

Modular Framework Handbook

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 The Global Fund

Modular Framework Handbook

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Introduction to the modular approach

The modular approach is used by the Global Fund to organize programmatic and financial information about each grant throughout its life cycle, from the initial funding request through grant-making and implementation.

The approach was introduced with the new funding model and was implemented during the first year of the 2014-2016 allocation cycle. This handbook reflects the updated framework that will be used starting from January 2017. Modules have been updated to align with the new Global Fund strategy and in consultation with partners.

The approach encompasses a framework of standardized categories called modules. These modules are broad program areas that are further divided into a comprehensive set of interventions essential for responding to the three diseases and toward building resilient and sustainable systems for health. The list of modules and interventions is aligned with the recommended guidance from technical partners. An illustrative list of activities is included in the framework, outlining the scope of each intervention. In addition to the list of modules, interventions and activities, the framework consists of associated impact, outcome and coverage indicators.

The modular framework provides a clear structure for linking the programmatic gap tables, funding landscape tables, performance framework and budget templates that applicants complete, and fosters consistency in documenting and tracking results, grant budgets and expenditures throughout the grant life cycle.

Based on the program goals and objectives outlined in the national strategic plan and priorities identified in the country, the applicant uses the modular framework to select relevant disease or resilient and sustainable systems for health modules for the funding request. The framework is also used to summarize grant-related programmatic and financial information. Each module has a set of related indicators to monitor progress.

The modular framework provides a structure for organizing the funding request and is not meant to guide countries in their planning or programming. Countries should use the country dialogue process to identify areas for strategic investment.

How to use this handbook

This handbook is designed as an easy-to-use resource tool for following the modular approach. It lists:

- Components
- Modules
- Interventions
- Scope and description of intervention package
- Impact, outcome and coverage Indicators

The scope and description of intervention package includes an illustrative list of activities, though this list is not exhaustive and applicants can introduce additional activities so long as they fall under a defined intervention.

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

Section 1: Interventions

COMPONENT	MODULE	INTERVENTION	SCOPE AND DESCRIPTION
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Section 2: Indicators

COMPONENT	INDICATOR TYPE	MODULE (IF APPLICABLE)	DISAGGREGATION CATEGORY	GLOBAL FUND KEY PERFORMANCE INDICATOR
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HIV Modular Framework

1. Cross-cutting activities to strengthen resilient and sustainable systems for health (RSSH) **related to more than one disease program** should be included in the RSSH modules. These activities include: procurement and supply chain management, health management and information systems, human resources for health, integrated service delivery related to reproductive, maternal, newborn, child and adolescent health (RMNCAH), governance and strategy development, and financial management. For example, malaria surveillance, including elimination surveillance efforts, should be included under the RSSH module procurement and supply chain management systems.
2. All activities related to strengthening **disease-specific monitoring and evaluation systems** should also be included under the RSSH module “Health management and information systems and monitoring and evaluation”, as all such activities are considered to be part of strengthening the overall health management information systems. For example, malaria surveillance, including elimination surveillance efforts, should be included under this RSSH module.
3. Activities with the potential to strengthen health system components but that benefit only one disease program should be included in relevant disease-specific modules. For example: procurement of malaria rapid diagnostic tests (improves quality and efficiency of service delivery) should be included under the relevant malaria module; scaling up service providers to increase prevention of mother-to-child transmission (PMTCT) coverage should be included under the relevant HIV module. The only exception to this is for health management information systems and monitoring and evaluation (see point 2).
4. Capacity building, salaries and other activities and costs for recruitment and retention of human resources that support a single disease should be included under the relevant modules and interventions for that disease (for example, human resources and related costs for vector control should be included under the relevant intervention in the vector control module). Similar activities and costs that support a specific cross-cutting RSSH intervention should be included under the relevant intervention. For example, the human resource costs related to “Procurement and supply chain management systems” should be included under this module/interventions. The only exception to this is that human resources costs for the first two interventions under the module “Integrated Service Delivery and Quality Improvement” (“Supportive policy and programmatic environment” and “Service organization and facility management”) should be included in the “Human Resources for Health” module.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Prevention programs for general population	Behavioral interventions as part of programs for the general population	Includes behavioral change campaigns tailored to meet the needs of sub-populations to support safer sex, condom use, improved gender norms, testing and counseling, etc, such as: <ul style="list-style-type: none"> • Planning • Information, education, communication material • Targeted mass media campaigns • Outreach and peer education • Workplace policies and programs • Human resources, training, etc ▶ Programs for key and vulnerable populations and adolescents and youth should be included in the respective disease modules.
	Condoms as part of programs for the general population	Includes promotion and distribution of female and male condoms for HIV prevention integrated with behavioral and other HIV interventions <ul style="list-style-type: none"> ▶ Exclude condoms included as part of PMTCT Prong 2. ▶ Exclude programs for key and vulnerable populations and adolescents and youth.
	Male circumcision	Includes activities related to promotion of medical male circumcision for adults, adolescents and youth, such as: <ul style="list-style-type: none"> • Provision of medical male circumcision services; • Referrals via behavioral and other HIV interventions, such as HIV testing and counseling and diagnosis and treatment of sexually transmitted infections, etc
	Diagnosis and treatment of sexually transmitted infections and other sexual health services for the general population	Includes syndromic and clinical management of sexually transmitted infections, such as: <ul style="list-style-type: none"> • Design of syndromic and clinical sexually transmitted infection management guidelines • Provision of syndromic and clinical management services for sexually transmitted infections • Training of personnel ▶ Similar activities related to key populations and adolescents and youth should be included under their respective modules and interventions.
	Orphan and other vulnerable children package	Includes programs to strengthen the capacity of families and caregivers to protect and care for orphans and other vulnerable children, such as: <ul style="list-style-type: none"> • Economic support; • Psychosocial support; • Community-based support; • Ensuring access to essential services including education, health care, birth registration, etc
	Linkages between HIV programs and RMNCH	Includes activities that support establishing greater integration and/or linkage of HIV programs for women in the general population with RMNCH services, in order to improve overall health outcomes, reduce costs and gain efficiencies. Appropriate models of integration will depend on country context and health system.
	Gender-based violence prevention and treatment programs	Includes activities that directly respond to gender-based violence, such as: <ul style="list-style-type: none"> • Prevention of gender-based and intimate partner violence; • Post-violence care, including violence counseling; • Crisis response services; • Gender, gender-based violence, and sexuality analysis in HIV programs
	Other interventions for the general population	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for men who have sex with men	Community empowerment for men who have sex with men	<p>Includes a package of interventions to enhance community empowerment, such as:</p> <ul style="list-style-type: none"> • Community mobilization • Training on sexuality • Strengthening and supporting organizing of men who have sex with men • Providing safe spaces • Fostering programs led by men who have sex with men (e.g. community roundtables, informal surveys, participatory assessment of community needs for program design)
	Addressing stigma, discrimination and violence against men who have sex with men	<p>Includes interventions related to addressing stigma, discrimination and violence, such as:</p> <ul style="list-style-type: none"> • Documenting violence and other human rights violations • Legal support and legal literacy • Crisis response (e.g. establish crisis response team, establish emergency phone number and disseminate, install security equipments in facility encrypt client data, facilitate emergency legal aid, disseminate reports on aggressors) • Sensitization of law enforcement and health providers • Awareness raising of men who have sex with men on human rights • Legal redress • Advocacy for legal and policy reforms • Prevention and responses to sexual, physical, emotional and gender-based violence (e.g. primary prevention: educational anti-homophobic campaign, punishment of perpetrators and linkages to other services, including post-rape care, post-exposure prophylaxis and mental health counseling, and other testings)
	Behavioral interventions for men who have sex with men	<p>Includes individual-level and community-level behavioral interventions, such as:</p> <ul style="list-style-type: none"> • Promotion of personal preventive/adaptive strategies (safer sex, serosorting, strategic positioning) • Targeted internet-based information, education, communication • Social marketing-based information, education, communication • Sex venue-based outreach • One-on-one and group risk-reduction sessions • Support for design and implementation and related training, etc ▶ Exclude activities that target general population, youth, and other key populations.
	Condoms and lubricant programming for men who have sex with men	<p>Includes promotion and distribution of condoms and condom-compatible lubricants for men who have sex with men, such as:</p> <ul style="list-style-type: none"> • Condom social marketing activities; • Information and communication technology, community-level and internet or social media/web-based condom promotion and social marketing programs • Referrals to other prevention program components • Demand generation through peers and other strategies, etc
	Pre-exposure prophylaxis (PrEP)	<p>Includes interventions related to pre-exposure prophylaxis (PrEP), such as:</p> <ul style="list-style-type: none"> • Oral pre-exposure prophylaxis; • Adherence support; • Community awareness for pre-exposure prophylaxis; • Referrals to HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for men who have sex with men	Harm reduction interventions for men who have sex with men who inject drugs	<p>Includes activities that promote harm reduction among men who have sex with men who inject drugs, such as:</p> <ul style="list-style-type: none"> • Needle and syringe programs • Opioid substitution therapy • Distribution of naloxone • Referrals to other drug dependence programs
	HIV testing services for men who have sex with men	<p>Includes activities related to HIV testing and counseling among men who have sex with men, such as:</p> <p>Testing:</p> <ul style="list-style-type: none"> • Trained lay providers using rapid diagnostic tests • Community-based testing • Provider-initiated testing • Home-based testing • Couple and partner testing • Self-testing <p>Counseling:</p> <ul style="list-style-type: none"> • Pre-test information and post-test counseling • Disclosure support • Referrals to HIV prevention, treatment and care services and clinical support services
	Diagnosis and treatment of sexually transmitted infections and other sexual health services for men who have sex with men	<p>Activities could include:</p> <ul style="list-style-type: none"> • Screening and testing of asymptomatic sexually transmitted infections, including: <ul style="list-style-type: none"> • Periodic serological testing for asymptomatic syphilis infection • Asymptomatic urethral gonorrhoea • Rectal gonorrhoea • Chlamydia Trachomatis • Routine sexually transmitted infection check-ups • Syndromic and clinical case management for patients with sexually transmitted infection symptoms • Linkages and integration with sexual and reproductive health, including anal health care and primary care services • Development of syndromic and clinical sexually transmitted infection management services • Training of health personnel
	Prevention and management of coinfections and co-morbidities	<p>Activities could include:</p> <ul style="list-style-type: none"> • Prevention, screening, diagnosis and treatment for tuberculosis • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B • Human papillomavirus and anal cancer screening • Routine screening and management of mental health, including sexual identity development, depression, minority stress and trauma • Implementing evidence-based intervention to address harmful alcohol or other substance use

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for men who have sex with men	Interventions for young men who have sex with men	<p>Activities could include:</p> <ul style="list-style-type: none"> • Training of health care providers on the health needs and rights of young men who have sex with men and on overlapping vulnerabilities • Integrating services with youth health services, drop-in centers, shelters, youth community centers and within services for men who have sex with men • Provision of developmentally appropriate information and education for young men who have sex with men, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior • Peer-led prevention programs (e.g. role models, mentorship) • Sensitization programs for parents, family members, caregivers and reintegration with families • Design and implementation of anti-bullying campaigns in school
	Other interventions for men who have sex with men	<i>Please specify</i>
Comprehensive prevention programs for sex workers and their clients	Community empowerment for sex workers	<p>Includes package of interventions to enhance community empowerment, such as:</p> <ul style="list-style-type: none"> • Community mobilization • Training on sexuality • Strengthening and supporting sex worker organizing • Providing safe spaces (e.g. community roundtables, informal surveys, participatory assessment of community needs for program design)
	Addressing stigma, discrimination and violence against sex workers	<p>Includes interventions related to addressing stigma, discrimination and violence, such as:</p> <ul style="list-style-type: none"> • Documenting violence and other human rights violations • Legal support and legal literacy • Crisis response (e.g. establish crisis response team, establish emergency phone number and disseminate, install security equipment in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggressors) • Sensitization of law enforcement and health providers • Awareness raising of sex workers on human rights • Legal redress • Advocacy for legal and policy reforms • Prevention and responses to sexual, physical, emotional and gender-based violence (e.g. primary prevention, punishment of perpetrator and linkages to other services, including post-rape care, post-exposure prophylaxis and mental health counseling, and other tests)
	Behavioral interventions for sex workers	<p>Includes individual-level and community-level behavioral interventions for sex workers, such as:</p> <ul style="list-style-type: none"> • Promotion of personal preventive/adaptive strategies; • Targeted Internet-based information, education, communication • Social marketing-based information, education, communication • Sex venue-based outreach • One-on-one and group risk-reduction sessions • Support for design and implementation and related training, etc
	Condoms and lubricant programming for sex workers	<p>Includes promotion and distribution of female and male condoms and condom-compatible lubricants for sex workers, such as:</p> <ul style="list-style-type: none"> • Demand generation through peers and other strategies • Referrals to other prevention program components • Information communication technology, community-level and internet or social media/web-based condom promotion and social marketing programs

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for sex workers and their clients	Pre-exposure prophylaxis (PrEP)	<p>Includes interventions related to pre-exposure prophylaxis, such as:</p> <ul style="list-style-type: none"> • Oral pre-exposure prophylaxis • Adherence support • Community awareness for pre-exposure prophylaxis • Referrals to HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination
	Harm reduction interventions for sex workers who inject drugs	<p>Activities could include:</p> <ul style="list-style-type: none"> • Needle and syringe programs • Opioid substitution therapy • Distribution of naloxone
	HIV testing services for sex workers	<p>Includes activities related to HIV testing and counseling among sex workers, such as:</p> <p>Testing:</p> <ul style="list-style-type: none"> • Trained lay providers using rapid diagnostic tests • Community-based testing • Provider-initiated testing • Home-based testing • Couples and partner testing • Self-testing <p>Counseling:</p> <ul style="list-style-type: none"> • Pre-test information and post-test counseling • Disclosure support • Referrals to HIV prevention, treatment and care services and clinical support services
	Diagnosis and treatment of sexually transmitted infections and other sexual and reproductive health services for sex workers	<p>Activities could include:</p> <ul style="list-style-type: none"> • Screening and testing of asymptomatic sexually transmitted infections, including: <ul style="list-style-type: none"> • Periodic serological testing for asymptomatic syphilis infection • Asymptomatic urethral gonorrhoea • Rectal gonorrhoea • Chlamydia Trachomatis • Routine sexually transmitted infection check-ups • Syndromic case management for patients with symptoms • Linkages and integration with sexual and reproductive health, including anal health care and primary care services • Development of syndromic and clinical sexually transmitted infection management services • Training of health personnel
	Prevention and management of co-infections and co-morbidities	<p>Activities could include:</p> <ul style="list-style-type: none"> • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B • Human papillomavirus and anal cancer screening • Routine screening and management of mental health, including sexual identity development, depression, minority stress and trauma • Implementing evidence-based intervention to address harmful alcohol or other substance use

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for sex workers and their clients	Interventions for young people who sell sex	<p>Activities could include:</p> <ul style="list-style-type: none"> • Training of health care providers on the health needs and rights of young people who sell sex and on overlapping vulnerabilities • Integrating services with youth health services, drop-in centers, shelters, youth community centers and within sex work services • Provision of developmentally appropriate information and education for young people who sell sex, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior • Peer-led prevention programs (e.g. role models, mentorship) • Sensitization programs for parents, family members, caregivers and reintegration with families
	Other interventions for sex workers and their clients	<i>Please specify</i>
Comprehensive prevention programs for people who inject drugs and their partners	Community empowerment for people who inject drugs	<p>Includes a package of interventions to enhance community empowerment, such as:</p> <ul style="list-style-type: none"> • Community mobilization • Training on sexuality • Strengthening and supporting people who inject drugs organizing • Providing safe spaces (e.g. community roundtables, informal surveys, participatory assessment of community needs for program design)
	Addressing stigma, discrimination and violence against people who inject drugs	<p>Includes interventions related to addressing stigma, discrimination and violence, such as:</p> <ul style="list-style-type: none"> • Documenting violence and other human rights violations • Legal support, legal literacy, and legal empowerment of people who inject drugs • Crisis response to law-enforcement violence, forced or compulsory detention in the name of treatment, denial of access to opioid substitution therapy and other health services in detention and prison, sterilization of women who use drugs • Sensitization of law enforcement and health providers • Awareness raising of people who inject drugs on human rights • Legal redress • Advocacy for legal and policy reforms • Prevention and responses to gender-based violence, including referrals to post-exposure prophylaxis and HIV/sexually transmitted infection testing
	Behavioral interventions for people who inject drugs	<p>Activities could include:</p> <ul style="list-style-type: none"> • Individual-level and community-level behavioral interventions • Promotion of personal preventive/adaptive strategies • Targeted Internet-based information on strategies • Social marketing-based strategies • Safe injection, vein care, wound management and other harm reduction-based behavioral interventions • Venue-based peer outreach strategies • One-on-one and group risk-reduction sessions • Support for design and implementation of related training

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for people who inject drugs and their partners	Condoms and lubricant programming for people who inject drugs	<p>Activities could include:</p> <ul style="list-style-type: none"> • Promotion and distribution of female and male condoms and condom-compatible lubricants • Demand generation through peers and other strategies • Referrals to other prevention program components • Dedicated services for women who use drugs
	Overdose prevention and management	<p>Activities could include:</p> <ul style="list-style-type: none"> • Education about the causes of opioid overdose and strategies for minimizing overdose risk • Distribution to and administration by first responders of naloxone
	HIV testing services for people who inject drugs	<p>Includes activities related to HIV testing and counseling among people who inject drugs, such as:</p> <p>Testing:</p> <ul style="list-style-type: none"> • Trained lay providers using rapid diagnostic tests • Community-based testing • Provider-initiated testing • Home-based testing • Couples and partner testing • Self-testing <p>Counseling:</p> <ul style="list-style-type: none"> • Pre-test information and post-test counseling • Disclosure support • Referrals to HIV prevention, treatment and care services and clinical support services
	Diagnosis and treatment of sexually transmitted infections and other sexual health services for people who inject drugs	<p>Includes designing, developing and implementing (including training) syndromic and clinical management programs of sexually transmitted infections, such as:</p> <ul style="list-style-type: none"> • Sexually transmitted infection service package: <ul style="list-style-type: none"> • Periodic serological testing for asymptomatic syphilis infection • Asymptomatic urethral gonorrhoea • Rectal gonorrhoea • Chlamydia Trachomatis • Linkages and integration with sexual and reproductive health, including primary care and sexual and reproductive health services: <ul style="list-style-type: none"> • Family planning • Pregnancy care • Post-partum care • Post-rape care • Cervical cancer screening

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for people who inject drugs and their partners	Needle and syringe programs for people who inject drugs and their partners	<p>Includes activities related to needle and syringe programs and their partners, such as:</p> <ul style="list-style-type: none"> • Procurement and distribution of clean needles, through direct and secondary distribution, mobile clinics, peer-driven interventions, and safe collection of used needles • Procurement of low-dead-space needles and syringes • Training of providers • Referral and link to behavioral interventions, HIV testing and counseling, care and treatment • Prevention and treatment of consequences of long-term injecting
	Opioid substitution therapy and other drug-dependence treatment for people who inject drugs	<p>Includes activities related to opioid substitution therapy programs, such as:</p> <ul style="list-style-type: none"> • Procurement and distribution of opioid substitution therapy, including provision of take-home doses based on regular review of the take-away provision • Development of opioid substitution therapy protocols and policies, including policies that address the needs of pregnant clients and drug-drug interactions for clients taking opioid substitution therapy and antiretroviral therapy • Training of providers • Referrals and links to behavioral interventions, HIV testing and counseling, care and treatment
	Prevention and management of co-infections and co-morbidities	<p>Activities could include:</p> <ul style="list-style-type: none"> • Prevention, screening, diagnosis and treatment for tuberculosis • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B • Routine screening and management of mental health, including sexual identity development, depression, minority stress and trauma • Implementing evidence-based intervention to address harmful alcohol or other substance use
	Interventions for young people who inject drugs	<p>Activities could include:</p> <ul style="list-style-type: none"> • Training of health care providers on the health needs and rights of young people who use drugs and on overlapping vulnerabilities • Integrating services with youth health services, drop-in centers, shelters, youth community centers and within services for people who inject drugs • Provision of developmentally appropriate information and education for young people who inject drugs, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior • Peer-led prevention programs (e.g. role models, mentorship) • Sensitization programs for parents, family members, caregivers and reintegration with families • Advocacy for law reform for lowering the age of consent for opioid substitution therapy
	Other interventions for people who inject drugs and their partners	<i>Please specify</i>
Comprehensive prevention programs for transgender people	Community empowerment for transgender people	<p>Includes package of interventions to enhance community empowerment, such as:</p> <ul style="list-style-type: none"> • Community mobilization • Training on sexuality • Strengthening and supporting transgender organizing • Providing safe spaces • Fostering programs led by men who have sex with men (e.g. community roundtables, informal surveys, participatory assessment of community needs for program design)

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for transgender people	Addressing stigma, discrimination and violence against transgender people	<p>Includes interventions related to addressing stigma, discrimination and violence, such as:</p> <ul style="list-style-type: none"> • Documenting violence and other human rights violations • Legal support and legal literacy • Crisis response (e.g. establish crisis response team, establish emergency phone number and disseminate, install security equipments in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggressors) • Sensitization of law enforcement and health providers • Awareness raising of transgender people on human rights • Legal redress • Advocacy for legal and policy reforms • Prevention and responses to sexual, physical, emotional and gender-based violence (e.g. primary prevention: educational anti-homophobic campaign, punishment of perpetrator and linkages to other services, including post-rape care, post-exposure prophylaxis and mental health counseling, and other tests)
	Behavioral interventions for transgender people	<p>Includes individual-level and community-level behavioral interventions, such as:</p> <ul style="list-style-type: none"> • Promotion of personal preventive/adaptive strategies (safer sex, serosorting, strategic positioning) • Targeted internet-based information, education, communication • Social marketing-based information, education, communication • Sex venue-based outreach • One-on-one and group risk-reduction sessions • Support for design and implementation and related training, etc ▶ Exclude activities that target the general population, youth, and other key populations.
	Condoms and lubricant programming for transgender people	<p>Includes promotion and distribution of condoms and condom-compatible lubricants for transgender people, such as:</p> <ul style="list-style-type: none"> • Condom social marketing activities • Information communication technology platforms, community-level and internet or social media/web-based condom promotion and social marketing programs • Referrals to other prevention program components • Demand generation through peers and other strategies, etc
	Pre-exposure prophylaxis (PrEP) and other biomedical interventions	<p>Includes interventions related to pre-exposure prophylaxis, such as:</p> <ul style="list-style-type: none"> • Oral pre-exposure prophylaxis • Adherence support • Community awareness for pre-exposure prophylaxis • Referrals to HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination
	Harm reduction interventions for substance use	<p>Activities could include:</p> <ul style="list-style-type: none"> • Needle and syringe programs • Opioid substitution therapy • Distribution of naloxone • Referrals to other drug-dependance programs

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive prevention programs for transgender people	HIV testing services for transgender people	<p>Includes activities related to HIV testing and counseling among transgender people, such as:</p> <p>Testing:</p> <ul style="list-style-type: none"> • Trained lay providers using rapid diagnostic tests • Community-based testing • Provider-initiated testing • Home-based testing • Couples and partner testing • Self-testing <p>Counseling:</p> <ul style="list-style-type: none"> • Pre-test information and post-test counseling • Disclosure support • Referrals to HIV prevention, treatment and care services and clinical support services
	Diagnosis and treatment of sexually transmitted infections and sexual health services for transgender people	<p>Activities could include:</p> <ul style="list-style-type: none"> • Screening and testing of asymptomatic sexually transmitted infections, including: <ul style="list-style-type: none"> • Periodic serological testing for asymptomatic syphilis infection • Asymptomatic urethral gonorrhoea • Rectal gonorrhoea • Chlamydia Trachomatis • Routine sexually transmitted infection check-ups • Syndromic case management for patients with sexually transmitted infection symptoms • Linkages and integration with sexual and reproductive health, including anal health care and primary care services • Development of syndromic and clinical sexually transmitted infection management services • Training of health personnel
	Prevention and management of co-infections and co-morbidities	<p>Activities could include:</p> <ul style="list-style-type: none"> • Prevention, screening, diagnosis and treatment for tuberculosis • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B • Routine screening and management of mental health, including sexual identity development, depression, minority stress and trauma • Implementing evidence-based intervention to address harmful alcohol or other substance use
	Interventions for young transgender people	<p>Activities could include:</p> <ul style="list-style-type: none"> • Integrating services with youth health services, drop-in centers, shelters, youth community centers and within TG services; • Provision of developmentally appropriate information and education for young transgender people, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior; • Peer-led prevention programs (e.g. role models, mentorship); • Sensitization programs for parents, family members, caregivers and reintegration with families; • Design and implementation of anti-bullying campaigns in school.
	Other interventions for transgender people	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive programs for people in prisons and other closed settings	Community empowerment for people in prisons and other closed settings	<p>Includes package of interventions to enhance community empowerment, such as:</p> <ul style="list-style-type: none"> • Community mobilization • Strengthening and supporting community organizing, including among ex-prisoners • Providing safe spaces • Peer support groups • Social integration programs • Vocational education and training
	Addressing stigma, discrimination and violence against people in prisons and other closed settings	<p>Includes interventions related to addressing stigma, discrimination and violence, such as:</p> <ul style="list-style-type: none"> • Documenting violence and other human rights violations • Legal support and legal literacy • Sensitization of law enforcement and health providers • Awareness-raising of prisoners on human rights • Legal redress • Advocacy for legal and policy reforms • Prevention and responses to sexual, physical, emotional and gender-based violence (e.g. primary prevention, punishment of perpetrator and linkages to other services, including post-rape care, post-exposure prophylaxis and mental health counseling, and other tests)
	Behavioral interventions for people in prisons and other closed settings	<p>Includes individual-level and community-level behavioral interventions, such as:</p> <ul style="list-style-type: none"> • Promotion of personal preventive/adaptive strategies • Prison-based/peer-based information, education, communication • One-on-one and group risk-reduction sessions • Support for design and implementation and related training of prisoners and prison staff
	Condoms and lubricant programming for people in prisons and other closed settings	<p>Includes promotion and distribution of condoms and condom-compatible lubricants in closed settings, such as:</p> <ul style="list-style-type: none"> • Promotion and distribution of female and male condoms and condom-compatible lubricants • Demand generation through peers and other strategies • Referrals to other prevention program components in the closed setting
	Pre-exposure prophylaxis (PrEP)	<p>Activities could include:</p> <ul style="list-style-type: none"> • Oral pre-exposure prophylaxis • Adherence support • Community awareness on pre-exposure prophylaxis • Referrals to HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Comprehensive programs for people in prisons and other closed settings	Harm reduction interventions for people in prisons and other closed settings	Activities could include: <ul style="list-style-type: none"> • Needle and syringe programs • Opioid substitution therapy • Distribution of naloxone
	HIV testing services for people in prisons and other closed settings	Includes testing and counseling adapted to closed settings, such as: Testing : <ul style="list-style-type: none"> • Provider-initiated testing • Mobile outreach services, including testing using rapid diagnostic tests organized in closed settings Counseling: <ul style="list-style-type: none"> • Pre-test information and post-test counseling • Disclosure support • Referrals to HIV prevention, treatment and care services and clinical support services
	Diagnosis and treatment of sexually transmitted infections and other sexual and reproductive health services for people in prisons and other closed settings	Activities could include: <ul style="list-style-type: none"> • Screening and testing of asymptomatic sexually transmitted infections, including: <ul style="list-style-type: none"> • Periodic serological testing for asymptomatic syphilis infection • Asymptomatic urethral gonorrhoea • Rectal gonorrhoea • Chlamydia Trachomatis • Routine sexually transmitted infection check-ups • Syndromic and clinical case management for patients with sexually transmitted infection symptoms • Linkages and integration with sexual and reproductive health, including anal health care and primary care services • Development of syndromic and clinical sexually transmitted infection management services • Training of health personnel in the closed setting
	Prevention and management of coinfections and co-morbidities	Activities could include: <ul style="list-style-type: none"> • Prevention, screening, diagnosis and treatment for tuberculosis; • Intensified case finding for TB; • Education for prisoners on TB including coughing etiquette and respiratory hygiene; • Prevention, screening, diagnosis and treatment for Hepatitis B and C, vaccination for Hepatitis B; • Human papillomavirus and anal cancer screening; • Routine screening and management of mental health, including sexual identity development, depression, minority stress and trauma; • Implementing evidence-based intervention to address harmful alcohol or other substance use.
	Other interventions for people in prisons and other closed settings	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Prevention programs for other vulnerable populations (please specify)	Behavioral interventions for other vulnerable populations	<p>Includes behavioral change interventions tailored to meet the needs of sub-populations to support safer sex, condom use, improved gender norms, testing and counseling etc, such as:</p> <ul style="list-style-type: none"> • Individual level • Community level • Targeted internet-based strategies • Social marketing-based strategies • Sex venue-based outreach • Planning • Training
	Male and female condoms for other vulnerable populations	<p>Activities could include:</p> <ul style="list-style-type: none"> • Promotion and distribution of female and male condoms and condom-compatible lubricants • Demand generation through peers and other strategies • Referrals to other prevention program components
	HIV testing services for other vulnerable populations	<p>Includes activities related to HIV testing and counseling among other vulnerable populations, such as:</p> <p>Testing:</p> <ul style="list-style-type: none"> • Trained lay providers using rapid diagnostic tests • Community-based testing • Provider-initiated testing • Home-based testing • Couples and partner testing • Self-testing <p>Counseling:</p> <ul style="list-style-type: none"> • Pre-test information and post-test counseling • Disclosure support • Referrals to HIV prevention, treatment and care services and clinical support services
	Diagnosis and treatment of sexually transmitted infections and other sexual health services for other vulnerable populations	<p>Activities could include:</p> <ul style="list-style-type: none"> • Screening and testing of asymptomatic sexually transmitted infections, including: <ul style="list-style-type: none"> • Periodic serological testing for asymptomatic syphilis infection • Asymptomatic urethral gonorrhoea • Rectal gonorrhoea • Chlamydia Trachomatis • Routine sexually transmitted infection check-ups • Human papillomavirus and anal and/or cervical cancer screening, as appropriate for the particular population being screened • Syndromic and clinical case management for patients with sexually transmitted infection symptoms • Linkages and integration with sexual and reproductive health, including anal health care and primary care services • Development of syndromic and clinical sexually transmitted infection management services • Training of health personnel

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
	Other interventions for other vulnerable populations	<i>Please specify</i>
Prevention programs for adolescents and youth, in and out of school	Behavioral change as part of programs for adolescent and youth	<p>Includes designing, developing and implementing behavioral change programs aimed at young people, such as:</p> <ul style="list-style-type: none"> • Individual-level behavioral interventions • Community-level behavioral interventions • Targeted internet-based strategies • Social marketing-based strategies • Sex venue-based outreach strategies, including: <ul style="list-style-type: none"> • Outreach and peer education • Life and risk-reduction skills <p>▶ Exclude condom and lubricant provision, HIV testing services, intimate-partner violence, gender-based violence and post-violence care, pre-exposure prophylaxis, social asset building. These are included in other modules.</p> <p>▶ Exclude behavioral change activities related to other vulnerable and young key populations.</p>
	Male and female condoms for adolescents and youth, in and out of school	<p>Includes condom programming for adolescents and youth, such as:</p> <ul style="list-style-type: none"> • Promotion and distribution of female and male condoms and condom-compatible lubricants • Information communication technology platforms and mass media promotion • Social marketing programs • Demand generation through peers and other strategies • Referrals to other prevention program components
	Gender-based violence prevention and treatment programs	<p>Activities could include:</p> <ul style="list-style-type: none"> • Prevention of gender-based and intimate-partner violence • Post-violence care • Crisis response (e.g. establish crisis response team, establish emergency phone number and disseminate, install security equipment in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggressors)
	Pre-exposure prophylaxis (PrEP)	<p>Includes interventions related to pre-exposure prophylaxis, such as:</p> <ul style="list-style-type: none"> • Oral pre-exposure prophylaxis • Adherence support • Community awareness of pre-exposure prophylaxis • Referrals to HIV/sexually transmitted infection prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination
	HIV testing services for adolescents and youth, in and out of school	<p>Includes designing, developing and implementing adolescent- and youth-friendly HIV testing and counseling services, such as:</p> <ul style="list-style-type: none"> • Provider-initiated • Client-initiated • Community-based HIV testing and counseling, including mobile services and partner testing <p>▶ This includes demand creation, training, human resources and links to care and treatment.</p>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Prevention programs for adolescents and youth, in and out of school	Community mobilization and norms change	<p>Includes community mobilization interventions, such as:</p> <ul style="list-style-type: none"> • In and out of school communications and mass media • Workplace policies and programs • Girls' clubs (school- and community-based) • Comprehensive sexuality education (including school-based) • Norms change: <ul style="list-style-type: none"> • Advocacy, local leadership • Addressing negative gender norms and myths • Reaching men and boys • Community mobilization: <ul style="list-style-type: none"> • Large-scale community outreach • Community groups • Integration of interpersonal communication and demand generation for HIV services
	Addressing stigma, discrimination and legal barriers to care	<p>Includes interventions related to addressing stigma, discrimination and violence, such as:</p> <ul style="list-style-type: none"> • Documenting violence and other human rights violations • Legal support and legal literacy • Crisis response (e.g. establish crisis response team, establish emergency phone number and disseminate, install security equipment in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggressors) • Sensitization of law enforcement and health providers • Awareness raising on human rights • Legal redress • Advocacy for legal and policy reforms, including age of consent for accessing services etc, against forced sterilization, forced and early marriage, female genital mutilation • Prevention and responses to sexual and gender-based violence, including referrals to post-exposure prophylaxis and HIV/sexually transmitted infection testing
	Socioeconomic approaches	<p>It includes various socioeconomic approaches, such as:</p> <ul style="list-style-type: none"> • Parenting/caregiver programs • Social grants • Cash transfers
	Linkages of HIV, RMNCH, and tuberculosis programs for adolescents, girls, and young women	<p>Includes linkages and/or integration of HIV programs for adolescent and young women with broader health and development programs, such as:</p> <ul style="list-style-type: none"> • Comprehensive sexual and reproductive health services • TB services • Health and comprehensive sexuality education

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Prevention programs for adolescents and youth, in and out of school	Keeping girls in school	<p>Activities could include:</p> <ul style="list-style-type: none"> • Education subsidies • Teacher training • Community-based training • Parenting programs • Cash transfers • Educational supplies
	Other interventions for adolescent and youth	<i>Please specify</i>
Prevention of mother-to-child transmission	Prong 1: Primary prevention of HIV infection among women of childbearing age	<p>Includes interventions for the prevention of HIV infection among women of childbearing age, such as:</p> <ul style="list-style-type: none"> • Designing, developing and implementing programs aimed at primary prevention of HIV among women of reproductive age within services (antenatal care, post-partum/natal care) • Condom promotion and distribution
	Prong 2: Preventing unintended pregnancies among women living with HIV	<p>Includes interventions for the prevention of unintended pregnancy, such as:</p> <ul style="list-style-type: none"> • Sexual and reproductive health programs for women living with HIV • Linkages and referrals from sexual and reproductive health services to HIV and TB services
	Prong 3: Preventing vertical HIV transmission	<p>Includes prevention of vertical transmission from pregnant women infected with HIV. These interventions occur along the continuum of pregnancy, delivery and breastfeeding, such as:</p> <ul style="list-style-type: none"> • HIV testing services for peri-partum women • Antiretroviral therapy
	Prong 4: Treatment, care and support to mothers living with HIV, their children and families	<p>Includes interventions that integrate treatment and care services for mothers living with HIV, their children and families, such as:</p> <ul style="list-style-type: none"> • Provision of HIV care, treatment (excludes ARV), and support of women of reproductive age living with HIV and their families • Early infant diagnosis • Designing, developing and implementing strategies aimed at supporting retention of the mother-baby pair in PMTCT services, both at the programmatic/facility level and at the community level • Linkages between and/or integration of HIV testing services for pregnant women and antenatal care and treatment services and post-natal follow up
	Other interventions for PMTCT	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
HIV Testing Services	Differentiated HIV testing services	<p>Include testing and counseling via different modalities, such as:</p> <ul style="list-style-type: none"> • Facility-based HIV testing • Community-based testing (including outreach, mobile, home-based, targeted campaigns, partner testing) • Self-testing • Provider- and client-initiated testing based on voluntary and informed consent • Linkages to: <ul style="list-style-type: none"> • HIV treatment and care • Sexually transmitted infection prevention, diagnosis and treatment • Adolescent-friendly sexual and reproductive health services <p>▶ Exclude HIV testing programs for key and vulnerable populations.</p>
Treatment, care and support	HIV care	<p>Includes HIV care given prior to antiretroviral therapy commencement, for programs that have not yet adopted “test and start treatment” as per WHO 2015 HIV treatment guidelines, such as:</p> <ul style="list-style-type: none"> • Pre-antiretroviral therapy HIV care • Baseline clinical assessment and monitoring before treatment initiation • Treatment preparedness/education • Comprehensive support for people in HIV care (including psychosocial support) • Diagnosis and treatment of opportunistic infections and/or co-morbidities, including viral hepatitis • Therapeutic feeding for clinically malnourished people living with HIV • Linkages to antiretroviral therapy • Outpatient health services • Inpatient health services
	Differentiated antiretroviral therapy service delivery	<p>Activities could include:</p> <ul style="list-style-type: none"> • Designing, developing, implementing (including training) differentiated service delivery models (eg. dispensing practices, follow-up time intervals, monitoring practices) using antiretroviral therapy drugs (first-, second -and third-line) • Performing cost-efficiency analysis of differentiated antiretroviral therapy service delivery models • Clinical monitoring of people on antiretroviral therapy that is not a part of strengthening and expansion of viral load monitoring or HIV drug resistance surveillance (for example, this could include CD4 count) • Linkages and referrals to treatment, care and support • Post-exposure prophylaxis or pre-exposure prophylaxis using antiretroviral therapy drugs for the prevention of HIV among people at substantial risk of acquiring HIV • All treatment activities should be differentiated to specific population needs as appropriate (e.g. adults, children, adolescents, key populations)
	Treatment monitoring - drug resistance surveillance	<p>Includes activities related to drug resistance monitoring, such as:</p> <ul style="list-style-type: none"> • Surveillance of acquired HIV drug resistance in populations receiving antiretroviral therapy • Protocol development and training • Survey coordination • Site support visits • Laboratory functions (e.g. genotyping and shipment of specimens) • Technical support (e.g. protocol adaptation and analysis) • Data management (including data collection, report production, printing and distribution)

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Treatment, care and support	Treatment monitoring – Viral load	<p>Includes activities related to viral load monitoring, such as:</p> <ul style="list-style-type: none"> • Strengthening and expansion of laboratory and diagnostic services related to viral load measurement • Developing high-quality diagnostics and plans for implementation (including quality assurance) • Support for expansion of diagnostic services, including decentralization and testing at the point of care • Support to dedicated specimen referral systems, training and certification of health workers who perform the testing • Supervising and monitoring point-of-care tests for quality and reliability strategy for managing supply chain and equipment service • Data management systems for timely identification of quality issues • Regional and national data reporting
	Treatment adherence	<p>Includes activities related to treatment adherence, such as:</p> <ul style="list-style-type: none"> • Designing, developing and implementing a comprehensive treatment adherence strategy both at the programmatic/facility level and at the community level
	Prevention, diagnosis and treatment of opportunistic infections	<p>Includes activities related to the prevention, diagnosis and treatment of opportunistic infections, such as:</p> <ul style="list-style-type: none"> • Designing, developing and implementing diagnosis and treatment programs for opportunistic infections • Vaccination, diagnosis and treatment of viral hepatitis (excluding TB)
	Counseling and psycho-social support	<p>Includes activities related to counseling and psychosocial support, such as:</p> <ul style="list-style-type: none"> • Designing, developing and implementing a comprehensive support program, including psychosocial support • Optimizing nutrition and income generation, etc
	Other interventions for treatment	<i>Please specify</i>
TB/HIV	TB/HIV collaborative interventions	<p>Includes implementation of the 12 elements of TB/HIV collaborative activities that are aligned with the HIV program. These include activities to establish and strengthen the mechanisms for delivering integrated TB and HIV services, activities to reduce the burden of TB among HIV patients and to reduce the burden of HIV in patients with presumptive and diagnosed TB, such as:</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 • HIV testing of TB patients and early initiation of antiretroviral therapy and co-trimoxazole preventive therapy for co-infected patients • Screening of people living with HIV for TB and rapid molecular tests for TB diagnosis among people living with HIV with presumptive TB • Intermittent preventive therapy for people with HIV/AIDS • Administrative, environmental and personal infection control measures • Procurement of consumables and drugs which are not covered by the HIV program

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB/HIV	Engaging all care providers	<p>Includes activities related to engaging public and private providers, traditional healers in TB/HIV control activities (screening, diagnosis, treatment and follow-up of patients), such as:</p> <ul style="list-style-type: none"> • Activities related to setting up of related norms, policies, guidelines • Situation assessment, mapping of providers, meetings, agreements, memorandum of understanding • Training of service providers • Certification and accreditation • Quality assurance, supervision and monitoring • Advocacy and communication <p>▶ “Public-private mix” refers to private providers who are not included in the national tuberculosis program (including private not for-profit and for-profit private clinics, hospitals).</p> <p>▶ “Public-public mix” refers to public providers which are collaborating with the national tuberculosis plan but who are not included in the plan.</p>
	Community TB/HIV care delivery	<p>Includes activities related to involvement of community in TB/HIV control activities, such as:</p> <ul style="list-style-type: none"> • Policy guidance, implementation and scale up • Advocacy and communication • Training and capacity building of community TB service providers, ex-TB patients • Support (including funding) to community-based interventions and outreach services for TB/HIV patients
	Key populations – prisoners and other closed settings	<p>Includes adapting TB services to the needs of prisoners and people in detention and making appropriate services accessible and available, such as:</p> <ul style="list-style-type: none"> • Active case finding among prison populations (TB screening among people living with HIV and HIV testing of TB patients) • Access to appropriate TB and HIV care and treatment • Improve infection control • Provision of mobile outreach services, including regular screening (including using X-rays, Xpert, microscopy) • Provision of treatment with support • Renovating and equipping TB laboratory infrastructure in the prisons and specimen referral mechanisms from prisons to external laboratories • Treatment of latent TB with intermittent preventive treatment • Developing appropriate linkages to ensure continuation of TB treatment and antiretroviral therapy at all stages of detention (i.e. people undergoing treatment before detention, between different stages of detention and on exit from detention) • Linkages with harm reduction programs for prisoners who use drugs, etc
	Key populations – Others	<p>Includes interventions that apply to key populations and high-risk groups, such as displaced people, migrants and ethnic minorities/indigenous populations, miners, children, urban poor, elderly and people who inject drugs. It includes adapting models of TB care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability, such as:</p> <ul style="list-style-type: none"> • Active case finding of TB among people who live with HIV and HIV testing and counseling in TB patients among key populations • Community-based TB care and prevention • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc. • 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 preventive therapy where needed, etc <p>▶ TB/HIV activities for prisoners are included under the intervention “Key populations – prisoners”.</p>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB/HIV	Collaborative activities with other programs and sectors	Includes collaborating with other service providers for patients with co-morbidities, including diabetes and HIV, with other sectors beyond health, such as: <ul style="list-style-type: none"> • Establishing collaboration mechanisms across providers/sectors • Surveillance • Screening, detecting and managing co-morbidities • Establishing referral systems • Capacity building of health care workers • Linkages with harm reduction programs for TB and TB/HIV patients who inject drugs, etc
	Removing human rights- and gender-related barriers to TB/ HIV collaborative programming	Includes activities related to addressing barriers to availability and accessibility of TB/HIV interventions, such as: <ul style="list-style-type: none"> • Activities related to reduction of stigma towards HIV and TB co-infected patients • Access to justice for victims of discrimination or human rights violations • Legal empowerment, etc <p>▶ Evidence-based interventions will be identified and refined by the Working Group on TB, Gender and Human Rights. For more information, refer to the Technical Brief.</p>
	Other	<i>Please specify</i>
Programs to reduce human rights-related barriers to HIV services	Stigma and discrimination reduction	Activities include, for example: <ul style="list-style-type: none"> • Community mobilization and sensitization on HIV-related stigma and discrimination • Public engagement of people living with HIV and HIV/TB, religious and community leaders and celebrities • Media campaigns • 'Edutainment' • Integration of non-stigmatizing messages into TV and radio shows • Inclusion of anti-discrimination programs and policies in work, health and education settings • Rollout of HIV Stigma Index • Peer mobilization and support groups to promote health and non-discrimination
	Legal literacy ("Know Your Rights")	Activities include, for example: <ul style="list-style-type: none"> • Legal/patients' rights' literacy trainings for women, girls and other vulnerable and key populations • Establishment of crisis response mechanisms to prevent abuse
	Training of health care providers on human rights and medical ethics related to HIV and HIV/TB	Activities include, for example: <ul style="list-style-type: none"> • Training of health care providers (including facility- and non-facility-based, health care administrators and health care regulators) on non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment • Facilitation of collaboration between health care points and community organizations for patient support and quality control • Development of institutional policies and accountability mechanisms for health care facilities

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Programs to reduce human rights-related barriers to HIV services	HIV and HIV/TB-related legal services	<p>Activities include, for example:</p> <ul style="list-style-type: none"> • Legal information, referrals, advice and representation related to HIV and HIV/TB, including through peer paralegal community systems • Support to community forms of dispute resolution, including engagement of traditional leaders and customary law in support of people affected by HIV and HIV/TB; strategic litigation
	Sensitization of lawmakers and law enforcement agents	<p>Activities include, for example:</p> <ul style="list-style-type: none"> • Information and sensitization programs for parliamentarians, ministries of justice, judges, prosecutors, police and traditional and religious leaders on legal, health and human rights aspects of HIV and HIV/TB and on violence prevention, including intimate-partner violence and their relation to HIV • Facilitation of discussions among service providers and law enforcement officers to gain police support for health programs • Training of prison personnel on public health, human rights and HIV and HIV/TB responses • HIV and HIV/TB in the Workplace programs for law-makers and enforcers
	Improving laws, regulations and policies relating to HIV and HIV/TB	<p>Activities include, for example:</p> <ul style="list-style-type: none"> • Assessing impact of policies/practices on informed consent and confidentiality on access to services • Legal environment assessments, and community-based monitoring of laws and their implementation in terms of their impact on health and access to services • Advocacy and mobilization for law and policy reform to increase access to services
	Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<p>Activities include, for example:</p> <ul style="list-style-type: none"> • Supporting women, girls and their advocates to address gender inequalities and violence that increase vulnerability to HIV and HIV/TB, including where necessary, reform of domestic relations and domestic violence laws and law enforcement practices; • Reform of age of consent, family law, property, inheritance and custody laws; • Inclusion of gender equality in age-appropriate sexuality and life-skills education; • Roll out of programs to address harmful gender norms and traditional practices, as well as gender-based violence.
	Other	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Program management	Policy, planning, coordination and management of national disease control programs	<p>Includes activities related to policy, planning and management of the three national disease control programs (HIV, TB and malaria) at the central and regional level including:</p> <ul style="list-style-type: none"> • Development of national strategic plans and annual operational plans and budgets (ensuring linkages to the national health strategic plan) • Oversight, technical assistance and supervision from national to subnational levels • Human resource planning/ staffing and training (linked to the national human resources for health plan) and other human resources for health costs related to the strengthening of national disease plans and programs • Coordination with district and local authorities • Quarterly meetings • Office/IT equipment • Partnering process, including advocacy and public awareness and communication carried out by partners and the national program • Mobilizing leaders to support implementation and sustainability of the program, etc • Cross-sector policy and planning (for example on social determinants and protection related to justice, housing, labor, poverty and social welfare) and involvement of key populations in planning ▶ Activities related to the development of national health sector strategic plans and the alignment with the disease-specific plans should be included under RSSH module “Strengthen national health strategies, and links to disease-specific plans”.
	Grant management	<p>Includes specific activities related to managing Global Fund grants ,including at the program management/Principal Recipient/sub-recipient level, such as:</p> <ul style="list-style-type: none"> • Development and submission of grant documents • Oversight and technical assistance related to Global Fund grant implementation and management and specific Global Fund requirements • Supervision from Principal Recipient to sub-recipient level (applicable when the national disease control program is not the Principal Recipient) • Human resource planning/ staffing, training and overheads • Operational costs • Coordination with national program, district and local authorities • Quarterly meetings and office/IT equipment at the Principal Recipient/sub-recipient levels • Mobilizing leaders to support implementation and sustainability of the program, etc
	Other	<i>Please specify</i>
RSSH modules		Modules and interventions related to RSSH are included in the RSSH modular framework section

Core List of Indicators

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

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Impact indicators (All modules)	Impact	HIV I-13	Number and percentage of people living with HIV	Sex (female, male) Age (0-14, 15+) Age group 15-19 (by female, male)* Age group 20-24 (by female, male)*		WHO SI guide 2015- NEEDS.1; page 55; (Global Monitoring Indicator 1) GARPR 2016-2021
	Impact	HIV I-14	Number of new HIV infections per 1,000 uninfected population	Sex (female, male) Age (0-14, 15+) Age group 15-19 (by female, male)* Age group 20-24 (by female, male)*	✓	WHO SI guide 2015- IMP.2; page 177; (Global Monitoring Indicator 10) GARPR 2016-2021
	Impact	HIV I-3.1a	Percentage of individuals seropositive for syphilis	X		WHO SI guide 2015- PREV.12; page 88 Syphilis seropositivity in antenatal care attendees can be used to model syphilis incidence in general population
	Impact	HIV I-3b	Percentage of men who have sex with men with active syphilis	X		WHO SI guide 2015- PREV.12; page 88
	Impact	HIV I-3c	Percentage of sex workers with active syphilis	X		WHO SI guide 2015- PREV.12; page 88
	Impact	HIV I-4	Number of AIDS-related deaths per 100,000 population	Sex (female, male) Age (0-14, 15+) Age group 15-19 (by female, male)* Age group 20-24 (by female, male)*	✓	WHO SI guide 2015- IMP.1; page 173; (Global Monitoring Indicator 9) GARPR 2016-2021
	Impact	HIV I-6	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	X		GARPR 2016-2021 Worded differently in WHO SI guide 2015- MTCT.7- Percentage HIV-infected among HIV exposed infants born in the past 12 months (page 163)

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Impact indicators (All modules)	Impact	HIV I-9a ^(M)	Percentage of men who have sex with men who are living with HIV	Age (<25, 25+)		GARPR 2016-2021 Worded differently in WHO SI guide 2015- Imp.5- Percentage of people from key populations who are HIV-infected (page 178)
	Impact	HIV I-9b ^(M)	Percentage of transgender people who are living with HIV	Age (<25, 25+)	✓	GARPR 2016-2021 Worded differently in WHO SI guide 2015- Imp.5- Percentage of people from key populations who are HIV-infected) (page 178)
	Impact	HIV I-10 ^(M)	Percentage of sex workers who are living with HIV	Age (<25, 25+)		GARPR 2016-2021 Worded differently in WHO SI guide 2015- Imp.5- % of people from KPs who are HIV-infected) (page 178)
	Impact	HIV I-11 ^(M)	Percentage of people who inject drugs who are living with HIV	Age (<25, 25+)		GARPR 2016-2021 Worded differently in WHO SI guide 2015- Imp.5- % of people from KPs who are HIV-infected) (page 178)
	Impact	HIV I-12	Percentage of other vulnerable populations (specify) who are living with HIV	X		
	Impact	TB/HIV I-1	TB/HIV mortality rate per 100,000 population	X		

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Outcome indicators (All modules)	Outcome	HIV O-1 ^(M)	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Sex (female, male) Age (0-14; 15+) Duration of treatment- 24, 36 and 60 months	✓	WHO SI guide 2015- ART-5; page 133; (Global Monitoring Indicator 7) GARPR 2016-2021
	Outcome	HIV O-10	Percentage of women and men with non-regular partner in the past 12 months who report the use of a condom during their last intercourse	X		GARPR 2016-2021
	Outcome	HIV O-4a ^(M)	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Age (<25, 25+)		WHO SI guide 2015- PREV.1.b; page 75; (Global Monitoring Indicator 3b) GARPR 2016-2021
	Outcome	HIV O-4.1b ^(M)	Percentage of transgender people reporting the use of a condom the last time they had sex with a partner	Age (<25, 25+)		GARPR 2016-2021
	Outcome	HIV O-5 ^(M)	Percentage of sex workers reporting the use of a condom with their most recent client	Sex (female, male) Age (<25, 25+)	✓	WHO SI guide 2015- PREV.1.a; page 75; (Global Monitoring Indicator 3a) GARPR 2016-2021
	Outcome	HIV O-6 ^(M)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Sex (female, male) Age (<25, 25+)	✓	GARPR 2016-2021
	Outcome	HIV O-9	Percentage of people who inject drugs reporting condom use at the last sexual intercourse	Sex (female, male) Age (<25, 25+)		WHO SI guide 2015- PREV.1.c; page 76; (Global Monitoring Indicator 3c) GARPR 2016-2021

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Outcome indicators (All modules)	Outcome	HIV O-7	Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse	X		
	Outcome	HIV O-11	Percentage of (estimated) people living with HIV who have been tested HIV-positive	Sex (female, male)		WHO SI guide 2015-HTS.1; page 97; (Global Monitoring Indicator 4) GARPR 2016-2021 (worded differently (Percentage of people living with HIV who have been diagnosed and received their results)
	Outcome	HIV O-12	Percentage of people living with HIV and on antiretroviral therapy who are virologically suppressed (<i>among all those currently on treatment who received a viral load measurement regardless of when they started antiretroviral therapy</i>)	X		WHO SI guide 2015- VLS.3; page153; (Global Monitoring Indicator 8) GARPR 2016-2021
	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	X		GARPR 2016-2021
	Outcome	HIV O-14	Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	X		GARPR 2016-2021 WHO SI guide 2015- Needs.6; page 57
	Outcome	HIV O-15	Percentage of people living with HIV who experienced recent discrimination at health care facilities	X		GARPR 2016-2021

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Prevention programs for general population	Coverage	GP-4	Percentage of antenatal care attendees tested for syphilis	X		WHO SI guide 2015: PREV.10; page 88
	Coverage	GP-5	Number of medical male circumcisions performed according to national standards	X		WHO SI guide 2015: PREV.2; page 79 GARPR 2016-2021
	Coverage	GP-6	Percentage of orphaned and other vulnerable children aged 0–17 years whose households received free basic external support in caring for the child according to national guidelines	X		
Comprehensive prevention programs for key populations	Coverage	KP-1a ^(M)	Percentage of men who have sex with men reached with HIV prevention programs-defined package of services	X	✓	GARPR 2016-2021
	Coverage	KP-1b ^(M)	Percentage of transgender people reached with HIV prevention programs-defined package of services	X	✓	
	Coverage	KP-1c ^(M)	Percentage of sex workers reached with HIV prevention programs-defined package of services	X	✓	GARPR 2016-2021
	Coverage	KP-1d ^(M)	Percentage of people who inject drugs reached with HIV prevention programs-defined package of services	X	✓	GARPR 2016-2021
	Coverage	KP-1e	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	X		

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Comprehensive prevention programs for key populations	Coverage	KP-3a ^(M)	Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	X	✓	WHO SI guide 2015: HTS.7; page 100 GARPR 2016-2021
	Coverage	KP-3b ^(M)	Percentage of transgender people that have received an HIV test during the reporting period and know their results	X	✓	WHO SI guide 2015: HTS.7; page 100
	Coverage	KP-3c ^(M)	Percentage of sex workers that have received an HIV test during the reporting period and know their results	X	✓	WHO SI guide 2015: HTS.7; page 100 GARPR 2016-2021
	Coverage	KP-3d ^(M)	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	X	✓	WHO SI guide 2015: HTS.7; page 100 GARPR 2016-2021
	Coverage	KP-3e	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	X		WHO SI guide 2015: HTS.7; page 100
	Coverage	KP-4	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	X		WHO SI guide 2015: KPOP.2; page 71 GARPR 2016-2021
	Coverage	KP-5	Percentage of individuals receiving opioid substitution therapy who received treatment for at least six months	X		WHO SI guide 2015: KPOP.5; page 73

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Comprehensive prevention programs for key populations	Coverage	KP-6a	Percentage of men who have sex with men using pre-exposure prophylaxis in priority men who have sex with men pre-exposure prophylaxis populations	X		WHO SI guide 2015: PREV.5; page 82 GARPR 2016-2021
	Coverage	KP-6b	Percentage of transgender people using pre-exposure prophylaxis in priority transgender people pre-exposure prophylaxis populations	X		WHO SI guide 2015: PREV.5; page 82 GARPR 2016-2021
	Coverage	KP-6c	Percentage of sex workers using pre-exposure prophylaxis in priority sex worker pre-exposure prophylaxis populations	X		WHO SI guide 2015: PREV.5; page 82 GARPR 2016-2021
Prevention programs for adolescents and youth, in and out of school	Coverage	YP-1	Percentage of young people aged 10–24 years reached by life skills–based HIV education in schools	X		
	Coverage	YP-2	Percentage of adolescent girls and young women reached with HIV prevention programs- defined package of services	X		
	Coverage	YP-3	Percentage of adolescent girls and young women reached with HIV prevention programs- defined package of services	Age 15-19, 20-24, 15-24** Test result (positive, negative) *Age 15-24 is to be reported in cases where data for age groups 15-19 and 20-24 are not available		WHO SI guide 2015: sub-set of HTS.2; page 98

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Prevention programs for adolescents and youth, in and out of school	Coverage	YP-4	Percentage of adolescent girls and young women using pre-exposure prophylaxis	X		WHO SI guide 2015: PREV.5; page 82
Prevention of mother-to-child transmission	Coverage	PMTCT-1	Percentage of pregnant women who know their HIV status	X		WHO SI guide 2015: HTS.4 (page 99) and MTCT.1 (page 160)
	Coverage	PMTCT-2.1	Percentage of HIV-positive pregnant women who received antiretroviral therapy during pregnancy	X		WHO SI guide 2015: MTCT.2; page 161 GARPR 2016-2021 (Worded differently- Percentage of HIV-positive pregnant women receiving effective ARV regimen or started on them (PMTCT coverage))
	Coverage	PMTCT-3.1	Percentage of HIV-exposed infants receiving a virological test for HIV within two months of birth	X		WHO SI guide 2015: HTS.5 (page 99) and MTCT.6 (page 163) GARPR 2016-2021
HIV testing service	Coverage	HTS-1	Number of people who were tested for HIV and received their results during the reporting period	Sex (female, male) Test result (positive, negative)		WHO SI guide 2015: HTS.2; page 98
Treatment, Care and Support	Coverage	TCS-7	Percentage of newly diagnosed people linked to HIV care (individual linkage)	X	✓	WHO SI guide 2015: LINK.1; page 109
	Coverage	TCS-1 ^(M)	Percentage of people living with HIV currently receiving antiretroviral therapy	Sex (female, male) Age (<15, 15+) Age group 15-19 (female, male)* Age group 20-24 (female, male)* Age group 15-24 (female, male)*• Key populations: men who have sex with men, transgender people, sex workers, people who inject drugs •To be reported in cases where data for age groups 15-19 and 20-24 is not available	✓	WHO SI guide 2015: ART.3; page 132 (Global Monitoring Indicator 6) GARPR 2016-2021

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR	REFERENCES/COMMENTS
Treatment, Care and Support	Coverage	TCS-2	Percentage of people living with HIV that initiated antiretroviral therapy with a CD4 count of <200 cells/mm ³	Sex (female, male)		WHO SI guide 2015: ART.4; page 133 GARPR 2016-2021- differently worded (Percentage of HIV-positive persons with first CD4 cell count <200 cells/ml)
	Coverage	TCS-3.1	Percentage of people living with HIV and on antiretroviral therapy who have a suppressed viral load at 12 months (<1000 copies/ml)	Age group 15-19 (female, male) Age group 20-24 (female, male)		WHO SI guide 2015: ART.9 (page 136) and VLS.1 (page 152)
	Coverage	TCS-6	Percentage of antiretroviral therapy sites that had a stock-out of any antiretroviral therapy during the reporting period	X		WHO SI guide 2015: RES.12; page 268
TB/HIV	Coverage	TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status	X		WHO SI guide 2015: LINK.15; page 117
	Coverage	TB/HIV-6	Percentage of HIV-positive new and relapse TB patients on antiretroviral therapy during TB treatment	X	✓	WHO SI guide 2015: LINK.16; page 118
	Coverage	TB/HIV-3.1	Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	X		WHO SI guide 2015: LINK.18; page 119;
	Coverage	TB/HIV-4.1	Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	X		WHO SI guide 2015: LINK.17; page 118 GARPR 2016-2021
Health management information systems and monitoring and evaluation	Coverage	M&E-1	Percentage of health management information systems or other routine reporting units submitting timely reports according to national guidelines	X		

Tuberculosis Modular Framework

1. Cross-cutting activities to strengthen resilient and sustainable systems for health (RSSH) **related to more than one disease program** should be included in the RSSH modules. These activities include: procurement and supply chain management, health management and information systems, human resources for health, integrated service delivery related to reproductive, maternal, newborn, child and adolescent health (RMNCAH), governance and strategy development, and financial management. For example, malaria surveillance, including elimination surveillance efforts, should be included under the RSSH module procurement and supply chain management systems.
2. All activities related to strengthening **disease-specific monitoring and evaluation systems** should also be included under the RSSH module “Health management and information systems and monitoring and evaluation”, as all such activities are considered to be part of strengthening the overall health management information systems. For example, malaria surveillance, including elimination surveillance efforts, should be included under this RSSH module.
3. Activities with the potential to strengthen health system components but that benefit only one disease program should be included in relevant disease-specific modules. For example: procurement of malaria rapid diagnostic tests (improves quality and efficiency of service delivery) should be included under the relevant malaria module; scaling up service providers to increase PMTCT coverage should be included under the relevant HIV module. The only exception to this is for health management information systems and monitoring and evaluation (see point 2).
4. Capacity building, salaries and other activities and costs for recruitment and retention of human resources that support a single disease should be included under the relevant modules and interventions for that disease (for example, human resources and related costs for vector control should be included under the relevant intervention in the vector control module). Similar activities and costs that support a specific cross-cutting RSSH intervention should be included under the relevant intervention. For example, the human resource costs related to “Procurement and supply chain management systems” should be included under this module/interventions. The only exception to this is that human resources costs for the first two interventions under the module “Integrated Service Delivery and Quality Improvement” (“Supportive policy and programmatic environment” and “Service organization and facility management”) should be included in the “Human Resources for Health” module.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB care and prevention	Case detection and diagnosis	<p>Includes early detection of all forms of TB among all ages, including through active case finding as well as through related trainings and capacity building activities. For example, it could include:</p> <ul style="list-style-type: none"> • Diagnosis of TB using sputum smear microscopy (ZN and/or LED-FM) and rapid molecular diagnostic tools for early and rapid diagnosis (e.g Xpert MTB/RIF) and also culture and drug susceptibility testing • Other relevant tools such as X-rays to support diagnosis among smear-negative and extrapulmonary TB cases, children and people living with HIV • Specific strategies and tools to strengthen TB diagnosis among children • Renovating and equipping TB-specific laboratory infrastructure and specimen transport/referral mechanisms from lower- to higher-level laboratories for additional tests • Support poor patients in accessing diagnostic services; etc
	Treatment	<p>Includes standard treatment with first-line drugs, including pediatric preparations. In addition, it could also include:</p> <ul style="list-style-type: none"> • Social support for patients with drug-sensitive TB • Innovative patient-centered care approaches • Supportive activities to improve patient's adherence to treatment • Clinical and laboratory tests to monitor treatment responses • Renovating and equipping TB-specific service delivery infrastructure e.g. health facilities; etc.
	Prevention	<p>Includes activities related to prevention of TB among children. For example, it could include:</p> <ul style="list-style-type: none"> • Provision of preventive therapy for children in contact with bacteriologically confirmed TB cases • Administrative, environmental and personal measures for infection control; etc ▶ Intermittent preventive treatment for TB/HIV is included under the TB/HIV module.
	Engaging all care providers	<p>Includes activities related to engaging public and private providers as well as traditional healers in TB control activities (diagnosis, treatment and follow-up of patients). For example, it could include:</p> <ul style="list-style-type: none"> • Activities related to setting up of related norms, policies, guidelines • Situation assessment, mapping of providers, meetings, agreements, memoranda of understanding • Training of service providers • Certification and accreditation • Quality assurance, supervision and monitoring • Advocacy and communication ▶ Public-private mix refers to private providers who are not included in the national TB program (including private not for-profit and for-profit private clinics, hospitals). ▶ Public-public mix refers to public providers which are collaborating with the national TB program but are not included in it.
	Community TB care delivery	<p>Includes activities related to involvement of the community in TB care and prevention. For example, it could include:</p> <ul style="list-style-type: none"> • Policy guidance, implementation and scale-up • Advocacy and communication • Training and capacity building of community TB service providers, ex-TB patients • Support (including funding) to community-based interventions and outreach services for TB patients

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB care and prevention	Key populations – Prisoners	<p>Includes adapting TB services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include:</p> <ul style="list-style-type: none"> • Active case finding among the prison population • Improve infection control • Provision of mobile outreach services, including regular screening (including using X-rays, Xpert, microscopy) • Provision of treatment with support • Renovating and equipping TB laboratory infrastructure in the prisons and specimen-referral mechanisms from prisons to external laboratories • TB preventive therapy • Developing appropriate linkages to ensure continuation of TB 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 harm reduction programs for prisoners who use drugs, etc <p>▶ TB/HIV interventions for prisoners should be included in the TB/HIV module under interventions for prisoners.</p>
	Key populations – Others	<p>This intervention applies to key populations and high-risk groups such as displaced people, migrants and ethnic minorities/indigenous populations, miners, children, urban poor, elderly and drug users. It includes adapting models of TB care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example, it could include:</p> <ul style="list-style-type: none"> • Active case finding • Community-based TB care and prevention • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc • 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 preventive therapy where needed, etc <p>▶ TB care and prevention activities for prisoners are included under the intervention “Key populations – prisoners”.</p>
	Collaborative activities with other programs and sectors	<p>It includes collaborating with other service providers for patients with co-morbidities (including diabetes) and with other sectors beyond health such as justice, labor, mining, etc. For example, it could include:</p> <ul style="list-style-type: none"> • Establishing collaboration mechanisms across providers/sectors • Surveillance • Screening, detecting and managing co-morbidities • Establishing referral systems • Capacity building of health care workers, etc <p>▶ Activities related to collaboration with maternal and child health should be included under the RMNCH modules.</p>
	Removing human rights- and gender-related barriers to TB care and prevention	<p>Includes activities related to addressing barriers to availability and accessibility of TB prevention and treatment services. For example, it could include:</p> <ul style="list-style-type: none"> • Activities related to reduction of stigma towards TB patients • Access to justice for victims of discrimination or human rights violations • Legal empowerment, etc <p>▶ Evidence-based interventions will be identified and refined by the Working Group on TB, Gender and Human Rights. For more information, refer to the Technical Brief.</p>
	Other	<p><i>Please specify</i></p>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB/HIV	TB/HIV collaborative interventions	<p>This intervention refers to implementation of the 12 elements of TB/HIV collaborative activities that are aligned with the HIV program. These include activities to establish and strengthen the mechanisms for delivering integrated TB and HIV services, and activities to reduce the burden of TB among HIV patients and to reduce the burden of HIV in patients with presumptive and diagnosed TB.</p> <p>For example, it could include:</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 • HIV testing of TB patients and early initiation of antiretroviral therapy and Co-trimoxazole preventive therapy for co-infected patients • Screening of people living with HIV for TB and rapid molecular tests for TB diagnosis among people living with HIV with presumptive TB • Intermittent preventive therapy for people with HIV/AIDS • Administrative, environmental and personal infection control measures • Procurement of consumables and drugs which are not covered by the HIV program
	Engaging all care providers	<p>Includes activities related to engaging public and private providers as well as traditional healers in TB/HIV control activities (screening, diagnosis, treatment and follow-up of patients). For example, it could include:</p> <ul style="list-style-type: none"> • Activities related to setting up of related norms, policies, guidelines • Situation assessment, mapping of providers, meetings, agreements, memoranda of understanding • Training of service providers • Certification and accreditation • Quality assurance, supervision and monitoring • Advocacy and communication <ul style="list-style-type: none"> ▶ Public-private mix refers to private providers who are not included in the national TB program (including private not for-profit and for-profit private clinics, hospitals). ▶ Public-public mix refers to public providers who are collaborating with the national TB program but are not included in it.
	Community TB/HIV care delivery	<p>Includes activities related to the involvement of the community in TB/HIV control activities. For example, it could include:</p> <ul style="list-style-type: none"> • Policy guidance, implementation and scale-up • Advocacy and communication • Training and capacity building of community TB service providers, ex-TB patients • Support (including funding) to community-based interventions and outreach services for TB/HIV patients

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB/HIV	Key populations – Prisoners	<p>Includes adapting TB services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include:</p> <ul style="list-style-type: none"> • Active case finding among the prison population – TB screening among people living with HIV and HIV testing of TB patients • Access to appropriate TB and HIV care and treatment • Improve infection control • Provision of mobile outreach services, including regular screening (including using X-rays, Xpert, microscopy) • Provision of treatment with support • Renovating and equipping TB laboratory infrastructure in the prisons and specimen-referral mechanisms from prisons to external laboratories • TB preventive therapy • Developing appropriate linkages to ensure continuation of TB treatment and antiretroviral therapy at all stages of detention (i.e. people undergoing treatment before detention, between different stages of detention and on exit from detention) • Linkages with harm reduction programs for prisoners who use drugs, etc
	Key populations – Others	<p>This intervention applies to key populations and high-risk groups such as displaced people, migrants and ethnic minorities/ indigenous populations, miners, children, urban poor, elderly and people who inject drugs. It includes adapting models of TB care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example, it could include:</p> <ul style="list-style-type: none"> • Active case finding of TB among people living with HIV and HIV testing and counseling in TB patients among key populations • Community-based TB care and prevention • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc • Implementation of infection-control measures depending on the setting, including appropriate administrative measures, coordination of infection control activities, personal protection and environmental control measures • Provision of preventive therapy where needed, etc <p>▶ TB/HIV activities for prisoners are included under the intervention “key populations – prisoners”.</p>
	Collaborative activities with other programs and sectors	<p>Includes collaborating with other service providers for patients with co-morbidities, including diabetes and HIV, with other sectors beyond health. For example, it could include:</p> <ul style="list-style-type: none"> • Establishing collaboration mechanisms across providers/sectors • Surveillance • Screening, detecting and managing co-morbidities • Establishing referral systems • Capacity building of health care workers • Linkages with harm reduction programs for TB and TB/HIV patients who inject drugs, etc

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
TB/HIV	Removing human rights- and gender-related barriers to TB/HIV collaborative programming	<p>Includes activities related to addressing barriers to availability and accessibility of TB/HIV interventions. For example, it could include:</p> <ul style="list-style-type: none"> • Activities related to reduction of stigma towards HIV and TB co-infected patients • Access to justice for victims of discrimination or human rights violations • Legal empowerment, etc ▶ Evidence-based interventions will be identified and refined by the Working Group on TB, Gender and Human Rights. For more information refer to the Technical Brief.
	Other	<i>Please specify</i>
Multidrug-resistant TB	Case detection and diagnosis: MDR-TB	<p>The activities under this module could include:</p> <ul style="list-style-type: none"> • Early detection, including the use of rapid molecular diagnostics (GeneXpert, line probe assays for first-line drugs and second-line drugs) at decentralized settings. • Culture and drug susceptibility testing in at least reference labs
	Treatment: MDR-TB	<p>Includes provision of supervised second-line treatment for MDR-TB patients delivered through appropriate models of care. In addition, the activities could include:</p> <ul style="list-style-type: none"> • Social support • Management of adverse drug effects • Monitoring of treatment response by clinical and lab services for patients on treatment • Coordination of antiretroviral therapy for patients with HIV co-infection • Introduction of shorter regimens for MDR-TB patients, new drugs (Bedaquiline/Delamanid) • Active pharmacovigilance (in the case of use of drugs which have not yet completed Phase III trials), etc
	Prevention for MDR-TB	<p>Includes activities related to implementation of infection control measures at all levels, including appropriate administrative measures, coordination of infection control activities, personal protection and environmental control measures.</p>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
	Engaging all care providers	<p>Includes activities related to engaging public and private providers, traditional healers in MDR-TB control activities (screening, diagnosis, treatment and follow up of patients). For example, it could include:</p> <ul style="list-style-type: none"> • Activities related to setting up of MDR-TB related norms, policies, guidelines • Situation assessment, mapping of providers, meetings, agreements, memoranda of understanding • Training of service providers • Certification and accreditation • Quality assurance, supervision and monitoring • Advocacy and communication <ul style="list-style-type: none"> ▶ Public-private mix refers to private providers who are not included in the national TB program (including private not for-profit and for-profit private clinics, hospitals). ▶ Public-public mix refers to public providers who are collaborating with the national TB program but are not included in it.
Multidrug-resistant TB	Community MDR-TB care delivery	<p>Includes activities related to the involvement of the community in management of MDR-TB. For example, it could include:</p> <ul style="list-style-type: none"> • Policy guidance, implementation and scale up of MDR-TB-related activities in the community • Advocacy and communication • Training and capacity building of community TB service providers, ex-TB patients • Support (including funding) to community-based interventions and outreach services for MDR-TB patients
	Key populations – Prisoners	<p>Includes adapting TB services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include:</p> <ul style="list-style-type: none"> • Active case finding of MDR-TB among prison populations • Improve infection control • Provision of mobile outreach services, including regular screening (including using X-rays, Xpert, microscopy) • Use of rapid molecular diagnostics (GeneXpert, line probe assay for first-line and second-line drugs) • Provision of treatment with support • Renovating and equipping TB laboratory infrastructure in prisons and specimen-referral mechanisms from prisons to external laboratories • TB preventive therapy where appropriate • Developing appropriate linkages to ensure continuation of MDR-TB 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 harm reduction programs for prisoners who use drugs, etc <ul style="list-style-type: none"> ▶ MDR-TB-related interventions for prisoners should be included here. Other interventions for prisoners (related to TB prevention and care and TB/HIV) should be included under the respective modules and interventions.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Multidrug-resistant TB	Key populations – Others	<p>This intervention applies to key populations and high-risk groups such as displaced people, migrants and ethnic minorities/indigenous populations, miners, children, urban poor, elderly and people who inject drugs. It includes adapting MDR-TB services to meet the needs of specific groups to make services people centered and improve accessibility, appropriateness, and availability. For example, it could include:</p> <ul style="list-style-type: none"> • Active case finding of MDR-TB • Use of molecular diagnostics (GeneXpert, line probe assay for first-line and second-line drugs) • Community-based MDR-TB care and prevention • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc • Provision of preventive therapy where necessary • 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 preventive therapy where needed, etc <p>▶ TB care and prevention activities for prisoners are included under the intervention “Key populations – prisoners”.</p>
	Collaborative activities with other programs and sectors	<p>Includes collaborating with other service providers for patients with co-morbidities, including diabetes and with other sectors beyond health such as justice, labor, mining, etc. for management of MDR-TB. For example, it could include:</p> <ul style="list-style-type: none"> • Establishing collaboration mechanisms across providers/sectors • Surveillance • Screening, detecting and managing co-morbidities • Establishing referral systems • Capacity building of health care workers, etc <p>▶ Activities related to collaboration with maternal and child health should be included under the RMNCH modules.</p>
	Removing human rights- and gender-related barriers to MDR-TB treatment	<p>Includes activities related to addressing barriers to availability and accessibility of MDR-TB treatment. For example, it could include:</p> <ul style="list-style-type: none"> • Activities related to reduction of stigma towards MDR-TB patients • Access to justice for victims of discrimination or human rights violations • Legal empowerment, etc <p>▶ Evidence-based interventions will be identified and refined by the Working Group on TB, Gender and Human Rights. For more information refer to the Technical Brief.</p>
	Other	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Program management	Policy, planning, coordination and management of national disease control programs	<p>Includes activities related to policy, planning and management of the three national disease control programs (HIV, TB and malaria) at the central and regional level, including:</p> <ul style="list-style-type: none"> • Development of national strategic plans and annual operational plans and budgets (ensuring linkages to the national health strategic plan) • Oversight, technical assistance and supervision from national to subnational levels • Human resource planning/staffing and training (linked to the national human resources for health plan) and other human resources for health costs related to strengthening of national disease plans and programs • Coordination with district and local authorities • Quarterly meetings • Office/IT equipment • Partnering process, including advocacy and public awareness and communication carried out by partners and the national program • Mobilizing leaders to support implementation and sustainability of the program, etc • Cross-sector policy and planning (for example, on social determinants and protection related to justice, housing, labor, poverty and social welfare) and the involvement of key populations in planning ▶ Activities related to development of national health sector strategic plans and alignment with the disease-specific plans should be included under RSSH module “Strengthen national health strategies, and links to disease-specific plans”.
	Grant management	<p>Includes specific activities related to managing Global Fund grants, including at the Project Management Unit/Principal Recipient/sub-recipient level. These could include:</p> <ul style="list-style-type: none"> • Development and submission of grant documents • Oversight and technical assistance related to Global Fund grant implementation and management and specific Global Fund requirements • Supervision from Principal Recipient to sub-recipient level (applicable when the national disease control program is not the Principal Recipient) • Human resource planning/staffing, training and overheads • Operational costs • Coordination with national program, district and local authorities • Quarterly meetings and office/IT equipment at the Principal Recipient/sub-recipient levels • Mobilizing leaders to support implementation and sustainability of the program, etc
	Other	<i>Please specify</i>
RSSH modules		Modules and interventions related to RSSH are included in the RSSH modular framework section

Core List of Indicators

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

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Impact indicators (All modules)	Impact	TB I-1	TB prevalence rate per 100,000 population	X	
	Impact	TB I-2	TB incidence rate per 100,000 population	X	
	Impact	TB I-3 ^(M)	TB mortality rate per 100,000 population	X	
	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	X	
	Impact	TB/HIV I-1	TB/HIV mortality rate per 100,000 population	X	
Outcome indicators (All modules)	Outcome	TB O-1a	Case notification rate of all forms of TB per 100,000 population – bacteriologically confirmed plus clinically diagnosed, new and relapse cases	X	
	Outcome	TB O-2a	Treatment success rate of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapse cases	X	✓

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Outcome indicators (All modules)	Outcome	TB O-6	Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated Rifampicin-resistant TB and/or MDR-TB cases	X	
	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	XDR TB	
	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)	X	
TB care and prevention	Coverage	TCP-1 ^(M)	Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed) <i>Includes new and relapse cases</i>	Sex (female, male) Age (<15; 15+) HIV status (positive, negative, not documented) Type (bacteriologically confirmed)	✓
	Coverage	TCP-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, new and relapse cases.	Sex (female, male) Age (<15; 15+) HIV status (positive, negative, not documented)	✓
	Coverage	TCP-3	Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	X	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
TB Care and prevention	Coverage	TCP-4	Percentage of reporting units reporting no stock-outs of anti-TB drugs on the last day of the quarter	X	
	Coverage	TCP-5	Number of children under 5 in contact with TB patients who began intermittent isoniazid preventive therapy	X	
	Coverage	TCP-6a	Number of TB cases (all forms) notified among prisoners	X	
	Coverage	TCP-6b	Number of TB cases (all forms) notified among key populations/high-risk groups (other than prisoners)	Migrants/ refugees/ internally displaced persons Children Others (specify)	
	Coverage	TCP-7a	Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities	X	
	Coverage	TCP-7b	Number of notified TB cases (all forms) contributed by non-national TB program providers – public sector	X	
	Coverage	TCP-7c	Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	X	
	Coverage	TCP-8	Percentage of new and relapse TB patients tested using WHO-recommended rapid tests at the time of diagnosis	X	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Multidrug-resistant Tuberculosis	Coverage	MDR TB-6	Percentage of TB patients with drug susceptibility testing result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year <i>*DST coverage includes results from molecular (example Xpert MTB/RIF) as well as conventional phenotypic drug susceptibility testing results.</i>	X	
	Coverage	MDR TB-2 ^(M)	Number of TB cases with Rifampicin-resistant TB (RR-TB) and/or MDR-TB notified	Sex (female, male) Age (<15; 15+)	
	Coverage	MDR TB-3 ^(M)	Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Sex (female, male); Age (<15; 15+); New TB drugs; Short regimens	✓
	Coverage	MDR TB-4	Percentage of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow-up during the first six months of treatment	X	
	Coverage	MDR TB-5	Percentage of drug susceptibility testing laboratories showing adequate performance on external quality assurance	X	
	Coverage	MDR TB-6	Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year		
	Coverage	MDR TB-7	Percentage of confirmed MDR-TB cases tested for susceptibility to any fluoroquinolone and any second-line injectable drug	X	
	Coverage	MDR TB-8	Number of cases of XDR-TB enrolled on treatment	X	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
TB/HIV	Coverage	TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status	X	
	Coverage	TB/HIV-6 ^(M)	Percentage of HIV-positive new and relapse TB patients on antiretroviral therapy during TB treatment	X	✓
	Coverage	TB/HIV-3.1	Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	X	
	Coverage	TB/HIV-4.1	Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	X	
Health management information systems and monitoring and evaluation	Coverage	M&E-1	Percentage of health management information systems or other routine reporting units submitting timely reports according to national guidelines	X	

1. Cross-cutting activities to strengthen resilient and sustainable systems for health (RSSH) **related to more than one disease program** should be included in the RSSH modules. These activities include: procurement and supply chain management, health management and information systems, human resources for health, integrated service delivery related to reproductive, maternal, newborn, child and adolescent health (RMNCAH), governance and strategy development, and financial management. For example, malaria surveillance, including elimination surveillance efforts, should be included under the RSSH module procurement and supply chain management systems.
2. All activities related to strengthening **disease-specific monitoring and evaluation systems** should also be included under the RSSH module “Health management and information systems and monitoring and evaluation”, as all such activities are considered to be part of strengthening the overall health management information systems. For example, malaria surveillance, including elimination surveillance efforts, should be included under this RSSH module.
3. Activities with the potential to strengthen health system components but that benefit only one disease program should be included in relevant disease-specific modules. For example: procurement of malaria rapid diagnostic tests (improves quality and efficiency of service delivery) should be included under the relevant malaria module; scaling up service providers to increase PMTCT coverage should be included under the relevant HIV module. The only exception to this is for health management information systems and monitoring and evaluation (see point 2).
4. Capacity building, salaries and other activities and costs for recruitment and retention of human resources that support a single disease should be included under the relevant modules and interventions for that disease (for example, human resources and related costs for vector control should be included under the relevant intervention in the vector control module). Similar activities and costs that support a specific cross-cutting RSSH intervention should be included under the relevant intervention. For example, the human resource costs related to “Procurement and supply chain management systems” should be included under this module/interventions. The only exception to this is that human resources costs for the first two interventions under the module “Integrated Service Delivery and Quality Improvement” (“Supportive policy and programmatic environment” and “Service organization and facility management”) should be included in the “Human Resources for Health” module.

MODULE	ORIGINAL INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Vector control	Long-lasting insecticidal nets – Mass campaign	<p>Includes activities related to planning and implementation of mass distribution campaigns for long-lasting insecticidal nets. For example, it could include:</p> <ul style="list-style-type: none"> • Mass distribution of long-lasting insecticidal nets (targeted to specific population groups; for universal coverage; for epidemic response) • Coordination, planning and budgeting, procurement, logistics, waste management • Communication/information, education, communication materials related to mass campaigns • Training, supervision, monitoring and reporting of routine operations • Campaign-specific human resource costs • Human resources, training, etc <p>▶ This does not include community-based surveys.</p>
	Long-lasting insecticidal nets – Continuous distribution	<p>This intervention encompasses activities related to continuous delivery of long-lasting insecticidal nets through various channels. For example, it could include:</p> <ul style="list-style-type: none"> • Distribution of long-lasting insecticidal nets through antenatal care clinics, the Expanded Programme on Immunization (EPI), routine services at public and private health facilities, schools/community based distribution, distribution of long-lasting insecticidal nets for epidemic response • Coordination, planning and budgeting, procurement, logistics • Communication/behavior change activities • Training, supervision, etc <p>▶ If the distribution of long-lasting insecticidal nets is through routine ministry of health services (ex. antenatal care, EPI), monitoring of routine operations, waste management and human resource costs should be included under RSSH module “Integrated service delivery and quality improvement”.</p> <p>▶ If the distribution of long-lasting insecticidal nets is through separate channels such as schools or community, the monitoring of routine operations and reporting, waste management and human resource costs should be included here.</p>
	Indoor residual spraying	<p>Includes planning and implementation of indoor residual spraying. For example, it could include:</p> <ul style="list-style-type: none"> • Enumeration of households to be sprayed • Procurement of insecticides, equipment, other commodities • Communication/information, education, communication materials related to indoor residual spraying campaigns • Coordination, planning and budgeting, logistics and implementation of indoor residual spraying campaigns • Indoor residual spraying for epidemic response • Environmental compliance and waste management • Training, supervision, monitoring and reporting of operations • Campaign-specific human resource costs, etc <p>▶ This does not include community-based surveys.</p>
	Other vector control measures	<p>This includes implementation of environmental management strategies such as:</p> <ul style="list-style-type: none"> • Improving design or operation of water resource development projects to reduce or eliminate vector breeding grounds • Biological controls (e.g. bacterial larvicides and larvivorous fish) that target and kill vector larvae • Chemical larvicides and adulticides that reduce disease transmission by shortening or interrupting the lifespan of vectors • Coordination, planning and budgeting, procurement, logistics • Training, supervision, monitoring and reporting of operations • Operation-specific human resource costs, etc

MODULE	ORIGINAL INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Vector control	Entomological monitoring	<p>Includes a range of activities related to entomological monitoring. For example, it could include:</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 • Training • Maintenance of insectary • Operation-specific human resources costs • Planning for insecticide resistance management, etc
	Information, education, communication/ Behavior change communications	<p>Includes advocacy, communication and social mobilization activities related to vector control. For example, it could include:</p> <ul style="list-style-type: none"> • Preparation of advocacy materials/kits (including kits for community-based organizations and nongovernmental organizations) • Sensitization and mobilization events targeting the policy-makers and key players • Multimedia campaigns, radio and TV instructional series, jingles, billboards and community radio, etc • Development and distribution of information, education, communication materials • Training of community health workers and community volunteers on effective behavior change communications and community mobilization on malaria • Sensitization meetings for opinion leaders at the community and village levels • Human resource costs specific to information, education, communication/behavior change communication for vector control interventions, etc ▶ Any communications/information, education, communication/behavior change communication activities specific to long-lasting insecticidal net mass campaigns and indoor residual spraying campaigns should be included under their respective interventions.
	Removing human rights- and gender-related barriers to vector control programs	<p>Includes activities to ensure socially and legally excluded populations benefit from vector control programs.</p> <ul style="list-style-type: none"> ▶ Evidence-based activities and guidance will be developed by the Working Group on Malaria, Gender and Human Rights. For more information refer to the Information Note.
Case management	Facility-based treatment	<p>Includes activities related to testing and treating malaria cases in health care facilities. For example, it could include:</p> <ul style="list-style-type: none"> • Procurement of diagnostic equipment, rapid diagnostic tests, microscopy reagents and antimalarial drugs • Quality assurance of malaria-related laboratory services • Training and supervision of health care providers • Technical assistance • Facility-based case management for epidemic response ▶ National reference laboratory strengthening, etc. should be included under RSSH module "Integrated service delivery and quality improvement".
	Epidemic preparedness	<p>Includes activities related to development/refining of epidemic response strategy. For example, it could include:</p> <ul style="list-style-type: none"> • Epidemic detection • Recruitment and salary support, etc ▶ Epidemic response-related interventions such as vector control, case management, etc. should be included in their respective modules.

MODULE	ORIGINAL INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Case management	Integrated community case management (iCCM)	<p>Includes activities related to testing and treating malaria cases at the community level. For example, it could include:</p> <ul style="list-style-type: none"> • Procurement of rapid diagnostic tests and antimalarial drugs • Training and supervision of community health workers • Technical assistance • Stipends/payments to community health workers involved in iCCM • Case management at the community level for epidemic response, etc
	Active case detection and investigation (elimination phase)	<p>Includes activities to conduct active case/foci investigations and response. For example, it could include:</p> <ul style="list-style-type: none"> • Case investigation to determine whether the infection was acquired locally and therefore whether or not there is ongoing local transmission • Focus investigation to delineate and characterise the area and population at risk • Searching for cases in the community through active measures and appropriate treatment for all infections • Supervision, training and technical assistance
	Therapeutic efficacy surveillance	<p>Includes activities such as:</p> <ul style="list-style-type: none"> • Establishment of sentinel sites • Equipment and supplies • Training, technical assistance and quality assurance • Recruitment and salary support, etc
	Severe malaria	<p>Includes management of severe malaria cases. For example, it could include:</p> <ul style="list-style-type: none"> • Procurement of antimalarial drugs • Supportive services • Training of health care providers • Technical assistance • Management of severe malaria in epidemics
	Private sector case management	<p>Includes activities related to:</p> <p>(A) Testing and treating malaria cases in the private sector. For example, it could include:</p> <ul style="list-style-type: none"> • Procurement of diagnostic equipment, rapid diagnostic tests, microscopy reagents and antimalarial drugs (if not part of the co-payment mechanism) • Quality assurance of malaria-specific laboratory services • Training and supervision of health care providers • Technical assistance • Private sector case management for epidemic response, etc <p>(B) Private sector co-payment mechanisms, including:</p> <ul style="list-style-type: none"> • Price negotiations • Factory-gate subsidy • Supporting 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, communication/behavior change communication/mass communication campaigns • Private sector provider training (e.g. training for health workers to perform rapid diagnostic tests) • Policy and regulatory activities, quality assurance and control • Country level co-payment taskforce, etc

MODULE	ORIGINAL INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Case management	Ensuring drug and other health product quality	<p>Includes activities related to screening and monitoring the quality of malaria medicines and removal of sub-standard or counterfeit malaria medicines. For example, it could include:</p> <ul style="list-style-type: none"> • Setting of regulations by national medicine regulatory authorities • Removal of artemisinin monotherapies – protocols, guidelines, audits • Active recall and disposal of existing artemisinin monotherapy stocks from the market • Enforcement activities (e.g. 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 in RSSH module “Integrated service delivery and quality improvement”, under the intervention “Supportive policy and programmatic environment”.</p>
	Information, education, communication/ behavior change communication	<p>Includes advocacy, communication and social mobilization activities related to case management of malaria. For example, it could include:</p> <ul style="list-style-type: none"> • Preparation of advocacy materials/kits (including kits for community-based organizations and nongovernmental organizations); • Sensitization and mobilization events targeting the policy-makers and key players; • Multimedia campaigns, radio and TV instructional series, jingles, billboards and community radio, etc.; • Development and distribution of information, education, communication materials; • Training of community health workers and community volunteers on effective behavior change communication; • Community mobilization on malaria; • Sensitization meetings for opinion leaders at the community and village levels; • Human resource costs specific to information, education, communication — behavior change communication for case management interventions and not part of routine activities; etc.
	Removing human rights- and gender-related barriers to case management	<p>Includes activities to ensure socially and legally excluded populations benefit from malaria case management interventions.</p> <p>▶ Evidence-based activities and guidance will be developed by the Working Group on Malaria, Gender and Human Rights. For more information refer to the Information Note.</p>
	Other	<i>Please specify</i>
Specific prevention interventions	Intermittent preventive treatment – In pregnancy	<p>Includes activities such as:</p> <ul style="list-style-type: none"> • Procurement and provision of intermittent preventive treatment with sulfadoxine-pyrimethamine during pregnancy • Supplies for DOTS – cups, water • Training and supervision of health care providers • Technical assistance, etc <p>▶ Human resource costs for antenatal care staff should not be included.</p>

MODULE	ORIGINAL INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Specific prevention interventions	Intermittent preventive treatment – In infancy	<p>Includes activities related to administration of a full therapeutic course of sulfadoxine-pyrimethamine through the EPI at defined intervals corresponding to routine vaccination schedules.</p> <ul style="list-style-type: none"> • Supplies for DOTs – cups, water • Training and supervision of health care providers • Technical assistance <p>▶ Human resource costs for facility health care workers should not be included.</p>
	Seasonal malaria chemoprevention	<p>Includes activities focused in areas with highly seasonal malaria transmission to prevent malaria illness. For example, it could include:</p> <ul style="list-style-type: none"> • Procurement of antimalarials (AQ-SP) • Coordination, planning and budgeting, logistics, communication, implementation • Training, supervision, monitoring and reporting of routine operations • Pharmacovigilance • Drug-resistance monitoring • Campaign-specific human resources costs
	Mass drug administration	<p>Includes activities to interrupt transmission of malaria. For example, it could include:</p> <ul style="list-style-type: none"> • Procurement of antimalarials • Coordination, planning and budgeting, logistics, communication • Training • Supervision, monitoring and reporting of routine operations • Pharmacovigilance • Drug-resistance monitoring • Campaign-specific human resources costs <p>▶ This does not include community-based surveys.</p>
	Information, education, communication/Behavior change communications	<p>Includes advocacy, communication and social mobilization activities related to specific malaria prevention interventions. For example, it could include:</p> <ul style="list-style-type: none"> • Preparation of advocacy materials/kits (including kits for community-based organizations and nongovernmental organizations) • Sensitization and mobilization events targeting the policy-makers and key players • Multimedia campaigns, radio and TV instructional series, jingles, billboards and community radio, etc • Development and distribution of information, education, communication materials • Training of community health workers and community volunteers on effective behavior change communication • Community mobilization on malaria • Sensitization meetings for opinion leaders at the community and village levels • Human resource costs specific to information, education, communication/behavior change communication for specific prevention interventions and not part of routine activities, etc

MODULE	ORIGINAL INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Specific prevention interventions	Removing human rights- and gender-related barriers to specific prevention interventions	<p>Includes activities to ensure socially and legally excluded populations benefit from specific prevention interventions.</p> <ul style="list-style-type: none"> ▶ Evidence-based activities and guidance will be developed by the Working Group on Malaria, Gender and Human Rights. For more information refer to the Information Note.
	Other	<i>Please specify</i>
Program management	Policy, planning, coordination and management of national disease control programs	<p>Includes activities related to policy, planning and management of the three national disease-control programs (HIV, TB and malaria) at the central and regional levels, including:</p> <ul style="list-style-type: none"> • Development of national strategic plans and annual operational plans and budgets (ensuring linkages to the national health strategic plan) • Oversight, technical assistance and supervision from national to subnational levels • Human resource planning/staffing and training (linked to the national human resources for health plan) and other human resources for health costs related to strengthening of national disease plans and programs • Coordination with district and local authorities • Quarterly meetings • Office/IT equipment • Partnering process including advocacy and public awareness and communication carried out by partners and the national program • Mobilizing leaders to support implementation and sustainability of the program, etc • Cross-sector policy and planning (for example on social determinants and protection related to justice, housing, labor, poverty and social welfare) and involvement of key populations in planning ▶ Activities related to the development of national health sector strategic plans and alignment with the disease-specific plans should be included under RSSH module “Strengthen national health strategies, and links to disease-specific plans”.
	Grant management	<p>Includes specific activities related to managing Global Fund grants, including at the Project Management Unit/Principal Recipient/sub-recipient level. These could include:</p> <ul style="list-style-type: none"> • Development and submission of grant documents • Oversight and technical assistance related to Global Fund grant implementation and management and specific Global Fund requirements • Supervision from the Principal Recipient to the sub-recipient level (applicable when the national disease control program is not the Principal Recipient) • Human resource planning/staffing, training and overheads • Operational costs • Coordination with national program, district and local authorities • Quarterly meetings and office/IT equipment at the Principal Recipient/sub-recipient levels • Mobilizing leaders to support implementation and sustainability of the program, etc
	Other	<i>Please specify</i>
RSSH modules		Modules and interventions related to RSSH are included in the RSSH modular framework section

Core List of Indicators

Indicators marked with (M) are mandatory indicators which must be included in the Performance Framework for countries categorized as “Focused”, if those respective modules are supported by Global Fund grants.

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Impact Indicators (All modules)	Impact	Malaria I-1 ^(M)	Reported malaria cases (presumed and confirmed)	Age (<5; 5+) Type of cases (presumed; confirmed) Species (Pf, Pv, others)	
	Impact	Malaria I-2.1	Confirmed malaria cases (microscopy or RDT): rate per 1,000 persons per year	X	
	Impact	Malaria I-3.1 ^(M)	Inpatient malaria deaths: rate per 100,000 persons per year	Age (<5; 5+)	
	Impact	Malaria I-4	Malaria test positivity rate	Species (All; Pf); Type of testing (microscopy, rapid diagnostic test)	
	Impact	Malaria I-5	Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection	Sex (female, male)	
	Impact	Malaria I-6	All-cause under-5 mortality rate per 1,000 live births	Sex (male, female)	
	Impact	Malaria I-9 ^(M)	Number of active foci of malaria	X	
	Impact	Malaria I-10 ^(M)	Annual parasite incidence: Confirmed malaria cases (microscopy or rapid diagnostic test): rate per 1,000 persons per year (Elimination settings)	Source of infection: imported, induced, local-indigenous, local-introduced	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Outcome indicators (All modules)	Outcome	Malaria O-1a	Proportion of population that slept under an insecticide-treated net the previous night	Sex (male, female)	
	Outcome	Malaria O-1b	Proportion of children under 5 who slept under an insecticide-treated net the previous night	X	
	Outcome	Malaria O-1c	Proportion of pregnant women who slept under an insecticide-treated net the previous night	X	
	Outcome	Malaria O-2	Proportion of population with access to an insecticide-treated net within their household	X	
	Outcome	Malaria O-3	Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net	Sex (male, female)	
	Outcome	Malaria O-4	Proportion of households with at least one insecticide-treated net for every two people and/or sprayed by indoor residual spraying within the last 12 months	X	
	Outcome	Malaria O-6	Proportion of households with at least one insecticide-treated net for every two people	X	
	Outcome	Malaria O-7 ^(M)	Percentage of existing insecticide-treated nets used the previous night	X	✓
	Outcome	Malaria O-8	Proportion of households sprayed by indoor residual spraying within the last 12 months	X	
	Outcome	Malaria O-9 ^(M)	Annual blood examination rate: per 100 population per year (Elimination settings)	Case detection (Active, Passive)	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Vector control	Coverage	VC-1 ^(M)	Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	X	✓
	Coverage	VC-3 ^(M)	Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Pregnant women; Children <5; schoolchildren; migrant workers/ refugees/internally displaced persons; Others (specify)	✓
	Coverage	VC-5	Proportion of households in targeted areas that received indoor residual spraying during the reporting period	X	✓
	Coverage	VC-6.1	Proportion of population protected by indoor residual spraying within the last 12 months in areas targeted for indoor residual spraying	X	✓

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
Case management	Coverage	CM-1a ^(M)	Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Age (<5, 5+ year) 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+ year) 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+ year) 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+ year)	
	Coverage	CM-2b ^(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Age (<5, 5+ year)	
	Coverage	CM-2c ^(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Age (<5, 5+ year)	
	Coverage	CM-3a	Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment at public sector health facilities	Age (<5, 5+ year)	
	Coverage	CM-3b	Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment in the community	Age (<5, 5+ year)	✓
	Coverage	CM-3c	Proportion of malaria cases (presumed and confirmed) that received first-line antimalarial treatment at private sector health facilities	Age (<5, 5+ year)	
	Coverage	CM-4	Proportion of health facilities without stock-outs of key commodities during the reporting period	X	
	Coverage	CM-5 ^(M)	Percentage of confirmed cases fully investigated and classified	X	
	Coverage	CM-6 ^(M)	Percentage of malaria foci fully investigated and classified	X	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	DISAGGREGATION CATEGORY (S)	GLOBAL FUND KEY PERFORMANCE INDICATOR
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	X	✓
	Coverage	SPI-2	Percentage of children aged 3–59 months who received the full number of courses of seasonal malaria chemoprevention (3 or 4) per transmission season in the targeted areas	Sex (female, male)	
Health management information systems and monitoring and evaluation	Coverage	M&E-1	Percentage of health management information system or other routine reporting units submitting timely reports according to national guidelines	X	
	Coverage	M&E-2	Proportion of facility reports received over the reports expected during the reporting period	X	

Resilient and Sustainable Systems for Health Modular Framework

1. Cross-cutting activities to strengthen resilient and sustainable systems for health (RSSH) **related to more than one disease program** should be included in the RSSH modules. These activities include: procurement and supply chain management, health management and information systems, human resources for health, integrated service delivery related to reproductive, maternal, newborn, child and adolescent health (RMNCAH), governance and strategy development, and financial management. For example, malaria surveillance, including elimination surveillance efforts, should be included under the RSSH module procurement and supply chain management systems.
2. All activities related to strengthening **disease-specific monitoring and evaluation systems** should also be included under the RSSH module “Health management and information systems and monitoring and evaluation”, as all such activities are considered to be part of strengthening the overall health management information systems. For example, malaria surveillance, including elimination surveillance efforts, should be included under this RSSH module.
3. Activities with the potential to strengthen health system components but that benefit only one disease program should be included in relevant disease-specific modules. For example: procurement of malaria rapid diagnostic tests (improves quality and efficiency of service delivery) should be included under the relevant malaria module; scaling up service providers to increase PMTCT coverage should be included under the relevant HIV module. The only exception to this is for health management information systems and monitoring and evaluation (see point 2).
4. Capacity building, salaries and other activities and costs for recruitment and retention of human resources that support a single disease should be included under the relevant modules and interventions for that disease (for example, human resources and related costs for vector control should be included under the relevant intervention in the vector control module). Similar activities and costs that support a specific cross-cutting RSSH intervention should be included under the relevant intervention. For example, the human resource costs related to “Procurement and supply chain management systems” should be included under this module/interventions. The only exception to this is that human resources costs for the first two interventions under the module “Integrated Service Delivery and Quality Improvement” (“Supportive policy and programmatic environment” and “Service organization and facility management”) should be included in the “Human Resources for Health” module.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Procurement and supply chain management systems	National costed supply chain master plan, and implementation	<ul style="list-style-type: none"> • Support to the development or the update of national costed supply chain master plan/strengthening plan, and its implementation • Interventions to ensure appropriate, uninterrupted, efficient and transparent planning, purchase and distribution of quality medicines, other health products and technologies all along the supply chain to benefit multiple disease programs, including HIV, TB and malaria programs as well as other national health programs • Activities related to increasing national supply chain performance and developing resilient structure and management practices. For example: <ul style="list-style-type: none"> • Producing procurement and supply management system gap analysis • Assessing supply chain maturity • Organizing national procurement and supply management coordination mechanisms • Developing quality assurance processes and performance monitoring mechanisms • Creating dashboard, stock security reports • Strengthening of central and provincial medical stores, etc ▶ Include human resources for health costs and activities related to development and implementation of supply chain plans. ▶ Commodity-related costs (e.g. medicines, lab reagents etc.) should be included in relevant disease modules.
	Procurement strategy	<ul style="list-style-type: none"> • Activities to strengthen and/or design the national procurement strategy and support for setting up procurement mechanisms that enable implementers to improve efficiencies and better value for money. For example: <ul style="list-style-type: none"> • Access to technical support • Assessments of procurement strategy/capability/capacity • Stakeholder meetings and related costs, including human resources for health costs, etc
	Supply chain infrastructure and development of tools	<ul style="list-style-type: none"> • Activities to ensure appropriate storage, inventory management and distribution of medicines and other health products that benefit multiple disease programs, including HIV, TB and malaria programs as well as other national health programs. For example: <ul style="list-style-type: none"> • Procurement of equipment • Increasing storage capacity • Transportation • Hardware and software for logistic management information systems, services, including human resources for health costs, technical support, etc
	National product selection, registration and quality monitoring	<ul style="list-style-type: none"> • Activities to strengthen capacity and capability of the national regulatory authorities in their key regulatory functions, such as: <ul style="list-style-type: none"> • Optimizing registration process for more rapid uptake of new technologies • Increasing capacity to conduct post marketing surveillance • Pharmacovigilance, etc • Activities to strengthen quality-control activities such as supporting quality-control lab accreditation or prequalification (quality-control lab strengthening) • Development of national pharmaceutical policies or operational plans, including <ul style="list-style-type: none"> • Policies and plans to regulate the private sector • Disposal policies and procedures for pharmaceutical products • Developing quality assurance/quality monitoring • Access to relevant technical support, meetings, equipment, software and hardware, etc • Activities to strengthen national regulatory authorities in inspection and enforcement capacity, including updates and dissemination of regulatory frameworks, strengthening collaboration with enforcement bodies (ministry of justice, policy, customs, etc) • Activities to support update of the essential medicines lists, national drug formularies and standard treatment guidelines • Include human resources for health interventions and costs related to regulatory strengthening in this intervention
	Other	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Health management information system and monitoring and evaluation	Routine reporting	<p>Establishment/maintenance/strengthening of national health management information system, DHIS 2, mobile platforms for community-level data collection and reporting, support to other systems or sentinel sites for routine data collection to facilitate:</p> <ul style="list-style-type: none"> • Recording and reporting of outpatients, inpatients and mortality (all cause and disease: specific) • Reporting from public, private and community-based service providers • Geospatial analysis, any related web-based/electronic system to support data reporting from all levels of health system • Reporting forms and tools with appropriate disaggregation of indicators • For HIV it could include: <ul style="list-style-type: none"> • Sentinel surveillance (antenatal care and key populations) • HIV testing services, pre-antiretroviral therapy care and antiretroviral therapy • Longitudinal prospective antiretroviral therapy patient cohort monitoring in all registered antiretroviral therapy patients or in representative sentinel sites • Patient adherence and survival (tracking loss-to-follow-up) • Reporting on distribution of commodities such as condoms and lubricants, sterile injecting equipment (e.g. needles and syringes, information, education, communication materials, etc.) • Routine reporting of TB/HIV collaborative activities and infection control measures, etc • For TB it could include: <ul style="list-style-type: none"> • Routine recording and reporting/e-TB register • Routine reporting of TB/HIV collaborative activities and infection control measures • Surveillance systems • Application of Standards & Benchmarks checklist (case and mortality notification and vital registration systems) • Inventory (e.g. capture-recapture) studies assessing completeness of case mortality reporting, including from private sector, etc • For malaria it could include: <ul style="list-style-type: none"> • Routine systems for reporting on microscopy and rapid diagnostic tests and anti-malaria treatment • Reporting on stock-outs • Data collection and reporting from other care providers (private, community-level) • Reporting on continuous net distribution through health facilities (antenatal care/EPI) • Surveillance systems including sentinel sites as well as surveillance for elimination, etc
	Program and data quality	<p>Activities related to assessments of program and/or data quality, as well as monitoring of quality improvement activities or interventions. This includes, for example:</p> <ul style="list-style-type: none"> • Health facility assessments with a quality-of-services component • Other assessments of program quality • Data-quality assessments and validations • Supervisory visits specific to data collection and reporting only (supervisory visits related to other aspects of the program should be included under the “Program Management” module) • Methods and tools to monitor or assess quality improvement activities or interventions including databases, tools, standards • Assessments such as cost efficiency analyses, etc
	Analysis, evaluations, review and transparency	<ul style="list-style-type: none"> • Analysis, interpretation and use of data and evidence generated through integrated program reviews, evaluation of whole or a specific component of the program • Development and sharing of periodic reports through websites/publications • Reviews and evaluations of national health strategies • Operations research – e.g. specific to any of the components of HIV, TB, and malaria control programs • Model-based (EPP/Spectrum) estimations

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Health management information system and monitoring and evaluation	Surveys	<p>Includes surveys/studies related to assessment of morbidity, mortality, service coverage and bio-behavioral surveys/studies in general populations or identified populations at risk, e.g. demographic health surveys, health and morbidity surveys to assess out-of-pocket expenditures or burden, etc. These could include:</p> <p>HIV:</p> <ul style="list-style-type: none"> • Surveys measuring trends in HIV sero-prevalence and incidence • Risk behavior and key population surveys, e.g. Integrated Bio Behavioural Surveys (IBBS) in key populations • Modes-of-transmission studies • Population based surveys, for example, demographic health survey, AIS or other nationally representative household surveys) • Designing and establishing HIV drug resistance surveillance, etc <p>TB:</p> <ul style="list-style-type: none"> • Surveys related to measuring TB burden • Drug resistance surveys • Population based surveys, for example, demographic health survey, patient cost surveys • Special surveys to assess barriers to access and specific needs of different key populations, etc <p>Malaria:</p> <ul style="list-style-type: none"> • Household surveys (e.g. demographic health survey, multiple indicator cluster surveys and malaria indicator survey) to monitor anemia/ parasitemia prevalence, under-5 mortality and insecticide-treated net/indoor residual spraying/intermittent preventive treatment/treatment coverage, etc
	Administrative and financial data sources	<ul style="list-style-type: none"> • Establishing systems for periodic (annual) reporting on key health administrative and service availability statistics, such as: health workforce; inventory of health care providers and institutions; health care utilization; coverage by social protection mechanisms, etc • National health accounts and disease distributional accounts • Annual health budget review and analysis • Expenditure studies – e.g. national annual sector accounts or other spending assessments, etc
	Vital registration system	<p>Includes activities related to establishing/strengthening and scale-up of vital registration information system, such as:</p> <ul style="list-style-type: none"> • Sample vital registration systems • Strengthening reporting of hospital morbidity and mortality statistics; cause of death; • Establishment of SMS system of reporting • Training of community health workers on reporting vital events, drug stock-outs, etc
	Other	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Human resources for health, including community health workers	Capacity building for health workers, including those at community level	<p>Includes capacity-building activities specifically related to the “Supportive policy and programmatic environment” and “Service organization and facility management” interventions under the module “Integrated service delivery and quality improvement”. This intervention is aimed at health workers who provide health services for more than one of the three diseases (HIV, TB, malaria) and potentially for other health outcomes (RMNCAH). It includes training of health workers, nurses, midwives and community health workers who work on integrated, patient-centered services at the primary health care level. For example, it could include:</p> <ul style="list-style-type: none"> • Pre- and in-service training activities for provision of care and support, preventive and related social services • Leadership and management training • Training on medical ethics aimed at reducing stigma and discrimination in health care settings and improving quality of service delivery • Development or revision of training curricula; institutionalization of innovative learning approaches (e.g. e-learning); building sustainable relationships with national/international academic institutions (or others in the education sector) to ensure sustainable approaches, etc <p>► Capacity building costs for single-disease specific areas (e.g. PMTCT, MDR-TB) should be included in the relevant disease modules.</p>
	Retention and scale-up of health workers, including for community health workers	<p>Includes human resources for health costs aimed at retention and scale-up of the health workforce (e.g. doctors, nurses, midwives, community health workers) specifically related to the policy and service organization interventions under the module “Integrated service delivery and quality improvement”. This intervention is aimed at health workers who provide health services for multiple disease programs, and may also have broader reach to other health outcomes (e.g. RMNCH). For example, it could include:</p> <ul style="list-style-type: none"> • Salaries, monetary and non-monetary incentives • Remuneration costs for community health workers who work on iCCM reference to these costs can be made in the malaria case management module. <p>► Human resources for health costs for retention and scale-up of single disease-specific health workers should be included under the relevant disease module.</p>
	Other	<i>Please specify</i>
Integrated service delivery and quality improvement	Supportive policy and programmatic environment	<p>Includes activities that enable integrated service delivery for women, children and adolescents, by strengthening policies for key platforms for service delivery including antenatal care, integrated community case management, sexual and reproductive health and HIV services, and adolescent health. It could include:</p> <ul style="list-style-type: none"> • Advocacy and support for policy development • Revision of clinical guidelines • Development of referral system policies • Policies for integration of HIV, TB, malaria services into primary health care <p>► TB-HIV collaborative activities should be included under the TB-HIV module.</p> <p>► Human resource costs should be included under the relevant intervention under the “Human Resource for Health” module.</p>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Integrated service delivery and quality improvement	Service organization and facility management	<p>Includes activities that are aimed at improving effectiveness and efficiency of organizational management systems for integrated service delivery for women, children and adolescents, whether in health facilities or in community-based organizations, with a focus on antenatal care, iCCM, sexual and reproductive health and HIV and adolescent health. The activities included here should benefit more than one of the three diseases (HIV, TB, malaria) and should have broader reach to other health outcomes for women, children and adolescents. For example, it could include:</p> <ul style="list-style-type: none"> • Developing and implementing regulations related to service delivery • Improving service organization and management systems e.g. referral system, waste management, etc • Developing a comprehensive approach to ensuring quality of care across service delivery units, including supervision mechanisms, etc • Accompanying operational inputs where necessary, e.g. in low-income countries and/or challenging operating environments • Operational costs for service delivery at integrated health centers that go beyond a single disease, such as antenatal care clinics or for iCCM (e.g. utility costs, facility management costs, etc.). Human resources for health costs should go in the relevant intervention in the human resources for health module. • Highly synergistic RMNCAH integrated services, such as prevention and treatment of anemia, breastfeeding, malnutrition, cervical cancer (with justification) <ul style="list-style-type: none"> ▶ Similar activities benefitting only one disease outcomes within HIV, TB and malaria, should be included in respective disease modules. ▶ Service delivery costs for TB-HIV should be included under the TB-HIV module. ▶ Human resource costs for staff doing integrated service delivery (for e.g. iCCM) should be included under the relevant intervention under the “Human Resources for Health” module.
	Laboratory systems for disease prevention, control, treatment and disease surveillance	<p>Includes activities related to strengthening and optimizing the laboratory network for sustainability. The activities included here should benefit more than one of the three diseases (HIV, TB, malaria) and should have broader reach to other health outcomes for women, children and adolescents. For example, it could include:</p> <ul style="list-style-type: none"> • Developing national laboratory policy and strategic plans • Developing effective laboratory management structures that can provide stewardship and coordination of laboratory services at all levels • Improving laboratory infrastructure and equipment management systems • Improving lab quality management systems including: <ul style="list-style-type: none"> • Support lab accreditation to ISO or similar standard • Support quality improvement towards accreditation – SLMTA or similar program • Integrating laboratory information system into national health management information system (DHIS 2 or similar system) at all levels • Supporting policies and guidelines on biosafety, biosecurity, waste management • Assuring accurate, safe and appropriate diagnostics and reliable laboratory services for disease management • Surveillance and monitoring, including laboratory guidelines, quality assurance, referral protocols, waste management, etc • Capacity building and other human resources for health-related costs (e.g. training of laboratory managers) <ul style="list-style-type: none"> ▶ Similar activities benefitting only one disease outcome (HIV, TB or malaria) should be included in respective disease modules. ▶ Laboratory commodities that benefit a single disease (HIV, TB or malaria), should be included in relevant disease modules.
	Improving service delivery infrastructure	<p>Includes activities related to upgrading or scaling up service delivery infrastructure. The activities included here should benefit more than one of the three diseases (HIV, TB, malaria) and should have broader reach to other health outcomes such as RMNCAH. For example, it could include:</p> <ul style="list-style-type: none"> • Refurbishing facilities, equipment, furniture, vehicles, etc • Accompanying operational inputs, where necessary, e.g. in low-income countries and/or challenging operating environments • Capacity building and other human resources for health-related costs <ul style="list-style-type: none"> ▶ Similar activities benefitting only one disease (e.g. a TB clinic) should be included in relevant disease modules. ▶ Large-scale construction projects (e.g. building a multifunctional hospital) are not funded by the Global Fund.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Integrated service delivery and quality improvement	Provider-initiated feedback mechanisms	<p>Includes activities related to setting up of provider-initiated feedback mechanisms to obtain service user feedback. It could include:</p> <ul style="list-style-type: none"> • Development of scorecards • Setting up of complaint mechanisms • Intercept surveys of users • Development of accountability tools • Analysis of feedback data for service performance assessment and improvement • Capacity building and other human resources for health-related costs
	Other	<i>Please specify</i>
Financial management systems	Public financial management strengthening	<p>Includes activities supporting the strengthening of and alignment with country financial management systems for budgeting, accounting, reporting and assurance provision, including for Global Fund grants as well as activities promoting harmonization with other development partners on financial management implementation arrangements for better health outcomes and sustainable impact. The activities should have a direct bearing on the Global Fund's intervention in the health sector, and promote sustainability and harmonization in financial management. It could include:</p> <ul style="list-style-type: none"> • Financing country action plans for public financial management and accountability and oversight • Enhancing internal controls • Process improvements • Information systems strengthening • Activities to ensure collaboration with other development partners for achievement of synergies • Human resources for health-related activities, such as capacity building of auditing bodies and implementers, etc
	Routine financial management improvement (non-public financial management)	<p>Includes activities supporting financial management capacity improvements for Global Fund grants to enable better fiduciary control, as well as timely and quality reporting for program performance. It includes any activities aimed at strengthening processes and systems. For example:</p> <ul style="list-style-type: none"> • Risk, assurance and treasury management directly at the grant level • Specific grant-related accounting software enhancements • Introduction of tools and process development • Other capacity building directly related to Principal Recipients and sub-recipients • Human resources for health-related activities, such as recruiting Principal Recipients finance staff, etc
	Other	<i>Please specify</i>

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
National health strategies	National health strategies and alignment with disease-specific plans	<ul style="list-style-type: none"> • Activities that contribute to planning, developing and reviewing national health sector strategies, health systems-related strategies and sub-strategies (for example on human resources for health or procurement and supply chain management), policies, regulations, guidelines and protocols with linkages to all three diseases (HIV, TB and malaria), and broader reach to other health outcomes. • Developing and supporting mechanisms to supervise, monitor and report on the implementation of health sector and disease-specific laws, policies, regulations, including national and other consultative forums. This includes: <ul style="list-style-type: none"> • Developing and supporting institutional accountability/monitoring mechanisms to ensure service quality and delivery meet legal and policy standards ▶ Community-based monitoring activities should be included under RSSH module “Community Responses and Systems”. • Activities that contribute to financing of these plans, improving adequate provision of financial resources to public, private and non-government/community institutions for effective delivery of services and disease control programs such as: <ul style="list-style-type: none"> • Improving revenue collection • Pooling and purchasing for ensuring financial sustainability of service delivery • Activities at the local, district, regional and national levels aimed at <ul style="list-style-type: none"> • Integrated planning, programming, budgeting and financing health and disease-control programs • Integrating national disease strategies and budgets into broader health sector strategy • Development of comprehensive national health sector strategic plans, health sector budget and annual operational plan • Oversight, technical assistance and supervision from national to subnational level • Human resources for health-related costs, such as capacity building for policy-makers, etc.
	Other	<i>Please specify</i>
Community responses and systems	Community-based monitoring	<p>Includes establishment of community-led mechanisms for ongoing monitoring of health policies, performance, quality of services, barriers to accessing services, inequalities (such as human rights violations, stigma and discrimination and gender-based inequalities). It could include:</p> <ul style="list-style-type: none"> • Scorecards • Reporting from service users • Community/service user meetings and assessment activities • Setting up of complaint mechanisms • Community reporting of feedback to relevant service providers/decision makers (e.g. collation of data, meetings, production of reports) • Monitoring of individual cases for purposes of sharing with ombudsmen, for litigation, for research reports, and submission to UN human rights mechanisms, etc
	Community-led advocacy	<p>Includes local-, regional- or national-level advocacy activities by community and civil society organizations. Activities can relate to health services, disease-specific programs, or broader issues such as human rights violations, discrimination, gender inequality and sustainable health financing, legal and policy reform. For example, it could include:</p> <ul style="list-style-type: none"> • Research, publication and communication materials • Meetings, participation of community organizations in relevant representative and accountability mechanisms ▶ Advocacy and mobilization activities related to a particular disease-specific intervention should be included in that disease intervention.
	Social mobilization, building community linkages, collaboration and coordination	<p>Includes activities to mobilize communities on health and related social issues. It could include:</p> <ul style="list-style-type: none"> • Community led/participatory assessments of community needs • Creation of networks and effective linkages with other health actors and broader movements such as human rights and women’s movements, etc.

MODULE	INTERVENTION	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE
Community Responses and Systems	Institutional capacity building, planning and leadership development	<p>Includes activities that support establishment of community organizations (informal and formal). It could include:</p> <ul style="list-style-type: none"> • Mapping of community-led organizations and services as basis for improved planning and involvement in delivery • Capacity building of community sector groups, organizations and networks in a range of areas necessary for them to fulfil their roles in service provision, social mobilization, monitoring and advocacy. Includes training, tools and other forms of support for planning, institutional and organizational development, systems development, monitoring and evaluation, financial management, human resources, leadership, and community sector organizing. • Support for infrastructure of community-sector organizations as required to enable them to fulfil roles in service provision, social mobilization, community monitoring and advocacy.
	Other	<i>Please specify</i>
Program management	Policy, planning, coordination and management of national disease-control programs	<p>Includes activities related to policy, planning and management of the three national disease-control programs (HIV, TB and malaria) at the central and regional levels, including:</p> <ul style="list-style-type: none"> • Development of national strategic plans and annual operational plans and budgets (ensuring linkages to the national health strategic plan) • Oversight, technical assistance and supervision from national to subnational levels • Human resource planning/staffing and training (linked to the national human resources for health plan) and other human resources for health costs related to strengthening of national disease plans and programs • Coordination with district and local authorities • Quarterly meetings • Office/IT equipment • Partnering process, including advocacy and public awareness and communication carried out by partners and the national program • Mobilizing leaders to support implementation and sustainability of the program, etc • Cross-sector policy and planning (for example on social determinants and protection related to justice, housing, labor, poverty and social welfare) and involvement of key populations in planning <p>► Activities related to development of national health sector strategic plans and alignment with the disease-specific plans should be included under RSSH module “Strengthen national health strategies, and links to disease-specific plans”.</p>
	Grant management	<p>Includes specific activities related to managing Global Fund grants, including at the Program Management Unit/Principal Recipient/sub-recipient level. These could include:</p> <ul style="list-style-type: none"> • Development and submission of grant documents • Oversight and technical assistance related to Global Fund grant implementation and management and specific Global Fund requirements • Supervision from Principal Recipient to sub-recipient level (applicable when the national disease control program is not the Principal Recipient) • Human resource planning/staffing, training and overheads • Operational costs • Coordination with national program, district and local authorities • Quarterly meetings and office/IT equipment at the Principal Recipient/sub-recipient levels • Mobilizing leaders to support implementation and sustainability of the program, etc
	Other	<i>Please specify</i>

Core List of Indicators

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	GLOBAL FUND KEY PERFORMANCE INDICATOR
Impact indicators (All modules)	Impact	HSS I-1	Under-5 mortality rate per 1,000 live births	
	Impact	HSS I-2	Neonatal mortality rate per 100,000 population	
	Impact	HSS I-3	Maternal mortality ratio per 100,000 population	
Outcome indicators (All modules)	Outcome	HSS O-1	Percentage of women attending antenatal care	
	Outcome	HSS O-2	Percentage of births attended by skilled health professional	
	Outcome	HSS O-3	Ratio of household out-of-pocket payments for health to total expenditure on health	
Procurement and supply chain management systems	Coverage	PSM-2	Percentage of health facilities with essential medicines and lifesaving commodities in stock	
	Coverage	PSM-3	Percentage of facilities providing diagnostic services with tracer items on the day of the assessment	
Health management information systems and monitoring and evaluation	Coverage	M&E-1	Percentage of health management information systems or other routine reporting units submitting timely reports according to national guidelines	
	Coverage	M&E-2	Proportion of facility reports received over the reports expected during the reporting period	
	Coverage	M&E-3	Percentage of deaths registered (as reported by civil or sample registration systems, hospitals, community-based reporting systems) among the total estimated deaths for the same period and geographical region	

MODULE	TYPE OF INDICATOR	INDICATOR CODE	INDICATOR DESCRIPTION	GLOBAL FUND KEY PERFORMANCE INDICATOR
Human resources for health, including community health workers	Coverage	HW-1	Number of health workers per 10,000 population (report on community health workers as applicable)	
	Coverage	HW-2	Distribution of health workers	
	Coverage	HW-3	Number of health workers newly recruited at primary health care facilities in the past 12 months, expressed as a percentage of planned recruitment targets	
	Coverage	HW-4	Annual rate of retention of service providers at primary health care facilities	
	Coverage	HW-5	Number of graduates from health workforce training institutions during the last academic year per 1,000 population	
Integrated service delivery and quality improvement	Coverage	SD-1	Number of health facilities per 10,000 population	
	Coverage	SD-3	Number of outpatient department visits per person per year	
Health systems strengthening – Financial management systems	Coverage	HF-1	Government expenditure on health as percentage of general government expenditure	

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