

2023-2028 Strategic Performance summary report

54th Board Meeting

GF/B54/14

54th Board meeting

12-13 February 2026, Geneva, Switzerland

Board Information

Purpose of the paper: Q4 2025 summary report on Strategic Performance for the 54th Board meeting. This report provides a synopsis of Strategic and Financial performance.

Key highlights

1. Strong results were achieved across all programmatic areas in 2024, with the exception of TB prevention and bed net distribution. TB prevention continues to face systemic and behavioral challenges. Bed net distribution, primarily driven by three-year mass campaigns, remains sensitive to timing shifts - as seen in 2024, when delays in several high-volume countries affected performance.
2. Sustained efforts have led to improvements in community engagement, human rights, gender equality, and equity. First reported results for gender and equity KPIs show promising progress in reaching underserved populations. Nonetheless, human rights and gender-related barriers continue to limit broader health impact.
3. Health systems are functional, but gains remain fragile. Findings from targeted Health Facility Assessment (tHFA) conducted in 19 countries indicate reasonable levels of patient satisfaction with quality of care, and integration of malaria and HIV services within ANC. However, working conditions for community health workers remain an area of concern. Data system maturity and data use have improved due to sustained long-term investments and global/regional collaboration. Supply chains are currently performing well. However, maintaining these gains in the face of declining funding will require prioritization and integration of data systems, supply chains, and community health systems.
4. Results indicate that momentum in pandemic preparedness is slowing. COVID-era improvements are waning, with two of the three pandemic preparedness KPIs currently not meeting target. COVID-19 funding will wind down from 2025, which may further constrain countries' ability to detect and respond to future epidemics and pandemics.
5. Overall, in recent years, substantial progress has been made in the delivery of services for HIV, tuberculosis, and malaria, resulting in notable reductions in both incidence and mortality rates. However, recent external funding cuts – including a reduction of US\$ 1.4 billion from Global Fund supported programs in GC7 and significant decreases from other donors – may threaten the continuity and quality of these services unless domestic funding for health is rapidly scaled up. Based upon the reprioritization guidance, Global Fund support prioritized safeguarding essential and lifesaving interventions, with funding for key components of program quality, including monitoring and evaluation, training and technical assistance, considered where essential. To sustain and build upon the progress made in achieving health outcomes, continued rigorous prioritization and strategic investments across both external and domestic funding sources will be essential.
6. The detailed Strategic Performance Report as presented to the 29th Audit and Finance Committee, Part B can be found [here](#).

KPI performance summary

| KPI | | Cohort (# countries) | Grant result | Grant target | Latest performance | Performance vs 90% target |
|-----|--|-------------------------|-----------------|-----------------|--|------------------------------|
| H1 | People living with HIV who know their status | 67 | 87% | 92% | 95% achievement against grant targets | |
| H2 | ART coverage | 97 | 79% | 85% | 94% achievement against grant targets | |
| H3 | Viral load suppression | 52 | 95% | 92% | 103% achievement against grant targets | |
| H4 | KP reached with prevention programs | 96 | 45% | 47% | 97% achievement against grant targets | |
| H5 | AGYW reached with prevention programs | 11 | 33% | 37% | 88% achievement against grant targets | |
| H6 | Elimination of vertical transmission | 53 | 83% | 88% | 94% achievement against grant targets | |
| H7 | PLHIV on ART who initiated TPT | 60 | 11% | 15% | 72% achievement against grant targets | |
| T1 | TB notification, all forms | 84 | 4.71 mn | 4.71 mn | 100% achievement against grant targets | |
| T2 | TB TSR, all forms | 72 | 87% | 90% | 97% achievement against grant targets | |
| T3 | DR-TB cases on treatment | 77 | 87% | 97% | 90% achievement against grant targets | |
| T4 | DR-TB TSR | 54 | 71% | 73% | 98% achievement against grant targets | |
| T5 | TB contacts on TPT | 56 | 1.72 mn | 2.5 mn | 69% achievement against grant targets | |
| T6 | ART coverage for HIV positive TB patients | 73 | 91% | 95% | 96% achievement against grant targets | |
| M1 | LLIN's distributed | 58 | 162 mn | 208 mn | 78% achievement against grant targets | |
| M2 | Malaria testing, public facilities | 58 | 98% | 96% | 102% achievement against grant targets | |
| M3 | Malaria cases treated, public facilities | 55 | 97% | 98% | 98% achievement against grant targets | |
| M4 | IPTp3 coverage | 30 | 58% | 62% | 93% achievement against grant targets | |
| M5 | Children receiving full course of SMC | 12 | 105% | 96% | 109% achievement against grant targets | |

| KPI | | Latest result | Target | Performance |
|------|--|---|------------------|-------------|
| S1 | Provision of people-centered, high-quality services | N/A – countries show improvement | 100% by end 2025 | ● |
| S2 | Provision of supportive supervision | N/A – countries show improvement | 100% by end 2025 | ● |
| S3 | HTM integrated services offered to pregnant women | N/A – countries show improvement | 100% by end 2025 | ● |
| S5 | System readiness for CHWs | N/A – countries show improvement | 100% by end 2025 | ● |
| S6a2 | Secure, maintained and interoperable HMIS | 92% countries at Moderate maturity level (3) | 90% by end 2028 | ● |
| S6b | Data driven decision making | 54% countries increase maturity level | 90% by end 2028 | ● |
| S7 | Use of disaggregated data for planning / decision making | 82% countries meet threshold for use | 80% by end 2028 | ● |
| S8 | On shelf availability (OSA) – HIV | 80% OSA at portfolio level for HIV | 90% by end 2025 | ● |
| S8 | On shelf availability (OSA) – TB | 86% OSA at portfolio level for TB | 90% by end 2025 | ● |
| S8 | On shelf availability (OSA) – malaria | 85% OSA at portfolio level for malaria | 90% by end 2025 | ● |
| E2a | Reaching marginalized sub-populations | 62% countries have majority of indicators performing well | 70% by end GC7 | ● |
| E2b | Reducing inequities in HTM | N/A – countries showing faster progression compared to standard indicator | 70% by end GC7 | ● |
| E3b | Performance of gender-specific indicators | 70% countries have majority of indicators performing well | 70% by end GC7 | ● |
| P1 | Laboratory testing modalities | 48% countries with high/improved score | 90% by end 2028 | ● |
| P2 | Early warning surveillance function | 60% countries with high/improved score | 90% by end 2028 | ● |
| P3 | Human resources for implementation of IHR | 33% countries with high/improved score | 90% by end 2028 | ● |
| F2a | Corporate asset utilization | 99% corporate asset utilization | 95%-98% | ● |
| F2b | Allocation utilization | 99% allocation utilization for GC7 | 95% | ● |
| F3 | In-country absorption | 69% in-country absorption for GC7 | 80% (Y2 target) | ● |

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

Strategic Performance Summary

Primary Goal: End AIDS, TB and malaria

- HIV portfolio performance remained strong for all treatment cascade indicators in 2024. 87% of people living with HIV (PLHIV) knew their status (**KPI H1**) against a target of 92%, and ART coverage (**KPI H2**) was at 79% against a target of 85%. These results were largely driven by high performing countries in South-Eastern Africa. Viral suppression amongst PLHIV on ART (**KPI H3**) showed exceptional results reaching 95%, surpassing the portfolio target of 92%.
- HIV prevention programs also delivered good performance. Coverage of HIV prevention programs for Key Populations (KPs) (**KPI H4**) reached 45% against a 47% portfolio target, with coverage for sex workers and for people who inject drugs exceeding targets. Prevention programs targeting adolescent girls and young women (AGYW) (**KPI H5**) also performed well with 33% coverage across 11 priority countries against a target of 37%. Performance however declined compared to 2023, largely due to increased ambition of grant targets under GC7, as programs shifted focus towards higher risk AGYW sub-groups.
- Efforts to eliminate vertical transmission continued, with 83% ART coverage for pregnant women (**KPI H6**) against a target of 88%, driven primarily by countries in South-Eastern Africa. However, initiation of TPT for PLHIV on ART (**KPI H7**) remained a challenge, with only 11% PLHIV on ART initiated on TPT against a 15% target. Progress is hindered due to persistent

systemic and behavioral barriers such as health care worker hesitancy due to unfounded concerns about drug resistance and side effects; limited access to shorter regimens; and low perceived need among asymptomatic individuals. While catalytic funding for TPT for PLHIV ended in 2023, the number of PLHIV initiated on TPT remained stable at approx. 1.7 million in both 2023 and 2024, indicating resilience despite funding constraints.

4. Overall, sustained improvements in service delivery outcomes have contributed to a 45% reduction in HIV incidence and a 48% decline in AIDS-related mortality between 2015 and 2024 in Global Fund (GF) supported countries. However, the evolving funding landscape threatens to reverse these gains. Residual risk for HIV remains high and on an increasing trajectory. Recent funding cuts have already affected service delivery and commodity availability in several countries. Stockouts of ART and EVT-related products pose an increased risk of treatment interruption, excess pediatric mortality and potentially higher rates of opportunistic infections. Scaling back of prevention and testing services for KPs and AGYW - with specialist sites closing or transitioning to Primary Health Care (PHC) platforms - raise concerns about reduced access and quality of care. Additionally, emerging data gaps (programmatic, IBBS, PSE, etc.) may hinder effective program design and monitoring.
5. In 2024, TB program performance remained strong in finding and treating TB patients. 4.71 million TB cases were notified (**KPI T1**) against a target of also 4.71 million¹ in 2024, with particularly good results across Asia and West Central Africa. Treatment success rate (**KPI T2**) reached 87% against a 90% target, supported by decentralized service delivery models, community and private sector engagement and enhanced treatment adherence support.
6. DR-TB programs also performed well. 87% of people with confirmed RR/MDR-TB were put on treatment² (**KPI T3**) against a 97% target. Performance was driven by some countries in South-Eastern Africa and in Eastern Europe and Central Asia, while high burden countries like Bangladesh and Pakistan lagged. DR-TB Treatment Success Rate (**KPI T4**) reached 71% against a 73% target. Success was driven by decentralization of DR-TB care, enhanced community engagement that improved linkage to care, newer short oral treatment regimens, and the scale-up of treatment adherence support through using digital adherence technologies and community health workers.
7. However, TB prevention remains a challenge. Only 1.7 million TB contacts¹ initiated TPT (**KPI T5**) against a target of 2.5 million, with underperformance largely driven by countries in Asia such as Indonesia and Pakistan. Limited access to diagnostics such as time-consuming skin tests and costly IGRA tests, as well as the de-prioritization of prevention amid resource constraints have hindered progress in this area. Despite these challenges, global TPT coverage has increased from 3.6 million in 2019 to 4.7 million in 2023³ - supported by efforts to encourage provision of TPT in contact screening activities, especially in communities, and the roll-out of shorter regimen (3HP, 1HP) that have fewer side effects and higher completion rates.
8. Integration of TB/HIV services showed progress, with 91% of HIV-positive TB patients receiving ART (**KPI T6**) against a 95% target. Generally, performance was strong across the

¹ Results for India were unavailable at the time of report compilation. Inclusion of these results in subsequent report may affect portfolio performance

² Number of people on treatment may include patients diagnosed prior to the reporting period and patients who were not laboratory confirmed

³ [Global Tuberculosis report, 2024, Page 25](#)

portfolio, except in few countries like Indonesia where work is ongoing to improve service integration.

9. Overall, continued efforts by the GF Partnership in improving service delivery have contributed to reducing TB incidence by 10%, and TB mortality rates (excl. HIV-positive TB patients) by 24% between 2015 and 2023 in GF-supported countries. However, this momentum is increasingly at risk with residual TB risk being High and trending upwards. There are risks of higher diagnostic coverage gaps in several high burden countries, due to funding challenges for GeneXpert, which may slow down progress in 2026.
10. In 2024, performance for malaria testing and treatment in public health facilities remained high. Testing rate (**KPI M2**) reached 98% against the target of 96%. Treatment coverage (**KPI M3**) was strong with 97% of cases receiving first line anti-malarial treatment against a 98% target. Despite good results for both KPIs M2 and M3, there are limitations to these results for instance due to variability in the definition of suspected cases and the exclusion of patients who never reach health facilities, which can mask gaps in access and quality of care.
11. Malaria prevention programs also performed well. 58% of pregnant women received IPTp3 (**KPI M4**) against a 62% target, supported by the expansion of community IPTp delivery in several countries. However, programs are still far from ensuring that all pregnant women at risk receive at least 3 doses of IPTp. Seasonal Malaria Chemoprevention for children (**KPI M5**) achieved 105% coverage against a target of 96%.
12. Bed net distribution (**KPI M1**) however fell short, with 162 million nets distributed against a 208 million target. This underperformance was largely due to delayed mass campaigns in high-volume countries like Nigeria and Kenya. Note that given the three-year mass campaign cycle, KPI M1 is volatile and sensitive to timing shifts in campaigns. To mitigate future delays, early planning, procurement, and supply chain monitoring continue to be strengthened by the Global Fund.
13. Sub-national tailoring (SNT) continues as a vital approach for the Global Fund to enhance malaria programming. An [evaluation on SNT of malaria interventions](#) highlighted that since 2018 there have been significant improvements in SNT data availability, completeness and accuracy with RSSH investments (including C19RM) acting as a catalyst. Technical assistance has been key; though challenges remain in SNT data quality, use and analytics. The Secretariat is advancing recommendations such as integrating climate data in planning, promoting holistic malaria programming (including vaccine) and strengthening collaboration with GAVI.
14. Progress towards malaria elimination continues. In 2025 Georgia, Surinam and Timor-Leste were certified malaria-free, bringing to 21 the total number of countries that have eliminated malaria since 2000. Efforts are also ongoing to prevent reintroduction of malaria in countries.
15. Overall, persistent efforts in malaria treatment and prevention have averted many cases and deaths, but rapid growth of at-risk populations - 14% between 2015 and 2023 - masks some of the impact of those interventions. In GF-supported countries, between 2015 and 2023, while the mortality rate declined by 9.1%, the incidence rate increased by 2.6% with the total number of cases increasing from 225 million to 262 million. This trajectory is compounded by

challenges including insecticide- and drug-resistance, shifting transmission dynamics, extreme weather events, insufficient access to care and funding gaps. Recent funding cuts have also led to postponed campaigns, cancelled community-based surveys and disruptions in staffing and health information systems. As a consequence, Malaria residual risk is deemed to be Very High and expected to remain at this elevated level.

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

16. In 2024, targeted Health Facility Assessments helped close key data gaps on integrated, people-centered, high-quality services. Baseline scores now cover 19 countries, including new data from Democratic Republic of Congo, Guinea-Bissau, and Senegal, enabling progress tracking across four KPIs (S1, S2, S3, S5). Initial results show reasonable patient satisfaction with quality of care (**S1**), strong integration of malaria and HIV services within ANC (**S3**), and broad implementation of supervision visits (**S2**), though content quality needs improvement. Working conditions for community health workers (**S5**) remain a key area for action.
17. Progress in data system strengthening and use for decision-making was reflected in good performance across the three HMIS-related KPIs. In 2024, 92% (47 out of 51) countries were assessed to be at moderate or higher digital HMIS maturity level⁴ (**KPI S6a2**), on track to meet the Strategy target. Data use maturity (**KPI S6b**) showed modest progress, with only 54% (19 out of 35) countries in cohort showing evidence of improvements in data use compared to baseline – at risk of not achieving the Strategy target. Use of disaggregated data for planning and decision-making (**KPI S7**) was strong, with 82% (42 out of 51) countries meeting the threshold for use of disaggregated data, on track to meet the Strategy target.

Overall, these results reflect the long-term impact of sustained investments and global and regional collaborations in enhancing data governance, system performance and data use. However, reduced funding for data systems could affect the pace and quality of future results.

18. In 2024, **KPI S8** results showed high on-shelf availability of health products in countries - 86% for TB, 85% for malaria, and 80% for HIV - keeping TB and malaria on track for achieving 2025 targets, while HIV is at risk of falling short. Although many countries had product availability rates exceeding 90%, supply chain and logistics challenges – particularly in LMIS, procurement, and distribution - affected performance in others. Recent donor funding cuts also pose a risk to product availability from 2025 onwards in countries heavily reliant on external support. To address these challenges, the Global Fund is focused on supply chain-strengthening activities such as supporting digitalization of supply chains to improve visibility of product availability and supporting the design of agile and alternative delivery models in response to evolving funding landscape. The Global Fund is also taking measures to safeguard uninterrupted supply of essential health commodities in the short term by adjusting supply and distribution plans to minimize service disruptions. However, long term sustainability will require securing alternate funding commitments and establishing clear transition plans to service delivery and safeguard progress.

⁴ Moderate or higher maturity level implies a score of 3 or above on a scale from 1 to 5

19. The Global Fund is also accelerating access to transformative health products. In July 2025, the Global Fund signed an access agreement with Gilead Sciences to procure Lenacapavir, a long-acting injectable for HIV prevention, for low- and middle-income countries. This marks the first simultaneous introduction of an HIV prevention product in low-, middle- and high-income countries: a historic step and transformational shift toward global health equity. To combat artemisinin resistance, the Global Fund is supporting countries to deploy Multiple First-line Therapies through the Access Fund initiative. Also supported by the Access Fund co-payment model, Near Point-of-Care TB diagnostic platforms are being introduced to improve TB case detection in underserved settings.
20. Community systems and responses remain central to strengthening health systems. The recent [evaluation of Community Responses and System Strengthening](#) noted that GF investments have supported in improving access to and quality of HIV, TB and malaria services for underserved populations. Civil society and community organizations and networks supported by GF grants have expanded service coverage, increased demand creation, supported treatment adherence, promoted rights-based service delivery and addressed gender-related barriers. However, the evaluation also highlighted the uneven pace of the progress and persistent gaps in conceptualization, measurement, and sustainability. The evaluation noted that the current investment levels in community systems strengthening remain insufficient to ensure long-term sustainability, leaving critical functions such as leadership development and capacity building for service delivery and integration underfunded and vulnerable to disruption if GF support reduces or ends.

Contribute to Pandemic Preparedness and Response

21. The Global Fund's commitment to resilient health systems extends beyond HIV, TB and malaria to strengthening core capacities for epidemic and pandemic preparedness. Leveraging the C19RM investments, the Global Fund supported efforts in strengthening laboratory systems, early warning surveillance, and implementation of International Health Regulations (IHR). Results of these investments are monitored through three KPIs based on the [WHO SPAR framework](#).
22. **KPI P1** monitors the availability of an adequate range and sophistication of diagnostic modalities across all levels of the national laboratory network. In 2024, 48% of cohort countries reported either significant improvement or sustained high scores, and are on track to achieve the end Strategy target. **KPI P2** assesses the maturity of national surveillance systems in detecting public health threats in a timely manner. Significant GF Partnership investments and efforts made during COVID-19 saw the KPI performing well in 2023 (68% countries in cohort meeting KPI criteria); however the pace slowed in 2024 with 60% countries meeting KPI criteria – at risk of not meeting the Strategy target. **KPI P3** tracks front-line capacity in 12 countries for detection and rapid response to epidemics and pandemics in line with IHR core competences. Driven by the momentum built during COVID-19, KPI P3 was on track to meet the Strategy target in 2023 with 42% of cohort countries performing well. However this performance dropped to 33% in 2024 - now unlikely to achieve the Strategy target.

Overall, strong GF Partnership efforts and investments during COVID-19 established a solid foundation for pandemic preparedness. However, this momentum appears to be slowing as reflected in the gradual decline in 2024 performance for KPIs P2 and P3. The winding down

of C19RM funding from 2025, coupled with broader financial constraints, presents significant challenges to maintaining progress. Continued advancements will require renewed GF Partnership commitment and sustained financing to ensure countries remain equipped to detect and respond to future health threats.

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

23. The Global Fund’s model is rooted in a people-centered approach that prioritizes community and civil society engagement in all decision making. However, restrictive laws and shrinking civic space continue to limit the ability of communities and civil society organizations to engage meaningfully in national responses. Despite these challenges, the Global Fund remains committed to strengthening community engagement through advocacy, governance, and transition planning.
24. Through support to advocacy networks such as Friends of the Global Fund, and GFAN, the Global Fund supported communities and civil society to mobilize domestic and donor commitments to end AIDS, TB and malaria. Notable initiatives included GFAN Africa’s #OneWorldOneFight campaign, which elevated African leadership and community voices in the 8th Replenishment dialogue, and GFAN Asia-Pacific’s #MoreNowThanEver campaign, which developed tools to promote community leadership and rights-based approaches.
25. The Community Engagement Strategic Initiative continues to serve as a catalytic mechanism, deploying cross-disease technical assistance, improving engagement across the grant life cycle, and strengthening the capacity of communities and civil society to influence national strategies and policies.

An [evaluation of community engagement](#) confirmed that GF investments in technical assistance have enhanced the mobilization and engagement of community and KPs in GF processes. The evaluation noted that engagement is most robust at the funding request stage but continues to vary by disease. HIV communities and KPs remain the most actively engaged, with TB communities participating where they have benefitted from funding and where partnerships foster their involvement; while malaria affected communities remain comparatively less engaged.

26. Communities and civil society also make up nearly half of global CCM membership. Recent results from the CCM Integrated Performance Framework analysis also show that, since 2020, the baseline CCM maturity levels in Engagement have increased by 9 percentage points across 100 CCMs and RCM’s assessed so far.
27. As part of transition planning, the Global Fund is supporting investments in mechanisms such as social contracting to enable public financing of civil society services. The Global Fund is also supporting the “Joint Learning Agenda”: a regional initiative in Africa to strengthen civil society capacity in public financial management and health financing to equip civil society organizations to influence budget processes and advocate for domestic resource mobilization and health financing reforms.

28. Together, all these efforts reflect the Global Fund's enduring commitment to place communities and civil society at the center of the response to HIV, TB and malaria. However, to be truly impactful and long lasting, community and civil society engagement must extend beyond GF-specific processes and be embedded in national decision-making platforms and health governance structures.

Maximizing Health Equity, Gender Equality and Human Rights

29. Despite strategic initiatives and targeted investments, human rights-related barriers to accessing HIV, TB and malaria services remain significant. Global trends such as rising anti-rights and anti-gender movements, development funding constraints and harmful laws, policies and practices continue to undermine access to treatment and care. In this context, the Global Fund continues to play a critical role supporting programmatic responses. GC7 saw increased human rights investments, which in some contexts were reduced in the mid-cycle reprioritization following the reduction of GC7 allocation funds, highlighting the difficulty of maintaining focus on human rights in resource constrained settings. Catalytic investments, however, continue to play an important role in preserving essential human rights investments. The reprioritization process also provided an opportunity to optimize human rights investments and respond to emerging needs. Some countries are exploring ways of more effective use of national human rights mechanisms and strengthening integration of human rights within HTM services as part of PHC. These efforts aim to make services more accessible, trusted, gender-responsive, and free from stigma and discrimination.

30. The first results for Equity and Gender grant-based KPIs are now available and generally show encouraging results. **KPI E2a** measures if underserved populations are being reached. Its GC7 cohort includes 50 countries: each tracking context-specific inequities across HIV, TB and malaria. Most of the equity indicators selected among these countries were for HIV, followed by TB and then malaria. In 2024, across all diseases, 62% of countries had at least half of their equity indicators performing well⁵. While this reflects reasonable performance, the KPI E2a target of 70% countries meeting this benchmark was only partially met. Across the three diseases, malaria indicators showed strongest performance.

For HIV, age-related inequities emerged as a key focus among countries, more specifically improving ART coverage for children under 15. For TB, countries placed strong emphasis on improving TB detection and reporting, with majority of countries tracking TB notifications among prisoners. For malaria, the focus of most countries was on improving testing and treatment coverage for children under five.

Based on KPI E2a results, the Global Fund will provide targeted support to countries to address challenges in closing the equity gap, but funding shortfall poses a growing challenge to the sustainability and expansion of equity interventions. Without continued and targeted investment, progress in achieving equitable health outcomes across HIV, TB and malaria may be compromised.

31. **KPI E3b** tracks the performance of gender-specific indicators in grants. Its GC7 cohort includes 47 countries, each tracking context-specific gender inequities across HIV, TB and

⁵ For KPIs E2a and E3b, "performing well" means indicators achieving at least 90% of the corresponding grant target

malaria. Most of the gender indicators selected among these countries were for HIV, followed by malaria and then TB. In 2024, across all diseases, 70% of countries had at least half of their gender indicators performing well, meeting the 70% target. Across the three diseases, malaria indicators showed the strongest performance.

For HIV, ART coverage for pregnant women emerged as a key gender priority. For TB, strong emphasis was placed on improving TB detection and reporting, with most countries monitoring TB notifications among male or female patients (depending on which sex had lower notification rates). For malaria, improving IPTp3 coverage was a key focus.

To address gender disparities in access to health care, the Global Fund is leveraging KPI E3b results and GEM⁶ assessments to provide targeted support to countries in addressing identified gaps.

Mobilizing Increased Resources

32. The 7th Replenishment pledged amount totals US\$ 15.8 billion as of end September 2025, below the US\$ 18 billion target. The Global Fund's 8th Replenishment summit was held on 21st November 2025 in Johannesburg, South Africa, co-hosted by the governments of the Republic of South Africa and the United Kingdom. Despite one of the turbulent geopolitical and economic years in recent memory, partners around the world pledged US\$ 11.34 billion to sustain the fight against AIDS, tuberculosis and malaria, save millions more lives, and strengthen systems for health. While total pledges fall short of the ambitious target set in the Investment Case, and several donors have yet to confirm their pledges, this Replenishment nevertheless reaffirms that global solidarity remains strong – and that the world can come together to confront these three epidemics and protect future generations⁷.
33. The validated KPI R1a results will be presented at the 55th Board meeting in 2026, however preliminary analysis indicates progress in realization of GC6 co-financing commitments with the current realization rate at 75%. Efforts are ongoing to verify reported realization figures and reduce data gaps to ensure a more comprehensive assessment of the KPI R1a result for GC6. As of September 2025, total GC7 co-financing commitments were also assessed to be approx. 20% more than the GC6 realization, demonstrating the Secretariat's continued push to negotiate increased co-financing commitments and continued country efforts to strengthen domestic financing.

Financial Performance

34. Funding levels continue to be constantly monitored to facilitate timely investments for program implementation. As of September 2025, the 7th Replenishment pledge conversion rate stands at 83% with US\$ 11.4 billion in cash received out of US\$ 13.7 billion in adjusted pledges.

⁶ Gender Equality Marker

⁷ [Global Fund Press release, 21st November 2025](#)

35. Global Fund financial assets are highly optimized with Corporate Asset Utilization (KPI F2a) at 99%, slightly above the KPI target range of 95%-98%. Overall ALM⁸ balance is forecasted at US\$ 113 million up to the end of the 7th Replenishment period, factoring donor-related uncertainty in Sources of Funds of up to US\$ 1.7 billion.
36. Allocation utilization (**KPI F2b**) is assessed to be at 99% for GC7 post the allocation reduction, above the 95% KPI target. This corresponds to approx. US\$ 11.51 billion disbursed or forecasted to be disbursed against the revised GC7 allocation of approx. US\$ 11.64 billion. Both OPEX and C19RM funds are forecasted to be fully utilized, and GC7 Strategic Initiative utilization rate is projected to be 86%, demonstrating the Secretariat's commitment to maximizing utilization of available resources and to driving impact.
37. As of end June 2025, In-Country Absorption of funds (**KPI F3**) stands at 69% for GC7 with US\$ 3,301 million of cumulative expenditure reported against a cumulative budget of US\$ 4,784 million. Exceptionally, due to the timing of the report, data generally represents 18 months of implementation and is thus compared to the KPI target of 80% for year 2 of implementation - resulting in the KPI target being partially met. Overall, the program management module and non-RSSH modules show good absorption at 77% and 72% respectively. Direct RSSH modules continue to show lower absorption at 45%. Across investment landscapes, Health Commodities and Supply Chain costs and Program Management costs report good levels of absorption (76% and 71% respectively), while Program Activity costs are lower, at 58%. C19RM absorption also remains stable at 67%.

⁸ Asset and Liability Management