

Modular Framework Handbook

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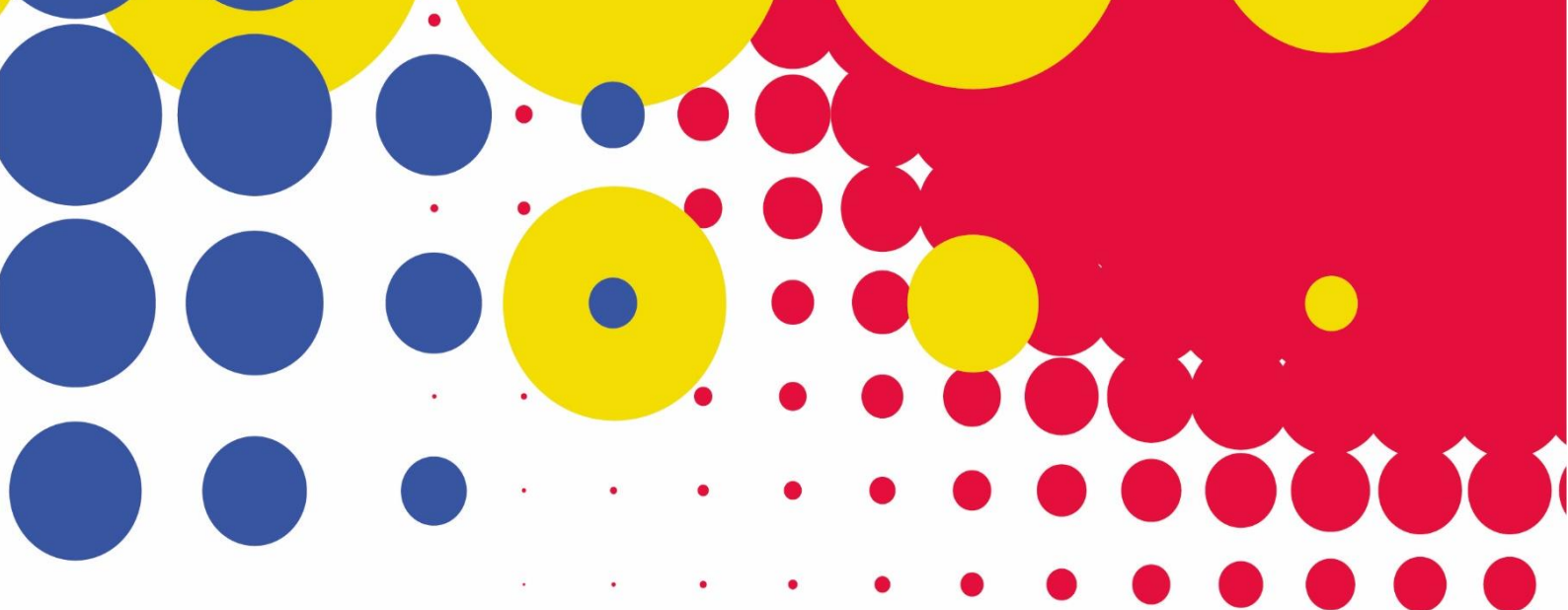


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1. Introduction to the Modular Framework Handbook

The Modular Framework Handbook is a guidance document that provides standard modules, interventions and performance indicators to support in the development of funding request to the Global Fund. It also gives indications on classifying activities funded by the grants under these standard categories.

This handbook has been prepared to support applicants and implementors in completing Global Fund templates for the 2023-2025 Global Fund allocation period, such as the Performance Framework, the Budget and the Health Product Management Template (HPMT).

The modules consist of broad program areas that are further divided into a comprehensive set of interventions designed to address the three diseases and build resilient and sustainable systems for health (RSSH). The illustrative list of activities under each intervention is intended to guide applicants and Principal Recipients in selecting and organizing financial, procurement and programmatic information by strategic priority areas. The menu of impact, outcome and coverage indicators provided in this handbook supports the selection of relevant indicators for grant performance assessment.

The proposed list of standard modules and interventions ensures consistency in monitoring the progress of the grants, reporting throughout the grant life cycle and comparing across geographies and time periods.

This handbook replaces the October 2019 version, updating and aligning information 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, Global Fund technical briefs, available technical partner guidance and the country dialogue process to identify areas for strategic investments.

2. How to Use this Handbook

This handbook provides guidance to countries on how to summarize activities in Global Fund funding requests and grants. It lists:

- Components;
- Modules;
- Interventions;
- Scope and description of intervention package; and
- Impact, outcome and coverage indicators.

These lists form drop-down menus in various Global Fund funding request and grant-making templates and are used by applicants when completing the following documents: Performance Frameworks, Budgets and Progress Updates/Disbursement Requests.

The scope and description of intervention packages include an illustrative list of activities. Applicants can introduce additional activities as needed.

For each component, the information is structured in two sections:

Section 1: Modules and interventions

Component	Module	Intervention	Scope and Description
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Section 2: Indicators

Component	Indicator Type	Module (if applicable)	Disaggregation Category
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3. Selecting Modules and Interventions

This section guides applicants and grant recipients on where to fit activities that may be overlapping or that are common to the three diseases and RSSH. The expanded list of illustrative activities is described in each of the individual modular frameworks for the three diseases and RSSH.

HIV, TB and malaria activities

Activities to strengthen 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](#).

RSSH and pandemic preparedness activities

Activities related to strengthening RSSH should be crosscutting i.e., they should benefit more than one disease including, but not limited to, the three diseases. For more information, please see the [RSSH Information Note](#).

The Global Fund has included several new activities within three RSSH modules to support health systems strengthening and pandemic preparedness: (1) **Laboratory Systems**; (2) **Human Resources for Health (HRH) and Quality of Care**; and (3) **Monitoring and Evaluation (M&E) Systems**. An additional new module on **Medical Oxygen and Respiratory Care Systems** has also been added to facilitate inclusion of pandemic preparedness activities. These four modules are linked to relevant World Health Organization technical frameworks such as the International Health Regulations ([IHR](#)), Joint External Evaluation ([JEE](#)) and national action plans for health security (NAPHS).

RSSH activities, including those related to pandemic preparedness, should be included in the RSSH modules as outlined below.

a) RSSH: Health Sector Planning and Governance for Integrated People-centered Services

Activities related to strengthening health sector governance are encouraged and should be included in the new “**Health Sector Planning and Governance for Integrated People-centered Services**” module. This includes activities to support national health sector strategy, policy and strategic plans, private sector engagement at the national and sub-national level and the development of stronger linkages between health sector and disease specific plans and policy making.

Disease specific policy and national planning related activities should be included in this module under the intervention “**Integration/coordination across disease programs and at the service delivery level.**”

Any program management activities including administration and coordination at the national and sub-national levels should be included in the “**Program Management**”

module, under the “**Coordination and management of national disease control programs**” intervention.

b) RSSH: Community Systems Strengthening

Activities to bolster community systems strengthening, such as community-led monitoring, research and advocacy, coordination and capacity building, are strongly encouraged and should be included in the “**Community Systems Strengthening**” module. Community health workers (CHWs), including peers, should be included under the “**Human Resources for Health (HRH) and Quality of Care**” module.

c) RSSH: Health Financing Systems

Activities to strengthen health financing systems should be included in the new “**Health Financing Systems**” module. It includes development and implementation of health financing strategies and plans, public financial management reforms, social contracting, blended finance, advocacy for domestic resource mobilization, health financing analytics and resource tracking. Activities to strengthen financial management systems for Global Fund grants should be included under this module in the “**Routine financial management systems**” intervention.

d) RSSH: Health Products Management Systems

Activities related to strengthening national health products management that support more than one disease are encouraged and should be included in the “**Health Products Management Systems**” module. This may include the following activities: (1) Assessments of national medical products regulatory systems; (2) Support for strengthening national procurement and supply chain systems; (3) Quality control mechanisms for health products; (4) Quality assurance testing; and (5) proper waste management systems. Any activities related to strengthening health products management specifically for only one of the three diseases should be included in the relevant disease-specific module. Procurement and related cost of health products and supplies for prevention, diagnosis and treatment that benefit only one disease program should be included under the relevant disease-specific modules. For example: antiretroviral medicines would only be included within the HIV module “**Treatment, Care and Support**”.

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

Activities related to development of the primary health care workforce and quality improvement for integrated, people-centered health services are encouraged and should be included under the “**Human Resources for Health (HRH) and Quality of Care**” module. Activities to support CHWs, including peers, should be included under the relevant CHW interventions in the HRH module. HRH/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.

For guidance on budgeting for interventions to improve quality of care, applicants are advised to refer to Annex 1 of the [RSSH Information Note](#). Continuous quality

improvement and integrated supportive supervision are strongly encouraged and should be included under the relevant interventions in the HRH module. HRH costs for staff whose primary role is to manage Global Fund grants should be included under the “**Program Management**” module.

f) RSSH/PP: Laboratory Systems

Activities related to strengthening national laboratory systems that support multiple diseases should be included in the “**Laboratory Systems**” module. This may include the following activities: (1) Laboratory governance, planning and management structures; (2) Lab information and supply chain systems; (3) National diagnostic network optimization (DNO); and (4) Infrastructure and equipment management.

Laboratory system investments that take an integrated approach are strongly encouraged, such as integrated specimen referral and diagnostic networks and integrated laboratory information systems (LIS). Activities related to strengthening technical laboratory capacity for specific diseases such as post-marketing surveillance for anti-TB drugs, should be included under the relevant disease module.

g) RSSH/PP: Medical Oxygen and Respiratory Care Systems

Activities related to the procurement, storage, distribution and use of bulk oxygen for respiratory care should be included in the new “**Medical Oxygen and Respiratory Care Systems**” module. Activities should strengthen the integration of oxygen delivery across national, subnational policies, plans and guidelines, using global guidance and be underpinned by oxygen needs assessments

h) RSSH: Monitoring and Evaluation (M&E) Systems

Integrated data platforms and reporting of disease specific data into the national health management information system are encouraged and should be included in the module “**Monitoring and Evaluation Systems**”. This module includes both the cross-cutting as well as disease specific M&E activities such as: (1) Supporting routine reporting systems, civil registration and vital statistics systems, data quality assessments, or population-based surveys; and (2) Strengthening disease-specific monitoring and evaluation systems (e.g., malaria surveillance, HIV patient tracking, TB prevalence surveys).

Program Management

This is a common module across all three diseases and RSSH. Program management activities related to Global Fund grant management and routine management of disease control programs should be included in the “**Program Management**” module. The only exception would be activities to strengthen financial management of Global Fund grants, which should be included in the RSSH module on “**Health Financing Systems**” under the intervention “**Routine grant financial management systems.**” Strategic planning for health sector and disease control programs should be included in the RSSH module ‘health governance and planning’. Additionally, activities related to strengthening national HIV prevention program stewardship to achieve scale and precision of prevention service delivery should be included in the HIV “**Prevention Program Stewardship**” module.

Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)

To mitigate risks of sexual exploitation, abuse and harassment, activities linked to increasing access to safe health services can be embedded within relevant modules and interventions. It is recommended to include PSEAH in community awareness activities, such as outreach strategies, communication campaigns, trainings and other activities which target grant beneficiaries.

Community awareness activities can also provide an opportunity to obtain feedback on the safety of interventions and support the review and update of mitigation measures. As part of their oversight role, Principal Recipients can assess the safety of interventions implemented by sub-recipients through periodic spot checks. For more information please see the PSEAH Guidance Note (link forthcoming) and the Codes of Conduct for [Recipients of Global Fund Resources](#) and [Country Coordinating Mechanism \(CCM\) Members](#).

4. Modular Framework: RSSH and the Three Diseases

The list of modules, interventions and indicators for RSSH and the three diseases are included on the following pages:

- Resilient and Sustainable Systems for Health Modular Framework
 - Modules, interventions and illustrative list of activities
 - Core list of indicators*

- HIV Modular Framework
 - Modules, interventions and illustrative list of activities
 - Core list of indicators*

- TB Modular Framework
 - Modules, interventions and illustrative list of activities
 - Core list of indicators*

- Malaria Modular Framework
 - Modules, interventions and illustrative list of activities
 - Core list of indicators*

** Indicators marked with (M) are mandatory and are required to be included in the Performance Framework for countries categorized as a “Focused portfolio,” if those respective modules are supported by Global Fund grants.*

5. Resilient and Sustainable Systems for Health (RSSH)

5.1 Modules, interventions and illustrative list of activities

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Sector Planning and Governance for Integrated People-centered Services	Health sector planning and governance for integrated people-centered services	<p>Activities related to planning, developing, implementing and reviewing health sector strategies, policies, regulations, guidelines, protocols with linkages to policies and strategies for the three diseases and broader reach to other health outcomes. For example:</p> <ul style="list-style-type: none"> • Universal health care (UHC) and primary health care (PHC) strategies and policies, as well other cross-cutting strategic/policy initiatives, including for comorbidities with HIV, TB and malaria. • Assessments and development of national legislation, strategies, policies, regulations, protocols and guidelines, including for co-morbidities. • Capacity building and mechanisms at the national and sub-national levels for developing, implementing, supervising and reporting on health sector strategies, policies and regulations, including through digital technologies. • Multi-sectoral policies to benefit the health sector (e.g., on social determinants and protection related to justice, housing, labor, poverty and social welfare). • Engagement of community-based service providers including mapping and strengthening of key stakeholders, existing regulations and service delivery models. <p>→ Activities relating to development and costing of PHC essential care packages should be included under the module “RSSH: Health Financing Systems”.</p> <p>→ Activities relating to development of policies, guidelines and regulations related to the private sector should be included under the intervention “Supporting private sector engagement”.</p> <p>→ Activities related to development of national disease specific plans and policies and alignment national health sector plans should be included under the intervention “Integration/coordination across disease programs and at the service delivery level”.</p> <p>→ Program reviews and evaluations of national health strategies should be included in the RSSH module “RSSH: Monitoring and Evaluation Systems”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Sector Planning and Governance for Integrated People-centered Services	Integration/coordination across disease programs and at the service delivery level	<p>Activities related to eliminating fragmentation of the health sector by improving more integrated implementation of disease programs. For example:</p> <ul style="list-style-type: none"> • Development / revision of disease-specific plans and budgets, aligning these with the national health sector strategy and relevant sub-system strategies e.g., national laboratory, Health Management Information Systems (HMIS), Human Resources for Health (HRH), community health and supply chain strategic plans. • Development of integrated and multi-sectoral national strategic plans (e.g., NSP for infectious diseases). • Capacity building of disease control programs to identify cross-cutting health system needs, approaches. • Coordinated planning, programming and implementation, for example by conducting cross-programmatic efficiency analyses. • Models and plans for service delivery integration across two or more diseases or between one or more diseases and primary healthcare platforms, including development of referral pathways for facility-facility care and community-facility service integration. • Strengthening district management systems, service delivery mechanisms for integrated service delivery in health clinics and networks of care. • Quality improvement of integrated service delivery platforms through infrastructural improvements and minor refurbishment of service delivery facilities (large scale construction projects are not supported). <p>→ Activities related to planning and capacity building for integrated functioning of data, supply chain, labs, HRH and health financing systems should be included under the relevant RSSH modules.</p> <p>→ Equity analyses should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p> <p>→ Analysis to inform integrated service delivery design and delivery such as geospatial mapping and value for money (VFM) assessments should be included under the module “RSSH: Health Financing Systems”.</p>
RSSH: Health Sector Planning and Governance for Integrated People-centered Services	Supporting private sector engagement	<p>Activities related to engaging private sector entities in service provision and other health sector functions, through applying market approaches and innovations. For example:</p> <ul style="list-style-type: none"> • Creating an enabling environment to encourage private sector to use market-based approaches to promote use of health products and services. • Assessment of government capacity to effectively engage with the private sector. • Removing legal or policy barriers to effective engagement with the private sector. • Development of planning, regulations and guidelines to enhance private sector health service provision. • Coordination with the private sector in relevant policy discussions, strategy formulation or implementation.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Creating an enabling environment for private sector to expand their reach to more people through franchising, networking and other innovations. • Technical assistance and institutional capacity building for systematic engagement with the private sector (policy dialogue, information exchange, regulation and financing). <p>→ Activities should support private sector delivery of health services across the diseases. Disease specific activities should be included under the relevant disease modules.</p> <p>→ Activities related to engaging private sector in specific RSSH areas (i.e., health products, information systems, labs, etc.) should be included under the relevant RSSH modules.</p> <p>→ Activities to further develop, improve contract management or establish mechanisms for public financing of provision of services by private sector (non-state actors), especially civil society/ community-led and based organizations should be included under the module “RSSH: Health Financing Systems”.</p>
RSSH: Community Systems Strengthening	Community-led monitoring	<p>Activities related to accountability mechanisms led and implemented by local community-led organizations to improve accessibility, acceptability, affordability, quality (AAAQ) and impact of health services. For example:</p> <ul style="list-style-type: none"> • Development of national community-led monitoring frameworks and strategies for public health facilities, private facilities and in community-based settings (e.g., observatories, alert systems. Surveys, Scorecards, health policy, budget and resource tracking and/or complaint and grievance mechanisms). • Implementation of community-led monitoring of barriers to accessing services. • Piloting of new community-led monitoring mechanisms and programs for learning and refinement. • Tools and equipment including appropriate technologies for data management and storage. • Technical support and training: e.g., indicator selection, data collection, collation, cleaning and analysis, development or adaptation of data collection tools, using community data to inform programmatic decision-making and advocacy, informed consent, ethics approval, etc. • Presentation and discussion of community-led monitoring data and recommendations in various governance structures, oversight mechanisms and other decision-making fora. <p>→ Community-led monitoring is complementary to routine program monitoring. Routine monitoring and evaluation related activities should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p> <p>→ Activities for intermittent community-led data collection activities such as surveys, assessments, research and ad hoc troubleshooting, should be included in the intervention “Community-led research and advocacy”.</p> <p>→ Engagement of community actors in decision-making fora should be included in the intervention “Community engagement, linkages and coordination”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Community Systems Strengthening	Community-led research and advocacy	<p>Activities to support local-, provincial-, national- and/or regional-level advocacy led by community organizations, networks and civil society actors, particularly those representing marginalized, under-served and key and vulnerable populations. Advocacy activities can relate to health services, disease-specific programs, human rights violations, including stigma and discrimination and confidentiality. age and gender inequities. sustainable financing. and legal and policy reform. For example:</p> <ul style="list-style-type: none"> • Qualitative, quantitative and operational community-led research and the production, publication and dissemination of reports and communication materials. • Community-led mapping of legal, policy and other barriers that hinder/limit community responses (including barriers that impede registration, funding of community organizations). • Community-led situational analyses or participatory needs assessments. • Assessments of program implementation (e.g., shadow reports). • Advocacy to sustain/scale-up access to services among key and vulnerable populations. • Technical support and training to develop and undertake campaigns, advocacy and lobbying for improved health services and/or enabling environments. • Community-led advocacy activities, such as using community-led monitoring data to influence decision-making around, laws, regulations or policies that limit the registration and/or operation of community organizations, engagement and representation in policy processes, accountability mechanisms and processes and in the development of local, regional and national health and disease-specific strategies and plans, community health and UHC. <p>→ Activities that enable public financing of civil society organizations, including social contracting mechanisms, should be included under the module “RSSH: Health Financing Systems”.</p> <p>→ Activities related to non-community-led legal environment assessments and advocacy for legal and policy reform, should be included under respective disease and RSSH modules.</p>
RSSH: Community Systems Strengthening	Community engagement, linkages and coordination	<p>Activities to mobilize communities, particularly of marginalized, under-served and key and vulnerable populations, in responses to the three diseases, barriers to accessing health and other social services, social determinants of health and progress towards Universal Health Coverage (UHC) and the realization of the Sustainable Development Goals (SDGs). For example:</p> <ul style="list-style-type: none"> • Building community capacity on the use of appropriate new information communication and coordination tools and technologies, including digital tools. • Community-led development/revision of strategies, plans, tools, resources and messages for social mobilization. • Mapping of community-led and community-based organizations and networks and their service packages.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors and broader movements such as human rights and women’s movements. • Establishing or strengthening formal agreements between community-led service providers and health facilities or private health service providers, linkages with community health worker associations, joint outreach activities and bi-directional referral mechanisms between health and community-led service delivery points. • Representation, participation and engagement of community actors in high-level health advisory or governing bodies, oversight committees (including clinic health committees), disease councils and other decision-making fora. <p>→ Disease-specific community mobilization activities should be included under the relevant disease module.</p> <p>→ Support for country coordinating mechanisms (CCMs) or community representation/engagement on CCMs should not be included in country grants.</p>
RSSH: Community Systems Strengthening	Capacity building and leadership development	<p>Activities related to the establishment, strengthening and sustainability of civil society organizations, especially those that are community-led (informal and formal), key population-led, women-led, led by people living with or affected by the three diseases, community networks and associations. For example:</p> <ul style="list-style-type: none"> • Capacity building and mentorship of community organizations. • Capacity strengthening (technically and programmatically) to deliver high quality integrated community-led and community-based health services. • Small grants to community-led organizations to increase their capacity in health service delivery, social mobilization, community-led monitoring, community-led research and advocacy, understanding labor rights and social dialogue, etc. • Development of strategy, governance and policy documents for community organizations, such as human resource policies, resource mobilization strategies and social dialogue strategies, etc. • National- or regional-level peer-learning initiatives. • Legal registration of community organizations, especially those led by and/or working with marginalized populations, including preparation and/or revision of necessary documents. • Development and/or revision of tools and other forms of support for community organizations and networks to assess capacity and develop appropriate capacity building plans. • Infrastructure (furniture and equipment) and core costs of community organizations and networks to support/strengthen service provision, social mobilization, community monitoring and advocacy, organizing and social dialogue.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Financing Systems	Health financing strategies and planning	<p>Activities related to the assessment, design, development and implementation of national financing strategies, reforms and plans to enhance sustainability of health programs and support successful transitions from Global Fund. For example:</p> <ul style="list-style-type: none"> • Sustainability and transition readiness assessments. • Sustainability and transition plans (at national, regional, sub-national levels). • Advocacy activities and facilitation of multistakeholder dialogue and engagement for implementation of health financing strategies for universal health coverage (UHC) and domestic resource mobilization. • Health financing strategies for improving domestic revenue mobilization, collection and financing of the health sector. • Health financing solutions and initiatives to strengthen financial risk protection, reduce financial barriers in accessing health services and address other health financing bottlenecks for transition and sustainability. • National health insurance (NHI) and/or health benefits packages (HBP) for UHC financed by public monies, including integration of financing of HIV, TB and malaria services within UHC financing mechanisms. • National pooling, strategic purchasing and provider payment mechanisms for ensuring financial sustainability and efficiency of health service delivery. <p>→ Community-led advocacy for domestic resource mobilization should be included under the intervention “Community-led advocacy and monitoring of domestic resource mobilization” under this module.</p> <p>→ Contracting and public financing of civil society organizations (CSOs) to provide health services should be included under the intervention “Social contracting”.</p>
RSSH: Health Financing Systems	Public financial management (PFM) systems	<p>Activities related to strengthening and alignment with country financial management systems for budgeting, accounting, reporting and assurance provision including for Global Fund grants. The activities should have a direct bearing on the Global Fund’s intervention in the health sector and promote sustainability and aid effectiveness in financial management. For example:</p> <ul style="list-style-type: none"> • Baseline capacity assessments required to determine suitability of PFM architecture for Global Fund grant financial management. • Capacity building or technical assistance to address critical gaps in PFM systems, including: <ul style="list-style-type: none"> ○ Optimizing government financial management information systems (or accounting software). ○ Mapping of government chart of accounts to the Global Fund’s costing dimension. ○ Building government institutional arrangements and oversight on development partner-funded projects

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> ○ Aligning Global Fund grant programmatic and financial reporting cycles to national planning/budgeting cycles. ○ Optimizing national treasury and funds flow arrangements to ensure optimal flow of funds to the last mile or service delivery unit. ○ Improving government operational policies and procedures including internal controls strengthening. ○ Installing and/or optimizing internal audit mechanisms of government. ○ Conducting external audit assurance using Supreme Audit Institutions. ○ Developing health sector budgets at various levels, from national to sub-national levels. ○ Linkages between health planning and budgeting processes and outputs, including linkages between medium term expenditure framework (MTEF) and annual budget envelopes for the health sector. ○ Human resource costs for example, capacity building of auditing bodies/implementers.
RSSH: Health Financing Systems	Routine financial management systems	<p>Activities related to establishing, strengthening or optimizing financial management systems that are not derived from government or public sector financial systems, but which are used to manage the Global Fund's investments in countries. In addition, it also refers to any integration or donor-harmonization efforts and related activities for the purpose of using a shared service or common financial management system for managing development partner funding. For example:</p> <ul style="list-style-type: none"> ● Fiduciary oversight and control of grant funding. ● Timely and quality financial reporting to support grant management. ● Human resources for financial management, financial management processes and information systems (i.e., introduction or optimization required to accounting or ERP systems). ● Effective treasury and funds flow management. ● Robust financial risk management and assurance processes. ● Creation, optimization and/or strengthening of financial management systems for project or program implementation units for management of Global Fund investments.
RSSH: Health Financing Systems	Community-led advocacy and monitoring of domestic resource mobilization	<p>Activities related to local, provincial, national and/or regional-level advocacy for domestic resource mobilization, led by community organizations, networks and civil society actors, particularly those representing marginalized, under-served and key and vulnerable populations. For example:</p> <ul style="list-style-type: none"> ● Capacity building to develop and implement advocacy campaigns for domestic resource mobilization for the three diseases and UHC. ● Development, support and strengthening of community-based mechanisms that monitor health budget, health financing allocation decisions and health expenditures.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Financing Systems	Social contracting	<p>Activities related to establishing or strengthening mechanisms for public financing of provision of services by private sector (non-state actors), especially civil society/ community-led and -based organizations. For example:</p> <ul style="list-style-type: none"> • Analysis of the legal and policy context. • Costing of services and implementation arrangements. • Tendering and selection processes. • Resolution of legal, administrative, political and resourcing (financing and human resources) bottlenecks for public financing of private sector (non-state actors), especially civil society organizations. • Developing technical capacity of government entities for outcome-based contracting to private sector, especially NGOs and CSOs in service delivery, issuing tenders, conducting transparent selection, monitoring, supervision and evaluating projects. • Strengthening institutional capacity of CSOs to engage with government and social contracting processes for tendering, planning, budgeting, managing and monitoring of implementation. <p>→ Activities related to broader private sector engagement should be included under the module “RSSH: Health Sector Planning and Governance for Integrated People-centered Services”.</p>
RSSH: Health Financing Systems	Health financing data and analytics	<p>Activities related to strengthening systems for generation of cost, financing and expenditure data and their use for improving monitoring of health and disease financing, financial planning and budgeting and improved value for money of investments. For example:</p> <ul style="list-style-type: none"> • Health expenditure tracking, including National Health Accounts, National AIDS Spending Assessment, joint expenditure analysis of disease programs with partners, public expenditure reviews and other expenditure assessments. • Health budget review and analysis. • Costing of health sector plans, national strategic plans for disease programs, investment cases, operational plans and program implementation, specific health intervention(s) to inform strategic planning and the design of payment for results modalities. • Fiscal space for health assessments, health financing system assessments, health financing progress matrix and other health financing diagnostics. • Efficiency analyses to maximize return on investment across funding sources. • Use of 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. • Geospatial analysis of physical and financial accessibility to services to inform investment decisions. • Technical assistance, capacity building and operational support.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Financing Systems	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 systemic bottlenecks for sustainability of Global Fund-supported programs. For example:</p> <ul style="list-style-type: none"> • Technical support for the development or implementation of innovative finance mechanisms. • Investments through innovative financing mechanisms such as blended finance arrangements or buy down of loans. • Administrative expenses of development partners for innovative financing including fees and prepayment premium.
RSSH: Health Products Management Systems	Policy, strategy, governance	<p>Activities related to development, revision and implementation of a national multilevel health product management strategy. For example:</p> <ul style="list-style-type: none"> • Development or update of a national medicines policy (including adopting the WHO “AWaRe” classification), diagnostics and/or medical devices policy. • Development or update of a national strategy for procurement and supply chain management (PSCM) and logistics master plan/implementation plan. • Development or update of the essential medicines lists, essential diagnostics lists, national drug formularies and standard treatment guidelines (STGs) and consolidated testing guidelines. • Development or update of procurement legislation and manuals (laws/policies/guidelines, tools, etc. including on regulatory matters and quality assurance (QA)/quality control (QC). • Development or update of quality assurance management tools (regulatory legal framework, policies, standards, documentation, standard operating procedures (SOPs), forms, reports, etc.). • National health products management, procurement and supply chain management (PSM) coordination, supportive supervision and monitoring mechanisms including integration of disease specific products in the national system. • Development of health products supply chain workforce policies and capacity building programs. • Strategy, policies and governance related to supply chain Information systems, processes, standards and data. • Technical assistance.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Products Management Systems	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"> • Assessment of the supply chain maturity, including maturity in implementing “good storage and distribution practices for medical products” (WHO Technical Report Series, no. 1025). • Warehouse management capacity building. • Cost analyses between building versus renting of supply chain infrastructure e.g., warehouses, fleet or calculate reasonable PSM costs for budgeting purposes. • Strategic needs assessments of the current storage and transport capacity, including future needs and efficiency evaluation. • Analysis, optimization and redesign of product flows, including flow paths, frequency, cycles, buffer stock, transport fleet, routes and transport modes (i.e. inventory optimization. warehouse optimization. distribution network and transport fleet and route optimization). • Tools, technology and capacity building to enable supply chain design exercises. • Infrastructure upgrade (central and/or peripheral level), for example: <ul style="list-style-type: none"> ○ Physical warehouse infrastructure upgrade/increase of storage capacity. ○ Increase of distribution capacity. ○ Equipment for warehouse management. • Temperature and relative humidity monitoring systems (temperature mapping. installation of temperature monitoring devices in warehouses (e.g., data loggers), vehicles, consignments and facilities). • Development and rollout of guidelines/manuals SOPs on distribution, storage and inventory management of health products. <p>→ IT equipment and software for warehouse management should be included under the intervention “Supply chain information system”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Products Management Systems	Planning and procurement capacity	<p>Activities related to supporting capacity for effective planning and procurement of health products and services for health product management. This covers products and activities supported with grant funds. For example:</p> <ul style="list-style-type: none"> • Capacity building for planning, quantification and forecasting of health products, including phase-in and phase-out of products. • Assessment of procurement capacity, including financing and implementation of necessary improvement initiatives. • Capacity building for improved supply/demand analysis, widening value for money (VFM) procurement options, procurement performance monitoring. • Technical assistance and capacity building of national programs/PRs for procurements through different procurement modalities (national/regional/international/pooled). • Development of metrics to monitor procurement efficiency and supplier's performance monitoring. • Development or deployment of procurement planning software or e-procurement portal. • Development or revision of guidelines, training and adoption of green procurement practices. • Approaches to harness the potential of the private sector on the above-mentioned activities. • Development and implementation of data tools for procurement management (e.g., procurement portal, ERP, supplier management, etc.).
RSSH: Health Products Management Systems	Regulatory/quality assurance support	<p>Activities to put in place a quality management system and to strengthen capability of the national regulatory authorities (NRA) in their key regulatory functions. For example:</p> <ul style="list-style-type: none"> • Assessment of the countries regulatory system. • Delivery and implementation of efficient regulatory services such as licensing, dossier assessment, good manufacturing practice (GMP) inspection, registration/market authorization, safety monitoring. • Optimization and acceleration of national registration processes for health products to improve faster access in national markets. • Meetings and trainings with in-country stakeholders to facilitate market access to new health technologies of public health value that are recommended by WHO. • Capacity building to conduct post-marketing surveillance and national in-country quality monitoring activities. • Capacity building to conduct pharmacovigilance. • Post marketing surveillance of medicines and health technologies (including in-vitro diagnostics and equipment). • Quality control (QC) of health products, such as supporting QC lab accreditation or prequalification. • Licensing, inspection and enforcement of manufacturing sites and distribution chain.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Updates and dissemination of regulatory frameworks, strategies to combat counterfeits, strengthening collaboration with enforcement bodies (Ministry of Justice, police, customs/border control). • Deployment of Information Management Systems (software, hardware, training, technical assistance, including system interoperability capacity) for regulatory data.
RSSH: Health Products Management Systems	Avoidance, reduction and management of health care waste	<p>Activities related to strengthening national systems for the avoidance, reduction and management of health care waste including lab waste and other waste generated under Global Fund grants. For example:</p> <ul style="list-style-type: none"> • Assessments and interventions for responsible green procurement of health products and sustainable “Deliver” and “Return” supply chains compliant with international and national regulations. • Risk assessments and waste management in the supply chain, including reverse logistics of generated medical waste and/or of recalled and no longer needed products and carbon emissions and climate vulnerability. • Development or update of a 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. • Setting up and strengthening of the national waste management systems including safe collection, classification and segregation, handling, return transportation, recycling and/or treatment and disposal of lab and medical waste. • Training of human resources across all tiers in the public and private sector to increase awareness and improve competency in waste management practices, including the return supply chain. • Infrastructure and equipment for the collection, transport, treatment and disposal of health care waste that are compliant with environmental and occupational health standards. • Public-private partnerships for sustainable and environmentally friendly health care waste management. • Engagement with communities and civil society to implement environmentally friendly health care waste management practices. • Introduction of sustainable innovative methods that seek to comply with the waste management hierarchy to prevent, minimize, reuse and recycle health care waste. • Supply Chain Design exercises to plan reverse logistics where required for waste management and disposal, while ensuring value for money. • Evaluation of carbon footprint of 'end to end' Supply Chain (incl. climate vulnerability assessment). • Operational costs to implement waste management activities (including costs related to waste collection, transportation, destruction or costs related to procurement, installation, maintenance and running of smaller scale waste destruction sites/equipment).

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Health Products Management Systems	Supply chain information systems	<p>Activities related to deployment of supply chain information management systems. For example:</p> <ul style="list-style-type: none"> • Setting up of an 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. • Interoperability, data analytics and visualization (reporting, dashboards), asset management (software, hardware, training, technical support). • 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). • Capacity building to design governance systems and structures to accelerate supply chain data use.
RSSH: Health Products Management Systems	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"> • Assessment of current operations (design, demand, performance, cost) and needs. • Determination of logistics activities that would benefit from outsourcing, drafting requirements, procurement process, implementation, contract and services provider performance management, cost-benefit analyses. • Strategic framework to nationally prioritize resources and investments in One Health workforce development. • 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 provider, etc. • Upgrading of infrastructure, including refurbishing facilities to comply with international recommendations, back-up power, considering the use of renewable energy sources. <p>→ Activities related to diagnostic network optimization and contracting of diagnostic providers under all-inclusive pricing modalities should be included under the module “RSSH/PP: Laboratory Systems”.</p>

<p>RSSH/PP: Human Resources for Health (HRH) and Quality of Care</p>	<p>RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)</p>	<p>Activities related to strengthening HR policy, planning and governance for HRHs, including CHWs. For example:</p> <ul style="list-style-type: none"> • Integration of HRH indicators, including for CHWs, into national HRH data systems. • HRH analyses such as health labor market assessments; national health workforce accounts; HRH / CHW distribution, including geospatial analysis; HRH resource tracking; workload indicators of staffing need (WISN) surveys; Gender and equity analyses. • Digitalization of comprehensive HRH Information systems, provider registries, including national georeferenced CHW master lists hosted in registries and mobile/digital CHW payroll systems. • HRH policy or strategic planning, such as development and monitoring of a national HRH strategy, including catalytic support to health workforce financing dialogue; Integrated service delivery and multi-disciplinary workforce development, including CHWs, surveillance, aligned with UHC competency framework; national programs and standards for continuous professional development; development of career ladders, staffing plans, job descriptions. • Policy development on protection and safeguarding of HRH, including CHWs. This may include protection from violence, discrimination, sexual harassment, as well as occupational health and mental health of the health workforce. • Social dialogue between Ministry of Health or other employers and the private sector and/or organizations representing HRH, including CHWs. • Definition of package of integrated services to be delivered by different types of CHW and CHW scope of practice. • Regulation of CHWs, including standardization of competency-based pre-service training and certification. <p>Activities specific to pandemic preparedness include:</p> <ul style="list-style-type: none"> • Development of minimum standards for animal (domestic and wildlife), environmental and human health staffing levels. • Workforce strategy for human resources for the animal and environmental health sectors. • Strategic framework to nationally prioritize resources and investments in One Health workforce development. • 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. • Rapid responses for public health events, rapid workforce planning exercises / analysis to inform workforce skills optimization and re-deployment. • Emergency policy measures to optimize skills mix and enable workforce surge. • Development and review of innovative schemes to maintain access to essential health services during public health event e.g., telemedicine schemes and other mHealth applications applied to pandemic preparedness and response.
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Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>→ Applicants are encouraged to support CHWs who provide an integrated package of services in alignment with WHO normative guidance and aligned to national standards for the given type of CHW.</p> <p>→ Health financing analysis e.g., fiscal space assessments to inform HRH strategic planning should be budgeted under the module “RSSH: Health Financing Data and Analytics”.</p> <p>→ Human resource costs related to this intervention should be included here.</p>
<p>RSSH/PP: Human Resources for Health (HRH) and Quality of Care</p>	<p>RSSH/PP: Education and production of new health workers (excluding community health workers)</p>	<p>Activities related to primary health and care workers who are responsible for delivering integrated, people-centered health services, including for more than one disease (HIV, TB and malaria) or a disease (HIV/TB/Malaria) and other health services such as PHC, reproductive maternal, newborn, child and adolescent health (RMNCAH), co-morbidities including non-communicable diseases (NCDs) and mental health, international health regulations (IHR) competencies. It covers health and care workers in both public and private sector. For example:</p> <ul style="list-style-type: none"> • Development, update or roll out of systems for accreditation and quality control of health training institutions. • Capacity building of health training institutions. • Skills and competence based pre-service clinical training with integrated technical content. • Development or revision of training curricula to be skills or competency based. • Application, use and integration of digital health platforms and tools, including development of blended learning solutions for HRH education and production. • Pre-service education, including curriculum development and review. • Integrated training on medical ethics aimed at eliminating stigma and discrimination in healthcare settings and at promoting patient-centered care. • Measures for safety and protection of health workers, including mental health and sexual exploitation, abuse and harassment (PSEAH). <p>Activities specific to pandemic preparedness include:</p> <ul style="list-style-type: none"> • Degree-conferring field epidemiology training programs, including advanced field epidemiology training program (FETP) that comprise trainees from human and animal health professionals, including development of curriculum, capacity building of health training institutions. • Activities to track field epidemiology workforce in-country including graduates and positions after training.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>→ Applicants are encouraged to explore opportunities for integration of pre-service education activities across more than one disease and to leverage disease contributions to scale up PHC workforce development. Event and disease-specific pre-service training activities should be included in the relevant disease modules.</p> <p>→ Pre-service education of community health workers should be included under the intervention “RSSH/PP: Community health workers: selection, pre-service training and certification”.</p>
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers)	<p>Activities related to supporting expansion of coverage, deployment or retention of health workers who provide primary health care services, including health services for multiple disease programs. For example:</p> <ul style="list-style-type: none"> • Salaries and eligible allowances for health and care workers. • Development or contribution to performance-based incentive schemes. • Development or contribution to retention schemes. <p>Activities specific to pandemic preparedness include:</p> <ul style="list-style-type: none"> • Temporary recruitment schemes for appropriately licensed health workers, (e.g., retired HRH, unemployed HRH) to support surge capacity for health emergency response. • Fast-track programs for time-limited hire of medical/nursing/other health professions students or residents, under close supervision, to fill staffing shortages during a public health event/ emergency response. <p>→ Applicants are encouraged to support HRH, including at the primary health care level, who address more than one disease and pandemic preparedness. HRH costs for retention and scale-up of health workers who provide single-disease services should be included under the relevant disease module.</p> <p>→ Remuneration of community health workers should be included under the intervention “RSSH/PP: Community health Workers: contracting, remuneration and retention”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: In-service training (excluding community health workers)	<p>Activities related to primary health and care workers who are responsible for delivering integrated, people-centered health services, including services for more than one disease (HIV, TB and malaria) or a disease (HIV/TB/Malaria) and other services (PHC, RMNCAH, co-morbidities including NCDs and mental health, IHR competencies). It covers health and care workers in both public and private sector facilities. For example:</p> <ul style="list-style-type: none"> • Skills and competence based, on-site in-service training with integrated technical content, combined with post-training follow up, through integrated supportive supervision or continuous collaborative quality improvement. • Integrated trainings on medical ethics aimed at eliminating stigma and discrimination at healthcare settings and aimed at promoting patient-centered care. • Measures for safety and protection of health workers, including HRH mental health and PSEAH. • Development or revision of in-service training curricula to be skills or competency based. • Alignment of in-service training curricula with national continuous professional development plans. • Application, use and integration of digital health platforms and tools, including development of blended learning solutions for continuous professional development. • Approaches to harness the potential of the private sector. <p>Activities related to pandemic preparedness include:</p> <ul style="list-style-type: none"> • Field epidemiology training programs (frontline, intermediate FETP), that comprise trainees from human and animal health professionals, including development of curriculum, capacity building of health training institutions. • Simulation exercises on pandemic preparedness. • Integration of pandemic preparedness in continuous professional development training of multi-disciplinary teams (e.g., frontline surveillance, epidemiology, biostatistics, laboratory and biosafety, veterinary, communication). <p>→ Opportunities for integration across diseases and between diseases and RMNCAH platforms should be prioritized, where feasible. If required, single disease in-service training costs should be included in the relevant disease modules and aligned with health workers' continuous professional development programs.</p> <p>→ In-service training of community health workers should be included under the intervention “RSSH/PP: Community health workers: In-service training”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	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 PHC services, working in public or private facilities and their supervisors. For example:</p> <ul style="list-style-type: none"> • 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. • Development of tools and digital checklists for integrated supportive supervision. • 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. • Integrated supportive supervision visits. • Supervision of supervisors (planning and delivery). • Support for HRH protection and safeguarding, including mental health, such as identification and management of work-related stress. <p>Activities specific to pandemic preparedness include:</p> <ul style="list-style-type: none"> • Recruitment of field supervisors and mentors for field or applied epidemiology. • Guidelines for mentorship designated to monitor trainee activity, development of projects, barriers to training. <p>→ Integrated supportive supervision for community health workers should be included under the intervention “RSSH/PP: Community health workers: integrated supportive supervision”.</p>
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Quality improvement and capacity building for quality of care	<p>Activities related to quality improvement of services and capacity building including for identification and reporting of notifiable diseases and early warning to appropriate authorities. For example:</p> <ul style="list-style-type: none"> • Collaborative and innovative continuous quality improvement approaches including group problem solving. • Capacity building for quality improvement at national, sub-national and facility- level. • Development and implementation of national quality of care policies, strategies, guidelines, including for respectful patient-centered care and PSEAH. • Strengthening of quality-of-care regulatory functions, including for the private sector. • Development, adaptation and revision of standards, clinical guidelines and treatment protocols to deliver integrated care, including referral protocols, RMNCAH, management of NCDs as co-morbidities. • Development of national measurement and performance frameworks to continuously monitor quality of care, including client satisfaction in public as well as private sector facilities. • Leadership and management training for national, regional, district health managers, including measures to promote increased female leadership and gender equity.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>→ Implementation of the Global Laboratory Leadership Initiative should be included under the module on “RSSH/PP: Laboratory Systems” and the intervention “RSSH/PP: National laboratory governance and management structures”.</p> <p>→ Where epidemiological or programmatic needs require it, quality improvement activities for only one disease should be included in the respective disease modules.</p>
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Community health workers: selection, pre-service training and certification	<p>Activities related to selection, competency-based pre-service training and competency-based certification of CHWs (all types) who are responsible for providing integrated, people-centered health services, including for the three diseases (HIV, TB and malaria), pandemic preparedness, community surveillance, risk communication and community engagement. For example:</p> <ul style="list-style-type: none"> • Selection of CHW candidates for competency-based training. • Capacity building of national or subnational health training institutions. • Development or revision of standard competency-based pre-service training curriculum covering all functions of the expected role and full package of services to be delivered by the particular type of CHW. • Provision of competency-based pre-service training. • Development, maintenance and strengthening of systems for competency-based certification of CHWs. • Formal competency-based certification prior to service. <p>→ 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.</p> <p>→ 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.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Community health workers: contracting, remuneration and retention	<p>Activities related to contracting, remuneration and retention of CHWs (all types of CHWs) who are responsible for providing integrated, people-centered 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"> • Development or revision/updates to CHW contracting agreements specifying the roles and responsibilities, working conditions, remuneration package, career advancement and workers' rights. • Development and maintenance of mechanisms for making and tracking on-time, in-full payment to working CHWs and for avoiding payment to ghost workers. • Salaries, incentives, benefits and eligible allowances for CHWs. • Development or contribution to retention schemes for CHWs. <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>
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Community health workers: In-service training	<p>Activities related to in-service training of CHWs (all types) who are responsible for providing integrated, people-centered 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"> • Capacity building of national or subnational health training institutions for competency-based in-service training of CHWs. • Development or revision of standard competency-based in-service training curricula covering all functions of the expected role and full package of services to be delivered by the particular type of CHW. • Provision of standard competency-based in-service training for CHWs based on their expected functions and role. • Application, use and integration of digital health platforms and tools, including development of blended learning solutions for continuous professional development. <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> <p>→ Definition of CHW package/scope of work should be budgeted under the intervention “RSSH/PP: HRH planning, management and governance including for CHWs”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: Community health workers: Integrated supportive supervision	<p>Activities related to supportive supervision for CHWs (all types) and supervisors of CHWs who are responsible for providing integrated, people-centered 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"> • 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. • Development of tools and digital checklists for integrated supportive supervision. • Training of CHW supervisors and supervisors of CHW supervisors on standard operating procedures for integrated supportive supervision, leadership and management skills. • Support for CHWs protection and safeguarding, including mental health, such as identification and management of work-related stress. • Integrated supportive supervision of CHWs following standard operating procedures and using digital tools / checklists. • Supervision of CHW supervisors. • Approaches to engage private sector in integrated supportive supervision of CHWs. <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: Laboratory Systems (including national and peripheral)	RSSH/PP: National laboratory governance and management structures	<p>Activities related to support strengthening of national laboratory governance, planning and management. For example:</p> <ul style="list-style-type: none"> • Development, review and update of national laboratory strategic policies, plans, SOPs, technical guidance and standards including for tiered testing and monitoring implementation including referral laboratories. • Establishment of national laboratory management structures at all levels, both public and private sector. • Operating costs to maintain national laboratory directorates. Oversight, operational management, supervision, technical assistance and communication from national to subnational levels. • Operating costs for lab technical working groups and workstreams, coordination mechanisms and mapping of partners' contributions. • Human resource planning/ staffing and training for laboratories at all tiers of the network and program management for integrated disease programs. • Develop, review and update national essential diagnostic lists, aligned with national priority disease list.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Legal, regulatory and policy reforms and updates/revisions to legislation on biomedical testing facilities. • Global Laboratory Leadership Program (GLLP) and embedding of the curriculum in institutes of higher learning. • Development of a national One Health/antimicrobial resistance (AMR) surveillance strategy. • Establishment of a national coordinating center and governance structure to oversee the development and functioning of a national One Health/AMR surveillance system (including the animal health sector). <p>→ Biosafety and security planning should be included under the intervention “RSSH/PP: Biosafety and biosecurity, infrastructure and equipment”.</p>
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Quality management systems and accreditation	<p>Activities related to quality management systems integrated across disease programs and accreditation for laboratories. For example:</p> <ul style="list-style-type: none"> • Establishment of an independent unit at the central level and personnel to oversee laboratory services and develop national laboratory quality standards. • Systems for inspecting and licensing laboratories, including local adaptations of international standards and norms and obtaining required funding and human resources. • Establish national quality management systems (i.e., accreditation scheme SLIPTA 2.0, SLMTA), participation in external quality assurance (EQA) schemes (i.e., proficiency testing, mentoring and site supervision) for diagnostics of priority diseases at all levels of tiered networks (and including national blood transfusion services). • Accreditation of public / private laboratories (specifically ISO15189/ISO 17043) and maintenance of accreditation. • Setting minimum standards for certification or licensing to enhance regulation and support to national regulatory bodies to inspect and license laboratories at national and sub-national level. • Regulatory support for uptake of new in vitro diagnostics (i.e., verification/validation, policy development including algorithms and diagnostic strategies).

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Laboratory Information Systems	<p>Activities related to establishing and strengthening Laboratory Information Systems. For example:</p> <ul style="list-style-type: none"> • Establishment, maintenance and strengthening of national Laboratory Information Systems (LIS) for all diseases at all levels, including public-sector, private-sector and community-level reporting. • Interoperability solutions for all digital health systems, including Electronic Medical Records (EMR), Logistics Management Lab Information Systems (LMIS), Lab Information Systems (LIS) and HMIS. • Capacity building of monitoring and evaluation (M&E) personnel on key laboratory indicators including support to data analysis and development of laboratory dashboards that are interoperable with national HMIS. • Development of reporting forms, tools and data-quality assessment methods. • Training on computer literacy (international computer driving license) for all lab staff through pre-service or in-service education. • Technology and electronic systems for contact tracing, results reporting, diagnostics and others. • Connectivity solutions for laboratory equipment and interoperability of middleware with integrated Laboratory Information Systems.
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Network optimization and geospatial analysis	<p>Activities related to assessment, planning and operationalization of Diagnostic Network Optimization (DNO). For example:</p> <ul style="list-style-type: none"> • Data collection and geospatial analysis of the integrated diagnostic network architecture, including molecular diagnostic platforms and for key endemic and epidemic pathogens. • Mapping and modeling networks, including assessments, optimization processes and analyses to evaluate trade-offs in access, cost-efficiency and equity regarding placement of multi-disease equipment/platforms in integrated lab networks. • Pre-service and in-service training of key personnel on continuous management of the diagnostic network resources, including digitization of resources through web-based interfaces. • Training of laboratory staff on relevant novel diagnostic procedures to detect priority diseases, including cross-training in different testing methodologies. • Assessment of existing laboratory capacities for antibiotic susceptibility testing of common bacteria.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Laboratory-based surveillance	<p>Activities related to establishing or expanding core facilities for laboratory-based surveillance, including genomics and sequencing capacity, sero-epidemiological surveillance and environmental surveillance. For example:</p> <ul style="list-style-type: none"> • Procurement of sequence analyzers and accessory laboratory equipment for core sequencing facilities to support sequencing for multiple pathogens. • Establishment of genomic surveillance strategic plans, including integration of genomic surveillance sample collection into the existing national and/or regional sample referral systems. • Advanced training of laboratory staff on wet lab sequencing and bioinformatics. • Emerging pathogen detection from human and animal samples, wastewater and other environmental matrices. • Participation of national reference laboratories in global / regional consortia for genomics, sero-epidemiology, environmental-based surveillance. • Expansion of molecular diagnostic testing capacity of environment health laboratories. • Expansion of laboratory capacity to detect zoonotic diseases. • Development and maintenance of One Health/AMR surveillance.
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Laboratory supply chain systems	<p>Activities related to supporting laboratory supply chain systems. For example:</p> <ul style="list-style-type: none"> • Development of a national essential diagnostic list, to include specifications for selection of equipment, reagents, consumables and accessories for all priority diseases. • Standardization and harmonization of tests and technologies and development of guidance on procurement modalities for diagnostics included on the essential diagnostics list. • Forecasting and quantification of needs for laboratory consumables and diagnostics. • Remote monitoring and data connectivity solutions for laboratory equipment. • Procurement planning and equipment management systems including planning and negotiation of maintenance contracts, bundled service reagent rental agreement or all-inclusive pricing leasing. • Pre-service education, training and supervision to develop lab workforce related to laboratory supply chain. • Preposition outbreak investigation kits (sample collection and transportation kits) or priority disease surveillance, zoonoses and food safety.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Specimen referral and transport system	<p>Activities related to support for integrated specimen referral and transport systems that enable diagnostic testing 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"> • Assessment of speed and quality of specimen referral networks for priority diseases and establishment of integrated referral networks. • Assessment of referral mechanisms and linkages among various levels of health facilities. • Development and sharing of SOPs (as part of disease outbreak investigation protocols) for specimen collection, management and transportation with all levels. • Training of courier companies and health facilities on appropriate management of specimens from suspected cases of priority diseases. • Service agreements with courier companies (public or private) for specimen transportation. • Evaluations or SimEx to confirm functionality of specimen referral systems.
RSSH/PP: Laboratory Systems (including national and peripheral)	RSSH/PP: Biosafety and biosecurity, infrastructure and equipment	<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"> • Assessments of current biosafety and biosecurity practices, procedures and engineering controls at the national level. • Development of site-specific biosafety/biosecurity SOPs, national framework, guidelines and other documents, including action plans to replace dangerous pathogen cultures with safer investigation methods. • Development of pathogen control measures, including standards for containment, operational handling and failure reporting systems. • Mapping of human, animal and environmental health facilities that store/maintain potentially dangerous pathogens and toxins. development and maintenance of inventories of sample repositories containing dangerous pathogens. • National legislation/regulations for biosafety and biosecurity at all laboratories working with hazardous agents. • Development and implementation of an incident reporting system. • Training programs on emergency response procedures.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Upgrade infrastructure, including refurbishing facilities to comply with international recommendations, required biosafety levels, restricted access multi-disease testing equipment, back-up power, furniture, information communication technology (ICT) and connectivity for lab technologies and use of renewable energy sources. • Development of design standards for laboratories. • 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. • Education and training of biomedical engineers, including pre-service and vocational training. • Digital equipment registries/inventories, with data-driven audits based on performance metrics/ utilization rates/ service history. • Service and maintenance contracts or extending warranties and all-inclusive pricing modalities. • Workflow SOPs and operational guidance on sharing of multi-disease diagnostic equipment. • Establishment of information security systems for all sensitive documentation in facilities where dangerous pathogens and toxins are stored. • Supportive supervision, monitoring and oversight of biosafety and biosecurity practices, including programs/initiatives at the ministry level. • Training on regulations for international shipment of potentially infectious specimens. <p>→ Equipment used for single disease testing should be included under the relevant disease modules.</p> <p>→ Waste management interventions related to lab commodities should be included under the module “RSSH: Health Products Management Systems” and the intervention “Avoidance, reduction and management of health care waste”.</p>
RSSH/PP: Medical Oxygen and Respiratory Care System	RSSH/PP: Bulk oxygen supply	<p>Activities related to supporting bulk oxygen supply. For example:</p> <ul style="list-style-type: none"> • Pressure swing adsorption (PSA) plants and liquid oxygen storage equipment and supply. • Infrastructure to ensure site readiness to install, run and maintain bulk oxygen equipment, commissioning and functioning (such as housing, concrete slabs, electric power generators, solar power). • Oxygen concentrators. • Warranty, service and maintenance of equipment for oxygen generation and supply according to WHO standards and guidance – see Annex 5 of the RSSH Information Note including all relevant references.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH/PP: Medical Oxygen and Respiratory Care System	RSSH/PP: Oxygen distribution and storage	<p>Activities relating to supporting oxygen distribution and storage. For example:</p> <ul style="list-style-type: none"> • Distribution and supply of medical oxygen cylinders, cannister and external distribution systems to hospital sites. • Piped O2 distribution systems within health facilities. • Vaporizers (for liquid O2).
RSSH/PP: Medical Oxygen and Respiratory Care System	RSSH/PP: Oxygen delivery and respiratory care	<p>Activities related to supporting Oxygen delivery and respiratory care. For example:</p> <ul style="list-style-type: none"> • Procurement and installation of WHO-recommended medical devices, oxygen and other health technologies and pharmaceuticals considered essential for the treatment and management of respiratory disease in health facilities. • Equipment such as disposable, single-use, oxygen-delivering interfaces (e.g., nasal cannula, venturi mask and mask with reservoir bag), infusion pumps and IV sets, invasive and non-invasive ventilators, intensive care beds, physiological parameters monitors, pulse oximeters, imaging equipment (ultrasound, chest X ray (including digital) and CT scans. • Warranty, service and maintenance and spare parts according to WHO standards to ensure continuous functioning and long-term sustainability of equipment.
RSSH/PP: Medical Oxygen and Respiratory Care System	RSSH/PP: Oxygen support stems	<p>Activities related to supporting Oxygen support systems. For example:</p> <ul style="list-style-type: none"> • Assessment of national medical oxygen demand and gaps. • Development and operationalization of national strategic and/or operational plans for oxygen scale up. • Training and refresher trainings for the health workforce in the management of respiratory disease based on international standards and WHO guidance on supply, distribution and delivery of medical oxygen. • Dissemination of regularly updated information on management of respiratory diseases. • Evaluation of implementation and effectiveness of case management procedures and protocols for all patients. • Patient level monitoring to assess improvement in respiratory care. • Capacity building of informal caregivers in communities to provide social support. • Provision of outreach on aspects of respiratory care.

<p>RSSH: Monitoring and Evaluation Systems</p>	<p>Routine reporting</p>	<p>Activities related to 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) and providers (public, private, community), for either paper based or digital reporting systems (such as DHIS2 or j other software). It includes key population and adolescent girls and young women (AGYW) monitoring. For example:</p> <ul style="list-style-type: none"> • Assessment, review, digital systems inventory, system maturity model or situational analysis of the M&E system/HMIS. • National M&E/HMIS and digital HMIS strategies, implementation plans, enterprise architecture framework, investment planning and roadmaps. • National M&E system and/or HMIS governance, coordination and capacity building. • Developing and implementing national M&E framework, indicators, reporting tools/forms. • Human resources, training and technical assistance. • Policies and protocols to incorporate community and private sector health services data in the national HMIS/CHIS. • Implementation of global normative data standards in national data systems and architecture. • Integration/interoperability of other data or information systems with HMIS, such as Community Health Information System (CHIS), Electronic Medical Record (EMR) and/or a Shared Health Record (SHR) System, Logistics Management Information System (LMIS), Human Resources Information System, Lab Information System). • Geo-enabling health data using geographic information system (GIS). • ICT infrastructure operation and maintenance such as internet connectivity, laptops, printers, mobile phones, tablets, etc. • Data hosting and storage platforms such as cloud-based hosting services, physical servers or hybrid approaches. • Developing and implementing security and privacy legislation and policies for collecting, using and sharing data. <p>→ Disease-specific routine reporting activities should be planned as integrated and/or interoperable parts of the national routine health information system.</p> <p>For HIV these could include reporting on:</p> <ul style="list-style-type: none"> • HIV prevention outcome monitoring tool to track prevention outcome and access. • HIV testing services (including routine ANC testing), antiretroviral therapy, retention and attrition tracking (including loss-to-follow-up) and viral load testing. • Distribution of prevention commodities such as condoms and lubricants, sterile injecting equipment. • TB/HIV collaborative activities and infection control measures. • Longitudinal prospective ART patient cohort monitoring. • HIV infection recency assays to identify high transmission population groups or locations.
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	<p>For TB these could include reporting on:</p> <ul style="list-style-type: none"> • Routine recording and reporting/e-TB register. • Routine data collection and reporting on drug-resistant TB. • Data collection and reporting on: <ul style="list-style-type: none"> ○ Case finding activities in the community, treatment adherence, monitoring on stock-outs, active TB drug-safety monitoring and management (aDSM). ○ Provision of TB preventive treatment (TPT). ○ TB testing, using WHO-recommended rapid diagnostic tests and screening of presumptive TB cases. ○ TB/HIV collaborative activities and infection prevention control measures. • Establishment, scale-up and maintenance of real-time TB digital case-based surveillance systems, capable of monitoring individual cases across the entire continuum of care. <p>For malaria these could include reporting on:</p> <ul style="list-style-type: none"> • “Test, Treat and Track” from all care providers (public, private, community). • Chemoprevention activities such as intermittent preventive therapy in pregnancy (IPTp) or in infants (IPTi), seasonal malaria chemoprevention (SMC) from service delivery sites. • Stock-status of diagnostic tests and first line treatment. • Continuous insecticide treated nets (ITN)/long lasting insecticidal nets (LLIN) distribution through antenatal care (ANC) clinics, expanded program on immunization (EPI) services, schools. • Integrated community case management (iCCM) from community service delivery sites. • Data collection from sentinel surveillance sites in burden reduction settings as well as case-based reporting in elimination settings. • Integration of entomological surveillance data in the national HMIS. • Inclusion of relevant climate metrics in malaria data repositories. • Digitization of data systems for malaria-specific interventions (e.g., ITN & SMC mass campaigns). <p>→ Activities related to data analysis, interpretation and use should be included under the intervention “Analyses, evaluations, reviews and use”.</p> <p>→ Activities related to data quality in the routine system should be included under the intervention “Data quality”.</p> <p>→ Setting up supply chain and logistics reporting systems (e.g., Laboratory 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.</p> <p>→ Supervision for data collection and reporting activities should be included under the intervention “Data quality”.</p>
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<p>RSSH: Monitoring and Evaluation Systems</p>	<p>Surveillance for HIV, tuberculosis and malaria</p>	<p>Activities related to setting up and operationalization of systems for continuous and systematic collection, analysis, interpretation and the use of disease-specific or behavioral data for public health response for HIV, TB and malaria.</p> <p>For HIV it could include:</p> <ul style="list-style-type: none"> • HIV case surveillance. • Sentinel surveillance among key populations/AGYW/human rights programs. • Biobehavioral surveillance among key populations/AGYW. • HIV recency surveillance. <p>→ Designing and implementing HIVDR surveillance/surveys should be included under the module HIV “Treatment, Care and Support”.</p> <p>For TB it could include:</p> <ul style="list-style-type: none"> • Drug resistance surveillance and related capacity building. • TB diagnostic connectivity solutions with automated readers used for Bactec mycobacteria growth indicator tube (MGIT), line probe assays (LPA) and Truelab micro-PCR analyzers. • TB surveillance systems assessments and application of “standards and benchmarks” checklist (if it is not planned as part of a TB epidemiological review). • Surveillance activities related to TB and co-morbidities such as diabetes. <p>→ TB real-time case-based surveillance activities should be included under the intervention “Routine Reporting”.</p> <p>→ Activities related to the planning and implementation of anti-TB drug resistance surveys (DRS) should be included under the intervention “Surveys”.</p> <p>For malaria it could include:</p> <ul style="list-style-type: none"> • Malaria surveillance practice and system assessments. • Setting up of surveillance systems and practices at service delivery sites. • Development of epidemic monitoring thresholds and charts, data collection mechanisms and tools. • Activities to determine changes in receptivity (i.e., suitability of the ecosystem for transmission of malaria) and vulnerability of populations. • Malaria burden mapping (epidemiological and entomological profiles). • Sub-national stratification, tailoring of intervention packages and intervention prioritization. • Establishment and operationalization of malaria sentinel surveillance. • Procedures and tools for proactive and reactive case surveillance. • Epidemiological investigation of cases, contacts and focus of origin. • Development of guidelines and standard procedures for epidemiological investigation.
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Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Within and between country cross-border malaria surveillance activities. • Malaria surveillance among targeted risk groups and highly vulnerable populations. <p>→ Activities, such as entomological monitoring, insecticide resistance studies and therapeutic efficacy studies should be included under the malaria modules “Vector Control” and “Case Management”.</p>
RSSH: Monitoring and Evaluation Systems	RSSH/PP: Surveillance for priority epidemic-prone diseases and events	<p>Activities related to supporting the development and implementation of a national public health disease surveillance systems based on IHR requirements with emphasis on early warning surveillance, event verification and investigation and analysis and information sharing.</p> <ul style="list-style-type: none"> • Activities related to early warning surveillance functions, including both indicator-based (IBS) and event-based surveillance (EBS). For example: Mapping of surveillance stakeholders. • Development of TORs for a country task force for surveillance of potential events of concern for public health and health security, including all relevant sectors at national and subnational levels. • Development, review and/or dissemination of national policy, other legislative instruments, strategic or operational plans, SOPs and guidance documents with list of priority/epidemic-prone diseases, syndromes and events according to country context. • Dissemination of case definitions and SOPs on process of detection, assessment and reporting of cases. • Routine training and supportive supervision of public health workforce, clinicians, communities including private sector, Police force, traditional healers and others. • Monitoring and supportive supervision on implementation at all levels. • Development of national surveillance systems in other relevant sectors for surveillance of relevant hazards (e.g., climate and environmental hazards, animal disease, vector distribution, food contamination, incidents at point of entry, etc.). • Development, implementation and publication of intra-action reviews (IARs), after action reviews (AARs), simulation exercise (SimEx) and continuous quality improvement (CQI). <p>Activities related to event verification and investigation include:</p> <ul style="list-style-type: none"> • Development and dissemination of guidance/SOPs and training of multidisciplinary staff to support event verification, risk assessment and outbreak investigations and management. • Development of curriculum, standards and Information technology (IT) infrastructure for epidemic intelligence at all levels. • Development of IT systems that automate signal reporting, triaging and event verification, event management).

- Establishment of systems, tools, platforms and SOPs to identify and report potential events from all sources (communities, clinicians, social media and health facilities).
- Monitoring and supportive supervision
- Risk assessment at all levels and dissemination of risk assessment information with key stakeholders.
- Mapping of networks of technical subject matter experts to support the verification and risk assessment of events.

Activities related to analysis and information sharing such as:

- Development of curriculum, standards and IT infrastructure at the national and intermediate level for automated analyses, interpretation and visualization of epidemiological data from multiple data sources.
- Setting up of data warehouses at national and sub-national levels.
- Development of guidelines and procedures to assess the risk of unusual case reports and surveillance signals at all levels.
- Data quality assessment tools and standards and continuous improvement.
- Training of national and sub-national teams in data analysis, interpretation, risk assessment and reporting.
- Epidemiological bulletin for national, sub-national and local levels.
- Mechanism and platforms to share analyzed data routinely with regional, subnational and international levels.
- Reports and scientific papers on public health emergency surveillance including data analysis by public and private sector institutions.
- Development and implementation of peer-to peer-learning programs (communities of practice) on analysis of surveillance data for action, at all levels.

Activities related to other key surveillance functions include:

- Development of guidelines, SOPs, training, monitoring, CQI and supervision for clinical surveillance systems in health care facilities, at all levels, including via clinical networks and sentinel surveillance.
- Ad hoc epidemiologic disease modelling to estimate and forecast transmission of new infections, associated morbidity, hospital admissions, mortality and other clinical outcomes.
- Data triangulation meetings combining disease surveillance system data in relevant sectors for early detection of all-hazard signals.
- 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.
- Testing of interoperability of digital surveillance systems with other relevant electronic tools of other sectors (including public and private sectors).
- Development and dissemination of guidance to all sectors (such as animal health, food safety) on data sharing and interoperability.
- Training of staff and development of SOPs for data sharing with regional or international actors (such as sharing influenza data in Global Influenza Surveillance and Response System and/or FluNET (a global web-based tool for influenza virological surveillance)).
- Inspection, maintenance and service of digital tools and network infrastructure.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Training of surveillance staff on alternative tools to guarantee continuity of surveillance activity during disruptive events (i.e., system downtime, etc.). • Development of a digital event management system at all levels. • Protection of digital surveillance tools against cyber-attacks to secure sharing of critical information such as personal data, medical confidentiality and classified data. • Development of an online platform for routine sharing of surveillance data among relevant sectors. <p>→ Activities related to surveillance for HIV, TB and malaria should be included under the intervention “Surveillance for HIV, tuberculosis and malaria”.</p>
RSSH: Monitoring and Evaluation Systems	Surveys	<p>Activities related to assessment of morbidity, mortality, service coverage and bio-behavioral surveys/studies in general populations or identified populations at risk. For example:</p> <ul style="list-style-type: none"> • Household surveys such as demographic and health survey (DHS), multiple indicator cluster survey (MICS). • Risk behavior and “knowledge, attitude and practices” (KAP) survey. • Outcome monitoring surveys, such as bio behavioral survey. • Health and morbidity surveys to assess out-of-pocket expenditures or burden. • Community-based and community-led surveys. • National and targeted health facility assessments (HFA) with a quality of services component. • Other assessments of program quality including cost efficiency analyses. • Client satisfaction surveys. <p>For HIV it could include:</p> <ul style="list-style-type: none"> • Targeted and/or sub-national surveys estimating HIV prevalence and/or new infections. • Population-based surveys such as DHS, AIDS indicator survey (AIS) and population-based HIV health assessment (PHIA). • Risk behavior and “knowledge, attitude and practices” (KAP) surveys. • Qualitative surveys on facilitators and barriers to access to services, specific needs of different key populations, gender-based violence.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>For TB it could include:</p> <ul style="list-style-type: none"> • National TB prevalence survey. • Anti-TB drug resistance survey (DRS): • TB patient/catastrophic cost survey. • TB inventory study. • TB stigma assessment/survey. <p>For malaria it could include:</p> <ul style="list-style-type: none"> • Household surveys, such as DHS, MICS and MIS to monitor anemia/parasitemia prevalence, under-five mortality and ITN/IRS/IPT/treatment coverage. • ANC-based surveys of intervention coverage and malaria disease burden. • School-based anemia/ parasite prevalence and intervention coverage surveys. • Sub-national surveys designed to generate malaria burden and intervention coverage estimates at smaller areas (e.g., districts), such as lot quality assurance sampling (LQAS). <p>→ Surveys assessing data quality should be included under the intervention “Data quality”.</p>
RSSH: Monitoring and Evaluation Systems	Data quality	<p>Activities related to monitoring and improving data quality. It includes data generated through routine systems (facility, community and private health sector), surveys and assessments. For example:</p> <ul style="list-style-type: none"> • Methods to monitor or assess routine data quality and improvement activities including databases, data management tools and standards. • Methods and tools to monitor quality of data generated through community-led monitoring mechanisms. • Disease-specific and/or cross-cutting data quality assurance activities such as disease specific data quality audits. • Routine data quality audits/reviews, assessments and validations. • Developing and implementing data quality improvement plans. • Training and supportive supervision specific to data collection, data quality assurance, reporting and implementation of data quality improvement plans. <p>→ Supervisory visits related to other aspects of the program should be included under the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
RSSH: Monitoring and Evaluation Systems	Analyses, evaluations, reviews and data use	<p>Activities related to analysis, visualization, interpretation and use of available 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>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Country-led evaluation of the performance, quality and impact of whole or a specific component of a program. • National health sector and/or disease-specific program review, mid-term reviews and related epidemiological and impact analyses. • In-depth assessment of the entire Global Fund grant portfolio or specific areas of a national disease program. • Annual, biannual and quarterly performance reviews at national and sub-national levels. • Evaluations of AGYW and human rights related programs. • Disease-specific data analysis. • Development and sharing of periodic reports and analytical bulletins/websites/publications. • Development of guidelines for integrated data analysis and use. • Training and mentoring of national and subnational staff on data analysis and use. • Thematic reviews of cross-cutting programmatic areas and operational issues, such as community service delivery, intermittent preventive treatment in pregnancy (IPTp), early infant diagnosis (EID), TB preventive treatment (TPT), referral system and specimen transportation. • Model-based estimations, including HIV estimation and projection package (EPP)/Spectrum, Naomi and other modeling exercises such as Optima, AIDS epidemic model (AEM), goals, elimination scenario planning (ESP), modes of transmission (MoT) and TB impact model and estimates (TIME). • Quantitative and qualitative analyses of barriers to accessing and using HIV, TB and malaria services such as gender, disability, mental health, social protection, human rights and legal barriers, reviews on prevention and management of co-morbidities among TB/HIV patients, etc. • Evaluation of the impact of HIV, TB and malaria interventions on the environment.
RSSH: Monitoring and Evaluation Systems	Administrative data sources	<p>Activities related to establishment, expansion, maintenance or strengthening, including digitalization, of national administrative and service availability data sources, systems and registries, whether disease specific and/or cross-cutting. For example:</p> <ul style="list-style-type: none"> • Implementation and maintenance of geo-referenced health facility list and digital registry (including community and private sector sites, lab, pharmacies etc.). • Implementation of unique national/health sector ID and patient registries. • Health care terminology data standards and registries. • Adoption and implementation of other administrative or cross-cutting data standards. • Systems and processes for digital and/or hardware assets management and monitoring.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>→ Activities related to national health accounts, disease distributional accounts, annual health budget review and analysis and expenditure studies-e.g., national AIDS spending assessment (NASA) or other assessment tools should be included under the intervention “Health financing data and analytics”.</p> <p>→ Activities related to human resources for health, including health care provider and CHW information systems or master lists and digital registries should be included under the module “RSSH/PP: Human Resources for Health and Quality of Care”.</p>
RSSH: Monitoring and Evaluation Systems	Civil registration and vital statistics	<p>Activities related to establishing/strengthening and scale-up of vital registration information system. For example:</p> <ul style="list-style-type: none"> • Sample vital registration systems, verbal autopsy and rapid mortality surveillance. • Reporting of international classification of diseases (ICD)-coded hospital morbidity and mortality statistics, cause of death. • Assessment and consistent use of WHO international form of medical certificate of cause of death for reliable cause of death reporting. • Digital-ready ICD-11 morbidity and mortality coding system and capacity building. • Community system for death reporting. • Training of community health workers on reporting vital events. • Integration/interoperability of civil registration and vital statistics (CRVS) in the national HMIS. • Mortality and cause of death analysis using various data sources - records of vital events, hospital death registers, surveys, sample registration system (SRS), health and demographic surveillance systems (HDSS).
RSSH: Monitoring and Evaluation Systems	Operational research	<p>Operational research studies for HIV, TB, malaria and RSSH programs. For example:</p> <ul style="list-style-type: none"> • Proposal development, data collection. • Analysis, report writing and dissemination of findings. • Training/capacity building on OR. • Engagement/collaboration related activities between the national programs, implementers and researchers. <p>→ Studies related to introduction and acceptance of new health technologies should be included under the respective disease or RSSH modules.</p> <p>→ Bio-medical science research, including clinical trials, are not eligible for Global Fund support.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Program Management	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 pillars. For example:</p> <ul style="list-style-type: none"> • Oversight, technical assistance and supervision from national to subnational levels. • Human resource planning/staffing and training for program management. • Coordination with district and local authorities. • Quarterly meetings. • Office/IT equipment. <p>→ 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 module “RSSH: Health Sector Planning and Governance for Integrated People-centered Services”.</p>
Program Management	Grant management	<p>Activities related to managing Global Fund grants including at the Project Management Unit (PMU)/PR/SR level. For example:</p> <ul style="list-style-type: none"> • Development and submission of quality grant documents. • Oversight and technical assistance related to effective and efficient Global Fund grant implementation and management and specific Global Fund requirements. • Supervision from PR to SR level (applicable when the national disease control program is not the PR). • Human resource planning/staffing, training and overheads. • Operational costs. • Coordination with national program, district and local authorities. • Quarterly grant management meetings and office/IT equipment at PR/SR level. • Mobilizing leaders to support implementation and sustainability of the program. <p>Activities related to prevention of sexual exploitation, abuse and harassment (PSEAH) such as PR risk assessment to identify program related risks for beneficiaries, implementer staff and community workers during service development and provision. It includes review or updating of mitigation measures. The risk assessment can be conducted at the start of the grant lifecycle and/or conducted, updated or reviewed during grant implementation. For example:</p> <ul style="list-style-type: none"> • Meetings/workshops with country coordinating mechanism (CCM) members, PR and community representatives. • Spot checks by PRs to assess how safe the interventions are in relation to PSEAH related risks and gathering feedback from community members and grant beneficiaries. • Development of guidance on PSEAH and community awareness raising activities to report any issues encountered during service delivery, if not included in specific modules and interventions targeting grant beneficiaries.

5.2 Core list of indicators

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Outcome Indicators (all modules)	Outcome	RSSH/PP O-1	Systems readiness index for CHWs.	
	Outcome	RSSH/PP O-2	Digital HMIS maturity profile score.	
	Outcome	RSSH O-1	Percentage of facilities providing HIV, TB and malaria integrated services to pregnant women.	Type of facility (Primary, Secondary, Tertiary).
	Outcome	RSSH O-2	Percentage of population with large household expenditure on health as a share of total household expenditure or income (catastrophic spending on health).	Household expenditure (>10% of total household expenditure/ income, >25% of total household expenditure/income).
	Outcome	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.	Type of provider (public, private).
	Outcome	RSSH O-4	Maturity level of the national medical products regulatory system.	Regulatory functions (registration and marketing authorization, pharmacovigilance, market surveillance and control, licensing of establishments, regulatory inspections, laboratory testing, clinical trials oversight, lot release of vaccines).

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
RSSH: Health Sector Planning and Governance for Integrated People-centered Services	Coverage	HSG-1.1	Percentage of facilities with written and updated clinical guidelines for HIV, TB, malaria and/or PHC (based on the services provided) developed by the national or sub-national government (as appropriate by the country context).	
RSSH: Community Systems Strengthening	Coverage	CSS-2	Number of community organizations that received a pre-defined package of training.	Type of organization (community-based organizations, community-led organizations); Type of community-led organization (KVP-led (TB), KP-led (HIV), women-led (all diseases)).
	Coverage	CSS-3	Percentage of health service delivery sites with a community-led monitoring mechanism in place.	Type of CLM mechanism (HIV, TB, malaria, TB/HIV, TB/HIV/malaria)
RSSH: Health Financing Systems	Coverage	HFS-1	Percentage of public financial management system components used for grant financial management.	
	Coverage	HFS-2	Percentage of the government budget allocated to health.	Level of Government (central government, central and sub-national governments); Source of financing (domestic, external).
	Coverage	HFS-3	Percentage execution of the government budget allocated to health.	Level of Government (central government, central and sub-national governments); Source of financing (domestic, external).

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	HFS-4	Percentage of population covered by financial risk protection schemes.	Type of scheme (social health insurance, health funds, other financial risk protection schemes); Population Group (people living with HIV).
	Coverage	HFS-5	Percentage of civil society organizations contracted by public entities for provision of community-based services to key populations.	Source of financing (domestic, external); Disease/Program type (HIV, TB, malaria); Type of key populations (MSM, sex workers, people who inject drugs, migrants, other).
	Coverage	HFS-6	Percentage of healthcare facilities having performance-based contracts with public entities.	Type of provider (public, private); Level of Care (primary, secondary).
RSSH: Health Products Management Systems	Coverage	HPM-1	LMIS Reporting Rate: Percentage of all health facilities that are required to report that submit an LMIS report to central authority.	
	Coverage	HPM-2	Upstream OTIF (non-PPM*): Percentage of shipments for products that account for 75% of the non-PPM annual health products budget that are delivered to the warehouse on-time and in-full among the total number of shipments expected in the period. <i>* Pooled procurement mechanism</i>	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	HPM-3	Procurement administrative lead time (PALT): Percentage of planned procurements for products that account for 75% of the non-PPM annual health products (and related services) budget where the time interval between the initiation of a requisition (or the relevant procurement process) and purchase order issuance or contract signing with suppliers is within the limits of PR procurement rules and regulations.	
RSSH/PP: Human Resources for Health (HRH) and Quality of Care	Coverage	RSSH/PP HRH-1	Vacancy rate: Ratio of unfilled posts to total number of posts.	Occupation group (Physicians, Nurses and Midwives, Laboratory technicians, Pharmacists, CHWs).
	Coverage	RSSH/PP HRH-2	Density of active health workers per 10,000 population.	Occupation group (Physicians, Nurses and Midwives, Laboratory technicians, Pharmacists, CHWs).
	Coverage	RSSH/PP HRH-3	Percentage of community health workers remunerated on time and in-full (as per their contract) every month during the reporting period.	CHW attachment (public sector health facility, CLO/CBO); Gender (female, male, transgender).
	Coverage	RSSH/PP HRH-4	Percentage of community health workers providing high quality HIV, TB and malaria services.	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	RSSH/PP HRH-5	<p>Percentage of facilities that implement supportive supervision meeting all key attributes:</p> <ol style="list-style-type: none"> 1. At least 1 supervision visit has occurred in the last period. 2. The last supervision visit covered integrated technical content. 3. Summary statistics related to program performance and quality were presented and discussed during last supervision visit technical specifications). 4. The supervisor facilitated group problem-solving during the last supervision visit, based on a review of performance data. 5. The last supervision visit considered data on community-level activities provided by CHWs. 6. The supervisor reported receiving supervision themselves. 	
	Coverage	RSSH/PP HRH-6	Percentage of facilities providing effective services.	
	Coverage	RSSH/PP HRH-7	Percentage of facilities providing patient-centered quality of care.	
RSSH/PP: Laboratory Systems (including national and peripheral)	Coverage	RSSH/PP LAB-1	Percentage of laboratories accredited according to ISO15189 standard or achieving at least four stars towards accreditation or two-star incremental improvement.	Accreditation status (four stars, two stars).
	Coverage	RSSH/PP LAB-2	Percentage of molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period.	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	RSSH/PP LAB-3	Percentage of laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes.	Disease/program (HIV, TB, malaria, other).
	Coverage	RSSH/PP LAB-4	Percentage of laboratories that have electronic test ordering and results return capability via a remote test order module of the LIMS.	
	Coverage	RSSH/PP LAB-5	Percentage of health facilities that have an appropriate set of diagnostics for their healthcare facility level, based on the WHO's model list of essential in vitro diagnostics (EDL 3).	
RSSH/PP: Medical Oxygen and respiratory care system	Coverage	RSSH/PP RCS-1	Percentage of health facilities able to provide oxygen therapy related services among those providing the service.	Type of oxygen therapy (measure of blood oxygen saturation (pulse oximeter), Oxygen administration).
RSSH: Monitoring and Evaluation Systems	Coverage	RSSH/PP M&E-1	Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received.	Type of report (HIV reports, TB reports, malaria reports, integrated report, notifiable diseases and event surveillance reports); Type of provider (public, community, private).
	Coverage	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.	Type of report (HIV reports, TB reports, malaria reports, notifiable diseases and event surveillance reports); Type of provider (public, community, private).

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	RSSH/PP M&E-3	Percentage of health facilities which are reporting key programmatic indicator results on at least a monthly basis using a digital, individual level data system.	Disease/program (HIV, TB, malaria, notifiable diseases and events); Health facility (hospitals, health centers, health posts).
	Coverage	RSSH/PP M&E-4	Percentage of reporting units which triangulate programmatic/consumption data and logistics data on at least a quarterly basis.	
	Coverage	RSSH/PP M&E-5	Percentage of labs which are able to return patient lab results electronically to the patient-level programmatic data system.	
	Coverage	RSSH/PP M&E-6	Percentage of private health units that report data into the national HMIS.	Type of report (HIV reports, TB reports, malaria reports, integrated reports, notifiable diseases and event surveillance reports).
	Coverage	M&E-4.1	Percentage of service delivery reports from community health units integrated/interoperable with the national HMIS.	
	Coverage	M&E-5.1	Percentage of reporting units which digitally enter and submit data at the reporting unit level using the electronic information system.	
	Coverage	M&E-6.1	Percentage of districts that produce at least semi-annual analytical reports.	Type of report (HIV reports, TB reports, malaria reports, integrated reports).

6. HIV

6.1 Modules, interventions and illustrative list of activities

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	Condom and lubricant programing for MSM	<p>Activities related to increasing condom use amongst MSM, including virtual interventions. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including to non-traditional outlets. • Information and communication on safer sex and condom use, at community level and on internet, or through social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies, as well as social media/web-based strategies. • Social media marketing activities about condoms. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for MSM should be included here.</p> <p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	Pre-exposure prophylaxis (PrEP) programing for MSM	<p>Activities, including virtual interventions, related to provision of Pre-Exposure Prophylaxis (PrEP) for MSM at substantial risk of HIV infection and those practicing Chemsex. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP programs, including planning, determining eligibility and service delivery requirements. • Adherence support, including peer-led. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, long acting, daily, event driven, should be included here.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	HIV prevention communication, information and demand creation for MSM	<p>Activities related to individual and community-level behavioral interventions, including virtual interventions for the promotion of personal preventive/adaptive strategies for MSM and use of HIV prevention options. It includes promotion of condoms, PrEP, HIV testing, safer sex, violence protection, HIV positive partner virally suppressed. For example:</p> <ul style="list-style-type: none"> • Development of Information, Education and Communication (IEC) material. • Targeted internet-based information, education, communication, including social media. • Social marketing-based information, education, communication. • Venue-based outreach. • One-on-one and group risk reduction activities. • Program design, delivery and related training. • IEC activities appropriate for young MSM, focusing on uptake of prevention options and skills-based risk reduction (including at clubs, festivals and other non-traditional settings). <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	Community empowerment for MSM	<p>Activities related to enhancing empowerment. For example:</p> <ul style="list-style-type: none"> • Community mobilization. • Training on HIV, sexual and reproductive health and sexuality. • Capacity development for MSM-led organizations. • Provision of safe spaces. • Community roundtables and dialogue. • Community surveys, including participatory assessment of community needs for program design. • Community involvement in service delivery. • Participation in technical working groups, national, provincial, and local decision-making fora.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	Sexual and reproductive health services, including sexually transmitted infections (STIs), hepatitis, post-violence care for MSM	<p>Activities related to sexual health service provision for MSM. For example:</p> <ul style="list-style-type: none"> • Screening, testing and treatment of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhea, rectal gonorrhea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and C, vaccination for hepatitis B. • Routine STI check-ups. • Contraception/family planning information and services. • Syndromic and clinical case management for patients with STI symptoms. • Delivery of anal health care, including anal cancer screening and linkages. • Integration of HIV prevention into sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • Training of health personnel.
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	Removing human rights-related barriers to prevention for MSM	<p>Activities related to removing human rights -related barriers to prevention for MSM including screening and response to sexual, physical, emotional and gender-based violence. For example:</p> <ul style="list-style-type: none"> • Anti-homophobia campaigns, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and legal empowerment of MSM. • Advocacy for legal and policy reforms, including decriminalization. • Assessments of the gender-responsiveness of prevention programs for MSM. • Sensitization/training of law enforcement and health care providers. • Crisis prevention & response. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Condom and lubricant programing for sex workers	<p>Activities related to increasing condom use among male, female and transgender sex workers and their clients, including virtual interventions. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including non-traditional outlets. • Information and communication on safer sex and condom use, community level, or social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies. • Condom social marketing activities. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for sex workers should be included here.</p> <p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Pre-exposure prophylaxis (PrEP) programing for sex workers	<p>Activities related to Pre-Exposure Prophylaxis (PrEP) for sex workers and their partners at substantial risk of HIV infection, including virtual interventions. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP program, including planning, determining eligibility and service delivery requirements. • Adherence support including peer-led. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, vaginal ring, long acting, daily, event driven, should be included here.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	HIV prevention communication, information and demand creation for sex workers	<p>Activities related to individual-level and community-level behavioral interventions, including virtual interventions, for the promotion of personal preventive/adaptive strategies for sex workers and use of HIV prevention options. It includes promotion of condom use, PrEP, HIV testing, safer sex, violence protection, HIV positive partner virally suppressed. For example:</p> <ul style="list-style-type: none"> • Development of Information, Education and Communication (IEC) materials. • Targeted internet-based information, education, communication, including social media. • Social marketing-based information, education, communication. • Venue-based outreach. • One-on-one and group risk reduction activities. • Program design, delivery and related training. • IEC activities appropriate for young sex workers, focusing on uptake of prevention options and skills-based risk reduction (including at clubs, festivals and other non-traditional settings). <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Community empowerment for sex workers	<p>Activities related to enhancing community empowerment. For example:</p> <ul style="list-style-type: none"> • Community mobilization. • Training on HIV, sexual and reproductive health and sexuality. • Capacity development for sex worker-led organizations. • Provision of safe spaces. • Community roundtables and dialogue. • Community surveys, including participatory assessment of community needs for program design. • Community involvement in service delivery. • Participation in technical working groups, national, provincial, and local decision-making fora.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for sex workers	<p>Activities related to sexual health service provision for sex workers and their clients. For example:</p> <ul style="list-style-type: none"> • Screening, testing and treatment of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhoea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and C, vaccination for hepatitis B. • Routine STI check-ups. • Screening for cervical cancer and HPV. • Pregnancy testing. • Contraception/family planning information and services. • Syndromic and clinical case management for patients with STI symptoms. • Delivery of anal health care, including anal cancer screening and linkages. • Integration of HIV prevention and sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • Rights-based contraceptive information and services. • Training of health personnel.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Removing human rights-related barriers to prevention for sex workers	<p>Activities related to removing human rights-related barriers to prevention, screening and response to sexual, physical, emotional and gender-based violence for sex workers. For example:</p> <ul style="list-style-type: none"> • Campaigns for the rights and dignity of sex workers, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment of sex workers. • Community-led and other advocacy for reforms to laws, policies and practices that hinder prevention efforts, including decriminalization and police practices. • Assessments of the gender-responsiveness of all prevention programming for sex workers and activities to change programming. • Participation of sex workers in activities to sensitize/train law enforcement and health providers. • Crisis prevention & response, for example, security assessments, mitigations and response planning for sex workers and their organizations and organizations providing services for them, crisis response teams, dissemination of information, installation of security equipment in facilities, encryption of client data, emergency legal aid, dissemination of reports on aggressors. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>
Prevention Package for Transgender People and their Sexual Partners	Condom and lubricant programming for transgender people	<p>Activities related to increasing condom use among transgender people, including virtual interventions. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including to non-traditional outlets. • Information and communication on safer sex and condom use at community level, or through social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies. • Condom social marketing activities. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for TGs should be included here.</p> <p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Transgender People and their Sexual Partners	Pre-exposure prophylaxis (PrEP) programing for transgender people	<p>Activities, including virtual interventions, related to Pre-Exposure Prophylaxis (PrEP) for transgender people at substantial risk of HIV infection. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP program, including planning, determining eligibility, and service delivery requirements. • Adherence support, including peer led. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, long acting, daily, event driven, should be included here.</p>
Prevention Package for Transgender People and their Sexual Partners	HIV prevention communication, information and demand creation for transgender people	<p>Activities, including virtual interventions, related to individual-level and community-level behavioral interventions for the promotion of personal preventive/adaptive strategies for transgender people and use of HIV prevention options. It includes promotion of condom use, PrEP, HIV testing, safer sex, violence protection, HIV positive partner virally suppressed. For example:</p> <ul style="list-style-type: none"> • Development of Information, Education and Communication (IEC) materials. • Targeted internet-based information, education, communication, including social media. • Social marketing-based information, education, communication. • Venue-based outreach. • One-on-one and group risk reduction activities. • Program design, delivery and related training. • IEC activities for young transgender people, focusing on uptake of prevention options and skills-based risk reduction (including at clubs, festivals and other non-traditional settings). <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Transgender People and their Sexual Partners	Community empowerment for transgender people	<p>Activities related to enhancing community empowerment. For example:</p> <ul style="list-style-type: none"> • Community mobilization. • Training on HIV, sexual and reproductive health and sexuality. • Capacity development for transgender-led organizations. • Provision of safe spaces. • Community surveys, including participatory assessment of community needs for program design. • Community roundtables and dialogue. • Community involvement in service delivery, monitoring, data collection. • Participation in technical working groups, national, provincial and local decision-making fora.
Prevention Package for Transgender People and their Sexual Partners	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for transgender people	<p>Activities related to sexual health service provision. For example:</p> <ul style="list-style-type: none"> • Screening, testing and treatment of asymptomatic STIs, including periodic serological testing for syphilis infection, gonorrhea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and C, vaccination for hepatitis B. • Integration of and referrals to hormone therapy as part of HIV service package. • Routine STI check-ups. • Contraception/family planning information and services. • Pregnancy testing. • Syndromic and clinical case management for patients with STI symptoms. • Delivery of anal health care, including anal cancer screening and linkages. • Integration of HIV prevention and sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • Gender affirming care.
Prevention Package for Transgender People and their Sexual Partners	Removing human rights-related barriers to prevention for transgender people	<p>Activities related to removing human rights-related barriers to prevention, screening and response to physical, emotional and gender-based violence for transgender people. For example:</p> <ul style="list-style-type: none"> • Anti-transphobia campaigns, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Community-led and other advocacy for reform of laws, policies and practices that hinder effective prevention among transgender people. • Assessments of the gender-responsiveness of all prevention programming for transgender people and activities to change programming. • Participation of transgender people in activities to sensitize/train law enforcement and health providers. • Crisis prevention & response. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Needle and syringe programs for PWID	<p>Activities related to needle and syringe programs, including virtual interventions, for people who inject drugs (PWID). For example:</p> <ul style="list-style-type: none"> • Procurement and distribution of needles and syringes through direct and secondary distribution, mobile clinics, peer-driven interventions, safe collection and disposal of used needles and syringes. • Procurement of needles and syringes, including low dead space syringes and other safe injecting commodities. • Provision of basic healthcare and injecting-related first aid, including wound care and treatment of skin infections. • Referral and link to behavioral interventions, HIV testing, care and treatment and primary health care (PHC) services. • Prevention, screening, testing and treatment for hepatitis B and hepatitis C, vaccination for hepatitis B.
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Opioid substitution therapy and other medically assisted drug dependence treatment for PWID	<p>Activities related to opioid substitution therapy (OST) programs including virtual interventions, for people who inject drugs. For example:</p> <ul style="list-style-type: none"> • Procurement and distribution of OST, including provision of take-home doses. • Development of OST protocols and policies that address the needs of pregnant clients and drug interactions for those on OST and ART/TB medications. • Training of service providers. • Referral and link to behavioral interventions, HIV testing and counseling, care and treatment. • Prevention, screening, testing and treatment for hepatitis B and hepatitis C, vaccination for hepatitis B.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Overdose prevention and management for PWID	<p>Activities related to preventing overdose and management for people who inject drugs. For example:</p> <ul style="list-style-type: none"> • Information and education about preventing overdose and strategies for minimizing overdose risk. • Procurement of naloxone and support for distribution and administration by first responders, for example peers, partners, family, NGOs/CBOs.
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Condom and lubricant programming for PUD	<p>Activities related to increasing condom use, including virtual interventions among people who use drugs (PUD), injecting and non-injecting, and their sexual partners. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including to non-traditional outlets. • Information and communication on safer sex and condom use, community level and internet, or social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies, and social media/web-based strategies. • Social media marketing activities about condoms. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for PUD should be included here.</p> <p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Pre-exposure prophylaxis (PrEP) programming for PUD	<p>Activities related to Pre-Exposure Prophylaxis (PrEP), including virtual interventions, for people who use drugs (PUD), injecting and non-injecting, and their sexual partners who are at substantial risk of HIV infection. For example:</p> <ul style="list-style-type: none"> • Design and delivery PrEP program, including planning, determining eligibility, and service delivery requirements. • Adherence support, including peer-led adherence support. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, vaginal ring, long acting, daily, event driven, should be included here.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	HIV prevention communication, information and demand creation for PUD	<p>Activities related to individual- and community-level behavioral interventions, including virtual ones, for the promotion of personal preventive/adaptive strategies for PUD, injecting and non-injecting and their sexual partners and use of HIV prevention options. It includes promotion of condom use, PrEP, HIV testing, safer sex, violence protection, HIV positive partner virally suppressed. For example:</p> <ul style="list-style-type: none"> • Development of Information, Education and Communication (IEC) materials. • Targeted internet-based information, education, communication, including social media. • Social marketing-based information, education, communication. • Venue or site-based outreach. • One-on-one and group risk reduction activities. • Program design, delivery and related training. • IEC activities appropriate for young people who inject or use drugs, focusing on uptake of prevention options and skills-based risk reduction (including at clubs, festivals and other non-traditional settings). <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Community empowerment for PUD	<p>Activities to enhance community empowerment for people who use drugs (PUD), injecting and non-injecting, and their sexual partners. For example:</p> <ul style="list-style-type: none"> • Community mobilization. • Training on HIV, harm reduction and sexual and reproductive health. • Capacity development for PUD-led organizations. • Provision of safe spaces. • Community roundtables and dialogue. • Community involvement in service delivery. • Community surveys, including participatory assessment of community needs for program design. • Participation in technical working groups, national, provincial, and local decision-making fora.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD	<p>Activities related to sexual health service provision people who use drugs (PUD), injecting and non-injecting and their sexual partners. For example:</p> <ul style="list-style-type: none"> • Screening testing and treatment of asymptomatic STIs, including periodic serological testing for syphilis infection, gonorrhea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and hepatitis C, vaccination for hepatitis B. • Routine STI check-ups. • Screening for cervical cancer and HPV. • Pregnancy testing. • Contraception/family planning information and services. • Syndromic and clinical case management for patients with STI symptoms. • Delivery of anal health care, including anal cancer screening and linkages. • Integration of HIV prevention and sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • Training of health personnel.
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Removing human rights-related barriers to prevention for PUD	<p>Activities related to removing human rights-related barriers to prevention, screening and response to sexual, physical, emotional and gender-based violence, for people who use drugs (PUD), injecting and non-injecting, and their sexual partners. For example:</p> <ul style="list-style-type: none"> • Campaigns for the human rights of PUD, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment of PUD. • Community-led and other advocacy for legal and policy reforms, including decriminalization. • Assessments of the gender-responsiveness of prevention programs. • Participation of PUD in activities to sensitize/train law enforcement and health care providers. • Crisis prevention & response. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for People in Prisons and Other Closed Settings	Condom and lubricant programming for prisoners	<p>Activities to increase condom use among people in prisons and other closed settings. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution via peers. • Information and communication on safer sex and condom use. • Demand generation through peer-based strategies and social media/web-based strategies. • Referrals to other HIV/STI prevention and testing services. <p>→ Procurement of condoms and lubricants for people in prisons and other closed settings should be included here.</p>
Prevention Package for People in Prisons and Other Closed Settings	Pre-exposure prophylaxis programming for prisoners	<p>Activities related to PrEP for people in prisons and other closed settings at substantial risk of HIV infection. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP program, including planning, determining eligibility, and service delivery requirements. • Adherence support including, peer-led. • PrEP information and demand creation, including peer-based approaches. • Linkages to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, vaginal ring, long-acting, daily, should be included here.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for People in Prisons and Other Closed Settings	HIV prevention communication, information and demand creation for prisoners	<p>Individual-level and group-level behavioral activities, for people in prisons and other closed settings and use of HIV prevention options. For example:</p> <ul style="list-style-type: none"> • Promotion of preventive/adaptive strategies tailored to closed setting, including promotion of condom use, PrEP, PEP, HIV testing, safer sex, violence protection. • Development of Information, Education and Communication (IEC) materials. • Prison-based/peer-based information, education, communication activities. • One-on-one and group risk reduction activities. • Support for design and implementation of programs and training of prisoners, prison staff and prison health providers. • IEC activities appropriate for young prisoners, focusing on uptake of prevention options and skills-based risk reduction. <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>
Prevention Package for People in Prisons and Other Closed Settings	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for prisoners	<p>Activities related to sexual health service provision. For example:</p> <ul style="list-style-type: none"> • Screening, testing and treatment for asymptomatic STIs, including periodic serological testing for syphilis infection, gonorrhea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and hepatitis C, vaccination for hepatitis B. • Routine STI check-ups. • Contraception/family planning information and services. • Pregnancy testing. • Syndromic and clinical case management for patients with STI symptoms. • Delivery of anal health care, including anal cancer screening and linkages. • Integration of HIV prevention and sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • Training of health and prison personnel and other staff.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for People in Prisons and Other Closed Settings	Harm reduction interventions for drug use for prisoners	<p>Activities related to harm reduction for prisoners. For example:</p> <ul style="list-style-type: none"> • Needle and syringe programs. • Opioid substitution therapy. • Distribution of naloxone. • Distribution of condoms. • Prevention, screening, testing and treatment for hepatitis B and hepatitis C, vaccination for hepatitis B. • Wound care and treatment of skin infections. • TB screening and treatment.
Prevention Package for People in Prisons and Other Closed Settings	Removing human rights-related barriers to prevention for prisoners	<p>Activities related to removing human rights-related barriers to prevention, screening and response to sexual, physical, emotional and gender-based violence for people in prisons and other places of detention. For example:</p> <ul style="list-style-type: none"> • Sensitization of prison staff, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights, legal literacy and legal empowerment of people in prisons. • Assessing the gender-responsiveness of prevention programs for people in prisons. • Involving people in prisons in awareness activities towards prison staff and prison health providers. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>
Prevention Package for Other Vulnerable Populations (OVP)	Condom and lubricant programming for OVP	<p>Activities including virtual interventions, to increase condom use among other vulnerable populations. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including to non-traditional outlets. • Information and communication on safer sex and condom use, community level and/or social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies, and social media/web-based strategies. • Condom social marketing activities. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for OVPs should be included here.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>
Prevention Package for Other Vulnerable Populations (OVP)	Pre-exposure prophylaxis (PrEP) programing for OVP	<p>Activities including virtual interventions related to Pre-Exposure Prophylaxis (PrEP) for other vulnerable populations at substantial risk of HIV infection. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP program, including planning, determining eligibility, and service delivery requirements. • Adherence support, including peer-led adherence support. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, vaginal ring, long acting, daily, event driven, should be included here.</p>
Prevention Package for Other Vulnerable Populations (OVP)	HIV prevention communication, information and demand creation for OVP	<p>Individual-level and community-level behavioral interventions, including virtual ones, for the promotion of personal preventive/adaptive strategies for other vulnerable populations and use of HIV prevention options. It includes promotion of condom use, PrEP, HIV testing, safer sex, violence protection, HIV positive partner virally suppressed. For example:</p> <ul style="list-style-type: none"> • Development of Information, Education and Communication (IEC) materials. • Targeted internet-based information, education, communication, including social media. • Social marketing-based information, education, communication. • Venue-based outreach. • One-on-one and group risk reduction activities. • Program design, delivery and related training. • IEC activities appropriate for young vulnerable people, focusing on uptake of prevention options and skills-based risk reduction (including at clubs, festivals and other non-traditional settings). <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Other Vulnerable Populations (OVP)	Community empowerment for OVP	<p>Activities related to enhancing community empowerment. For example:</p> <ul style="list-style-type: none"> • Community mobilization. • Training on HIV, sexual and reproductive health and sexuality. • Strengthening and supporting vulnerable populations to organize themselves. • Capacity development for community-led organizations. • Providing safe spaces. • Community roundtables. • Community surveys, including participatory assessment of community needs for program design. • Community involvement in service delivery. • Participation in technical working groups, national, provincial and local decision-making fora.
Prevention Package for Other Vulnerable Populations (OVP)	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for OVP	<p>Activities related to sexual health service provision. For example:</p> <ul style="list-style-type: none"> • Screening, testing of asymptomatic STIs, including periodic serological testing for syphilis infection, gonorrhea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and hepatitis C, vaccination for hepatitis B. • Routine STI check-ups. • Syndromic and clinical case management for patients with STI symptoms. • Screening for cervical cancer and HPV. • Pregnancy testing. • Contraception/family planning information and services. • Delivery of anal health care, including anal cancer screening and linkages. • Integration of HIV prevention and sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • Training of health personnel.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Other Vulnerable Populations (OVP)	Removing human rights-related barriers to prevention for OVP	<p>Activities related to removing human rights-related barriers to prevention, screening and response to sexual, physical, emotional and gender-based violence, for OVP. For example:</p> <ul style="list-style-type: none"> • Anti-discrimination campaigns, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment. • Community-led and other advocacy for legal and policy reforms, including decriminalization. • Assessments of the gender-responsiveness of all prevention programming and activities, in order to change programming if needed. • Participation in activities to sensitize/train law enforcement and health providers. • Crisis prevention & response. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Condom and lubricant programming for AGYW in high HIV incidence settings	<p>Activities, including virtual interventions, related to increase condom use among adolescent girls and young women (AGYW) at substantial risk of HIV. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including to non-traditional outlets. • Information and communication on safer sex and condom use, community level and internet, or social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies, and social media/web-based strategies. • Condom social marketing activities. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for AGYW should be included here.</p> <p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Condom and lubricant programming for male sexual partners of AGYW in high HIV incidence settings	<p>Activities related to increase condom use among male sexual partners of AGYW in high incidence locations, including virtual interventions. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of condoms and condom-compatible lubricants. • Targeted condom distribution, including to non-traditional outlets. • Information and communication on safer sex and condom use, community level and internet, or social media/web-based condom promotion. • Demand generation through peer outreach and other peer-based strategies, and social media/web-based strategies. • Condom social marketing activities. • Integration with and referrals to other HIV prevention and HIV testing services. <p>→ Procurement of condoms and lubricants for male sexual partners of AGYW should be included here.</p> <p>→ Community level surveys and studies to examine barriers to condom use should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	HIV prevention communication, information and demand creation for AGYW in high HIV incidence settings	<p>Activities related to individual-level and community-level behavior change activities for AGYW at substantial risk of HIV infection and use of HIV prevention options. It includes promotion of personal preventive/adaptive strategies such as personal risk assessment, safer sex, condom use and PrEP demand creation, HIV testing, HIV positive partner virally suppressed, violence protection. For example:</p> <ul style="list-style-type: none"> • Targeted information, education and communication (IEC) activities, including social media/web-based communication. • Social marketing-based information, education, communication. • One-on-one and group risk reduction sessions. <p>Gender-based violence prevention activities such as:</p> <ul style="list-style-type: none"> • Empowerment, training on sexual consent, addressing gender norms and attitudes, and autonomy in decision-making, for example: SASA and Steppingstones gender-based violence (GBV) prevention programs and other evidence-based GBV prevention programs. • Engagement and support to community leaders, advocates and health and social service provider. • Referral to social support and GBV-specialist services. • HIV and GBV prevention training for police, counselors/teachers.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	<p>Activities related to individual-level and community-level behavior change activities for male sexual partners of AGYW in high incidence locations and use of HIV prevention options. It includes promotion of personal preventive/adaptive strategies such as personal risk assessment, safer sex, condom use and PrEP demand creation, HIV testing, HIV positive partner virally suppressed, violence protection. For example:</p> <ul style="list-style-type: none"> • Targeted information, education and communication (IEC) activities, including social media/web-based communication. • Social marketing-based information, education, communication. • One-on-one and group risk reduction sessions. • Gender-based violence prevention activities, such as, SASA and Steppingstones gender-based violence (GBV) prevention programs and other evidence-based GBV prevention programs. <p>→ Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here.</p> <p>→ Communication, information and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Comprehensive sexuality education for AGYW and adolescent boys and young men (ABYM)	<p>Activities related to Comprehensive Sexuality Education for AGYW and adolescent boys and young men (ABYM), in and out of school, through peers, teachers, counselors, service providers, and others. For example:</p> <ul style="list-style-type: none"> • Design, delivery and implementation and related training for comprehensive sexuality education programs. • Digital CSE using apps, websites, social media and other platforms. • Girls' clubs/youth clubs. • School-based HIV prevention campaigns. • Development and promotion of age-appropriate education materials.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Pre-exposure prophylaxis (PrEP) programming for AGYW in high HIV incidence settings	<p>Activities including virtual interventions related to PrEP for AGYW at substantial risk of HIV infection. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP program, including planning, determining eligibility, and service delivery requirements. • Adherence support, including peer-led adherence support. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, vaginal ring, long acting, daily, event driven, should be included here.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Pre-exposure prophylaxis (PrEP) programming for male sexual partners of AGYW in high HIV incidence settings	<p>Activities related to PrEP for male partners of AGYW in high incidence locations, including virtual interventions. For example:</p> <ul style="list-style-type: none"> • Design and delivery of PrEP program, including planning, determining eligibility, and service delivery requirements. • Adherence support, including peer-led adherence support. • PrEP information and demand creation, including peer-based approaches. • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services. <p>→ Procurement of PrEP commodities including different formulations such as oral, long acting, daily, event driven, should be included here.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW and male sexual partners in high HIV incidence settings	<p>Activities related to sexual health service provision for AGYW and male sexual partners. For example:</p> <ul style="list-style-type: none"> • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhoea, chlamydia trachomatis. • Prevention, screening, testing and treatment for hepatitis B and C, vaccination for hepatitis B. • Routine STI check-ups. • Pregnancy testing. • Contraception/family planning information and services. • HPV vaccination and linkage of HIV prevention activities to HPV vaccine programs.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Health care provider training on delivering SRH programs that are AGYW friendly. • Anal and cervical cancer screening and linkages. • Integration of HIV prevention and sexual and reproductive health services, drop-in centers, shelters, community centers, including youth-friendly services. • Advocacy to remove legal barriers that prevent access to SRH services for AGYW. • Post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling for AGYW. • Training of health personnel. <p>→ Activities related to strengthening primary health care (PHC) should be included under relevant RSSH modules.</p>
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Removing human rights-related barriers to prevention for AGYW in high HIV incidence settings	<p>Activities related to addressing harmful social and cultural norms, perceptions and practices at multiple levels- individual, couple, family, community and society. For example:</p> <ul style="list-style-type: none"> • Enactment or enforcement of laws and policies, including training of police, lawyers and judges to enforce existing laws around equal protection. • Gender norm-changing programs in and out of school for AGYW and their male partners, including providing gender, sexuality and HIV education. • Educational activities for communities on the equal rights of women and AGYW. • Advocacy and programs that remove punitive laws and practices against AGYW. • Training and sensitization activities to promote adolescent friendly behavior and attitudes in health care workers. <p>→ “General” activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module “TB/HIV”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Social protection interventions for AGYW in high HIV incidence settings	<p>Keeping girls in school</p> <p>Activities related to addressing the barriers preventing vulnerable girls in high HIV incidence locations from attending or completing school. For example:</p> <ul style="list-style-type: none"> • Education subsidies. • Cash incentive programs. • Education supplies including dignity packs. • Review of laws and policies. • Community-based training (parents, community leaders, and others on importance of keeping girls in school), community or school-based parenting programs. • Training of teachers and school staff in supporting adolescents in schools. • Catch up program for AGYW who want to return to school and reintegration services for pregnant and parenting girls. • Activities to assure safety of AGYW in schools and on the way to and from schools. <p>Economic empowerment interventions</p> <p>Activities to reduce economic vulnerability of AGYW in high HIV incidence locations. For example:</p> <ul style="list-style-type: none"> • Vocational training and transition to work interventions. • Loan saving schemes. • Clubs and savings groups.
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Voluntary medical male circumcision	<p>Activities related to promotion and provision of voluntary medical male circumcision (VMMC) for men and adolescent boys in VMMC priority countries. For example:</p> <ul style="list-style-type: none"> • Communication, demand creation and community mobilization. • Voluntary HIV testing prior to circumcision. • Sexually Transmitted Infections (STI) screening, treatment/referral and linkage to treatment for those testing positive in HIV testing services (HTS). • Age-appropriate sexual risk reduction counselling. • Male circumcision by a surgical method recognized by WHO (device-based if device is WHO prequalified) and conventional surgical method. • Post-operative education/counselling on HIV prevention. • Post-surgery follow-up including adverse event/complications assessment and management. • Additional complimentary interventions such as hypertension screening, gender interventions, tetanus toxoid vaccination.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Training of nurse cadres on VMMC including specific methods and age consideration, interpersonal communication (IPC). • Patient safety monitoring. • Learning and response.
Prevention Program Stewardship	Prevention program stewardship	<p>Activities related to strengthening national prevention program stewardship to achieve scale and precision of prevention service delivery. For example:</p> <ul style="list-style-type: none"> • Development of national prevention strategies, plans and programs including target setting, costing, defining investment needs and operational planning. • Management, coordination and oversight of prevention programs, technical working groups, national and subnational coordination and review mechanisms. • Differentiated and scalable HIV prevention demand generation and service delivery models. • Last mile supply and distribution systems for prevention commodities. • HIV prevention product introduction, strategic positioning and strengthening of total market approaches. • Community-based or community-led prevention models for outreach, social contracting and safety of programs with key populations and young women. • Capacity development including building individual skills, institutional and systems capacity such as defined functions, quality assured processes and standard operating procedures. • Integration of HIV prevention communication and service delivery with health promotion and services for SRHR and other related services. <p>→ Activities related to monitoring and collect HIV prevention-specific data, including population size estimation, hotspot mapping, risk assessment, socio-behavioural surveys, market and program analytics, monitoring of prevention outcomes, program reviews, financial analysis, etc., should be included in the module “RSSH: Monitoring and Evaluation Systems”.</p> <p>→ Activities related to the national disease specific plans should be included under the module “RSSH: Health Sector Planning and Governance for Integrated People-centered Services” and intervention “Integration/coordination across disease programs and at the service delivery level”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	Integrated testing of pregnant women for HIV, syphilis and hepatitis B	<p>Activities related to integrated testing for HIV, syphilis and hepatitis B among pregnant women and linkages to treatment. For example:</p> <ul style="list-style-type: none"> • Tools and job aids to provide integrated HIV testing services. • Training, combined with supportive supervision or group problem solving. • Linkage to rapid initiation of HIV, syphilis and hepatitis B treatments. • Activities related to quality improvement, mentoring, combined with in-service training where appropriate. • Virtual interventions, educational programs and campaigns, peer mentorship and navigation, community mobilization and empowerment, incentives for antenatal care (ANC) attendance. • Commodities for testing services, including dual HIV/syphilis test kits and Hepatitis B testing for pregnant women. <p>→ Treatment costs for HIV, syphilis and hepatitis should be included under the module “Treatment, Care and Support”.</p> <p>→ Activities related to strengthening the broader health system to support quality ANC and postnatal care should be included under respective RSSH modules.</p> <p>→ Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis 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"> • Promotion and distribution of female and male condoms and condom-compatible lubricants. • Information and communication on safer sex, sex negotiation skills and condom use. • Pre-exposure prophylaxis (PrEP) literacy and awareness campaigns; adherence support. • GBV support services, such as post-violence counseling, referral and linkages to post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and longer-term counselling. • Prevention, screening and testing of STIs. • Partner testing and engagement. <p>→ Activities related to strengthening the broader health system to support quality antenatal and postnatal care should be included under respective RSSH modules.</p> <p>→ Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible. Integrated training</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	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"> • Tools and job aids for routine and enhanced prophylaxis for high-risk HIV-exposed infants. • Antiretrovirals (ARVs) for infant prophylaxis. • Linkages to hepatitis B vaccination. <p>→ Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the module on “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	Early infant diagnosis and follow-up HIV testing for exposed infants	<p>Activities related to early infant diagnosis (EID) of HIV exposed infants. For example:</p> <ul style="list-style-type: none"> • Tools and job aids. • Point of care devices and commodities. • Placement costs of both conventional and near point-of-care instruments linked to laboratory systems for sample transportation and prompt return of test results. • Confirmatory testing and final status determination of the infant at the end of the exposure period (post breastfeeding cessation). • Linkage to rapid ART initiation for children who identify positive. <p>→ Activities related to strengthening the broader health system to support quality postnatal care should be included under respective RSSH modules.</p> <p>→ Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the module on “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	Retention support for pregnant and breastfeeding women (facility and community)	<p>Activities related to retention support for pregnant and breastfeeding women. For example:</p> <ul style="list-style-type: none"> • Mother-to-mother and peer-led mentoring, counselling, and other community-based psychosocial support services for pregnant and breastfeeding women. • Adherence support for pregnant women on ART, using both effective facility and community-based adherence models, and virtual interventions. • Electronic client reminder systems with text messaging for upcoming or missed appointments. • Community mobilization to boost male involvement in partner's antenatal care services. • Information systems to track mother-infant pairs and systems for return to care. <p>→ Activities related to strengthening the broader health system to support quality antenatal and postnatal care should be included under respective RSSH modules.</p>
Differentiated HIV Testing Services	Facility-based testing for key population (KP) programs	<p>Activities related to HIV testing services and return of results provided in a health facility or laboratory setting, such as, facilities providing antenatal care (ANC), TB related services, sexual and reproductive health services, in-patient and outpatient primary health care clinics, and voluntary medical male circumcision (VMMC) services. For example:</p> <ul style="list-style-type: none"> • Lay provider testing and counseling, including assisted partner notification and index testing. • HIV testing in family planning clinics, KP-friendly clinics, such as drop-in centers. • Linkage to HIV treatment and care for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found to be negative.
Differentiated HIV Testing Services	Facility-based testing for adolescent girls and young women (AGYW) and their male sexual partners programs	<p>Activities related to HIV testing services and return of results provided in a health facility or laboratory setting, such as, facilities providing ANC, TB related services, sexual and reproductive health services, in-patient and outpatient primary health care clinics, and in VMMC services. For example:</p> <ul style="list-style-type: none"> • Lay provider testing and counseling, including assisted partner notification and index testing. • HIV testing in family planning clinics, KP-friendly clinics, such as drop-in centers. • Linkage to HIV treatment and care for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found to be negative.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Differentiated HIV Testing Services	Facility-based testing outside of key population (KP) and adolescent girls and young women (AGYW) programs	<p>Activities related to HIV testing services and return of results provided in a health facility or laboratory setting, such as facilities providing ANC, TB related services, sexual and reproductive health services, in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. For example:</p> <ul style="list-style-type: none"> • Lay provider testing and counseling, including assisted partner notification and index testing. • HIV testing in family planning clinics, KP-friendly clinics, such as drop-in centers. • Linkage to HIV treatment and care/for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found to be negative. • Activities related to revision of the testing algorithms (e.g., verification studies, revision of guidelines and standard operating procedures, training) and policies on parental consent.
Differentiated HIV Testing Services	Community-based testing for KP programs	<p>Activities related to HIV testing services provided in a community setting. For example:</p> <ul style="list-style-type: none"> • Outreach/mobile (including index-testing), door-to-door, fixed community sites, workplace, and HIV testing in educational institutions. • Test for triage to support community-based HIV testing services provided by lay providers. • Activities for demand creation and mobilization of HIV testing, such as virtual interventions, motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment and incentives. • Linkage to HIV treatment and care/for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found to be negative.
Differentiated HIV Testing Services	Community-based testing for AGYW and their male sexual partners' programs	<p>Activities related to HIV testing services provided in a community setting through the following approaches:</p> <ul style="list-style-type: none"> • Outreach/mobile (including index testing), door-to-door, fixed community sites, workplace, and educational institutions. • Test for triage to support community-based HIV testing services provided by lay providers. • Activities for demand creation and mobilization of HIV testing, such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment and incentives. • Linkage to HIV treatment and care/for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found negative.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Differentiated HIV Testing Services	Community-based testing outside of KP and AGYW programs	<p>Activities related to HIV testing services provided in a community setting through the following approaches. For example:</p> <ul style="list-style-type: none"> • Outreach/mobile (including index testing), door-to-door, fixed community sites, workplace, and educational institutions. • Test for triage to support community-based HIV testing services provided by lay providers. • Activities for demand creation and mobilization of HIV testing, such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment and incentives. • Linkage to HIV treatment and care for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found negative.
Differentiated HIV Testing Services	Self-testing for KP programs	<p>Activities related to HIV testing and results interpretation performed by key populations who want to know their HIV status using self-test kits distributed through facility and community settings, social networks, partners (including index-testing), private sector (pharmacies, online, vending machines) and workplace. For example:</p> <ul style="list-style-type: none"> • Procurement and distribution of self-test kits. • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result. • Virtual services for demand creation and online order.
Differentiated HIV Testing Services	Self-testing for AGYW and their male sexual partners' programs	<p>Activities related to HIV testing and results interpretation performed by AGYW and their male sexual partners who want to know their HIV status using self-test kits distributed through facility and community settings, social networks, partners (including index-testing), private sector (pharmacies, online, vending machines) and workplace. For example:</p> <ul style="list-style-type: none"> • Procurement and distribution of self-test kits. • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result. • Virtual services for demand creation and online order.
Differentiated HIV Testing Services	Self-testing outside of KP and AGYW programs	<p>Activities related to HIV testing and results interpretation performed using HIV self-test by individuals who want to know their HIV status using self-test kits distributed through facility and community settings, social networks, partners (including index-testing), private sector (pharmacies, online, vending machines) and workplace. For example:</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Procurement and distribution of self-test kits. • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result. • Virtual services for demand creation and online order.
Treatment, Care and Support	HIV treatment and differentiated service delivery – adults (15 and above)	<p>Activities related to designing, developing, implementing, and monitoring the provision of HIV treatment to people living with HIV (PLHIV), including key populations, AGYW, and their partners, pregnant/breastfeeding women. It includes differentiated ART service delivery through facility and community, outreach, mobile, and virtual services. For example:</p> <p>Differentiated HIV treatment services</p> <ul style="list-style-type: none"> • Development of policies, strategies, operational guidance and standards of care. • Tools and job aids to provide optimized HIV treatment to PLHIV. • Training, combined with supportive supervision or group problem solving. • Procurement of adult antiretroviral (first, second and third line) and opportunistic infection drugs. <p>Differentiated ART service delivery models</p> <ul style="list-style-type: none"> • Facility-based individual models for clients doing well on treatment -- “stable” clients: multi-month scripting, extended ART clinic hours, fast track, appointment spacing. • Facility-based group models e.g., ART clubs. • Community-based individual models e.g., community ART distribution points (PODIs), decentralized drug distribution, drop-in-centers out of facility pick-up, outreach. • Community-based group models e.g., community ART groups (CAGs). • Models for people with advanced HIV disease and unsuppressed viral load. <p>Differentiated adherence and treatment support</p> <ul style="list-style-type: none"> • SMS reminders, telephone and online platforms for triage. • Community support groups, peer-support, psychosocial counseling, treatment literacy. • Designing, developing and implementing peer navigation, including hiring and training of peer cadres, management and supervision. • Treatment education, including generation for viral loads, undetectable = untransmittable (U=U), data security and confidentiality, knowledge on co-infections and co-morbidities among PLHIV. • Individual/group peer support, adherence clubs. • Support for partner disclosure and involvement of partner in ongoing care.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Integrated adherence support for KPs (e.g., ART/OST support for PWID, pre-, inter-prison transfer and post-release support for prisoners). • For adolescents living with HIV, peer support services, disclosure-related support and age- and developmentally appropriate treatment literacy and comprehensive sexuality education. • Supervision and mentorship. • Development and implementation of quality assurance plan. <p>Stigma and discrimination reduction</p> <ul style="list-style-type: none"> • Palliative care for PLHIV: e.g., therapeutic feeding to clinically malnourished PLHIV. • GBV support services, such as post-violence counseling, clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling. • STIs services: Screening, testing, treatment. • Psychosocial support and mental health support. • Nutrition education. <p>→ Opportunities for integration between HIV and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible. Costs related to integrated services such as training, supportive supervision, workforce planning, quality assurance, etc., should be budgeted under the relevant interventions in the RSSH modules.</p>
Treatment, Care and Support	HIV treatment and differentiated service delivery - children (under 15)	<p>Activities related to policies, strategies, operational guidance and standards of care related to the treatment program including to strengthen the capacity of families and caregivers to protect and care for children and adolescents, including orphans and other vulnerable children. For example:</p> <p>Differentiated HIV treatment services</p> <ul style="list-style-type: none"> • Activities related to HIV-treatment services: staffing, training, tools, job aids to provide optimized HIV treatment for children and adolescents (at facility and community levels, including mobile services). • Activities and costs related to procurement and delivery of commodities: pediatric antiretroviral drugs (first, second and third line) and opportunistic infection drugs. <p>Differentiated ART service delivery models</p> <ul style="list-style-type: none"> • Facility-based individual models for children doing well on treatment “stable” clients: multi-month scripting, extended ART clinic hours, fast track, appointment spacing. • Facility-based group models e.g., family groups.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Community-based individual models e.g., community family ART distribution points (PODIs), decentralized drug distribution, drop-in-centers out of facility pick-up. • Community-based group models e.g., community-based family ART groups (CAGs). • Models for children with advanced HIV disease and unsuppressed viral load. <p>Differentiated adherence and treatment support</p> <ul style="list-style-type: none"> • SMS reminders, telephone and online platforms for triage. • Systems to track, trace and bring back to friendly care. • Community support groups, peer-support, psychosocial counseling, treatment literacy. • Treatment literacy and education, incl. demand generation for viral loads, undetectable = untransmittable (U=U), data security and confidentiality, knowledge on co-infections and co-morbidities among PLHIV. • Individual/group peer support, adherence clubs. • For adolescents living with HIV, peer support services, disclosure-related support (for parents/children) and age- and developmentally appropriate treatment literacy and comprehensive sexuality education. <p>Activities for orphans and vulnerable children</p> <ul style="list-style-type: none"> • Economic support. • Psychosocial support. • Community-based support. • Ensuring access to essential services including education, health care, birth registration. <p>→ 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.</p>
Treatment, Care and Support	Treatment monitoring - drug resistance	<p>Activities related to drug resistance monitoring. For example:</p> <ul style="list-style-type: none"> • Development of a 5-year national HIV drug resistance (HIVDR) plan. • Surveys of acquired HIV drug resistance (ADR) in adults and children receiving ART; surveys of pretreatment HIVDR (PDR) in ART naive infants < 18 months and in adults starting ART; HIVDR surveillance in people receiving PrEP. • Protocol development and training. • Survey coordination and site support visits.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Laboratory functions for HIVDR surveys for example, supplies like Dried Blood Spot (DBS) cards, genotyping and shipment of specimens. • Technical support, for example, protocol adaptation, data analysis and interpretation, data quality assurance. • Data management including data collection, report production, printing and distribution. • HIVDR testing for patients failing second line, including, cost of kits, reagents and consumables. • Monitoring of quality-of-care indicators (early warning indicators, EWI). <p>→ Interventions involving digital solutions for results return should be interoperable with broader laboratory information systems, and applicable for results return for other patient services.</p> <p>→ Activities related to lab information systems should be included under the module “RSSH/PP: Laboratory Systems”.</p>
Treatment, Care and Support	Treatment monitoring - viral load and antiretroviral (ARV) toxicity	<p>Activities and costs related to viral load monitoring and monitoring of ARV toxicities. For example:</p> <p>Viral load monitoring</p> <ul style="list-style-type: none"> • Design, develop and roll-out a national viral load scale-up and optimization plan in line with wider laboratory system including external quality assurance, and sample transport. • Scaling up viral load testing (including community-based sample collection in community-based treatment models and point-of-care devices for all populations: key populations, children, adolescents, adults, HIV positive pregnant and breastfeeding women) per national viral load monitoring protocols. • Staffing and training of health workers who perform the testing service, use/interpretation of viral load test results and patient results notification. • Demand creation and treatment literacy (community level). • Procurement of reagents/cartridges and equipment (including multi-disease devices and point-of-care devices) for viral load testing. <p>Monitoring serious ARV toxicities</p> <ul style="list-style-type: none"> • Pregnancy registry or birth defect surveillance to monitor the safety of ARV use in pregnancy. • Active toxicity monitoring in the general population, including adults, adolescents and children. • Protocol and tool development. • Site supported visits. • Technical support. <p>→ 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.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Treatment, Care and Support	Integrated management of common co-infections co-morbidities (adults and children)	<p>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:</p> <ul style="list-style-type: none"> • Diagnosis, and treatment for hepatitis B and C, vaccination for hepatitis B with a focus on people who use drugs and pregnant and breastfeeding women, including support for birth dose of hepatitis B vaccination. • Diagnosis and treatment of STIs, including syphilis with a focus on KPs, AGYW, pregnant and breastfeeding women. • Linkage of people living with HIV, women, and adolescents to HPV vaccine services, and screening, triage, and secondary preventive treatment of HPV and cervical cancer; with a focus on AGYW. • Routine screening and management of mental health, including sexual identity development, depression, anxiety, and trauma. • Evidence-based interventions to address harmful alcohol or drug use. • Screening and management of hypertension, diabetes, and obesity in PLHIV of 40 years and older. <p>→ Activities related to management of TB/HIV co-infection should be included under the module “TB/HIV”.</p> <p>→ 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.</p>
Treatment, Care and Support	Diagnosis and management of advanced disease (adults and children)	<p>Activities related to design, development, and implementation of strategies, policies, operational tools, and trainings to integrate diagnosis and management of advanced HIV disease in adults, adolescents, and children. This includes the recommended WHO package. For example:</p> <ul style="list-style-type: none"> • Diagnostics using optimized CD4 platforms. • Co-trimoxazole prophylaxis. • Screening and treatment for cryptococcal disease with cryptococcal antigen (CrAg) testing and either preemptive therapy with fluconazole or treatment of meningitis. • Intensified support to ensure adherence to the advanced HIV disease (AHD) package. • Histoplasmosis diagnosis and treatment in endemic settings. <p>→ 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 module "TB/HIV".</p> <p>→ Activities related to strengthening the broader health system for the management of advanced disease should be included under respective RSSH modules.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB/HIV	TB/HIV - Collaborative activities	<p>Activities related to implementation of TB/HIV collaborative activities, that 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 PLHIV and to reduce the burden of HIV in people with presumptive and diagnosed TB. For example:</p> <ul style="list-style-type: none"> • Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels. • 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. • Joint TB/HIV monitoring and supervision, including coordinated participation in external quality assurance (EQA) programs.
TB/HIV	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"> • HIV testing among people with TB (and people with presumptive TB). • Screening PLHIV for active TB including using X-rays/digital X-rays (with or without CAD, C-reactive protein [CRP]). • TB-LAM for eligible PLHIV and rapid molecular tests for TB diagnosis among PLHIV. • Quality improvement methods and approaches to improve program quality and service delivery including participation in proficiency testing using blinded panels.
TB/HIV	TB/HIV - Treatment and care	<p>Activities related to early initiation or continuation of 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"> • Patient support and follow-up during treatment for both TB and HIV. • Quality improvement methods and approaches to improve program quality and service delivery. • Implementation and scale up of innovative people-centered care approaches. • Supportive activities to improve access and adherence to treatment including digital adherence technologies; psychosocial and nutritional support during treatment as needed.
TB/HIV	TB/HIV - Prevention	<p>Activities related to provision of TB preventive treatment for people living with HIV without active TB including shorter regimes such as 3HP,3RH,1HP and isoniazid (INH). For example:</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Provision of support including adherence and other psychosocial, nutritional support as needed. • Follow-up support for people taking preventive therapy including through using digital health technologies. • Implementation of administrative, environmental, and personal infection prevention and control measures in TB/HIV settings.
TB/HIV	TB/HIV - Community care delivery	<p>Activities related to involvement of communities in TB and HIV screening/diagnosis, care, and prevention. For example:</p> <ul style="list-style-type: none"> • Policy guidance, implementation and scale-up. • Advocacy and communication. • Training and supportive supervision for TB and HIV service providers, such as ex-TB patients, people living with HIV. • Supply of essential commodities and equipment to community service providers for community TB/HIV care. • Community-based interventions/approaches aimed at improving quality of collaborative TB/HIV services. • Community-based interventions and outreach services for people with TB and/or HIV, such as contact tracing, specimen collection, treatment support and prevention. <p>→ Applicants are encouraged to integrate interventions and investments in capacity building of TB and HIV service providers in national systems aligned with HRH/CHW policies and programs.</p> <p>→ Community services for only TB or HIV should be under respective TB and HIV modules.</p>
TB/HIV	TB/HIV - Key populations	<p>For key populations and high-risk groups, such as: children, miners and mining communities, mobile populations, refugees, migrants and internally displaced people, prisoners, ethnic minorities/indigenous populations, urban slum dwellers, elderly, health workers and people who use drugs, people with mental illness.</p> <p>Activities related to adapting models of TB/HIV care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example:</p> <ul style="list-style-type: none"> • Active case finding of TB among PLHIV and HIV testing and counseling in TB patients among the key populations. • Community-based TB care and prevention. • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements. • Infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection, and environmental control measures. • Provision of TB preventive therapy. • Provision of treatment and support. • Development of appropriate linkages with social services (for example, nutritional support, social housing).

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Linkages with harm reduction programs for people who use drugs. • Developing appropriate linkages to ensure continuation of TB treatment at all stages of detention: people undergoing treatment before detention, between different stages of detention and on exit from detention for prisoners. <p>→ Interventions that are not TB/HIV related should be included under the modules on TB key and vulnerable populations or HIV key populations.</p>
Reducing Human Rights-related Barriers to HIV/TB Services	Eliminating stigma and discrimination in all settings	<p>Activities related to eliminating stigma and discrimination in each of the six settings identified by the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination.</p> <p>Individual, household and community settings</p> <ul style="list-style-type: none"> • Community mobilization and sensitization on HIV/TB-related stigma and discrimination. • Public engagement of people living with HIV and with HIV/TB, religious and community leaders and celebrities. • Programs and strategies to shift community norms that drive stigma and discrimination. • Training of journalists and media professionals. • Media campaigns. • Roll out of PLHIV Stigma Index, with full adherence to non-negotiables. • On-going community-led and community-based monitoring of health and social service quality, including stigma, discrimination and other rights violations. • Peer mobilization and support groups to counter internalized stigma. <p>Workplace settings</p> <ul style="list-style-type: none"> • Development and implementation of anti-discrimination programs and policies. • Establishment of reporting and redress procedures, in case of stigma, discrimination and other rights violations. • Provision of training to workers on their rights in the workplace and tools and services for redress. <p>Education settings</p> <ul style="list-style-type: none"> • Development & implementation of sector-wide zero tolerance policies on stigma and discrimination. • Training and institutional support for educators and administrators.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<p>Emergency and humanitarian settings</p> <ul style="list-style-type: none"> • Development and implementation of national emergency plans that include adequate attention to needs of people living with HIV, TB, key populations, people in prisons, displaced people, refugees, migrants, and women and girls, particularly AGYW. • Measures aimed at ensuring non-discriminatory access to essential services, safe access to care and treatment. • Linkage between communities and formal health systems in emergency settings, and support community health workers to provide rights-based and gender-responsive services. • Engagement of community-based and community-led organizations/groups on HIV, TB and human rights in camps/group residence of refugees and internally displaced persons. • Activities to prevent, address, monitor and report violence against (including but not limited to) people living with HIV and TB, key populations, and in particular women and youth. <p>→ Activities related to healthcare settings should be included under the intervention “Ensuring nondiscriminatory provision of health care”.</p> <p>→ Activities related to justice settings should be included under the interventions “Improving laws, regulations and polices relating to HIV and HIV/TB” and “Increasing access to justice”.</p> <p>→ Applicants must mention the name of the setting in the activity description.</p>
Reducing Human Rights-related Barriers to HIV/TB Services	Legal literacy (“Know Your Rights” campaign)	<p>Activities related to increasing people’s knowledge of their rights and mobilization around them. For example:</p> <ul style="list-style-type: none"> • Community-level legal empowerment efforts, including “Know-Your Rights” and legal literacy trainings, for people living with HIV and/or TB, key populations, indigenous populations, people in prisons and other incarcerated people, migrants, refugees, and women and girls, particularly AGYW. • Development and dissemination of communication materials on patient rights and other human rights. • Integration of human rights and legal literacy into peer educator trainings, including peer human rights educators. • Integration of human rights and legal literacy into key populations outreach and treatment literacy. • Establishment of crisis response mechanisms to prevent abuse, including gender-based violence.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Reducing Human Rights-related Barriers to HIV/TB Services	Ensuring nondiscriminatory provision of health care	<p>Activities related to ensuring health care settings are places of welcome, acceptance, care and support for those at risk of and affected by HIV. For example:</p> <ul style="list-style-type: none"> • Development and integration of training materials on how to provide rights-based, gender-sensitive and people-centered services into pre- and in-service training of all health-care providers. • Pre- and in-service training of health care providers, including facility and non-facility based, health care administrators and health care regulators on patient rights, non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment. • Collaboration between health care facilities and community organizations for patient support and quality control. • Engagement of paralegals into health facilities to provide on-site guidance and legal literacy. • Development of institutional policies and accountability mechanisms for health care facilities. • Periodic and ongoing community-led and community-based monitoring, including “mystery shoppers”, suggestion boxes, and exit surveys. <p>→ Qualitative assessments of attitudes of healthcare providers including pre- and post-intervention assessments should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p>
Reducing Human Rights-related Barriers to HIV/TB Services	Increasing access to justice	<p>Activities related to increase access to justice for people living with HIV and/or TB, key populations, indigenous populations, people in prisons and other incarcerated people, migrants, women and girls, particularly AGYW. For example:</p> <ul style="list-style-type: none"> • Legal information, referrals, advice and representation related to HIV and HIV/TB, including developing and supporting pro bono legal networks and covering ancillary costs. • Engagement of national legal aid board/agencies, and human rights/legal organizations to expand pro bono legal services and/or legal aid clinics to include HIV and TB-related legal services. • Establish or expand peer/community paralegals and evaluate the extent and content of their HIV & TB work. • Legal services and counselling for women and girls in all their diversity. • Support to alternative and community forms of dispute resolution, including engagement of traditional leaders and customary law in support of people affected by HIV and HIV/TB. • Support strategic litigation to reform harmful laws and policies. • Community-led and community-based monitoring of share of stigma, discrimination and other rights violations referred for redress. Strengthen linkage of community-led monitoring (CLM) to legal counselling and support. • Hotlines and other rapid response mechanisms in cases of HIV and TB-related rights violations.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Reducing Human Rights-related Barriers to HIV/TB Services	Ensuring rights-based law enforcement practices	<p>Activities related to ensuring rights-based law enforcement practices. For example:</p> <ul style="list-style-type: none"> • HIV, TB and human rights trainings for law enforcement officers (police, judges, prison staff) and support participation of KVPs in trainings. • Development and integration of training materials into the pre- and in-service training for police. • Assessments of attitudes of police, judges, prison staff, including pre- and post-intervention assessments. • Support community-led monitoring of human rights violations in context of policing and prison practices. • Establish working committee/groups with KP communities and local police focal persons to improve policing practices. • Sensitization of judges on HIV, TB and human rights. • Training of prison personnel (both in prisons for women and men) on public health, human rights and HIV and HIV/TB responses. <p>→ Qualitative assessments of attitudes of police, judges, prison staff including pre- and post-intervention assessments should be included under the module “RSSH: Monitoring and Evaluation systems”.</p>
Reducing Human Rights-related Barriers to HIV/TB Services	Improving laws, regulations and policies relating to HIV and HIV/TB	<p>Activities related to improving laws, regulations and policies relating to HIV and HIV/TB. For example:</p> <ul style="list-style-type: none"> • Assessments of the legal and policy environment. • Development of action plans for law and policy reform based on the assessments. • On-going monitoring of law and policy development and implementation. • Advocacy and mobilization of capacity for law and policy reform, including supporting community leadership and engagement in reviewing and drafting laws and policies related to HIV and TB support activities to inform and sensitize parliamentarians and ministers of justice, interior, corrections, finance, industry, labor, education, immigration, housing, health and trade, and religious and traditional leaders on law and policy reform, and ensure community engagement in these activities. • Engagement of parliamentarians in human rights and the role of protective legal framework in the HIV and TB response.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Reducing Human Rights-related Barriers to HIV/TB Services	Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<p>The following programs and activities should be designed and implemented to be gender responsive. Activities to reduce gender discrimination, harmful gender norms and violence. For example:</p> <ul style="list-style-type: none"> • Reform of family, property, inheritance and custody laws. • Community consultations to identify specific gender-related barriers to accessing HIV/TB services. • Meaningful engagement, community-led advocacy and leadership of women in all their diversity. • Sensitization and engagement of community, religious and opinion leaders on gender-based violence, harmful gender norms and traditional practices. • Supporting women’s groups to raise awareness of HIV and TB-related rights and to monitor violations and advocate for change. • Monitoring of HIV and/or TB-related violations against women and young people. <p>→ Activities related to addressing discrimination against women and girls in delivering specific HIV services should be included under respective HIV interventions.</p>
Reducing Human Rights-related Barriers to HIV/TB Services	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"> • Community-led advocacy for law and policy reform, particularly decriminalization. • Community leadership and engagement in efforts to monitor and reform laws that relate to HIV and TB. • Community-led monitoring of law and policy implementation. • Community-led outreach campaigns to address harmful gender norms and stereotypes and other gender and human rights-related barriers. <p>→ Applicants must mention specific communities in the activity description in the detailed budget.</p>

6.2 Core list of indicators

Indicators marked with (M) are mandatory indicators for “focused” countries if respective modules are supported by the Global Fund grants.

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
Impact Indicators (All modules)	Impact	HIV I-13	Percentage of people living with HIV.	Age (<15, 15+); Gender (female, male); Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24). <i>*To be reported from AGYW focus countries.</i>
	Impact	HIV I-14	Number of new HIV infections per 1000 uninfected population.	Age (<15, 15+); Gender (female, male); Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24). <i>*To be reported from AGYW focus countries.</i>
	Impact	HIV I-4	Number of AIDS-related deaths per 100,000 population.	Age (<5, 5-14, 15+); Gender (female, male); Gender Age* (female 15-19, male 15-19, female 20-24, male 20-24). <i>*To be reported from AGYW focus countries.</i>
	Impact	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.	

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Impact	HIV I-9a(M)	Percentage of men who have sex with men who are living with HIV.	Age (<25, 25+).
	Impact	HIV I-9b(M)	Percentage of transgender people who are living with HIV.	Age (<25, 25+).
	Impact	HIV I-10(M)	Percentage of sex workers who are living with HIV.	Age (<25, 25+); Gender (female, male, transgender).
	Impact	HIV I-11(M)	Percentage of people who inject drugs who are living with HIV.	Age (<25, 25+); Gender (female, male, transgender).
	Impact	HIV I-12	Percentage of other vulnerable populations (specify) who are living with HIV.	
	Impact	HIV I-15	Percentage of prisoners who are living with HIV.	
	Impact	HIV I-16	Prevalence of syphilis in specific key and vulnerable populations.	
	Impact	TB/HIV I-1	TB/HIV mortality rate per 100,000 population.	
Outcome Indicators (All modules)	Outcome	HIV O-10	Percent 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).
	Outcome	HIV O-4a(M)	Percentage of men reporting using a condom the last time they had anal sex with a male partner.	
	Outcome	HIV O-4.1b(M)	Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex.	

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Outcome	HIV O-5(M)	Percentage of sex workers reporting using a condom with their most recent client.	
	Outcome	HIV O-6(M)	Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected.	
	Outcome	HIV O-9	Percentage of people who inject drugs reporting using a condom the last time they had sexual intercourse.	
	Outcome	HIV O-7	Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse.	
	Outcome	HIV O-11(M)	Percentage of people living with HIV who know their HIV status at the end of the reporting period.	Age (<15, 15+ women, 15+ men).
	Outcome	HIV O-12	Percentage of people living with HIV and on ART who are virologically suppressed.	Age (<15, 15+ women, 15+ men).
	Outcome	HIV O-13	Proportion 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.	Age (15-19, 20-24, 25-49).
	Outcome	HIV O-14	Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV.	
	Outcome	HIV O-15	Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings.	
	Outcome	HIV O-16a	Percentage of men who have sex with men who avoid health care because of stigma and discrimination.	Age (<25, 25+).
	Outcome	HIV O-16b	Percentage of transgender people who avoid health care because of stigma and discrimination.	Age (<25, 25+).
	Outcome	HIV O-16c	Percentage of sex workers who avoid health care because of stigma and discrimination.	Age (<25, 25+); Gender (female, male, transgender).

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Outcome	HIV O-16d	Percentage of people who inject drugs who avoid health care because of stigma and discrimination.	Age (<25, 25+ years); Gender (female, male transgender).
	Outcome	HIV O-17	Proportion of people living with HIV who have experienced rights abuses in the last 12 months and have sought redress.	Key population (MSM, PUD, SW, TG, prisoners); Gender (female, male, transgender).
	Outcome	HIV O-21	Percentage of people living with HIV reported on ART at the end of the last reporting period and newly initiating ART during the current reporting period who were not on ART at the end of current reporting period.	Age (<15, 15+ women, 15+ men).
	Outcome	HIV O-22	Percentage of adolescents avoiding HIV and SRH services due to stigma and discrimination.	
	Outcome	HIV O-23	Percentage of health workers who report negative attitudes towards key populations.	
	Outcome	HIV O-24	Percentage of health workers who report negative attitudes towards people living with HIV.	
	Outcome	HIV O-25	Percentage of law enforcement officers who report negative attitudes towards key populations.	
	Outcome	HIV O-26	Percentage of people living with HIV who report having experienced stigma and discrimination in the general community in the last 12 months.	
	Outcome	HIV O-27	Percentage of people living with HIV who report internalized stigma.	
	Outcome	HIV O-28a	Percentage of MSM who report having experienced stigma and discrimination in the last 6 months.	

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Outcome	HIV O-28b	Percentage of transgender people who report having experienced stigma and discrimination in the last 6 months.	
	Outcome	HIV O-28c	Percentage of sex workers who report having experienced stigma and discrimination in the last 6 months.	
	Outcome	HIV O-28d	Percentage of people who inject drugs who report having experienced stigma and discrimination in the last 6 months.	
Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners	Coverage	KP-1a(M)	Percentage of men who have sex with men reached with HIV prevention programs - defined package of services.	Age (15-19, 20-24, 25+).
	Coverage	KP-6a	Number of MSM 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+).
	Coverage	KP-7a	Percentage of MSM tested for STIs during the reporting period.	Age (15–19, 20–24, 25+); STI (syphilis, gonorrhea).
Prevention Package for Transgender People and their Sexual Partners	Coverage	KP-1b(M)	Percentage of transgender people reached with HIV prevention programs - defined package of services.	Age (15-19, 20-24, 25+); Gender (transwomen, transmen).
	Coverage	KP-6b	Number of transgender 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).

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Coverage	KP-7b	Percentage of transgender people tested for STIs during the reporting period.	Age (15–19, 20–24, 25+); Gender (transwomen, transmen); STI (syphilis, gonorrhea).
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Coverage	KP-1c(M)	Percentage of sex workers reached with HIV prevention programs - defined package of services.	Age (15-19, 20-24, 25+); Gender (female, male, transgender).
	Coverage	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, transgender).
	Coverage	KP-7c	Percentage of sex workers tested for STIs during the reporting period.	Age (15–19, 20–24, 25+); Gender (female, male, transgender); STI (syphilis, gonorrhea).
	Coverage	KP-1d(M)	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services.	Age (15-19, 20-24, 25+); Gender (female, male).
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Coverage	KP-4	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs.	
	Coverage	KP-5	Percentage of individuals receiving opioid substitution therapy who received treatment for at least 6 months.	Age (15-19, 20-24, 25+); Gender (female, male).
	Coverage	KP-6d	Number of PWID 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)
	Coverage			

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Coverage	KP-8	Percentage of people who inject drugs receiving opioid substitution therapy.	Age (15-19, 20-24, 25+); Gender (female, male).
Prevention Package for People in Prisons and Other Closed Settings	Coverage	KP-1f(M)	Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services.	
Prevention Package for Other Vulnerable Populations	Coverage	KP-1e	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services.	Age (15-19, 20-24, 25+).
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Coverage	YP-2	Percentage of high-risk adolescent girls and young women reached with HIV prevention programs- defined package of services.	Age (15-19, 20-24).

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Coverage	YP-4	Number of high-risk adolescent girls and young women 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).
	Coverage	YP-5	Percentage of high-risk adolescent girls and young women tested for STIs during the reporting period.	Age (15-19, 20-24); STI (syphilis, gonorrhea).
	Coverage	YP-6	Number of medical male circumcisions performed according to national standards	Age (15-19, 20-24, 25+).
Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	Coverage	PMTCT-1	Percentage of pregnant women who know their HIV status.	HIV test status (positive, negative).
	Coverage	PMTCT-2.1	Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV.	
	Coverage	PMTCT-3.1	Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth.	HIV test status (positive, negative, indeterminate).
	Coverage	PMTCT-4	Percentage of women accessing antenatal care services who were tested for syphilis.	
Differentiated HIV Testing Services	Coverage	HTS-2	Percentage of high risk AGYW that have received an HIV test during the reporting period in AGYW programs.	Age (15-19, 20-24).

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Coverage	HTS-3a(M)	Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results.	Age (15-19, 20-24, 25+).
	Coverage	HTS-3b(M)	Percentage of TG that have received an HIV test during the reporting period in KP-specific programs and know their results.	Age (15-19, 20-24, 25+); Gender (transwomen, transmen).
	Coverage	HTS-3c(M)	Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results.	Age (15-19, 20-24, 25+); Gender (female, male, transgender).
	Coverage	HTS-3d(M)	Percentage of people who inject drugs that have received an HIV test during the reporting period in KP-specific programs and know their results.	Age (15-19, 20-24, 25+); Gender (female, male).
	Coverage	HTS-3e	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results.	
	Coverage	HTS-3f(M)	Percentage of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results.	Gender (female, male).
	Coverage	HTS-4	Percentage of HIV-positive results among the total HIV tests performed during the reporting period.	Age (<15, 15+ women, 15+ men).
	Coverage	HTS-5	Percentage of people newly diagnosed with HIV initiated on ART.	Age (<15, 15+ women, 15+ men).
	Coverage	HTS-6	Number of individual HIV self-test kits distributed.	

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
Treatment, Care and Support	Coverage	TCS-1.1(M)	Percentage of people on ART among all people living with HIV at the end of the reporting period.	Gender (female, male).
	Coverage	TCS-1b(M)	Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period.	Gender (female, male).
	Coverage	TCS-1c(M)	Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period.	Gender (female, male).
	Coverage	TCS-8	Percentage of people living with HIV and on ART with viral load test result.	Age (<15, 15+ women, 15+ men).
	Coverage	TCS-9	Proportion of people living with HIV and currently on antiretroviral therapy who are receiving multi month dispensing of antiretroviral medicine.	Age (<15, 15+ women, 15+ men).
TB/HIV	Coverage	TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status.	Gender (female, male); Age (<5, 5–14, 15+); HIV status (positive, negative, unknown).
	Coverage	TB/HIV-3.1a	Percentage of people living with HIV newly initiated on ART who are screened for TB.	Age (<5, 5–14, 15+); Gender (female, male).
	Coverage	TB/HIV-6(M)	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment.	Age (<5, 5–14, 15+); Gender (female, male).
	Coverage	TB/HIV-7.1	Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.	Age (<5, 5-14, 15+); Gender (female, male); TPT regimen (3HP, 1HP, RIF, 3RH, 6H).
	Coverage	TB/HIV-8	Treatment success rate for HIV-positive TB cases: Percentage of HIV-positive TB patients, all forms, bacteriologically confirmed plus clinically diagnosed successfully treated among all HIV-positive TB cases registered for treatment during a specified period, *includes only new and relapse cases	

7. Tuberculosis

7.1 Modules, interventions and illustrative list of activities

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB Diagnosis, Treatment, and Care	TB screening and diagnosis	<p>Activities related to early detection of all forms of TB among all ages, sexes and genders, including through active case finding (in communities/outreach, through contact investigation) and intensified case finding in health facilities. For example:</p> <ul style="list-style-type: none"> • Screening for TB using various tools such as digital x-rays (with or without CAD/AI for X-ray readings). • Diagnosis of TB using rapid molecular diagnostic tools (such as GeneXpert, Truenat and other molecular tests/assays). • Scaling up of rapid molecular diagnostic tests for TB diagnosis. • Procurement, use, and maintenance of relevant TB screening and testing tools, such as X-rays, GeneXpert, Truenat and cartridges/chips, mobile diagnostic units (vans/cars loaded with digital x-rays and GeneXpert/Truenat assays). • TB specimen transport/referral mechanisms from lower to higher level laboratories; connectivity for TB lab results (digital technologies, software) including through digital systems. • Training/capacity building for TB laboratory staff, x-ray technicians and salary for staff/workers engaged in TB screening/diagnostic activities. • Awareness campaigns on TB symptoms. • Renovation and equipment for TB laboratories. • Support to patients in accessing TB screening and diagnostic services, as well as provision of transport and meals. • Continuous quality monitoring and improvement. • Training of TB laboratory staff and x-ray technicians. <p>→ TB case finding and diagnostic activities specific to key and vulnerable populations should be included under the new module “Key and Vulnerable Populations” (KVPs) and interventions for respective KVPs.</p> <p>→ Investments in integrated sample transport, laboratory information systems, integrated automated results return, and other aspects of lab systems broader than TB should be included under module “RSSH/PP: Laboratory Systems (including national and peripheral)”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB Diagnosis, Treatment, and Care	TB treatment, care and support	<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 drugs. For example:</p> <ul style="list-style-type: none"> • Procurement and distribution of anti-TB medicines and adjuvants. • Clinical and laboratory tests to monitor treatment responses. • Scaling up of quality improvement methods and approaches to improve program quality and service delivery. • Activities to improve patients' access and adherence to treatment including Digital Adherence Technologies (DAT), psychosocial (professional support from psychiatrists/social workers), nutritional assessment and support for prioritized groups, transport support and mobile airtime. • Linkage to continuing care at the end of treatment. <p>→ Remuneration support to care delivery staff, particularly at primary health care level, for TB care and support should prioritize integrated care, informed by workforce planning analyses, and budgeted under module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p> <p>→ Interventions related to strengthening the broader health system such as governance, health financing, Health Management Information System (HMIS), HRH (including integrated supportive supervision, workforce planning and quality assurance) and health products management should be included in RSSH modules.</p>
Drug-resistant (DR)-TB Diagnosis, Treatment and Care	DR-TB diagnosis/ drug susceptibility testing (DST)	<p>Activities related to early detection of people with drug-resistant TB (DR-TB - including RR, MDR, pre/XDR-TB). For example:</p> <ul style="list-style-type: none"> • Use of rapid molecular diagnostics (such as GeneXpert, Truenat assays, LPA for first line anti-TB drug (FLD) and second line anti-TB drug (SLD), Xpert MTB/XDR assay (including 10-color GeneXpert machines and cartridges), and other new diagnostic/DST tests at decentralized settings. • Culture and DST including for new and repurposed drugs, at least at referral centers and quality assurance. • TB specimen referral/transportation for DST, connectivity for lab results including through digital technologies/systems. • Scaling up of quality improvement methods, external quality assurance programs and approaches to improve program quality and service delivery. • Procurement and distribution of equipment, reagents, and kits for DST. • Training/capacity building for TB laboratory staff, x-ray technicians and salary for staff/workers engaged in DST labs. • Support to patients in accessing DR-TB diagnostic services such as provision of transport.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Drug-resistant (DR)-TB Diagnosis, Treatment and Care	DR-TB treatment, care and support	<p>Activities related to comprehensive support for patients with drug-resistant TB. For example:</p> <ul style="list-style-type: none"> • Procurement and provision of treatment with second-line drugs for patients with DR-TB delivered through patient-centered, ambulatory, decentralized models. • Introduction and scale-up of all-oral regimens (including 6-month BPaL and BPaLM and 9-month all-oral regimens under programmatic condition) for patients with DR-TB as per WHO guidelines. • Activities to improve patient's access and adherence to treatment including digital adherence technologies (DAT), psychosocial (professional support from psychiatrists/social workers), nutritional assessment and support for prioritized groups, transport support and mobile airtime, other social protection support. • Management of adverse drug effects including a DSM (active Drug Safety Monitoring and Management). • Activities to improve patient's adherence to treatment including digital technologies; multi-dose/month dispensing (e.g., during any restrictions to travel/lockdown). • Training/capacity building for staff working in DR-TB clinics/centers and salary for staff/workers engaged in DR-TB management. • Monitoring of treatment response by clinical and lab services for patients on treatment. • Delivery of palliative/end-of-life care to eligible patients including counselling, staff visit, and consumables required for palliative care in home and health care facility settings. • Quality improvement methods and approaches to enhance program quality and service delivery.
TB/DR-TB Prevention	Screening/testing for TB infection	<p>Activities related to prevention of TB/DR-TB. For example:</p> <ul style="list-style-type: none"> • Contact investigation and contact screening of people with pulmonary TB and DR-TB. • Screening for TB infection using TST and IGRAs (and other new tests when these are available) as recommended by WHO. • Procurement and distribution of the tests, their use in health facilities and outreach/communities, and regulatory support to implement new tests. <p>→ Screening people living with HIV (PLHIV) for TB should be included under module “TB/HIV.” → TB prevention among children in contact with TB patients should be included under the module “TB/DR-TB – KVP” and intervention “KVP - Children and adolescents”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB/DR-TB Prevention	Preventive treatment	<p>Activities related to provision and monitoring of TB preventive treatment. For example:</p> <ul style="list-style-type: none"> • Procurement and provision of new regimens such as 3HP, 1HP and 3RH for adults in contact with patients with pulmonary TB and 6Lfx for DR-TB contacts and other high-risk groups as per national/global guidance. • Activities to improve patients' access and adherence to treatment, including digital adherence technologies (DAT), psychosocial (professional support from psychiatrists/social workers), nutritional assessment and support for prioritized groups, transport support and mobile airtime. • Implementation and scale-up of innovative, people-centered care approaches. <p>→ TB preventive treatment (TPT) for children in contact with TB/DR-TB patients should be included under the module “TB/DR-TB – KVP” and intervention “KVP - Children and adolescents.”</p> <p>→ Preventive therapy for TB/HIV should be included under module “TB/HIV”.</p>
TB/DR-TB Prevention	Infection prevention and control (IPC)	<p>Activities related to airborne infection prevention and control including implementation administrative, environmental, and personal protection measures. For example:</p> <ul style="list-style-type: none"> • Setting up cough triage, Germicidal UV systems, ventilation systems (mechanical, natural, and mixed), particulate respirators, personal protection measures. • Procurement and renovation of tools for IPC including infrastructure changes and consumables required at the health facility setting, such as for TB/DR-TB lab, ward, clinic. • Training, supportive supervision, and capacity building on IPC.
Collaboration with Other Providers and Sectors	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). For example:</p> <ul style="list-style-type: none"> • Setting up norms, policies, guidelines, management systems, including for mandatory notification, electronic/digital recording/reporting, and payment mechanisms. • Mapping of private providers and types of agreements with National TB Programs (public-private agreements). • Training of private service providers on quality care delivery along cascade of care, including medical ethics. • Capacity building of intermediary agencies to support National Tuberculosis Programs (NTPs) to effectively engage private care providers. • Certification and accreditation of private providers/facilities. • Procurement and provision of diagnostic tools, reagents, medicines for patients receiving services through private providers as per national policies and agreements. • Engagement of private laboratories in the country's TB diagnostic network and maintenance of lab equipment; involvement in external quality assessment (EQA).

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Quality Assurance, supervision, and monitoring of private providers, including linkage to national Health Management Information Systems (HMIS). • Scale-up of innovative engagement models including performance-based contracting, outsourcing, social franchising, strategic purchasing, and result-based payment mechanisms. • Incentives for private providers to deliver quality TB diagnosis, treatment, prevention, and care services as well as reporting through the national HMIS and strengthening partnership/accountability among public/NTP and private providers. <p>→ 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).</p> <p>→ PPM refers to 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 should be included under relevant “TB/DR-TB” modules/interventions.</p> <p>→ Interventions related to strengthening PPE beyond TB should be included in the module “RSSH: Health sector Planning and Governance for Integrated People-centered Services” and the intervention “National health sector strategy, policy & regulations”.</p>
Collaboration with Other Providers and Sectors	Community-based TB/DR-TB care	<p>Activities related to engagement of community in TB/DR-TB service planning and delivery, including diagnosis, treatment, care and prevention, and monitoring and evaluation. For example:</p> <ul style="list-style-type: none"> • Community-led monitoring and assessment of the barriers, linkage to appropriate services and advocacy. • Scaling up community-led screening to ensure early access to quality diagnosis, treatment support/adherence. • Engagement of communities and community-led organizations and affected people, in advocacy and communication including stigma reduction and human rights literacy. • Training/capacity-building of community TB service providers, advocates, TB/DR-TB survivors. • Implementation of community-based and led interventions/approaches aimed at improving availability, accessibility, acceptability, and quality of TB/DR-TB services, such as outreach services for TB/DR-TB, contact tracing, specimen collection and transportation, treatment support and support for TB prevention. <p>→ Integrated services (beyond TB) provided by community-based and led-organizations (e.g., community systems strengthening, community-led monitoring), should be included under the module “RSSH: Community Systems Strengthening”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Collaboration with Other Providers and Sectors	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"> • Screening, detecting, (including bi-directional or simultaneous screening/testing for co-morbidities). • Prevention, treatment, and management of co-morbidities including TB/Diabetes, TB/COVID-19, and TB/Mental illness. • Establishing linkages and referral systems across services and sectors including for people with undernutrition. • Training/capacity building of health care workers. • Linkages with harm reduction programs for patients with TB/DR-TB who inject drugs, alcohol, and smoking. • Implementation of multi-sectorial accountability framework (as defined by WHO) for TB/DR-TB and TB/HIV. <p>→ Support for the strengthening of related MNCH service delivery platforms (e.g., antenatal, postnatal and child health) should be included under relevant RSSH modules.</p>
Key and Vulnerable Populations (KVP) – TB/DR-TB	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"> • Development of policies/strategies and algorithms for diagnosis of childhood TB/DR-TB. • Active case finding through collection and testing of pediatric specimens and use of chest radiography for screening and diagnosis of childhood TB/DR-TB using the latest available and WHO recommended tools. • Development of referral pathways and protocols, dissemination, and supportive supervision for their implementation. • Contact investigation among children and adolescents for TB/DR-TB including through outreach, community-based and led approaches. • Provision of treatment with child-friendly TB drug formulations including 4-month regimens for non-severe TB and all oral regimens for DR-TB through decentralized and family-centered model of care. • Testing for TB infection (using the latest available and recommended tools/approaches) and provision of TPT including the new regimens to eligible children and adolescents in contact with TB patients. • Training/capacity building on response to childhood/adolescent TB, including clinical diagnosis and specimen collection, contact tracing and prevention.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Key and Vulnerable Populations (KVP) – TB/DR-TB	KVP - People in prisons/jails/detention centers	<p>Activities related to adapting TB services to the needs of prisoners and people in detention centers/jails and making appropriate services accessible and available. For example:</p> <ul style="list-style-type: none"> • Support to ex-prisoner networks to inform the design, delivery and monitoring and evaluation of TB services in prison settings. • Active case finding among people in prisons/jails/detention centers. • Administrative, environmental, and personal protection measures aimed at improving infection prevention and control in prisons and detention centers. • Provision of mobile outreach services linked to local health facilities and regular screening/testing including using X-rays with/without CAD/AI, GeneXpert/Truenat. • Provision of treatment with first line anti-TB drug (FLD) and second line anti-TB drug (SLD) and treatment support. • Renovation and equipment for TB laboratories in the prisons. • Specimen referral mechanisms from prisons to external laboratories. • Testing for TB infection (including using IGRAs/TST) and provision of TPT as needed. • 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). • Linkages with national TB health management information system and referral. • Linkages with harm reduction programs and networks of people who use drugs. • Sensitization of prison officers/correction officers on continuum of care and rights of TB patients in prisons, including avoidance of solitary confinement of prisoners. <p>→ TB/HIV interventions for prisoners should be included under the module “TB/HIV” and intervention “KVP”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Key and Vulnerable Populations (KVP) – TB/DR-TB	KVP - Mobile population (migrants/refugees/IDPs)	<p>Activities related to adapting TB services to the specific needs of mobile populations and making appropriate services accessible and available. For example:</p> <ul style="list-style-type: none"> • Support to organizations and representatives of mobile populations to ensure their engagement in the design, delivery and monitoring and evaluation of TB services in mobile population settings. • Support to organizations working with mobile populations to build awareness about TB among the community. • Active case finding, contact tracing, and screening of migrants for TB prior to resettlement and immigration. • Provision of mobile outreach services including regular screening (using X-rays, IGRAs/TST), and testing using GeneXpert/Truenat assays). • Provision of clinical diagnosis, radiological investigation, sputum testing using culture and drug susceptibility testing in line with partner government protocols. • Activities to strengthen cross-border referral processes and collaboration between national programs and stakeholders including communities and community-led monitoring. • Psychosocial and nutritional support with engagement of representatives from the community. • Linkage with national TB health management information system and referral. • Linkages with social, legal, and humanitarian services (for example: nutritional support, social housing, legal aid) as well as other health promotion and emergency health programs. <p>→ TB/HIV interventions for mobile populations should be included under the module “TB/HIV”.</p> <p>→ Activities to remove human rights and gender-related barriers specific to mobile populations should be included under the module “Removing Human Rights and Gender-related Barriers to TB Services” and related interventions.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Key and Vulnerable Populations (KVP) – TB/DR-TB	KVP - Miners and mining communities	<p>Activities related to adapting TB services to the needs of miners and mining communities and making appropriate services accessible and available. For example:</p> <ul style="list-style-type: none"> • Support to organizations and representatives of mining communities to ensure their engagement in the design, delivery and monitoring and evaluation of TB services for mining workers and their communities. • Community-based TB care and prevention activities through outreach for miners, ex-miners, and residents of peri-mining communities with engagement of representatives from the mining community. • Active case finding, contract tracing and screening of miners and mining. • Provision of mobile outreach services linked to local health facilities and regular screening/testing including using X-rays with/without CAD/AI, GeneXpert/Truenat assays. • Provision of treatment (FLD and SLD) and supportive activities to improve patient's access and adherence to treatment including DAT. • Psychosocial and nutritional support with engagement of representatives from the mining community. • Testing for TB infection (including using IGRAs/TST) and provision of TPT as needed/recommended. • Capacity building for occupational health professionals in mining areas. • Strengthening linkages with other health and social services. • Linkage with national TB health management information system and referral. • Strengthening policy, governance, and advocacy, including engagement of key political, industrial, community and labor stakeholders in the region, and fostering public-private partnerships. <p>→ TB/HIV interventions for miners and mining communities should be included under the module “TB/HIV”.</p> <p>→ Activities to remove human rights and gender-related barriers specific to miners and mining communities should be included under the module “Removing Human Rights and Gender-related Barriers to TB Services” and related interventions.</p>
Key and Vulnerable Populations (KVP) – TB/DR-TB	KVP - Urban poor/slum dwellers	<p>Activities related to adapting TB services to the needs of urban poor and people living in urban slums and making appropriate services accessible and available including ensuring provision of free TB services. For example:</p> <ul style="list-style-type: none"> • Support to organizations and representatives of these communities to ensure their engagement in the design, delivery and monitoring and evaluation of TB services. • Active case finding, contact tracing and screening among urban poor and slum dwellers. • Provision of mobile outreach services linked to local health facilities and regular screening/testing including using X-rays with/without CAD/AI, GeneXpert/Truenat assays. • Provision of treatment with FLD and SLD, treatment support and supportive activities to improve patient's access and adherence to treatment including DAT.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Psychosocial and nutritional support with engagement of local representatives. • Implementation and scale up of innovative, people-centered care approaches. • Supportive activities to improve patient's access and adherence to treatment including DAT, psychosocial and nutritional support for prioritized groups. • Targeted advocacy-related activities including supporting TB symptoms awareness campaigns to enable urban poor and slum dwellers to access TB services. <p>→ TB/HIV interventions for urban poor/slum dwellers should be included under the module “TB/HIV”.</p> <p>→ Activities to remove human rights and gender-related barriers specific to urban poor/slum dwellers should be included under the module “Removing Human Rights and Gender-related Barriers to TB Services” and related interventions.</p>
Key and Vulnerable Populations (KVP) – TB/DR-TB	KVP - Others	<p>Activities related to key populations and high-risk groups such as ethnic minorities/ indigenous populations, elderly, undernourished, health workers, people with poor mental health conditions and people who use drugs. It includes adapting models of TB/DR-TB 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"> • Support to organizations and representatives of these communities to ensure their engagement in the design, delivery and monitoring and evaluation of TB services. • Active case finding. • Provision of mobile outreach services linked to local health facilities and regular screening/testing including using X-rays with/without CAD/AI, GeneXpert/Truenat assays. • Community-based TB care and prevention; community-based sputum collection/transport arrangements; • Linkage with national TB health management information system and referral. • Testing for TB infection and provision of TPT where needed. • Supportive activities to improve access and adherence to treatment including DAT, psychosocial and nutritional and other social protection support for prioritized groups. • Engagement with other sectors and government to ensure undernourished people receive nutritional support including through working with World Food Program and others. • Support CRG TB assessments and community-led monitoring to help the NTP identify and map who the other key and vulnerable populations are in the country.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB/HIV	TB/HIV - Collaborative interventions	<p>Activities related to implementation of TB/HIV collaborative activities, that 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"> • Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels. • 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. • Joint TB/HIV monitoring and supervision, including coordinated participation in external quality assurance (EQA) programs.
TB/HIV	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"> • HIV testing among people with TB (and people with presumptive TB). • Screening PLHIV for active TB including using X-rays/digital X-rays (with or without CAD, C-reactive protein [CRP]). • TB-LAM for eligible PLHIV and rapid molecular tests for TB diagnosis among PLHIV. • Quality methods and approaches to improve program quality and service delivery including participation in proficiency testing using blinded panels.
TB/HIV	TB/HIV - Treatment and care	<p>Activities related to early initiation or continuation of 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"> • Provision of patient support and follow-up during treatment for both TB and HIV. • Quality methods and approaches to improve program quality and service delivery. • Implementation and scale up of innovative people-centered care approaches. • Supportive activities to improve access and adherence to treatment including digital adherence technologies; psychosocial and nutritional support during treatment as needed.
TB/HIV	TB/HIV - Prevention	<p>Activities related to provision of TB preventive treatment for PLHIV without active TB including shorter regimens such as 3HP,3RH,1HP and isoniazid (INH). For example:</p> <ul style="list-style-type: none"> • Provision of support including adherence and other psychosocial, nutritional support as needed. • Follow-up and support for people taking preventive therapy including through using digital health technologies. • Implementation of administrative, environmental, and personal infection prevention and control measures in TB/HIV settings.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB/HIV	TB/HIV - Community care delivery	<p>Activities related to involvement of communities in TB and HIV screening/diagnosis, care, and prevention. For example:</p> <ul style="list-style-type: none"> • Policy guidance, implementation and scale-up. • Advocacy and communication. • Training and integrated supportive supervision for community TB and HIV service providers, such as ex-TB patients, PLHIV. • Activities related to supply of essential commodities and equipment to community service providers for community TB/HIV care. • Support to community-based interventions/approaches aimed at improving quality of collaborative TB/HIV services. • Support (including funding) to community-based interventions and outreach services for people with TB and/or HIV, such as contact tracing, specimen collection, treatment support and prevention. <p>→ Applicants are encouraged to integrate interventions and investments in capacity building of community TB and HIV service providers in national systems aligned with HRH/CHW policies and programs.</p> <p>→ Community services for only TB or HIV should be under respective TB and HIV modules.</p>
TB/HIV	TB/HIV - Key populations	<p>For key populations and high-risk groups for TB/HIV such as: children, miners and mining communities, mobile populations (refugees, migrants and internally displaced people), prisoners, ethnic minorities/indigenous populations, urban slum dwellers, elderly, health workers and people who use drugs, people with mental illness.</p> <p>Activities related to adapting models of TB/HIV care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example:</p> <ul style="list-style-type: none"> • Active case finding of TB among PLHIV and HIV testing and counseling in TB patients among the key populations. • Community-based TB care and prevention. • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements. • Implementation of infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection, and environmental control measures. • Provision of TB preventive therapy when eligible. • Provision of treatment and support. • Development of appropriate linkages with social services (for example, nutritional support, social housing).

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
		<ul style="list-style-type: none"> • Linkages with harm reduction programs for people who use drugs. • Development and roll out a cross border referral system or a regional health management information system, including geospatial mapping for mobile populations. • Developing appropriate linkages to ensure continuation of TB treatment at all stages of detention: people undergoing treatment before detention, between different stages of detention and on exit from detention for prisoners. <p>→ Interventions that are not TB/HIV related should be included under the modules on TB key and vulnerable populations or HIV key populations.</p>
Removing Human Rights and Gender-related Barriers to TB Services	Eliminating TB-related stigma and discrimination	<p>Activities related to elimination of stigma and discrimination. For example:</p> <ul style="list-style-type: none"> • Situational analysis and assessments, for example, Stop TB-CRG Assessment, and TB Stigma Assessment. • Programs to reduce all forms of internalized stigma among TB-affected communities. • Engagement with religious and community leaders and celebrities. • Peer mobilization and support developed for and by people with TB and affected communities, aimed at promoting well-being and human rights. • Training of journalists and media professionals on TB and stigma, including the use of non-stigmatizing language in TB communication materials, media shows. • On-going community-led and community-based monitoring of service quality, including stigma, discrimination, and other rights-violations.
Removing Human Rights and Gender-related Barriers to TB Services	Ensuring people-centered and rights-based TB services at health facilities	<p>Activities related to development of human rights and medical ethics training materials for health care workers about how to provide rights-based, gender-responsive and people-centered TB services. For example:</p> <ul style="list-style-type: none"> • Trainings on TB-related confidentiality and privacy issues, mentorship, and performance evaluation modifications to sensitize community health workers. • Integration of the human rights and medical ethics trainings in the pre- and in-service training. • Periodic and ongoing community-led and -based monitoring, including “mystery shoppers”, suggestion boxes, and exit surveys. • Establish, strengthen, and support health committees led by members of the community and health facility leadership. • Institute regular meetings between community health committee leaders and health facility directors with participation of TB survivors. • Collaborative learning among health care workers, including community health care workers, to promote ongoing peer support and discussion among health care workers.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Removing Human Rights and Gender-related Barriers to TB Services	Ensuring people-centered and rights-based law enforcement practices	<p>Activities related to facilitating engagement with law enforcement (e.g., through training and sensitization meetings) to prevent harmful policing practices against key and vulnerable populations, including people who inject drugs, homeless people, and mobile/migrant populations. For example:</p> <ul style="list-style-type: none"> • Development of TB and human rights training materials for law enforcement officers and support integration in the pre-/in-service training, including efforts to ensure participation of TB survivors and family members in training. • Integration of law enforcement practices in human rights monitoring efforts. • Working committee/groups with TB Champions and local police focal person to review the CLM data to improve policing.
Removing Human Rights and Gender-related Barriers to TB Services	Legal literacy (“Know-Your Rights”)	<p>Activities related to community-level legal empowerment, including “Know-Your Rights” and legal literacy, among TB key and affected populations (people in prisons, refugees, miners, and women and youth affected by TB). For example:</p> <ul style="list-style-type: none"> • Integration of human rights and legal literacy as part of the TB champion/peer educator trainings (e.g., “Right to Breathe” training). • Development and dissemination of communication materials on patient rights and other human rights materials. <p>→ Cross-cutting medical ethics training should be included under the relevant interventions in the module “RSSH/PP: Human Resources for Health and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Removing Human Rights and Gender-related Barriers to TB Services	Increasing access to justice	<p>Activities related to establishing or expanding peer/community paralegals, including women and youth paralegals and evaluate the extent and content of their TB work. For example:</p> <ul style="list-style-type: none"> • Community-led and community-based monitoring of service quality, including stigma, discrimination, and other rights violations. • Hotlines and other rapid response mechanisms in cases of TB-related rights violations. • Linkage of community-led monitoring (CLM) to legal counselling and support. • Engagement of national legal aid board/agencies, and human rights/legal organizations to expand pro bono legal services and/or legal aid clinics to include TB-related legal services. • Alternative and community forms of resolution of TB-related disputes. • Engagement of religious or traditional leaders and traditional legal systems (e.g., village courts) with a view to resolving disputes and changing harmful traditional norms. • Strategic litigation to reform harmful laws and policies, including those related to involuntary detention for TB treatment, workplace safety, and rights of employees with TB. • Trainings in justice settings on TB and human rights, particularly on issues noted in the previous point.
Removing Human Rights and Gender-related Barriers to TB Services	Monitoring and reforming policies, regulations and laws	<p>Activities related to assessment of legal and policy environment (e.g., Legal Environment Assessment, Human Rights Score Card - Stop TB). For example:</p> <ul style="list-style-type: none"> • Development of advocacy/action plans based on the assessments for law and policy reform, especially for groups led by persons affected by TB. • Engagement with parliamentarians and ministers of justice, interior, corrections, finance, industry, labor, education, immigration, housing, health and trade, and religious and traditional leaders, among others, including community-led engagement. • Community leadership and engagement in reviewing and drafting laws and policies related to TB and participating in legislative hearings. • Training of parliamentarians on human rights and the role of protective legal framework in the TB response, including community-led trainings. • Community mobilization and community-led advocacy, including building capacity of TB survivor-led groups in legislative and policy, advocacy. • Monitoring of law and policy development and implementation.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Removing Human Rights and Gender-related Barriers to TB Services	Addressing needs of people in prisons and other closed settings	<p>Activities related to support advocacy for improvement of conditions, such as overcrowding in prisons and other closed settings. For example:</p> <ul style="list-style-type: none"> • Advocacy for non-custodial alternatives for non-violent offenses and pretrial periods to reduce overcrowding. • Engagement of prisoner leadership on peer-led TB activities and stigma and violence reduction efforts, including building capacity of peer educators. • Coordination of prison TB care with post-release care in the community to eliminate interruptions in care upon release. • 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. • Training-ex-prisoner support groups/networks, and CSOs working with prisons and their families on TB and human rights and legal literacy. • 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. • Pre-service and in-service training for prison guards/management and other staff (medical and non-medical) on infectious disease control (HIV and TB), stigma, discrimination, and violence reduction.
Removing Human Rights and Gender-related Barriers to TB Services	Reducing TB-related gender discrimination, harmful gender norms and violence	<p>Activities to address potential gender-related barriers to TB control interventions. For example:</p> <ul style="list-style-type: none"> • Gender Assessment - Communities, Rights and Gender (CRG Assessment) • Sensitization and engagement of community, religious and opinion leaders on gender-based violence, harmful gender norms and traditional practices. • Creating champions among religious and community leaders to promote elimination of gender-based violence and harmful gender norms and traditional practices. • Community consultations to identify specific gender-related barriers to accessing HIV/TB services. • Empowering women's groups to raise awareness of TB-related rights and monitor violations. • Monitoring of TB-related violations against women and young people.

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Removing Human Rights and Gender-related Barriers to TB Services	Community mobilization and advocacy, including support to TB survivor-led groups	<p>Activities related to community-led outreach campaigns to address harmful gender norms and stereotypes, and other human rights-related barriers. For example:</p> <ul style="list-style-type: none"> • Community leadership and engagement in reviewing and drafting laws and policies related to TB. • Community-led and based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privacy and informed consent. • Patient group mobilization and building capacity/supporting community-led advocacy efforts. • Community consultations to develop a community-centered approach to treatment and support implementation. • Building the TB community network, including women’s TB networks and support groups. • Community-led monitoring of the law and policy development and implementation; and community-led law and policy reform efforts.

7.2 Core list of indicators

Indicators marked with (M) are mandatory indicators for “focused” countries if respective modules are supported by the Global Fund grants.

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Impact Indicators (All modules)	Impact	TB I-2	TB incidence rate per 100,000 population.	
	Impact	TB I-3(M)	TB mortality rate per 100,000 population.	
	Impact	TB I-4(M)	RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB.	
	Impact	TB/HIV I-1	TB/HIV mortality rate per 100,000 population.	
Outcome Indicators (All modules)	Outcome	TB O-2a	Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases.	
	Outcome	TB O-4(M)	Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated.	
	Outcome	TB O-5(M)	TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed).	Age group (<15,15+); Gender (female, male).
	Outcome	TB O-6	Treatment coverage of RR-TB and/or MDR-TB cases: Percentage of notified people with bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated people with RR-TB and/or MDR-TB.	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Outcome	TB O-7	Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services.	
	Outcome	TB O-8	Percentage of people diagnosed with TB who report stigma in health care settings that inhibited them from seeking and accessing TB services.	
	Outcome	TB O-9	Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services.	
TB Diagnosis, Treatment and Care	Coverage	TBDT-1(M)	Number of notified cases of all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed), includes only new and relapse cases.	Age (<15, 15+); Gender (female, male); HIV status (positive, negative, unknown); TB case definition (bacteriologically confirmed).
	Coverage	TBDT-2(M)	Treatment success rate (all forms): Percentage of TB cases (all forms), bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, includes only new and relapse cases.	Age (<15, 15+); Gender (female, male); HIV status (positive, negative, unknown).
	Coverage	TBDT-3a	Percentage of notified TB cases of all forms (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers (private/non-governmental facilities), includes only new and relapse cases.	TB case definition (bacteriologically confirmed); Type of private facility (NGO, private for-profit).
	Coverage	TBDT-3b	Percentage of notified TB cases of all forms (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers (public sector); includes only new and relapse cases.	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	TBDT-3c	Percentage of notified TB cases of all forms (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers (community referrals); includes only new and relapse cases.	
	Coverage	TBDT-4(M)	Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis.	Type of provider (public, private).
TB/DR-TB Prevention	Coverage	TBP-1(M)	Number of people in contact with TB patients who began preventive therapy.	Age (<5, 5-14, 15+); Type of TPT regimen (3HP, 1HP, RIF, 3RH, 6H); Type of provider (public, private); HIV status (positive, negative, unknown).
	Coverage	TBP-2	Percentage of people who completed TPT out of those who initiated TB preventive. treatment	
	Coverage	TBP-3	Contact investigation coverage: Proportion of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible.	
TB/HIV	Coverage	TB/HIV-3.1a	Percentage of people living with HIV newly initiated on ART who are screened for TB.	Age (<5, 5-14, 15+); Gender (female, male).
	Coverage	TB/HIV-5	Percentage of registered new and relapsed TB patients with documented HIV status.	Gender (female, male); Age (<5, 5-14, 15+); HIV status (positive, negative, unknown).

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	TB/HIV-6(M)	Percentage of HIV-positive new and relapsed TB patients on ART during TB treatment.	Age (<5, 5-14, 15+); Gender (female, male).
	Coverage	TB/HIV-7.1	Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.	Age (<5, 5-14, 15+); Gender (female, male); TPT regimen (3HP, 1HP, RIF, 3RH, 6H).
	Coverage	TB/HIV-8	Treatment Success Rate for HIV-positive TB cases: Percentage of HIV-positive TB patients, all forms), bacteriologically confirmed plus clinically diagnosed successfully treated among all HIV-positive, TB cases registered for treatment during a specified period, *includes only new and relapse cases.	
DR-TB Diagnosis, Treatment and Care	Coverage	DRTB-1	Percentage of DST laboratories showing adequate performance on External Quality Assurance.	
	Coverage	DRTB-2(M)	Number of TB cases with RR-TB and/or MDR-TB notified.	Age (<15, 15+); Gender (female, male) HIV status (positive, negative, unknown).
	Coverage	DRTB-3(M)	Number of cases with RR-TB and/or MDR-TB that began second-line treatment.	Age (<15, 15+); Gender (female, male); Treatment regimen: (shorter 6-9 month, longer individualized).
	Coverage	DRTB-4	Percentage of cases with RR-TB/MDR-TB who did not start treatment and/or started on treatment for MDR-TB who were lost to follow up during the first six months of treatment.	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	DRTB-5	Percentage of TB patients with DST result for Isoniazid among the total number of notified (new and retreatment) cases in the same year.	
	Coverage	DRTB-6	Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases during the reporting period.	
	Coverage	DRTB-7	Percentage of RR/MDR-TB patients with DST results for Fluoroquinolone among the total number of notified RR/MDR-TB cases in the same year.	
	Coverage	DRTB-8	Number of cases of pre-XDR/XDR TB enrolled on treatment.	
	Coverage	DRTB-9	Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated.	Age (<15, 15+); Gender (female, male) HIV status (positive, negative, unknown); Treatment regimen: (shorter 6-9 month, longer individualized); Type of provider (public, private).
	Coverage	DRTB-10	Treatment Success Rate (TSR) for pre-XDR/XDR-TB: Percentage of bacteriologically confirmed pre-XDR/XDR-TB patients enrolled on treatment successfully treated.	Age (<15, 15+); Gender (female, male); HIV status (positive, negative, unknown).
	Coverage	DRTB-11	Percentage of Pre-XDR TB patients with DST results for Group A drugs other than fluoroquinolones among the total number of notified Pre-XDR TB cases (new and retreatment) in the same year.	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Key and Vulnerable Populations (KVP) – TB/DR-TB	Coverage	KVP-1	Number of people with TB (all forms) notified among prisoners; *includes new and relapse cases only.	
	Coverage	KVP-2	Number of people with TB (all forms) notified among key affected populations/ high risk groups (other than prisoners); *includes new and relapse cases only.	
Collaboration with Other Providers and Sectors	Coverage	TBC-1	Treatment Success Rate in private sector: Percentage of TB patients (all forms) bacteriologically confirmed plus clinically diagnosed, successfully treated in the private sector.	

8. Malaria

8.1 Modules, interventions and illustrative list of activities

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Vector Control	Insecticide treated nets (ITNs) - mass campaign - universal	<p>Activities related to planning and implementation of mass ITN campaigns. For example:</p> <ul style="list-style-type: none"> • Mass ITN distribution (universal). • Mass ITN distribution targeted to refugees, internally displaced persons, migrants, mobile populations, prisoners, and other underserved populations, as well as socially and legally excluded populations. • Targeted/emergency response (in addition to or in replacement of universal distribution). • Coordination, planning and budgeting, procurement, logistics, waste management. • Communication, education and information materials related to mass campaigns and equitable access. • Technical assistance (e.g., Alliance for Malaria Prevention). • Addressing potential human rights and gender-related barriers to vector control access at the household level. • Activities to engage communities in vector control campaigns. • Training, combined with integrated supportive supervision or group problem solving. • Monitoring and reporting of routine operations. <p>→ Post distribution survey on access and use could be planned as a standalone task or as part of a larger health survey, such as Malaria Indicator Survey, Demographic and Health Survey, and Multiple Indicator Cluster Survey, and should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Surveys”.</p> <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p> <p>→ Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Analyses, evaluations, reviews and data use”.</p> <p>→ 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 costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Vector Control	Insecticide treated nets (ITNs) -continuous distribution - ANC	<p>Activities related to continuous delivery of ITNs through antenatal care (ANC). For example:</p> <ul style="list-style-type: none"> • Coordination, planning and budgeting, procurement, logistics. • Communication/behavior change activities, including focus on health seeking decision-making and gender norms. • Addressing potential human rights and gender-related barriers to vector control access through ANC. • Activities to engage communities in ITN distribution. • Training, combined with integrated and supportive supervision or group problem solving. • Monitoring and reporting of routine operations. <p>→ Opportunities for integration across diseases, and between diseases and RMNCAH platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Vector Control	Insecticide treated nets (ITNs) -continuous distribution - EPI	<p>Activities related to continuous delivery of ITNs through Expanded Program on Immunization (EPI). For example:</p> <ul style="list-style-type: none"> • Coordination, planning and budgeting, procurement, logistics. • Communication/behavior change activities. • Addressing potential human rights and gender-related barriers to vector control access. • Activities to engage communities in ITN distribution. • Training, combined with integrated and supportive supervision or group problem solving. • Monitoring and reporting of routine operations. <p>→ Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible.</p> <p>→ Integrated training costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Vector Control	Insecticide treated nets (ITNs) -continuous distribution - school based	<p>Activities related to continuous delivery of ITNs through school-based channels. For example:</p> <ul style="list-style-type: none"> • Coordination, planning and budgeting, procurement, logistics. • Communication/behavior change activities. • Addressing potential human rights and gender-related barriers to vector control access in schools, including outreach to out-of-school children. • Activities to engage communities in ITNs distribution. • Training, combined with integrated and supportive supervision or group problem solving. • Monitoring and reporting of routine operations. <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p> <p>→ 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 costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p> <p>→ ITNs school-based distribution-specific training (or training for distribution integrated with another malaria activity, e.g., Intermittent Preventive Treatment for Schoolchildren, IPTsc), should be included in this module or under the module “Specific Prevention Interventions” and the intervention “IPTsc”.</p>
Vector Control	Insecticide treated nets (ITNs)-continuous distribution - community-based	<p>Activities related to continuous delivery of ITNs through the community. For example:</p> <ul style="list-style-type: none"> • Coordination, planning and budgeting, procurement, logistics with meaningful engagement of communities throughout. • Communication/behavior change activities. • Addressing potential human rights and gender-related barriers to vector control in communities. • Activities to engage communities in ITNs distribution. • Training, combined with integrated and supportive supervision or group problem solving. • Monitoring and reporting of routine operations. <p>→ Opportunities for integration across diseases, and between diseases and reproductive, maternal, newborn, child and adolescent health (RMNCAH) platforms should be prioritized, where feasible.</p> <p>→ Integrated training costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Vector Control	Indoor residual spraying (IRS)	<p>Activities related to planning and implementation of indoor residual spraying. For example:</p> <ul style="list-style-type: none"> • Enumeration of households to be sprayed, geographical reconnaissance. • Procurement of insecticides, equipment, and other commodities. • Communication, information and education materials related to IRS campaigns. • Coordination, planning and budgeting, logistics and implementation of IRS campaigns. • Technical assistance. • IRS for epidemic response. • Environmental compliance and waste management. • Activities to ensure that socially and legally excluded underserved populations benefit from IRS. • Activities to empower and engage communities in vector control, including activities to improve gender parity amongst the IRS workforce and improve uptake of IRS in female headed households. • Training, combined with integrated and supportive supervision or group problem solving. • Monitoring and reporting of routine operations. • Campaign-specific human resource costs. <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p> <p>→ Post IRS coverage survey could be planned as a standalone task or as part of a larger health survey, such as Malaria Indicator Survey, Demographic and Health Survey, and Multiple Indicator Cluster Survey, and should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Surveys”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Vector Control	Other vector control measures	<p>Activities related to implementation of environmental management strategies. For example:</p> <ul style="list-style-type: none"> • Improving design or operation of water resources development projects to reduce or eliminate vector breeding grounds. • Biological controls (e.g., bacterial larvicides) that target and kill vector larvae. • Use of chemical larvicides and adulticides that reduce disease transmission by shortening or interrupting the lifespan of vectors. • House screening. • New vector control tools e.g., attractive toxic sugar baits (ATSB) if being piloted through strategic initiatives supported by the Global Fund or have WHO recommendation. • Coordination, planning and budgeting, procurement, logistics. • Activities to empower and engage communities in vector control. • Training, combined with integrated and supportive supervision or group problem solving. • Monitoring and reporting of routine operations. <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p> <p>→ Post intervention surveys could be planned as a standalone task or as part of a larger health survey, such as Malaria Indicator Survey, Demographic & Health Survey and Multiple Indicator Cluster Survey, and should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Surveys”.</p>
Vector Control	Entomological monitoring	<p>Activities related to entomological monitoring. For example:</p> <ul style="list-style-type: none"> • Activities to determine and characterize the dominant mosquito species in the area, vector density, biting behavior. • Testing mosquitoes' susceptibility to insecticides. • Planning for entomological monitoring and implementation, mosquito collection and testing. • Procurement of entomological equipment. • Activities relating to entomologic genomic surveillance. • Maintenance of insectary. • Operation-specific human resource costs. • Planning for insecticide resistance management. • Training, combined with integrated supportive supervision or group problem solving. • Technical assistance.

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Vector Control	Social and behavior change (SBC)	<p>Advocacy, communication, and social mobilization activities related to universal equitable access to vector control. For example:</p> <ul style="list-style-type: none"> • Preparation of advocacy materials/kits (for CBOs and NGOs) in consultation with communities, including those targeting underserved populations. • Sensitization and mobilization events targeting policy makers and key players. • Multi-media campaigns, radio and TV instructional series, jingles, billboards, and community radio. • Development and distribution SBC materials tailored to the needs of the different population groups/in different languages. • Social behavior change activities and materials aimed at tackling potential human rights and gender-related barriers to vector control at the household level. • Social behavior change activities aimed at ensuring access and use of vector control for refugees, internally displaced persons, migrants, mobile populations, prisoners, and other underserved and socially and legally excluded populations. • Activities to empower and engage communities in vector control, such as sensitization meetings for opinion leaders at community and village level. • Private sector engagement in the above-mentioned activities. • Training, combined with integrated and supportive supervision or group problem solving. • Human resource costs specific to SBC for vector control interventions. <p>→ Any communications/SBC activities specific to ITNs and IRS campaigns or school-based distribution should be included under respective interventions.</p> <p>→ 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 costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Vector Control	Removing human rights and gender-related barriers to vector control programs	<p>Activities to address potential gender, human-rights related and other equity barriers to all vector control interventions. For example:</p> <ul style="list-style-type: none"> • Technical assistance and planning for equitable access to vector control based on findings of qualitative assessments and quantitative data analysis (Malaria Matchbox). • Community-based and community-led monitoring of access to vector control. • Activities to promote meaningful participation of affected populations and specific efforts to engage underserved populations in Country Coordinating Mechanisms (CCMs), in planning and delivery of vector control interventions, and in assessing and addressing barriers.

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
		<ul style="list-style-type: none"> • Support to institutional capacity building for malaria civil society organizations (CSOs), social mobilization, community-led advocacy and research, and community-led and community-based vector control services. → Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Analyses, evaluations, reviews and data use”. → Activities to address any distinct barriers and inequities related to specific vector control interventions should be included under those interventions.
Case Management	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"> • Procurement of diagnostic equipment, rapid diagnostic tests, microscopy reagents and anti-malaria drugs. • Quality assurance of malaria-related laboratory services. • Technical assistance. • Activities to strengthen delivery models, including Primary Health Care (PHC), as point of care for integrated, people-centered health services. • Facility-based case management for epidemic response. • Activities to strengthen referral / counter-referral, including facilitated referral / counter-referral. • Training, combined with integrated and supportive supervision or group problem solving. • Addressing potential human rights and gender-related barriers to accessing quality diagnosis and treatment services at healthcare facilities. <p>→ Investments to strengthen quality assurance for lab testing services, and management of equipment resources (microscopes) should be included under the module “RSSH/PP: Laboratory Systems (including national and peripheral)”.</p> <p>→ 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Case Management	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"> • Procurement of diagnostic and treatment commodities for interventions defined in the community health package (e.g., rapid diagnostic tests and drugs). • Case management at community level including for epidemic response. • Technical assistance. • Pre-referral treatment for severe malaria. • Activities to strengthen referral / counter-referral, including facilitated referral / counter-referral. • Addressing potential human rights and gender- related barriers to accessing quality diagnosis and treatment services at the community level. • Training, combined with integrated supportive supervision or group problem solving. • SBC for iCCM. <p>→ 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p> <p>→ Opportunities for integration across diseases, and between diseases and RMNCAH platforms should be prioritized, where feasible. Integrated training (for pre-service and in-service) costs should be budgeted under the relevant intervention in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Case Management	Private sector case management	<p>Activities related to management of malaria cases in private sector. For example:</p> <p>(A) Testing and treating malaria cases including severe malaria in the private sector</p> <ul style="list-style-type: none"> • Procurement of diagnostic equipment, rapid diagnostic tests, microscopy reagents and anti-malaria drugs (if not part of the co-payment mechanism). • Quality assurance of malaria-specific laboratory services and locally produced antimalarials. • Training combined with supervision, group-problem solving of private sector providers. • Technical assistance and mechanisms for accountability. • Private sector case management for epidemic response. • Activities to strengthen referral / counter-referral, including facilitated referral / counter-referral. • Addressing potential human rights and gender-related barriers to accessing quality diagnostic and treatment services from the private sector.

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
		<p>(B) Private sector co-payment mechanisms including:</p> <ul style="list-style-type: none"> • Price negotiations. • Factory-gate subsidy. • Support of interventions to facilitate the safe and effective scale-up of access to diagnosis and treatment in private sector. For example: <ul style="list-style-type: none"> ○ Marketing/Information Education and Communication/Behavior Change Communication/Mass communication campaigns. ○ Private sector provider training (such as training for health workers to perform rapid diagnostic tests (RDTs). ○ Country level co-payment taskforce. <p>→ Policy and regulatory activities, quality assurance and control should be included under the module “RSSH: Health Sector Planning and Governance for Integrated People-centered Services” in the intervention “Supporting private sector engagement”.</p> <p>→ 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 intervention in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Case Management	Epidemic preparedness	<p>Activities related to development /refining of the epidemic response strategy. For example:</p> <ul style="list-style-type: none"> • Surveillance system strengthening for acute febrile illness (at national, district, facility and/or community level). • Development of epidemic preparedness plans. • Personal protective equipment (PPE) for healthcare workers/staff implementing malaria program activities when use of PPE is required <p>→ Malaria epidemic response related interventions such as vector control, case management should be included in the respective modules.</p> <p>→ Epidemic/pandemic surveillance system strengthening as well as preparedness planning should be included under the module “RSSH: Monitoring and Evaluation Systems”.</p> <p>→ Recruitment, deployment, and retention of health workers supporting epidemic preparedness should be included under the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Case Management	Intensified activities for elimination	<p>Activities to conduct active case/foci investigations and response. For example:</p> <ul style="list-style-type: none"> • Case investigation to determine whether the infection was acquired locally and whether there is on-going local transmission. • Focus investigation to delineate and characterize the area and population at risk, with recognition of multiple vulnerabilities and equity barriers. • Searching for cases in the community through active measures and appropriate treatment for all infections. • Targeted mass drug administration for elimination/transmission reduction purposes. • Active case detection. • Entomological investigation. • Supervision, complemented by training or technical assistance.
Case Management	Therapeutic efficacy surveillance	<p>Activities related to monitoring of anti-malarial drug efficacy. For example:</p> <ul style="list-style-type: none"> • Establishment of sentinel sites. • Equipment and supplies. • Supervision, quality improvement (combined with training if necessary). • Technical assistance and quality assurance. • Laboratory testing of molecular markers of anti-malaria resistance.
Case Management	HRP2/3 gene deletion surveys	<p>Activities related to investigation, confirmation, and reporting of <i>pfhrp2/3</i> gene deletion. For example:</p> <ul style="list-style-type: none"> • Establishment of sentinel sites (not standalone) for HRP2/3 gene deletions. • Equipment and supplies. • Supervision, quality improvement (combined with training if necessary). • Technical assistance and quality assurance. • Laboratory genomic testing to assess HRP2/3 deletions.

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Case Management	Ensuring drug quality	<p>Activities related to screening and monitoring quality of malaria medicines and removal of sub-standard or counterfeit malaria medicines. For example:</p> <ul style="list-style-type: none"> • Setting regulations by national medicines regulatory authorities. • Removal of artemisinin monotherapies - protocols, guidelines, audits. • Active recall and disposal of existing artemisinin monotherapy (or substandard/counterfeit anti-malarial) stocks from the market. • Enforcement activities (such as regular outlet inspections, confiscation and destruction of products, suspension of selling licenses, fines, prosecution). • Training and supervision. • Communication/behavior change. • Technical assistance. <p>→ National regulatory system strengthening should be included under the module “RSSH: Health Products Management Systems” and the intervention “Regulatory/quality assurance support”.</p>
Case Management	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"> • Preparation of advocacy materials/kits (also for CBOs and NGOs) in consultation with communities, including those targeting underserved populations. • Sensitization and mobilization events targeting policy makers and key players. • Multimedia campaigns, radio and TV instructional series, jingles, billboards, and community radio. • Development and distribution of SBC materials tailored to the needs of different population groups/in different languages. • Sensitization meetings for opinion leaders at community and village level. • Creation of malaria case management services at community level. • Activities to ensure that refugees, internally displaced persons, migrants and mobile populations, prisoners and other people in closed settings and other underserved, socially and legally excluded populations have access to malaria case management services. <p>→ 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 or in-service) and integrated supportive supervision costs should be budgeted under the relevant intervention in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Case Management	Removing human rights and gender-related barriers to case management	<p>Activities related to assessing and addressing documented gender, socioeconomic, cultural, human rights and other equity barriers to malaria case management interventions. For example:</p> <ul style="list-style-type: none"> • Technical assistance and planning for equitable access to case management, based on qualitative assessments and quantitative data on specific risk/underserved groups and access barriers. • Community-based and community-led monitoring of case management. • Activities to promote meaningful participation of affected populations and specific efforts to engage underserved populations in CCMs, in planning and delivery of case management interventions, and in assessing and addressing barriers. • Support to institutional capacity building for malaria CSOs, social mobilization, community-led advocacy and research, and community-led and based case management services. <p>→ Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Analyses, evaluations, reviews and data use”.</p> <p>→ Activities to address any distinct barriers and inequities related to specific case management interventions should be included under those interventions.</p>
Specific Prevention Interventions (SPI)	Intermittent preventive treatment (IPT) - in pregnancy	<p>Activities related to preventing malaria in pregnancy. For example:</p> <ul style="list-style-type: none"> • Procurement and provision of intermittent preventive treatment with sulfadoxine-pyrimethamine during pregnancy. • Supplies for Directly observed treatments (DOTs) - cups, water. • Specific delivery of IPTp through the community (cIPTp). • Training and supervision of health care providers, including on patients’ rights and medical ethics. • Technical assistance. <p>→ Opportunities for integration across diseases, and between diseases and RMNCAH 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Specific Prevention Interventions (SPI)	Perennial malaria chemoprevention (PMC)	<p>Activities related to administration of a full therapeutic course of sulfadoxine-pyrimethamine through the EPI at defined intervals corresponding to routine vaccination schedules. For example:</p> <ul style="list-style-type: none"> • Procurement and provision of intermittent preventive treatment for infants. • Supplies for DOTs - cups, water. • Training combined with supervision or group-problem solving of health care providers, including on patients' rights and medical ethics. • Technical assistance. <p>→ Opportunities for integration both across and between diseases and on RMNCAH 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Specific Prevention Interventions (SPI)	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"> • Procurement of antimalarials (AQ-SP). • Coordination, planning and budgeting, logistics, communication, implementation. • Training, combined with integrated supportive supervision or group problem solving. • Monitoring and reporting of routine operations. • Pharmacovigilance. • Drug resistance monitoring. <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p> <p>→ Opportunities for integration across diseases, and between diseases and RMNCAH platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions in the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
Specific Prevention Interventions (SPI)	Mass drug administration	<p>Activities to reduce burden of malaria. For example:</p> <ul style="list-style-type: none"> • Procurement of antimalarials. • Coordination, planning and budgeting, logistics, communication. • Training. • Supervision, monitoring, evaluation, and reporting of routine operations. • Pharmacovigilance. • Drug resistance monitoring. • Campaign-specific human resource costs. <p>→ Mass Drug administration to reduce malaria transmission in elimination settings should be included under the module “Case Management” and the intervention “Intensified activities for elimination”.</p> <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p> <p>→ Opportunities for integration across diseases, and between diseases and RMNCAH platforms should be prioritized, where feasible. Integrated training costs should be budgeted under the relevant interventions under the module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Specific Prevention Interventions (SPI)	Intermittent preventive treatment for school children (IPTsc)	<p>Activities related to the use of intermittent preventive treatment of malaria in school-aged children to prevent new malaria infections. For example:</p> <ul style="list-style-type: none"> • Procurement of antimalarials. • Coordination, planning and budgeting, logistics, communication, implementation. • Training, combined with integrated supportive supervision or group problem solving. • Monitoring and reporting of routine operations. • Pharmacovigilance. • Drug resistance monitoring. • Human resource costs associated with school-based distribution. • Evaluation of access and equity through the schools. <p>→ Digitization of data systems for malaria-specific interventions (e.g., campaigns) should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Routine reporting”.</p>

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
		<p>→ Opportunities for integration across diseases, and between diseases and 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p> <p>→ IPTsc-specific training (or training for distribution integrated with another malaria activity: e.g., ITN distribution), should be included in this module or under the ITN-school based distribution module.</p>
Specific Prevention Interventions (SPI)	Post discharge chemoprevention (PDMC)	<p>Activities related to administration of a full treatment course of an antimalarial medicine at regular intervals to children admitted with severe anemia. For example:</p> <ul style="list-style-type: none"> • Procurement of antimalarials. • Coordination, planning and budgeting, logistics, communication, implementation. • Training, combined with integrated supportive supervision or group problem solving. • Monitoring and reporting of routine operations. • Pharmacovigilance. • Drug resistance monitoring. • Specific human resource costs. <p>→ Opportunities for integration across diseases, and between diseases and 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.</p>
Specific Prevention Interventions (SPI)	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"> • Preparation of advocacy materials/kits (also kits for CBOs and NGOs) in consultation with communities, including those targeting underserved populations. • Sensitization and mobilization events targeting policy makers and key players. • Multi-media campaigns, radio and TV instructional series, jingles, billboards, and community radio. • Development and distribution of SBC materials tailored to the needs of the different population groups/in different languages. • Community mobilization on malaria and mechanisms for meaningful engagement and community-based and led monitoring. • Sensitization meetings for opinion leaders at community and village level. • Strengthening of community systems for participation in malaria programs and delivery of specific prevention interventions.

Module	Intervention	Scope and Description of Intervention Package – Illustrative List of Activities
		<ul style="list-style-type: none"> • Human resource costs specific to SBC for specific prevention interventions and not part of routine activities. → Opportunities for integration across diseases, and between diseases and RMNCAH 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 module “RSSH/PP: Human Resources for Health (HRH) and Quality of Care”.
Specific Prevention Interventions (SPI)	Removing human rights and gender-related barriers to specific prevention interventions	<p>Activities to assess and address potential gender, socioeconomic, cultural, human rights and other equity barriers to specific malaria prevention interventions. For example:</p> <ul style="list-style-type: none"> • TA and planning for equitable access to specific malaria prevention interventions, based on qualitative assessments of and quantitative data on specific risk/underserved groups and access barriers. • Community-based and led monitoring of specific malaria prevention interventions. • Activities to promote meaningful participation of affected populations and specific efforts to engage underserved populations in CCMS, in planning and delivery of specific prevention interventions, and in assessing and addressing barriers. • Support to institutional capacity building for malaria CSOs, social mobilization, community-led advocacy and research, and community-led and based SPI. <p>→ Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module “RSSH: Monitoring and Evaluation Systems” and the intervention “Analyses, evaluations, reviews and data use”.</p> <p>→ Activities to address any distinct barriers and inequities related to specific prevention interventions should be included under those interventions.</p>

8.2 Core list of indicators

Indicators marked with (M) are mandatory indicators for “focused” countries if respective modules are supported by the Global Fund grants.

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
Impact Indicators (all modules)	Impact	Malaria I-1(M)	Reported malaria cases (presumed and confirmed).	Age (<5, 5-14, 15+); Malaria case definition (confirmed, presumptive).
	Impact	Malaria I-2.1	Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year.	Age (<5, 5-14, 15+); Species (P. falciparum, P. vivax, mixed, other).
	Impact	Malaria I-3.1(M)	In-patient malaria deaths: rate per 100,000 persons per year.	Age (<5, 5-14, 15+).
	Impact	Malaria I-4	Malaria test positivity rate.	Type of testing (microscopy, rapid diagnostic test).
	Impact	Malaria I-5.1	Malaria Parasite prevalence: Proportion of population with malaria infection.	Age (<5, 5-14, 15+); Gender (female, male).
	Impact	Malaria I-10(M)	Annual parasite incidence: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year (elimination settings).	Source of infection (imported, locally acquired).
	Impact	Malaria I-11	Proportion of districts reporting locally transmitted cases of malaria.	
	Impact	Malaria I-12	Malaria mortality: rate per 100 000 people per year.	Age (<5, 5-14, 15+).
	Impact	Malaria I-13	Malaria case fatality rate: Percentage of deaths among confirmed malaria cases (for elimination settings).	Age (<5, 5-14, 15+).

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Impact	Malaria I-14	Malaria admissions: rate per 100,000 pop per year.	Age (<5, 5-14, 15+).
	Impact	Malaria I-15	Number of locally acquired malaria cases.	Species (P. falciparum, P. vivax, mixed, other).
	Impact	Malaria I-16	Number of malaria free districts (elimination settings).	
Outcome Indicators (all modules)	Outcome	Malaria O-1a	Proportion of population that slept under an insecticide-treated net the previous night.	Gender (female, male).
	Outcome	Malaria O-1b	Proportion of children under five years old who slept under an insecticide-treated net the previous night.	
	Outcome	Malaria O-1c	Proportion of pregnant women who slept under an insecticide-treated net the previous night.	
	Outcome	Malaria O-2	Proportion of population with access to an ITN within their household.	
	Outcome	Malaria O-4.1	Proportion of households with at least one insecticide-treated net for every two people.	
	Outcome	Malaria O-10	Proportion of population at risk potentially covered by distributed ITNs.	
	Outcome	Malaria O-11	Percentage of districts achieving national target for the proportion of population at risk potentially covered by distributed ITNs.	

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Outcome	Malaria O-12	Proportion of targeted risk groups covered by distributed ITNs.	Targeted risk groups (migrants, refugees, IDPs, prisoners, others).
	Outcome	Malaria O-9(M)	Annual blood examination rate: per 100 population per year (elimination settings).	Case detection (active, passive).
	Outcome	Malaria O-13	Proportion of malaria cases detected by the surveillance system.	
	Outcome	Malaria O-14	Proportion of children aged < 5 years with fever in previous 2 weeks who had a finger or heel stick.	
	Outcome	Malaria O-15	Proportion of (estimated) malaria cases that were confirmed by parasitological testing.	
Vector Control	Coverage	VC-1(M)	Number of insecticide-treated nets distributed to populations at risk of malaria transmission through mass campaigns.	
	Coverage	VC-3(M)	Number of insecticide-treated nets distributed to targeted risk groups through continuous distribution.	At risk population group (children 0-5, pregnant women, school children, others).
	Coverage	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.	
	Coverage	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.	

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
Case Management	Coverage	CM-1a(M)	Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities.	Age (<5, 5+); Type of testing (microscopy, rapid diagnostic test).
	Coverage	CM-1b(M)	Proportion of suspected malaria cases that receive a parasitological test in the community.	Age (<5, 5+); Type of testing (microscopy, rapid diagnostic test).
	Coverage	CM-1c(M)	Proportion of suspected malaria cases that receive a parasitological test at private sector sites.	Age (<5, 5+); Type of testing (microscopy, rapid diagnostic test).
	Coverage	CM-2a(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities.	Age (<5, 5+).
	Coverage	CM-2b(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community.	Age (<5, 5+).
	Coverage	CM-2c(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites.	Age (<5, 5+).
	Coverage	CM-5(M)	Percentage of confirmed cases fully investigated and classified as per national guidance.	Source of infection (imported, locally acquired).
	Coverage	CM-6(M)	Percentage of malaria foci fully investigated and classified as per the national guidance.	
	Coverage	CM-7	Percentage of districts achieving national target for the proportion of suspected malaria patients who receive a parasitological test.	Type of provider (public, private, community).
	Coverage	CM-8	Percentage of districts achieving national targets for the proportion of confirmed malaria patients who received first-line antimalarial treatment	Type of provider (public, private, community).

Module	Type of Indicator	Indicator Code	Indicator Description	Disaggregation Category (s)
	Coverage	CM-9	Proportion of detected malaria patients who contacted health care provider within 48 hours of onset of symptoms.	
	Coverage	CM-10	Proportion of cases reported at national reporting system within 24 hours of treatment (elimination settings).	
Specific Prevention Interventions	Coverage	SPI-1	Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria.	
	Coverage	SPI-2.1	Percentage of children who received the full number of courses of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas.	
	Coverage	SPI-3	Proportion of infants who received three doses of intermittent preventive treatment for malaria (IPTi).	
	Coverage	SPI-4	Percentage of districts achieving national target for the proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria.	
	Coverage	SPI-5	Percentage of targeted districts achieving national targets for proportion of children who received the full number of courses of SMC.	