Country Funding Update
Catalytic Investments & Monitoring the GC8 Strategic Shifts

GF/B56/06

56th Board Meeting

27-30 October 2026, Geneva, Switzerland

For Board Input

Executive Summary

1. Previous Strategy Committee (SC) and Board meetings featured the preparation work to launch the Grant Cycle 8 (GC8) Strategic Shifts through Allocation Letters, Investment Guidance, and Country Dialogue. With two (2) Funding Request review windows completed and the Strategic Initiatives (SIs) in the design stage with partners, early evidence of how GC8 Strategic Shifts are reflected in planning documents is surfacing.
2. This pre-read provides key insights into 1) Windows 1 & 2 GC8 Funding Requests and Technical Review Panel (TRP) recommendations and presents two country examples – Madagascar and Côte d'Ivoire – to illustrate how GC8 shifts are being implemented; 2) GC7 Strategic Initiative (SI) performance, GC8 Catalytic Investment (CI) status with a spotlight on the Climate x Health (CxH) CI; and 3) approach to GC8 strategic shift monitoring. GF/SC31/05 provides more detail on the three different areas.

SC Input

- SC Members welcomed the updated approach to the Country Funding Update, in particular the use of country examples to illustrate how the strategic shifts are translating to country-level choices. SC members emphasized the need for learning from grant-making and implementation in a context of rigorous prioritization. SC members questioned how the strategic shifts are being operationalized through longer-term sustainability approaches, including transition pathways and innovative or blended financing.
- On CIs, SC members welcomed the update and emphasized the need for clearer strategic rationale, added value, and coordination across SIs, grants, and partner-supported activities, while highlighting priorities such as unfunded climate needs, UQD gaps, El Niño preparedness, and potential future CRG-related CI funding. Some members welcomed the additional detail around the CxH CI and requested similar additional CI reporting where feasible, taking into consideration the Secretariat level of effort required.

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1 **Country Funding Update** — Investments & insights from Windows 1&2, featuring TRP

2 **Catalytic Investments** — GC7 semesterly SI performance, GC8 CI design status, and Climate x Health update

3 **Strategic Shifts** — Providing a line of sight on the implementation of the GC8 Strategic Shifts

1 Country Funding Update

Insights from Windows 1&2, featuring the TRP

Grant Cycle 8

Context

Most ***countries have a decrease*** in funds for GC8. External ***context has changed significantly*** from GC7, continues to evolve

Strategic Shifts

Greater focus on impact & prioritization, domestic financing & sustainability

Transition

Many countries transitioning away from country allocations for at least one disease component, with some countries fully transitioning

Timelines

Portfolios with ***grants ending Dec 2026 have much shorter timelines*** - ~4 months – to complete Funding Requests & grant-making

Progress

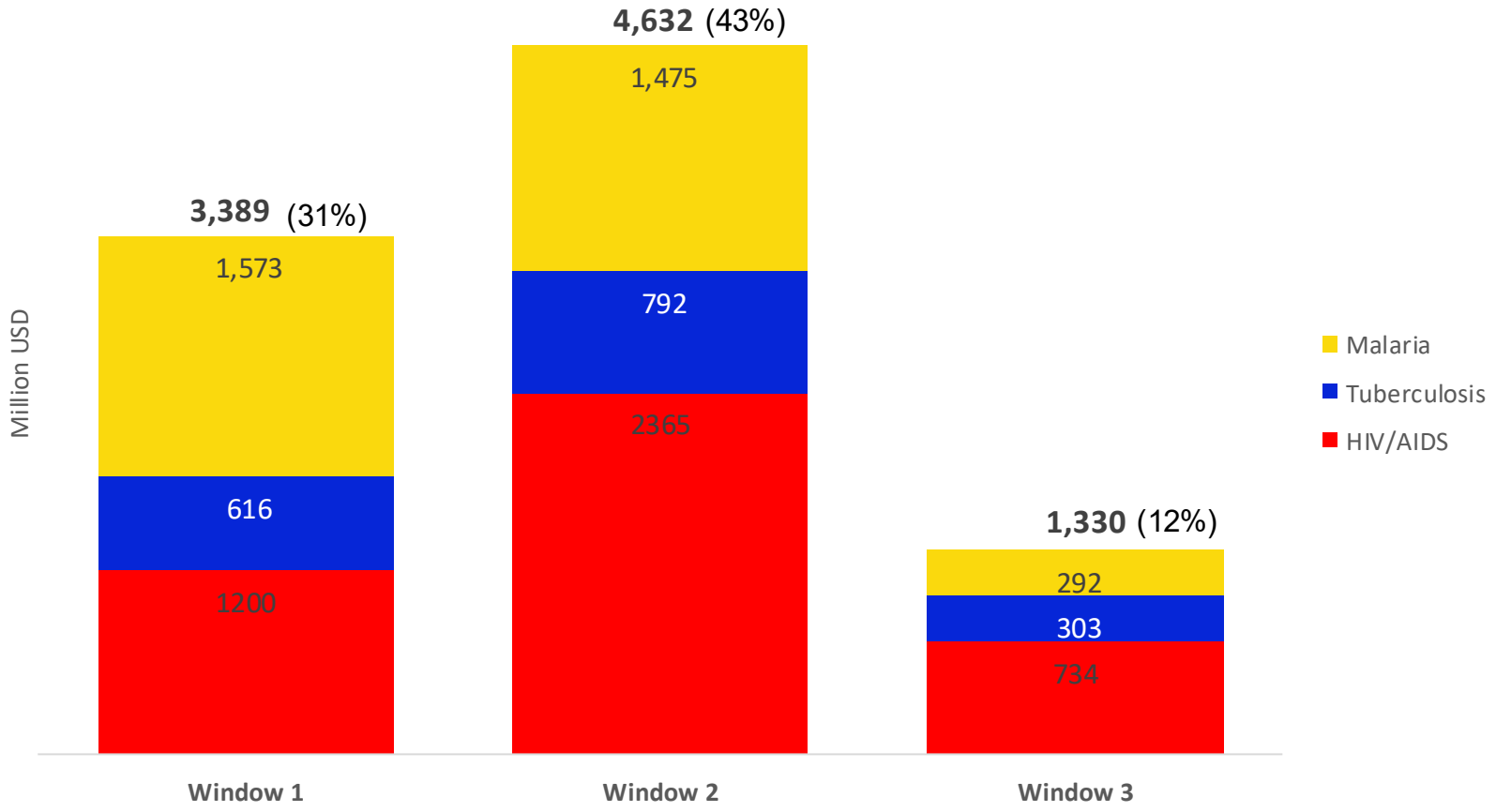
By end-2026, ***~US$10 billion*** (93%) expected to reach grant-making stage. ***US$ 7.9B already reviewed by TRP*** (74%), US$9.3B (86%) by end 2026

Portfolio Readiness

All but one Funding Request has been recommended for grant-making, demonstrating country maturity & Country Team and partner commitment

The majority of Funding Requests are being reviewed in 2026

By end-2026, approximately US$10 billion (93% of allocation funds) is expected to reach grant-making stage: **US$9.35 billion** through TRP Windows 1-3, **US$213 million** through remote TRP engagement, and **US$433 million** through program continuation.



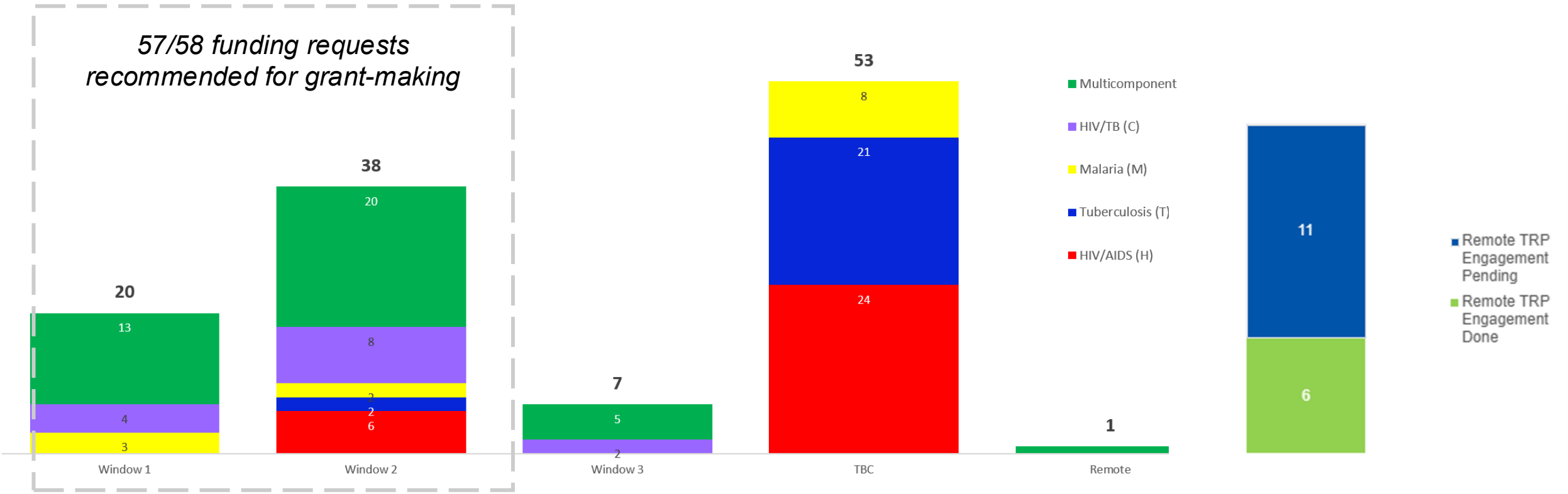
Funding Requests: Push towards increased consolidation in GC8

65 Funding Requests (FRs) are expected to be reviewed by the TRP by end of 2026. Of these, **58** have already been reviewed and recommended for grant-making and for **6 CCM Investment Priority countries**[1], remote TRP engagement / pre-Shaping has been completed.

Of 58 FRs submitted in Windows 1 & 2, 79% were Single Funding Requests (i.e., 1 FR per country for all components), compared to 45% in GC7 Windows 1 & 2. This resulted in a **52% reduction in the number of FRs** in Windows 1 & 2 for the same portfolios.

Overview of 2026 TRP Review Windows

Funding Requests

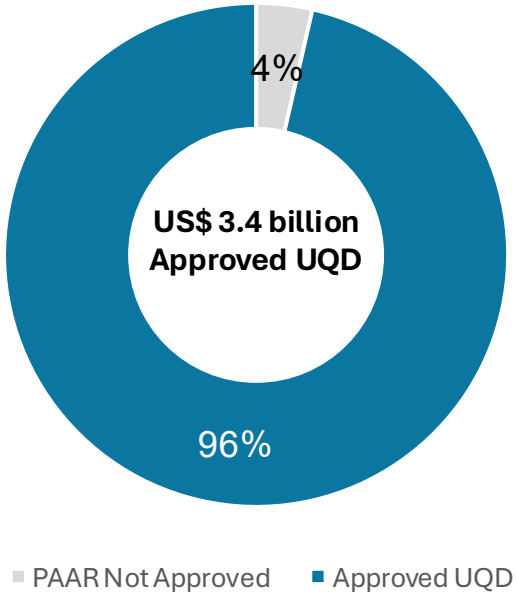


Note: 1 TRP Remote Review in Q2 2026 outside review window following the World Bank process for a blended financing arrangement

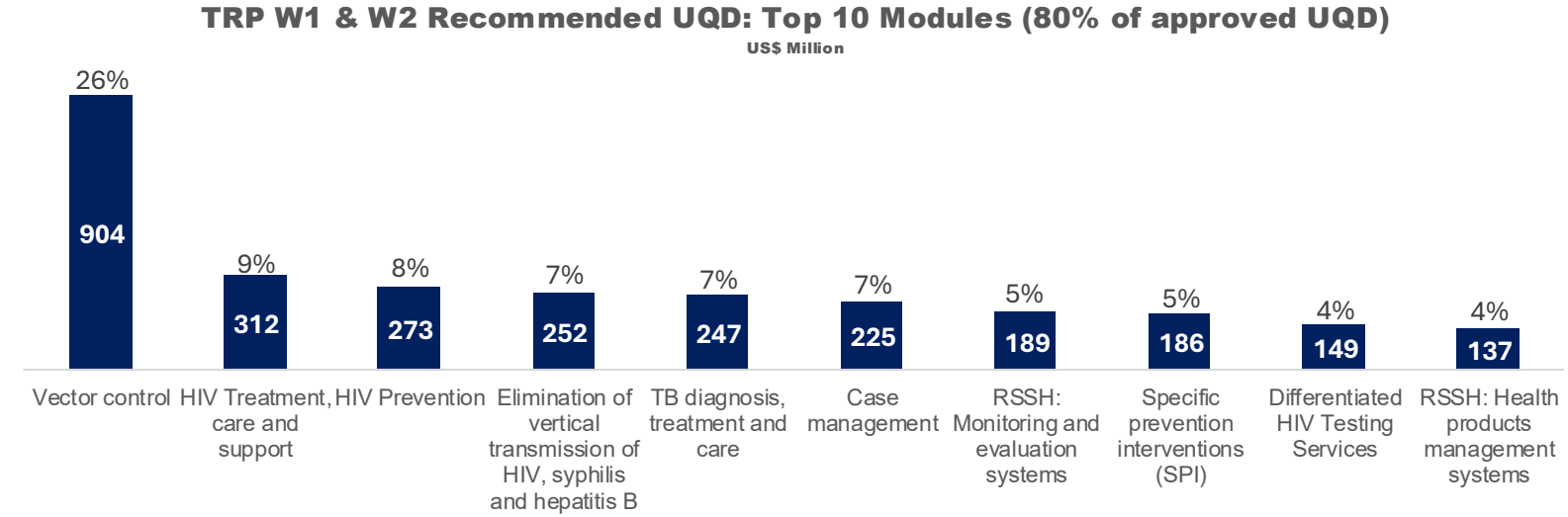
[1]The Investment Priorities Request approach is by invitation only and is intended for eligible Focused portfolios that are expected to continue receiving Global Fund financing beyond GC8. The pathway must be designated by the Global Fund

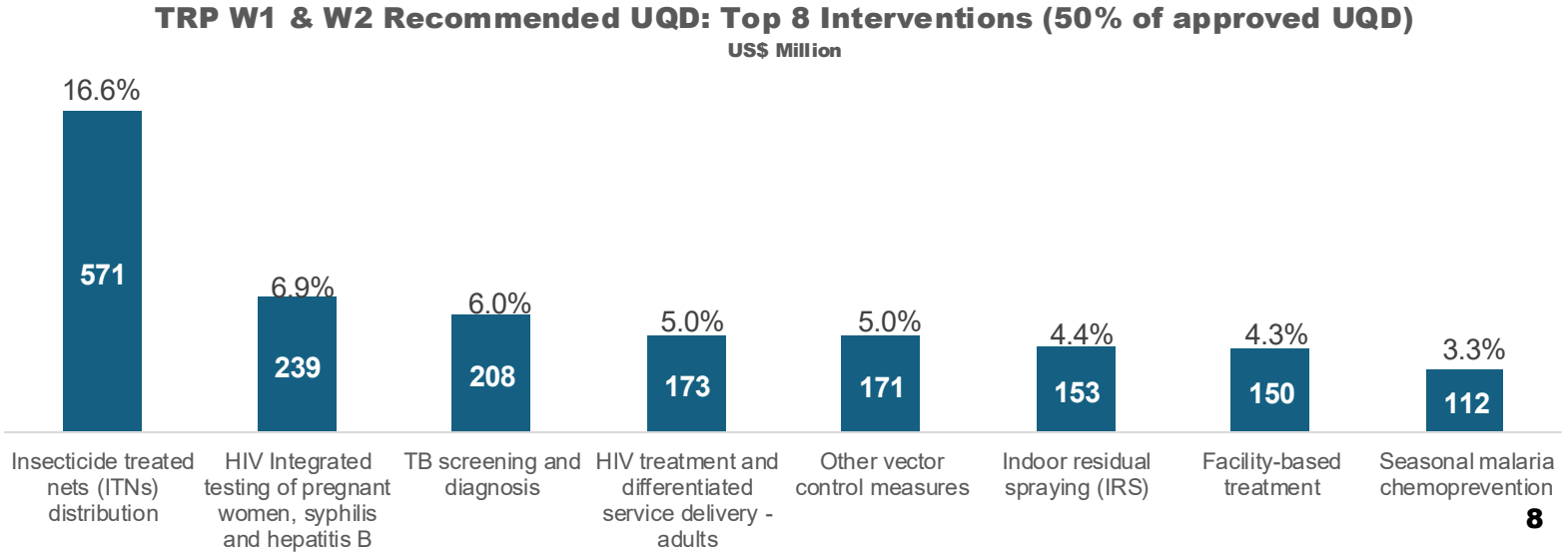
Window 1 and Window 2 have generated approximately US$ 3.4 B of UQD

Countries continue to express ambitious unfunded quality demand. Window 1 and Window 2 have generated approximately US$ 3.6 billion PAAR, of which **US$ 3.4 billion was approved UQD**.

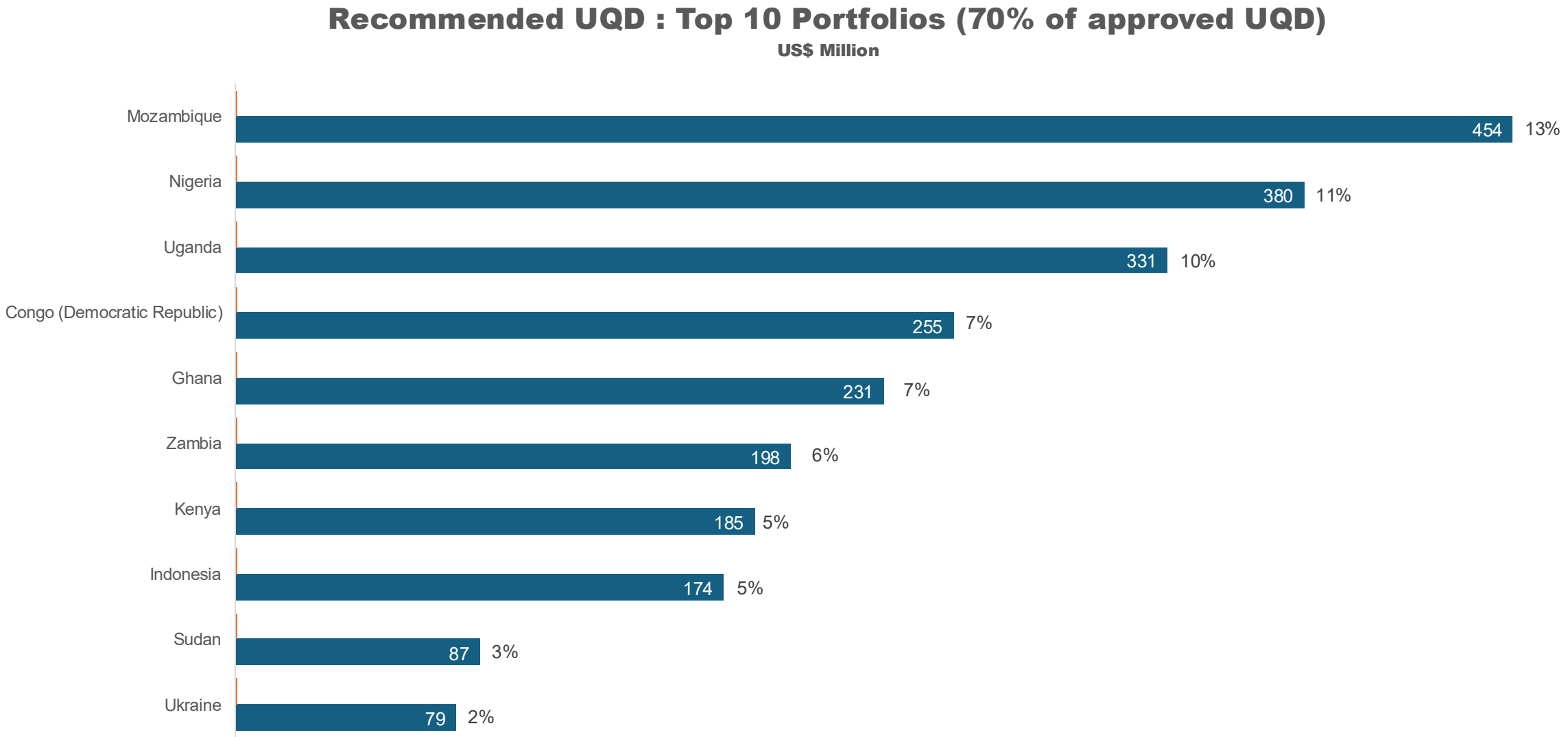


* Some modules and interventions may be cross cutting across disease components.



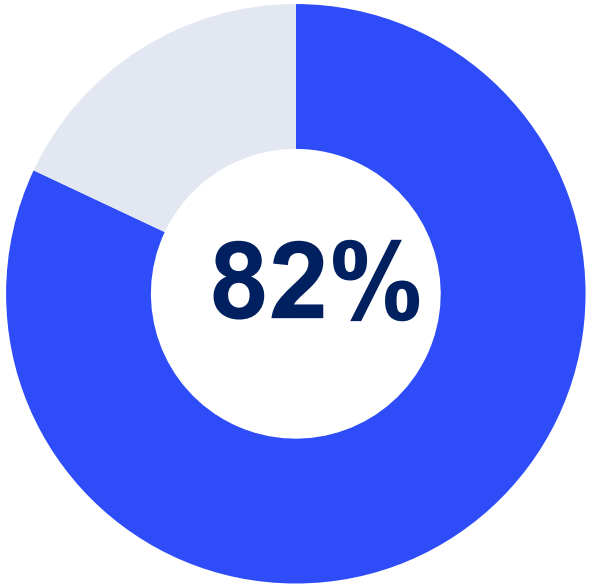


Window 1 and Window 2 have generated approximately US$ 3.4 B of UQD



In Windows 1 & 2, US$ 208M (82%) of Matching Funds were reviewed and recommended by the TRP

Overall Progress

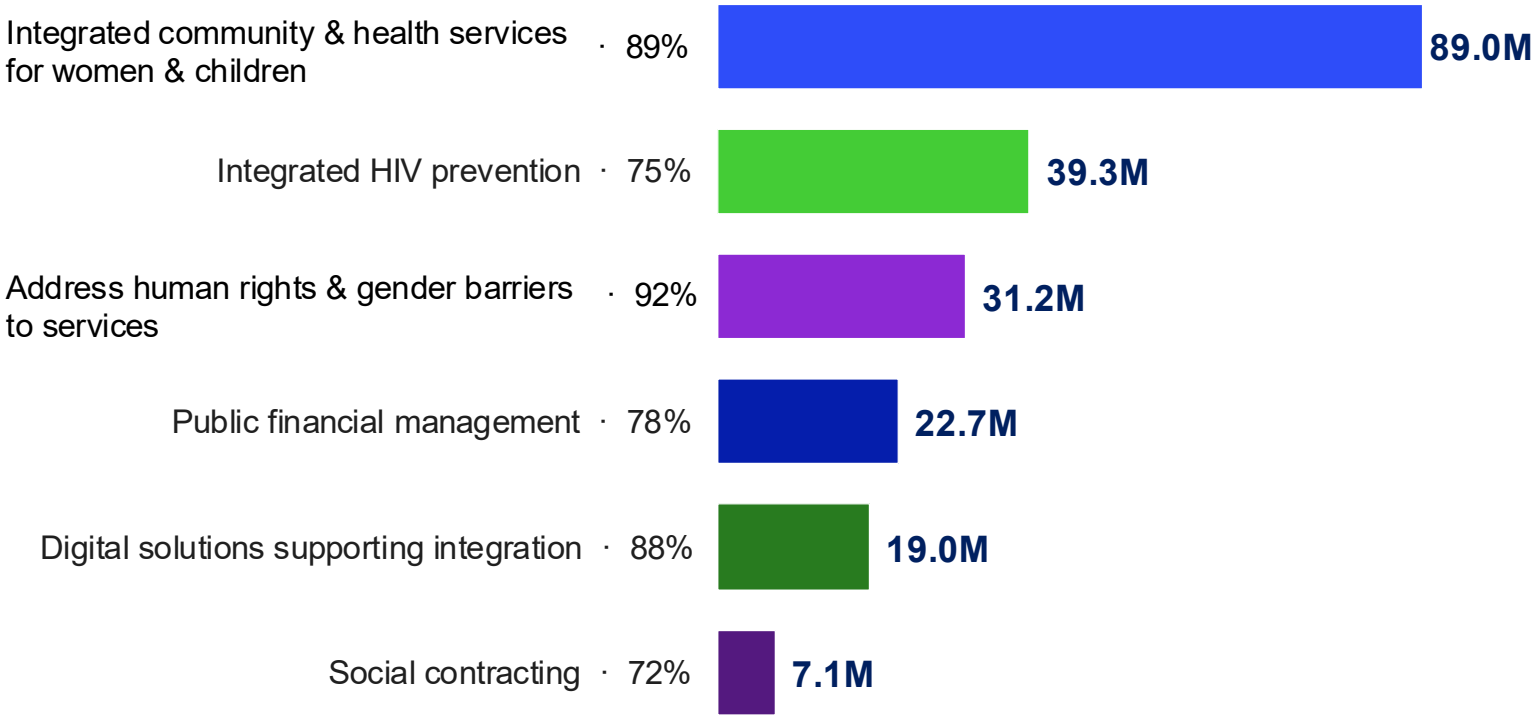


US$208.2M recommended

reviewed across Windows 1 & 2

By Matching Fund

US$ millions



A closer look at Windows 1 & 2

TRP Strategic Recommendations

Key Messages | Progress in aligning with Strategic Shifts

Key Message

Window 1 & 2 Funding Requests show stronger alignment with Strategic Shifts and greater attention to sustainability and integration.

Area	Observations
Strategic Alignment	Positive, though uneven, progress against Strategic Shifts across portfolios
Quality	High-quality requests despite compressed timelines and under a major shift to integrated funding requests
Prioritization	More evidence-based prioritization than in previous cycles
Integration	Growing recognition of integrated HIV, TB and malaria service delivery within PHC
Community Systems	Increased focus on community-led monitoring, social contracting and community systems
Sustainability	Stronger domestic financing commitments and stronger donor transition considerations across portfolios
EHRG	Equity, human rights, and community priorities increasingly reflected in program design

Key Messages | Translating Strategic Intent into Action

Key Message

Stronger strategic alignment must now be matched by operational readiness and sustainable systems

Area	Observations
Prioritization	Need clearer links between prioritization, budgeting and trade-offs
Integration	Operational models, reform sequencing and measurement frameworks require further definition
Community Systems & Financing	Greater institutionalization, sustainable financing and learning from planned pilots of social contracting needed
EHRG	Approaches need to move beyond training and be embedded in national processes, reducing dependence on the Global Fund grants
Sustainability	Sustainability depends on operationalization, governance, ownership and accountability arrangements, not sustainability plans and financing alone
Domestic Financing	Credibility, execution and absorption of commitments remain critical

Key Messages | HIV & TB

HIV

- Introduce new prevention technologies, considering the optimization of the mix of interventions, cost-effectiveness, community preferences and sustainability
- Scale innovations through implementation-ready delivery models, workforce readiness and monitoring frameworks
- More consistent use of data-based scenarios to inform tough prioritization choices in key and vulnerable population programming
- Close persistent cascade gaps and strengthen continuity of care including in children and PMTCT

Innovation should lead to scalable delivery, while closing persistent gaps across the HIV cascade

TB

- Accelerate integration and decentralization of drug susceptible and drug-resistant TB services
- Use yield, risk and cost to guide prioritization of groups for impactful and optimized case finding
- Plan diagnostic networks before procurement and link capacity to testing and notification targets
- Rapid expansion of innovations like nPOC or AI-enabled chest X-ray need a clear care pathway, and sustainability considerations

Greater impact of investments will depend on stronger country preparedness and evidence-guided approaches to translating innovations into scalable service delivery models and systems

Key Messages | Malaria & RSSH

Malaria

- *Most countries use stratification to effectively target their intervention package and populations*
- Budget for updating stratification, improve quality of data, and monitor the effectiveness of stratification
- Justify critical intervention choices, quantities and buffers using current guidance
- Link elimination targets to epidemiology and realistic financial landscape

RSSH

- Lab and other system investments need more than a purchase plan, resourcing the full cycle and updating the patient pathways
- Plan health workforce transition, specifying which cadres move to domestic financing, through which payroll line, and when
- For absorption of commodities in domestic systems, work on a clear domestic procurement pathway and commodity security in addition to financing
- Link data investments to the data needed for decisions and actions

In addition to better use of stratification, prioritizing limited resources requires protecting minimum core interventions and justifying difficult trade-offs

System investments should be further sharpened to make them purposeful and fit for transition pathways

Key Messages | EHRG, Sustainability & Transition

EHRG

- Embed EHRG in funded health system functions, with explicit gender interventions
- Sustain CLM, community and CSO engagement
- Strengthen link of EHRG work with disease outcomes and specific barriers to access to services
- Support rollout of social contracting plans, with contingency for portfolios with accelerated transition

Move from stand-alone EHRG initiatives to institutionalized, measurable and sustainable system responses

Health Financing, Sustainability

- Define clear financing pathways, responsibilities and timelines
- Improve financial management, budget execution and cross-government coordination, addressing PFM constraints
- Identify and finance approaches for populations excluded from coverage schemes
- Prior to innovation scale-up, define domestic purchaser and benefit package

Countries are increasingly committing domestic resources, but sustainability will depend on credible financing pathways, effective execution, and equitable coverage

Transition

- Establish clear ownership, milestones and accountability for transition
- Develop function-specific absorption and sustainability plans for critical services and systems
- Protect community-led and key population services and voices throughout transition
- Build readiness for domestic financing, contracting and service continuity

Successful transition requires clear ownership, accountability, protection of community-led and key population services and voices, and readiness for sustainable domestic financing

Country Insights

Country Insights | Madagascar and Côte d'Ivoire

Madagascar and Cote d'Ivoire were TRP reviewed in Window 1 and are currently finalizing grant-making.

Country experiences provide grounded, relevant insights into the **prioritization, integration and use of the latest data to focus investments**. These examples provide real time examples of the trade offs country leadership face within contexts of constrained resourcing.

As a partnership model, the Global Fund Secretariat will share additional insights and progress during the Board meeting. This pre-read features the work underway in partnership with the government, communities and stakeholders in countries.





Madagascar | Context

A complex portfolio with growing disease burdens, limited fiscal space & a weak health system

Challenges in Country Context

Economy

- Low-income country (among the lowest globally; USD 656 annually (2026))
- Deep structural fiscal constraints

Governance

- Ongoing political transition since the events of 2025
- High staff turnover

Health system

- Very weak health sector
- Severe institutional and financial constraints, characterized by leadership and governance challenges

Other

- Vulnerable to extreme weather events
- Significant infrastructure / access challenges
- Very gradual adoption of new approaches

Challenges in Epidemiological & Portfolio Context

- **Growing disease burden**:
  - One of the fastest growing HIV epidemics globally, driven by low ART coverage
  - Sharp increase in malaria deaths and cases (8.2M)
  - TB high-burden country (2021-2025)

- GC8 allocation (120M USD; +15% from the reprioritized GC7 budget) does not cover the expanding needs reflecting the growing burdens.
- GF Priority country for RSSH, Integration, HIV Incidence Reduction, and TB.
- Improving and positive dynamic and alignment with in-country stakeholders

Expanding burden and needs, coupled with the current funding landscape, required tough trade-offs through rigorous prioritization.

Madagascar | HIV Programmatic prioritization

Context
- Rapidly increasing # of PLHIV; low ART coverage (29%, 2025).
- Shift from concentrated to generalizing epidemic confirmed by 2026 ANC prevalence survey (1.1% vs 0.4%)

GC7 approach

- Initiated high-burden high-volume approach in districts with higher ANC prevalence
- Started task-shifting
- Introduced PrEP
- Scale up from 1(EID) and 12(VL) to 20+ labs for VL/EID to reach 10% coverage
- Geo-targeting of Drop-In Centers (DICs) using IBBS, improve quality

Strategic Shift with Data-driven Prioritization

Data used:
- *Positivity-based targeted HIV testing using site-level HIV testing data*
- *2023 IBBS for KP service prioritization*

Approaches taken:
- High-burden high-volume site approach
  - Cost-effective interventions prioritized
  - Focus on interventions with the highest yield & impact
  - New product innovation

Trade-offs
- Prevention & treatment balance
- Focus prevention on higher burden areas
- Better targeting of HIV testing for higher-yield populations & geographies

GC8 approach

- Scale up high-burden/high-volume sites
- Expand task-shifting
- Scale up PrEP & LEN intro
- Integrate PMTCT into ANC in high-burden areas
- Expand VL coverage from 11% to 40%; expand EID
- Maintain DICS

Madagascar | TB Programmatic prioritization

Context
- Incidence: 224/100,000 cases per year; proportion of missing cases: 30% for drug-sensitive TB and 70% for drug-resistant TB
- Molecular testing: only 15% of all notified TB cases

GC7 approach

- Scale up of Drug-Sensitive TB & Drug-resistant TB diagnosis and treatment
- Decentralization of molecular testing (GeneXpert network)
- Gradual TB preventative treatment (TPT) scale up among PLHIV & TB contacts < 5 yrs

Strategic Shift with Data-driven Prioritization

- Prioritized high-burden areas & areas with accessibility challenges (Fig. 1)
- Prioritized active case finding for KVP & high burden areas
- Optimized lab (GeneXpert / NPOC intro)
- Strengthened CHW TB screening, referral & follow up of TB patients
- Focused on expansion of integrated TB services into PHC
- Prioritized TPT

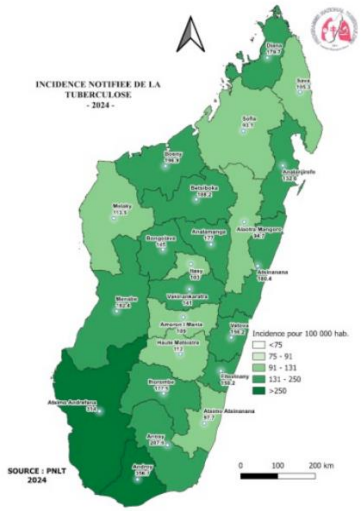


Figure 1: TB incidence notification in 2024
Source: Madagascar NSP 2027-2031

Trade-offs

- Maximize TB diagnosis and treatment coverage and quality of care, whilst:
  - Maintaining prioritized prevention expansion
  - Limiting expansion of some interventions in lower-priority areas

GC8 approach

- Expansion of TB diagnosis & treatment coverage; quality of care through targeted case-finding (high-burden regions, KVPs)
- Expansion of molecular testing through NPOC intro & optimization of GeneXpert
- Expansion of TPT to all PLHIV

Madagascar | Malaria Programmatic prioritization

Context

- Malaria resurgence: from close to elimination in 2002 to 8.2 million malaria cases in 2024; one of the fastest-worsening malaria situations in Africa

GC7 approach

- Case management (CM): 100% of needs covered
- Vector Control (campaign, continuous and routine distribution in ANC)
- IRS operationalization

Strategic Shift with Data-driven Prioritization

- Case Management commodity coverage targets 100%, leveraging contribution from other funding sources to ensure full coverage
  - Mass campaign targeted to higher-incidence strata
    - ITN product selection informed by district resistance profiles
    - Micro-stratification used to refine campaign targeting and reduce costs

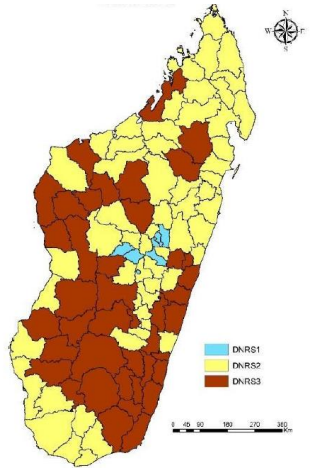


Figure 2: malaria incidence per strata in 2025
Source: Madagascar NSP 2027-2031

Trade-offs

- Mass campaign: lowest-incidence strata and urban populations deprioritized
- Primaquine deprioritized

GC8 approach

- Retention of CM coverage as 100%
- Optimized Vector Control through stratified targeting and evidence-based ITN selection
- Community-based service delivery for increased access
- Drug resistance surveillance to inform further optimization of ITN

Côte d'Ivoire | Country context

Optimizing investment across diseases in line with the National Health Development Plan (NHDP)

Features of the Funding Request

Shift 3

Prioritization. Data driven epidemiological analysis used to target highest impact interventions and most vulnerable. All interventions stratified and geographically focused.

Shift 4

Integration. Acceleration of scaled up comprehensive service package, integrating HIV, TB, malaria, SRH, nutrition, and hepatitis across all entry points (ANC, immunization, community platforms)

Shift 5

Community systems & financing. Leveraging community led monitoring across diseases; investing in CHWs to deliver national minimum package of integrated health services

Shift 6

Domestic Resources. Government has materially increased its projected funding for health products (to be confirmed in the co financing commitment letter) creating space in the allocation budget for RSSH, M&E and integrated service delivery.

Challenges in Epidemiological & Portfolio Context



Advancing towards 2030 global targets

- **80%** PLHIV know status *(95% target)*
- **76%** PLHIV on ART *(95% target)*
- **64%** People on ART virally suppressed *(95% target)*



Off track to meet global targets

- **20%** reduction in incidence *(50% target)*
- **84%** of treatment success rate *(90% target)*
- **15%** reduction in mortality *(50% target)*



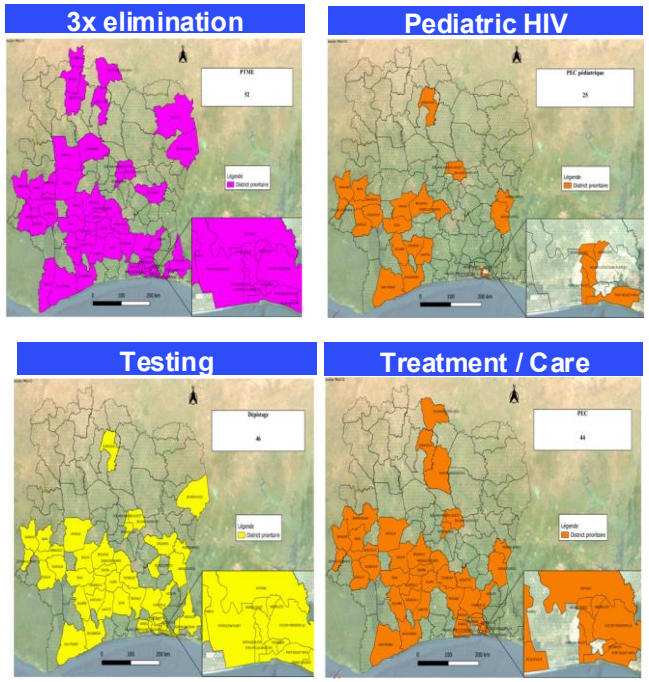
Off track to meet global targets

- **25%** reduction malaria cases *(75% target)*
- **40%** reduction malaria mortality rates (75% target)

Côte d'Ivoire | Prioritization to stay on track to reach global targets

Country led approach optimizes funding streams (who funds what among domestic, USG MOU, GF) drawing on latest data to focus resources where they are needed most, based on incidence and prevalence.

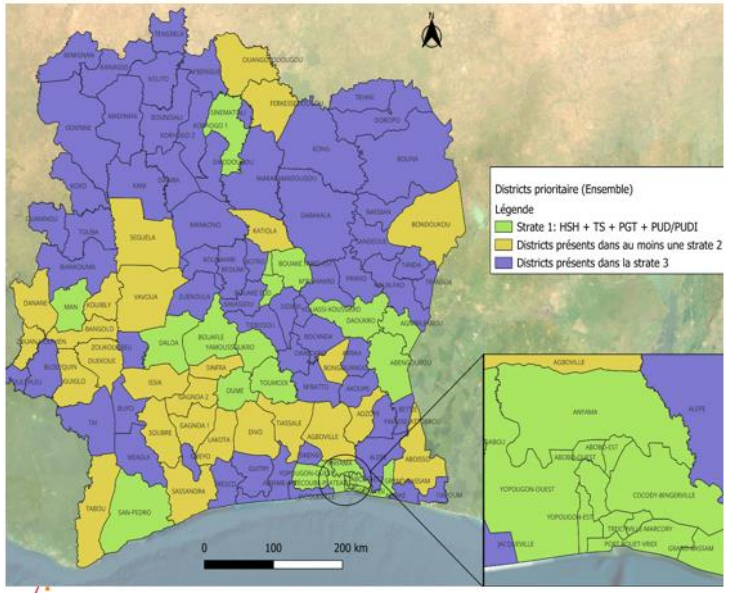
Treatment Care & Support. MOH devolution strategy to Regional leadership allows for sub-national differentiation based on programmatic results. GF will focus investment on supporting program quality to improve results and save lives.



Stratification Parameters

GC8 HIV stratification based on four parameters
i) largest gap in 3x elimination (purple)
ii) highest estimated pediatric HIV prevalence (orange)
iii) highest concentration of estimated of PLHIV+ (yellow) and
iv) highest HIV burden districts (orange)

Sustainable, accessible prevention. Shifting from standalone key population services (GC7) to integrated service delivery platforms, certifying stigma free facilities; introducing long-acting PREP (Len); generating demand for prevention services through innovative digital platforms.



Global Fund Priority Zones

Strata 1 (green) – 26/113 health districts
Strata 2 (yellow) – 46/113 health districts

GF interventions will cover all Strata 1 districts and 5 Strata 2 districts (total 31)

80% of these health districts represent new geographic coverage zones for GF financing

Côte d'Ivoire | Using data to get back on track to reach global targets

Investments in GC8 target greatest gaps - low TB and DR-TB detection, childhood TB, low TPT coverage, MDR/RR-TB outcomes, catastrophic costs

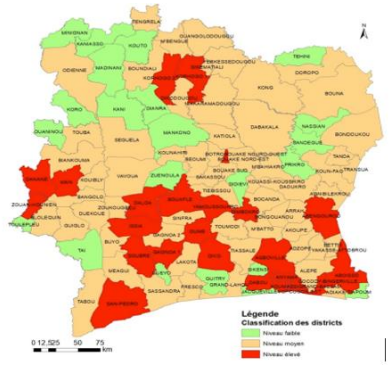
Continuity from GC7

- Using common basket for health products (Dom + GF)
- Supporting national coverage through TB centers, including in detention facilities.
- Strengthening TB detection through out-patient and MNCH service points, and community case detection in high incidence zones (40% of new cases)
- Expanding rapid molecular diagnostics for detection of TB (from 77% in 2026 to 95% by 2029), scaling shorter WHO-recommended treatment & preventive regimens
- Strengthening TB prevention through increasing contact investigation and TPT

New to rapidly progress

- Introducing near point-of-care (NPOC) testing
- Integrating TB detection and referrals from non TB specific health centers
- De-verticalizing sample transport from TB – specific network to integrated platform with HIV and other disease programs
- Prioritizing infection control support for contact tracing and screening of MDRTB patients contacts, including transportation assistance for referrals to facilities
- Sensitizing traditional healers in high-priority districts to strengthen TB screening & increase referrals of presumptive TB cases to health facilities

Stratification prioritized highest burden districts (in red) based on estimated missing cases and highest number of TB cases notified



Flagged by TRP: Lack of a fully articulated NPOC deployment and diagnostic optimization strategy, with most needs in the PAAR.
Addressed by Secretariat by moving NPOC deployment from PAAR to grant budget. TA mobilized to support deployment plan .

Côte d'Ivoire | Get back on track by building from what works

GC8 investments focus on drivers of persistently high transmission - gaps in the coverage, quality of treatment; targeting preventive interventions in high-transmission areas.

Core investments with new, retargeted GC8 investment based on the latest data

Case management
provision across all 113 districts

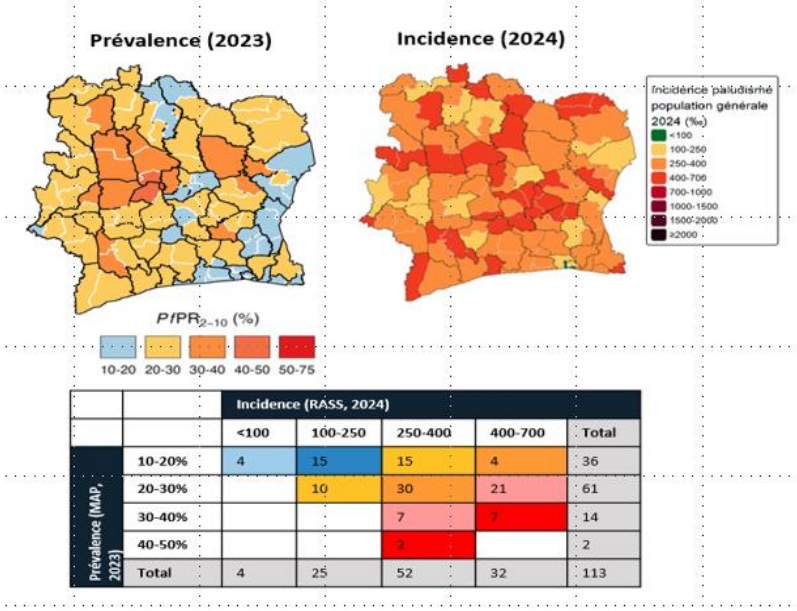
ITN campaign & routine distribution
through ANC & vaccination

SMC across 13 districts
with domestic, donor & GF investment

IPTp delivery
through ANC/community platforms

Service delivery integration
through community platforms

Surveillance & data quality
investments



Prévalence (MAP, 2023)	Incidence (RASS, 2024) <100	100-250	250-400	400-700	Total
10-20%	4	15	15	4	36
20-30%		10	30	21	61
30-40%			7	7	14
40-50%			2		2
Total	4	25	52	32	113

Highest prevalence and highest incidence (shown in orange & red) were combined to provide the stratification

Refined & retargeted iCCM to reach those most at risk

Optimized ITN campaigns moving outside of urban areas, leveraging digitization

Increased integration of SMC service delivery with Vitamin A supplements & vaccination program

Côte d'Ivoire | The GC8 investment aligns to a country-led vision of devolved, *integrated* primary health delivery

What

Shifted from vertical HTM programming to a decentralized and integrated service delivery approach in GC8, for a sustainable health sector response

How

1. Leveraged the opportunity to address health systems challenges, offered to Cote d'Ivoire CCM, in line with "Accra Reset" principles
2. Used data to prioritize investment to highest burden districts
3. Optimized resources from HIV and malaria to create space for RSSH investments that support HTM delivery

	Allocation	Country Led Disease Split	Variance	RSSH Investment
HIV/AIDS	€ 53,010,720	€ 40,746,317	-23%	€ 12,264,403
TB	€ 10,834,519	€ 10,488,125	-3%	€ 346,394
Malaria	€ 94,126,891	€ 55,619,977	-41%	€ 38,506,914
RSSH	—	€ 51,117,711		
Total	**€ 157,972,130**	**€ 157,972,130**		**€ 51,117,711**

Results

Scale-up of a comprehensive integrated service package, incorporating HIV, TB, malaria, nutrition, immunization, & hepatitis across all entry points (ANC, immunization, community platforms, outreach)

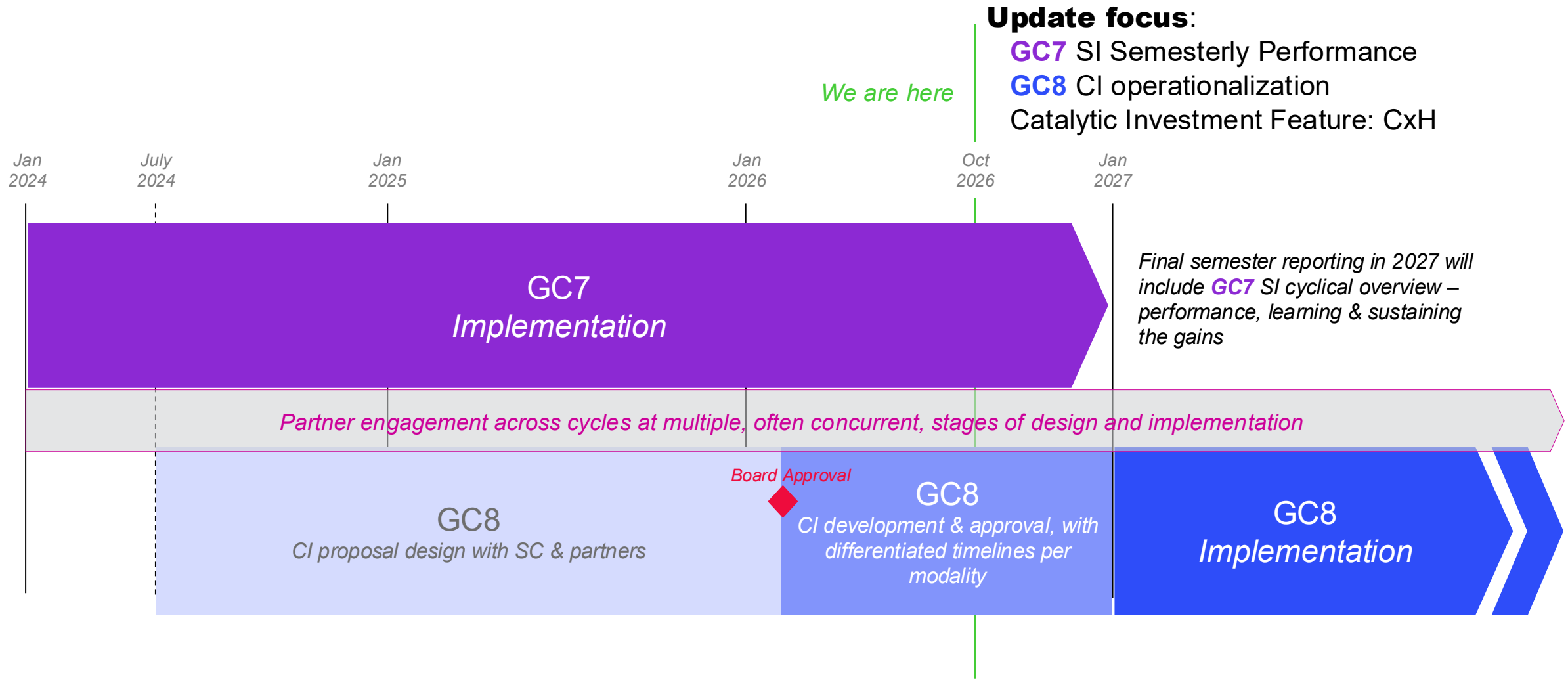
Monitoring Factors for Success

- ✓ Strengthening health sector governance at all levels
- ✓ Closely tracking national financing commitments for health products
- ✓ Collaborating & coordinating among +30 disease programs and Directorates
- ✓ Maintaining accountability of Health Regions and Districts with central programs devolving responsibilities
- ✓ Ensuring equitable access is retained through accreditation of stigma free health facilities

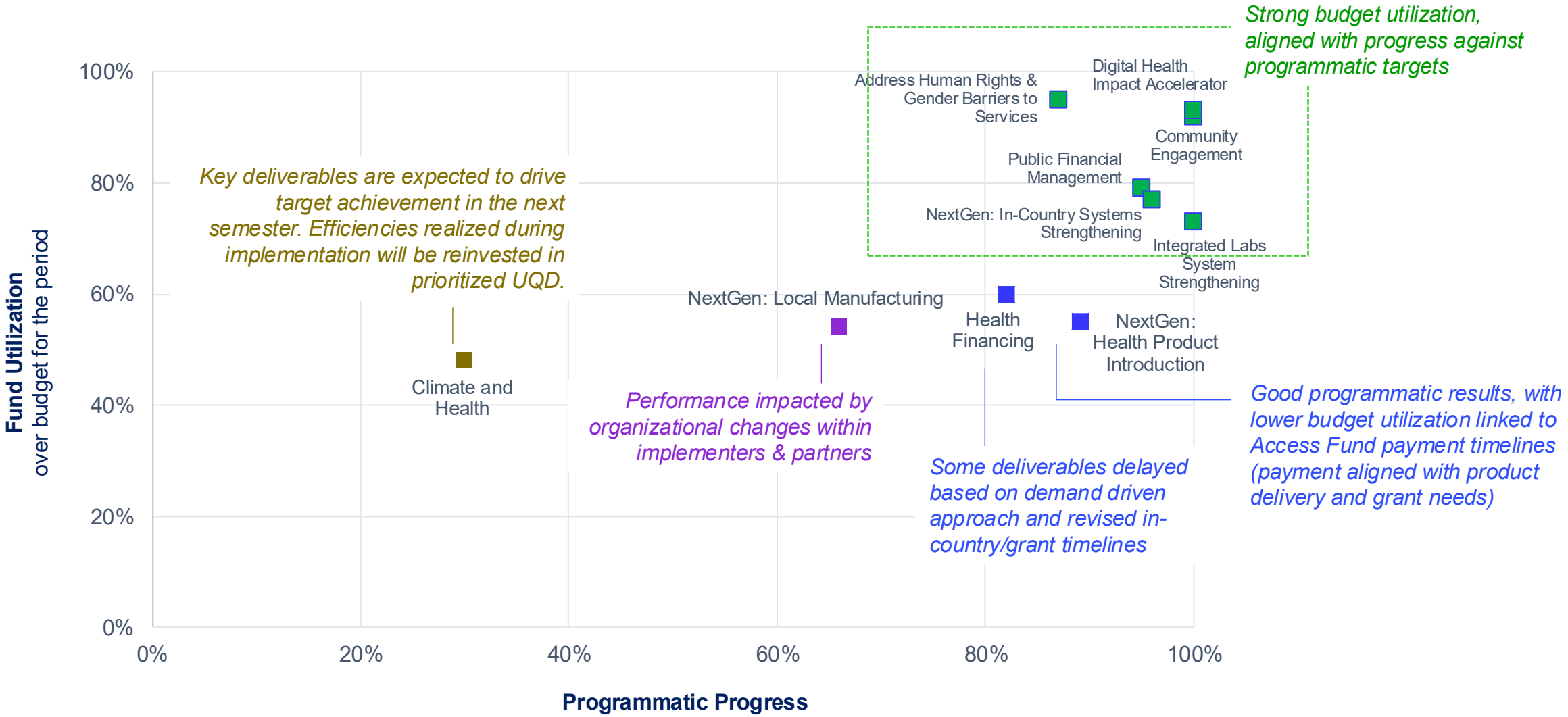
2 Catalytic Investments

GC7 Strategic Initiative performance,
GC8 CI status & Climate x Health CI

With GC7 ongoing, current update focuses on SI-specific performance through June 2026 and GC8 CI operationalization



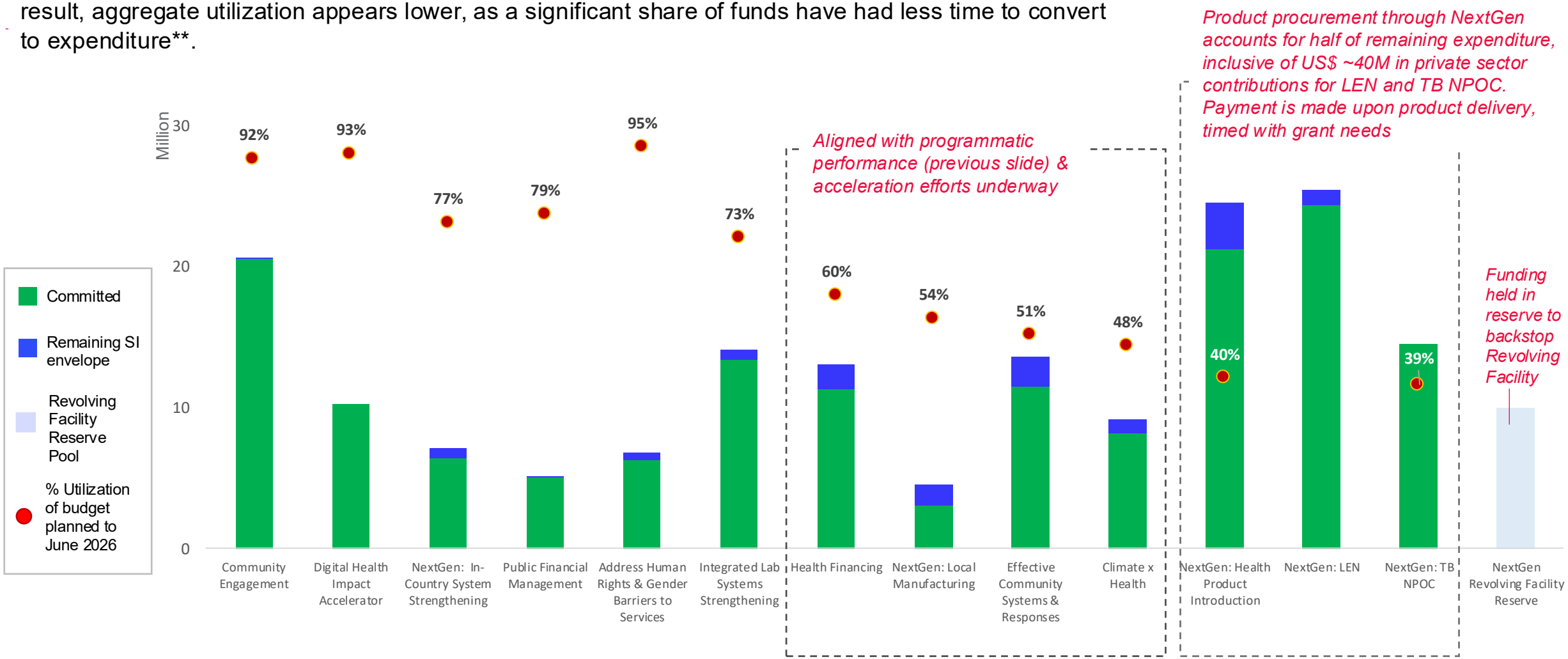
GC7 SI Programmatic Performance | Overall performance remained strong at 85%* in Semester 5, though results varied across individual SIs



*Reflects achievement of targets in SI Results Framework from Jan-June 2026). Programmatic results for the Effective Community Systems & Responses SI were not available/no included in aggregate reporting

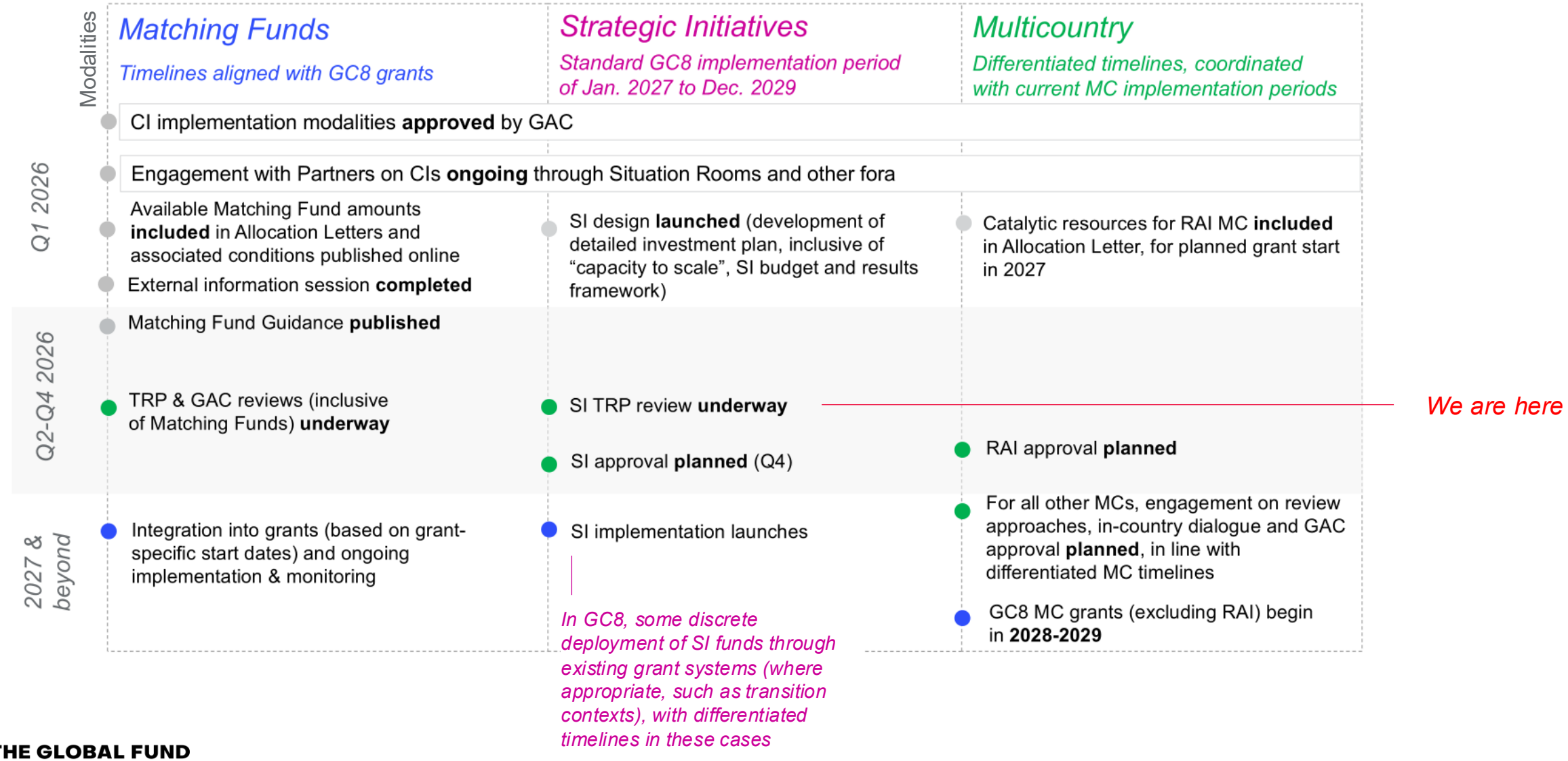
GC7 SI Financial Performance | Commitments are at 85% with US$83M of US$178M (47%*) utilized for the cycle by June, 2026

Investments in Strategic Initiatives **grew** during the cycle through additive private sector funding. As a result, aggregate utilization appears lower, as a significant share of funds have had less time to convert to expenditure**.



*Utilization against the budget planned to June 2026 was 69%. Total utilization as of June 2026 at 47% excludes the Emergency Fund and **includes** funding allocated to NextGen Revolving Facility Reserve Pool. The Reserve Pool acts as a backstop for the Revolving Facility and by design, is not intended to be spent. If the Revolving Facility Reserve is excluded, the total utilization rate increases to 50%. **Three private-sector SIs (PFM, HF and CS&R) have differentiated implementation timelines, ending June 30, 2027 rather than Dec. 31, 2026.

GC8 CI Update | Preparation is on track



On-going partnership engagement is key to shape GC8 investments

- Partner feedback has highlighted the importance of focusing SIs on ***challenges that grants alone cannot address***, reinforcing country allocations, often through global- or regional-level interventions.
- Suggestions have informed greater clarity and focus on how cross-cutting investments collectively **contribute to HIV, TB and malaria outcomes.**
- Strong interest from partners in **country-level coordination and implementation arrangements,** including how different SIs, partners, and country stakeholders work together to manage complexity.
- Focus of engagement is moving from clarification to **substantive technical input**.

Despite accelerated timelines, significant engagement through Situation Rooms, community consultation and dedicated partner fora

Topic / Partner	Partner Comments	Secretariat Response
Fragmentation & Complexity (StopTB - Lucica Ditiu)	• Concern that the volume of SIs is overwhelming • It is not always clear how SIs connect to disease outcomes • Implementation of large SI	• Acknowledged concerns and emphasized that most catalytic resources are being channelled through grants via Matching Funds • SIs are being leveraged largely for global and regional investments that can't feasibly be delivered through grants; for these, LOE needed from countries/CT is lower
		confirmed that SI design is still evolving and SI funding amounts (within a given priority) could shift where justified Teams are also intentionally maintaining flexibility to respond to emerging country needs.
		Each SI has a tailored theory of change and results framework SIs set targets for defined indicators, to show changes linked to system functionality and performance. We need to focus on specific elements as SI scope/funds are limited
		Agreed that a key lesson from GC7 is that cross-functional planning (including with country teams) is critical. This is already underway and will continue during implementation.
		Clarified that some SIs provide direct support in these areas; however, service delivery should primarily be financed through country allocations Other SIs provide KP-focused support indirectly through financing pathways, organizational strengthening, governance participation, and protection mechanisms.

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HIV SR
GC8 Cataly

9 Sept 2026

1. **How was the decision made to establish SIs focused on certain diseases, areas or approaches, while not developing comparable initiatives in others?**

   GC8 CIs were determined through a structured prioritization process that looked at lessons from previous grant cycles, findings from the Strategic Review 2023 and other evaluations, consultations with technical and community partners, and a methodology endorsed by the Strategy Committee (SC) in July 2024. The process focused on identifying critical priorities that could not be adequately addressed through country allocations alone and where catalytic funding could accelerate innovation, address strategic gaps, or mobilize additional resources, including from the private sector. More details on how GC8 CIs were determined are available on our website.

   Within these CI priorities, some objectives will be operationalized as SIs. There is only one (1) SI with a disease-specific focus: the USD 3.2M Integrated HIV Prevention SI. This SI is entirely private sector funded and focuses on providing operational support to manage the Integrated HIV Prevention Matching Fund (also entirely private sector funded).

2. **How will the SI portfolio respond to lessons learned and key challenges identified through the TRP review process?**

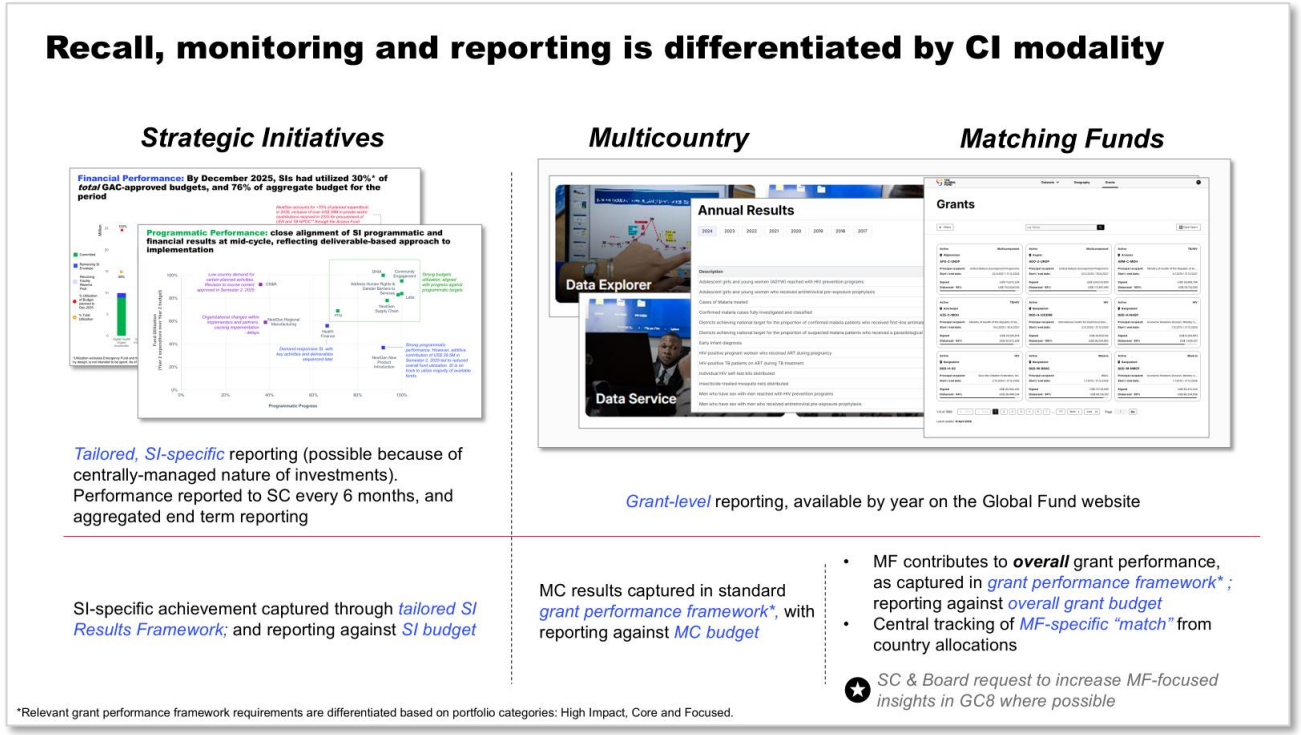
   As with grants, SIs take TRP recommendations into consideration to adjust and finalize SI design. Depending on the specific recommendation, this could result in changes to the SI design or actions during implementation. The extent to which TRP recommendations have been addressed forms part of the ultimate SI approval decision.

3. **How will the SIs build on and strengthen existing global, regional and country platforms for knowledge exchange, peer learning, and dissemination of good practices, rather than creating parallel mechanisms?**

   The GC8 SIs are intentionally designed to leverage and strengthen existing platforms rather than establish new standalone mechanisms. Across the portfolio, the common approach is to strengthen existing institutions, improve access to shared tools and evidence, facilitate peer learning, and institutionalize successful practices, recognizing that establishing parallel structures is not productive or sustainable over the long-term. A few non-exhaustive examples below:

SI	Details
Build Community Networks and Engagement	Both SIs aim to build on existing community networks, regional learning hubs, and key and vulnerable population networks (including TB survivor-led networks, women-led organizations, and community-led monitoring platforms. The HRG Barriers SI intends to leverage national human rights institutions and gender machinery to enhance sustainability.
Address Human Rights & Gender Barriers to Services	
Digital Solutions Supporting Integration	Aims to strengthen existing regional resources such as the Africa Standards and Interoperability Lab (SIL), rather than creating separate digital governance structures.
Collaborative Surveillance	Seeks to strengthen Africa CDC's existing data governance architecture, including the Health Data Infrastructure/Central Data Repository and existing country surveillance investments.
Lab Systems Strengthening	The SI will work through established regional laboratory networks, supranational reference laboratories, ECSA-HC, Institute Pasteur Dakar, and other existing centers of excellence.
Integrated Services for Women & Children	The SI plans to leverage established Africa CDC and WHO AFRO platforms for workforce development, adaptation of service delivery standards and community health coordination.
Public Financial Management	The SI will leverage existing regional institutions (especially in Africa) to convene countries, support targeted technical advisory

SC & Board feedback on CI reporting emphasized interest in strategic level insight



For GC8, in *addition* to providing financial and performance analytics, the Secretariat will **feature more in-depth updates on different CIs.**

With GC7 in the final semester and GC8 SIs launching in January 2027, Climate and Health **spans both cycles, leveraging 100% private sector resourcing.** As over half of SI resourcing in GC8 (53%) is from the private sector, this feature provides a strategic line of sight into evolving implementation approaches.

Stakeholders requested focus on investment tradeoffs, sustainability planning and lessons learned within future CI-specific updates

Board approved in 2024, the Climate x Health Fund features new partnerships that reinforce HIV, TB and Malaria responses

This CI drives additive resources to **increase the resiliency of health systems** and those they serve

Status overview

- **Protecting investments and progress against HIV, TB and malaria:** The fund is supporting climate-resilient approaches that safeguard results against climate-related risks.
- **Using resources and demonstrating results:** Deploying US $50 million through existing Global Fund systems, demonstrating a proven implementation model.
- **Mobilizing *additional* resources and partnerships:** Significant unfunded opportunities remain, creating a need for complementary private-sector funding and strategic partnerships.

Proof of concept delivered. Focus now shifts to delivering results, strengthening GC8 investments & mobilizing complementary private sector resources.

Deployed investment with countries and partners

Principles draw from SC and Board feedback, further vetted with partners & donors

Focus on 10 – 15 climate vulnerable countries	**US$42.5M deployed** with US$33.3M invested through grants in 12 countries*, and a further US$9.1M via technical assistance in 20 countries*
Prioritize climate-relevant interventions that respond to already observed impacts of climate on HIV, TB and malaria	**Investments targeted climate-related risks** already affecting HIV, TB and malaria service delivery and health outcomes.
Align climate investments with partners and donors	**Investments aligned with country-defined priorities** and coordinated with technical partners and donors to promote complementarity and reduce fragmentation.
Leverage existing systems	**Resourcing moved through established UQD and PAAR processes**, avoiding parallel mechanisms and minimizing transaction costs

*Country selection was informed by needs in UQD, alignment with the CxH investment priorities, climate vulnerability, implementation readiness in GC7, and catalytic potential. All additional funding was Board approved (July and December 2025).

Expected results* from GC7 demonstrate reach across diseases with a focus on underlying system resilience



Protecting malaria gains

5.0M children under 5 protected through expanded SMC

3.3M individuals protected through climate-informed net distribution

Targeting areas facing longer malaria seasons, floods and shifting transmission

Countries: Niger, Mozambique, Ethiopia, Ghana, Somalia, DRC



Maintaining health services

1.9M displaced people expected to receive TB screening and health services

Mobile and community-based services maintaining care during floods, cyclones and displacement

Reducing service disruption during climate shocks

Countries: Mozambique, Afghanistan, Somalia



Detecting and responding earlier

350+ districts and states supported with climate-health surveillance

Climate data integrated into surveillance and response systems

Earlier detection of outbreaks and transmission shifts

Countries: Zambia, Ghana, Ethiopia, Nigeria, MOSASWA



Strengthening resilience

110,000+ people to be tested through solar-powered diagnostics

7,500+ community health workers trained and equipped

Maintaining essential services during climate-related disruptions

Countries: Niger, Rwanda, DRC

*Results from GC7 Grant Revisions documents including Performance Framework

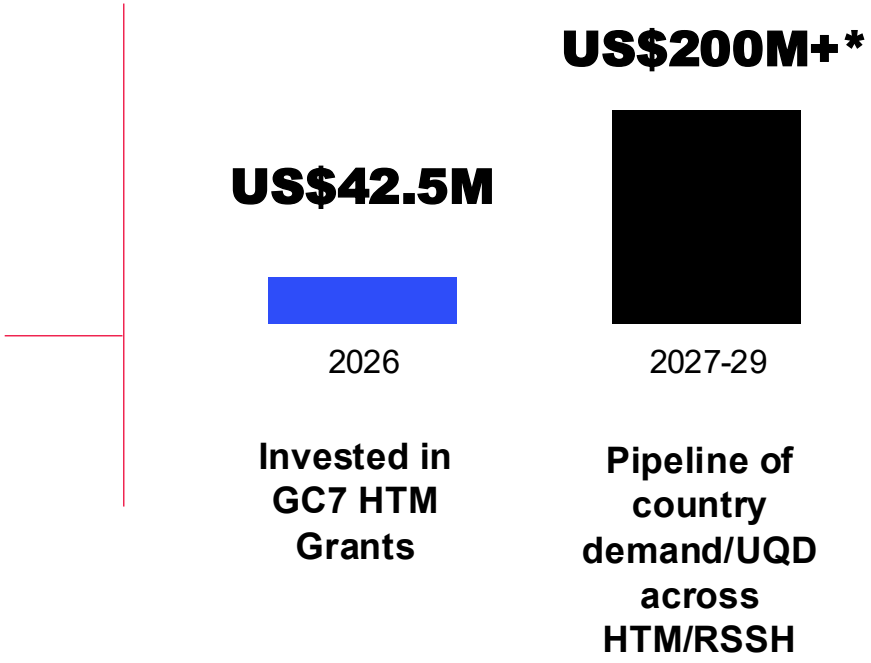
With GC7 momentum, countries & communities lead in resilient system investment to protect the gains in HTM in GC8

What's next

Strengthen health systems' resilience in GC8
Apply lessons from GC7 to better identify and address climate-related risks to HIV, TB and malaria investments.

Mobilize complementary resources
Leverage partnerships, climate finance and private-sector funding to address high-priority unfunded opportunities.

Maintain transparency & governance
Report regularly to the SC and Board on CxH operationalization in GC7 and GC8



*Based on GC8 demand from 17 CxH priority countries (TRP W1 & 2). US$500M estimated across the entire portfolio

3

Strategic Shifts

Monitoring the GC8 Strategic Shifts

The Strategic Shifts set the investment approach for GC8

GC8 Strategic Shifts → *Status*



Implemented with the GC8 Allocation Methodology & Transition timelines, reflected in Allocation Letters, and ongoing partnership with countries & communities

Currently delivering through:

- Investment Guidance to drive prioritization
- Catalytic Investments to resource & accelerate change
- Application processes that reinforce integration
- TRP review and recommendations featuring the Shifts
- GAC engagement focused on Strategic Alignment

With the SC, entry points & monitoring were discussed to ensure a line of sight



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Implementation of the GC8 Strategic Shifts: Overview

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Delivering on GC8 Strategic Shifts with countries & partners across multiple entry points

	Entry Points	Status
Planning	Engaging in country-led National Strategic Planning (NSP) processes to focus on self-reliance & systems readiness across *all* sources of funding and within the broader ecosystem (e.g. Gavi-TB)	*On-going*
	Oriented CCMs on how to mainstream strategic shifts across the grant lifecycle (Funding Request development, implementation oversight)	✓
Focus of update **Prioritizing**	Tailored Allocation Letters based on transition timeline/pathway, country context & epidemiology	✓
	Equipped countries and partners with investment guidance focused on clarity, prioritization, integration & sustainability	✓
	Provided country-facing sessions to brief and respond to questions on aims and implications for country programs	✓
	Support inclusive country dialogue that reinforces shifts	*On-going*
Focus of update **Reviewing**	Reorientation of TRP review approach and recommendations to countries in line with shifts	*On-going*
	Review of GAC sequencing and focus to support delivery of shifts	*Planning*
Measuring	Monitor results to assess progress & course correct (e.g. through revisions)	*Planning*

Building from this feedback, the Secretariat developed guiding principles for a monitoring approach that highlights progress as well as tensions in implanting the Shifts

Feature country experience

While the Strategic Shifts apply across investments, country contexts are diverse so where possible, reporting will ‘show, not tell’ based on in-country experiences of applying the Shifts

Provide timely insights

Updates throughout ensure the Strategy Committee is equipped to provide strategic steer

Leverage existing reporting

In a context of growing self reliance, additional or duplicative requirements for countries is out of sync.

Leveraging both qualitative and quantitative updates provides a more complete picture

We are here

Qualitative

Sharing latest **deliverables & insights** (sequenced at cycle start 2026/2027)

Featuring **country examples** of how shifts are applied – what is working, on-going challenges for the Partnership (focused on implementation learning 2027/2028)

Quantitative

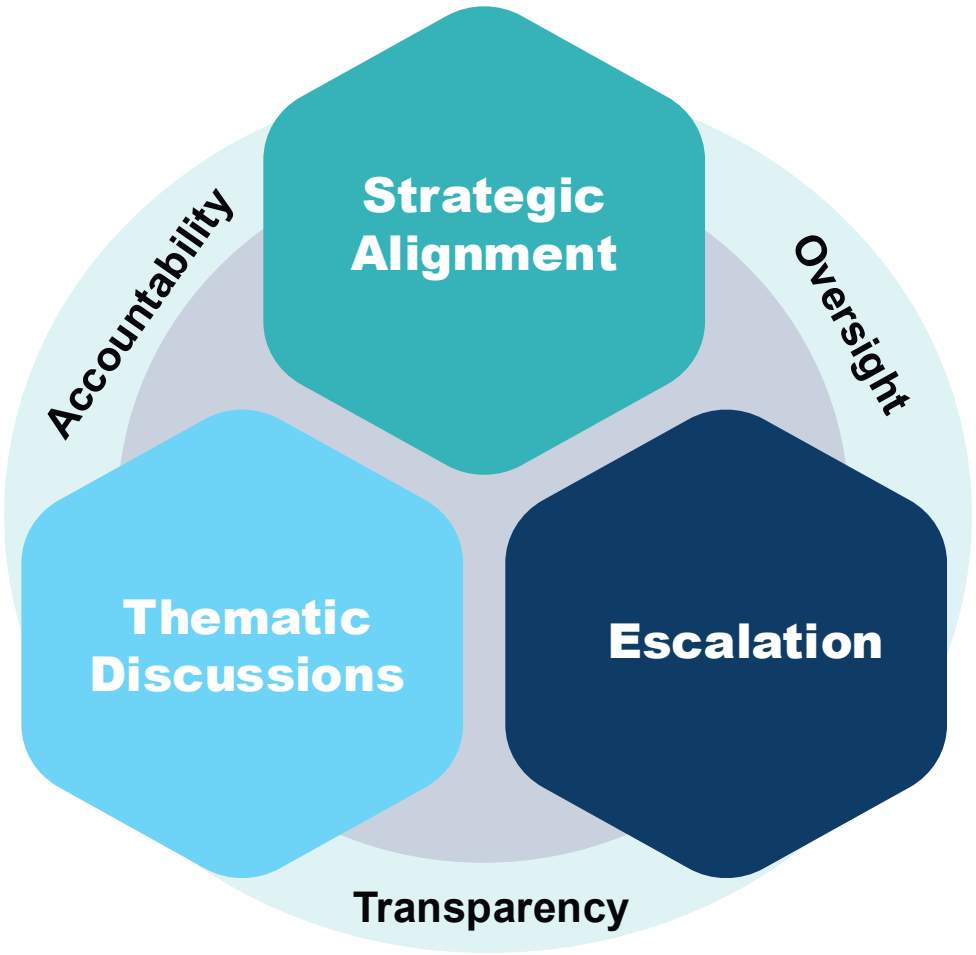
- Country Funding Updates, including TRP & Lessons learned (shifts 3-6)
- Catalytic Investments (shifts 4, 5, 6)
- STC reporting (shift 6)
- Strategic Performance/KPIs (shifts 3,4,5,6)
- Strategic Alignment and grant recommendation (GAC) to the Board

Line of sight to monitor Strategic Shift implementation

TRP | Evolutions for GC8 will support the monitoring of GC8 shifts

Differentiating approach	• **Tailoring review** intensity to portfolio size, complexity, and potential impact. • **Focusing expertise** with comprehensive reviews for High Impact and Core portfolios and more targeted reviews for Focused portfolios.
Orienting capacity	• **Reinforcing TRP capacity to support GC8 priorities**, including enhanced expertise in complex areas such as health financing and sustainability. • **Assessing FRs through a GC8 Strategic shift lens**, supported by updated guidance, training, and revised review methodologies.
Enhancing clarity & learning	• **Updating Country and TRP guidance across priority areas**, improving consistency, focus, and alignment with maximizing impact. • **Providing timely lessons learned.** Immediately following review windows TRP debrief on lessons learned oriented around shifts and published on website, with 600+ participants across the 2 windows.

GAC | A closer look at GC8 GAC Transformation



1

STRATEGIC ALIGNMENT

Earlier GAC engagement focused on oversight of strategic alignment, trade-offs and material risks for subset of portfolio with ability to opt-in

(31 portfolios – ~80% allocation funds)

2

ESCALATION:STANDARD GRANT-MAKING

Clearly defined *internal* escalation mechanisms with GAC arbitration on significant/unresolved issues

(all portfolios)

3

THEMATIC DISCUSSIONS

Thematic discussions (e.g., transition, roll out of innovations, etc.) focused on strategic questions for GAC steer, emerging cross-country insights and portfolio learning

(not portfolio specific, topic dependent)

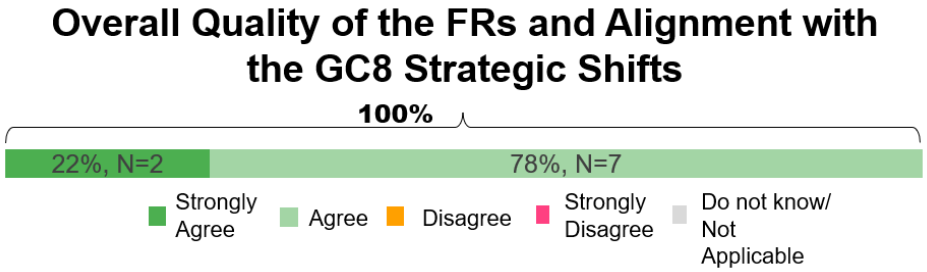
From existing reporting, quantitative insights indicate alignment with Strategic Shifts

*Indicative overview of **existing data/reporting** – non-exhaustive*

GC8 Catalytic Investments with **100%** of Strategic Shifts reinforced

	NextGen Market Shaping & Response	Address Human Rights & Gender Barriers to Services	Build Community Networks & Engagement to Enable Access to Services	Supporting Sustainability & Transition from GF Financing	Optimize RSSH	Climate and Health
1 Support grant cycle-specific transition pathways	✓	✓	✓	✓	✓	
2 Place greater priority on lowest income & highest burden settings	✓	✓	✓		✓	
3 Support programmatic prioritization	✓	✓	✓	✓	✓	✓
4 Reinforce Integration	✓	✓	✓	✓	✓	✓
5 Invest in community systems & financing		✓	✓	✓	✓	✓
6 Grow & optimize domestic resources	✓		✓	✓	✓	✓

Window 1 TRP review reported **100%** agreement with Overall Quality & Alignment of FRs to Strategic Shifts



**Note that KPI data currently reflects GC7 implementation with proposed evolutions to KPIs in GC8 (pending) - subject to change*

Relevant KPIs* from latest reporting period

- S10 – Introduction of new products
- S4 – Community systems for service delivery
- R1a – Realization of domestic commitments*
- R1b – Mitigation of co-financing risks*

Key takeaway | Strategic Shifts have set the investment direction for GC8. Existing updates will provide timely and country-oriented insights into implementation without duplicative or additional reporting requirements for countries.