WHO preferred regimens, and necessary equipment such as lumbar puncture needles.</li> <li>• Support to ensure adherence to the AHD package, including community follow-up and support for people with AHD.</li> <li>• Diagnosis and treatment for other fungal pathogens (e.g. Histoplasmosis, Talaromycosis) in endemic settings.</li> <li>• Management of serious bacterial infections, including relevant diagnostics and therapeutics.</li> </ul> <p>→ <b>Activities related to management of TB/HIV co-infection, including screening for active TB disease, TB treatment and TB preventive treatment, should be included under the "TB/HIV" module.</b></p> <p>→ <b>Activities related to strengthening the broader health system for the management of advanced disease should be included under respective RSSH modules (e.g., lab system strengthening and bacterial drug resistance surveys among PLHIV in order to improve the management of severe bacterial infections; quality improvement, supervision and clinical mentoring for AHD care, integrated with other quality improvement approaches).</b></p>

**HIV Module: TB/HIV**

**Module**

TB/HIV

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>TB/HIV - Collaborative interventions</p>	<p>Activities related to implementation of TB/HIV collaborative activities, which are aligned with TB and HIV programs. These include activities to establish and strengthen the mechanisms for delivering integrated and people-centered TB and HIV services, activities to reduce the burden of TB among people living with HIV (PLHIV) and to reduce the burden of HIV in people with presumptive and diagnosed TB. For example:</p> <ul style="list-style-type: none"> <li>• Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels, including representatives of communities.</li> <li>• Joint TB and HIV planning to integrate the delivery of TB and HIV services, including combined procurement and management of molecular diagnostic platforms for TB and HIV.</li> <li>• Joint TB/HIV monitoring and supervision, including coordinated participation in external quality assurance (EQA) programs.</li> </ul>

**Module****TB/HIV**

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
TB/HIV - Screening, testing and diagnosis	<p>Activities related to TB/HIV screening, testing and diagnosis. For example:</p> <ul style="list-style-type: none"> <li>• HIV testing among people with TB (and people with presumptive TB and household contacts).</li> <li>• Screening PLHIV for TB disease, including using X-rays/digital X-rays (with or without CAD/AI), C-reactive protein (CRP) or the WHO recommended four-symptom screen.</li> <li>• Use of lateral flow urine lipoarabinomannan assay (LF-LAM) and low complexity automated nucleic acid amplification test (LC-aNAATs) for TB diagnosis among PLHIV.</li> <li>• Quality methods and approaches to improve program quality and service delivery including participation in proficiency testing using blinded panels.</li> </ul>
TB/HIV - Treatment and care	<p>Activities related to early initiation or continuation of antiretroviral therapy (ART) and cotrimoxazole preventive therapy (CPT) for TB/HIV co-infected patients and provision of anti-TB treatment. For example:</p> <ul style="list-style-type: none"> <li>• Patient support and follow-up during treatment for both TB and HIV.</li> <li>• Quality improvement methods and approaches to improve TB and HIV program quality and service delivery.</li> <li>• Implementation and scale-up of innovative people-centered care approaches.</li> <li>• Activities to improve access and adherence to treatment including digital adherence technologies; psychosocial and nutritional support during treatment as needed.</li> </ul>
TB/HIV - Prevention	<p>Activities related to provision of TB preventive treatment for people living with HIV without TB disease. For example:</p> <ul style="list-style-type: none"> <li>• Providing shorter regimens such as 3-month (12 doses) Isoniazid and Rifapentine (3HP), 3-month Rifampicin and Isoniazid (3RH), 1-month Isoniazid and Rifapentine (1HP) or 6-month isoniazid (6H).</li> <li>• Follow-up and support for people taking preventive treatment including through using digital health technologies.</li> <li>• Implementation of administrative, environmental, and personal infection prevention and control measures in TB/HIV settings.</li> </ul>



## 3.2 Core list of indicators

### HIV Indicators: Impact

HIV impact indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	HIV I-4	Number of AIDS related deaths per 100,000 population.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male) <b>Gender   Age*</b> (female 15-19, male 15-19, female 20-24, male 20-24) <i>*To be reported from AGYW priority countries</i>
	HIV I-6	Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months.	
	HIV I-9a	Percentage of men who have sex with men who are living with HIV.	<b>Age</b> (<25, 25+)
	HIV I-9b	Percentage of trans and gender-diverse people who are living with HIV.	<b>Age</b> (<25, 25+)
	HIV I-10	Percentage of sex workers who are living with HIV.	<b>Age</b> (<25, 25+) <b>Gender</b> (female, male, trans and gender-diverse people)
	HIV I-11	Percentage of people who inject drugs who are living with HIV.	<b>Age</b> (<25, 25+) <b>Gender</b> (female, male, trans and gender-diverse people)
	HIV I-12	Percentage of other vulnerable populations who are living with HIV.	

**HIV impact indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules (continued)	HIV I-13	Percentage of people living with HIV.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male) <b>Gender   Age*</b> (female 15-19, male 15-19, female 20-24, male 20-24) <i>*To be reported from AGYW priority countries</i>
	HIV I-14	Number of new HIV infections per 1,000 uninfected population.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>Gender   Age*</b> (female 15-19, male 15-19, female 20-24, male 20-24) <i>*To be reported from AGYW priority countries</i>
	TB/HIV I-1	TB/HIV mortality rate, per 100,000 population.	

**HIV Indicators: Outcome****HIV outcome indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	HIV O-4a	Percentage of men who have sex with men reporting using a condom the last time they had anal sex with a male partner.	
	HIV O-4.1b	Percentage of trans and gender-diverse people reporting using a condom during their most recent sexual intercourse or anal sex.	
	HIV O-5	Percentage of sex workers reporting using a condom with their most recent client.	



HIV outcome indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules (continued)	HIV O-6	Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected.	
	HIV O-7	Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse.	
	HIV O-10	Percentage of high-risk AGYW (15-24) who say they used a condom the last time they had sex with a non-regular partner, of those who have had sex with such a partner in the last 12 months.	Age (15-19, 20-24)
	HIV O-11	Percentage of people living with HIV who know their HIV status at the end of the reporting period.	Age (<15, 15+) Gender (female, male)
	HIV O-12	Percentage of people living with HIV and on ART who are virologically suppressed.	Age (<15, 15+) Gender (female, male)
	HIV O-15	Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings.	
	HIV O-16a	Percentage of men who have sex with men who avoid health care because of stigma and discrimination.	Age (<25, 25+)
	HIV O-16b	Percentage of trans and gender-diverse people who avoid health care because of stigma and discrimination.	Age (<25, 25+)
	HIV O-16c	Percentage of sex workers who avoid health care because of stigma and discrimination.	Age (<25, 25+) Gender (female, male, trans and gender-diverse people)

**HIV outcome indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules (continued)	HIV O-16d	Percentage of people who inject drugs who avoid health care because of stigma and discrimination.	<b>Age</b> (<25, 25+) <b>Gender</b> (female, male, trans and gender-diverse people)
	HIV O-17	Percentage of people living with HIV who have experienced rights abuses in the last 12 months and have sought redress.	<b>Key population group</b> (MSM, PUD, SW, trans and gender-diverse people, prisoners) <b>Gender</b> (female, male, trans and gender-diverse people)
	HIV O-29	Percentage of HIV-positive results among the total HIV tests performed during the reporting period.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male)

**HIV Indicators: Coverage****HIV coverage indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">HIV Prevention</a>	KP-1a	Percentage of men who have sex with men reached with HIV prevention programs - defined package of services.	<b>Age</b> (15-19, 20-24, 25+)
	KP-1b	Percentage of transgender people reached with HIV prevention programs - defined package of services.	<b>Age</b> (15-19, 20-24, 25+) <b>Gender</b> (transwomen, transmen)
	KP-1c	Percentage of sex workers reached with HIV prevention programs - defined package of services.	<b>Age</b> (15-19, 20-24, 25+) <b>Gender</b> (female, male, trans and gender-diverse people)
	KP-1d	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services.	<b>Age</b> (15-19, 20-24, 25+) <b>Gender</b> (female, male)



## HIV coverage indicators

Module	Indicator code	Indicator Description	Disaggregation category (s)
HIV Prevention (continued)	KP-1e	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services.	Age (15-19, 20-24, 25+)
	KP-1f	Number of people in prisons and other closed settings reached with HIV prevention programs- defined package of services.	
	KP-4	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs.	
	KP-8	Percentage of people who inject drugs receiving opioid substitution therapy.	Age (15-19, 20-24, 25+) Gender (female, male)
	KP-6a	Number of men who have sex with men who received any PrEP product at least once during the reporting period.	PrEP product (oral PrEP, injectable PrEP, DPV-VR) Age (15-19, 20-24, 25+)
	KP-6b	Number of trans and gender-diverse people who received any PrEP product at least once during the reporting period.	PrEP product (oral PrEP, injectable PrEP, DPV-VR) Age (15-19, 20-24, 25+) Gender (transwomen, transmen)
	KP-6c	Number of sex workers who received any PrEP product at least once during the reporting period.	PrEP product (oral PrEP, injectable PrEP, DPV-VR) Age (15-19, 20-24, 25+) Gender (female, male, trans and gender-diverse people)
	KP-6d	Number of people who inject drugs who received any PrEP product at least once during the reporting period.	PrEP product (oral PrEP, injectable PrEP, DPV-VR) Age (15-19, 20-24, 25+) Gender (female, male)



HIV coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">HIV Prevention</a> (continued)	KP-6e	Number of people who received any PrEP product at least once during the reporting period.	<b>PrEP product</b> (oral PrEP, injectable PrEP, DPV-VR) <b>Key population group</b> (MSM, SW, PWID, trans and gender-diverse people, prisoners, others) <b>Age</b> (15-19, 20-24, 25+)
	YP-2	Percentage of high-risk adolescent girls and young women reached with HIV prevention programs- defined package of services.	<b>Age</b> (15-19, 20-24)
	YP-4	Number of high-risk adolescent girls and young women who received any PrEP product at least once during the reporting period.	<b>PrEP product</b> (oral PrEP, injectable PrEP, DPV-VR) <b>Age</b> (15-19, 20-24)
<a href="#">Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B</a>	VT-1	Percentage of pregnant women who know their HIV status.	<b>HIV status</b> (positive, negative, unknown)
	VT-2	Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth.	<b>HIV test status</b> (positive, negative, unknown)
	VT-3	Percentage of women accessing antenatal care services who were tested for syphilis.	
<a href="#">Differentiated HIV Testing Services</a>	HTS-2	Percentage of high risk adolescent girls and young women (AGYW) that have received an HIV test during the reporting period in AGYW programs.	<b>Age</b> (15-19, 20-24) <b>HIV test status</b> (positive, negative, unknown)
	HTS-3a	Percentage of men who have sex with men that have received an HIV test during the reporting period in key population (KP) -specific programs and know their results.	<b>Age</b> (15-19, 20-24, 25+) <b>HIV test status</b> (positive, negative, unknown)



HIV coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Differentiated HIV Testing Services</a> (continued)	HTS-3b	Percentage of trans and gender-diverse people that have received an HIV test during the reporting period in KP-specific programs and know their results.	<b>Age</b> (15-19, 20-24, 25+) <b>Gender</b> (transwomen, transmen) <b>HIV test status</b> (positive, negative, unknown)
	HTS-3c	Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results.	<b>Age</b> (15-19, 20-24, 25+) <b>Gender</b> (female, male, trans and gender-diverse people) <b>HIV test status</b> (positive, negative, unknown)
	HTS-3d	Percentage of people who inject drugs that have received an HIV test during the reporting period in KP-specific programs and know their results.	<b>Age</b> (15-19, 20-24, 25+) <b>Gender</b> (female, male) <b>HIV test status</b> (positive, negative, unknown)
	HTS-3e	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results.	<b>HIV test status</b> (positive, negative, unknown)
	HTS-3f	Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results.	<b>Gender</b> (female, male) <b>HIV test status</b> (positive, negative, unknown)
	HTS-5	Percentage of people newly diagnosed with HIV initiated on ART.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male)
	HTS-6	Number of individual HIV self-test kits distributed.	
<a href="#">Treatment, Care and Support</a>	TCS-1.1	Percentage of people on ART among all people living with HIV at the end of the reporting period.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male)



HIV coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Treatment, Care and Support</a> (continued)	TCS-1b	Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period.	<b>Gender</b> (female, male)
	TCS-1c	Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period.	<b>Gender</b> (female, male)
	TCS-8	Percentage of people living with HIV and on ART with viral load test result.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male)
	TCS-10	Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV.	
	TCS-11	Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male)
	TCS-12	Proportion of people living with HIV who had a CD4 count test.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>Patient category</b> (Newly initiated, others)
	TCS-13	Percentage of people with Advanced HIV Disease (AHD) who receive core AHD diagnostic package.	<b>CD4 count</b> (<200, 200+) <b>AHD diagnostic test</b> (CrAg, TB diagnostic test)
<a href="#">TB/HIV</a>	TB/HIV-5	Percentage of people diagnosed with a new episode of TB whose HIV status was documented.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male) <b>HIV status</b> (positive, negative, unknown)



### HIV coverage indicators

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">TB/HIV</a> (continued)	TB/HIV-3.1a	Percentage of people living with HIV newly initiated on ART who were screened for TB.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male)
	TB/HIV-6	Percentage of people living with HIV diagnosed with a new episode of TB who were on or newly enrolled on antiretroviral therapy.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male)
	TB/HIV-4.1a	Percentage of people newly enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.	<b>Age</b> (<5, 5-14, 15+)



## 4. Tuberculosis

### 4.1 Modules, interventions and illustrative list of activities

#### TB Indicators

#### TB Module: TB Diagnosis, Treatment and Care

Module	
TB Diagnosis, Treatment and Care	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>TB screening and diagnosis</p>	<p>Activities related to early detection of all forms of TB among all ages and genders. This includes active case finding (in communities/outreach, and/or through contact investigation) and intensified case finding in health facilities. For example:</p> <ul style="list-style-type: none"> <li>• Screening for TB disease using various tools such as digital X-rays (with or without computer-aided detection or artificial intelligence (CAD/AI) for X-ray readings).</li> <li>• Diagnosis of TB using WHO-recommended rapid molecular diagnostic tools (WRD) and scaling up of WRD.</li> <li>• Procurement, use and maintenance of TB screening and testing tools, such as X-rays, WRD platforms and consumables, mobile diagnostic units (vans/cars loaded with digital X-rays and WRD).</li> <li>• TB specimen transport/referral mechanisms from lower to higher level laboratories, and connectivity for TB lab results (digital technologies, software) including through digital systems.</li> <li>• Training/capacity building for TB laboratory staff, X-ray technicians and salary for staff/workers engaged in TB screening/diagnostic activities.</li> <li>• Awareness campaigns on TB symptoms for communities, screeners and the health workforce (including providing integrated services).</li> <li>• Supporting patients to access TB screening and diagnostic services, such as transport and meals.</li> <li>• Tailoring case finding to better reach specific population, for example, appropriate design of waiting and consultation rooms, enhancing privacy and confidentiality within facilities, etc.</li> </ul> <p>→ <b>TB case finding and diagnostic activities and investments specific to key and vulnerable populations should be included under “<a href="#">Key and Vulnerable Populations (KVPs) – TB/DR-TB</a>” module and interventions for respective KVPs.</b></p> <p>→ <b>Investments in integrated sample transport, laboratory information systems, integrated automated results return, and other aspects of laboratory systems integrating TB with other disease should be included under “<a href="#">RSSH/PP: Laboratory Systems</a>” module.</b></p>
<p>TB treatment, care and support</p>	<p>Activities related to comprehensive support for patients with drug-susceptible TB, including implementation and scale up of patient-centered care approaches, standard treatment with first line anti-TB drugs (FLD). For example:</p>

**Module**TB Diagnosis, Treatment and Care

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB treatment, care and support (continued)	<ul style="list-style-type: none"> <li>• Procuring and distributing FLD and adjuvants.</li> <li>• Clinical and laboratory tests to monitor treatment responses.</li> <li>• Improving patients' access and adherence to treatment including Digital Adherence Technologies (DAT), psychosocial support, nutritional assessment and support, transport support and mobile airtime for prioritized groups.</li> <li>• Post treatment care.</li> </ul>

**TB Module: Drug-resistant (DR)-TB Diagnosis, Treatment and Care****Module**Drug-resistant (DR)-TB Diagnosis, Treatment and Care

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
DR-TB diagnosis/ drug susceptibility testing (DST)	Activities related to early detection of people with drug-resistant TB (DR-TB - including rifampicin-resistant (RR), multi-drug resistant (MDR), pre and extensively drug-resistant TB (pre/XDR-TB). For example: <ul style="list-style-type: none"> <li>• Using WHO-recommended rapid molecular diagnostic tools (WRD), line-probe assay (LPA) for first line anti-TB drug (FLD) and second-line anti-TB drug (SLD), and drug susceptibility testing (DST) in decentralized settings.</li> <li>• Culture and DST which includes new and repurposed drugs, at least at referral centers and quality assurance.</li> <li>• TB specimen referral and transportation for DST, as well as connectivity for lab results including through digital technologies/systems.</li> <li>• Procuring and distributing equipment, reagents, and kits for DST.</li> <li>• Training/capacity building and salary for staff/workers engaged in DST labs.</li> <li>• Support to patients in accessing DR-TB diagnostic services, such as provision of transport.</li> </ul>
DR-TB treatment, care and support	Activities related to comprehensive support for patients with DR-TB. For example: <ul style="list-style-type: none"> <li>• Procurement and provision of treatment with second-line drugs for patients with DR-TB delivered through patient-centered, ambulatory, decentralized models.</li> <li>• Introduction and scale-up of all-oral regimens (including 6-month BPaL/M, BDLL/C and 9-month all-oral regimens) for patients with DR-TB as per WHO guidelines.</li> <li>• Improving patient's access and adherence to treatment including digital adherence technologies (DAT).</li> </ul>

**Module**Drug-resistant (DR)-TB Diagnosis, Treatment and Care

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
DR-TB treatment, care and support (continued)	<ul style="list-style-type: none"> <li>• Mobile airtime and internet packages for TB patients enrolled in DAT programs as well as relevant health workers to facilitate communication with healthcare providers and adherence reminders.</li> <li>• Providing psychosocial support through professional services (e.g., social workers, psychologists) to address mental health and social challenges impacting TB treatment.</li> <li>• Transport support (vouchers, reimbursements) to ensure TB-affected individuals can access diagnostic and treatment services.</li> <li>• Nutritional assessment and tailored support for prioritized patients on drug-resistant TB treatment.</li> <li>• Management of adverse drug effects including aDSM (active Drug Safety Monitoring and Management).</li> <li>• Training/capacity building and remuneration for staff/workers engaged in DR-TB management.</li> <li>• Monitoring of treatment response by clinical and lab services for patients on treatment.</li> <li>• Palliative and end-of-life care to eligible patients including counselling, medical and social support at home and health care facility settings.</li> <li>• Post treatment care.</li> </ul>

**TB Module: TB/DR-TB Prevention****Module**TB/DR-TB Prevention

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Screening/testing for TB infection	<p>Activities related to prevention of TB/DR-TB. For example:</p> <ul style="list-style-type: none"> <li>• Contact investigation and screening of people with pulmonary TB and DR-TB.</li> <li>• Screening for TB infection using tuberculin skin test (TST) and interferon-gamma-release assays (IGRAs), antigen-based skin tests as recommended by WHO and procuring and distributing tests.</li> <li>• Chest X-ray screening (with or without CAD/AI) to rule out TB disease.</li> </ul> <p>→ <b>Screening people living with HIV for TB should be included under “<a href="#">TB/HIV</a>” module.</b></p> <p>→ <b>TB prevention among children in contact with TB patients should be included under the “<a href="#">Key and Vulnerable Populations (KVPs) – TB/DR-TB</a>” module and “<a href="#">KVP - Children and adolescents</a>” intervention.</b></p>
Preventive treatment	Activities related to provision and monitoring of TB preventive treatment. For example:

**Module**TB/DR-TB Prevention

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
	<ul style="list-style-type: none"> <li>Procurement and provision of new regimens such as 3HP, 1HP and 3RH for adults in contact with patients with pulmonary TB and other high-risk groups and 6-month levofloxacin (6Lfx) for DR-TB contacts as per national/WHO guidance.</li> <li>Improving patients' access and adherence to treatment, including the use of digital adherence technologies (DAT).</li> </ul> <p>→ <b>TB preventive treatment (TPT) for children in contact with TB/DR-TB patients should be included under the “<a href="#">Key and Vulnerable Populations (KVPs) – TB/DR-TB</a>” TB module and “<a href="#">KVP - Children and adolescents</a>” intervention.</b></p> <p>→ <b>TB Preventive treatment for TB/HIV should be included under “<a href="#">TB/HIV</a>” module.</b></p>
Infection prevention and control (IPC)	<p>Activities related to airborne infection prevention and control including implementation of administrative, environmental, and personal protection measures. For example:</p> <ul style="list-style-type: none"> <li>Setting up cough triage, germicidal UV systems, ventilation systems (mechanical, natural, and mixed), particulate respirators, personal protection measures.</li> <li>Procurement and upgrading tools for IPC, including infrastructure changes and consumables required at the health facility setting, such as for TB/DR-TB lab, ward, clinic.</li> <li>Training, supportive supervision, and capacity building on IPC.</li> </ul>

**TB Module: Collaboration with Other Providers and Sectors****Module**Collaboration with Other Providers and Sectors

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Private provider engagement in TB/DR-TB care	<p>Activities related to engaging private care providers (private-for-profit and not-for-profit) in TB/DR-TB and TB/HIV services along cascade of care delivery (prevention, diagnosis, treatment, referral, and follow-up). It includes activities related to:</p> <ul style="list-style-type: none"> <li>Setting up norms, policies, guidelines, management systems, including mandatory notification, electronic/digital recording/reporting, and payment mechanisms.</li> <li>Mapping of private providers and types of agreements with National TB Programs (public-private agreements).</li> <li>Training private service providers on quality care delivery along cascade of care, including medical ethics.</li> <li>Capacity building of intermediary agencies to support National Tuberculosis Programs (NTPs) to effectively engage private care providers.</li> <li>Certification and accreditation of private providers/facilities.</li> </ul>

**Module**Collaboration with Other Providers and Sectors

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Private provider engagement in TB/DR-TB care  (continued)	<ul style="list-style-type: none"> <li>• Procurement and provision of diagnostic tools, reagents, medicines for patients receiving services through private providers as per national policies and agreements.</li> <li>• Engagement of private laboratories in the country's TB diagnostic network, external quality assessment (EQA) and maintenance of lab equipment.</li> <li>• Quality Assurance, supervision, and monitoring of private providers.</li> <li>• Scale-up of innovative engagement models including performance-based contracting, outsourcing, social franchising, strategic purchasing, and result-based payment mechanisms.</li> <li>• Incentives (financial and non-financial) for private providers to deliver quality TB diagnosis, treatment, prevention, and care services as well as reporting through the national HMIS.</li> </ul> <p>→ <b>Private Provider Engagement (PPE) is strengthening engagement of private providers already working with the NTPs and engaging providers who are not included in the NTPs (including private not-for-profit such as faith-based organizations, and for-profit such as private clinics, hospitals, general practitioners, pharmacies). PPE is part of public-private mix (PPM).</b></p> <p>→ <b>PPM also includes public providers which are not engaged with the NTP (hence not reporting to NTP) e.g., public hospitals, military, and police hospitals. Activities and investments for engaging all public providers by the NTP should be included under relevant TB/DR-TB modules/interventions.</b></p> <p>→ <b>Interventions related to strengthening PPE beyond TB should be included in the “<a href="#">RSSH: Health Sector Governance and Integrated People-centered Services</a>” module.</b></p>
Community-based TB/DR-TB care	<p>Activities related to engagement of community in TB/DR-TB and TB/HIV service planning and delivery, including diagnosis, treatment, care and prevention, and monitoring and evaluation. For example:</p> <ul style="list-style-type: none"> <li>• Community-led monitoring and assessment of barriers, linkage to appropriate services and advocacy.</li> <li>• Scaling up community-based screening to ensure early access to quality diagnosis, treatment support/adherence.</li> <li>• Engaging communities and community-led organizations and affected people, in advocacy, establishment and engagement in national multisectoral accountability framework and related communication.</li> <li>• Training/capacity-building of community TB service providers, advocates, TB/DR-TB survivors.</li> <li>• Implementing gender-responsive, community-based and led interventions/approaches aimed at improving availability, accessibility, acceptability, and quality of TB/DR-TB, TB/HIV services, such as outreach services for TB/DR-TB and TB/HIV, contact tracing, specimen collection and transportation, treatment support and support for TB prevention.</li> </ul> <p>→ <b>Integrated services (beyond TB) provided by community-based and led-organizations (e.g., community systems strengthening, community-led monitoring), should be included under the “<a href="#">RSSH: Community Systems Strengthening</a>” module.</b></p>



**Module**

Collaboration with Other Providers and Sectors

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Linkage to social protection for KVP affected by TB	<p>Activities related to strengthening linkages between TB programs and social protection systems to improve access to financial, nutritional, and social support for key and vulnerable populations (KVP) affected by TB including DRTB, TB/HIV and TB infection. For example:</p> <ul style="list-style-type: none"> <li>• Formal referral mechanisms between NTPs and social protection agencies to facilitate access to financial, nutritional, and social support services for KVPs.</li> <li>• Developing national and local frameworks for collaboration between TB programs and social protection entities.</li> <li>• Integrating TB status within social protection databases to improve identification and service delivery for KVP affected by TB.</li> <li>• Community outreach and development of information materials to increase awareness and improve understanding of eligibility and access pathways.</li> <li>• Generating evidence on the economic impact of TB and developing advocacy/action plans for TB-inclusive and sensitive social protection policies.</li> <li>• Data-sharing agreements between NTPs and social protection agencies and monitoring of social protection coverage among households affected by TB.</li> </ul>
Collaboration with other programs/sectors	<p>Activities related to establishing collaboration mechanisms with other service providers for patients with co-morbidities, including diabetes, and with other sectors beyond health such as justice, labor, mining, finance, insurance, and social services. For example:</p> <ul style="list-style-type: none"> <li>• Screening and detecting co-morbidities, which may include bi-directional or simultaneous screening/testing.</li> <li>• Prevention, treatment, and management of co-morbidities including TB/Diabetes, TB/COVID-19, and TB/Mental illness.</li> <li>• Linkages and referral systems across services and sectors, such as nutrition, sexual and reproductive health services for pregnant women, gender-based violence prevention and response services, harm reduction programs for patients with TB/DR-TB who inject drugs, use alcohol and smoking, etc.</li> <li>• Training/capacity building of health care workers working on TB/DR-TB and other co-morbidities and co-conditions.</li> <li>• Implementation of multi-sectorial accountability framework (as defined by WHO) for TB/DR-TB and TB/HIV.</li> </ul> <p>→ <b>Support to strengthen integrated service delivery platforms related to maternal and newborn child health (e.g., antenatal, postnatal and child health) should be included under relevant RSSH modules.</b></p>



### TB Module: Key and Vulnerable Populations (KVP) – TB/DR-TB

<b>Module</b> Key and Vulnerable Populations (KVP) – TB/DR-TB	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
KVP - Children and adolescents	<p>Activities related to TB case finding, diagnosis, treatment and prevention specifically targeted at children and adolescents. For example:</p> <ul style="list-style-type: none"> <li>• Development of policies/strategies and algorithms for diagnosis of childhood TB/DR-TB.</li> <li>• Active case finding in children, collection and testing of pediatric specimens (including stool sample for GeneXpert testing); use of chest radiography for screening and diagnosis of TB/DR-TB in children and adolescents.</li> <li>• Referral pathways and protocols, dissemination, and supportive supervision.</li> <li>• Contact investigation among children and adolescents for TB/DR-TB including through outreach, community-based and led approaches.</li> <li>• Provision of treatment with child-friendly TB drug formulations including the 4-month regimen for non-severe drug-susceptible TB and all oral shorter regimens for DR-TB (e.g., 6-month BDLLfx/C [bedaquiline, delamanid, linezolid, levofloxacin and clofazimine]) through decentralized and family-centered model of care.</li> <li>• Testing for TB infection using the latest available and recommended tools/approaches and provision of TPT including the shorter regimens to eligible contacts of TB patients.</li> <li>• Training/capacity building on response to childhood/adolescent TB, including clinical diagnosis, treatment decision approaches and specimen collection, implementation of the 4-month regimen for non-severe TB, contact investigation and prevention.</li> </ul>
KVP - People in prisons/jails/detention centers	<p>Activities related to addressing needs and adapting TB services to the needs of people in prisons, detention centers or jails, advocacy for improvement of conditions and making appropriate services accessible and available. For example:</p> <ul style="list-style-type: none"> <li>• Design, delivery and monitoring and evaluation of TB services in prison settings, including engaging ex-prisoner network.</li> <li>• Administrative, environmental, and personal protection measures aimed at improving infection prevention and control in prisons and detention centers.</li> <li>• Screening/testing for TB (including using X-rays with/without CAD/AI, WRD) and mobile outreach services that are linked to local health facilities.</li> <li>• Provision of treatment with first line and second line anti-TB drug and treatment support.</li> <li>• Updating TB laboratories and relevant equipment in prisons.</li> <li>• Specimen referral mechanisms from prisons to external laboratories.</li> <li>• Testing TB infection (including using IGRAs/TST and antigen-based skin test) and provision of TPT as needed.</li> <li>• Linkages with TB care services to ensure continuation of treatment at all stages of detention (i.e., people undergoing treatment before detention, between different stages of detention and on exit from detention).</li> <li>• Linkages with national TB health management information system and referral.</li> </ul>



**Module**

Key and Vulnerable Populations (KVP) – TB/DR-TB

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>KVP - People in prisons/jails/detention centers  (continued)</p>	<ul style="list-style-type: none"> <li>• Linkages with harm reduction programs and networks of people who use drugs and support for mental health and other comorbidities and risk factors including alcohol use and smoking cessation.</li> <li>• Sensitization of prison officers/correction officers on continuum of care and rights of TB patients in prisons, including avoidance of solitary confinement of prisoners and violence reduction.</li> <li>• Integration of programs to prevent, address, monitor and report violence in prisons and other closed settings, including community-based and community-led monitoring of stigma, discrimination.</li> <li>• Engagement of prison leadership on peer-led TB activities and stigma and violence reduction efforts, including building capacity of peer educators</li> <li>• TB/HIV interventions, including HIV screening among people in prisons, detentions centers/jails.</li> <li>• Advocacy for non-custodial alternatives for non-violent offenses and pretrial periods to reduce overcrowding.</li> <li>• Continued TB treatment support, and linkage to available social protection services by ex-prisoner support groups and Civil Society Organizations (CSOs) working with prisoners and their families.</li> <li>• Training ex-prisoner support groups/networks, and CSOs working with prisons and their families on TB and human rights and legal literacy.</li> </ul>
<p>KVP – Others</p>	<p>Activities related to key populations and high-risk groups such as miners and mining communities, urban poor/slum dwellers, populations affected by climate change (e.g. IDP due to flood, drought affected population) and other mobile populations (migrants, refugees, IDPs due to other reasons), ethnic minorities/ indigenous populations, elderly, undernourished, health workers, pregnant and postpartum women, people living with disabilities, people with poor mental health conditions and people who use drugs. It includes adapting models of TB/DR-TB, TB/HIV care to meet the needs of these specific groups to make services people-centered and improve quality, accessibility, appropriateness, and availability. For example:</p> <ul style="list-style-type: none"> <li>• Support to organizations and representatives of these communities to ensure their engagement in the design, delivery and monitoring and evaluation of TB services.</li> <li>• Development of new or adjusting existing tools for identifying, tracking and monitoring areas with high concentration of population displaced/migrants induced by climate change and geo-locating populations vulnerable to TB.</li> <li>• Targeted advocacy-related activities including supporting TB symptoms awareness campaigns.</li> <li>• Screening/testing including using X-rays with/without CAD/AI, WRD and mobile outreach services linked to local health facilities.</li> <li>• Intensifying case finding with systematic screening at healthcare facilities in high TB burden settings and high climate vulnerable areas.</li> <li>• Community-based TB care and prevention; community-based sputum collection/transport arrangement.</li> <li>• TB/HIV interventions including HIV screening of people with TB and provision of treatments for co-infected people.</li> <li>• Linkage with national TB health management information system and referral.</li> </ul>

**Module**

Key and Vulnerable Populations (KVP) – TB/DR-TB

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
KVP – Others (continued)	<ul style="list-style-type: none"> <li>Provision of treatment (FLD and SLD) and supporting activities to improve access and adherence to treatment including DAT, psychosocial, nutritional and other support for prioritized groups.</li> <li>Development of policy, governance and advocacy activities for engagement of key stakeholders, such as, political, industrial, labor, migration, environment and private sector.</li> </ul> <p>→ <b>Activities to remove human rights and gender-related barriers specific to miners and mining communities should be included under the modules “<a href="#">RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services</a>” and “<a href="#">RSSH: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</a>” and related interventions.</b></p>

**TB Module: TB/HIV****Module**

TB/HIV

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB/HIV - Collaborative interventions	<p>Activities related to implementation of TB/HIV collaborative activities, which are aligned with TB and HIV programs. These include activities to establish and strengthen the mechanisms for delivering integrated and people-centered TB and HIV services, activities to reduce the burden of TB among people living with HIV (PLHIV) and to reduce the burden of HIV in people with presumptive and diagnosed TB. For example:</p> <ul style="list-style-type: none"> <li>Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels, including representatives of communities.</li> <li>Joint TB and HIV planning to integrate the delivery of TB and HIV services, including combined procurement and management of molecular diagnostic platforms for TB and HIV.</li> <li>Joint TB/HIV monitoring and supervision, including coordinated participation in external quality assurance (EQA) programs.</li> </ul>
TB/HIV - Screening, testing and diagnosis	<p>Activities related to TB/HIV screening, testing and diagnosis. For example:</p> <ul style="list-style-type: none"> <li>HIV testing among people with TB (and people with presumptive TB and household contacts).</li> <li>Screening PLHIV for TB disease, including using X-rays/digital X-rays (with or without CAD/AI), C-reactive protein (CRP) or the WHO recommended four-symptom screen.</li> <li>Use of lateral flow urine lipoarabinomannan assay (LF-LAM) and low complexity automated nucleic acid amplification test (LC-aNAATs) for TB diagnosis among PLHIV.</li> <li>Quality methods and approaches to improve program quality and service delivery including participation in proficiency testing using blinded panels.</li> </ul>



**Module**

TB/HIV

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
TB/HIV - Treatment and care	<p>Activities related to early initiation or continuation of antiretroviral therapy (ART) and cotrimoxazole preventive therapy (CPT) for TB/HIV co-infected patients and provision of anti-TB treatment. For example:</p> <ul style="list-style-type: none"> <li>• Patient support and follow-up during treatment for both TB and HIV.</li> <li>• Quality improvement methods and approaches to improve TB and HIV program quality and service delivery.</li> <li>• Implementation and scale-up of innovative people-centered care approaches.</li> <li>• Activities to improve access and adherence to treatment including digital adherence technologies; psychosocial and nutritional support during treatment as needed.</li> </ul>
TB/HIV - Prevention	<p>Activities related to provision of TB preventive treatment for PLHIV without TB disease. For example:</p> <ul style="list-style-type: none"> <li>• Providing shorter regimens such as 3-month (12 doses) Isoniazid and Rifapentine (3HP), 3-month Rifampicin and Isoniazid (3RH), 1-month Isoniazid and Rifapentine (1HP) or 6-month isoniazid (6H).</li> <li>• Follow-up and support for people taking preventive treatment including through using digital health technologies.</li> <li>• Implementation of administrative, environmental, and personal infection prevention and control measures in TB/HIV settings.</li> </ul>



## 4.2 Core list of indicators

### TB Indicators: Impact

TB impact indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	TB I-2	TB incidence rate per 100,000 population.	
	TB I-3	TB mortality rate per 100,000 population.	
	TB I-4	Percentage of RR-TB cases among people with new episodes of bacteriologically confirmed pulmonary TB.	
	TB/HIV I-1	TB/HIV mortality rate per 100,000 population.	

### TB Indicators: Outcome

TB outcome indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	TB O-5	TB treatment coverage: Percentage of people with a new episode of TB (all forms) that were notified and treated in a given year among the estimated number of people with TB in the same year.	
	TB O-6.1	RR-TB treatment coverage among people notified with bacteriologically confirmed pulmonary TB.	
	TB O-7	Percentage of people diagnosed with TB (all forms) who experienced self-stigma that inhibited them from seeking and accessing TB services.	

**TB outcome indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules (continued)	TB O-8	Percentage of people diagnosed with TB (all forms) who report stigma in health care settings that inhibited them from seeking and accessing TB services.	
	TB O-9	Percentage of people diagnosed with TB (all forms) who report stigma in community settings that inhibited them from seeking and accessing TB services.	

**TB Indicators: Coverage****TB coverage indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">TB Diagnosis, Treatment and Care</a>	TBDT-1	TB notifications: Number of notifications of people diagnosed with a new episode of TB (all forms).	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>HIV status</b> (positive, negative, unknown) <b>Type of TB</b> (pulmonary bacteriologically confirmed, pulmonary clinically diagnosed, extrapulmonary) <b>Drug resistance status</b> (Drug-susceptible TB, drug-resistant TB) <b>Treatment history</b> (new, recurrent, unknown)
	TBDT-3a	Percentage of notified people with a new episode of TB (all forms) contributed by private sector/non-governmental providers.	<b>Type of TB</b> (pulmonary bacteriologically confirmed, pulmonary clinically diagnosed, extrapulmonary) <b>Type of private facility</b> (NGO/private not-for-profit, private for-profit)



TB coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">TB Diagnosis, Treatment and Care</a> (continued)	TBDT-3b	Percentage of notified people with a new episode of TB (all forms) contributed by all public sector providers.	<b>Type of public facility/provider</b> (National TB program providers, non-National TB program providers)
	TBDT-3c	Percentage of people diagnosed and notified with a new episode of TB (all forms) who were referred by a community health worker or community volunteer.	
<a href="#">TB Diagnosis, Treatment and Care</a> (continued)	TBDT-4	Percentage of people diagnosed with a new episode of TB who were initially tested with a WHO-recommended rapid diagnostic test (WRD).	<b>Type of provider</b> (public, private)
	TBDT-5	Bacteriological confirmation: Percentage of people diagnosed with a new episode of pulmonary TB whose disease was bacteriologically confirmed.	<b>Type of bacteriological confirmatory test</b> (WHO-recommended rapid diagnostic test (WRD), smear microscopy, culture, other tests)
	TBDT-6	Lost to follow-up: Percentage of people with TB disease who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.	<b>Drug resistance status</b> (drug-susceptible TB, drug-resistant TB) <b>Treatment history</b> (new, previously treated)
	TBDT-2	Treatment Success Rate of Drug-Susceptible TB (DS-TB): Percentage of people diagnosed with a new episode of DS-TB (all forms) who were successfully treated.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>HIV status</b> (positive, negative, unknown)
<a href="#">TB/DR-TB Prevention</a>	TBP-1	Number of eligible contacts of people with TB started on TB preventive treatment.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male) <b>Type of TPT regimen</b> (1HP, 3HP, 3HR, 4R, 6H, 6Lfx)



TB coverage indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">TB/DR-TB Prevention</a> (modules)	TBP-2	Percentage of contacts who completed TB preventive treatment among those who initiated TB preventive treatment.	
	TBP-3	Contact investigation coverage: Percentage of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible.	
<a href="#">TB/HIV</a>	TB/HIV-3.1a	Percentage of people living with HIV newly initiated on ART who were screened for TB.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male)
	TB/HIV-5	Percentage of people diagnosed with a new episode of TB whose HIV status was documented.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male) <b>HIV status</b> (positive, negative, unknown)
	TB/HIV-6	Percentage of people living with HIV diagnosed with a new episode of TB who were on or newly enrolled on antiretroviral therapy.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male)
	TB/HIV-4.1a	Percentage of people newly enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.	<b>Age</b> (<5, 5-14, 15+)
<a href="#">DR-TB Diagnosis, Treatment and Care</a>	DRTB-2	Number of people notified with laboratory-confirmed RR-TB.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>HIV status</b> (positive, negative, unknown) <b>Type of rifampicin resistance</b> (RR/MDR-TB, pre-XDR-TB/XDR-TB)



## TB coverage indicators

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">DR-TB Diagnosis, Treatment and Care</a> (continued)	DRTB-3	Percentage of people with laboratory-confirmed RR-TB notified and started on the appropriate second-line treatment regimen.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>Type of DR-TB treatment regimen</b> (Short ( $\leq 12$ months), Long ( $> 12$ months and $\leq 24$ months)) <b>Type of rifampicin resistance</b> (RR/MDR-TB, pre-XDR-TB/XDR-TB)
	DRTB-6a	Percentage of people diagnosed with bacteriologically confirmed pulmonary TB who were tested for rifampicin susceptibility.	
	DRTB-6b	Percentage of people tested for susceptibility to isoniazid among those tested for rifampicin susceptibility.	
	DRTB-6c	Percentage of people with rifampicin-resistant pulmonary TB who were tested for susceptibility to fluoroquinolones.	
	DRTB-6d	Percentage of people with pulmonary TB resistant to both rifampicin and fluoroquinolones (pre-XDR-TB) who were tested for susceptibility to bedaquiline and linezolid.	
	DRTB-9	Treatment Success Rate of RR-TB: Percentage of people with confirmed rifampicin-resistant TB who were successfully treated.	<b>Age</b> (<15, 15+) <b>Gender</b> (female, male) <b>HIV status</b> (positive, negative, unknown) <b>Type of provider</b> (public, private) <b>Type of DR-TB treatment regimen</b> (Short ( $\leq 12$ months), Long ( $> 12$ months and $\leq 24$ months)) <b>Type of rifampicin resistance</b> (RR/MDR-TB, pre-XDR-TB/XDR-TB)



### TB coverage indicators

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Key and Vulnerable Populations (KVP) – TB/DR-TB</a>	KVP-1	Number of people with a new episode of TB (all forms) who were notified among prisoners.	
	KVP-2	Number of people with a new episode of TB (all forms) who were notified among key affected populations/ high risk groups (other than prisoners).	
<a href="#">Collaboration with Other Providers and Sectors</a>	TBC-1	TB Treatment Success Rate in the private sector: Percentage of people with a new episode of TB who were notified and successfully treated in the private sector.	



## 5. Malaria

### 5.1 Modules, interventions and illustrative list of activities

#### Malaria Indicators

#### Malaria Module: Vector Control

Module	
Malaria: Vector Control	
Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Insecticide treated nets (ITNs) - mass campaign: universal	<p>Activities related to planning and implementation of mass insecticide treated net (ITN) campaigns. For example:</p> <ul style="list-style-type: none"> <li>• Mass ITN distribution.</li> <li>• Mass ITN distribution targeting refugees, internally displaced persons, migrants, mobile populations, prisoners, and other underserved populations, as well as socially and legally excluded populations.</li> <li>• Adjusting ITN targets after including climate/population vulnerability analysis to address changes in geographic expansion and reintroduction, seasonality, intensity due to climate change, and impacts of climate-related disasters.</li> <li>• Supporting targeted/emergency response (in addition to or in replacement of universal distribution).</li> <li>• Coordinating, planning and budgeting for procurement, logistics and waste management.</li> <li>• Developing communication, education and information materials related to mass campaigns and equitable access.</li> <li>• technical assistance (e.g., Alliance for Malaria Prevention).</li> <li>• Adjusting the targets, coordination, planning, budgeting, and logistics of mass ITN distribution due to climate-related challenges (e.g., extreme weather events), These adjustments can also address changes in geographic expansion, reintroduction, seasonality and intensity due to climate change.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to vector control access at the household level, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of vector control interventions at household level, and in assessing and addressing barriers.</li> <li>• Engaging communities in vector control campaigns.</li> <li>• Training, combined with integrated supportive supervision or group problem solving.</li> <li>• Supporting low-carbon, environmentally sustainable waste management of campaign materials, end-of-life ITNs (can include recycling).</li> </ul>



**Module**  
Malaria: Vector Control

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Insecticide treated nets (ITNs) - mass campaign: universal  (continued)	<ul style="list-style-type: none"> <li>• Monitoring and reporting of routine operations.</li> <li>→ <b>Post-distribution survey on access and use could be planned as a standalone task, targeted small sample survey, added to questions at antenatal care (ANC) visits, or as part of a larger health survey, such as a malaria indicator survey, demographic and health survey, and/or multiple indicator cluster survey. These should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Surveys</a>” intervention.</b></li> <li>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></li> <li>→ <b>Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Analyses, evaluations, reviews and data use</a>” intervention.</b></li> <li>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></li> </ul>
Insecticide treated nets (ITNs) - continuous distribution: ANC	<p>Activities related to continuous delivery of insecticide treated nets (ITNs) through antenatal care (ANC). For example:</p> <ul style="list-style-type: none"> <li>• Coordinating, planning and budgeting for procurement and logistics, including with national primary health care (PHC) programs to improve ANC attendance and uptake.</li> <li>• Adjusting the coordination, planning, budgeting, and logistics to address changes in geographic expansion and reintroduction, seasonality, intensity including those due to climate change and impacts of climate-related disasters.</li> <li>• Communication/behavior change activities, including on increasing women’s health seeking decision-making power, transforming harmful gender norms and increasing male engagement in ANC.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to ANC, including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of communities and affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of vector control interventions through ANC, and in assessing and addressing barriers.</li> <li>• Training, combined with integrated and supportive supervision or group problem solving.</li> <li>• Monitoring and reporting of routine operations.</li> </ul>



<b>Module</b>	
Malaria: Vector Control	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Insecticide treated nets (ITNs) - continuous distribution: ANC (continued)	<p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible.</b></p> <p>→ <b>Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p> <p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns, continuous distribution) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p>
Insecticide treated nets (ITNs) - continuous distribution: EPI	<p>Activities related to continuous delivery of insecticide treated nets (ITNs) through expanded program on immunization (EPI). For example:</p> <ul style="list-style-type: none"> <li>• Coordinating, planning and budgeting for procurement and logistics.</li> <li>• Adjusting the targets, coordination, planning, budgeting, and logistics due to climate-related challenges (e.g., extreme weather events).</li> <li>• Communication/behavior change activities, including on increasing women’s health seeking decision-making power.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to vector control access through EPI, including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision, community consultations or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of vector control interventions through EPI, and in assessing and addressing barriers.</li> <li>• Training, combined with integrated and supportive supervision or group problem solving.</li> <li>• Monitoring and reporting of routine operations.</li> </ul> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible.</b></p> <p>→ <b>Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p> <p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns, continuous distribution) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p>
Insecticide treated nets (ITNs) - continuous distribution: school based	<p>Activities related to continuous delivery of insecticide treated nets (ITNs) through school-based channels. For example:</p> <ul style="list-style-type: none"> <li>• Coordinating, planning and budgeting for procurement and logistics.</li> <li>• Adjusting the targets, coordination, planning, budgeting, and logistics due to climate-related challenges (e.g., extreme weather events).</li> </ul>



Module

Malaria: Vector Control

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Insecticide treated nets (ITNs) - continuous distribution: school based (continued)</p>	<ul style="list-style-type: none"> <li>• communication/behavior change activities ex. development of educational materials for use in schools, specific information on net care and use, use of social media for engagement at schools.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to vector control access in schools, including outreach to out-of-school children (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of vector control interventions in schools, and in assessing and addressing barriers.</li> <li>• Training, combined with integrated and supportive supervision or group problem solving.</li> <li>• Monitoring and reporting of routine operations.</li> </ul> <p>→ Digitalization of data systems for malaria-specific interventions (e.g., campaigns, continuous distribution) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</p> <p>→ Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible.</p> <p>→ Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</p> <p>→ ITNs school-based distribution-specific training (or training for distribution integrated with another malaria-specific activity, e.g., intermittent preventive treatment for schoolchildren, or IPTsc), should be included in this module or under the “<a href="#">Specific Prevention Interventions (SPI)</a>” module and the “<a href="#">Other chemoprevention interventions in children (PMC, IPTsc, PDMC)</a>” intervention.</p>
<p>Insecticide treated nets (ITNs) - continuous distribution: community-based</p>	<p>Activities related to continuous delivery of ITNs through the community. For example:</p> <ul style="list-style-type: none"> <li>• Coordinating, planning and budgeting for procurement and logistics with meaningful engagement of communities throughout grant design and implementation.</li> <li>• Adjusting ITN targets after including climate/population vulnerability analysis to address changes in geographic expansion and reintroduction, seasonality, intensity due to climate change and impacts of climate-related disasters.</li> <li>• Adjusting the coordination, planning, budgeting, and logistics to address changes in geographic expansion and reintroduction, seasonality, intensity due to climate change and impacts of climate-related disasters.</li> <li>• Supporting communication/behavior change activities E.g., Developing communication, education and information materials related to community continuous distribution.</li> </ul>



**Module**

Malaria: Vector Control

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
<p>Insecticide treated nets (ITNs) - continuous distribution: community-based  (continued)</p>	<ul style="list-style-type: none"> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to vector control in communities, including to increase women’s health decision-making power for ITN uptake/use. (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of vector control interventions in communities, and in assessing and addressing barriers.</li> <li>• Supporting activities to engage communities in ITNs distribution.</li> <li>• Training, combined with integrated and supportive supervision or group problem solving.</li> <li>• Monitoring and reporting of routine operations.</li> </ul> <p>→ <b>Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p> <p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns, continuous distribution) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p>
<p>Indoor residual spraying (IRS)</p>	<p>Activities related to planning and implementation of indoor residual spraying (IRS). For example:</p> <ul style="list-style-type: none"> <li>• Enumerating households to be sprayed, geographical reconnaissance.</li> <li>• Procuring insecticides, equipment (including IRS-related PPE) and other IRS-related commodities.</li> <li>• Developing communication, information and education materials related to IRS campaigns.</li> <li>• Coordinating, planning and budgeting for logistics and implementation of IRS campaigns.</li> <li>• Technical assistance.</li> <li>• IRS for epidemic response.</li> <li>• Adjusting the targets, coordination, planning, budgeting, and logistics to address changes in geographic expansion and reintroduction, seasonality, intensity due to climate change and impacts of climate-related disasters.</li> <li>• Environmental compliance and environmentally sustainable waste management.</li> <li>• Design and/or adapt activities to Ensure socially and legally excluded underserved populations benefit from IRS, and address equity, human rights- and gender-related barriers to IRS uptake, including in areas affected by climate change, (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Empowering and engaging communities in vector control, including activities to improve gender parity amongst the IRS workforce and improve uptake of IRS in female headed households, including to address the different gender-related needs and barriers to IRS.</li> </ul>

**Module**

Malaria: Vector Control

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Indoor residual spraying (IRS) (continued)	<ul style="list-style-type: none"> <li>• Support participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of IRS, and in assessing and addressing barriers.</li> <li>• Training, combined with integrated and supportive supervision or group problem solving, monitoring and reporting of routine operations.</li> <li>• Supporting IRS campaign-specific human resource costs.</li> </ul> <p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p> <p>→ <b>Post-IRS coverage survey could be planned as a standalone task or through targeted small sample surveys and should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Surveys</a>” intervention.</b></p>
Other vector control measures	<p>Activities related to implementation of environmental management strategies. For example:</p> <ul style="list-style-type: none"> <li>• Improving design or operation of water resource development projects to reduce or eliminate vector breeding grounds.</li> <li>• Implementing biological controls (e.g., bacterial larvicides) that target and kill vector larvae.</li> <li>• Using chemical larvicides and adulticides that reduce disease transmission by shortening or interrupting the lifespan of vectors.</li> <li>• Supporting house screenings.</li> <li>• Supporting introduction of new vector control tools, such as attractive toxic sugar baits (ATSB) or spatial emanators, if they are being piloted through strategic initiatives supported by the Global Fund or have WHO recommendation.</li> <li>• Coordinating, planning and budgeting for procurement and logistics, including specific adjustments due to climatic factors/climate change.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to vector control, including to increase women’s health decision-making power for ITN uptake/use. (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Empower and engage communities in vector control including participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of vector control interventions, and in assessing and addressing barriers.</li> <li>• Training, combined with integrated and supportive supervision or group problem solving.</li> <li>• Monitoring and reporting of routine operations.</li> </ul> <p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns, routine distribution) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p>

**Module**

Malaria: Vector Control

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Other vector control measures (continued)	→ <b>Post-intervention surveys could be planned as a standalone task, through targeted small sample surveys, or as part of a larger health survey, such as Malaria Indicator Survey, Demographic &amp; Health Survey and Multiple Indicator Cluster Survey, and should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Surveys</a>” intervention.</b>
Entomological monitoring	<p>Activities related to entomological monitoring. For example:</p> <ul style="list-style-type: none"> <li>• Planning and implementation of activities to determining and characterizing the dominant mosquito species in the area, vector density, and biting behavior, including linkages to climate qualitative or quantitative data.</li> <li>• Collecting Anopheles mosquitoes as well as non-Anopheles mosquitoes opportunistically, during routine entomological surveillance.</li> <li>• Testing mosquitoes' susceptibility to insecticides including genomic monitoring.</li> <li>• Recording sleeping times and net use.</li> <li>• Procuring entomological equipment.</li> <li>• Supporting activities relating to entomologic genomic surveillance.</li> <li>• Maintaining insectary.</li> <li>• Supporting operation-specific human resource costs.</li> <li>• Planning for insecticide resistance management.</li> <li>• Training, combined with integrated supportive supervision or group problem solving.</li> <li>• Supporting technical assistance.</li> <li>• Specific <i>An. stephensi</i> surveillance activities in urban areas.</li> </ul>
Social and behavior change (SBC)	<p>Advocacy, communication, and social mobilization activities related to universal equitable access to vector control and to address climate impact on malaria. For example:</p> <ul style="list-style-type: none"> <li>• Preparing advocacy materials/kits (for community-based organizations and NGOs), in consultation with communities, including those targeting underserved populations.</li> <li>• Supporting sensitization and mobilization events targeting policy makers and key players.</li> <li>• Designing and implementing multi-media campaigns, social media, radio and TV instructional series, jingles, billboards, and community radio, including campaigns designed to overcome equity, human rights- and gender-related barriers to vector control.</li> <li>• Empowering and engaging communities in vector control, such as sensitization meetings for opinion leaders at community and village level, and engaging women-led organizations/groups within those communities.</li> <li>• Facilitating private sector engagement in the above-mentioned activities.</li> </ul>



**Module**

Malaria: Vector Control

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Social and behavior change (SBC)  (continued)	<ul style="list-style-type: none"> <li>Supporting human resource costs, including for community and peer cadres, specific to SBC for vector control interventions.</li> </ul> <p>→ <b>Any communications/SBC activities specific to ITNs and IRS campaigns or school-based distribution should be included under respective interventions.</b></p> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>

**Malaria Module: Case Management**

**Module**

Malaria: Case Management

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Facility-based treatment	<p>Activities related to equitable access to testing and treating malaria cases, including severe malaria, in health care facilities. For example:</p> <ul style="list-style-type: none"> <li>Procuring diagnostic equipment, rapid diagnostic tests, microscopy reagents and anti-malaria drugs.</li> <li>quality assurance of malaria-related laboratory services.</li> <li>Supporting technical assistance.</li> <li>Strengthening delivery models, including primary health care, as point of care for integrated, people-centered health services and climate-resilient services.</li> <li>Developing antimalarial resistance mitigation and response plans, including multiple first line therapies.</li> <li>facility-based case management for epidemic response.</li> <li>Developing and implementing drug resistance mitigation strategies, such as multiple first-line treatments (MFTs).</li> <li>G6PD testing in areas where high dose primaquine or tafenoquine radical cure regimens are implemented.</li> <li>Strengthening referral/counter-referrals, including facilitated referral/counter-referrals.</li> <li>Training, combined with integrated and supportive supervision or group problem solving.</li> <li>Design and/or adapt activities to address potential equity, human rights and gender-related barriers to accessing quality diagnosis and treatment services at healthcare facilities, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> </ul>

**Module**Malaria: Case Management

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Facility-based treatment (continued)	<ul style="list-style-type: none"> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of quality diagnosis and treatment services at healthcare facilities, and in assessing and addressing barriers.</li> <li>• Green procurement and logistic equipment/practices.</li> <li>• Low-carbon, environmentally sustainable waste management of facility materials.</li> </ul> <p>→ <b>Investments to strengthen quality assurance for lab testing services, and management of equipment resources (microscopes) should be included under the “<a href="#">RSSH/PP: Laboratory Systems</a>” module.</b></p> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training (for pre-service and in-service) costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Integrated community case management (iCCM)	<p>Activities related to planning and implementation of integrated community case management (iCCM) or community case management covering all age groups. In all cases, this must include malaria case management. For example:</p> <ul style="list-style-type: none"> <li>• Procuring diagnostic and treatment commodities for interventions defined in the community health package (e.g., rapid diagnostic tests and non-malaria iCCM drugs can be included in malaria or RSSH funding requests).</li> <li>• case management at community level including for epidemic response.</li> <li>• Supporting technical assistance.</li> <li>• pre-referral treatment for severe malaria.</li> <li>• Strengthening referral/counter-referral, including facilitated referral / counter-referral.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to iCCM, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of iCCM, and in assessing and addressing barriers.</li> <li>• Addressing barriers to access to care due to climate-related disasters.</li> <li>• Training, combined with integrated supportive supervision or group problem solving.</li> <li>• Supporting social and behavior change activities for iCCM, including to increase women’s health decision-making.</li> </ul>

**Module**Malaria: Case Management

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Integrated community case management (iCCM) (continued)	<p>→ <b>Remuneration (salary, incentives, allowances) for community health workers (all types) where iCCM is part of the package of services they provide, should be included in the relevant intervention under the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training (for pre-service and in-service) costs should be budgeted under the relevant intervention in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Private sector case management	<p>Activities related to management of malaria cases, including severe malaria in private sector. For example:</p> <ul style="list-style-type: none"> <li>• Procuring diagnostic equipment, rapid diagnostic tests, microscopy reagents and anti-malaria drugs, if not part of the co-payment mechanism.</li> <li>• quality assurance of malaria-specific laboratory services and locally produced antimalarials.</li> <li>• Training combined with supervision, group-problem solving of private sector providers.</li> <li>• Supporting technical assistance and mechanisms for accountability, including recording and reporting activities.</li> <li>• private sector case management for epidemic response.</li> <li>• Strengthening referrals and counter-referrals, including facilitated referrals and counter-referrals.</li> <li>• Addressing potential human rights and gender-related barriers to accessing quality diagnostic and treatment services from the private sector. <ul style="list-style-type: none"> <li>○ Marketing, information education, and communication/behavior change communication and mass communication campaigns for scale up of access to diagnosis and treatment in private sector.</li> <li>○ Private sector provider training (for example, to perform rapid diagnostic tests (RDTs).</li> <li>○ Country level co-payment taskforce.</li> </ul> </li> </ul> <p>→ <b>Policy and regulatory activities, quality assurance and control should be included under the “<a href="#">RSSH: Health Sector Governance and Integrated People-centered Services</a>” module in the “<a href="#">Supporting private sector engagement</a>” intervention.</b></p> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training (for pre-service and in-service) costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Epidemic preparedness	<p>Activities related to development, refining and operationalizing of the epidemic response strategy. For example:</p> <ul style="list-style-type: none"> <li>• Establishment of surveillance systems for acute febrile illness (at national, district, facility and/or community level).</li> <li>• Developing epidemic preparedness plans.</li> </ul>



**Module**

Malaria: Case Management

<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Epidemic preparedness (continued)	<ul style="list-style-type: none"> <li>• Updating/Refining epidemic preparedness and response strategies based on historic malaria epidemiologic trends, as well as projected impacts of climate change.</li> <li>• Incorporation of malaria into national climate adaptation plans/emergency plans.</li> <li>• Updating logistic plans to address climate-related delivery challenges including projected future impacts of climate change using predictive modelling tools, etc. Monitoring of and measures to address health inequalities, including human rights and gender-related barriers to malaria services, as part of epidemic preparedness and response strategies.</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in epidemic preparedness, and in assessing and addressing barriers.</li> </ul> <p>→ <b>Malaria epidemic response related interventions such as vector control and case management should be included in the respective modules.</b></p> <p>→ <b>Epidemic/pandemic surveillance system strengthening as well as preparedness planning should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module.</b></p> <p>→ <b>Recruitment, deployment, and retention of health workers supporting epidemic preparedness should be included under the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Intensified activities for elimination	<p>Activities to conduct case/foci investigations and response to identify sources of infection, delineate and characterize population at risk. For example:</p> <ul style="list-style-type: none"> <li>• Monitoring and analysis of climate risks related to malaria elimination, as well as susceptibility to re-emergence of malaria due to climate change using climate-malaria predictive tools and assessments.</li> <li>• Searching for cases in the community through active measures and appropriate treatment for all infections, including by engaging trained community and peer cadres.</li> <li>• Targeted mass drug administration for elimination/transmission reduction purposes in low burden areas.</li> <li>• Recognition of and addressing multiple vulnerabilities, equity, human rights and gender-related barriers.</li> <li>• Entomological investigation.</li> <li>• Supervision, training, and technical assistance.</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of activities for elimination, and in assessing and addressing barriers.</li> </ul>

**Module**Malaria: Case Management

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Surveillance of biological threats to malaria intervention efficacy	<p>Activities related to monitoring antimalarial drug efficacy &amp; activities related to investigation, confirmation, and reporting of <i>pfhrp2/3</i> gene deletion. For example:</p> <ul style="list-style-type: none"> <li>• Establishing sentinel sites.</li> <li>• Procurement of equipment and supplies.</li> <li>• Supervision, quality improvement, technical assistance and training.</li> <li>• Laboratory testing of molecular markers of anti-malaria resistance</li> <li>• Supporting laboratory genomic testing to assess HRP2/3 deletions.</li> <li>• Assessment of potential climate risks to efficacy and suitability of anti-malarial drugs.</li> </ul>
Social and behavior change (SBC)	<p>Activities related to differentiated advocacy, communication, and social mobilization linked to universal equitable access to case management of malaria. For example:</p> <ul style="list-style-type: none"> <li>• Preparing advocacy materials/kits for CBOs and NGOs in consultation with communities, including those targeting underserved populations.</li> <li>• Institutional capacity building for malaria CSOs, including women-led organizations and organizations led by affected and underserved populations.</li> <li>• Community-led advocacy and research, and community-led and based case management services.</li> <li>• Sensitization and mobilization events targeting policy makers and key players.</li> <li>• Multimedia campaigns, social media, radio and TV instructional series, jingles, billboards, and community radio.</li> <li>• Developing and distributing SBC materials tailored to the needs of different population groups/in different languages.</li> <li>• Sensitization meetings for opinion leaders at community and village level.</li> <li>• Community education, empowerment and mobilization interventions that seek to increase access to case management by changing gender norms and improving women’s health decision-making power.</li> <li>• Ensuring refugees, internally displaced persons, migrants and mobile populations, prisoners and other people in closed settings and other underserved, socially and legally excluded populations including those affected by climate-related disasters have access to malaria case management services.</li> <li>• Advocacy, communication, and social mobilization activities to address overlap of climate change/malaria vulnerability (e.g., targeted SBC on prompt care seeking for febrile illness to communities with historically low/no malaria transmission, now at risk due to climatic changes).</li> </ul> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training (for pre-service or in-service) and integrated supportive supervision costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>

**Malaria Module: Specific Prevention Interventions (SPI)**

<b>Module</b>	
<b>Malaria: Specific Prevention Interventions (SPI)</b>	
<b>Intervention</b>	<b>Scope and Description of Intervention Package - Illustrative List of Activities</b>
Intermittent preventive treatment (IPT) - in pregnancy	<p>Activities related to preventing malaria in pregnancy. For example:</p> <ul style="list-style-type: none"> <li>• Coordinating with national RMNCAH programs to improve ANC quality for increased ANC attendance and uptake.</li> <li>• Procuring and providing intermittent preventive treatment with sulfadoxine-pyrimethamine during pregnancy.</li> <li>• Procuring supplies for directly observed treatments (DOTs), such as cups and water.</li> <li>• Delivery of IPTp through the community (cIPTp), including through peer-based outreach and partnerships with women's organizations to support IPTp, as well as malaria prevention, and care practices for pregnant women, and engagement of male partners in ANC.</li> <li>• Training and supervision of health care providers (including peer and community cadres) on patients' rights, medical ethics and respectful care.</li> <li>• Technical assistance, including to community and civil society organizations led by women.</li> <li>• Communication/behavior change activities, including community education focused on increasing women's health decision-making power, changing gender norms related to health seeking, and increasing male participation and engagement in ANC to increase IPTp uptake.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to accessing IPT, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of IPT, and in assessing and addressing barriers.</li> </ul> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training (for pre-service and in-service) and integrated supportive supervision costs should be budgeted under the relevant interventions in the "<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>" module.</b></p>
Seasonal malaria chemoprevention	<p>Activities focused in areas with highly seasonal malaria transmission to prevent illness. For example:</p> <ul style="list-style-type: none"> <li>• Procuring antimalarials (AQ-SP).</li> <li>• Coordinating, planning and budgeting for logistics, communication, and implementation.</li> <li>• Adjusting targets, coordination, planning, budgeting, and logistics due to climate-related challenges (e.g., extreme weather events) and address changes in seasonality and intensity due to climate change.</li> <li>• Training, combined with integrated supportive supervision or group problem solving.</li> </ul>

**Module**

Malaria: Specific Prevention Interventions (SPI)

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Seasonal malaria chemoprevention  (continued)	<ul style="list-style-type: none"> <li>• Monitoring and reporting of routine operations.</li> <li>• Pharmacovigilance.</li> <li>• Monitoring drug resistance.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to SMC, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Engaging communities, including women-led organization, in SMC activities.</li> </ul> <p>→ Digitalization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</p> <p>→ Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</p>
Mass drug administration	<p>Activities to reduce burden of malaria. For example:</p> <ul style="list-style-type: none"> <li>• Procuring antimalarials.</li> <li>• Coordinating, planning and budgeting for logistics and communication.</li> <li>• Training.</li> <li>• Supervision, monitoring, evaluation, and reporting of routine operations.</li> <li>• Pharmacovigilance.</li> <li>• Drug resistance monitoring.</li> <li>• Campaign-specific human resource costs.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to MDA, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of MDA, and in assessing and addressing barriers.</li> </ul> <p>→ Mass Drug administration to reduce malaria transmission in elimination settings should be included under the “<a href="#">Case Management</a>” module and the “<a href="#">Intensified activities for elimination</a>” intervention.</p>



**Module**

Malaria: Specific Prevention Interventions (SPI)

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Mass drug administration (continued)	<p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns, routine distributions) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions under the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>
Other chemoprevention interventions in children (PMC, IPTsc, PDMC)	<p>Activities related to different types of chemoprevention for children, including Perennial malaria chemoprevention (PMC); intermittent preventive treatment of malaria in school-aged children (IPTsc) and Post-discharge malaria chemoprevention (PDMC). For example:</p> <ul style="list-style-type: none"> <li>• Procuring and appropriate drugs according to the intervention.</li> <li>• Procuring supplies for drug administration such as cups and water.</li> <li>• Coordination, planning and budgeting, for logistics, communication, and implementation.</li> <li>• Training (combined with integrated supportive supervision or group problem solving) of health care providers, including on patients’ rights, gender-responsive care and medical ethics.</li> <li>• Monitoring and reporting of routine operations.</li> <li>• Supporting pharmacovigilance.</li> <li>• Monitoring drug resistance.</li> <li>• Technical assistance.</li> <li>• Design and/or adapt activities to address potential equity, human rights and gender-related barriers to PMC, as well as sexual exploitation, abuse and harassment (SEAH), including in areas affected by climate change (through mobilizing technical assistance, use of quantitative and qualitative data such as Malaria Matchbox, training, supportive supervision or group problem solving).</li> <li>• Participation of affected populations and specific efforts to engage women and underserved populations in country coordinating mechanisms (CCMs), with the NMCP, and other policy-making and decision-making fora, in planning and delivery of PMC, and in assessing and addressing barriers.</li> </ul> <p>→ <b>Digitalization of data systems for malaria-specific interventions (e.g., campaigns, routine distributions) should be included under the “<a href="#">RSSH: Monitoring and Evaluation Systems</a>” module and the “<a href="#">Routine reporting</a>” intervention.</b></p> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health RMNCAH platforms should be prioritized, where feasible. Integrated training (for pre-service and in-service) costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>



**Module**

Malaria: Specific Prevention Interventions (SPI)

Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Social and behavior change (SBC)	<p>Activities related to differentiated advocacy, communication and social mobilization activities related to equitable access to specific malaria prevention interventions. For example:</p> <ul style="list-style-type: none"> <li>• Preparing advocacy materials/kits for CBOs and NGOs, in consultation with communities, including those targeting underserved populations.</li> <li>• Sensitization and mobilization events targeting policy makers and key players.</li> <li>• Multimedia campaigns, social media, radio and TV instructional series, jingles, billboards, and community radio, developed in consultation with communities.</li> <li>• Developing and distributing social and behavior change (SBC) materials tailored to the needs of the different population groups/in different languages.</li> <li>• Community mobilization on malaria and mechanisms for meaningful engagement and community-based and led monitoring.</li> <li>• Sensitization meetings for opinion leaders at community and village level, including addressing equity, human rights, protection from sexual exploitation, abuse and harassment (PSEAH), and gender-related barriers to SPIs.</li> <li>• Communication/behavior change activities, including community education focused on increasing women’s health decision-making power, transforming harmful gender norms, and increasing uptake of SPI interventions.</li> <li>• Institutional support for women-led organizations and organizations led by underserved populations to deliver specific prevention interventions.</li> <li>• Human resource costs specific to SBC for specific prevention interventions and not part of routine activities.</li> </ul> <p>→ <b>Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health platforms should be prioritized, where feasible. Integrated training (for pre-service or in-service) and integrated supportive supervision costs should be budgeted under the relevant interventions in the “<a href="#">RSSH/PP: Human Resources for Health (HRH) and Quality of Care</a>” module.</b></p>



## 5.2 Core list of indicators

### Malaria Indicators: Impact

Malaria impact indicators			
Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	Malaria I-1	Reported malaria cases (presumed and confirmed) from all reporting sectors throughout the country.	<b>Age</b> (<5, 5-14, 15+) <b>Malaria case definition</b> (Confirmed, Presumptive)
	Malaria I-3.1	In-patient malaria deaths: Rate per 100,000 persons per year.	<b>Age</b> (<5, 5-14, 15+)
	Malaria I-4	Malaria test positivity rate: Proportion of positive results among all tests performed by microscopy and/or RDT.	<b>Type of testing</b> (microscopy, rapid diagnostic test)
	Malaria I-5.1	Malaria Parasite prevalence: Proportion of individuals tested for malaria with malaria infection detected at one point in time or over a specified time period.	<b>Age</b> (<5, 5-14, 15+) <b>Gender</b> (female, male)
	Malaria I-10	Malaria incidence: Number of confirmed malaria cases during a pre-defined period, per 1,000 population at risk.	Burden reduction settings: <b>Age</b> (<5, 5-14, 15+) <b>Species</b> ( <i>P. falciparum</i> , <i>P. vivax</i> , mixed, other) Elimination settings: <b>Source of infection</b> (indigenous, introduced, imported, induced, relapsing, recrudescent)
	Malaria I-13	Malaria case fatality rate: Percentage of deaths among confirmed malaria cases (for elimination settings).	<b>Age</b> (<5, 5-14, 15+)

**Malaria impact indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules (continued)	Malaria I-14.1	Malaria admissions: Number of malaria cases admitted as inpatients per 10,000 population.	Age (<5, 5-14, 15+)
	Malaria I-15	Number of cases contracted locally with no evidence of importation or no direct link to an imported case (elimination settings).	Species ( <i>P. falciparum</i> , <i>P. vivax</i> , mixed, other)
	Malaria I-16	Number of malaria free districts (elimination settings).	

**Malaria Indicators: Outcome****Malaria outcome indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules	Malaria O-1a	Proportion of population that slept under an insecticide-treated net the previous night in areas targeted for ITNs.	Gender (female, male) Targeted risk groups (<5 children, pregnant women, migrants, refugees, IDPs, prisoners, others)
	Malaria O-2	Proportion of population with access to an ITN within their household.	
	Malaria O-10	Proportion of population at risk potentially covered by distributed ITNs.	
	Malaria O-11	Percentage of districts achieving national target for the proportion of population at risk potentially covered by distributed ITNs	
	Malaria O-9	Annual blood examination rate (ABER): Number of people receiving a parasitological test during 1 year out of the total population at risk.	Case detection (active, passive)

**Malaria outcome indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
All modules (continued)	Malaria O-13	Proportion of malaria cases detected by the surveillance system.	
	Malaria O-3	Proportion of the population with access to an ITN in their household that slept under an ITN the previous night.	
	Malaria O-17	Number of women receiving one dose of IPTp.	

**Malaria Indicators: Coverage****Malaria Coverage indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Vector Control</a>	VC-1	Number of insecticide-treated nets distributed to populations at risk of malaria transmission through mass campaigns.	<b>Type of mass campaign</b> (Regular distribution, Emergency distribution)
	VC-3	Number of insecticide-treated nets distributed to targeted risk groups through continuous distribution.	<b>At risk population group</b> (children 0-5, pregnant women, school children, people in emergency situation, others)
	VC-6.1	Proportion of population at risk receiving at least one round of IRS within the last 12 months in areas targeted for IRS.	
	VC-7	Percentage of districts achieving national target for the proportion of population at risk receiving at least one round of IRS within the last 12 months in areas targeted for IRS.	
<a href="#">Case Management</a>	CM-1a	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at a public sector health facility.	<b>Age</b> (<5, 5+) <b>Type of testing</b> (microscopy, rapid diagnostic test)

**Malaria Coverage indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Case Management</a> (continued)	CM-1b	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) in the community.	<b>Age</b> (<5, 5+) <b>Type of testing</b> (microscopy, rapid diagnostic test)
	CM-1c	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at private sector sites.	<b>Age</b> (<5, 5+) <b>Type of testing</b> (microscopy, rapid diagnostic test)
	CM-2a	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, at public sector health facilities.	<b>Age</b> (<5, 5+)
	CM-2b	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, in the community.	<b>Age</b> (<5, 5+)
	CM-2c	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, at private sector sites.	<b>Age</b> (<5, 5+)
	CM-5	Proportion of confirmed cases classified (elimination settings).	<b>Source of infection</b> (indigenous, introduced, imported, induced, relapsing, recrudescent)
	CM-6	Proportion of foci classified as active, residual non-active and cleared (elimination settings).	
	CM-7	Percentage of districts achieving national target for the proportion of patients with suspected malaria who receive a parasitological test.	<b>Type of provider</b> (public, private, community)

**Malaria Coverage indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Case Management</a> (continued)	CM-8	Percentage of districts achieving national targets for the proportion of patients with confirmed malaria who received first-line antimalarial treatment.	<b>Type of provider</b> (public, private, community)
	CM-9	Proportion of detected malaria patients that contacted health services within 48 hours of symptoms (elimination settings).	
	CM-10	Proportion of cases reported to relevant reporting system within 24 hours of diagnosis (elimination settings).	
	CM-11	Proportion of <i>P. vivax</i> cases tested for G6PD deficiency.	
<a href="#">Specific Prevention Interventions</a>	SPI-1	Proportion of pregnant women and girls attending antenatal services who received three or more doses of intermittent preventive treatment for malaria.	<b>Age</b> (<15, 15+)
	SPI-2.1	Percentage of children who received the full number of cycles of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas.	<b>Age</b> (<12 months, 12+ months)
	SPI-3.1	Proportion of children in the target age group who received the full number of doses of perennial malaria chemoprevention (PMC) according to national policy.	
	SPI-4	Percentage of districts achieving national target for the proportion of pregnant women and girls attending antenatal services who	



**Malaria Coverage indicators**

Module	Indicator code	Indicator Description	Disaggregation category (s)
<a href="#">Specific Prevention Interventions</a> (continued)		received three or more doses of intermittent preventive treatment for malaria.	
	SPI-5	Percentage of targeted districts achieving national targets for the percentage of children who received the full number of cycles of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas.	