

# **GC8 HIV Prioritization Guidance**

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**To end AIDS as a public health threat by 2030 and to sustain the HIV response after 2030, this prioritization guidance equips applicants of Global Fund financing to select the most impactful interventions.**

- ✓ **Outlines** areas of investment that are high priority and those the Global Fund is unlikely to fund or that require a strong justification.
- ✓ **Emphasizes** how to optimize investments and drive value for money to sustain impact.
- ✓ **Drives** access to services for those communities most affected by HIV.
- ✓ **Reinforces** that Global Fund investments should focus on evidence-based interventions and prioritize approaches for HIV that are critical for impact and recommended by HIV technical partners.

# GC8 Priorities

- **HIV prevention.** Prioritize interventions for people with the greatest HIV prevention needs and locations with the highest HIV incidence, and close access gaps in settings with high concentrations of KP\* and adolescent girls and young women who are at particular risk in settings with moderate and high HIV incidence.
- **HIV testing.** Use strategies tailored to the needs of priority populations to enable people to know their HIV status and support HIV prevention and treatment uptake. Provide/prioritize HIV, syphilis and hepatitis B testing and treatment for pregnant and breastfeeding women to further reduce infections and mortality in children.
- **HIV treatment.** Ensure access to antiretroviral treatment (ART) and identification and management of advanced HIV disease in adults and children. Invest to sustain viral load suppression and scale up ART access to those not yet reached. Gaps in access to ART are significant in some regions including central and western Africa, and among KVP groups, including children.
- **HIV Integration.** Optimize service delivery and leverage integration opportunities. To increase efficiency, effectiveness and universal access to care, a recommended priority is to integrate HIV services into primary health care, along with integration of HIV prevention and testing services into sexual, reproductive, and adolescent health services.
- **Access barriers.** Prioritize interventions that reduce key human rights- and gender-related barriers to access care, uptake and retention in care for the most affected populations, and by shaping HIV services together with communities to ensure they are trusted, accessible, acceptable and of good quality.
- **Partnerships.** Enhance collaboration between government structures and community organizations to increase demand for and access to HIV prevention, testing, and treatment. Empower people living with HIV to take an active role in sustaining their own health and continuity of care, including through self-care, to improve health-seeking behavior and reduce the risk of advanced HIV disease (AHD) and mortality.
- **Community Systems.** Leverage community systems for reaching KVP and protect the safety of people delivering and using services. This includes investment in peers to provide integrated HIV and related health services for these populations, as well as supportive systems and policies (e.g., for linkage/referral, training and supervision, remuneration).
- **Decision-making.** Use analytic tools and information, and leverage community expertise, to equip multi-stakeholder platforms to make difficult trade-off decisions that may arise under limited resources, accounting for factors such as cost-effectiveness and impact. Consider approaches outlined in priority-setting guidance from the World Health Organization (WHO), as well as the tools available as part of the OneHealth suite

\*Key populations are defined as gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings as the five main KP that are particularly vulnerable to HIV and frequently lack adequate access to services (UNAIDS terminology guide 2024: [https://www.unaids.org/sites/default/files/media\\_asset/2024-terminology-guidelines\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-terminology-guidelines_en.pdf))

# Program Essentials provide a framework for prioritizing context specific interventions

## HIV prevention

1. Condoms and lubricants for people at increased risk of HIV infection.
2. PrEP for people at increased risk of HIV infection, post-exposure prophylaxis (PEP) following any potential HIV exposure, and ART for people living with HIV to promote HIV treatment as prevention.
3. Harm reduction services for people who use drugs.
4. Voluntary medical male circumcision (VMMC) for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries.
5. **NEW!** Sexually transmitted infections (STIs) screening and treatment for people at increased risk of HIV infection.

## Differentiated HIV testing

6. HIV testing services use self-tests, rapid diagnostic tests (RDTs), and enzyme immunoassays (EIAs) at the point-of-care.
7. HIV testing services include network-based testing (including index testing) and provider-initiated testing and counseling (PITC), with linkage to prevention or treatment.
8. A three-test algorithm is followed for HIV diagnosis based on RDTs.
9. Health professionals and lay providers conduct RDTs in facilities and communities.

## Prevention of vertical transmission

10. ART for pregnant and breastfeeding women living with HIV to ensure viral suppression.
11. Testing for HIV, syphilis and hepatitis B surface antigen (HBsAg) at least once and as early as possible in pregnancy.
12. Provision of care for all HIV-exposed infants, including HIV testing per normative guidance -- such as early infant diagnosis (EID) and testing after cessation of breastfeeding -- and provision of postnatal prophylaxis.

## HIV treatment and care

13. Rapid ART initiation, including same-day initiation, for people living with HIV following a confirmed diagnosis.
14. HIV treatment uses WHO-recommended regimens for adults and children.
15. Cluster of differentiation 4 (CD4) testing for identification of AHD, with all individuals diagnosed with AHD receiving the WHO-recommended AHD package of care.
16. Screening and testing for relevant co-infections and co-morbidities.
17. Viral load testing for HIV management and treatment monitoring.
18. Services for treatment continuity and return to care.

## TB/HIV

19. People living with HIV and TB disease begin ART as soon as possible.
20. TB preventive treatment for eligible adults, children and adolescents living with HIV.
21. **NEW!** TB/HIV services follow recommendations for concurrent use of low complexity automated nucleic acid amplification tests (LC-aNAATs) and lateral flow urine lipoarabinomannan (LF-LAM) tests for the diagnosis of TB disease among people living with HIV in line with WHO guidance.

## Differentiated service delivery

22. HIV services in health facilities and in the community.
23. Multi-month dispensing for ART and other HIV commodities.
24. HIV services integrate interventions to reduce human rights- and gender-related barriers to services.

## Access Barriers.

25. Programs to reduce stigma and discrimination experienced by people living with HIV and KVP in health care and other settings.
26. Access to justice services to address discrimination against people living with HIV and KVP.
27. Community-led mobilization and advocacy to monitor and support changes to criminal and other harmful health-related laws, regulations, policies and practices that hinder effective HIV responses.
28. **NEW!** Intimate partner violence identification, first-line support and care, and post-rape care integrated into HIV prevention, testing, treatment and care services.

# **Planning and managing HIV programs for and with key populations in GC8**

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# Modular Framework



## Handbook

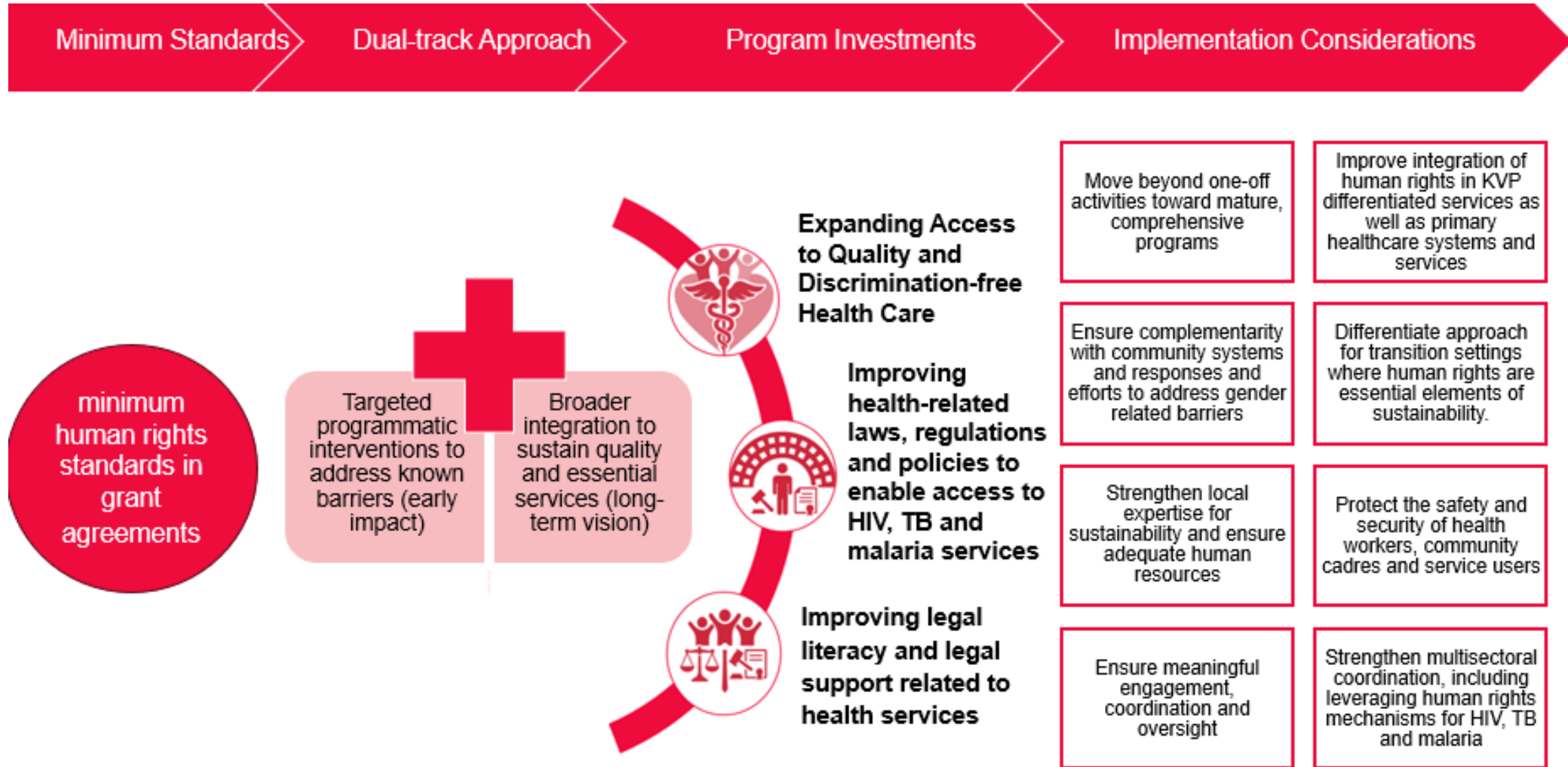
Grant Cycle 8

Date published: 10 April 2026



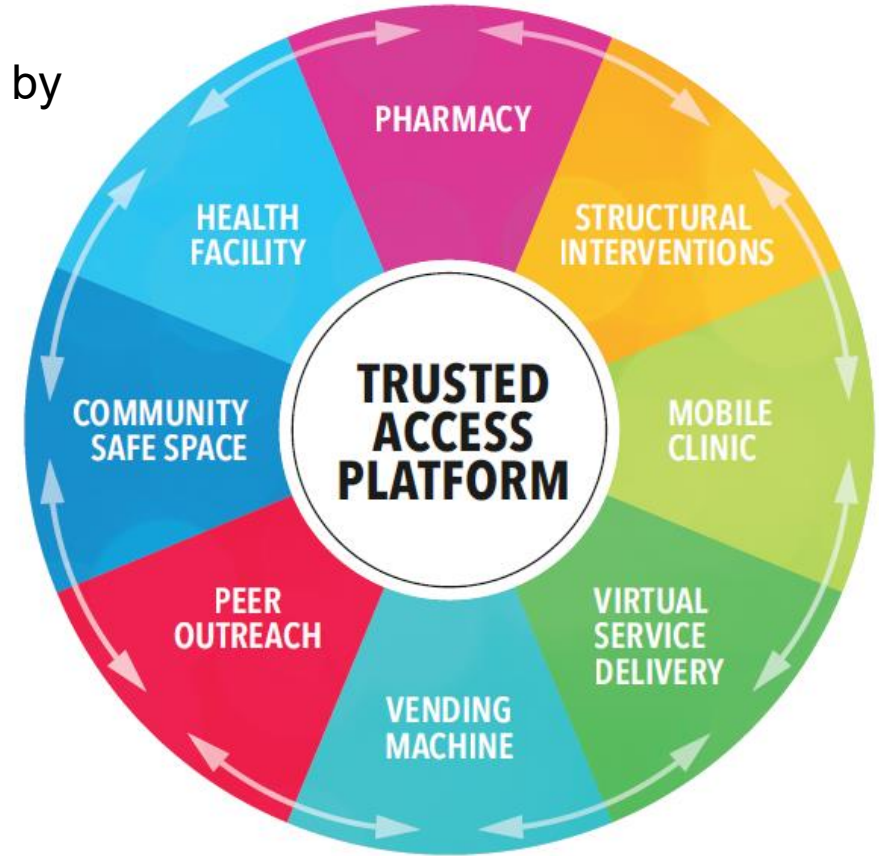
Interventions to support key populations programming sit across several modules in the framework

# Reducing human rights barriers to HIV, TB and malaria services



# Programs for key populations – Priorities for GC8

- Protect **coverage of essential prevention services** for key populations by identifying efficiencies through optimization processes
- Continue to design programs for key populations based on a “**trusted access platform approach**,” which combines multiple service delivery models.
- Prioritize **service delivery** based on HIV incidence among KP and resource availability.
- Rethink opportunities offered by **underutilized service delivery approaches** (online spaces, pharmacies).
- Where possible, support **the integration of programs for key populations into primary health care**, identifying potential risks in advance and implementing appropriate strategies to address them (e.g., developing transition schedules, making health units competent for key populations).



# **What strategies should be adopted in planning programs for key populations in GC8?**

Three strategies:

- Optimize
- Adapt
- Integrate

# OPTIMIZE & ADAPT

1. **OPTIMIZE** existing strategies employed by the program supporting key populations. This means:

- Carefully reviewing the performance of community outreach programs to ensure they are fit for purpose.
- Assessing the cost effectiveness of strategies (e.g., standalone KP clinics, mobile clinics, drop-in centers, etc.) to inform what should be retained and what should be stopped.

2. **ADAPT** the combination of service delivery strategies based on:

- Resources available
- Epidemiological considerations
- The human rights environment affecting access to HTM services, protecting coverage gains and fully leveraging opportunities offered by new service delivery approaches (pharmacies, online services)
- Knowledge of the local context
- Variations within a given key population category such as age, language, migration status, preferences for online or in-person services.



UPDATED NOVEMBER 2025

PLANNING AND MANAGING  
**HIV PROGRAMMES**  
WITH KEY POPULATIONS

