

Module and Activity Mapping

What this is: Detailed tables of GC8 modules, interventions, and illustrative activities per population group, directly extracted from the GC8 HIV Prioritization Guidance and Modular Framework Handbook. Includes full scope of the relevant Program Essentials for hepatitis, harm reduction, and triple elimination investments, outlining prioritization status and GF financing boundaries.

Who it's for: Technical advisors, program officers, principal recipients

How to use: Go directly to the population group relevant to your context – Population I (PLHIV), Population II (PUD and KVP), or Population III (pregnant women) – and use the tables to check intervention eligibility, prioritization status, and GF financing boundaries when mapping investments to the Modular Framework. The RSSH table at the end covers system-strengthening investments relevant across all three populations. Any additional details or interpretation developed by CHAI are clearly indicated.

A. POPULATION I - People living with HIV (PLHIV)

Module: HIV - Treatment, Care and Support		
Intervention	Scope and Description of Intervention Package - Indicative List of Activities (GC8 Modular Framework)	Prioritization considerations (GC8 HIV Prioritization Guidance)
Integrated management of common co-infections and co-morbidities (adults and children) <i>(Program Essential 16)</i>	Prevention and management of co-infections and co-morbidities among PLHIV. It includes hepatitis, STI, cervical cancer, mental health, and non-communicable diseases (NCD). For example: <ul style="list-style-type: none"> • Diagnosis and treatment for HBV and C among populations at risk of these conditions who are accessing HIV service delivery platforms. • Integrated screening and secondary prevention of cervical cancer for women living with HIV. • Identify and link to services those eligible for human papillomavirus (HPV) vaccination. • Diagnosis and treatment of STIs, with a focus on KVP, AGYW and pregnant and breastfeeding women. • Integrated detection and basic management of other NCD. Evidence-based interventions to address harmful alcohol or drug use among PLHIV. → Activities related to management of TB/HIV co-infection should be included under the TB/HIV module.	Areas prioritized for GF Investment <ul style="list-style-type: none"> • Integrate HCV testing and management as part of HIV care with a focus on countries with high HCV burden, including among people who inject drugs, and where HIV/HCV co-infection is prevalent. • Identify and manage HBV among those most at risk and within triple elimination programs. • Integrate cervical cancer screening and secondary prevention for those accessing HIV services. • Integrate screening of non-communicable diseases, including diabetes and hypertension and for mental health conditions (including depression, anxiety and alcohol use disorders). • Identify and manage HIV associated cancers; syndromic management of STIs. Opportunities to increase optimization & efficiency <ul style="list-style-type: none"> • HCV services, if supported, should be delivered through integrated low-cost delivery models.

B. POPULATION II - PUD and other KVP

Module - HIV - Prevention		
Intervention	Scope and Description of Intervention Package - Indicative List of Activities (GC8 Modular Framework)	Prioritization considerations (GC8 HIV Prioritization Guidance)
<p>Sexual and reproductive health services to support HIV prevention for KVP (<i>Program Essential 5</i>)</p>	<ul style="list-style-type: none"> • Screening, testing and treatment of asymptomatic STIs. • Syndromic and clinical case management for patients with STI symptoms. • Prevention, screening, testing and treatment for HBV and C. Referrals to vaccination for HBV. • Contraception information and services. • Screening for relevant cancers. • Integration of HIV prevention programs into sexual and reproductive health services, drop-in centers, shelters, community centers youth-friendly services. • Intimate partner violence response services and post-rape care including HIV PEP, rapid HIV testing, emergency contraception, STI services and first-line counselling. <p>→ Services related to prevention, screening and testing for HBV and C, when part of needle and syringe programs for people who inject drugs (PUDs), should be included under that intervention.</p>	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Ensure PEP for all potential exposures to HIV at facility and community levels, including as part of post-rape care. • Integrate basic STI services and syndromic STI management. • Support for cervical cancer screening, secondary prevention and referral for those accessing HIV services. • Provide HCV testing/treatment in harm reduction services in countries with high levels of HIV/HCV co-infection. <p>Opportunities to increase optimization & efficiency</p> <ul style="list-style-type: none"> • Integrate HCV services through low-cost and low-threshold delivery models, especially community-based harm reduction services for people who inject drugs. • Integrate HIV prevention with sexual and reproductive healthcare programs. • Use referral networks for gender-based violence response-related care. • Support HBV testing and management for individuals accessing HIV prevention platforms who are at high risk of HBV. <p>Activities of lower priority (context dependent)</p> <ul style="list-style-type: none"> • Limit use of STI molecular (etiological) diagnosis investments (e.g., Xpert CT/NG for chlamydia and gonorrhoea). • Deprioritize use of untargeted adult HBV screening.
<p>Needle and syringe programs for people who inject drugs (PUD) (<i>Program Essential 3</i>)</p>	<p>Provision of on-site and virtual interventions. For example:</p> <ul style="list-style-type: none"> • Procurement of needles and syringes, including low dead space syringes and other safe injecting commodities. • Distribution of needles and syringes through direct and secondary 	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Provide sterile needles and syringes and safe injecting equipment in dispensing centers. • Ensure wound care and safe disposal of injecting equipment. <p>Opportunities to increase optimization & efficiency</p>

	<p>distribution, mobile clinics, peer-driven interventions, people in prison.</p> <ul style="list-style-type: none"> • Safe collection and disposal of used needles and syringes. • Peer-based information and support on safe injecting practices. • Basic health care and injecting-related first aid, including wound care and treatment of skin infections. • Prevention, screening, testing and treatment for HBV and HCV. Referrals to vaccination for HBV. 	<ul style="list-style-type: none"> • Monitor cost of service delivery by limiting the range of add-on services, minimizing non-essential staff and extending the reach of outreach, including by using online approaches.
<p>Opioid agonist maintenance treatment and other medically assisted drug dependence treatment for PUD (Program Essential 3)</p>	<ul style="list-style-type: none"> • Development of OAMT protocols and policies and procurement and distribution of OAMT addressing clients' needs, including for people in prisons and pregnant women. • Peer-based information and support including virtual interventions. 	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Procure and distribute opioid agonist maintenance treatment to maintain and scale up access. • Ensure continuous supply and delivery. <p>Opportunities to increase optimization & efficiency</p> <ul style="list-style-type: none"> • Integrate services where possible. • Introduce or expand take-home dosing for stable patients to reduce costs of service delivery, including human resource costs and expand other low-threshold models such as community pharmacies. • Assess market availability and potential to implement long-acting depot buprenorphine, which could simplify delivery, improve acceptability for users and, depending on the price of long-acting depot buprenorphine at market launch, reduce program costs. • Assess quality assured, regionally manufactured harm reduction commodities where possible (some countries can access commodities such as methadone or buprenorphine at lower prices than those from global manufacturers).
<p>Overdose prevention and management for PUD (Program Essential 3)</p>	<ul style="list-style-type: none"> • Procurement of naloxone distribution and administration by first responders, including for people in prisons. • Peer-based information and support on overdose prevention and risk management. 	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Procure and distribute naloxone and provide related services, including in community settings.

Note: Program Essential 16 “Screening and testing for relevant co-infections and co-morbidities” under HIV Treatment focuses on PLHIV and touches on HBV and HCV diagnosis and management for PWID and those most at risk. However, only interventions and activities listed in PE3 and PE5 have been listed here due to their direct relevance to PUD and KVP.

C. POPULATION III - Pregnant women, breastfeeding women and infants

Module - HIV - Elimination of Vertical Transmission of HIV, Syphilis and HBV		
Intervention	Scope and Description of Intervention Package - Indicative List of Activities (GC8 Modular Framework)	Prioritization considerations (GC8 HIV Prioritization Guidance)
<p>Integrated testing of pregnant women for HIV, syphilis and HBV (<i>Program Essential 11</i>)</p>	<p>Provision of testing and re-testing during pregnancy and breastfeeding and linkages to treatment. For example:</p> <ul style="list-style-type: none"> • Virtual interventions, educational programs and campaigns, peer mentorship and navigation, community mobilization and empowerment. • Commodities for testing services, including dual HIV/syphilis and HBV test kits. <p>→ Treatment costs for HIV, syphilis and hepatitis should be included under the Treatment, Care and Support module.</p>	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Provide HIV testing as part of antenatal care in high-burden settings. • Provide HIV testing among pregnant and breastfeeding women in key population groups and other women at high risk. • Provide HIV, syphilis and HBV testing (dual HIV/syphilis test as first test in antenatal care is encouraged). <p>Opportunities to increase optimization & efficiency</p> <ul style="list-style-type: none"> • Consider opportunities offered by health product innovations. For example, the dual HIV/syphilis RDTs and self-tests, as well as the forthcoming WHO prequalified triple test for HBV, syphilis and HIV, offer opportunities for scaling up cost-effective and client-centered services for pregnant and breastfeeding women. • Optimize service delivery to ensure that testing leads to rapid treatment initiation for mothers & timely interventions for infants to prevent illness & early death.
<p>Prevention of incident HIV among pregnant and breastfeeding women (<i>Program Essential 1, 2</i>)</p>	<p>Activities to prevent new HIV infections among pregnant and breastfeeding women. For example:</p> <ul style="list-style-type: none"> • Promotion and distribution of female and male condoms and lubricants. • Information and communication on safer sex and condom use. • PrEP literacy and awareness campaigns; adherence support. • Referral, linkage and provision of PEP following any potential HIV exposure. • Intimate partner violence response services and post-rape care, including HIV PEP, rapid HIV testing, emergency contraception, STI services and first-line counselling in accordance with technical partner guidance. 	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Provide condoms. • Introduce/scale-up PrEP in settings providing services to individuals who are pregnant/breastfeeding where incidence in the population is (1) >3%; or (2) 1-3% and high-risk behavior is reported. Use the lowest-cost oral and injectable PrEP options. • Continue access to PrEP for those currently using PrEP. • Screen for gender-based violence and ensure effective referrals and first-line response services for gender-based violence per WHO guidance. <p>Opportunities to increase optimization & efficiency</p>

	<ul style="list-style-type: none"> • Prevention, screening, testing and management of STIs. • Partner testing and engagement. 	<ul style="list-style-type: none"> • Use RDTs and HIV self-tests for PrEP initiation and follow-up, noting that HIV self-tests are not recommended for initiation or continuation of injectable PrEP. • Support task shifting/sharing for PrEP. • Use referral networks for response to gender-based violence and for survivor support services. <p>Activities of lower priority (context dependent)</p> <ul style="list-style-type: none"> • Limit procurement of one-month PrEP ring for new users, while supporting transition to other HIV prevention options which best meet the individual’s needs. • Deprioritize use of diagnostics and services for PrEP initiation or continuation that are not part of WHO’s suggested minimum service delivery package for PrEP.
<p>Post-natal infant prophylaxis (<i>Program Essential 12</i>)</p>	<p>Provision of antiretroviral medication to newborns exposed to HIV to prevent transmission. For example:</p> <ul style="list-style-type: none"> • Tools and job aids for post-natal prophylaxis for HIV-exposed infants (and integrated management of infants exposed to syphilis and HBV). • Antiretrovirals (ARVs) for routine infant prophylaxis. • Integrated service delivery for provision of HBV birth dose vaccine (not vaccine cost). 	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Infant prophylaxis for all children exposed to HIV.
<p>Early infant diagnosis and follow-up HIV testing for exposed infants (<i>Program Essential 12</i>)</p>	<p>Provision of HIV testing services for HIV-exposed infants. For example:</p> <ul style="list-style-type: none"> • Point of care devices and near point-of-care multiplex devices and commodities for DNA_PCR testing, including for dry blood spots per national algorithms. • Placement of conventional and near point-of-care instruments in line with laboratory networks for sample transportation and prompt return of test results. • HIV testing and rapid return of results of exposed infants per WHO and national protocols. 	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Ensure infant diagnosis and follow-up testing for all children exposed to HIV. • Provide infant prophylaxis for all children exposed to HIV. <p>Opportunities to increase optimization & efficiency</p> <ul style="list-style-type: none"> • Optimize existing diagnostic networks to continue ensuring infant diagnosis. <p>Activities of lower priority (context dependent)</p> <ul style="list-style-type: none"> • Avoid investment in new point-of-care equipment for early infant diagnosis/viral load testing.

	<p>→ Activities to support broader postnatal care should be included under respective RSSH modules.</p>	
<p>Retention support for pregnant and breastfeeding women (facility and community) (<i>Program Essential 18</i>)</p>	<p>Activities to implement effective retention strategies combining facility-based care with community-based support. For example:</p> <ul style="list-style-type: none"> • Mother-to-mother and peer-led mentoring, counselling and other community-based psychosocial support services. • Adherence support for pregnant and breastfeeding women on ART including electronic client reminder systems, community-based models and HIV stigma and discrimination reduction. • Community mobilization for male involvement in partner’s antenatal care services and provision of partner services within antenatal care (ANC). <p>→ Activities to support broader antenatal and postnatal care should be included under respective RSSH modules.</p>	<p>Areas prioritized for GF Investment</p> <ul style="list-style-type: none"> • Provide retention support to continue ART, including community-based strategies. <p>Opportunities to increase optimization & efficiency</p> <ul style="list-style-type: none"> • Consider efficiencies within peer support/mentor mother models based on HIV burden; identify opportunities to expand scope in lower prevalence settings (e.g., in support of self-testing, ART dispensing, post-natal follow-up or community health beyond HIV). • Integrate efforts to reduce stigma and discrimination to improve retention of patients in ART treatment and care of mother and baby during breastfeeding.

D. RSSH: Hepatitis, Harm Reduction and Triple Elimination Investments

The table below outlines all RSSH modules and interventions. Where relevant to hepatitis, harm reduction, triple elimination programming, illustrative activities are proposed. Please note the list of activities below are non-exhaustive and could be expanded upon during country-level dialogue. Interventions without illustrative activities in this table are retained for completeness with the Modular Framework Handbook; countries may propose relevant activities under these interventions where applicable.

RSSH Module	Intervention	Illustrative Activities (By CHAI)
Health Sector Governance and Integrated People-centered Services	National health and cross-sector policy, strategy and coordination	<ul style="list-style-type: none"> • Developing costed National Strategic Plans (NSPs) for triple elimination (HIV, syphilis, HBV), integrated viral hepatitis, or harm reduction. • Coordinating review of national harm reduction policy alongside WHO consolidated guidelines on key populations.
	Planning, management, and delivery of integrated people-centered services	<ul style="list-style-type: none"> • Facilitating cross-departmental program reviews and alignment on priorities for strengthening integrated testing and treatment pathways across antenatal care (ANC)
	Supporting private sector engagement	<ul style="list-style-type: none"> • Engagement and alignment with private providers of pregnancy care to promote shared policies, integrated training and service delivery tracking
Community Systems Strengthening	Community-led monitoring and advocacy	<ul style="list-style-type: none"> • Community-led monitoring (CLM) of needle and syringe program (NSP) site coverage, opioid agonist maintenance therapy (OAMT) continuity, and naloxone availability, with feedback into program and policy decisions.
	Community coordination and engagement in decision making	<ul style="list-style-type: none"> • Mapping community-led and community-based organizations and networks with a focus on hepatitis, harm reduction or maternal health • Supporting organizations led by people who use drugs (PWUD) and people living with HIV (PLHIV) to participate in technical working groups and program consultations
	Organizational and leadership development	<ul style="list-style-type: none"> • Capacity building for community-led organizations to provide peer-led patient navigation for the hepatitis or harm reduction care cascade.
	Health financing schemes	<ul style="list-style-type: none"> • Integrating hepatitis commodities into national health insurance and essential health service benefit packages. • Including harm reduction services (OAMT, NSP) in public-sector financing mechanisms to reduce out-of-pocket costs and support sustainability.
Health Financing Systems	Health financing analytics, advocacy, strategies and planning	<ul style="list-style-type: none"> • Developing integrated investment cases that include hepatitis, harm reduction, and triple elimination programming.
	Public financial management (PFM) systems	<ul style="list-style-type: none"> • Ensuring government financial information systems to accurately track domestic expenditures on hepatitis, harm reduction, and triple elimination programs.

	Routine financial management systems	<ul style="list-style-type: none"> Ensuring financial management and oversight of Global Fund grants is inclusive of hepatitis, harm reduction, and triple elimination programming
	Social contracting	<ul style="list-style-type: none"> Establish effective contracts with civil society organizations that can support delivery of hepatitis or harm reduction interventions.
	Blended financing arrangements	<ul style="list-style-type: none"> Leveraging innovative finance mechanisms (e.g., blended finance with multilateral development banks) to catalyze and sustain integrated programs.
Health Products Management Systems	Policy, strategy, governance	<p>Inclusion of hepatitis, harm reduction and triple elimination commodities in:</p> <ul style="list-style-type: none"> National health products management, procurement and supply chain management coordination, supportive supervision, and monitoring mechanisms. Essential medicines lists, essential diagnostics lists, national drug formularies, standard treatment guidelines, and consolidated testing guidelines.
	Supply chain design, operations (storage and distribution) management and outsourcing	<ul style="list-style-type: none"> Inclusion of hepatitis, harm reduction and triple elimination commodities in supply chain assessments and solutions around demand planning, operating costs, storage and transport capacity
	Planning and procurement capacity	<ul style="list-style-type: none"> Capacity building for integrated forecasting and quantification of hepatitis, harm reduction and triple elimination commodities.
	Regulatory/quality assurance support	<ul style="list-style-type: none"> Supporting regulatory pathways to introduce novel products e.g., long-acting buprenorphine, triple test (HIV/syphilis/HBV)
	Avoidance, reduction and management of health care waste	
	Supply chain information systems	<ul style="list-style-type: none"> Ensuring stock monitoring reports include indicators for hepatitis, harm reduction and triple elimination
	Climate-resilient and sustainable health facilities and storage infrastructure	

RSSH/PP: Human Resources for Health (HRH) and Quality of Care	RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)	<ul style="list-style-type: none"> • Workforce analysis to support task-sharing reform, enabling nurses and non-specialists to initiate hepatitis treatment • HRH planning for ANC workforce capacity to support triple elimination implementation.
	RSSH/PP: Pre-service training of new health workers (excluding community health workers)	<ul style="list-style-type: none"> • Integrating hepatitis, harm reduction, and triple elimination competencies into pre-service nursing and medical training curricula.
	RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers)	<ul style="list-style-type: none"> • Funding deployment of non-specialist physicians to decentralized primary health centers and harm reduction sites to deliver integrated hepatitis and HIV care.
	RSSH/PP: Continuous professional development for HRH (excluding community health workers)	<ul style="list-style-type: none"> • Clinical mentoring for primary health care (PHC) staff on coinfection management. • In-service training for ANC and maternity staff on triple elimination service delivery and follow-up pathways. • Clinical training on OAMT induction, dose titration, and managing polysubstance use.
	RSSH/PP: Integrated supportive supervision for health workers (excluding CHWs)	<ul style="list-style-type: none"> • Supervision visits for staff delivering integrated triple elimination, HIV/HCV coinfection, and harm reduction service packages.
	RSSH/PP: Quality improvement and capacity building for quality of care	
	RSSH/PP: Community health workers: selection, pre-service training, certification and equipping	<ul style="list-style-type: none"> • Training CHWs on hepatitis testing, treatment support, and HBV vaccination education. • Training peer outreach workers and educators from PWUD, sex worker, and PLHIV communities for integrated service delivery.
	RSSH/PP: Community health workers: contracting, remuneration and retention	<ul style="list-style-type: none"> • Remunerating hepatitis peer navigators and adherence supporters who are integrated into the national community health program.

	<p>RSSH/PP: Community health workers: in-service training</p> <p>RSSH/PP: Community health workers: integrated supportive supervision</p>	<ul style="list-style-type: none"> • Update training materials for CHWs on service changes to hepatitis, harm reduction and triple elimination services e.g., naloxone administration, new OAMT • Supportive supervision CHWs on home visits for mother-infant pairs exposed to HBV. • Supportive supervision for peer workers delivering harm reduction and hepatitis testing in community settings.
<p>RSSH/PP: Laboratory Systems</p>	<p>RSSH/PP: National laboratory governance and management structures</p> <p>RSSH/PP: Quality management systems and accreditation</p> <p>RSSH/PP: Laboratory information systems</p> <p>RSSH/PP: Geospatial analysis and network optimization</p> <p>RSSH/PP: Laboratory-based surveillance</p> <p>RSSH/PP: Laboratory supply chain systems</p> <p>RSSH/PP: Specimen referral and transport system</p> <p>RSSH/PP: Biosafety and biosecurity, infrastructure and equipment</p>	<ul style="list-style-type: none"> • Optimizing DNA testing platforms capacity for HIV, tuberculosis, and other disease programs to also support testing for HCV and HBV. • Conducting multi-disease specimen transport and diagnostic network optimization, including for ANC-based integrated testing platforms. • Combining multi-disease quantification efforts to determine laboratory consumables and diagnostics needs. • For facilities delivering integrated diagnostic services including hepatitis testing (e.g., ANC, harm reduction sites), assessing and strengthening access to integrated diagnostics and referral/patient linkages. • Ensuring laboratory information systems are integrated across facilities and diseases for patient data capture and care pathway management. • Improving laboratory supply chain for Global Fund-supported disease testing and beyond. • Establishing all-inclusive pricing modalities for laboratory reagents that include service, maintenance, and equipment training. • Maximizing laboratory systems and monitoring and evaluation (M&E) training opportunities through multi-disease approaches.
<p>RSSH/PP: Medical Oxygen and Respiratory Care System</p>	<p>RSSH/PP: Oxygen and respiratory care systems</p>	

Monitoring and Evaluation Systems	Governance	<ul style="list-style-type: none"> • Strengthening strategic planning for mother-infant pair tracking for triple elimination. • Supporting national data governance for harm reduction coverage indicators and people who inject drugs (PWID) size estimation.
	Routine reporting and administrative data sources	<ul style="list-style-type: none"> • Integrating triple elimination from HIV, syphilis and HBV indicators into shared routine reporting systems.
	Data quality	<ul style="list-style-type: none"> • Disease-specific and integrated data quality audits/reviews for triple elimination, HIV/HCV coinfection, and harm reduction.
	Surveillance for HIV, tuberculosis and malaria	<ul style="list-style-type: none"> • Leveraging HIV sentinel surveillance infrastructure to include HBsAg surveillance among pregnant women and HCV surveillance among PWID
	RSSH/PP: Surveillance for priority epidemic-prone diseases and events	
	Surveys, evaluations, reviews, data analysis and use, and operational research	<ul style="list-style-type: none"> • Program evaluation of integrated ANC care including baseline assessment of intervention coverage and qualitative interviews with healthcare workers and pregnant women on the service provision • Operational research on integrated ANC testing pathways using triple tests
Reducing Human Rights-related Barriers to HIV, TB and Malaria Services	Expanding access to quality and discrimination-free health care	<ul style="list-style-type: none"> • Training health workers on medical ethics and non-discrimination for key populations accessing hepatitis care, harm reduction, and triple elimination services.
	Improving legal literacy and legal support related to health services	<ul style="list-style-type: none"> • Promoting and increasing safety and security of providers and users of harm reduction services through security assessments, workshops and training
	Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services	<ul style="list-style-type: none"> • Support advocacy for law reforms to address barriers preventing key populations from accessing hepatitis testing, harm reduction, and triple elimination services.
Reducing Gender-related Vulnerabilities and	Addressing gender discrimination, and norms that pose a barrier to HIV, TB and malaria services	<ul style="list-style-type: none"> • Group education to support women's health decision-making regarding HBV screening and prophylaxis.

Barriers to HIV, TB and Malaria Services	Preventing and responding to violence against women and girls	
Program Management	Coordination and management of national disease control programs	<ul style="list-style-type: none"> • Integrated coordination between hepatitis, HIV, maternal/child health, and harm reduction programs at central and subnational levels. • Coordinating triple elimination technical working groups across HIV, syphilis, HBV, and maternal health programs.
	Grant management	<ul style="list-style-type: none"> • Oversight and management of Global Fund investments across hepatitis, harm reduction, and triple elimination.