

# **GC8 Strategic Shifts: Overview**

54<sup>th</sup> Board Meeting

GF/B54/05 – Revision 1

12-13 February 2026, Geneva, Switzerland

For Board Information and Input

# Pre-read introduction to GC8 discussions

- This slide deck provides the overview framing information to help structure the Board discussion of the major changes being implemented in preparation for GC8. While the content remains largely the same as the December 2025 Strategy Committee (SC), updates have been made to further evolve thinking based on SC and Board input to date.
- The SC had a robust conversation at its December 2025 meeting and overall support was voiced for the strategic shifts.
- As noted in the documents for the Board retreat, while there has been momentous progress in the fight against HIV, TB and malaria, significant challenges remain, and in the case of malaria, gains are being reversed. With shrinking partner landscape, progress in strengthening health and community systems is fragile.
- This deck then discusses the significant strategic shifts adopted for GC8, including:
  - 1) What has already been done to prepare for GC8 in terms of policy, program and grant lifecycle changes - see Annex;
  - 2) Our impact aims across different epidemiological and financial contexts and how sustainability, transition pathways and timelines inform these investments; and
  - 3) An outline of substantive strategic shifts, many of which are discussed in detail in separate Board slide decks, that describe the major changes in place for GC8, including on allocations and qualitative adjustments; sustainability, transition and co-financing; integration; community systems and financing; market shaping and catalytic investments.

# Implications of 8<sup>th</sup> Replenishment outcomes

- Tremendous generosity and incredible efforts across the partnership; the 8<sup>th</sup> Replenishment successfully raised US\$12.643 bn as of 5 February 2026.
- This will result in US\$10.783 bn as the sources of funds for country allocations - see GF/B54/04 for the latest.
- Successful 8<sup>th</sup> replenishment result. While a decrease from the original GC7 funding levels, is limited to a US\$1.112m (-9.3%) decrease in country allocations from the GC7 deallocation amount<sup>1</sup>.
- However, wider context must be considered: decreases in other funding sources for HIV, TB and malaria; reduced partner landscape; and movement towards country self-reliance.
- The 8<sup>th</sup> replenishment and external context requires the Global Fund partnership to work differently in GC8 to realize program impact, raise additional domestic funding, and address the sustainability of progress made in HIV, TB, malaria and systems for health.

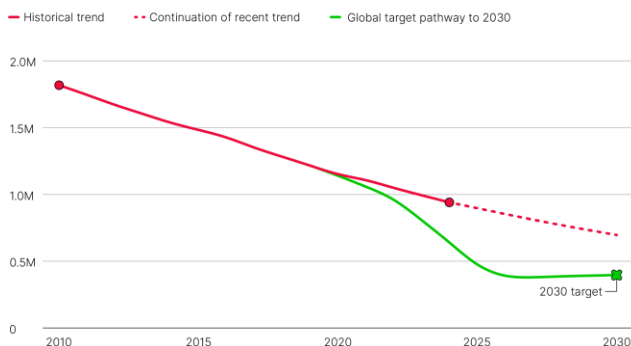
# Context for GC8: Remarkable progress, but gains are fragile and gaps remain to 2030 targets



## HIV

### New HIV infections: progress toward the UNAIDS target

In countries where the Global Fund invests



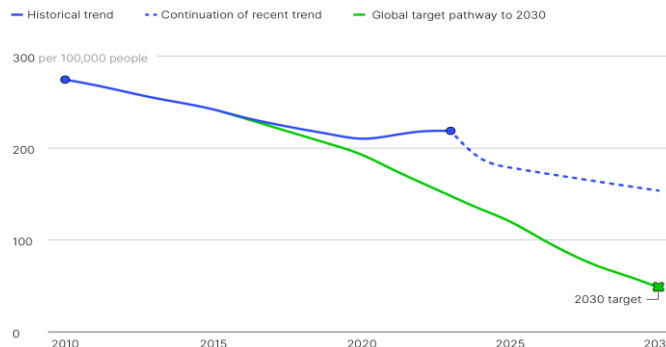
### Progress, Opportunities, Challenges

- Since 2002, deaths have reduced by 74% in countries where the GF invests
- New infections have also reduced by 62%, but remain high especially in SSA<sup>1</sup>
- New infections increasingly concentrated in countries with <2% adult prevalence; key population epidemics essential to address
- Lenacapavir and other innovations offer an opportunity to reinvigorate prevention; and opportunities to accelerate outcomes via integration and improved service access

## TB

### TB incidence rate: progress toward the WHO target

In countries where the Global Fund invests



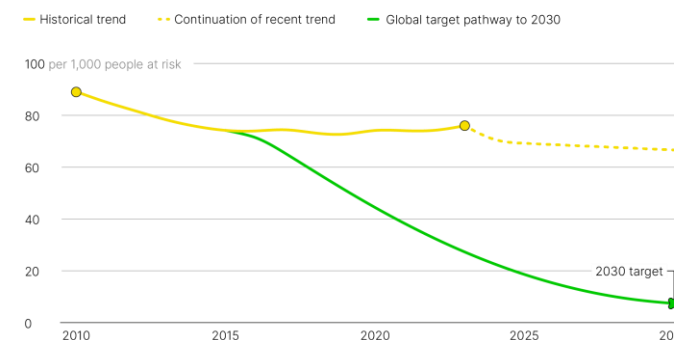
### Progress, Opportunities, Challenges

- Since 2002, deaths have reduced by 40% in countries where GF invests
- 69% infections and 66% deaths remain in Asia and the Pacific, followed by 28% and 32% in SSA respectively
- 5 MICs (India, Indonesia, Philippines, Pakistan and Nigeria) make up ~60% TB cases among GF-eligible countries
- New tools such as point of care diagnostics offer opportunity to reduce cost of finding & treating people with TB

## Malaria

### Malaria incidence rate: progress toward the WHO target

In countries where the Global Fund invests



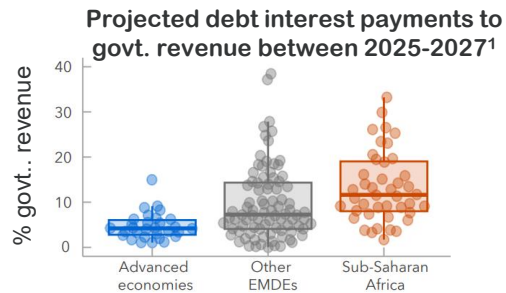
### Progress, Opportunities, Challenges

- Since 2002, deaths have reduced by 29% in countries where the GF invests
- Malaria resurgence rising due to inadequate access to prevention and care, population growth, extreme weather, conflict, drug and insecticide resistance
- 99% cases concentrated in LIC & L-LMICs (37% in Nigeria & DRC); limited near-term ability to increase domestic financing
- Focus on optimizing vector control tool mix and innovations to address drug resistance

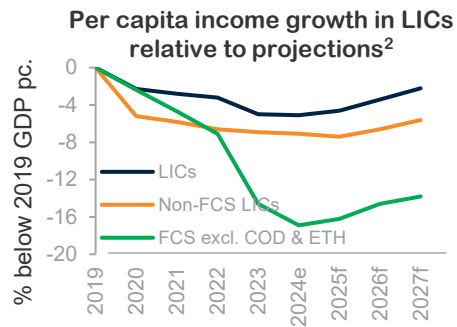
# Context for GC8: Domestic financing pressure, shifts in external financing and push for self-reliance

## Constrained Fiscal Space for Countries

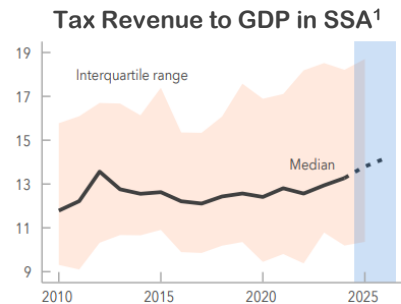
Debt-servicing crowding out fiscal space for increased domestic health spending in high burden regions



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

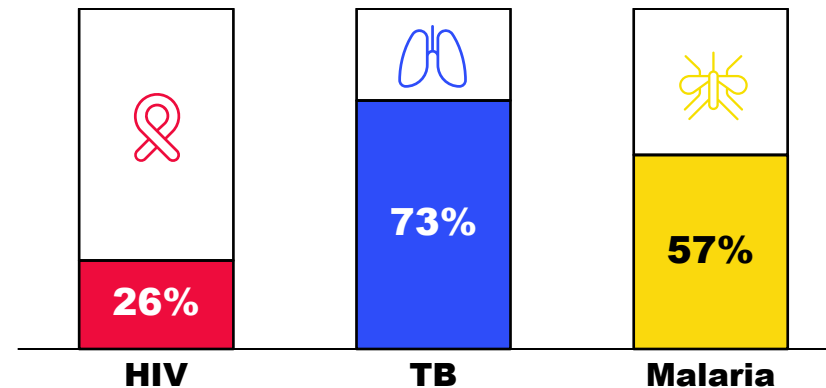
<sup>2</sup> World Bank. Global Economic Prospects. Jun 2025

## 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>



3. 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



Countries – including those with high disease burden - have increased domestic health spending in response to ODA shifts and continue to call for health sovereignty, national ownership, and more equitable global cooperation

# Input from Strategy Committee, December 2025

## Overarching

- Broad support for proposed strategic shifts, highlighting the need to consider communities across all shifts.
- Importance of tailoring strategies to country and regional contexts, including potential pooling of allocations and regional grants to compensate for reductions to small, fragmented national grants.
- Questions raised on whether the shifts represent a truly new approach and what will no longer be funded in context of reduced resources. Highlighted need for clear risk and trade-off analysis, especially in the context of resource constraints.
- Call for greater realism about what the Secretariat and countries can achieve given capacity constraints.
- Emphasis on focusing on the Global Fund's comparative advantage.
- Importance of monitoring progress during implementation; current KPIs may not capture new shifts.

## Transition & Co-financing

- Strong support for shifts, with emphasis on clear differentiation and country-tailored approaches.
- Domestic resource mobilization and accountability remain central, with some support for withholding funds when commitments lapse.
- Need for more coordinated partnerships, leveraging WHO/World Bank platforms and regional bodies.
- Concerns about transition readiness and timelines, calling for clearer success metrics and monitoring.
- Need to consider post-transition approach, especially to safeguard communities.

## Integration

- Emphasis on country-led integration, with early guidance and support for CCMs to avoid bottlenecks and address capacity gaps.
- Calls for clarity on whether formal integration plans, task teams, and new GC8 monitoring mechanisms are needed.
- Integration must prioritize equity and person-centered care, while protecting effective differentiated service delivery and avoiding stigma or loss of confidentiality.
- Current disease-split allocation model limits integration; members requested exploration of communicating total envelopes and clearer alignment with RSSH priorities.
- Strong demand for evidence-based integration models and clear monitoring, with integration progress seen as a core GC8 success metric.

## Community Systems & Financing

- Appreciation for the 4-pillar framework, with requests for clearer definition of “community systems” and stronger recognition of non-service delivery roles such as advocacy; catalytic funding seen as important for readiness.
- Support for the Rapid Community Protection Fund, though concerns amount (US\$ 2M) may be insufficient; contingency options requested if more resources become available.
- Concerns about HTM implementation in criminalized contexts, where social contracting may not work and critical interventions — especially for communities and for TB — risk being deprioritized under tight funding.
- Emphasis on the need for sustained, visible investment in community-led systems across multiple grant cycles, with clear expectations in allocation letters and mechanisms to support communities during and after transition.

# GC8: Key Messages

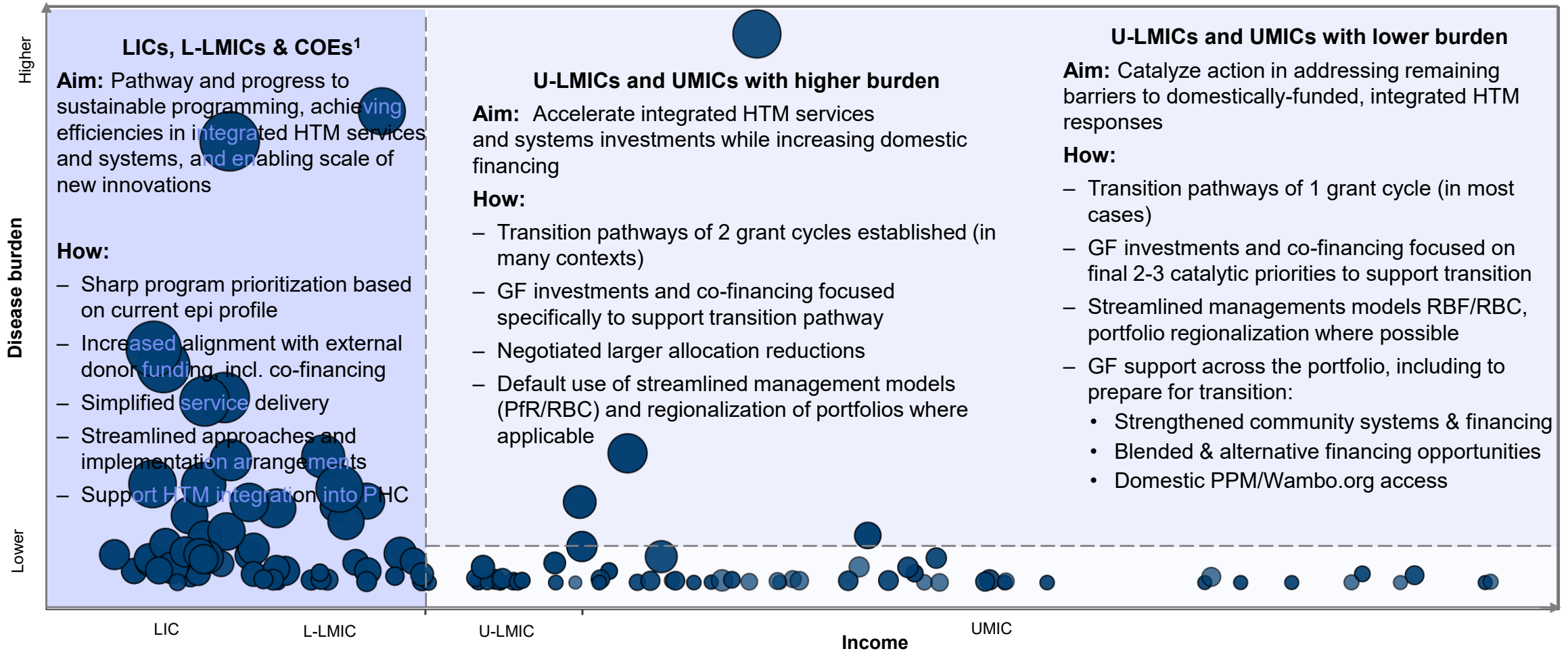
## Focus of GC8: Sustainable programs and effective transitions

### *The strategic shifts for GC8 summarized:*

- ***Set grant cycle-specific transition pathways and timelines*** to provide countries predictable financing and support sustainability through GC8 investments;
- ***Shift Global Fund allocations*** to further prioritize the lowest income and highest burden settings (where disease progress affects global progress and domestic resources are highly limited); and
- ***Optimize the use of all available funds to support progressive sustainability*** through rigorous programmatic prioritization, co-financing, market shaping, integration, and community systems financing.

# The organizing principle for applying the GC8 shifts

## Differentiating countries along an economic and epidemiologic continuum



Notes: Allocation bubbles represent size of GC7 allocation (pre-2025 funding reprioritization). Income thresholds are using 2024 data and thresholds, Disease burden is a composite burden measure as used in GC7 allocation. PfR is payment for results, RBC is results based contracting, and RBF is results based financing. <sup>1</sup> Placing on graphic does not necessarily represent income level and disease burden of COE country.

# GC8 Shifts in Detail

## *Strategic shifts for GC8 summarized:*

- **Setting grant cycle-specific transition pathways and timelines** to provide countries predictable financing and support sustainability through GC8 investments;
- **Shifting Global Fund allocations** to further prioritize the lowest income and highest burden settings (where disease progress affects global progress and domestic resources are highly limited); and
- **Optimizing the use of all available funds to support progressive sustainability** through rigorous programmatic prioritization, co-financing, market shaping, integration, and community systems financing.

## GC8 Strategic Shifts

### 1. Set grant cycle-specific transition pathways:

Transition timelines with predictable financing; focus on the most challenging sustainability issues.

### 2. Place greater priority on lowest income and highest burden settings:

Shift GF allocations to where disease progress affects global progress and domestic resources are most limited.

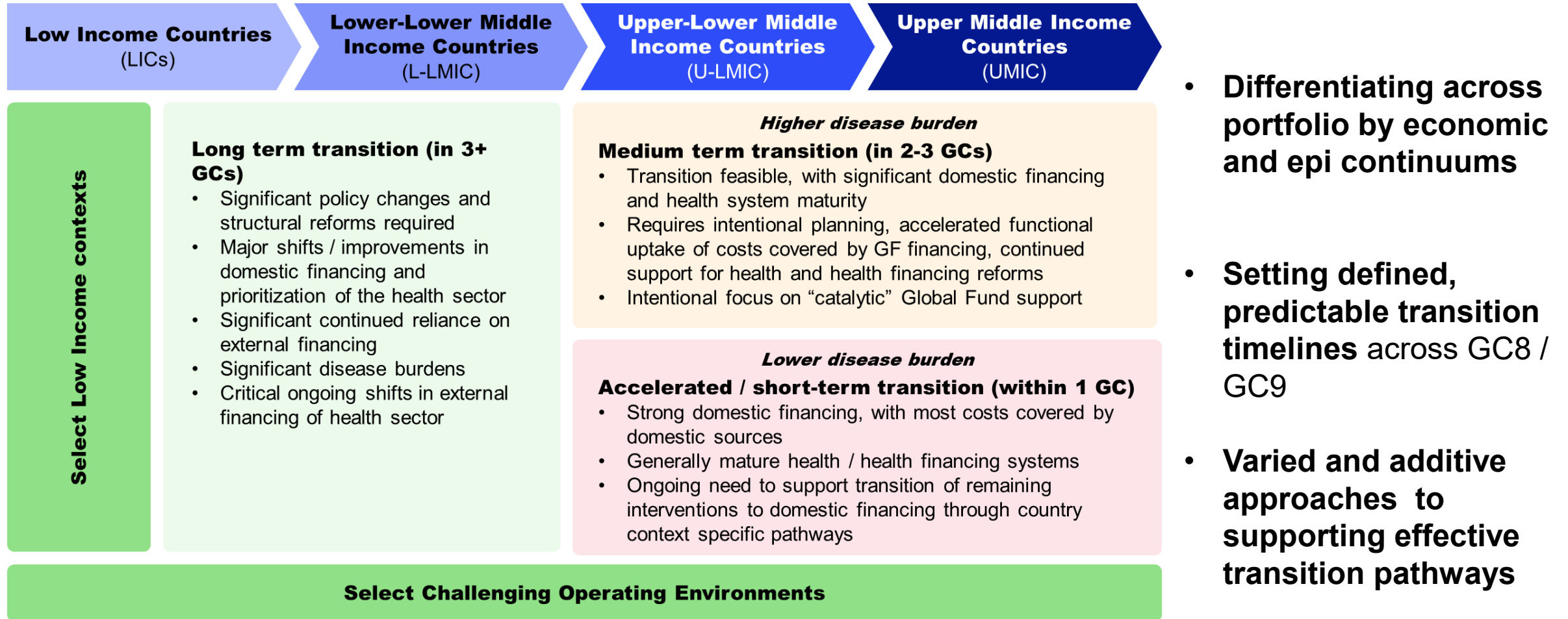
**3. Programmatic prioritization:** Rigorous program prioritization; market shaping for introduction & scale of new innovations.

**4. Integration:** Integrated program delivery within primary health care.

**5. Community systems & financing:** Community systems integration and financing.

**6. Grow & optimize domestic resources:** Differentiated co-financing approaches and optimize pooled procurement market access by domestic markets.

# Shift 1: Framework for transition pathways and timelines



# Shift 2 | Move more funds to lowest income/highest disease burden

## Policy Changes

- **Allocation Methodology: CEC curve** revised to prioritize funding for LICs and L-LMICs
- **Eligibility policy** updated to (i) prohibit re-eligibility of transitioned components, (ii) allow for transitioned components to be eligible for inclusion into multi-country funding

## Allocation Model Application

- **Qualitative adjustments** protecting higher burden/LICs & L-LMICs
- **Flexible funding** (max 2%) in country allocations across diseases to protect high burden malaria country allocations

# Shifts 3&4 | Optimizing use of all funds

## Programmatic Prioritization

- Rigorous **prioritization of specific program interventions** based on effectiveness and up-to-date country epidemiologic data
- **Reduce and/or eliminate lower impact interventions; add/scale new innovations** in disease management
- **Simplify** program delivery and reduce program management costs

## Service Integration

- Intentional **integration of HTM services** into primary health care
- **Merge HTM vertical HRH/CHW investments** – staffing, training, supervision, quality improvement
- **Consolidate key RSSH functions** – lab, data, supply chain, surveillance

## Market Shaping

- Maximize **private sector contributions** for priority innovations
- Price and volume agreements and **strategic introduction and scale** of priority innovations for HTM

# Shift 5 | Community Systems & Financing

## Program Evolution

### ***Community systems integration***

- Implement readiness assessments for safe integration of community services into PHC (planning)

### ***Community systems financing***

- Expedite integration of community systems via incentivized social contracting
- Build resilience, focusing on the most challenging policy issues and social contracting

### ***Community systems protection***

- Provide protection against acute shocks

# Shift 6 | Increase & Optimize Domestic Resources

## Domestic Co-financing

- Revisions to improve differentiation and quality of domestic co-financing

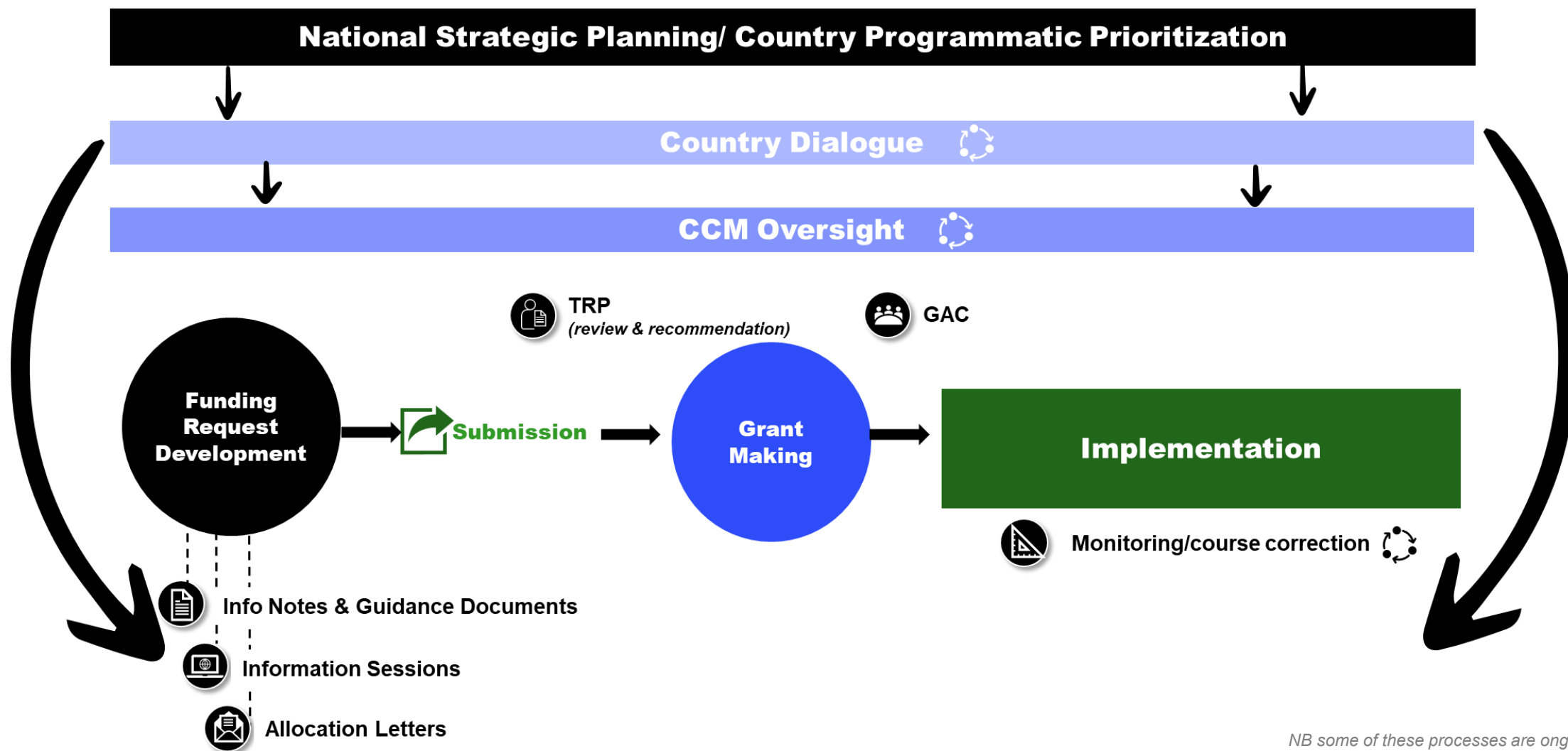
## NextGen Market Shaping

- Facilitate PPM/Wambo.org **access** for competitively priced, quality assured health products with **domestic resources**

## Financial systems & models

- Increase blended financing opportunities
- Leveraging Debt2Health opportunities
- Expanding Public Financial Management support

# Implementation | Using the grant lifecycle to realize the GC8 strategic shifts



*NB some of these processes are ongoing and not limited to one point in the sequence*

# Delivering on the Shifts and Sustainable Country Programming

## Country-led GC8 Preparations

## Implementation



**National strategic planning & program prioritization**  
*focusing on HTM integration & primary health care; community systems financing; identifying interventions to sustain and those to sunset.*



**CCM**  
 Oversight of inclusive end-to-end grant lifecycle processes  
*focusing on transition preparedness; sustainable disease interventions; support for dialogue on integration and inclusion of RSSH priorities in planning.*



**Investment Guidance**  
*Increased emphasis on prioritization, integration, VfM & sustainability; Explicit co-financing expectations, including around progressive government uptake of core program costs.*



**Information Sessions**  
 Outlining overarching expectations related to the shifts, incl. by transition timeline grouping;  
*And how lifecycle tools are being leveraged to support program prioritization, transition pathways and self-reliance.*



**Allocation Letter**  
*Outlining transition timelines; shift-related aims of allocation, focus of funding and co-financing; Country-specific expectations on program areas for government uptake in GC8 (as relevant); CI opportunities to support delivery of the shifts.*



**Country Dialogue**  
 (ongoing process)  
*Oriented around critical country-specific agendas and adaptations to deliver the shifts, including pathways to sustainable programming and self-reliance.*



**TRP**  
*Greater differentiation of Funding Request review, with focus on portfolios with the largest disease burden & allocations; Focus of review aligned with upfront country-specific guidance on changes needed to deliver the shifts & impact.*



**GAC**  
*To determine if the envisaged shifts and potential for maximum impact are on course; With opportunity for course correction and recourse as needed.*

*Under development*



**Monitoring and course correction**  
*By shift, and by country portfolio at relevant stages throughout the grant lifecycle.*

*Areas new for GC8 highlighted in blue*

*NB some of these processes are ongoing and not limited to one point in the sequence*

# Recap: GC8 Strategic Shifts and Monitoring

## GC8 Strategic Shifts

The *most significant strategic shifts for GC8* include:

- **Setting grant cycle-specific transition pathways and timelines** to provide countries predictable financing and support sustainability through GC8 investments;
- **Shifting Global Fund allocations** to further prioritize the lowest income and highest burden settings (where disease progress affects global progress and domestic resources are highly limited); and
- **Optimizing the use of all available funds to support progressive sustainability** through rigorous programmatic prioritization, co-financing, market shaping, integration, and community systems financing.

**1. Set grant cycle-specific transition pathways:** Transition timelines with predictable financing; focus on the most challenging sustainability issues.

**2. Place greater priority on lowest income and highest burden settings:** Shift GF allocations to where disease progress affects global progress and domestic resources are most limited.

**3. Programmatic prioritization:** Rigorous program prioritization; market shaping for introduction & scale of new innovations.

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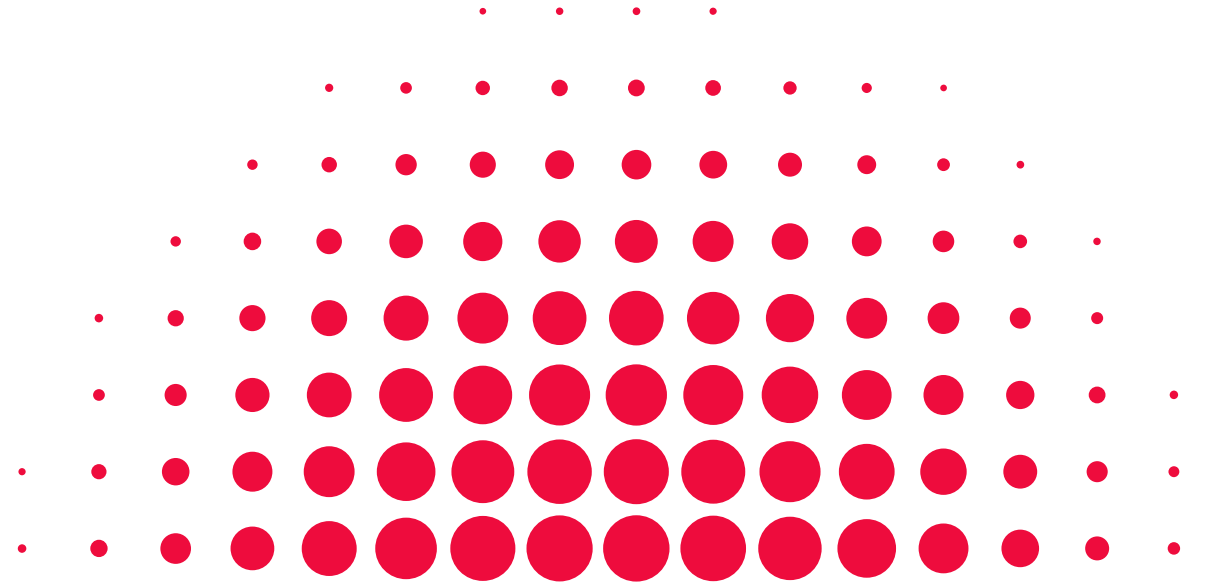
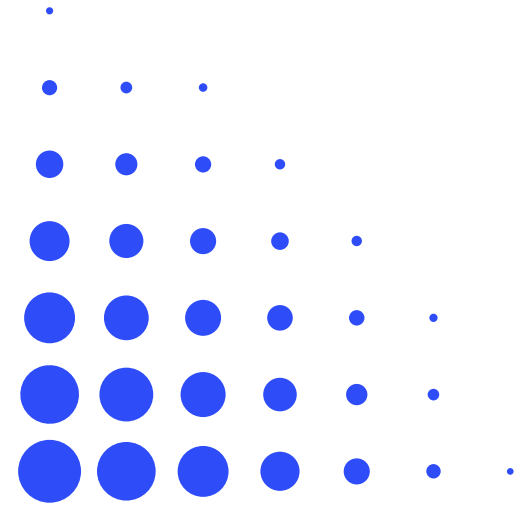
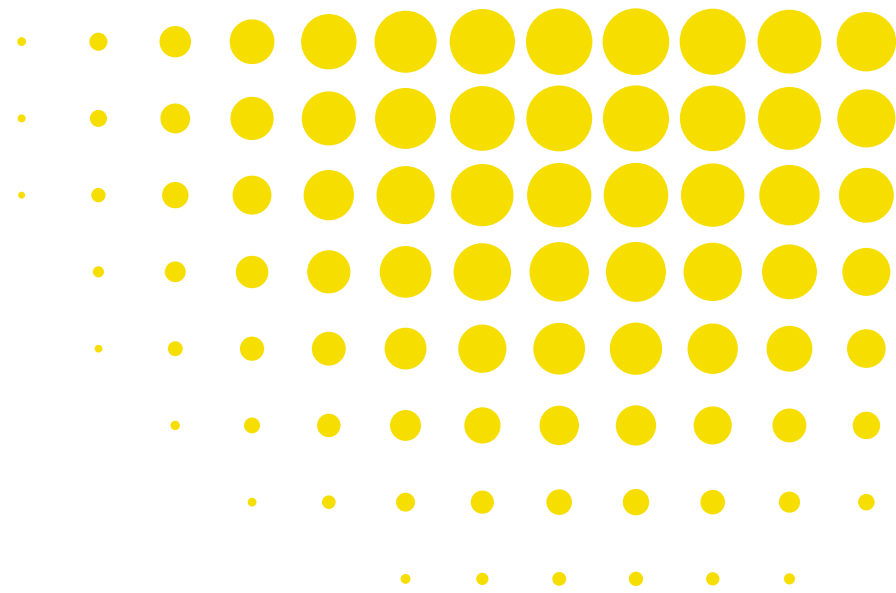
**5. Community systems & financing:** Community systems integration and financing.

**6. Grow & optimize domestic resources:** Differentiated co-financing approaches and optimize pooled procurements market access by domestic markets.

**Monitoring the impact of the shifts:** initial outline of measurement highlighted in relevant shift presentations – for Board input.



# Annex



# Review: Significant policy changes already undertaken to maximize use of funds

Over the course of 2024-2025<sup>1</sup>, the Global Fund undertook preparations to maximize the impact of its funding in a resource constrained environment.

## Policy Revisions

*To drive and protect resources for countries with lowest income and highest burden of disease*

### Allocation model

- CEC curve revised to prioritize funding for LICs and L-LMICs and accelerate funding transitions

### Eligibility policy

- Updated to prohibit re-eligibility
- Transitioned component eligibility to access multi-country funding

### STC Policy

- Updated to facilitate setting of transition timelines for a sub-set of portfolio to improve predictability
- Revisions to improve differentiation and quality of domestic co-financing to support effective transitions

## Pathways to maximize domestic financing

*To make available resources go further*

### NextGen Market Shaping

- Preparations to facilitate PPM/Wambo.org access to competitively priced, quality assured health products with domestic resources

### Financial systems & vehicles

- Pursuit of blended financing opportunities, including in preparation for transition
- Leveraging Debt2Health opportunities
- Expanding PFM support

## Actions to strengthen program focus

*To maximize programmatic outcomes in a resource constrained context*

### Integration

- Advanced work on integration of HTM into PHC and community platforms, and systems capacity strengthening

### Private sector contributions

- GC8 Catalytic Investments: Capacity maximized to receive private sector contributions incl. for priority innovations e.g., Lenacapavir

<sup>1</sup> These changes were guided by Q3 2024 Sustainability Board Retreat, through policy updates made by the Board in Q4 2024, and as guided by Strategy Committee discussions in March, July and October 2025, and the Board in May 2025.

# Review: Significant changes already undertaken to maximize grant lifecycle tools

Over the course of 2024-2025<sup>1</sup>, grant lifecycle tools, bodies and processes were differentiated, simplified and streamlined to be able to deliver portfolio-level and country-specific shifts, and reduce burden on applicants

## TRP review and Funding Request modifications

- Updates to TRP review modalities to better differentiate and tailor funding request (FR) and review approaches according to countries' stage in the development continuum, allocation size, role in the national response and transition status
- Focus on simplification and streamlining of funding request, grant-making and approvals processes, to focus on quality, VfM and equity, and reduce documentation and level of effort by 30%

## Investment guidance

- GC8 materials and information sessions for countries to reinforce portfolio-level and country-specific shifts
- Guidance with focus on rigorous prioritization; cost-effectiveness; integration; better investment targeting
- Guidance on progressive reduction in cost categories supported as countries' economic capacity increases

## TRP and GAC pre-shaping

- Regional pre-shaping discussions with TRP for Focused portfolios to guide investment focus
- GAC to build on TRP input, with pre-shaping guidance to help deliver portfolio-level shifts
- GAC upfront approval of country selection for CIs
- Final GAC review of investment focus to ensure alignment with GC8 shifts (e.g., with guidance on reduction in cost categories)

## Allocation Letters and Country Dialogue

- Use of Allocation sections incl. *aims of allocation*, *focus of funding requirement*, *cofinancing*, and *sustainability* to deliver portfolio-level and country-specific shifts
- Allocation Letter description of relevant CI aims to support focus of investments and planning within country context
- Secretariat support to country dialogue to focus on making portfolio-level and country-specific shifts

<sup>1</sup> These changes were guided by Q3 2024 Sustainability Board Retreat, through policy updates made by the Board in Q4 2024, and as guided by Strategy Committee discussions in March, July and October 2025, and the Board in May 2025.

# Overview: Integration-related shift

The Global Fund will **support countries to advance integration to both sustain and improve core HTM services and build resilient and sustainable systems.** In doing so, the Global Fund will adapt its approaches throughout GC8.

*For more information see: Integration: Supporting sustainable responses to HTM (GF/SC29B/05)*

## Focus Areas

- **Service delivery, i.e., integrate HTM services within PHC and other services**
- Converge vertical **HRH/CHW investments**
- Converge and consolidate **other key RSSH functions** – lab, data, supply chain, community, surveillance, health finance
- Support **domestic resource mobilization and align external funding** for integrated delivery, where feasible

## Health outcome benefits (Examples)

- **Polyvalent community health workers improves access to HTM and broader health services**
- **Integrated pre-service health worker training improves HTM and health service coverage**
- **Integrated maternal and child health services** (incl. HIV & malaria prevention & care, TB screening, EPI, malnutrition etc.) expands service coverage
- HIV services integrated into **chronic care services** can improve HIV testing and care
- **Harmonization and digitalization of Outpatient Department registers** can ensure integrated analysis

## Cost savings, increased efficiency and sustainability

- **Increased efficiencies** through integrated programming, making the country system more sustainable via domestic funding.
- **Reduced duplication** across domestic and external funding
- **Reduced travel-related costs**, e.g., through integrated trainings and supervisions, online trainings, etc.

## Intensive GC8 integration support countries

	★ Focus of our efforts		
	LICs, L-LMICs & COEs	U-LMICs and UMICs with higher burden	U-LMICs and UMICs with lower burden
<b>Aim</b>	Support access to essential integrated HTM services, building/ resilience of essential systems for health components, and embed longer-term sustainability planning	Support focused, integrated HTM and system investments on critical path to domestic sustainability, including through partnerships with development banks	Catalyze progress in addressing remaining barriers to domestically funded integrated HTM responses.
<b>Preliminary Integration Priority Countries for GC8 Support</b>	COE: Burkina Faso, Burundi, CAR, Chad, DRC, Eritrea, Ethiopia (N. Region), Haiti, Liberia, Mali, Myanmar, Nigeria, Sierra Leone, Somalia, South Sudan, Venezuela LIC: Madagascar, Malawi, Mozambique, Rwanda, Uganda L-LMIC: Angola, Benin, Bangladesh, CIV, Ghana, Kenya, Tanzania, Zambia, Zimbabwe	Indonesia, Philippines South Africa	Dominican Republic*
<b>Focus of GF Integration Support Going Forward</b>	<b>Support countries where they are</b> along the integration journey: encourage <b>integrated Funding Request</b> development through <b>upfront country dialogue</b> and planning, priority assessments, and clearly defined service packages that reflect more HTM investments integrated into PHC and across health systems. <b>Targeted support</b> via advisors, workshops, etc. (in previous slide).	Integration of community-led delivery as part of transition; promote peer-to-peer learning Ad-hoc secretariat support and collaboration with in-country/regional partners	

\* Not a priority integration country but is receiving support