

Meeting Report

54th Board Meeting

54th Board Meeting
11 – 13 February 2026, Geneva, Switzerland

For Board Decision

Purpose

This document presents the Report of the 54th Global Fund Board Meeting, held in person in Geneva, Switzerland from 11 to 13 February 2026.

Agenda items: The Meeting comprised of fourteen (14) agenda items.

Decisions: The Report includes a full record of the four (4) Decision Points adopted by the Board (Annex 1).

Glossary: A glossary of acronyms can be found in Annex 3.

Decision

The Report of the 54th Board Meeting was approved by the Board of the Global Fund via electronic vote on 7 May 2026 (GF/B54/EDP04).

Report

01. Opening

1. The Board convened in Geneva, Switzerland on 11-13 February 2026 for the 54th Global Fund Board Meeting. The Board Meeting was preceded by a Board Retreat. Quorum was confirmed on all official meeting days. The Chair of the Board, Lady Roslyn Morauta, along with Vice-Chair Advocate Bience Gawanas, welcomed participants and guests, including new Board Members and Alternates and participants joining virtually.
2. The Ethics Officer, Michelle Beistle, sought declarations of interest at the start of the meeting. Some Board participants declared their interest considering the different topics on the agenda. The declarations were not deemed to have a material impact on the impending Board discussions and decisions at this meeting. Therefore, the Ethics Office confirmed that these declarations did not require the relevant Board participants to recuse themselves from discussions or decision making.

Opening remarks

3. In her opening remarks, the Board Chair recalled the current uncertain global context, reflecting on the geopolitical environment, economic instability, and rising pressure on development and health financing. The Board Chair emphasized that challenges in HIV, TB, and malaria remain significant and increasingly complex due to fragile health systems, human rights barriers to access services for those in need, and the health impact of climatic events on the three diseases. Against this backdrop, the Board's collective responsibility is to ensure sustainability, preserve impact, and maintain the Global Fund's ability to deliver for the communities that rely on it. The Board Chair stated the upcoming Grant Cycle 8 (GC8) would be the central focus of the meeting and highlighted key related Board decisions and discussions: (i) approval of Catalytic Investments and Sources and Uses of Funds for GC8; (ii) discussion on strategic shifts required in a resource constrained environment; and (iii) ensuring a strong and credible start to the next grant cycle. The Chair also reflected on other discussions on the agenda regarding the Global Fund's continued evolution, including (i) the Global Fund's approach to risk; (ii) collaboration with Gavi; and (iii) preparation for the forthcoming leadership transitions. The Board Chair concluded by underlining that these discussions go to the core of the Board's duty of care to guide the organization through uncertainty while safeguarding its mission, impact, and legitimacy.
4. The traditional candle of remembrance was lit by Dr. Ruth Lawson, Board Member for the United Kingdom Constituency. Dr. Lawson honored those who have passed away and those who continue to suffer from the three diseases, emphasizing that their memory underpins the work of the Global Fund Board. She recalled the people affected by HIV who face stigma, discrimination, and profound loss of hope, while recognizing their courage in fighting for treatment and dignity. She reflected on preventable deaths from tuberculosis, noting the roles of poverty, delayed diagnosis, and weak health systems, and also remembered the children and adults lost to malaria, stressing that such a preventable disease should not continue to claim so many futures. Dr. Lawson expressed deep gratitude for the dedication of communities, health workers, activists, and researchers who drive progress every day. She reminded Board Members that their decisions have the power to accelerate progress, strengthen health equity, and save lives by advancing the fight against HIV, TB, and malaria. She reiterated the core purpose of the Global Fund's mission: to accelerate progress against the three diseases, advance health equity, protect vulnerable populations, and work toward a world where no one loses a loved one to preventable and treatable diseases.

Decisions

5. The Board unanimously approved the decisions to adopt the agenda of the 54th Board meeting (GF/B54/DP01) and to appoint Ruth Lawson of the United Kingdom Constituency as rapporteur (GF/B54/DP02).

02. Resource Mobilization and the 8th Replenishment Outcomes

Presentation

6. The Secretariat provided an update on resource mobilization, noting that the 8th Replenishment secured US\$ 12.64 billion despite a highly challenging global political and economic environment characterized by fiscal constraints and political volatility. The replenishment process was executed through a structured calendar of engagements, including the launch of the Investment Case, a series of cohosted regional events, and the 8th Replenishment Summit held in Johannesburg on 21 November 2025. Efforts continued beyond the Summit, with additional pledges announced following this event. The Secretariat highlighted several positive aspects of the outcome, including record private sector commitments totaling US\$ 1.34 billion, strong solidarity demonstrated by African leaders, and increased engagement from new and emerging donors. These results were supported by sustained advocacy and political engagement, including through G7 and G20 processes. It was noted that mitigation measures helped reduce the impact of external risks on overall replenishment performance. While domestic circumstances affected some donor pledges, the majority of donors remained committed to the Global Fund. Looking ahead, the Secretariat will continue to (i) pursue outstanding pledge announcements and advance pledge conversion efforts, and noted that further announcements are expected in the coming months, and (ii) focus on pledge recognition and conversion, ongoing resource mobilization, and a comprehensive lessons learned exercise to inform future replenishment cycles.

Board Discussion

7. The Board Vice Chair expressed appreciation for the presentation, efforts undertaken, and pledges that contributed to a successful 8th Replenishment outcome and invited the AFC Audit and Finance Committee (AFC) Chair and Board members to take the floor.
8. On behalf of the Committee, the AFC Chair also expressed sincere appreciation to the Secretariat staff and Executive Director (ED) as well as to the broader Global Fund partnership for their contributions, support, and delivery of an outstanding replenishment outcome under highly challenging circumstances. The replenishment is an ongoing effort with attention now shifting to ensuring timely and effective pledge conversion. The AFC continues to carefully consider risk aspects, particularly those related to volatility and fiscal constraints, and remains committed to supporting robust financial oversight, effective risk management, and successful pledge conversion. The importance of the forthcoming lessons-learned exercise was emphasized, underscoring the value of evidence-based narratives and the demonstrated impact of Global Fund investments throughout the replenishment efforts. The Secretariat was encouraged to sustain momentum and further advance the new value propositions currently under development.

9. During the discussion that followed, the Board raised the following points:
- a. **The 8th Replenishment outcome.** The Board applauded the replenishment efforts and outcomes, voicing strong appreciation for all partner contributions and advocacy support; the United Kingdom and South Africa governments for their pivotal cohosting role; and the Secretariat, Executive Director and Board leadership for their extensive work. Several Board members noted that the strong replenishment outcome demonstrates the value of the Global Fund partnership model and the continued commitment of donors, including African countries and private donors. There was broad alignment that this is a strong overall outcome given the challenging global context, and that the Global Fund partnership showed resilience.
 - b. **Funding gaps.** Some constituencies (i) paired their strong appreciation for pledges with concerns over reductions by major donors emphasizing that these set concerning precedents and challenge long term partner confidence, and (ii) raised questions on how to increase funding from non-traditional funders and expand donor diversification. As a Board, there was concern regarding the overall funding gap in relation to the Investment Case for the 8th Replenishment, with several constituencies emphasizing that this places pressure on implementation and poses risks for program continuity, TB and malaria burden reduction, sustainability efforts in multiple regions and affected communities. Several constituencies linked the funding gap to future cycles, hence urging strategic shifts, domestic resource mobilization, and efficiency measures. Several Board members noted the growing engagement of and contributions by private sector and private foundations as a positive trend yet coming with potential associated risk. Clarification was sought regarding potential pathways for returning to higher contributions and how to systematically engage new donor categories. One constituency underscored the importance of aligning set asides to address critical funding gaps.
 - c. **Pledge conversion.** Several Board Members stressed the importance of pledge conversion, calling for early warning mechanisms and prompt follow up. Relatedly, there were requests for continued quarterly reporting on pledge conversion and improved transparency on associated risks.
 - d. **Increased pressure on programs and fiscal constraints.** There was recognition that the Global Fund is entering a period of increased pressure with uneven fiscal space and heightened risks across regions. Despite programmatic success achieved, such pressure will increase unless the funding gap narrows. Some constituencies underscored the impact on TB and malaria caseloads, especially in high-burden regions. Others highlighted that decreased overall funding levels globally require new approaches to value for money, efficiency, and domestic financing.
 - e. **Domestic Resource Mobilization (DRM) and Non-Traditional Funding.** There was general agreement on the importance of DRM. Some constituencies inquired about opportunities to increase contributions from nontraditional donors, including philanthropy and emerging economies.
 - f. **Partner collaboration and GC8.** To navigate a challenging funding landscape from GC8 onwards, strong governance and trust in the Global Fund was highlighted as essential and something that must be continually nurtured and reinforced. Some Board members emphasized the need for deeper cooperation with other global health institutions and stronger alignment on shared priorities. Discussions underscored that GC8 represents a pivotal transition point, with several members noting that this cycle sets important precedents for future expectations, including donor diversification, sustainability, and efficiency reforms.
 - g. **Transition.** There were some comments about the importance of transition planning and sufficient availability of funding to support countries moving toward greater self-reliance, with concerns raised by some Board Members.
 - h. **Governance.** The Board welcomed South Korea as a new donor voting member following the 54th Board Meeting.

Conclusions

10. The Board Vice Chair closed the session by noting that investing in the Global Fund is, fundamentally, an investment in saving lives. While acknowledging that the Global Fund partnership may not always achieve every desired outcome, she emphasized being encouraged by the prevailing sense of optimism expressed throughout the discussion and extended sincere thanks to all Board Members for their thoughtful engagement and valuable contributions.

03. Report of the Executive Director

11. The Executive Director acknowledged that 2025 was an extraordinarily difficult year for global health, and particularly challenging for those in communities the Global Fund serves. After two decades of progress, disruptions to life-saving services, sharp declines in external funding, and erosion of political consensus led key health indicators— including infant mortality, HIV infections, and malaria deaths— to worsen. Although the Global Fund began the year with strong GC7 momentum, abrupt shifts and uncertainties in the broader funding landscape from February onwards made it necessary for the Global Fund to launch a reprioritization exercise in May which involve a US\$1.4 billion reduction from country budgets to stabilize the portfolio. Despite the negative impacts of the cuts in funding on health outcomes, the partnership demonstrated resilience by protecting core life-saving services, prioritizing the most vulnerable, and accelerating efficiencies.
12. At the same time, 2025 delivered important achievements. The rapid transition of lenacapavir from regulatory approval to in-country delivery marked a major breakthrough, demonstrating the Global Fund's ability to accelerate innovation at scale and access to low- and middle-income countries. The 8th Replenishment secured US\$12.6 billion—below ambition but stronger than many expected given global political and economic headwinds. Internally, the Secretariat undertook significant restructuring, reducing costs and headcount by around 20% and redesigning processes to improve efficiency and agility, positioning the organization to operate in a context of declining aid, greater country ownership, and stronger community expectations.
13. Looking ahead to 2026, the Executive Director stressed the need for reinvention to maximize impact per dollar to ensure sustained progress, accelerate the path to country self-reliance, continuously improve Global Fund efficiency, effectiveness and agility, and play a role in the transformation of the global health ecosystem. Within these four focus areas, priorities include scaling high-impact innovations, breaking down silos through more integrated and people-centered approaches, and focusing investments where the Global Fund has clear comparative advantage, particularly in market shaping and community-led programming. The focus on a clear path to self-reliance, with the introduction of explicit transition timelines for GC8 and GC9—potentially affecting up to 80 disease components—represents a major strategic shift with significant risks requiring careful management. If 2025 was a year of disruption, 2026 must be a year of reinvention, grounded in the ambition and partnership that have defined the Global Fund's success.

Board Discussion

14. During the discussion that followed, the Board raised the following points:
 - a. **Protecting impact and sustaining results in a resource-constrained context.** There was broad appreciation for the Executive Director's assessment of the challenging 2025 context, reflection on tradeoffs and risks, and for efforts to protect life-saving services. The Board emphasized the importance of sustaining results for the most impacted populations, particularly

in high-burden and low-capacity settings. Constituencies underscored that protecting impact must remain central as resources tighten, and that future decisions should continue to prioritize settings with the highest burden and least ability to absorb funding shocks.

- b. **Sustainability, transition and predictability.** Sustainability and transition featured prominently across the discussion. The Board fully supported the focus on pathways to transition, but stressed that it must be differentiated, practical and country-specific. Several constituencies cautioned against abrupt funding reductions and emphasized the need to reconcile implementers' desire to reduce donor reliance with donors' expectations for clearer exit paths, so that these objectives reinforce rather than undermine each other. Some constituencies asked for greater transparency around transition planning, considering such visibility key to broader Board deliberations. Various constituencies requested further engagement on the approach to post-transition support, including to avoid disproportionate impact on marginalized communities.
- c. **Innovation and access.** Across constituencies, there was strong endorsement of the rapid rollout of innovations such as lenacapavir, seen as a distinctive strength of the partnership and as core to achieving impact in a context of reduced resources. At the same time, constituencies emphasized that availability without access will deliver limited impact, and that innovation must be scaled equitably to reach those most in need. Several constituencies stressed the importance of linking innovation to system integration, regional manufacturing and long-term sustainability, to ensure scientific advances reduce, rather than exacerbate, inequities.
- d. **Communities, equitable access and addressing human rights-related barriers to health.** Several constituencies reaffirmed the importance of remaining true to the Global Fund model, with communities at the center. Some constituencies called for predictable funding to community-led initiatives, noting that key and vulnerable populations have been disproportionately affected by recent funding cuts. Several constituencies emphasized that meaningful community engagement across the partnership must remain integral to planning, implementation, co-financing alignment and transition processes, and that attention to addressing human rights-related barriers remains key to supporting access to life-saving services.
- e. **Secretariat operating model and organizational reforms.** Many constituencies expressed appreciation for the Secretariat's leadership and continued delivery under significant pressure, including staff reductions. Selected implementing constituencies highlighted positive experiences with Country Teams and valued their collaborative approach, while also noting that policy and process requirements were placing teams under strain and limiting flexibility. Across constituencies, there was support for organizational reforms that balance agility with accountability, reduce fragmentation and administrative burden, and enable the Secretariat to focus on high-value support to countries and communities.
- f. **Positioning in the global health ecosystem.** Several Constituencies commented on the proliferation of parallel reform initiatives and WHO's convening capability, and encouraged the Global Fund to engage strategically, meaningfully and as relevant as a key partner and voice in the ecosystem with focus on its mission, strengths and comparative advantage. There was one request to ensure that the authority of the respective Boards is observed when engaging in global health discussions. While several constituencies were supportive of active participation in global health ecosystem discussions, others raised questions about the Global Fund's engagement, noting uncertainty about the scope and purpose of such discussions. Some constituencies asked for Board involvement in shaping the parameters of engagement to ensure alignment with the Global Fund's mandate and to avoid dilution of focus. There was convergence across constituencies on the need for the Global Fund to sharpen its role and positioning in an evolving and fragmented global health ecosystem. Some interventions highlighted that duplication and fragmentation pose increasing risks and that ecosystem changes should be grounded in shared goals, evidence and demonstrated impact. Many constituencies encouraged the Global Fund to build on its comparative advantages, particularly in market shaping, procurement, innovation at scale and community engagement, and to communicate these strengths more clearly.

Secretariat Response

15. The Executive Director provided the following comments:

- a. **Appreciation and acknowledgement.** The Executive Director thanked constituencies for their recognition of the Secretariat and staff operating under exceptional pressure. He acknowledged the points flagged on transition and the GC8 shifts, noting these will be addressed during the relevant sessions and underlining the importance of careful collaboration between partners and countries to ensure level of ambition remains achievable.
- b. **Comparative advantage, efficiency and ecosystem reform.** Responding to multiple interventions on the Global Health Ecosystem, the Executive Director confirmed that the Global Fund will be engaging constructively in discussions, and stressed that engagement in global health architecture discussions must remain tightly focused on changes that clearly save money and deliver better outcomes. He noted the need for conversation across all partners to arrive at something achievable.
- c. **Innovation, market shaping and access.** The Executive Director noted the high prices and transaction costs some countries still pay for medication and stated that the Global Fund's market-shaping role remains critical, particularly in expanding access to affordable products and collaborating with other pooled procurement mechanisms. He confirmed that opening access to platforms such as wambo.org, is part of this effort, noting that the Global Fund can help countries benefit from lower prices. Even if they ultimately choose not to procure through these platforms, it enables national oversight bodies, including supreme audit institutions, to question higher-cost alternatives and reinforces the case for market-shaped solutions.

04. Strategic Shifts for GC8

Presentation

16. The Secretariat introduced the session by giving an overview of the sources of funds available for GC8 and emphasized the importance of this funding supporting delivery of the GC8 strategic shifts and maximizing impact in a resource-constrained context. It explained that the 8th Replenishment yields US\$10.783 billion for country allocations after adjustments, accounting for carry over, OPEX reductions, and earmarked funding—representing a 9.3% decrease in country allocations from post reprioritization GC7 levels, but a 29.7% increase in earmarked and catalytic investment funding compared to the original GC7 amounts.
17. The Secretariat then provided an overview of country allocations corresponding to the available US\$10,783 million in funding, noting that the qualitative adjustment (QA) process had been undertaken with the intent of minimizing reductions for the most vulnerable countries—especially low income, lower-lower middle income and challenging operating environment (COE) countries – as previously discussed with the Strategy Committee (SC) and Board. In line with the Board-approved flexibility, around 1% of funding had been moved through the QA process to address the most serious malaria gaps, but the full flexibility of up to 2% of funding had not been moved given the constraints also facing HIV and TB allocations.
18. The Secretariat introduced the GC8 strategic shifts, noting that these signal an important moment of change for the partnership in responding to the remaining challenges in fighting HIV, TB and malaria, in increasing health financing and the self-reliance context. The Secretariat presented the aims of the GC8 strategic shifts, the three overall shift groupings, and the six individual shifts: 1) transition pathways and timelines; 2) allocation policy and application changes; 3) programmatic prioritization; 4) service integration; 5) community systems and financing; and 6) increasing and

optimizing domestic resources. It described the organizing principle for how the shifts will be applied across the portfolio using a differentiated approach based on epidemiologic and economic context and outlined the nine entry points for delivering the strategic shifts through country-led GC8 preparations and implementation. It further noted that approaches for monitoring the implementation of the strategic shifts are under development and committed to updating the Board as metrics are developed.

Board discussion

19. The SC Chair reported strong SC support for the shifts and summarized key areas of prior SC input, including: the need for country-tailored transition approaches; attention to the needs of key and vulnerable populations most at risk of HIV, TB and malaria; reasonable co-financing expectations, and criteria for assessing transition success. The SC Chair noted that the Committee supported the four community systems and financing pillars, but had raised questions about sufficiency of resources. On integration, the SC noted that the approach needs to respond to country-realities and that CCMs may need support for implementation. On market shaping, the SC discussed the importance of balancing investments in the market-shaping CI to realize commodity cost-savings with maximizing country allocations so that they have space to purchase these commodities. The SC Chair further noted that the Secretariat had incorporated SC feedback into the materials presented by the Secretariat to the Board.
20. The Board Chair requested Board members to retain their comments for the specific strategic shift deep-dive sessions to follow on transition and co-financing, community systems and financing, and NextGen Market Shaping.

05. Strategic Shifts for GC8: Transition and Cofinancing

Presentation

21. The Secretariat presented the approach of setting predictable transition timelines, developing transition pathways and using co-financing in a more targeted, strategic, differentiated way to strengthen domestic financing for health. The approach responds to changes in the external context, including shifts in external financing, continued fiscal pressures in countries, and growing emphasis on national ownership, country self-reliance, health sovereignty and sustainability.
22. The intent of setting transition timelines for a sub-set of the Global Fund portfolio is to improve predictability for countries, increase transparency on transition timelines, avoid abrupt transitions in the event of funding constraints in the future, support advanced planning, and properly shape GC8 and GC9 investments to support effective transitions. Transition timelines are differentiated based on income levels, health system maturity, and financing capacity. Countries will be informed ahead of the GC8 cycle if a component is expected to receive its final allocation under GC8 or GC9; timelines beyond GC9 will not be communicated yet, though longer-term transition pathways will be supported and co-developed with countries in all but the most low-income, complex environments. Approaches to transition pathways will vary based on country context and include, for example, increased prioritization in the use of Global Fund financing; accelerating the transition of specific Global Fund-financed costs; reinforcing community and civil society service delivery financing; advancing integration efforts; and leveraging new and alternative financing modalities. This approach is intended to enable gradual, predictable transitions rather than rapid, unplanned exits from external financing. All affected country components in the GC8 transition cohort will have at least 4 years of advanced planning, with affected grants concluding by 2030. The Secretariat

highlighted the importance of early, structured dialogue with countries to support effective transitions alongside the recognition of both the risks of transition approaches and the risks of inaction.

23. The Secretariat also presented the strategic use of co-financing as one lever to support sustainable health financing, including reinforcing overall financing for health in low income and lower middle income contexts, strengthening co-financing for specific programmatic interventions, and targeting co-financing in transition contexts to sustain transition to domestic financing a sub-set of critical interventions and costs still financed by Global Fund grants. The Secretariat underscored the need for stronger alignment with other financing partners, enhanced monitoring, and more streamlined, fit-for-purpose approaches to compliance and verification, especially in transition contexts.

Board discussion

24. During the discussion that followed, the Board raised the following points:

- a. **Transition timelines and readiness:** Board members broadly supported the introduction of predictable transition timelines to improve clarity and planning. Some members raised concerns about the scale and pace of transition in certain regions and emphasized that timelines must be grounded in objective readiness criteria, risk analysis, and country-specific contexts. Several members stressed that transition should be gradual, sequenced, and supported by sustained engagement, warning of risks to health gains if countries are unable to adjust at the required pace.
- b. **Country ownership:** Members highlighted the importance of early and continuous engagement with national authorities, including Ministries of Health and Finance, as well as meaningful involvement of communities and civil society. Strengthening and integrating national health, financing, and community systems was raised by some members as critical to sustainable transition.
- c. **Communities and civil society:** Several Board members raised concerns about the impact of transition on communities, civil society, and key and vulnerable populations, including in upper-middle-income contexts with concentrated epidemics. Members stressed that sustainability should be assessed not only in financial terms but also by continued access to effective services. Some concerns were raised that an overly narrow focus on systems or domestic ownership could unintentionally erode effective community-led approaches. Board members stressed that communities and civil society should be engaged from the beginning of transition planning.
- d. **Co-financing:** Board members supported the co-financing approach though some raised concerns about unmet co-financing commitments and asked how risks would be managed if countries do not meet agreed targets. Some members called for continued efforts on robust monitoring to track progress.
- e. **Monitoring:** Some members requested clarity on monitoring and reporting, including a definition of “successful transition” and how it would be measured, to ensure shifts are progressing as intended. Some members also requested clarity on the Global Fund’s role in a post-transition context.
- f. **Alignment with partners:** Some members highlighted the importance of strong alignment with partners to ensure coherence across financing, transition timelines, and incentives for strong country ownership and domestic financing. Some called for better visibility on how partnerships are being leveraged and how sustainability and co-financing expectations are coordinated across the broader global health ecosystem.
- g. **Capacity and implementation risks:** Some constituencies expressed concern about Secretariat capacity to operationalize the proposed shifts at scale and questioned whether transition planning is sufficiently advanced. Some constituencies requested information on how country engagement was conducted to inform the overall approach to transition timelines and

pathways.

Secretariat response

25. The Secretariat provided the following responses and clarifications:

- a. **Transition timelines and readiness:** The Secretariat agreed on the importance of differentiation by country context and reiterated that predictability, advanced planning, and transparency is a central objective of the approach. The development of transition pathways and implementation of transition efforts should be holistic and involve all stakeholders supporting the national responses, including a lead role for governments, strong roles for communities and civil society, and alignment with partners.
- b. **Co-financing:** Co-financing is not a perfect lever, but remains an important tool to support financial sustainability and effective transitions. Consistent implementation in GC8 will be important, and past experience shows co-financing requirements can help prompt necessary policy dialogue with countries on domestic financing.
- c. **Country ownership:** Effective transition depends on strong country leadership, early involvement of communities and civil society, and intentional approaches to navigate the transition process. The Secretariat reiterated that transition pathways should support sustainable program design, embedding HIV, TB and malaria programs within national systems over the long term. Key elements of this approach included more prioritization in the use of Global Fund financing, integration into primary health care, and strengthening relationships between governments and civil society to institutionalize domestic financing of community systems.
- d. **Monitoring:** In response to requests for clearer success metrics, the Secretariat acknowledged that monitoring metrics are being developed, noted that the Sustainability, Transition, and Co-financing Policy defines successful transition as sustaining gains and supporting scale up, even after Global Fund financing ends, and emphasized that the Global Fund's role should focus heavily on supporting countries to adequately prepare for transition. Further discussion on monitoring, metrics, and learning (including what constitutes success) will continue through future engagement with committees.
- e. **Alignment with partners:** The Secretariat reiterated that the approach outlined reflects collective experience across the partnership's historical transition efforts, and that alignment with partners is integral to advancing sustainability, transition, and co-financing objectives. It noted that co-financing expectations have sometimes enabled difficult but necessary conversations with countries, and that further refinement and coordination with partners will continue as implementation progresses.
- f. **Capacity and implementation risks:** The Secretariat acknowledged the risks associated with more defined transition timelines, while also emphasizing the risks of inaction. The Secretariat recognized that some transitions may prove challenging, and acknowledged comments raised regarding the scale of GC8 and GC9 transitions. The Secretariat acknowledged the questions raised on capacity to effectively manage the scale of these transitions noting that while the scope is significant, this work builds on existing experience across the partnership and significant experience and lessons learned within the Secretariat. It confirmed that updates on implementation progress and outstanding issues will return to the Strategy Committee through established reporting channels. Further guidance, including a forthcoming white paper, will be issued.

06. Strategic Shifts for GC8: Community Systems and Financing

Presentation

26. The Secretariat highlighted that mounting fiscal pressures and accelerating transitions to self-reliance make it essential for GC8 to protect life-saving services while continuing to reach those most at risk. It emphasized the need to invest in sustainable community systems and to ensure community voices are fully represented in financial and programmatic transition discussions. This requires bottom-up, context-specific engagement, and reflection on where communities are criminalized or excluded, recognizing that a uniform approach would not be effective.
27. The Secretariat presented a differentiated GC8 framework built on four pillars: Readiness, Integration, Resilience, and Protection, supported by catalytic funding to reinforce investments that put communities at the center. Readiness targets LICs, L-LMICs, and Challenging Operating Environments (COE) with long transition timelines; Integration and Resilience focus on U-LMICs and UMICs with varying disease burdens and transition speeds; and Protection addresses acute risks faced by key and vulnerable populations through the Rapid Community Protection Fund. These approaches will be reinforced through multiple Catalytic Investments, building on foundations laid in GC6 and GC7 and complemented by additional resource mobilization.

Board Discussion

28. During the discussion that followed, the Board raised the following points:
 - a. **Communities at the center.** There was broad agreement that sustaining and strengthening community systems and civil society voices is fundamental to impact and sustainability under GC8. Many constituencies stressed that community-led organizations (CLO) are essential to ensuring that key and vulnerable populations have access to life-saving health services, through service delivery, adherence, demand generation, accountability, and addressing human rights-related barriers to those services. Several highlighted that TB and malaria communities are particularly under resourced and at risk of exclusion. Some constituencies cautioned that community engagement (especially via CCMs) can be tokenistic and emphasized the need to preserve meaningful community-led accountability and monitoring, including ownership of data.
 - b. **Context specific approaches and differentiation.** There was broad convergence that a one size fits all approach to community systems financing will not be effective. Constituencies noted that governments are not uniformly prepared to sustain community systems, particularly in accelerated transition contexts, and that political and legal environments are critical factors for consideration, alongside income and disease burden. Some constituencies stressed that readiness must include explicit recognition of civil society-led demand and accountability. One constituency underscored that country level dynamics are often beyond the Global Fund's control, requiring deeper country specific engagement and complementary multilateral and bilateral support.
 - c. **Social contracting.** Many constituencies supported social contracting as a pathway to sustainability, but there was caution regarding feasibility at scale and the ambition of proposed timelines. Several questioned whether social contracting can materialize quickly enough, particularly where it lacks a legal or policy foundation. Some constituencies emphasized its vulnerability to political change and the need for long-term planning, legal reform, parliamentary engagement, and sustained technical assistance. There was general agreement that social contracting alone is insufficient.
 - d. **Rapid Community Protection Fund.** There was agreement on the importance of the Protection pillar and strong support for the Rapid Community Protection Fund. At the same time, several emphasized that protection mechanisms are necessary but not sufficient and must be complemented by enabling financing for long term sustainability. Some constituencies raised

questions about governance, accessibility, triggers, and timebound parameters. Many underscored that sustainability is not possible without addressing human rights-related barriers to access to life-saving health services.

- e. **Direct community funding and safeguards.** Some constituencies requested clarification on the Global Fund's approach to direct funding to CLOs. They noted that reliance on government-linked mechanisms does not provide adequate safeguards in restrictive contexts and called for fit for purpose direct funding mechanisms, especially for transition and post-transition scenarios.
- f. **Trade-offs and post-transition planning.** Many constituencies expressed concern that declining allocations and reprioritization processes risk disproportionately cutting community programs. While there was general acceptance that tradeoffs are unavoidable, several constituencies stressed that community engagement, monitoring, and addressing human rights-related barriers to health services must remain core elements. Some asked for clearer scenarios for sustaining community systems through transition, while others emphasized that catalytic investments cannot replace core grant funding.
- g. **Monitoring, learning, and partnerships.** There was a desire for monitoring progress to enable learning and course correction. Some highlighted the importance of measuring impact across the four pillars. Technical partners reaffirmed their role in supporting integrated service delivery and one constituency highlighted the potential contribution of the private sector in reaching communities, integrating data, and assuring service quality.

Secretariat responses

29. The Secretariat provided the following responses and clarifications:

- a. **General remarks on the proposed approach.** The Secretariat reaffirmed that the proposed approach represents a real pivot, grounded both in changed fiscal realities and lessons from decades of experience. It emphasized continued support to communities but argued that prolonged external financing can increase vulnerability and weaken incentives for domestic investment. The importance of engaging governments early and systematically was stressed, while acknowledging that success will not be possible in all country contexts.
- b. **Context specific approaches and differentiation.** The Secretariat clarified that it was advancing existing levers that were already working to break down barriers to health services. Safeguards in grants will remain, while the Secretariat aims to further incentivize and support integrated approaches adapted to country contexts. It acknowledged complexity and uncertainty, emphasizing learning, adaptation, and realism about limits to influence at country level.
- c. **Social contracting.** It was noted that social contracting will continue to be supported through catalytic investments and other levers and that without institutionalization, gains will be at risk once external funding declines. The Secretariat committed to adapting in real time, taking account of what works and what is not sustainable.
- d. **Rapid Community Protection Fund.** The Rapid Community Protection Fund is intentionally time-bound (up to three months) due to its design and only where other mechanisms fail. Prolonged crises may require additional support, e.g., from emergency funding, and the Secretariat underlined that the minimum safeguards that are in the grants will continue to apply.
- e. **Direct community funding and safeguards.** The Secretariat cited concerns that long term external and direct funding of communities could disincentivize domestic investment and increase the vulnerability of communities. It also warned that working outside CCMs risks backlash and fragmentation similar to past experiences. Instead, the Secretariat emphasized incentivizing within allocations, structured engagement with governments, guidance in grant making to ensure CLO implementers, and evolving approaches to community engagement at national and regional levels.
- f. **Trade-offs and post-transition planning.** Incentivizing within country allocations is mission critical, acknowledging that the scale of investment seen under C19RM will not be replicable

under current funding constraints. Prioritization will focus on countries demonstrating progress and work with RSSH priority countries will support integration and institutional capacity building beyond social contracting alone. Ongoing work on community system maturity models was noted as a tool to guide this effort. The Secretariat reiterated that this issue was brought to the Board precisely because of its complexity and centrality to sustainability and transition, and committed to continuing the discussion through the SC.

- g. **Monitoring, learning, and partnerships.** The Secretariat appreciated the private sector's contributions and noted that it was important to deliver and monitor this proof of concept first, before looking at scale. Course corrections will be integrated as part of ongoing learning.

07. Strategic Shifts for GC8: Next Gen Market Shaping

Presentation

30. The Secretariat presented an evolved Next Generation Market Shaping approach aligned with Grant Cycle 8 strategic shifts, noting progress since 2022 on enabling new product introductions, capacity building for regional manufacturing and procurement and driving supply chain efficiencies. Four strategic priorities guide the approach in support of sustainability and transition pathways: (i) accelerate introduction of innovative health products at scale; (ii) stronger regional partnerships on capacity building for manufacturing and collaborative procurement; (iii) sustaining healthy markets and more efficient, resilient in-country supply chains; and (iv) scaling-up non-grant financed procurement. The Secretariat highlighted the innovative product priorities for GC8 as well as priority interventions for each of NextGen's strategic priorities, including starting up a pre-financing facility to enable more countries to use the non-grant financed procurement mechanism. It was noted that as part of the review of non-grant financed procurement through the Global Fund's Pooled Procurement Mechanism (PPM)/wambo.org, the SC will also receive an update on the priorities at its next meeting.

Board discussion

31. During the discussion that followed, the Board raised the following points:
 - a. **NextGen Market Shaping approach.** Board members expressed support for the updated NextGen Market Shaping approach. Some members asked for clearer articulation of the longer-term strategy beyond GC8 and requested continued focus on value for money and protection of Global Fund investments.
 - b. **Innovation and access.** Some members emphasized the need to balance innovative tools with continued access to existing core products, cautioning against deprioritizing essential commodities. Some concerns were raised about access gaps during transition, especially for countries with limited fiscal space, small procurement volumes, or inability to prepay. One Board member noted that market shaping must also address downstream bottlenecks and distribution challenges in countries.
 - c. **Collaborative and non-grant financed procurement.** Several Board members sought clarity on how collaborative procurement modalities will operate. Some constituencies stressed the importance of pooled procurement for supply reliability and highlighted persistent supply chain inefficiencies. Many members welcomed the potential expansion of non-grant financed procurement. One constituency requested more details on what cost effectiveness has been achieved by non-grant financed procurement to date and how the proposal would be different from the proposals previously shared with the Committees and Board. Some members highlighted the need to manage associated financial and governance risks.

- d. **Partnerships.** Many members raised the need for clearer delineation of roles across partners such as UNITAID, Global Drug Facility (GDF), Gavi, and emerging regional procurement platforms, and requested information on how Global Fund procurement will interact with existing mechanisms to avoid duplication and preserve demand aggregation. Some emphasized the importance of collaboration with GDF on TB products and with UNITAID on innovation.
- e. **Regional manufacturing.** Board members welcomed the focus on regional manufacturing, particularly in Africa. Some members stressed that procurement should support local and regional actors and asked how innovation pathways could be aligned with regional production opportunities.

Conclusions and next steps

32. The Secretariat provided the following responses and clarifications:

- a. **Innovation and access.** The Secretariat highlighted that the product pipeline is strong and expanding, and that meeting country needs—both for innovative and established products—requires a coordinated, collective approach across partners. The Secretariat clarified that all Global Fund grant recipients in transitioned countries are already eligible to use PPM/wambo.org, and eligibility will be reviewed to ensure responsiveness.
- b. **Collaborative and non-grant financed procurement.** The Secretariat reiterated that avoiding duplication in non-grant financed procurement is a priority. The Secretariat is undertaking a landscape assessment of pooled procurement to inform a policy framework that identifies where the Global Fund should focus and how non-grant financed procurement can complement other pooled procurement mechanisms. It will also examine national pooled procurement mechanisms to better understand how country systems operate and where alignment is needed.
- c. **Partnerships.** The Secretariat emphasized the importance of coordinated roles across partners. The landscape assessment of pooled procurement will map product coverage, identify gaps, and help determine which partner is best placed to address each. Discussions through the disease situation rooms will aim to ensure clarity of roles and prevent duplication while maximizing collective capacity.
- d. **Regional manufacturing.** The Secretariat noted that the landscape assessment will also include efficiency benchmarking and recommendations on how to best complement regional and national mechanisms.

Conclusions and next steps

33. The Strategy Committee will receive the annual update on NextGen Market Shaping covering progress in 2025, including proposed adjustments, as may be required, regarding non-grant financed procurement.

08. Catalytic Investments for GC8

Presentation

- 34. The Secretariat presented the proposed Catalytic Investments (CI) for Grant Cycle 8, framing these as a targeted complement to country allocations and a key mechanism for advancing the GC8 strategic shifts in a constrained funding environment. It emphasized that CI resources are designed to address cross cutting priorities, fill gaps that cannot be met through country grants alone, and support interventions with system level or multi country impact.
- 35. Additional private contributions received allow CIs to scale up ambition within priorities and unlock

components that would not otherwise be funded. Taking the additional private contributions into account, the Secretariat worked with partners and sought SC steer to update the proposal for CIs. The recommendation is to maintain CI investment from sources of funds for allocation at US\$260 million, noting this amount is complemented by additive private investments that bring the total, current resourcing for CIs to US\$566 million.

Board discussion

36. The SC Vice Chair reported that the SC supported maintaining the investment level at US\$260 million as well as the previously recommended priority areas agreed by the Board. The SC further supported ensuring flexibility to respond to evolving needs that might arise during GC8.
37. During the discussion that followed, the Board raised the following points:
- a. **CI priorities:** Many Board members expressed support for the proposal and its alignment with the GC8 strategic shifts, and agreed that CIs play an important role in complementing country allocations, particularly with reduced overall resources. Several Board members emphasized that the CI funding level should be considered a minimum rather than a cap, particularly in light of evolving needs over the allocation period. Some asked for clearer justification of how specific CI areas were prioritized and the approach to balance underfunded priorities particularly as additional contributions are pledged.
 - b. **Balancing CIs and country allocations:** Some Board members questioned the value of CIs versus preserving maximum funding for country allocations and asked how the Secretariat assessed the trade-offs, and whether CI investments would generate efficiencies or cost saving that ultimately benefit countries. CIs were widely seen as most valuable when they unlock innovation without destabilizing country grants, provided alignment with grant cycles is well-managed.
 - c. **Impact and value for money:** Some Board members emphasized the importance of ensuring CI resources are focused on areas with the highest strategic value. Some Board members requested additional clarity on expected impact, including how CI investments would be monitored and how results would be attributed. Several Members requested more information on the evidence base supporting the selected CI areas and how value for money would be demonstrated.
 - d. **Sustainability and transition:** Some Board members stressed that CI investments should support sustainability and transition, particularly in countries facing declining external financing, fiscal pressure, or complex transition contexts. Some highlighted the importance of multi-country approaches in safeguarding services, addressing cross-border risks, and sustaining regional public goods, especially where epidemics or supply chains transcend national boundaries.
 - e. **Community systems, human rights-related barriers to health services, and equitable access:** Some constituencies emphasized that CIs should continue to prioritize community-led responses, address human rights and gender-related barriers to access health services, and strengthen community networks and engagement.
 - f. **Market shaping, regional manufacturing, and innovation:** Some constituencies underscored the importance of next-generation market shaping, including regional manufacturing and procurement, as a long-term investment to reduce costs, improve access to quality products, and support sustainable transition pathways. These investments were seen as particularly relevant for affordability of new technologies and supply chain resilience. Some constituencies requested more clarity on results of market shaping efforts, including cost reductions achieved and how resulting efficiencies are reinvested to advance impact.
 - g. **Blended finance and public financial management:** Several Board members highlighted the need for clear safeguards, transparency, and oversight in relation to public financial management and encouraged the Global Fund to consider investments in blended finance.

Secretariat response

38. The Secretariat provided the following clarifications and responses:

- a. **Prioritization and strategic focus:** Each CI area was selected with committee and partner feedback based on its strategic relevance, potential for catalytic, system level impact, and ability to address challenges that cannot be met through country allocations alone. The CI portfolio is intentionally focused and aligned with the six GC8 shifts.
- b. **Balancing CIs and country allocations:** The Secretariat acknowledged concerns about tradeoffs between CI and country allocations. The CI envelope was calibrated to preserve as much country funding as possible while still enabling catalytic functions that unlock efficiencies, accelerate uptake of high impact interventions and support multi-country or global public goods.
- c. **Impact and value for money:** The SC receives a report on Strategic Initiative operationalization and performance twice per year. Matching Funds and multi-country grants leverage country grant architecture, which has its own reporting mechanisms.
- d. **Sustainability and transition:** CIs are one tool that enable the Sustainability, Transition and Co-Financing (STC) Policy and extensions of multi-country grants would be selective and focused on areas needing more time to sustain life-saving services. The Emergency Fund allocation in GC8 is higher than at the start of GC7, reflecting attention to crisis and transition risks.
- e. **Blended finance and public financial management:** The Secretariat provided examples of how it works closely with partners to support public financial management in countries to strengthen sustainability and implement the STC policy. On blended finance, it noted that while CIs are one tool, other mechanisms such as portfolio optimization and grant-level investments are also used to leverage innovative financing.

Conclusions

39. **Decision point.** The Board approved the decision GF/B54/DP03: Updated Catalytic Investments for the 2026-2028 allocation period (Grant Cycle 8 (GC8)), with one vote against (United States Constituency).

09. Sources and Uses of Funds

Presentation

40. The Secretariat highlighted that 2025 was a period of significant uncertainty due to external financing pressures and shifting global priorities, amidst geopolitical tensions. To manage this, the Pledge Confidence Framework (PCF) was introduced to provide an agile, risk-based approach to forward planning. This framework allowed the Secretariat to track and anticipate pledges up to 24 hours before the Board meeting, accounting for various donor and legislative processes. The Secretariat provided an overview of the sources of funds, noting US\$ 0.200 billion (Bn) in carry-over funds, country allocations at US\$ 10.783 Bn, with an OPEX ceiling of US\$ 0.930 Bn over three years, and an “overallocation” rate of 2.5% for country allocations applied to enhance planning and maximize performance.

Board discussion

41. The AFC Chair reported on the Committee deliberations and confirmed the AFC’s comfort with the

Pledge Confidence Framework. The AFC recommended the sources of funds based on a likely scenario of US\$ 12.643 Bn, within a 10% margin for Secretariat adjustment, to reflect changes in pledges which materialize after the AFC recommendation, as necessary for the Board decision. The Board leadership and AFC Chair highlighted that revision 2 of the Board document GF/B54/09, issued the day prior to the session, contained the final adjusted pledge amounts and remained within this flexibility. The discussion and decision during the session was based on this revised recommendation.

42. During the discussion that followed, the Board raised the following points:

- a. **Maturity of financial management, and risk-based approach.** There was strong and broad support for the Secretariat's approach, with many Board members commending the clarity, transparency, and analytical rigor of the presentation. The PCF and the broader risk-based management of uncertainty were viewed as evidence of a maturing financial system that balances ambition with realism.
- b. **Deallocation provisions, allocation letters, and communication with countries.** A key point of discussion was the transparency of the deallocation process: the Board requested greater clarity on triggers for deallocation, how it would be operationalized and requested early communication on timelines and guidance. Several constituencies stressed that the Board should have visibility of deallocation guidance at the same time as, or before, it is communicated externally.
- c. **Protecting impact, service continuity, and communities.** Across regions and constituencies, members stressed that financial safeguards must not come at the expense of life-saving interventions, particularly treatment continuity, prevention, and services for key and vulnerable populations. Many highlighted the heightened risk of backsliding in disease outcomes, including in malaria elimination and TB treatment. Community engagement in funding request development and implementation was repeatedly underscored as critical, particularly in constrained and transition contexts.
- d. **Portfolio optimization framework revision.** Various constituencies requested a revisiting of the prioritization framework for portfolio optimization. Constituencies noted that while the framework has served the partnership well historically, the current context differs significantly from a decade ago when it was created. There was support for reviewing principles, thresholds, and design considerations, and for bringing proposals to the relevant committees for consideration ahead of the first GC8 optimization wave in Q1 2027.
- e. **Transitions, integration, and alignment with country systems.** Multiple constituencies highlighted the growing importance of transition, integration with domestic systems, and sustainability under reduced funding. Members stressed that countries will require sufficient time, flexibility, and support to use their last allocations optimally to safeguard community access and ensure system outcomes are sustained.
- f. **Resource mobilization, private sector funding, and flexibility.** Some constituencies raised strategic questions about the growing role of private sector and foundation funding. While widely welcomed, these contributions may be subject to earmarks that can limit flexibility and shift the balance toward catalytic investments. Suggestions included reflecting on longer-term private sector strategies, including how to drive more towards funding for country allocations and consideration of innovative financing mechanisms such as Debt2Health.
- g. **Operating expenses (OPEX) and Secretariat capacity.** While the 3-year aggregate OPEX forecast was generally supported, several members inquired about potential implications for country support, particularly for transitioning countries and for delivering the GC8 strategic shifts.

Secretariat Response

43. The Secretariat provided the following responses and clarifications:

- a. **Maturity of financial management, and risk-based approach.** The Secretariat has a key obligation to safeguard the financial viability of the Global Fund by matching assets and liabilities in accordance with the Comprehensive Funding Policy (CFP), noting that the organization cannot borrow to fund grants and relies entirely on timely donor cash inflows. The PCF was presented as a practical and necessary mechanism to manage this reality, enabling earlier and more responsible visibility of financial risks.
- b. **Deallocation, allocation provisions, and Board oversight.** Deallocation is a measure of last resort, to be used only if assets (driven by pledge conversion) do not match liabilities (disbursement needs). Processes and communication mechanisms to Global Fund governance mechanisms are already in place to ensure early engagement on such issues. The Secretariat now provides the AFC with 18-month advance visibility on potential financial tensions to avoid liquidity crises (as opposed to only 3 months as stipulated in the Comprehensive Funding Policy). A key mitigation to avoid a situation where deallocation is required, is to ensure full conversion of donor pledges.
- c. **Portfolio optimization framework revision.** The Secretariat acknowledged requests for revisiting the prioritization framework for portfolio optimization and confirmed that this falls under the remit of the Strategy Committee. It committed to engaging with Committee leadership to explore an adapted framework, noting that there is sufficient time to do so thoughtfully before the first GC8 portfolio optimization decision in Q1 2027. The Secretariat acknowledged the areas for attention identified during the Board discussion: principles, thresholds, and risk considerations. It also clarified that the first use of portfolio optimization in GC8 would be to address the already-approved over-allocation embedded in the model.
- d. **Protecting impact, service continuity, and country-level decision making.** From a programmatic perspective, the Secretariat emphasized that prioritization ultimately happens at country level. It highlighted the robustness of the allocation methodology and qualitative adjustment process used to set allocations. While acknowledging that no central model can provide perfect answers, guidance and flexibilities are intended to support country-led discussions on how to protect essential services, including community-based interventions, disease programs, and system strengthening. The Secretariat encouraged Board members and partners to actively carry these priorities into country dialogues.
- e. **Transitions, integration, flexibilities, and partnership with technical agencies.** Responding to concerns on transitions, the Secretariat agreed on the importance of flexibility, inclusive decision-making, and careful judgment. It committed to continued close collaboration with technical partners to translate strategic shifts into practical guidance for countries, and to maintain support during the upcoming funding requests and grant-making period. The Secretariat also confirmed ongoing work with the Technical Review Panel to adapt review approaches in line with GC8 shifts, portfolio realities, and sustainability considerations, ensuring that TRP feedback adds maximum value.
- f. **Allocation letters, communication, and operational realism.** While allocation letters will contain common elements, they are highly tailored to country contexts and cannot capture every aspect of prioritization or risk. The Secretariat reiterated its commitment to clearly conveying guidance, priorities, and strategic shifts through multiple entry points, not solely through the letters themselves.
- g. **Operating expenses, efficiency, and Secretariat capacity.** The Secretariat emphasized ongoing efforts and investments in technology and process optimization for agility and to optimize financial processes. On OPEX, the approved transitional budget for 2026 covers operations and grant-making. A clear governance pathway for 2027–2029 was shared with the Board, including engagement with the AFC leadership. OPEX planning from 2027 through 2029

will also take place annually to review and ensure the Secretariat's staff is capable of addressing the strategic shifts required.

Conclusion

44. **Decision point.** The Board unanimously approved the Sources and Uses of Funds decision (GF/B53/DP04).

10. Global Fund and Gavi Collaboration Update

Presentation

45. The Board Leadership introduced the session as an opportunity for the Board to shape the next phase of collaboration work between Gavi and the Global Fund, building on guidance from the SC, AFC, EGC, and the Gavi Board. The SC Vice-Chair reported that both the Global Fund Committees and Gavi Board members consistently emphasized prioritizing pragmatic measures that maximize country-level impact and reduce country administrative burden, while clear steer was given to deprioritize broad structural reforms such as mergers at this time. Committee input also underlined the importance of strengthened collaboration on malaria and TB.
46. The Secretariat presented an update on Global Fund - Gavi collaboration, placing this workstream within the broader context of discussions on the global health ecosystem. The Secretariat noted that the Taskforce, supported by McKinsey, developed fact bases across 12 workstreams and conducted supporting analyses to narrow the focus to a subset of areas with the greatest potential for programmatic impact and simplification at country-level and where the potential benefits and expected feasibility likely outweigh the risks and associated costs. Workstreams on malaria, TB and RSSH/HSIS; country teams, grant cycles, and applications for joint areas of investment have therefore been prioritized, pausing lower-impact or less feasible structural options. The Secretariat noted that this did not mean that work in paused areas would never pick up again, and they would retain the fact bases created for all workstreams if it's decided to prioritize them in the future.
47. The Secretariat also highlighted constituency calls to ensure success is measured by country impact rather than frameworks, and plans to continue governance engagement including on next steps.

Board discussion

48. During the discussion that followed, the Board raised the following points:
- a. **Country-centered, high impact collaboration areas.** Several constituencies emphasized that collaboration between the Global Fund and Gavi must remain firmly anchored in delivering tangible, country-level benefits, with clear prioritization, policy coherence, and practical, bottom-up solutions. There was broad support for narrowing the agenda to a focused set of high impact, feasible initiatives, backed by robust fact bases, clear timelines, defined ownership, and transparent governance engagement, while deprioritizing low-value headquarter-level options.
 - b. **Importance of coherence at country level.** Constituencies called for greater programmatic policy coherence at country-level, with several constituencies emphasizing alignment with national systems, harmonized reporting, and joint strengthening of risk management and supply chains. One constituency expressed concern that if country systems are not utilized, the collaboration work risks becoming symbolic.
 - c. **Broader collaboration beyond Gavi and Global Fund.** Some constituencies also urged

deeper engagement with the broader global health ecosystem, beyond Gavi, including GFF and the World Bank, to address systemic fragmentation, to drive efficiencies and improve program quality, and to balance Secretariat efforts across partnerships.

- d. **Focus on strengthening collaboration on TB, malaria, and planning and allocation cycles.** Some constituencies highlighted the need for a different, pragmatic collaboration approach on introduction of the TB vaccine that supports a holistic planning and maximizes impact against TB, and learns from recent experiences of introducing the malaria vaccine. Constituents supported continuing to strengthen malaria collaboration and where possible improving alignment of planning, allocation, and application cycles for areas of overlapping investment.
- e. **Not pursuing full structural integration, respecting mandate boundaries.** One constituency stressed the importance of focusing on complementarity and respecting distinct institutional mandates, noting that donor contributions are not fungible. Another constituency expressed reservations, noting different organizational mandates, and called for effective coordination while underlining the need to safeguard Global Fund values, CCM engagement, and the inclusive model. In parallel, others called for exploring selective structural or governance improvements, should it benefit countries, short of a merger. In the context of prioritization, one constituency noted some areas, such as a shared ethics function, alignment of application cycles, and malaria vaccine coordination, had limited value or feasibility or were missed opportunities thus far, given practicalities of each organization's operating model and funding cycles.
- f. **Right size efforts given resource constraints.** Several constituencies highlighted capacity constraints due to funding pressures and urged that any collaboration be realistic, more focused and avoid overburdening the now smaller Secretariat.
- g. **Process and way forward.** Finally, constituencies appreciated the fact bases and the disciplined data-driven phase of work and stressed the need for clear prioritization, transparent governance pathways, and strong civil society engagement. As this work progresses, there was also an ask for clear decision points and risk-benefit assessments for shortlisted collaboration options, including a dedicated focus on TB vaccine planning.

Secretariat Response

49. The Secretariat provided the following responses and clarifications:

- a. **Focus on areas resulting in tangible impact.** The Secretariat acknowledged the diverse opinions shared and emphasized the common theme heard on the importance of focusing on tangible in-country impact. The Secretariat reflected on the difference between collaboration and integration, highlighting that collaboration with Gavi has been ongoing since inception, while the recent structured initiative has also covered questions of integration, for example, integration of teams or funding requests, among other areas.
- b. **Global health ecosystem.** The Secretariat reflected on the call for broader Board discussions, acknowledging that while Global Fund-Gavi collaboration had been an area of significant focus, there is a need to rebalance efforts to expand the discussion to other GHIs.
- c. **Process and way forward.** The Secretariat acknowledged feedback on the need for effective governance touchpoints to drive forward and emphasized the need to collectively learn and do things differently. Last, in response to requests for a clear prioritized plan, the Secretariat noted that it will define a set of near-term opportunities for continued focus, while defining the conditions under which other opportunities may be revisited in the future.

11. Selection Processes: Update on BL and ED selection processes

Presentation

50. Board Leadership opened the session on Selection Processes, highlighting the importance of both the Board Leadership and Executive Director selection processes. The Chair of the EGC shared that the EGC had received a progress update from the Board Leadership Nomination Committee (BLNC), and would soon be engaging with the Executive Director Nomination Committee (EDNC), whose work had just begun. She also reported that the EGC had discussed and were comfortable with the Voting Procedures for the Selection of the Executive Director.
51. **Board Leadership selection.** The BLNC leadership provided their first progress update, reaffirming the committee's commitment to a leadership selection process grounded in integrity, confidentiality, and established procedures. The nomination committee leadership emphasized the need for a highly skilled and complementary Chair and Vice Chair to guide the Board through upcoming strategic challenges, and outlined progress to date, including development of a work plan, engagement with the search firm, and the opening of nominations. With the nomination deadline approaching, constituencies were urged to submit strong candidates, actively engage by submitting multiple high-quality candidates, support matching of search firm-identified nominees to voting groups, and maintain strict confidentiality. The committee underscored that candidates for both roles may come from any region or background, and that a strong, diverse pool is essential. The BLNC will continue updating the Board and the EGC as the process advances through shortlisting, interviews, due diligence, and a final recommendation in May, ahead of the leadership pair assuming office at the 56th Board meeting.
52. **Executive Director Selection.** The EDNC Leadership delivered their first progress update, reaffirming a confidential, merit-based, and professionally managed process to select the next Executive Director, with strict adherence to procedures and protection of candidate confidentiality. They reported that the committee convened formally in February 2026, aligned with the search firm on a global outreach strategy, and launched the public call for candidates, open through late April. Board members were encouraged to leverage their networks to help attract a broad, highly qualified applicant pool. The next phases include shortlisting, multiple interview rounds, and staged due diligence, leading to a final shortlist of four to five candidates for Board consideration in October 2026, with the new Executive Director expected to take office in early 2027. The EDNC will continue providing updates to the Board and EGC as the process advances.
53. **Voting Procedures for ED Selection.** Finally, the Secretariat presented the previously Board-approved voting procedures, which the Board will use in October for appointing the Executive Director at the end of the selection process. The Secretariat noted that these Board-approved procedures have been successfully utilized twice before and incorporate contingency measures to ensure that the Board is able to move forward towards an appointment.

Board Discussion

54. During the discussion that followed, the Board raised the following points:
- Board Leadership transition.** One Board constituency sought clarity on the timelines for Board Leadership transition seeking confirmation of when the new Board Leadership pair would take office.
 - Complementarity.** Another constituency underlined the importance of complementarity across Board Chair, Vice-Chair and Executive Director given their close collaboration in steering the organization's work once appointed.
 - Voting Procedures.** One Board constituency requested clarification on the criteria used for allocating points to candidates during the voting session. Two members sought clarity on the

modality for voting and the approach to deadlocks. Board constituencies requested a reminder of the process closer to the time of the actual appointment to ensure all Board members have the process in mind before the appointment at the 56th Board meeting.

Secretariat and Nomination Committee Responses

55. The following responses and clarifications were provided:

- a. **Board Leadership transition.** It was clarified that the current Board Leadership would shepherd the final stages of the Executive Director selection process, in line with Board steer. The new Board Leadership pair will be appointed in late-May 2026, and take up office in October after the appointment of the next Executive Director.
- b. **Complementarity.** The Chair of the EDNC noted the point around complementarity of roles and recalled that it is the Board that makes the final appointment decision for the Executive Director and that indeed, the Board would have opportunity to consider the profile of the new Board Leadership pair ahead of the Executive Director appointment decision.
- c. **Voting Procedures.** The Secretariat took note of the request to make another presentation of the Voting Procedures for ED Selection ahead of the appointment meeting in October. The Secretariat also clarified that (1) weighted voting rounds, where Board Members can allocate the points to each candidate based on their preference, will take place in executive session to identify the single most-preferred candidate; (2) the identification of the single most-preferred candidate will be followed by a final affirmative vote in executive session to appoint the next Executive Director; and (3) contingency voting procedures are in place to mitigate the risks of ties or deadlocks during the weighted voting rounds and the final affirmative vote.

12. Office of the Inspector General 2025 Progress Report

OIG Presentation

56. The Inspector General (IG) provided an overview of a challenging 2025, during which the Global Fund demonstrated resilience. It responded swiftly to financial uncertainty and unpredictable pledges through disciplined measures, and the outcome of the 8th Replenishment is testimony of its ability to manage risk effectively. The IG highlighted (i) the shift of risk management responsibilities to the second line, while operational risk management remains with the first line; (ii) the OIG evolution response, including the transition to rapid, risk-proportionate approaches that are now a permanent part of the OIG's toolkit; and (iii) persistent significant risks requiring ongoing attention, particularly in financial controls, conflicts of interest, and the increasing risk of fraud. As tradeoffs remain difficult, certain activities must be ceased while the organization continues to evolve without eroding its core functions.
57. In terms of OIG adaptation, the office has: (i) focused on priority areas, including the deallocation process, rapid advisories on grant revisions and reprioritization, health commodity procurement, and IT audits; (ii) introduced proactive integrity reviews; and (iii) made strong progress on Agreed Management Actions (AMAs), including the closure of many long outstanding items. These reviews continue to support informed decision making on where risk-taking is appropriate. Looking ahead to 2026, the OIG will continue to focus on high strategic risks, with increased attention to health product quality assurance and the highest impact countries. It will also broaden its set of tools—risk-based audits, rapid reviews, advisory work, and thematic reviews—while placing greater emphasis on counter fraud efforts. The OIG's KPIs are maintained, and the team is operating at its leanest level, with a budget 16% lower than in 2025. The OIG will continue to automate processes wherever possible and leverage AI to enhance efficiency.

Board discussion

58. The AFC Vice Chair provided a summary of the Committee’s previous discussion on the OIG’s progress report, noting that it was forward-looking and grounded in the current operating context. Overall, the AFC expressed confidence that the OIG continues to evolve in ways that strengthen accountability and effective risk management, and noted the growing importance of strategic risk. The AFC: (i) welcomed the OIG’s workplan adaptation while continuing to deliver high-quality and timely assurance; (ii) praised the balanced approach to innovative digital tools and AI, as well as the hybrid model combining internal and external expertise; (iii) appreciated the steady progress on AMAs and disciplinary reviews, emphasizing the importance of addressing root causes; and (iv) welcomed the constructive collaboration between the OIG and the Secretariat during the Secretariat restructuring. Looking ahead to 2026, the AFC welcomed plans to refresh ethics policies, deepen the focus on public financial management (PFM), and continue shifting toward prevention.
59. During the discussion that followed, the Board welcomed the OIG progress update and raised several points.
- a. **Transition, Integration, and Country Systems Strengthening.** Several Board members emphasized the importance of transition preparedness, effective service integration, and strengthened country systems. The OIG was encouraged to continue engagement in supporting effective transitions, including through targeted reviews and advisory work. Some Board members also underscored the importance of reinforcing Supreme Audit Institutions (SAIs) and advancing public financial management (PFM) reforms as critical foundations for sustainability and long-term country ownership.
 - b. **Secretariat Restructuring.** Some Board members requested greater clarity on the next steps, timelines, and risk mitigation measures related to the Secretariat’s restructuring. While recognizing that the organizational changes are necessary, some members raised concerns that these may pose risks to GC8 implementation and asked for continued transparency on how these risks evolve.
 - c. **Enterprise risk management (ERM).** Some Board members sought additional assurance regarding the maturity of ERM, including how the Secretariat is managing external volatility and fiscal constraints.
 - d. **Assurance and Rapid Reviews and GC8.** There was broad appreciation for the OIG’s rapid assurance reviews, with several Board members encouraging early reviews of GC8 allocation reductions and grant revisions. Some members asked whether the OIG plans to apply rapid review methodologies in potential deallocation scenarios during GC8. Some further stressed the importance of strong country-level oversight—including CCM and SR oversight, procurement practices, and data quality—emphasizing that weaknesses in these areas have a direct impact on service delivery.
 - e. **OIG Resources and Capacity.** There were some concerns about the 16% reduction in the OIG budget, emphasizing the need to ensure that the OIG’s oversight capacity remains proportionate to the level of risk exposure. Several members underscored the importance of safeguarding OIG independence in a resource-constrained environment and recommended maintaining credible, risk-based assurance.
 - f. **AMAs.** Some Board members requested greater visibility and transparency regarding AMAs, noting that they appear less prominent in current reporting. Members emphasized that AMAs—or appropriate alternatives—remain important governance tools and asked how the OIG intends to support ongoing shifts in areas such as RSSH and integration. There was broad alignment on the need for clear and accessible follow-up mechanisms to ensure effective implementation of corrective actions.
 - g. **Fraud, Risk Appetite, and Risk Acceptance.** Several Board members reiterated the importance of maintaining a zero-tolerance stance toward fraud, while also recognizing that discussions on risk appetite continue to evolve. There were queries for greater clarity on what

level of risk could be considered acceptable, particularly in the context of calls for a more flexible approach to portfolio risk-taking. Some Board members sought clarification on whether the Local Fund Agent (LFA) model should adapt to better reflect the changing risk environment. Some expressed support for a smart risk-acceptance approach that balances necessary assurance with the need to avoid imposing excessive burdens on implementers, noting heightened reputational and litigation risks that require careful tailoring of assurance practices to specific risk levels.

- h. **Sub-Recipient (SR) Oversight.** Several Board members welcomed the planned advisory work on Sub-Recipients management and asked how the Secretariat can further strengthen SR selection, oversight, and compliance with policies. Members emphasized that this is critical given persistent weaknesses in financial controls, procurement practices, and conflict-of-interest management in some countries.
- i. **Allocation Reductions and GC8.** Several interventions underscored the need for early and sustained oversight of GC8 allocation reductions and related grant revisions. It was stressed that compliance-focused assurance must be complemented by stronger impact awareness, particularly in relation to treatment continuity, procurement integrity, absorption, and data quality. There were queries about whether the OIG has a role in ensuring the quality of monitoring linked to the key shifts in GC8.
- j. **Risk Appetite Framework.** Some members highlighted the Risk Appetite Framework as an important governance instrument and noted that the full potential of related OIG advisory work has yet to be realized. There were requests for greater clarity on how OIG advisory inputs could more effectively support decision-making and facilitate the operational integration of risk appetite across Secretariat and implementer processes.

OIG Response

60. The OIG team provided the following responses and clarifications:

- a. **AMAs.** The AMA system was established at a time when the Global Fund was at a different stage of maturity, and a different, refreshed, fit-for-purpose reporting and escalation process may now be required. AMAs are only one mechanism for tracking follow-up on identified issues. Preventing fraud remains a priority—recognizing that such preventive work does not always result in AMAs. The Secretariat added that modifications or closure of findings require clear evidence at country level, and that some AMAs may be declined when resolutions are not a priority or when resources must be redirected. In some cases, significant progress and material risk mitigations have been achieved through the implementation of an AMA, yet they remain open because of a specific outstanding issue, and these nuances are not reflected in the reporting. Relatedly, the LFA model is continually evolving, and new areas of focus can be introduced or tailored as needed.
- b. **OIG Budget.** The OIG expressed appreciation for the Board's support. The IG will signal if resources become insufficient. At the same time, the OIG acknowledges the need to remain lean in a resource-constrained environment.
- c. **Risk Level and SR Oversight.** Reduced resources at country level imply a rising risk environment. Nonetheless, the Global Fund continues to rely on strong first and second lines of defense. The Secretariat's request for an advisory review on SR management is being addressed and will be delivered in due course.
- d. **Collaboration with SAIs.** There has been steady progress in collaboration with SAIs, however the level of maturity is not yet sufficient to fully rely on SAIs for certain elements of OIG work. Strengthening these institutions remains central to the sustainability agenda and complements broader PFM-aligned efforts, including enhanced internal audit functions within ministries.

- e. **Transition.** Transition and sustainability are included in the 2026 audit plan. The timing and scope of this work are being developed in collaboration with the Secretariat.
- f. **Reorganizations.** Reviews of past reorganizations are already in the workplan, with additional reviews expected as new reorganizations occur. The OIG is engaging with the Chief of Staff to determine the appropriate timing for assessing Secretariat restructuring and identifying lessons for future organizational changes. The OIG is also finalizing an advisory review of the current human resources operating model, intended to support the incoming Head of Human Resources with diagnostic insights.
- g. **GC7 Reprioritization.** The OIG visited five countries, where strong engagement from national stakeholders was observed, alongside some frustration regarding requested timelines. Overall, the OIG is comfortable with how the reprioritization process was managed.
- h. **Proactive Integrity Reviews (PIRs).** Fraud is often detected when proactively flagged to the OIG, as more complex forms of fraud remain challenging to identify. To broaden its leads beyond such reports, the OIG started using PIRs, widely used by development banks, which involve risk-based analysis of programs, notably taking into account historical allegation patterns, and subsequent prioritization of high risk, low allegation countries for eventual review. Procurement, Principal Recipient selection, and program management were identified as areas where lessons can be drawn from such reviews. A pilot PIR conducted last year revealed several concerns warranting investigations, which will be reported to the Board once completed.

13. Risk Management

Secretariat presentation

- 61. The Board Chair opened the session by framing it as a strategic discussion on the key risks facing the Global Fund amid increasing uncertainty and financial constraints. She emphasized the importance of understanding how risks are monitored and managed, as well as how replenishment dynamics interact with the broader risk environment.
- 62. The Secretariat presented an update on the evolution of the Global Fund's risk management approach and timeline for Board engagement to define risk appetites, confirming that this is an evolution of a mature embedded risk program. The Secretariat voiced appreciation for the engagement and inputs from Constituencies and the AFC and committed to considering these moving forward. The OIG advisory on "Review of Global Fund Risk Management" processes for country-facing risk report was acknowledged as instrumental in shaping the evolved risk program. The external environment currently characterized by geopolitical instability, funding uncertainty and disruption across global health partnerships, has become the "new normal" resulting in increases in strategic, fiduciary, operational and integrity risks. It was underscored that (i) the objective of the evolved approach is to enable better risk-informed decision-making and (ii) the organization may need to accept additional risk to protect impact and achieve ambitious strategic objectives – and that such decisions should be informed by quantitative and qualitative data when possible. When introducing the proposed risk hierarchy and taxonomy, the Secretariat emphasized that future risk reporting will elevate Board focus to Level 1 risks that could derail achievement of our mission and focus on risk trade-offs and emerging risks. Specific areas of increasing attention were noted including strategic design/business model risks, health product access, digital technology and cybersecurity (including AI use), and partnership-related risks.

Board discussion

- 63. The AFC Chair reported that the Committee supports the Secretariat's proposed enhancements,

including the introduction of a clearer risk taxonomy, strengthened cross-functional integration, more robust escalation pathways, and a structured articulation of risk appetite aligned with strategy and decision-making. The AFC is in favor of a more practical, predominantly qualitative risk-appetite framework, while maintaining quantitative measures where feasible—particularly for financial risks and asset-liability management. It further emphasized the importance of bolstering risk intelligence, early warning mechanisms, and overall risk culture. Ultimately, effective risk management should empower informed risk-taking while safeguarding the organization’s integrity and reputation.

64. During the discussion that followed, the Board acknowledged the challenges ahead, voiced a shared commitment to strengthening risk management and governance as GC8 preparations advance, and raised the following points:

- a. **Risk management framework and risk appetite.** Board members broadly supported the evolution of the risk management framework, emphasizing its strengthened hierarchy, alignment with decision making, focus on substantive strategic risks and enhanced Board visibility. Several Board members agreed that higher risk appetite and innovation may be necessary given the current uncertainty—this requires strong and transparent monitoring, robust controls and safeguards, and early warning mechanisms. Some Board members reaffirmed that protecting impact within constrained financial contexts must remain the central organizing principle of the risk management approach. Yet, others differed on the degree to which the Global Fund should move toward qualitative risk appetite, with some favoring stronger quantitative guardrails and others supporting greater flexibility. Several Board members requested clearer mapping of how the Secretariat identifies, aggregates, and reports on interdependencies among strategic, operational, and fiduciary risks. Some Board members also requested that risks relating to human rights and gender-related barriers to health services, civic space, and integration be more explicitly reflected in the risk register.
- b. **Transition risk and protection of impact.** Some Board members underscored transition failure as a critical strategic risk, noting that fragile systems and reduced preventive investments can rapidly lead to programmatic impact loss. There were some concerns about potential stockouts and service disruptions, and malaria program vulnerabilities—citing drug resistance, funding gaps, and the actual consequences of risk tradeoffs. One Board member emphasized cumulative pressures across regions as GC8 approaches, noting increasing interconnected risks.
- c. **Risk appetite, accountability, and governance oversight.** Several Board members requested clearer articulation of where the Global Fund partnership may or not be willing to accept higher risk, noting differing tolerances across constituencies. There were queries for explicit and clear governance ownership of residual risks—particularly when risk acceptance results in adverse consequences at country, Secretariat, or Board levels. One Board member stressed that increased risk-taking must be matched with stronger safeguards for communities and frontline services.
- d. **Quantitative vs. qualitative indicators.** Several Board members expressed strong support for maintaining quantitative indicators and thresholds—particularly for supply chain, asset liability management, and fiduciary risks—to complement the proposed qualitative framework. Others cautioned that shifting too far toward qualitative inputs risks reducing precision and comparability.
- e. **Partnership interdependencies and joint risk ownership.** Some Board members highlighted the need for clearer visibility into interdependencies among risks, including joint risks with partners such as Gavi, and how these are captured, monitored, and owned. Some Board members asked for more detail on how joint risks with partners would be addressed, escalated, and communicated. One Board member asked whether diminished partner capacity should constitute new or updated risk categories within the framework.
- f. **Governance risk-taking, roles, and accountability.** Several Board members noted that

moving toward more deliberate risk-taking represents a material governance shift, requiring clear allocation of roles, responsibilities, and accountability across the Secretariat, Board, countries, and CCMs. Some emphasized the need for consistent application of higher risk tolerance across portfolios to avoid precedent-setting inconsistencies or inadvertent inequities. One Board member raised the governance implications of midcycle reprogramming triggered by pledge conversion delays. Another Board member asked for earlier Board level engagement to support Board decisions expected in July, particularly regarding future strategic risk boundaries.

- g. **Implications for GC8.** Several Board members highlighted that GC8 will require a more comprehensive forward-looking risk posture, explicitly capturing cumulative pressures from financing constraints, partner dependencies, and shifting geopolitical dynamics. Some stressed the importance of preserving progress in addressing human rights and gender-related barriers to health services, and civic space—even in higher-risk environments—arguing these areas should not be deprioritized in future cycles. Board members generally requested fuller articulation of potential consequences—especially for key and vulnerable populations—when higher risks are accepted. The importance of workforce wellbeing, given the sustained high-pressure operating environment was also noted, looking at risk posture, explicitly capturing cumulative pressures from financing constraints, partner dependencies, and shifting geopolitical dynamics.

Secretariat response

65. The Secretariat provided the following responses and clarifications:

- a. **Transition.** The Secretariat (i) confirmed that transition risk will be incorporated within programmatic risk; and (ii) emphasized that transition outcomes will be monitored within the broader program risk framework.
- b. **Strategic risks.** Level 1 strategic risks, including those linked to partner capacity and other strategic areas will be brought to the Board as they are now when they arise and will not be deferred pending formalization of risk appetite statements.
- c. **Consultations on risk appetite.** Committee members and Board constituencies will be consulted to ensure broader understanding and alignment ahead of July Board deliberations. Risk tolerance may vary across constituencies—the consultation process intends to build a shared understanding ahead of final Board decisions.
- d. **Qualitative vs. quantitative approaches.** Qualitative risk appetite statements will be supported by robust quantitative indicators where reliable and appropriate, particularly in financial and fiduciary risk, asset-liability management, supply chain oversight, and grant-related exposures. The organizational risk register will remain detailed and actively monitored.
- e. **Risk interdependencies.** As many risks are interconnected (e.g., supply chain risks affecting program outcomes; domestic financing influencing transition sustainability), cross-functional review processes, including country portfolio reviews, are designed to assess cumulative and cross-risk impacts.
- f. **Accountability and residual risk.** The risk management approach follows a structured paradigm: identify risks, mitigate to the extent possible, assess what remains within the organization's control, and determine, at the appropriate governance level, whether residual risk is acceptable. The importance of transparency in documenting risk acceptance decisions was recognized.
- g. **Pledge risk.** Financial risk mitigation measures, including the Pledge Confidence Framework, enable pragmatic flexibility amidst uncertainty with robust fiscal controls—pledge and conversion risks remain under close monitoring.
- h. **Other risks.** Concerns raised regarding human rights and gender-related barriers to health services, civic space, and integration risks were acknowledged. The Secretariat confirmed that these risks are considered within relevant risk categories and programmatic oversight

mechanisms.

- i. **Staff wellbeing.** The Secretariat acknowledged staff well-being concerns in light of organizational restructuring and confirmed ongoing engagement with Human Resources and executive management, including onboarding of a new Chief Human Resources Officer.

Conclusions and next steps

66. The Board Chair emphasized the importance of maintaining a forward-looking risk management framework in an uncertain and constrained environment. With consultations already underway, proposed risk appetite statements will be presented to the AFC in May, with Board engagement and final approvals anticipated in July.

14. Closing

67. The Board Vice-Chair expressed appreciation to the outgoing Board Members, Alternate Members, and Constituency Focal Points for their contributions to the work and mission of the Global Fund. She also paid tribute to former Secretariat staff members who had passed away since the last Board meeting, acknowledging their service and offering condolences to their families, and emphasizing that their legacy endures through the ongoing work of the Global Fund.
68. The Board Chair and Vice-Chair, Executive Director, Strategy Committee Leadership, and several Board Members thanked Dr. Harley Feldbaum for his outstanding contributions to the Global Fund during his tenure as Head of Strategy and Policy. They recognized his pivotal role in shaping and guiding the robust policy landscape which upholds the work of the organization. Dr. Feldbaum's dedication, perseverance, intellect, integrity, rigor, and ability to work across diverse perspectives—while nurturing trust among stakeholders—were particularly highlighted, as was his exemplary people-centered leadership of his team. His solution-oriented approach and skill in breaking down complex issues and supporting sound and clear decision-making options were also commended. Dr. Feldbaum thanked the Board, the Executive Director, and Secretariat staff, encouraging them to keep working together in support of the mission, continue engaging constructively on difficult issues, and stay focused on serving those most in need.
69. The Board Chair reflected on the substantive discussions held throughout the meeting, including the important decisions to establish the financial foundation for GC8, the examination of strategic shifts required to operate in an increasingly resource-constrained and complex environment, and the Board's consideration of how the Global Fund continues to evolve, manage risk, and position itself within a changing global health landscape. The Board Chair noted the shared recognition among Board Members that the context is becoming more challenging; however, the strength of the Global Fund partnership lies in its ability to adapt, make disciplined choices, and remain focused on delivering impact for the people and communities it serves. The Board Chair expressed her appreciation to all participants, thanking Board Members for their thoughtful interventions, the Committees and their Leadership for the depth of work that underpins Board decisions, and the Secretariat staff for their thorough preparation of materials and their professionalism in supporting the meeting. The Board Chair concluded by recalling key dates and relevant updates to the 2026 Global Fund governance calendar, including upcoming Committee Meetings, a Board Retreat and two Board Meetings, which will support forthcoming Board decisions, and outlined key milestones including those related to the appointment of the next Board Chair and Vice-Chair, and Executive Director.

Annex 1 – Decisions Taken at the 54th Board Meeting

Decision Point	Decision Point Text	Voting Summary		
		For	Against	Abstain
GF/B54/DP01	<p>Approval of the Agenda</p> <p>The Agenda for the 54th Board Meeting (GF/B54/01) is approved.</p>	Unanimous		
GF/B54/DP02	<p>Approval of the Rapporteur</p> <p>Ruth Lawson from the United Kingdom constituency is designated as Rapporteur for the 54th Board Meeting.</p>	Unanimous		
GF/B54/DP03	<p>Updated Catalytic Investments for the 2026-2028 allocation period (Grant Cycle 8 (GC8))</p> <p>Based on the recommendation of the Secretariat, as presented in GF/B54/09 - Revision 2, and further to the Board’s decision in November 2024 (GF/B52/DP06), the Board:</p> <p>1. Approves the catalytic priorities for GC8, as set forth in GF/B54/09 - Revision 2, including catalytic priorities that remain unfunded by the Global Fund based on the total amount of sources of funds for allocation; and</p> <p>2. Notes that all other elements of GF/B52/DP06 remain unchanged.</p> <p>Budgetary Implications: Associated management costs for catalytic investments will be covered by catalytic investments and/or operating expenses as applicable.</p>	19 votes in favor	United States	
GF/B54/DP04	<p>Sources and Uses of Funds for the 2026–2028 Allocation Period</p> <p>1. Based on the recommendation of the Audit and Finance Committee (AFC), as adjusted by the Secretariat to reflect changes in pledges confirmed</p>	Unanimous		

	<p>following the recommendation and as presented in GF/B54/04A – Revision 2, the Board approves US\$ 10.780 billion as sources of funds for allocation for the 2026-2028 allocation period. The total amount of sources of funds for allocation comprises, in accordance with the Comprehensive Funding Policy set forth in Annex 1 to GF/B36/02 – Revision 1 and approved through decision point GF/B36/DP04:</p> <ul style="list-style-type: none"> i. US\$ 12.055 billion, derived from the announced replenishment results for the Eighth Replenishment, net of adjustments; ii. US\$ 0.200 billion of forecasted unutilized funds from the 2023-2025 allocation period; iii. a deduction of US\$ 0.930 billion of forecasted aggregate operating expenses for the 2027-2029 allocation utilization period; and iv. an adjustment of US\$ 0.544 billion for restricted financial contributions for the 2026-2028 allocation period. <p>2. Based on the recommendation of the Secretariat, in accordance with GF/B52/DP06, the Board approves the use of US\$ 0.260 billion for catalytic investments for the 2026-2028 allocation period, to be made available for the priorities set forth in GF/B54/09 – Revision 2 and in accordance with decision point GF/B54/DP03.</p> <p>3. Additionally, based on the recommendation of the AFC and to help ensure the maximum amount of impact and use of funds over the 2026-2028 allocation period, the Board requests that the Secretariat include an additional US\$ 0.263 billion in the amount used to determine country allocations pursuant to the allocation methodology for the 2026-2028 allocation period presented in presented in Annex 1 to GF/B52/08B (Allocation Methodology) and in accordance with decision point GF/B52/DP05.</p> <p>4. Accordingly, the Board approves sources of funds for country allocations for the 2026-2028 allocation period of US\$ 10.520 billion, to which US\$ 0.263 billion will be added prior to determining the country allocation, for a total of US\$ 10.783 billion, to be used in accordance with the Allocation Methodology and decision point GF/B52/DP05.</p>			
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Annex 2 – Documents List

Reference	Document title	Purpose
GF/B54/01	The 54 th Board Meeting Agenda	For decision
GF/B54/02	Update on Resource Mobilization and the Eighth Replenishment	For Information
GF/B54/03	Report of the Executive Director	For Information
GF/B54/04A - Rev 2	2026 – 2028 Allocation Period: Sources of Funds B (Narrative)	For Decision
GF/B54/04B - Rev 2	2026 – 2028 Allocation Period: Sources of Funds A (slides)	For Decision
GF/B54/05 – Rev1	GC8 Strategic Shifts: Overview	For Input
GF/B54/06	Strategic Shifts for GC8: Supporting progressive sustainability and effective transitions	For Input
GF/B54/07	Strategic Shifts for GC8: Community Systems and Financing	For Input
GF/B54/08	Strategic Shifts for GC8: NextGen Market Shaping	For Input
GF/B54/09 - Rev 2	Catalytic Investments for GC8	For Decision
GF/B54/10	Gavi-Global Fund Collaboration Update	For Input
GF/B54/11A - Rev 1	Board Leadership Selection Process Update: BLNC Progress Report 1	For Information
GF/B54/11B	Executive Director Selection Process Update: EDNC Progress Report 1	For Information
GF/B54/11C	Selection of the Global Fund Executive Director: Voting Procedures	For Information
GF/B54/12	OIG Operational Progress Report	For Information
GF/B54/13A- Annex	Organizational Risk Register (ORR)_Q3 - 2025	For Information
GF/B54/13A	Risk Management Report	For Information
GF/B54/13B	Risk Update	For Information
GF/B54/14	2023-2028 Strategic Performance Summary Report	For Information
GF/B54/15	Financial Performance Report	For Information
GF/B54/16	TRP Observations and Lessons Learned Report	For Information
GF/B54/17	Update on GC7 Country Funding and Catalytic Investment Operationalization and SI Performance	For Information
GF/B54/18	Report of the Coordinating Group 54th Board Meeting	For Information
GF/B54/19	Recoveries Report	For Information
GF/B54/20	Annual Report on Status of Board Decisions	For Information

Annex 3 – Glossary of Acronyms

AFC = Audit and Finance Committee
AI = Artificial intelligence
AMA = Agreed management action
CCM = Country Coordinating Mechanism
CLO = Community-led organization
CRG = Community, Rights and Gender
DRM = Domestic Resource Mobilization
ED = Executive Director
EGC = Ethics and Governance Committee
ERM = Enterprise risk management
GC = Grant cycle (e.g. GC8, GC7)
GDF= Global Drug Facility
HICs =High-income countries
IEP = Independent Evaluation Panel
IG = Inspector General
LFA = Local Fund Agent
LICs = Low-income countries
LMICs = Lower-middle income countries
OIG = Office of the Inspector General
OPEX = operating expenses
PFM = Public Financial Management
PIR = Proactive Integrity Reviews
PPM = Pooled procurement mechanism
QA= Qualitative adjustment
RSSH = Resilient and sustainable systems for health
SAI = Supreme Audit Institutions
SC = Strategy Committee
SR = Sub-Recipient
TB = Tuberculosis
TRP = Technical Review Panel
UMICs = Upper-middle income countries

Constituency Statements

54th Board Meeting

54th Board Meeting
11 February 2026

Constituency statements

1. Pre-Day Session: Audit of the Evaluation Function

South East Asia

The SEA Constituency welcomes the Office of the Inspector General's audit of the Independent Evaluation Function and appreciates the Secretariat's efforts to strengthen evaluation, learning, and accountability across the Global Fund partnership. A credible and well-functioning evaluation system is essential to ensure that limited resources deliver maximum impact, particularly as the Global Fund enters Grant Cycle 8 under tighter financial constraints.

The audit appropriately highlights structural and operational weaknesses that limit the effectiveness of the current model, including unclear roles and accountabilities, fragmented oversight of outsourced evaluations, inconsistent quality assurance, and long timelines that reduce the relevance of findings for Board and country-level decision-making. These gaps are especially consequential for high-burden regions such as South-East Asia, where countries face complex HIV, TB, and malaria epidemics, uneven absorptive capacity, and increasing pressure to prioritize and integrate programmes under constrained envelopes.

Experience during GC7, including mid-cycle funding reductions, demonstrated the value of timely, independent evaluations to support reprioritization, protect core services, and optimize investments based on epidemiological risk and implementation capacity. As GC8 allocations are expected to decline, evaluation must more directly inform allocation decisions, grant-making, programme performance, and system-level trade-offs.

The SEA Constituency therefore encourages decisive implementation of the audit's recommendations. In particular, we call for: (i) clearer governance, mandates, and accountability for the Independent Evaluation Function; (ii) stronger oversight and quality assurance of third-party evaluations, with strict conflict-of-interest safeguards; (iii) better alignment of evaluation timelines with key decision points, including allocations and grant revisions; and (iv) systematic follow-up on recommendations to ensure learning translates into action.

Strengthening the Independent Evaluation Function will be critical to protecting impact, reinforcing trust, and guiding effective GC8 implementation across diverse country contexts.

Germany

We welcome the audit of the Independent Evaluation Function and **support timely further discussion of the optimal structure and positioning of the Evaluation Functions** based on the identified success factors. Given the significant gaps highlighted in the report, we would **welcome greater proactive engagement from all stakeholders** to support and fulfil the mandate of Evaluation Function.

UNAIDS

The UNAIDS Constituency encourages a focused, practical, and forward-looking evaluation agenda that supports rapid learning and informed decision-making in a constrained financing environment and during the transition to GC8 and GC9. Evaluations should generate timely, actionable recommendations that can be quickly translated into programmatic and policy adjustments to protect impact, sustain equity, and support country leadership.

Priority areas for evaluation and rapid learning include:

- Protection of treatment continuity and prevention scale: Prospective and real-time evaluations assessing how allocation, prioritization, and potential de-allocation decisions affect continuity of HIV treatment and prevention services, particularly for key populations and in fragile and conflict-affected contexts.
- De-allocation methodologies: Forward-looking analysis of proposed de-allocation approaches and decision processes to ensure they protect impact, equity, and sustainability, with clear mechanisms to translate findings into adjustments during GC8 implementation and improved GC9 methodologies.
- Catalytic investments effectiveness: Ongoing learning on how catalytic investments can most effectively support and sustain community systems, human rights and gender equality programming, and how these investments can be integrated into long-term national systems.
- Public health and Community systems and equity outcomes: Practical evaluations examine the contribution of community-led and community-based responses to access, retention in care, prevention outcomes, and accountability, particularly in resource-constrained settings.
- Regional and multi-country approaches: Review of the effectiveness and added value of regional and multi-country investments, including their role in sustaining services for mobile, key and vulnerable populations and in supporting transition readiness.
- Transition and sustainability pathways (priority): Early and prospective evaluations of transition readiness, sustainability risks, opportunities for integration and co-financing realities, enabling course correction before service disruptions occur, and informing differentiated approaches across country contexts.
- From evaluation to action: Establishment of clear pathways to rapidly translate evaluation findings into Board and Secretariat decision-making and Secretariat-action, ensuring quick turnaround from analysis to recommendations to implementation adjustments.

UNAIDS encourages an evaluation approach centred on continuous, practical learning and adaptive management to safeguard impact and equity as the Global Fund navigates the evolving global health and

World Health Organization

Point Seven

We appreciate the audit of the Independent Evaluation Function and value the opportunity to advance discussions on the most effective structure and positioning of the evaluation functions, informed by the identified success factors. Given the substantial gaps highlighted in the report, we call for more proactive engagement from all stakeholders to fully support and fulfil the mandate of the Evaluation Function. We emphasize the need for a clear managerial action to improve efficiency and increase the learnings and strengthened accountability mechanisms for the functions in going forward. We welcome thorough analysis of the Strategy Committee and the Inspector General ahead of future discussions in the board on this matter.

2. Welcome Reception

UNAIDS
NA

Communities

The Communities Delegation speaks from the frontlines of the Global Fund partnership, where policies become programs and funding decisions translate directly into services that

save lives. The impact achieved over the past two decades is inseparable from the strength, reach, and resilience of the partnership that includes community-led responses. As we reflect on the Eighth Replenishment, we sincerely recognize the extraordinary efforts of donors in a complex global context. At the same time, the remaining funding gap creates real pressures that affect service continuity and place hard-won gains at risk.

As the Board considers strategic shifts for GC8, it will be essential to ensure that urgency does not compromise access and that efficiency does not come at the expense of impact. Experience from GC7 has underscored the importance of managing reprioritization carefully to avoid unintended disruptions at country level. The choices made in this constrained environment will determine whether the partnership strengthens its core foundations or unintentionally weakens them. We remain committed to pragmatic, solutions-oriented engagement, guided by a simple principle: sustainability can only be achieved when communities remain central to implementation, fully supported, meaningfully engaged, and aligned with the Global Fund's strategy and mission.

Top of Form

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3. Francophone Breakfast

UNAIDS

NA

4. Opening

South East Asia

N/A

Developing Country NGO

DCNGO Statement to the 54th Global Fund Board Meeting

Global health is currently being drastically dismantled. For our DCNGO, a critical concern for us now becomes: Is health truly a human right or has it now become simply a privilege?

In this moment of contraction and uncertainty, with significant implications for equity, sustainability, and the protection of hard-won gains against HIV, TB, and malaria, we must ask ourselves: Are we reframing who should be at the centre of our vision and strategy and are we redefining sustainability? Are we really as resilient as we say, and if so where are our limits and limitations?

Our delegation would like to position some key thoughts and concerns around emerging themes across the papers, ahead of our 54th Global Fund Board Meeting.

Trade-offs: While recent replenishment efforts and donor solidarity are welcomed, the overall funding envelope remains insufficient, creating real risks for service continuity, prevention, and the ability of countries to sustain progress. **Our central concern remains: in a shrinking resource environment, the burden of trade-offs falls disproportionately on community systems, human rights, gender, and programmes for people most at risk.** These are areas that are essential to impact but are politically and financially vulnerable.

Civil society and community-led responses: A recurring theme is that **civil society and community-led responses are not peripheral but foundational to reaching the most affected populations.** Yet we face shrinking civic space, limited inclusion in decision-making, fragile social contracting arrangements, and uncertain long-term financing, especially in

transition contexts.

Transitioning: We re-iterate our position that transitions must be readiness-based and grounded in epidemiology, fiscal realities, and human rights environments, rather than driven primarily by income classification or predictability and sustainability concerns.

Without safeguards, there is a risk of 'transition cliffs' that leave civil society and communities - especially from people most at risk - without access to trusted lifesaving services. How do we therefore measure this risk and against what?

Successful and sustainable integration: We are not against integration, however we believe that due consideration to the following questions will better inform how we frame and execute integration, particularly at the country level: **How** will this integration happen? What is the framework we are using which will protect the meaningful inclusion of civil society and community led responses as part of integration? How will we monitor and evaluate and even measure the success of our integration approaches? Are governments and ministries well prepared for integration? Do all countries have legal and structural frameworks to manage integration?

Integration into primary health care can strengthen systems, but if poorly designed it may weaken confidentiality, reduce differentiated services and deter people most at risk from accessing care. Value-for-money and capacity-to-scale frameworks must not sideline rights-based and community-led interventions that are harder to measure but critical for equitable outcomes.

Capacity to scale: As private sector contributions and **capacity to scale** gain weight, attention to power dynamics is essential. What is easiest to scale and measure must not displace politically sensitive but essential investments in human rights, gender and communities. Monitoring must reflect these risks. If KPIs do not capture community protection and integration quality, failure will be detected too late.

The risks are massive. Across risk management, market shaping and catalytic investments, the call is for clear guardrails, transparency and defined non-negotiables to ensure lifesaving services, civil society and community delivery for reach and impact and rights-based access are protected. We are increasingly concerned about the huge risks, particularly for civil society and community partners, in the payment for results based modality, happening at the country level.

As we continue to traverse the uncertain health ecosystem, we must remind ourselves, especially within our duty of care to the Global Fund that: **Sustaining impact** requires protecting the partnership's core principles - equity, community leadership and accountability - so that financial pressure does not translate into avoidable loss of life or leaving the most vulnerable behind.

UNAIDS

The UNAIDS Constituency thanks the Board Leadership, the Executive Director, and the Secretariat for their continued stewardship of the Global Fund partnership during an exceptionally challenging period for global health and development.

We warmly thank the Replenishment Co-Chairs and all donors who have announced pledges to the Eighth Replenishment, including those who stepped forward in recent months despite a difficult global financing environment.

Their continued commitment reflects the strength of the Global Fund partnership and its enduring importance for the people and communities we serve.

As we meet at a moment defined by financial constraint, shifting geopolitical dynamics and institutional transition, this Board carries particular importance in setting the course for GC8 and beyond. As the partnership enters GC8 with **reduced funding envelopes, shorter timelines to design and approve funding requests, and a rapidly evolving external environment**, it will be essential to focus our deliberations on a small number of overarching questions that can guide impact, prioritization and positioning.

- How do we maximize the impact of available GC8 funding?
- How can catalytic investments generate sustained programmatic and financing returns?

- How can GC8 investments be better aligned with domestic resources, community investments and other bilateral and multilateral funding streams?
- How should the Global Fund position itself within the evolving global health architecture at global, regional and country levels?

As we move through these discussions, we encourage the Board and partnership to remain particularly focused on the first question — how to maximize the impact of available GC8 resources — as the choices made in this cycle will have immediate consequences for treatment continuity, prevention scale and long-term sustainability.

At this Board, UNAIDS will be guided by five core priorities:

- Protect HIV treatment continuity and prevention scale, ensuring that gains made over decades are not reversed;
- Protect and sustain public health and community systems, human rights and gender equality, as essential components of impact and equity;
- Ensure allocations are driven by robust data - epidemiological need, equity, and impact, rather than by across-the-board austerity;
- Shape catalytic investments to advance self-reliance, and country-led and -financed responses, reinforcing national responses rather than substituting for them; and
- Better align, coordinate, and integrate platforms for more efficiency and effectiveness at the country levels.

We commend the Secretariat for navigating an exceptionally difficult year marked by funding reductions, reprioritization, and operational adjustments while largely protecting core lifesaving programmes. We also commend the Board leadership for guiding the partnership through an important period of transition — both in preparing for the next phase of Global Fund Board and Secretariat leadership and in shaping the strategic direction of the institution itself. As the Global Fund continues to adapt, it will be essential that its evolution remains firmly connected to broader global health and development architecture reforms, ensuring that the partnership remains a cornerstone of an integrated, equitable, and sustainable global response to HIV, tuberculosis, and malaria.

World Health Organization

Developed Country NGO

As we head into the 54th Global Fund (GF) Board meeting, we face unprecedented public health challenges amid sudden halts and sharp funding cuts, debt crises, and global economic and geo-political uncertainty. We share a deep commitment to the Partnership and the common goal of sustaining the momentum achieved through more than two decades of investment in global HIV, TB and malaria programs. As Official Development Assistance (ODA) for health declines, the Global Fund moves towards accelerated transition and reducing external support in dozens of countries, it is important to recognize that levels of readiness varies by country. We welcome concrete plans, guidance, and funding for transitioning countries and in the post-transition phase.

Given this context, we believe the Global Fund should closely examine its value-add within the broader global health ecosystem and focus on where it is best suited to lead and/or fill gaps. As one of the only Global Health Initiatives with a well-developed and meaningfully inclusive structure for communities and CSOs, we believe that the Global Fund must play a leadership role in prioritizing stronger funding for community systems, human rights, gender equality, and key and vulnerable populations, and funding for challenging operating environment (COE) contexts. We cannot assume other funders will step in, and the Global Fund can be part of the solution to advance inclusive and equitable access to healthcare, social justice, and accountability.

We appreciate the immense efforts of the Secretariat, including the Governance Team, Board Leadership, and Committee leadership and membership in the preparations for the 54th Board meeting, and as we enter this critical moment for the Global Fund.

Eastern and Southern Africa

In considering the decisions before the Board, Eastern and Southern Africa (ESA) and West and Central Africa (WCA) constituencies apply a clear and consistent lens: our partnership's overarching objective is to save lives. ESA and WCA are home to more than 70% of people living with HIV, 24% of people affected by TB and 95% of malaria cases. Thus, Global Fund success means significant lives saved in Africa and a significant impact in ESA and WCA. To achieve the Global Fund's ambitious impact, ESA and WCA emphasize the importance of country ownership and stewardship, which should be the basis of sustainability. Country ownership/stewardship requires systematic use and strengthening of country systems, meaningful simplification of processes, and an understanding of sustainability in a **simple definition** and self-reliance as nationally defined trajectories grounded in fiscal and political realities. ESA and WCA affirm that implementing countries are better positioned to know what is best for them. Thus, the implementers should be heard and not overruled by prescriptive directions emanating from well-meaning partnership members or the Secretariat. This use of country systems as the basis of grant implementation must be reflected in how the Global Fund plans, finances and delivers its work.

Communities

The Communities Delegation brings the perspective of those working closest to implementation, where strategic decisions directly shape service delivery and access to care. We deeply appreciate the efforts of donors during the Eighth Replenishment in a difficult global environment, while recognizing that the remaining funding gap introduces pressures that must be managed carefully to safeguard continuity of care and protect hard-won gains.

As the Board considers priorities for GC8, we encourage an approach that balances efficiency with sustained impact. Experience from GC7 demonstrated the importance of early planning, transparent communication, and inclusive engagement to minimize disruption at country level. The decisions made in this constrained context will influence the partnership's ability to maintain momentum and build long-term sustainability. We remain committed to constructive dialogue and practical solutions that ensure communities continue to be meaningfully engaged and adequately supported, in line with the Global Fund's strategy and mission.

5. Resource Mobilization and the 8th Replenishment Outcomes

Canada, Switzerland and Australia

The Canada-Switzerland-Australia (CSA) constituency acknowledges and congratulates the Secretariat for the extensive work involved in delivering a successful Eighth Replenishment in such a challenging global environment. We extend our sincere thanks to the co-hosts, all donors, Board constituencies and partners for the collective effort that made this achievement possible. We welcome increasing contributions from new and emerging donors, and look forward to working constructively together on the Board.

South East Asia

As global health enters a difficult and prolonged "winter," the SEA Constituency recognizes the strength and resilience of the Global Fund partnership. Continued donor engagement

amid fiscal tightening and geopolitical uncertainty reflects shared responsibility and a collective commitment to protect hard-won gains against HIV, TB, and malaria.

The Eighth Replenishment has secured approximately US\$12 billion, with an estimated outcome of around US\$13 billion under the likelihood scenario. This is a meaningful achievement in a constrained environment. At the same time, the remaining gap will place real pressure on service delivery and introduce structural constraints on country allocations in Grant Cycle 8.

For South-East Asia, the implications are direct and global in consequence. The region accounts for nearly half of the world's TB burden, continues to report more than four million malaria cases annually, and includes several countries at sensitive stages of elimination. Fiscal space across the region remains uneven, and funding uncertainty risks slowing progress not only regionally but also toward global targets.

We note positively that pledge conversion under the Seventh Replenishment is on track. Sustaining and accelerating conversion under the Eighth Replenishment will be critical to reducing implementation risk, maintaining planning certainty, and protecting continuity of essential services.

Looking ahead, the SEA Constituency calls for three priorities: (i) accelerated and predictable pledge conversion to safeguard allocations and programme stability; (ii) strengthened domestic resource mobilization, complemented by innovative engagement with private and non-traditional partners; and (iii) application of value-for-money measures in a differentiated manner that protects high-burden and elimination-stage countries from disproportionate impact.

These actions will be essential to preserving global progress and maximizing the impact of GC8 investments.

Eastern Mediterranean Region

The Eastern Mediterranean constituency welcomes the progress achieved through the Eighth Replenishment campaign, which advanced under a rolling resource mobilization model with multiple pledging moments. This innovative approach has proven to be a pragmatic response to the challenging Official Development Assistance (ODA) environment, ensuring continuity and adaptability in resource mobilization.

We are encouraged by the increase in pledges from recipient countries, which signals a broadening of the donor base. The Global Fund must now carefully ensure the conversion of commitments from this new donor cohort and continue to deepen commitment to secure their sustained participation in future cycles.

Along these lines, we welcome the pledge of US\$39 million from the Kingdom of Saudi Arabia, through the Saudi Fund for Development (SFD), to the Eighth Replenishment. A partner of the Global Fund since its establishment in 2002, Saudi Arabia has played a consistent and strategic role in supporting global efforts to end infectious diseases and enhance health security.

The constituency views Saudi Arabia's pledge—together with those of Morocco, Kuwait, the United Arab Emirates, and other Eastern Mediterranean countries—as a clear affirmation of the Region's growing role in the fight against HIV, TB, and malaria. We commend the leadership of these donor governments, whose actions demonstrate regional resolve and a commitment to safeguarding services, optimizing resources, and advancing sustainability. However, the global financing landscape is shifting, with ODA contracting under geopolitical and fiscal pressures and resources increasingly diverted to climate and security agendas—leaves fragile states at greater risk of exclusion. While innovative instruments such as blended finance, health financing or debt for health are emerging, they remain underused where traditional aid is most constrained. We call Global Fund to continue supporting these

innovative financing strategies in the Eastern Mediterranean countries.

Looking ahead to GC8, we urge on one hand that allocation methodologies continue to reflect vulnerability, while embedding sharper prioritization, stronger sustainability planning, and sustained vigilance in risk management. Equity, efficiency, and resilience must guide collective decisions to protect hardwon gains and deliver measurable impact, particularly in fragile and conflict-affected settings.

The Global Fund's investment in fundraising is clearly yielding excellent returns, with strong delivery capacity. The Resource Mobilization team deserves commendation, as does the Executive Director, for their outstanding global representation and effective engagement with high-level stakeholders.

Germany

We welcome the outcome of the Eight Replenishment and recognize the GFATM's strong performance in **securing substantial pledges by 21 November 2025**, as well as its continued efforts to mobilise pending commitments in a challenging global context. We also extend our appreciation to South Africa and the United Kingdom for their commitment and for co-hosting the replenishment and warmly welcome the Republic of Korea as a new voting Board member. We look forward to an **in-depth analysis** of replenishment outcomes and lessons learned.

Against the backdrop of a challenging and uncertain funding outlook through 2028, we would like to underscore the value of **fearly and proactive discussions** on long-term solutions for GC9's resource mobilisation beyond traditional donor funding. At the same time, **demonstrating credible reform progress by 2028** will be critical to sustaining confidence and support, as donors increasingly emphasise **efficiency, alignment, and country ownership**. Continued **attention to trust-building** will also be important, including through balanced public communication and appropriate internal transparency, to help maintain confidence among all stakeholders.

France

UNAIDS

The UNAIDS Constituency warmly **thanks all public and private donors, implementing countries, and partners for their commitments** to the Eighth Replenishment, and commends the co-hosts, Board leadership, and the Secretariat for sustaining momentum in an exceptionally difficult global financing environment. We welcome the strong pledges received to date — including the recent significant commitment of the United States and sustained support from longstanding and new donors — as a powerful demonstration of continued confidence in the Global Fund partnership and its lifesaving impact.

At the same time, we recognize that the final 8th Replenishment level, while significant, will translate into a **smaller resource envelope for countries in GC8**. This underscores the importance of embracing the spirit of a rolling Replenishment and sustaining collective efforts to convert pledges into contributions and secure pending commitments. The strength of our shared commitment to the Global Fund over the past 25 years — and to the people and communities we serve — must guide us in doing everything possible to close remaining gaps and protect essential programmes prioritising greatest impact and equity.

As we move forward, **sustained advocacy, timely pledge conversion, and continued resource mobilization will be critical**. Financial uncertainty should be managed as a shared responsibility across the partnership, not shifted to countries and communities. Ensuring that available resources are deployed to protect treatment and prevention continuity, sustain community and rights-based responses, and support predictable, country-led transition pathways will be essential to maintaining impact and trust in the partnership.

UNAIDS stands ready to work with all partners to **support continued mobilization, reinforce confidence in the Global Fund model, and position the partnership as a central pillar** within the evolving global health and development architecture.

World Health Organization

We thank the Republic of South Africa and the United Kingdom for hosting the 8th Replenishment and congratulate their efforts and the entire Global Fund community for the resources raised so far. In the face of the crisis in malaria and the ongoing epidemics of HIV and TB, the global health financing emergency, and the challenging situation for so many low- and lower middle income countries, we unambiguously support all efforts to raise the much needed additional funding for the Global Fund and for Health for All. We encourage all public and private donors to complement and for increased domestic financing, while continuing to emphasize the need for efficient, aligned allocation and subsequent use of these resources to maximize the health impact and sustainability. This is especially important to protect the poorest and most vulnerable populations – the latest UHC global monitoring report shows that 1.6 billion people worldwide are living in, or pushed deeper into, poverty due to health expenses.

WHO working with the Global Fund and all partners to support countries to respond to these health challenges and the financing emergency, including through guidance on specific measures for both immediate and longer-term shifts, launched at a meeting co-hosted with the Global Fund African Ambassadors in November 2025.

Developed Country NGO

One year ago, the outcome of close to USD 13 Billion raised seemed improbable: we applaud the staff, government, private sector and foundation donors and advocates who worked very hard to get us to this stage.

However, as we see in larger global health ODA trends, many of the Global Fund's largest donors scaled back their contributions, despite the replenishment strategy prioritizing G7 and G20 relationships and a "rolling" approach to provide donors with ample opportunities to identify the "right" platforms for their pledges. We urge donors to step up their pledges throughout the next grant cycle – not retreat – particularly when we are at a catalytic moment to end HIV, TB and malaria with new, life-saving technologies, cost-effective existing tools, and high quality programming. **As it was at the founding of the Global Fund, reducing support now for the most marginalized and vulnerable people living with and affected by HIV, TB and malaria is a political choice, not an inevitable economic reality.**

We urge our UK and South African colleagues as co-hosts of the 8th Replenishment to continue mobilizing political leadership for the Replenishment and further resource mobilization.

A few areas we would appreciate clarification and/or responses to throughout the meeting:

- We welcome the Secretariat's information about contribution agreement negotiations to advance pledge conversion. Additionally, we welcome the early reflections on successful elements from the Eighth Replenishment (para. 21). We would like to hear more about how the ERCD team will focus its ongoing resource mobilization efforts for GC8 – what opportunities and challenges it sees and where – even preliminarily – it intends to focus its ongoing efforts to raise further funds. However, reflecting on the risks and mitigation measures for pledge conversion (para. 26), we noticed that the potential implications of restructuring are not referenced. Changes in staffing capacity may affect the continuity and intensity of donor engagement, and therefore, the pace and predictability of pledge conversion and we would like to better understand how ERCD restructuring is expected to affect capacity for donor engagement and pledge conversion, and the measures being considered to ensure continuity and mitigate any associated risks?

- We note the appreciation for the role of CSOs and communities in advocating for the Eighth Replenishment: This advocacy is instrumental to replenishment processes. In turn, we note that sustaining CSO and community support for resource mobilization is not included in the risks (para. 30). As CSOs who advocate for the Global Fund see civic space shrink, the decreasing trends for advocacy funding mirror broader ODA for health cuts, and we see the outright rejection of dedicated funds for CSOs. Our Delegation, Developing Country NGOs and Communities have all called for this within the Global Fund, and we strongly recommend the need to acknowledge this risk and explore mitigation measures in the near term.
- Our Delegation would also like clarification on the current pledge conversion for GC7 (which was reported as 83% of the adjusted pledges contributions, as of 30 September, 2025) in both the Resource Mobilization and Financial Performance Report (GF/B54/02 para. 23 and GF/B54/15 executive summary, respectively).

Point Seven

Point Seven commends the Secretariat, the Governments of South Africa and the United Kingdom, for a successful Eighth Replenishment. We recognize the significant effort required to secure commitments in a period marked by geopolitical turbulence and global financial constraints, and we acknowledge the strong leadership demonstrated by the co-hosts. While the replenishment outcome is a success in the current context, it nevertheless falls short of the ambitious target set in the Investment Case underlining the declining ODA levels and a shifting landscape for global health financing. Given the shifting landscape, the global fund partnership will have to adapt.

The Summit highlighted a renewed commitment to working differently. Point Seven strongly supports the call for a more agile, country-driven partnership model, while steadfastly adhering to the Fund's core values.

Ensuring that innovations reach scale and maximize impact is central for the Global Fund. This will require strengthened domestic resource mobilization and integration of new technologies into health systems, and continued reforms of the global health architecture to increase effectiveness.

We call for the Global Fund to play an active part in discussions on the Global Health Architecture including the WHO-convened process to facilitate convergence and consensus-building, to support the transformation of the current architecture, enhance coordination, and leverage the comparative advantages of diverse actors, while being responsive to country needs and realities.

Eastern and Southern Africa

The Eastern and Southern Africa (ESA) and West and Central Africa (WCA) constituencies express profound gratitude to the partnership for its generosity amid changing financial landscape. ESA and WCA acknowledge the Global Fund Board and Secretariat for its exceptional work in these circumstances. We commend the remarkable outcomes of the 8th replenishment, which powerfully demonstrate the Global Fund's enduring mission, the remarkable solidarity of its donors, and the tireless efforts of the Secretariat.

While appreciating the entire Partnership's commitment, we emphasize the critical importance of continuing resource mobilisation activities throughout Grant Cycle 8 and urge donors to convert their pledges timely to prevent potential operational disruptions or deallocation. We are confident that the Board and Committees remain committed to developing agile strategies and contingency options that will safeguard the Global Fund's lifesaving work under all potential replenishment scenarios, ensuring the continued protection of vital health interventions. 4

In addition, our constituencies would like to acknowledge the positive effect of the Health Financing Dialogues that the Secretariat facilitated in some of our countries and would like to ask for more to complement the resource mobilization drives.

Western Pacific Region

The Western Pacific constituency would like to congratulate and thank South Africa and the United Kingdom for cohosting, and the Secretariat for organizing an extraordinary replenishment process. The outcomes of the Eighth Replenishment are the best we could have hoped for, given the unprecedented global and domestic challenges we all face. This achievement would not have been possible without the unwavering commitment, expertise, solidarity and hard work of representatives from donor countries, implementing countries, and the private sector on the Board, as well as our technical partners, advocates, and friends of the Global Fund. The Western Pacific constituency extends its deep appreciation to everyone who contributed to this effort.

We are particularly impressed by, and grateful for, the Secretariat's establishment of the Pledge Confidence Framework, which has made it possible to advance the approval of the CG8 source of funds.

While the replenishment outcome is remarkable, it remains far from what is required to fully deliver on our mission. Donor countries are facing significant fiscal constraints due to emerging and competing priorities, and the same pressures are felt across implementing countries.

The Western Pacific constituency therefore urges donors who have not yet made a pledge to do so as soon as possible, and encourages those who have pledged to continue identifying opportunities for additional contributions. At a minimum, we should aspire to match the generous US government pledge.

6. Coffee

South East Asia

N/A

UNAIDS

NA

World Health Organization

7. Report of the Executive Director

Japan

- Amidst a global landscape marked by escalating division and confrontation, the imperative of solidarity has never been greater. Meanwhile, global health faces unprecedented challenges, driven by multiple factors, including deepening funding shortages, geopolitical tensions, and the emergence of antimicrobial resistance (AMR) in malaria.
- Japan deeply appreciates the Global Fund's vital role in ending AIDS, TB and malaria as well as strengthening health systems worldwide. GC8 is required to shift to a country-led partnership model. Japan firmly believes that global health is not merely a health concern, but

a critical issue encompassing significant economic, social, and security risks for the entire international community. Therefore, Japan continues to position global health as one of the pillars of its diplomacy and attaches great importance to it.

- With GC8 being the final strategic cycle for the 2030 goal to end AIDS, TB and malaria, it is crucial to stress that the Global Fund is now at a pivotal moment. This requires serious discussions on a sustainable transition and an exit strategy. While recognizing the importance of measures against these infectious diseases, even as their relative burden decreases in low- and middle-income countries due to changes in disease structure, we would like to reiterate that the Global Fund's role in achieving universal health coverage (UHC) through strengthening health systems will be increasingly pivotal. This strategic evolution will enhance broader impacts on national health policies, furthermore it will fundamentally foster greater self-reliance in implementing countries.
- Indeed, at this critical juncture, the Global Fund is called upon to proactively support a gradual and effective transition away from external funding dependence in each country, promoting self-reliance in alignment with initiatives like the Accra Reset. Given the severe fiscal constraints faced by many donor countries, including Japan, and the significant transformation of the global health financing landscape, we believe this 'global health financing crisis' presents a unique opportunity. It is an opportunity for all partners - including donors, implementing countries, the Global Fund, and WHO - to deepen discussions on strengthening domestic health financing and accelerate progress towards UHC. Japan strongly supports the Global Fund's proactive stance in this direction.
- In light of the severe funding environment, we recognize that eliminating duplication and ensuring complementarity among global health initiatives (GHIs) is more necessary than ever and is an urgent issue to be solved. Japan aims to deliver more efficient and impactful assistance and enhance cooperation among various stakeholders by participating in discussions within GHIs.
- Beyond our contributions to the Global Fund, last December the Government of Japan has established the UHC Knowledge Hub in cooperation with WHO and the World Bank. This Hub will provide the necessary support for achieving UHC, including health financing strengthening and domestic resource mobilization, through training and other programs. Our aspiration is to generate greater impact in implementing countries by working in close synergy with the Global Fund.
- This year, the Global Fund is expected to undergo significant organizational change, coinciding with the scheduled selection of new leadership. Japan will continue to constructively participate in discussions, making the most effective use of limited resources, with a view to achieving UHC.

South East Asia

The SEA Constituency thanks the Executive Director for the forward-looking report that reflects both the severity of the current global health environment and the resilience of the Global Fund partnership. We appreciate the Secretariat's decisive reprioritization during 2025, which helped preserve essential HIV, TB, and malaria services.

The challenges outlined are particularly salient for South-East Asia. The region continues to account for roughly one-third to nearly half of the global TB burden, with an estimated 3.7 million incident cases in 2024. At the same time, SEA still reports over four million malaria cases annually, concentrated in a small number of countries and in settings vulnerable to resurgence and drug resistance. HIV outcomes have improved, yet regional viral suppression remains at around 70%, with persistent gaps among young people and key populations.

In this context, we welcome the Secretariat's emphasis on maximizing impact per dollar, accelerating access to innovation, and strengthening execution discipline. Progress in introducing high-impact tools, such as long-acting HIV prevention, next-generation malaria nets, and improved TB diagnostics, will be essential, provided these are scaled equitably and aligned with country readiness.

As we complete GC7 and prepare to launch GC8 under tighter financial conditions, the SEA Constituency emphasizes the importance of disciplined prioritization and predictable implementation. Abrupt shifts in financing, transition expectations, or delivery models risk undermining gains in high-burden and elimination-stage settings.

Looking ahead, we encourage continued focus on: (i) protecting core life-saving interventions; (ii) aligning strategic shifts with epidemiological risk and absorptive capacity; and (iii) supporting country leadership and sustainability without compromising equity or impact.

Latin America and Caribbean

Report of the Executive Director

The LAC Constituency extends its gratitude to the Executive Director and Global Fund Secretariat for their steadfast leadership amidst global funding cuts and geopolitical instability. We commend the Secretariat's decisive and flexible strategy, which has protected core mandates and kept lifesaving programs on track during GC7.

A landmark achievement in this period is the launch of Lenacapavir; we agree that this long-acting injectable, alongside AI-driven TB diagnostics and innovative vector control for Malaria, is essential to closing the gaps toward 2030 targets. As we look toward GC8, it is time to leverage lessons from the current cycle to make the tough, strategic choices necessary for sustainability.

LAC remains committed to working with the Partnership to find innovative solutions that protect our elimination gains.

United Kingdom

The UK was proud to co-host the Global Fund's 8th replenishment together with South Africa. Against a background of colliding crises, the world demonstrated its continued commitment to ending AIDS, TB and malaria with strong pledges from donors, implementer countries and the private sector.

As co-hosts we set objectives for the replenishment which covered:

- Solidarity
- Sustainability
- Innovation
- Equity
- Reform

All of those objectives remain key to the success of the partnership.

Solidarity was important for the resource mobilisation aims of the replenishment. It remains critical for the decisions we now need to make about how to allocate the resources we raised together so that they can make the greatest possible contribution to ending the three diseases in the countries and communities most affected by them and most in need of external support. That will require accelerated transitions elsewhere and it is our responsibility as a Board to stand in solidarity with affected countries and communities and consider carefully both how to monitor progress on transitions and what the options are for an appropriate package of post-transition support.

Sustainability is the thread that runs through many of the key shifts for the 8th replenishment grants – from integration to enable greater efficiency, to sustainability planning, holistic and country led, with support from all development partners, and strong programmatic co-financing commitments. We need to agree on our ambition for these strategic shifts and put in place mechanisms to monitor progress and enable the Board to track delivery and course-correct if needed.

Innovation was again critical for the replenishment, with private sector partners in particular stepping up with pledges of support for catalytic investments ranging from access to innovative tools such as LEN to new ways of working with communities. Innovation will remain

a key theme throughout the replenishment period. This Board will discuss the strategic shifts around next gen market shaping, including how the Global Fund can best support countries with their domestically financed procurement. It is important that the decisions we take now help to lay the foundations for a future in which manufacturing, procurement and supply chains are increasingly locally and regionally led and financed.

Equity must remain central to the Global Fund's values and programming. We can only achieve our mission of ending AIDS, TB and malaria if we reach the communities with the highest risk of cases, infections and deaths. More than 55% of new HIV infections are in key populations, adolescent girls and young women remain at particular risk in Eastern and Southern Africa, and there are similar inequities in TB and malaria. The most efficient way of reaching these populations is by working with and through communities. This is why community engagement is so critical for the Global Fund and must remain a key strength.

Reform was an important theme for the replenishment as investors considered where best to invest scarce resources. Agility and a commitment to continuous improvement have long been hallmarks of the Global Fund, but in today's challenging context the pace of change needs to accelerate rapidly. This is about reform of the Global Fund itself, of how it works with partnership with others – including but not only Gavi – and of how it engages with global health ecosystem reform more broadly. We have high ambition across all of these aspects of reform and see it as critical that we visibly demonstrate progress over the 8th replenishment period, both to accelerate impact and to make the case for future replenishments.

We look forward to the discussions at the Board and to advancing these objectives together.

Eastern Mediterranean Region

The Executive Director's report (GF/B54/03) underscores both resilience and reinvention. In 2025, the Global Fund sustained core lifesaving programs despite unprecedented funding cuts, achieved the simultaneous rollout of injectable Lenacapavir for pre-exposure prophylaxis (PrEP) in low and middle income as well as high income countries, and secured nearly US\$12 billion in pledges for GC8.

Yet serious challenges persist as we move from GC7 into GC8: TB diagnosis remains insufficient, preventive coverage lags despite effective treatment, malaria efforts are off track, and pandemic preparedness is weak. These results must be read in context, as program pauses and halted activities significantly disrupted implementation and service continuity, particularly in our region.

Looking ahead, the Global Fund must maximize every dollar through innovation and market shaping, accelerate tailored transitions to self-reliance, and embrace organizational reforms that balance efficiency with agility. At the same time, it must play a bold role in reshaping the global health ecosystem, reducing fragmentation and strengthening country ownership.

From the EMRC perspective, we align with this way forward—recalibrating impact targets after the 8th Replenishment—especially addressing countries with exacerbated programmatic gaps, while relying on updated data and funding forecasts to assess the viability of the 2028 goals. Crucially, pandemic preparedness investments must prioritize structurally weak systems to ensure resilience where it is most urgently needed.

Germany

We thank the ED for the comprehensive overview of the Global Fund's operational context. We agree that bold change is needed and **support the proposed strategic shifts**. At the same time, we believe that an even deeper and **more far-reaching transformation will be required in the coming years** for the Global Fund to remain relevant.

We agree that the Global Fund should focus on its **comparative advantages**, particularly its strong leverage in **market shaping, pooled procurement, and civil society- and**

community-based and -led interventions. However, this focus must be firmly **anchored in sustainability considerations.** In this regard, we wish to underline the continued importance of investments in **Resilient and Sustainable Systems for Health (RSSH).** We would therefore welcome the Secretariat's perspective on how RSSH investments will be incentivised in GC8. Moreover, across all our efforts, it will be essential to ensure **the protection of key populations, communities, and civil society**— especially against the backdrop of growing anti-rights and anti-gender movements.

Fundamental (internal and external) changes should be grounded in the Global Fund's experience over the past two decades. We therefore wish to emphasise the importance of systematically and strategically **drawing on lessons generated through ELO, the OIG, the TRP, and Risk Management** when shaping the way forward. Furthermore, any restructuring of internal processes should deliberately **strengthen coordination and coherence across these functions** to enhance impact, efficiency, and organisational learning. These functions must be taken seriously by Global Fund management, as they are essential to **enabling continuous improvement through learning.**

The **transition in Board leadership and the ED** comes at a critical moment for the Global Fund's future direction. It is therefore crucial that the incoming leadership carries forward a strong sense of transformation and demonstrates a genuine willingness to drive change.

This transformation must also extend to the **global health ecosystem.** What is needed is a commonly agreed way forward, under clear leadership and guided by a shared vision of the **core functions** the global health ecosystem must deliver.

As the **Secretariat** itself is undergoing restructuring, we would welcome an **update on the new organisational structure.** It will be essential that the Secretariat remains agile while continuing to provide strong support for grant implementation, without risking trade-offs in staff well-being.

The ED highlights the need for an **increased Board risk appetite** to enable change. While this entails greater fiduciary risk – already on an upward trajectory – Board discussions on risk have often lacked sufficient analysis of trade-offs and clearly defined decision points. As the Risk Management approach is currently under review, we encourage the Secretariat to support Board deliberations through the presentation of **concrete scenarios and clearly articulated options and decisions.** The Board has demonstrated its readiness to accept higher levels of risk; the challenge now is to **move from theory to practice.**

France

France thanks the Executive Director for his report and for the strategic vision it sets out at a decisive moment for the Global Fund, as this Board meeting marks the first one following the completion of the Eighth Replenishment.

France commends the Secretariat for its leadership and resilience in navigating an increasingly complex global health landscape, marked by declining resources, heightened uncertainty and growing expectations regarding sustainability, integration and country ownership.

In this context, France wishes to underline three priorities that we consider essential for the period ahead:

1/ First, the need to preserve the Global Fund's mission, values and founding principles. A people-centered and rights-based approach, strong community engagement, and the protection of prevention efforts remain critical to the effectiveness and legitimacy of the Global Fund's action in line with its 2023-2028 Strategy.

2/ Second, the importance of pursuing reforms that enhance agility, integration and sustainability. This includes simplifying programming and grant implementation, strengthening integration within national health systems, and supporting progressive and well-prepared transitions, while ensuring that communities and civil society remain fully engaged throughout these processes.

3/ Third, the need for the Global Fund to continue playing a proactive role within the global health ecosystem, capitalizing on its comparative advantages and reinforcing coordination with key partners, particularly in the area of health systems strengthening and health financing.

France looks forward to continued dialogue with the Executive Director and the Secretariat as these priorities are translated into concrete implementation during GC8.

UNAIDS

Please refer to the overall opening comments delivered by the UNAIDS Constituency and to the recorded statement of the UNAIDS Executive Director.

World Health Organization

WHO commends the Global Fund secretariat and the partnership for the resilience shown in response to the dramatic changes in 2025, and for protecting core lifesaving interventions under difficult circumstances. However, we note the lessons that 2025 has taught all of us in being far more proactive about country-led prioritization and sustainability planning.

WHO is monitoring closely with countries and seeing emerging gaps in preventive measures, treatment continuity and increasing risks particularly related to increases in infections, illness and transmission from drug resistance – and broader disruptions to health systems and services. Mitigation measures need to be implemented rapidly. We must accelerate access to proven and effective interventions and to advocacy and support both for increased and sustainable health financing and for measures to ensure resources are used with maximum efficiency, effectiveness and equity. This requires us all to recognize that we need to evolve our approaches in future that emphasizes and puts people and communities, at the centre and with national and regional priorities and alignment of national health sector plans, budgets, systems, with accountability processes that gives control to countries in how they allocate and use funds.

We are at a critical inflection point, both epidemiologically and politically. The role of the Board of the Global Fund is therefore essential in guiding the strategic choices needed to adapt to this changing environment and make equitable and sustainable progress.

WHO would like to stress, in particular, the very real and growing threat of drug resistance for malaria. This risk remains underestimated, with potentially devastating consequences with lives lost, and broader health and economic costs. WHO recommends intentional market shaping initiatives for alternative recommended treatments and the integration of the multiple interventions we have available tailored to the epidemiological context.

At the same time, new interventions are becoming available, many offering incremental rather than transformative solutions. Lenacapavir is one of the innovations that demonstrate important potential, but countries will need support to make science-based choices with tradeoffs across a range of individually imperfect options, but which in combinations can have very positive impact.

We have learned a lot from the malaria vaccines roll out as one of WHO approved malaria interventions that can reduce cases and deaths, and they are now a significant new tool that has been rapidly scaled up and combined with bed nets, early diagnosis and treatment. Today, 25 countries have introduced the vaccine, targeting more than 10 million children annually in moderate- to high-transmission areas. This has been one of the fastest rollouts of a vaccine, which reflects countries' clear demand for this lifesaving innovation. Building on this experience, we are preparing the introduction of new TB vaccines and we will need joint efforts across all partners to support countries accessing this new tool as part of the broader TB prevention agenda.

WHO remains committed and honoured to work closely with the Global Fund and partners to

support countries in navigating these challenges and sustaining progress to eliminate HIV, tuberculosis and malaria.

Developed Country NGO

The Global Fund has withstood enormous pressures – from the sudden halt to foreign assistance and faltering political will – but not without profound impacts on health budgets in low- and middle-income countries. GC7 reprioritization revealed power imbalances and cracks in the country-funding systems. Community-led reports uncover how marginalized and criminalized communities who are most at-risk are disproportionately harmed by reprioritization decisions and funding cuts to life-saving HIV, TB and malaria services. **GC7 reprioritization decisions cannot be the starting point for GC8 investments.** By continuing down the path of deprioritizing areas, such as human rights, gender and health equity – which are notably absent in the Executive Director’s report – the Global Fund deviates from its strategic impact and inequalities will be exacerbated.

To mitigate these impacts, we support a number of recommendations from Global KP Networks for the Global Fund Secretariat:

- Protect community-led programming, including a direct funding stream under GC8;
- Provide clear, detailed guidance on the approach to “integration” as part of the GC8 strategic shifts, which must include consultations with civil society, key populations networks and affected communities;
- Enhance the role of the Community Annex as part of GC8 proposal development and reviewed by the TRP during country grant submission process;
- Share timely, transparent and equitable access to essential grant information for all stakeholders to meaningfully engage in grant-related processes;
- Extend community engagement to oversight across the full grant lifecycle;
- Along with Local Fund Agents, review in-country implementation agreements to ensure key populations-led organizations and networks were included in the grant opportunities; and
- Increase the transparency of decisions on all activities, including deprioritization, deferments, and cuts throughout the grant lifecycle, which supports partners to monitor funding gaps and the impacts these have on civic space and equitable access to life-saving services.

Reliance on the Global Fund for key and vulnerable populations and human rights funding is high. For example, the Global Fund has provided 73% of all donor funding for harm reduction programs, meaning that many countries will be unable to fill funding gaps if Global Fund resources for this work decreases. Key and vulnerable population funding for programs, advocacy, community-led monitoring and legal and policy reform must be preserved in GC8.

We agree with other constituencies that transition decisions must be measured and based on epidemiological data, not solely on income classification, and the risks associated with the reduction in Global Fund funding must be directly addressed.

Furthermore, our Delegation is eager to see available data for 2025 on maintaining malaria bednet campaigns (noting the Strategic Performance Report references 2024 data). We appreciate the recent decision point on the Qualitative Adjustments for malaria, however, there continues to be a lack of resources to address the real disease needs. The report could be strengthened with an analysis on the withdrawal of PMI funding and the major gaps in

malaria funding. This has resulted in a sharp withdrawal of implementers and contributed to a resurgence in malaria in these countries. On malaria prevention, there is an expectation that countries would step up resources and handle case management. Unfortunately, even with the QA we are far from being able to replace resources in low-income countries.

Eastern and Southern Africa

The ESA and WCA constituencies note that the disruptions described in the Executive Director's report reinforce long-standing concerns regarding fragility, capacity constraints and cumulative burden in high-burden settings. For more than fifteen years, African constituencies have consistently emphasised the importance of investing in strong national health systems and integrated community systems, rather than relying on siloed programme that remain viable only while external financing is available. The GC7 reprioritisation exercise demonstrated how compressed timelines, repeated adjustments and funding volatility can strain already limited national systems, including in countries with relatively strong capacity. These disruptions have reinforced the importance of using country systems, particularly public financial management, procurement, supply chain, human resources for health and community systems, as the foundation for resilience under GC8.

Predictability, alignment with national planning cycles, and realistic timelines are therefore essential to protect impact.

We underline that effective delivery depends on both national capacity and the ability of the Secretariat to provide consistent, high-quality support. As the organisation operates with reduced staffing and increased automation, urgent process simplification is required, alongside clarity of roles, manageable workloads and appropriate incentives for staff. This is vital not only to reduce unnecessary burden on countries, but to enable a leaner Secretariat to focus on high-value support, maintain dual oversight with country accountability mechanisms under increasingly constrained conditions.

Western Pacific Region

The Western Pacific constituency applauds the Executive Director and the entire Secretariat for their resilience, expertise, and steadfast leadership throughout the challenging year of 2025. We extend our deep appreciation for their unwavering dedication and their efforts in guiding us through an exceptionally difficult period.

We are particularly impressed by two significant achievements: the swift and effective response to the sudden shifts in the global landscape through timely deallocation and reprioritization, and the very positive outcome of the Eighth Replenishment.

We would also like to take this opportunity to congratulate the Executive Director on being named to the 2026 TIME 100 Health List—an honor recognizing the world's most influential leaders shaping the future of global health. This recognition is truly well deserved, and we are extremely proud.

Communities

We strongly support the report's emphasis on maximizing impact through innovation, tackling barriers to access for those most at risk, and ensuring Global Fund investments leverage our comparative advantages. The differentiated approach to sustainability and transition outlined in the strategic shifts is essential, provided it includes robust safeguards for community-led programming and meaningful community engagement in decision-making. As the report notes, accelerating transitions carries significant risks, particularly for community services and civil society-led interventions. We urge the partnership to establish clear mechanisms for post-transition support and to ensure that social contracting becomes standard practice in transition planning; where this is not possible, funding for communities must be introduced

The Communities Delegation shares the Executive Director's concerns about the transformation of the global health ecosystem. We appreciate his call for an inclusive process that ensures meaningful involvement of civil society and communities, not just government-driven reforms. As the partnership navigates organizational restructuring and streamlined

processes, we must ensure that efficiency gains do not come at the expense of community engagement or the community systems strengthening central investments, critical enablers to our model's effectiveness. The front-line workers that the Executive Director rightly honors in his conclusion include countless community health workers and advocates whose expertise and proximity to affected populations remain indispensable to delivering the mission

8. Lunch

South East Asia

N/A

UNAIDS

NA

World Health Organization

9. Strategic Shifts for GC8

South East Asia

Eastern Mediterranean Region

The Secretariat's proposed GC8 strategic shifts build on lessons from past cycles while adapting to today's health and financing realities. Consistent with directions already endorsed by the Strategy Committee and Board, the three pillars—predictable transition pathways, prioritization of lowest income/high burden settings, and optimization of funds—are mutually reinforcing and provide a clear roadmap to sustain impact while advancing integration, innovation, and domestic resource mobilization.

Success, however, will depend on countries tailoring implementation to their specific contexts and income levels. This differentiated approach is appropriate but requires careful national adaptation stemming from transparent dialogue with governments, communities and civil society to ensure feasibility and ownership. Engagement must extend across the grant life cycle to ensure alignment and integration into funding requests and grantmaking processes. Community-led responses must remain central, and integration into primary healthcare should be accelerated to ensure sustainability. However, in settings with stigma or weak system capacity, integration must be evidence-based rather than mandatory, with clear justification and alternative strategies addressing legal barriers, conflict situations, reduced uptake due to stigma, and insufficient capacity.

Concerning the predictable transition pillar, shifts in external financing and the selfreliance agenda present an opportunity to support effective transitions during GC8, GC9 and beyond. The constituency calls for detailed information on STC expectations in the region, covering transition conditions, timelines, and grant parameters to enable realistic planning. Country Coordinating Mechanisms (CCMs) must be fully engaged, as they remain central to prioritization, community participation, oversight, and integration throughout transition. Preserving gains posttransition is an equally critical issue —questions remain on whether the Global Fund will provide community grants to accompany civil society and how continuity will be secured. For example, maintaining of COVID-era investments—such as oxygen plants and GeneXpert machines— is a strategic choice towards pandemic preparedness, ensuring these assets continue to deliver impact and do not fall into disuse.

Political advocacy towards GC8 shifts is especially important in challenging operating countries because it helps navigate the political, legal, and social barriers that can block access to health services. In the Eastern Mediterranean region, characterized by fragile or conflict-affected countries, soft power builds trust with governments and local authorities, secures permissions for program delivery, and protects implementing partners. It also enables negotiation around sensitive issues such as stigma, restrictive laws, or limited system capacity, ensuring that Global Fund investments can be deployed effectively and equitably. The Eastern Mediterranean Region Constituency endorses the strategic shifts for GC8, stressing context-specific implementation that reflects national realities.

UNAIDS

NA

World Health Organization

Eastern and Southern Africa

The constituencies are aware of the significant challenges anticipated for Grant Cycle 8, acknowledging the complex tradeoffs and potential disruptions that may impact health systems and country grants. We urgently request the Secretariat to prioritize early, comprehensive, and transparent communication of decisions, guidelines, and processes, ensuring that Principal Recipients and Country Coordinating Mechanisms receive sufficient advance notice to enable strategic planning.

The ESA and WCA regions see this moment as an opportunity to ensure the Global Fund's model is able to respond in an agile way to an ever-changing environment, both related to Global Fund resource mobilization and broader changes in financing landscape. We urge the Secretariat to incorporate agreements and greater budget flexibility in GC8 to allow countries to respond to unforeseen shocks or change in funding levels with a lighter touch reprogramming process.

The constituencies also see this moment as an important opportunity to evolve the Global Fund partnership's dynamic away from a directive relationship and toward a more collaborative, two-way dialogue, acknowledging the critical importance of country leadership, sustainability, and integration in GC8. We call for shared planning exercises around the transition to country systems, including developing a differentiated maturity model for transitioning to country systems for planning, clear timeline for transition based on country context, audit, public financial management, procurement, supply chains and data for accountability.

9.1 Strategic Shifts for GC8: Introduction

Japan

- The replenishment outcome—approximately an 8% decrease from the previous cycle—was achieved despite an extremely challenging context surrounding global health. This result is due to the contributions of all donors and the Secretariat's dedicated efforts toward GC8, for which we express our sincere appreciation.
- In GC8, the Global Fund is expected to take more proactive steps to support countries in their gradual and effective transition from dependence on external financing, while aligning with broader initiatives such as the Accra Reset and promoting greater self-reliance.
- Many donor countries, including Japan, are facing severe fiscal constraints, and the global health financing landscape is undergoing significant change. Donors, implementing countries, the Global Fund, and other GHIs should view this "global health financing crisis" as an opportunity to deepen dialogue and advance country-led efforts to strengthen health financing

toward the achievement of UHC. Japan strongly supports the Global Fund's direction in this regard

Canada, Switzerland and Australia

Grant Cycle 8 begins in a challenging context. Reduced country allocations from the Global Fund compound other reductions in external financing for the fight against the three diseases, while fiscal constraints pose challenges to increases in domestic resource mobilization. Simultaneously, progress across the three diseases is threatened by environmental factors, restrictive laws and deliberate efforts to undermine respect for human rights, as well as obstacles to accessing innovations. This context requires adaptability, careful planning and a clear focus on country-ownership, while ensuring that equity remains central to our considerations.

CSA broadly supports the Strategic Shifts and trusts the Secretariat will work diligently to advance and report on them.

South East Asia

Since 2002, Global Fund programmes have contributed to substantial reductions in mortality and incidence across HIV, tuberculosis, and malaria. Yet the epidemiological and financing context described in the overview paper underscores why a different way of working is now required.

For South-East Asia, these dynamics are especially important. The region continues to carry a disproportionate share of the global TB burden, faces persistent malaria risks in elimination-stage and cross-border settings, and operates in an environment of uneven fiscal space and declining external financing. As highlighted in the paper, debt servicing pressures, slow economic recovery, and shifts in the partner landscape are constraining domestic health spending, even as expectations for sustainability and self-reliance increase.

In this context, the GC8 strategic shifts are necessary and timely. Differentiation by epidemiology, fiscal space, and implementation capacity will be essential to match ambition with realism and risk.

As the Board moves into detailed discussions on individual shifts, the SEA Constituency underscores the importance of coherence across these reforms, predictability for countries, and close alignment between strategic intent, allocation decisions, and grant-level implementation to safeguard impact under constrained resources.

Germany

We **welcome** the proposed strategic shifts which lay the ground for the upcoming Grant Cycle. A clear **definition of success**, supported by a **robust monitoring and reporting system**, will be essential to ensure these shifts are progressing as intended and to enable course correction where necessary.

We note that there is no separate session on **integration**, which is now integrated solely in the overview session. Integration was an important topic for the last Strategy Committee (SC) and we were curious to understand why this is not being tabled for this Board.

As mentioned above, achieving sustainable impact and ending the three diseases requires **sustained investment in RSSH and in the integration** of services. These investments are core **pillars of effective transition** and long-term country ownership. We therefore do see **integration as one major strategic shift** to increase **self-reliance and sustainability**.

Despite the financial constraints, strong **incentives** are needed to encourage countries to prioritise RSSH and service integration, as these investments are essential to improving efficiency, effectiveness, sustainability, and the overall resilience of health systems. **Direct RSSH investments, integration into national health and financing systems,**

strengthened **climate resilience**, and a continued focus on **prevention** must therefore remain priorities throughout GC8.

We welcome the oversight role of CCMs. Given that some of these shifts bring in new dimensions and innovative processes, **we wonder how well-equipped CCMs are to fulfill this role**. This was an issue when it came to planning and implementing RSSH and we wonder what has been put in place to support CCM capacities on new topics (e.g. in ensuring services are integrated).

France

Regarding the overview of the GC8 strategic shifts, France would like to express its overall support to the proposed policy changes which maximise the impact and sustainability of GF investments in a resource constrained environment. We would like to insist for this discussion to not leave behind the overarching goal of integration and health system strengthening. We would also like to highlight the importance of safeguarding the hard-won gains acquired in the last two decades by promoting progressive, inclusive and country-led transition models, which recognise the vital role of communities and civil society in the fight against HTM. GC8 must preserve past accomplishments whilst supporting countries on the road to self-reliance in line with the growing health sovereignty agenda. To successfully drive these strategic shifts in the right direction, we would like to stress the importance of tracking their progress regularly with appropriate KPIs and course-correct when necessary. Given the unfolding reforms in the global health architecture, France would expect some additional proposals coming from the Secretariat on how the GF fits and evolves in this changing landscape.

UNAIDS

The UNAIDS Constituency welcomes the Secretariat's work to frame the GC8 strategic shifts and appreciates the extensive efforts undertaken to adapt the Global Fund model to a rapidly evolving financial and global health landscape.

GC8 must be approached as a cycle to chart credible transition pathways, support successful exit-readiness and operationalize more integrated and sustainable platforms in preparation for GC9 and beyond. This cycle comes with reduced resources for countries compared with GC7, even as global needs remain high and uneven and external HIV and broader health financing is projected to decline significantly. Moreover,

- Global HIV needs remain high, with 1.3 million new infections annually and over 9 million people living with HIV still not on treatment.
- Nearly 70% of new infections and deaths occur in sub-Saharan Africa, and nearly half of new infections occur among key populations and their partners.
- External HIV and health financing is projected to continue to decline significantly, with some estimates suggesting 30–40% reductions in development assistance for health in the coming years.
- Limited technical and technical support capacities/resources within the Global Fund, across the UN family, and bilateral partners.

In this context, prioritization decisions taken in GC8 will have immediate consequences for lives, equity, and long-term sustainability. UNAIDS stands ready to work closely with the Secretariat, Board, and partners to ensure that the GC8 strategic shifts support a managed transition that protects lives, sustains progress, and strengthens more resilient and country-led responses across HIV, CRG investments, and integrated programmes.

World Health Organization

WHO appreciates the work of the Global Fund secretariat to prepare for Grant Cycle 8 (GC8)

and in proposing important strategic shifts in response to the rapidly changing global health and financing environment. As these shifts are operationalized, it is important that they are sufficient and proactive enough to protect the most vulnerable populations and sustain the progress in the fight against HIV, TB and malaria, while continuing to strengthen health systems to be more resilient and sustainable.

WHO would welcome seeing equity articulated as a cross-cutting principle across the GC8 strategic shifts ensuring that as resources become more constrained, those most vulnerable populations have access to essential services and are not left behind. This needs to be reflected in the grant prioritization processes and measured.

In line with the Lusaka Agenda and the Accra Reset, WHO encourages consideration for additional flexibilities in GC8 to allow countries to adapt investments during the grant cycle in response to evolving country priorities, evidence, science, and changing national health financing – and ultimately to support accelerated transitions to greater sustainability and self-reliance.

Strengthening programmatic agility and flexibility would enable countries and communities to use Global Fund resources more efficiently and equitably, maximize impact, and reinforce national leadership.

Developed Country NGO

The Strategic Shifts papers reference integration of services, but do not provide any expanded explanation or definitions beyond those previously provided in the Strategy Committee version of the documents. **It would be helpful to have a clear framework, guidance, definitions, and KPI on “integration” in the country allocation letters to avoid confusion.** Definitions of integration and competencies on whether services ensure protections against stigma and discrimination for KPs should be determined by groups disproportionately at risk, including by sex workers, people who use drugs, trans or gender diverse people, gay, bisexual or men who have sex with men – not necessarily by governmental Principal Recipients and CCMs which are more likely to cut or reduce the budgets of key population-led services (Global KP Networks report).

Integration works best where existing structures are built up such as, for example, where malaria is integrated into Primary Healthcare (PHC) and Reproductive, Maternal, Newborn, and Child Health (RMNCH).

However, integration of services into generalized primary healthcare centers can threaten access to life-saving services for KPs and criminalized populations. Pushing an integration agenda for the sake of cost-cutting and efficiencies, risks the “disintegration” and rupture of effective community-led services, systems and networks that have taken decades to build and benefited from the support of Global Fund investments. It also ignores the value of integration of PHC into community systems which should be considered in certain settings: One of the best models of integration is where community-led services lower the threshold and widen access to care, particularly for key and vulnerable populations (KVP).

To inform this work, we once again resurface our suggestion at recent Committee meetings, to have **Integration task teams to support Country Coordinating Mechanisms (CCMs).** The Global Fund’s political leadership and mechanisms should play an essential role in country transition planning and in supporting the integration of services. We also support community-led monitoring (CLM) as an essential part of GC8 funding request development and monitoring the integration of services. CCMs which include CLM results, in dialogue with communities and civil society, are good practices that provide opportunities to course-correct and ensure transparency and accountability on service integration and program quality.

Point Seven

The Point Seven Constituency welcomes the review undertaken outlining the context and need for strategic shifts to take place during Grant Cycle 8, including the allocation shift to prioritise lowest income and highest burden settings.

The Global Fund Strategy (2023-2028) in order to end aids, TB and malaria places people and communities at the centre of the work, and to maximize health equity, gender equality and human rights as reinforcing contributory objectives. Point Seven encourages GC8 Strategic Shifts to clearly recognize the need to ensure that the most at risk and the most affected are reached despite the barriers they face. This clarity is essential to ensure that community-led responses, rights-based approaches, and equitable access remain central throughout allocation guidance and implementation.

Western Pacific Region

A slide for this session describes the context for GC8 as “remarkable progress, but gains are fragile and gaps remain for 2030.” *Fragile* accurately captures the situation in our region. Despite major progress against the three diseases, the Western Pacific now includes three of the five countries with the fastestgrowing HIV epidemics globally, and in 2025 an estimated 36% of infants born to mothers living with HIV in Papua New Guinea were infected. At the same time, the Philippines is not only among the fastestgrowing HIV epidemics but has also surpassed China to hold the world’s thirdhighest TB burden.

We support the proposed strategic shift to prioritize countries with lower economic capacity and a high burden of disease. However, we strongly encourage the Global Fund to also factor in risk profile—not only current case load—and to assess actual national capacity, not solely income classification. A more nuanced, qualityadjusted approach is essential to ensure that countries facing significant vulnerability, despite small number of cases or higher income status, receive the support needed to prevent rapidly emerging epidemics.

Small Pacific Island Countries face an imminent risk of a rapidly growing HIV epidemic, while their capacity to respond remains extremely constrained. Among 22 Pacific Island Countries in our region, 14 are supported by the Global Fund. Their geographic isolation creates a shared ecosystem of mobility, disease transmission, and health system constraints. Fiji’s rapidly expanding HIV epidemic illustrates these risks. Long considered a lowprevalence setting, Fiji has shown how quickly an emerging outbreak can escalate and spill across borders. As a regional hub for travel, education, and trade, Fiji’s experience serves as a regional warning. Countries with low current case numbers but limited prevention and surveillance capacity remain highly exposed.

Another slide mentioned “Constrained fiscal space for countries”, this is particularly true for the small Pacific Islands Countries. Except for Papua New Guinea, Pacific countries have very small populations—from fewer than one million to fewer than 20,000 people. Small population size means that even upper middle class income status does not necessarily translate into sufficient financial or human resource capacity for epidemic response. Many countries also lack experience managing sustained outbreaks and face severe shortages in workforce, technical capacity, and laboratory infrastructure. Alreadystretched health systems, combined with dispersed populations and high NCD burdens, mean even modest outbreaks can overwhelm essential services. Once transmission accelerates, response capacity is quickly surpassed, posing risks to national and regional health security.

Allocation decisions based merely on current national case numbers or income status fail to capture this shared exposure and collective risk.

Communities

Our delegation fully understands what the funding gap means on the ground: the \$6.1 billion shortfall from the original \$18 billion target will directly affect our ability to sustain the progress we’ve fought so hard to achieve, especially in places where domestic resources are stretched

thin and where communities face challenges to access.

While we welcome the document's acknowledgment of risks faced by our constituents, we urge the Global Fund to go further by guaranteeing predictable and sustainable funding for community-led organizations throughout the entire grant cycle, including during and after transition. This means robust support for community-led advocacy, monitoring, and protection that can function independently when social contracting with governments isn't feasible or safe. We need alternative delivery and accountability models that protect both the effectiveness of programs and the people who deliver them.

9.2 Strategic Shifts for GC8: Transition and Cofinancing

Japan

- Japan supports the direction of promoting effective, self-reliance-oriented transitions that take into account the challenging context surrounding global health. We expect the proposed transition timelines for GC8 and GC9 to be implemented in a steady and predictable manner. In addition, we emphasize the importance of proceeding carefully and strategically throughout the transition process, including tailoring approaches to each implementing country's circumstances to ensure genuine transition, as well as giving due consideration to how follow-up will be conducted after transition.

Canada, Switzerland and Australia

Supporting sustainable and successful transitions remains a top priority for CSA, particularly given the number of countries expected to transition from Global Fund support in the near term. However, we remain concerned about whether the Secretariat has adequate capacity—especially in light of OPEX reductions and the reallocation of resources away from smaller portfolios—to work with countries to design and implement the context-specific transition pathways that will be required. Transition will be complex; getting it right is essential. We therefore believe it is important to ask whether we are resourcing this work sufficiently to support the tailored approaches and the mid-and-long-term solutions needed.

South East Asia

The SEA Constituency welcomes the proposed strategic shift to support progressive sustainability and more effective transitions in Grant Cycle 8. We appreciate the Secretariat's effort for a more graduated and risk-informed approach that reflects the realities countries face.

Across South-East Asia, many countries are already assuming a growing share of programme financing while still carrying high and persistent burdens of HIV, tuberculosis, and malaria. Several are navigating transition pathways at the same time as managing drug-resistant TB, concentrated HIV epidemics among key populations, and malaria elimination in fragile and cross-border settings. In this context, transition is not a single event but a long-term system process, highly sensitive to fiscal space, macroeconomic shocks, and institutional capacity.

We note that co-financing performance has been uneven in recent cycles, with gaps driven not only by political commitment, but also by debt servicing pressures, revenue volatility, and competing social priorities. For SEA countries, these constraints are particularly pronounced, even as expectations for domestic financing continue to rise.

We therefore support the emphasis on progressive sustainability, including clearer transition pathways, earlier planning, and stronger alignment between co-financing requirements, health system strengthening, and service integration. We underscore that co-financing policies must incentivize additional and sustainable domestic investment, rather than crowd out essential programmes or penalize countries during periods of economic stress.

As GC8 approaches, the SEA Constituency calls for transition and co-financing approaches that are predictable, differentiated, and epidemiologically grounded. Protecting essential services for high-burden and elimination-stage settings, maintaining flexibility during fiscal shocks, and strengthening dialogue with Ministries of Finance will be critical to ensuring that sustainability efforts reinforce, rather than undermine, long-term impact.

Latin America and Caribbean Strategic Shifts for GC8: Transition and Cofinancing

Based on the **Technical Partners Observations and Lessons Learned from review of Funding Requests in GC7**, the sustainability and transition efforts advanced in some contexts but remained fragile, highlighting the need for increased and more predictable domestic financing and for advancing integration of donor-supported services into national systems. LAC agrees on the need to balance ambition with realism. Specifically, we must protect essential services while simultaneously advancing integration, sustainability and equity including through a strategic use of innovation. LAC aligns with the TRP recommendation that despite progress, linkages between data collection and its practical application remain weak and deserve attention. Therefore, LAC fully concurs with the four main directions highlighted by the TRP in preparation for GC8: 1. Be bold and ambitious, pushing hard on strategic prioritization and resource efficiency; 2. Advance sustainability, prepare for effective transitions, and increase domestic financing; 3. Rely on strengthened data and health information systems for decision making; 4. Continue integrating disease programs within PHC and health systems.

While most LAC portfolios introduced transition and sustainability plans during GC6 and continued to finalize in GC7, the region now faces a harsh post-COVID reality. Limited fiscal space, poverty, inequality, and political instability have created significant barriers to implementing these long-term sustainability efforts.

The LAC constituency concurs with the principle of maintaining flexibility to adjust transition pathways to country contexts. We note that the New Results-Based Financing (RBF) modality for UMICs is intended to strengthen country ownership and use co-financing commitment to incentivize social contracting to close key gaps in the response. Crucially, experiences in countries like Costa Rica and Belize show limited evidence that social contracting, in its current form, can sustain investments for the most vulnerable and affected populations. During the December SC Meeting the Office of Inspector General's (OIG), presented preliminary audit findings on Evaluation Function. The OIG highlighted that the context had changed significantly since the Board established the function five years ago, including an urgent need for faster evaluations to support timely decision-making.

Overall, the OIG maintains that a successful evaluation function requires a clear mandate, a strong value proposition, and an operating model capable of measuring success regardless of its structure. Consequently, LAC emphasizes the need to redesign the evaluation function with a learning-centric approach. This would ensure greater agility and responsiveness, providing the evidence-base to inform the development of a post-transition strategy, much needed at the end of GC8 when a substantive proportion of MIC and UMICs are expected to complete their transition.

Germany

We **thank** the Secretariat for its work over the past months and **welcome** the strategic shifts to Transition and Cofinancing which reflect well the discussions from the past SCs. Overall, the STC Policy sets a new level of ambition, which is needed and appreciated.

However, we **lack insights into post-transition strategies**. This is particularly important for countries in the accelerated transition cohort that are planned to transition by the end of 2028. As a Board **we should agree on options for post-transition support** that we assess as essential to ensure a minimum of support beyond transition. We would appreciate if **a roadmap on how this topic will be approached** (incl. timelines) could be shared with governing bodies to facilitate engagement.

As already mentioned, it is also imperative to **strengthen safeguards for communities** (even in post-transition scenarios) to ensure safe and equitable access to lifesaving services for key and vulnerable populations.

Finally, the **process to define monitoring approaches** remains vague in its formulation. What will this process look like? Will it be discussed at the next SC in May?

France

While France welcomes the STC Policy implementation for GC8 to focus on facilitating effective portfolio-wide transition timelines, financial sustainability and self-reliance, we would like to understand how this policy plays out in the rapidly evolving broader global health context. For example, how might these proposals interact or contradict with the realities of country fiscal pressures, what synergies can be identified with the recently announced World Bank national health compacts and other donors or institutions? In light of the proposed changes on differentiated transition pathways, we believe it would be timely to explore novel tools or KPIs to monitor and evaluate the progress of countries in moving towards their transition timelines.

With regards to co-financing, instead of increasing commitments in GC8, we would like proposals to look into country-specific levers or incentives to mitigate the risk of non-realization of co-financing commitments and to improve their quality in line with GC8 shifts.

UNAIDS

The UNAIDS Constituency supports the stronger emphasis on sustainability, transition, and domestic ownership across the GC8 portfolio. As the partnership enters a period of constrained external financing and rising expectations on domestic resource mobilization, transition and co-financing policies will play a decisive role in protecting — or risking — hard-won gains.

We underscore that transition and co-financing must be approached through a lens of **impact protection and shared responsibility**. Many implementing countries face constrained fiscal space, rising debt burdens, and competing development priorities, limiting their ability to rapidly increase domestic HIV and health financing. Financial uncertainty should therefore be managed across the partnership and not shifted to countries and communities who are least able to absorb it.

Transition should be:

- Planned and predictable, not abrupt or resource-driven
- Differentiated by country context, epidemic burden, and fiscal capacity
- Sequenced to protect continuity of essential services, particularly HIV treatment and prevention

Exit-readiness should be understood as a gradual process of strengthening national systems, financing pathways, and integration — not as accelerated withdrawal driven by short-term financial pressures.

Domestic resource mobilization must strengthen — but not prematurely replace — international solidarity. Today, domestic sources account for about **52% of global HIV**

financing, yet in some countries over **90% of programmes still depend on external support**, and at least **29 low- and lower-middle-income countries are projected to face declining fiscal space through 2028**, underscoring the need for a carefully sequenced and shared approach to sustainability.

Predictable multi-cycle pathways, early planning, and strengthened national systems which adhere to UNAIDS minimum programme standards will be critical to ensuring that the shift toward greater country ownership does not disrupt services or reverse gains.

UNAIDS stands ready to support countries and partners in navigating transition and co-financing expectations in ways that safeguard impact, equity, and long-term sustainability.

World Health Organization

Regarding the new sustainability transition and co-financing (STC) policy, WHO appreciates the Global Fund efforts to provide clearer transition pathways. At the same time, sustainability should not be viewed primarily through increased domestic Global Fund co-financing alone; it requires a broader health system perspective of ensuring our efforts collectively support governments' own plans. Global health initiatives, as with other donors, should be viewed as co-financing national plans and in that context co-financing needs to consider (1) overall fiscal capacity, (2) other obligations on the budget, and (3) overall size of the government health budget.

We are missing a clear process for countries to jointly evaluate all donor-related co-financing obligations, including from the Global Fund, on their overall budget resources. This has great feasibility and sustainability risks, and could potentially place contingent liabilities on constrained government health budgets that work against integrated, people-centred care. Additional differentiation is needed in the policy that recognizes the specificity of financing arrangements and political considerations with financing NGOs supporting key populations, so that access to services and related equity considerations remain central.

Experience from previous grant cycles show that greater emphasis could be placed on supporting countries to move towards more sustainable financing of their health systems overall. This includes, in keeping with the principles of the Lusaka Agenda, aligning Global Fund investments with national systems and priorities, adapting the grant mechanism to better support sustainability objectives, evolving governance arrangements when and where appropriate, and enhancing coordination with partners to improve pooling, flexibility, and efficiency.

WHO encourages continued collaboration with the Global Fund and partners in refining the operationalization of the STC guidelines, recognizing that successful transition requires a partnership approach that considers levers and comparative advantages to integrate HIV, TB and Malaria programmes in health systems with maximum efficiency, and ensure that impact is sustained.

Developed Country NGO

Our Delegation calls for additional support for the dozens of countries that are in transition. Over several Board meetings on the STC Policy updates, we have called for examples and case studies of successful country transitions. Our Delegation has also requested clearer guidance on accelerated transition, the expectations of transitioning countries (especially as the TRP reviews of transitioning countries will be more limited), and for funding and support for countries in post-transition.

We support Multi-Country Grants as an option for this – which do work – and which can fund programs for KVP and COE. Therefore, we welcome the additional funding to extend regional responses of vulnerable populations in transitioning countries to 2029 (Slide 9).

Point Seven

Achieving sustainable health outcomes requires stronger country ownership and tailored approaches that support a transition into domestic financing of PHC, building on countries' own priorities, investment plans and leadership.

Thus, a holistic and joint approach across agencies to transition which incentivizes overall health investments, broader political engagement and general health financing reforms is critical. We welcome the recognition that transitions will depend on context, especially for lower income and higher disease burden contexts. We acknowledge and support differentiated timelines and the commitment to predictability.

While recognising the importance of ensuring a sustainable transition, we remain somewhat concerned. Given the risk of a continued volatile financial landscape, beyond GC8, we are questioning whether we are being ambitious enough.

Eastern and Southern Africa

The ESA and WCA constituencies welcome the Secretariat's efforts to strengthen the Global Fund's approach to sustainability and transition in GC8. We stress that sustainability pathways must be country-defined, gradual and grounded in system readiness and disease burden, rather than income thresholds alone. Experiences during GC7 reprioritisation demonstrated that abrupt adjustments and late guidance can undermine planning and implementation readiness, reinforcing the importance of predictability, alignment with national planning and budget cycles, and realistic sequencing.

In this context, sustainability should strengthen national systems rather than result in service contraction. Domestic resource mobilisation and co-financing expectations must reflect country fiscal space, debt burden and exposure to economic and climate shocks, particularly in low-income and fragile settings. Sustainability efforts should prioritise the absorption of recurrent

system costs, including human resources for health, community systems and financing, laboratories and surveillance, alongside commodities and service delivery, while recognising that integration may increase recurrent costs and requires sufficient time.

Western Pacific Region

The Western Pacific constituency fully supports the principle that transition is a progressive pathway and that every portfolio and country should ultimately transition out of Global Fund and donor support. We welcome the adoption of a defined, predictable transition timeline and a differentiated approach based on economic capacity and disease burden, as these measures enhance transparency and strengthen countries' preparedness for transition. We have one request and three recommendations for the Global Fund and two for development partners who are parts of Global Fund partnership.

Our request. We urge the Global Fund to also consider **risk profile** when determining transition timelines. Within the Western Pacific multicountry program, 12 countries face high epidemic risk despite low reported caseloads. Regional mobility, uneven access to testing and prevention, and emerging transmission routes mean outbreaks can spread quickly across borders. Decisions based mainly on current caseloads risk overlooking this shared vulnerability. Fiji's rapidly expanding HIV epidemic demonstrates how quickly low prevalence settings can shift. As a regional hub, Fiji's experience signals the need for vigilance across all Pacific Island Countries, many of which have limited surveillance and prevention capacity. We therefore encourage the Global Fund to apply a **regional, risk informed transition framework** for small Pacific Island Countries, with flexible timelines, continued regional grants,

and strong investment in prevention, surveillance, and early case detection. Transition should only start when the epidemic is under control. We can not leave the house when there is an imminent risk of fire.

Our recommendations:

- While each country operates within its own context, successful transitions share common characteristics. We recommend that the Global Fund develop clear and practical indicators of successful transition to help guide countries as they plan and implement their transition pathways.
- Effective transition requires sustained and meaningful Secretariat engagement with CCM and key stakeholders. This demands staff who are well-equipped to facilitate dialogue, support negotiation, and manage complex transition processes—work that is inherently intensive. Our constituency therefore recommends that the Global Fund allocate adequate staff time and resources for transition-related responsibilities. We further suggest establishing KPIs or a dedicated performance assessment mechanism to ensure accountability and high-quality support throughout the transition process.
- Countries in our constituency recognize that resilient and strong systems for health are essential for a successful transition and for ensuring long-term program sustainability. We therefore recommend that GC8 continue to invest in RSSH to support integrated, sustainable, and country-owned health programs that adequately and effectively respond to the three diseases.

Our recommendations to development partners who are in the GF partnership:

- The strategic shift foresees a more rigorous and purposive transition but in fact transition has been happening in many portfolios, many countries where the government takes over fully or partly program management costs, where domestic resources are used for drugs... There are already lessons of successes and failures when it comes to transition. We believe that peer-to-peer learning is the best approach to capitalize on our collective experiences. We recommend that development partners support this learning approach.
- There are important bilateral cooperations between development partners in the GF partnership and many implementing countries. We urge development partners to strengthen coordination between the Global Fund and bilateral cooperation mechanisms at the country level. Improved alignment will help optimize support, reduce duplication, and better facilitate a smooth and sustainable transition process.

Communities

The Communities Delegation thanks the Secretariat for the comprehensive update on GC8 strategic shifts. We recognize the challenging financing landscape and support progressive, country-owned transitions toward self-reliance. However, we are concerned that the pace of proposed transitions may outstrip demonstrated readiness, particularly given high co-financing risks and uneven compliance in previous cycles. Accelerated timelines must be anchored in clear evidence of capacity, not fiscal pressure. Sustainability requires protecting community-led services, peer support, and civil society engagement as core components of national responses. Integration should strengthen access through community platforms, not narrow the focus to systems alone.

We are particularly concerned that transition timelines are advancing while post-transition monitoring and accountability mechanisms remain under development. In fragile and emergency settings, extension mechanisms should be fully utilized to protect service continuity and meaningful community engagement. We urge the Board to ensure that country-specific risk assessments, measurable commitments to community-led services, functional social contracting mechanisms, and transparent analysis of readiness support transitions. Thoughtful, evidence-based transitions are essential, but they must protect the community infrastructure that sustains progress against HIV, TB, and malaria.

9.3 Coffee

South East Asia

N/A

UNAIDS

NA

World Health Organization

9.4 Strategic Shifts for GC8: Community Systems and Financing

Japan

- In advancing the transition process, support delivered to communities through NGOs risks being left behind and overlooked. To ensure that domestic public resources are appropriately allocated to community-level support, we recognize the growing importance of assisting implementing countries in establishing mechanisms to strengthen the social contract.

South East Asia

The SEA Constituency welcomes the proposed strategic shifts on Community Systems and Financing and appreciates the Secretariat's clear articulation of why communities remain central to ending the epidemics.

The epidemiological rationale is compelling and highly relevant across South-East Asia, where concentrated epidemics, mobility, urbanization, and cross-border dynamics mean that communities are often the primary entry point to prevention, diagnosis, and continuity of care.

We therefore strongly support the four-pillar framework of Readiness, Integration, Resilience, and Protection, and the shift from short-term, project-based community support toward systematic integration of community-led services into national planning, financing, and accountability mechanisms. The emphasis on social contracting, results-based contracting, and alignment with public financial management reforms reflects lessons learned in GC6 and GC7, including from SEA contexts where community delivery has demonstrably improved reach and outcomes.

At the same time, we underscore three considerations for GC8 implementation.

First, differentiation is essential. Transition timelines, disease burden, and civic space vary widely across SEA, and approaches must be tailored accordingly protecting services where integration is not yet feasible, while accelerating social contracting where systems are ready.

Second, country allocations remain the primary lever for sustaining community impact. Clear signaling in allocation letters and funding requests will be critical to prevent community systems from being crowded out as domestic financing expands.

Third, protection mechanisms for acute shocks affecting key populations are a necessary

safeguard, particularly in criminalized or fragile settings, to avoid sudden service disruption.

Latin America and Caribbean

Strategic Shifts for GC8: Community Systems and Financing

The Global Fund Model is rightly considered a key driver for change, especially in expanding community-led interventions through social contracting initiatives and achieving greater impact through working with KVP and by incorporating novel technologies. Although several KVP's good practices exist across the Region, including social contracting, these initiatives remain insufficient in scale and limited in their long-term sustainability.

LAC Constituency welcomes the GC8 Community Financing Strategy Shift that puts communities at the center of investing in sustainable approaches while protecting lifesaving services in transitioning contexts.

LAC acknowledges that communities may require GF support post-transition, particularly in settings where key populations are criminalized. We highly appreciate the proposed flexible approach, using aggregated learning to inform GC9 and beyond will help sustain and shape more durable strategies for future cycles.

Germany

We support the need to ensure community systems strengthening and financing.

Nevertheless, several questions remain following the shared presentation.

First, given the **cuts in country allocations** in GC8, how will funding for community systems and financing be **incentivised**?

Following issues raised in the SC, the Secretariat mentions **planned measures to safeguard key populations** against discrimination and service disruption: "Clarified pathways demonstrating where integration is possible and providing protection where it is not"; "increased visibility, monitoring and course correction". It would be useful to have more details on how this is to be achieved.

Furthermore, it is surprising to see that **direct community funding has been ruled out**, particularly given the detailed discussions in SC28 and thereafter. While concerns about **country ownership** and the potential undermining of **CCMs** are valid, in contexts where governments restrict civil society or refuse to support key population services, communities will potentially be left exposed. This could jeopardise the approach outlined by the Secretariat. **Post-transition funding** can be a helpful tool to ensure community engagement and equity after transition. Ideally, this mechanism should be time-limited and used in a way that **sustainably** strengthens community organisations so they can **persist without external funding**. We see several questions that need to be answered:

- Where would post-transition funding come from?
- Has the Secretariat considered direct funding to communities post-transition?
- How would such grants be channelled and managed, in the absence of CCMs?
- What are the thoughts on countries where government support for communities is not given?

Lastly, the outlook on what will be different by the end of GC8 is commendable. However, the timeline to the end of GC8 appears too long, as many portfolios are already in **accelerated transition during GC8**. **Prioritisation, learnings** (e.g. on community systems integration), and **course correction** are therefore **needed well before GC8 concludes**.

France

France strongly supports the work of the Secretariat on identifying financing mechanisms to strengthen and sustain critical community and civil society systems in line with the transition timelines starting in GC8. Indeed, we would like more clarity on post-transition strategies and tools the Global Fund can leverage in settings where CSOs/CLOs are or are likely to be sidelined, to lack funding and to be criminalised. We find the concept of the Rapid Community Protection Fund (RCPF) especially interesting and fit-for-purpose in safeguarding KVPs in particularly difficult contexts of intervention, yet are dubious on the relatively small budget allocated.

UNAIDS

The UNAIDS Constituency strongly welcomes the centrality given to community systems within the GC8 strategic shifts. Globally, **45% of all new HIV infections were among women and girls in 2024. In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections.** Further, the share of new HIV infections among people from key populations and their partners rose from 44% in 2010 to 49% in 2024. These data and realities underscore the **continued centrality of granular data** to focus on investments and community-led and rights-based responses to sustaining impact on the HIV response. In a constrained financing environment, we emphasize that:

- Investments in community systems, human rights, and gender equality must be protected as core to impact and long-term sustainability.
- Community-led services remain indispensable for reaching populations most at risk, sustaining treatment adherence, supporting prevention uptake, and ensuring accountability.
- Catalytic investments and allocation approaches should support sustainable financing pathways for community systems, including integration into national frameworks where feasible, while preserving their leadership and advocacy roles

Protecting community systems will be essential to maintaining service access and ensuring that no population is left behind as the partnership navigates this transition.

World Health Organization

WHO welcomes the proposed direction for strengthening community systems, which aligns well with WHO guidance, and is at the heart of the Global Fund's unique contribution, promoting a unified approach where communities and health services work as complementary parts of the health system with supportive policy, platforms, and financing.

Strong community engagement is essential to reaching underserved populations and meeting health targets, and we welcome discussion on post-transition financing mechanisms for community-led work. To further strengthen GC8, WHO encourages positioning community systems as an integral part of primary health care (PHC) and national health system design, ensuring their inclusion in sector planning and budgeting for long-term sustainability.

Community-led monitoring (CLM) must remain locally driven and grounded in community realities while community engagement should progressively evolve towards meaningful participation in prioritization, planning, implementation, and accountability processes across the health system, with their roles reflected in PHC and broader governance structures.

Mechanisms such as social contracting can play an important role in supporting locally led initiatives, provided they are designed to promote alignment, sustainability and efficiency, and that they are embedded within public financial management systems and can be sustained with domestic systems.

Developed Country NGO

We support direct community funding mechanisms. In GC8, including in the CI envelope, we are calling on the Partnership to develop clear options and scenarios for protecting and sustaining community systems and community-led services in transition and post-transition contexts.

On Slide 14, we call for more focus and investments on **building community networks and institutional capacity** that would facilitate country transitions, instead of the CI work focusing on strengthening government processes (i.e., strengthening public financial management [PFM] to support social contracting). We would appreciate seeing Community Systems being more widely owned across the Secretariat and throughout GF's work, rather than only allocated to the community networks CI.

We appreciate the summary on Slide 16. Yet the additions on this slide do not seem to fully reflect the entire document and could be strengthened by integrating these aspects into the overall approach and including accountability measures.

Point Seven

Point Seven welcomes the GC8 focus on progressive integration of community-led outreach to the most-at-risk and most-affected, into formal health systems. Point Seven encourages CCMs to ensure that community-led outreach is firmly reflected in grant applications, as a precursor for integration into national policy and financing frameworks. Catalytic investments are critical to help support this transition but cannot replace core funding. We stress the importance of recalling that integration into the formal systems is not always feasible. Point Seven is keen to learn how integration and funding for community-led outreach will evolve over time.

Eastern and Southern Africa

The constituencies are supportive of the Secretariat's proposed approach to community systems financing through four strategic pillars, while emphasizing the critical need to address the persistent gap between expectations placed on community organizations and the predictability of their financing and support.

The constituencies support the acceleration of social contracting and integration of community services into national systems, particularly in transition and high-risk settings, but stress the importance of a nuanced, two-pronged approach that recognizes the pace of broader, systemic change. The implementation must prioritize practical, country-tailored support for establishing accreditation, contracting, verification, and reporting systems without increasing administrative burdens for civil society organizations, CCMs, and PRs. The constituencies particularly emphasize the need to include overhead funding to enable non-state actor's organizations to build infrastructure and diversify funding streams, which is essential for long-term sustainability.

The constituencies support the Rapid Community Protection Fund but request greater clarity on its governance arrangements, trigger criteria, and funding envelopes, ensuring it is genuinely rapid and accessible. Here, the fund use of country system would mean engaging other government entities like supreme Audit Institution, parliament to facilitate prosecution where necessary and operational space for community organizations, while maintaining a focus on ensuring the safety and continuity of services for all.

Western Pacific Region

Community and civil society play an essential role in advocacy, monitoring, and delivering services to marginalized and hard-to-reach populations. Yet, few governments allocate domestic resources to support community-led organizations. While social contracting offers hope for sustainable financing, there is little evidence that it will materialize at scale in the near term.

As countries move toward transition, we urge the Global Fund to work closely with governments, civil society, community organizations, the private sector, and development partners to build an enabling ecosystem with supportive policies, adequate financing, and long-term mechanisms to sustain community systems and community-led responses—including advocacy and monitoring. Stable and predictable support for community actors is vital for safeguarding equity, maintaining service continuity, and protecting gains against the three diseases.

We also encourage the Global Fund to support the formal integration of community-led

monitoring (CLM) into national monitoring and evaluation systems. Community-generated data provides realtime insights into service gaps, human rights barriers, and the experiences of key and vulnerable populations—information often missed by routine government systems. Embedding CLM within national M&E frameworks strengthens transparency, accountability, and program quality. It also requires enabling policies, sustainable financing, and interoperable data systems.

Ensuring communities remain central partners in monitoring and improving national responses is critical for resilient programs and for sustaining progress during and after transition.

Communities

We welcome the clear acknowledgment that communities are central to reaching those most in need. To ensure the framework delivers sustained and meaningful impact, it will be important to operationalize it in ways that are responsive to diverse country contexts, particularly where partnerships between governments and community organizations face constraints. In such settings, flexible financing options, including regional or third-party arrangements, may be necessary to safeguard continuity of community-led services and ensure access to funding where barriers persist. The protection pillar, in particular, could be strengthened by supporting longer-term continuity in transition settings, not only short-term crisis response.

We also wish to reaffirm that community-led systems, including community-led monitoring, are not parallel structures but vital components of strong national responses. They enhance accountability, provide real-time insights on service access and quality, and help protect the value of investments. To maximize effectiveness, human rights considerations should be systematically integrated across all pillars, supported by clear objectives, measurable

9.5 Strategic Shifts for GC8: Next Gen Market Shaping

Canada, Switzerland and Australia

Our Constituency supports proposed shifts under NextGen Market Shaping. Rapidly scaling up the use of non-grant financed procurement mechanism is strategically urgent given countries' constrained health budgets, and should proceed at pace. Addressing demand-side barriers remains essential. We therefore strongly support creating a pre-financing facility to ensure pre-payment requirements do not hinder countries' use non-grant financing. We recognize this is not a silver bullet, and that other structural and operational barriers must continue to be addressed.

South East Asia

We commend the Global Fund and participating countries for the significant progress achieved across all strategic priorities of the NextGen Market Shaping approach since its introduction in 2022. This progress has already enhanced access to quality-assured, affordable health products and innovations, laying a solid foundation for the future.

We further welcome the proposed evolution of the Global Fund's market shaping strategy, which builds on this momentum and introduces four key strategic shifts designed to meet emerging challenges:

- (i) Maintaining the strategic pillar for Innovation and New Product Introduction
- (ii) Expanding regional capacity-building interventions to strengthen procurement collaboration, while continuing manufacturing capacity-building through harmonized quality assurance standards and partnerships
- (iii) Focusing on sustaining healthy markets and supporting end-to-end supply chain integration, efficient delivery models, and equitable access

(iv) Elevating non-grant financed Procurement Mechanisms as an emerging strategic lever

For South-East Asia, we have several countries are simultaneously managing high disease burden, advancing elimination goals, and entering transition. These shifts are particularly relevant to sustaining access, affordability, and supply security across HIV, TB, and malaria programmes.

We are also encouraged by the proposal to accelerate and scale up non-grant procurement mechanisms. This will require updated policies, including developing a pre-financing framework and fostering strategic procurement partnerships. Such measures will be critical in enabling countries in our region to sustain progress as they transition from Global Fund support in GC8 and beyond.

Latin America and Caribbean

Strategic Shifts for GC8: Next Gen Market Shaping

LAC fully supports the use of Catalytic Funds in market shaping to accelerate access to innovation and technology transfer, while advocating for equitable access to services through a more effective use of funds.

Recognizing that our region is on the path to disease elimination, we wish to highlight our ongoing contributions toward this goal and our commitment to leveraging innovative opportunities. The Region of the Americas has a proven track record of success in eliminating communicable diseases. LAC continues to make steady progress toward Malaria elimination (Paraguay in 2018, Argentina in 2019, El Salvador in 2021, Belize in 2023, and Suriname in 2025 - becoming the first country in the Amazon Region to eliminate the autochthone transmission of the infection). In 2024, Costa Rica was recognized by PAHO as Malaria Champion of the Americas and won the award for its reduction in autochthonous cases in the Northern Huetar Region over the last several years. Eleven countries received certification in the EMTCT of HIV and syphilis (Cuba in 2015; Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, and St. Kitts and Nevis in 2017; Dominica in 2021, Belize, Jamaica and Saint Vincent and the Grenadines in 2024) and 8 of them were revalidated for maintaining EMTCT of HIV and Syphilis in 2023. Brazil also was validated for eliminating mother-to-child transmission of HIV in December 2025.

To advance our elimination agenda, the LAC Constituency is committed to support the deployment of breakthrough technologies like Lenacapavir and AI TB diagnostics. We view the GC8 allocation as the foundation for a regional alliance to manage these tools. We urge the Board to prioritize market-shaping strategies that accelerate the timeline for generic Lenacapavir (LEN PrEP), ensuring these life-saving innovations reach our populations without delay.

Cognizant of the challenges transitioning countries face in meeting pre-payment requirements, the LAC Constituency emphasizes the need for country-owned pre-financing solutions. We encourage leveraging PPM/wambo.org and other alternative procurement mechanisms to secure the lowest costs for quality-assured health products. Furthermore, we advocate for continued regional capacity building through collaborative procurement. Beyond the PAHO Strategic Fund, we highlight the OECS Pooled Procurement Services, which serves nine member states, as a premier model for improving efficiency and reducing costs through large-scale regional purchasing.

Germany

We welcome the **increased focus on sustainability considerations and support for countries to transition** in the evolved NextGen Market Shaping framework.

Progress in key interventions such as strengthening pooled procurement and regional production might **not be fully captured by existing key performance indicators**. The mentioned **updates to the Board and the committees** are thus particularly important and should be as **concrete as possible**.

Having seen the **great potential of attracting private sector investment to scale up the introduction of innovations** in GC7, we hope to see the same trend continued in GC8. We encourage the Global Fund to continue its efforts to enlarge its meaningful partnerships in this area.

We highly appreciate the **efforts** undertaken to **support the regional and continental pooled procurement mechanisms in Africa**. Germany continues to support these initiatives in various ways, for example in its close collaboration with Africa CDC on the **African Pooled Procurement Mechanism** through GIZ/BACKUP Health.

Some **questions regarding key interventions to support regional production**, however, have not been conclusively clarified for us: The proposed approach continues to focus on **tender evaluation criteria** to weigh in non-price related factors when awarding contracts for health product procurement. One of the main **factors keeping African manufacturers from sustainably entering the market** seems to be the **comparatively low volume contracts** they are awarded. This makes necessary investments to scale production quite risky for them. The reasoning behind refraining from **volume guarantees for local manufacturers** remains somewhat unclear to us.

Gavi has created the **African Vaccine Manufacturing Accelerator** to increase the share of locally produced vaccines in their portfolio. The Global Fund is currently using the Access Fund as a tool to subsidise the introduction of innovative products (such as Lenacapavir). Could a **similar tool** be envisaged to **increase African manufactured products** by facilitating their market entry? Closer **collaboration to make use of lessons learned by Gavi** could also be helpful.

We also notice that **catalytic investments** prioritise the introduction of **innovative tools**, most of which are currently produced outside the African continent. The amount specifically allocated to **promoting regional production** is **comparatively small**. At the same time, a **greater share of African manufacturers** is critical for sustainability and assurance against supply-chain interruptions. We would like to know if considerations on how to **include more African manufacturers**, e.g. assisting them to become additional suppliers for generics of innovative products, were factored in?

France

France celebrates the historical first deliveries of Lenacapavir in Eswatini and Zambia in record time and commends the work of the Secretariat in this paramount endeavor. We would be interested in further information on selection of 9 countries, on volume of deliveries, and strategy of dispatch to priority groups.

On NextGen Market Shaping in GC8, France commends the efforts of the Secretariat to interweave this proposal with the other GC8 strategic shifts. Regarding the proposal of a pre-financing facility to promote non-grant financed procurement, through domestic resources, we are overall very supportive and would appreciate clarifications on criteria and conditions of eligibility, country payment guarantees and risks along with mitigation measures. France would like to stress the importance of driving local manufacturing and encouraging regional pooled procurement in GC8 to advance the sustainability and health sovereignty agenda.

UNAIDS

The UNAIDS Constituency welcomes the continued evolution of the Global Fund's NextGen Market Shaping approach and its focus on sustaining equitable access to quality-assured, affordable, and innovative health products. In the current constrained financing environment and as countries move along transition pathways, market shaping will be central to protecting treatment continuity, expanding prevention options, and ensuring long-term sustainability.

We particularly welcome efforts to accelerate access to new and more effective HIV prevention and treatment innovations, including long-acting technologies such as lenacapavir,

alongside strengthened regional manufacturing and procurement collaboration. Rapid, affordable, and equitable introduction of such innovations in high-burden settings will be critical to reinvigorating progress toward ending AIDS as a public health threat and to ensuring that advances in science translate into real-world impact.

To maximize impact and sustainability, UNAIDS encourages NextGen Market Shaping efforts:

- Prioritize rapid and equitable access to high-impact innovations, particularly for prevention and treatment in high-burden and resource-constrained settings.
- Support regional manufacturing, pooled procurement, and supply resilience, reinforcing country ownership and long-term sustainability.
- Aligning closely with country-led transition and sustainability pathways, including expanded use of non-grant financed procurement mechanisms where appropriate and feasible.
- Ensure affordability and sustained access for lower-income and transitioning countries, so that innovation does not widen inequities.

UNAIDS stands ready to work with the Secretariat and partners to ensure that market shaping efforts support equitable access to innovation, strengthen country systems, and contribute to sustainable, resilient, and integrated responses.

World Health Organization

WHO commends the progress of the GC7 NextGen Market Shaping initiative. Market shaping remains essential to lowering costs of existing interventions while incentivizing the development and uptake of new tools. As originally envisioned for the Global Fund and GAVI-Vaccine Alliance, leveraging pooled demand and purchasing power can and does significantly improve affordability and access to quality-assured vaccines and other health products.

Market shaping can also support sound public health decisions. The 2025 World Malaria Report highlights antimalarial drug resistance as an urgent concern. Diversifying first line therapies—potentially by subsidizing higher cost options—could help limit its spread.

Targeted investments in prevention and quality of care in high risk countries should also be part of a holistic strategy to address antimalarial drug resistance.

We look forward to the market shaping opportunities for successful introduction of new close to point of care TB diagnostics, which were recently recommended by WHO.

With reduced funding, Next Gen Market Shaping needs to evolve so that its resources generate an even stronger catalytic effect to maximize the impact of country allocations. We would welcome more granularity to understand the Global Fund secretariat's ideas and for WHO and all technical partners to work with the Global Fund to steer this evolution in approach.

WHO encourages the Global Fund to complement established mechanisms such as PAHO's Strategic Fund and the Stop TB Partnership's Global Drug Facility, which serve a broad range of countries and enable procurement with domestic resources. We appreciate the South to South Collaboration and that the Global Fund is leveraging from the lessons learned from PAHO to inform discussions with partners on the design of models relevant to the African region.

As many countries accelerate transition, scaling non-grant financed procurement mechanisms will be critical to sustaining access to affordable, quality health products. We appreciate the Global Fund's efforts and encourage early, inclusive consultation with technical partners, governments, communities, and other stakeholders to ensure a coherent and effective mechanism.

Developed Country NGO

We welcome details about the Global Fund's planning and prioritization around market-shaping presented, and, in particular, welcome many of the directions presented around a pre-financing facility, non-grant financed procurement, and the overall focus to bring more

innovation to more countries and populations. As we make difficult decisions and trade-offs, the Global Fund returns to the Board for further input on whether the approach appropriately responds to the evolving context, how it will maximize outcomes in GC8 and how it will support country transitions. However, our advice could be more strategic if the Global Fund analysis elaborated upon how this planning fits into the broader landscape for market shaping and procurement. We kindly request that future papers and analysis include more direct information about how the Global Fund is fitting its work within the broader systems.

For example, we would be able to provide more strategic guidance, if, for example, the product scope for TB procurement were contextualized by how the Global Fund is filling gaps that could not be met by the Global Drug Facility. Or how some of the product scope for market shaping builds upon work done by Unitaid whose work sits directly at the intersection of innovation and market-shaping. Understanding the broader context and how the Global Fund “fits” within it is critical to understanding the shifts proposed as well as the possible risks and mitigation strategies that may be needed. We welcome the rapid rollout of long-acting PrEP [lenacapavir (LEN)] and the support for choice-based national prevention strategies and have appreciated our recent conversations with the Global Fund Secretariat team to respond to many of our questions. However, key populations in MICs are excluded in the initial rollout due to price restrictions, and we would like to see Global Fund plans for widening access and including these groups. We still see gaps in meaningful civil society and community engagement – which cannot solely happen through CCMs. We’ve observed a lack of clarity on the LEN co-financing issues in countries, and look forward to the Board receiving more details.

The Global Fund has a massive role in accelerating TB diagnostics at scale. As the GC8 guidance is finalized, we wanted to raise the need for the Global Fund to support user trainings, support to address bottlenecks beyond procurement (e.g., licensing fees, warranty extensions, disposing of old equipment, etc) for Digital Chest X-ray (CXR) and Computer-Aided Detection (CAD) which receive significant funding for national TB programs. Funding for follow-up molecular diagnostics tests and treatment is essential for getting the most value for money from CXR and CAD investments and we welcome the detail about prioritizing these interventions for GC8 funding that was noted in the “Core Mission: HIV/AIDS, TB and Malaria” document provided and discussed at the Board retreat.

New decentralized near point-of-care tests (nPOC-NAAT) must be included in the NextGen Market Shaping strategic shifts and we are keen to better understand how and where the Global Fund will lead and/or collaborate with or lean on other actors, including how the tests can be used in COE / humanitarian settings as well as training support; how the tests and devices can be integrated across multiple diseases and support broader TB testing menus; and tracking possible market concentration to encourage supplier diversity through procurement to ensure access is not restricted.

Specifically, we would appreciate further clarity regarding the Near Point of Care (NPOC) TB Diagnostics market shaping lever and on whether an analysis has been conducted about the benefits and risks of using the Revolving Facility to garner “Potential Volume guarantees for new NPOC manufacturers to secure lower entry prices and grow the market” (Slide 15). Has an analysis been conducted about the benefits and risks, and whether this is impactful? The public prices of these tests are already half of a GeneXpert or Truenat cartridge (see GDF catalog) and we wonder whether this is the most impactful intervention. We would appreciate clarity on any analysis that could provide that information.

We must think beyond the price point in some cases. The Global Fund should work with the companies to fast track R&D on nPOC-NAAT for drug-resistant TB, and prioritize tests that can detect resistance to rifampicin, isoniazid, and fluoroquinolones. It’s possible to ensure harmonized prices and supply terms across disease tests, and to ensure that companies apply for WHO prequalification in a timely manner.

Point Seven

Point Seven welcomes the update on Next Generation Market Shaping and the outlook for GC8.

The introduction and scale-up of key innovations, such as lenacapavir and dual active-ingredient nets, represent landmark milestones.

In light of persistent challenges in HIV, TB and malaria prevention and treatment for infants and children, including limited product availability and fragile supply dynamics, the Secretariat's focus on strengthening markets for pediatric tools during GC8 is of critical importance.

Finally, pooled procurement can offer important benefits for pricing, quality assurance and supply security. In this context, Point Seven welcomes the Global Fund's efforts to facilitate the use of domestic resources for procurement through the Fund's Pooled Procurement Mechanism.

Eastern and Southern Africa

The ESA and WCA constituencies note the efficiencies achieved through global pooled procurement mechanisms but are concerned that continued over-reliance risks weakening national and regional procurement capacity over time. Where procurement and distribution are predominantly externalised, national systems have limited opportunity to build institutional capacity, and where downstream distribution costs are not fully covered, these costs are absorbed domestically, undermining equity and sustainability.

In this context, global pooled procurement should complement, not substitute for, system development. Negotiation and procurement functions need not be performed by the same entity: global negotiations can secure price and quality, while procurement should increasingly be undertaken through strengthened national and regional systems. Experience and OIG reports in several large countries in ESA indicates that national procurement entities operating at scale have in some cases achieved prices comparable to or lower than procured by Wambo.

ESA and WCA stress that next generation market shaping must deliberately support local and regional production in Africa. Africa should not remain solely an end market for health commodities. GC8 should promote diversified supplier pools, predictable demand and targeted

investment to enable African manufacturers and regional procurement mechanisms to scale sustainably, while addressing persistent weaknesses in last-mile delivery, data visibility and quality assurance.

Western Pacific Region

Our constituency commends the Global Fund for its achievements and the strong momentum generated through the NextGen Market Shaping efforts.

Pooled procurement not only delivers substantial cost savings but also plays a critical role in securing reliable access to essential health products.

Ensuring uninterrupted supply and preventing stockouts must remain a core component of transition planning. We have seen countries experience stockouts after governments assumed responsibility for procuring essential commodities, underscoring the importance of safeguarding supply chains during and after transition.

For small countries—particularly those that are geographically remote, such as the Pacific Island Countries in our region—pooled procurement is vital to ensuring timely and affordable access to lifesaving products. In this context, we express our full support for the nongrant

financed procurement mechanism, which we view as a strategic lever as transitions accelerate.

We are grateful to the private sector and other partners for their contributions to the Access Fund and warmly congratulate the Global Fund on the first delivery of Lenacapavir. This product represents an important addition to the HIV prevention and treatment toolbox—one that is urgently needed by many countries, especially those facing rapidly growing epidemics.

Communities

The Global Fund’s evolving market-shaping approach offers important opportunities to expand access to health innovations. As this work advances, it will be important to ensure it complements, rather than duplicates, the specialized expertise of partners such as Unitaid. The Global Fund’s comparative advantage remains its strong country presence and community-centered implementation. Greater attention to community-level demand creation will be essential to ensure that new prevention tools, diagnostics, and treatments are effectively adopted and reach those most in need. Communities are not only end-users, but valuable sources of real-time feedback on usability, adherence, access barriers, and service quality — insights that strengthen overall market effectiveness.

In malaria prevention, experience shows that supply alone does not guarantee impact. Strengthened collaboration with partners and donors on pricing, supply chains, and regional manufacturing should be matched by increased investment in community systems, demand generation, and community-led monitoring. As countries transition, coordinated technical assistance and meaningful community engagement will be critical to ensuring innovations are used effectively and sustainably. A balanced approach that combines supply security with strong community ownership will help maximize long-term impact.

10. Catalytic Investments for GC8

Japan

- Strengthening health systems through investments in areas such as human resource for health, data systems, laboratories, and surveillance is expected to contribute not only to HIV, tuberculosis, and malaria responses, but also to broader health policies. Alongside cross-cutting activities—such as market shaping and efforts to address human rights-related barriers—that are difficult to pursue within country allocations, these investments align well with Catalytic Investment, and their value remains significant under GC8.
- As the transition timeline becomes clearer, it will be essential to accelerate the integration of health services into primary health care (PHC). In this context, safeguarding Catalytic Investment—an indispensable enabler of integration as a core pillar of the strategic shift—is critically important.

Canada, Switzerland and Australia

CSA further emphasizes the importance of adequately funding catalytic investments to deliver meaningful impacts in strategically important areas and support sustainable transitions. While we strongly welcome the proposed adjustments—including those related to Community Networks & Engagement—we remain concerned that funding for blended financing is still not being provided, aside from via portfolio optimization, despite its designation as a core component of Strategic Shift 6. As countries transition away from Global Fund support, access to a full suite of options will be essential, and we encourage the Global Fund to

actively engage with financing initiatives to expand blended finance opportunities.

South East Asia

The SEA Constituency appreciates the Secretariat, the Strategy Committee, and partners for the preparation of the GC8 Catalytic Investments proposal submitted for Board approval.

We support the recommended approach to maintain ambition for Catalytic Investments in GC8, including the proposed US\$260 million from Sources of Funds for Allocation, reinforced by over US\$300 million in private sector contributions already mobilized. This represents a meaningful increase compared to the same point in GC7 and underscores the catalytic role these investments play in maximizing impact under constrained allocations.

For South-East Asia, where countries collectively account for a disproportionate share of the global TB burden, face persistent malaria elimination risks (including artemisinin resistance in the Mekong sub-region), and are navigating complex transition dynamics, Catalytic Investments are not optional. They are essential to protect gains, address cross-border and regional risks, sustain community-led service delivery, and reinforce health systems as domestic financing pressures intensify.

The Constituency supports the GC8 CI priorities and proposed evolutions:

- (i) Building on GC7 learning while leveraging and scaling private sector resources;
- (ii) Maintaining agility to respond to evolving epidemiological, market, and transition risks during implementation; and
- (iii) Recommending CI priorities clearly within the Sources and Uses of Funds decision, providing transparency and predictability for countries.

We also welcome the emphasis on community systems financing, market shaping, malaria elimination, sustainability and transition support, and RSSH.

The SEA Constituency supports approval of the GC8 Catalytic Investments as proposed and encourages continued disciplined implementation and reporting to ensure these investments deliver measurable, equitable impact in high-burden and transitioning settings.

Latin America and Caribbean Catalytic Investments for GC8

The LAC constituency supports the Secretariat's recommendation to maintain high ambition for CIs. We endorse the plan to commit US\$260M from sources of funds (SoF), which, when combined with private sector mobilization, would reach a record target of up to USD 566M for CIs. We also acknowledge the evolving replenishment environment and the potential to further attract private sector resources to complement Board-approved priorities.

The LAC constituency reiterates its strong alignment with the new Board-approved CI key priorities. We are confident that these priorities, which are designed to attract significant private sector investment and are secured by high transparency mechanisms, will reduce fragmentation in the LAC Region by promoting innovation, integration, collaboration, coordination, and economies of scale.

The LAC constituency also supports prioritizing STC Catalytic funding to accelerate country transition. In this regard, LAC welcomes the flexibility to consider an extension based on epidemiology and strategic context to mitigate transition risks and ensure continuity, protecting human rights interventions in a constrained funding landscape. LAC emphasizes that NextGen Market Shaping is vital for equitable access to innovation. Without it, the burden of domestic funding may cause transition countries to hesitate when adopting new tools and products. To strategically invest and sustain progress in our Region, we must address the dual challenge of achieving more with fewer resources.

The LAC Region's core priorities are focused on two strategic goals: **maximizing impact with**

fewer resources; and **advocating for equitable access to services** through the effective use of funds. We plan to leverage emerging innovative opportunities, such as the new long-acting preventative HIV drug (Lenacapvir) for the elimination of HIV and AI-based diagnostic tools for tuberculosis.

The GC8 allocation is essential for establishing a regional alliance dedicated to the deployment of these tools, thereby maximizing their impact and advancing the regional elimination agenda.

Eastern Mediterranean Region

Catalytic Investments (CIs) remain a critical mechanism for the Global Fund to channel resources into targeted, high-impact initiatives that complement country allocations. Closely connected to private sector and philanthropic donations, they provide a structured pathway to fill gaps left by country grants, accelerate innovation, and leverage Global Fund's scale and efficiency. To date, CIs in the Eastern Mediterranean region have indeed driven innovation, supported key and vulnerable populations, including refugees and displaced populations, and strengthened regional responses. Moving forward, priorities must be adapted to address transition pressures, sustainability concerns, and crises that threaten progress.

The Eastern Mediterranean Constituency agrees to:

- **Maintaining CI priorities:** As recommended by the Strategy Committee and approved by the Board, existing priorities should be preserved, particularly those safeguarding human rights, gender equity, climate change impact mitigation (in Pakistan, Iran, Afghanistan, Djibouti, Somalia, Sudan) as well as promoting accelerated access to innovation.
- **Introducing "Capacity to Scale":** Establish a framework to facilitate additional private sector investments throughout the grant period, with transparency, to expand catalytic initiatives without distorting country allocations.
- **Evolving Key Priorities:** Within existing scopes, adapt priorities to:
 - Increase ambition on sustainability and equitable access.
 - Accelerate integration of community services.
 - Address crises that threaten programmatic progress.
 - Maximize headway into transition.
 - Promote efficient implementation led by communities, for communities.

Along these lines, crossborder support incentives between grants and CCMs should be proposed to advance evolving priorities. As such, we recommend strengthening the role of CCMs and regional governing bodies in multi-country grants as key enablers of change. We acknowledge and thank Eastern Mediterranean CCMs and PRs for their efforts, which are vital to preventing duplication and enhancing synergies, efficiency, and impact. Their role in community engagement, oversight, and integration discussions must remain strong during transition. Building on this progress, we call for reinforced collaboration and complementarity among CCMs and grants, rather than competition for resources.

Innovation must remain central to our Catalytic investment approach, particularly through scaling up injectable Lenacapvir for PrEP and self-testing. Despite prevention being prioritized during GC7, the number of PrEP users remains very low compared to the regional needs. These innovations are potential gamechangers, and we must intensify efforts to expand access and uptake in order to shift the epidemiological trend. The Eastern Mediterranean Region must prepare for the effective integration of injectable Lenacapvir for PrEP in GC8. Finally, to enhance efficiency and impact we endorse (i) the decision to support Social Contracting incentives to build community networks, particularly for key and vulnerable populations in transitioning contexts; and (ii) the proposed approach to bridging MultiCountry Grants by extending them into GC8 through 2029 to offer continuity and resilience, ensuring regional responses remain effective during transition.

Germany

We have consistently been a proponent of CIs, including in lower replenishment scenarios, and welcome the allocation of **260 mio. USD**.

We appreciate the transparent prioritisation within CI priorities but would like to share one observation on this. Funding constraints have led to **low funding for CI components that remain highly relevant**, such as promoting regional manufacturing (so far, 10 mio. USD are foreseen). While the focus is placed on **accelerating innovation** and scaled use of products (115 mio. USD, incl. Private Sector contributions), it should be explored whether there is **potential for regional manufacturers to produce some of these innovative products** and what kind of support they would need to build the necessary capacities. Regarding the proposed **extension of GC7 multi-country grants in transitioning contexts**, it would be useful to better understand the underlying rationale and financing arrangements. While the approach appears to ensure **continued support for communities** during the transition period and to **preserve GC8 CI funding** for other strategic priorities, it remains unclear how these extensions will be financed in practice. It would be helpful to clarify whether the extensions would be covered through **savings within the existing GC7 grants** or would **require the use of GC8 CI funding**.

How will the SC/Board be engaged in further building out **capacity to scale**?

In the context of the global anti-rights and anti-gender movements, investments in human rights and gender equality require protection. Lessons from **GC7** demonstrate the positive impact of the **Breaking Down Barriers Strategic Initiative** on safeguarding and strengthening human rights-based interventions. The ongoing **private sector contributions are therefore highly valued**, and the Secretariat should actively **promote this investment opportunity** in human rights and gender equality.

France

France welcomes and celebrates the substantial effort coming from private sector contributions which increases capacity and unlocks catalytic investment priorities in GC8. We support the critical role of CIs and hence endorse the Secretariat methodology and proposal to maintain ambition with a baseline scenario of US\$ 260M despite the likely SoF for allocation outcome being below US\$ 12.26bn. France would like to recall that blended finance remains a very useful tool and should be pursued, if not by CIs, by other means.

UNAIDS

The UNAIDS Constituency recognizes the critical role of catalytic investments in supporting the partnership through GC8 as a **transition, exit-readiness, and system-shift cycle**. In the context of reduced country envelopes and increasing sustainability pressures, catalytic investments will be essential to preserve impact, support adaptation, and maximize the effectiveness of existing grants.

We encourage catalytic investments in GC8 to remain tightly focused, context-responsive, and aligned with national priorities, with particular attention to:

- Community, human rights, and gender:

Protect and sustain catalytic support for community systems and quality, community-led monitoring, and programming that addresses human rights and gender-related barriers to HIV services as core enablers of impact, equity, and service continuity, particularly for key and vulnerable populations.

- Innovation and equitable access:

Accelerate access to high-impact prevention and treatment innovations, including long-acting technologies, while supporting rapid, affordable, and equitable introduction in high-burden settings to maximize impact within constrained resources.

- Transition, Sustainability, and exit-readiness:

Support countries in planning and implementing differentiated transition and exit-readiness pathways that protect treatment and prevention continuity, strengthen national systems, and ensure predictable, impact-safe sustainability trajectories. Strengthen national capacities for sustainable financing, integration, and long-term programme resilience, including support for community systems integration within national frameworks and financing pathways.

Across all catalytic investments, we encourage a strong focus on preserving impact, maximizing the effectiveness of existing grants, and supporting differentiated, country-led responses that reflect national context and evolving sustainability pathways.

World Health Organization

We welcome the additional funding raised for catalytic investments (CI) but note the uncertainty of some of the distribution across priorities from the private sector contribution. We appreciate the proposed evolution of the thematic priorities and the recognized interconnections between them. We have some questions regarding private sector contributing to public financial management, this CI operationalization will need to be carefully developed with safeguards but does offer a potentially innovative approach. We would call for inclusive consultations with more granular data to determine the CI implementation approaches and to ensure they retain agility to respond rapidly to needs and opportunities.

Developed Country NGO

We welcome the USD 260 Million catalytic envelope from core resources and the additional USD 306 million from the Private Sector. If we compare the proposed levels of funding to the optimal levels of funding for these various CI components, we note that many are closer to those optimal levels than might have been the case. Therefore, we welcome the proposed allocation of funds. However, we share two areas of concern: (1) the growing share of earmarked – and therefore less flexible – funding within the CI portfolio; and (2) significant variance across CIs in terms of which are optimally or sub-optimally funded. For example, PFM sits at 200% of the optimal level of funding that was initially indicated, while the remainder of funds supporting sustainability and transition from Global Fund financing sits at an estimated 80% of optimal CI funding.

Given our duty of care and many conversations for responsible preparations and support for sustainable transition for more countries facing an accelerated transition timeline, we welcome the papers' exploration of further resource mobilization for CIs. Our strategic advice would be that the ERCD team focus its resource mobilization efforts to crowd more funding into these sub-optimally funded areas and that, more broadly, the Secretariat prioritize other sources of funds towards these sub-optimally funded CIs. Additionally, we strongly encourage our Private Sector constituency colleagues and the team at the Secretariat to work to bring the unassigned earmarked funds to these sub-optimally funded areas. In particular, **community systems, human rights, key populations, country transition-related support, and funding for COE context CIs – are currently well short of optimal funding levels.**

Eastern and Southern Africa

The ESA and WCA constituencies support the decision point and approve the proposed catalytic investment priorities and allocations for GC8. However, ESA and WCA are firmly opposed to any increase in catalytic funding that comes at the expense of country allocations, noting that such a shift would undermine both the sustainability and ownership of national systems and may undermine the gains. The constituencies reaffirm that catalytic investments should be maintained as a proportion of total available resources, rather than as a fixed dollar amount, and must be designed to strengthen, not weaken country programmes through reduced overly reduced allocations. ESA and WCA further underscore the importance of country ownership, the necessary transparency around catalytic investments and the systematic integration of catalytic initiatives into mainstream national systems as core elements of transition and sustainability strategies. Any flexibility that compromises these principles should be resisted in forthcoming discussions.

Clearer and more systematic reporting on catalytic investments, including timelines, results and pathways to integration or transition, will be essential to support Board oversight and learning.

Western Pacific Region

We anticipate that as transition progresses, the demand for catalytic investments will continue to grow. We support the Secretariat's proposal and hope that additional resources can be made available to meet evolving catalytic priorities.

Communities

While we welcome the continued use of Catalytic Investments, we remain concerned that the current framework may not be sufficient to sustain community-led responses over the long term. The proposed extensions of regional HIV responses are important, but they address only part of the broader challenge of ensuring continuity for communities in transition settings. Catalytic Investments should complement, not replace, predictable community financing within core allocations and community systems investments across all three diseases. As integration efforts advance, they should strengthen and expand community roles, ensuring that efficiency is measured not only by cost savings but by sustained access and continuity of care.

To strengthen impact, we encourage several practical enhancements to the CI approach. Introducing more flexible and longer-term financing options that are accessible to organizations with varying institutional capacity; exploring alternative implementation and accountability models where government channels may face constraints; and ensuring early, transparent communication when funds are reallocated across disease areas or priorities. The proposed "Capacity to Scale" mechanism should explicitly include community-led interventions across all three diseases, prioritizing those with demonstrated impact. These steps will help ensure that catalytic investments truly catalyze sustainable, community-centered responses.

11. Sources and Uses of Funds

South East Asia

Approve

Eastern Mediterranean Region

We note that results from the Financial Performance Report (GF/B54/15) demonstrate resilience despite uncertainty. GC7 pledge conversion stands at 83%, while investment income reached an unprecedented amount. Grant absorption under GC7 is aligned with historical trends, and operating expenses including management costs remain within approved ceilings, even after restructuring costs.

Despite pledge conversion uncertainty, the Global Fund has demonstrated disciplined financial stewardship: investment income has reached record levels, liquidity remains safeguarded, and operating expenses are contained within ceilings. Nevertheless, donor uncertainty and weak recipient health financing remain pressing risks.

Private sector earmarked contributions have reached unprecedented levels, increasing overall resources but limiting flexibility. At the same time, reduced country allocations shift the balance toward catalytic investments (largely funded through private funds), making it essential to ensure that private contributions remain aligned with strategic priorities, geographies, and values to avoid gaps in national program delivery.

In the Eastern Mediterranean Region, where fiscal space is constrained, sanctions intensified,

and political instability is widespread, expectations must be realistic and the transition approach must be reasonable, aligned with the country's health financing capacity, and tailored to country context with more flexibility. This is particularly the case in countries with fragile environments, in conflict zones and in post-conflict situations, where strengthening health systems (RSSH) is particularly relevant. To this end, progressive transfer of technical know-how and responsibilities is essential in the context of transition, to avoid funding gaps downstream and to ensure continuity of lifesaving programs.

We commend the Global Fund's financial discipline and resilience and approve Sources of Funds (SoF) for allocation. However, we stress the urgent need to secure cofinancing commitments, fiscal support reforms, and enable early transition planning in collaboration with key stakeholders.

UNAIDS

The UNAIDS Constituency recognizes the difficult financial context facing the partnership and appreciates the Secretariat's efforts to balance ambition, risk management, and impact within a constrained resource envelope. **GC8 will be implemented with approximately 8% less funding available for countries compared with GC7**, even as expectations related to sustainability, co-financing, and domestic ownership continue to increase. At the same time, **global HIV resource needs are projected to reach US\$21.9–23 billion annually by 2030**, while total HIV funding stood at approximately **US\$18.7 billion in 2024**, leaving a significant and widening financing gap that will directly affect countries' ability to sustain treatment, prevention, and community-led responses.

In this context, careful calibration of risk, ambition, and available resources will be essential to protect hard-won gains and sustain progress toward ending AIDS as a public health threat.

We understand that **de-allocation provision will be introduced** as part of the allocation and pledge confidence framework to manage uncertainty and maintain fiduciary safeguards. However, greater clarity is needed on **how de-allocation decisions will be determined, managed and implemented in practice, and how risk** will be calibrated if de-allocation or withholding measures are applied across multiple portfolios.

Key questions for consideration include:

- What risk mitigation plans and programmatic trade-offs are envisioned?
- How will these be calibrated from both a risk and impact perspective?
- If adjustments occur across several high-burden portfolios, what will be the implications for treatment continuity, prevention scale, and overall Global Fund KPI performance?

A transparent and balanced approach to managing both financial and programmatic risk will be critical to sustaining results and confidence across the partnership.

We also seek clarity on **how country risk ratings will be calibrated** in this context. As noted in Secretariat documents, countries facing challenges in meeting co-financing expectations may be assessed as higher risk.

- How will this interact with potential de-allocation or financial adjustment measures?
- How will compounding risks be avoided in fiscally constrained settings?
- How will overall portfolio performance and impact be protected if multiple countries face simultaneous pressures?

A clear and balanced calibration of risk and impact will be essential to ensure that countries already facing financing constraints are not exposed to compounded financial and programmatic pressures.

UNAIDS encourages continued transparency, early dialogue, and adequate planning time for

countries — particularly high-burden and transition settings — to assess implications, adapt programmes, and plan sustainability pathways. Maintaining predictability, shared responsibility, and a strong focus on impact will be essential to sustaining progress and preserving confidence **in the Global Fund partnership during this critical cycle for sustainability planning, transition and exit pathways.**

World Health Organization

We appreciate the Global Fund secretariat efforts to navigate the uncertainties on the Sources of Funds and incorporate mitigation measures. We understand the rationale for having an over allocation of 2.5%, however, the risk of deallocation will need to be very clearly communicated to countries with options for mitigations and provision for support.

These uncertainties will make the country dialogue and funding request preparation more challenging, thus requiring countries to be well guided during that process. We call for the GC8 guidance to be published rapidly to not further delay countries' preparation in the compressed timelines of 2026. The Global Fund is also called upon to safeguard conditions that enable countries to lead nationally owned, evidence-based, people-centred, and inclusive prioritization processes, ensuring that constrained resources are directed in the most equitable manner to the most impactful interventions and respond effectively to people's needs.

Developed Country NGO

There is currently no guidance and technical briefs used to support in-country planning and funding request development processes for Grant Cycle 8 available, but planning has already begun in many countries. Meaningful inclusion of communities and CSOs within these discussions is critical and face varying barriers in some countries which are exacerbated when there is insufficient time for preparation. Our Delegation would appreciate clarity on specifically when the guidance documents will be available – the already compressed GC8 application windows present a very significant challenge.

We encourage donor constituencies to fulfill their pledges, but also work towards increasing their pledges throughout GC8. We appreciate the donor announced pledges to date but donors need to do more as we are significantly short of the USD18 Billion minimum target.

While we can appreciate the rationale behind the introduction of de-allocation provisions into the allocation letters given the more volatile funding environment, it is still a very significant and difficult change for countries. **We would strongly request and advise that the Board is provided an opportunity to review and understand the deallocation guidance that will be communicated so that as a Board, we can address concerns that will be raised and monitor possible consequences in implementing countries.**

Point Seven

Point Seven approves the decision point on the sources of funds for the 2026-2028 allocation period and welcomes the Pledge Confidence Framework's approach to ensuring clarity on level of certainty for pledges.

Ongoing risk management will be necessary to adapt the operating model and Point Seven agrees with the recognition that strategic trade-offs, careful liability management, and clear prioritisation will be essential, ensuring that the human rights lens in accordance with the mutually reinforcing contributory objectives of the Global Funds strategy remains central in GC8 for Global Fund's life-saving work.

Eastern and Southern Africa

The constituencies recognise the Secretariat and Board committees' thoughtful approach to the challenging resource mobilisation context, and are supportive of the proposed allocation strategy for Grant Cycle 8.

While supporting the proposal to allocate full pledged amounts to countries with the potential for a later deallocation, the constituencies strongly advocate that all alternative options be exhaustively explored before any deallocation is triggered. Any deallocation should be communicated clearly and early, with appropriate support if needed.

It is vital that countries have a comprehensive and transparent view of the Global Fund resources allocated to their countries, not only the allocation but also other catalytic funding. Country Coordinating Mechanisms should remain the ultimate governance body at country level and should be strengthened. As such, the CCMs should not be circumvented in any direct communication with Principal Recipients. 5

Noting the reduction in OPEX funding, the constituencies request implementing monitoring and response measures to ensure staff well-being. Our partnership should ensure that the reductions in headcount in the Secretariat are clearly accompanied by meaningful simplification of the number of processes and their intricacies. Our partnership should leverage technology to reduce the number of country team members' visits to countries especially those classified as High impact or core. The reason is that such visits take away time from implementation from the country counterparts. But the implementation is vital to achieve the results that we all expect.

Communities

We acknowledge the significant effort that went into developing this report and recognize the difficult context in which these decisions are being made. However, the 9.3% reduction in country allocations, from US\$11.895 billion to US\$10.783 billion, will inevitably create difficult trade-offs. Communities in low-income, high-burden settings are likely to feel these pressures most acutely. The inclusion of deallocation provisions in allocation letters, while understandable from a risk management perspective, adds uncertainty that could disrupt frontline services if anticipated pledges do not fully materialize. Clear and transparent criteria will be essential to ensure that any adjustments prioritize continuity of life-saving community-level services.

We are also concerned that transition timelines may, in some cases, be influenced more by fiscal constraints than by demonstrated country readiness. In many settings, policy frameworks for social contracting remain underdeveloped, health systems face ongoing fragility, and the enabling environment for sustained community engagement is still evolving. Rising out-of-pocket costs further compound these pressures. As integration efforts move forward, it will be important to ensure that new service models are introduced carefully, without disrupting existing programs. We appreciate the use of overallocation to support planning certainty and welcome the preservation of catalytic investments and flexibility for high-burden countries. Our priority remains clear: protecting continuity of care and safeguarding access for the communities who depend on these services.

12. Coffee

South East Asia

N/A

UNAIDS

NA

World Health Organization

13. Global Fund and Gavi Collaboration Update

Canada, Switzerland and Australia

The need to adapt to a changing global health ecosystem

The global health ecosystem is evolving in a context of volatility and financial constraints, requiring agility, adaptability and increased collaboration to efficiently deliver results. Global health partners cannot continue to operate as before; significant changes in approach are required, informed by the evolving context while remaining focused on longer-term objectives. CSA believes that the Gavi-Global Fund collaboration agenda is an enabler for advancing the Global Fund's strategic shifts and ensuring sustainable impacts. For CSA, the main objective remains achieving country-level impact, with an emphasis on simplification, alignment, and last-mile delivery to better serve countries and enhance country ownership. Collaboration efforts during GC8 should also lay the foundation for longer-term reforms. CSA believes that 2026 provides an opportunity to actively reflect on future directions including beyond increased collaboration with Gavi, as there is an imperative to situate the future evolution of Gavi and the Global Fund in the broader reshaping of the global health architecture, being conscious of trade-offs.

South East Asia

The South-East Asia Constituency strongly welcomes the strengthened collaboration between the Global Fund and Gavi, including the establishment of the Joint Taskforce and improved governance alignment. We appreciate the structured progress to date, notably the development of a shared fact base across 12 collaboration areas and the clear intent to focus on pragmatic, high-impact opportunities.

We note positively that early, action-oriented collaboration has already demonstrated tangible value, including during GC7 reprioritization. More coordinated planning across malaria, TB, HIV and RSSH/HSS, supported by timely information sharing, aligned guidance, and synchronized review processes, has helped reduce duplication and enabled more coherent country decision-making. This is particularly relevant for South-East Asia, where countries manage high disease burdens, overlapping programmes, and constrained implementation capacity.

At the same time, we underscore that the success of this collaboration must ultimately be measured by country-level outcomes, not frameworks. Without clear prioritization, ownership, and accountability, there is a risk that strong intent does not translate into reduced transaction costs, clearer signals to countries, or faster delivery of results.

Looking ahead, we encourage three practical next steps: (i) A transparent shortlist of priority collaboration initiatives, grounded in impact, feasibility, and risk; (ii) translation of each priority into concrete options with defined owners, timelines, and measurable indicators, explicitly including simplification outcomes for countries; and (iii) clarity on the governance pathway, including which decisions require committee or Board consideration and when.

The SEA Constituency looks forward to continued engagement with both Secretariats to

ensure this collaboration accelerates delivery for countries while strengthening efficiency, accountability, and impact.

Latin America and Caribbean

Global Fund and Gavi Collaboration Update

LAC highly appreciates the update on the Gavi-Global Fund collaboration. We commend the joint Taskforce for its progress in streamlining processes to ensure greater simplification at the country level.

Eastern Mediterranean Region

We commend the significant effort undertaken to advance collaboration between Gavi and the Global Fund. The potential benefits of identifying synergies and working more closely together outweigh the challenges in the medium to long term. Many recipient countries face donor fatigue and difficulties in coordinating Official Development Assistance (ODA). A stronger, more aligned positioning of the Global Fund and Gavi can therefore reduce fragmentation, duplication, and enhance impact at the country level.

The Eastern Mediterranean Region Constituency supports the Taskforce's pragmatic path and stresses the need to jointly identify collaboration areas that deliver tangible benefits. In countries such as Djibouti, Pakistan, Afghanistan, Somalia, Sudan, the Syrian Arab Republic, and Yemen—mostly COE contexts—GAVI and the Global Fund already operate in parallel. Key collaboration opportunities may include reinforcing riskmanagement systems for Principal Recipients at the Ministry of Health, supply chain system strengthening, and leveraging LFA services to reduce mismanagement and fraud, thereby enhancing efficiency and impact. We welcome continued dialogue on the progress made in the detailed partnership workplan with GAVI.

Furthermore, to deepen our reflection on strategic alliances, the Eastern Mediterranean Constituency broadly encourages stronger multisectoral partnerships—connecting across national ministries on the one hand, and aligning our work with the humanitarian architecture in conflictaffected countries on the other. Such coordination could be instrumental in addressing supply chain vulnerabilities through pooled procurement and in mitigating risks linked to sanctions or crossborder disruptions. For instance, Global Fund Eastern Mediterranean recipient countries would welcome clearer guidance on aligning grants with humanitarian clusters, emergency mechanisms, and HumanitarianDevelopmentPeace (HDP) strategies where applicable. Finally on this note, regional technical capacity could be further leveraged in the areas of one health, surveillance networks, laboratories, and crossborder public health systems.

Germany

We thank the Secretariat for its update on collaboration with Gavi, and the joint Taskforce for its consideration of feedback received in the December committees. Given limited resources, we agree that there is a need to **prioritise certain initiatives** and deprioritise others. Focusing primarily on initiatives that generate meaningful **efficiency gains or country-level impact** and would make sense as a first step.

Given the competing demands for the first half of 2026, we recommend focusing firstly on some of the collaboration initiatives started under the Joint Committee Working Group linked to the new grant cycle (GC8/6.0), notably **integrated country malaria planning** or **Public Financial Management** (in collaboration with other relevant actors, such as the World Bank) and any initiatives fostering further **integration of processes into country structures** (e.g., interoperable data systems).

We also think there should be greater **clarity and agreement on what “deprioritise”** means exactly, i.e. stop work on structural options altogether? Slow it down? Stop work once the initial fact-base has been completed? We believe that **establishing fact bases for all work areas**, including institutional options, remains essential to ensure that any future decisions can be evidence-based and timely.

Regarding the **recommendation to deprioritise institutional-level collaboration**, we would advise against postponing work in this area too long, in the context of fiscal restraints and the increasing need for an altered Global Health Architecture/GHA. The need for meaningful integration exists now more than ever, and we urge both the GFATM and Gavi to **continue engaging** actively and constructively in broader discussions on the **re-design of the GHA** to define **their role within a future framework**, which will include sharpening and aligning roles with each other and with other key actors.

With this in mind, we very much welcome the perspective presented on the **GFATM being “an essential part of the transformation to maximize impact and accelerate self-reliance” on three different levels**– at an internal level through the Strategic Shifts for GC8, through the Taskforce with Gavi, and through broader GHA dialogue with other key stakeholders.

However, we feel that the link between the different levels is insufficiently explored: the **collaboration options** under analysis by the Taskforce **aren’t sufficiently reflected or cross-referenced within the Strategic Shifts**, thus it remains unclear to what extent these are already part of GC8 planning (e.g. STC policy, market shaping).

Germany welcomes the **WHO proposal to host an inter-agency process** to develop a common framework for global health, and expects the GFATM to actively engage with the WHO, Member States and other partners in further defining the parameters of its implementation.

Finally, Germany welcomes close coordination at board level, including through **joint board meetings**, on condition that these have clear objectives and advance the collaboration process.

France

France recognizes and warmly welcomes the efforts behind producing this joint Gavi/GF document and would like to encourage partner countries to indicate their expectations from this collaboration. We reiterate our support in finding efficiency gains and reducing transaction costs for countries through greater alignment on malaria/tuberculosis, health system strengthening, country engagement and enabling functions. For the committees and Boards to provide informed/educated steer and track workstream progress in line with agreed targets, we believe a joint strategic and performance monitoring framework through joint Gavi/GF indicators is essential.

Regarding the joint Taskforce and the All-Chairs Group, France would like clarity on approved ToRs and identified time-bound objectives and deliverables. While we commend both Secretariats for this detailed and dense deck, we lack the global overview of a collaboration timeline and key implementation milestones to be reached in 2026.

UNAIDS

NA

World Health Organization

WHO supports strengthening the Global Fund–Gavi- Vaccine Alliance partnership to closely align with country-led plans and simplify access to resources. While we welcome progress on information sharing and aligned guidance, we urge faster action to harmonize programmatic policies, including eligibility and transition. This alignment should extend beyond the two organizations to include broader financing partners and country systems.

We appreciate the Global Fund and Gavi- Vaccine Alliance systematic collaboration to support public financial management (PFM) which must align with existing national systems. The Global Fund should also review its own funding and disbursement mechanisms, as misalignment with government systems can hinder budget execution and flexibility.

WHO country teams assist Ministry of Health teams in developing prioritized national health sector plans that should guide any investment. Countries can be assisted in updating their national plans and determining areas where Global Fund and Gavi- Vaccine Alliance support can be most effective and aligned with national health systems priorities. Ultimately, the

impact of RSSH/HSS investments should be measured by their joint contribution to strengthening the overall health system. This requires broad engagement beyond Gavi-Vaccine Alliance and Global Fund, ensuring alignment with each country's actual priorities and needs.

Developed Country NGO

The debate on Global Health Initiatives (GHI) reform focuses on “efficiencies” rather than outcomes. We enthusiastically support more value for money, more impact, and less bureaucratic burden and welcome the conversations broadly. But these cannot come at the expense of outcomes on HTM and RSSH. We support reforms that increase the impacts across the three diseases, protect communities and civil society, and advance human rights and gender equality.

In SC29 (note B54/10/Slide 9), we asked to prioritize Track 2 by time of this Board Meeting; to prioritize the highest priority items under Track 1; and for TB to be added as part of workstream in 2026, as well as consideration of the level of effort versus the expected impact. Therefore, we appreciate that Slide 25 highlights country-level impact, and level of effort versus the expected impact (which is backed by a deep understanding of what's working and how to protect this even with changes in the collaboration). The update captures that learnings for TB and analyses for prioritization will be key areas of focus.

With countries transitioning, there are risks to multiple GHIs withdrawing at the same time and over such a short period, and we've pushed for analysis and the alignment of those transitions. Given the GC8 focus on transitions, this should be a key lens as we build the fact bases. We appreciate the new inclusion of the outputs of the Health Architecture Reimagined Civil Society Consortium (HEAR-CSO) (Slide 6). We encourage hearing more country-level perspectives and that they are followed up and prioritized by the Secretariat.

Our Delegation generally welcomes the important joint malaria work. We would appreciate more concrete guidance from Global Fund and Gavi on the integration of malaria services (e.g., package for prevention, including vaccines). How should countries apply for this within their two grant applications? Global Fund and Gavi are aligned in this one cycle, and what will be included in the guidance expected in March 2026?

The materials provided by the Secretariat reference integrated country malaria planning, but we request more clarity on how this will translate at the country level. We welcome further civil society engagement around the Partnership as well as implementation plans in countries. However, we share some concern about the lack of civil society and community representation in the All Chairs Group. How is the Board, or at least community and civil society representation, engaged in the fact base on governance?

Our Delegation has requested that TB prevention tools are included in the workstream (which could happen later in 2026).

In the areas of ethics, we see opportunities for the Global Fund and Gavi to collaborate in (1) PSEAH and child protection, and (2) integrity due diligence (IDD). We also see potential economies of scale and scope.

Under governance, after March 2026, we see the benefits of (1) the All-Chairs Group meeting, even if it's on a less frequent basis, and (2) more frequent meetings between the Chairs or Vice Chairs of counterpart Committees.

The Global Fund and Gavi Secretariats could also explore joint training sessions for CCMs and Interagency Coordinating Committees (ICCs), respectively, on governance as well as ethics.

We highlight the transparency on Gavi's replenishment, with regards to supporting the fact base for (A5) replenishment options that is scheduled for development later this year (Slide 19). It will be important to ensure that the information framework allows for the consistent comparison of resource mobilization performance across replenishment cycles. For example, preliminary estimates from the Center for Global Health Diplomacy suggest that the most recent financing gap was approximately 32.3% of the target for Gavi, and 28.4% for the Global Fund. However, deriving comparable figures in Gavi's case has been challenging using publicly available information because reporting does not consistently distinguish between new pledges, reallocations, reinvested resources, and carry-overs across cycles. This limits the clarity on how much of the total reflects the genuinely new financing. **Adequate data granularity will be essential to support robust comparative analysis and a clear assessment of resource mobilization performance.**

Point Seven

Point Seven welcomes the concrete focus on pragmatic, high-impact opportunities that will deliver tangible benefits for countries. We emphasize that the continued pursuit of Track 1 efforts remains essential to ensuring real, short term measurable improvements aligned with country priorities.

While Point Seven recognizes the steer from Gavi's Board, SC, and AFC in December 2025 to focus on pragmatic, high-impact opportunities that will deliver tangible benefits for countries; and deprioritize any form of structural integration or merger (Track 2) we call for continued efforts in collecting a fact base for Track 2 as well as active participation in strategic discussions on how GHIs, including The Global Fund, Gavi, GFF and others, should be seen in a future global health system/architecture, and if needed this could include possible mergers, but most importantly how the system will be fit for purpose and more effective for years to come including in safeguarding common global goods for a strengthened Global Health.

We therefore call for continued analytics, fact-finding, and scenario development under Track 2, alongside active engagement in strategic discussions on what a future Global Health System could entail. To ensure an efficient process and to enable meaningful Board engagement, we request a plan and schedule for how those issues will be discussed by the boards. This should include a tentative timeline for Board review (e.g. of fact-base and options sets) and subsequent decisions/approvals and rationale for the sequencing of decisions across 2026.

Eastern and Southern Africa

The ESA and WCA constituencies note that discussions on partnership collaboration have reached a point where further progress requires greater clarity and focus.

ESA and WCA emphasise that the primary constraint to effective collaboration remains the lack of policy coherence across institutions, including differences in financial management, reporting requirements, audit approaches, governance structures and institutional cycles. Without deliberate synchronisation of selected policies, collaboration risks remaining symbolic or increasing burden rather than reducing it.

From a country perspective, collaboration should shift toward a more disciplined, bottom-up approach that starts from country realities and focuses on a limited number of practical areas of convergence, such as the use of country systems and Supreme Audit Institutions, and shared investments in health system enablers where mandates already overlap. A time-bound, structured assessment to identify priority areas for realistic collaboration, alongside areas that should remain outside scope, would help move this workstream from aspiration to implementation.

14. Lunch

South East Asia

N/A

UNAIDS

NA

World Health Organization

15. Selection Processes: Update on BL and ED selection processes

Canada, Switzerland and Australia

Our constituency believes that the next Board leadership and Executive Director will be key in ensuring that the Global Fund remains agile and adapts to the evolving global health ecosystem. In doing so, leadership will need to remain focused on the core principles at the heart of the Global Fund's success, including the partnerships with civil society and communities.

South East Asia

Latin America and Caribbean

Selection Processes: Update on BL and ED selection processes

LAC notes with satisfaction the first BLNC report, which confirms that the selection process is on track.

Regarding the ED Selection process, we highly appreciate the transparency provided, particularly the detailed descriptions of the voting and contingency procedures.

Eastern Mediterranean Region

The timeline is clear and provides for adequate consultation, while the staged approach—consultation, nomination, shortlisting, interviews, and final recommendation—demonstrates strong procedural rigor and safeguards the legitimacy of the leadership selection process. The Eastern Mediterranean Region Constituency encourages the Board Leadership Nomination Committee to remain actively engaged throughout the selection process to ensure a representative, timely, and highquality nomination, that will demonstrate the wherewithal to competently oversee the board during the difficult times ahead, characterized by numerous global challenges pertaining to the diminution of health funding. The Constituency stands ready to provide input and support as needed to uphold the integrity and effectiveness of this important exercise.

France

UNAIDS

NA

World Health Organization

Eastern and Southern Africa

The ESA and WCA constituencies take note of the update on the Board Leadership and Executive Director selection processes and underscore the importance of strong implementer leadership, including African leadership, in both the Chair and Vice-Chair roles. At a time of significant delivery, financing and system pressures, leadership grounded in implementation realities is essential to effective Board stewardship.

The constituencies further emphasize the importance of continuity and stability throughout the selection and transition period. Clear transition arrangements, preservation of institutional memory and transparent communication with the Board will be critical to ensure that leadership changes do not disrupt delivery, GC7 completion or GC8 preparation.

15.1 Board Leadership Nominations Committee Progress Update

South East Asia

The South-East Asia Constituency has reviewed the progress update on the Board Leadership selection process. We note that the process for appointing the next Chair and Vice-Chair, who will assume office in July 2026, is proceeding in a structured, transparent, and time-bound manner.

We would like to note that, within our Constituency, an active and deliberate search process has been undertaken, including outreach, internal consultation, and assessment against the agreed leadership criteria. As a result, several qualified candidates have been identified and considered, reflecting the depth of leadership experience and diversity within the SEA constituency.

We also welcome the BLNC's clear mandate to oversee nominations, shortlisting, interviews, and the recommendation for Board approval. The SEA Constituency considers the process to be progressing in a sound and credible manner and expresses confidence in the integrity, independence, and professionalism with which the BLNC is discharging its responsibilities.

UNAIDS

NA

World Health Organization

15.2 Executive Director Nominations Committee Progress Update

South East Asia

We wish to underline that the SEA Constituency is actively participating in the Executive Director Nominations Committee (EDNC) and remains fully engaged in the process. We have also ensured regular information-sharing across the broader SEA constituency, including sharing about the launch of the selection.

We appreciate the clear roles and responsibilities of the EDNC, the Board, and the Ethics and Governance Committee to ensure merit-based assessment, confidentiality, management of

conflicts of interest, and procedural fairness. Given the strategic importance of the Executive Director role, the SEA Constituency affirms our support in the process.

France

France takes note of the progress update presented by the Executive Director Nominations Committee on the selection process for the next Executive Director.

France considers that the credibility, rigor and collective acceptability of the selection process are essential to ensure the legitimacy of the future Executive Director, particularly in a highly demanding strategic context for the Global Fund.

In this regard, France underlines the importance for the process to be based on clear and shared modalities, and to enable the attraction of a sufficiently broad, diverse and high-caliber pool of candidates.

UNAIDS

NA

World Health Organization

15.3 Selection of the Global Fund Executive Director: Voting Procedures

South East Asia

The SEA Constituency has gained a clear understanding of the voting procedures for the selection of the next Executive Director. We appreciate the early and transparent articulation of the voting mechanics, including weighted voting, quorum requirements, and contingency arrangements. We also note that these procedures provide constituencies with the necessary clarity and predictability to prepare responsibly for the final stages of the selection process.

UNAIDS

NA

World Health Organization

16. OIG 2025 Progress Report

South East Asia

We value the OIG's ability to recalibrate its work plan while sustaining focus on high-risk areas essential to programme continuity. OIG's findings resonate strongly with realities across the SEA region. Persistent weaknesses in procurement and supply chain management, data quality, absorptive capacity, and sub-recipient oversight remain pronounced, especially in countries managing large and complex grants, cross-border disease dynamics, and uneven institutional capacity.

As countries in our region enter Grant Cycle 8 with reduced fiscal space, these risks take on

heightened significance. If not addressed in a differentiated and pragmatic manner, they will directly affect service delivery, equity, and sustainability, particularly for TB and malaria programmes in high-burden and elimination settings.

In this context, the SEA Constituency underscores the importance of systematically translating OIG findings into actionable, country-specific support, including: (i) simplified and right-sized grant processes, (ii) proportionate compliance requirements aligned with risk, and (iii) targeted investments in procurement systems, data quality, and implementer capacity.

Stronger alignment between OIG insights, Secretariat grant management, and regional and country-level oversight platforms will be critical to reducing recurring issues and safeguarding hard-won gains.

We encourage the Secretariat to explicitly integrate OIG lessons into the design and implementation of GC8, ensuring that oversight strengthens impact, supports country ownership, and accelerates progress toward the 2030 targets in the SEA region.

Eastern Mediterranean Region

In light of the OIG Operational Progress Report, we recommend balancing assurance and efficiency by prioritizing workloads within the reduced budget and headcount, ensuring that risk-based assurance remains credible without overstretching resources.

Strengthening country-level oversight is essential, as persistent weaknesses in implementer adherence to controls – especially in fragile contexts – highlight the need for stronger systems and deeper CCM engagement. This requires investing in resource people and building the skills and expertise of oversight committee members. The CCM model itself is under pressure due to limited financing; CCMs must be given the means—such as legal registration and adequate resources—to remain a functional accountability and integrity mechanism. In parallel, leveraging partnerships with Supreme Audit Institutions and international oversight bodies can help offset resource limitations and reinforce accountability across the portfolio. The Eastern Mediterranean Region Constituency affirms that risk management must continue to evolve, urging the Secretariat and OIG to integrate risk appetite into decisionmaking to proactively address strategic risks, particularly across the region's many challenging operating environment (COE) portfolios. Flexibility in risk acceptance is essential, as the definition of lifesaving interventions varies by country according to need and service accessibility. Safeguarding the OIG's independence and capacity is equally vital, ensuring that budget constraints do not compromise timely and credible assurance.

Germany

We **recommend** the OIG for its continuous efforts to provide **timely and relevant assurances** in an ever more efficient manner, while at the same time upholding the **high quality standards** of its work, as confirmed by external assessments.

Looking ahead, we particularly appreciate the **reflection on whether the current Agreed Management Action approach should be strengthened or replaced by an alternative accountability mechanism**. In this context, we would reiterate the need for **more transparency on the decisions between the OIG and the GFS when negotiating remedial management actions**. We noticed that findings from audits were often toned down to fit with measures already taken by the GFS, resulting in no AMAs being issued. We hope the discussions on a new format will strengthen accountability on the actions taken to address identified challenges.

We **appreciate the participative approach** taken by the OIG in developing its annual workplan. Given the increased importance of planning for successful **transition and**

sustainability in GC8, we are pleased to note that these topics are being considered as advisories announced for 2026. In a changing global health architecture, advancing **integration and country transitions** has become more urgent – with **RSSH** as a key condition for success. As previously stated, we find that RSSH has lost in visibility in current GC8 planning. We would thus welcome its inclusion into the OIG workplan to gather evidence on whether RSSH investments have been strategically steered and implemented or how they could be used most effectively.

France

France would like to thank the Office of the Inspector General for its 2025 operational progress report and wishes to highlight the uninterrupted and quality work delivered by the Inspector General, in spite of a disruptive and reshaping global health environment. Considering the exceptional circumstances, the satisfying level of the KPIs displays the OIG's ability to recalibrate its workplan while still addressing the most critical assurance priorities.

France welcomes the efforts of the OIG to engage in outreach activities and develop partnerships. We believe that such collaborations as GAVI, UNDP or multilateral banks are key to reinforce the OIG's mandate to safeguarding resources and promoting ethical behavior. We encourage any further commitment in this direction during the upcoming year, in particular the OIG's collaboration with regional and national public financial management institutions.

In times of increased uncertainties resulting in higher risks of fraud and abuses, France recalls its strong attachment to the OIG's work, both as a key driver of the Global Fund's zero-tolerance policy and for its crucial role as advisor to the Secretariat and at country-level.

UNAIDS

NA

World Health Organization

Point Seven

Point Seven welcomes the comprehensive report and clear guidance on crucial topics for the organization.

In view of shifts in the financial landscape, with heightened risks and a need to prioritise, we would welcome more dialogue on how the Risk Appetite Framework can guide decisions and how this would affect information flow to – and decisions at the Board.

It is paramount to ensure a sufficiently financed OIG, but it is also important to ensure systematic learning and implementation of findings, ensure stronger controls and apply selective risk acceptance as described in the OIG report.

We are pleased to note that no long-overdue Agreed Management Actions (AMAs) are highlighted for the Board's attention in this reporting period but encourage the Secretariat to close all AMAs in a timely and efficient manner.

Eastern and Southern Africa

The constituencies thank the OIG for its comprehensive reporting and ongoing efforts, recognizing the challenging context of increased case complexity, organizational restructuring, and heightened global health uncertainties.

We commend the OIG's remarkable ability to maintain output levels despite staff reductions, particularly through its innovative approach of leveraging country Supreme Audit Institutions (SAIs), which demonstrates a strategic model of sustainability, cost-effectiveness, and operational efficiency. While strongly advocating for the expansion of this collaborative approach, we simultaneously urge the Secretariat's country teams to align more consistently and supportively with these collaborative practices with national institutions. The constituencies acknowledge the complex reputational risks facing the Global Fund, particularly during an ongoing resource mobilization campaign, and recommend careful institutional deliberation on audit transparency. We suggest nuanced discussions in committee over the coming year about tailoring the transparency of audits and investigations, especially in sensitive cases, while maintaining a delicate balance between the Global Fund's transparency aims and protecting against risk.

Communities

The Communities Delegation welcomes the decisive actions taken by the OIG in navigating an exceptionally volatile global health and financing environment. We recognize the agility shown in safeguarding life-saving services, strengthening risk management, and adapting grant processes under severe constraints. These efforts demonstrate a strong commitment to accountability, transparency, and protecting impact for the communities most affected by HIV, TB, and malaria.

At the same time, communities are experiencing the real consequences of reduced resources, accelerated reprioritization, and increasing pressure on implementers to do more with less. While we acknowledge the necessity of difficult trade-offs, we remain concerned about the cumulative effects on community-led responses, service continuity, and trust at the country level, particularly where safeguards, oversight, and meaningful engagement risk being weakened.

We therefore urge the Board and Secretariat to continue centering communities as partners in risk mitigation and adaptation, not only as recipients of decisions. Sustained investment in community systems, transparency in implementation choices, and proactive communication will be essential to ensure that efficiency measures do not undermine long-term sustainability. Communities stand ready to contribute to solutions that protect both integrity and impact.

17. Coffee

UNAIDS

NA

18. Risk Management

South East Asia

The shift from rigid, target-driven risk thresholds to a more qualitative, decision-oriented approach is timely and appropriate, particularly as the partnership navigates uncertainty as it enters Grant Cycle 8.

For South-East Asia, the risk profile outlined in the report reflects lived realities. The designation of malaria program quality as a Very High risk is especially salient for the region, given persistent funding gaps and the accelerating threat of artemisinin resistance in the

Greater Mekong Sub-region. Likewise, the High transition risk resonates strongly as several SEA countries face constrained fiscal space while being expected to assume greater domestic financing responsibility for HIV, TB, and malaria programmes.

While we support the use of qualitative risk appetite statements to enable strategic trade-offs, we share concerns regarding the potential loss of quantitative precision for risks that remain measurable and material, particularly procurement, supply chain, and fiduciary risks. In high-burden and complex operating environments, reduced visibility over such risks could undermine both service continuity and confidence in fiduciary controls. We therefore encourage the Secretariat to retain quantitative indicators where data allow, especially for supply chain performance, asset and liability management, and grant-related fiduciary risks.

We also note that collaboration with partners such as Gavi is needed, but greater clarity is needed on how joint risks are captured, monitored, and governed within the revised risk taxonomy. Clear ownership and reporting lines for shared risks will be essential to ensure accountability and avoid blind spots.

The SEA Constituency supports the move toward more tolerant or aggressive risk appetites where innovation is required to protect impact, including the accelerated deployment of next-generation vector control tools and new therapies. However, accepting greater risk must be accompanied by strong monitoring, differentiated safeguards, and explicit Board visibility over where reduced coverage or higher uncertainty is deemed acceptable versus where outcomes must be protected.

Lastly, as GC8 approaches, we encourage the Secretariat to continue refining the framework so that risk management not only protects integrity but also actively enables prioritization, innovation, and impact, particularly in high-burden and elimination-sensitive settings across South-East Asia.

Latin America and Caribbean Risk Management

LAC supports the transition from a rigid Risk Levels Framework to Qualitative Appetite Statements. We believe this evolved approach, specifically the new escalation mechanism, empowers Business Risk Owners (Level 1) to effectively flag critical risks requiring steering from Executive Management and the Risk Department (Level 2). This flexible, proactive model ensures the risk management program remains fit for purpose, allowing the Global Fund to respond timely to the challenges of an increasingly volatile operating environment.

Eastern Mediterranean Region

The Risk Reports (GF/B54/13A and GF/B54/13B) highlight a complex and fluid environment where strategic, fiduciary, programmatic, and ethical risks are rising. Donor funding uncertainty, fragile domestic financing, and operational restructuring elevate residual risks across multiple domains. This heightened risk environment, is not a temporary spike that will simply fade; rather, it is a new normal of increased volatility. Risks may stabilize at a high level once current transitions are absorbed, but fresh threats will emerge.

The Eastern Mediterranean Region Constituency (EMRC) recognizes the Global Fund's preparedness to manage risk. Since its inception, the Global Fund has embedded solid methodologies and systems that have traditionally safeguarded its mission. The ability to quickly identify sources of challenge and adapt frameworks is a core strength that has allowed the Global Fund to remain functional, efficient, and trustworthy.

While the EMRC acknowledges the Global Fund's ongoing efforts to strengthen risk management, we note several areas where further emphasis could enhance resilience and effectiveness. Digital and cybersecurity risks remain underrepresented, with limited attention

to infrastructure fragility, data security, and system resilience—elements that are increasingly critical for surveillance and grant management. Similarly, community systems face protection gaps, as the safety and operational risks encountered by CSOs and community implementers in high-risk settings are not sufficiently recognized.

Gender and sexual and reproductive health and rights (SRHR) considerations also require stronger articulation. In the Eastern Mediterranean Region (EMR), constraints affecting adolescent girls and young women (AGYW) and SRHR are intensified by conflict and restrictive legal environments.

Finally, climate-related risks should be systematically integrated into the Eastern Mediterranean Region grant frameworks. Climate shocks increasingly affect disease patterns, service delivery, and health system resilience, and their omission leaves a critical gap in risk preparedness. Addressing these dimensions would strengthen the Global Fund's ability to anticipate and mitigate risks across diverse contexts, particularly in our region's fragile and conflict-affected countries.

Considering the above, we reaffirm confidence in the Global Fund's risk management systems. The evolution of the Risk Appetite Framework and the Risk Management Program, with clearer escalation routes and qualitative statements, demonstrates adaptability and transparency. Pragmatic implementation, effective change management, and retention of quantitative measures where appropriate will be essential to maintain credibility and accountability. Given the acute crises in many EMR risk frameworks must be tailored to fragile contexts and conflict areas balancing ambition with feasibility.

Germany

We thank the Secretariat for the Risk Management Report and its Update on risk Evolution. Given the current global context, the **upward risk trajectory** is understandable, though nonetheless **concerning**.

Adapting tools and processes is necessary to **ensure that risk management remains fit for purpose** and aligned with current strategic discussions. Thus, we welcome the new approach to risk management outlined in the slides.

At the end of last year, the OIG published a review that offered valuable insights and recommendations. We would be interested to better understand how these findings have been incorporated in the process.

Furthermore, in previous committee discussions, we raised questions regarding the integration of RSSH into the Organizational Risk Register (ORR). The OIG review also highlights the omission of key risks from the ORR. As the ORR is updated, we strongly encourage the **inclusion of new and emerging risks, including those linked to the strategic shifts**.

We welcome the new Risk Appetite approach. **Working with scenarios** outlining the concrete trade-offs would guide more strategic discussions and allow the Board to take informed decisions while setting the risk appetite levels it is willing to accept.

At the same time, we would **welcome clarity on how human rights, civic space, and political risks**- which are core determinants of impact and sustainability under GC8 - are reflected in the evolving risk taxonomy and mitigation strategies.

Finally, we note that in GC8, countries are expected to make precise, evidence-based trade-offs to achieve Value for Money across all health investments. Without strong interoperable routine data systems and strengthened capacity to use data for informed decision-making, such trade-offs lack the necessary precision, posing risk to performance and the efficient use of constrained resources.

UNAIDS

The UNAIDS Constituency welcomes ongoing efforts to strengthen the Global Fund's **risk management framework** at a time of financial constraint, transition and broader system change. As the partnership moves into GC8, effective risk management will be central to protecting both the **integrity of investments** and the **health impact** delivered across the

portfolio.

We underscore the importance of calibrating **financial, programmatic and equity risks together**. Risk management should enable informed and adaptive decision-making while safeguarding **treatment continuity, prevention scale and community-led responses**. As resources become more constrained, balancing financial risk with programmatic and equity considerations will be essential.

Greater clarity is needed on how risk will be managed in countries where **allocations decline between GC7 and GC8** and where **co-financing and transition expectations** are increasing. Risk frameworks should support clear prioritization, protection of **essential services**, and careful sequencing of changes to avoid disruption. Particular attention should be given to countries on **transition and sustainability pathways**, ensuring that expectations for domestic financing do not result in abrupt reductions or programmatic shocks.

We encourage continued efforts to avoid **compounded pressures across portfolios** and to maintain strong visibility on core operational and programmatic risks, including **treatment continuity, prevention coverage, supply chain resilience and community systems**. An **adaptive and forward-looking approach to risk management** will be critical to protecting impact, supporting responsible flexibility and sustaining trust across the partnership during GC8.

World Health Organization

Developed Country NGO

In this unprecedented era facing overlapping catastrophes, conflicts, debt, inflation and austerity related crises, the Global Fund must navigate an even higher level of risk. We must confront this current reality, requiring us to make uncomfortable trade-off funding decisions, and address the enormous risks presented: Shrinking civic space and weak oversight, which, in turn, increase risks in fraud, ethical malfeasance and cases of SEAH.

We share other constituencies' (notably Developing Country NGOs') concerns and gaps observed around the risk environment. As more countries take on greater responsibilities in this grant cycle, we call for clear expectations, safeguards and consequences for countries which do not meet the minimum commitments to inclusion, human rights, and community engagement.

The Risk Management Report (GF/B54/13A) highlights increased reliance on domestic public financial management and assurance systems, while noting that continued investment in strengthening these systems and capacities will be essential to mitigate risk. In light of this greater reliance and the broader risk context, it would be helpful for the Secretariat to provide additional analysis to enable the Board to assess whether current investments in public financial management strengthening — including those referenced in the Organisational Risk Register update (GF/B54/13A_Annex), such as the Health Financing Risk Management Framework, the Health Finance Strategic Initiative, and the Fraud Risk Assessment Prioritized Action Plan — remain adequate in scale and are designed to deliver the intended risk-mitigation value and ensure these systems can effectively fulfil their expected role.

Point Seven

We appreciate the efforts made to evolve the risk management program and make it fit for purpose for risk owners, management and governance. To enable strategic trade-off

discussions and effective governance oversight, it is important that the board receives timely and accurate information on the definition of risk stands, their implications for the Global fund, and the thresholds for escalation. Providing adequate information will be particularly important in the early stages of the transition to the new framework.

Financial and fiduciary risks are driven by external financing and by the varying degrees of maturity and reliability of country financial management systems. We appreciate the emphasis on investing in the strengthening of public financial management systems and on capacity building to mitigate these risks, but we would welcome further discussion on collaboration with other actors (the World Bank, Gavi, Supreme Audit institutions) to ensure non-duplication and sustainability, including with both ministries of health and ministries of finance.

Our constituency continues to uphold an unwavering zero-tolerance policy against ethical misconduct and SEAH and note with great concern that fraud and SEAH risk are likely to persist at a high level. How can we as a partnership help address this critical risk?

Eastern and Southern Africa

The ESA and WCA constituencies take note of the update on the evolution of the Global Fund's risk management approach and underscore the importance of maintaining a comprehensive and forward-looking risk posture. Financial constraints, compressed timelines, reprioritisation processes, organisational change and external shocks interact to create cumulative delivery risks at both country and Secretariat level. Complexity and parallel processes should be recognised as material risk drivers, particularly where absorptive capacity is limited, and require realistic assumptions as GC8 preparation accelerates. ESA and WCA are home to 95% of malaria cases. As such, ESA and WCA constituencies cannot stress enough the importance of effectively fighting malaria and saving lives amid the ongoing resistance to insecticides and medications. This fight involves exploring other prevention tools locally tested with evidence that are affordable beyond mosquito net campaigns and effective case management. 9

From a risk management perspective, the constituencies emphasise the need to adequately identify, monitor and mitigate risks related to organisational resilience. Experience following GC7 reprioritisation indicates that sustained pressure on staffing and institutional capacity can amplify delivery and oversight risks over time. We therefore encourage the Secretariat and Risk team to ensure that the risk framework captures these systemic dynamics, and that simplification and clearer sequencing across the grant cycle are treated as core risk mitigation measures rather than solely as efficiency gains.

Western Pacific Region

19. Closing

Canada, Switzerland and Australia

Looking forward

As we look forward, we are encouraged by the ongoing rollout of lenacapavir and should prepare for new TB vaccines. Planning for TB innovation uptake, including new vaccines,

must start now to effectively address the challenges associated with prioritization across TB interventions at country level. As such, we encourage the Gavi-Global Fund CEO Taskforce to consider integrating collaboration on TB responses into the workstreams over the course of this year.

South East Asia

N/A

UNAIDS

NA

World Health Organization

20. Written Updates

South East Asia

N/A

UNAIDS

NA

World Health Organization

20.1 Strategic Performance Report

South East Asia

We recognize the Global Fund partnership's success in sustaining essential services during Grant Cycle 7, contributing to meaningful reductions in disease burden, including an 11% decline in mortality and a 4% reduction in incidence across the three diseases between 2021 and 2023.

At the same time, the report highlights challenges that are particularly acute in the SEA region. SEA continues to account for a disproportionate share of the global TB burden, with progress in TB prevention lagging behind gains in case detection and treatment. While global TB notifications reached 4.71 million and treatment success remained high at 87%, TB preventive treatment for contacts fell short of targets, 1.7 million initiations against a target of 2.5 million, with underperformance concentrated in several Asian settings.

In malaria, testing and treatment performance remains strong, however, declines in bed net distribution due to delayed campaigns underscore the fragility of prevention gains, particularly in elimination-sensitive contexts. HIV treatment outcomes continue to be robust, with viral suppression reaching 95%, yet ART coverage and prevention outcomes among young key populations remain below ambition levels.

The report also points to broader system pressures relevant to SEA. Pandemic preparedness indicators have slowed, community systems and human rights programming remain fragile, and domestic resource mobilization continues to be uneven, with only around 70-75% of GC6 co-financing commitments realized to date.

As the partnership transitions into Grant Cycle 8, the SEA Constituency emphasizes the need for a pragmatic and differentiated approach that protects core treatment services while strengthening prevention, community systems, and supply chain resilience. We encourage the Secretariat to systematically translate performance and assurance lessons into GC8 design, ensuring that limited resources are prioritized where they deliver the greatest impact, safeguard equity, and sustain progress toward the 2030 targets in the SEA region.

Eastern Mediterranean Region

The EMRC acknowledges global progress against HIV, TB, and malaria since 2015 but stresses that the Eastern Mediterranean Region faces distinct challenges: HIV incidence is rising among key populations due to limited prevention investments, stigma, and restricted civic space; TB gains remain modest with weak prevention; and malaria progress is stalling amid climate pressures, resistance, and fragile systems. These realities, compounded by conflict and fiscal constraints, demand that the Global Fund safeguard HIV financing, reinforce TB prevention, recalibrate malaria strategies, and align interventions with what governments in the region can realistically sustain. As the 2026 recalibration approaches, EMRC calls for courageous, equity-focused decisions to ensure sustainability and protect the region's contributions to global health goals.

Germany

It is a success that the Global Fund achieved **most of its KPIs** implying that supported programmes are performing well. However, given the recent funding cuts and reprioritisation measures, there is a risk that **critical programmes may be sidelined**, and recent gains may not be sustained, underscoring the **need for targeted investment** in long-term sustainability (community engagement, RSSH, integration, key populations, domestic funding). It is concerning that KPIs on prevention, key populations, data, and on-shelf availability are already below target as these areas are also being affected by the GC7 reprioritisation and the overall external funding cuts. With the budget constraints for GC7 and GC8, it is likely that **this marks a downward trend which must be addressed in the coming years**. Despite visible advances in **community engagement**, **additional measures are necessary** to safeguard community engagement in resource constraint settings. Learnings from GC7 reprioritisation have shown that community engagement throughout the funding cycle is key to the effectiveness of investments. Nevertheless, communities were also disproportionately affected by budget cuts. It is concerning that **human rights barriers remain** a challenge, with only 62% of the countries reaching half their equity goals. The report shows the **importance of catalytic investments (CIs) to safeguard human rights investments** even in constraint budget settings. This learning must feed into the discussion on CIs for GC8 as it shows the necessity to continue CIs regardless of the lower replenishment outcome. An RSSH update in March 2025 (GF/SC27/04) outlined that the **targeted health facility assessments (tHFA)** would be **discontinued**. However, planning for a second round of tHFA is currently underway, indicating that countries are committed to continuing reporting on these KPIs. According to GF/SC29B/12, due to the evolving investment landscape it is yet to be determined whether it will be feasible to conduct the tHFA at a cadence frequent enough to support KPI reporting. How will reporting on the RSSH KPIs be secured if tHFA were discontinued?

UNAIDS

NA

World Health Organization

20.2 Financial Performance Report

South East Asia

The SEA Constituency acknowledges the Secretariat's strong financial management, particularly the achievement of generating a record US\$762 million in investment income, which provides critical stability amid uncertainty around the conversion of US\$1.7 billion in outstanding pledges.

While global Grant Cycle 7 In-Country Absorption (ICA) remains at 69%, we wish to highlight the strong performance of the "Rest of the World" region, which includes South-East Asia. Data indicate that our region achieved ICA levels of 77% in Year 1 and 76% in Year 2, significantly outperforming the global average. This demonstrates SEA's strong absorptive capacity and readiness to deploy resources effectively. By contrast, global C19RM absorption remains suboptimal at 67%, with a substantial share of RSSH investments yet to be realized.

In this context, we strongly support the proposed RSSH rebalancing of up to US\$200 million. Given SEA's demonstrated capacity to absorb and implement funds efficiently, we encourage the Secretariat to prioritize SEA portfolios for this rebalancing to ensure C19RM resources are fully converted into durable health system resilience before the cycle concludes.

We also support the integration of the Transitional OPEX budget, provided it remains within the approved ceiling, to manage organizational transitions without disrupting grant delivery. Finally, we welcome the proactive asset and liability management approach and encourage the timely operationalization of RSSH rebalancing to lock in hard-won health system gains.

Eastern Mediterranean Region

Financial resilience is commendable, but in the EMR, constrained fiscal space and political instability demand realistic expectations. Early transition planning, cofinancing commitments, and progressive transfer of technical knowhow prior to transition are essential to prevent funding gaps down the line, and safeguard continuity of lifesaving programs in conflict-affected and postconflict settings.

Germany

We **commend** the GFS and implementing countries on finalising the GC7 re-orientation exercise and still maintaining GC7 grants performance levels in line with previous cycle's trajectories. This does not mean that it won't require substantial efforts to **catch up and reach year three targets with a low in-country absorption in year two, particularly for RSSH grants**. Whilst **GC8 preparations** are ongoing in a difficult political and funding context, we encourage the Secretariat and CCMs to also focus on fully utilising the funds available for the rest of GC7.

C19RM grants continue to perform comparatively poorly, but a 100% allocation utilisation (by the end of C19RM implementation in December 2026) was projected according to the report. **We would appreciate a more detailed update, including concrete data and figures on C19RM implementation and closure**. As de-allocation affected RSSH grants somewhat disproportionately, **arebalancing of these funds** is certainly a helpful solution. To fully understand how this rebalancing mechanism works, we would also welcome more details on this aspect and where we currently stand on this - especially considering that **RSSH activities require more lead time for their execution than others**.

It will be interesting to see to which extent the **ongoing C19RM-evaluation** can provide guidance in the case of future crises requiring the mobilisation of short-term emergency funding but also more structural investments to be better prepared against such crises in the future.

UNAIDS

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World Health Organization

Developed Country NGO

We thank the Secretariat for sharing the Financial Performance Report with figures reflecting the end of Q3 2025 (30 September). We would appreciate having more background on why there is not a more updated version on the Financial Performance, specifically:

- Are there any significant departures from the reported trends since then?
- What is the reason that the Resource Mobilization report (para. 23-26) does not include more recent information on the status of the Seventh Replenishment pledge conversion update?

20.3 TRP Report

South East Asia

The SEA Constituency warmly welcomes the TRP Observations and Lessons Learned Report and reaffirms the critical role of the Technical Review Panel in safeguarding the quality, credibility, and impact of Global Fund investments. For countries managing high disease burdens amid tightening fiscal space, the TRP's independent technical scrutiny remains indispensable to ensuring that scarce resources are deployed where they deliver the greatest epidemiological impact and value for money.

Countries in South-East Asia face complex and intersecting challenges: overlapping HIV, TB, and malaria epidemics; constrained health system capacity; growing expectations for domestic financing; and a declining trajectory of external resources. In this context, the TRP's guidance has consistently strengthened funding requests, improving alignment with WHO normative guidance, sharpening prioritization toward high-burden settings and key populations, and supporting more realistic budgets, clearer performance frameworks, and stronger risk mitigation.

The GC7 experience demonstrates that TRP recommendations materially improve proposal quality, particularly in settings with limited analytic and planning capacity. This function is even more critical as countries enter GC8, where difficult trade-offs will be unavoidable and the risk of reversing hard-won gains is real.

The SEA Constituency therefore underscores that maintaining the independence, technical depth, and operational capacity of the TRP is non-negotiable. Any dilution of this function would disproportionately affect high-burden and transitioning countries and weaken the overall effectiveness of Global Fund investments.

We encourage the Board to reaffirm the TRP's core mandate, ensure adequate resourcing and sufficient time for quality review, strengthen structured feedback loops with countries to support learning, and promote diverse regional and implementation-level expertise. These steps will help ensure GC8 investments remain rigorous, country-responsive, and focused on delivering measurable and equitable impact for communities most in need.

Eastern Mediterranean Region

The EMRC notes the TRP's observations that the next grant cycle will face significantly reduced funding, requiring sharper prioritization, stronger sustainability planning, and deeper integration into national systems. While GC7 demonstrated maturation through better alignment with national strategies, data-driven prioritization, and adaptive programming, resource constraints and uneven system readiness persisted.

The EMR endorses TRP recommendations, stressing that predictable transition pathways and prioritization must be adapted to fragile contexts. Community-led responses and evidence-based integration into primary healthcare are vital, but in settings marked by stigma or weak capacity, flexibility and tailored approaches are indispensable to sustain impact.

Germany

We very much **appreciate the overall observations of the TRP** regarding GC7, which flag many of the issues due to be discussed in different sessions of the Board, and echo the strategic shifts planned for GC8, e.g. Sustainability and Transition, or Integration of Community Systems.

It is encouraging to see GC7 FRs increasingly positioning **HIV, TB and malaria within broader primary health care** and universal health coverage reforms, signalling an intent towards **better alignment with national systems**. Despite this progress, most FRs remained structurally vertical. We therefore appreciate opportunities flagged by the TRP for **better integration** and look forward to seeing an increase in single, multicomponent funding requests in GC8.

UNAIDS

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World Health Organization

WHO thanks the Technical Review Panel (TPR) for the GC7 report and welcome the strong alignment between the TRP's findings, WHO reports—including Global Tuberculosis Report 2025—and WHO guidance on strategic planning, priority setting, and integration. The report provides important insights to inform the refinement of GC8 strategic shifts. WHO looks forward to continued dialogue on how the Global Fund Secretariat will incorporate these observations into implementation.

WHO highlights the following key considerations:

- **Nationally owned, evidence driven priority setting:** In a context of constrained resources, countries need a nationally owned and led, evidence based, people centered, and inclusive process to ensure resources are directed toward the most impactful interventions and respond to people's needs.
- **Flexible priority setting throughout GC8:** With funding reductions, Global Fund processes must remain flexible during GC8 implementation, enabling evidence-based adjustments that keep national responses focused and aligned with available resources based adjustments that keep national responses focused and aligned with available resources.
- **Early transition planning and increased domestic financing:** WHO supports the TRP's call for early transition planning, greater domestic resource mobilization, and institutionalized social contracting for CSOs. These elements are consistent with WHO's vision for integrated and sustainable service delivery.
- **Context specific, people centered integration:** Integrated approaches must reflect local context, health system readiness, and the needs of vulnerable populations. Strengthening health workforce capacity—including HRH and community health workers—aligned with national primary health care strategies is essential.
- **Stronger digital and data systems:** WHO supports Global Fund investments that enhance interoperability across national digital systems (health, laboratory, logistics, HR, and CLMN systems) to build sustainable data governance and analytic capabilities.

- Integrated diagnostic systems: WHO advocates for integrated laboratory services that ensure equitable access to rapid, accurate diagnostics. While optimal equipment utilization is valuable, lower utilization is acceptable when it expands access to underserved populations. WHO also supports the TRP's call to move beyond procurement driven approaches and toward end-to-end diagnostic system planning—connecting equipment investments with maintenance, data integration, and linkage to treatment workflows.

Developed Country NGO

We appreciate the TRP's GC7 Observations Report, and the recommendations are helpful, particularly for malaria. We share the same concerns on country implementation guidance for malaria; impacts of reprioritization and malaria implementing partners scaling down or leaving; and the direction of HIV prevention budgets sometimes missing higher burden groups with less service coverage, which were raised in our statement during the 29th Strategy Committee Meeting, Part B.

While not the focus of this TRP Report, **we would appreciate an update on how the TRP will utilize the additional budget agreed in its workplan and budget to manage the issues raised by the Strategy Committee.** This budget had included the costs of increased TRP capacity for potentially managing more Funding Request reviews than anticipated and for the higher complexity; completing observational reports in line with previous cycles; setting up efficiencies through new AI tools and training for TRP members on how to use them safely; adapting to the changes in Secretariat staff and capacity; and exploring efficiencies with Gavi.

20.4 Country Funding Update

South East Asia

The SEA Constituency welcomes the Update on GC7 Country Funding, Catalytic Investment Operationalization, and Strategic Initiative Performance. We acknowledge the significant progress achieved under Grant Cycle 7, particularly in a highly constrained global financing environment.

The South-East Asia region continues to carry a high burden of HIV, TB, and malaria, making GC7 funding a critical pillar for sustaining national disease responses and broader health system strengthening. Across the region, GC7 investments have supported intensified TB case finding and diagnostics, progress toward HIV 95-95-95 targets through expanded prevention and treatment, and continued momentum toward malaria elimination in endemic and elimination-sensitive settings. These efforts demonstrate strong country ownership and commitment to results.

We note positively that 97% of funding requests reviewed in GC7 were recommended for grant-making on first review, and that almost all GC7 allocation funding, including Matching Funds, has now been Board-approved. This reflects the collective efforts of countries, the Secretariat, and the TRP to develop high-quality, implementation-ready funding requests.

At the same time, the scale of Unfunded Quality Demand (UQD) remains a major concern. While approximately US\$1 billion of GC7 UQD has been financed through savings and efficiencies, around US\$5.7 billion remains unfunded. The mid-cycle funding reduction in July 2025 has further constrained access to full allocations in 2025, underscoring the vulnerability of programmatic continuity. We nonetheless note that Catalytic Investments and Strategic Initiatives remain broadly on track, reflecting effective reprioritization and adaptive management.

Looking ahead, the funding pressures experienced in GC7 are likely to persist into GC8. The SEA Constituency therefore emphasizes the importance of early prioritization, realistic envelope-setting, and proactive gap management to protect high-impact interventions, safeguard hard-won gains, and ensure that limited resources are deployed where they deliver the greatest epidemiological and system-level impact.

Eastern Mediterranean Region

The EMRC notes that Grant Cycle 7 demonstrated strong operational performance and efficient resource utilization, with nearly all funding requests approved and catalytic investments showing resilience through Strategic Initiatives and private sector contributions. However, the persistence of unfunded quality demand at US\$5.7 billion underscores critical gaps across HIV, TB, malaria, and RSSH. For the Eastern Mediterranean Region, where fragile health systems and fiscal constraints heighten vulnerability, EMRC stresses that Grant Cycle 8 must sharpen resource allocation, embed sustainability into domestic financing, and integrate programs into national systems to protect hard-won gains and maximize impact under constrained resources.

Catalytic Investments are particularly important for the EMR, where private sector and philanthropic contributions can bridge gaps left by limited country allocations. Preserving CI priorities while adapting to transition pressures will help sustain key and vulnerable populations, strengthen CCM governance, and ensure regional collaboration in fragile environments.

UNAIDS

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World Health Organization

Developed Country NGO

We share the same observations and concerns as we raised in our statement during the 29th Strategy Committee Meeting, Part B. In particular, the delay in the utilization and progress on the target for the Community Systems Strengthening Strategic Initiative (SI), achieving only a 33% performance rate (Annex 2, Slide 23). Moreover, the findings in the CRSS evaluation highlight the significant need for action on this SI. It appears the SI has often been used for community health workers (CHW) when other CSS program aspects could have benefited from investment.

On UQD, this is meant to be a credible, TRP-validated pipeline for later investment, which provides funding through additional contributions and portfolio optimization. However, with only a small share of UQD being financed, it risks becoming more of an administrative / documentation tool rather than a critical operational financing mechanism. For GC8, we need clearer triggers and decisions for when UQD actually converts into funding. We would like to see more focus on a resource mobilization plan for optimizing CIs and for addressing broader UQD.

20.5 Report of the Coordinating Group

South East Asia

We recognize the intensity of the period under review, marked by leadership transitions, preparation for Grant Cycle 8 following the 8th Replenishment outcomes, and an increasingly

volatile financial and geopolitical environment. In this context, the CG's emphasis on prioritization, adaptive governance calendars, and strengthened inter-committee coordination has been essential in enabling timely and informed decision-making while reducing duplication and governance burden.

From a South-East Asia perspective, this governance discipline matters greatly. Our region carries a disproportionate share of the global burden of TB and malaria, alongside persistent HIV epidemics in key populations, while facing uneven fiscal space and absorptive capacity across countries. As resources tighten, the quality, sequencing, and clarity of governance decisions directly affect countries' ability to protect core services, sustain prevention and elimination gains, and manage transition responsibly.

We particularly value the CG's role in guiding governance engagement around GC8 strategic shifts, Sources and Uses of Funds, and pledge confidence considerations. Early engagement between governance bodies and the Secretariat has helped surface trade-offs transparently and created space for more strategic Board deliberation.

Looking ahead to 2026, we support the CG's continued focus on leadership transitions, strategic prioritization, and agile governance modalities. We also underscore the importance of maintaining strong information flow to constituencies, especially during intersessional decision-making, so that Board engagement remains inclusive, informed, and anchored in country realities.

Eastern Mediterranean Region

The EMRC acknowledges the Coordinating Group's role in maintaining governance stability during transition and financial uncertainty, noting its proactive emphasis on adaptive planning, streamlined processes, and stronger communication. For the Eastern Mediterranean Region, fostering a governance culture rooted in trust, transparency, and collaboration requires deeper CCM engagement and capacity building, particularly in conflict-affected contexts where oversight is weakest.

Germany

We appreciate the efforts to strengthen transparent communication and active engagement, including through intersessional meetings and more timely committee reporting. At the same time, we continue to see **significant duplication between committee and Board discussions**. In a period of change, it will be important to **further streamline roles and information flows** and to promote clearer, more decisive governance processes that enable us to move forward, rather than revisiting the same issues across multiple meetings.

UNAIDS

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World Health Organization

20.6 Recoveries Report

South East Asia

We commend the successful resolution of the US\$4.1 million recoverable amount in the Philippines, which has significantly reduced the non-OIG recoverable balance and

demonstrates the value of sustained engagement and corrective action.

At the same time, we remain concerned about unresolved recoverables in several SEA countries and their direct programmatic consequences. In particular, the US\$1.7 million reduction in the US\$1.7 million allocation to Indonesia due to overdue recoverable taxes highlights a structural challenge in which tax policy and administrative delays can translate into reduced resources for life-saving services. We also note that Thailand remains among the top ten countries for outstanding non-OIG recoverables, with approximately US\$1.5 million unresolved, alongside smaller but persistent balances in Bangladesh.

While we recognize that allocation reductions are applied only as a last resort, their use in the context of tax disputes risks penalizing health programmes for issues beyond implementers' direct control. In high-burden settings with constrained fiscal space, such reductions can undermine continuity of HIV, TB, and malaria services and weaken confidence in long-term programme planning.

We therefore urge the Secretariat to intensify proactive, high-level engagement with Ministries of Finance to resolve tax exemption issues early—before they escalate into allocation reductions. We also encourage continued use of enhanced fraud risk assessment tools and closer collaboration with Principal Recipients to close legacy cases in Thailand and Bangladesh, while avoiding disruptions to ongoing disease control efforts.

The SEA Constituency endorses the progress achieved to date and calls for sustained, differentiated efforts to resolve recoverables in a manner that safeguards programme impact, preserves country ownership, and ensures that Global Fund resources remain focused on delivering results for the communities most in need.

Eastern Mediterranean Region

The EMRC acknowledges the Secretariat's efforts to resolve recoverable balances and strengthen fraud risk management through new tools and streamlined recovery processes, which are particularly important given resource constraints at country level. At the same time, the constituency stresses that non-eligible tax expenses, such as VAT and customs duties, differ fundamentally from mismanagement or fraud since they are mandated by national law and unavoidable for Principal Recipients. Treating these systemic costs as recoverable diverts resources from genuine compliance risks and reduces impact for communities. EMRC therefore calls for a more nuanced approach: classify non-eligible taxes separately, engage governments to pursue exemptions or reimbursement mechanisms, and ensure that Global Fund oversight focuses on risks within implementers' control while maximizing funds available for beneficiaries.

UNAIDS

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World Health Organization

20.7 Annual Report on Board Decisions

South East Asia

We commend the Legal and Governance Department for producing a report that effectively

supports the Board, Board Leadership, and the Coordinating Group in overseeing follow-up and ensuring accountability for implementation.

We like the clear classification of decisions into Active Policy Decisions and Action Required Decisions, as this distinction is essential for effective Board oversight—particularly at a time when the Secretariat and countries are managing a high volume of policy transitions alongside constrained resources. For constituencies such as ours, where countries face high disease burden and complex implementation environments, timely follow-up on these decisions is critical to safeguarding program continuity and impact.

We note that the Board approved 45 decisions during the reporting period, reflecting a significant governance workload. We commend the Board and Secretariat for managing this volume while maintaining procedural rigor and transparency. At the same time, this underscores the importance of disciplined prioritization and clear accountability to ensure that decisions translate into timely and effective action at country level.

Several decisions are of particular relevance to the South-East Asia region, including: flexibility to address urgent malaria needs in Grant Cycle 8; approval of the GC8 allocation methodology; advancement of non-Global Fund financed procurement through the Pooled Procurement Mechanism and wambo.org; the limited extension of COVID-19 Response Mechanism investments; catalytic investments for 2026-2028; and revised policies on sustainability, transition, co-financing, and eligibility. These decisions will materially shape how countries in our region manage transition risks, protect gains, and sustain essential HIV, TB, and malaria services.

Looking ahead, the SEA Constituency encourages continued clarity on implementation timelines, reporting expectations, and inter-committee coordination. We remain committed to supporting effective follow-up and constructive engagement to ensure that Board decisions deliver tangible impact for countries and communities most in need.

Eastern Mediterranean Region

The EMRC notes that between November 2024 and January 2026 the Board approved 45 decisions, reflecting a mature governance system where actions are systematically tracked and closed. While administrative approvals dominated numerically, the substantive policy and funding decisions taken during this period are central to shaping the Global Fund's strategic direction for Grant Cycle 8. The constituency underscores the Board's emphasis on risk management, procurement, and evaluation as evidence of strengthened fiduciary responsibility and institutional resilience, priorities that are particularly critical for the Eastern Mediterranean Region as it navigates fragile systems and constrained resources.

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World Health Organization