The Global Fund in the Health Ecosystem

56th Board Meeting
28 – 30 October 2026, Geneva, Switzerland
GF/B56/09
For Input

Executive Summary

Background & Purpose

- The Global Fund **continues to actively adapt and contribute to the evolution of the global health ecosystem** (GHE). The Secretariat's work in this area is organized around three interlinked pathways:
  - Pathway 1: **Evolving to better deliver our mission**
  - Pathway 2: **Delivering synergies with other partners**
  - Pathway 3: **Contributing to system-wide transformations**
- Change is required across all three pathways, and while distinct, the pathways are **mutually reinforcing** and part of a coherent approach to maximizing country-level impact. This approach was discussed in July at the Board meeting and earlier in October at the Strategy Committee meeting.
- This agenda item is coming to the Board to **provide updates on pathways 2 and 3**, including:
  - Progress made with the Islamic Development Bank, East African Community, World Bank, WHO AFRO, and more generally in GC8 grant making (with a short update on Gavi, but noting that a joint Gavi/Global Fund update will be provided to both Boards in December); and
  - Our engagement in system-wide ecosystem discussions and how this relates to the upcoming Strategy development.

Questions for Steer

1. What is the Board's guidance on how to maximize the Global Fund's contribution to the global health ecosystem reform conversations?
2. Does the Board have any initial guidance in response to the MOPAN early findings, the Accra Reset High Level Panel report and ahead of the WHO interim report?

Recall | The Global Fund is actively adapting through three reinforcing pathways

Evolving to better deliver our mission

Proactively adapting our investments and operating model to better deliver for the countries we serve

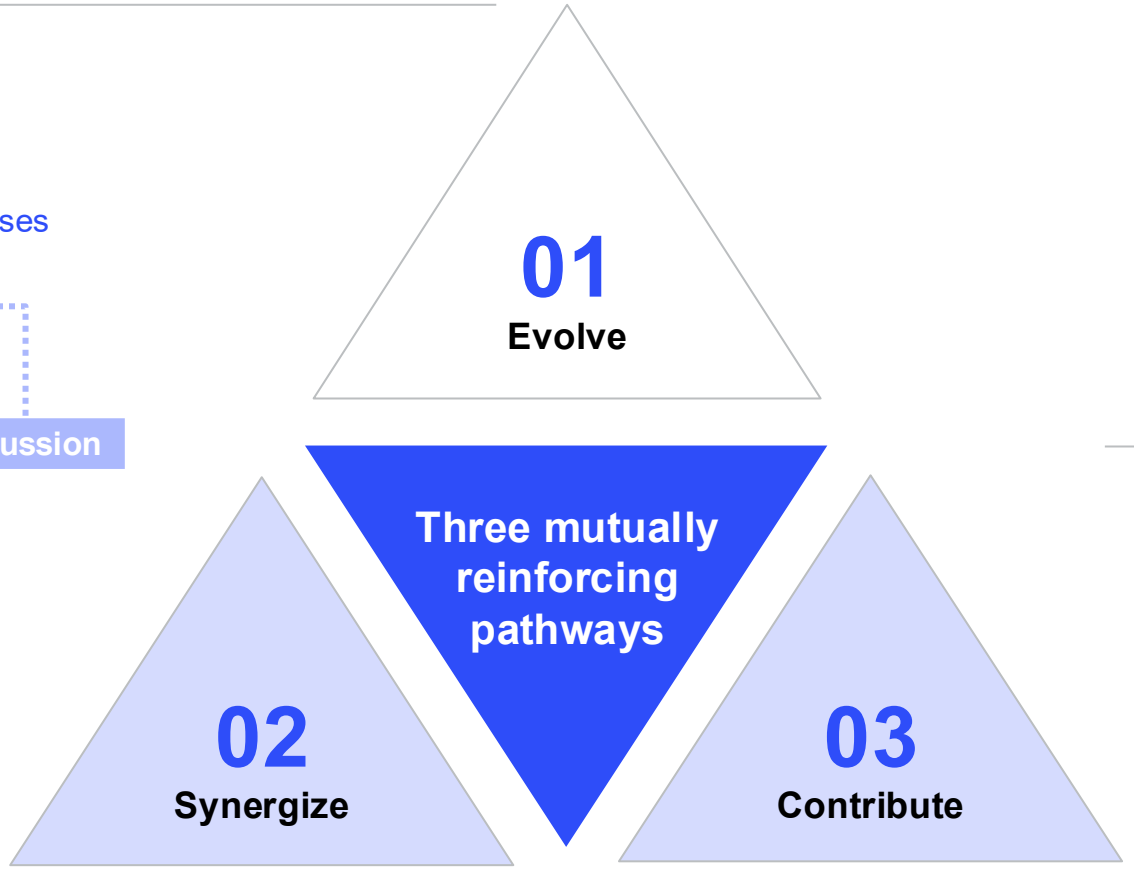
E.g., GC8 strategic shifts; Secretariat restructuring; simplification of grant processes

Delivering synergies with other partners

Focus of discussion

Collaborating systematically with partners to align roles, reduce duplication and fragmentation, and maximize complementarity

E.g., Joint work with Gavi; World Bank, Africa CDC, etc.



Focus of discussion

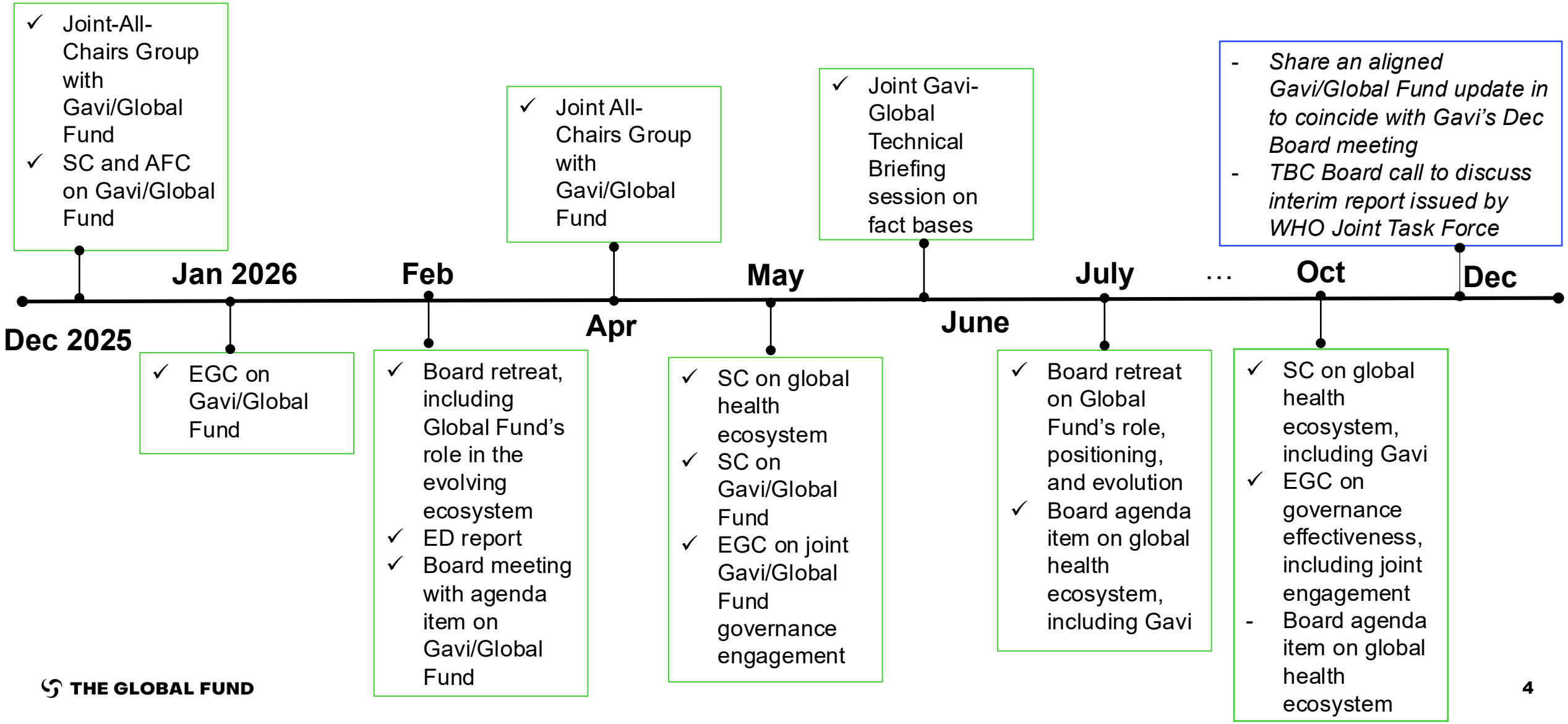
Contributing to system-wide transformation

Engaging in global processes to shape the future of the health architecture

E.g., Accra Reset; High-Level Panel on reform of the GHA and governance; World Health Organization-hosted joint process

Source: “The Global Fund in the Health Ecosystem”, GF/B55/12 (July 2026), “Global Health Ecosystem”, GF/SC30/11 (May 2026)

Recall | Recent governance engagement on global health ecosystem and partnerships



Pathway 2. Delivering synergies with other partners

(selected examples, not exhaustive)

Pathway 2: Delivering synergies with other partners

A stronger partnership with the **Islamic Development Bank** (IsDB) to improve health systems and increase the impact of complementary investments

Complementarity

IsDB is a multilateral development bank promoting economic and social development across its 57 member countries.

The partnership aims to:
- Strategically align investments with country-led priorities
- Mobilize and blend complementary resources
- Increase the impact, efficiency and value for money of investments

IsDB brings:
- The ability to mobilize and blend complementary resources
- Institutional platforms and networks connecting governments, private sector, civil society and development partners

The Global Fund brings:
- Health investments and country-level programs
- Experience and expertise in supporting national health priorities and systems
- Grant financing and technical expertise

Partnership Framework Agreement (PAF) signed in Oct 2026 to align investments and strengthen health systems

1. **Strengthen resilient and sustainable health systems**
   - Strengthen resilient and sustainable health systems to enhance service delivery and address financing gaps.
   - Deliver integrated health care and interventions aligned with national strategic plans and the Sustainable Development Goals.
2. **Coordinate and leverage financing**
   - Leverage existing investments, programs and institutional platforms to identify opportunities for joint investment to maximize impact on shared health priorities and meet country demand.
   - Joint investments may include blended and parallel financing and technical assistance.
3. **Build networks for greater impact**
   - Reciprocally engage in network and collaboration building to maximize impact and advance innovative financing approaches.
4. **Strengthen consultation and knowledge sharing**
   - Share information on investments and activities to identify opportunities for strategic alignment, efficiencies and exchange of expertise.

By bringing together IsDB's development financing and networks with the Global Fund's health investments, the partnership strengthens health systems through strategically aligned investments and the mobilization of complementary resources to achieve greater impact.

Pathway 2: Delivering synergies with other partners

Partnering with **East African Community** (EAC) to strengthen regional procurement, manufacturing and supply chain systems

Complementarity

The EAC is a Regional Economic Community, a key regional partner and brings capabilities in:

- Coordinating and convening regional leadership and across EAC Partner States
- Advancing regional collaborative and pooled procurement
- Strengthening regional and in-country supply chains
- Supporting regional manufacturing and market integration

The Global Fund brings:

- Financing footprint across EAC Partner States
- Large-scale procurement and market-shaping capabilities
- Quality assurance and supply chain expertise
- Collaborative procurement platform and tools

MoU signed in Sept 2026 to advance regional procurement, manufacturing and resilient supply chains (2026–2029)

1. **Advance regional capabilities for procurement and manufacturing**
   - Explore opportunities to support the operationalization of the EAC Pooled Procurement Mechanism (PPM), including demand coordination and collaborative procurement
   - Collaborate on approaches to strengthen regional manufacturing through more coordinated and predictable demand
2. **Strengthen resilient regional and in-country supply chains**
   - Explore opportunities to strengthen governance, institutional capacity and supply chain leadership
   - Promote collaboration on data standards, traceability, interoperability and South–South learning
3. **Accelerate Non-Global Fund-Financed Procurement**
   - Collaborate on approaches to expand the use of domestic and other non-Global Fund resources for quality-assured health products
   - Explore linkages between the EAC PPM and Global Fund PPM/Wambo
4. **Support sustainable health financing and strategic purchasing**
   - Explore sustainable financing approaches for collaborative procurement

This partnership combines EAC's regional leadership and convening power with the Global Fund's procurement and market-shaping capabilities to advance collaborative procurement, regional manufacturing and resilient supply chains across East Africa.

Pathway 2: Delivering synergies with other partners

World Health Organization
REGIONAL OFFICE FOR Africa

Deepening **WHO AFRO** and the Global Fund collaboration on GC8 funding requests and implementation

Collaboration highlights

Joint engagement on GC8 priorities:

- Joint webinar for WHO AFRO regional and country teams on GC8 Strategic Shifts
- Strong attendance and valuable country perspectives on funding-request and implementation challenges
- WHO AFRO-led mock TRP reviews for Window 1 and Window 2 (W1 and W2)
- Practical recommendations used by 24 countries to strengthen submissions

Broad participation strengthened collaboration:

- Ministries of Health, program managers and national stakeholders engaged strongly
- Country feedback was very positive

Webinar and two mock TRP reviews supported W1/W2 submissions across 24 countries

1. Key strengths

- Strong alignment with GC8 shifts on primary health care (PHC), people-centered services and integrated delivery
- Broad commitment to integration across disease programs and health systems

2. Areas requiring further attention

- Strengthen costing, implementation pathways, roadmaps, service models, milestones and indicators
- Ensure integrated PHC approaches fully address key-population access and outcomes

3. Cross-cutting weaknesses

- Phase ambitious reforms against absorptive capacity and sustainability requirements
- Close gaps in domestic financing, transition planning, recurrent costs and evidence-to-investment links

4. Looking ahead

- Join W3 mock reviews; deepen engagement with WHO AFRO–RSSH on the GC8 Strategic Shifts and country-tailored implementation support

This partnership combines WHO AFRO's regional leadership and convening power with the Global Fund's GC8 investments in Africa and health sector reforms.

Pathway 2: Delivering synergies with other partners

Progress on procurement discussions with the **World Bank**

THE WORLD BANK

Progress

- Following on the 2025-2028 MOU signed between the World Bank and Global Fund, leadership and technical colleagues have been engaging to find a path to consistently allow countries to leverage World Bank funding (e.g. IDA) for Wambo/PPM, should they want to.
- Working groups were established in early July to concretely move the work forward.
- Following Global Fund Board approval of the NGFP policy and the NGFP mechanism (July 2026), we are working on a simplified approach with the World Bank, aligned to typical arrangements they use with many UN agencies.

Next steps

- The work to align on approach and documentation with working groups is continuing.
- The World Bank and Global Fund anticipate finalizing the details shortly and hope to confirm agreement by the end October.

Concretely, this is moving from country ad hoc opportunities to a framework agreement between the World Bank and Global Fund to facilitate use of Wambo with Bank financing at scale, should countries want to.

Pathway 2: Delivering synergies with other partners

Example of broad collaboration in GC8 grant making: Working with Mali

Context

- From 21-29 September, representatives from the Government of Mali, the Global Fund, Gavi, implementing partners, technical agencies and civil society met to advance discussions on the country's next grant cycle, **aligning investments around Mali's national priorities.**
- The Global Fund and Gavi already collaborate in Mali; **what was new in GC8 was doing so during grant-making**, while budgets and investments were still being finalized.

Key Anchor

- **Focus on those who we serve.** A zero-dose child is often the same child affected by malnutrition and malaria; a woman reached for antenatal care also needs malaria prevention and HIV and syphilis testing.
- Planning around shared beneficiaries **means a fuller package, not parallel interventions.**



Key Outcomes

Reaching shared beneficiaries
Immunization outreach combined with malaria prevention, nutrition, TB case detection & other essential services

Beyond campaigns: routine care
Primary and community health care strengthened together, for an integrated package

A view across all partner financing
USG and World Bank participation enabled a view across broader partner financing

One country framework, one national channel
Gavi and Global Fund investments as part of one country delivery framework, managed by the same MoH program management unit

Clarity on who funds what
Financing roles clarified; budgets reshaped where another partner already invests

Joint delivery
Malaria, immunization and other campaigns run on shared planning, logistics and digital tools



Pathway 2: Delivering synergies with other partners

Continuing the collaboration with Gavi

Following a joint Board meeting between Gavi and the Global Fund in June 2026, **Gavi's CEO and the Global Fund's Executive Director sent a joint email to both Boards**.

A summary of this joint email is as follows:

- **Shift focus from analysis to implementation:** The Taskforce will focus on delivering the Board-endorsed Level 0 and Level 1 collaboration initiatives across the five work bundles, prioritizing practical improvements that can be achieved within existing mandates.
- **Prioritize TB and malaria collaboration:** TB is an immediate opportunity for meaningful collaboration and work will be linked to the WHO TB Vaccine Accelerator Council. Malaria collaboration will be accelerated through joint country work and lessons-learned reviews to inform future approaches.
- **Pause further work on structural reform options:** No additional analysis of merger, consolidation, or other structural reform models will be undertaken for now. The existing fact base and independent assessment have been shared with broader health architecture reform efforts (Accra Reset High-Level Panel and the WHO Joint Taskforce).
- **Stop additional grant cycle alignment analysis:** Further exploration of aligning Gavi and Global Fund grant cycles will not proceed unless the significant financial and implementation risks can be addressed.

Pathway 2: Delivering synergies with other partners

Recall | 5 bundles of focus agreed with Gavi, with malaria and TB being prioritized

Country Impact — *HQ synergies*

	1 Reducing administrative burden along the grant cycle	2 Enabling coordinated & more effective malaria support for countries	3 Enabling coordinated & more effective HSS support for countries	4 Exploring options for potential joint TB approaches	5 Driving efficiencies across enabling functions
L0. Related ongoing 'Action Now' initiatives	Strengthen country coordination & communication on mgmt. and governance	Support integrated country planning through info sharing	Support integrated country planning through info sharing, collaborate on new investments and PFM		Explore joint Secretariat "indirect procurement"
L1. Newly prioritized initiatives to pursue	Coordinate application forms, monitoring & reporting for GC9 & Gavi 7 and assess AI agent-enabled interface for countries	Aligned expectations, accountability and incentives to drive consistent collaboration across technical, country-facing, and other relevant roles	Align & coordinate strategic approach, /guidelines, taxonomy and definition, country support and ways of working	Jointly mobilize a project team[1] to identify collaboration opportunities on TB	Share learnings and best-practices cross-organizations (e.g., on task shifting) and intent to pursue potential joint contracting for Shared Service Centers
L2. Identified for further exploration	Integrate monitoring & reporting frameworks		Align application components and streamline processes relevant to HSS		Further structural integration of enabling functions in Geneva and, at a later point, further explore establishing a joint shared service center
L3. Options considered in detail but paused for now	• Align grant cycle timeline • Integrate applications • Reconfigure country team model	• Explore fungibility for malaria envelopes	• Integrate strategy, guidance, or technical teams and converge in-country partners		• Exploring joint new offshoring activities in recipient countries

See following slide for readouts

- The Ethics and Governance Committee and Strategy Committee had a discussion on the collaboration with Gavi earlier in October.
- We are planning to share an aligned Gavi/Global Fund update in December to coincide with Gavi's Board meeting, which will include updates on all bundles, including malaria and TB which are being prioritized.

Pathway 2: Delivering synergies with other partners

Readout from recent Committee discussions regarding collaboration with Gavi

At the October **Ethics and Governance Committee** meeting, members broadly discussed governance effectiveness and as part of this, effective ways to engage across Gavi and Global Fund governance

At the **October Strategy Committee**, the Secretariat presented on engagement within the broader global health ecosystem, including an update on the collaboration with Gavi – specifically highlighting progress made on TB

Summary from EGC

- **Refocus the Joint All-Chairs Group to just be the Board Chair/Vice Chair and CEO/ED from each organization**. There was acknowledgement that while including Committee leadership can be beneficial for inclusivity, scheduling becomes too cumbersome and Committee chairs in each organization serve in different capacities.
- Through this group, **the Board Chairs will recommend if and when a joint Board meeting is required**. Acknowledging that the bigger the group, the more difficult it is to have meaningful and candid engagement, the default approach should be to maintain separate discussions within respective governance bodies, with joint Board meetings to be convened only where joint steer or decisions are needed.
- **Joint materials should be used when possible; however, the Secretariat should not shy away from bringing areas of misalignment to Committees and the Board**. The Secretariat should be clear where information is joint/already agreed and highlight where they were not able to do so.
- A suggestion was made that donor groups and implementing groups across both organizations organize themselves to have discussions across issues relevant to their constituencies **to help build aligned expectations that can be shared back to both Gavi and the Global Fund**.

Summary from SC*

- Members **supported advancing engagement in the evolving global health ecosystem**, with emphasis on comparative strengths and strategic contribution to ecosystem reform.
- **Continued support for deepening collaboration with Gavi around TB and malaria** guided by impact, complementary capabilities and country needs, with one member suggesting considering all TB funding go through the Global Fund to streamline for countries, and some members encouraging flexibility and bold thinking, agnostic of institutional structures.
- Requested **shifting governance engagement on collaboration with Gavi to focus on strategic choices for collaboration on TB and malaria** rather than operational issues, with some suggesting moving the discussion planned for the 56th Board meeting to a later time when strategic issues require Board steer.

*Slides from the SC meeting which focused on progress on malaria and TB can be found in the annex.

Pathway 3. Contributing to system-wide transformation

Pathway 3. Contributing to system-wide transformation

The Global Fund's engagement in ecosystem-wide processes (non-exhaustive)

GHE initiatives	Scope	Global Fund engagement	Deliverables & Next Steps
WHO-HOSTED JOINT PROCESS	Three Workstreams: • Global health functions, mandates and capacities • Coordination and decision-making • Financing	• Appointment of a Task Force Member and active participation in all three Task Force meetings to date. • Active engagement across the workstreams providing inputs on prioritization of recommendations and actionable steps to inform the Interim Report. • Sharing materials (The Global Fund model and the Strategic Shifts, GF-Gavi Task Force Fact Bases, Global Fund's Briefing for the Joint Task Force)	End November 2026: Interim Report End March 2027: Final Report and Roadmap Next Steps: • Each workstream short-listing potential recommendations and developing initial list of actions. • Interim Report will consolidate key findings from evidence base and potential recommendations.
ACCRA RESET & HIGH-LEVEL PANEL ON REFORM OF GHA AND GOVERNANCE	Focus on 3 pillars: • Health Financing • Innovation, Production & Access • Governance & Institutional Reforms	• Executive Director's formal role in high-level consultative group • Executive Director's briefing to the Accra Reset High-Level Panel on the Global Fund's funding model and country decision-making; Sharing of materials including on Grant Cycle 8 Strategic Shifts, and GF-Gavi Task Force Fact Bases. • Participation in High-Level event at UNGA on 21 Sep to support High-Level Panel's recommendations	21 September : High-Level Panel's final recommendations presented at UNGA Next steps: • Accra Reset Dialogue Series – a series of stakeholder engagement fora. • The Presidential Council provides high level political sponsorship • The report lays out expected timelines for implementation
MOPAN STUDY ON MULTILATERAL EFFECTIVENESS IN GLOBAL HEALTH	Mapping of organizational Mandates and Comparative Advantage Study	• Submitted evidence for the Mapping of Organizational Mandates and the Comparative Advantage Study. • Fact-checked the draft Comparative Advantage analysis and provided additional feedback, particularly on health systems ecosystem analysis.	Early December: publication of the Comparative Advantage Study together with the full narrative report.

AU political guidance on GHA reform: The **African High-Level Ministerial Committee on the Reform of the GHA (AHLMC)** is expected to publish a report by the next AU Assembly

Global Fund's contributions in the GHA reform conversations

Key contributions

- Any reform effort should be firmly grounded in **country leadership**. Global support should align with nationally-owned, costed plans.
- The Global Fund supports stronger civil society and community engagement and agency, as central to ensure equity and sustainability of health programs.
- We support **civil society and community meaningful engagement** in the reform process as critical, and inclusion of **voices from lower income countries**, and countries in **crises** context.

Key Focus

- Focus on **maximizing impact** for people and countries we support, with the resources available.
- Make sure we **protect the gains** achieved over the past two decades and **capabilities** that have taken decades to establish.
- Ensure **we avoid disruptions to essential services.**
- **Focus on functions, results and capabilities** vs. mandates and structures.

Leveraging Global Fund's comparative advantage

Our model
Unique inclusive governance and model based on country ownership and equity

Our inclusive country delivery platforms
National governments and partners, including civil society and communities

Ability to raise public and private resources at scale and translate them into health impact

Market Shaping & Pooled procurement
Proven capabilities to accelerate equitable access to innovation with speed, scale and value for money

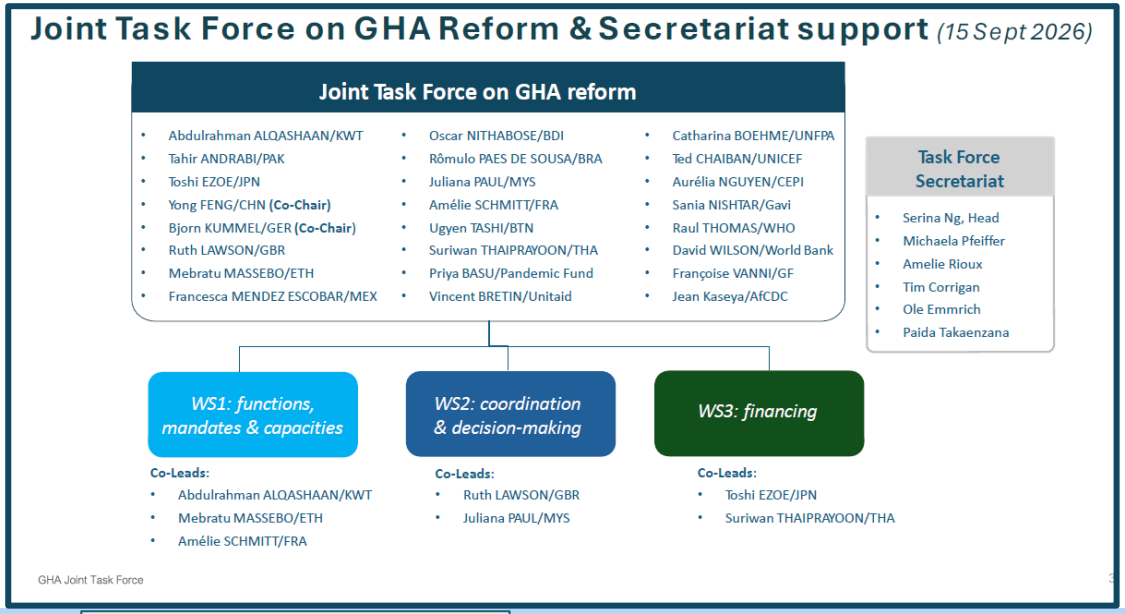
Contribution to resilient health and community systems and building core **preparedness** capacities at scale

Our existing internal reform agenda including the GC8 Strategic Shifts, and **differentiated support to countries' self-reliance pathways**

Key Considerations

- **Planned and managed transitions**
- **Differentiation and attention to fragile and conflict settings**
- **Growing role of regional institutions**
- **Financing and delivering global public goods**
- **Sustained ambition: country sovereignty *and* global solidarity**

WHO Joint Task Force timeline and engagement of the Global Fund's governance bodies



Task Force Composition and Workstreams Co-leads

56th GF BM

Proposed intersessional Board call to review Interim Report

2026 — September — Oct — 28 – 30 Oct — Nov — Dec — **2027** — Jan-Feb — End March — May — WHA80

- ✓ 1st face-to-face WHO Joint Task Force meeting
- ✓ Accra Reset recommendations
- ✓ Mopan Comparative Advantage Analysis

- ✓ WHO Joint Task Force meeting
- ✓ Workstreams consultations with external stakeholders
- ✓ Workstreams deliverables
- ✓ Early orientations and recommendations for interim report

- ✓ 16-17 Nov - 2nd face-to-face WHO Joint Task Force meeting to finalize Interim Report
- ✓ *End November: Interim Report issued and shared with WHO Executive Board*

- ✓ 25 Jan – 2 Feb - WHO Executive Board – Discussion of the Interim Report, and GHIs Boards' reviews
- ✓ GHI Board Leaderships invited to participate in WHO Executive Board TBC

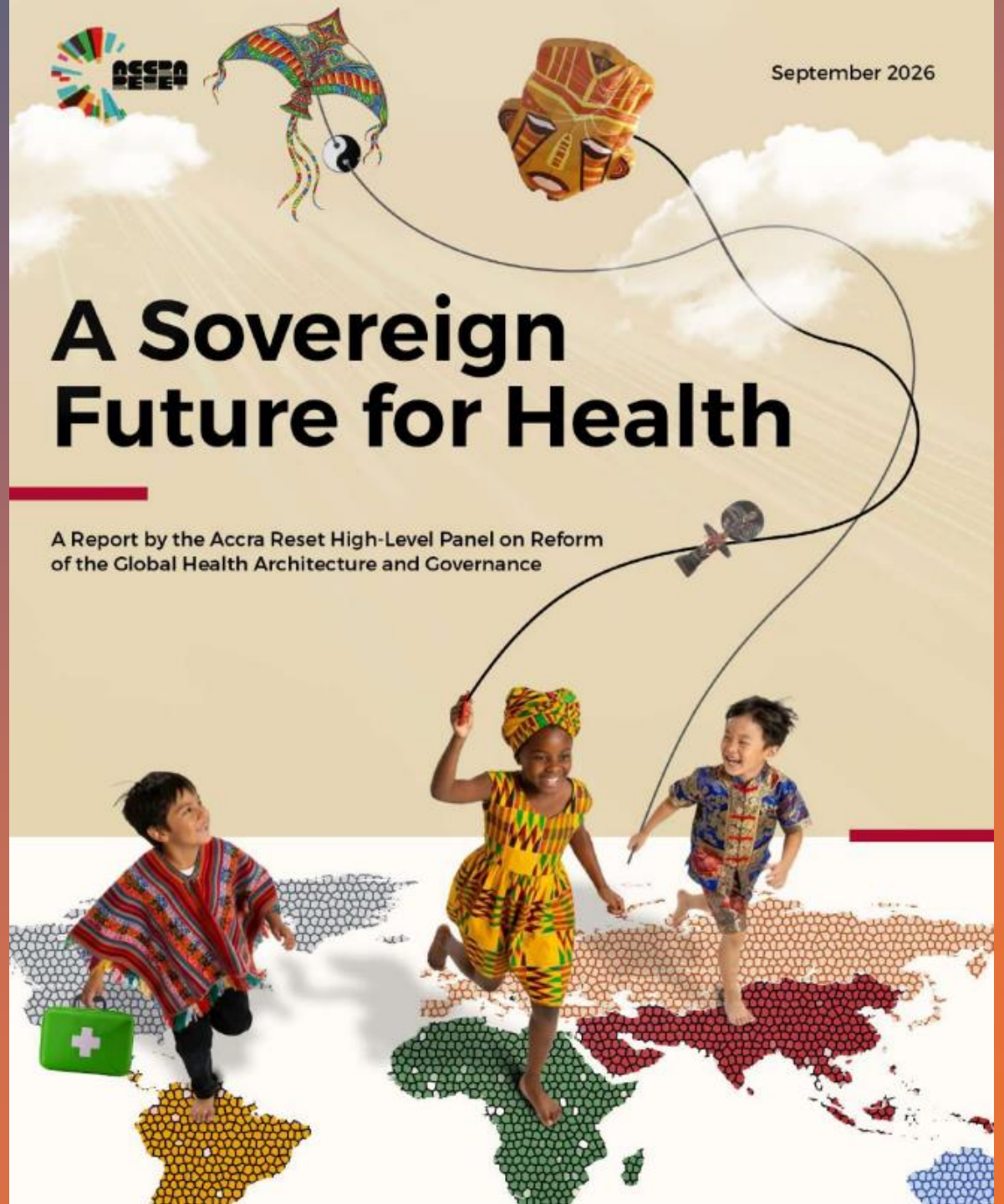
- ✓ *End March: Final Report (recommendations & roadmap) issued*
- ✓ GHIs Boards' reviews (exact time window TBC by WHO Joint Task Force)
- ✓ April: Drafting and submission of final WHA Paper

GHIs Boards' review of **Interim Report** (Dec – mid-Jan)

GHIs Boards' review of **Final report** (End March – TBC)

Accra Reset High-Level Panel
10 recommendations
for reforming the Global Health Architecture

1. One-Stop Country Compact: One Plan. One Budget. One Platform
2. Accelerate a Sustainable Financing Transition: Build Health Sovereignty on Domestic Resources
3. Empower Regional Institutions as Expressions of Country Agency
4. Build an Equitable Health Innovation Ecosystem
5. Increase Investment in Health Products Manufacturing based on Organised Regional Collaboration
6. Turn Fragmented into Market Power through Regional and Global Procurement and Commodity-Security Coalitions
7. Refocus Global Cooperation on Global Public Goods
8. A stronger humanitarian continuity mechanism for health
9. Intentionally Reform Global Health Institutions through more effective collaboration, strategic consolidation and closure when appropriate
10. An independent Accountability Mechanism for the Reset and Continued Evolution of the GHA

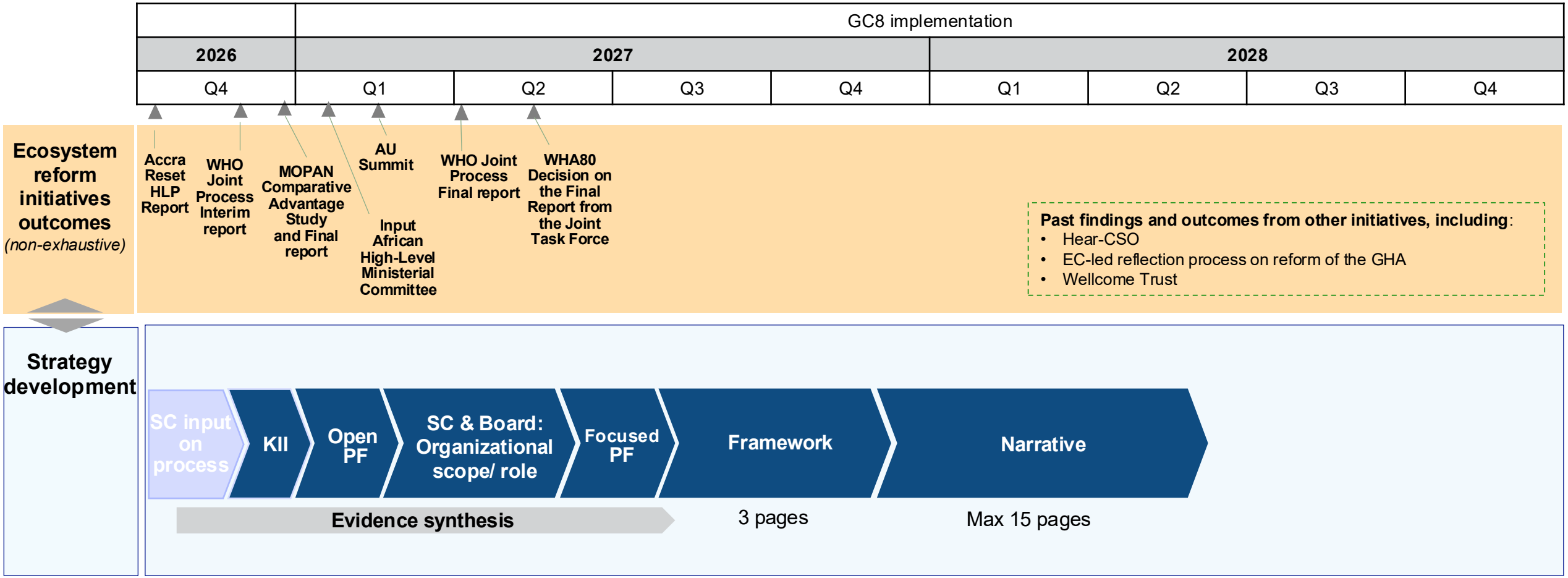


MOPAN Study on Comparative Advantage: early findings

As presented at WHS, ahead of final publication with final narrative report in December

Early Findings	Relevance for the Global Fund
Comparative Advantage is distinctive across 9 global health institutions surveyed, but is bounded by mandates, design and financing	• **Global Fund's distinctive comparative advantage** stated as: Large-scale HIV, TB and malaria financing; pooled procurement and market shaping; investment in resilient systems/ community systems; communities and civil society in its governance • **Limited by**: Disease-defined mandate. Country coordinating mechanisms bring communities and civil society into decisions but run alongside government planning processes.
Collective capabilities are significant but uneven across the functions	• **The Global Fund's role is evaluated across 6 Functions** • GF assessed as a *Lead* for F3 Develop and deliver health products (alongside Gavi, WHO, UNICEF, UNFPA, Unitaid) • GF assessed as an *Enabler* for 3 Functions (F2 Strengthen country health systems; F4 Monitor health, detect threats and raise the alarm; F5 Respond to emergencies and crises) • GF assessed as a *Contributor* for F6 Stewardship: global health system governance, coordination and accountability (alongside Gavi, GFF, PF) • **Overall comparative advantage position defined as: Scale, pooled procurement and community voice, finance HIV, TB and malaria responses**
12 Reform Objectives, grouped by implication	• **Implication 1 at country level**: One country compact binding for all partners; Harmonised financing process in each country; Mutual recognition of assurance and audit • **Implication 2:** Shift financing incentives of external partners in the GHA: Longer term external financing, harmonized transition pathways • **Implication 3**: Finance the GHA predictably and fairly: Joint financing for shared global functions including market shaping, shared detection, alert and response financing • **Implication 4**: Govern the GHA as a whole: Agreed roles and priorities for market shaping; Standing arrangement to oversee roles and mandates, System-wide oversight of funding flows

Outcomes of the reform initiatives will shape the Strategy development process



For Board steer

1. What is the Board's guidance on how to maximize the Global Fund's contribution to the global health ecosystem reform conversations?

2. Does the Board have any initial guidance in response to the MOPAN early findings and the Accra Reset High Level Panel report and ahead of the WHO interim report?

ANNEX

The following slides are being shared to the Board for reference. These were shared with the Strategy Committee for their October meeting and provide an update on the malaria and TB collaboration with Gavi.

Classified as Internal

Recall | 5 bundles of work came out of the Task Force, with malaria and TB being prioritized*

Country Impact — *HQ synergies*

	1 Reducing administrative burden along the grant cycle	2 Enabling coordinated & more effective malaria support for countries	3 Enabling coordinated & more effective HSS support for countries	4 Exploring options for potential joint TB approaches	5 Driving efficiencies across enabling functions
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L2. Identified for further exploration	Integrate monitoring & reporting frameworks		Align application components and streamline processes relevant to HSS		Further structural integration of enabling functions in Geneva and, at a later point, further explore establishing a joint shared service center
L3. Options considered in detail but paused for now	• Align grant cycle timeline • Integrate applications • Reconfigure country team model	• Explore fungibility for malaria envelopes	• Integrate strategy, guidance, or technical teams and converge in-country partners		• Exploring joint new offshoring activities in recipient countries

*See email from 27 Aug 2026 to Gavi and Global Fund Boards from the respective CEO and ED outlining joint areas of focus.

Recall | Roadmap for coordinated and effective malaria support

Timeline: May 2026 – Dec 2026

Bundle 2	Coordinated and effective malaria support
Objectives	Countries are supported to holistically plan malaria programmes across all interventions, leveraging limited available resources from Global Fund, Gavi and other organisations to maximise impact.
Key activities	1. **Ensure increased country visibility** across external financing sources, models and opportunities. 2. **Identify 3-5 priority countries** for strengthened Gavi/Global Fund coordinated support; plan to understand key barriers and identify solutions to optimize ongoing country-level collaboration. 3. **Systematize inter-organization information sharing and trouble-shooting** on service delivery efficiency and integration (such as EPI channel for ITNs; campaign efficiencies; population denominators) 4. **Plan briefings for IRC and TRP**. For TRP, brief on Gavi new funding model and country decision needs and timelines; for IRC, Global Fund will provide visibility on country SNT / GC8 plans.
Deliverables / Outcomes	• Countries have wider visibility across external financing opportunities to support holistic planning. • Barriers and opportunities to improved country level coordination, collaboration and integration are understood and acted on. • Visibility of malaria prevention planning and funding by TRP and IRC.

Long-standing collaboration on malaria – with the focus now shifting to documenting lessons learned & acceleration in priority countries

Long-standing collaboration (start 2017)

- Joint Gavi/GF/Unitaid RTS,S pilot informed WHO recommendation
- GF-Gavi malaria workstream launched in 2023 to strengthen malaria collaboration; 2024 joint Board meeting on malaria.

JCWG: strengthening the collaboration agenda (2024-25)

- JCWG provided renewed momentum to Gavi-GF collaboration, elevating malaria as a strategic priority.
- Identified barriers to effective collaboration through Wave 1 country bottleneck analysis, and encouraged the launch of practical initiatives to improve planning, coordination, and country support (e.g., joint guidance, application timing mapping to identify opportunities holistic country planning and joint malaria applications and reviews).

Taskforce: addressing outstanding questions and identifying new opportunities (2025-26)

- Taskforce (TF) explored outstanding / more sensitive institutional and operational questions, alongside new areas of opportunity.
- TF recommended to further embed routine joint planning, synchronized information sharing, aligned accountability and ensuring consistent collaboration.

Next phase: Learn, accelerate, deliver (2026-2027)

- Joint Boards (July 2026) aligned on **further accelerating country level collaboration**, reduced burden and duplication, and stronger impact.
- Next phase (from Sep 2026): joint malaria lessons learned + accelerated collaboration in a select number of countries.
- Focusing on **deeper collaboration, document, demonstrate measurable impact and replicate successes across portfolio.**

Ongoing country-level collaboration

Country and technical teams have collaborated on malaria planning, program design and implementation, including integrated delivery approaches (e.g., malaria vaccination with SMC campaigns), coordinated malaria vaccine and LLIN deployment, and aligned community engagement and implementation support.

Malaria collaboration – initiatives completed and underway

Taskforce analytical phase supported by an external provider →

***Sep'26-onwards**: Collaboration to focus on implementation at country level (incl. TF additional initiatives)* →

Apr'24 Joint Gavi-GF Board on malaria

Sep'24 JCWG launch

Jul'25 joint Gavi-GF Taskforce launch

Sep'25 JCWG sunset

June '26 Gavi-GF Joint Board Tech Briefing

Dec'26

1 Global-level initiatives

JCWG short-term initiatives across malaria, RSSH/HSS & country engagement (later picked up by TF)

A Support planning for 6.0/GC8
- Malaria application timing mapping
- Gavi's briefing to TRP
- GF's briefing to IRC

B Facilitate country decision-making
- GC7 reprioritization
- Aligned guidance
- MFIP[1]

C Strengthen coordination / integration *(global alignment & troubleshooting)*
- Gavi-GF Malaria WG (technical teams)
- Gavi-GF-WHO touchpoints

★ New initiatives identified through country-level efforts

2 Country-level initiatives

A Ongoing in-country collaboration *(illustrative examples)*
- Integrating Vx with SMC campaigns
- Adding LLIN distribution during Vx introduction
- Integration at community level for monitoring of coverage
- Harmonizing malaria BCC and Vx comm strategies
- Linking Vx and LLIN distribution in routine settings

★ **Additional global initiatives** may be added as the rapid learning review insights arise

B Joint malaria rapid learning review (lessons learned)

C In country acceleration in 3 priority countries

…

1. MFIP: Malaria Funders Information Package

1 Global initiatives | Enhanced coordination to enable more effective planning, prioritization and delivery of malaria interventions

Objective	Key activities	Timeline
A Support better country planning	**Mapping of GC8/6.0 country malaria application timing** to identify opportunities for joint, holistic country planning and joint malaria applications and reviews.	*Completed*
	Briefings to Independent Review Committee (IRC) and Technical Review Panel (TRP) - TRP briefing on Gavi 6.0 funding model - IRC briefing on GF GC8 Shifts and malaria priorities; follow-up discussion on integration being scheduled; relevant TRP Window 1 and Window 2 lessons learned to be shared.	*Completed* *TRP briefing (Jun'26)* *IRC briefing (Sep '26)*
B Facilitate country decision-making	**Gavi engaged in GF GC7 reprioritization** with country-by-country malaria and RSSH team discussions on malaria investments and prevention gaps, and to identify collaboration opportunities.	*Completed*
	Aligned messaging in allocation letters and guidance materials, strongly encouraging countries to appropriately prioritize malaria investments across all external and domestic funds and all intervention areas (case management, vector control, chemoprevention and vaccines), and to include Gavi and the EPI program in planning a holistic malaria response.	*Completed*
	Increased country visibility across external financing sources, models and opportunities via: - RBM Malaria Funders Information Package (MFIP): Provides an overview of available malaria funding by country (Gavi 6.0 funding for malaria Vx and GF GC8 malaria allocation), plus an overview of funding scope, application dates, implementation period and links to key guidance for GF, Gavi, PMI, Gates Foundation, GiveWell, Back Stop Fund.[1] - RBM Country and Regional Support Partner Committee (CRSPC) monthly meetings/webinars - Ad hoc regional briefings - Partner coordination forums e.g., Malaria Vaccine Coordination Team	***Ongoing priority*** *MFIP published in June '26*
C Strengthen country coordination / integration	**Continued coordination on service delivery integration** (e.g. EPI channel for ITNs; campaign efficiencies) throughout GC8 and Gavi 6.0	***Ongoing priority*** *bi-weekly malaria team check-ins*

[1] https://dashboards.endmalaria.org/en/funding-hub. Global Fund GC8 allocation data provided in March 2026.

2 Country initiatives | Illustrative country examples demonstrate how collaboration is already translating into tangible country-level results

Country example	Collab objective	Description of the effort
Burkina Faso *Ongoing*	Improve both **malaria vaccine uptake** and overall **immunization system performance**	During Seasonal Malaria Chemoprevention (SMC) campaigns, community health workers identify children who are eligible for malaria vaccination while simultaneously identifying zero-dose and under-immunized children for referral to routine immunization services.
Mozambique *Ongoing*	**Strengthened malaria prevention strategy** through integrated planning and delivery	Malaria joint efforts, particularly around the integration of malaria vaccines into the National Malaria Control Programme (NMCP) planning process, as well as coordination of community-level campaigns and implementation approaches.
Ethiopia *Oct 2025*	**Strengthened malaria prevention** through integrated service delivery	During the introduction of the malaria vaccine, Ethiopia integrated the distribution of long-lasting insecticidal nets (LLINs) alongside vaccine delivery activities, with close operational coordination between the malaria and immunization programmes.
Cameroon *Ongoing*	**Strengthened malaria prevention** through integrated service delivery	The Country Teams (CTs) regularly meet to explore synergies/complementarity. EPI and NMCP are coordinating, e.g., Perennial Malaria Chemoprevention (PMC) will be distributed through the EPI program (PMC is not supported by GF).
Angola *Ongoing*	**Exploration of synergies and opportunities**	The introduction of malaria vaccine is a priority, but still no date for implementation. CTs meet regularly to share planning information and coordination around respective funding request discussions in-country to explore complementarity and integration opportunities as funding decisions are finalized.

2 Country initiatives | Gavi-GF will deepen country-level collaboration through ongoing efforts and two new malaria-focused initiatives

A Continue ongoing in-country coordination and integration:

Including but not limited to:

- Integrating Vx with SMC campaigns
- Adding LLIN distribution during Vx introduction
- Harmonizing malaria Behavior Change Communication (BCC) and Vx comm strategies
- Linking Vx and LLIN distribution in routine settings
- Integration at community level for monitoring of usage/coverage (e.g., CHW check on Vx status when providing SMC)

B Rapid learning review (lessons learned)

- **Timeline**: Launch Q4 2026
- **Approach:** Joint ToR[1], externally commissioned.
- **Objective: Understand how collaboration supported and enabled countries to holistically plan and deliver malaria vaccines across all malaria prevention interventions** and identify practical changes to strengthen future collaboration (incl. implications for TB).

C Acceleration in 3 countries: driving tangible, country-level improvements

- **Context:** Joint Board guidance to focus efforts on country impact and **improving in-country collaboration.**
- **Objective:** Strengthen in-country collaboration to improve malaria prevention outcomes.
- **Timeline**: Joint engagement with selected countries to start by Q4.
- **Scope:** Start with 3 countries given Secretariat and country capacity constraints during grant-making year.
- **Country selection:** Based on clear criteria, with the aim to reflect a diversity of contexts across the portfolio so learnings can be applied to similar settings, *e.g., less mature health systems incl. fragile settings, and more mature systems with integration opportunities.*
- **Approach**: Together with countries, start with documenting current collaboration efforts and challenges, and identify actions to improve a country's ability to plan across all malaria interventions, improve integrated service delivery, and explore coordinated monitoring and reporting, including related to integration and impact.

New Taskforce initiatives launched in Aug 2026

[1] Joint ToR including scope and review questions in development

Recall | Roadmap for TB

PRELIMINARY

Timeline: May 2026 – 2028

Bundle 4	Tuberculosis
Objectives	Establish a shared, country-centered collaboration model to ensure holistic and timely country readiness, planning and implementation across all TB prevention interventions (novel TB vaccines, TB Preventative Therapy incl. new long-acting injectables). Aim for integrated TB prevention response, leveraging Gavi and Global Fund complementary strengths.
Key activities	• **Phase 1 (May-Sep 2026): Set objective, share learnings, and define joint messaging:** Define a shared collaboration objective, deliverables, ways of working, share existing learnings from introductions of adult and adolescent vaccination programmes and past TB innovations between organizations, and develop aligned messaging and advocacy on TB prevention interventions. • **Phase 2: Generate aligned evidence, including country perspectives:** Identify evidence needs and align on key learning questions; leveraging existing platforms (incl. TB Vaccine Accelerator WG4, WHO and GF engagements and other partner platforms) to bring national TB and EPI programs together to build understanding across all TB prevention interventions, and refine country perspectives on use cases, delivery options, introduction timelines and strategies and readiness support needs. • **Phase 3: Establish joint collaboration model:** Informed by country insights and emerging evidence, develop GF-Gavi collaboration options (including exploring Taskforce identified areas*), implications and recommendations for an integrated TB collaboration model for Taskforce decision. • **Phase 4: Implementation:** Co-design and implement support for an integrated TB model and country readiness including Gavi/GF grant processes, delivery channel design, and demand forecasting.
Deliverables / Outcomes	*To be further specified as part of Phase 1* • **Agreed set of collaboration options and recommendations for TB prevention in different scenario**, including implications, trade-offs and a defined Gavi–GF approach linked to key global platforms and partners (e.g. TB vaccine Accel.). • **Joint approach for country implementation support**, including alignment on early communication, readiness support, grant processes, and delivery design.

*Areas identified by the Taskforce for exploration by the Joint TB Project Team: Funding architecture for procurement and delivery; Institutional hosting and governance; Country planning and delivery; Joint evidence generation for decision-making & implementation.

Context on TB

- First TB vaccine candidate targeting adolescents and adults is expected around 2029–2030, and long-acting injectables to deliver preventive therapy likely to follow around a similar timeframe or shortly thereafter.
- Global Fund and Gavi established a Joint TB Project Team following the recommendation of the GF-Gavi Taskforce.[1]
- SC and joint Global Fund and Gavi Board have emphasized focusing collaboration on maximizing country-level impact.[2,3]
- The Joint TB Project Team focuses on ensuring holistic and timely country readiness for the introduction of novel TB vaccines in the context of other TB prevention interventions (incl. new long-acting injectables).
- Current efforts focus on generating evidence and country perspectives to help countries make informed decisions and plan across all TB interventions.
- Collaboration continues to draw on lessons learned from malaria vaccine introduction[4] and other new product introductions relevant for TB vaccines.
- The Joint TB Project Team works in coordination with and through the WHO TB Vaccine Accelerator.

[1] GF/SC30/12
[2] GF/SC30/17
[3] June 2026 Joint Technical Briefing for Gavi & Global Fund Boards
[4] GF and Gavi are commissioning a rapid learning review to understand how collaboration supported countries to plan and deliver malaria vaccines with broader malaria interventions, and identify practical changes to strengthen future collaboration (incl. implications for TB).

Purpose & Scope of the Collaboration – Joint TB Project Team

PURPOSE

To establish and operationalize a shared, country-centered collaboration model between Gavi and the Global Fund to support holistic and timely country readiness, planning, and implementation of new TB prevention interventions as part of a coordinated TB response.

SCOPE

- **Collaboration model:** Develop and implement a model for holistic and timely country readiness, planning and implementation of novel TB vaccines in the context of other TB prevention interventions (novel TB vaccines, TB Preventative Therapy incl. new long-acting injectables).
- **Planning & evidence:** Contribute to country readiness planning, delivery strategies, demand forecasting, (Gavi led for vaccines and GF led for other interventions), evidence generation and synthesis. In coordination with and through the WHO TB Vaccine Accelerator.
- **Information & coordination:** Share information and identify ways to better coordinate and support to country TB and vaccination programs.
- **Implementation:** Coordinated implementation support approach to enable introduction and scale-up of appropriate mix of TB prevention tools at country level, including alignment of operational processes as relevant.
- **Taskforce:** Advise the Gavi–Global Fund Taskforce on the implications for TB of broader organizational collaboration options.
- **Complementarity:** Complement ongoing work on market shaping and vaccine procurement/contracting.

Deliverables – Joint TB Project Team

WS 1: Set objective, share learnings, define joint messaging	WS 2: Generate aligned evidence, including country perspectives	WS 3: Recommended collaboration model
Timeline: May–Sep 2026	**Timeline: 2026–2027**	**Timeline: 2027–2028 TBD**
Shared collaboration objective and agreed operating model between Gavi and the Global Fund through a ToR	**Continued assessment of key evidence gaps and programmatic questions** specific to the work of the Joint TB Project Team	**Structured set of collaboration model options and recommendations for country support** on TB prevention (readiness, planning, governance, delivery) for Task force consideration, informed by WS2 evidence
	Explore **joint modelling to assess the comparative impact of novel and existing TB prevention strategies**, and how these interventions be optimized to maximize health impact under different resource and implementation scenarios	
Initial sharing of key lessons learned from previous immunization introductions and TB/long-acting prevention innovations	**Joint article on lessons learned** from other adult or adolescent vaccination programmes and new product introduction relevant for TB vaccines[1]	
	Deliver multi-session webinar series tailored to multiples audiences to support country knowledge of the vaccine pipeline and other TB prevention interventions	
Aligned approach to joint messaging and advocacy on TB prevention interventions	**Synthesis of country perspectives on TB prevention interventions** (integration, use cases, delivery models, timelines, readiness needs)	**Assessment of implications, trade-offs, and feasibility of each option**, including impacts on funding models and organizational structures
Detailed 6-month workplan and higher-level 18-month workplan outlining key activities and milestones	**Consolidated insights from country and partner engagements** leveraging existing platforms (TB Vaccine Accelerator, WHO, Global Fund, regional meetings)	

WS 4: Implementation
Timeline: 2026 onwards - TBD subject to products availability
From 2026: **Ongoing support to WHO TB Vaccine Accelerator** (Policy, Finance, Access, Country Readiness, Advocacy, Community Partnership)
From 2027-2028: **Jointly designed, coordinated approach to country readiness and implementation support, and scale up** of TB prevention interventions
From 2027: **Alignment on opportunities for integration with Gavi and Global Fund operational processes** (grants, delivery channels, demand forecasting)

The deliverables above outline the baseline direction for joint work and will adapt to country needs, evidence, product availability, and partner priorities—guided by country ownership, flexibility, and maximum added value. Workstreams and phases operate on overlapping timelines.

[1] Incl. Lenacapavir, Human Papilloma Virus Vx Introductions and multi-age cohort campaigns, Novel Point-of-Care (NPOC) TB Diagnostics.

Status – Joint TB Project Team

Completed
On track
Not started

WS 1: Set objective, share learnings, define joint messaging

Timeline: May–Sep 2026

Deliverables	Status
Shared collaboration objective and agreed operating model between Gavi and the Global Fund through a ToR.	**ToR finalized**
Initial sharing of key lessons learned from previous immunization introductions and TB/long-acting prevention innovations.	**Initial presentations have taken place**, resulting in concept note for joint external lessons learned article (WS2)
Aligned approach to joint messaging and advocacy on TB prevention interventions.	**Identified upcoming advocacy opportunities** **Development of joint talking points underway**
Detailed 6-month workplan and higher-level 18-month workplan outlining key activities and milestones.	**Workplan developed**, linked to ToR

WS 2: Generate aligned evidence, including country perspectives

Timeline: 2026–2027

Deliverables	Status
Continued assessment of key evidence gaps and programmatic questions specific to the work of the Joint TB Project Team.	**First key evidence needs identified**, included in the ToR
Explore **joint modelling to assess the comparative impact of novel and existing TB prevention strategies**, and how these interventions be optimized to maximize health impact under different resource and implementation scenarios.	**Concept note developed** ToR in development Outputs expected by 2027
Joint article on lessons learned from other adult or adolescent vaccination programmes and new product introduction relevant for TB vaccines	**Concept note agreed**, development of joint article starting
Deliver multi-session webinar series tailored to multiples audiences to support country knowledge of the vaccine pipeline and other TB prevention interventions.	**First monthly webinar with WHO scheduled**[1] (Sep – Dec 2026)
Synthesis of country perspectives on TB prevention interventions (integration, use cases, delivery models, timelines, readiness needs).	2027, informed by WS2 evidence
Consolidated insights from country and partner engagements leveraging existing platforms (TB Vaccine Accelerator, WHO, Global Fund, regional meetings).	Ongoing

[1] Webinar series: New Vaccines In the Future TB Prevention Landscape