2023-2028 Strategic Performance Report

56th Board Meeting

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Board Information

Purpose of the paper: To provide a report on the Strategic Performance of the Global Fund investments as of Q3 2026 for the 56th Board meeting. This report includes an overview of both strategic and financial performance.

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Executive summary

1. **Strong programmatic performance across HIV, TB and malaria demonstrate resilience despite disruptions, while prevention and equity gaps require renewed attention.** Global Fund supported programs demonstrated resilience in 2025 despite significant disruptions in many countries[1]. Through the GC7 reprioritization exercise, the Global Fund helped safeguard essential life-saving interventions, enabling countries to largely sustain results across key indicators. However, prevention and equity gaps highlight the need for continued efforts to protect gains and accelerate progress towards ending AIDS, TB and malaria.

   HIV programs continued to demonstrate strong performance across the treatment cascade, including HIV status awareness, ART coverage, viral suppression, and prevention of vertical transmission. Continued expansion of differentiated HIV service delivery approaches like HIV self-testing, more cost-effective treatment regimens and innovative prevention approaches supported progress in access, efficiency and quality of services. However, persistent inequities in pediatric HIV treatment, declining prevention coverage among key populations, and continued underperformance in TB preventive treatment pose significant risks to achieving the Strategy objectives. Sustained focus will be required to maintain treatment gains while accelerating progress in pediatric treatment coverage, strengthening prevention services for key populations, addressing barriers to TB preventive treatment among people living with HIV, and reducing preventable deaths associated with advanced HIV disease.

   TB programs supported by the Global Fund also delivered strong results in 2025, with sustained performance across TB notifications, treatment success, and ART coverage for HIV-positive TB patients, alongside improved treatment enrollment for people with DR-TB. Continued investments in innovative diagnostics and shorter treatment regimens are expanding access to quality TB services. However, progress continues to be constrained by underperformance in TB prevention, gaps in patient monitoring among people on DR-TB treatment, and barriers to reaching populations at greatest risk. Greater emphasis on TB prevention, continued expansion and integration of DS and DR-TB services, and equitable access to care will be essential to sustain gains, maximize impact and reduce future disease burden.

   Malaria programs made encouraging progress in 2025, with sustained performance in testing and treatment across most countries, although constraints in expanding access to care at community level contributed to equity gaps among populations not reached by public health facilities. Progress in key prevention interventions was mixed. While seasonal malaria chemoprevention results remained positive, bed-net distribution fell below expectations due to delays in mass campaigns in a small number of high-volume countries. IPTp3 coverage also remained below desired levels despite generally good performance against national targets. The Global Fund also supported the scale-up of innovative malaria tools to address emerging resistance and strengthen impact. Continued efforts to

[1] Please note that KPI results are based on grant data available as of December 2025 and exclude countries reporting on alternative reporting schedules. Depending on the indicator, this may include countries such as South Africa, Ethiopia, Kenya, and Malawi. Updated results reflecting these countries' data will be available in early 2027

ensure timely implementation of campaigns, strengthen commodity security, expand community-based service delivery, and improve access to quality malaria services remain critical to accelerating progress towards malaria reduction targets.

2. **Integrated service delivery, health workforce sustainability and digital health systems remain strategic priorities, while measurement approaches are being adapted to a more constrained funding environment**. While 2025 KPI results for integrated service delivery, health workforce, and data systems are unavailable due to funding and capacity constraints, routine grant monitoring indicates continued progress in these areas. The Global Fund continued to strengthen health workforce sustainability through workforce planning and domestic financing initiatives, although challenges in community health worker (*CHW*) remuneration persist. Investments in digital health systems have expanded data availability and electronic reporting, supporting evidence-based decision-making, although funding disruptions have highlighted vulnerabilities in country data systems. Looking ahead to GC8, investments will place greater emphasis on integrating of HIV, TB and malaria services within primary health care, strengthening sustainable health workforce financing, and advancing system interoperability and digital health architecture for resilient and sustainable health systems.

3. **Pandemic preparedness capacities are being strengthened, but progress remains uneven and the sustainability of gains remains a key risk**. Progress in strengthening laboratory systems continued in 2025, however, it remains insufficient to achieve the end-Strategy target, placing KPI P1 at risk. In contrast, progress in surveillance and public health workforce capacity building has largely stalled, leaving KPIs P2 and P3 off track. Significant investments through GC7 and C19RM supported laboratory upgrades, expanded digital surveillance systems, and strengthened outbreak detection and response capacities. However, sustaining these gains as C19RM funding concludes will require stronger integration within national systems and targeted investments to address remaining gaps.

4. **Progress in commodity availability has plateaued, requiring renewed focus on supply chain resilience and sustainability.** While On Shelf Availability (*OSA*) remained broadly stable between 2024 and 2025, results fell short of the increased KPI ambition for all three diseases. Results varied across countries, reflecting challenges such as global supply shortages, procurement delays, supply chain management weaknesses, and limitations in data and reporting systems. Looking ahead to GC8, the priority will be to safeguard access to life-saving products while strengthening core supply chain functions.

5. **Innovation investments are translating scientific advances into public health impact at scale.** The Global Fund continues to accelerate the introduction and uptake of transformative innovations across HIV, TB and malaria. Recent progress in Lenacapavir rollout, near-point-of-care (*NPOC*) TB diagnostics and malaria spatial emanators demonstrates the Global Fund's ability to translate innovation into equitable and sustainable impact through market-shaping and country-led scale-up

6. **Community engagement and representation continue to advance, but greater transparency is needed to demonstrate how community perspectives influence decision-making**. Community and civil society participation within Country Coordinating Mechanisms (*CCMs*) continued to strengthen, with increased leadership and representation

of key and vulnerable populations. While KPIs C1 and E3a did not achieve their targets, results indicate moderate community satisfaction with engagement across the grant cycle, with average satisfaction scores in the mid-to-high 60s against the target of 75 (out of 100). Women and gender-diverse communities reported slightly higher satisfaction than the broader community sample. Overall, the findings suggest that community engagement structures are largely in place across the grant cycle, however the principal challenge remains demonstrating how community input is considered and reflected in decision-making. Looking ahead to GC8, the focus will increasingly shift towards sustaining and institutionalizing community-led functions, engagement mechanisms and accountability structures within national systems.

7. **Progress in reducing human rights-related barriers has been sustained, but growing human rights risks threaten future gains**. Breaking Down Barriers (*BDB*) initiative and Human Rights Matching Funds helped sustain scale-up of evidence based human rights interventions. Recent findings from a Rapid Assessment conducted by the *Office of Evaluation and Learning* highlight increasing institutionalization of human rights programming focused on increasing access to HIV, TB and malaria health services in multiple countries, although sustainability remains uneven and is challenged by funding constraints and restrictive legal and policy environments. Looking ahead to GC8, sustaining gains will require continued investment in human rights related programming that protects and enables access to services alongside stronger institutionalization of effective approaches within national systems.

8. **Equity and gender-related outcomes show uneven progress, with persistent barriers continuing to limit access to services and outcomes for the most vulnerable populations**. Progress in advancing equity and gender equality was mixed in 2025. Gender-related programming remained above target, driven primarily by strong HIV results in eliminating vertical transmission, although treatment coverage among pregnant women continued to lag behind testing coverage. Persistent gender-related barriers in TB case detection and malaria prevention during pregnancy also continue to constrain outcomes.

   Progress in reducing health inequities remained below target for both equity KPIs. While some countries achieved gains in expanding access for underserved and marginalized populations, significant gaps persist, particularly in pediatric HIV, where treatment coverage for children remains a major challenge. Malaria programs performed strongly in testing and treatment services for children under five, but access to community-based services remains uneven. TB programs demonstrated moderate progress in improving TB notifications among key and vulnerable populations, with stronger results observed in countries supported through the BDB Initiative.

   Accelerated and targeted investments in GC8 will be critical to address the persistent equity and gender-related barriers and improve access and outcomes for populations facing the greatest barriers to care.

9. **Resource mobilization and financial sustainability efforts are advancing.** Eighth Replenishment pledges reached US$ 12.682 billion by June 2026. At the same time, the Secretariat advanced financial sustainability through increased co-financing requirements for GC8, expanded innovative financing partnerships, enhanced Value for Money approaches, and a more structured approach to transition planning. Together, these efforts

aim to sustain program results and strengthen country ownership amid ongoing pressures on global health financing.

10. **Effective financial stewardship is supporting the delivery of the Global Fund's mission**. Continued donor engagement has driven progress in pledge conversion, reaching 87% for the Seventh Replenishment, while 14% of Eighth Replenishment pledges have already been converted in the first year. The Secretariat continues to manage resources prudently, with Corporate Asset Utilization at 95%, returning within target range following a period of elevated levels. This has created additional opportunities to optimize resource deployment through the Unfunded Quality Demand (*UQD*) prioritization framework. GC7 Allocation utilization also remains high, and in-country absorption is currently at 80%, on track to achieve the GC7 end-of-cycle target.

11. The KPI results were presented to the 31st Strategy Committee and generated robust discussion, highlighting three themes: the depth of analysis, the breadth of evidence, and its application to decision-making. **On depth**, members expressed interest in more granular analysis, including breakdowns by region and Challenging Operating Environment (COE) country status. These were provided, and members were reminded that additional analysis and data are available in OSKAR to support bespoke analysis. **On breadth**, the discussion reinforced that KPIs are one component of the wider Global Fund M&E Framework and are complemented by evaluations, programmatic, financial and risk analyses, and partner data. The Strategic Performance Report brings these sources together to provide a holistic assessment of progress and challenges, including in strategic areas not directly monitored through KPIs. **On application**, KPI results are used alongside other evidence to inform decision-making, identify areas requiring greater focus, and support strategic exercises such as portfolio optimization.

KPI performance summary

Note: *Greyed out KPI results were reported in the previous Strategy Performance report*

KPI		Projections based on 2024 data	Target	Performance
I1	Combined mortality rate reduction	**29%** (conservative) **58%** (optimistic), by end 2028	**35%** (low) **54%** (intermediate) **70%** (high), by end 2028	●
I2	Combined incidence rate reduction	**17%** (conservative) **47%** (optimistic), by end 2028	**30%** (low) **42%** (intermediate) **60%** (high), by end 2028	●

KPI		Cohort (# countries)	Grant result	Grant target	2025 Latest performance	Performance vs 90% target
H1	People living with HIV who know their status	72	86%	93%	**93%** achievement against grant targets	●
H2	ART coverage	92	81%	86%	**94%** achievement against grant targets	●
H3	Viral load suppression	62	95%	95%	**101%** achievement against grant targets	●
H4	KP reached with prevention programs	89	36%	49%	**74%** achievement against grant targets	●
H5	AGYW reached with prevention programs	9	36%	37%	**96%** achievement against grant targets	●
H6	Elimination of vertical transmission	50	87%	91%	**97%** achievement against grant targets	●
H7	PLHIV on ART who initiated TPT	60	9%	15%	**59%** achievement against grant targets	●
T1	TB notification, all forms	79	4.3M	4.4M	**98%** achievement against grant targets	●
T2	TB TSR, all forms	69	88%	91%	**97%** achievement against grant targets	●
T3	DR-TB cases on treatment	74	91%	98%	**93%** achievement against grant targets	●
T4	DR-TB TSR	59	72%	78%	**93%** achievement against grant targets	●
T5	TB contacts on TPT	66	1.9M	2.8M	**68%** achievement against grant targets	●
T6	ART coverage for HIV positive TB patients	64	90%	95%	**95%** achievement against grant targets	●
M1	LLIN's distributed	57	173k	225k	**77%** achievement against grant targets	●
M2	Malaria testing, public facilities	55	95%	98%	**98%** achievement against grant targets	●
M3	Malaria cases treated, public facilities	53	96%	98%	**98%** achievement against grant targets	●
M4	IPTp3 coverage	27	59%	66%	**90%** achievement against grant targets	●
M5	Children receiving full course of SMC	15	92%	95%	**96%** achievement against grant targets	●

● On track/Met ● At risk/Partially met ● Off track/Not met ● N/A for this period

Note: *Greyed out KPI results were reported in the previous Strategy Performance report*

KPI		Latest result	Target	Performance
S1	Provision of people-centered, high-quality services	2024 Baseline data	100% by end 2025	●
S2	Provision of supportive supervision	2024 Baseline data	100% by end 2025	●
S3	HTM integrated services offered to pregnant women	2024 Baseline data	100% by end 2025	●
S4	Community systems for service delivery	**22%** countries with maturing or strong systems in 2025	38% by end 2028	●
S5	System readiness for CHWs	2024 Baseline data	100% by end 2025	●
S6a2	Secure, maintained and interoperable HMIS	**92%** countries at Moderate maturity level (3) in 2024	90% by end 2028	●
S6b	Data driven decision making	**54%** countries increased maturity level in 2024	90% by end 2028	●
S7	Use of disaggregated data for planning / decision making	**82%** countries met threshold for use in 2024	80% by end 2028	●
S8	On shelf availability (OSA) – HIV, TB, Malaria	**83% / 84% / 85% (resp. H/T/M)** OSA at portfolio level in 2025	90% by end 2025	● ● ●
S9	Supply Continuity	**97%** of priority products have desired number of suppliers meeting QA requirements in 2025	90%	●
S10	Introduction of new products	**100%** of new products available for country procurement in 2025	80%	●
P1	Laboratory testing modalities	**51%** countries improved or maintained high score b/w baseline and 2025	90% by end 2028	●
P2	Early warning surveillance function	**60%** countries improved or maintained high score b/w baseline and 2025	90% by end 2028	●
P3	Human resources for implementation of IHR	**31%** countries improved or maintained high score b/w baseline and 2025	90% by end 2028	●
C1	Community engagement across Global Fund grant cycle	Community satisfaction score of **67** for FR; **65** for Grant Making; **64** for Grant Implementation in GC7	75 (in all 3 stages of grant life cycle)	●
E3a	Advancing gender equality in HTM - engagement across Global Fund grant cycle	Community satisfaction score of **68** for FR; **67** for Grant Making; **70** for Grant Implementation in GC7	75 (in all 3 stages of grant life cycle)	●
E3b	Performance of gender-specific indicators	**75%** countries perform well in 2025*	70%	●
E2a	Reaching marginalized sub-populations	**59%** countries perform well in 2025*	70%	●
E2b	Reducing inequities in HTM	**56%** countries perform well in 2025**	70%	●
E1	Scale up of programs to address Human Rights-related barriers to HTM services	**46% / 50% /100%** *(resp. H/T/M)* countries with scale up b/w baseline and 2025	50%	● ● ●
R1a	Realization of domestic commitments	**76%** domestic co-financing commitments realized for GC7	85%	●
R1b	Mitigation of co-financing risks	**58%** avg mitigation actions completion for GC7	85%	●
R2	Quality of external audit process	**88%** countries met quality audit requirements in 2025	80%	●
R3	Pledges for 8th Replenishment	**70%** of R8 target of US$ 18 billion	100%	●
F1	Pledge conversion	**86%** cash received by Y3 of R7	90%	●
F2a	Corporate asset utilization	**95%** corporate asset utilization for R8	95%-98%	●
F2b	Allocation utilization	**98%** allocation utilization for GC7	95%	●
F3	In-country absorption	**80%** in-country absorption by mid- year 3 of GC7 implementation	85%	●

** For KPIs E2a and E3b, a country performs well if at least half of the equity/gender indicators achieve at least 90% of the corresponding grant target*

*** For KPI E2b, a country performs well if at least half of the sub-population indicators show faster progression in results vs broader parent population indicator*

● On track/Met ● At risk/Partially met ● Off track/Not met ● N/A for this period

Performance overview by Strategy objectives

Primary Goal: End AIDS, TB and malaria

Strategy outcome: HIV, TB and malaria incidence and mortality are reducing

KPI		Projections based on 2024 data	Target	Performance
I1	Combined mortality rate reduction	**29%** (conservative) **58%** (optimistic), by end 2028	**35%** (low) **54%** (intermediate) **70%** (high), by end 2028	
I2	Combined incidence rate reduction	**17%** (conservative) **47%** (optimistic), by end 2028	**30%** (low) **42%** (intermediate) **60%** (high), by end 2028	

There have been no material developments since early 2026. Please refer to the previous Strategic Performance report for the most recent updates. The next update is planned in early 2027.

Strategy outcome: Effective and quality HIV prevention, treatment, care and support programs are delivered and achieving equity in access

KPI		Cohort (# countries)	Grant result	Grant target	2025 Latest performance	Performance vs 90% target
H1	People living with HIV who know their status	72	86%	93%	**93%** achievement against grant targets	
H2	ART coverage	92	81%	86%	**94%** achievement against grant targets	
H3	Viral load suppression	62	95%	95%	**101%** achievement against grant targets	
H4	KP reached with prevention programs	89	36%	49%	**74%** achievement against grant targets	
H5	AGYW reached with prevention programs	9	36%	37%	**96%** achievement against grant targets	
H6	Elimination of vertical transmission	50	87%	91%	**97%** achievement against grant targets	
H7	PLHIV on ART who initiated TPT	60	9%	15%	**59%** achievement against grant targets	

As of August 2026, the Global Fund invested approx. US$ 3.9 billion under GC7 to support HIV prevention, testing, treatment, elimination of vertical transmission and reduction of human rights-related barriers. Additionally, US$ 200 million was invested in TB/HIV services. These investments contributed to generally strong HIV program performance in 2025. Performance across the treatment cascade was robust, with high levels of HIV status awareness, ART coverage, viral suppression, and ART coverage among pregnant women. Continued expansion of differentiated HIV testing services, including HIV self-testing, helped sustain progress in HIV status awareness. However, important equity gaps persist in pediatric HIV treatment, with coverage remaining significantly below adult levels and progress in narrowing the treatment gap remaining slow.

Prevention results were mixed. While prevention programs for adolescent girls and young women continued to expand, coverage of services for key populations declined substantially, largely due to service disruptions in several high-burden countries. Performance on TB preventive treatment for people living with HIV remained weak, reflecting persistent implementation, behavioral, and health system challenges.

Performance was strongest in the South-Eastern Africa region, where several high-burden countries achieved strong results across most HIV indicators.

The Global Fund also continued to support the scale-up of differentiated and cost-effective HIV service delivery approaches, including HIV self-testing, multi-month dispensing of ART, transition to more cost-effective treatment regimens, and diversified prevention options to improve access, efficiency and equity.

Continued focus on addressing persistent pediatric treatment disparities, reversing declines in prevention coverage among key populations, overcoming systemic barriers limiting scale-up of TB preventive treatment among people living with HIV, and increasing attention on Advanced HIV disease (*AHD*) will be critical to maximizing impact and accelerating progress towards ending AIDS.

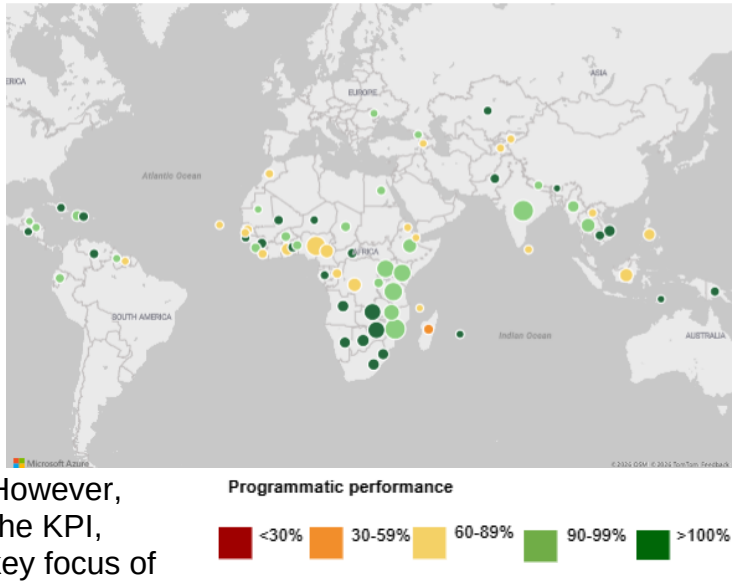
Please note that KPI results are based on grant data available as of December 2025 and exclude countries reporting on alternative reporting schedules. Depending on the indicator, this may include countries such as South Africa, Ethiopia, Kenya, and Malawi. Updated results reflecting these countries' data will be available in early 2027.

The sections below provide an overview of performance across the key components of HIV response.

1. HIV treatment, care and support

Portfolio performance for the percentage of people living with HIV (*PLHIV*) who know their HIV status (**KPI H1**) remained strong in 2025. Across 72 countries, 86% of PLHIV knew their HIV status against the portfolio target of 93%, resulting in KPI performance of 93%.

2025 Country performance: PLHIV who know status (KPI H1)
Bubble size = expected output based on Target numerator; Color = Programmatic performance

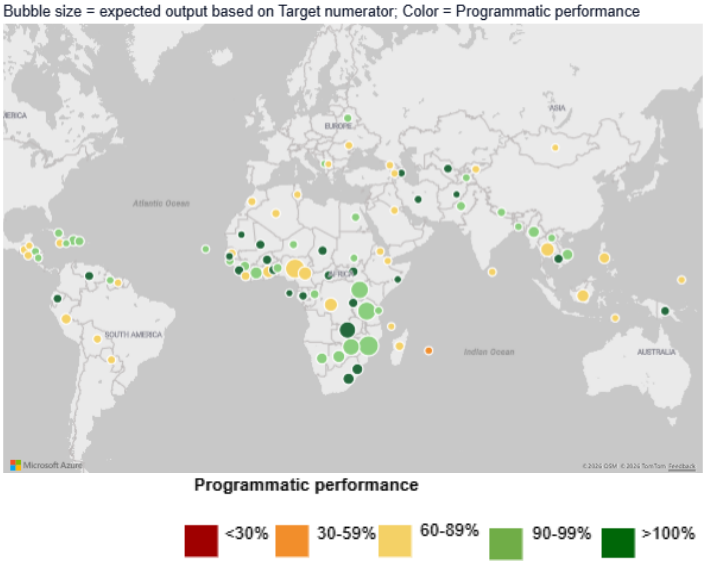


Performance was broadly positive across the portfolio, with 50 countries achieving at least 90% of their national targets and only one country achieving less than 60% of its target. Strong results in high-burden countries, particularly in South-Eastern Africa and India, were the main drivers of overall performance. However, lower results in Nigeria, a major contributor to the KPI, weighed on overall results. HIV self-testing, a key focus of Global Fund investments, played an important role in increasing the number of people living with HIV who were aware of their status.

Similarly, ART coverage (**KPI H2**) also remained strong. Across 92 countries, ART coverage reached 81%, against the portfolio target of 86%, corresponding to 94% KPI performance. 56 countries met or exceeded 90% of their national targets, while one significantly underperformed.

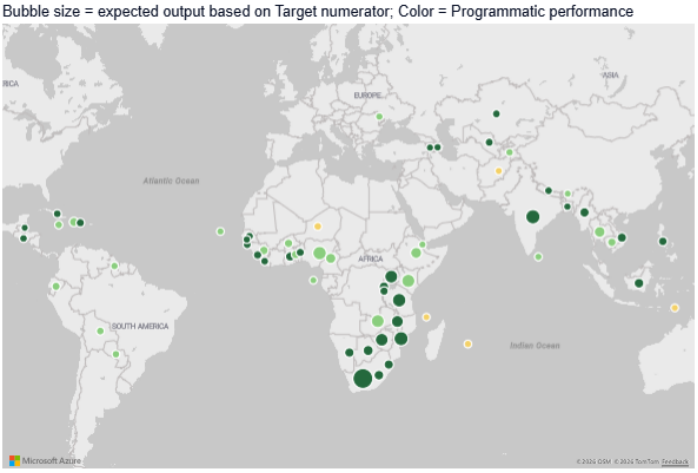
As with KPI H1, strong performance in South-Eastern Africa drove portfolio-level results, partially offsetting lower achievement in several high-burden countries in West-Central Africa and in Asia.

2025 Country performance: ART coverage (KPI H2)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



Treatment effectiveness remained strong. Viral suppression among people on ART (**KPI H3**) reached 95% across 62 countries in 2025, meeting the portfolio target and resulting in KPI performance of 101%. Performance was consistently strong across all high-burden countries and regions, with 57 countries performing well and no country significantly underperforming. These results underscore the quality and effectiveness of HIV treatment services across the portfolio.

2025 Country performance: Viral load suppression (KPI H3)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



Despite these encouraging results, significant inequities persist. ART coverage and number of people receiving ART were broadly stable between 2024 and 2025 among countries with complete longitudinal data. However, in the 45 countries monitored for pediatric ART coverage as an equity measure (KPI E2a), average pediatric coverage remained low at around 50%[2]. Progress in closing the treatment gap between children and adults was also slow. Of the 21 countries with comparable pediatric and adult treatment coverage data, only nine achieved faster gains in pediatric coverage than in adult coverage between 2024 and 2025 (KPI E2b). These findings are consistent with UNAIDS estimates showing that, in 2025, only 55% of children living with HIV were receiving ART, compared with 79% of adults, and with UNICEF data indicating a decline in number of children receiving ART between 2020 and 2025.

To sustain and accelerate treatment gains, particularly among underserved populations, the Global Fund continues to support countries in optimizing service delivery and adopting cost-effective treatment approaches, including multi-month dispensing of ART, and transitioning eligible patients to more cost-effective dolutegravir-based regimens. By the end of 2025, 94% of ART

[2] Average unweighted coverage across grants in countries in the KPI E2a cohort

procured through the Pooled Procurement Mechanism (*PPM*) was dolutegratvir-based, generating substantial cost savings for countries. The Global Fund, in partnership with Unitaid, also accelerated the roll out of pediatric dolutegratvir to improve treatment access and outcomes for children.[3]

In parallel, increased attention is being directed towards advanced HIV disease (*AHD*), which remains a major contributor to AIDS-related deaths. In 2025, the Global Fund supported the introduction of a simplified treatment regimen for cryptococcal meningitis based on a single high dose of liposomal amphotericin B combined with flucytosine. Addressing AHD will continue to be a strategic priority under GC8, with an increased focus on reducing preventable AIDS-related deaths.[2]

2. **Differentiated HIV testing services**

HIV testing continued to expand in 2025, supported by increased adoption of HIV self-testing that helped maintain testing capacity while improving cost effectiveness. From 2021 to 2025, 9 million self-test kits were procured annually, on average through PPM. In response to reductions in the externally funded health workforce in several countries in 2025, the Global Fund also supported the training of lay testers to expand community outreach for testing.[2]

HIV testing among priority and key populations increased from 11.7 million in 2024 to 12.1 million in 2025, driven by expanded testing outreach, broader screening coverage and strengthened community-based services. India recorded the largest increase (+ 500,000 tests) primarily through the scale-up of prison-based testing. Mozambique, Kenya, Thailand and Indonesia, also contributed through expanded outreach, testing campaigns and increased use of HIV self-testing. These gains were partly offset by declines in other countries affected by resource constraints and operational disruptions, including Nigeria which reported approx. 170,000 fewer tests among key populations.

To further expand HIV testing to accelerate progress towards increasing the number of people living with HIV who know their status, the Global Fund continues to support countries in adopting and implementing the latest WHO differentiated HIV testing guidance and expanding the use of HIV self-testing to reach people who may not traditionally access facility-based services like adolescent girls and young women and men. The Global Fund is also supporting countries to transition to more affordable rapid diagnostic tests, improving the sustainability and efficiency of HIV testing programs.

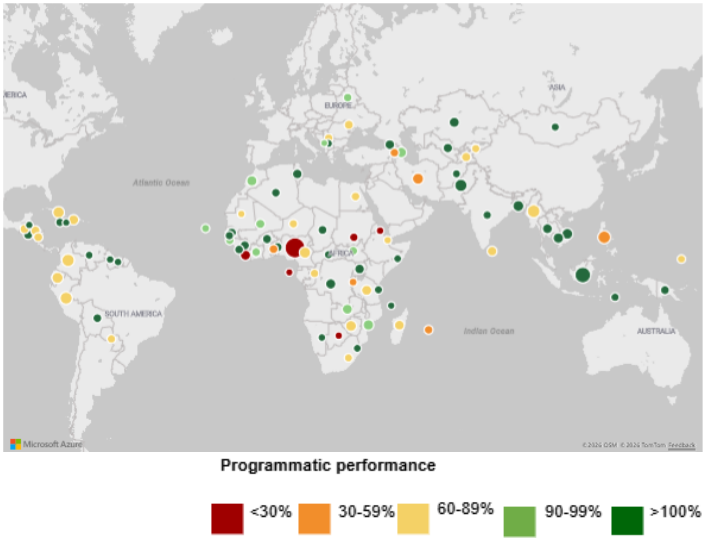
3. HIV Prevention

Coverage of HIV prevention programs among key populations (**KPI H4**) sharply declined in 2025. Across 89 countries reporting coverage for at least one key population group, portfolio coverage reached 36% against the portfolio target of 49%, resulting in 74% KPI performance.

[3] Results Report 2026

Performance varied considerably across countries. While 51 countries achieved strong results, 12 countries significantly underperformed. The portfolio shortfall was driven primarily by a small number of large countries, notably Nigeria, where disruptions to services delivered through Community Service Coordination Centers across 33 states significantly reduced outreach to key populations. Strong performance in Indonesia partially offset these losses, with coverage exceeding targets following intensified community outreach efforts that expanded access to condoms, lubricants, HIV testing, and other prevention services.

2025 Country performance: KP coverage (KPI H4)
Bubble size = expected output based on Target numerator; Color = Programmatic performance

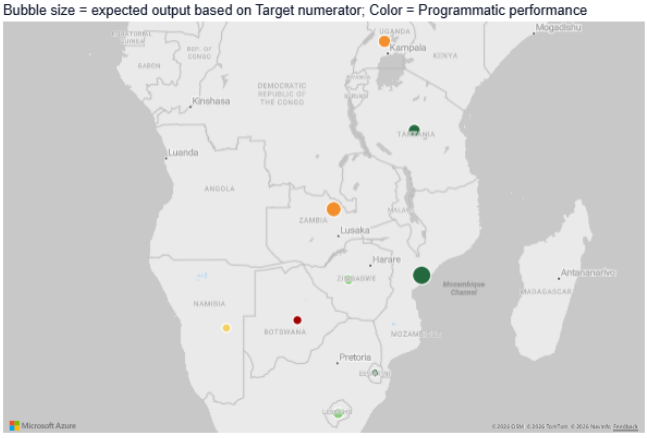


Beyond the portfolio-level impact of Nigeria, prevention coverage among countries with complete longitudinal data, also declined slightly in 2025, suggesting broader pressures on prevention service delivery. This decline likely reflects the effects of operational disruptions in several countries and highlights the importance of resilient service delivery models. Given that key populations and their sexual partners accounted for approximately half of all new adult HIV infections in 2025, according to UNAIDS, maintaining and expanding prevention coverage among key populations remains critical to sustaining progress towards HIV prevention goals.

Coverage of HIV prevention programs targeting high-risk Adolescents, Girls, and Young Women (*AGYW*) (**KPI H5**) reached 36% across nine priority countries, against the portfolio target of 37%, resulting in 96% KPI performance. While overall portfolio coverage remains low, among seven countries with complete longitudinal data, portfolio coverage more than doubled, increasing from 20% in 2024 to 45% in 2025, reflecting substantial progress in program scale-up.

Performance, however, remained uneven across countries in 2025. Five countries achieved at least 90% of their national target, while three experienced significant underperformances. Strong results in Mozambique were driven by a significant expansion of service delivery, while Tanzania increased program coverage from 28 to 47 councils. In contrast, Zambia, a major contributor to the KPI, underperformed, partly due to service disruptions following the closure of 21 AGYW centers, which constrained program reach and coverage.

2025 Country performance: AGYW coverage (KPI H5)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



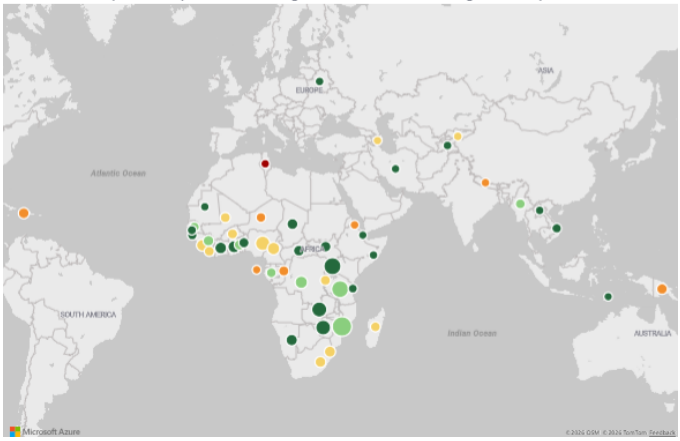
To accelerate progress, the Global Fund continues to support countries in expanding access to effective, and choice-based HIV prevention services. Following the introduction of lenacapavir in November 2025, scale-up efforts are underway with the aim of reaching 24 countries by the end of 2026. At the same time, the Global Fund continues to support the expansion of prevention options,

including oral PrEP, injectable cabotegravir, and the dapivirine vaginal ring, ensuring that individuals have access to a broad range of prevention choices tailored to their needs.[4]

4. Elimination of vertical transmission (*EVT*) of HIV, syphilis and hepatitis

In 2025, portfolio performance for ART coverage for pregnant women (**KPI H6**) remained strong. Across 50 countries, 87% of pregnant women living with HIV received ART to prevent vertical transmission against the portfolio target of 91%, resulting in KPI performance of 97%.

2025 Country performance: ART coverage for pregnant women (KPI H6)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



Strong results were driven primarily by countries in South-Eastern Africa. 30 countries performed well, while eight countries significantly underperformed. Uganda was amongst the strongest performers, supported by sustained ARV availability and high levels of HIV status awareness among pregnant women.

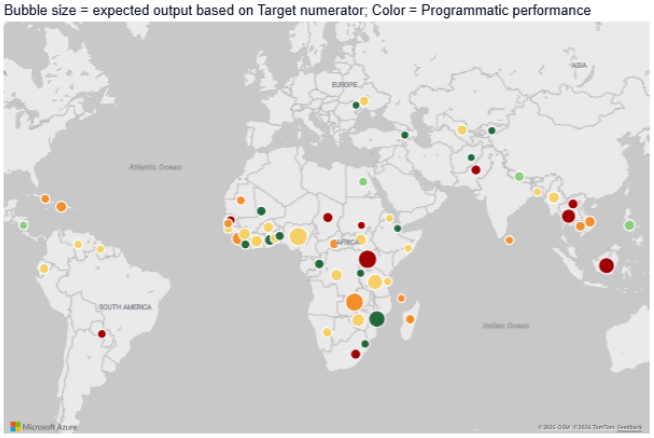
Performance was weaker in West-Central Africa, underscoring persistent challenges in access to and uptake of services to prevent vertical transmission. Reflecting these gaps, many countries in the region identified ART coverage among pregnant women as a gender-related challenge monitored through the gender KPI E3b. Of the 12 countries monitored in the region under KPI E3b, only four achieved at least 90% of their national targets, highlighting the need for continued focus and targeted investments.

5. TB/HIV

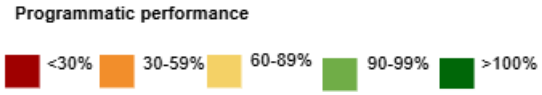
Performance for TB preventive treatment (*TPT*) initiation among people living with HIV (**KPI H7**), which measures the percentage of all people living with HIV currently enrolled on ART who initiated TPT[5], remained below target in 2025. Across 60 countries, coverage reached 9% against the portfolio target of 15%, resulting in 59% KPI performance.

Underperformance was widespread across the portfolio. While 17 countries met or exceeded 90% of their national targets, 22 countries significantly underperformed. Among high-burden countries, only Mozambique reported strong performance. Persistent implementation challenges continued in Indonesia indicating that sustained efforts are required to improve acceptance and integration of TPT into routine ART care. In Uganda and Zambia, commodity stockouts due to funding constraints affected performance.

2025 Country performance: PLHIV on ART initiated on TPT (KPI H7)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



[4] Results Report 2026
[5] Note that in GC6, performance was measured among those eligible for TPT, typically interpreted as newly initiated ART patients. In the current results, one country (Ecuador) uses this definition as they were still in GC6 in 2025



The continued low levels of TPT initiation reflect longstanding systemic and behavioral barriers. These include reluctance among healthcare workers to prescribe TPT due to concerns about drug resistance and adverse effects, constrained availability of shorter TPT regimens, the additional pill burden associated with treatment, and low perceived need for preventive therapy among asymptomatic PLHIV.

Additional data and graphs available on OSKAR

Strategy outcome: Effective and quality TB prevention, treatment, care and support programs are delivered and achieving equity in access

KPI		Cohort (# countries)	Grant result	Grant target	2025 Latest performance	Performance vs 90% target
T1	TB notification, all forms	79	4.3M	4.4M	**98%** achievement against grant targets	
T2	TB TSR, all forms	69	88%	91%	**97%** achievement against grant targets	
T3	DR-TB cases on treatment	74	91%	98%	**93%** achievement against grant targets	
T4	DR-TB TSR	59	72%	78%	**93%** achievement against grant targets	
T5	TB contacts on TPT	66	1.9M	2.8M	**68%** achievement against grant targets	
T6	ART coverage for HIV positive TB patients	64	90%	95%	**95%** achievement against grant targets	

As of August 2026, the Global Fund had invested approx. US$ 1.6 billion through GC7 to strengthen TB service delivery, including screening, diagnosis, treatment and care for drug-susceptible and drug-resistant TB, TB prevention, services for key and vulnerable populations, human rights and collaboration with private providers and other sectors. An additional US$ 200 million was invested in integrated TB/HIV interventions.

These investments contributed to strong TB program performance in 2025, with robust results across TB case detection, TB and DR-TB treatment and care, and TB/HIV integration. While trends in TB case detection and TB and DR-TB treatment success remained largely stable, the proportion of people with drug-resistant TB who started treatment increased compared to 2024. ART coverage among HIV-positive TB patients also remained high, reflecting the benefits of integrated TB and HIV service delivery and continued collaboration across both programs. Despite these gains, equity challenges remain in reaching vulnerable populations with TB services. In a few high-burden settings, treatment outcomes for DR-TB were affected by challenges related to treatment adherence, weak patient monitoring and broader health system issues.

Prevention remained the weakest-performing area. Although the number of TB contacts initiated on TB preventive treatment (*TPT*) increased compared with 2024, the performance in 2025 remained substantially below the target due to persistent systemic barriers, including weak contact investigation, operational disruptions, and competing demands on resource-constrained health systems.

Performance was driven by strong results across most TB indicators in several high-burden countries in Asia and West-Central Africa.

The Global Fund continued to support the scale-up and introduction of innovative tools and approaches to strengthen TB outcomes and expand access to services. These included AI-enabled digital chest X-rays, rapid molecular diagnostics, near-point-of-care (*NPOC*) diagnostics, shorter treatment regimens for DR-TB, and shorter preventive treatment regimens to improve treatment completion and reduce the burden on patients and health systems.

Continued focus on accelerating TB prevention, decentralizing DR-TB care, strengthening retention across the care cascade and addressing human rights, and equity-related barriers will be critical to sustaining gains and maximizing impact.

Please note that KPI results are based on grant data available as of December 2025 and exclude countries reporting on alternative reporting schedules. Depending on the indicator, this may include countries such as India. Updated results reflecting these countries' data will be available in early 2027.

The sections below provide an overview of performance across key components of TB response.

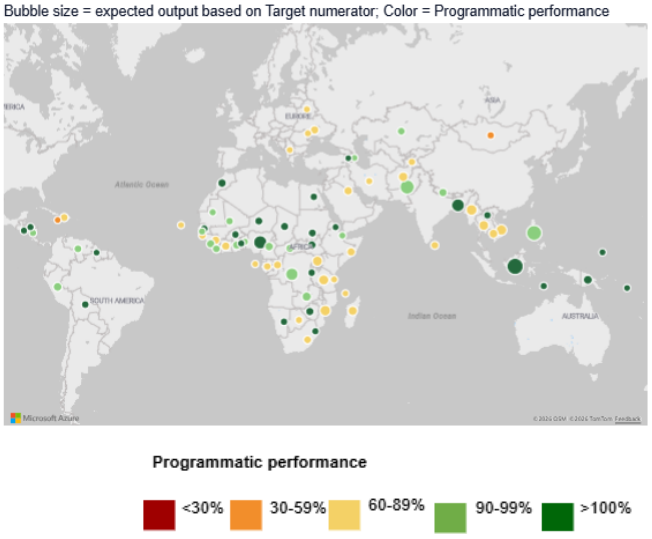
1. TB find & treat

TB notifications, all forms (**KPI T1**) reached 4.32 million across 79 countries in 2025, slightly below the portfolio target of 4.41 million, resulting in 98% KPI achievement. Performance was generally robust across regions, driven by strong results in several high-burden countries in Asia, including Philippines, Bangladesh, and Indonesia where strengthened case finding efforts, and improved data validation and reporting systems contributed to better outcomes.

Results were also strong across much of West-Central Africa. In Nigeria, for example, TB notifications increased following the expansion of service delivery through private sector engagement and community-based referrals, despite service disruptions and resource constraints. Performance was comparatively weaker in several countries in South-East Asia and South-Eastern Africa, where achievement levels were often around 80% of national targets. Nevertheless, performance was positive, with 47 countries achieving at least 90% of their national targets and only two countries significantly underperforming.

2025 Country performance: TB notifications (KPI T1)

Bubble size = expected output based on Target numerator; Color = Programmatic performance



However, equity-related challenges warrant greater attention. Under Equity KPI E2a, only 9 of the 21 countries monitoring TB notifications among prisoners and other high-risk groups performed well, highlighting persistent barriers to reaching populations that are often underserved and at increased risk of infection and delayed diagnosis and treatment.

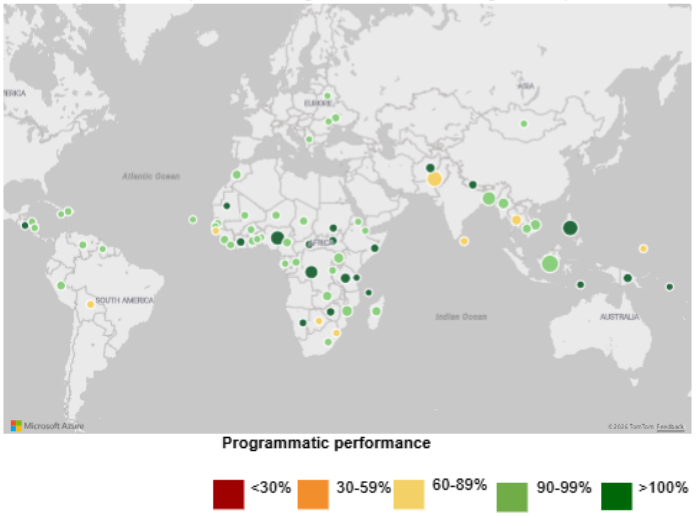
To accelerate TB detection, the Global Fund is supporting the scale up of targeted, high impact diagnostic approaches, including AI-powered computer aided detection, digital chest X-rays, and rapid molecular diagnostics. AI-enabled digital X-rays are now deployed in more than 20 Global Fund-supported countries, representing one of the largest real-world applications of AI diagnostics

in public health. In 2025, 4.1 million people diagnosed with TB were tested using WHO-recommended rapid molecular diagnostics. Following the WHO's recommendation in March 2026, portable near-point-of-care (*NPOC*) tests are being rolled out across 13 early adopter countries, with a target of nearly 3 million tests by the end of 2026. This innovative product is expected to extend access to timely diagnosis, particularly for underserved populations with limited access to health facilities.[6]

Once diagnosed, treatment outcomes remained strong. TB treatment success rate, all forms (**KPI T2**), reached 88% across 69 countries against a portfolio target of 91%, resulting in 97% KPI achievement and remaining broadly stable in recent years.

Performance was strong across the portfolio, with 61 countries achieving at least 90% of their national targets and no countries significantly underperforming. Strong results were recorded across regions. In the Philippines, community-based treatment support contributed to high levels of treatment adherence. Nigeria also reported strong performance, with treatment success rates among children exceeding those observed in adults. Performance was slightly lower in Pakistan, however, this largely reflected challenges related to DHIS2 reporting and data completeness rather than a deterioration in treatment outcomes.

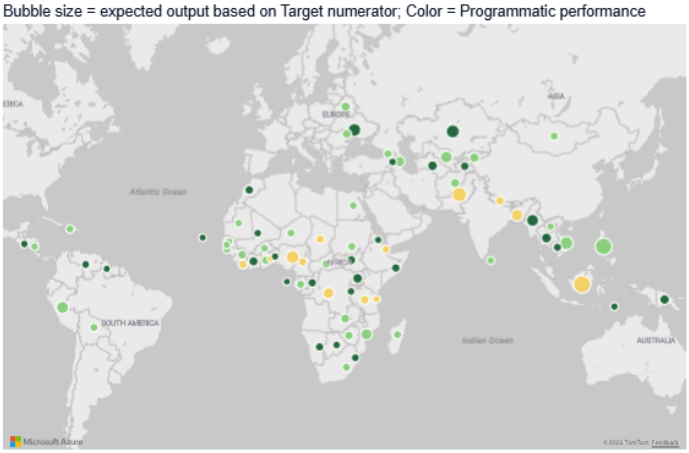
2025 Country performance: TB treatment success rate (KPI T2)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



Results for the percentage of people with confirmed RR/MDR-TB on treatment (**KPI T3**) also improved in 2025, with treatment coverage reaching 91% across 74 countries against a portfolio target of 98%, resulting in 93% KPI achievement. Overall performance was strong, with 61 countries performing well and no countries significantly underperforming.

Performance was particularly strong in Eastern Europe and Central Asia, notably in Ukraine and Kazakhstan, where treatment initiation and coverage remained high. Conversely, results were weaker in some high RR/MDR-TB burden countries in Asia, including Pakistan, Bangladesh, and Indonesia. In Indonesia, limited availability of DR-TB services across many districts continued to constrain access to treatment and highlights ongoing service delivery gaps. The Philippines recorded improvements in treatment initiation; however, challenges remain in treatment retention and completion.

2025 Country performance: People with DR-TB on treatment (KPI T3)
Bubble size = expected output based on Target numerator; Color = Programmatic performance

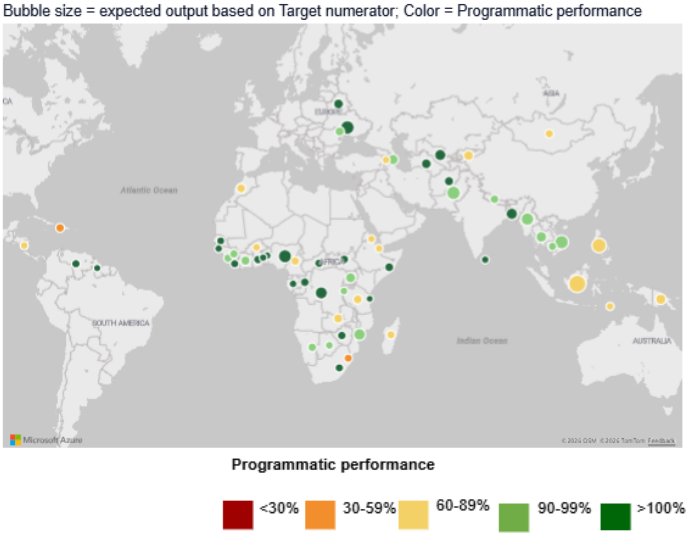


[6] Results Report 2026

DR-TB treatment outcomes also remained strong. The treatment success rate for DR-TB (**KPI T4**) reached 72% across 59 countries against a portfolio target of 78%, leading to 93% KPI achievement. Overall, performance was positive across the portfolio, with 41 countries performing well and only two countries significantly underperforming.

Strong results were observed in several high-burden countries, particularly Ukraine, where the successful introduction and scale-up of shorter WHO-recommended treatment regimens supported improved treatment outcomes. Performance was comparatively weaker in Indonesia and the Philippines. In Indonesia, treatment success was constrained by challenges related to the management of adverse drug reactions, weak patient monitoring systems, and limited follow-up of patients lost to care. In the Philippines, declining results were driven primarily by high loss to follow-up, linked to socioeconomic barriers as well as resource and capacity constraints within the health system.

2025 Country performance: DR-TB treatment success rate (KPI T4)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



Overall, TB program performance remained strong across the care cascade in 2025. However, gaps in reaching underserved populations, limited decentralization of DR-TB services, and challenges in treatment retention continue to affect performance in some high-burden settings.

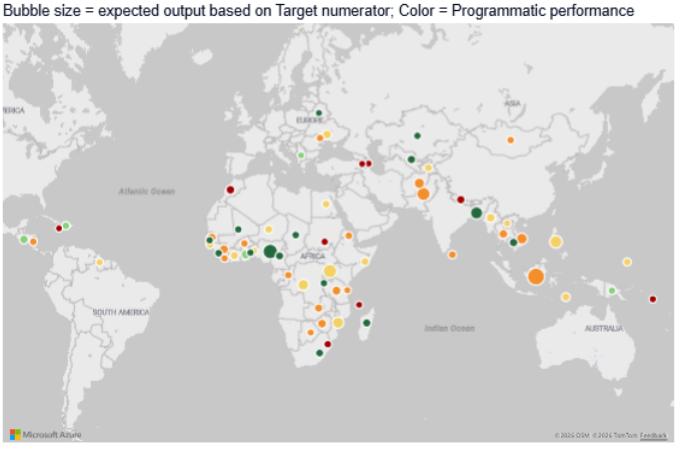
The Global Fund continues to support countries to integrate drug-susceptible and drug-resistant TB services, decentralize DR-TB care for prompt access to quality diagnosis and treatment, and expand access to innovative diagnostics and shorter treatment regimens for DR-TB to improve treatment outcomes, reduce side-effects, and lower burden on patients and health workers.

2. TB prevention

KPI T5, which measures the number of TB contacts initiated on TPT, remained the weakest-performing TB indicator in 2025. Across 66 countries, 1.91 million TB contacts were initiated on TPT against the portfolio target of 2.80 million, resulting in 68% KPI achievement. 20 countries achieved at least 90% of their national targets, while 29 countries significantly underperformed.

Performance was generally stronger in West-Central Africa than in other regions. Nigeria, one of the largest contributors to the indicator, performed strongly, supported by the implementation of a TPT surge plan and introduction and scale-up of shorter TPT regimens, which contributed to higher uptake. In contrast, Uganda experienced a decline in performance due to operational disruptions and stockouts of shorter TPT regimens. Performance also remained challenging in several high-burden countries, including Indonesia, where results improved compared to recent years

2025 Country performance: TB contacts on TPT (KPI T5)
Bubble size = expected output based on Target numerator; Color = Programmatic performance



following the availability of shorter regimens, but progress continued to be constrained by suboptimal contact investigation, and behavioral barriers to TPT uptake.

The Global Fund continues to support the expansion of shorter preventive treatment regimens that are easier for people to complete and more efficient for health systems to deliver. However, scaling up TPT remains challenging. In some settings, eligibility for TPT requires the prior conduct of either time-intensive skin tests or costly IGRA testing, creating barriers to access. In addition, preventive services are often deprioritized relative to the more immediate demands of TB diagnosis and treatment in resource-constrained health systems.

Despite these challenges and continued underperformance against targets, underlying programmatic progress was evident. Among countries with complete longitudinal data, the number of TB contacts initiated on TPT increased from approx. 1.5 million in 2024 to 1.8 million in 2025, demonstrating continued expansion of preventive treatment services. Looking ahead, availability of shorter TPT regimens, the development of TB vaccines and long-acting preventive medicines will be critical to accelerating progress and achieving the ambitions for TB prevention.

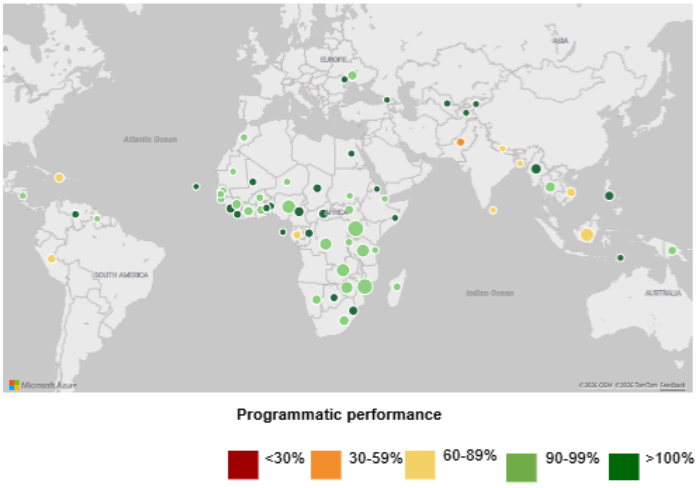
3. TB/HIV

ART coverage among HIV-positive TB patients remained strong in 2025. Across 64 countries, 90% of HIV-positive TB patients received ART against a portfolio target of 95%, resulting in 95% KPI achievement. Performance was strong across the portfolio, with 55 countries performing well against their national targets, and only one country significantly underperforming.

Results were particularly strong in high-burden countries in South-Eastern Africa. In countries like Nigeria and Uganda, close collaboration between TB and HIV programs supported timely identification of co-infected patients and linkage to treatment, contributing to high levels of ART coverage. Performance was weaker in a small number of countries, including Indonesia, where ongoing efforts to strengthen TB/HIV service integration aim to address challenges in timely ART initiation among HIV-positive TB patients.

2025 Country performance: ART coverage for HIV-positive patients (KPI T6)

Bubble size = expected output based on Target numerator; Color = Programmatic performance



Overall, results reinforce the value of integrated TB/HIV service delivery as a critical enabler of treatment access and improved outcomes for people living with HIV and TB.

Additional data and graphs available on OSKAR

Strategy outcome: Effective and quality malaria prevention, treatment, care and support programs are delivered and achieving equity in access

KPI		Cohort (# countries)	Grant result	Grant target	2025 Latest performance	Performance vs 90% target
M1	LLIN's distributed	57	173k	225k	**77%** achievement against grant targets	
M2	Malaria testing, public facilities	55	95%	98%	**98%** achievement against grant targets	
M3	Malaria cases treated, public facilities	53	96%	98%	**98%** achievement against grant targets	
M4	IPTp3 coverage	27	59%	66%	**90%** achievement against grant targets	
M5	Children receiving full course of SMC	15	92%	95%	**96%** achievement against grant targets	

As of August 2026, the Global Fund had invested nearly US$ 2.9 billion under GC7 to support malaria vector control, chemoprevention and case management. These investments contributed to strong malaria service delivery results in 2025, with testing and treatment coverage in public health facilities remaining close to target. However, these results may mask equity gaps, particularly among populations not reached by public health facilities.

Progress in prevention was more mixed. Seasonal malaria chemoprevention (*SMC*) coverage remained high across most countries. However, bed net distribution fell below expectations due to delays in mass campaigns in a small number of high-volume countries. IPTp3 coverage remained below desired levels despite generally good performance against national targets and continued to be affected by barriers to antenatal care access and commodity supply constraints in some countries.

Performance was primarily driven by the West-Central Africa region, where several high burden countries achieved positive results across multiple indicators.

The Global Fund also continued to support the scale-up and introduction of new malaria tools to address emerging resistance and strengthen long-term impact, including dual active ingredient (dual AI) nets, multiple first-line therapies, and collaboration with GAVI to support the introduction and rollout of malaria vaccines.

Continued focus on timely campaign implementation, uninterrupted commodity availability, expanded community-level service delivery, strengthened quality of care, and integration of malaria in pregnancy interventions within RMNCAH platforms remains critical to closing prevention gaps and accelerating progress towards malaria reduction targets.

Please note that KPI results are based on grant data available as of December 2025 and exclude countries reporting on alternative reporting schedules. Depending on the indicator, this may include countries such as Kenya and Ethiopia. Updated results reflecting these countries' data will be available in early 2027.

The sections below provide an overview of performance across the key components of malaria response.

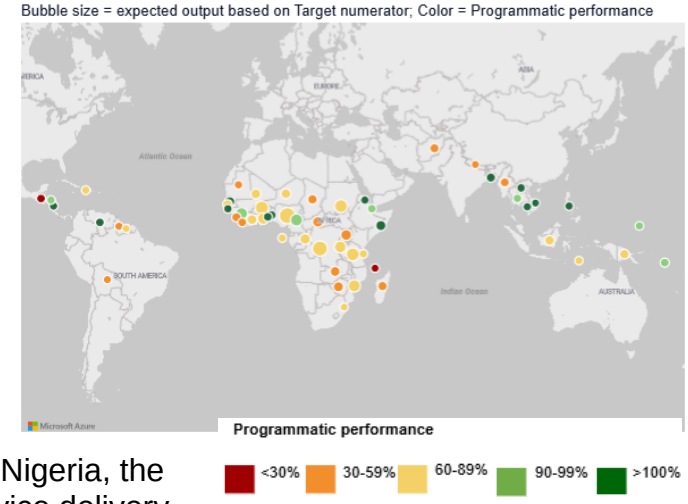
1. Prevention (vector control and chemoprevention)

Bed net distribution (**KPI M1**) fell short of expectations in 2025, with 173 million insecticide-treated nets (*ITNs*) distributed across 57 countries against a portfolio target of 225 million. Performance

varied considerably across the portfolio, with 20 countries performing well and 16 significantly underperforming.

2025 Country performance: Bed nets distributed (KPI M1)

Bubble size = expected output based on Target numerator; Color = Programmatic performance

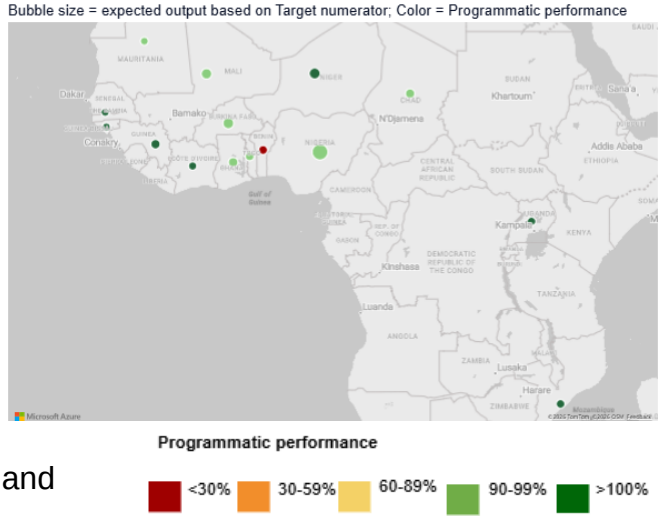


KPI M1 is heavily influenced by mass distribution campaigns, which are typically conducted on a three-year cycle. As a result, changes in campaign timing, particularly in high-volume countries, can have a substantial impact on annual performance, making the indicator one of the most volatile KPIs. This volatility was evident in 2025, when underperformance was driven largely by delays in a few high-volume countries. In Sudan, last-mile distribution challenges affected ITN delivery, while in the Democratic Republic of the Congo, operational disruptions constrained both procurement and distribution. In Nigeria, the postponement of two mass campaigns due to service delivery disruptions also contributed to lower than expected results. In response to funding and operational constraints, several countries, including Ghana, Nigeria, Guinea, Senegal, Mozambique, prioritized high-risk rural areas over lower-risk urban populations for mass campaigns and streamlined distribution approaches to maximize impact.[7]

While distribution volumes fell short of target, the quality and effectiveness of malaria prevention interventions continued to improve through the accelerated scale-up of dual active ingredient (dual AI) nets to address growing insecticide resistance. During GC7, dual AI nets accounted for 78% of all ITNs procured through the Pooled Procurement Mechanism (*PPM*). This scale-up was supported by the *Revolving Facility*[8], which helped reduce prices, attract additional suppliers, and expand access to this intervention. The Global Fund has also partnered with the United States government and SC Johnson to accelerate the introduction of spatial repellents as a complementary malaria prevention tool alongside ITNs and indoor residual sprays to further reduce malaria transmission.[6]

2025 Country performance: Children receiving SMC (KPI M5)

Bubble size = expected output based on Target numerator; Color = Programmatic performance



Seasonal malaria chemoprevention (*SMC*) coverage (**KPI M5)** remained high in 2025, with 92% of eligible children in targeted areas receiving the full recommended course of treatment during the transmission season. Across the 15-country cohort reporting on KPI M5, this was just below the portfolio target of 95%, resulting in 96% KPI achievement. Performance was consistently strong across countries, with all but one country performing well against national targets; the exception was affected by reporting challenges. Niger and Nigeria were key contributors to the overall positive results. Nigeria and Ghana implemented integrated net distribution and

[7] Results Report 2026
[8] Revolving facility

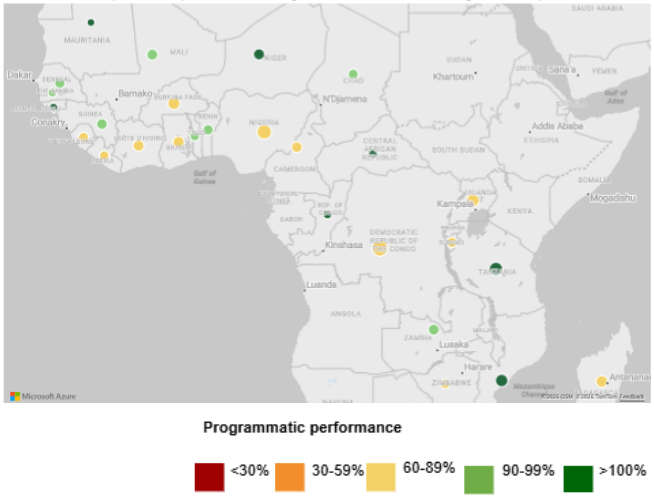
SMC campaigns, providing a model for more efficient, streamlined delivery of malaria prevention interventions.[6]

While SMC coverage was high, progress in protecting pregnant women through intermittent preventive treatment of malaria in pregnancy (*IPTp*) remained a key challenge. IPTp3 coverage (**KPI M4**) was 59% across 27 countries against a portfolio target of 66%, resulting in 90% KPI achievement, and remaining broadly stable compared with 2024. 15 countries performed well against their national targets and no country significantly underperformed.

Strong performance was observed in high-burden countries such as Mozambique and Tanzania. In Tanzania, high coverage was supported by the availability of preventive treatment medications and efforts to promote early attendance at antenatal care (*ANC*) services. Performance was weaker in Uganda, where delayed ANC attendance limited completion of the recommended three or more doses of IPTp despite good uptake of the first and second doses. In other high-burden countries, such as the Democratic Republic of the Congo and Nigeria constrained supply of Sulfadoxine-Pyrimethamine (*SP*) contributed to lower IPTp3 coverage.

2025 Country performance: IPTp3 (KPI M4)

Bubble size = expected output based on Target numerator; Color = Programmatic performance



Despite strong overall performance against national targets, IPTp3 coverage remains insufficient. Sustained efforts to promote early and regular ANC attendance, alongside uninterrupted availability of SP, will be critical to increasing coverage and maximizing the protective benefits of IPTp.

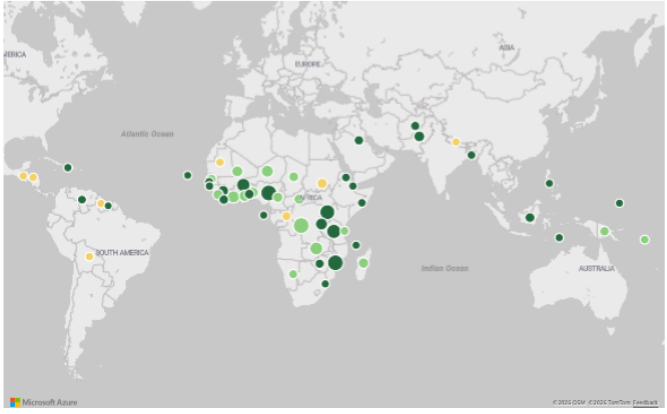
2. Case management (public, private, community)

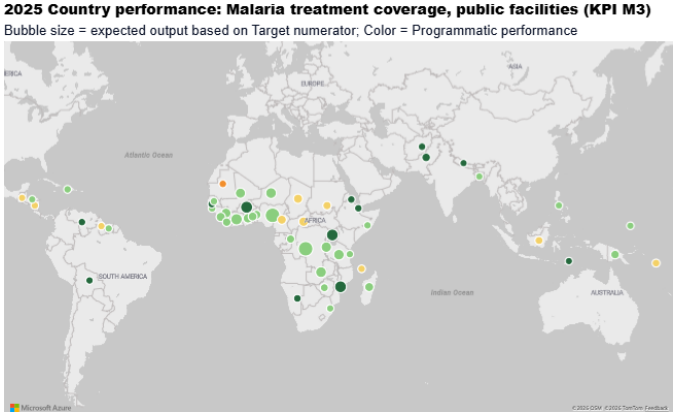
In 2025, 95% of suspected malaria cases received a parasitological test in public facilities (**KPI M2**) across 55 countries. Against the portfolio target of 98%, this translated into 98% KPI achievement. Performance was broadly positive, with 47 countries performing well and no countries significantly underperforming.

While overall performance remained strong, challenges persisted in Democratic Republic of the Congo, where rapid diagnostic tests (*RDT*) stockouts and broader supply chain disruptions affected service delivery. Four countries reported testing coverage above 100% indicating potential data quality issues, including possible underestimation of suspected cases, or inconsistencies in suspected case definition and reporting.

2025 Country performance: Malaria testing, public facilities (KPI M2)

Bubble size = expected output based on Target numerator; Color = Programmatic performance





Treatment coverage was similarly strong in 2025, with 96% of suspected cases receiving first line anti-malarial treatment in public facilities (**KPI M3**) across 53 countries. Against a portfolio target of 98%, this translated into overall KPI performance of 98%. Performance was broadly positive, with 42 countries performing well and only one country significantly underperforming. Several countries, including Burkina Faso, Mozambique and Uganda, reported treatment coverage close to 100%. In contrast, performance in the Democratic Republic of the Congo declined due to reduced availability of ACTs, mirroring the RDT supply constraints observed under KPI M2.

As with KPI M2, one country reported results above 100%, again pointing towards data quality challenges with KPI M3.

While facility-based testing and treatment results remain positive, they mask persistent inequities in access among populations not reached by public health facilities. Progress in expanding community-based testing and treatment was uneven across countries, with scale-up constrained in many settings by resource limitations. Findings from equity KPI E2a indicate slower progress in expanding community-based malaria testing and treatment services, highlighting the challenge countries faced in 2025 in accelerating community-level service delivery to reach underserved populations.

The Global Fund continues to support innovations to address emerging challenges in malaria control. Growing antimalarial drug-resistance underscores the need to diversify treatment options and reduce reliance on a single class of therapies. Through the *Access Fund*, which is a co-payment mechanism under the *NextGen Market Shaping Strategic Initiative*, the Global Fund is supporting the rollout of multiple first-line therapies in several countries to diversify treatment and slow the emergence of resistance. At the same time, next-generation antimalarials, including *Ganaplacide-lumefantrine*, have the potential to expand future treatment options beyond ACTs. Additional innovations, including new pediatric formulations, insecticide-treated baby wraps, and potential for new malaria vaccines, could further strengthen the protection for vulnerable populations, particularly children.[9]

3. Malaria elimination

The Global Fund continues to support malaria elimination efforts in 21 countries across Asia, Africa and Latin America. In 2025, Georgia, Suriname and Timor-Leste were certified malaria-free by the WHO joining a growing group of countries that have successfully elimination malaria through sustained investment in prevention, diagnosis and treatment.[8]

Additional data and graphs available on OSKAR

[9] Results Report 2026

Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

Strategy outcome: Services are integrated, people-centered, and of high quality

KPI		2025 result	Target	Performance
S1	Provision of people-centered, high-quality services	No results	100% by end 2025	
S2	Provision of supportive supervision	No results	100% by end 2025	
S3	HTM integrated services offered to pregnant women	No results	100% by end 2025	
S5	System readiness for CHWs	No results	100% by end 2025	

Integrated, people-centered, high-quality health services are essential to ensure that health care is accessible, effective and responsive to the needs of individuals and communities. In line with this outcome, the Global Fund continues to prioritize investments that strengthen critical components of integrated health systems. As of August 2026, total health systems investments amounted to approximately US$ 5.8 billion, including around US$ 2.2 billion in C19RM funding (2024–2025 period) and US$ 2.3 billion in contributory health system strengthening investments during GC7.

Due to funding and capacity constraints affecting targeted Health Facility Assessments (*tHFAs*), data required to measure KPIs S1, S2, S3, and S5 are unavailable. As a result, the Secretariat is unable to report 2025 results for these KPIs. Given the anticipated de-prioritization of tHFAs in the current funding climate, the Secretariat will pivot to alternative, more sustainable approaches to monitor integrated, people-centered quality service delivery. These include prioritizing the use of routine coverage data, triangulated with policy-level measures, systems maturity models, and targeted qualitative assessments to monitor integration and service quality.

Looking ahead to GC8, the delivery of integrated, people-centered, high-quality services will remain a core strategic priority. Key areas of focus will include:

- Integrating HIV, TB and malaria services into primary care and health systems based on country context as an imperative for sustainability and self-reliance; and
- Planning for transitions, mainly in upper middle-income and lower middle-income countries, particularly for HRH remuneration (including CHWs), program management, and operation costs for equipment and infrastructure.

The sections below provide an overview of performance and ongoing work across the focus areas:

1. Integrated service delivery

High-quality primary health care can address up to 90% of a population's health needs. Integrating HIV, TB and malaria services into appropriate primary health care (*PHC*) platforms can therefore improve access, quality and efficiency by delivering person-centered care through strengthened, unified platforms. Reflecting this priority, as of August 2026, the Global Fund had invested approx. US$ 112 million (including C19RM funding over 2024-2025) in direct RSSH funding for GC7 to strengthen health governance and integration of services.

Further integration of HTM services within PHC will remain a GC8 priority to strengthen person-centered care and enhance efficiency and sustainability, recognizing that integration models must

be adapted to country context and epidemiology. Country dialogue and planning processes continue to identify PHC platforms that present opportunities for greater service integration. Some of the platforms identified for integration include community case management; adult outpatient departments; campaigns; and a range of maternal and newborn health services with a focus on antenatal, labor and delivery, postnatal care and AGYW services.

The Global Fund will also continue to prioritize strengthening integration of HTM in service platforms relevant to the continuum of care for pregnant women and their children, where this is relevant to local epidemiological context. Going forward, the Secretariat is exploring options to pivot towards monitoring integrated service delivery through tracer indicators that rely on data readily available from routine country data systems such as HIV & TB services offered at PHC, ANC4+, relevant pregnancy-related HIV and malaria coverage indicators, and TB/HIV indicators, complemented by workplan tracking measures and partner data sources.

2. Human Resource for Health (*HRH*) including Community Health Workers (*CHW*)

The quality of health services ultimately depends on the availability, competence, motivation and support of the health workforce. Sustained investment in HRH, including CHWs, is therefore essential to ensure that gains in service coverage and integration translate into high quality care and improved health outcomes. Reflecting this strategic importance, HRH, including CHWs was a key strategic priority in GC7, with an estimated US$ 465 million (including C19RM funding over 2024-2025 period) in direct RSSH investments committed as of August 2026.

Beyond financing, the Global Fund has continued to support countries in strengthening workforce planning and sustainability. In 2025, 10 countries were supported to develop long-term health workforce financing plans, while 22 countries completed resource mapping and expenditure tracking exercises to improve efficiency and alignment of investments. In Uganda, Global Fund support for the development of a refreshed strategic framework and costed operational plan informed the establishment of a dedicated national budget line for community health workers and enabled the successful transition of community health extension worker payroll costs from Global Fund financing to government funding. In Kenya, the government introduced stipends for community health worker across all 47 counties, assuming responsibility for remuneration of community health promoters, while Global Fund investments continued to support training and equipment. During GC7, nearly 117,000 community health workers in 26 countries and approximately 67,700 health professionals across 23 countries received support through training, supervision or equipment, contributing to stronger and more sustainable health systems.

However, significant challenges remain. As previously reported, baseline scores for KPI S5 (*CHW system readiness*) highlighted persistent weaknesses in CHW working conditions, particularly the timely and full payment of remunerations. Based on GC7 grant data, nine countries reported on the proportion of CHWs paid on time and in full[10]. Of these, only five countries (56%) reported that more than 90% of CHWs received their remuneration on time and in full, underscoring persistent sustainability and workforce retention risks.

Looking ahead to GC8, strengthening CHW systems is expected to remain a core priority. Recognizing that a well-supported community health workforce is fundamental to resilient health systems and sustained programmatic impact, the Secretariat will continue to monitor progress

[10] GC7 Modular Framework indicator RSSH/PP HRH-3 “% of CHW remunerated on time and in-full (as per their contract) every month during the reporting period”

using data from routine country data systems, CHW maturity assessments, and partner data sources.

Strategy outcome: Community systems, including service delivery platforms, are reinforced

KPI		2025 result	Target	Performance
S4	Community systems for service delivery	22% countries with maturing or strong systems in 2025	38% by end 2028	

Results reported in previous Strategic Performance report

Community systems remain a critical pillar of the HIV, TB and malaria response connecting communities to health systems, extending the reach of services to underserved populations, and improving service responsiveness. While funding constraints and operational pressures have affected community systems and contributed to weaker-than-expected performance against KPI S4, country experience continues to demonstrate the value of Global Fund investments in community responses. These investments have strengthened accountability and helped identify and address barriers to accessing quality care. During GC7, more than 7,400 health facilities across 17 reporting countries implemented community-led monitoring (*CLM*) mechanisms[11]. In multiple countries, evidence generated through CLM enabled the timely identification of service delivery challenges, including commodity stock-outs and gaps in access or quality of care, prompting corrective actions by health authorities and implementers.

As of August 2026, Global Fund investments in community health systems under GC7, including C19RM funding for the 2024-2025 period, totaled approximately US$ 231 million, of which an estimated US$ 81 million supported CLM. In response to growing financing, operational and transition pressures facing community systems, GC8 investments will place greater emphasis on sustainability, resilience and integration. Investments will aim to support the integration of community-led services, monitoring, engagement and accountability mechanisms within national health systems, while strengthening community capacity to sustain quality service delivery through the transition process. The GC8 *Build Community Networks and Engagement Strategic Initiative* will complement these efforts by testing alternative community financing approaches, addressing integration and transition bottlenecks, and positioning CLM as a source of community intelligence to inform health-system decision making.

Together, these investments aim to sustain essential community functions, strengthen resilience to financing and operational pressures, and embed community-led responses more sustainably within national health systems.

[11] Results based on GC7 Modular Framework indicator CSS-3 “Percentage of health service delivery sites with a community-led monitoring mechanism in place”

Strategy outcome: Decision-making is based on quality and timely data and evidence

KPI		2025 result	Target	Performance
S6a2	Secure, maintained and interoperable HMIS	No results	90% by end 2028	
S6b	Data driven decision making	No results	90% by end 2028	
S7	Use of disaggregated data for planning / decision making	No results	80% by end 2028	

As of August 2026, the Global Fund had invested approximately US$ 388 million through GC7 to strengthen monitoring, evaluation and digital health systems in over 100 low- and middle- income countries. These investments build on longstanding support to national Health Management Information Systems (*HMIS*) in more than 70 countries and support the implementation of national digital health strategies, including digital platforms, interoperability, and the use of data for decision-making.

However, the systems that underpin evidence-based decision-making are under growing pressure. During GC7, investments in monitoring, evaluation and data systems were constrained as resources were prioritized towards life-saving HIV, TB and malaria interventions. Donor funding disruptions in 2025 further weakened these systems, causing delays or cancellations of major surveys and disruptions to routine health information, electronic health records and disease surveillance systems. Recent investments by private foundations in Demographic and Health Surveys (DHS) have mitigated survey disruptions in the short term, but significant long-term funding gaps remain[12]. Countries continue to adapt and address increasing challenges in generating timely and reliable data needed to measure results, identify risks and target resources effectively.

While 2025 KPI results are unavailable due to funding and capacity constraints affecting data collection, routine grant monitoring and partner data continue to provide evidence on the performance and strengthening of country data and digital health systems.

Evidence from routine grant reporting indicates progress in improving data availability. Among 35 High Impact and Core portfolio countries reporting on both completeness[13] and timeliness[14] of service delivery unit reports in 2025, 26 countries (74%) achieved more than 90% reporting completeness, meaning that more than 90% of expected monthly reports were received and processed. In contrast, only 19 countries (54%) achieved more than 90% reporting timeliness, meaning that more than 90% of expected reports were submitted on time. These results suggest that data availability is generally high, while reporting timeliness remains a key constraint to effective programmatic use of data for decision-making.

Expanding the use of digital systems at service delivery levels is a key approach to improving reporting timeliness and data use, and evidence from routine grant monitoring indicates progress in this area. Among the 23 High Impact and Core countries reporting on digital data submission

[12] Charting a Path Forward for The Demographic and Health Survey program
[13] GC7 Modular Framework indicator RSSH/PP M&E-1 "Completeness of reporting: % of expected monthly reports (for the reporting period) that are actually received"
[14] GC7 Modular Framework indicator RSSH/PP M&E-2 "Timeliness of reporting: % of submitted monthly reports (for the reporting period) that are received on time per the national guidelines"

by service delivery units[15] in 2025, 11 countries (48%) reported that more than 90% of service delivery units submitted data electronically. Across these countries, an average of 71% of service delivery units reported through digital systems, contributing to more complete, timely and reliable data for decision-making.

Progress in this area reflects the scale-up of digital health platforms across countries. In Ethiopia, the electronic Community Health Information System (*CHIS*) now covers around 27 million people across more than 9,000 health posts. In Rwanda, a community Electronic Medical Records (*EMR*) system has been rolled out to approximately 50,000 community health workers, while in Zimbabwe, the *Impilo* facility EMR system operates in more than 1,200 facilities, largely replacing paper-based registries.

Looking ahead to GC8, sustained investments in health information systems and digital health will be critical to safeguarding evidence-based decision-making. Priorities will include strengthening interoperability and foundational digital health architecture to ensure countries can measure impact, target resources effectively, and build more integrated, resilient and sustainable health systems.

Strategy outcome: Equitable access to quality assured health products is achieved

KPI		2025 result	Target	Performance
S8	On shelf availability (OSA) – HIV, TB, Malaria	Average portfolio OSA at **83% for HIV; 84% for TB; 85% for Malaria** in 2025	90% by end 2025	
S9	Supply Continuity *	**97%** of priority products have desired number of suppliers meeting QA requirements in 2025	90%	

** KPI S9 results reported in previous Strategic Performance report*

Supply chain performance remained stable in 2025, with average on-shelf availability (**KPI S8**) reaching 83% for HIV, 84% for TB and 85% for malaria commodities; however, performance fell short of the 90% target, indicating that progress in commodity availability has largely plateaued. Persistent challenges, including global supply shortages, procurement delays, supply chain management weaknesses, and limitations in supply chain data and reporting systems, continue to affect performance and highlight vulnerabilities in the resilience of country supply chains.

To address these challenges, the Secretariat continued implementation of approx. US$ 558 million (incl. estimated US$ 259 million of C19RM funding over 2024-2025 period) in GC7 supply chain investments as of August 2026. Investments focused on digitalization, governance, infrastructure, supply chain efficiency, and waste management to strengthen supply chain performance and sustainability. Looking ahead to GC8, the priority remains safeguarding access to life-saving products while ensuring value for money and strengthening core supply chain functions. These efforts will be complemented by *NextGen Strategic Initiative*, which aims to accelerate supply chain integration, improve efficiency and support long-term sustainability.

Additionally, following the Board approval of the Non-Grant Financed Procurement (*NGFP*) Policy, the Secretariat is establishing the required governance, risk and monitoring frameworks to support

[15] GC7 Modular Framework indicator M&E 5.1 "% of service delivery units which digitally enter and submit data at the service delivery unit using the electronic information system(s) (e.g. HMIS, CHIS, EMR, other)

responsible expansion of the mechanism and increase access to quality-assured health products beyond Global Fund grants.

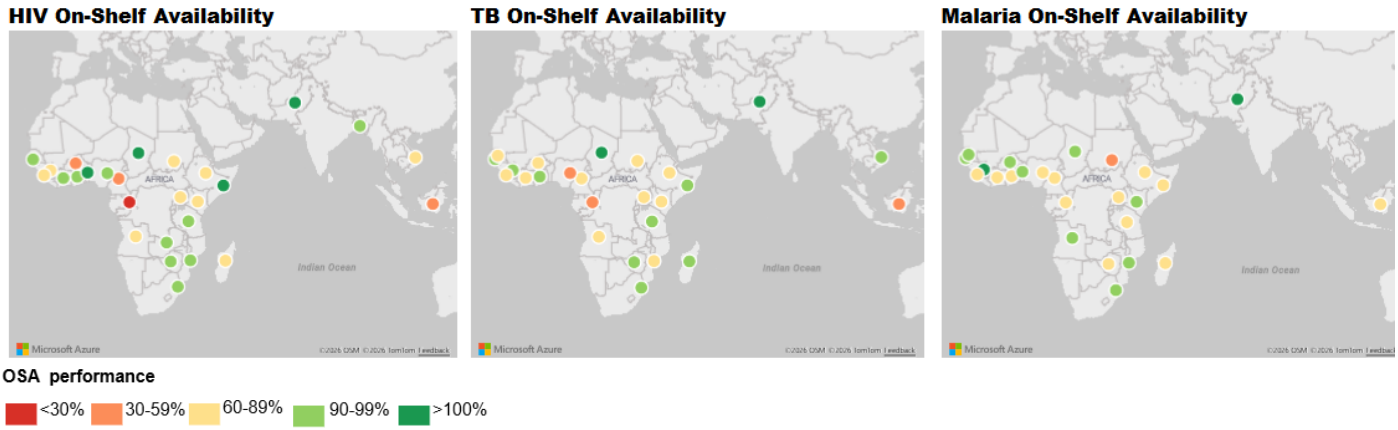
The sections below provide details on the performance and ongoing work to ensure availability of quality-assured health products:

1. Strengthening supply chains

Average On-shelf availability (*OSA*) across the cohort held steady in 2025, however performance fell below the increased 2025 KPI target of 90%. OSA in 2025 was 83% for HIV across 27 countries, 84% for TB across 25 countries and 85% for malaria across 25 countries. Performance varied across countries and diseases, with overall availability falling below the 90% target, largely driven by a small number of underperforming countries with particularly low availability. Côte d'Ivoire was a notable high performer, demonstrating sustained improvements across HIV, TB and malaria.

However, challenges persisted in several high-burden settings, driven by a combination of global supply shortages, procurement delays, supply chain management weaknesses, and limitations in data and reporting systems. While some countries recorded improvements in specific disease programs, these gains were often offset by declines in others. For example, Uganda improved malaria commodity availability but recorded declines in HIV and TB due to reporting gaps, stock-outs, distribution disruptions, while Senegal faced low availability of first line TB medicines due to procurement delays and global supply constraints affecting rifampicin. Indonesia reported modest improvements in HIV commodity despite continued low availability and concurrent declines in TB, primarily affected by reporting gaps, suboptimal use of the Supply Management and Logistics Enhancement (*SMILE*) system, limited capacity, and supply chain management challenges. HIV rapid test kit availability in Burkina Faso remained low, largely due to inconsistent implementation of the revised testing algorithm across the country. In Cameroon, low product availability for HIV commodities was primarily driven by procurement and distribution bottlenecks, compounded by security-related access constraints in some regions. Despite some improvement, malaria commodity availability remained low in Sudan due to weaknesses in last-mile distribution. In Ethiopia, malaria commodity availability was affected by weaknesses in supply chain management and data systems, inaccurate forecasting, staffing constraints, and security-related disruptions in some areas.

The Republic of the Congo and Nigeria were countries of concern with declining commodity availability across all three diseases. In Nigeria, the decline was noted particularly for TB, due to global supply constraints affecting first-line TB medicines compounded by funding and procurement delays. In Congo, stock-outs for HIV and TB commodities were primarily driven by operational challenges in electronic Logistics Management Information System (*eLMIS*) affecting timely stock visibility and limited capacity of health facility staff to prepare commodity orders.



Overall, the results underscore the need to strengthen the resilience, efficiency, and sustainability of country supply chain systems to safeguard access to essential health commodities.

To address these challenges, the Secretariat continues to support implementation of supply chain strengthening investments totaling approx. US$ 558 million (incl. approx. US$ 259 million in 2024-2025 C19RM funding) under GC7 as of August 2026. Key measures undertaken by the Secretariat include:

- **Digitalization:** eLMIS continues to be expanded to strengthen supply chain visibility, inventory management and the timely availability of essential health commodities. Phase 1 eLMIS implementation was completed in Liberia and the Republic of the Congo, while pilot deployment is underway in the Democratic Republic of the Congo.

- **Supply chain efficiency and sustainability**: Supply Chain cost benchmarking is underway in nine countries to identify opportunities for greater supply chain cost efficiency and inform sustainable Central Medical Store business model reviews. In parallel, harmonized budgeting guidelines have been developed to strengthen planning and sustainability of Procurement and Supply Management investments for GC8.

- **Governance and capacity building**: Assessments and reform initiatives supported stronger supply chain governance, strengthened institutional capacity and improved prioritization of investments in several countries such as the Democratic Republic of the Congo, Madagascar, Liberia, and the Republic of the Congo.

- **Infrastructure strengthening**: During GC7, the Global Fund invested approx. US$ 266 million in the construction and upgrade of more than 50 central and sub-national warehouses, primarily in Africa, to strengthen pharmaceutical storage and improve the availability of access to quality-assured health products. Key achievements included completion of two departmental warehouses and rehabilitation of a regional warehouse in Haiti; renovation of 20 regional and district stores in Senegal; expansion of CECOME regional warehouse in Guinea Bissau; finalization of County Drug Depot project in Liberia, and expansion of Abuja Premier Medical Warehouse in Nigeria.

- **Waste management**: During GC7, the Global Fund invested approx. US$ 83 million in healthcare waste management systems, supporting the installation of 143 incinerators and 116 autoclaves across 43 countries, including Benin, Eswatini, Liberia, Mali, Papua New Guinea,

and Zambia, with further installations planned through 2026. These investments have strengthened country capacity for the safe treatment, and disposal of health care waste, helping protect health workers, communities and the environment.

Looking ahead, in the context of a constrained GC8 funding environment, priority is being given to the procurement of life-saving health commodities and the financing of essential supply chain operating costs. The GC8 investments will be complemented by the GC8 *NextGen Strategic Initiative*, which aims to accelerate supply chain integration, enhance operational efficiency, sustainability and strengthen effective last-mile delivery.

Additional data and graphs available on OSKAR

2. Scale-up of non-grant financed procurement through PPM/wambo.org
The Board's approval of the NGFP Policy in July 2026 marked an important milestone in enabling the scale-up of the mechanism. Since then, the Secretariat has advanced the development of the operationalization framework, including governance, risk management, implementation, monitoring and reporting arrangements, to support scale-up while maintaining appropriate guardrails.

Operational uptake continues to grow, with increasing demand and rising interest from partners in leveraging the mechanism to expand access to quality-assured health products beyond Global Fund-financed procurement.

Strategy outcome: Innovations are equitably introduced and taken up

KPI		2025 result	Target	Performance
S10	Introduction of new products	100% of new products available for country procurement in 2025	80%	

Results reported in previous Strategic Performance report

The Global Fund continues to accelerate equitable access to health innovations by shaping markets, improving affordability and supporting the rapid introduction and scale-up of transformative products. Recent progress in introducing innovations for HIV prevention, TB diagnostics and malaria vector control demonstrates Global Fund's ability to translate innovation into impact at scale while creating the conditions for broader and more sustainable uptake.

1. HIV
The Global Fund continues to play a leading role in accelerating access to innovative HIV prevention tools in low- and middle-income countries. Since the introduction of **Lenacapavir** in November 2025, approximately 300,000 doses have been delivered and more than 100,000 people initiated on the product, with projected supply volumes sufficient to support protection for nearly 600,000 people by the end of 2026. This rapid rollout demonstrates the Global Fund's ability to translate scientific advances into population-level impact at scale. Efforts are now focused on securing generic supply by the end of 2026 to support broader access and further scale-up in 2027.

2. Tuberculosis
The Global Fund has accelerated the introduction of a new generation of **near point-of-care TB diagnostic** technologies that enable decentralized testing closer to communities and underserved populations. Through an innovative co-payment mechanism supported by a private sector contribution to the NextGen Market Shaping SI's *Access Fund*, implementation has been initiated

in 13 early-adopter countries, with deliveries completed in 10 countries to date. Beyond supporting immediate uptake, the initiative is generating evidence to inform wider deployment under GC8. By supporting a class of near point-of-care diagnostics rather than a single product, the Global Fund is also helping to stimulate market development, increase competition and support longer-term affordability.

3. Malaria

The Global Fund has rapidly advanced the launch of **spatial emanators**, a new WHO-recommended vector control technology designed to repel or kill mosquitoes indoors complementing insecticide treated nets or indoor residual spraying. Originally planned for wider introduction during GC8, the intervention was rapidly progressed from authorization in June 2026 to supplier onboarding, procurement, delivery and planned deployment within weeks to support areas most affected by the Ebola outbreak in Democratic Republic of the Congo. This rapid rollout demonstrates the Secretariat's agility in accelerating access to innovative health technologies in response to public health emergencies. Lessons from this early deployment will help inform future scale-up and broader integration into malaria vector control strategies. In collaboration with the United States Government and SC Johnson, the Global Fund will support the further roll out this intervention across additional countries in GC8.

Together, these efforts demonstrate how the Global Fund is translating innovations into sustainable public health impact through market shaping, early adoption and country-led scale-up.

Contribute to Pandemic Preparedness and Response

Strategy outcome: Pandemic preparedness capacities are strengthened

KPI		2025 result	Target	Performance
P1	Laboratory testing modalities	**51%** countries improved or maintained high score b/w baseline and 2025	90% by end 2028	
P2	Early warning surveillance function	**60%** countries improved or maintained high score b/w baseline and 2025	90% by end 2028	
P3	Human resources for implementation of IHR	**31%** countries improved or maintained high score b/w baseline and 2025	90% by end 2028	

Pandemic preparedness capacities have strengthened in several areas, but progress remains uneven and insufficient to achieve the end-Strategy KPI targets. Laboratory systems **KPI P1** continued to improve with 23 of 45 countries (51%) meeting the KPI requirement in 2025, although progress remains below the pace required to achieve the end-Strategy target. In contrast, progress in early warning surveillance (**KPI P2**) and health workforce capacity for IHR implementation (**KPI P3**) has largely stalled, with 60% and 31% countries meeting their respective KPIs. Both KPIs remain off track to achieve their end-Strategy target.

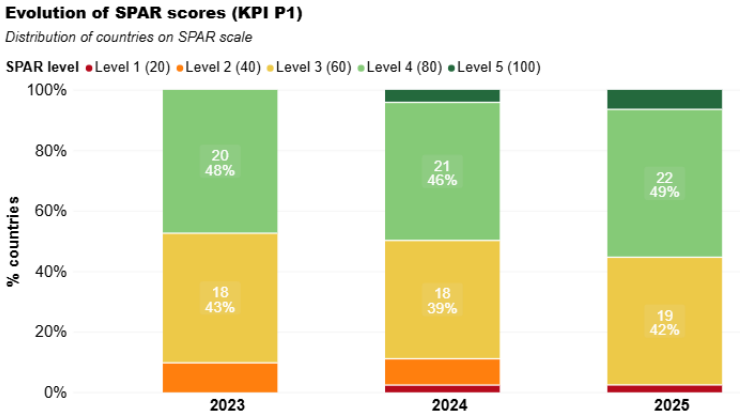
Despite these mixed results, Global Fund investments have strengthened key pandemic preparedness capacities across countries. Through GC7 and C19RM financing during 2024-2025, the Global Fund invested approximately US$ 491 million in laboratory systems, US$ 287 million in surveillance systems, and US$ 21 million in targeted investments in IHR-related activities, largely financed through C19RM. These investments supported laboratory upgrades, expanded digital surveillance systems, workforce training, and regional initiatives for outbreak detection and response. However, as C19RM funding concludes, preserving and building on these gains will

require stronger institutionalization of these functions within national systems and targeted investments to address remaining gaps.

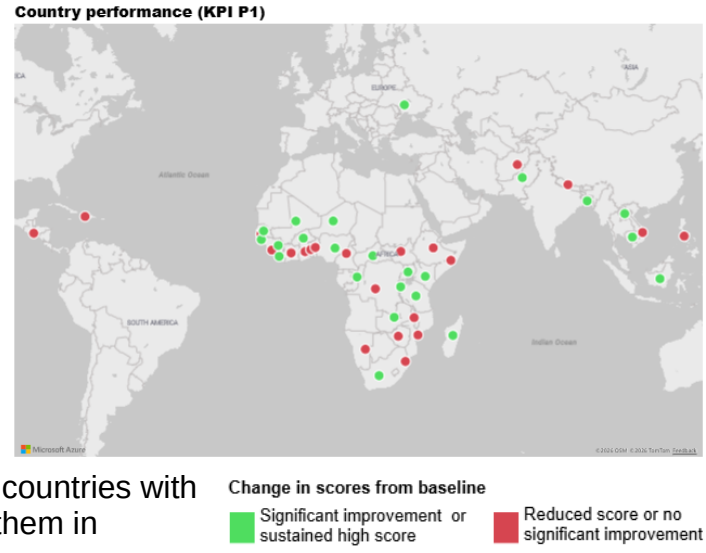
The sections below provide an overview of performance and ongoing work across three focus areas:

1. Integrated laboratory systems

KPI P1 measures the availability of an adequate range and sophistication of diagnostic modalities across all levels of the national laboratory network using the WHO-State Parties Self-Assessment Annual Report (*SPAR*) tool[16]. In 2025, 23 of 45 countries (51%) met the KPI requirement, either by maintaining high SPAR scores (80 or 100) or by achieving significant improvements from baseline. Performance has improved steadily with the number of countries meeting the KPI requirement increasing from 20 in 2023 to 22 in 2024 and 23 in 2025, with an overall shift towards higher SPAR scores. However, progress remains below the pace required to achieve the end-Strategy target, placing the KPI at risk.



Progress was driven by a combination of sustained high performance and improvements among lower scoring countries. 14 countries (30%) maintained their high baseline scores, while nine countries (20%) recorded significant improvements. Among the 11 countries receiving more than US$ 10 million in relevant laboratory investments, seven met the KPI. Burkina Faso and Indonesia improved to achieve high scores of 80 and 100 respectively, while Nigeria and Uganda, the two largest laboratory investment portfolios, each exceeding US$ 30 million, sustained high scores. Progress, however, remains uneven. 11 countries with high baseline scores reported declines, most of them in South-Eastern Africa and West and Central Africa.



To strengthen national laboratory capacity, as of August 2026 the Global Fund invested approx. US$ 491 million in laboratory systems during GC7, with approx. 74% investments from C19RM for

[16] SPAR scores for indicator C4.4 Laboratory testing capacity modalities are considered for KPI P1 assessment. Country is considered as showing significant improvement if its score progresses from 0 to 40; from 20 to 60; from 40 to 80; from 60 to 80 or if it maintained its score if it was already at 80 or at 100 at baseline

the 2024-2025 period. Consistent with the strategic shift towards integration, investments increasingly focused on strengthening integrated laboratory systems and network capabilities, including governance & leadership, infrastructure, biosafety and biosecurity, quality, specimen referral networks and laboratory information systems. These investments are intended to strengthen HIV, TB and malaria service delivery while also improving country capacity to detect and respond to public health threats.

These investments have delivered tangible improvements in laboratory capacity and quality. During 2024 and 2025, more than 200 laboratories were upgraded, and over 30,000 laboratories and patient testing sites successfully participated in proficiency testing for HIV, TB, malaria and COVID-19 diagnostics, strengthening the quality of diagnostic services.

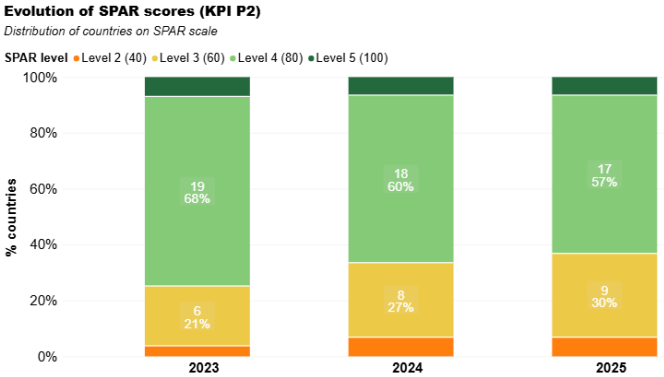
Regional initiatives have further accelerated progress through peer learning approaches. Through Project STELLAR, implemented across more than 20 sub-Saharan Africa, countries have adopted and shared practical approaches to integrated laboratory systems strengthening. Notable achievements include Nigeria operationalizing wastewater surveillance to routinely detect pathogens of interest; Uganda supporting ten peer countries to strengthen proficiency-testing capacity, six of which subsequently launched national proficiency testing programs; Kenya establishing an integrated national specimen referral system; and Zambia and Tanzania introducing ISO 17025-aligned equipment calibration practices. In addition, 15 of 22 country-specific costed action plans aimed at sustaining gains from this project have been formally integrated into national laboratory strategic plans, supported by four active regional communities of practice.

Looking ahead, the Laboratory Systems Maturity Monitoring (*LMM*) tool is expected to improve the prioritization of laboratory investments. Jointly led by WHO Regional Office for Africa and the Africa Center for Disease Control (Africa CDC), the tool provides a standardized assessment of national laboratory system maturity and helps identify critical gaps and investment priorities. During 2025 and the first half of 2026, ten countries completed initial assessments using this tool, which are expected to support more targeted allocation of limited GC8 resources for laboratory strengthening

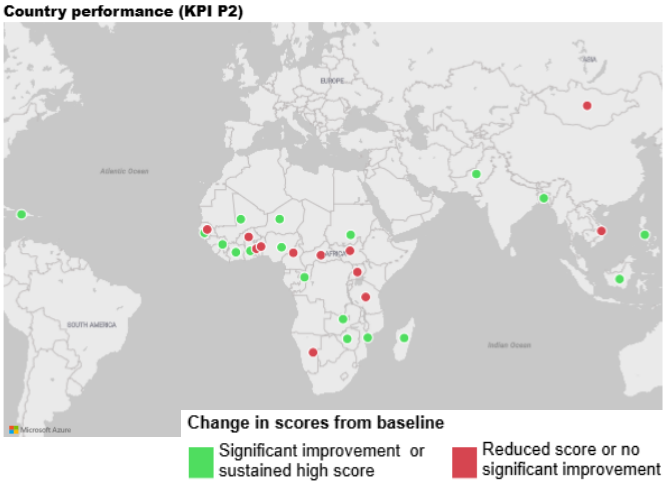
2. Early warning surveillance

KPI P2 measures the maturity of national surveillance systems in detecting public health threats in a timely manner using the WHO-State Parties Self-Assessment Annual Report (*SPAR*) tool[17]. In 2025, 18 of 30 countries (60%) met the KPI requirement by either maintaining high SPAR scores (80 or 100) or by achieving significant improvements from baseline. While there were early signs of progress, gains have stalled in recent years, with the overall distribution of scores gradually shifting towards lower SPAR levels. As a result, the KPI is deemed off track to achieving the end-Strategy target.

[17] SPAR scores for indicator C5.1 Early Warning Surveillance Function are considered for KPI P2 assessment. Country is considered as showing significant improvement if its score progresses from 0 to 40; from 20 to 60; from 40 to 80; from 60 to 80 or if it maintained its score if it was already at 80 or at 100 at baseline



16 countries (53%) maintained high baseline scores while only two countries (7%) demonstrated significant improvements from baseline. All seven countries receiving more than US$ 7 million in surveillance investments met the KPI requirement. Zimbabwe, Mozambique, Nigeria, Niger and Madagascar sustained high scores, while Philippines and Zambia improved into the high-scoring category. However, nine countries (30%) reported declines from high baseline scores, the majority in West-Central Africa. Benin and South Sudan had the most pronounced declines in 2025.



As of August 2026, the Global Fund invested approx. US$ 287 million in surveillance systems under GC7, around 90% of which was financed through C19RM for the 2024-2025 period. Approximately US$ 186 million was directed towards strengthening early warning surveillance, specifically for improvements in both indicator-based and event-based surveillance (*EBS*).

These investments have supported the expansion and digitalization of notifiable disease reporting systems to improve the routine detection and reporting for epidemic-prone diseases. EBS has also been reinforced through community-based surveillance and closer collaboration between community health structures and surveillance authorities, enabling faster identification and escalation of potential public health threats. Through these investments, over 2,100 health administrative units across 22 countries are now able to report, verify and investigate community level signals for epidemic-prone and endemic diseases, including viral hemorrhagic fevers, mpox, cholera, malaria and dengue.

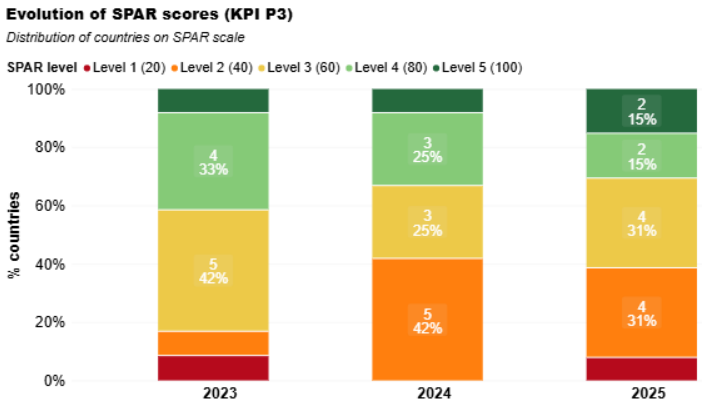
Regional initiatives have also strengthened early detection capacities. In West Africa, the scale up of Senegal's 4S sentinel syndromic surveillance network is expanding real-time, laboratory-confirmed detection of epidemic-prone pathogens across West African countries – including KPI P2 cohort countries such as The Gambia, Niger, Togo, Benin and Mali.

In the Democratic Republic of the Congo, Global Fund co-investment in digitizing national disease reporting supported the establishment of a national Early Alert Room that monitors 21 diseases in real time. Approximately half of the country's 518 health zones now report digitally. These systems demonstrated their value during the 2025 Zaire-strain Ebola outbreak in Kasaï province, which was contained within three months due in part to surveillance, laboratory and vaccination data all feeding into a unified national platform.

Catalytic technical assistance through Project SONAR, implemented by *The Task Force for Global Health*, continued to strengthen surveillance capacity at national and subnational levels throughout 2025. During the year, the project trained more than 6,500 health workers and community actors and supported event-based surveillance and early warning system strengthening in more than 10 countries. Countries increasingly adopted the WHO 7-1-7 timeliness metric and institutionalized routine epidemiological bulletins. Notable achievements included nationwide surveillance training for more than 1,400 private-sector clinicians in Ghana; validation of national EBS guidelines in Guinea; support of community surveillance through training of 90 trainers and 46 district officers in Madagascar; and strengthened subnational surveillance capacity in the Philippines. As C19RM funding concludes, Project SONAR is being wind down, with remaining activities under closure flexibilities continuing in six countries through 2026.

3. Human Resources for Health for implementation of International Health Regulations

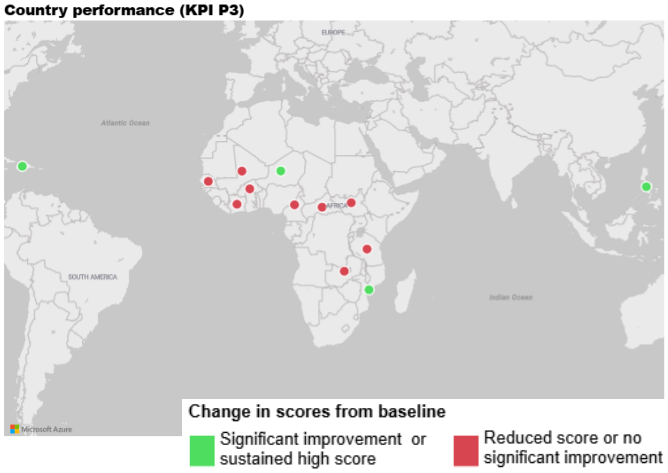
KPI P3 measures whether countries have sufficient front-line workforce capacity to detect and respond rapidly to epidemics and pandemics in line with the core competencies of the International Health Regulations (*IHR*), using the WHO-State Parties Self-Assessment Annual Report (*SPAR*) tool[18]. In 2025, only 4 of 13 countries (31%) met the KPI requirement, by either maintaining high SPAR scores (80 or 100) or achieving significant improvements from baseline. KPI performance therefore remains off track to achieve the end-Strategy target. Progress has largely stalled in recent years, and the overall distribution of scores has shifted towards lower SPAR levels, indicating persistent challenges in sustaining and strengthening the public health workforce required for pandemic preparedness and response.



[18] SPAR scores for indicator C6.1 Human Resources for the Implementation of IHR are considered for KPI P3 assessment. Country is considered as showing significant improvement if its score progresses from 0 to 40; from 20 to 60; from 40 to 80; from 60 to 80 or if it maintained its score if it was already at 80 or at 100 at baseline

The Philippines, Mozambique, Niger and Haiti achieved the KPI requirement. The Philippines recorded a significant improvement from baseline, while the other three countries sustained their high baseline scores. Zambia, Senegal and Tanzania also improved relative to baseline but not sufficiently to meet the KPI. Four countries reported declining scores, all in West-Central Africa. Burkina Faso showed the most notable deterioration, continuing to report substantially lower scores than at baseline.

Country performance (KPI P3)



Global Fund investments in IHR-related workforce strengthening activities, including Field Epidemiology Training Programs (*FETP*) and Rapid Response Team development totaled approx. US$ 21 million. Of this amount, countries in the KPI cohort received approximately US$ 18 million. Average investment in these activities was approximately US$ 1.3 million per country, ranging from US$ 650,000 to US$ 2.7 million, and was financed almost entirely through C19RM resources.

These investments have contributed to strengthening workforce capacity across multiple countries. In Zambia, support included frontline FETP training for 80 health care workers across 10 provinces, two intermediate FETP cohorts, field mentors for FETP residents, and strengthening rapid response team through the Zambia National Public Health Institute. These efforts are continuing through FETP mentorship in One Health and Antimicrobial Resistance. In Haiti, sustained support to the national FETP has expanded frontline and intermediate training and strengthened field investigations. In Senegal, investments covered FETP mentorship and supervision and the training of mobile rapid-intervention teams across all regions. In Mozambique, support has focused on expanding the Global Laboratory Leadership Programme and scaling up the country's three-tier Field Epidemiology and Laboratory Training Programme.

Additional data and graphs available on OSKAR

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

Strategy outcome: Communities are able to engage in and influence the full grant lifecycle and national processes prioritized by the Global Fund

KPI		GC7 result	Target	Performance
C1	Community engagement across Global Fund grant cycle	Community satisfaction score of **67** for FR; **65** for Grant Making; **64** for Grant Implementation in GC7	75 (in all 3 stages of grant life cycle)	

Community and civil society engagement remains a critical enabler of effective Global Fund governance, program design, implementation and sustainability. While the KPI target was not achieved, results indicate moderate levels of satisfaction across the grant cycle, with average satisfaction scores across grant cycle stages ranging from 64 to 67 against a target of 75 (out of 100). The findings suggest that meaningful engagement structures are largely in place, but there is

scope to strengthen transparency on how community perspectives are reflected in decision-making.

At the same time, community and civil society representation and leadership within CCMs continued to improve, with stronger engagement, increased civil society leadership and inclusive representation at all levels.

The Secretariat continued to invest in capacity strengthening, structured assistance and learning initiatives to support meaningful community engagement at Global Fund and country levels. These efforts are strengthening participation in GC8 grant cycle processes. Looking ahead, the key strategic challenge is increasingly about ensuring sustainable financing and institutionalization of community-led functions, engagement mechanisms and accountability structures within national systems, particularly as countries prepare for transition and external funding constraints intensify.

The sections below provide an overview of performance and ongoing work in advancing community engagement:

1. Community and civil society engagement in Global Fund and country level decision making processes

KPI C1 measures community satisfaction with engagement in Global Fund grant-cycle processes, through surveys administered during the Funding Request, Grant Making and Grant Implementation stages.

For GC7, the survey received 1,428 responses[19] at the Funding Request stage, 663 during Grant Making, and 475 during Grant Implementation. Among these responses, 74% at Funding Request stage, 69% during Grant Making, and 85% during Grant Implementation indicated that communities had been consulted during the relevant processes. Responses were predominately from representatives of HIV and TB communities, HIV Key Populations, and women including adolescent girls and young women. Participation from representatives of prisoners and people in closed settings, migrants and mobile populations, and people with disabilities remained comparatively limited. Across all stages, the two most commonly reported barriers to consultation were lack of awareness of participation opportunities and not being invited to engage.

Where communities indicated they had been consulted during GC7 processes, average community satisfaction scores were 67 for Funding Request, 65 for Grant Making, and 64 for Grant Implementation – all below the target threshold score of 75 (out of 100). As none of the stages reached the threshold score of 75, the KPI target was not achieved. Nevertheless, the findings provide important insights into both progress and persistent challenges in community engagement.

Median scores (Funding Request 68, Grant Making 66, Grant Implementation 67) were broadly consistent with average scores indicating that satisfaction scores were not driven by a small number of outliers.

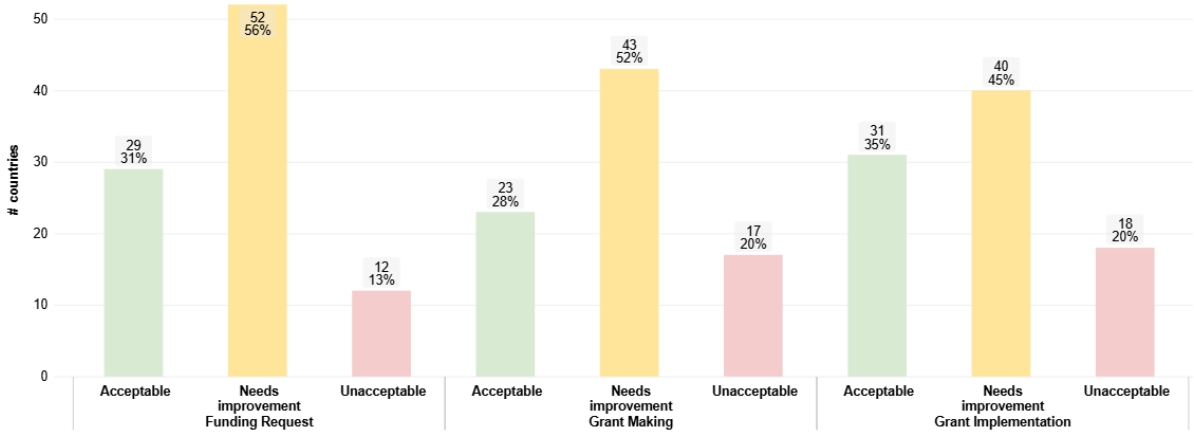
Performance varied across countries and grant cycle stages. At Funding Request stage, 31% of respondent countries achieved acceptable satisfaction scores (>=75) and 13% recorded unacceptable scores (<50). Grant Making showed the weakest performance, with 28% of

[19] Survey results are based on community-level responses. Where a respondent represents multiple communities, a separate response is recorded for each community represented.

respondent countries reaching acceptable scores and 20% scoring below 50. Grant implementation performed relatively better, with 35% of respondent countries achieving acceptable scores, and 20% recording scores below 50. Across all stages, most countries fell within the “needs improvement” range (scores 50-74), indicating moderate satisfaction levels but also substantial scope to strengthen community engagement.

Distribution of countries by satisfaction score and grant cycle stage (GC7)

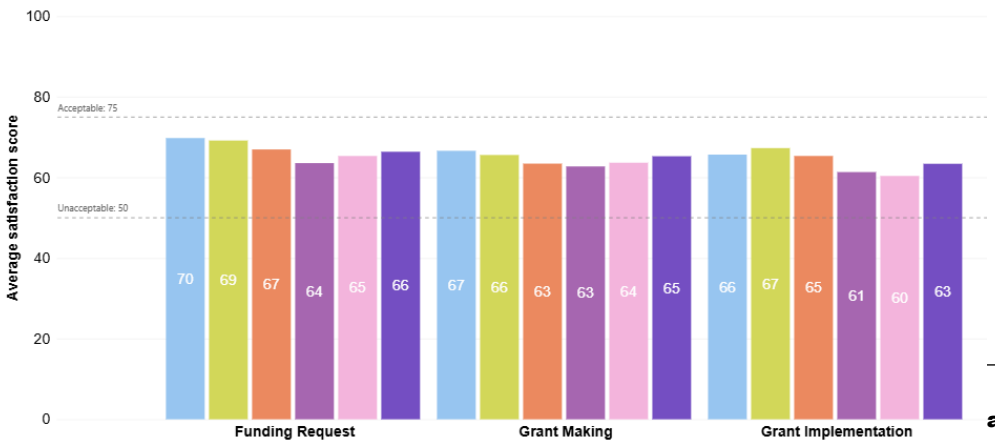
Acceptable ≥75; Needs improvement 74–50; Unacceptable <50. % = share of countries with responses from consulted communities, within each stage (denominator varies by stage)

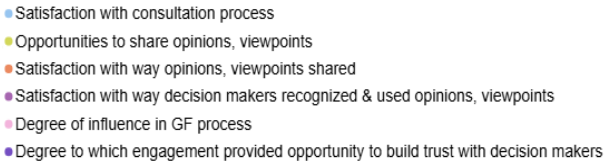


Regional variation was also evident, with generally higher satisfaction reported in West-Central Africa and the Americas, and lower scores observed in the MENA region, where survey participation was also comparatively limited. Satisfaction levels also varied across community groups. TB survivors, people living with HIV, men who have sex with men, and women including adolescent girls and young women generally reported higher levels of satisfaction across grant cycle stages, while people who use drugs and transgender communities reported comparatively lower levels.

Differences in satisfaction were also evident across the various dimensions of engagement. Satisfaction with the consultation process was consistently higher across all grant cycle stages. Respondents also reported greater satisfaction with opportunities to share their priorities, opinions, and viewpoints than with the extent to which they felt the decision-makers understood and considered them in decision making. This suggests that while opportunities for participation generally exist, communities are less confident that their perspectives meaningfully influence decisions. Although meaningful engagement does not imply that all community priorities will be adopted, the findings highlight an opportunity to strengthen transparency and feedback mechanisms, including clearer communication on how community input is considered and reflected in decision-making.

Satisfaction scores by dimensions of engagement (GC7)





These findings are informing GC8 efforts to strengthen more inclusive, transparent and responsive community engagement across the grant cycle.

In preparation for GC8, the *Community Regional Learning Hubs* delivered five global GC8 preparation webinars reaching more than 1,000 participants and convened regional GC8 preparation meetings in Africa, Asia Pacific, EECA. The Secretariat also continued to leverage the *Community Connector* mechanism, including through a recent dialogue on digital health and Artificial Intelligence Frameworks, to ensure community perspectives inform strategic discussions.

The *Community Engagement Strategic Initiative* (*CE SI*) has further supported community participation through targeted technical assistance, rapid engagement support, peer learning and knowledge exchange. In preparation for GC8, these mechanisms so far supported engagement in more than 61 countries, strengthening participation in country dialogue, funding request development and grant-making processes.

Early analysis of GC8 Window 1 Funding Request submissions suggests that community priorities are converging around a core set of community functions within health systems, including improving access to services for underserved populations, strengthening accountability and influencing decision-making. With greater clarity on community priorities, the broader strategic challenge is now more about ensuring sustainable financing and institutionalization of community functions within national health systems. These findings reinforce the strategic direction of the GC8 *Build Community Networks and Engagement Strategic Initiative*, which builds on the achievements of the GC7 CE SI while placing greater emphasis on sustainability, domestic financing and the institutionalization of community-led responses, leadership and engagement beyond Global Fund processes.

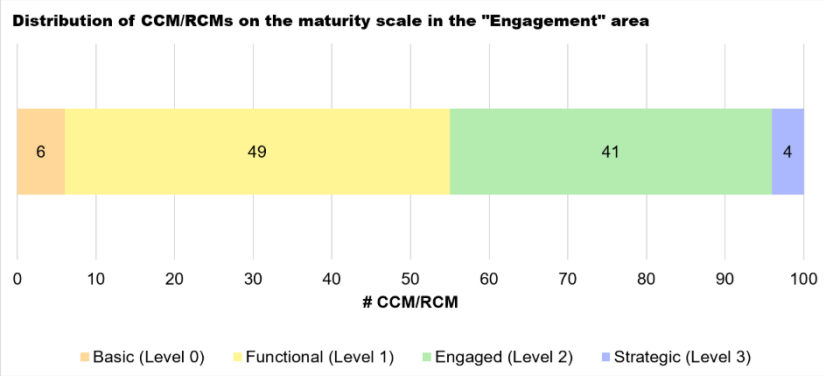
Additional data and graphs available on OSKAR

2. Community and civil society engagement in CCM

Community and civil society engagement in CCMs continued to strengthen in 2026, supporting more inclusive governance, stronger accountability, and greater community participation in Global Fund decision-making. Civil society participation and leadership within CCMs remained strong. Civil society representatives continued to occupy half of all CCM seats, while their leadership role expanded, with the proportion of CCMs chaired by civil society representatives increasing from 22% to 25%. Civil society representatives also held 74% of Vice-Chair positions. Representation[20] of key and vulnerable populations increased from 72% to 76%, while 65% of CCM's achieved at least 40% non-male representation across membership, leadership, and committee structures.

[20] Refers to both direct and indirect representation of key and vulnerable populations. Direct representation refers to participation by members of these populations themselves, while indirect representation refers to participation through individuals or organizations representing their interests when direct participation is not feasible.

Despite a constrained funding environment and the demands of the new grant cycle, 45% of the 100 CCMs and RCMs assessed through the Integrated Performance Framework reached at least the *"Engaged"* level (Level 2 on scale of 0-3) of maturity in the area of *Engagement*, up from 40% as previously reported. This reflects steady progress in the quality, inclusiveness, and effectiveness of CCM engagement processes.



The Secretariat continued to strengthen CCM effectiveness and community engagement through targeted capacity building, technical assistance and learning initiatives. Following the successful completion of the *ASCEND CCM* pilot in six countries and the *CCM Learning Hub* in early 2026, both initiatives have moved into the second phase focused on sustainability, scaling successful approaches, and embedding good practices across all CCMs.

In partnership with the *Global Fund Youth Council,* the Secretariat also advanced efforts to strengthen meaningful youth participation through new guidance on youth engagement with CCMs, and integrated, people-centered approaches in country dialogue, community-informed priority setting, funding request, grant development, and oversight

As countries prepare for transition, the Secretariat is increasingly focused on embedding community and civil society participation within national governance structures. This includes support for transition readiness assessment and planning, identification of sustainable financing approaches, and accountability mechanisms post transition. Complementary work on CCM governance transformation, and financial stewardship is also underway aimed at sustaining community representation, accountability and influence within CCM and national governance arrangements beyond transition.

3. Community and civil society engagement in transition planning and domestic resource mobilization

The Joint Learning Agenda initiative is strengthening the capacity of civil society organizations (*CSOs*) to engage more effectively in domestic health financing and public financial management processes across 22 African countries. By building technical expertise and fostering collaboration with ministries of finance and health, parliamentary committees, and regional bodies, the initiative aims to enhance CSO influence in financing and policy processes. The initiative focuses on building technical expertise within CSOs while fostering engagement with key institutions, including ministries of finance and health, parliamentary committees, and regional bodies.

Most planned trainings have been completed, covering budget analysis, expenditure tracking, and CSO engagement throughout the budget cycle. Participating CSOs are now developing country-specific accountability plans to support targeted advocacy. However, reductions in funding for

health CSOs have affected implementation in some countries through staff losses and reduced capacity. Through 2026, the initiative will focus on implementing these plans and strengthening engagement with national and regional decision makers to advance domestic resource mobilization and transition planning.

4. Community- and civil society- led advocacy to sustain HIV, TB and malaria response
Community- and civil society-led partners played a central role in sustaining political commitment throughout the Global Fund's Eighth Replenishment, helping elevate community priorities, build support for ambitious investment and strengthen accountability to affected populations. Through coordinated actions by *GFAN*, the Global Fund's three civil society and community delegations, *Friends of the Global Fund* organizations, community networks and other partners, advocacy efforts mobilized support across donor and partner countries and reinforced the importance of sustainability and shared responsibility for the HIV, TB and malaria response.

A key achievement of the community and civil-society advocacy ecosystem has been to sustain engagement beyond the Replenishment Summit. Community and civil society partners continue to work with government and other stakeholders to support timely and full pledge conversion, maintain political attention on commitments made, and strengthen accountability for translating pledges into resources and impact for communities affected by HIV, TB and malaria. For example, in July 2026 the *Alliance for Public Health, Action against AIDS Germany* and *GFAN*, launched the campaign **Together We Save Lives,** a community-driven campaign that provides a strong model for post Eighth Replenishment advocacy, using community voices and stories to sustain political accountability and demonstrate the human impact of honoring commitments.

Maximizing Health Equity, Gender Equality and Human Rights

Strategy outcome: Human Rights related barriers to access and use of HIV, TB, and malaria interventions are reduced

KPI		2025 result	Target	Performance
E1	Scale up of programs to address Human Rights-related barriers to HTM services	46% countries in HIV cohort with scale up b/w baseline and 2025	50%	
		50% countries in TB cohort with scale up b/w baseline and 2025	50%	
		100% countries in Malaria cohort with scale up b/w baseline and 2025	50%	

Results reported in previous Strategic Performance report

Progress in reducing human rights-related barriers to HIV, TB and malaria services has largely been sustained during GC7 despite fiscal constraints, reflecting continued investments through the Breaking Down Barriers (BDB) initiative and the Human Rights Matching Funds. Early GC8 Funding Requests indicate continued prioritization of programs addressing human-rights related barriers and higher investment levels in several countries receiving Matching funds.

At the same time, the operating environment remains challenging, with rising stigma, discrimination, anti-rights movements, and restrictive laws and policies posing risks to equitable access to services and program continuity. Looking ahead to GC8, sustaining gains will require

continued investment in programs that address human-rights related barriers, alongside stronger efforts to institutionalize successful approaches and mitigate emerging risks.

The sections below provide an overview of performance and ongoing work in reducing human rights-related barriers to HIV, TB and malaria services:

1. Scale up programs to remove human rights-related barriers in BDB countries

The BDB initiative continues to support the scale-up of programs that reduce human rights-related barriers to HIV, TB and malaria services across countries receiving Human Rights Matching Funds. As previously reported, KPI E1 results show continued progress since baseline levels, despite funding pressures affecting program expansion in some settings. Catalytic investments, particularly Matching funds, have been instrumental in sustaining these programs, with investment levels in BDB countries remaining higher than in non-BDB countries.

In GC8, 20 countries are eligible for Human Rights and Gender Matching funds, including five newly eligible countries. Of the 16 countries that submitted their Funding Requests in Windows 1 and 2, 12 met the Matching funds access conditions and the majority increased investments in human rights programming compared with GC7. Overall, GC8 Funding Requests demonstrate strong uptake of the Matching funds and continued prioritization of programs that reduce human rights-related barriers to services.

A 2025 *Rapid assessment of sustainability of programs to reduce human rights-related barriers* by the Global Fund Evaluation and Learning Office found increasing evidence in multiple countries of the institutionalization of key interventions, including stigma and discrimination reduction, legal literacy, access to justice, and training of health workers and law enforcement personnel. Countries demonstrating stronger progress combined political commitment, supportive legal and policy frameworks, meaningful engagement of civil society and communities, and effective cross-sectoral coordination. However, the sustainability of program scale-up remains uneven, hindered by funding reductions, restrictive legal and political environments, limited domestic financing, and weak monitoring and accountability mechanisms. The assessment reinforced that sustainable scale-up depends not only on expanding program coverage, but also on embedding human rights approaches within government systems, strengthening community systems, and maintaining durable partnerships that support long-term access to quality HIV, TB and malaria services.

2. Investments to remove human rights-related barriers to HTM services

Recognizing the importance of addressing human rights-related barriers to HIV, TB and malaria services, countries invested approx. $126 million in Human Rights modules and interventions under GC7. Early GC8 Funding Request data indicates that countries receiving Matching funds were substantially more likely to maintain or increase investments than countries that do not receive Matching funds. Where reductions occurred, they were broadly aligned with overall allocation decreases. This highlights the important catalytic role that Matching funds continue to play in sustaining programming that addresses barriers to services.

Countries no longer eligible for Matching funds face an increased risk of declining investment in programs that address human-rights related barriers. Targeted support through the GC8 Strategic Initiative will therefore be important to mitigate the effects of funding reductions, identify alternative financing pathways, and support the institutionalization of key interventions to strengthen long-term sustainability.

3. Mitigate risks and address harmful laws, policies & practices

An increasingly challenging human rights environment is creating growing risks for program implementation and equitable access to HIV, TB and malaria services. Rising stigma and discrimination, violence associated with the anti-rights movements, and restrictive legal and policy measures are affecting both program beneficiaries and implementers and threaten program continuity in multiple settings.

During GC7, the Global Fund monitored and responded to human rights crises in more than 20 countries. Common drivers included harmful legislation, adverse law enforcement actions, political and media hostility, and mob violence. Through catalytic investments and cross-functional collaboration, the Secretariat has strengthened support for evidence-based programs that address human rights and gender-related barriers while enhancing risk management approaches. Updated internal guidance for managing grants in human rights crisis contexts, together with rapid technical assistance, has enabled implementers to adapt programs in challenging and evolving environments. Support has included safety and security assessments, contingency planning, digital security audits, and training. Partnerships with national and regional technical agencies, community networks, and national human rights institutions have further strengthened coordinated emergency responses.

Looking ahead to GC8, sustaining progress will require continued investments in programs that address human rights-related barriers, while ensuring that integrated service delivery models continue to reach key, vulnerable and underserved populations. Human rights investments will continue to support efforts to strengthen health worker competencies, reduce stigma and discrimination, and reinforce accountability and redress mechanisms that promote trust, inclusion and continuity of services.

Strategy outcome: Inequities in access and use of HIV, TB, and malaria services are reduced

KPI		2025 result	Target	Performance
E2a	Reaching marginalized sub-populations	**59%** countries perform well in 2025*	70%	
E2b	Reducing inequities in HTM	**56%** countries perform well in 2025**	70%	

** For KPI E2a, a country performs well if at least half of the equity indicators achieve at least 90% of the corresponding grant target*
*** For KPI E2b, a country performs well if at least half of the sub-population indicators show faster progression in results vs broader parent population indicator*

Progress in reducing inequities is monitored through two KPIs: **KPI E2a**, which measures whether underserved, marginalized and most at-risk populations are being reached; and **KPI E2b**, which assesses whether progress in coverage among these populations is occurring faster than in the broader population. Performance against both equity KPIs remained below the 70% target in 2025 and therefore was assessed as at risk, reflecting uneven progress in reducing inequities across countries and disease programs.

In 2025, 59% of countries (32 of 54) tracking equity indicators met KPI E2a[21]. Performance was broadly stable compared to 2024, although there was a slight decline in the proportion of countries

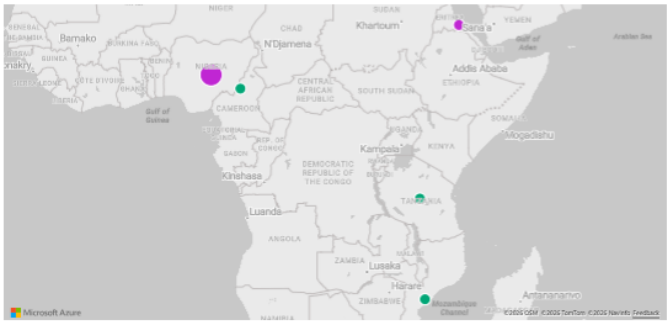
[21] For KPI E2a, a country meets the KPI (i.e. performs well) if at least half of the equity indicators achieve at least 90% of the corresponding grant target

where most of the equity indicators performed well. For KPI E2b, among countries with at least two data points available for trend analysis, 56% (23 of 41) achieved faster improvements in coverage among underserved, marginalized and most at-risk populations than in the broader population[22]. While this suggests progress in reducing inequities, gains remain insufficient and not yet at the scale required to achieve the KPI target.

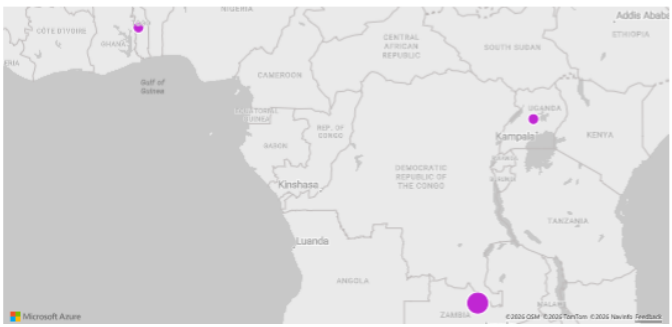
Performance varied considerably across disease programs and populations groups. Malaria programs generally achieved high testing and treatment coverage for children under five. Progress in improving access to malaria testing and treatment in community settings was more limited due to resource constraints and the operational disruptions experienced in 2025. TB programs showed moderate progress in improving TB notifications amongst vulnerable and high-risk groups, while HIV programs continued to face significant challenges in closing ART treatment gaps for children. Greater acceleration will be required to achieve meaningful and sustained reductions in health inequities.

Malaria programs demonstrated the strongest equity performance, particularly in reducing age-related inequities in testing and treatment coverage among children under five years of age. All 13 countries monitoring testing or treatment coverage among children under five achieved high performance. Average testing coverage for suspected malaria cases reached 97% across the six countries tracking this indicator, while average treatment coverage among confirmed malaria cases reached 98% across the seven countries monitoring treatment coverage.
Given these already high levels of coverage, opportunities for further improvements were limited, making evidence of accelerated progress less common. Eritrea and Nigeria achieved both high 2025 performance and faster improvement in testing coverage among children than in the broader population. Togo, Uganda and Zambia achieved both high performance and faster gains in treatment coverage relative to the broader population.

Malaria testing coverage for children under 5
Color = country performance in reducing inequities; includes only equity indicator pairs with at least two data points for trend analysis



Malaria treatment coverage for children under 5
Color = country performance in reducing inequities; includes only equity indicator pairs with at least two data points for trend analysis



Country performance in reducing inequities

High performance & faster progression

High performance only

High performance: ≥50% of indicators achieve ≥90% performance
Faster progression: ≥50% of indicators improve faster than the parent indicator

Progress was more limited in strengthening community-based malaria testing and treatment services, primarily due to the funding constraints and associated operational disruptions that hindered the maintenance and scale-up of community services. Performance was weak in four of the eight countries monitoring community-based testing or treatment coverage in 2025. Only

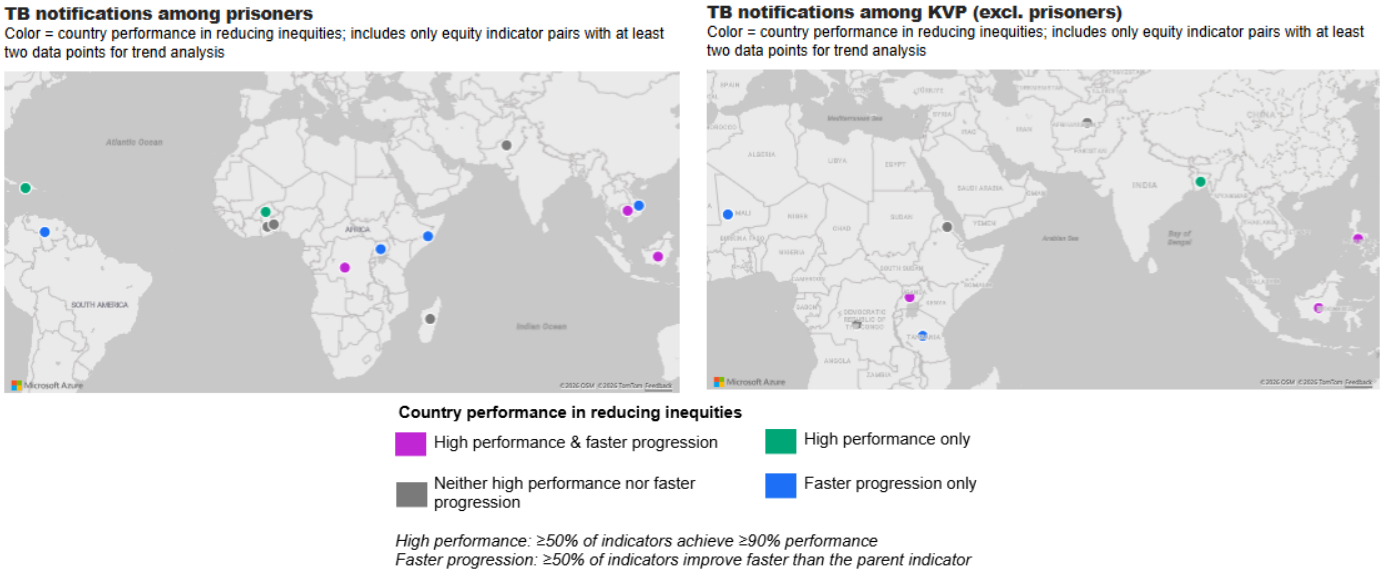
[22] For KPI E2b, a country meets KPI (i.e. performs well) if at least half of the sub-population indicators show faster progression in results vs broader parent population indicator

Venezuela achieved both high performance and faster improvements in community testing coverage than in the public health sector.

TB programs focused primarily on TB notifications among key and vulnerable populations, with mixed results. Among the 14 countries monitoring TB notifications among prisoners, six (43%) achieved strong performance in 2025. Seven countries reported faster improvements in notifications among prisoners than in the overall population, with Cambodia, the Democratic Republic of the Congo, and Indonesia achieving both high performance and accelerated progress, with two of these countries participating in the Breaking Down Barriers (BDB) initiative.

Results were slightly stronger for other populations at heightened risk. Of the 11 countries monitoring TB notifications among key and vulnerable populations other than prisoners, five (45%) achieved strong performance in 2025. Five countries recorded faster improvements than in the overall population. Notably, Indonesia, the Philippines and Uganda achieved both high performance and accelerated progress, with all three countries participating in the BDB initiative.

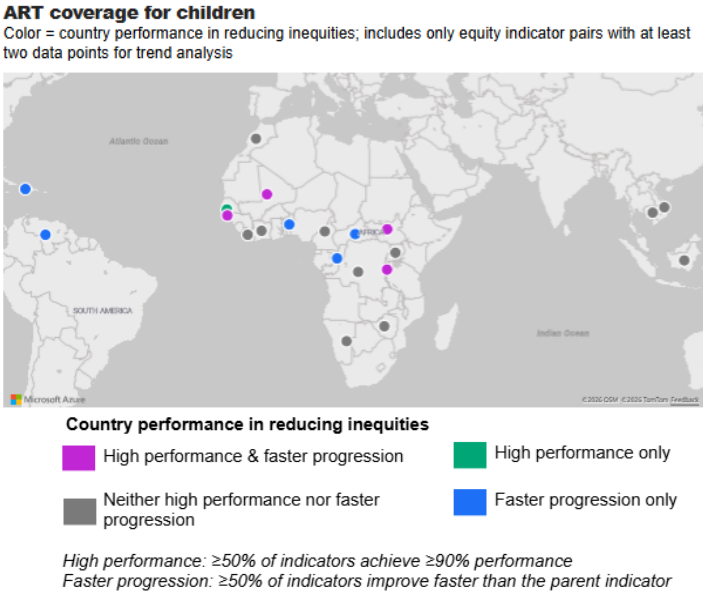
Overall, findings suggest that countries benefiting from BDB catalytic support are generally achieving stronger results in expanding access to TB services for key and vulnerable populations. These findings reinforce the importance of catalytic investments, through matching funds and targeted implementation support, and are informing the design of GC8 investments.



HIV remains the most significant equity challenge, with persistent treatment gaps among children living with HIV. Most countries focused on improving pediatric ART coverage. However, of the 45 countries monitoring pediatric ART coverage, only 16 (36%) achieved high performance in 2025. Even among these high-performing countries, average coverage reached only 54%, while average coverage in the remaining countries was 46%[23]. These findings highlight substantial unmet treatment needs that contribute to the disproportionately high mortality burden experienced by children living with HIV.

[23] Average unweighted coverage across grants in countries in the KPI E2a cohort

21 countries specifically monitored progress in narrowing the gap between ART coverage for children and adults. Of these, only nine (43%) demonstrated faster improvement in ART coverage among children than among adults. Furthermore, only four countries achieved both high performance in 2025 and a faster improvement from baseline, indicating limited progress in reducing treatment inequities for children.



Overall, persistent inequities and uneven progress across countries continue to reflect a combination of structural barriers, including geographic and financial constraints, conflict and humanitarian crises, stigma and discrimination, and increasingly constrained health financing.

To accelerate progress, the Global Fund is strengthening its focus on equity in GC8 by prioritizing investments for populations facing the greatest barriers to access and highest disease risk. For HIV, guidance places particular emphasis on closing persistent gaps in pediatric HIV outcomes through prioritized investments in early infant diagnosis with targeted efforts to identify undiagnosed children, and retention support for mothers and children. For TB, priorities include targeted case finding among populations at highest risk, community-based and people-centered service delivery, and interventions that address stigma, discrimination and other barriers affecting key and vulnerable populations. For malaria, continued emphasis is being placed on sustaining high coverage among children under five and strengthening community-based service delivery models, including community health worker platforms that are critical for populations that are hard-to-reach and have limited access to healthcare.

Additional data and graphs available on OSKAR

Strategy outcome: Gender equality in HIV, TB, and malaria programs is advanced

KPI		Latest result	Target	Performance
E3a	Advancing gender equality in HTM - engagement across Global Fund grant cycle	Community satisfaction score of **68** for FR; **67** for Grant Making; **70** for Grant Implementation in GC7	75 (in all 3 stages of grant life cycle)	
E3b	Performance of gender-specific indicators	**75%** countries perform well in 2025*	70%	

** For KPI E3b, a country performs well if at least half of the gender indicators achieve at least 90% of the corresponding grant target*

Progress in advancing gender equality in HIV, TB and malaria programs presents a mixed but generally positive picture. Performance on gender-related programming (**KPI E3b**) remains on

track and above target, with 75% of countries meeting performance expectations in 2025, up from 71% in 2024. Strong results in HIV programs, particularly in the elimination of vertical transmission, were the main driver of overall performance. However, treatment coverage lagged behind testing performance. Challenges persist in TB and malaria programs, where gender-related barriers continue to affect access to services and outcomes, particularly for TB case detection and malaria prevention during pregnancy.

Engagement of women and gender-diverse communities in Global Fund processes (**KPI E3a**) was moderate in GC7 but below the KPI target. Average satisfaction scores ranged from 67 to 70 across grant cycle stages, falling short of the target threshold of 75 (out of 100), but remaining higher than satisfaction levels reported across *all* community groups. Findings suggest that opportunities for participation generally exist, however, women and gender-diverse communities are less confident that their perspectives are meaningfully considered in decision-making.

Across both gender programming and engagement, the key challenge is not identifying gender-related priorities, but ensuring they are consistently reflected in decisions, investments and program implementation to address persistent gender-related barriers and inequalities.

The sections below provide an overview of performance and ongoing work in advancing gender equality:

1. Engagement of women and gender-diverse communities in Global fund and national decision-making processes

KPI E3a measures the satisfaction of women and gender-diverse communities with their engagement in Global Fund grant cycle processes, through surveys administered under KPI C1 during the Funding Request, Grant Making and Grant Implementation stages.

For GC7, the survey received 667 responses[24] from women and gender-diverse communities at the Funding Request stage, 292 during Grant Making, and 57 during Grant Implementation. Among these responses, 74% at Funding Request stage, 64% during Grant Making, and 86% during Grant Implementation indicated that women and gender-diverse communities had been consulted during the relevant processes. While the highest consultation rate was reported during Grant Implementation, this finding is based on a comparatively smaller number of responses. The two most commonly reported barriers to consultation were lack of awareness of participation opportunities and not being invited to engage.

Where communities indicated that they had been consulted during GC7 processes, average community satisfaction scores were 68 for Funding Request, 67 for Grant Making, and 70 for Grant Implementation – all below the target threshold score of 75 (out of 100). As none of the stages reached the threshold score of 75, the KPI target was not achieved. Nevertheless, the findings provide important insights into both progress and persistent challenges in the meaningful engagement of women and gender-diverse communities in decision-making processes.

Median scores (Funding Request 70, Grant Making 66, Grant Implementation 69) were broadly aligned with average scores indicating that satisfaction levels were not driven by a few outliers. Satisfaction levels among women and gender-diverse communities were also relatively higher

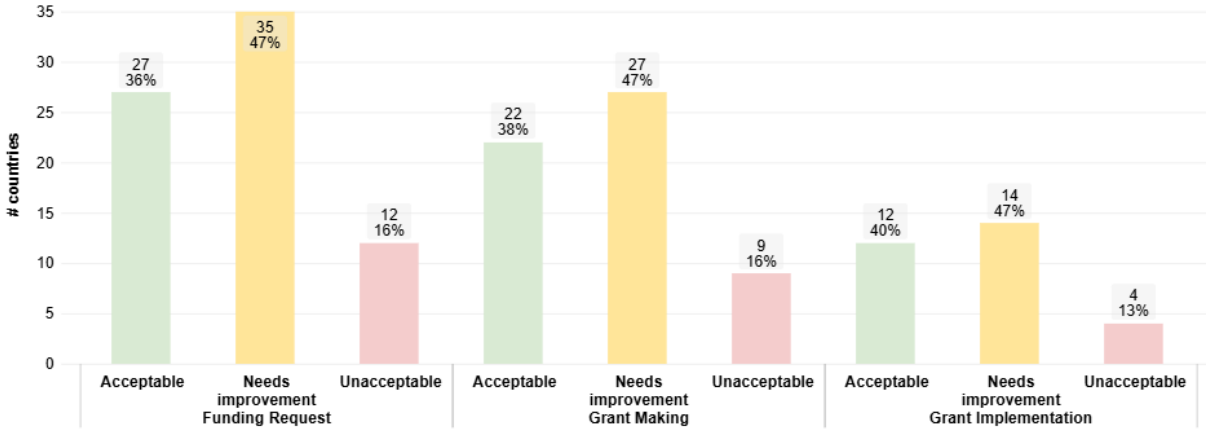
[24] Survey results are based on community-level responses. Where a respondent represents multiple communities, a separate response is recorded for each community represented.

across all grant stages than those reported under KPI C1, which measures satisfaction across *all* community groups.

Country-level performance showed modest improvement across successive grant cycle stages. At the Funding Request stage, 36% of respondent countries achieved acceptable satisfaction scores (>=75), while 16% recorded unacceptable scores (<50). At the Grant Making stage, 38% of respondent countries reached the acceptable threshold and 16% posted unacceptable scores. By Grant Implementation stage, 40% of countries met the satisfaction threshold, while the share with unacceptable scores declined to 13%. Across all stages most countries fell within the “needs improvement” range (scores 50-74), highlighting moderate satisfaction levels and continued opportunities to further strengthen engagement.

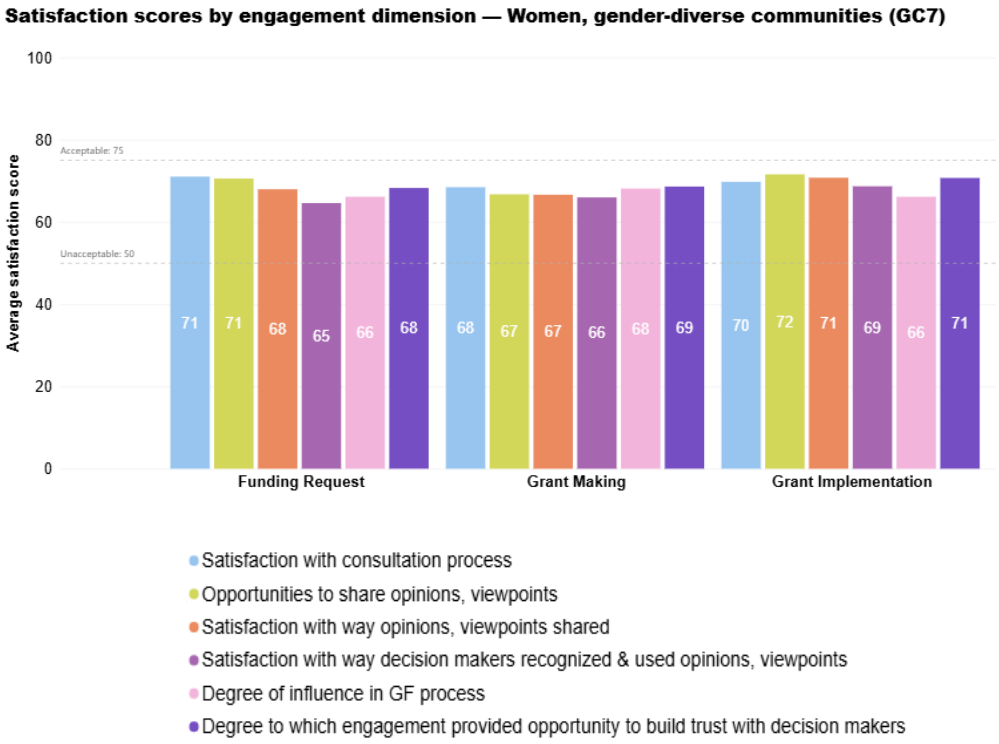
Distribution of countries by satisfaction score and grant cycle stage — Women, gender-diverse communities (GC7)

Acceptable ≥75; Needs improvement 74–50; Unacceptable <50. % = share of countries with responses from consulted communities, within each stage (denominator varies by stage)



Regional analysis highlighted clear geographical disparities in participation and satisfaction levels. Generally higher satisfaction levels were reported in West and Central Africa and the Americas, while the MENA region recorded the lowest number of responses and relatively low satisfaction scores across both the Funding Request and Grant Making stages with no responses received for the Grant Implementation stage.

Analysis of specific dimensions of engagement revealed important insights into respondent satisfaction. Satisfaction with the consultation process, as well as with the opportunities to share priorities, opinions and viewpoints was consistently higher across all grant cycle stages. In contrast, satisfaction was lower with the extent to which decision-makers were perceived to consider those perspectives in decision-making. These findings suggest that the principal challenge is not always creating opportunities for participation but strengthening confidence that the perspectives of women and gender-diverse communities are meaningfully considered in decision-making.



Against this backdrop, targeted catalytic investments have supported community partners to translate participation into greater representation and influence within national health decision-making processes.

During GC7, the Catalytic Fund for Women and Girls supported community partners to strengthen women's and girls' participation in health decision-making and address gender-related barriers to HIV, TB and malaria services. To date, more than 150,000 people have been reached across nine countries through initiatives promoting women and girls' engagement in governance and policy processes, leadership, health literacy and access to services. Results demonstrate progress in institutionalizing gender considerations within national health systems and decision-making processes. For example, one community partner, *Speak Up Africa*, supported the appointment of 13 women across Burkina Faso, Côte d'Ivoire and the Democratic Republic of the Congo to national and subnational health governance platforms, including national malaria control program task forces. In Côte d'Ivoire, the organization successfully advocated for the inclusion of a dedicated Gender Annex in the 2026–2030 National Malaria Elimination Strategic Plan, formally embedding actions to address gender-related barriers in national policy. In Burkina Faso and the Democratic Republic of the Congo, *Speak Up Africa* convened the first multisectoral Women and Malaria Forums, establishing shared accountability mechanisms to track implementation of commitments to women's health.

2. Gender-related programming

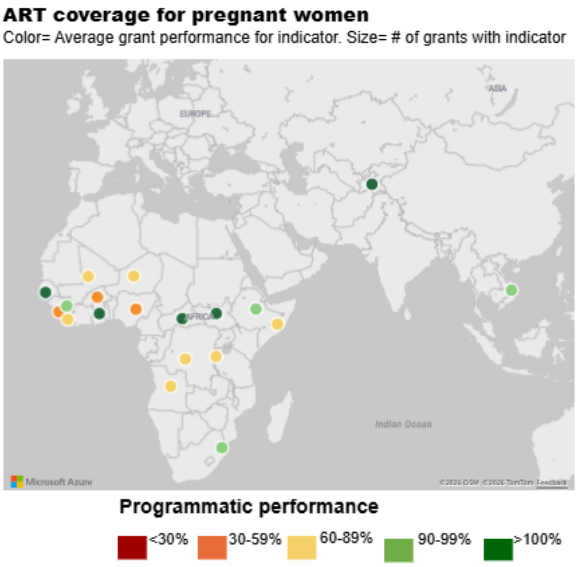
Based on GC7 2025 grant data, 75% of countries (38 of 51) tracking performance of gender-specific indicators performed well[25], exceeding the KPI E3b target of 70%. This result indicates that the KPI remains on track and above target. Country performance was relatively stable between 2024 and 2025, with a slight increase in the proportion of countries where the majority of the gender indicators performed well.

[25] For KPI E3b, a country performs well if at least half of the gender indicators achieve at least 90% of the corresponding grant target

Performance varied across diseases. HIV accounted for the strongest results, with 74% of countries (37 of 50) reporting well-performing gender-specific indicators, followed by TB at 56% (14 of 25 countries) and malaria at 48% (15 of 31 countries). Consequently, HIV was the primary driver of overall performance, while malaria represented the largest source of underperformance.

Countries tracked indicators tailored to their epidemiological and programmatic contexts, resulting in a diverse set of metrics tracked to address gender-related barriers across HIV, TB, and malaria programs.

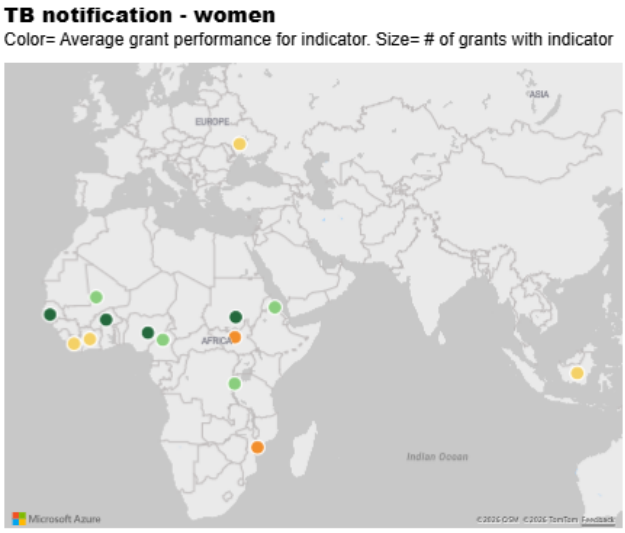
Within **HIV** programs, a major focus was the elimination of vertical transmission (*EVT*). 30 countries tracked indicators related to HIV testing and treatment among pregnant women, of which 22 (73%) performed well. However, the results demonstrate significant variation across the EVT cascade.

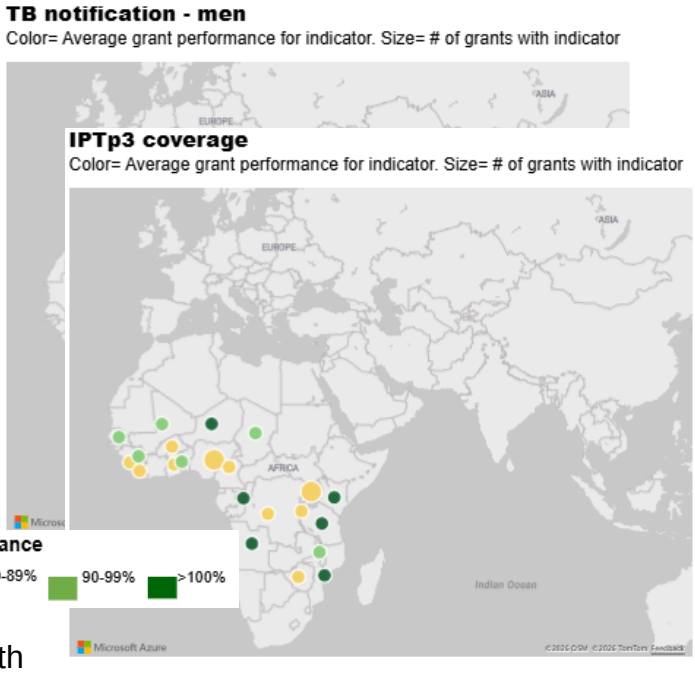


Testing indicators were monitored in 16 countries, with 13 countries (81%) achieving good performance. In contrast, ART coverage among pregnant women was tracked in 20 countries and performed less strongly, with only nine countries (45%) meeting performance expectations. ART coverage for pregnant women therefore remains a key challenge, particularly in several countries in West and Central Africa. Among the eleven underperforming countries, average ART coverage was 53%[26], underscoring the need for intensified efforts to address persistent barriers to treatment access and retention among pregnant women living with HIV.

For **TB**, the predominant focus was on addressing sex-specific gaps in case detection and notification for TB and DR-TB. Fourteen countries monitored indicators related to TB notifications among women; yet only eight countries, predominantly in West-Central Africa, achieved good performance. Among the four countries monitoring TB notifications among men, all located in South-Eastern Africa, none met performance expectations. These results highlight continuing gender-related barriers to identifying and treating missing TB cases among both women and men.

[26] Average unweighted coverage across grants in countries in the KPI E3b cohort





For **malaria**, programs primarily focused on malaria prevention activities during pregnancy. Twenty-two countries tracked IPTp3 coverage, with 12 countries achieving good performance, concentrated mainly in West-Central Africa. However, coverage levels remained moderate even among well-performing countries, where average IPTp3 coverage[27] reached 66%, compared to 55% in underperforming countries. The relatively modest coverage underscores the need to strengthen timely access to, and quality of, antenatal care services to improve malaria prevention for pregnant women

To sustain and scale progress, the 20 countries receiving GC7 Matching Funds and implementation support through the Human Rights and Gender Catalytic Investment are integrating interventions to address gender-related barriers in their GC8 Funding Requests. Embedding these interventions within core grant investments and monitoring frameworks will help institutionalize gender-related programming and strengthen long-term program outcomes.

Additional data and graphs available on OSKAR

Mobilizing Increased Resources

Strategy outcome: International and domestic financial and program resources are mobilized to achieve and sustain results

KPI		Latest result	Target	Performance
R3	Pledges for 8th Replenishment	70% of R8 target of US$ 18 billion	100%	
R1a	Realization of domestic commitments	76% domestic co-financing commitments realized for GC7	85%	
R1b	Mitigation of co-financing risks	58% avg mitigation actions completion for GC7	85%	

Results reported in previous Strategic Performance report

[27] Average unweighted coverage across grants in countries in the KPI E3b cohort

Despite a challenging global financing environment, the Global Fund continued to advance both international and domestic resource mobilization in 2026, laying a stronger foundation for financial sustainability and implementation of GC8. Announced pledges for the Eighth Replenishment reached US$ 12.682 billion by end June 2026, reflecting continued donor commitment and providing an important foundation for the implementation of GC8. The Secretariat also strengthened the sustainability of program financing through the implementation of stronger co-financing requirements, expansion of innovative financing partnerships with multilateral development banks, enhanced value for money measures, and the introduction of a more structured approach to transition planning for countries moving away from Global Fund financing.

While significant challenges remain given continued pressures on the global development financing landscape, these efforts are intended to help sustain program results, strengthen country ownership and maximize the impact of available resources.

The sections below provide an overview of performance and ongoing work in resource mobilization:

1. International resource mobilization

As of end June 2026, announced pledges for the Eighth Replenishment reached US$ 12.682 billion, reflecting new commitments of US$ 40 million from Rwanda, Niger, China, Indonesia and Sweden in addition to the Board approved amount in February 2026. While the overall funding environment remains challenging, these additional pledges demonstrate continued commitment to the Global Fund's mission.

2. Co-Financing

The Global Fund's co-financing policy continues to encourage countries to increase domestic investment in HIV, TB, malaria and health systems, supporting long-term sustainability and reducing reliance on external funding. For GC8, the Secretariat is implementing the revised Sustainability, Transition and Co-Financing (*STC*) Policy[28] to strengthen domestic financing expectations and better align co-financing investments with strategic priorities. Despite reduced Global Fund allocations in GC8, total estimated minimum co-financing requirements have increased to approximately US$ 18.5 billion, including at least US$ 1.4 billion in additional co-financing required over and above the GC7 levels[29]. Unlike GC7, where roughly one-third of countries had no additional co-financing requirements, all countries[30] in GC8 are subject to additional minimum co-financing requirements, and for many countries these requirements exceed the standard policy minimums.

The Secretariat also reinforced these expectations through the GC8 allocation letters, encouraging progressive increases in domestic financing and greater government ownership of priority HIV, TB and malaria interventions, including, but not limited to, health products and community-led services. Negotiations of GC8 Commitment letters are ongoing, with a significant proportion expected to be completed by end of 2026, strengthening accountability and providing greater clarity on domestic financing commitments for GC8.

[28] STC Policy, November 2024
[29] Reported amount of US$ 18.5 billion is an estimate based on GC7 commitment amounts and approved additional minimum co-financing requirements, in line with the STC policy. This amount remains subject to change pending completion of GC8 Commitment letter negotiations and final verification of GC7 actual expenditure against commitments. Any updates to realized expenditure will affect the total co-financing requirements
[30] Excluding four countries that received upfront waivers and three countries that were exempt from co-financing under the STC Policy.

3. Innovative financing

The Secretariat expanded its innovative financing agenda to help countries mobilize additional resources and better leverage existing financing for HIV, TB, malaria, and health system priorities. In December 2025, the Global Fund and the World Bank Group signed a Memorandum of Understanding (*MoU*) to support countries in strengthening health systems and securing sustainable financing for primary health care and the fight against HIV, TB and malaria. The partnership aims to mobilize significant additional resources through joint financing, including at least 10 blended finance investments over the next three years. In early 2026, the Global Fund also made its first joint investment with the Asian Development Bank to support the Philippines in preparing for transition from external financing. The Secretariat is further expanding this approach by formalizing similar partnerships with other multilateral development banks.

With respect to Debt2Health (D2H), the Secretariat is currently operationalizing the D2H replenishment pledges received in 2025 and continues to explore opportunities for additional bilateral pledges. The Secretariat is also working with partners and implementing countries to assess the possibilities of tripartite transactions in select contexts, with the aim of expanding resource mobilization opportunities in an increasingly constrained financing environment.

4. Domestic financing advocacy

The Secretariat continued to strengthen political commitment for sustainable health financing across Africa in partnership with the African Union, African regional institutions and other partners. Key efforts included expanding partnerships through new MoUs with regional institutions and political bodies, elevating domestic financing on global and regional policy agendas, and supporting national health financing dialogues, including one completed in early 2026, three additional dialogues planned for remainder of 2026, and further dialogues under consideration across South-Eastern Africa and West-Central Africa.

5. Value for Money (VfM)

The Global Fund continues to strengthen its focus on Value for Money (*VfM*) to maximize the impact of both external and domestic investments. For GC8, the Secretariat is embedding VfM more systematically into grant design and decision-making, with greater emphasis on investment prioritization, domestic procurement optimization, integration, and transition planning, in line with the GC8 strategic shifts.

To support implementation, the Secretariat has updated and simplified its VfM guidance for GC8, providing practical approaches to help countries maximize health impact with limited resources through effective, efficient, and equitable use of funding. VfM considerations are being integrated across the grant lifecycle, with strengthened assessments during the funding request and grant-making review processes.

These efforts are complemented by targeted initiatives to improve efficiency, effectiveness and sustainability. Key actions include benchmarking supply chain costs to identify efficiency opportunities, greater scrutiny of program management costs, harmonizing health-worker and community health worker remunerations for sustainability and expanding support for countries to leverage the non-grant financed procurement (*NGFP*) mechanism.

6. Transition planning

The Secretariat has further strengthened its approach to transition in GC8, building on longstanding efforts to support sustainable transitions from Global Fund financing. Since 2002, 52

disease components (HIV, TB and malaria) across 38 countries transitioned from country-specific Global Fund financing. At the end of GC7, a further 18 disease components across 12 countries will transition from country-specific grant financing.

For GC8, the Global Fund has introduced country-specific transition timelines for a subset of the portfolio. These timelines aim to support more predictable and transparent transition processes, enabling countries to plan further in advance, and inform decisions on how Global Fund investments and co-financing commitments can best support sustainable transitions. Under this approach, GC8 will represent the final allocation for 63 disease components across 35 countries and three multi-country contexts. This will provide all affected countries with at least four years of advance planning, and in some cases five years, to prepare for transition from Global Fund financing. GC9 will represent the final allocation for a further 21 disease components across 12 countries, all of which will have a minimum of seven years to plan for transition.

To support this approach, the Secretariat continues to strengthen country transition planning, including through financing technical assistance to support national planning processes. For example, in Indonesia, the Global Fund supported a comprehensive transition assessment that is now being used by the Ministry of Health and other stakeholders to inform the design of GC8 grants. In addition, catalytic funding is being leveraged in GC8 to increase resources available for transition planning through Matching Funds and Strategic Initiatives, helping strengthen country capacity for financial sustainability and effective transition planning.

Strategy outcome: Country health financing systems are strengthened and efficiently manage HIV, TB, malaria and related RSSH investments

KPI		2025 result	Target	Performance
R2	Quality of external audit process	88% countries met quality audit requirements in 2025	80%	

There have been no material developments since early 2026. Please refer to the previous Strategic Performance report for the most recent updates. The next update is planned in early 2027.

Financial Performance

Strategy outcome: The Global Fund is funded to the anticipated levels

KPI		Latest 7th Replenishment result	Target	Performance
F1	Pledge conversion	86% cash received by Y3 of R7	90%	

Results reported in previous Strategic Performance report

Funding levels remain broadly aligned with expectations, supported by continued progress in pledge conversion and contribution agreement finalization for both the Seventh and Eighth Replenishment periods.

As of June 2026, the Seventh Replenishment pledge quality stood at 87%, reflecting shifts in the geopolitical donor landscape and other external risk factors. Continued engagement with donors has supported progress in pledge conversion, which has reached 87%. To date, the Global Fund has received US$ 12.0 billion in cash against US$ 13.9 billion in adjusted pledges. Contribution agreements (or equivalent) have been signed by 89% of donors (74 of 83) representing approx. US$ 12.3 billion. Among public-sector donors, 48 of 51 have signed agreements totaling US$ 11.0 billion, while 26 of 32 private-sector donors have signed agreements totaling US$ 1.3 billion.

For the Eighth Replenishment, pledge quality stood at 96% as of June 2026. By the end of June, the Global Fund had received US$ 1.72 billion in cash against US$ 12.1 billion in adjusted pledges, surpassing the US$ 1.28 billion received at the same stage of the Seventh Replenishment in 2023. Overall, contribution agreements totaling US$ 4.1 billion have been signed so far with 27 of 53 donors (51%).

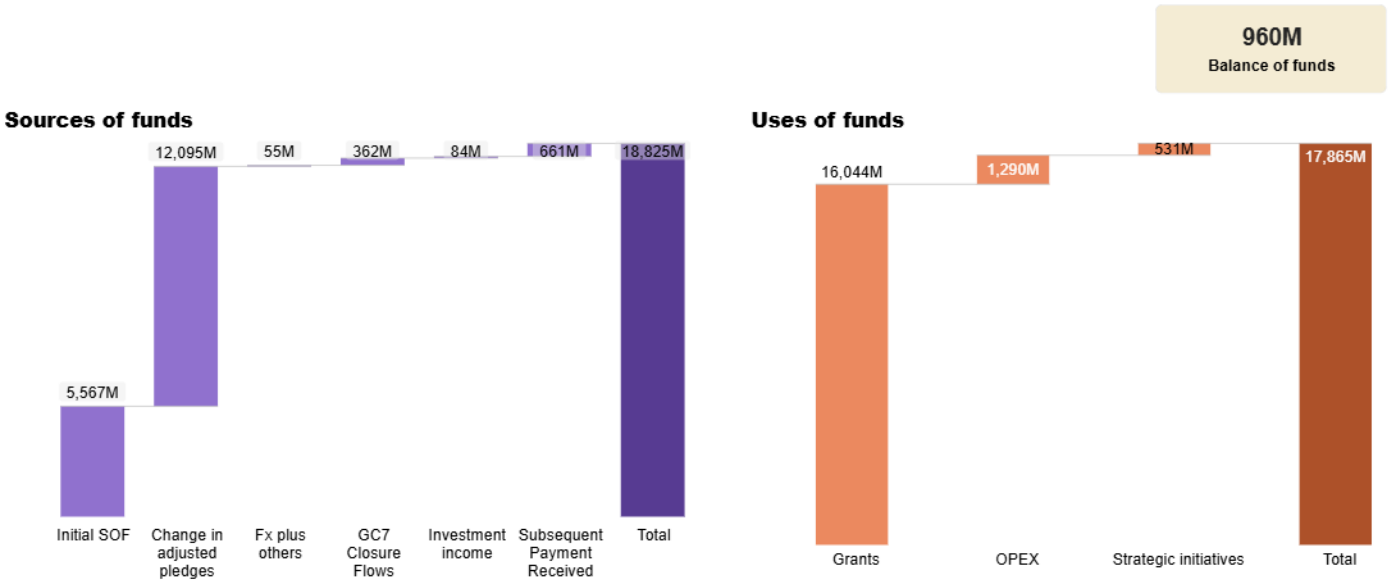
Together, these results reflect strong progress in formalizing replenishment commitments and translating them into available resources to support the Global Fund's mission.

Strategy outcome: The Global Fund financial assets are optimally utilized

KPI		Latest result	Target	Performance
F2a	Corporate asset utilization	**95%** corporate asset utilization for R8	95%-98%	
F2b	Allocation utilization	**98%** allocation utilization for GC7	95%	

The Secretariat continues to deploy its financial assets effectively, with key utilization metrics meeting or exceeding target levels and demonstrating strong stewardship of available resources.

Following the incorporation of Eighth Replenishment resources and subsequent additional payments into the Asset and Liability Management framework, Corporate Asset Utilization (**KPI F2a**) has returned within the target range at 95%. This reflects the normative assumptions of full utilization of Eighth Replenishment funds and creates additional opportunities to optimize resource deployment through UQD (*Unfunded Quality Demand*) prioritization framework.



Allocation Utilization for GC7 stands at 98%, with US$ 11.53 billion forecasted to be disbursed by the end of the cycle against a reduced allocation of US$ 11.74 billion, exceeding the 95% **KPI F2b** target, and ensuring that sufficient funds are available in countries for program implementation.

Utilization across other funding streams also remains robust. Secretariat operating expenditure (*OPEX*) for 2026 is forecasted to be fully utilized by the end of the year. Strategic Initiatives are projected to achieve utilization rate of 88% for GC7 and 92% for GC6. Centrally Managed Limited Investments associated with C19RM-specific Strategic Initiatives are forecasted at 94% utilization. C19RM allocation utilization is projected to reach 100%, reflecting full deployment of available resources.

Additional data and graphs available on OSKAR

Strategy outcome: Funds are spent in country according to budget

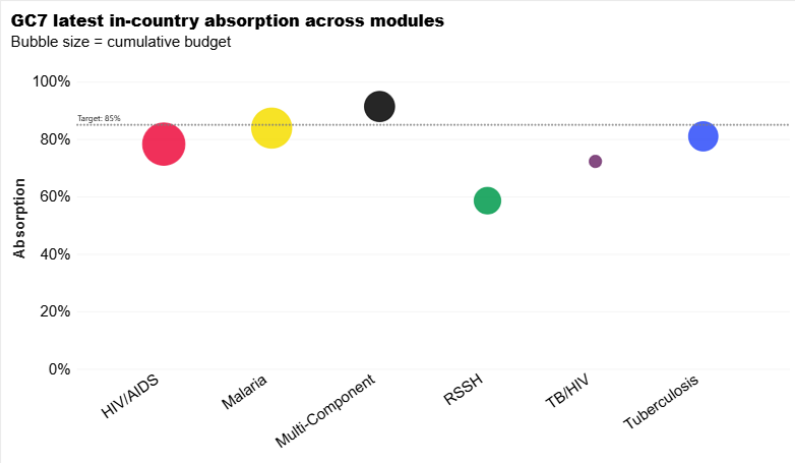
KPI		Latest GC7 result	Target	Performance
F3	In-country absorption	**80%** in-country absorption by mid-year 3 of GC7 implementation	85%	

As of June 2026, cumulative expenditure under GC7 reached US$ 6,499 million against a cumulative budget of US$ 8,142 million, resulting in overall in-country absorption of 80% (**KPI F3**). For most grants, this reflects 30 months of implementation, placing the portfolio in the third and final year of GC7 implementation. Accordingly, performance remains on track to achieve the end-of-cycle absorption target of 85% by the conclusion of GC7.

Across investment categories, Program Management costs recorded the highest absorption rate at 84%, followed by Health Commodities and Supply Chain investments at 80%. Consistent with historical trends, absorption of Program Activity budgets was comparatively lower at 77%.

Direct RSSH modules reported lower absorption of 59%, primarily due to US$ 79 million in RSSH rebalancing. Excluding this rebalancing, RSSH absorption would have reached 67%. Expenditure patterns remain aligned with GC7 budget phasing, with a significant share of RSSH investments planned for Year 3. Consistent with historical trends, RSSH absorption typically accelerates

towards the end of the grant cycle, as observed in GC6 and GC5, which achieved full-cycle absorption rates of 84% and 85% respectively[31].



As of June 2026, C19RM implementation continued to progress strongly, with cumulative expenditure reaching US$ 3.92 billion against a cumulative budget of US$ 4.79 billion, including more than US$ 770 million in expenditure reported during the first half of 2026. This represents 82% in-country absorption and 93% overall fund utilization, based on actual funds under management.

C19RM remains on track for full utilization, with the remaining US$ 281 million in closure flexibility expected to be spent before grant closure. Any residual liabilities will be financed through domestic resources or GC8 funding to ensure continuity of program implementation.

For reference, interim results on in-country absorption at the end of Year 2 of GC7 reported previously have now been finalized, with absorption by Year 2 confirmed at 81%, exceeding the Year 2 target of 80%.

Additional data and graphs available on OSKAR

[31] Financial Performance as at 31st March 2026, GF/AFC30/05B

Acronyms

ACT: Artemisinin-based Combination Therapy
AGYW: Adolescents, Girls, and Young Women
AHD: Advanced HIV Disease
ANC: Antenatal Care
ART: Antiretroviral Therapy
ARV: Antiretroviral
ASCEND: Accelerating and Strengthening Community Engagement in National Decision-making
BDB: Breaking Down Barriers
C19RM: COVID-19 Response Mechanism
CCM: Country Coordinating Mechanism
CE SI: Community Engagement Strategic Initiative
CHW: Community Health Worker
CLM: Community-Led Monitoring
CSO: Civil Society Organization
DR-TB: Drug-resistant tuberculosis
EBS: Event-Based Surveillance
eLMIS: Electronic Logistics Management Information System
EVT: Elimination of Vertical Transmission
FETP: Field Epidemiology Training Programs
GC: Grant Cycle
GFAN: Global Fund Advocates Network
HMIS: Health Management Information Systems
IGRA: Interferon-Gamma Release Assay
IHR: International Health Regulations
IPTp: Intermittent Preventive Treatment of Malaria During Pregnancy
IPTp3: Intermittent Preventive Treatment of Malaria During Pregnancy (at least three doses)
ITN: Insecticide-treated Nets
MoU: Memorandum of Understanding
OSA: On Shelf Availability
PHC: Primary Health Care
PLHIV: People Living with HIV
PPM: Pooled Procurement Mechanism
PPR: Pandemic Preparedness and Response
RCM: Regional Coordinating Mechanism
RDT: Rapid Diagnostic Test
RMNCAH: Reproductive, Maternal, Newborn, Child, and Adolescent Health
RR/MDR-TB: Rifampicin-resistant and multidrug-resistant tuberculosis
RSSH: Resilient and Sustainable Systems for Health
SMC: Seasonal Malaria Chemoprevention
SP: Sulfadoxine-Pyrimethamine
STC: Sustainability, Transition and Co-financing
tHFA: Targeted Health Facility Assessment
TPT: TB Preventive Therapy
UQD: Unfunded Quality Demand
VfM: Value for Money