



# **Strategic Shifts for GC8: Supporting progressive sustainability and effective transitions**

54<sup>th</sup> Board Meeting

GF/B54/06

12-13 February 2026, Geneva, Switzerland

For Input

# Executive Summary

## Context

Following revisions to STC Policy in 2024, Secretariat is providing an update on how key aspects of STC policy implementation will support broader GC8 strategic shifts, including 1) strategic shifts related to sustainability and effective transitions, with a focus on defining transition timelines for GC8 and GC9, the development of transition pathways across the portfolio, and the use of co-financing as a key lever to support these shifts; and 2) an update on GC7 STC implementation across key thematic areas. This update reflects inputs from the Strategy Committee, who broadly supported the strategic shifts outlined and highlighted key areas of risk and additional priorities to consider as these shifts are implemented.

## Questions addressed in this update

1. What is the context in which we are operating and the implications for STC efforts and future direction, including how the Global Fund's efforts interact with continued challenges faced by countries to finance the health sector, shifts in external financing (including of other key external financiers), and increasing calls for self-reliance and health sovereignty at the country level?
2. What is the future vision for how the Global Fund will support effective transitions, including via setting transition timelines in GC8 and GC9, supporting transition pathways across the Global Fund portfolio, and aligning STC efforts to broader GC8 strategic shifts? What are the major approaches the Global Fund will "lean into" as it more support countries to effectively transition away from external financing?
3. What are key thematic updates on GC7 STC implementation, including co-financing, transition funding, sustainability / transition planning, and implementation of thematic STC related priorities?

## Key conclusions

- Changes in external financing and the emerging self-reliance agenda presents an opportunity to support effective transitions in GC8 / GC9.
- GC8 strategic shifts will include a significant focus on supporting effective transitions from Global Fund financing, including enhanced predictability in transition timelines for GC8 and GC9 for a sub-set of portfolios and supporting transition pathways across the entire portfolio.
- The Secretariat is operationalizing the revised STC Policy in line with the broader strategic shifts for GC8, including related to our approach to co-financing (one key lever of our overall approach).
- Future efforts will create risks for the Global Fund and the countries we support and will need to align and respond to changes in the approaches and policies of other key external financiers, including bilateral partners supporting the health sector.

# Summary of Content

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- 1. Current context**
- 2. GC8 focus: Facilitating effective transitions, sustainability and self-reliance**
- 3. Leveraging co-financing in GC8 to support strategic shifts – key approaches**

## **Annex**

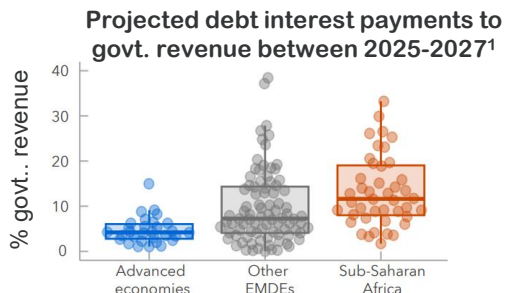
- 1. Key thematic updates on STC Implementation in GC7**
- 2. Linkages with Accra Reset**

# 1. Current context

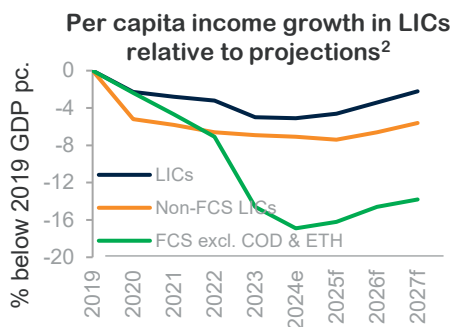
# Context for GC8: Continued financing pressures, shifts in external financing and move towards self-reliance

## Constrained Fiscal Space for Countries

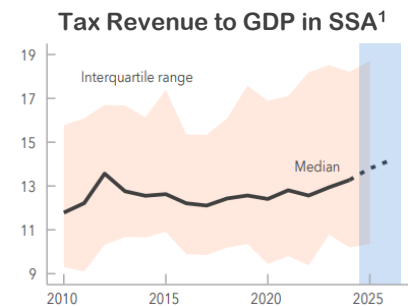
Debt-servicing crowding out fiscal space for increased domestic health spending in high burden regions



Persistent weak economic recovery from pandemic in low-income countries



Stagnant and low tax-to-GDP ratios constrain health spending but highlight potential for greater domestic spend in a number of contexts



<sup>1</sup> IMF. Regional Economic Outlook Sub-Saharan Africa. Oct 2025

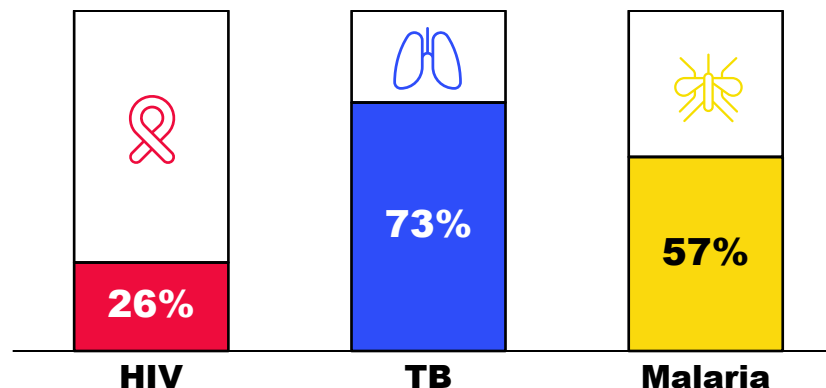
<sup>2</sup> World Bank. Global Economic Prospects. Jun 2025

## ODA shifts and transformation

Deep ODA reductions have and are disrupting HTM services and systems for health, with continued uncertainty in the full scope of the shifts, both in the short and medium term

The Global Fund's position as a major external funder of national responses places us at the forefront of supporting self-reliance, including in LMIC and LIC contexts

*% of international grants provided by the Global Fund in 2024<sup>3</sup>*



<sup>3</sup> Sourced from UNAIDS (for HIV) and the World Health Organization (for TB and malaria). Shares likely to change when updated for 2025, in line with the evolved context.

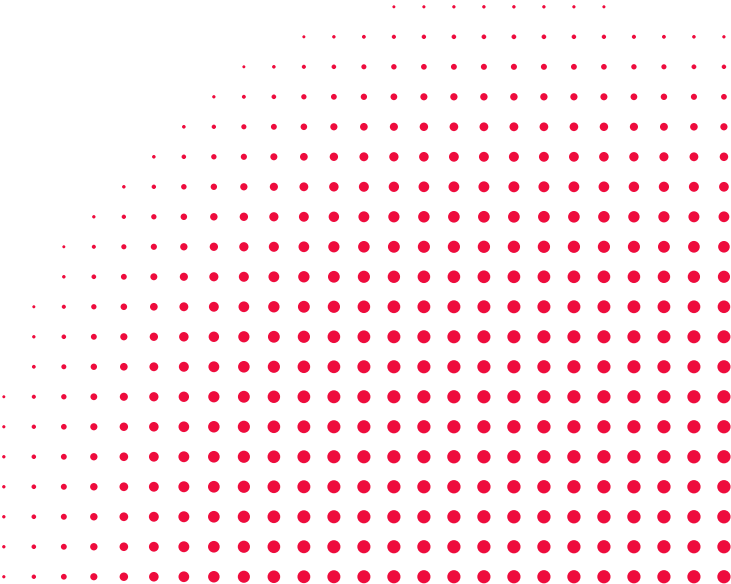
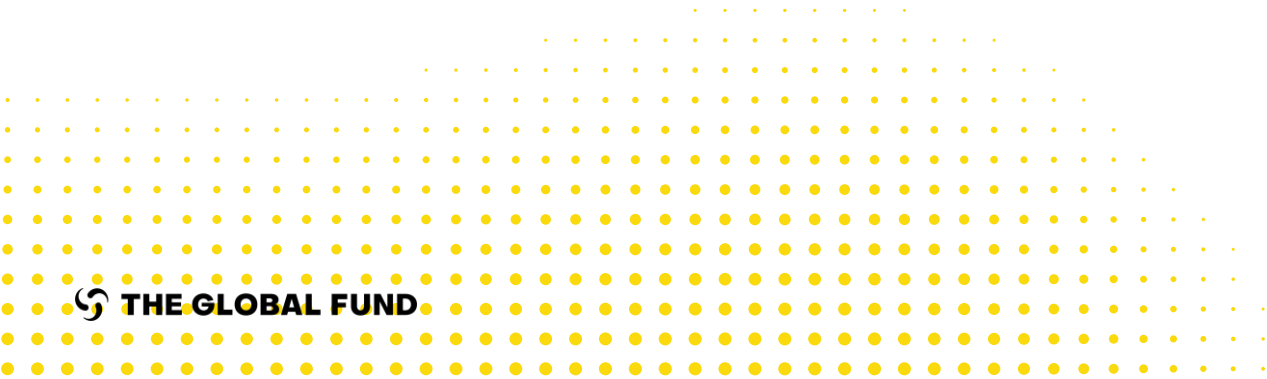
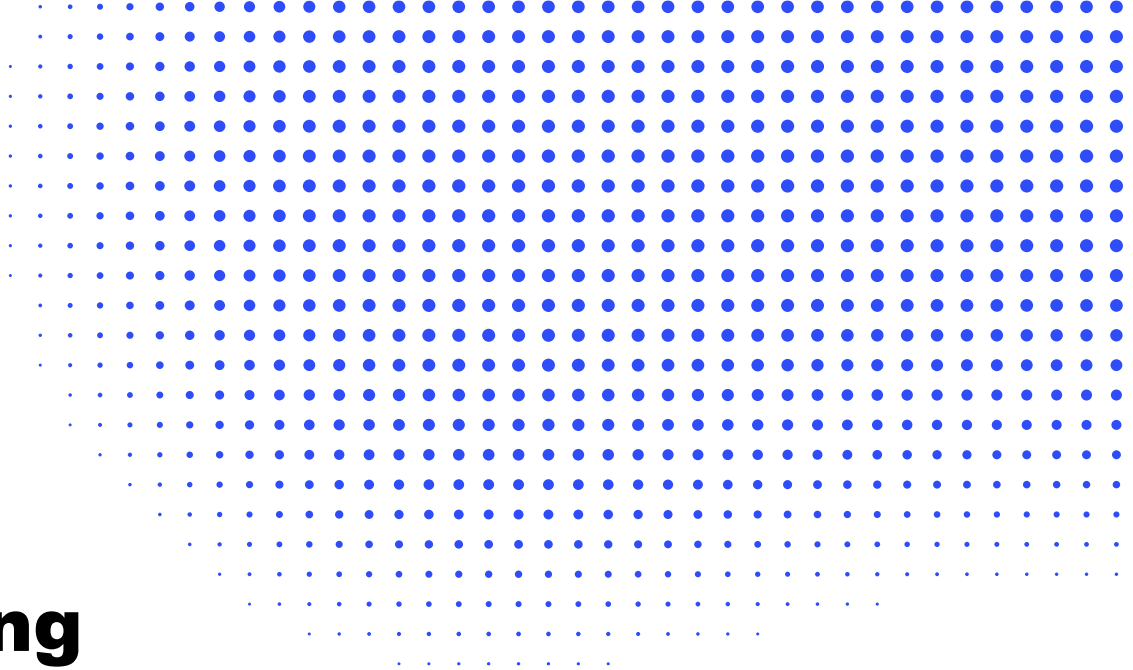
## Self-Reliance Agenda



Coupled with many examples of high-burden countries which have increased domestic health spending in response to ODA shifts


Increased focus at donor, regional, and national levels is reinforcing shift towards country-ownership and financial sustainability

# 2. GC8 Strategic Shift: Setting transition timelines and developing transition pathways





# Facilitating effective transitions, sustainability, and self-reliance:

GC8 is moment for Global Fund to *lean into* supporting countries to progressively, effectively transition from external financing and improve self-reliance



*Transition is not a switch, it's a progressive pathway – requiring planning, gradual timelines, and programmatic / financial transformation*



- 
- Many factors outside Global Fund Partnership control; but transitions can be **intentional, predictable, planned, transparent, and appropriate to context**
  - **Changes in external context have increased need to support self-reliance** across the entire Global Fund portfolio during GC8
  - **Progressive and effective transitions require BOTH 1) continuing to reduce disease burden while 2) gradually adapting and transferring stewardship** for full financing and management of national responses to countries over defined timelines
  - **Country context significantly impacts individual pathways and timelines** – especially for lower income & higher disease burdens contexts
  - As we implement, the Global Fund Partnership **will have to navigate and mitigate risks and align / respond to approaches of other key external financiers**, including bilateral partners

# A differentiated approach to supporting progressive sustainability and transition will be core to GC8/GC9 and subsequent cycles



**Select Low Income contexts**

**Long term transition (in 3+ GCs)**

- Significant policy changes and structural reforms required
- Major shifts / improvements in domestic financing and prioritization of the health sector
- Significant continued reliance on external financing
- Significant disease burdens
- Critical ongoing shifts in external financing of health sector

**Higher disease burden**

**Medium term transition (in 2-3 GCs)**

- Transition feasible, with significant domestic financing and health system maturity
- Requires intentional planning, accelerated functional uptake of costs covered by GF financing, continued support for health and health financing reforms
- Intentional focus on “catalytic” Global Fund support

**Lower disease burden**

**Accelerated / short-term transition (within 1 GC)**

- Strong domestic financing, with most costs covered by domestic sources
- Generally mature health / health financing systems
- Ongoing need to support transition of remaining interventions to domestic financing through country context specific pathways

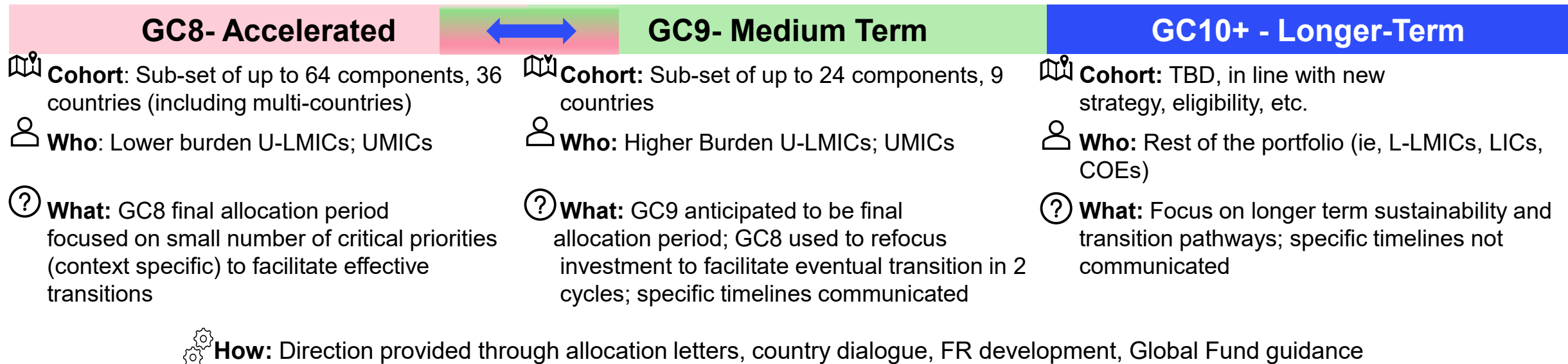
**Select Challenging Operating Environments**

**Country context and approaches of other external financiers** (incl. bilateral partners) will heavily affect focus areas & timing of each individual transition pathway

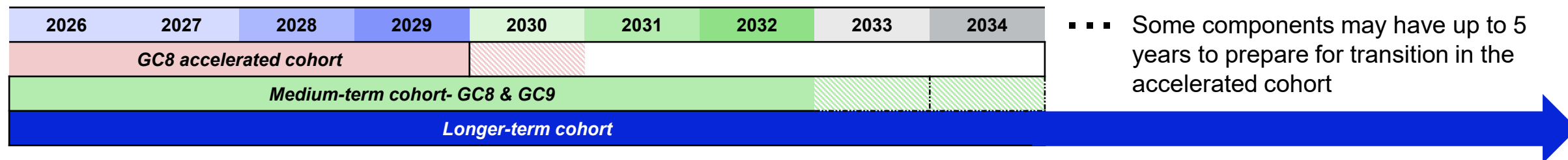
- Differentiated efforts across portfolio
- Setting defined, **predictable transition timelines** across GC8 / GC9 will be one critical piece of these efforts
- In addition to timelines, **broader approaches to supporting effective transitions and developing transition pathways** will be core to GC8 and beyond

# Transition Timelines for GC8 / GC9: Potential Cohorts

Setting clear and transparent timelines for transition away from country allocations during GC8 / GC9 supports predictability, shapes GC8 and GC9 investments, and avoids unplanned transitions due to resource limitations



*Illustrative transition timelines for GC8 and GC9 are predictable and avoid sudden transitions*



Differentiated approaches to support transition pathways across portfolios, **with flexibility needed to adjust as we implement** (recognizing the ongoing and rapidly changing context)

# Transition pathways: In addition to more predictable timelines in GC8/GC9, Global Fund partnership will need to support broader pathways across portfolio

## Areas we will lean into

- **Different approaches will be needed** – a ‘one-size fits all’ approach will not work.
- **Will require greater efforts** to ensure what the Global Fund finances, who implements, expectations for domestic financing / co-financing, how Global Fund financing flows to countries, and how the Partnership supports transformation in national responses (incl. integration) increasingly supports countries to move away from Global Fund financing while continuing programmatic impact.

- > **Prioritization** – Greater prioritization and focus on what the Global Fund finances
- > **Transition planning** – Expanding existing transition planning efforts across portfolio
- > **Transitioning specific interventions** – Accelerating country uptake of specific programmatic interventions
- > **Integration** – Advancing integration as a key tenet of sustainability
- > **Community / civil society service provision** – Reinforcing financing of community and civil society service provision, including via social contracting
- > **Grant design to support transition** – including implementing via national systems, scaling down financing of specific interventions, and supporting health financing reforms
- > **Financing modalities** – Leveraging innovative and alternative financing modalities for resource mobilization and alignment with other financiers
- > **Non-grant funded procurement approaches** – expanding efforts to leverage non-grant funded procurement approaches to maximize impact and value for money
- > **Country level transformations and reforms** – Supporting country health and health financing reforms to advance integration and sustainability
- > **Political engagement to prioritize health** – Working closely with regional and national partners to advocate for health sector prioritization and health reforms

# Transition pathways will vary based on country context

## Transition Pathways

**UMIC in LAC** - New RBF modality to strengthen country ownership and incentivize stakeholders to close key gaps in the response, with embedded cofinancing commitments designed to strengthen social contracting.

**Upper LMI in HI Asia** - Support to CCM in GC7, including TA for HRH and CHW Optimization, to conduct comprehensive transition planning process that defines for GC8 which grant costs can be absorbed by domestic resources annually from 2026-2030. Engaging health insurance, local governments, and CSOs to understand domestic financing pathways for HIV and TB interventions.






**LMIC in Africa** - Sustainability assessment identified CHWs as critical for progressive transition to domestic financing. Via blending of grant resources with WB loan, subset of externally supported CHWs delivering integrated community case management (iCCM) services were included in the national PBF scheme. Investment constitutes important step towards formal recognition by government of CHWs as a service provider and contractual partner, that can be incrementally paid by domestic resources.

**LIC in Africa** - Government preparing for gradual and fiscally sustainable transition of investments in health worker remuneration and retention into domestic financing. Health workforce investment compact signed by MOH, MOF, and Global Fund that commits to alignment of salary structures, progressive absorption of wage bill expansion. Commitments translated into budget lines in health sector budget, reinforcing national ownership and sustainability.

## Summary approaches

- ✓ Builds on previous transition planning
- ✓ Leveraging RBF modality for strong country accountability
- ✓ Social contracting focus
  
- ✓ Transition analysis and plan in GC7 to inform GC8 FR
- ✓ TA for specific programmatic areas which significant risks / dependencies
  
- ✓ Sustainability assessment
- ✓ Strengthened alignment with GF partners
- ✓ Integration of GF investments into national financing schemes
  
- ✓ Progressive, scaled transition of specific intervention over time
- ✓ Alignment with national systems (i.e., salary structures)

# What are the key focus areas and risks as the Global Fund implements these strategic shifts?

-  **Transition timelines in higher income contexts are critical and a substantial shift for the Global Fund. However, as the Global Fund partnership implements these strategic shifts, imperative to keep a “whole of the portfolio” approach, supporting all countries (with the exception of the most challenging and low-income) to make tangible, meaningful progress on their own transition pathways in line with country context – even when timelines are longer.**
-  **Advancing transitions in GC8 and GC9 will create risks** – there continue to be programmatic & epidemiological challenges in transition contexts. Success will require both strong Global Fund engagement, as well as significant country and political willingness to make the right investments and transformations needed to maintain progress and sustain gains.
-  **There are also significant risks of inaction** -- abrupt transitions, especially if we face future funding constraints, would undermine our ability to effectively support transition processes. Predictable transitions that provide up front transparency, advanced planning, proper shaping of Global Fund investments, and allow for continued Global Fund engagement during the transition process provide the Partnership with the best opportunity to maintain health progress in countries that have the economic capacity and institutional capacity to gradually fully finance and manage national responses.
-  **As the Global Fund accelerates transitions, post transition strategies will be critical to determine and define** --- finding realistic, practical ways in which the Global Fund may support countries in post transition contexts will be a fundamental complement to these GC8 strategic shifts.
-  **Monitoring approaches will be equally critical** – as the Secretariat and governance bodies define these, will be critical to focus on what the Global Fund can / is best placed to monitor and influence, especially given that “post transition” outcomes will largely be influenced by country action, decision-making, and prioritization.

# 3. GC8 Strategic Shift: Leveraging Co-Financing

# Key aspects of STC operationalization ahead of GC8 support broader strategic shifts, including on co-financing



Revamped STC Guidance emphasizes **transition planning and pathways applicable across entire portfolio**, as opposed to only a subset of countries “exiting” from Global Fund support



**Revised co-financing operational guidance** will reflect key STC Policy revisions, with focus on **co-financing specific interventions and associated costs, differentiated requirements** across the portfolio, and **more rigor** in implementation (see details on next slides)



Allocation letters to communicate **clear expectations for GC8 (as relevant)**, including key messages on transition timelines and **programmatic co-financing areas (see details on next slides)**

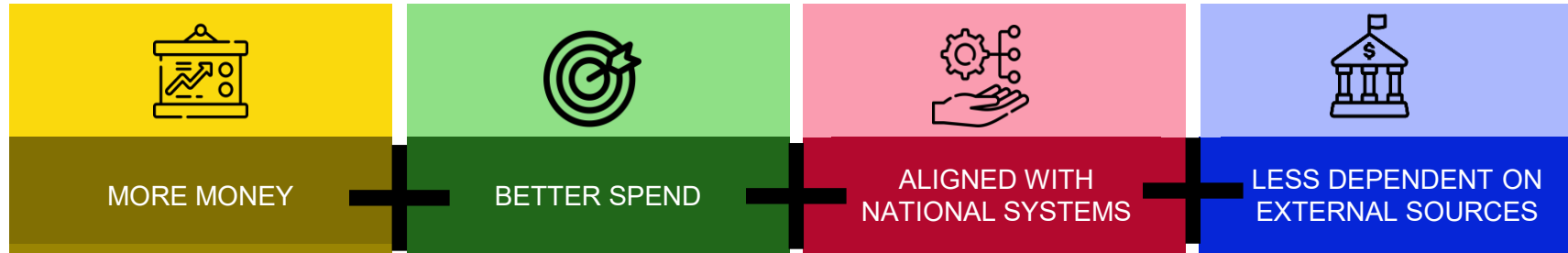


Value for Money framework simplified, with more practical guidance to support **effective, efficient and equitable use of resources** in GC8 in a constrained resource environment



**Greater focus on STC in Funding Requests and A2F processes**, including co-financing compliance, requirement to base FRs on existing national sustainability and transition planning (in line with STC revisions), and adapting to shifts in external financing

# Co-financing is one approach to support sustainable domestic health financing, a key part of effective transitions



*Supported via multiple approaches*

## **Grant design and co-financing**

Leveraging our grants to incentivize progressive increases in government health investments, including for health overall and specific programmatic interventions

## **Political engagement & advocacy**

Raise awareness & political commitment to health, including in support of the African Union's ALM Initiative

## **Technical support to strengthen health financing systems**

Supporting country level capacity and critical health finance reforms

## **Innovative finance**

Mobilizing resources for the health sector through blended finance and debt swaps

## **Value for Money**

Optimizing allocation and utilization of domestic resources and grants spend



## For GC8, approaches to co-financing will be highly differentiated and will set clear expectations, starting with Allocation Letters

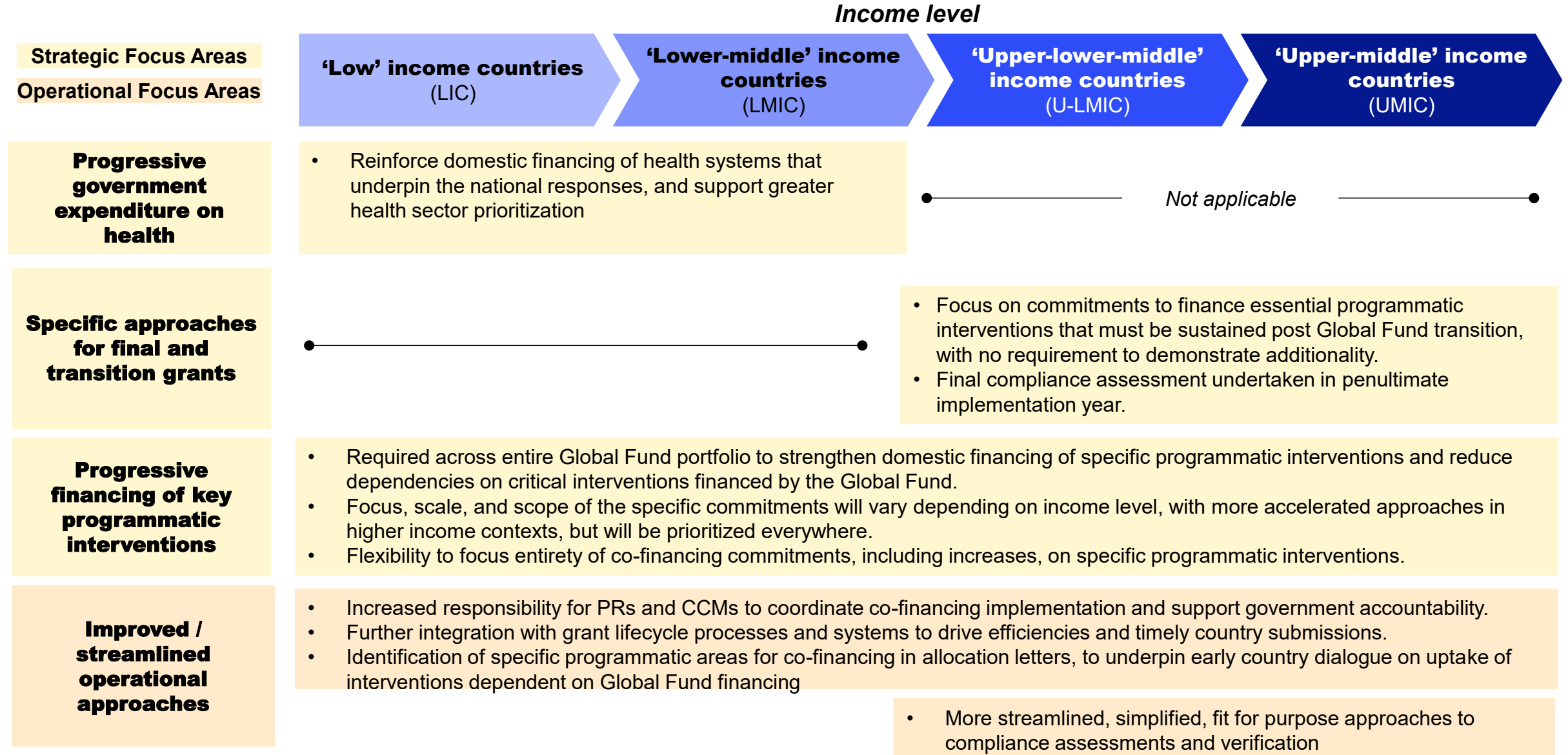
### *Strategic Focus Areas*

- Enhanced focus on commitments to finance specific programmatic interventions, to support transition objectives
- Early GC8 country dialogue on funding landscape and focus areas for co-financing commitments, to inform negotiations and link to country budgeting processes
- Aligning approaches with other partners (including bilateral) to ensure co-financing commitments are mutually reinforcing of transition objectives and realistic within fiscal space
- Ongoing focus on negotiating commitments to increased government health spending in LIC and LMICs, to reinforce investments in overall health systems

### *Operational Focus Areas*

- Aligning differentiated requirements for Focused portfolios with broader streamlining applied across the grant life-cycle
- Simplification of co-financing processes in “*transition*” and “*final grant*” settings to maintain focus on strong, specific commitments but reduce burden of compliance assessments and processes
- Clear and country-specific messages on co-financing, with links to sustainability and transition objectives in Allocation Letter to properly position GC8
- Continuing to reinforce capacity to monitor co-financing via standard grant-management processes
- Increasing alignment between Global Fund grant budgets and co-financing commitments to inform overall investment decisions and better identify domestic co-financing that supports transition

# For GC8, co-financing focus areas will be highly differentiated across the portfolio

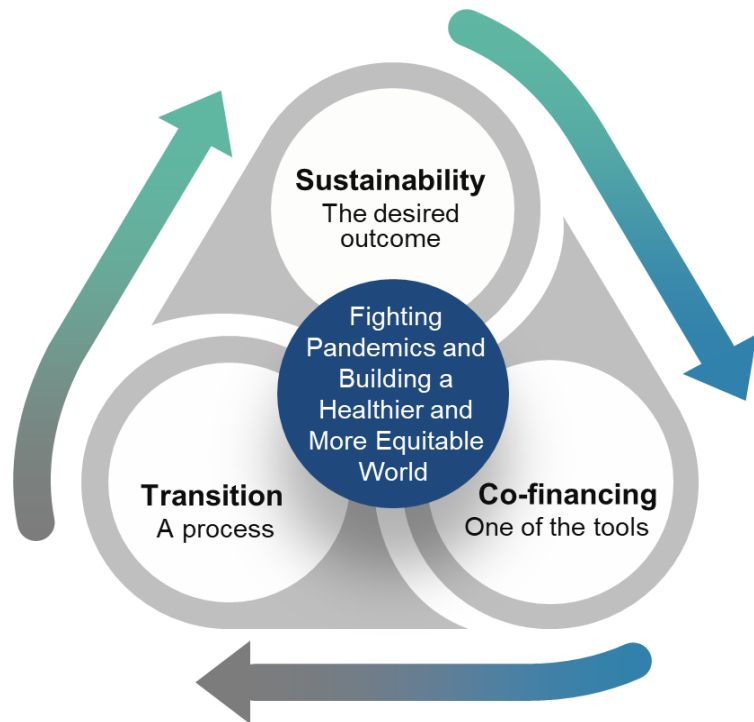




**Annex 1 -- Key updates on STC Policy  
implementation in GC7 (as per update  
to the Strategy Committee in Dec.  
2025)**

# STC Policy is one piece of broader Global Fund approaches to strengthen sustainability and support transitions

STC Policy (revised in 2024) guides how the Global Fund engages on domestic financing, supports financial and programmatic sustainability, and facilitates transition from external financing



Differentiated to reflect the diversity of contexts in which the Global Fund operates

**STC implementation has remained a priority in GC7, focusing heavily on the following elements (highlighted in the update)**

- Co-financing
- Transition funding
- Sustainability and transition planning
- Technical levers to support financial and programmatic sustainability
- Blended financing and Debt2Health
- Health financing advocacy

# In GC7, Secretariat has undertaken a series of enhancements to improve co-financing policy implementation

Summary of key co-financing implementation enhancements undertaken by the Secretariat in GC7

## Operational policy and processes

**EGMC-approved interim co-financing guidance**, clarifying implementation of co-financing for GC7 grant-making, and guiding use of flexibilities to facilitate changes

**Data-driven approach** to setting forward-looking co-financing requirements for GC7 taking into account fiscal space and other factors

**Updated co-financing KPIs** which consider realization of commitments (not policy-stipulated minimum requirements) and risk mitigation

## Templates and tools

**Mandatory Commitment Letter for GC7**

**Standalone co-financing risk assessment**, facilitated by IRM 2.0 tool

**Grant confirmations** contain comprehensive standard co-financing language

Established **reporting templates to notify GAC following finalization of compliance outcomes**, for countries assessed as “conditionally compliant / non-compliant”

## HF data and reporting

**HF data platform development**, including GOS integration project and expansion of existing database to support reporting

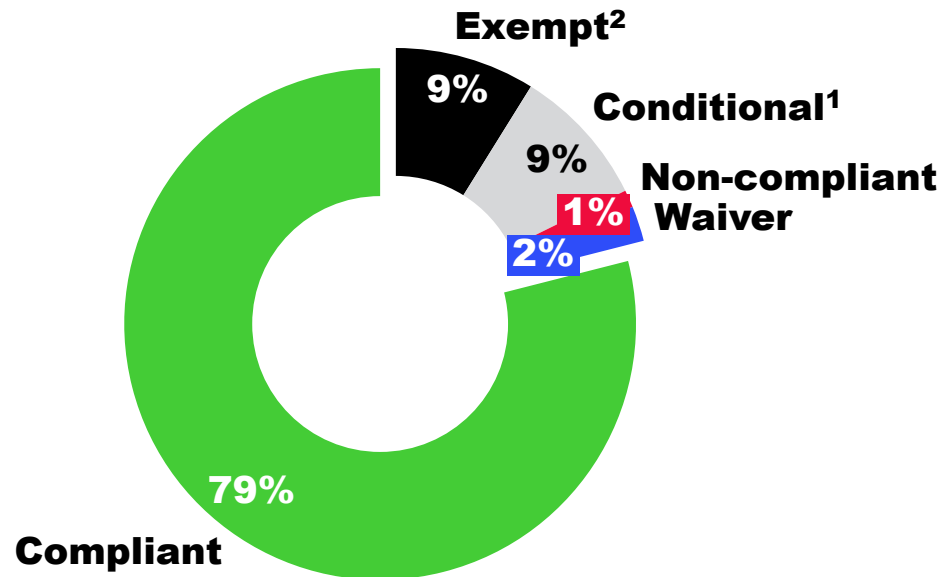
**Co-financing monitoring form developed in the Partner Portal**, to better leverage PRs and CCMs to support and coordinate reporting on co-financing progress

**Regular reporting to committees and Board**, via Strategy Performance Reporting and annual updates on Health Financing and STC

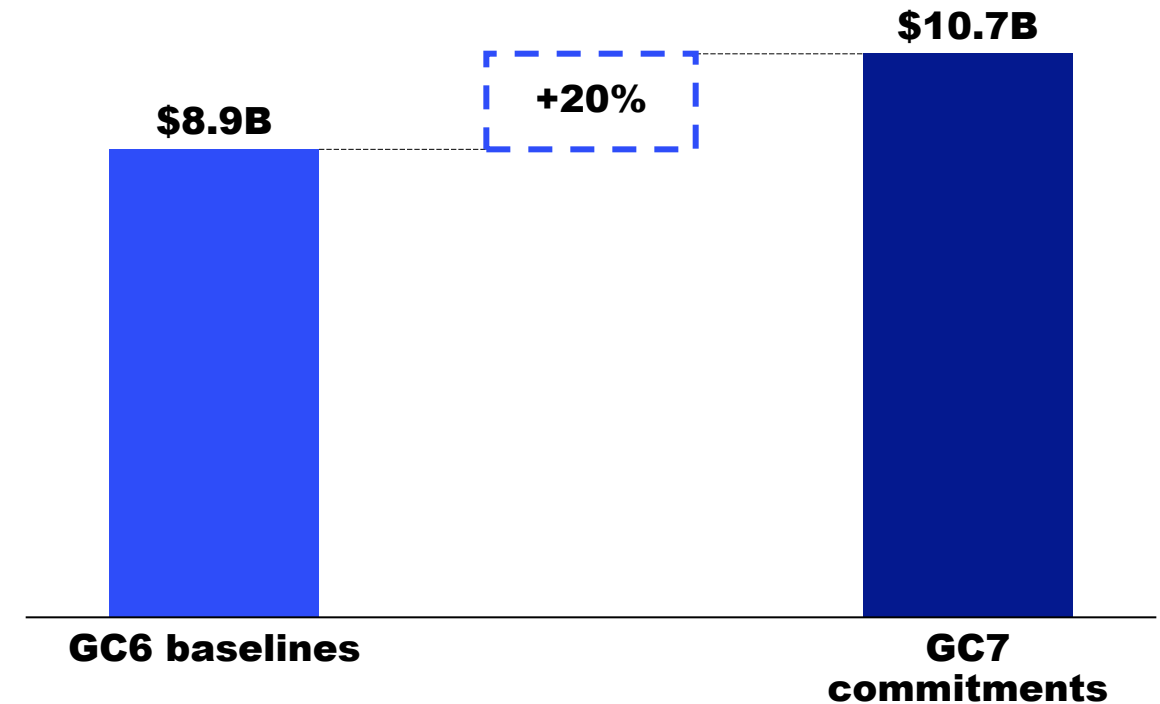
# Countries continue to make significant commitments to finance health and national responses via co-financing

As of mid-November 2025, final and signed commitment letters received from 89 countries, representing over 90% of the cohort (excluding exempt and waived countries).

## Majority of Global Fund supported countries have complied with forward looking co-financing requirements for GC7



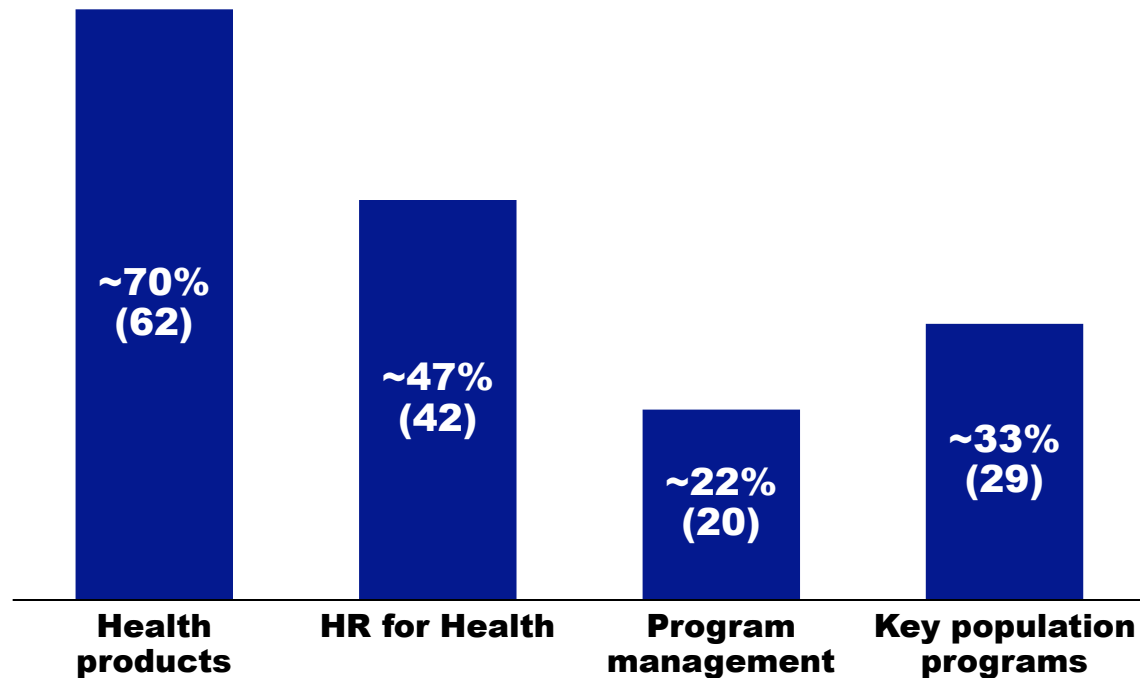
## Total financial commitments received so far represent a ~20% increase on GC6 baselines<sup>3</sup>



# GC7 commitments include greater focus on financing specific programmatic areas – a key STC priority and prioritized area for GC8

## Good base of commitments to specific programmatic areas to build on in GC8

% (and #) of CLs with commitments to certain categories of programmatic interventions



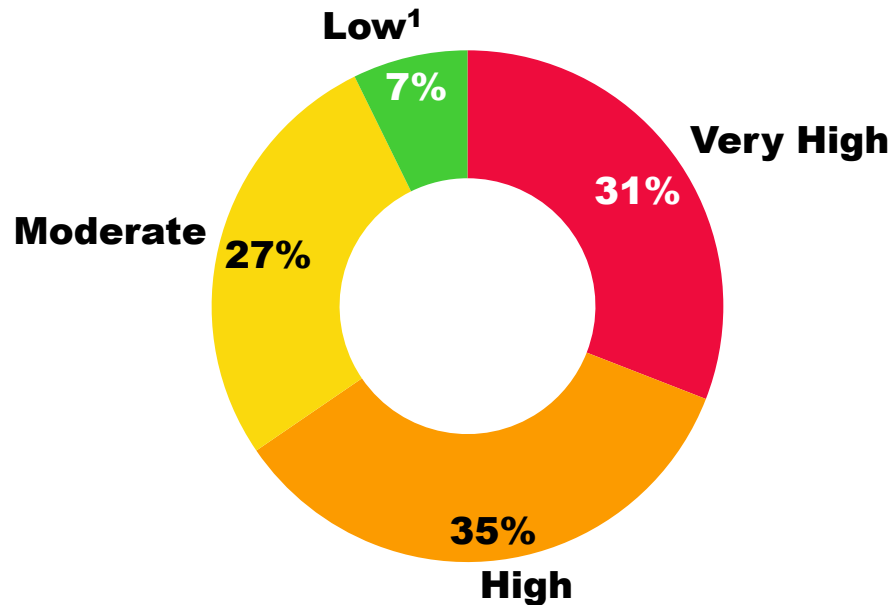
## Illustrative examples of commitments to finance specific programmatic interventions in GC7

|                               | HIV/AIDS  | TB  | Malaria   | RSSH   |
|-------------------------------|---|---|---|--|
| <b>LIC (HI Africa)</b>        | \$246.15M<br>(HIV/AIDS commodities including ARVs and reagents) | \$8.45M<br>(TB medicines)                           | \$4.41M<br>(ACTs and insecticidal spraying)               | \$360.73M<br>(Community Health Extension Workers Strategy) |
| <b>Lower-LMIC (HI Africa)</b> | \$52.4M<br>(ARVs, health products, infrastructure)              | \$14.7M<br>(health products, equipment, management) | \$67.3M<br>(vector control, mosquito nets, antimalarials) | \$17.2M<br>(imaging equipment, diagnostic)                 |
| <b>Upper-LMIC (ESA)</b>       | \$60.7M<br>(ARVs; national AIDS program)                        | \$5M<br>(TB diagnostics & treatment)                | \$2.4M<br>(Insecticides)                                  | -  |
| <b>UMIC (EECA)</b>            | €0.61M<br>(HIV prevention services)                             | -   | -   | -  |

# In the current context, there remain ongoing challenges to fully realize GC7 co-financing commitments

## Risk of non-realization of commitments remains high across the portfolio

Around two-thirds of HI/Core countries have at least one grant assessed as **Very High** or **High** co-financing risk



*Progress against mitigating actions associated with Very High and High risk countries is reported via KPI R1b*

## Monitoring realizations of financial commitments presents a mixed picture at present

Countries reported

Reporting due by end of 2025

70%

30%

*This excludes countries where reporting on Year 1 is not due yet<sup>1</sup>*

**Illustrative regional examples, where on-track means >85% realization of Year 1 commitments:**

### HI Africa

Almost all countries reporting, with a mix of countries on-track, off-track, and a few countries providing incomplete reporting due to pending expenditure tracking efforts.

### HI Asia / SE Asia

Countries split between on-track and off-track, with few countries only reporting partial information (e.g., some but not all provinces reported) and a more complete picture due at the end of 2025.

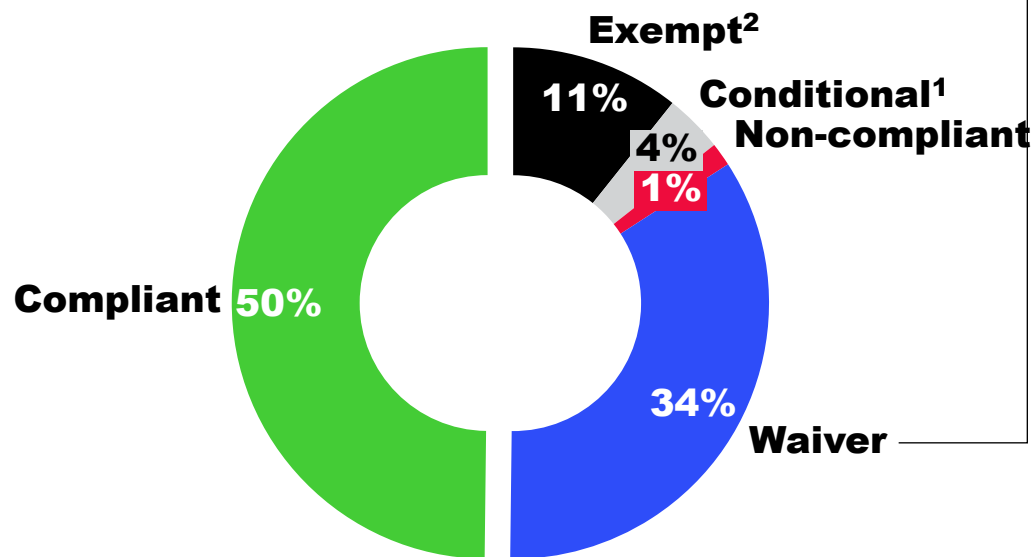
### Eastern Europe and Central Asia

Less countries started implementation in 2024; those who have reported are either on-track or only slightly below target.

# Backward-looking 2020-2022 allocation period co-financing compliance outcomes reflect impacts of macro-economic constraints and changes in co-financing implementation approaches

## Compliance for GC6 almost entirely finalized

For the specific component, did the country realize the policy-stipulated minimum financial requirements for the previous allocation period (GC6)?



**Waivers approved for GC6:** 38 countries across 93 components. Waivers formed part of the Secretariat's efforts to respond to macro-economic challenges and to strengthen co-financing implementation based on verified, country submitted realizations and expenditure

- 32% waivers approved to respond to **macro-economic constraints, including COVID-19 impacts**
- 37% of waivers approved due to **limitations in domestic finance data and a need to reset expenditure baselines / co-financing expectations**
- 31% of waivers approved as a result of both justifications

Examples:

### Country A – macro issues

- Economy destabilized due to coup, resulting in a substantial drop in economic growth, significant inflation of, and ballooning public debt as a share of GDP
- Critical HIV and TB health services disrupted by the pandemic, geo-political situation, protests and armed conflict

### Country B – data limitations

- Methodology applied to understand GC6 expenditures vs GC6 projections underlying co-financing requirements were not aligned and, therefore, not comparable
- Limitations in public financial management system revealed that only a subset of health spending could be identified and monitored as HIV, TB and malaria expenditures moving forward

1. Final compliance outcome to be determined, with some potential non-compliance actions being considered. Pending further verification of realizations during grant implementation; 2. Exempted from co-financing requirements per STC Policy, e.g., non-CCM and multicountry applicants comprised only of catalytic funding. Source: GF Co-financing Database

# Transition | Global Fund continues to support final transition grants and transitions in GC7 through different mechanisms

## Transitioning components in GC7

| Country    | Component             | Approach   |
|------------|-----------------------|--|
| Armenia    | HIV/AIDS              | Transition Funding   |
| Cabo Verde | Malaria               | Transition Funding   |
| Costa Rica | HIV/AIDS              | Voluntary transition; costed extension   |
| Guatemala  | HIV/AIDS; TB          | Transition Funding   |
| Guyana     | HIV/AIDS; Malaria; TB | Final grant (move to high income); malaria had two allocations of transition funding |
| Jordan     | TB                    | Regional Approach  |
| Kosovo     | HIV/AIDS; TB          | Two allocations of transition funding  |
| Malaysia   | HIV/AIDs              | Voluntary Transition   |

Since Global Fund's founding, **52 disease components across 38 countries** have transitioned, and **12 additional components across 8 countries** will transition during GC7



### Malaysia

- Government committed to fully finance HIV response by 2028, including civil society organizations previously supported by the Global Fund.
- Global Fund investments used catalytically to test and scale domestic models, including Klinik Kesihatan Smart Partnership and the Differentiated HIV Services for Key Populations program. Enabled greater integration of HIV services into the primary health care system.
- Approach reflects core STC principles of early planning, national ownership and specific co-financing.

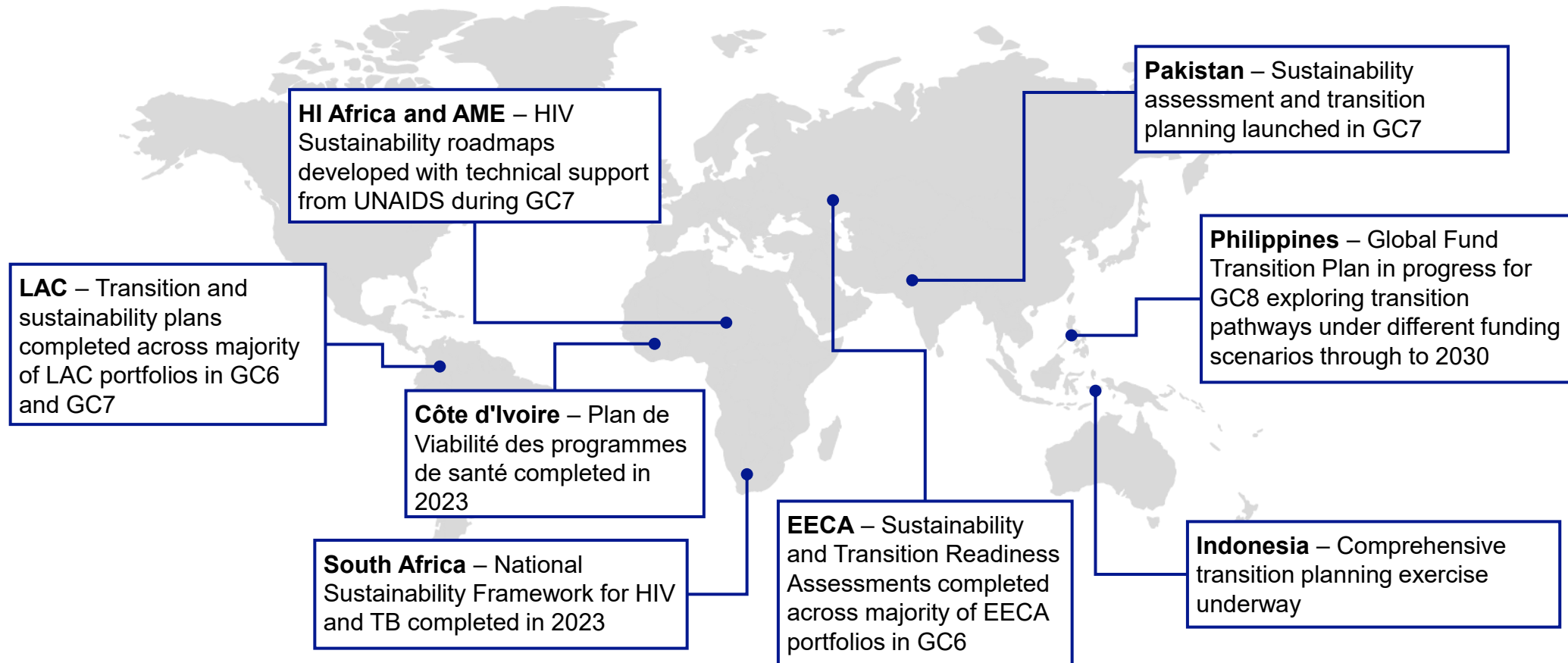


### Costa Rica

- Government voluntarily transitioning, supported by a 9-month costed closure period transition TA Package.
- Transition facilitated through piloting of a self-testing model, finalization of IBBS (surveys) and updated HIV prevention and testing regulations, tailored coaching for civil society, improved access to public funding and alternative financing sources, and revitalized advocacy platforms (PLACIC). Continuity of governance supported by merging CCM with the National AIDS Commission.
- Approach reflects the core STC principles of early planning and strengthening all actors in the disease response.

## Country Planning: National sustainability and transition planning remained focus areas in GC7, building on historical efforts

Significant percentage of higher income portfolios have undertaken sustainability and transition planning, which are informing funding requests, grant design, and co-financing. In GC7, Secretariat has begun to increase focus on HI and LMIC contexts (a trend to re-enforce in GC8 as per the revised STC policy).



# The Global Fund continues to use various technical levers to support country-level sustainability (1/2)

Countries are at different stages in sustainability / transition journey – critical to leverage and use relevant tools, aligned with national priorities and country context



## Health insurance coverage and benefit package optimization

**Dominican Republic** – Inclusion of antiretroviral drugs and TB treatment in health insurance schemes & progress in the integration of HIV services into PHC and national health systems

**Africa** – Regional Budget Impact Analysis on integration of HTM services into health benefit packages, with specific case studies on Nigeria and Zambia



## Enhancing resource tracking

**Africa** – TA to strengthen effective budget formulation and enhancing tracking of government domestic health expenditures (Burkina Faso, Ethiopia, DRC, Kenya, Rwanda, Sierra Leone, Senegal, Tanzania and Zambia)



## Efficiency analysis

**EECA** – Allocative efficiency analysis conducted 2014, 2019 and 2022 using Optima HIV model (>11 countries). Further studies in TB conducted in 2023 (Belarus, Kyrgyzstan, Moldova, Tajikistan, Uzbekistan). Cost efficiency analysis of MS treatment regimen for MDR-TB (Belarus, Georgia, Kazakhstan, Moldova)



## Innovative financing

**Colombia** – Joint investment with the World Bank mobilizing combined resources of approximately US\$ 55M through disbursement-linked indicators, with design incentivizing government to enroll more migrants into Social Health insurance system, providing sustainable financing solutions to ensure access to full range of health services



## Social contracting

**Algeria** – Transition has a priority since GC5. Social contracting identified as key lever to ensure CSO prevention activities are embedded as part of the national health priorities.

**Belize** – Support provided since GC5 to enable social contracting has resulted in allocation and disbursement of government funding to CSOs for the delivery of services to KPs from 2025 onwards



## Sustainable Health Workforce Financing

**Zimbabwe** – Transition of donor funded investments in health worker remuneration and retention to government through workforce investment compact

**Cameroon** – Ongoing investment planning to integrate community health workers into government HRH financing. Investment planning linked to a comprehensive Health Labor Market Assessment

# The Global Fund continues to use various technical levers to support country-level sustainability (2/2)

Countries are at different stages in sustainability / transition journey – critical to leverage and use relevant tools, aligned with national priorities and country context



## HIV response

**Tanzania** – Rationalization of HIV testing approaches, including repeat post-natal testing, generated saving of \$6m. Consolidation of public health and HIV trainings across topics and cadres yielded significant savings



## Efficiency in TB response

**Rwanda** – Adoption of sample pooling for TB tests, is an innovative approach that saved cartridges and reduced laboratory costs by 25%



## Efficiency in Malaria response

**Nigeria** – Significant reductions in campaign operational costs, with a shift to integrate ITN and SMC

**Liberia** -- Differentiated rural and urban ITN strategies to reduce distribution costs; exploring targeting ITNs to priority areas to maximize impact.



## Market shaping

**Africa & Asia** – Accelerated country access and scale-up of the latest health product innovations, including Dual active-ingredient nets, Lenacapavir, and X-rays with AI modules screening for respiratory diseases, at pricing that countries can sustain, with reduced incidence contributing to more sustainable national HIV, TB, Malaria responses



## Programmatic momentum

**Sustain health outcomes and strengthen public health capacities** through advancing integration of service delivery and health systems, rigorous prioritization of Global Fund investments, pushing cost-effectiveness and program streamlining – including as part of GC7 revisions



## RSSH enabling sustainability

**Indonesia** – Investments to develop local health planning and budgeting capacity at district level and strengthen financial sustainability of HTM programs.

**Philippines** – Strengthen national lab systems network and referral between the public health labs.

## **Case example | Amid rapidly evolving external landscape, Nigeria scaling up health insurance to strengthen financial sustainability with GF support**

Recognizing health insurance as critical vehicle for sustainability, in GC7 Global Fund invested \$US 10 million to extend insurance coverage to PLHIV and poor and vulnerable populations living in TB hotspots in 5 of the 36 Nigeria States.

Investment aims to scale up health insurance as mechanism to deliver integrated health services. Includes paying premium and supporting the national Health Insurance authority (NHIA) in standardizing benefit packages and ensuring insurance portability across states.



**Global Fund investment has further strengthened partner engagement** with National Health Insurance scheme, with WHO supporting learning agenda for State Health Insurance Schemes on sustainability and increased advocacy and enrolment activities across states.

**Investment accompanied by an evaluation** to generate evidence for standardizing enrolment processes for vulnerable groups and inform the potential scale-up of Global Fund support in the next grant cycle.

# Innovative Finance: Secretariat expanded approaches to blending and continued efforts on Debt2Health in GC7, setting up these mechanisms for greater use in GC8

## Blended Finance

- Board approval of blended finance approach, MOUs with MDBs, and formal internal operational policies led to increased use of blending as tool in GC7
- WB-Global Fund MoU provides for at least 10 countries to be identified for GC8 joint financing transactions and working together on country compacts; ADB pre-qualified as a new Blended Finance Partner by Global Fund; Global Fund and Islamic Development Bank aligning on partnership agreement to expand collaborations
- Secretariat rebuilding pipeline of potential transactions ahead of GC8

## Debt2Health

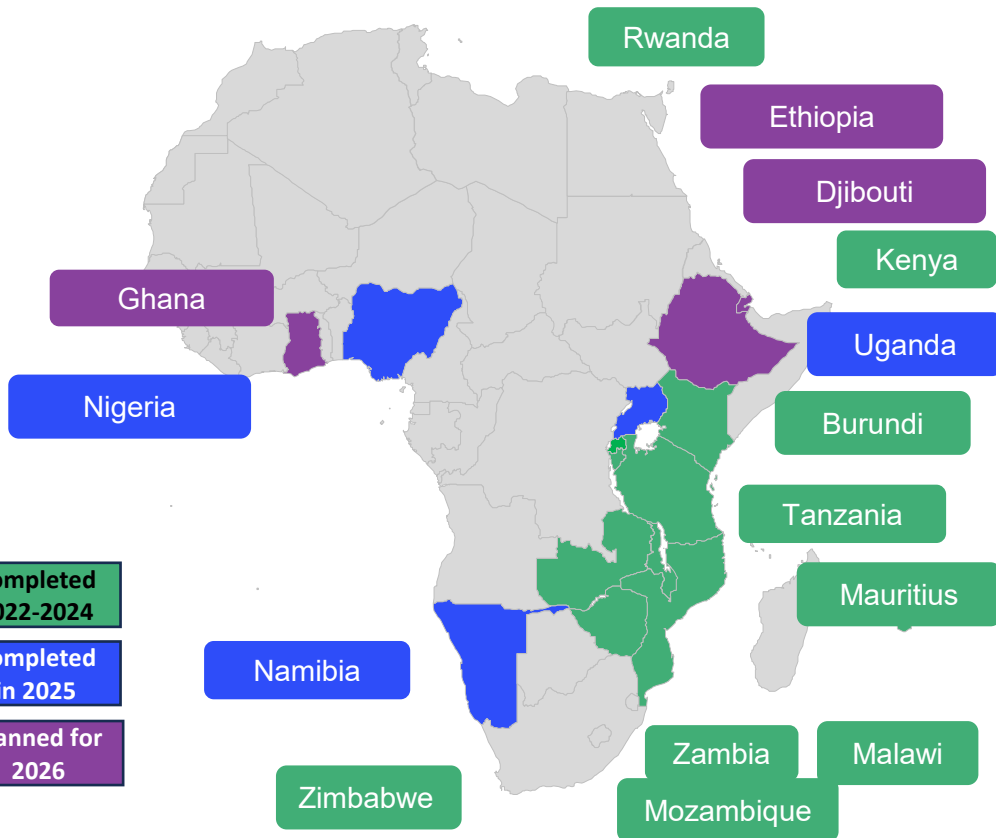
- Continued exploration of tripartite debt swaps, building on AFC approval of expanded D2H scope
- Bilateral swaps totaling over US\$100 M completed and signed into new grants
- Germany's GC8 pledge includes €100 M through D2H; Secretariat in active discussions with additional Creditors/Donors

| GC7 Blended Finance Investments by Country / Focus |   | Financiers  |
|--|---|---|
| <b>Lao</b>   | Donor alignment and integrated approach to primary care for sustainability (HANSA 2)    | Global Fund; World Bank; GAVI; AusAid2;             |
| <b>Haiti</b>                                       | UGP RSSH systems and donor alignment in COE   | Global Fund; World Bank                             |
| <b>Colombia</b>                                    | Enhancing access of migrant populations to a comprehensive care including HIV treatment | Global Fund; World Bank                             |
| <b>Cote d'Ivoire</b>                               | Integration of vulnerable populations and case management into national systems         | Global Fund; World Bank; Early Learning Partnership |
| <b>South Sudan</b>                                 | Expanding access to a basic package of health and nutrition services                    | World Bank  |
| <b>Guinea-Bissau</b>                               | TA to strengthen health financing, PFM and HR   | World Bank  |

| GC7 Debt2Health swap | Proceeds              | Creditor Country |         |
|----------------------|-----------------------|------------------|---------|
| <b>Mongolia</b>      | TB, RSSH              | US\$ 29M         | Germany |
| <b>Indonesia</b>     | HIV/AIDS, TB, Malaria | US\$ 75M         | Germany |

# Advocacy: Domestic Financing Advocacy continues to support African led efforts towards self-reliance and financial sustainability

## 12 National Health Financing Dialogues supported



## Common reform priorities and areas to accelerate health financing reforms have been identified via dialogues

### Increasing Domestic Resource Mobilization

- Strengthen tax base
- Increase government prioritization to health
- Blended finance or debt to health swaps
- Encourage local philanthropic investment and greater private sector engagement

### Improving Value for Money and Efficiency

- Health Technology Assessment
- Pooled procurement
- Leverage AI and efficiency modelling
- Strengthen Public Financial Management
- Reorient towards investment in Primary Health Care

### Strengthening Leadership and Governance

- Improving discourse between health and finance ministries
- Increase parliamentary oversight
- Space for Civil Society to formally engage in budget discussions
- Health Financing strategies

### Enhancing Equity and Financial Risk Protection

- Social health insurance
- Review existing pooling / financial risk protection / national insurance mechanisms to ensure they are financially sustainable and fit for purpose

MOUs developed with the African Union Commission, International Government Authority in East Africa (IGAG), and West African Health Organization (WAHO) to reinforce collaborations as we move toward GC8



# **Annex 2 – Linkages to forward looking strategic shifts and Accra Reset**

**Accra Linkages:** The Global Fund’s approach in GC8 will reflect the increased country emphasis on health sovereignty; it offers an opportunity to reinforce the principles of country led efforts, including those embodied by the Accra Reset

## Accra Reset

Marks bold call to end “development-as-usual”

Established during Africa Health Sovereignty Summit, where African leaders demanded greater self-reliance and financing sovereignty.

Demands a **results-driven, Africa-led model grounded in health sovereignty, workability, and shared value**, designed to re-engineer global governance and financing for health and development.

Anchored on **country ownership, innovative financing, and shared accountability**.

## Synergies

**Shared Objectives** – Country ownership, financial sustainability, and integration of health programs into national systems

**Innovative Financing** – Reset’s Club of Accra offers a platform for blended-finance trials, aligning with the Global Fund’s approaches to support improved domestic financing

**Political Leverage** – The Global Presidential Council creates the political momentum needed to accelerate domestic resource mobilization.

**Systems Strengthening** – Joint efforts can embed disease-specific investments into broader, resilient national health systems.

**Proof of Concept** – Health sovereignty pilots under the Reset provide a testbed for demonstrating scalable, sustainable health financing models.

## GC8 Global Fund approach to support effective transitions



**Continued programmatic impact and reductions in disease burden**, to transition effective, efficient, equitable national responses



**More effective, efficient, equitable use of both external and domestic resources**



**Better domestic resource mobilization**, with less dependency on external financing for key programmatic interventions



**Stronger country capacity and ownership to finance and manage national responses**, including managing the transition process

**With:** Increased predictability of external financing, continued external support during the transition process, and defined pathways based on country context, programmatic progress, and state of health sector financing