The Global Fund in the Health Ecosystem

55th Board Meeting
9 – 10 July 2026
GF/B55/12
For Input

Executive Summary

Background & Purpose

- The Global Fund is a key actor in the global health ecosystem (GHE) and **must actively adapt and contribute to its evolution**. The Secretariat's work in this area is organized around three interlinked pathways:

  Pathway 1: **Evolving to better deliver our mission**

  Pathway 2: **Delivering synergies with other partners**

  Pathway 3: **Contributing to system-wide transformations**

- Change is required across all three pathways, and while distinct, the pathways are **mutually reinforcing** and should be considered as part of a coherent approach to maximizing country-level impact.
- This discussion is part of an **ongoing governance conversation**. In May, the Strategy Committee gave valuable input into how to frame the discussion for the July Board retreat and meeting.
- The Secretariat is drawing on both **external ecosystem mappings and internal reflections** to refine its approach.
- This agenda item is coming to the Board with a purpose to:
  - Build and follow up on feedback received at the **February Board retreat** and **May Strategy Committee meeting**;
  - Provide a summary of **ongoing work within each pathway** including follow up from the joint Gavi/Global Fund technical briefing; and
  - Seek guidance on how the Global Fund should continue to engage across each pathways, including in **broader reform discussions**.

Questions for Board Steer

1. Does the Board **agree with the proposed three-pathway approach** as the basis for ongoing engagement? Does the Board have guidance on **where attention should be most focused**, particularly in the broader reform discussions?
2. Following the joint Gavi/Global Fund technical briefing (30 June), what are the Board's thoughts on **the most impactful areas to focus**?

Recall: February 2026 Board Retreat and May Strategy Committee Discussions

Diverse viewpoints were expressed at the February Board retreat which included discussions on the Global Fund's role and the broader global health ecosystem. The May Strategy Committee discussion helped the Secretariat to prepare for the July Board retreat and meeting.

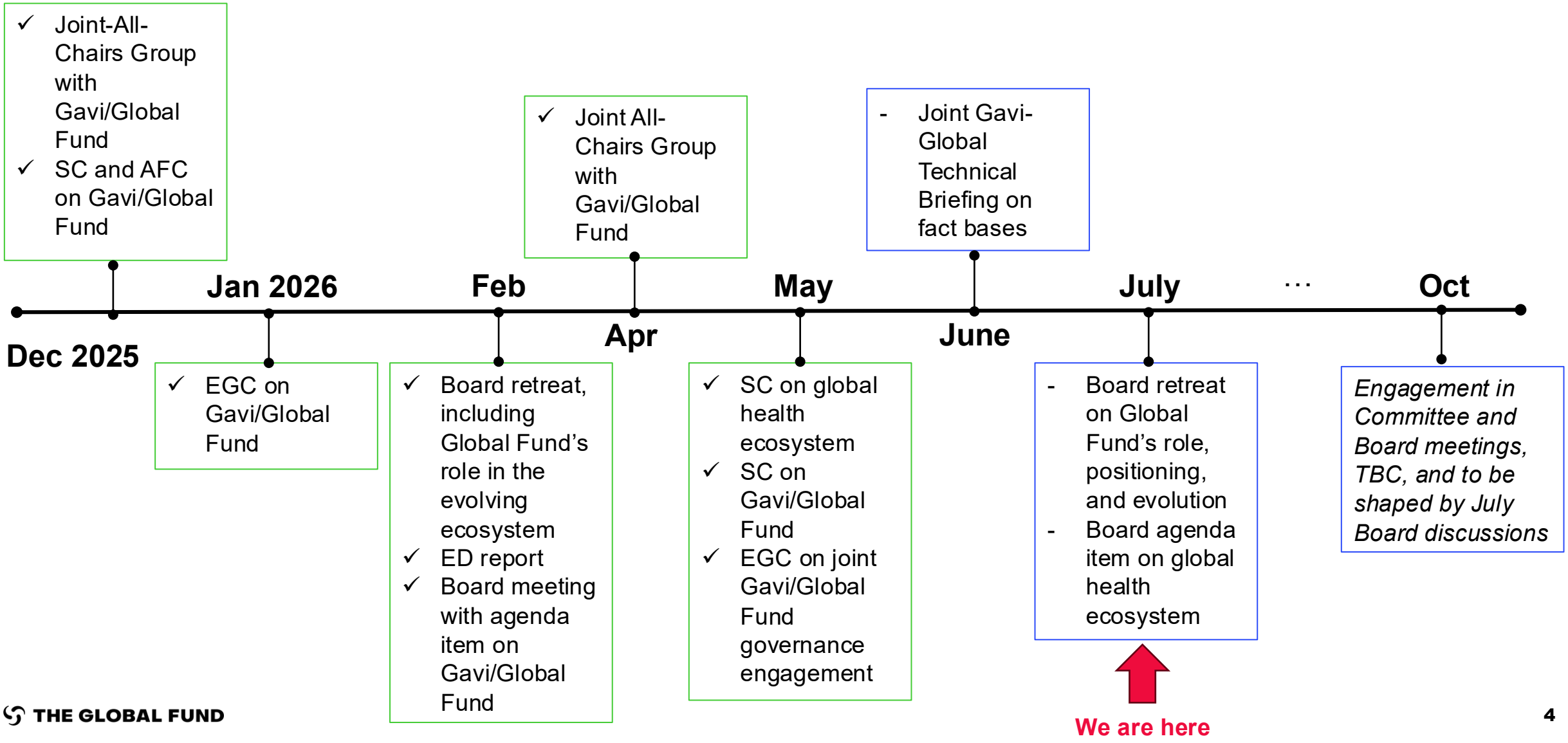
Requests Coming from February Board Retreat

- **Mapping of global health actors and initiatives**, including to help identify where duplication and fragmentation undermine impact, and where collaboration or differentiation could add value
- Review and discussion on the **Global Fund's comparative advantages**, particularly the partnership model, country ownership with inclusion of communities, market shaping and global public goods
- Clarity on **how the Global Fund should engage in ecosystem discussions** in a way that is purposeful, proportionate, and aligned with the mission

Steer from May Strategy Committee Meeting

- Broad support for 3-pathway framing as a useful structure, with **strong emphasis on maintaining flexibility** and avoiding a static approach as the ecosystem evolves
- Need for clear **ringfencing of pathways 2 and 3 to align with the Global Fund's core mandate**, with attention to trade-offs and Secretariat capacity implications
- **Communities and civil society seen as a core differentiator of the Global Fund** – call to more explicitly reflect this in comparative advantage and ecosystem positioning
- Agreement that **external mappings will be useful** and will require careful management of divergent findings across analyses
- Useful to have a **shared understanding of Global Fund engagement in GHE discussions**

Recent Governance Engagement on Global Health Ecosystem and Partnerships



Context: Adapting to a Changing Ecosystem and Fiscal Realities

A shifting global health ecosystem

- The **global health ecosystem is made up of many actors**, including normative agencies, financing institutions, technical agencies, public-private partnerships, bilateral donors, NGOs, and implementing entities.
- There is broad agreement that the ecosystem is **fragmented, duplicative, and increasingly unsustainable**.
- **Momentum to reform is accelerating** (Accra Reset, UN 80, WHO-hosted Joint Process, Lusaka Agenda, etc.), with stronger demand for **greater coherence** and efficiency, increased **sovereignty** and program **sustainability**.
- The **Global Fund partnership must play its part in its transformation.**

Fiscal realities are reshaping our operating context

- Despite an **extraordinary 8th Replenishment outcome** given the current environment, almost every country will receive a lower country allocation for GC8 and the Secretariat will need to further downsize.
- 2026 was explicitly designed as a **transitional budget year**, allowing sequencing of structural adjustments ahead of GC8 delivery pressures.
- In 2026, we will need to restructure to **land a sustainable GC8 run-rate** and an operating model that balances delivery priorities ("strategic shifts") with structural constraints.

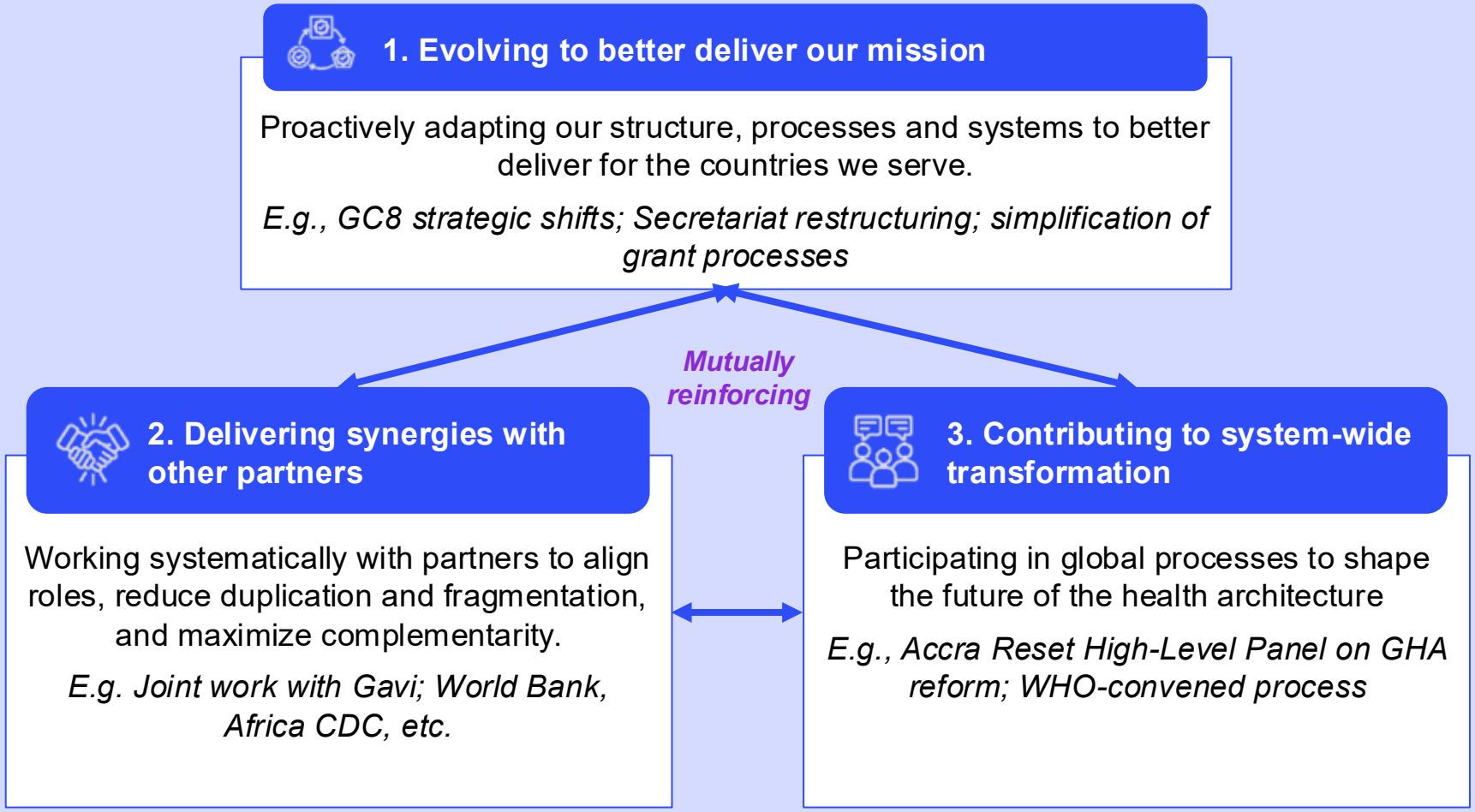
Implications

- The Global Fund must **actively engage in shaping ecosystem reform**, while **simultaneously delivering immediate internal shifts** required in 2026.
- This requires **balancing longer-term system transformation (where we fit) with near-term operational adjustments (how we operate)**, ensuring these changes are aligned with and reinforce the broader direction of ecosystem reform.
- Reduced Opex and competing priorities require a **focused approach to engagement**, prioritizing where to lead, where to partner, and where to rely on others.
- Overall, this calls for a **more disciplined, targeted, and differentiated engagement approach in architecture discussions and workstreams**, anchored in comparative advantage and impact.

"We **must play our part in transforming the global health ecosystem**, deepening our collaboration with partners to remove duplication and maximize synergies, rationalizing an overly fragmented architecture to improve efficiency and reduce the burden on countries, and ensuring every entity **focuses on where it has comparative advantage**."
- ED report, February 2026

Our Response: A structured engagement framework with three reinforcing pathways

Three Pathways for GHE Engagement



- To respond to a rapidly evolving global health ecosystem, the Global Fund is applying a **structured engagement framework**, ensuring our response is deliberate, targeted, and aligned with our comparative advantage
- The **three pathways are mutually reinforcing**
  - ➢ External engagement should inform internal evolution, and internal shifts (GC8 shifts) should inform engagement in GHE reform
  - ➢ Internal shifts should form the guiding principle of our external engagement, and drive stronger partnerships and influence
  - ➢ Partnerships and global processes shape our focus and role, and vice versa

1. Evolving to better deliver our mission

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GC8 Strategic Shifts to maximize impact and respond to a changing global health ecosystem

The GC8 Strategic Shifts…

1. **Set grant cycle-specific transition pathways**: Transition timelines with predictable financing; focus on the most challenging sustainability issues.
2. **Place greater priority on lowest income and highest burden settings:** Shift GF allocations to where disease progress affects global progress and domestic resources are most limited.
3. **Programmatic prioritization:** Rigorous program prioritization and optimization; market shaping for introduction & scale of new innovations.
4. **Integration:** Integrated program delivery within primary health care and integrated health systems.
5. **Community systems & financing:** Incentivize community systems integration and financing.
6. **Grow & optimize domestic resources:** Differentiated co-financing approaches and optimized pooled procurement market access by domestic markets.

… are respond to emerging findings from the ongoing reform processes

Catalyze **growth in** both the quality and quantity of **domestic financing**; provide **predictable financing** and coherent domestic and external **resource integration**.
1 6

Manage **sustainable transitions** with partners aligning to national health investment plans and **integrate into existing health sector strategic planning and** coordination.
1 4

Shape markets through **pooled procurement** and progressive conditionalities; ensure **supply reliability and expanded access** for countries with limited bargaining power; focus on **regional pooled procurement capacity** as part of longer-term reforms.
3 6

Move towards integrated primary care systems driven by local governments, rather than disease-specific approach.
4

Supporting **decision making influenced by those affected** and allow for flexible, differentiated approaches to respond to diverse realities; engagement and financing for communities in health governance and implementation.
5

1. Evolving to better deliver our mission

Reorienting our operating model to deliver strategic shifts

Outcome of initiatives in 2025
(To prepare for a transitional year in 2026)

Evolving how we operate to better serve countries

- **Org redesign**: Targeted restructurings covering 75% workforce to align with strategic priorities
  - **More differentiated approach to country engagement** – moving to a more strategic, targeted, and impact-oriented approach aligned with country needs
  - **Equitable access to quality-assured health products** – strengthening market shaping and non-Global Fund financed procurement to maximize value and impact
  - **Process optimization and centralization** – streamlining through automation, shared services and simplified processes
- **Simplification**: Reducing complexity across grant processes and guidance to lower burden on countries
  - Simplification of grant application processes
  - Simplification of GC8 guidance, with greater focus on prioritization

Focus for 2026
(Adapting today, ready for tomorrow)

Transforming for impact, efficiency and focus

Two core objectives:

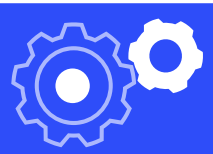
- **Adapting today:** Adapt how the Secretariat serves countries and delivers GC8 priorities
- **Ready for tomorrow:** Build a more flexible and future-fit Secretariat

Details on next slide

1. Evolving to better deliver our mission

Ensure the Secretariat can continue delivering for countries today, while preparing for the future[1]

Adapting today



Adapt how the Secretariat serves countries and delivers GC8 priorities

- **Review how the Secretariat supports countries and delivers its work** so we can focus our efforts where they have the greatest impact
- **Review our delivery model** to increasingly tailor support based on country needs
- **Simplify processes and reduce unnecessary complexity** so colleagues can spend more time on high-value work

Ready for tomorrow

Build a more flexible and future-fit Secretariat

- **Review how teams are structured and how resources are used** so the organization can remain effective and responsive over time
- Create **more flexibility in how work is delivered**, making greater use of automation, and exploring different ways of organizing and locating work

This will require meaningful change, delivered at pace, to ensure the Secretariat can continue to deliver for countries today while building an organization that is sustainable, effective, and ready for the future

1. See Opex Evolution materials for additional details

2. Delivering synergies with other partners

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Partnerships remain core to our model, and collaboration must be prioritized and differentiated to maximize impact in a more constrained and fragmented ecosystem

The Global Fund model is built on **country ownership and partnership**. These partnerships operate within a broader and increasingly complex global health ecosystem.

In a context of ecosystem reform and tighter resources, the Global Fund must take a **deliberate approach to partnerships** —systematically reviewing where collaborations can deliver increased **impact and reduce duplication and fragmentation**.

How we partner must be **focused and impact-driven**:

- Align efforts to better support country-level impact
- Prioritize high-impact partnerships aligned with comparative advantages
- Proactively reduce duplication and fragmentation across actors
- Clarify roles, leading where we add value, and relying on others where they are better placed

Partnerships across the Global Fund are numerous, but a few highlights:

- MOU with **Africa CDC**
- Advancements on collaborations with the **World Bank**
- Task force with **Gavi**

2. Delivering synergies with other partners

Partnering with **Africa CDC** to advance resilient health systems and sustainable impact

Complementarity

Africa CDC is a key **regional public health partner**, with capabilities in:

- Regional leadership and coordination across African Union Member States
- Public health preparedness, surveillance and emergency response
- Advancing regional value chains, including the African Pooled Procurement Mechanism (AAPM)
- Driving pathways to health sovereignty

The **Global Fund brings**:

- African footprint, supporting health programs in nearly every AU Member State
- Large-scale RSSH investments
- Collaborative procurement platform

Three-year MOU signed at the margins of WHA (May 2026)

1. **Support the development of resilient health systems and enhance capacities for preparedness, prevention, detection, and effective response to pandemics and other public health emergencies**.
    - Focus on HTM (integrated, people centered service delivery); CHW, communities and civil society;
    - Laboratory and diagnostic systems strengthening, surveillance, digital health; and
    - Climate-health resilience and PPPR.

2. **Advance regional capabilities for procurement and manufacturing, supply chain, non-grant financed procurement and other collaborative procurement arrangements.**
    - Operationalization of the African Pooled Procurement Mechanism; strengthening capacity of regional health supply chain systems; and
    - Data standards on supply chain information systems; costing and equitable access to quality assured health products through NGFP e.g., APPM and Wambo.

3. **To promote self-reliance and health sovereignty including financial accountability, governance and sustainability.**
    - Strengthening domestic health financing for HTM and health systems;
    - Public Financial Management (PFM) systems, optimizing absorptive capacity; and
    - Collaboration with other partners, focusing on pathways to self-reliance and sovereignty.

This partnership combines Africa CDC's leadership and convening power with the Global Fund's financing, implementation, and market-shaping capabilities to advance resilient health systems manufacturing, and sustainable country impact.

2. Delivering synergies with other partners

Building a robust partnership with the **World Bank** on different workstreams

THE WORLD BANK

Complementarity

The **World Bank is a key financing and systems partner**, with capabilities in:

- Domestic resource mobilization and large-scale financing
- Health systems strengthening and policy reform
- Established assessment tools for HSS, PFM, supply chain

The **Global Fund** brings:

- Grant financing and Catalytic Initiatives collaboration, with strong focus on LICs/LMICs
- Market shaping and PPM/ Wambo.org, focus on access
- Expertise in HTM and health systems functions and engaging communities and civil society

The MOU, covering 2025-2028, establishes a focused and structured partnership covering:

1. Health financing, joint investment planning & PFM

- Robust pipeline for joint/coordinated financing; advanced discussions on Haiti, early discussions on Mozambique, Mongolia and others
- Progress on dedicated single-donor trust fund, activation expected in next few months
- Initial collaboration on PFM assessment tools (e.g., FinHealth; PEFA[2]), digital PFM and knowledge sharing.

2. Health systems and health security collaboration including:

- Climate: Joint TA in Afghanistan (climate vulnerability & adaption planning) and Mozambique (CxH strategic roadmap to be launched in October 2026)
- Initial opportunities of supplementary financing (e.g., Somalia, Sierra Leone, Benin and others)
- Collaboration with GFF on FASTR, analytics for CHWs; supply stockouts; integration; and HTM

3. Procurement, supply chain, and regional manufacturing capacity

- Technical and leadership level discussions on leveraging WB funding (e.g., IDA) for PPM/Wambo
- Initial scoping of supply chain priority countries with WB/GFF, jointly convening the Supply Chain Leaders Forum. Collaboration with WB's Multiphase Programmatic Approach (MPA) for East & West Africa
- Coordination around NGMS GC8 Strategic Initiative; agreement on joint supply chain costing tool with GFF
- Participation in WB/AU session on Africa Medical Access & Manufacturing (AIM2030) in Addis.

This partnership combines World Bank's large-scale financing and established assessment tools with the Global Fund's health investments in HTM and health systems, and market-shaping capabilities to strengthen primary healthcare and the fight against HTM

1. GF & WB have executed 13 transactions to date; * PEFA: Public Expenditure and Financial Accountability framework set up by WB and other partners

2. Delivering synergies with other partners

The recent Task Force with **Gavi** identified five priority areas for collaboration

Complementarity

- **Complementary mandates:** Gavi brings expertise in vaccines and immunization systems; Global Fund brings expertise in HTM programs and community delivery
- **Increasing convergence:** The boundaries between immunization, disease prevention, and health systems strengthening are becoming increasingly interconnected
- **Natural overlap in TB and malaria:** New prevention tools, including vaccines, require closer coordination across immunization and disease programs to maximize impact
- **Common investments in health systems:** Both organizations invest in supply chains, data systems, workforce, primary healthcare, and country institutions

Following a joint assessment, five priority collaboration areas have been identified

Reducing administrative burden along the grant cycle	**Coordinating how Gavi and the Global Fund engage with countries across the grant lifecycle** (planning, application, monitoring, reporting, review and other country engagements) to reduce duplicative efforts and support country-led integration
Enabling coordinated & more effective malaria support for countries	**Aligning malaria support to countries; and considering funding coordination** to support one coherent country malaria plan, with more joined-up technical engagement and support
Enabling coordinated & more effective HSS support for countries	**Enabling countries to access HSS support in the easiest and most integrated way** across Gavi and Global Fund, by aligning strategic approach and priorities and taking a systematic approach to collaboration on all HSS-related country engagements across the grant cycle
Exploring options for potential joint TB approaches	**Exploring potential joint approaches for TB**, including for novel TB vaccines
Driving efficiencies across enabling functions	**Unlocking operational efficiencies** through organizational learnings (e.g., task shifting) and considering coordinating offshoring activities for select enabling functions (e.g., finance, IT)

Board members have received details on the work produced as part of the Gavi-Global Fund Task Force, which will be presented and discussed at the Joint Technical Briefing on 30 June.

2. Delivering synergies with other partners

Board and Committee engagement on collaboration with **Gavi** continues

- Following the Joint Technical Briefing (30 June), the Gavi and Global Fund Secretariats will summarize feedback received and propose next steps at our respective Board meetings in July.
- The Joint Technical Briefing will include a presentation by the external provider on the work conducted to date, followed by discussion. The discussion at our respective Board meetings will provide an opportunity for more forward-looking discussions.
- In addition to the materials shared as part of the Joint Technical Briefing and the summary that the Secretariats will provide in real-time during the Board meeting session, an overview of the roadmaps that have been developed for each priority area for collaboration can be found in the Annex of this presentation.

3. Contributing to system-wide transformation

3.1 Contributing to system-wide transformation Global Fund's engagement in global processes

NON-EXHAUSTIVE

Initiative	Scope	Global Fund engagement	
WHO-HOSTED JOINT PROCESS	The joint process on GHA reform will establish options and recommendations for: 1.Enhancing the alignment of the mandates and capacities of GHA actors with the essential GHA functions and across global, regional and national levels; 2. Strengthening coordination, collaboration, accountability across levels 3. Aligning financing with national, regional and global priorities to advance self-reliance and predictable support for global public health goods and regional functions.	Engaged in the interagency group led by WHO Secretariat and throughout Member States consultations. Will nominate a representative for the Task Force by end July to inform deliverables.	***Near-term focus***
ACCRA RESET & HIGH-LEVEL PANEL ON REFORM OF GHA AND GOVERNANCE	Global South-led global platform designed to reframe a health and development paradigm anchored in health sovereignty, mutual accountability, shared investment, and systemic reform *(3 pillars: financing for health, local manufacturing & innovation and global health governance)*	ED formal role in high-level consultative group of the High-Level Panel & GF engaged with co-convening role to elevate vision	
HEALTH ARCHITECTURE REIMAGINED (HEAR – CSO)	CSO and communities-led consultative process to build a collective vision for the future of a global health architecture that supports sustainable, equitable access to health for all. (Pillars: governance, access to GPGs, financing, delivery)	Global Fund engaged and strongly supportive of CSO & communities' meaningful participation in processes incl. Joint Process	
MOPAN STUDY ON MULTILATERAL EFFECTIVENESS IN GLOBAL HEALTH	Generate evidence and recommendations to inform reform and feed into WHO-hosted process, including mandate mapping, comparative advantage of key players for 6 core functions, division of labour and reform pathways. Focused on 9 global health institutions	Global Fund engaged in GF mandate mapping review and for second output on comparative strengths	
AFRICAN HIGH-LEVEL MINISTERIAL COMMITTEE (AHLMC) ON THE REFORM OF THE GHA	AU's ministerial platform to provide stewardship, coherence and accountability for Africa's engagement with GHA reform agenda. It consolidates African positions, guides coordinated engagement in multilateral processes, and champions reforms for equity, transparency, effectiveness and sustainability in global health governance and financing	Global Fund's Participation in AU Extraordinary Summit on Health in July in Ghana, incl. potential session on GHA reform	

FOR REFERENCE – OTHER INITIATIVES

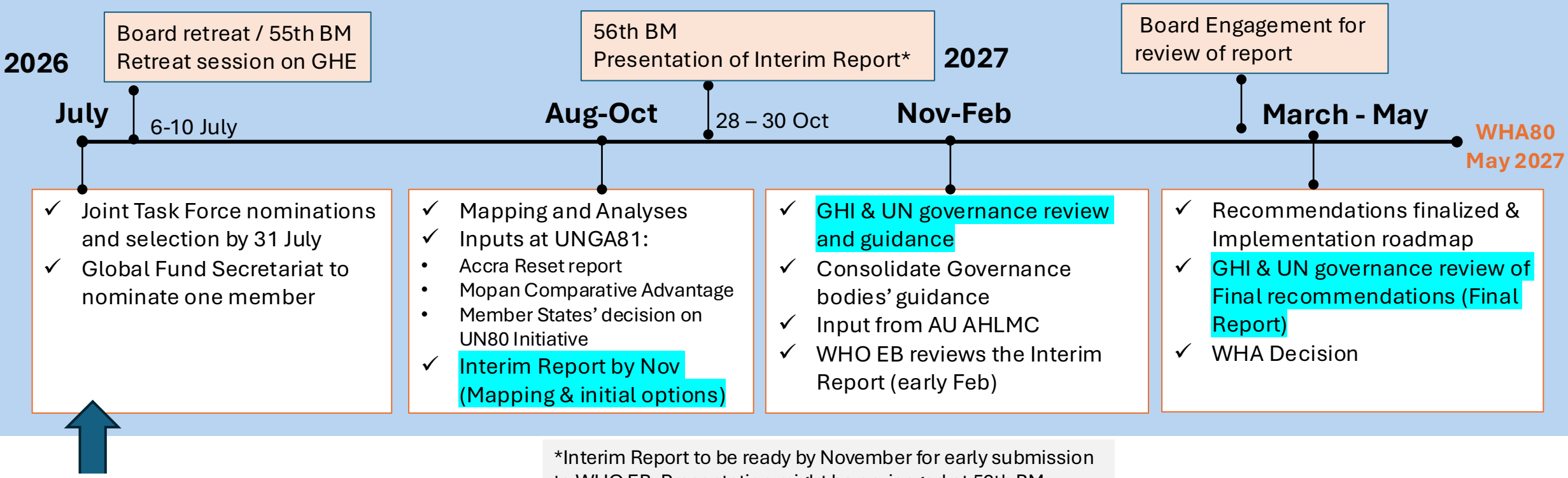
- **EC-LED REFLECTION PROCESS ON REFORM OF THE GHA**
- **FRIENDS OF THE LUSAKA AGENDA**
- **SEVILLA PLATFORM FOR ACTION**
- **WELLCOME TRUST**

3.2 Global Fund's engagement in the WHO-hosted Joint Process

Joint Task Force on GHA Reform

- **Composition:** 14 MS/Country Representatives, 5 Global Health Initiatives (**Global Fund**, Gavi, CEPI, Pandemic Fund, Unitaid), 4 UN entities incl. WHO, World Bank, 1 Regional health organization
- **Role:** The Joint Task Force will develop options & recommendations in consultation with Member States & submit joint Board reports. **Members will be nominated in their individual capacity** to foster convergence.

Expected timeline of the Joint Process and engagement of the Global Fund's governance bodies



*Interim Report to be ready by November for early submission to WHO EB. Presentation might be envisaged at 56th BM depending on finalization; timing of governance review TBD

3.3 Global Fund's engagement with the Accra Reset

How we are engaging

- **Executive Director's participation in the High-Level Consultative Group** as the accountability pillar of the Accra Reset framework seeking to improve coordination with and among global health institutions, and mobilize financing aligned with country health priorities.

- **Co-convening role to elevate the Leadership vision of the Accra Reset:** Global Fund as event delivery partner at the WEF in Davos and at WHA79.

- **Hosting of the WHA79 Accra Reset flagship event «Geneva Clarion Call: Rethinking Power, Financing and Global Health Delivery»** on May 18, 2026, under the convening of HE President John Dramani Mahama, with the support of the Rockefeller Foundation and the Global Fund.

✓ Event mobilized 300 high-level guests including HE President Mahama, Ministers of Brazil, Indonesia, Kenya, Ghana, Nigeria, Tanzania and dignitaries, Accra Reset High-Level Panel members, WHO and multilaterals (GF, Gavi, WB).

✓ Event reaffirmed the principles of the Accra Reset, **called for a "New Bandung Spirit"** of sovereign partnerships **and for a focus on implementation pathways and delivery.**

What are the next steps?

- **Pursue engagement with the Accra Reset High-Level Panel for Global Health Architecture and Governance,** composed of:
  - ✓ Minister of Health of Indonesia (*Financing Pillar)*
  - ✓ Minister of Health of Brazil (*Production & Access Pillar*)
  - ✓ Peter Piot (*Governance Pillar*)
  - ✓ Elhadj As Sy (*Governance Pillar*)

- **Participation in the AU Extraordinary Summit on Health on 21-22 July and related GHA reform discussions, in Accra, Ghana.**

- **Discuss joint engagement opportunities at UNGA** to amplify the launch of the Accra Reset's report on Global Health Architecture and Governance.

Refining our approach: Learning from external mappings and internal reflections

Refining our approach

Using external and internal inputs to refine our ongoing approach

Ecosystem reform discussions are **already underway and will progress** over time, and in parallel the **Global Fund is adapting** – transforming how it delivers, partners, and engages across the ecosystem.

As the external and our internal context evolve, we **must continuously refine our global health ecosystem engagement framework**, ensuring our approach remains targeted, adaptive, and responsive to emerging insights and interlinkages across pathways.

REVIEW INPUTS

External mappings: Leveraging existing independent mapping across institutions to identify Global Fund's core strengths, duplication and opportunities for collaboration

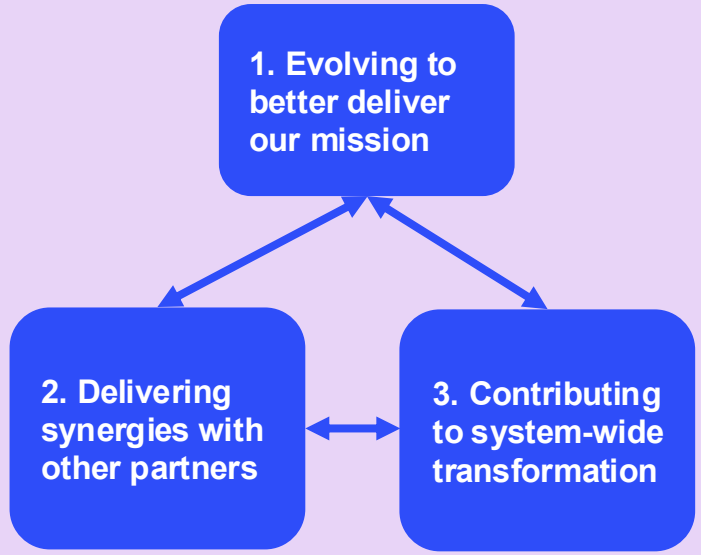
Interlinked

Internal reflections: Assess our model and approach to review how we can transform to better deliver our mission, and how we partner and engage across the ecosystem

DEFINE PRINCIPLES

1. Clarify where we lead, partner, or rely on others
2. Refine principles for engagement across pathways
3. Focus efforts where inputs from one area inform and strengthen the other
4. Target efforts where we add the greatest value and impact

REFINE ENGAGEMENT



Refining our approach: External mappings

Using independent analyses to clarify our role and comparative advantage

Why is mapping needed now?

- At the February Board Retreat, there was a **strong call for mappings of the global health ecosystem** (actors and initiatives) to identify where fragmentation and duplication reduce impact, and where greater alignment, differentiation, and collaboration could add value.
- External analyses provide an **objective basis to inform how the Global Fund positions itself** within this evolving landscape, especially where they keep **relevance to countries at the core**. They can help us think through:
  - What roles are **countries calling on international organizations**, like the Global Fund, to serve?
  - What are the Global Fund's core strengths and proven capacities? Where should we lead, partner, or rely on others?
  - Where are there opportunities to reduce duplication, simplify for countries, and strengthen complementarity?

What mapping is underway?

- There are several mappings currently being done externally and independently that we can draw on and learn from
- Among others, these include:
  - Global South-led coordination initiatives including the AU High-Level Ministerial Committee on the **Reform of the GHA** (**AHLMC**) to clarify the division of functions between global institutions, regional public health agencies and national authorities
  - **KFF**
  - Multilateral Organization Performance Assessment Network (**MOPAN**)

Details on next slide

Refining our approach: External mapping

MOPAN Insights on Multilateral Effectiveness in Global Health

MOPAN Study Overview	
What	Study on multilateral effectiveness in global health, to generate evidence to inform global health architecture reforms.
Why	Generate evidence and recommendations to support decisive reform within and across multilateral health organizations in the context of wider joint process.
Objectives	Assess the comparative advantage of key multilateral organizations in delivering priority functions of a future global health architecture, and the implications of this for future division of labor, ways of working and collaboration. Identify realistic and sustainable pathways for reform, taking account of the incentives shaping current behavior.
Timeline	This study is meant to be completed by December 2026 (with the comparative advantage analysis by UNGA).
As of July	GF provided inputs for Output 1 (Mandate Mapping against priority health functions), and on track to provide evidence for Output 2 (Comparative Advantages in the Multilateral Health Ecosystem).

Output 1 - *Mandate Mapping Against Priority Health Functions*

Summary	• Current configuration of mandates, across nine multilateral organisations, "not yet" fit to deliver the six GHA functions • Mandate expansion and lack of collaboration/alignment among organisations, especially at country level, create delivery overlap • Understanding underlying incentives driving mandate expansion is key • Key to future GHA are rationalisation, collaboration, comparative advantage
Key findings	• Mandates expand/ do not contract, with no systematic look at wider GHA. Architecture needs a system-level stewardship function. • Underlying financing, governance, accountability incentives driving mandate expansion must be addressed. • Mandates are collectively incoherent at the country level, requiring explicit design (joint country platforms) • The regional tier is expanding rapidly with no seat in global governance • Equity commitments are meaningful but face structural constraints, with no governance/accountability mechanism for aggregate equity outcomes.
Global Fund observations	• RSSH under-recognized as foundational investment in GPGs. Misrepresentation of GF role in RSSH (vertical fund denomination not accurate). • Global Fund asserts equity and community engagement is a strong comparative advantage embedded across its work – at odds with finding. • Reliance on documentary evidence may under capture operational realities and country-level dynamics, particularly for GHIs whose comparative advantage often lies in delivery models and partnerships on the ground. • Interdependencies and partnerships, which are often informal and context-specific, are harder to capture through formal documentary sources. • Potential risk of conflating performance evidence with comparative advantage, which is inherently relational and system-dependent. • Need to reflect country-level responsiveness and delivery capacity—central to comparative advantage in practice.

Refining our approach: Internal reflections

The July Board Retreat will provide an opportunity to reflect on how the Global Fund should evolve to maximize impact in a changing global environment.

Recap: WHY NOW?

- The **global health landscape is changing rapidly**, with shifts in disease burden, country ownership, financing, innovation and the broader ecosystem.
- At the same time, the Global Fund is **implementing the GC8 strategic shifts** within a more constrained resource environment.
- Following on from the February Board retreat and May Committee discussions, these developments create an **opportunity to reflect on the Global Fund's future direction and core strengths**.

The retreat discussion will be organized around three primary questions:

1. **What external trends will shape the Global Fund's future?** What changes in the global environment are most important for the Global Fund to respond to?
2. **What strengths should the Global Fund build on?** Which capabilities are most distinctive, most valuable and most important to preserve as the institution evolves?
3. **How might the Global Fund need to evolve?** What strategic trade-offs and operating model choices will need to be navigated to maximize future impact?

Expected Board Retreat Outcomes:

- Shared understanding of evolving context and model
- Clarity on core strengths and priorities
- Initial alignment on areas for evolution, and identification of areas for further discussion
- Reflection on governance and Board ways of working
- Strategic direction for future work

Questions for Board steer

1. Does the Board **agree with the proposed three-pathway approach** as the basis for ongoing engagement? Does the Board have guidance on **where attention should be most focused**, particularly in the broader reform discussions?

2. Following the joint Gavi/Global Fund technical briefing (30 June), what are the Board's thoughts on **the most impactful areas to focus**?

Annex

Gavi / Global Fund Taskforce

COLLABORATION ROADMAPS

These slides were jointly developed with Gavi and will also be shared at their July Board meeting.

July 2026

ABOUT THIS DOCUMENT

This collaboration roadmap deck builds on the Gavi-Global Fund Joint Technical Briefing materials and sets out the next steps in the Taskforce process.

While the Joint Technical Briefing deck reflects on the work undertaken by the Taskforce to date, **this roadmap deck translates outcomes and recommendations and takes a forward look at the next stage of this work.** It outlines the specific actions agreed, expected sequencing, and priority areas of work planned over the next 6–12 months.

This deck **should be read alongside supporting materials developed for the Joint Technical Briefing**:

- *Pre-read deck*, which serves as the key reference document on the Taskforce work for the Joint Technical briefing, and provides the overarching context, approach, prioritisation rationale, and recommended areas of focus; and the two supporting decks:
  - *Factbase compendium*, which provides the underlying evidence on how both organizations operate; and
  - *Independent analysis*, which includes further detail on the assessment and prioritisation of opportunities

Collaboration roadmap

Main roadmap focus

	0 Continue Action Now efforts	1 Intent to pursue and start detailed scoping and design	2 Further analysis before decision making	3 Pause
1 Reducing administrative burden along the grant cycle	• Strengthen country coordination and communication on mgmt. and governance[1]	• **Coordinate application** forms, monitoring & reporting for GC9 and Gavi 7 • **Assess AI agent-enabled interface** for countries	• Integ… frame…	*Development of roadmap **will be revisited** tentatively in July/August after ongoing efforts on GC8 and Gavi 6*
2 Enabling coord. & more effective malaria support for countries	• Support integrated country planning through info sharing[2]	• **Aligned ways of working** for malaria		• Explore fungibility for malaria envelopes
3 Enabling coord. & more effective HSS support for countries	• Ensure new investments in priority areas consider[4] collaboration • Support integrated country planning through info sharing[4] • Expand systematic collaboration on PFM[5]	• **Align strategic approach** in common areas • **Coordinate guidance/guidelines**, taxonomy and definition • **Coordinate support for countries** on prioritization & planning of HSS support • Establish **joint expectations, accountability and incentives**	• Align application components • Revie… to HSS	*One roadmap **per bundle*** • Integrate strategy, guidance, or technical teams • Converge in-country partners
4 Exploring options for potential joint TB approaches		• **Jointly mobilize a project team** (of which members may go beyond both organizations)		
5 Driving efficiencies across enabling functions	• Explore joint Secretariat "indirect procurement"[6]	• **Share learnings and best-practices** cross-organizations • Pursue **joint contracting**	• Furthe… enabl… • A… a… establ… centre[1]	*One roadmap **per initiative**, as it entails very different functions without interdependent work* … countries

Country Impact

HQ synergies

1. Action Now N7. Strengthened coordination and communication to countries on management and governance / coordination (e.g., Gavi ICC, GF Country Coordinating Mechanisms (CCMs), PMU); **2.** Action Now N2. Support integrated country malaria planning through coordinated funding information sharing ahead of GC8/6.0; **3.** Action Now N4. Ensure new investments in priority areas consider collab. Opportunities (e.g., data/digital, supply chain, human Resources for health); **4.** Action Now N6. Support integrated country HSS planning through coordinating information sharing ahead of GC8/6.0; **5.** Action Now N5. Expand systematic collaboration on PFM (e.g., supreme audit authorities, PAOs, digital payments); **6.** Action Now N9. Explore joint Secretariat "indirect procurement"

Roadmap | Bundle 2 – Coordinated and effective malaria support

Timeline: May 2026 – Dec 2026

Bundle 2	Coordinated and effective malaria support
Objectives	Countries are supported to holistically plan malaria programmes across all interventions, leveraging limited available resources from Global Fund, Gavi and other organisations to maximise impact.
Key activities	1. **Ensure increased country visibility** across external financing sources, models and opportunities. 2. **Identify 3-5 priority countries** for strengthened Gavi/Global Fund coordinated support; plan to understand key barriers and identify solutions to optimize ongoing country-level collaboration. 3. **Systematize inter-organization information sharing and trouble-shooting** on service delivery efficiency and integration (such as EPI channel for ITNs; campaign efficiencies; population denominators) 4. **Plan briefings for IRC and TRP**. For TRP, brief on Gavi new funding model and country decision needs and timelines; for IRC, Global Fund will provide visibility on country SNT / GC8 plans.
Deliverables / Outcomes	• Countries have wider visibility across external financing opportunities to support holistic planning. • Barriers and opportunities to improved country level coordination, collaboration and integration are understood and acted on. • Visibility of malaria prevention planning and funding by TRP and IRC.

Roadmap | Bundle 3 – Coordinated and effective HSS support

Timeline: May 2026 – Dec 2026

Bundle 3	Coordinated and effective HSS support
Objectives	Ensure countries are supported to effectively and efficiently plan HSS programmes, leveraging limited available resources from Global Fund, Gavi and other organizations to maximize impact.
Key activities	1. Provide **cross team support** to Gavi and Global Fund's country teams **to promote integrated planning**, including information sharing and assistance to resolve issues. 2. **Track and share examples of existing and planned collaboration** for HSS thematic areas, including more broadly with other partners such as MDBs, GFF and GPEI. 3. **Engage collaboratively with countries on the approach to investments in key thematic areas of HSS** to strengthen alignment and improve quality and impact, for example data, CHW, supply chain, PFM, and gender. 4. **Support and leverage existing Technical Assistance and Matching Funds** to deliver on selected common priorities.
Deliverables / Outcomes	• Countries have wider visibility across external financing opportunities and leverage this information for holistic planning. • Countries supported to take opportunities to improve collaboration, with barriers to collaboration better understood and acted on in areas of joint programmatic relevance. • Areas for impact and opportunities to increase efficiency are identified and realized across key thematic areas at country level as appropriate.

The TB prevention landscape is expanding rapidly and offers real potential to drive improved TB outcomes

- **TB remains the world leading infectious killer**, causing an estimated 1.2 million deaths and 10.7 million new cases in 2024.
- **The current TB response** is increasingly focused on faster and scaled-up diagnosis, more effective treatment and care, and broader access to prevention, with a growing emphasis on decentralization, innovation and equity. Recent innovations in TB diagnosis include (near point of care tests) and screening (digital CXR and AI) being scaled up in Global Fund Grant Cycle 8.
- **Yet the response remains highly constrained:** global funding for TB prevention, diagnosis and treatment is only 25% of what is needed. TB prevention remains one of the most critical but persistently underfunded pillars of the response.
- **The TB prevention innovation pipeline is expanding rapidly** and offers real potential to drive improved outcomes:
  - **The first vaccine candidate targeting adolescents and adults** is expected around 2029–2030, representing a long-awaited innovation expected to have greatest impact when deployed at scale and complementing new and existing prevention tools and current case finding activities
  - **Long-acting injectables to deliver preventive therapy** are likely to follow around a similar timeframe or shortly thereafter
- Because TB burden is concentrated in a few high burden countries, and adolescents and adults drive transmission, a new vaccine targeting these groups could significantly reduce incidence and mortality if deployed at scale.
- **The WHO TB Vaccine Accelerator Council** is advancing coordinated work across finance, access, policy, and country readiness to support rapid introduction once trial outcomes are available. Gavi and Global Fund co-chair the Finance & Access and Country Readiness working groups, respectively.
- **Gavi** is engaging in early market shaping following its Board's in-principle 2024 approval, and **Global Fund** is supporting country readiness work as part of the GC8 NextGen Market Shaping Strategic Initiative.

Gavi and the Global Fund have set up a Joint TB Project Team to establish a shared, country-centered TB collaboration model

Roadmap | Bundle 4 – TB collaboration

PRELIMINARY

Timeline: May 2026 – 2028

Bundle 4	Tuberculosis
Objectives	Establish a shared, country-centered collaboration model to ensure holistic and timely country readiness, planning and implementation across all TB prevention interventions (novel TB vaccines, TB Preventative Therapy incl. new long-acting injectables). Aim for integrated TB prevention response, leveraging Gavi and Global Fund complementary strengths.
Key activities	• **Phase 1 (May-Sep 2026): Set objective, share learnings, and define joint messaging:** Define a shared collaboration objective, deliverables, ways of working, share existing learnings from introductions of adult and adolescent vaccination programmes and past TB innovations between organizations, and develop aligned messaging and advocacy on TB prevention interventions. • **Phase 2: Generate aligned evidence, including country perspectives:** Identify evidence needs and align on key learning questions; leveraging existing platforms (incl. TB Vaccine Accelerator WG4, WHO and GF engagements and other partner platforms) to bring national TB and EPI programs together to build understanding across all TB prevention interventions, and refine country perspectives on use cases, delivery options, introduction timelines and strategies and readiness support needs. • **Phase 3: Establish joint collaboration model:** Informed by country insights and emerging evidence, develop GF-Gavi collaboration options (including exploring Taskforce identified areas*), implications and recommendations for an integrated TB collaboration model for Taskforce decision. • **Phase 4: Implementation:** Co-design and implement support for an integrated TB model and country readiness including Gavi/GF grant processes, delivery channel design, and demand forecasting.
Deliverables / Outcomes	*To be further specified as part of Phase 1* • **Agreed set of collaboration options and recommendations for TB prevention in different scenario**, including implications, trade-offs and a defined Gavi–GF approach linked to key global platforms and partners (e.g. TB vaccine Accel.). • **Joint approach for country implementation support**, including alignment on early communication, readiness support, grant processes, and delivery design.

*Areas identified by the Taskforce for exploration by the Joint TB Project Team: Funding architecture for procurement and delivery; Institutional hosting and governance; Country planning and delivery; Joint evidence generation for decision-making & implementation.

Roadmap | Bundle 5 – Software & Services Contracting Synergies

Timeline: Recommendations by Q4 2026

Bundle 5	IT Software and Services Synergies
Objectives	To unlock viable commercial efficiencies and improved value for money at HQ level by coordinating engagement with shared IT service providers, without compromising service continuity, security posture, or governance arrangements, and without committing to structural integration or platform consolidation while minimizing complexity and transaction cost.
Key activities	The focus will be on identifying **pragmatic opportunities for alignment across service scope, demand profiles, and commercial terms**, while maintaining existing accountabilities, delivery models, service continuity, and contractual independence where required. This approach is intended to leverage existing vendor relationships and scale, minimize transition risk, and avoid disruption associated with vendor changes or large-scale re-procurement. • Operational Governance Alignment • Service Alignment and Commercial Baselining • Commercial Opportunity Framing • Validation & Recommendation
Deliverables / Outcomes	• A clear, evidence-based assessment of coordinated renegotiation opportunities with key software and service providers where clear value delivery is feasible, including aligned service scope, and commercial levers, supported by an initial set of feasible renegotiation scenarios. The outcome will be a few options focused on improving value for money while preserving service continuity, security posture, and existing governance arrangements; with a proceed / defer / stop recommendation.

Roadmap | Bundle 5 – Indirect procurement

Timeline: May 2026 – Dec 2027

Bundle 5	Indirect procurement
Objectives	Capture **cost savings** at HQ level by **unlocking commercial synergies**
Key activities	1. Based on existing policies/contracts, **define minimum requirements per service** (e.g., must-have, nice-to-have, …) **2. Map and compare** current Gavi-GF **contracts** **3. Identify potential areas for economies of scale** and definition of potential execution model (e.g., coordinated renegotiation, joint RFP) **4. Create plan of Joint RFP's** where applicable over the next 18-24 months **5. Deploy plan**
Deliverables / Outcomes	• Synergies identified and joint commercial process defined – by end of May (completed) • Create Roadmap and launch joint RFP / contracting process – from end of June onwards (underway)