



# **Gavi-Global Fund Collaboration Update**

54<sup>th</sup> Board Meeting

GF/B54/10

12-13 February 2026, Geneva, Switzerland

For Input

# Executive Summary

## Background & Current Situation

- Gavi and the Global Fund have long been partners and have recently **deepened efforts through a joint Taskforce** established by Sania (Gavi's CEO) and Peter.
- With support from an external provider, the Taskforce has begun compiling a fact base laying out how Gavi and the Global Fund work across 12 initiatives comparing how they currently operate and where there may be opportunities for deeper collaboration to address the central question: *What collaboration model between Gavi and the Global Fund would most effectively advance the missions and goals of both institutions?*
- At the December SC and AFC meetings, the Secretariat shared relevant progress with each Committee. Gavi also held a session on this collaboration at their December Board meeting. EGC will have an agenda item on this topic at the end of January.
- The consistent steer from Gavi's Board, SC, and AFC in December 2025 was to **(i) focus on pragmatic, high-impact opportunities that will deliver tangible benefits for countries; and (ii) deprioritize any form of structural integration or merger.**
- Taking this guidance – and the guidance we will receive from the Board – **the Taskforce is working to prioritize a subset of initiatives for further exploration in Phase 2** (first half of this year) based on an initial assessment on potential impact, feasibility and risk.

## Why this is Coming to the Board & What's Next

- **This presentation is an update to give the Board visibility into the ongoing work of the Taskforce.** It includes content that was shared with the SC, AFC and Gavi's Board in December 2025, with updates to reflect feedback and prioritization decisions following those discussions, as will also be shared with the EGC at the end of January.
- During the session, the external provider will present **insights from interviews they've conducted with governance representatives** from Gavi and the Global Fund.
- Over the coming weeks, the Secretariats will **finalize detailed fact bases**, and based on the steer of each organization's Governance bodies, **develop potential collaboration options** focused on driving increased programmatic impact and/or country-level simplification. Any formal deliberations on proposed collaboration options that require governance approval will take place first with the relevant governance committees and subsequently with the Board.



Based on the information in the following slides, and to help steer the next phase of the Taskforce, we welcome **Board feedback and steer**

- 1 We have feedback from SC, AFC and the Gavi Board\* (*slide 25*), what further reflections does the Board have at this stage considering the guidance received so far?
- 2 In response to SC, AFC, and Gavi Board steer,\* the Taskforce has recommended focusing on a subset of initiatives and prioritization criteria (*slide 26*):
  - What reflections does the Board have on this approach?
  - Does the Board have any inputs on relative prioritization across initiatives at this stage?

\*Discussion with EGC will take place on 27 January, and any new information will be incorporated into the Board discussion



# Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

## 1. Context

2. Action Now – Ongoing initiatives

3. For further analysis – Factbase development

4. Consideration of institutional options for collaboration

5. Committee, Board and Taskforce feedback

Next Steps

Appendix

# Context | Evolution in the global health ecosystem requires further, deeper collaboration across institutions

The global health ecosystem is evolving rapidly with constrained financing, an increasing focus on country sovereignty in decision making, programmatic & process integration, and increasing scrutiny on impact, intensifying calls to reform the global health architecture and improve coordination among major health initiatives to sustain and enhance results



## Evolving global health challenges and architecture

- **Broader reform momentum** including through the Accra Reset, UN 2.0, and the Lusaka Agenda, all call for greater coherence and efficiency, increased sovereignty and sustainability
- **Growing convergence of mandates** e.g., across areas such as malaria and TB as a result of new vaccines, as well as shared focus on health system strengthening and primary health care delivery



## Changing global health and funding landscape

- **Increased competition for limited funding** incl. ODA<sup>1</sup> and domestic resource constraints across donor countries
- **Macroeconomic headwinds** and pressures reducing fiscal space for domestic health investments
- **Calls from donors for reduced institutional fragmentation** and demonstrated value for money



## Country impact and operational efficiency opportunity

- **Governments face high transaction costs** managing multiple institutions, cycles, and reporting frameworks
- Ask from countries and regional institutions for **greater sovereignty, self-reliance and agency on HQ level work/decisions**

# Context | The Global Fund is a key part of the change and is engaging across many dimensions

**The Global Fund is an essential part of the transformation to maximize impact and accelerate self-reliance.** We must contribute to the transformation of the global health ecosystem, making it more efficient, more responsive to countries, and more integrated and innovative.

**We are actively engaged**, including in:

- broader global health ecosystem dialogues
- implementing internal changes across the Secretariat and in how we deliver on GC8
- exploring how we may further collaborate and/or integrate with Gavi

**This document focuses on the Gavi/Global Fund collaboration and is meant to provide a comprehensive update on progress made as part of a joint Task Force.**

*Some of these engagements include (non-exhaustive):*

- Friends of the Lusaka Agenda Group
- Wellcome Trust regional consultation process
- EC-led Reflections Process "The future of global health - Vision and options for advancing global health priorities and architecture in the context of Lusaka Agenda"
- Wilton Park/FCDO consultations
- WHS session on global health architecture
- SEEK/Gates Global Health Architecture Review
- FFD4 Spain - Towards a renewed global health ecosystem: Navigating Challenges and Opportunities for financing inclusive, resilient and sustainable health systems (both in Sevilla and in Berlin)
- MOPAN Assessment on the Global Health Reforms
- Health Architecture Reimagined - Civil Society Organizations (HEAR-CSO) consultations
- Accra Reset & related events

# Context | As two of the largest global health financing organizations, there is an urgency and opportunity for Gavi and Global Fund to collaborate more deeply, while engaging in broader reform efforts



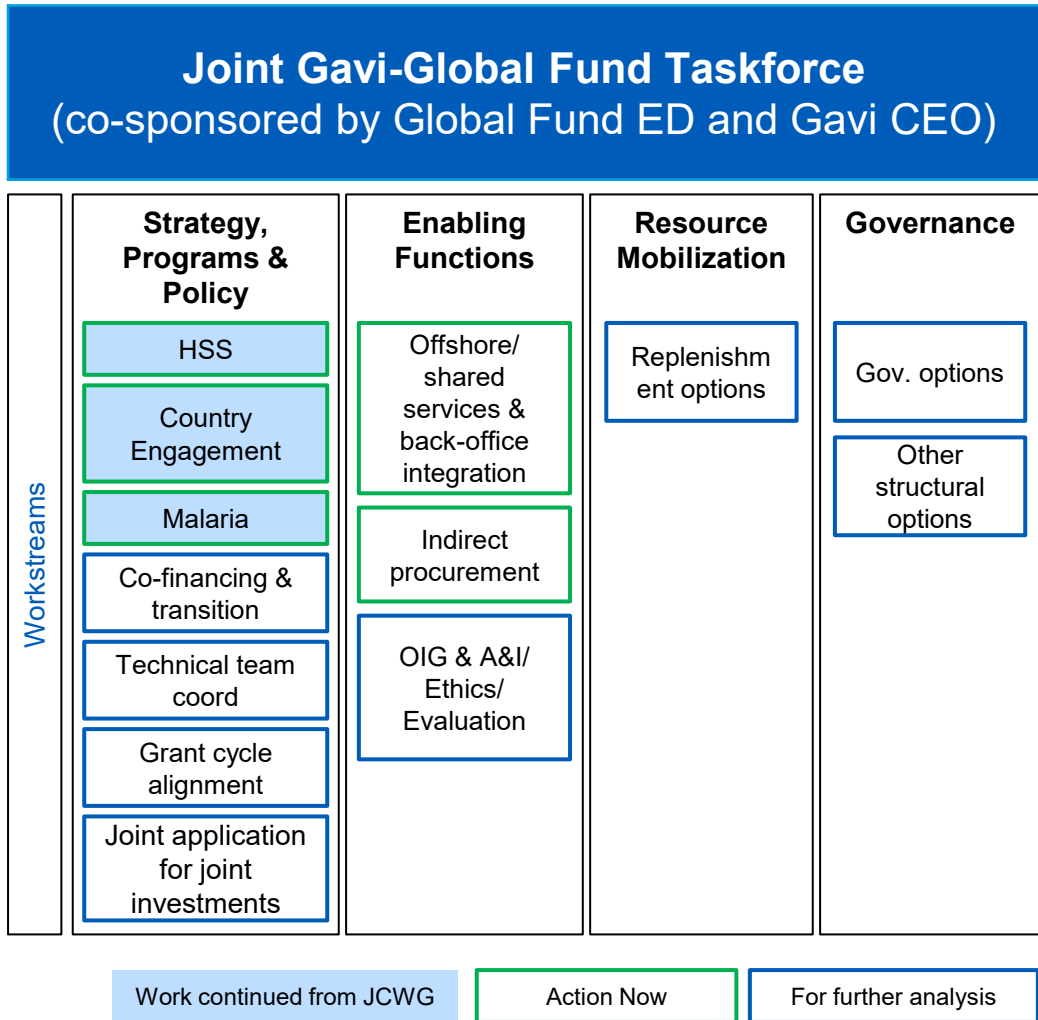
<p><b>Mission</b></p>	<ul style="list-style-type: none"> <li>• Save lives and protect people’s health by increasing equitable and sustainable use of vaccines</li> <li>• <b>Goals:</b> <ul style="list-style-type: none"> <li>– Introducing and scaling up <b>vaccines</b></li> <li>– Strengthening health systems to increase <b>equity in immunization</b></li> <li>– Improving programmatic and financial <b>sustainability</b> of immunization programs</li> <li>– Ensuring <b>healthy markets</b> for vaccines and related products</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Worldwide partnership to defeat HIV, Tuberculosis (TB) and Malaria and ensure a healthier, safer and more equitable future for all</li> <li>• <b>Primary goal:</b> End AIDS, TB and Malaria</li> <li>• <b>Goals:</b> <ul style="list-style-type: none"> <li>– Maximizing people-centered <b>integrated systems for health</b> to deliver impact resilience and sustainability</li> <li>– Maximizing the engagement and leadership of most affected communities to <b>leave no one behind</b></li> <li>– <b>Maximizing health equity</b>, gender equality and human rights</li> <li>– Mobilizing <b>increased resources</b></li> <li>– <b>Contributing to pandemic preparedness</b> and response</li> </ul> </li> </ul>
<p><b>Disease scope</b></p>	<ul style="list-style-type: none"> <li>• <b>Product focus: 20 vaccines</b> (incl. Malaria) preventable diseases<sup>1</sup> + <b>HSS</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Disease focus: HIV, TB, Malaria + RSSH</b></li> </ul>
<p><b>Indicative funding size</b></p>	<ul style="list-style-type: none"> <li>• <b>~2bn / year</b> secured (so far) via <b>5-year</b> replenishment process</li> </ul>	<ul style="list-style-type: none"> <li>• <b>~5bn / year</b> secured via <b>3-year</b> replenishment process for GC7</li> </ul>
<p><b>Country coverage</b></p>	<ul style="list-style-type: none"> <li>• <b>54 countries eligible</b> for support in 2025 (LIC &amp; LMIC and MIC for catalytic support only)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>134+ countries</b> (LIC, LMIC, UMICs if high disease burden)</li> </ul>

Both organizations were founded between 2000-2002 as **innovative multilateral grant financing partnerships**, outside of the existing MDB and UN system, to **address urgent and unmet health needs in lower income countries.**

Both channel substantial **donor funds to support low- and middle-income countries and support delivery of essential services through separate planning, funding and reporting processes.**

1. COVID-19, Ebola, Malaria, Rabies, Human Papillomavirus (HPV), Inactivated Polio Vaccine (IPV), Japanese Encephalitis (JE), Measles & Measles-Rubella (MR), Meningococcal disease, Cholera (Oral Cholera Vaccine – OCV), Pentavalent (DTP-HepB-Hib), Pneumococcal Conjugate Vaccine (PCV), Rotavirus, Typhoid Conjugate Vaccine (TCV), Yellow Fever (YF)

# Context | Efforts to intensify collaboration are well underway, including continuing work from the JCWG through the Taskforce



- The Joint Committee Working Group (effective Sept'24 -Sept'25) advanced ongoing collaborative efforts, by laying critical groundwork to identify further opportunities, diagnose barriers and align on collaboration priorities across Global Fund, Gavi and the Global Financing Facility on 3 workstreams – Malaria, HSS and Country Engagement.
- In parallel, Gavi and Global Fund strengthened collaboration efforts through a 4th workstream on enabling functions.
- Building on this foundation, the Taskforce established by the Gavi CEO and Global Fund ED in June 2025, developed a grid of collaboration opportunities, with a sub-set of “**Action Now**” initiatives that could be actioned immediately and a sub-set of “**For Further Analysis**” initiatives that required additional research and support from an external provider.

## Objectives of the Taskforce

1. Drive **greater impact, efficiencies, and effectiveness at country-level and HQ** to achieve Global Fund and Gavi's respective missions
2. Explore **more structural options** for collaboration across the two organizations

# Scope | The Taskforce is progressing on parallel tracks of work

## Track 1

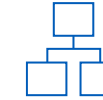
## Track 2



### Action Now (N1-N9)\*



### For Further Analysis Individual functions (A1-A5, A8, N10-12)\*



### For Further Analysis Institutional options (A6-A7)\*

#### Objective

Implement or advance **near-term opportunities** – grounded in Joint Committee Working Group (JCWG) work – to strengthen collaboration across 4 key areas: **malaria, HSS, country engagement and enabling or back-office functions**

Explore collaboration at **initiative, policy/program, and functional level**, to drive greater impact, efficiencies, and effectiveness at country-level and HQ

Develop robust **fact-bases** across initiatives to inform options

Explore **broader strategic options across the two organizations at an institutional level**, e.g., governance or organizational structure changes

Ensure clarity on **political realities, costs, and programmatic trade-offs**

#### Current status

**Completed two initiatives, with seven progressing along clear pathways** and agreed final deliverables

- Established joint working groups for coordinated, rapid progress
- Developed clear workplans per initiative to guide analysis and completion

Defined evaluation **framework**

Collected initial **fact base** across most initiatives, identifying key overlaps, differences, boundaries for change, and collaboration baseline

Developed **initial perspective on option set** for collaboration

Outlined key **strategic questions at an institutional level**

Conducted initial **1-1 interviews** with ED/CEO and a sub-set of GF/Gavi Boards

Developed initial thinking on **illustrative option space**

*Strong linkages between all tracks, i.e., collaboration options of individual functions are dependent on institutional decisions*

\* See Annex for workstream descriptions

# Workplan | The Taskforce has been focused on fact bases and a detailed option assessment

Completed in Q4 2025

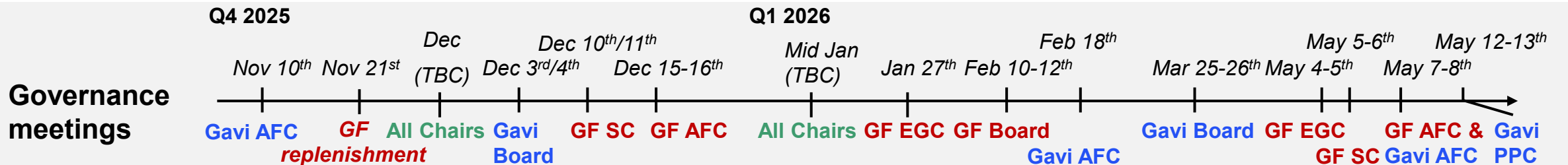
## Objectives & key activities

Executed on 'Action now' and built fact bases as well as option sets, as appropriate, across Track 1, and starting building initial perspective on Track 2

## Engagement

Continuous internal engagement between Gavi and the Global Fund Secretariats

- Four Taskforce meetings with dedicated taskforce members (incl. CEO and ED)
- Engagement with Functional leads
- Developed All-Chairs Group (see following slide) and met; engagement with governance bodies to provide update on process and methodology
- Targeted 1-1 interviews with CEO/ED and key stakeholders



# Developed All-Chairs Group | To provide steer ahead of routine governance meetings and provide a sounding board

**Mandate:** Guide the Secretariats to ensure collaboration efforts are communicated appropriately to governance, with the right level of detail and strategic focus.

**Cadence:** To convene as needed between Oct 2025 to Mar 2026 to help shape agendas and maintain coherence between the two institutions.

**Role:**

- Act as a bridge between Gavi and the Global Fund governance bodies to ensure strategic steer and alignment on collaboration.
- Guide the Secretariats on agenda-setting, framing of updates, and preparation of joint governance engagements (incl. Committee or Board sessions)



1 <b>Board Leadership</b>	Ros Morauta Bience Gawanas	José Manuel Barroso / Helen Clark Omar Abdi
2 <b>Chair or Vice Chair of each Committee</b>	<b>SC:</b> Clarisse Paolini <b>AFC:</b> Sherwin Charles <b>EGC:</b> Grace Rwakarema <b>JCWG:</b> Mekdes Daba	<b>PPC:</b> Anne Schuchat <b>AFC:</b> David Sidwell <b>GC:</b> Omar Abdi
3 <b>Secretariat</b>	Peter Sands Katie Kampf Harley Feldbaum	Sania Nishtar Hannah Burris Johannes Ahrendts

*(others brought in, as needed)*



# Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context

**2. Action Now – Ongoing initiatives**

*Content produced  
by Gavi/GF*

3. For further analysis – Factbase development

4. Consideration of institutional options for collaboration

5. Committee, Board and Taskforce feedback

Next Steps

Appendix

# Content | Progress update on Action Now initiatives

## Track 1

### Action Now (N1-N9)

### For Further Analysis – Individual functions (A1-A5, A8 N10-12)

### For Further Analysis – Institutional options (A6-A7)

#### Objective

Implement or advance **near-term opportunities** – grounded in Joint Committee Working Group (JCWG) work – to strengthen collaboration across 4 key areas: **malaria, HSS, country engagement and enabling or back-office functions**

#### Current status

**Completed two initiatives**, with **seven progressing along clear pathways** and agreed final deliverables

- Established joint working groups for coordinated, rapid progress
- Developed clear workplans per initiative to guide analysis and completion

The following slides provide an executive summary outlining the **status of each “Action Now” initiatives**. In the appendix, you will find slides on each initiative that highlight key learnings, what has been achieved to date, the agreed way forward, and the expected deliverables.

**Strong linkages** between all tracks, i.e., collaboration options of individual functions are dependent on institutional decisions

# Executive summary of grid status (I/II)

			Action now	Status / key outcomes until today	Status
Mgmt. purview	Strategy, programs & policy	Malaria	<b>N1.</b> Engage Gavi in Global Fund GC7 reprioritisation	<ul style="list-style-type: none"> <li>Identified country specific opportunities for collaboration (incl. opportunities for greater use of immunisation touchpoints for bednet distribution)</li> <li>Established standard model for info sharing and coordination on malaria</li> </ul>	✓
			<b>N2.</b> Support integrated country malaria planning through coordinated funding information sharing ahead of GC8/6.0 <i>(formerly Sync start of GC8 and 6.0 for key malaria countries)</i>	<ul style="list-style-type: none"> <li>Agreed approaches to enable coordinated and integrated planning of malaria: i) Coordinated and timely funding information sharing in Q1 2026; ii) Application tools to encourage holistic malaria planning and systematic visibility; iii) Aligned guidance materials for the GF Technical Review Panel (TRP) and Gavi's Independent Review Committee (IRC) review of malaria interventions</li> </ul>	●
	RSSH / HSS		<b>N3.</b> Engage Gavi in GF GC7 reprioritisation	<ul style="list-style-type: none"> <li>Established a standard model for information sharing and coordination</li> <li>Shared guidance and data on funding reprioritization and conducted country-by-country discussions to assess projected RSSH cuts and program impacts</li> </ul>	✓
			<b>N4.</b> Ensure new investments in priority areas consider collab. opportunities (e.g., data, supply chain, Human Resources for Health)	<ul style="list-style-type: none"> <li>Aligned GF information notes and Gavi funding guidelines</li> <li>Developing aligned approach to dissemination of guidelines to country teams, partners and countries</li> </ul>	●
			<b>N5.</b> Expand systematic collaboration on PFM (e.g., supreme audit authorities, PAOs, digital payments)	<ul style="list-style-type: none"> <li>Mapped existing efforts and overlaps on current financial management. initiatives, country-level investments, and assurance mechanisms</li> <li>Strengthening national capacity by professionalising public-sector accountants towards building a future-ready health finance workforce; enhancing audit and accountability through expanded Supreme Audit Institutions (SAI) audit coverage; increasing efficiency and boosting collective influence via joint implementation arrangements, among others</li> </ul>	●
			<b>N6.</b> Coordinated support through sync start of GC8/6.0	<ul style="list-style-type: none"> <li>Mapped application timelines, aligned on prioritising key countries</li> <li>Agreed to develop consolidated Gavi–GF funding information and strengthen joint tools for HSS/RSSH planning</li> </ul>	●

✓ Completed   ● On track   ● Slightly behind   ● At risk

# Executive summary of grid status (II/II)

		Action now	Status / key outcomes until today	Status	
Mgmt. purview	Strategy, programs & policy	Country eng.	<p><b>N7.</b> Strengthened coordination and communication to countries on management and governance / coordination (e.g., Gavi ICC, GF Country Coordinating Mechanisms (CCMs), PMU)</p>	<ul style="list-style-type: none"> <li>• <b>In country governance</b> – Mapped membership of ICCs and CCMs in 5 Wave 1 countries (limited overlap); documented and compared Gavi and GF ICC and CCM requirements; about to kick-off country dialogues to identify country-preferred sectoral Governance platforms for further analysis</li> <li>• <b>Program Management Unit (PMU)</b> – Mapping across all Gavi and GF supported countries completed; starting deep-dive into 3 existing joint PMUs from Wave 1 countries (Guinea, Chad, Malawi) to collect further quantitative and qualitative insights, identify lessons learned and surface options for wider application</li> </ul>	●
	Enabling functions		<p><b>N8.</b> Assess opportunities for joint offshore/shared services and back-office integrations (e.g., IT, Ops, ...)*</p>	<ul style="list-style-type: none"> <li>• Launched a <b>structured cross-functional collaboration process</b>, convening 10+ senior leaders across 4 enabling functions (Ops, IT, Finance, HR) to identify synergy opportunities, align on priorities, surface cross-cutting challenges, and <b>begin developing a shared fact base</b> through cross-institutional lessons and initial 1:1 functional insight; external provider to take forward next steps</li> </ul>	●
			<p><b>N9.</b> Explore joint Secretariat “indirect procurement”</p>	<ul style="list-style-type: none"> <li>• <b>Completed individual spend analysis and shared across orgs</b>, highlighting high-spend categories with synergy potential and aligning on priority areas through joint discussions</li> <li>• Agreed on a path forward to finalise overlap assessment, evaluate joint sourcing options, engage providers to size opportunities and risks, confirm required policy alignment across orgs, and deliver a clear recommendation to Senior Leadership</li> </ul>	●

## Key outcomes:

**N1 to N7** predominantly focus on driving greater impact, efficiencies and effectiveness at **country-level**

**N8 and N9** focus on driving efficiencies at **HQ level**

- to achieve Global Fund and Gavi's respective missions



# Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context

2. Action Now – Ongoing initiatives

**3. For further analysis – Factbase development**

*Content produced  
by External Provider*

4. Consideration of institutional options for collaboration

5. Committee, Board and Taskforce feedback

Next Steps

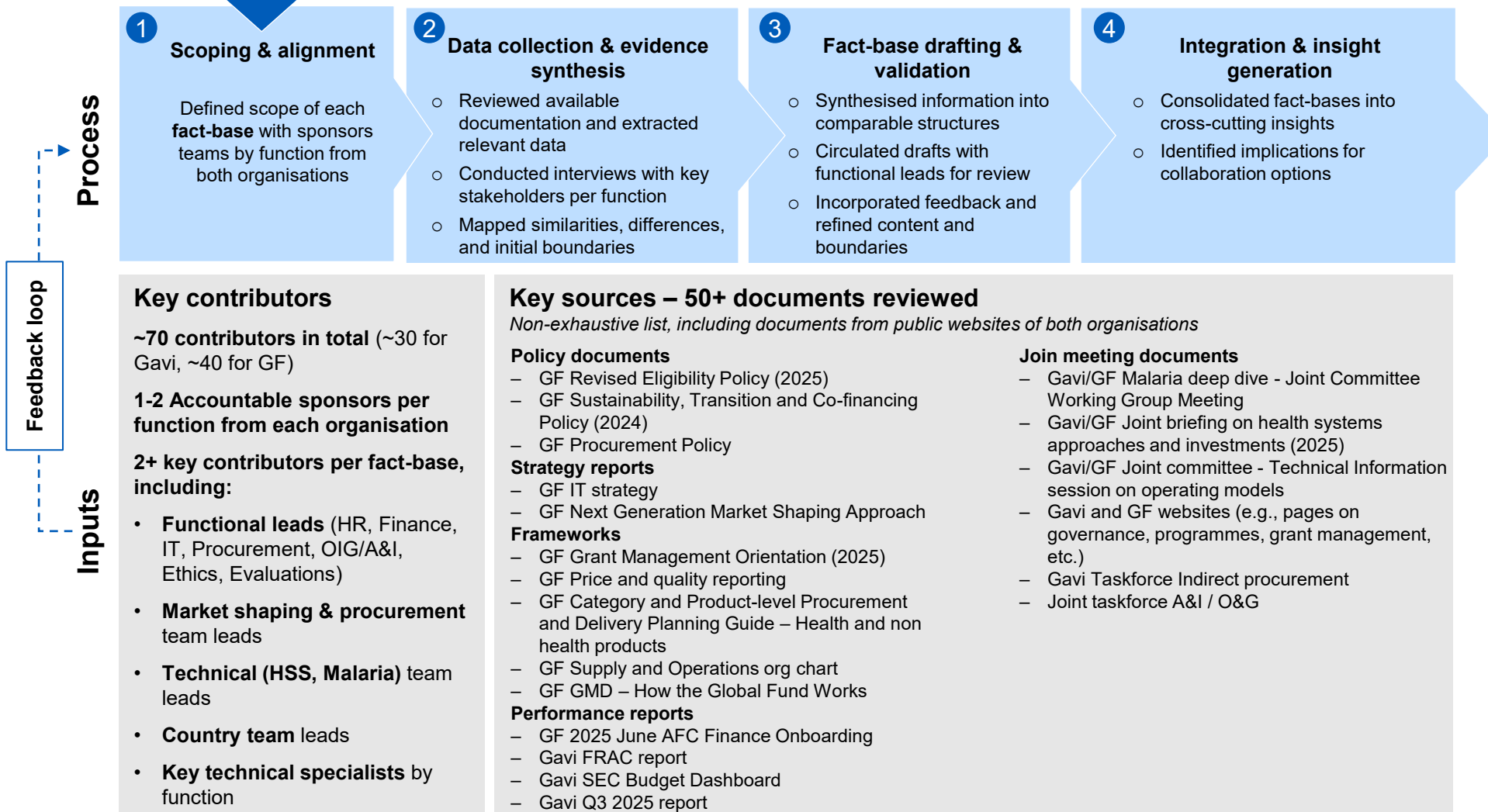
Appendix

# For further analysis | 12 areas considered

Scope	Functions & Initiatives	Question being considered
Board purview Strategy / Policy / Programme	<b>A1. Policies and requirements</b> ( <i>eligibility, co-financing and sustainability</i> )	Where could deeper collaboration on policies deliver more impact (sustainability, co-financing, and transition) or improve efficiency or simplification at the country-level?
	<b>A2. Technical Teams:</b> ( <i>for overlapping areas of work e.g., Malaria, HSS/RSSH, and country teams</i> )	How could increased coordination across teams drive simplification and programmatic synergies at the country-level and HQ efficiencies?
	<b>A3. Grant Life Cycles</b>	Where can further harmonization across grant life cycles and application processes drive simplification, increase efficiency and complementary investments at the country-level?
	<b>A4. Applications for joint areas of investment</b> (e.g., Malaria, HSS/RSSH)	
Resource Mobilization	<b>A5. Replenishment options</b> ( <i>workstream deprioritized until 2026</i> )	To achieve the mission and goals of the two institutions, what might be the most optimal holistic collaboration model (considering amongst other factors governance, organizational structure, and replenishment)?
Governance	<b>A6. Governance options</b>	
	<b>A7. Institutional structural options</b>	
Mkt shaping	<b>A8. Market Shaping &amp; Procurement</b>	How could increased coordination on market shaping and procurement drive increased efficiencies for countries and at HQ level, whilst maintaining healthy, sustainable health product markets?
Independent functions	<b>N10. OIG/A&amp;I</b>	Where could deeper collaboration improve efficiency or quality of audit / investigation services / advisory services, or strengthen the link to drive increased country impact?
	<b>N11. Ethics</b> (excl. risk)	Where could deeper collaboration lead to increased efficiencies or improve quality of ethics services, given similarities in roles/ functions across organizations?
	<b>N12. Evaluations</b> (excl. monitoring)	Where could deeper collaboration lead to increased efficiencies of evaluations and translation of learnings for greater impact?
Mgmt purview Enabling functions	<b>N8. Enabling functions</b> ( <i>including IT, Finance, Operations (incl. Indirect Procurement), HR</i> )	Where could deeper collaboration lead to increased efficiencies or improve quality of services, given similarities in roles/ functions across organizations?

# Methodology | Collaborative building of 12 fact-bases

Iterative fact-base building across 5 weeks, building on prior joint work between Gavi/Global Fund going on for ~1 year



## Outputs

**12** fact-bases covering strategy, governance, programme, market shaping, enabling functions and independent functions

### Each fact base will include:

- 1. Comparative analysis of both organisations** across structure, responsibilities, operating models, and systems
- 2. Cross-cutting insights on areas of alignment, divergence, and collaboration potential**
- 3. Identification of any barriers or boundaries** to further collaboration (e.g., governance reporting lines, existing policies etc)

# For further analysis | Current Status

Scope	Functions & Initiatives	Status
Board purview	<b>A1. Policies and requirements</b> ( <i>eligibility, co-financing and sustainability</i> )	Fact base created; summary included in Appendix
	<b>A2. Technical Teams:</b> ( <i>for overlapping areas of work e.g., Malaria, HSS/RSSH, and country teams</i> )	Fact base created; summary included in Appendix (country teams, malaria team, HSIS/ RSSH teams)
	<b>A3. Grant Life Cycles</b>	Fact base created; summary included in Appendix
	<b>A4. Applications for joint areas of investment</b> (e.g., Malaria, HSS/RSSH)	
Resource Mobilization	<b>A5. Replenishment options</b> ( <i>workstream deprioritized until 2026</i> )	Fact base in development (covered in 2026 due to ongoing replenishment in Q4'25)
Governance	<b>A6. Governance options</b>	Fact base in development.
	<b>A7. Institutional structural options</b>	
Mkt shaping	<b>A8. Market Shaping</b>	Fact base in development; pending final input from Business Leads
Independent functions	<b>N10. OIG/A&amp;I</b>	Fact base completed and shared with SC & AFC; summary included in Appendix
	<b>N11. Ethics</b> (excl. risk)	Fact base completed and shared with SC & AFC; summary included in Appendix
	<b>N12. Evaluations</b> (excl. monitoring)	Fact base completed and shared with SC & AFC; summary included in Appendix
Mgmt purview	<b>N8. Enabling functions</b> ( <i>including IT, Finance, Operations (incl. Indirect Procurement), HR</i> )	Fact base in development; pending final input from Business Leads

- Detailed fact-bases for **Ethics, Evaluation, and A&I/OIG** were shared with AFC and SC
- Sharing these fact bases first was **not a reflection on relative need, feasibility or potential benefit for increased collaboration**, rather an outcome of the order in which the process was started
- Based on steer from the Joint All Chairs Group and any feedback from the Board, we will jointly **determine with Gavi the most appropriate approach for disseminating the full fact bases and learnings** across the relevant governance committees



# Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context
2. Action Now – Ongoing initiatives
3. For further analysis – Factbase development

## **4. Consideration of institutional options for collaboration**

*Content produced  
by External Provider*

5. Committee, Board and Taskforce feedback

Next Steps

Appendix

# Track 2 | Gavi and Global Fund were set up to serve different mandates; there are benefits and challenges to this model

**Gavi and the Global Fund were created with distinct mandates and governance so each could deliver at scale against its mission**

- Clear and focused mandates: immunisation (Gavi) vs HIV/TB/Malaria/Health systems (Global Fund)
- Independent governance and funding cycles to maintain accountability, donor confidence and mission clarity
- Institutional models tailored to different product/market dynamics and disease portfolios



## Benefits

- **Deep technical expertise and partner networks** to deliver targeted health outcomes
- **Complementary institutional roles** – diversification of funding across mandates and differing advocacy voices serving different missions
- **Proven ability to mobilise funding** through individual replenishment cycles for focused mandates, reducing dependency risk
- **Relatively agile organizational set-ups** due to focused mandates / missions

## Challenges



- **Fragmentation in country delivery:** multiple applications, mis-aligned cycles, overlapping review processes across countries
- **Missed opportunities for efficiencies at HQ level given functional similarities** in enabling operations and indirect procurement
- **Siloed funding** across the organizations as mandates converge in select areas (e.g. Malaria)
- **Funding and sustainability pressures:** Global health funding is under strain due to aid cuts and competing priorities, making business as usual unsustainable

# Track 2 | Proposed methodology for assessing institutional – level collaboration options

**Overarching problem statement:** To achieve the mission and goals of the two institutions, what is the most impactful collaboration model?

## Guiding principles

- Remain **grounded in facts** rather than hypothesis
- Ensure **independent perspective**
- Leave **no options off the table**
- Consider **future horizons**

## Analysis and sources of insights will be compiled jointly with the external provider, leveraging institutional insights:

- **Fact-base on organizational structures**
- **Fact-base for track 1** across functional areas
- **Targeted 1-1 interviews** with key stakeholders to understand perspectives
- **Input from governance bodies**

## Step 1. Defining the option set (2025/Q1 2026):

- Identify possible collaboration archetypes
- Translate option space to context of Gavi and GF missions and mandates
- Complement theoretical option space with insights from 1-1 interviews

## Step 2. Option assessment (Q1 2026):

- Review option space across a set of criteria i.e., Impact, Feasibility, Risk
- Consider Pros / Cons of key options through a country, institutional, and political lens

## Supported by the external Provider, we will also use a range of external inputs to assess collaboration options:

- **Private/public sector case examples** on collaboration models and **best practices**
- **Expert input**
- **Literature / published perspectives** on the global health architecture and ongoing efforts e.g., Center for Global Development, Wellcome / Future of GHIs Process, UN80, Lusaka agenda, WHO statements, etc.

## Track 2 | Emerging insights from discussions with governance representatives

*Summary to be shared by the external provider during the meeting*



## Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context
2. Action Now – Ongoing initiatives
3. For further analysis – Factbase development
4. Consideration of institutional options for collaboration

### **5. Committee, Board and Taskforce feedback**

Next Steps

Appendix

# Feedback | Key points from December 2025 Governance meetings



## Global Fund SC and AFC meetings

- 1 Take a **pragmatic approach focused on initiatives with highest potential impact for countries** and that offer real synergy and tangible benefits
- 2 **Proposed options should deliver simplification and reduce country-level burden** and result in measurable programmatic impact in areas of overlapping mandate (TB, malaria)
- 3 **Prioritization process should consider impact and effort required** to operationalize proposed options, while identifying key risks, considerations and trade-offs
- 4 **Strong call to address the collaboration approach for malaria**, and identify learnings to **avoid a similar situation for TB**

## Gavi Board session

- 1 **Stay country-focused:** Reduce burdens, align with national priorities, and strengthen country ownership
- 2 **Improve efficiency without disruption:** Pursue practical operational gains, but pause consideration of major structural integration or mergers
- 3 **Options must “stand the test of time”** taking a long-term view within a changing ecosystem with realistic expectations on efficiencies
- 4 **Continue to engage governance:** Continue current tracks and engage Board early through additional touchpoints if needed before next scheduled meeting in June

# Prioritization | Taskforce feedback on Phase II focus

## Taskforce recommendations

Following the Gavi Board meeting, Global Fund SC and AFC, the Taskforce recommended to:

- > **Focus on a sub-set of initiatives where deeper collaboration could drive increased programmatic and in-country impact** and secondarily consider initiatives that could drive improved institutional/ HQ efficiency and effectiveness.
- > When considering which initiatives to prioritize, alongside potential impact, assess feasibility and risks such that the **risks and costs of implementation do not outweigh the potential value.**
- > **Deprioritize further analysis of structural options, such as a full merger,** with the potential to revisit in the future, or if required to enable progress in other prioritized workstreams.

## Prioritization criteria for further analysis in Phase 2

Dimension	Purpose
Impact	Assess the <b>value that strengthened collaboration could create</b> for country-facing delivery (increased programmatic impact or country-level simplification) and institutional effectiveness
Feasibility	Determine <b>how realistic further collaboration is</b> given governance, systems, capacity, and timing
Risk & Dependencies	Identify <b>constraints or downside risks</b> that could undermine success and not outweigh the potential value

**An update on prioritization and any subsequent analyses will be shared at the Board meeting**



## Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context
2. Action Now – Ongoing initiatives
3. For further analysis – Factbase development
4. Consideration of institutional options for collaboration
5. Committee, Board and Taskforce feedback

### Next Steps

Appendix

# Next steps | Looking forward, the Taskforce will take a pragmatic, focused, pivoting based on feedback received in December



**Finalize fact-bases** to capture key information to support Phase 2 and provide a repository of evidence should collaboration options be reconsidered in the future



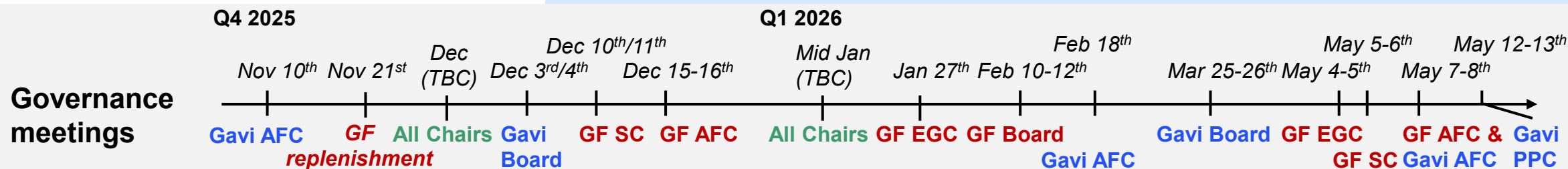
**Clearly document rationale for prioritization**, including capturing the conditions under which we would reconsider deeper collaboration



**Develop holistic collaboration options** that will help deliver increased country impact or country-level simplification, with an assessment of impact, risk and feasibility



**Continue to engage governance bodies** on proposed collaboration options that require governance input, routing first through the All-Chairs Group and relevant Committees





Based on the information in the following slides, and to help steer the next phase of the Taskforce, we welcome **Board feedback and steer**

- 1 We have feedback from SC, AFC and the Gavi Board\* (*slide 25*), what further reflections does the Board have at this stage considering the guidance received so far?
- 2 In response to SC, AFC, and Gavi Board steer,\* the Taskforce has recommended focusing on a subset of initiatives and prioritization criteria (*slide 26*):
  - What reflections does the Board have on this approach?
  - Does the Board have any inputs on relative prioritization across initiatives at this stage?

\*Discussion with EGC will take place on 27 January, and any new information will be incorporated into the Board discussion



## Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context
2. Fact base development and Ethics overview
3. Consideration of institutional options for collaboration
4. Committee feedback

Next steps




Appendix

### Taskforce 2x2 Grid

Progress on Action Now Initiatives

Fact base Summaries

# Mgmt. purview | Initiatives identified between Gavi-Global Fund




			Action now	For further analysis
Mgmt. purview	Strategy, programs & policy	Malaria	N1. Engage Gavi in Global Fund GC7 reprioritisation	
			N2. Sync start of GC8 and 6.0 for key malaria countries (incl. synced apps./reviews - where applicable, and integrated in-country planning, decision-making, targeting, delivery)	
		RSSH / HSS	N3. Engage Gavi in Global Fund reprioritisation	
			N4. Ensure new investments in priority areas consider collaboration opportunities (e.g., data, supply chain, HRH)	
	Country eng.	N5. Expand systematic collaboration on PFM (e.g., supreme audit authorities, PAOs, joint digital payments to HCW)		
		N6. Coordinated applications through sync start of GC8/6.0		
		N7. Strengthened coordination and communication to countries on management and governance / coordination (e.g., ICC/CCM, PMU)		
	Enabling functions	N8. Assess opportunities for joint offshore/shared services and back-office integrations (e.g., IT, Ops, ...)*		
		N9. Explore joint Sec “indirect procurement”		



Initiatives/ analysis to be kicked off immediately and continued to explore more transformative changes

\*Initiatives to be supported by an External Provider

# Board purview | Initiatives identified between Gavi-Global Fund

			Action now	For further analysis
Board purview	Strategy, programs & policy	Country engag.		<b>A1.</b> Harmonized co-fin requirements, eligibility, and transition*
				<b>A2.</b> Merged/ coordinated (technical) teams (malaria, HSS/RSSH, country teams, grant management)*
				<b>A3.</b> Aligned duration + start of grant cycles*
				<b>A4.</b> Joint/single application and reviews for areas of joint investment (e.g., malaria, HSS)*
	Enabling functions		<b>N10.</b> Explore shared/joint OIG/A&I capabilities or function* 	
			<b>N11.</b> Explore shared Ethics services/function 	
			<b>N12.</b> Shared monitoring and evaluation models* 	
RM			<b>A5.</b> Replenishment options*	
Governance			<b>A6.</b> Governance options*	
			<b>A7.</b> Other structural options*	



*Initiatives/ analysis to be kicked off immediately and continued to explore more transformative changes*

*\*Initiatives to be supported by an External Provider*



## Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context
2. Fact base development and Ethics overview
3. Consideration of institutional options for collaboration
4. Committee feedback

Next steps

Appendix

Taskforce 2x2 Grid

**Progress on Action Now Initiatives**

Fact base Summaries

# N1 – Engage Gavi in Global Fund GC7 reprioritization (malaria)

## Initial intent

Engage Gavi in Global Fund reprioritisation exercise, with the objective of ensuring malaria reprioritisation decision-making is informed by latest information on Gavi plans, and if relevant, opportunities for collaboration are identified

## What have we learned?

- Significant financial (programmatic) gaps in the context of reduced external funding and upsurges
- GF reprioritisation and Gavi recalibration taking place on different timelines

## What has been achieved?

- Global Fund shared reduced country allocations with Gavi; Gavi shared latest country malaria vaccine plans
- Malaria country-by-country discussions conducted between Global Fund and Gavi malaria teams to discuss impact of changing funding landscape on malaria programs
- Identified country specific opportunities for collaboration. This includes opportunities for greater use of cross-programmatic touchpoints for service strengthening (e.g. Ethiopia)
- Established regular pace of information sharing and coordination on malaria

## Agreed way forward

1. Global Fund to share final outcomes of reprioritisation with Gavi, including changes in investments by programmatic area
2. Follow-up on country-specific identified opportunities for collaboration
3. Continue to leverage standard model for information sharing as part of GF-Gavi coordination for the next grant cycles (GC8/6.0)

## Key deliverables

- Joint country-by-country malaria programme discussions held based on GC7 reduced country allocations and latest country malaria vaccine plans – **completed**
- Country specific opportunities for collaboration identified and taken forward – **completed**

## N2 – Support integrated country malaria planning through coordinated funding information sharing ahead of GC8/6.0

### Initial intent

Synchronise application timing of GC8 and 6.0 for key malaria countries to support integrated malaria planning and decision-making in country; explore joint Global Fund/ Gavi malaria applications

### What have we learned?

- Synchronised application timings and joint applications not feasible due to timing constraints (e.g., countries choose GF application timing based on national planning processes & Gavi timelines dependent on finalisation of Vx budgets)
- Gavi and Global Fund can communicate their 6.0/GC8 allocations/budgets around the same time early 2026 to support integrated national malaria planning with visibility across funding sources

### What has been achieved?

- Mapping of timelines of Global Fund and Gavi application timelines based on latest intel; mapping informed available pathways for workstream
- Agreement to shift focus from joint applications for malaria to supporting integrated national planning through provision of comprehensive and timely information on available funding
- Alignment on providing countries with a package of information in Q1 2026 to support development of holistic national plans

### Agreed way forward

1. Coordinated and timely information sharing in Q1 2026 through a malaria funders information package for countries that captures comprehensive information on available malaria funding across funding sources
2. Ensure core GC8 and Gavi 6.0 application tools encourage holistic malaria planning and systematic visibility across all interventions (*detailed next slide*)

### Key deliverables

- RBM's malaria programmatic and financial gap analysis tool adapted to include vaccines – required for Global Fund GC8 Funding Requests and Gavi to leverage elements of table for its applications – **by Dec 2025**
- Malaria funders information package shared with countries – **by end of Q1 2026**

# Agreed approaches to enable coordinated and integrated planning of malaria programmes

- 1 Coordinated and timely information sharing in Q1 2026** to enable national planning to use best available information from malaria funders for development of holistic, prioritised Costed Optimised Operational Plans (COOP) - within broader health sector strategies - which then inform both domestic financing decisions and Global Fund / Gavi applications aligned with national priorities
  - Global Fund to communicate GC8 (2026-2028) allocations to countries in March 2026; Gavi to communicate Country Vaccine Budgets and consolidated cash allocation for 6.0 (2026-2030) in early Q1 2026
  - RBM to coordinate across malaria funders to develop a "malaria funders information package"<sup>1</sup> to be issued in Q1 2026
  - Existing partner coordination forums (e.g., Big Push Steerco, RBM regional meetings, COOP taskforce calls) will be leveraged as fora for countries to describe and call for their key information needs - to support rationale and holistic national planning

---

- 2 Ensure core GC8 and Gavi 6.0 application tools encourage holistic malaria planning and systematic visibility across all interventions:**
  - RBM malaria programmatic and financial gap analysis tool adapted to include vaccines – required for Global Fund GC8 Funding Requests; Gavi to leverage elements of RBM tool for its applications
  - In longer term, review application processes to promote more systematic reliance on countries' national plans in applications

---

- 3 Aligned guidance materials for TRP - IRC review of malaria interventions** and active participation in each other's review processes

1. Package to include funding information from the Global Fund, Gavi, as well as World Bank and GHSD, where possible

## N3 – Engage Gavi in Global Fund GC7 reprioritisation (RSSH / HSS)

### Initial intent

Share information with Gavi on the Global Fund's reprioritization exercise and changes in RSSH investments to inform future programming and minimise impact of reductions for countries

### What have we learned?

Scope of GF reprioritisation limited as reduction lower than originally estimated

Gavi's ability to adjust programming or new applications limited due to short timelines or no HSS applications in this period

### What has been achieved?

- Established standard model for info sharing and coordination
- Global Fund guidance for reprioritisation process shared with Gavi country teams and HSS focal points along with data on initial scale of reductions
- HSS workstream joined the country-by-country discussions between Global Fund and Gavi organised by malaria, providing additional information on projected RSSH cuts and anticipated impact of changing funding landscape on programs
- Global Fund shared final revisions with Gavi country programs where RSSH/HSS has been impacted

### Agreed way forward

1. Gavi to share with Global Fund guidance developed for its reprioritisation exercise, planned for Q1 2026, upon finalisation
2. Countries and country teams informed about the scale of impact of changes from both orgs to inform planning and programme decisions
3. Facilitate robust info exchange and Gavi/Global Fund country team discussions during GC8/6.0 funding request processes, and additional follow ups as needed for most impacted countries

### Key deliverables

- Joint country-by-country discussions held based on GC7 reduced country allocations to inform future programming – **completed**

## N4 – Ensure new investments in priority areas consider collaboration opportunities (RSSH / HSS)

### Initial intent

Ensure new investments in priority areas consider collaboration opportunities (e.g., data, HRH, supply chain) and maximise impact of investments of the two organisations.

### What have we learned?

Overlap in GF and Gavi's HSS/ RSSH support not as extensive as originally assumed. Certain RSSH investments (for e.g., lab systems, specimen transport, oxygen systems etc.) not supported by Gavi.

There is value in aligned guidance to support countries in preparing funding requests in complementary HSS/ RSSH investment areas.

### What has been achieved?

- Jointly aligned RSSH/ HSS guidance across Gavi and Global Fund with technical teams reviewing and inputting into respective documents
- Updated guidance reflecting need for coordinated planning in thematic areas of support overlap and/or expected collaboration
- Deep-dive engagement meetings conducted with thematic sub-teams (e.g. data, HRH, supply chain, integrated service delivery)
- Aligned approach to dissemination of guidance to CTs, partners and countries being developed

### Agreed way forward

1. GF guidance to be published by end 2025, Gavi guidance in Q1 2026
2. Disseminate guidance in Q4 2025 - Q1 2026. Include slide requiring coordinated investment planning based on communicated envelopes
3. Consider including messaging on GF-Gavi coordinated planning in Global Fund allocation letter and other briefing materials from both organisations
4. Continued engagement with technical sub-teams to advance collaboration, e.g. data, HRH, supply chain

### Key deliverables

- Aligned Global Fund and Gavi guidance published and disseminated – **by Q1'26**
- Plan for coordinated messaging and sharing of briefing materials finalised – **by Q1'26**

## N5 – Expand systematic collaboration on PFM

### Initial intent

- Joint strategic effort to strengthen national public financial mgmt. systems and expand their effective use in the health sector
- Drive greater efficiency and accountability, accelerate the transition to country-led financial systems, and secure long-term sustainability of health investments

### What have we learned?

- The collaboration creates a strategic opportunity to: i) strengthen national PFM systems, ii) amplify our influence and unlock additional funding for joint priorities, and iii) accelerate the digitalization of PFM systems – particularly audit functions – to boost efficiency, transparency, and trust
- Gavi's and GF's public financial management strategies (FMRA and PFM Adoption Strategy respectively) share several important elements (e.g., use of country systems, differentiated approach, accountability, transparency, etc.), enabling a common approach through partnerships

### What has been achieved?

- Strengthening National Capacity: Ongoing capacity-building to professionalise public-sector accountants and creating a skilled, future-ready health finance workforce
- Enhancing Audit and Accountability: SAI training is expanding audit coverage and preparing countries to transition Global Fund and Gavi grant audits to national oversight bodies
- Increasing Efficiency: Shared fiscal agents for improving cost-effectiveness, reducing duplication, and streamlining fiduciary oversight
- Boosting Collective Influence: Stronger partnership has led to multiple MoUs, joint initiatives, shared learning platforms, and a data-sharing agreement that enhances coordination, transparency, and strategic decision-making

### Agreed way forward

1. Agree for a selected priority countries (with a focus on francophone countries) and develop a tailored approach to accelerate transition to country system
2. Gavi to join GF in ongoing initiatives on strengthening internal auditors and parliamentarians as key actors of the control and accountability ecosystem in health

### Key deliverables

- **Budget Formulation** => Develop action plans for direct engagement with selected countries to facilitate capacity building initiatives as an objective to increase Gavi/GF grants on country budgets **Q2 2026**
- **Budget Scrutiny** => Review a cohort of audit reports of countries supported by ongoing capacity building initiatives and validate improvements in quality to steer ongoing capacity building initiatives **by Q2 2026**

## N6 – Support integrated country RSSH/ HSS planning through coordinated information sharing ahead of GC8/6.0

### Initial intent

Benefit from synchronous starts of Gavi and Global Fund strategic periods through aligned/optimized programming of RSSH/HSS support and synchronised/ joint applications to enhance in-country coordination and integrated planning

### What have we learned?

- Synchronised/ joint applications are constrained by differences in timing of info sharing and application development and submission
- Global Fund and Gavi can communicate country allocations and budgets around the same time to optimise country planning

### What has been achieved?

- Mapping of Global Fund and Gavi, as well as preliminary WB/GFF application timelines based on latest information
- Agreement to pivot focus to providing consolidated information to countries in similar timelines
  - Jointly leverage or develop relevant tools and approaches to support countries in coordinated HSS/ RSSH planning
  - Focus on selected countries (i.e. GF priority RSSH countries and those affected most by Gavi HSS reductions) to provide additional support

### Agreed way forward

1. Develop consolidated information on Gavi-GF funding to support aligned funding applications and country planning of costed, prioritised national plans
2. Further develop tools and approaches to ensure informed, inclusive engagement and coordinated HSS/ RSSH planning at the country level:
  - Inclusion of Gavi partners in GF country funding request dialogues (and *vice versa*) – e.g., in-country integration workshops
  - Use joint funding request landscape table to ensure complementary/synergistic funding
  - Agreed TRP/ IRC review plan and information exchange model to ensure complementarity checks

**Key deliverables**

- A comprehensive support and information package shared with countries to assist with country planning processes – **by end of Q1 2026**
- Developed tools and approaches, including agreed plan for country engagement, finalised funding request table (leveraging existing table) and IRC/ TRP review plan – **by Jan 2026**

## N7A – Strengthened coordination and communication to countries on management and governance / coordination (ICC/CCM)

### Initial intent

Explore potential for more joined up **in-country governance** oversight of Gavi and Global Fund programs

### What have we learned?

- Limited overlap between ICC and CCM membership in Wave 1 countries and between ICC and CCM eligibility requirements
- Limited overlap in functions. Eligibility criteria are quite different with clearer and more explicit requirements for Global Fund/CCMs - *with 6 eligibility criteria*
- Gavi and GF policies allow for use of wider health sector governance platforms as coordinating bodies if they meet eligibility criteria
- Although a merger of the ICCs and CCMs is unlikely to be the solution to improved coordination, there is scope for exploring country preferences. This will require flexibility for tailored solutions rather than a one size fits all approach

*JCWG highlighted this as an area of focus*

### What has been achieved?

- Comparison and analysis of the membership of ICCs/CCMs in W1 countries showing limited overlap (3 people out of 357 across 5 countries)
- Mapping of the functions of ICCs and CCMs, and comparison and analysis of similarities and differences between Gavi and GF eligibility requirements
- Communications prepared inviting lead Wave 1 countries to collaborate on exploring and analyzing options around in-country governance including potentially assessing wider sectoral bodies against CCM/ICC eligibility criteria

### Agreed way forward

1. Letters for W1 countries to be finalized and sent to MoH and senior stakeholders in-country
2. Follow-up with interested W1 countries (TA) to map existing governance structures and identify country preferences
3. Assess preferred options against ICC and CCM eligibility requirements. Identify challenges and opportunities
4. Agree future approach and roadmaps for each country
5. Outcome to feed into future Gavi guidance

### Key deliverables

- Participating W1 countries identified and TA underway (if funded) – **by end Q1 2026**
- Country-specific options surfaced and analyzed against GF and Gavi requirements by end Q1. And a roadmap for implementation agreed – **by end Q2 2026**

# N7B – Strengthened coordination and communication to countries on management and governance / coordination (PMUs)

## Initial intent

Exploring opportunities for more aligned or integrated PMU arrangements where it makes sense, leveraging shared structures, staff, systems and assurance mechanisms to reduce duplication/fragmentation for countries, strengthen national capacity, and improve efficiency and effectiveness of grant implementation

## What have we learned?

- Initial data analysis demonstrated variations in understanding of and approach to PMUs
- There are instances where there is no PMU however Gavi/GF finances key positions within the MOH or MOF
- The joint program management structure is highly dependent on the specific country context, leadership configuration, administrative arrangements and operational requirements. The optimal structure may take different forms and does not necessarily have to be a PMU

## What has been achieved?

- Aligned on PMU definition - *"A PMU is a dedicated structure—typically within a government Ministry, national program, or implementing agency—responsible for the day-to-day management, coordination, and oversight of donor-funded programs. Its mandate generally spans multiple grants and funding sources, ensuring alignment with national strategies, harmonization of donor requirements, and efficient use of resources."*
- Mapped existing PMUs - 14 Joint PMUs, 6 countries where both Gavi and GF have separate PMUs, and 18 countries where either GF or Gavi have a PMU\*
- Analyzed data and identified countries with potential for joint PMU arrangements
- Started engaging with Wave 1 countries with existing PMUs (Guinea, Chad, Malawi) to collect further quantitative and qualitative insights

## Agreed way forward

1. Engage with **three Wave 1 countries with existing PMUs to collect additional quantitative and qualitative information** including operational, management and governance arrangements, identify pain points and lessons learned. Expand data collection and analysis to 14 other countries with joint PMUs
2. **Identify countries with potential opportunities for joint PMU models (where logical and expected to deliver benefits vs status quo)**, based on the mapping and agreed criteria
3. **Value for money assessment** of a cohort of PMUs for sustainability purposes
4. Agree on **country-specific roadmaps** outlining required steps, timelines (taking into consideration GF and GAVI grant life cycles), technical support, and responsibilities to move toward the preferred PMU model

## Key deliverables

- Conducted quantitative and qualitative analysis of 5 Wave 1 countries, identified common lessons, and surfaced potential options for PMU integration – **by end Q1**. Further 14 countries with existing joint PMUs reviewed – **by end of Q2 2026**.
- Roadmaps developed in countries with separate PMUs that are interested in exploring integration in the upcoming funding cycle – **by Q3 2026**

## N8 – Joint offshore/shared services and back-office integrations

### Initial intent

Gavi and Global Fund to analyse potential joint models for sharing, outsourcing or offshoring services (incl. shared service center for all transactional activities)

### What have we learned?

- Potential in joint transactional services identified; further offshoring/out-sourcing planned for both organisations
- Benefit of joint vs individual optimisations still being assessed
- Differences in IT platforms (e.g., SAP vs Oracle) policies and processes may challenge the ability to unlock synergies

### What has been achieved?

- Kicked off a structured collaboration process between Gavi and the Global Fund by bringing together 10+ senior leaders (incl. CFOs, CTOs, COO, ...), across 4 enabling functions (IT, HR, Ops, Finance) aimed at mapping synergy opportunities, aligning on priority areas, and surfacing major cross-cutting challenges
- Started fact-base development and sharing of cross-institutional lessons and analyses
- Consolidated emerging insights from initial 1:1 functional discussions

### Agreed way forward

- Combined into work being done by the external provider

## N9 – Explore joint Sec “indirect procurement”

### Initial intent

Joint analysis of indirect procurement (i.e., non-biomedical/Opex, incl. IT) to identify where pooling purchasing could unlock efficiencies and savings

### What have we learned?

- ~20% of total indirect spend is already joint; preliminary opportunities for further synergies identified, others dismissed due to lack of scalability/potential
- Differences in IT platforms (e.g., SAP vs Oracle) policies and processes may challenge the ability to unlock synergies

### What has been achieved?

- Collected and analysed individual spend data for both organisations
- Identified by each organisation the high-spend areas with synergy opportunities that do not have a joint procurement model yet
- Conducted high-level discussion across both organisations on preliminary results and identified joint opportunities by comparing spend profiles and prioritising categories

### Agreed way forward

1. Agree on the final assessment and magnitude of indirect procurement overlap, and review potential options for joint sourcing
2. Engage providers to quantify the opportunity and identify key risks and operational considerations
3. Analyse policy harmonisation and ToR alignment needed for opportunities identified
4. Present a clear, actionable recommendation – with implications – to Senior Leadership across Secretariats for steer

### Key deliverables

- Map areas of overlap and agreed providers list for joint outreach – **completed**
- Sized potential savings through providers outreach, incl. assessment of policy changes needed, and clear recommendation for Leadership – **by Q1'26**



## Content

Gavi and Global Fund  
Governance Meetings, Dec  
2025/ Jan 2026

1. Context
2. Fact base development and Ethics overview
3. Consideration of institutional options for collaboration
4. Committee feedback

Next steps

Appendix

Taskforce 2x2 Grid

Progress on Action Now Initiatives

**Fact base Summaries**

## overview

**Key question:** Where could deeper collaboration on these policies deliver more impact (sustainability and transition), efficiency, or simplification at the country-level?

### Scope of policies

- **Gavi (vaccines focus):**
  - Eligibility and Transition Policy
  - Co-financing Policy
- **Global Fund (HIV, TB, Malaria focus)**
  - Eligibility Policy
  - Sustainability, Transition, and Co-financing (STC) Policy
- Both sets of policies aim to **direct funding towards countries with low economic capacity** (and higher disease burden for GF), **strengthen country ownership**, and **support a path to long-term financial sustainability** and responsible transitions

### Key overlaps & collaboration baseline

#### Overall intents are similar between the two sets of policies...

*Eligibility:* Both aim to support countries with lower economic capacity, primarily funds LIC<sup>1</sup>s and LMIC<sup>2</sup>s, with GNI per capita as a common criteria

*Co-financing:* Both require progressive shift towards greater domestic financing

*Transition:* Common aim of supporting countries towards sustainability beyond donor funding and provide a transition pathway

#### Existing collaboration are ad hoc:

- **Ongoing information exchange** on policy implementation
- **Limited joint investments**, via the World Bank
- **Joint malaria vaccine guidance** clarifying distinct funding roles and avoiding double-counting of co-financing
- **Limited domestic financing engagement**, including selective joint country missions (e.g., with the IMF in DRC)

### Key differences and boundaries for change

#### ... though actual policy frameworks and approaches have major differences

##### *Eligibility:*

- **Different GNI per capita thresholds** used to define country eligibility (set by world bank for GF)
- **For GF, UMIC<sup>4</sup>s with high burden of disease are eligible**, with some exceptions, **disease burden thresholds** are based on **technical partner recommendations** to determine 'high' burden

##### *Co-financing:*

- Gavi requires co-financing of share of **vaccine doses and CCE** in cash and stops vaccine supply if countries do not pay, co-financing flows from countries to UNICEF directly
- **GF requires progressive expenditure on health** (in LICs and LMICs only), progressive co-financing of key programmatic interventions, and increased financing of HIV, TB, malaria responses. Focus of co-financing differs based on income level and total financial amounts are a % of the allocation size. GF can reduce grants if countries do not meet requirements

##### *Transition<sup>5</sup>:*

- Gavi's transition is **linear and predictable**: countries move along fixed path with standard 8-year AT<sup>3</sup> phase, with share of co-financing higher the closer they get to transition (19 countries transitioned)
- GF's is based on eligibility and specific country context: **eligibility determines transition, plus the GF sets and adjusts transition timelines** each allocation cycle based on context to increase predictability, focused on UMICs and U-LMICs
- GF / Gavi have significant differences in which countries transition away from financing and at what speed

1. Low income countries | 2. Low medium income countries | 3. Accelerated transition | 4. Upper middle income countries | 5. 19 countries transitioned for Gavi 52 disease components across 38 countries for GF

Source: Gavi, Global Fund

## A2. Country teams | Summary overview

**Key question:** How could increased coordination across teams drive simplification and coherence at the country-level and HQ efficiencies?

### Scope of teams

Both teams support and oversee country grant portfolios end-to-end, coordinate technical support, and engage with ministries and partners

- **Gavi:** Country Delivery Department (CDD without HSIS and IF&S)
  - 75 FTEs
  - Covers 56 countries
- **Global Fund:** Grant Management Division (GMD), Grant Finance (F&A) and Grant Legal (LGD)
  - 270 FTEs (Full country team for 21 high impact & 32 core countries)<sup>1</sup>
  - Covers 128 countries

### Key overlaps & collaboration baseline

**Both organisations rely on dedicated country-facing teams with largely similar structures and activities...**

*Staffing model of country teams:*

- Both organizations have **extended country teams with core members** (often fulltime dedicated) and **periodic members** engaged as needed for functional or technical expertise across the organizations
- Both use **a differentiated staffing model with variation in FTEs across countries** (expanded, full, streamlined teams depending on the disease burden/funds/country allocation)

*In-country presence and engagement:*

- **Neither have country offices**
- Both have regular Country Team visits - sometimes these are jointly made
- Both engage with large number of country stakeholders, centred on government

**Current areas of collaboration (examples):**

- **Joint Gavi/GF country team visits**
- **Knowledge sharing** between country teams
- **Co-support of PMUs** in certain countries

### Key differences and boundaries for change

**... though specific country delivery models and scope do vary**

*Staffing model of country teams:*

- **GF has more dedicated staff in core country teams** (e.g., including finance and legal) vs Gavi
- **GF has a larger number of functional and technical specialists in-house**, where Gavi also has some specialists in-house but **heavily relies on partners** for deeper technical and functional expertise

*In-country presence and engagement:*

- Limited overlap of country-level stakeholders
  - Gavi engages with **ICC** for coordination, **EPIs/MoHs and partners (especially core partners WHO and UNICEF)** for implementation, and **NITAG** for vaccines introduction guidance
  - Global Fund relies on **CCMs** for coordination and oversight, country-selected **PRs** (government entities/MOH/MOF in majority where possible) for implementation and coordination, and **LFAs** for assurance
- While both entities coordinate across complex stakeholder landscapes at country level and the vertical nature of EPI and disease programs in many countries, **Global Fund faces even higher degrees of complexity and demand for stakeholder engagement** in part linked to the differences in scope of the two organizations

1. Excludes Finance and Legal colleagues who are part of the Country Teams | 2. more precisely, support national immunisation programs and steward Gavi support and investments, both in terms vaccines, cash and TA and support coordination of partners

## A2. Malaria teams | Summary overview

**Key question:** How could increased coordination across teams drive simplification and coherence at the country-level and HQ efficiencies?

### Scope of teams

Both teams support malaria programmes, but one focuses on vaccines within immunisation systems while the other covers the full range of malaria interventions

The teams sit in different functions

- Gavi's malaria work is embedded within Vaccine Programmes and Markets (VPM)
  - < 3 FTEs
  - Up to 31 malaria specific countries (within 5 years grant cycle)
- The Global Fund's malaria function sits within Technical Advice and Partnership (TAP)
  - 6.5 FTEs from 1st Jan
  - 68 malaria-specific countries supported (within 3 years grant cycle)

### Key overlaps & collaboration baseline

*Similarities exist in how Malaria teams operate...*

- **Mandate:** Both have related but non-identical goals, have malaria technical expertise (although more delivered through partners esp. WHO at Gavi), and technical partners to reduce malaria
- **Execution model:** Both work through partner platforms (MVCT<sup>1</sup>) and partner organizations e.g., WHO, UNICEF, PATH, RBM<sup>2</sup> to harmonise guidance, readiness and operational messaging
- **Country-engagement:** Both rely on technical partners as well as country teams. In some countries Gavi and GF jointly fund Programme Management Units (PMUs)

Ongoing joint work includes

- **Coordinated and timely information sharing** in Q1 2026 through a malaria funders information package
- **Ensure core GC8 and Gavi 6.0 application tools encourage holistic malaria planning**
- **Aligned guidance materials** for TRP<sup>3</sup> – IRC<sup>4</sup> review of malaria interventions

### Key differences and boundaries for change

*... With differences driven by distinct programme scopes and structural organizational differences*

- **Programme scope differs:** GAVI focuses on vaccines and systems integrated within an EPI platform; GF across the broad malaria programming space and complex operating environments (e.g., treatment diagnostics, vector control, M&E, chemo...) around Malaria prevention and control
- **Operating environment:** Gavi delivers malaria support through an Alliance-based model where WHO, UNICEF and other partners provide technical expertise to support EPIs within PHC together with global Alliance collaboration for market shaping and innovative financing, while GF relies on internal Secretariat specialists, global technical partners and in-country mechanisms (e.g., CCMs) to drive implementation, performance and market shaping

**Boundaries:**

- *Non-identical organizational aims and siloing of malaria financing, limiting discussion around aligning funding pools and cycles;* accordingly funding flows and co-financing models are currently non-fungible; and timelines across GC8 vs Gavi intro/renewal windows are not naturally synchronized for joint applications – however, for the GF GC8/Gavi 6.0 the organizations are supporting holistic planning through a coordinated malaria funders' information package

1. Malaria Vaccine Coordination Team (MCVT) | 2. Roll Back Malaria (RBM) | 3. Technical Review Panel (TRP) | 4. Independent Review Committee (IRC)

## A2. HSIS<sup>1</sup>/ RSSH<sup>2</sup> teams | Summary overview

**Key question:** How could increased coordinated across teams drive simplification and coherence at the country-level and HQ efficiencies?

### Scope of teams

Both teams strengthen health systems by bringing technical know-how into grants and supporting countries to improve essential services

- **Gavi:** Health Systems and Immunisation Strengthening (HSIS)
  - 17 FTEs (inc. external)
  - Health financing, PFM, supply chain and some data support sit outside the HSIS team
- **Global Fund:** Resilient and Sustainable Systems for Health (RSSH)
  - 35 FTEs in RSSH-PPR team (inc. external)
  - ~x2 larger other RSSH thematic teams outside the RSSH team - e.g., supply operations, health financing, PFM, digital/AI that RSSH team is coordinating

### Key overlaps & collaboration baseline

#### *Similarities in how HSIS/RSSH teams operate...*

**Mandate:** Both lead on the overall **strategic approach** to health system, shape the health-system components of **country grants at the design stage**, convene and coordinate **partners**, test and scale **innovations**, and collect and share **learning** across countries

**Implementation:** Both stay closely involved with **core country teams (via SCMs and FPMs<sup>3</sup>)** during implementation through missions and structured monitoring

**Partner collaboration:** Both work with similar external partner **platforms** to embed system strengthening into grants

#### **Current areas of collaboration**

- **Joint investments in shared priority areas** including supply chain, data/HMIS<sup>4</sup>, and PFM
  - **Ongoing collaboration on digital learning and training models** - explored in N4
- **Emerging joint policy engagement** on CHW<sup>5</sup> role formalisation and sustainability planning

### Key differences and boundaries for change

*... With differences driven by size, distinct programme scopes and structural organizational differences*

*Strengthen elements of the health system most relevant to each mission:* **Gavi focuses on immunisation-linked HS strengthening**, while the Global Fund advances **broader health and community systems** across multiple diseases (HIV, TB, Malaria) and beyond.

*Funding modalities:* Gavi HS investments are largely through **standalone cash** grants whereas much of **GF investment is covered across disease grants**

*Different size of investments:* Global Fund \$1.3B/year in GC7 vs. Gavi ~\$400M/year in 5.0

*Distinct structures:* **Gavi's HSIS teams are part of the country teams** (under CDD) whereas for GF the **RSSH teams sits outside the country teams** in TAP

*Role of alliance vs partnership:* Gavi is an alliance model where partners (UNICEF, WHO) play an Alliance representative role in country and hold a significant share of technical expertise whereas GF is a **partnership model** where partners play an advisory role more than an implementer role and GF holds more expertise inhouse

*Varying degree of specialization,* **Gavi's teams is composed mainly of country-facing health systems generalists** whereas the **GF's team is specialised** in certain areas

1. Health Systems and Immunisation Strengthening | 2. Resilient and Sustainable Systems for Health | 3. Senior Country Managers (SCMs) / Fund Portfolio Managers (FPMs) | 4. Health Management Information System | 5. Community Health Worker(s)

## overview

**Key question:** Where can further harmonization of grant cycles duration/start and application and review processes drive simplification and increase efficiency at the country-level?

### Scope

**Grant cycle duration** is defined across both organizations similarly, but with differing timelines

- **Grant cycles are tied to resource mobilization** and aim to ensure planning happens in an organized, multi-year way

**Applications and review for overlapping priorities incl. malaria and HSS/RSSH**

- **Applications help countries outline priorities, budgets, and plans**, and make sure requests align with national strategies and each organization's policies

### Key overlaps & collaboration baseline

**Strong similarities in process and concepts...**

**Grant cycle duration:** Both use multi-year cycles

**Applications and review**

- **Both use independent technical reviews** (i.e., IRC and TRP), which are jointly undertaken for applicable malaria programs
- Difference of country mechanisms, CCM is critical for GF; ICC's for Gavi, however these **have similar governance mechanisms for applications**
- **Alignment across key line items** in budget templates (although different formats across application templates)

**Existing collaboration are:**

- Both engage in joint Board calls, and a Joint Committee Working Group, especially on malaria and RSSH
- Providing countries with a holistic set of information regarding Malaria funding to support applications to both organizations, to be convened by the RBM Partnership

### Key differences and boundaries for change

**... with differences across fundamental definitions and in specific application design**

**Scope:** Gavi is an alliance model where core partners (UNICEF, WHO) play an active Alliance role (e.g., procurement, implementing); GF is a partnership model that relies on government, civil society, and technical partners to co-develop applications and choose implementers on behalf of their country

**Grant cycle duration:**

- **Difference in core cycle duration:** 3 years (GF) and 5 years (Gavi), each tied to replenishment

**Application:**

- **Gavi uses one combined application for all vaccine and immunization support**, while the **Global Fund uses several application types** depending on performance, disease needs, and transition status
- **Application filling** tends to be MoH/EPI led for Gavi and CCM-led for GF (which includes strong governments, civil society, community & bi-/multi-lateral partner engagement)
- **Differences in application templates** across structure and information asked for (although ongoing work to provide consistent set of information to countries for Malaria to prepare for upcoming funding cycles)

**Application review**

- The Global Fund uses **TRP and GAC** for independent technical and strategic assessment and Gavi uses the IRC

# N10. A&I/OIG | Summary overview

**Key question:** Where could deeper collaboration improve efficiency or quality of audit and investigation services, or strengthen the link to drive increased country impact?

## Scope

Both functions deliver **independent audit and investigation assurance** to uphold integrity, transparency, and donor confidence

### Resourcing and scale:

- **GF OIG:**
  - 51 FTE (2026)
  - ~ US \$ \$2.9m non-staff budget
  - ~11 country audits p.a.
  - ~4 Advisory p.a.
  - ~5 internal audit p.a.
  - ~531 complaints (in 2024)
  - ~45 investigations p.a.
  - 1 annual opinion on GRC enshrined in OIG charter
- **Gavi A&I:**
  - 14 FTE (2026)
  - ~ US \$ 1m non-staff budget
  - ~7–8 programme audits p.a.
  - ~6–7 Secretariat audits/ advisories p.a.
  - ~49 complaints (in 2024)
  - ~6 investigations p.a.

## Key overlaps & collaboration baseline

**Mandate alignment:** Both functions perform internal and programme audits, investigations, and advisory work

**Common professional standards:** Both follow IIA guidance and external quality assurance requirements

**Similar deliverables and process workflows – with organizational nuances:**

- Key activities: Annual planning, fieldwork, management review, AFC/Board reporting
- Both use external contractors for fieldwork

**Existing collaboration:**

- MoU (updated 2025) aligns audit plans, information-sharing principle, and other collaboration
- Joint training (e.g., PSEAH 2024, investigations, procurement) and WHO co-hosted events
- Similar vendors and external consultants for in-country audits

## Key differences and boundaries for change

**Governance, reporting lines & independence**

- GF OIG’s independence is board-anchored and donor-mandated - this independence is a requirement for donor funding
- Gavi A&I independence is board-mandated – A&I reports functionally to the Board via the AFC – and administratively via dotted line to CEO

**Operational Contexts and Risk Profile**

- *Scale and Risk Profile:* GFs larger, cash-based, medicines/commodities with existing black markets, work with vulnerable and marginalized communities, and multi-implementer portfolio creates a higher fraud, misconduct and abuse risk exposure than Gavi’s vaccine-focused model
- *Country-Level Delivery Models:* Gavi operates through national immunization programs, while GF relies on multiple implementers and financing channels including NGOs/community-based organizations
- *Secretariat-Level Processes:* Distinct internal structures drive different oversight models and audit priorities
- *Donor requirements:* Donor landscape and requirements differ significantly (e.g., specific independence requirements for GF)

**Functional Scope**

- GF OIG has a specific unit for advisory and a professional Services Unit in charge of advanced analytics and AI use
- Gavi A&I incl. internal-investigations that are excluded from GF OIG’s remit (sits in Ethics)

1. There are 14 joint PMUs out of the over 100 countries supported by Global Fund. While joint in name, they follow separate processes for GF and GAVI with separate bank accounts. Their work does not cover programmatic risks, supply chain and data management key components of risks faced by GF programs and covered by OIG’s assurance

# N11. Ethics | Summary overview

**Key question:** Where could deeper collaboration lead to increased efficiencies or improve quality of ethics services, given similarities in roles/ functions across organizations?

## Scope

Both Ethics functions safeguard **organizational integrity, ethical behaviour, and protection from misconduct**, but differ **sharply in maturity, scale and depth**

- **Global Fund Ethics & Risk Department:**
  - Established 2014
  - 13 FTE
  - ~US \$3.8 m budget 2026
- **Gavi Ethics, Risk & Compliance Office**
  - Established 2023
  - 1.5 FTE (2 planned 2026)
  - ~US \$0.3 m budget 2025

*Both offices are mid-reform which complicates timing for integration*

## Key overlaps & collaboration baseline

**Aligned mission:** Promote integrity, ethical behaviour, and protection from retaliation and misconduct

**Comparable deliverables:** Annual ethics assurance reports and workplans reviewed by governance committees (GF Ethics & Governance Committee / Gavi Governance Committee)

**Process similarities:** Regular policy updates, conflict disclosure management, annual training, reporting to Boards and management

Both include similar risk and compliance activities (although titles differ)

**Existing collaboration:**

- Shared PSEAH e-learning and training resources
- Joint Ombudsperson recruitment underway to provide conflict-resolution and ethics advice across both organizations
- Shared provider for e-learning content and animation modules

## Key differences and boundaries for change

**Maturity, Scale and depth:** Long-established, mature, and larger ethics office at GF than Gavi

**Reporting:** GF dual reporting line EGC and ED and part of MEC; Gavi reporting access to (reporting line) to Gov Comm, and CEO delegated administrative reporting line to Legal

**Mandate and Functional Scope:**

- Both functions manage ethics policies, training, COI, third-party due diligence and retaliation protection, but GF's due diligence, trainings and COI management are more robust and GF handles staff misconduct allegations and investigations and capacity building for CCMs and implementers

**Processes and systems:**

- GF and Gavi use different third-party tools for COI disclosures and training
- GF also uses a proprietary tool for third-party due diligence, misconduct reporting and case management, and recording advice & guidance

**Organizational interfaces:** Ethics functions depend on collaboration with all business functions, especially HR, Legal, OIG and Risk - joint models require consideration of this dependency

**Reputational Sensitivities:** Integration risks include perceived loss of independence and confidentiality, and there are no observed precedents for a shared Ethics Office between independent global entities nor an outsourced model

# N12. Evaluations | Summary overview

**Key question:** Where could deeper collaboration lead to increased efficiencies of evaluations, given similarities in roles/ functions across organizations?

## Scope

Both Evaluation functions ensure **independent evidence and learning** to strengthen program design and institutional performance

- **Global Fund Evaluation & Learning Office (ELO)<sup>1</sup>** within Office of Executive Director
  - Established in 2023
  - ~8 FTEs
  - ~USD 2.8m budget p.a.
  - Out of which ~USD1.2m professional fees p.a.
- **Gavi Evaluation & Learning Unit (EvU)** within MEL Department
  - Established in 2008
  - ~4.5 FTEs
  - ~CHF 2.4-2.9m budget p.a.
  - Out of which ~CHF 1.5-2.0m professional fees p.a.

## Key overlaps & collaboration baseline

**Aligned mandate and approach:** Both functions commission strategic, thematic, and program evaluations; both emphasize learning and evidence use

### Similar operating model:

- Small centralized teams commissioning evaluations via RFPs to independent firms (e.g., EHG, Ipsos, EY)
- Both maintain strong engagement throughout design, oversight, and quality assurance
- Similar quality assurance mechanism supported by specific advisory bodies for outsourced evaluations

**Comparable deliverables:** Annual and multi-year workplans, evaluation policies, evaluation reports, management responses, and annual synthesis/evaluation reports to the Board

### Existing collaboration:

- IEP/EAC members invited to join relevant agenda items at meetings related to areas of collaboration/learning
- Occasional cross-consultation by units on evaluation standards, technical approaches and learning processes
- Joint efforts in outreach & approaches to increase the diversity of the evaluation supplier pool

## Key differences and boundaries for change

### Scope and delivery model

- Evaluations are specific to the use cases (Boards), strategies, program/investment areas and business/partnership models run by each organization; currently limited overlap given different missions and mandates
- Gavi leverages core partner evaluation function capabilities (i.e., UNICEF/WHO) and focuses on evaluating vaccine and system programs
- GF focuses on cash-grant delivery, disease-specific programming, and multi-partner implementation - differing use cases and data requirements

### Operating environment and interfaces

- Evaluation timing and cycles tied to different strategic frameworks and governance cycles (Gavi 6.0 vs. GF GC8)
- Gavi's evaluation function is a fully integrated part of the monitoring and learning approach and embedded within the MEL team