

Syphilis Integration Checklist

Essential Checklist for GC8 Application Development

How to Use This Checklist

This checklist is organized into four phases that follow the GC8 proposal development process. Items flagged with **S** in the first column are syphilis-specific and may not be addressed by standard HIV application support. Unflagged items are standard GF application requirements included for completeness.

The Toolkit Support column identifies tools available for that step. The Notes column is for recording decisions, data sources, or follow-up actions.

Note on triple testing: Some countries are considering or have adopted triple HIV/syphilis/HBV rapid diagnostic tests. Where this applies, adapt dual test items to include the triple test, confirm in-country registration status, and identify which partners are planning to procure the triple test.

Phase 1 Before Country Dialogue	Phase 2 Country Dialogue & Gap Analysis	Phase 3 Application Development	Phase 4 Pre-Submission Review
<ul style="list-style-type: none">• Policy prerequisites• Data collection• Partner mapping• Country readiness	<ul style="list-style-type: none">• Programmatic gap tables• NSP alignment check• Funding landscape review• Dual test framing in narrative	<ul style="list-style-type: none">• Quantification & costing• HPMT completion• M&E framework• Partner coordination docs	<ul style="list-style-type: none">• Consistency cross-check• Red flags review• Document completeness• Final self-check

Phase 1 | Before Country Dialogue Opens

Policy prerequisites, data collection, and partner mapping that should be in place before the application process begins

Policy & NSP Alignment

✓	S	Item	Toolkit Support	Notes
	S	Confirm dual testing and/or triple elimination is included in the National Strategic Plan (NSP) with explicit targets. If absent, identify the process for adding it as a strategic priority.		
	S	Confirm dual testing and syphilis treatment with BPG for pregnant women appears in national HIV, ANC, or STI clinical guidelines for healthcare providers. If absent, include a guideline update as an immediate activity.		
	S	Confirm ANC protocols reference mandatory syphilis testing at first ANC and syphilis treatment BPG protocols.		
	S	Confirm alignment with Triple EMTCT strategy (HIV + syphilis + HBV) if one exists nationally.		
		Identify any legal or policy barriers to testing for adolescents or key populations and document a plan to address them.		

Epidemiological Data Collection

✓	S	Item	Toolkit Support	Notes
	S	Collect the total number of pregnant women in the country and ANC attendance rate by trimester,		
	S	Collect national syphilis prevalence data among pregnant women attending ANC from sentinel surveillance, HMIS/DHIS2, or recent surveys. Specify the data source.		
	S	Document burden of congenital syphilis among pregnant women: adverse outcomes estimates including stillbirths, neonatal deaths, and congenital infections.	Impact Evidence Package	
	S	Compile cost-effectiveness evidence (\$/DALY averted) for dual testing in country context or comparable regional settings.	Impact Evidence Package	
	S	Document current syphilis testing coverage and treatment coverage among pregnant women attending ANC, with gaps against 95% EMTCT targets.		
	S	Compile syphilis prevalence trend data over 5-10 years among pregnant women to demonstrate trajectory.		
	S	Collect facility-level data (number of facilities, type, and geographic distribution) to support 3-year commodity projection by facility type and geography.		

Government & Coordination Structure

✓	S	Item	Toolkit Support	Notes
		Confirm the country's GC8 application submission window.		
		Identify whether a lead consultant or coordinating committee has been appointed to manage the GC8 application process. If so, request the detailed application chronogram and country roadmap.		
	S	Identify the Principal Recipient (PR) and confirm openness to including dual testing and BPG in the proposal.		
	S	Identify which organizations manage dual test or triplex and BPG procurement for pregnant women and for key populations (these may be separate in some countries).		
	S	Confirm whether the country intends to use joint procurement across population groups or separate procurement processes. Joint procurement typically reduces unit costs.		
	S	Confirm EMTCT Technical Working Group exists with government co-chair, or identify the process for establishing one.		

Partner & Funding Landscape Mapping

✓	S	Item	Toolkit Support	Notes
	S	Map all partners currently supporting syphilis, dual testing, or triple elimination: roles, geographies, funding amounts, type of support (commodity donation, training, sentinel survey, etc.), and planned length of support.		
		Map partner commitments for supply chain, QA, or complementary testing commodities.		
		Map partner commitments for dual tests and/or BPG.		
	S	Identify which partners, if any, are already providing TA support for dual testing or triple elimination, the type of support provided, and the planned length of such support, to avoid duplication.		
	S	Obtain the country's most recent procurement plan for HIV commodities. Identify dual test and BPG line items, volumes, and gaps explicitly.		
		Obtain the country's most recent Global Fund application, specifically the HPMT, procurement sections, and PMTCT narrative.		

Phase 2 | Country Dialogue & Gap Analysis

Where dual testing must be written into the application rationale. If it is dropped here, it is very difficult to recover later.

Programmatic Gap Analysis

✓	S	Item	Toolkit Support	Notes
	S	Participate in the programmatic gap analysis session. Ensure syphilis is treated as part of the PMTCT section, not siloed as a standalone STI activity.	Quantification & Budget Calculator	
	S	Present data-driven syphilis coverage gaps (testing and treatment) among pregnant women attending ANC.	Quantification & Budget Calculator	
	S	Document root causes of syphilis screening and treatment gaps among pregnant women with supporting evidence.		
	S	Confirm the gap analysis explicitly references dual testing as the intervention to close the identified gap.		
	S	Review the funding landscape table to identify which syphilis commodity gaps are unfunded by other partners.		
	S	If country-specific data are missing from WHO Essential Data Tables, supplement with national annual reports or country program data.		

Application Narrative Framing

✓	S	Item	Toolkit Support	Notes
	S	Confirm dual testing is framed within GC8 priorities: value for money (incremental cost vs. HIV test), integration (leverages existing HIV infrastructure), and health system strengthening.	Impact Evidence Package	
	S	Confirm dual testing is positioned as integral to WHO Triple Elimination Initiative goals (95% syphilis testing and 95% treatment coverage by 2030) and framed within PMTCT, not as a standalone syphilis activity.	Impact Evidence Package	
	S	Confirm the narrative quantifies the gap between ANC attendance and syphilis testing coverage using country-specific or global data.	Impact Evidence Package	
	S	Confirm cost-effectiveness evidence is cited with country-specific or regional figures.	Impact Evidence Package	
	S	Confirm a guideline update or national validation activity is included in the proposal where dual testing guidelines have not been updated, including in countries where the commodity has been introduced but guidelines have not kept pace.		
		Confirm domestic co-financing language appears in the narrative with specific amounts or percentages for Years 1-3.		
		Confirm partner roles are referenced in the narrative with specificity about commodities and timelines.		

Phase 3 | Application Development

Quantification, costing, HPMT, M&E, narrative, and coordination documentation. These workstreams run simultaneously and should be kept consistent.

Commodity Quantification

✓	S	Item	Toolkit Support	Notes
	S	Calculate dual test and/or triplex annual quantity	Quantification & Budget Calculator	
	S	Calculate BPG annual quantity	Quantification & Budget Calculator	
	S	Confirm retesting algorithm is reflected in quantities (e.g., inconclusive results requiring a second test).	Quantification & Budget Calculator	
	S	Confirm buffer stock is costed for both dual tests and/or triplex and BPG. A 3-month buffer is recommended to account for forecasting uncertainty and distribution delays.	Quantification & Budget Calculator	
	S	Generate 3-year projection with quantities by facility type and geography. Confirm facility-level data collected in Phase 1 is sufficient to support this projection.	Quantification & Budget Calculator	

✓	S	Item	Toolkit Support	Notes
	S	Confirm WHO-prequalified brand(s) identified for dual tests and triplex, and confirm which brands have been validated for use in-country.		
	S	Document alternative treatment protocols for penicillin-allergic pregnant women.		

Budget Development

✓	S	Item	Toolkit Support	Notes
	S	Calculate total landed unit cost for dual tests and/or triplex: add freight, insurance, warehousing, distribution, QA/QC, and customs to PPM EXW price.	Quantification & Budget Calculator	
	S	Calculate total landed unit cost for BPG using the same method.	Quantification & Budget Calculator	
	S	Produce detailed 3-year commodity budget covering dual tests, BPG, logistics, and procurement fees.	Quantification & Budget Calculator	
		Verify unit prices against current Global Fund PPM Reference Pricing and Price & Quality Reporting Database.		
		Document co-financing sources: Global Fund, government, USG, and other donors. Show amounts and years.		

HPMT Completion

✓	S	Item	Toolkit Support	Notes
	S	Enter dual tests in HPMT. Confirm with GFATM country team.	Quantification & Budget Calculator	
	S	Enter BPG in HPMT. Confirm with GFATM country team. <i>Note: BPG is budgeted under the Treatment, Care and Support module in the Detailed Budget. It is entered in HIV-PHARMA Section 4 (COIM/STI Medicines) in the HPMT. These placements differ by document.</i>	Quantification & Budget Calculator	
	S	Enter percentage allocation for dual tests in HIV-Key Info tab if required by HPMT.		
	S	Confirm unit costs entered in HPMT reflect total landed costs, not PPM EXW pricing.	Quantification & Budget Calculator	
		Complete all mandatory HPMT supporting documents including calculation worksheets, buffer stock justifications, unit cost justifications, and procurement timeline.		

M&E Framework

✓	S	Item	Toolkit Support	Notes
	S	Include syphilis screening coverage in Performance Framework using GC8 core indicator VT-3: Percentage of women accessing antenatal care services who were tested for syphilis.		
	S	Include syphilis treatment coverage in Performance Framework: % of syphilis-positive women treated with at least one dose of BPG.		
	S	Include congenital syphilis case rate per 100,000 live births as a trend indicator.		
	S	Include commodity availability indicator: % of facilities experiencing dual test or triplex by quarter or twice a year		
	S	If possible, include commodity availability indicator: % of facilities experiencing BPG stockouts by quarter or twice a year		
	S	Confirm syphilis indicators for screening and treatment are integrated into DHIS2 or national HMIS with syphilis-specific data fields. If not, include HMIS update as a proposal activity.		
	S	Confirm facility reporting forms capture syphilis testing and treatment data.		
	S	Confirm congenital syphilis case reporting mechanism is linked to national surveillance.		
	S	Set baseline values and targets for all syphilis indicators that are data-driven and realistic. Overambitious targets risk non-achievement penalties.		

Partner Coordination Documentation

✓	S	Item	Toolkit Support	Notes
		Document partner commitments: commodities, amounts, and timeline.		
		Document government-led coordination mechanism with clear decision authority.		
		Confirm partner roles prevent duplication of procurement and avoid funding gaps.		
		Confirm government co-financing commitment letter is signed by MOH finance with specific amounts.		

Supply Chain & Operational Planning

✓	S	Item	Toolkit Support	Notes
		Document distribution plan from national to regional to district to facility level.		

✓	S	Item	Toolkit Support	Notes
		Verify storage requirements for dual tests and BPG: temperature, humidity, and shelf life. Work with the government procurement arm to confirm at point of procurement.		
		Define minimum stock levels by facility type.		
	S	Confirm buffer stock is included in dual test and BPG quantities and reflected in the 3-year projection.	Quantification & Budget Calculator	
		Identify contingency procurement channels: Global Fund PPM, UNICEF, national procurement, USG.		
	S	Document referral pathways linking testing sites to treatment sites where needed.		
	S	Address integration of syphilis commodities with existing HIV supply chain, including medical stores monthly issue records.		

Health System Strengthening

✓	S	Item	Toolkit Support	Notes
		Schedule supportive supervision frequency and designate responsible cadres.		
		Designate EMTCT Coordinator at national level and regional focal points.		
		Confirm laboratory quality assurance protocols and confirmatory testing capacity.		

Phase 4 | Pre-Submission Review

Systematic consistency check across all application components.

Cross-Component Consistency Check

✓	S	Item	Toolkit Support	Notes
	S	Dual tests appear in the programmatic gap analysis with data-driven justification.		
	S	Dual tests appear in the HPMT with correct categorization, quantities, and unit costs.		
	S	Dual tests appear in the supply chain quantification document with quantities that exactly match the HPMT.	Quantification & Budget Calculator	
	S	Dual tests appear in the budget with amounts that exactly match the HPMT.		
	S	Dual tests appear in the Performance Framework as a tracked indicator with baseline and target.		
	S	BPG appears in all five of the above locations with consistent quantities.		

✓	S	Item	Toolkit Support	Notes
	S	Treatment algorithm (including retesting protocol) is documented and quantities reflect the algorithm.		
	S	Buffer stock justification document is complete and percentage matches HPMT entry.		
	S	Total landed cost calculation is documented and matches HPMT unit costs.	Quantification & Budget Calculator	
		Domestic co-financing commitment is stated with specific amounts or percentages.		
	S	If dual testing is new to this country or guidelines have not been updated: a guideline update or validation activity is included as a proposal activity.		
		Partner roles and commodity responsibilities are documented in writing and referenced in the narrative.		
	S	Syphilis coverage targets are consistent across the narrative, Performance Framework, and quantification.		

Final Document Checklist

✓	S	Item	Toolkit Support	Notes
		Detailed Commodity Procurement Plan.	Quantification & Budget Calculator	
	S	MOH EMTCT guidelines or updated ANC protocols.		
		M&E framework with indicators, baselines, and targets.		
		Budget detail tables by commodity, by year, and by financing source.	Quantification & Budget Calculator	
		Reference pricing justification: current PPM data and/or competitive quotes.	Quantification & Budget Calculator	

Key Resources

Resource	Where to Find It	Notes
GF PPM Reference Pricing	Global Fund PPM Pricing Database – negotiated prices for dual tests. Verify for current cycle.	EXW only
GF Price & Quality Reporting	Price & Quality Reporting Database – historical procurement data and supplier performance.	Useful for supplier identification
UNICEF Supply Catalog	UNICEF Supply Catalog – BPG pricing reference: \$0.39-\$3.19 per dose for BPG 2.4 MIU.	Use for BPG unit cost budgeting
GC8 Application Materials	Global Fund GC8 Resources – All application forms, supporting resources, and guidance documents.	
WHO Global Health Observatory	WHO GHO Data – syphilis prevalence among pregnant women, ANC attendance.	

Resource	Where to Find It	Notes
UNAIDS AIDSinfo	AIDSinfo – HIV and syphilis burden estimates by country.	Cross-check WHO figures
GF PSM Procurement Guide	PSM Category & Product-Level Guide – lead time guidance.	
WHO Triple Elimination Guidance	Country Guidance for Triple Elimination – programmatic context and country readiness frameworks.	Supports narrative framing
GC8 HIV Prioritization Guidance	GC8 Prioritization Guidance: HIV – explicitly encourages dual HIV/syphilis tests in ANC as first test in antenatal care.	Core strategic framing for GC8