



# **HIV in Grant Cycle 7**

Information Session – 7 March 2023

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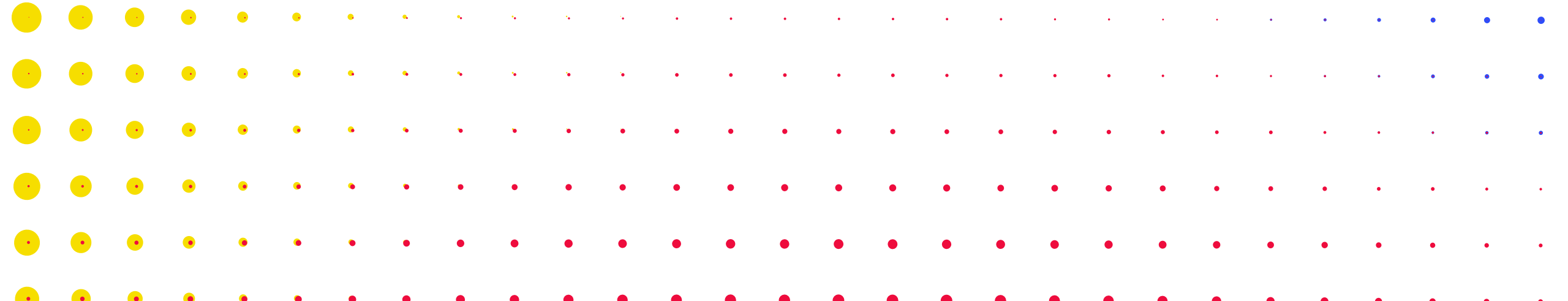
**6 Q&A**

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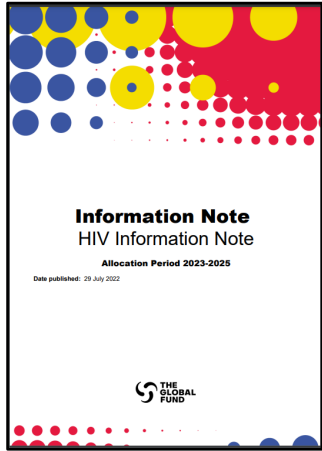
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# Overview of HIV Resources



# Key HIV Resources for Funding Requests

## Updates for the 2023-2025 Allocation Period



### [HIV Information Note](#)

The RSSH, TB and Malaria Information Notes are also available [here](#).

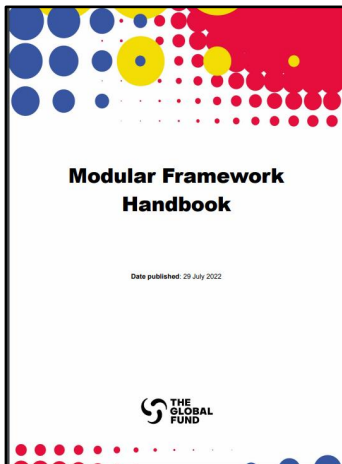
### **Additional Resources**

#### **1. Technical Briefs**

Technical Briefs will be published [here](#) as they are finalized in Q4 2022. These resources will include additional detail on specific topics (Health & Longevity, HIV, Human Rights and Gender Equality).

#### **2. Global Guidelines**

Links to all key technical guidance documents are in footnotes of the HIV Information Note.



### [Modular Framework](#)

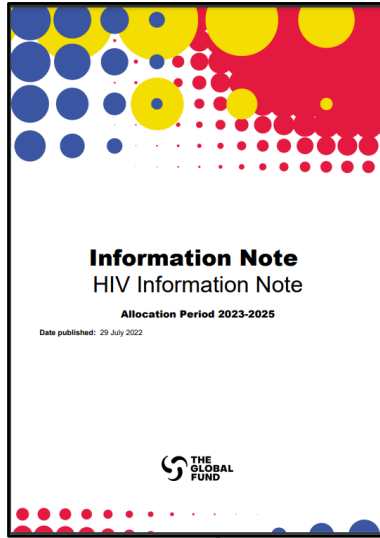
This resource includes details on Global Fund-supported **interventions and indicators**.



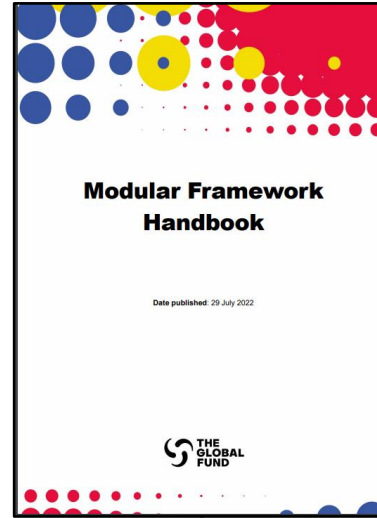
**Translations are in process for all Global Fund materials.**

# Key Changes to HIV-related materials

## Updates for the 2023-2025 Allocation Period



- Alignment with new Global Fund Strategy, along with other global strategies and updated global guidelines
- Includes information on Program Essentials, Priority Interventions and Country examples
- [Access the HIV Information Note here.](#)



- Streamlining of HIV modules and interventions
- Updated indicators aligned with strategy and WHO/UNAIDS M&E
- [Access the Modular Framework here.](#)

### Essential Data Tables



- Additional baseline data (and disaggregates) which is pre-filled by Global Fund, where available.
- Program Essentials table is to be completed by applicant.



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# Technical Review Panel 2020-2022 Takeaways

# Key HIV Takeaways (1 of 3)

## Primary Prevention

1

The Technical Review Panel (TRP) encourages applicants to tailor **HIV prevention packages** to the needs of specific segments of **key and priority populations** considering age, gender, specific vulnerabilities and intersectionality of vulnerability. Applicants should aim for well-budgeted combination prevention programming.

2

The TRP advises applicants to prioritize and budget for **pre-exposure prophylaxis (PrEP) within the core allocation funding request**, especially for key and priority populations with the highest vulnerabilities.

3

To address the needs of key populations adequately, the TRP recommends that applicants **differentiate interventions** according to the unique specificities of each segment within the key populations and within programs for adolescent girls and young women.

4

The TRP encourages applicants to ensure that interventions for adolescent girls and young women, in particular, are suited to the epidemiological context, **prioritizing those at higher risk and value for money, rather than general education and information that is not tailored to context.**

5

The TRP recommends that applicants minimize leakage in the **prevention of mother-to-child transmission and pediatric care clinical cascade** using clear strategies.

# Key HIV Takeaways (2 of 3)

95-95-95

1

The Technical Review Panel (TRP) recommends that applicants adopt, adapt, plan, and systematically implement good practices known to **optimize HIV testing**, including index-testing and HIV self-testing and have more detailed plans concerning known barriers and challenges to testing.

2

The TRP recommends that applicants **differentiate care packages** by epidemiological context, providing details on each step of the cascade and strategies to improve and cover gaps in normative treatment even if not funded by the Global Fund.

3

The TRP requests that applicants plan and accelerate the pace of **rapid Antiretroviral Therapy (ART) initiation, of transition to TLD** and of access to **viral load testing and early infant diagnosis**.

4

The TRP recommends that applicants pay particular attention to **the long-term sustainability of ART programs** through cost-saving innovations and domestic funding mechanisms.



# Key HIV takeaways (3 of 3)

## Other Investment Priorities

1

There is a need to move toward Funding Requests that are strategically focused on results and impact and demonstrate **continuous improvement of program effectiveness and efficiency**.

2

The TRP strongly encourages applicants to continue to present **data-based justification for programming priorities**

4

The TRP urges applicants to provide **disaggregated cascade data**.

3

The TRP sees opportunity to better integrate sexual and **reproductive health and rights in Funding Requests, including family planning, cervical cancer and mental health**.

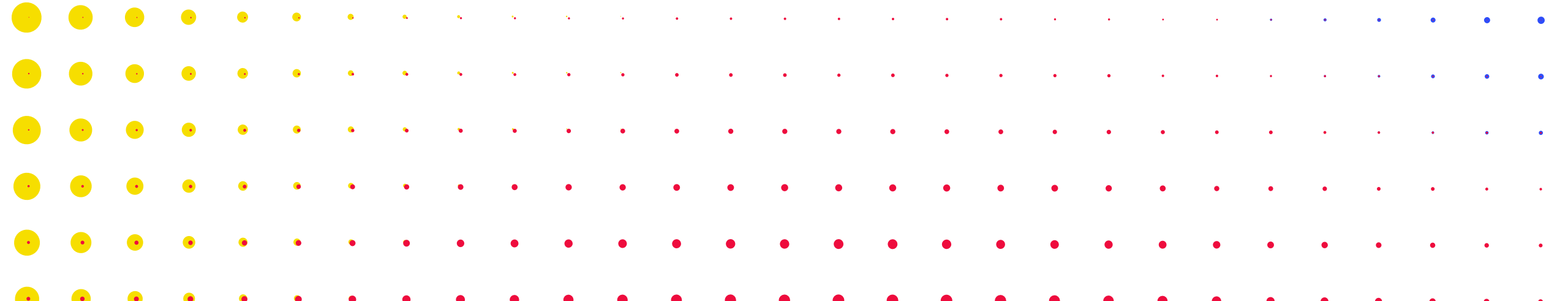
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The TRP recommends that the Global Fund provide greater clarity on what can be funded with respect to key **co-morbidities such as hepatitis, cervical cancer screening, and hormone therapy in focused portfolio countries to enable better integration with services**.



3

# HIV Program Essentials



# Introduction to Program Essentials

## What are they?

Program Essentials are **key evidence-based interventions and approaches** to address the ambitious goals set out in **the HIV, TB, and Malaria global strategies**.

When part of national programs, **Program Essentials will support countries to achieve their national targets**. They can be funded by either The Global Fund or other sources.

## How were they selected?

Elements **recommended by technical partners** (WHO, UNAIDS, Stop TB, RBM) and further described in their respective technical guidelines.

**Critical interventions needed to achieve outcomes and impact** set out in global strategies (WHO, UNAIDS, Stop TB, RBM and the Global Fund).

**Crucial to ensure equity in access** to highly impactful interventions.

# Program Essentials for HIV (1 of 2)

## [HIV Information Note](#) (Table 2)

<b>HIV primary prevention</b>	<ol style="list-style-type: none"><li>1. Condoms and lubricants are available for all people at increased risk of HIV infection.</li><li>2. Pre-exposure prophylaxis (PrEP) is available to all people at increased risk of HIV infection, and post-exposure prophylaxis (PEP) is available for those eligible.</li><li>3. Harm reduction services are available for people who use drugs.</li><li>4. Voluntary medical male circumcision (VMMC) is available for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries.</li></ol>
<b>HIV testing &amp; diagnosis</b>	<ol style="list-style-type: none"><li>5. HIV testing services include HIV self-testing, safe ethical index testing and social network-based testing.</li><li>6. A three-test algorithm is followed for rapid diagnostic test-based diagnosis of HIV.</li><li>7. Rapid diagnostic tests are conducted by trained and supervised lay providers in addition to health professionals.</li></ol>
<b>Elimination of vertical transmission</b>	<ol style="list-style-type: none"><li>8. Antiretroviral treatment (ART) is available for pregnant and breastfeeding women living with HIV to ensure viral suppression.</li><li>9. HIV testing including early infant diagnosis (EID) is available for all HIV-exposed infants.</li></ol>
<b>HIV treatment &amp; care</b>	<ol style="list-style-type: none"><li>10. Rapid ART initiation follows a confirmed HIV diagnosis for all people irrespective of age, sex or gender.</li><li>11. HIV treatment uses WHO-recommended regimens.</li><li>12. HIV care includes management of advanced HIV.</li><li>13. Support is available to retain people across the treatment cascade including return to care.</li><li>14. CD4 and viral load testing, and diagnosis of common comorbidity and coinfections are available for management of HIV.</li></ol>

# Program essentials for HIV (2 of 2)

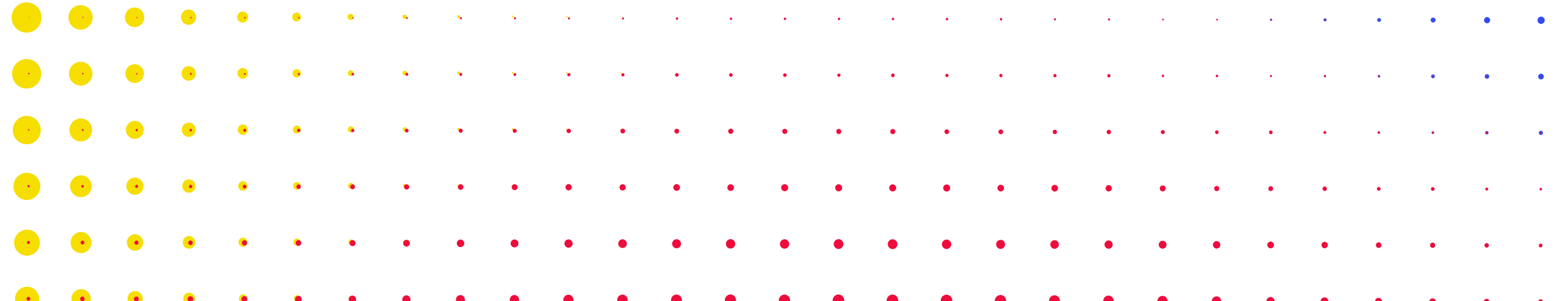
## [HIV Information Note](#) (Table 2)

<b>TB/HIV</b>	15. People living with HIV with active tuberculosis (TB) are started on ART early. 16. TB preventive therapy is available for all eligible people living with HIV including children and adolescents.
<b>Differentiated service delivery (DSD)</b>	17. HIV services (prevention, testing, treatment and care) are available in health facilities, including sexual and reproductive health services, and outside health facilities including through community, outreach, pharmacy and digital platforms. 18. Multi-month dispensing is available for ART and other HIV commodities.
<b>Human Rights</b>	19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers. 20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings. 21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations. 22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.



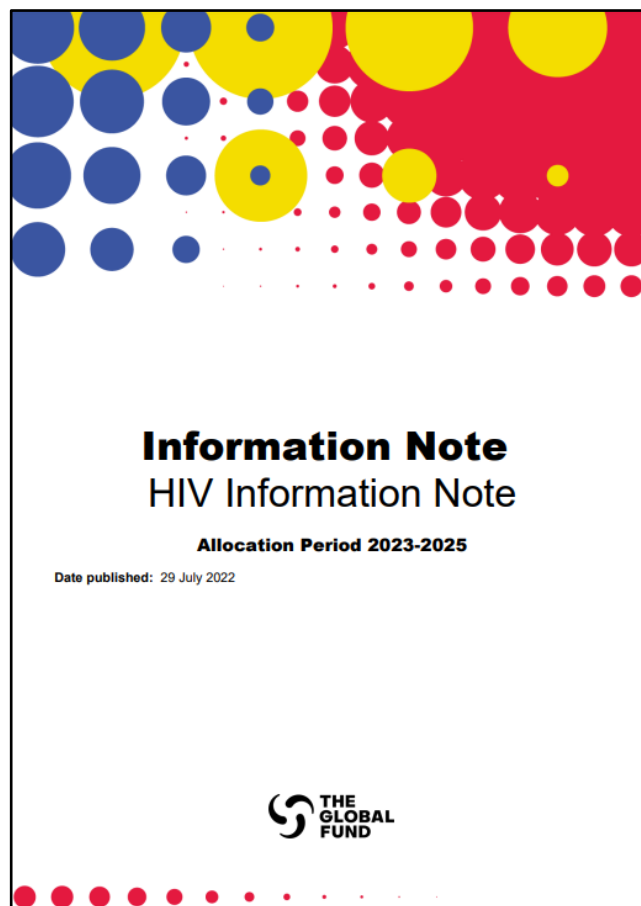
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# HIV Information Note



# HIV Information Note - Contents

Revised structure



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# Priorities and Approaches for Global Fund HIV Investments

## HIV Information Note

Prioritize interventions that can be delivered at sufficient **coverage, quality and scale to have an impact**. Design and deliver **highly targeted** approaches.

Prioritize people living with HIV across their life-course and **populations with the highest risk and vulnerability to HIV**.

Support the **rapid adoption and scale-up of new products, technologies, and service delivery approaches**, as recommended in global strategies and technical guidance.

Contribute to making health systems and **service delivery more equitable, efficient, effective, and sustainable** in delivering **integrated people-centred health services**.

Address human rights- and gender-related **barriers to service access**.



# HIV Investment Approach



## 2.1 Understand

### *Know your epidemic and its updated resource needs*

- Analyze the current and evolving epidemiological context.
- Perform HIV cascade data analysis.
- Understand and update unit cost estimates.
- Analyze the partner landscape.



## 2.3 Deliver

### *Ensure high quality and efficient service delivery for optimal scale-up*

- Accelerate adoption and scale-up of novel health products,\* technologies and service delivery innovations.
- Maximize efficiencies and systems integration, and ensure people-centered health services.
- Ensure standards related to human rights and protection from sexual exploitation, abuse and harassment are met for all Global Fund-supported programs and services.
- Differentiate programming in Challenging Operating Environments.

*\*Table 1*



## 2.2 Design

### *Prioritize an optimal mix of interventions and service delivery platforms*

- Involve stakeholders in program design.
- Prioritize programs, services and platforms that most efficiently use resources and that maximize use and impact of the services.



## 2.4 Sustain

### *Strengthen the sustainability of national disease responses and health and community systems*

- Incorporate sustainability considerations throughout the grant life cycle.
- [Sustainability, Transition & Co-Financing \(STC\) Policy](#)

# Innovative and New product introduction Table 1.

Products and technologies for introduction and scale-up in Global Fund-supported programs

Product Area	Objective
Diagnostics/screening for HIV	Improve case finding, accelerate self-care and prevention
Diagnostics/ screening for coinfections and comorbidities	Accelerate rapid diagnosis of important coinfections and comorbidities
Prevention of HIV	Expand choice, accelerate self-care, enable people- centered services
Management HIV treatment and care	Achieve early and sustained viral suppression
Prevention and management Coinfections and comorbidities	Optimize HIV management to reduce morbidity and mortality
Devices/technology	Accelerate differentiation and digital and virtual service delivery for people-centered services
	Enhance public health surveillance and response

**The detailed list of products is available in the HIV Information Note.**

# HIV Prioritized Interventions and Approaches for Global Fund Investments

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<b>HIV Prevention</b>	Improving access to and use of precision combination HIV prevention for people at increased risk of HIV infection.
<b>HIV Testing</b>	Deliver a Strategic Mix of Tailored HIV Testing Modalities and Linkage to Prevention or Treatment Services.
<b>HIV Treatment</b>	ART, Treatment Continuity, and Maintaining Health (including coinfections and co-morbidities).
<b>Elimination of Vertical Transmission (PMTCT)</b>	HIV, Syphilis and Hepatitis (aligned to triple elimination initiative).
<b>TB/HIV</b>	Addressing Co-infections.
<b>Strategic Information</b>	Data for Impact.
<b>Human Rights</b>	Remove Human Rights- and Gender-related Barriers to Services.

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# HIV Prioritized Interventions (1 of 6)

## Priority Area

### HIV prevention:

Improving access to and use of precision combination HIV prevention for people at increased risk of HIV infection

## Interventions and approaches to prioritize

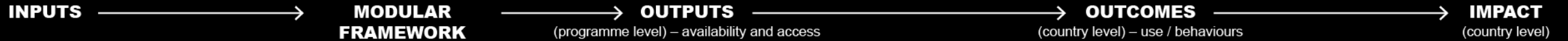
1. Expand coverage of combination HIV prevention for key populations and their sexual partners in all epidemic settings
2. Expand coverage of combination HIV prevention for AGWY and male sexual partners in settings with high HIV incidence
3. Expand service delivery platforms for HIV prevention
4. Expand and integrate human rights interventions into HIV prevention
5. Strengthen HIV prevention program stewardship

# Global Fund HIV primary prevention Results Framework

– results chain (from inputs to impact)

What the Global Fund invests in

Partly as a result of Global Fund investments



**MODULAR FRAMEWORK INTERVENTIONS**  
(made available/accessible via service delivery platforms)

**OUTPUTS**  
(programme level) – availability and access  
# and % out of population in programme catchment area

**OUTCOMES**  
(country level) – use / behaviours  
% out of focus population

**IMPACT**  
(country level)

**Secondary, contributing**

**Primary**

- Reached with a comprehensive package of prevention services

- Used a prevention option during potential HIV exposure opportunity



- Condom & lubricant programming
- PrEP
- SRH services, incl. STIs, hepatitis, post-violence care (PEP)
- Needle & syringe programmes
- OST
- VMMC

- Reached with a comprehensive package of prevention services
- Provided with condoms/lubricants
- Initiated on PrEP
- Provided PEP
- Screened/assessed or tested/treated for STI
- Provided with selected SRH services
- Provided with needles/syringes
- Initiated on OST
- VMMCs performed

- Used a prevention option during potential HIV exposure opportunity
- Consistent and correct condom use during high-risk sex
- Consistent use of PrEP
- Used PEP when needed
- STI prevalence
- Consistent use of sterile needles/syringes
- Maintained on OST
- Circumcision prevalence

**Reduction in new HIV infections**

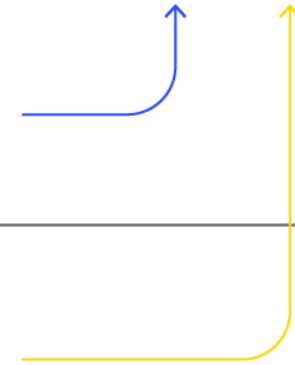
**Country allocations and Catalytic investments**



- HIV prevention communication, information and demand creation (incl. violence prevention)
- CSE in/out of schools

- Reached with a comprehensive package of prevention services
- Reached with HIV prevention communication, information and demand creation
- Reached with CSE (in/out of school)

- HIV risk behaviours (e.g., # of – concurrent – sex partners, type of partners (risk, age), age of sexual debut)
- Knowledge about HIV, risk behaviours, prevention options
- Prevalence of violence



- Community empowerment for key populations
- Removing human rights-related barriers to prevention
- Social protection interventions for AGYW

- Reached with a comprehensive package of prevention services
- Reached with structural interventions

- Prevalence of stigma and discrimination
- AGYW completing secondary school
- AGYW with sufficient financial resources

## Priority Area

# HIV prevention: Expand Service Delivery Platforms for HIV Prevention

## Innovation -1

A combination of public sector (health facility), community-based and community-led, and private sector delivery systems. **(Program Essential 17)**

Expanded platforms for community-based and peer outreach-based HIV prevention programs and services. Considerations for planning large scale “trusted access platforms” for key population programs are described in the Global HIV Prevention Coalition publication.<sup>6</sup> **(Program Essential 17)**

Integrated models for improved HIV prevention and sexual health outcomes for key populations and their sexual/injecting partners, and AGYW and their male partners.

For example, increased availability of HIV prevention and testing in SRH/STI/family planning service delivery platforms.

Virtual platforms (mobile phone and internet-based) to extend outreach beyond physical spaces, expand service delivery and mitigate stigma.<sup>1</sup> **(Program Essential 17)**

Pharmacies (community/private) and other easy access points (e.g., kiosks, shops), schools. **(Program Essential 17)**

Multi-month scripting, dispensing and distribution of key HIV prevention commodities. **(Program Essential 18)**

# HIV Prioritized Interventions (2 of 6)

## Priority Area

### HIV Testing:

Deliver a Strategic Mix of Tailored HIV Testing Modalities and Linkage to Prevention or Treatment Services

## Interventions and approaches to prioritize

1. HIV testing strategy based on routine and frequent review of HIV testing data
2. A strategic mix of differentiated HIV testing services that includes facility-based testing, community-based testing, HIV self-testing, as well as social network-based and safe ethical index testing
3. A three-test strategy, which reduces the risk of false positive results by requiring three consecutive reactive test results to receive an HIV-positive diagnosis
4. The inclusion of HIV self-testing as part of the strategic mix of HIV testing services
5. The use of dual HIV/syphilis rapid diagnostic tests as first test in HIV testing algorithms for pregnant women
6. HIV testing programs should aim for high testing coverage for people at increased risk of HIV infection, such as key populations in all settings, and AGYW and their male sexual partners in high HIV incidence settings
7. The review/modification of policies on parental consent for HIV testing (and self-testing) for adolescents
8. Early infant diagnosis (EID) for children exposed to HIV and linkage to care: Countries should map and optimize laboratory networks to ensure appropriate placement of both conventional and point of care (POC) technologies
9. Safe, ethical, and voluntary index testing should be offered to all people living with HIV, prioritizing newly diagnosed people living with HIV and those who are not virally suppressed
10. The integration of point of care CD4 testing in HIV testing services
11. Linkage to services: Interventions should link people across all ages, sex/gender, and risk categories to the services they need
12. Task shifting. Lay workers and peers can safely perform HIV testing and are important in increasing access to HIV testing, particularly among key and vulnerable populations
13. The use of virtual interventions, including the use of both telephone and internet-based platforms to reach and engage clients in HIV testing.

# HIV Prioritized Interventions (3 of 6)

## Priority Area

**HIV Treatment: ART and Treatment Continuity Maintaining Health**

### Interventions and approaches to prioritize

1. Accelerate and optimize antiretroviral treatment
2. Support health and longevity among people living with HIV
3. Deliver differentiated services for HIV treatment and care



# HIV Prioritized Interventions (4 of 6)

## Priority Area

Elimination of Vertical Transmission: HIV & Syphilis and Hepatitis

### Interventions and approaches to prioritize

1. Integrated HIV testing and rapid ART initiation among pregnant and breastfeeding women including adolescents and key populations at facility and community service delivery points
2. Treatment continuity and retention of the mother-infant pair throughout the breastfeeding period
3. Prevention of new HIV infections among pregnant and breastfeeding women
4. Infant prophylaxis
5. Early infant diagnosis and follow-up HIV testing for infants through the breastfeeding period and linkage to paediatric HIV treatment
6. Integrated service delivery with SRH and maternal, neonatal and child health (MNCH)

# HIV Prioritized Interventions (5 of 6)

## Priority Area

## TB/HIV: Addressing Co-infection

### Interventions and approaches to prioritize

1. HIV testing for all people with TB
2. ART initiated as soon as possible within two weeks of initiating TB treatment, regardless of CD4 cell count for people diagnosed with HIV.
3. Cotrimoxazole preventive treatment and TB treatment for people living with HIV with active TB.
4. Systematic screening for TB disease among people living with HIV at each contact with facility and community health services and integrated in DSD models.
5. For TB diagnosis, WHO-recommended rapid molecular assays should be used as the first diagnostic test.
6. Tuberculosis preventive treatment (TPT) for all eligible people living with HIV.
7. Where services are provided in prisons, systematic screening for TB disease.

# HIV Prioritized Interventions (6 of 6)

## Priority Area

**Strategic Information:** Data for Impact

### Interventions and approaches to prioritize

1. Routine cascade data reviews
2. HIV case surveillance and patient monitoring to enable effective clinical management of patients and to generate data for program monitoring
3. Detailed HIV expenditure analysis
4. Bio-behavioral surveys (BBS) and population size estimates (PSE) among key and vulnerable populations
5. Monitoring HIV Prevention Programs
6. Data Quality Assessments (DQA)
7. HIV Drug Resistance (HIVDR) Surveillance
8. People Living with HIV Stigma Index
9. Community-led monitoring

## Priority Area

**Human Rights:** Remove Human Rights- and Gender-related Barriers to Services

### Interventions and approaches to prioritize

1. Eliminate stigma and discrimination in all settings
2. Ensure non-discriminatory provision of health care
3. Improve legal literacy (“know-your rights”)
4. Increase access to justice
5. Ensure rights-based law enforcement practices
6. Improve laws, regulations and policies relating to HIV and HIV/TB
7. Reduce HIV-related gender discrimination, harmful gender norms and violence against women and girls
8. Community mobilization and advocacy for human rights

# Key considerations in addition to the 2015 Framework for Financing Co-infections and Co-Morbidities of HIV/AIDS, Tuberculosis and Malaria (COIM).

A strong investment case.

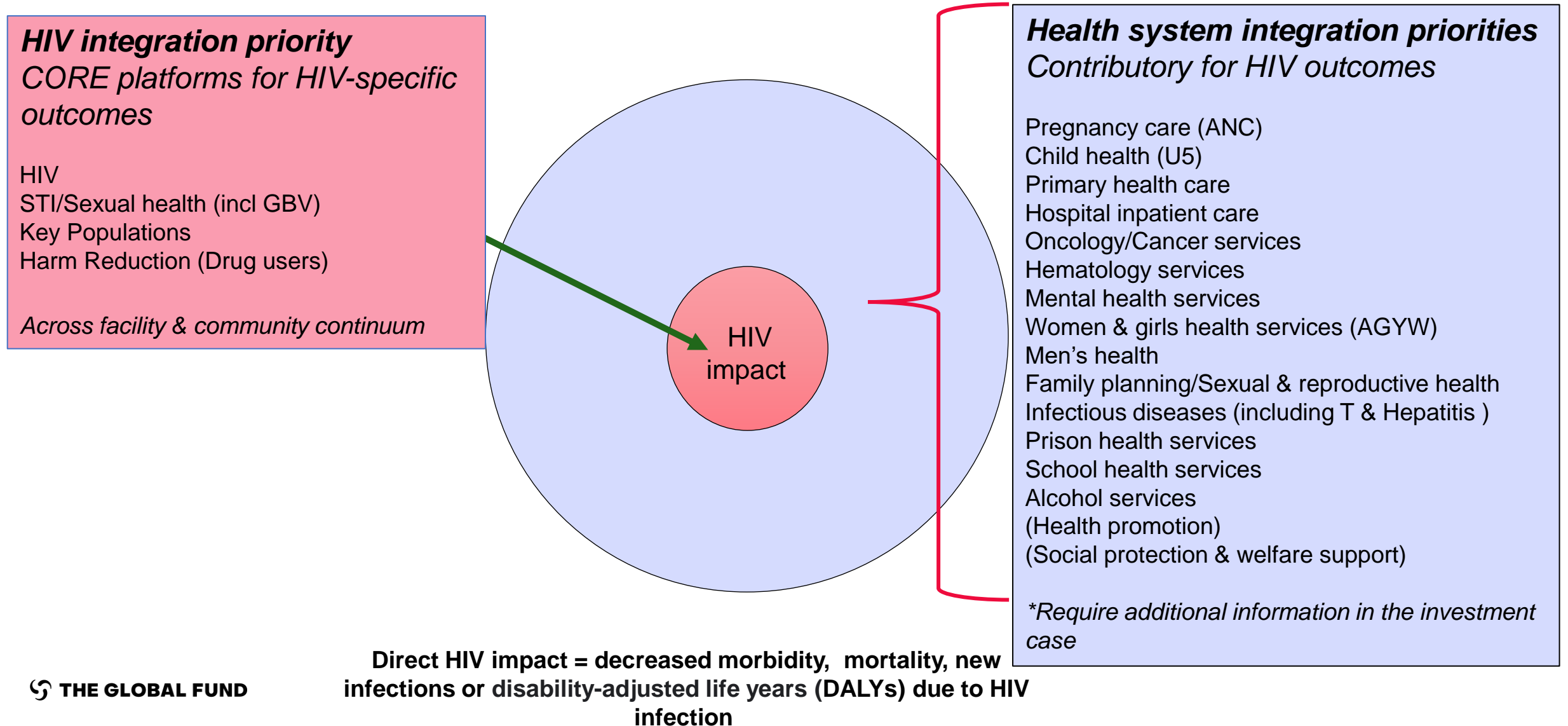
Proposed interventions reflect integrated people-centered services and approaches.

Proposed interventions leverage HIV service delivery platforms.

Identification of, and alignment with relevant co-financing- domestic and other funders.

# Service delivery platforms for differentiation and integration

## Pathways to sustainable HIV services



# Seven Priority Areas

Advanced HIV  
Disease

Viral Hepatitis

Cervical Cancer

Anal Cancer

Non-Communicable  
Diseases

Mental Health

Coronavirus Disease  
(COVID-19) and  
other emerging  
pandemics

**Interventions and approaches to prioritize**

1. **CD4 cell count** - a Global Fund priority intervention. It is the entry point for the AHD package of care
2. **Tuberculosis**. to rapidly scale up point-of-care urinary TB LAM tests, scale up TPT and CPT.
3. **Cryptococcal meningitis**. CrAg screening, the use of pre-emptive therapy with fluconazole as outlined in the WHO guidance (2022).
4. **Histoplasmosis and other regional**
5. **endemic fungal infections** associated with HIV in endemic settings is in line with WHO AHD guidance (2017).  
**Enhanced patient and community support**. As outlined section 3.2.3 on HIV Treatment.

**Interventions and approaches to prioritize****Hepatitis B Virus (HBV)**

1. **Integrated HBV testing within HIV service delivery platforms** as part of a comprehensive people-centered package in line with WHO guidance is an HIV integration priority (Figure1).
2. **Prevention: Integrated HBV vaccination delivery** within HIV platforms including for PLHIV and KPs as part of comprehensive prevention packages. **Elimination of Vertical HIV Transmission**: In line with the HIV Information Note guidance.
3. **Pretreatment assessment and treatment**: Hepatitis B treatment is an integration in HIV platforms in line with the WHO-recommended algorithm for diagnosis, treatment and monitoring
4. **Advanced care for chronic HBV disease**: If applicants are considering investments in long-term hepatitis B treatment, additional information is required as part of the detailed costed investment case and will be considered on a case-by-case basis.



# Viral Hepatitis B

## Priority Area

Elimination of Vertical Transmission: HIV & Syphilis and Hepatitis (Section 3.2.4 page 31 )

### Interventions and approaches to prioritize

1. **Integrated HIV testing and rapid ART initiation** among pregnant and breastfeeding women including adolescents and key populations at facility and community service delivery points
2. **Treatment continuity and retention** of the mother-infant pair throughout the breastfeeding period
3. **Prevention of new HIV infections** among pregnant and breastfeeding women
4. **Infant prophylaxis**
5. **Early infant diagnosis and follow-up** HIV testing for infants through the breastfeeding period and linkage to paediatric HIV treatment
6. **Integrated service delivery** with SRH and maternal, neonatal and child health (MNCH)

**Interventions and approaches to prioritize****Hepatitis C Virus (HCV)**

1. **Integrated HCV testing within HIV service delivery platforms** as part of a comprehensive people-centered package in line with WHO guidance is an HIV integration priority (Figure1).
2. **Integrated HCV prevention** within HIV platforms including for PLHIV and KPs and is included in the comprehensive harm reduction services for people who inject drugs and alongside provision of condoms and lubricants and appropriate behavior change.
3. **Confirmation of viremia, assessment, and treatment:** Hepatitis C treatment is an integration priority in HIV platforms in line with WHO-recommended algorithm for diagnosis, treatment, and monitoring
4. **Advanced care for chronic HCV disease:** If applicants are considering investments in long-term and chronic hepatitis C treatment, additional information is required as part of the detailed costed investment case and will be considered on a case-by-case basis.

**Interventions and approaches to prioritize**

1. **Screening and diagnosis**: within HIV platforms is an HIV integration priority for all women living with HIV, transgender, non-binary and intersex people, as well as those accessing HIV services who meet WHO eligibility criteria for screening.
2. **HPV vaccination**: is an integration priority in HIV platforms for women living with HIV, transgender, non-binary and intersex people, key and vulnerable populations and their partners, and specifically girls aged 9–14 years before becoming sexually active in line with WHO eligibility criteria. This excludes the cost of the vaccine.
3. **Secondary preventative treatment**: as part of an integrated package of care within HIV service delivery platforms as soon as possible within six months of diagnosis.
4. **Advanced and invasive cancer treatment**: Integrated referral for advanced and invasive cervical cancer treatment is encouraged.

**\*Secondary wider health system integration priorities.**

**Interventions and approaches to prioritize**

1. **Screening and diagnosis:** within HIV platforms is an HIV integration priority for all PLHIV, as well as for KVP. Applicants are encouraged to align with the most updated global guidance and their national strategies and guidance.
2. **Treatment and advanced cancer care:** Additional information is required as part of the detailed costed investment case and will be considered on a case-by-case basis.

**Interventions and approaches to prioritize**

- 1. Early detection for NCDs:** part of integrated packages delivered within HIV platforms as an integration priority aligned with WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring.
- 2. Primary and secondary prevention of NCDs:** behavioral advice and support as a part of integrated packages delivered within HIV platforms, addressing modifiable disease risk factors as recommended by the WHO guidance.
- 3. Treatment:** Integration of nationally available and procured treatment within HIV service delivery platforms is supported by the Global Fund. *Where there is a strong investment case to address gaps in NCD management for people living with HIV, it will be considered on a case-by-case basis.*

Applicants are encouraged to align NCD follow-up visits with those for HIV care as well as to integrate multi-month dispensing of NCD medicines with ART.

**Interventions and approaches to prioritize**

- **Context-specific integration of interventions and services** to screen, diagnose and treat mental, neurological or substance use conditions in all their diversity is **an integration priority** across HIV service delivery platforms in line with WHO guidance and the recent joint *Integration of mental health and HIV interventions — Key considerations* publication.
- Applicants are encouraged to **integrate multi-month dispensing** of ART and medicines to treat the above conditions, where possible also **integrating mental health treatment and follow-up appointments** with those for HIV services.
- Applicants are encouraged to align investments in **mental health and psychosocial support**.

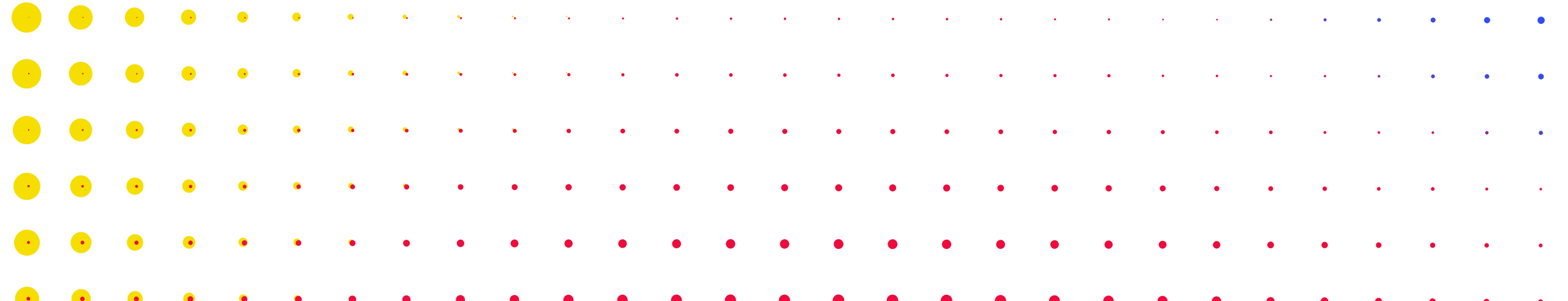
**Interventions and approaches to prioritize**

- The highest priority identified is protecting access to and uptake of essential HIV services and to maintain or strengthen interventions to remove human rights- and gender-related barriers to accessing HIV services.
- The Global Fund (2021). Information Note: Mitigation of COVID-19 Effects on HIV, TB and Malaria Services and Programs. [https://www.theglobalfund.org/media/10748/covid19\\_htm-mitigation\\_informationnote\\_en.pdf](https://www.theglobalfund.org/media/10748/covid19_htm-mitigation_informationnote_en.pdf)
- WHO released new guidelines on [Clinical Management and Infection Prevention and Control for Monkeypox](#).
- The Global Fund (2022). Technical Brief. Global Fund Support to Prevent, Detect and Respond to Monkeypox. [https://www.theglobalfund.org/media/12435/core\\_monkeypox\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/12435/core_monkeypox_technicalbrief_en.pdf)



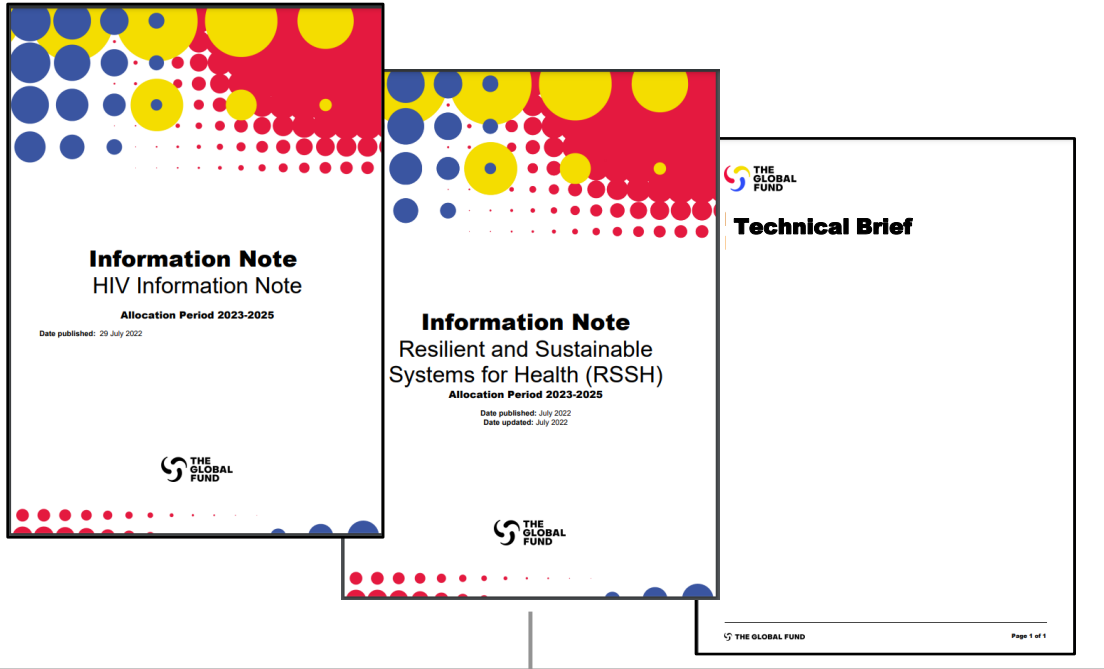
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# Modular Framework: HIV

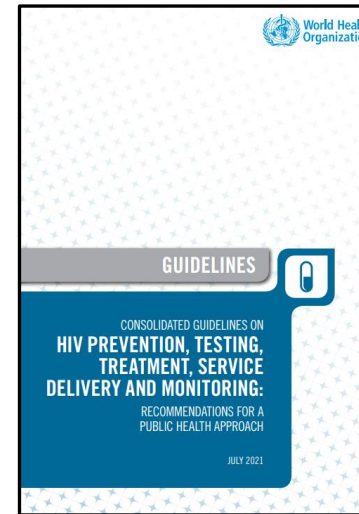




# The Modular Framework is linked to/builds on other guidance documents and reflects global guidance and metrics



- **Information Notes:** Guidance to applicants preparing funding requests for HIV and joint tuberculosis (TB)/HIV programs and for RSSH (Links: [HIV](#); [RSSH](#)).
- **Technical Briefs** provide additional detail in specific areas (e.g., HIV services in Complex Operating Environments, Maintaining Health and Longevity, etc.) ([Link](#)).



- Modules and interventions in the Modular Framework reflect global guidelines, strategies ([Link](#)).



- Updated indicators in the Modular Framework are aligned with Global AIDS Monitoring Framework and WHO HIV monitoring indicators ([Link](#)).

*¡a clic en "Interpretación" para español. | Clique na interpretação para português.*

# HIV Modular Framework Updates

## Alignment with the Global Fund Strategy (2023-2028)

- Move to greater precision public health.
- Intensified, tailored and targeted high-impact prevention investments; focus on prevention outcomes aligned with Prevention Theory of Change.
- Innovation in programs.
- Advanced HIV Disease.
- Continued focus on equity, human rights and gender.
- Enable tracking of budget dedicated to key strategy areas.
- Adapted to accommodate future HIV landscape.

*The Global Fund Strategy (2023-2028) is an enabler to achieve global goals. Countries adapt their responses according to country/epidemiologic context.*

## Alignment with global HIV standards and strategies

- Updated language, activity descriptions and indicators to align with new global HIV strategies and technical recommendations.

## Further Streamlining

- Address duplication and overlaps
- Updated reporting system to improve budget data quality.

### Modules/Interventions:

- 85 interventions. (Reduced from 136 in 2020-2022).
- Removal of duplication and overlaps.

### Indicators:

- 22 new indicators (10 related to human rights).
- 18 indicators updated.
- 5 indicators discontinued.
- Disaggregation streamlined.

# Summary of changes by module (1)

Module	Key changes
Prevention	<ul style="list-style-type: none"> <li>• <u>Structural change</u>:               <ul style="list-style-type: none"> <li>• Moved back to an “NFM2-like structure”, <b>prevention modules structured by priority populations</b>, including 5 KPs and their sexual partners, adolescent girls and young women (AGYW) and their male sexual partners (MSP), and Other vulnerable populations.</li> <li>• Structural change resulted in the removal of the population tab from the detailed budget template.</li> </ul> </li> <li>• Consistent list of interventions across all populations – with tailored additions for people who use drugs (both injecting and non-injecting), people in prison/detention/closed settings and AGYW/MSP.</li> <li>• Streamlining include merging components of the COIM intervention with SRH intervention and removing harm reduction as a stand-alone intervention (kept only for prisoners).</li> <li>• AGYW and MSP are included under the same prevention module with dedicated interventions. Budget can be allocated to AGYW and/or MSP.</li> <li>• Added a <b>new prevention module</b> (<i>Prevention program stewardship</i>) with a focus on strengthening national prevention program stewardship.</li> </ul>
Elimination of vertical transmission of HIV, syphilis and hepatitis B	<ul style="list-style-type: none"> <li>• List of interventions is completely new.</li> <li>• Transformed the former PMTCT module, moved beyond the 4 prongs and focused on program &amp; interventions delivered through MNCH platform.</li> <li>• Aligned to <b>triple elimination of vertical transmission</b> (including Syphilis/Hepatitis B).</li> <li>• Doesn't include treatment for pregnant women anymore, that will be budgeted entirely in the <i>Treatment, Care and Support</i> module (HIV treatment and differentiated service delivery - Adults [15 and above]).</li> </ul>

# Summary of changes by module (2)

Module	Key changes
Differentiated HIV Testing Services	<ul style="list-style-type: none"> <li>• <u>Structural change</u>: <b>Shift from population to program approach</b> to improve data quality. From 32 interventions in the 2020-2022 cycle to 9 in the 2023-2025 cycle.</li> <li>• Allow to track budget               <ul style="list-style-type: none"> <li>• <b>by priority populations</b>: KP programs, AGYW programs and programs outside of KPs and AGYW;</li> <li>• <b>by service delivery modality</b>: Facility-based testing, community-based testing, self-testing.</li> </ul> </li> <li>• Index testing is captured as part of other testing modalities. Early Infant Diagnosis (EID) and Testing for Pregnant women is captured under the <i>Elimination of vertical transmission module</i> (former PMTCT).</li> </ul>
Treatment, care and support	<ul style="list-style-type: none"> <li>• Program approach to facilitate reporting and budget disaggregation and better track <b>pediatric treatment</b>.</li> <li>• Relevant change: <b>Split between adult and children now required</b> in “HIV treatment and care” intervention.</li> <li>• New intervention: “Diagnosis and management of <b>Advanced disease</b> (adults and children)”.</li> <li>• Treatment monitoring ARV toxicity merged with Viral load intervention</li> </ul>
TB/HIV	<ul style="list-style-type: none"> <li>• Reduced list of interventions – going from 12 interventions in the 2020-2022 cycle to 6 in the 2023-2025 cycle (e.g., TB/HIV KPs merged into one intervention; Collaborative activities with other programs and sectors (TB/HIV) and TB/HIV collaborative activities merged under one; Engaging all care providers removed.</li> </ul>
Reducing human rights-related barriers to HIV/TB services	<p>No changes in the intervention list. <b>Update of language.</b></p>

# Overview of HIV Modules and Interventions in the 2023-2025 Allocation Period

## Prevention:

### 7 modules by population

(5 KPs + OVP + AGYW & male sexual partners)

**+ 1 module** (Prevention program stewardship)

#### List of repeated priority interventions distributed by modules (by population)

- Condom and lubricant programming
- PrEP programming
- HIV prevention communication: information and demand creation
- SRH services, including STIs, hepatitis B, post-violence care
- Community empowerment
- Removing human rights-related barriers to prevention
- Prisoners only: Harm reduction as a stand-alone intervention

#### Specific to PUD (injecting and non-injecting)

- Needle and Syringe programs, incl. hepatitis B (HBV) and hepatitis C (HCV)
- Opioid Substitute Therapy (OST) and other medically assisted drug dependence treatment
- Overdose prevention and management

#### Specific to AGYW & male sexual partners in high incidence settings

- Social protection interventions
- Comprehensive sexual education (CSE) for AGYW and adolescent boys and young men (ABYM)
- Voluntary medical male circumcision

## Differentiated HIV Testing Services

One testing module that includes a combination of service delivery modalities and programs:

- Facility testing
- Community testing
- Self-testing

...in programs targeting:

- KPs programs (not disaggregated)
- AGYW programs
- Non KPs/Non AGYW programs

*\* EID and antenatal care (ANC) included in Elimination of vertical transmission module*

## Elimination of vertical transmission of HIV, syphilis & hepatitis B (Former PMTCT)

- Testing of pregnant women for HIV, HBV, syphilis (ART and COIM treatment under treatment module)
- HIV prevention among HIV negative pregnant and breastfeeding women
- Post-natal prophylaxis for HIV-exposed infants
- EID and follow-up HIV testing for exposed infants
- Retention support to HIV-positive pregnant and breastfeeding women (facility and community)

## Treatment, care and support

- HIV treatment and differentiated service delivery - Adults (15 and above)
- HIV treatment and differentiated service delivery - Children (under 15)
- Treatment monitoring – HIV drug resistance
- Treatment monitoring - Viral load and ARV toxicity
- Integrated management of common coinfections and comorbidities (adults and children)
- Diagnosis and management of advanced disease (adults and children)

## TB/HIV

- TB/HIV collaborative activities
- Screening, testing and diagnosis
- Treatment
- Prevention
- Community TB/HIV care delivery
- TB Key populations

## Reducing human rights-related barriers to HIV/TB services

- Community mobilization and advocacy for human rights
- Increasing access to justice
- Ensuring nondiscriminatory provision of health care
- Legal literacy
- Improving laws, regulations and policies relating to HIV and HIV/TB
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Ensuring rights-based law enforcement practices
- Eliminating stigma and discrimination in all settings

**+ Cross-cutting Modules (i.e. RSSH, Program Management)**

Module	Intervention	Prevention modules by population							
		AGYW and MSP in high incidence settings		MSM	SWs	TGs	PUD	PIP	OVP
		AGYW	MSP						
Prevention  7 modules, by population	Condom and lubricant programing	X	X	X	X	X	X	X	X
	Pre-exposure prophylaxis	X	X	X	X	X	X	X	X
	HIV prevention communication: information and demand creation	X	X	X	X	X	X	X	X
	Community empowerment			X	X	X	X		X
	Sexual and reproductive health services, including STIs, HBV, post-violence care		X	X	X	X	X	X	X
	Removing human rights-related barriers to prevention	X		X	X	X	X	X	X
	Harm reduction interventions for drug use							X	
	Needle and syringe programs						X		
	Opioid substitution therapy and other medically assisted drug dependence treatment						X		
	Overdose prevention and management						X		
	CSE for AGYW and ABYM		X						
	Social protection interventions	X							
	Voluntary Medical Male Circumcision		X						
Prevention program stewardship	National level, overarching - not by population								
Elimination of vertical transmission of HIV, syphilis and hepatitis B	Integrated Testing of pregnant women for HIV, HBV, syphilis* (treatment under ART and COIM)								
	Prevention of incident HIV among pregnant and breastfeeding women								
	Post-natal infant prophylaxis								
	Early infant diagnosis and follow-up HIV testing for exposed infants								
	Retention support to pregnant and breastfeeding women (facility and community)								
Differentiated HIV Testing Services	Facility-based testing for KPs programs								
	Facility-based testing for AGYW and their male partners programs								
	Facility-based testing outside of KPs and AGYW programs								
	Community-based testing for KPs programs								
	Community-based testing for AGYW and their male partners programs								
	Community-based testing outside of KPs and AGYW programs								
	Self-testing for KPs programs								
Self-testing for AGYW and their male partners programs									
Self-testing outside of KPs and AGYW programs									
Treatment, care and support	HIV treatment and differentiated service delivery - Adults (15 and above)								
	HIV treatment and differentiated service delivery - Children (under 15)								
	Treatment monitoring - Drug resistance								
	Treatment monitoring - Viral load and ARV toxicity								
	Integrated management of common co-infections co-morbidities (adults and children)								
Diagnosis and management of Advanced disease (adults and children)									
TB/HIV	TB/HIV collaborative activities								
	TB/HIV - Screening, testing and diagnosis								
	TB/HIV - Treatment								
	TB/HIV - Prevention								
	TB/HIV - Community care delivery								
	TB/HIV - Key populations								
Reducing human rights-related barriers to HIV/TB services	Eliminating stigma and discrimination in all settings								
	Legal Literacy ("Know Your Rights")								
	Ensuring nondiscriminatory provision of health care								
	Increasing access to justice								
	Ensuring rights-based law enforcement practices								
	Improving laws, regulations and policies relating to HIV and HIV/TB								
	Reducing HIV related gender discrimination, harmful gender norms and violence against women								
	Community empowerment and advocacy for human rights								
Program management	Coordination and management of national disease control programs								
	Grant management								

# Full List of 2023-2025 HIV Modules and Interventions

# HIV Essential M&E Investments (Grant Cycle 7)

## Routine systems and analyses (all grants)

- **HMIS (all 3 diseases, community, and private sector):** ~2% of grant budget
- **CRVS:** ~ US\$1M for High Impact, ~ US\$500K for Core portfolios
- **Data quality assessment and improvement:** US\$500K for High Impact, US\$250-350K for Core Portfolios
- **Data analysis and use:** ~US\$1.7M for High Impact, ~US\$1M for Core, ~US\$50K for Focused portfolios
- **Program review/evaluation:** ~US\$1M for High Impact, ~US\$850K for Core and ~US\$500K for Focused portfolios

[https://www.theglobalfund.org/media/4759/core\\_resilient\\_ustainablesystemsforhealth\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4759/core_resilient_ustainablesystemsforhealth_infonote_en.pdf)

Investments in data systems amount to 5-10% of grant budget

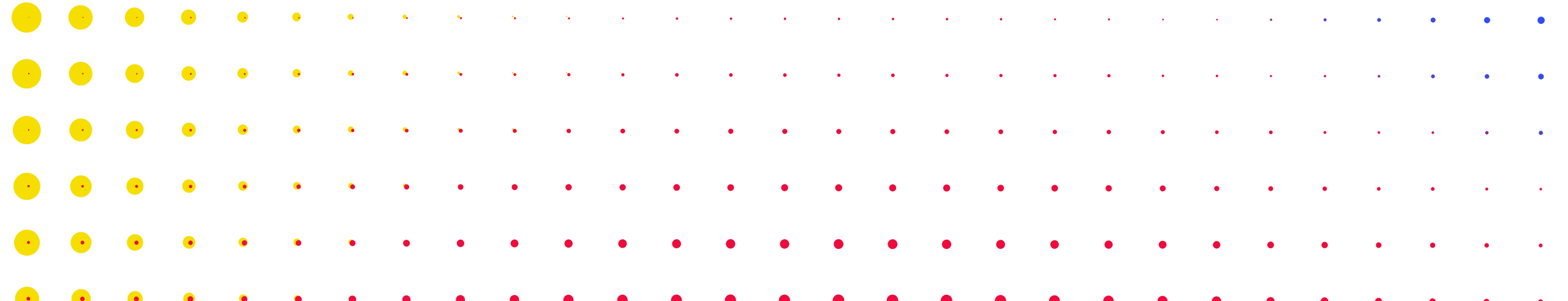
Please refer to page 6 in the [Operational Policy Manual](#) for the list of countries categorized as High Impact, Core or Focused portfolios.

## HIV grants

- **Case surveillance and patient monitoring:** ~US\$1M for High Impact, ~US\$500K for Core
- **Key populations, IBBS, PSE and programmatic mapping:** ~ US\$400K for High Impact, US\$300-350K for Core, US\$100-200K for Focused
- **Key populations, sentinel surveillance:** US\$10K per group per site for High Impact, Core and Focused
- **Key populations, coverage monitoring:** ~ US\$200K for High Impact, Core and Focused
- **Prevention outcome monitoring tool (KP/AGYW):** US\$50-100K for High Impact and Core, US\$30-50K for Focused
- **HIV service cascade analysis:** US\$100K for High Impact and Core
- **ART cohort analysis:** US\$30-50K for High Impact, US\$30K for Core
- **HIV prevention efficiency and effectiveness analysis:** US\$100K for High Impact and Core
- **Joint ART DQA:** ~ US\$150K for High Impact
- **Drug resistance survey:** ~ US\$250K for High Impact
- **Incidence Pattern Model:** US\$100K for High Impact and Core, US\$50K for Focused (subject to data availability)



# Q&A





**Thank you!**

**Merci !**

**¡Gracias!**

**Obrigado!**



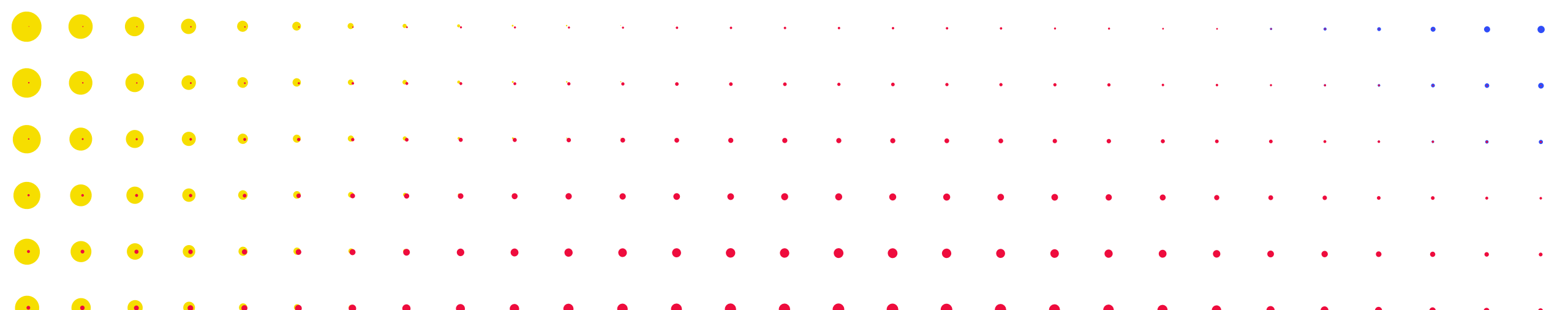
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# Annex

## HIV Indicators



# 2020-2022 indicators maintained in 2023-2025 (1/5)

## Impact Indicators

Code	Indicator
HIV I-14	Number of new HIV infections per 1000 uninfected population
HIV I-6	Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months
HIV I-13	Percentage of people living with HIV
HIV I-4	Number of AIDS related deaths per 100,000 population
HIV I-9a	Percentage of MSM who are living with HIV
HIV I-9b	Percentage of transgender people who are living with HIV
HIV I-10	Percentage of sex workers who are living with HIV
HIV I-11	Percentage of people who inject drugs who are living with HIV
HIV I-12	Percentage of other vulnerable populations (specify) who are living with HIV
TB/HIV I-1	TB/HIV mortality rate, per 100,000 population

# 2020-2022 indicators maintained in 2023-2025 (2/5)

## HIV Prevention Indicators

Code	Indicator
KP-1a - MSM KP-1b - TG KP-1c - SW KP-1d – PWID KP-1e – OVP	(M) Percentage of [specific population] reached with HIV prevention programs - defined package of services
KP-1f	Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services
HIV O-5 (M)	Percentage of sex workers reporting using a condom with their most recent client
HIV O-6 (M)	Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected
HIV O-7	Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse
HIV O-9	Percentage of people who inject drugs reporting using a condom the last time they had sexual intercourse
KP-4	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs.
KP-5	Percentage of individuals receiving opioid substitution therapy who received treatment for at least 6 months
YP-6	Number of medical male circumcisions performed according to national standards <b><i>[Previous code MEN-1]</i></b>

# 2020-2022 indicators maintained in 2023-2025 (3/5)

## HIV Testing indicators

Code	Indicator
HIV O-11	Percentage of people living with HIV who know their HIV status at the end of the reporting period
HTS-3e	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results
HTS-3f (M)	Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results
HTS-4	Percentage of HIV-positive results among the total HIV tests performed during the reporting period

## Elimination of Vertical Transmission indicators

Code	Indicator
VT-1	Percentage of pregnant women who know their HIV status <i>[Previous code PMTCT-1]</i>
VT-2	Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth <i>[Previous code PMTCT-3.1]</i>

# 2020-2022 indicators maintained in 2023-2025 (4/5)

## Treatment, Care and Support indicators

Code	Indicator
HTS-5	Percentage of people newly diagnosed with HIV initiated on ART
TCS-1.1 (M)	Percentage of people on ART among all people living with HIV at the end of the reporting period
TCS-1b (M)	Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period
TCS-1c (M)	Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period
HIV O-12	Percentage of people living with HIV and on ART who are virologically suppressed

# 2020-2022 indicators maintained in 2023-2025 (5/5)

## TB/HIV indicators

Code	Indicator
TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status
TB/HIV-6 (M)	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment
TB/HIV-3.1a	Percentage of people living with HIV newly initiated on ART who were screened for TB

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

Code	Indicator
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 ( <i>upgraded</i> )
HIV O-14	Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV
HIV O-15	Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings
HIV O-16a – MSM HIV O-16b – TG HIV O-16c – SW HIV O-16d – PWID	Percentage of [population] who avoid health care because of stigma and discrimination

# New indicators in 2023-2025 (1/2)

## New Indicators

<b>Impact</b>	<b>HIV I-15:</b> Percent of prisoners who are living with HIV
	<b>HIV I-16:</b> Prevalence of syphilis in specific key and vulnerable populations.
<b>Prevention</b>	<b>KP-7a:</b> Percentage of MSM tested for STIs during the reporting period.
	<b>KP-7b:</b> Percentage of transgender people tested for STIs during the reporting period.
	<b>KP-7c:</b> Percentage of sex workers tested for STIs during the reporting period.
	<b>YP-5:</b> Percentage of high-risk adolescent girls and young women tested for STIs during the reporting period.
	<b>KP-6d:</b> Number of PWID who received any PrEP product at least once during the reporting period.
	<b>KP-8:</b> Percentage of people who inject drugs receiving opioid substitution therapy
<b>Testing</b>	<b>HTS-6:</b> Number of individual HIV self-test kits distributed
<b>Treatment</b>	<b>TCS-8:</b> Percentage of people living with HIV and on ART with viral load test result.
	<b>TCS-9:</b> Percentage of people living with HIV and currently on antiretroviral therapy who are receiving multi month dispensing of antiretroviral medicine.
<b>TB/HIV</b>	<b>TB/HIV-8:</b> Treatment success rate for HIV-positive TB patients: Percentage of HIV-positive TB patients, all forms, bacteriologically confirmed plus clinically diagnosed successfully treated among all HIV-positive TB cases registered for treatment during a specified period*



# New indicators in 2023-2025 (2/2)

## New Indicators

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

**HIV O-22:** Percentage of adolescents avoiding HIV and SRH services due to stigma and discrimination.

**HIV O-23:** Percentage of health workers who report negative attitudes towards key populations

**HIV O-24:** Percentage of health workers who report negative attitudes towards people living with HIV.

**HIV O-25:** Percentage of law enforcement officers who report negative attitudes towards key populations

**HIV O-26:** Percentage of people living with HIV who report having experienced stigma and discrimination in the general community in the last 12 months.

**HIV O-27:** Percentage of people living with HIV who report internalized stigma.

**HIV O-28a:** Percentage of MSM who report having experienced stigma and discrimination in the last 6 months

**HIV O-28b:** Percentage of transgender people who report having experienced stigma and discrimination in the last 6 months

**HIV O-28c:** Percentage of sex workers who report having experienced stigma and discrimination in the last 6 months

**HIV O-28d:** Percentage of people who inject drugs who report having experienced stigma and discrimination in the last 6 months

# Updated 2020-2022 indicators (1/4)

Indicator updated	Description of the change
<b>HIV Prevention</b>	
<p><b>HIV 0-10:</b> Percentage of high risk AGYW (15-24) who say they used a condom the last time they had sex with a non-regular partner, of those who have had sex with such a partner in the last 12 months</p>	<p>This indicator now includes only high-risk AGYW; partner type now defined as "non-regular". <b>Currently available from DHS.</b></p>
<p>Number of [specific population] who received any PrEP product at least once during the reporting period.</p> <p><b>KP-6a: MSM</b>  <b>KP-6b: Transgender people</b>  <b>KP-6c: Sex workers</b>  <b>YP-4: High-risk AGYW</b></p>	<p>Updated to align with GAM 1.11.</p> <p><b>Numerator only:</b> This indicator was previously a percentage.</p> <ul style="list-style-type: none"> <li>GAM 1.11 does not have a PWID disaggregation; PrEP use among PWID is a new indicator. <b>(KP-6d)</b></li> </ul>
<p><b>HIV O-4.1b (M):</b> Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex</p>	<p>Updated to align with GAM 1.5D. Updated version does not include qualifier of "non-regular partner".</p>
<p><b>HIV O-4a (M):</b> Percentage of men reporting using a condom the last time they had anal sex with a male partner</p>	<p>Updated to align with GAM 1.5B. Updated version does not include qualifier of "non-regular partner".</p>
<p><b>YP-2:</b> Percentage of high-risk adolescent girls and young women reached with HIV prevention programs - defined package of services</p>	<p>Updated indicator is coverage among high-risk AGYW, targeted for 13 AGYW priority countries where denominator will be available (population size estimate).</p>

# Updated 2020-2022 indicators (2/4)

Indicator updated	Description of the change
<b>Differentiated HIV Testing</b>	
<p><b>HTS-2:</b> Percentage of high-risk AGYW that have received an HIV test during the reporting period in AGYW programs</p>	<p>Updated indicator is coverage among high-risk AGYW, targeted for 13 AGYW priority countries where denominator will be available (population size estimate).</p>
<p>Percentage of [specific population] that have received an HIV test during the reporting period <i>in KP specific programs</i> and know their results</p> <p><b>HTS-3a:</b> MSM</p> <p><b>HTS-3b:</b> Transgender people</p> <p><b>HTS-3c:</b> Sex workers</p> <p><b>HTS-3d:</b> People who inject drugs</p>	<p>This is a change in data source only, clarifying that reporting is from KP-specific program data.</p> <p>The scope of KP-specific programs will be clearly defined in the indicator definition sheet.</p>

# Updated 2020-2022 indicators (3/4)

Indicator updated	Description of the change
<b>Treatment, Care and Support</b>	
<b>HIV O-21:</b> Percentage of people living with HIV reported on ART at the end of the last reporting period and newly initiating ART during the current reporting period who were not on ART at the end of the current reporting period	Indicator is updated to align with WHO AV.2, measuring attrition from ART.
<b>TCS-10:</b> Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV	Wording changed to align with UNAIDS GAM 3.4. <b>[Previous code PMTCT-2.1]</b>

# Updated 2020-2022 indicators (4/4)

Indicator updated	Description of the change
<b>Vertical Transmission</b>	
<b>VT-3:</b> Percentage of women accessing antenatal care services who were tested for syphilis.	Wording changed to align with UNAIDS GAM 3.5. <i><b>[Previous code PMTCT-4]</b></i>
<b>TB/HIV</b>	
<b>TB/HIV-7.1:</b> Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.	Denominator changed to include all on ART -- previous indicator included only those <i>eligible</i> for TPT. <i><b>[Previous code TB/HIV-7]</b></i>
<b>Human Rights</b>	
<b>HIV-O17:</b> Proportion of people living with HIV who have experienced rights abuses in the last 12 months and have sought redress.	Wording updated to align with UNAIDS GAM 6.7; disaggregations also aligned with GAM

# Discontinued indicators in 2023-2025

## Indicators discontinued in Modular Framework

<b>Prevention</b>	<b>HIV O-18:</b> Percentage of women aged 15 - 24 who had 2+ partners in the past 12 months
<b>Prevention</b>	<b>HIV O-19:</b> Percentage of women aged 15-19 who have had a live birth or are currently pregnant
<b>Prevention</b>	<b>HIV O-20:</b> Percentage of females aged 15 - 24 who dropped out of school in the last year
<b>Prevention</b>	<b>YP-1a:</b> Young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education in school
<b>Prevention</b>	<b>YP-1b:</b> Young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of school