

Report of the 53rd Board Meeting

GF/B53/ER05
7 – 9 May 2025, Geneva, Switzerland

For Board Decision

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Purpose

This document presents the Report of the 53rd Global Fund Board Meeting, held in person in Geneva, Switzerland from 7 to 9 May 2025.

Agenda items: The Meeting comprised of nine (9) agenda items and one (1) executive sessions.

Decisions: The Report includes a full record of the three (3) Decision Points adopted by the Board (Annex 1).

Documents: A document list is attached to this Report (Annex 2). Documentation from the 53rd Board Meeting is available [here](#).

Presentations: Presentation materials shown during the meeting are available to Governance Officials on the [Governance Hub](#).

Participants: The participant list for the 53rd Board Meeting can be consulted [here](#).

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

Decision

The Report of the 53rd Board Meeting was approved by the Board of the Global Fund via electronic vote on **30 July 2025 (GF/B53/EDP06)**.

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Report

01. Opening of the Board Meeting

1. The Board convened in Geneva, Switzerland on 7 – 9 May 2025 for the 53rd Global Fund Board Meeting. The Board Meeting was preceded by a Board Retreat held on 6 May 2025. Quorum was confirmed on all official meeting days. The Chair of the Board, Lady Roslyn Morauta, along with Vice Chair Advocate Bience Gawanas, welcomed participants and guests, including those participants that joined virtually.
2. The Ethics Officer, Michelle Beistle, sought declarations of interest at the start of the meeting. Some Board participants declared their interest considering the different topics on the agenda. The declarations were not deemed to have a material impact on the impending Board discussions and decisions at this meeting. Therefore, the Ethics Office confirmed that these declarations did not require the relevant Board participants to recuse themselves from discussions or decision-making.

Opening remarks

3. In her opening remarks, the Board Vice-Chair highlighted the importance of the meeting agenda designed for the Board to provide strategic steer on the way forward to advance the mission amid a difficult global landscape. The Vice-Chair stressed that, in addition to being a major financing source, the Global Fund has always been a catalyst of resilience and defender of equity and social justice. The Global Fund's mission is rooted in solidarity, shared responsibility, science and hope for preventable disease no longer deciding anyone's fate. The Vice-Chair voiced confidence in and encouraged the Board to navigate the challenges ahead together and seize opportunities to accelerate the Global Fund's impact.
4. The traditional candle of remembrance was lit by Board Member of the Latin America and Caribbean Constituency Mr. Dereck Springer. Mr. Springer remembered those who had passed away and continue to suffer from the three diseases. He underscored that the Global Fund partnership is a powerful testament to what international collaboration, strategic investment, efficiency, transparency, accountability, hope and country ownership can achieve in global health. Its collective efforts have been transformative to saving millions of lives, strengthening health systems, contributing to broader development, paving the way for a healthier and more equitable future for all. Mr. Springer thanked donors for their financial contributions to sustain gains, acknowledged partners and the private sector for bringing innovative ideas, tools and valuable expertise, and recognized the key role, leadership, expertise and unwavering commitment of implementer countries as drivers of the Global Fund's work that save lives and build resilient health systems on the ground. Mr. Springer urged countries to increase domestic investments in the three diseases and sustainable health systems. Last, Mr. Springer noted that confronting an era of unprecedented uncertainty will demand a collective, tenacious and resolutely bold response by the partnership, that is built on decisive evidence-based paths forward, strategic leadership, careful assessment of trade-offs and prudent financial stewardship. Intensifying resource mobilization and fortifying partnerships and agility – including within the Secretariat – will be crucial to continuously adapt strategies to maximize impact and efficiency.

Decisions

5. The Board unanimously approved the decisions to adopt the agenda of the 53rd Board meeting (GF/B53/DP01) and to appoint Dereck Springer of the Latin American and Caribbean Constituency as rapporteur (GF/B53/DP02).

02. Update HIV/AIDS, TB and Malaria & Resilient and Sustainable Systems for Health

Secretariat presentation

6. The Secretariat presented updates on HIV/AIDS, TB and malaria (HTM) and resilient and sustainable systems for health (RSSH), acknowledging the rapidly evolving context since the last Board meeting. Updates included modeled impacts from partners of funding disruptions on HTM outcomes. There have been considerable country-led efforts to mitigate risks. The Secretariat emphasized the importance of remaining mission-focused and agile to preserve gains and access to life-saving services.

Updates from Partners

7. Board Leadership welcomed four partner agencies to share information on the disruptions:
 - a. **TB:** The Stop TB Partnership highlighted that even under best-case scenarios, disruptions in funding could result in substantial mortality, especially given trends in drug-resistant TB and disruptions on service delivery for vulnerable populations. The potential for impact through new tools in the pipeline will require scale-up and sustained volumes to ensure equitable access.
 - b. **HIV/AIDS:** UNAIDS shared how significant progress towards ending HIV/AIDS as a public health threat is at critical risk of regression and potential resurgence due to funding disruptions and resistance trends. It emphasized the need for sustained access to lifesaving prevention and treatment services, efforts towards elimination of legal and discriminatory barriers, and building strong community systems to deliver care.
 - c. **Malaria:** Roll Back Malaria outlined the disruption that funding shortfalls are having on malaria outcomes. The presentation stressed the importance of supporting coordinated global action, strong country ownership, robust data for decision-making, rapid deployment of new tools, sustainable financing and continued efforts to deliver people-centered services through building resilient health and community systems.
 - d. **Cross-cutting:** WHO shared an update on its efforts to monitor disruptions, noting observed negative trends related to HIV/AIDS, TB and malaria. WHO also shared that guidance is forthcoming to support prioritization.
8. The Board Vice-Chair closed the session by thanking the presenters for their contributions showing the pressing challenges presented within the ecosystem in which the Global Fund operates, as well as the continued resolve and commitment across the Partnership to maintain its ambition. The session set the scene for subsequent Board discussions.

03. Update by the Executive Director

Presentation

9. The Executive Director (ED) recalled the challenges to the gains achieved in the fight against the three diseases and health systems, and recognized that widespread fiscal pressures faced by donors and implementers alike only amplify these difficulties. The ED reaffirmed the Global Fund's commitment to the communities it serves, emphasizing the urgency of protecting hard-won health gains amid uncertainty and a challenging global fiscal context. The ED noted that the organization's work in 2025 has so far focused on continuing programs despite a changing landscape and supporting countries and communities in responding to abrupt changes in external funding. This includes preparations for a country-led reprioritization process to manage funding shortfalls in Grant Cycle 7 while optimizing for greatest impact, and continued preparations for GC8, taking into account the changing global health landscape. Internally, the Secretariat is undergoing a rigorous organizational review in preparation for future changes.
10. The ED referred to calls for direct funding of community and civil society interventions, noting that this would be given careful consideration as an option for GC8, at least for certain parts of the portfolio, while recognizing that there are both associated advantages as well as risks.
11. The ED acknowledged the excellent progress the Global Fund has made in effectively investing in RSSH, whilst recognizing the Secretariat's continued prioritization of sustainability and timely transition planning. On replenishment, he noted the early momentum with the Children's Investment Fund Foundation's (CIFF) \$150M pledge and outlined the approach of a rolling campaign for the 8th Replenishment which requires the support by the entire Global Fund partnership to mobilize the level of resources needed, since the consequences of not meeting this target would be catastrophic for the people the partnership serves. The ED further spoke to the importance of the Global Fund's continued collaboration with other global health institutions such as Gavi, Global Financing Facility (GFF), World Bank, African Union, and the Africa Center for Disease Control, especially to advance new innovations such as Lenacapavir and first-line malaria treatments.

Board Discussion

12. The Board commended the ED for his leadership and immense efforts to guide the Global Fund in this current environment, and raised the following points:
 - a. **Replenishment and Resource Mobilization:** Board Members welcomed early pledges and emphasized the importance of a successful Eighth Replenishment. The need for a realistic, yet ambitious, campaign leveraging the Global Fund's comparative advantage to mobilize resources effectively was underscored.
 - b. **Equity, Human Rights, and Community Engagement:** there was a strong call to protect community systems and civil society, especially amid reprioritization. The importance of inclusive dialogue, Country Coordination Mechanisms (CCMs) and youth engagement was highlighted, alongside calls for direct community funding in specific contexts. Concerns were raised about the viability of civil society implementers facing funding cuts.
 - c. **Innovation and Market Shaping:** the Global Fund's leadership in innovation and market shaping was praised, with progress noted on long-acting pre-exposure prophylaxis for HIV (PrEP), TB diagnostics, and regional manufacturing. Initiatives like the Digital Health Accelerator and catalytic climate and health fund were welcomed, with emphasis on ensuring access for key populations.

- d. **Sustainability and Transition:** sustainability was a central theme, with calls to strengthen support to countries in transitioning to domestic financing in a timely fashion. Debt swaps, blended finance, and policy reforms were cited as tools, alongside the need to integrate services into national systems and avoid premature transitions.
- e. **Reprioritization:** some Board Members noted the importance of country ownership, and that countries are best placed to make difficult choices, in collaboration with partners. There were two requests, to ensure clear definition of country ownership, which is often understood in different ways, and to ensure clear guidance to countries in the current environment to support the reprioritization process and navigate potential disruptions. One Board Member underscored the importance of ensuring all CCM members, and in particular individuals most impacted by the three diseases, are part of discussions on reprioritization, and that communications to countries on guidance and decisions are aligned with the Global Fund principles.
- f. **Partnership and Coordination:** the Global Fund's role as a convener was widely acknowledged. Members urged deeper coordination and alignment with Gavi, the World Bank, and other institutions within the Global Health ecosystem. There were calls for streamlined processes, reduced burdens on countries by using national systems, efficient use of available resources and greater transparency.

Executive Director Response

13. The ED acknowledged the inherent tensions involved in the upcoming work of the Partnership: in balancing speed and process, particularly in the reprioritization discussions, whilst respecting country ownership. The ED also acknowledged the growing workload on the Secretariat and partners, emphasizing the need for simplification and differentiation in grant-making processes to reduce transaction costs. Many themes were later explored in further detail during dedicated agenda items throughout the Board meeting.

04. Risk Management Report and Annual Opinion

Presentation

14. The Secretariat presented a summary of the 2024 Risk Management Report and Annual Opinion, highlighting the volatility of the external environment and the presence of several internal and external emerging risks that threaten the Global Fund and its mission. The Secretariat also provided an update on the organizational risk profile as of Q4-2024 in the context of increasing inherent risk, as well as predictions for Q1-2025 which indicate increasing risk, including program quality, supply chain, and future funding.
15. The Audit and Finance Committee (AFC) Chair provided a readout of the AFC discussions in March 2025. The AFC acknowledged that the volatile external environment and subsequent increase in inherent risk is having a negative impact on the organizational risk profile – for both grant facing and non-grant facing risks – which is reflected in Q1-2025 risk level projections presented by the Secretariat. The AFC discussed the use of the existing risk management frameworks and supported updating these and other risk-related policies and frameworks to ensure these remain fit-for-purpose. Furthermore, the importance of prioritization, simplification, and differentiation, to reduce administrative burden on both the Secretariat and countries, particularly as the organization moves into Grant Cycle 8 (GC8) grant making was highlighted.

Board Discussion

16. The Board raised the following points and queries:

- a. **Volatile operating environment:** the Board acknowledged the challenges the current volatility and uncertainty poses for both the Secretariat and Global Fund funded programs. In this context, the Board reiterated the need for program flexibility, transparency, and up to date and accurate risk information to inform partnership-wide decision-making.
- b. **Effective risk management:** the Board highlighted the importance of effective risk management as an assurance mechanism to help navigate the current volatile operating environment. The Board agreed with the Secretariat's view on the need to review and update risk-related approaches, policies, and procedures to ensure these are fit for purpose.
- c. **Risk appetite:** the Board queried the Secretariat on the practical application of risk appetite in the current risk environment where almost all organizational risks are increasing. The Board also challenged the Secretariat to determine how to make risk appetite more practical from an operational and governance decision-making perspective.
- d. **Transition and Sustainability:** the Board stressed the importance of transition and long-term program sustainability in a scenario with reduced donor funding, and urged the Secretariat to support countries manage a smooth transition. One Board Constituency highlighted that transition and sustainability challenges will be most felt in low-income high-burden countries and that a greater amount of Global Fund support is required in these portfolios.
- e. **Program quality risk:** the Board raised concerns regarding the increasing trajectory of Program Quality risk and the challenges faced to bring associated risk levels down. For all three diseases the Board acknowledged that programmatic gaps would increase as available resources are reduced and difficult trade-off decisions are made, resulting in the organization needing to accept a greater level of risk.
- f. **Community Engagement:** some Board members stressed the value of community-led monitoring and the inclusion of civil society in country-level decision-making. One Board Member recalled risks related to early transitions, and the importance of upholding human rights and gender equality, and civic space – noting the latter should also be included in the risk register given the high risk of being dropped from country programs complemented by early warning systems within community-led monitoring.
- g. **Prioritization, simplification, and differentiation:** The Board noted that, due to a confluence of external risks, the Global Fund is currently operating well above the Board-approved risk appetite. The Board urged the Secretariat to focus on areas of greatest need and, given reduced funding and the need to do more with less, encouraged greater promotion of wambo.org to help countries obtain commodities at competitive prices. One Board Member underscored that, as the Board prioritizes and considers trade-offs for risk management and resource allocation, it is important to have an early view on areas where the Global Fund has a clear comparative advantage – particularly in terms of global market shaping and given the criticality of introducing and scaling up innovations in response to malaria drug and insecticide resistance risk.

Secretariat Response

17. The Secretariat provided the following clarifications and comments:

- a. **Risk environment and risk trade-off decisions:** programs are facing acute challenges due to an environment where risks are increasing and there are less resources available

to mitigate risks. There is a growing need to accept more risk and to make difficult risk trade-off decisions, (e.g. balancing treatment programs against prevention efforts for the three diseases, leveraging health systems and supporting integration in contexts with varying levels of maturity, and in doing so accepting greater levels of programmatic and fiduciary risk).

- b. **Co-financing and sustainability:** the Secretariat agreed with the Board that co-financing and sustainability of programs is a major risk which is heightened in the current environment. The Secretariat assured the Board that a large amount of work has been and is being done to support countries to navigate this challenge – yet, ultimately countries will need to step in to fill gaps created by a reduction in donor funding.
- c. **Procurement of goods:** despite the significant efforts to encourage countries to use wambo.org to procure goods with domestic health financing, the uptake is not as high as desired due to in-country challenges (e.g., legislation, local procurement regulations, preferred suppliers etc.) which differ from one portfolio to the next. The Secretariat called on the Board to support with influencing countries to leverage the wambo.org platform.
- d. **Risk Appetite:** the Risk Appetite is a useful tool to facilitate prioritization of risk mitigation activities and decision-making. There are efforts underway to re-frame risk appetite to ensure it is effectively embedded into operations and supports risk trade-off decisions by Global Fund governing bodies.

Conclusions and next steps

- 18. Upcoming discussions on prioritization, simplification, and differentiation, along with adjustments to risk management approaches will be presented to the committees and the Board.

05. 2024 OIG Annual Report

Presentation

- 19. The Office of the Inspector General (IG) presented the 2024 OIG Annual Report and Opinion on Governance, Risk Management and Internal Controls. The IG confirmed that within the ongoing uncertain and volatile global context and financial constraints, the Global Fund investments continue to bring sound investment impact in global health. Yet, the current challenges affect the Partnership's ability to achieve the Global Fund's strategic priorities.
- 20. The OIG is actively recalibrating its 2025 workplan¹ and organizational structure to maintain operational effectiveness within an increasingly volatile environment. Its strategic priorities remain centered on enhancing efficiency and maximizing impact, while proactively addressing and mitigating emerging risks associated with the global instability. This evolution in assurance practices is designed to address emerging risks through a combination of quantitative and qualitative analyses.
- 21. The number of open Agreed Management Actions (AMAs) has been reduced by 47% to 80% following completion by the Secretariat of the agreed-upon steps, representing an 11% decrease compared to the previous year. However, 21% of AMAs were closed within the designated timeframe, falling short of the 60% target. There are not any AMAs that currently warrant escalation to the Board for attention. A revised risk assessment is scheduled to be presented to the AFC in July.

¹ Approved by the AFC via decision point:

22. The AFC leadership shared a summary of discussions on the OIG's annual opinion, commending its work. The committee requested that enhancement of operational efficiencies be explored and raised concerns about fraud risks due to prevailing circumstances. The OIG assured the Board that proactive investigations are underway to mitigate increasing fraud risk cases. Updates were also provided on RSSH program improvements and AMA implementation, with acknowledgment of funding constraints and their impact on progress.
23. The Inspector General expressed appreciation to the Board and Committee members for their continued engagement, with particular acknowledgment of the outgoing leadership of the AFC.

Board Discussion

24. Board members conveyed appreciation for the OIG's transparency, responsiveness and high reporting standards. Comments and queries related to the following matters:
 - a. **AMAs:** the Board acknowledged the substantial progress made in reducing the number of overdue AMAs. Some constituencies expressed concern regarding the timeliness of their implementation, and emphasized the prioritization of implementation at country level and to address underlying dependencies that may be contributing to delays.
 - b. **Risk Management and Fraud Prevention:** several Board Members expressed concern regarding the heightened risk of fraud, which emerged as a recurring theme during discussions. Emphasis was placed on the importance of proactive investigative measures, particularly at the sub-recipient (SR/SSR) level. There were also calls for the provision of targeted technical assistance, strengthening of oversight mechanisms, and enhanced collaboration with national audit institutions to reinforce accountability and mitigate risk.
 - c. **Strategic and Operational Adaptation:** the Board expressed strong support for the OIG's revised workplan and its adaptive approach in response to the current global volatility. The importance of reprioritizing and differentiating audit and advisory activities to ensure alignment with evolving risks and operational realities was emphasized. There was encouragement to systematically draw on lessons learned from previous initiatives—such as the COVID-19 Response Mechanism (C19RM) and GC7—to inform future strategic and operational planning.
 - d. **RSSH:** The Board reiterated strong support for the Global Fund's investments in RSSH, as a foundational pillar for achieving sustainable impact across the three diseases. Some Members voiced concerns regarding persistent programmatic gaps in the malaria and tuberculosis responses, particularly in the context of constrained financial resources. There were queries about recent programmatic decisions, including the rationale and implications of extending C19RM, and how such extensions align with broader strategic priorities and resource allocations.
 - e. **Efficiency, Innovation, and Collaboration:** the Board emphasized the importance of achieving greater efficiency and simplification across operational and programmatic processes. There was interest in exploring innovative funding models and leveraging emerging technologies, including artificial intelligence, to enhance effectiveness and responsiveness. Additionally, there was strong support for continued collaboration with key global health partners—such as the World Health Organization (WHO), Gavi, and others—particularly in the areas of safeguarding against sexual exploitation, abuse, and harassment (SEAH), and strengthening oversight mechanisms.

OIG Response

25. The OIG expressed appreciation for the support received from the Board, welcomed suggestions for areas requiring further insight, and encouraged Constituencies to proactively engage with the OIG should they require assurance on specific matters. The OIG provided the following answers

and clarifications:

- a. **AMAs:** acknowledging that many AMAs involve complex and country-level changes, and recent substantial progress, it was clarified that AMAs remain open until the Secretariat deems them ready for closure, while many open AMA have been partially implemented.
- b. **Risk management and fraud prevention:** in relation to Sub-Recipient fraud, the OIG has been commissioned to conduct an advisory focused on strengthening SR selection and oversight. Level two investigations—where implementers conduct inquiries on behalf of the OIG—are being increasingly utilized as a cost-effective approach that also contributes to building local investigative capacity. The OIG emphasized the value of partnering with supreme audit institutions and implementers to strengthen country-level oversight, noting that such collaboration further enhances local capacity and enables more strategic use of OIG resources.
- c. **Efficiency, Innovation, and Collaboration:** the OIG reported successful joint investigative work with Gavi, identifying potential fraud through proactive analysis and conducting collaborative in-country investigations. The upcoming Internal Audit & Integrity Meeting in June will convene key oversight stakeholders to address shared challenges and donor expectations. Also, the IG confirmed that the OIG is adequately resourced and remains committed to operational efficiency through automation and AI, upholding standards consistent with those of the Secretariat. Scenario planning is being actively employed to enhance operational efficiency. There is a shift towards more real-time assurance mechanisms, with advisories being issued to support timely and informed decision-making.

Secretariat Response

26. **AMAs:** several AMAs remain outstanding, with overall completion progress varying significantly across contexts. In several instances, delays have been attributed to dependencies on bilateral funding, which are taking longer to resolve and consequently extending closure timelines.

06. Considerations for Grant Cycle 8

Presentation

27. The Board Chair provided a high-level summary of the Board Retreat deliberations, which focused on the impact of current disruptions on countries, Global Fund supported programs and the proposed adaptations for GC7 grants in view of the continued uncertainty around pledge conversion. The Board Chair reiterated the importance of country leadership, inclusive of civil society and communities, in the face of reprioritization and likely reduced funding for GC7 grants. The Chair highlighted the need for a streamlined and efficient process for quality decision-making to allow countries to focus on implementation and committed to ensuring the engagement of Global Fund governance bodies throughout the process.
28. The Secretariat introduced the proposed GC7 adaptations highlighting the revisions incorporated into the document following the Board retreat, and reiterated the overall goal to preserve and enable access to services. The Secretariat presented the (i) recommended methodology to deallocate GC7 country envelopes (and constituent grants) in the event of non-pledge conversion; (ii) approach to reprioritization based on normative guidance; and (iii) approach to grant revisions, including upfront Technical Review Panel (TRP) engagement on programmatic reprioritization. The aim is to complete the revisions process by end-September 2025 for countries to be able to swiftly implement programs based on revised funding levels and prepare for GC8.
29. The Secretariat presented the priorities for GC8 discussed at the 27th Strategy Committee (SC)

meeting in March 2025. It highlighted that the approach to GC8 will be informed by evidence, including findings from independent evaluations and the Office of the Inspector General (OIG). While acknowledging that the global health landscape is shifting, the priorities presented to the SC continue to be relevant: (i) right-sizing the grant lifecycle process; (ii) evolved approach for focused portfolios, including transition pathways; and (iii) approach to maintaining impact in high burden, low-income portfolios. The SC Vice-Chair outlined the SC's key inputs, noting the support for increased focus, simplification and differentiation. The SC Vice-Chair underscored the need to discuss risk appetite to allow for greater efficiencies, while noting that simplifications and efficiencies cannot be at the cost of Community, Rights and Gender (CRG) interventions, communities or innovations.

Board Discussion

30. The Board welcomed the presentation and raised the following points:

Grant Cycle 7 Adaptations

31. **Definition of life-saving interventions:** several Board Members sought clarification and definition of 'life-saving interventions' to ensure a common understanding among all stakeholders. Some concerns were raised around countries interpreting "life-saving interventions" to exclude and reduce community-led responses and programming around key and vulnerable populations. The Partners constituency reiterated their support to engage and explain the guidance including at country-level.
32. **Country and Country Coordinating Mechanism (CCM) Engagement:** several Board Members highlighted the importance of meaningful CCM engagement throughout the process, in addition to related discussions with PRs. Several delegations also emphasized ensuring community engagement throughout the process, and underlined that services being delivered by communities are fundamental to ensuring access and addressing human rights and gender issues. The importance of working through country systems and building capacity to ensure sustainability was also highlighted, with some Board members noting the need for clear and transparent communications to ensure that relevant government ministries (e.g., Ministries of Health and Finance) are aware of changes.
33. **Revised Funding Envelopes:** noting the proposal to consider unexecuted grant funds to revise country envelopes downwards, one Board member asked whether the proposed methodology would disproportionately penalize countries with late-starting GC7 grants. Another Board member highlighted that the timing of malaria campaigns needs to be considered as countries with mass campaigns in Year 3 will have significant unexecuted malaria grant funds. One Board member highlighted that significant cuts in portfolios for countries implementing final allocations of Transition Funding will affect transition. There was also a question on whether cofinancing commitments would be impacted, noting that in some regions, program implementation has significant domestic cofinancing.
34. **Programmatic Reprioritization:** one Board Member requested guidance around programmatic reprioritization to inform country-level discussions. It was highlighted that the principle of equity should be central to safeguarding the most vulnerable. Some Board Members were concerned by the short timeframe to complete revisions within new funding envelopes, and whether it would allow for meaningful engagement with the CCM and inclusion of civil society and communities. Clarity was requested on how technical partners would be engaged in reprioritization to ensure alignment with the latest technical guidance.
35. **Independent review process:** one Board member expressed concern around the approach to independent review in the grant revisions process and specifically when the independent review may occur, noting that significant reductions may need substantial reprogramming and rebalancing of interventions. One Board member suggested the TRP could be engaged in Grant

Approvals Committee (GAC) reviews and that the disease specific engagement forums (e.g., situation rooms) could input on the revisions.

- 36. **Domestic Financing of procurement:** one Board member noted the challenges around domestic procurement through wambo.org in the current context and requested an update on the progress to addressing barriers to pre-payment for using domestic funds through this platform.
- 37. **Oversight and Reporting:** Board Members welcomed the proposed reporting and requested details on how equity is being ensured and key programmatic shifts.

Grant Cycle 8

- 38. **Streamlining and Simplification:** some Board members supported greater simplification and streamlining, but cautioned that attention to human rights and gender and key populations programming remain central. One Board member suggested extending existing grants rather than starting a new funding request process for GC8 given GC7 grant revisions mid-cycle. Some Board members highlighted the importance of looking at grants holistically and suggested countries submit single funding requests for all components and Resilient and Sustainable Systems for Health (RSSH).
- 39. **Transition:** some Board Members noted that GC8 could be the final grant for many countries and therefore the importance of ensuring countries are supported to prepare for transition. Several Board Members highlighted the criticality of early communication, planning and adhering to timelines for ensuring responsible transitions. One Board Member sought clarity on the criteria that will be used for accelerated transitions.
- 40. **High burden/Low Income portfolios:** further clarity was requested on what measures will be taken to implement the proposed shifts, noting the importance of protecting life-saving services and their access and ensuring integrated approaches.
- 41. **Engagement Process:** noting the need for flexibility given the current environment, a question was raised on how the Board can feed into discussions around GC8 throughout the remainder of the year and recommended having specific touch points with the Board.
- 42. **Coordination with Gavi:** Board Members encouraged Global Fund and Gavi to continue to look for synergies as they relate to malaria to provide greater visibility to high burden malaria countries on resources to implement comprehensive malaria programming.
- 43. **Catalytic Investments (CIs):** one Board Member sought clarity on the timing for discussions around GC8 CIs, considering the current context and the need to discuss lower replenishment scenarios.
- 44. **Sustainability and integration:** one Board member noted that programmatic and financial sustainability should be central to GC8 and co-financing commitments should be realistic. Another Board Member stated that integration will support sustainability efforts. The use of country systems for planning, implementation and assurance was highlighted as fundamental to ensuring longer-term sustainability.
- 45. **Eligibility:** one Board Member questioned whether Eligibility should be reviewed in the event of lower replenishment outcomes.
- 46. **Scenarios:** some Board Members requested scenarios for GC8 to inform planning, including defining the focus of investments under the different scenarios.

Secretariat Response

- 47. The Secretariat thanked the Board for the comments and points raised, and provided the following responses and clarifications.

Grant Cycle 7 Adaptations

- 48. **Definition of life-saving interventions:** It was clarified that “life-saving services” is an outcome

rather than an input for reprogramming and includes commodities, services and access. To preserve life-saving services Global Fund-financing will need to focus on the core priorities for HIV, TB and malaria programs. considering all sources of funds, including Global Fund investments. The priority services differ by disease program, although the most essential element is treatment: treatment continuity for HIV; diagnosis and treatment for TB; and case management for malaria. The Secretariat confirmed that access to these services by those most impacted by the three diseases is a key principle that underpins the approach to reprioritization. As reprioritization discussion and decisions progress, interventions that remove barriers that hinder access (e.g., human rights barriers), and the systems and service delivery platforms necessarily to deliver them (RSSH including CSS) must be considered. Essential services and barriers to access differ per disease and per country, and therefore the definition will be disease, country and context specific.

49. **CCM Engagement:** The Secretariat acknowledged the critical importance of ensuring there is full CCM engagement in the revisions process, particularly as an important means to ensure the engagement of civil society and communities. The Secretariat is committed to greater transparency ensuring consistent communications are widely circulated among CCMs, and encouraged community and civil society representatives on CCMs to engage with their constituents at country-level. Before revised country envelopes are communicated, the Secretariat will encourage advance planning with CCMs and consider targeted support for CCMs with lower capacity or identified issues. For CCMs where engagement challenges have been identified, there will be consideration for additional monitoring and tailored briefings by country teams – working jointly with the CRG department and regional platforms – focused on inclusion of communities throughout the process, and to track and monitor how inclusive engagement is implemented.
50. **Revised Funding Envelopes:** Non-executed funds are not synonymous with absorption. The revised funding envelopes will take account of unexecuted funds anticipated to remain through the grants' implementation periods. There will be challenging decisions at the country-level as there will not be sufficient funds to address all gaps in external financing. The Secretariat also confirmed that there will not be a decrease or revision of GC7 co-financing commitments.
51. **Programmatic Reprioritization:** It was confirmed that the approach to programmatic reprioritization, which is inclusive of CRG, RSSH and Health Financing considerations, is informed by normative guidance and program essentials which were developed in close collaboration with GC7 partners. The purpose of these considerations is to guide discussions at the country level while considering all available funding, including where domestic resources are well placed to take over interventions, while the final reprioritization is a country-owned decision. There will be further consultation with disease specific situation rooms and consultations will be held with the TRP. It was underscored that normative guidance does not prioritize interventions.
52. **Independent review process:** With a need to move rapidly, akin to the COVID-19 Response Mechanism (C19RM), the Secretariat will engage the TRP upfront on the overall reprioritization approach. There will be some revisions reviewed by the TRP, either due to the scope and scale of the revision deviating from the GC7 reprioritization document or a decision by the Global Fund Secretariat or CCM to opt-in.
53. **Domestic Financing of procurement:** Many of the commodities that could be financed through domestic resources will likely come from World Bank grants, or loans which currently does not allow the use of wambo.org for procurement using World Bank Funds. The Secretariat is working with the World Bank to address this issue and highlighted the need for support from the partnership.

Grant Cycle 8

54. **Streamlining and simplification:** The Secretariat acknowledged that GC8 cannot be business as usual and there will be trade-offs and noted the points raised by the Board.

55. **Transition:** The Secretariat is looking at which portfolios may transition in the next cycle and noted the comments by the Board.
56. **Sustainability and integration:** On integration, it was noted that the RSSH team is working with priority countries to more comprehensively approach integration.
57. **Eligibility:** The Secretariat confirmed that a change to eligibility would not necessarily be needed, noting eligibility does not guarantee an allocation.

Conclusions and next steps:

58. The Board Chair thanked the Board and Secretariat and outlined the following next steps:
- i. GC7 revised country allocation envelopes will be reported to the SC and Board.
 - ii. A final report on GC7 revisions related to reduced funding will be shared with the Board and a call will be organized.
 - iii. GC7 Catalytic Investment adjustments above 15% will be recommended to the SC for approval as needed.
 - iv. Considerations for GC8 will be discussed at the 28th Strategy Committee meeting in July 2025.

07. Revisions to the Technical Review Panel Terms of Reference

Presentation

59. The Secretariat presented the proposed revisions to the TRP Terms of Reference for Board approval. The revisions included (i) extending TRP membership terms from four to six years, (ii) refining the TRP review criteria, and (iii) further differentiating TRP review modalities for “Program Continuation” and “Focused Portfolios”.
60. The Secretariat elaborated on TRP review modalities, with the following being proposed:
- a. Program Continuation: All High-Impact and Core portfolio grants to be reviewed by the TRP unless they meet a set of pre-agreed principle-level criteria – to be developed with the TRP – in which case they will follow either a targeted review or no review.
 - b. Focused Portfolios: These grants would not undergo TRP review unless transitioning or upon request by CCMs or the Secretariat.
61. The Secretariat and the Strategy Committee Chair highlighted that the revised approach retains the value of the role of independent TRP review while targeting its support more strategically based on context and need, which is aligned with simplification and differentiation efforts that the Global Fund is undertaking in preparation for GC8.
62. The Secretariat confirmed that the revised TRP TORs do not affect the geographic, gender, or technical diversity of the TRP pool composition.

Board Discussion

63. The Board welcomed the Secretariat's proposed revisions, highlighting the need for greater simplification and differentiation, and commended the collaborative process with the SC and TRP Leadership. Additional comments focused on the following aspects:
- a. **Differentiation:** overall the Board endorsed the differentiated review modalities as a step toward streamlining GC8 processes and reducing transaction costs. Some Board members expressed that the changes may not go far enough and should remain under review as GC8 evolves. The Board welcomed measures to strengthen technical oversight in cases where TRP review is not required. One Board Member sought clarity on the triggers to decide whether TRP review may be required, and suggested reconsidering how

funding decisions are reviewed in the absence of an independent technical review.

- b. **Diversity of TRP member pool:** Board Members welcomed longer TRP terms to optimize pool utilization and to provide for greater continuity. The importance of ensuring the TRP pool maintains diverse technical expertise from implementer countries with experience in resource-constrained, high-burden settings and supported expanding expertise to include climate and digital health was highlighted.
- c. **Maintaining technical quality:** the Board emphasized that differentiation in TRP review is necessary, however it must not compromise technical rigor. TRP reviews must continue to safeguard the quality and impact of investments, particularly in high-burden, fragile, and transitioning contexts. Some Board members flagged that the current context may lead to growing gaps in technical partner capacity to support the development of funding requests and implementation. One Board member highlighted the potential for reduced technical capacity within the Secretariat under low-replenishment scenarios in GC8, and expressed concern that less independent technical review would not be compensated with increased Secretariat capacity. It was also noted that further revisions to the approach may be needed to ensure sustained technical support across all portfolios.
- d. **Role of the TRP:** the TRP's role in promoting sustainability was highlighted as increasingly critical. Board members reaffirmed the TRP's value in supporting countries and enhancing the Global Fund's credibility, and supporting strategic priorities, including in key areas that often are highlighted by the TRP on gender equity (e.g., the Gender Equality Marker), and human rights.
- e. **Adaptations for GC7 and GC8:** the Board urged the Secretariat to closely monitor and adapt its approach to TRP Review Modalities given the current uncertain and resource-constrained environment and the anticipated impact on all portfolios. It was noted that the proposed revisions to TRP Review Modalities may not yield the anticipated reduction in transaction costs, as funding pressures could lead to more countries shifting to Tailored for Transition, and fewer grants qualifying for Program Continuation due to significant GC7 grant revisions or programmatic changes. The Board further urged the Secretariat to approach TRP review of GC7 revisions and GC8 grant-making in a holistic manner to ensure meaningful TRP contributions to program adaptations without duplicating efforts, and to explore further differentiation in TRP review modalities for Transition portfolios. One Board member suggested that a more comprehensive review of the TRP's role may be more appropriate once there is greater clarity on expected funding modalities and programmatic approaches under GC8, particularly in the context of a lower replenishment outcome.
- f. **Collaboration with Gavi's Independent Review Committee (IRC):** some Board members recommended strengthening collaboration through more joint reviews between the TRP and Gavi's IRC, particularly for malaria and RSSH grants, to enhance alignment and efficiency across shared programmatic areas.
- g. **Operationalization:** some Board Members requested clear guidelines to support CCMs in determining when a TRP review should be requested to ensure that processes remain in place to ensure countries receive the technical support they need.
- h. **Role of Civil Society:** given the proposal for the TRP to participate in the Grants Approval Committee (GAC) for those funding requests which the TRP will not review, some Board members highlighted the importance of continued civil society representation on the GAC to be able to track community and civil society priorities.

Secretariat Response

64. The Secretariat thanked the Board for the support to further differentiate and focus TRP reviews as part of efforts to adapt to the current context, and acknowledged the SC Working Group and

TRP Leadership who contributed, together with the Secretariat Management Team, to shaping this proposal. The Secretariat provided the following additional responses and clarifications:

- a. **Diversity of TRP Membership Pool:** the TRP membership pool will remain diverse in GC8 with broad geographic, gender and technical expertise representation, including emerging priorities such as climate and digital health.
- b. **Adaptations for GC7 and GC8:** it was acknowledged that the current context is rapidly evolving, and since discussions on the review modalities began circumstances have changed significantly. Simplifying the GC8 approach requires examining the TRP's role. The model presented for Board approval at this meeting will likely need revisiting as the context becomes clearer.
- c. **Streamlining approach:** the majority of High Impact and Core countries will likely undergo TRP review. The opportunity for streamlining exists where countries have significant commodity components, the TRP would focus on non-commodity aspects of grants. Additionally, countries undergoing heavy GC7 revision processes will receive lighter-touch or no TRP review in GC8 to reduce burden on applicants.
- d. **Operationalization:** based on the changes to the TRP Review Modalities, countries will have access to technical support when needed and TRP review will be available to all countries that request it. The proposal is designed to further differentiate and focus the TRP where it can drive the most impact.
- e. **Collaboration with Gavi's IRC:** the TRP ToRs maintain the TRP's commitment to explore collaboration opportunities with similar review bodies such as Gavi's IRC. It was noted that joint reviews remain difficult given parallel processes.

Board Decision

65. The Board approved the Revised Terms of Reference for the Technical Review Panel (GF/B53/DP03). The United States and the Private Foundations Constituencies abstained.

08. Resource Mobilization Update

Presentation

66. The Secretariat opened the session by acknowledging the challenging global funding context and the rising risks facing Global Fund's resource mobilization efforts, underscoring the need for adaptive strategies.
67. Pledge conversion for the Seventh Replenishment remains on track surpassing rates from previous cycles. An additional USD 113.9 million has been secured for implementation through 2024, reflecting strong donor relationships. The Secretariat thanked donors for their timely and, in many cases, early conversions, which are essential for sustaining life-saving programs.
68. The launch of the Eighth Replenishment campaign, streamed live from Johannesburg, drew over 200 high-level participants. The announcement of South Africa and the United Kingdom as co-hosts was warmly welcomed and the Investment Case was well received, with strong alignment around health investment as a driver of resilience and prosperity. Furthermore, the Secretariat noted that additional modelling is currently underway to evaluate the potential impact of the evolving context on the projections presented in the Investment Case. Nevertheless, the target and the return on investment articulated in the case remains valid.

69. The first early – and increased - pledge was received from the Children’s Investment Fund Foundation (CIFF) in early April. The campaign is advancing through a rolling model with multiple pledging moments, supported by tailored messaging emphasizing the return on investment, global health security, and community impact. Advocacy is intensifying across platforms such as the G7 and G20. The Secretariat expressed gratitude to the Board and welcomed its leadership and support to help navigate current risks and ensure a successful Eighth Replenishment.
70. The AFC Leadership provided a summary of the committee’s discussion on resource mobilization and the successful launch of the Eighth Replenishment campaign. The AFC discussed themes including the importance of donor trust, engagement strategies with public/private sectors, and the advocacy role of civil society. The discussions also emphasized collaboration with global health agencies, clarity on the pledging timeline, and maintaining ambition amid global challenges.

Board Discussion

71. The Board reaffirmed its commitment to the Global Fund’s mission and emphasized the critical importance of converting the remaining 37% of Seventh Replenishment pledges, warning of potential programmatic and strategic risks if these are not fully realized.
72. The Board emphasized the value and importance of multilateral collaboration, regional political leadership to strengthen sustainability and shared responsibility, and engaging African heads of state ahead of key international summits. Additional comments and queries related to:
- a. **Private sector:** The private sector’s role was strongly emphasized. The Board welcomed CIFF’s early pledge and enquired about the strategies to reach the USD 2 billion private sector target.
 - b. **Key campaign messages and themes:** There was a broad consensus on the need for strategic messaging that highlights both the benefits of investment and the risks of inaction. Board members called for increased collaboration with global health initiatives such as Gavi and the need to stress efficiency gains and climate-related health risks more clearly.
 - c. **Inclusivity and innovation:** were also central themes. Board members stressed the need for health equity, especially key populations and marginalized communities, and urged continued innovation in program design, particularly for HIV services. Community health systems were recognized as vital for addressing cross-border threats and climate-related challenges to health. Some Constituencies suggested further exploring innovative approaches to types of donors and partners (e.g., to reach out to the tourism sector).
 - d. **Co-hosting model:** the co-hosting model was widely praised for promoting ownership and shared accountability. The commitment of implementing countries that contribute financially was commended, and regional collaboration models were highlighted.
 - e. **Pledge timing:** concerns were raised about donor fatigue amidst competing global priorities. The Board stressed the need for early pledges to build momentum and maintain confidence. Strategic timing and high-visibility moments, especially aligned with global gatherings, were seen as critical to maximize impact of the Eighth Replenishment campaign.

Secretariat Response

73. The Secretariat provided the following responses and clarifications:
- a. **Pledge conversion:** certain open pledges are not yet due for conversion, while others

may be affected by geopolitical, economic or other factors. The Secretariat's strategy for pledge conversion focuses on targeted donor engagement, adaptive messaging, and scenario planning.

- b. **Private Sector:** the USD 2 billion private sector target is as ambitious while achievable, supported by a strong pipeline of potential donors, a clear articulation of return of investment and the value proposition for the private sector, including through the Private Sector Investment Opportunity launched at the World Economic Forum.

- 74. As the Eighth Replenishment campaign continues with flexibility and responsiveness, the Secretariat underscored the delicate balance between optimism and pessimism.
- 75. In closing, the ED highlighted the tension between record-high pledge conversion and unprecedented remaining risks, calling for continued support.
- 76. The Board Chair reinforced the message of partnership, stating: *"Every signal of commitment, every dollar pledged, and every story told can and will make a difference. The Global Fund must not lose momentum now — the world needs it more than ever."*

09. Closing

- 77. The Board Chair invited the Secretariat to address some of the key themes and issues that had arisen during the Board meeting. On lifesaving services, it was noted that this is an outcome the partnership aims to achieve, rather than being an input for reprogramming. It could be summarized as lifesaving commodities, essential health and community services and access for populations at highest risk. These are highly context and disease specific and difficult to define globally. GC7 Reprioritization decisions must be country owned as these will be context specific. A report will be sent to the Board and Strategy Committee in July on revised final country allocation envelopes. There will be a Board call and written reporting on outcomes of revisions with a summary of high-level shifts in key areas in Q4 2025.
- 78. The Secretariat acknowledged concerns about ensuring an inclusive CCM dialogue, with meaningful civil society and community engagement, during the GC7 reprioritization process and proposed some next steps. There will be a focus on transparent communications and advance planning for the reprioritization and grant revisions exercise, with CCMs encouraged to reallocate funding to support civil society engagement. CCMs assessed as having weaker engagement among key country stakeholders will be targeted for additional monitoring and support, to heighten their focus on communities. The Secretariat emphasized the need for the Board to champion this inclusive approach, as many Board constituency members participate directly in CCMs, and that difficult and challenging CCM discussions should be anticipated.
- 79. The Board Chair explained how the Global Fund governance calendar will be adapted to the later conclusion of the 8th replenishment and subsequent critical and strategic Board decisions. The July 2025 Committee meetings will be maintained, while the following round of Committee discussions initially planned for October will move to early December. The 54th Board meeting will move from November 2025 to early February 2026, and the March 2026 Committees will move to April. The 55th Board meeting will be held in early July 2026. These adjustments will allow the Board space to prepare for key decisions ahead of GC8 and respond strategically to the outcome of the 8th Replenishment. The timeliness for the Board Leadership and ED Selection process are also impacted and adapted, with both processes launching after the conclusion of the replenishment. The aim is to appoint new Board Leaders in May 2026 for a term commencing at

the close of the 54th Board meeting. A Board Retreat in May will discuss the selection of the next ED. The new ED would then be appointed at the July 2026 Board meeting. The selection process for the next Inspector General will run from Q2 to Q3 2026.

80. The Board Chair paid tribute to the outgoing Committee Chairs and Vice-Chair, thanking them for their contributions and service to the Global Fund. The new Committee leaders were welcomed and the Board Chair wished them every success, noting that they inherit strong foundations from their predecessors. The Chair thanked the Board for the rich, frank and solutions-oriented discussions. The Board meeting had focused on steering the organization through a difficult and volatile environment, and the Board had reaffirmed its unity of purpose, spoken with one voice and embraced the necessity of change.

Annex 1: Decisions Taken at the 53rd Board Meeting

| Decision Point | Decision Point Text | Voting Summary | | |
|----------------|---|-------------------|---------|--|
| | | For | Against | Abstain |
| GF/B53/DP01 | Approval of the Agenda The Agenda for the 53 rd Board Meeting (GF/B53/01) is approved. | Unanimous | | |
| GF/B53/DP02 | Approval of the Rapporteur Dereck Springer from the Latin America and Caribbean constituency is designated as Rapporteur for the 53rd Board Meeting. | Unanimous | | |
| GF/B53/DP03 | Approval of the Revised Terms of Reference of the Technical Review Panel 1. The Board notes the recommendation of the Strategy Committee as set forth in GF/SC27/EDP01 and approves the revised Terms of Reference of the Technical Review Panel as set forth in Annex 1 to GF/B53/07, which shall have effect as of the date of this decision. <u>Budgetary implications:</u> <i>None</i> | 18 votes in favor | | Private Foundations United States |

Annex 2: Document List

| Reference | Document Title | Purpose |
|------------|---|-----------------|
| GF/B53/02 | Strategic Performance Summary Report (Written Update) | For Information |
| GF/B53/03 | Risk Management Report and Chief Risk Officer's Annual Opinion | For Input |
| GF/B53/04 | Country Funding Update (Written Update) | For Information |
| GF/B53/05 | Procurement and NextGen Market Shaping Update (Written Update) | For Information |
| GF/B53/06 | Financial Performance as at 31 December 2024 (Written Update) | For Information |
| GF/B53/07 | Revised Terms of Reference of the Technical Review Panel | For Decision |
| GF/B53/08 | Update on Resource Mobilization and the Eighth Replenishment Campaign | For Input |
| GF/B53/09 | Independent Evaluation Panel Annual Report | For Information |
| GF/B53/10 | Ethics Office Annual Report and Opinion 2024 | For Information |
| GF/B53/11A | Office of the Inspector General Annual Report | For Information |
| GF/B53/11B | Agreed management Actions Report | For Information |
| GF/B53/12 | 2024 TRP Performance Assessment (Written Update) | For Information |
| GF/B53/13 | Privileges and Immunities Annual Report - Rev 1 (Written Update) | For Information |
| GF/B53/14 | Recoveries Report (Written Update) | For Information |
| GF/B53/15 | Report of the Coordinating Group (Written Update) | For Information |
| GF/B53/16 | Selection Processes (Written Update) | For Information |
| GF/B53/17 | Defeating AIDS, TB and Malaria and Building Systems Together | For Information |
| GF/B53/18 | Considerations for Grant Cycle 8 | For Input |
| GF/B53/19 | Resilient and sustainable systems for health Update | For Information |

Annex 3: Glossary of Acronyms

AFC = Audit and Finance Committee
AI= artificial intelligence
AMA = agreed management action
C19-RM = COVID-19 Response Mechanism
CCM = Country Coordinating Mechanism
CIFF = Children's Investment Fund Foundation's
CoEP = Cost of essential programming
CRG = Community, Rights and Gender
ED= Executive Director
EGC = Ethics and Governance Committee
GC = Grant cycle (e.g. GC8, GC7)
GFF = Global Financing Facility
HTM = HIV/AIDS, TB and malaria
IEP = Independent Evaluation Panel
IRC = Independent Review Committee
OIG = Office of the Inspector General
OPEX = operating expenses
PreP = pre-exposure prophylaxis for HIV
RSSH = resilient and sustainable systems for health
SC = Strategy Committee
SCL= Strategy Committee Leadership
TB = tuberculosis
TRP = Technical Review Panel
WHO = World Health Organization

Annex 4: Written Statements Received From Constituencies

All Constituency Statements and Joint Position Papers received on the occasion of the Global Fund Board Meeting are circulated to the Board in real time, and further made available on the Governance Hub.

The following constituency statements and joint position papers will be attached to the final version of this report, and are currently available for review on the Governance Hub [meeting page](#).

1. Canada, Switzerland and Australia
2. Communities
3. Developed Country NGO
4. Developing Country NGO
5. Eastern and Southern Africa and West and Central Africa joint statement
6. Eastern Mediterranean Region
7. Germany
8. Japan
9. Point Seven
10. Private Sector
11. South East Asia
12. UNAIDS
13. United Kingdom
14. Western Pacific Region
15. World Health Organization
16. European Commission/Belgium/Italy/Portugal/Spain, France, Germany, Point 7, UK joint Statement

Constituency Statements

53rd Board Meeting

53rd Board Meeting
May 7, 2025

Constituency statements

1. Pre-Day: RSSH

South East Asia

We acknowledge the strategic launch of the RSSH Implementation Acceleration initiative and the focus on resolving critical implementation bottlenecks through targeted support to 17 cohort countries.

We are encouraged by the progress in countries such as Indonesia, where integration of HIV, TB, and malaria into primary care was strengthened through polyvalent community health workers and expansion of the SMILE logistics system across 427 districts. Similarly, Bangladesh and India demonstrated strong results in laboratory system integration and digitization efforts.

However, we note with concern that only three SEA countries were referenced among the 17 high-priority countries in the update. Several other countries in the region, including Myanmar, Nepal, Bhutan, Timor-Leste, and Sri Lanka, face structural challenges that could greatly benefit from similar acceleration support. As RSSH enters GC8, we call for greater inclusion of SEA countries in acceleration cohorts and more disaggregated reporting to ensure visibility and equity in regional progress.

We also encourage tailored technical support to sustain investments in oxygen systems, digital infrastructure, and interoperable health information systems in high-burden and transitioning SEA settings. Continued flexibility in co-financing and stronger community-led systems integration will be critical to maximizing long-term impact.

SEA Constituency looks forward to deeper engagement with the Secretariat to ensure RSSH investments fully reflect the needs and priorities of all countries in the region.

Eastern Mediterranean Region

We welcome the unprecedented scale of Resilient and Sustainable Systems for Health (RSSH) investments in GC7 (\$5.7 billion globally). However, only a small proportion—just 3% (\$178 million)—of this global spend was allocated to the Eastern Mediterranean Region, the lowest share of any region. In addition to the small grant envelopes that our countries have, there are additional barriers to matching funds (such as a need for increased integration, strict thematic prioritization, expectations of co-financing, and significant technical and reporting demands) and weak absorption capacity related to conflicts and protracted crisis.

Successful implementation in our region therefore requires major adaptations for fragile contexts, as well as increased, appropriately structured RSSH allocations to bridge the resource gap.

Only 43% of health facilities in conflict-affected EMR countries meet minimum quality standards, with critical workforce shortages. EMR countries face an average 8.2-month lead time for essential commodities vs. 4.5 months globally. This is related to a complex interplay of persistent conflicts, fragmented health systems, weak supply chain infrastructure, complex regulatory environments, and resource constraints that collectively impede efficient procurement and distribution processes. Only four of the twelve EMR countries have functional surveillance systems sufficient to track communicable diseases. This data deficit undermines our ability to measure progress, demonstrate true disease burden, and secure appropriate resources.

Based on recent health security analysis and HIV/TB/Malaria (HTM) data, priority investments should focus on:

Health System Capacity: Focus on Primary Health Care (PHC) infrastructure integrating HIV, TB, and malaria and essential health services (including maternal and child health, sexual and reproductive health, mental health, etc.).

Prevention: Emphasize vaccine systems, vector control, and water/sanitation.

Detection and Reporting: Expand community surveillance (including Community-Led Monitoring) and laboratory networks.

Risk Environment Management: Address climate change and water insecurity.

We strongly endorse the GC8 focus on integration through polyvalent community health workers, laboratory networks, and digital health systems, with innovative approaches to reach displaced populations and migrants through community-led monitoring and sustainable supply chains.

Communities

Introduction

The Communities Delegation to the Board of the Global Fund presents this statement at a critical moment of unprecedented challenge. The current funding crisis threatens to reverse two decades of progress against HIV, TB, and Malaria and puts the lives of millions of people at risk. While we recognize the need to make difficult decisions in this constrained financial environment, we are deeply concerned about how these decisions are implemented.

Our lived experiences demonstrate that implementation challenges disproportionately harm the populations the Global Fund was designed to support. In numerous countries, there is an alarming pattern in which community-led interventions, crucial for effective and inclusive responses, are among the first to be cut. These decisions are often made through a top-down approach that bypasses established governance structures and systematically excludes community voices, undermining the principles of shared ownership and participatory governance that are essential for sustainable progress.

We stand at a pivotal crossroads. The direction we choose now will determine whether the Global Fund continues to embody its founding principles of partnership, country ownership, and community leadership or shifts toward a narrow focus on commodity procurement alone, at the expense of the vital community systems necessary to ensure these commodities reach and benefit those most in need.

In this statement, we articulate our concerns, present evidence of the adverse consequences of current approaches, and offer constructive recommendations for navigating this crisis while safeguarding the core mission of the Global Fund. We underscore that "life-saving interventions" must be comprehensively defined to include the commodities themselves and the robust access and delivery systems that ensure these commodities are effective. Without strong community systems, commodities become warehoused goods—ineffective and inaccessible to those who need them most—undermining the very goal of equitable and sustainable health outcomes.

We urge the Board to ensure that principles of inclusivity, transparency, and equity guide all grant adaptation decisions. Specifically, we call for:

Meaningful community participation through CCMs and transparent, inclusive country dialogues to ensure community voices are heard and respected;

The protection of critical enablers and community-led services is essential for equitable access to prevention and treatment.

The preservation of human rights and gender programming is a fundamental component to effectively reach key and vulnerable populations.

The safeguarding of Community-Led Monitoring as a vital mechanism for accountability and oversight.

Adopt a differentiated approach that recognizes and responds to the diverse realities and needs of different country contexts.

The Communities Delegation stands ready to collaborate with all stakeholders in navigating this crisis. However, we will continue to voice concerns against processes that exclude community perspectives and oppose decisions that disproportionately harm the most vulnerable. The strength of the Global Fund has always lay in its unique partnership model—now is the time to uphold and rely on that model, rather than abandon it.

Top of Form

Bottom of Form

RSSH Update

The current approach to reporting on RSSH—primarily through infographics and brief success summaries—is inadequate for accurately assessing actual impact. There remains a significant disconnect between the optimistic narratives on sustainability and the reality of funding for recurring costs within RSSH. Many infrastructure investments lack provisions for ongoing running or maintenance costs, and often exclude community structures necessary for engagement, utilization, and accountability.

Relying solely on the Global Fund's RSSH investments is insufficient to enable countries to deliver life-saving services in the immediate term. As C19 funding diminishes or ceases, the question arises about where future funding for Community Systems Strengthening (CSS) will come from. A truly resilient RSSH must be rooted in robust, community-led systems. Preserving and strengthening these investments—centered on communities is not optional but critical for sustainable health outcomes. The fragility of health systems was starkly highlighted during the recent "Stop Work" order, when health facilities effectively shut down, exposing the vulnerability of health services without strong community components. We must critically examine why we continue to defend RSSH investments that frequently fall short in fully embracing CSS, an essential element for retention in care and long-term program sustainability. Strengthening community systems is not an add-on but the foundation of resilient and effective health systems.

Bottom of Form

UNAIDS

UNAIDS appreciates the attention to RSSH, noting that the majority of RSSH activities in disease grants (non-C19RM grants) are financed through HIV grants.

The UNAIDS constituency has consistently emphasized that for RSSH investments to truly deliver resilience and sustainability, Community Systems Strengthening (CSS), including community-led responses and monitoring, must be a core pillar, not an add-on. Strengthening community systems is both a strategic imperative and an investment necessity to ensure health systems are inclusive, accountable, and responsive to the most vulnerable.

People-Centered Health Systems Require Strong Communities: Health systems are about people. Community-led responses are essential to reach key populations, especially where stigma, discrimination, criminalization, and system gaps exist. CSS enables communities to co-create and deliver services, ensuring access, uptake, and adherence to critical HIV services.

CSS Delivers Impact Across the Three Diseases and Beyond. Community systems directly improve outcomes in HIV, TB, and malaria. They also strengthen preparedness for broader health threats. Without CSS, RSSH remains incomplete and less resilient.

CSS Enhances Sustainability and Ownership Sustainable health systems require local ownership and leadership. CSS builds long-term capacity in civil society and community networks, promoting inclusive governance, accountability mechanisms, and mobilization of domestic resources. It creates resilience from the ground up.

All the above is truer in fragile, finance-constrained, and transition contexts.

The Global Fund's Critical Role As a leading funder of CSS, the Global Fund's commitment to community-led, rights-based, and sustainable health systems aligns with its own Strategy (2023–2028), particularly Strategic Objective 2 on people-centered health systems

Germany

To end the three diseases, investments in resilient and sustainable systems for health (RSSH) are needed. While commodities are important, lifesaving impact can only be achieved in well-functioning health and community systems.

We see the lack of a strategic integration of RSSH in GC8 as a major weakness. Therefore, we urge the Global Fund to develop a concrete proposal. This should include scenarios for different replenishment outcomes and clear approaches to impactfully embed RSSH in GC8, e.g. through:

upfront (binding) communication to countries of RSSH-expectations/amounts
single funding request

longer implementation cycles

Catalytic Investments even in low replenishment scenarios

adequate staffing

targeted co-financing requirements

CCM capacities in RSSH

We agree with the presented directions for GC8 (focus, leverage, integration) and welcome the preliminary thinking on GC priorities. We have some questions regarding the following aspects:

Integration: While we agree on the importance of integration, we would like to see a conceptional elaboration of the topic (also including financing aspects, e.g. use of national systems, pooled funding etc.) to create a common understanding.

Focus: To increase integration and sustainability, investments that fall under the RSSH modules health sector leadership and governance (national strategy, policy and regulations, integration/coordination across disease programmes at service delivery level) and health financing (public financial management, sustainability and transition planning) are essential. These areas are not part of the presented focus of RSSH. How will investments in these key areas be ensured in GC8?

Focus: We would be interested in further details on how the revision of RSSH priority countries will take place and what criteria will be used to identify the priority countries.

Leverage: Could you elaborate more on the areas for RSSH co-financing? What is the difference to health system investments that have already been part of co-financing?

We would be interested in an update on the selective C19RM extension. Which countries are selected? How will the expiration of C19RM funds be mitigated at country and Secretariat level and what will the transition look like?

Japan

Japan appreciates the progress made in the area of RSSH and PPR, led by the Secretariat since the establishment of the RSSH Acceleration initiative. We support the proposed direction of thematic priorities for each RSSH area, as outlined in the preliminary proposal for GC8. However, we strongly urge a cross-cutting approach to mainstream RSSH to ensure efficient and effective implementation aimed at eliminating HTM, rather than considering reductions in RSSH-related efforts.

Developed Country NGO

The GF principles must inform any re-prioritizing process: We need to do this in a way that does not disrupt community systems strengthening. CSS is a lifeline for civil society and an essential part of RSSH. Any pause or disruption on CSS will impact the success of GC8 because it takes so long to rebuild community networks.

How will COE contexts be impacted by funding gaps? The critical shortage of health workers, compounded by chronic salary delays and a lack of training and supervision, is sabotaging healthcare delivery in many contexts. This extends to data collection, supply chains, commodities, crucial staff for prevention, outreach, community engagement, health promotion, among other activities.

Private Sector

The PSC commends the progress made in Resilient and Sustainable Systems for Health (RSSH) investments, mindful of the significant challenges posed by possible priority changes in the funding landscape. Investments in regional networks and surveillance systems will be crucial to address low-replenishment scenarios. Maximizing the return on investment in RSSH is an opportunity, particularly in malaria programs, where stronger and more climate-resilient infrastructure correlates with improved overall health system performance.

Western Pacific Region

Western Pacific Region Constituency applauds the achievements in RSSH investment and appreciate the clear and concise report.

Investment in RSSH is the investment that enables safe transition and secured sustainability.

Moving forward, in the current context of financial constraints, WPC believes the following areas should be prioritized:

- Functioning and sustainable primary health care capable of delivering integrated essential HIV, TB and Malaria services. Investment in PHC should be made with the government's stewardship, in partnership with others such as WB, UNICEF, WHO... Our vision of success should include sustainable PHC financing and human resource.

- Effective and sustainable community system. HIV, TB and Malaria affect the most marginalized and vulnerable populations who may not have access to health services without dedicated facilitation and support. GF is the biggest investor in community system and it pays off. The critical role of community system is widely recognized, also by implementing governments. However, little investment has been made from domestic resource and in most countries community system has not been institutionalized in country's systems for health. Moving forward, investment for RSSH from the GF should be directed to work toward their structural and financial sustainability.

- Maturity of the health system should mean countries are capable of: 1) procuring and supplying essential commodities for HIV, TB, Malaria with reasonable costs, 2) performing timely lab tests for diagnosis and monitoring of HIV, TB and Malaria, 3) adequately, timely and in integrated manner capturing data and sharing health information, 4) developing and implementing policies that enable the sustainability of HIV, TB and Malaria response.

World Health Organization

We appreciate the level of support provided by the Global Fund Secretariat to ensure progress of the RSSH investments. The proposed approach for GC8 goes in the right direction - the emphasis on the integration of disease specific health services in primary care settings is key; with countries leading this model and according to their National Health Plan. This is a critical shift, particularly in the context of aid cuts and the huge efforts currently undertaken by countries to integrate health services and move forward primary health care reforms. This will need to be taken into consideration during GC7 to better leverage RSSH investments.

To have the greatest impact and given that RSSH thematic areas supported in each country will decrease, technical assistance to countries on integrating health services and programmes is critical. WHO is ready to support through our UHC-Partnership and Health Policy Advisors based in 125 countries, as well as WHO technical experts in the respective disease programmes.

More specifically, in the area of human resources for health, we appreciate the work being done to support capacity building, supporting a blended learning approach and to integrate community health workers into domestic health systems. We would encourage Global Fund investments in education and employment of health workers, also across other occupational groups (e.g. lab technicians), aligned with national strategies and mechanisms, including salary scales. This is crucial for future sustainability and transition to the national payroll.

We would caution against identifying specific RSSH line items for co-financing, as there is no externally validated evidence that the Global Fund's current approach to co-financing has led to increased domestic resources for health. On the RSSH component a more holistic approach to increasing the overall fiscal space for health would be more beneficial while focusing co-financing on more specific programmatic elements (e.g. commodities) which can be feasibly monitored and reported through routine domestic processes. In the face of shifts in external funding, transitional financing options will need to be explored in many contexts to provide a bridge to domestic financing. This includes negotiating new terms, conditions, and options, including blended finance modalities that leverage multilateral development bank and grant financing.

We welcome the continued partnership and WHO is ready to work with the Global Fund to strengthen its approach to RSSH investments and leverage synergies with Gavi and GFF.

Point Seven

We encourage the GHIs, including the Global Fund, to focus on added value across the HSS building blocks and how you can work complementary to each other.

While we commend the ongoing discussions to align application cycles, joint planning and applications across GHIs, we encourage that first and foremost all agencies to work along development and implementation of national health sector planning and implementation cycles. This is in line with the Lusaka agenda's ambition of one plan, one budget and one M&E system

The ongoing process led by WHO (and a number of other agencies) to agree and streamline definitions of health systems, identify and agree on indicators for monitoring and reporting, and to ensure actors such as the GHIs incorporate these in their HSS approach, including for reporting is also a great opportunity for strengthened collaboration.

Health system strengthening can in some cases mean transferring responsibility to national

authorities and downscaling operations, as much as investing new funds in "HSS".

We acknowledge an increased pressure against equity and access to essential health services for key populations. Working through and with CSOs is an important part of GF's work to ensure key and other priority populations are represented and have access to health care. We encourage involving CSOs for system development to ensure integrated service delivery.

Finally, we would like to highlight the continued importance of GHIs supporting domestic resource mobilization to health and share a view towards long-term sustainability.

2. Pre-Day: Annual Report and Opinion of the Ethics Officer

South East Asia

SEA Constituency appreciates the continued strengthening of the Global Fund's ethics systems, and we commend the Office's steady advancement toward maturity across key domains, particularly Strategy and Risk Management.

We note the proactive steps to strengthen safeguards on protection from sexual exploitation, abuse and harassment (PSEAH), conflict of interest management, and ethical culture-building. However, significant residual risks remain, particularly in SEAH prevention, governance at the Country Coordinating Mechanism level, and accountability among grant implementers.

As a constituency representing countries with vulnerable populations, we emphasize the need to fully implement strengthened SEAH and ethics risk mitigation measures, and to ensure consistent ethical standards across all levels, from Secretariat operations to CCMs and frontline implementers.

We also encourage the Ethics Office to deepen regional ethics risk analysis to support more targeted interventions. SEA countries would benefit from greater investment in localized reporting mechanisms, CCM ethics capacity, and ethics integration during grant-making. Monitoring misconduct trends and mitigation progress at regional or constituency level would also help sharpen prevention strategies.

SEA Constituency looks forward to continued collaboration to uphold ethics, integrity, and accountability across Global Fund-supported programs.

Eastern Mediterranean Region

We note with interest the 34.5% increase in Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) case reporting and agree with the Ethics Office assessment that this is likely to reflect increased awareness and trust in reporting to the Global Fund rather than an actual increase in incidents. This highlights the importance of continued capacity building and awareness efforts, particularly in our region where cultural barriers to reporting may exist.

The Ethics Office's work on conflict-of-interest management is especially relevant for our constituency, where complex political environments and humanitarian responses can create challenging governance situations. We support the proactive approach to conflict identification and mitigation and encourage continued development of practical tools for implementers in challenging contexts.

We support tailored ethics frameworks and dedicated protocols for PSEAH and Country Coordination Mechanism (CCM) governance in environments with multiple authorities. Context-sensitive approaches should distinguish between willful misconduct and systems failures exacerbated by crisis.

Communities

We commend the Ethics Office for its important work; however, we are concerned that the current budget allocation may be insufficient to strengthen governance frameworks across the organization fully. Notably, progress in developing comprehensive guidance on integrating human rights, gender, poverty, and intersectionality into Global Fund evaluations has been limited. While some advancements have been made, this critical work remains unfinished and should be prioritized for

finalization in 2025 to ensure evaluations are truly inclusive, equitable, and reflective of diverse realities.

UNAIDS

UNAIDS welcomes the Ethics Officer's commitment to strengthening ethical culture and safeguarding the integrity of Global Fund operations. We support the progress in maturing risk management and strategy but remain concerned that the residual ethics and integrity risks, particularly around human rights and shrinking civic space, remain high. UNAIDS emphasizes the need for the Ethics Office and the broader Global Fund partnership to more proactively address systemic risks impacting community and key population engagement in the shrinking fiscal space. We urge continued focus on embedding rights-based approaches, enhancing protection for whistleblowers, and ensuring that community-led monitoring and accountability mechanisms are fully supported and integrated into ethical risk mitigation efforts.

3. Pre-Day: IEP Annual Report

South East Asia

We thank the Independent Evaluation Panel (IEP) for its diligent oversight and appreciates the responsiveness to constituency observations and recommendations. We recognize the important progress made during the second year of operation of the evaluation function, including early Strategy Committee approval of the 2025 work plan, strengthened ELO–IEP collaboration, and improved pre-Board dissemination of evaluation outcomes.

We note the challenges reflected in the IEP governance review, including discrepancies in perception among stakeholders, and agree that continued attention to alignment, clarity of roles, and methodological flexibility will be critical as the evaluation function matures. Ensuring the independence, relevance, and utility of evaluations is particularly important for high-burden, high-transition regions such as SEA.

From our perspective, we particularly welcome the focus on embedding learning more systematically into the Global Fund's evaluation function. We encourage ELO and IEP to accelerate the finalization of the learning strategy, ensure clear use of Imbizo findings to inform strategic and programmatic learning, and prioritize evaluations that provide actionable insights for country implementers.

Given the resource constraints ahead, we support the IEP's call for scenario planning and greater flexibility in evaluation design and budget tailoring. Right-sizing the function while maintaining independence will be essential to sustain quality without overburdening the system.

Eastern Mediterranean Region

We are concerned about the reduced IEP membership and potential risks to quality assurance. EMR requires evaluation approaches that respect insecurity and access constraints since conventional methodologies often create misleading pictures of progress. Hence, we urge accelerated development of specialized evaluation approaches for fragile settings, employing alternative data collection methods (such as Community-based Participatory Evaluation), context-sensitive analytical frameworks, and practical recommendations that acknowledge implementation constraints.

UNAIDS

UNAIDS welcomes the IEP's continued commitment to strengthening the independence, quality, and utility of Global Fund evaluations. We support efforts to refine methodologies, enhance pre-Board engagement, and safeguard evaluation integrity despite resource constraints.

However, we encourage continued efforts to ensure that human rights, gender, equity, and intersectionality are fully embedded in all evaluations, particularly in light of the multi-layered disruptions currently threatening the HIV response. UNAIDS explicitly urges the accelerated finalization of the long-awaited guidance on human rights, gender, poverty, and intersectionality in evaluations, which is essential for ensuring that the most affected communities are meaningfully

reflected in both evaluation processes and outcomes. We also call for interim measures to be adopted to ensure these principles guide current evaluations, including the HIV prevention evaluation, which we welcome and view as a litmus test of the Global Fund's ability to adapt in this challenging context. Evaluation findings must inform strategic decisions, financial and programmatic sustainability strategic and operational directions in GC7 and 8 to protect and sustain progress in the HIV response.

Germany

The Report describes that the shrunk IEP team creates risks to the evaluation function. It would be interesting to better understand the nature of these risks and how they are being mitigated. Will the replacement of the two voting members as well as the IEP chair be part of the IEP recruitment in 2025? When will the recruitment process start?

One of the adaptations due to the smaller team was the reduction of quality assurance focal points to only one. Quality assurance is however key for good evaluations and has been criticized in previous evaluations. How can it be ensured that the quality of evaluations is not compromised?

Western Pacific Region

WPC appreciates the work of IEP and the report.

WPC notes with concern that community engagement, HIV prevention and gender are much behind in the work of IEP and would like to understand the reasons for this and the plan of IEP moving forward regarding these 3 areas.

4. Lunch

South East Asia

N/A

5. Board Retreat

South East Asia

N/A

Germany

For the upcoming retreat, we see it as critical to hold an open and honest discussion on the current challenges and their implications for the Global Fund's mission. As the financial implications will most likely accompany us in the longer term, our discussions should go beyond the current short-term impact and contingency planning and include long-term strategic considerations and planning. The changes we make to GC7 grants will also affect GC8, which is why we should look at both grant cycles in an overarching way – with a focus on sustainability and decreasing dependencies on external funding.

During our discussions on prioritization, we should keep in mind the Global Fund Partnership's core strengths, which in our view are market shaping, the unique Partnership model and the operational effectiveness in the fight against the three diseases. In order to achieve sustainable impact, we must link these strengths with systems strengthening and prevention efforts, co-financing and transition planning.

We generally support the proposed approach and would like to offer some additional comments.

On reprioritization: in scarce funding scenarios, catalytic investments are even more important to leverage strategic impact. Funding for catalytic investments should not be deprioritized.

On process: we underline the importance of inclusive stakeholder involvement (especially CCMs) in the process, which requires adequate timing and support. In the past, short deadlines have hindered

the meaningful engagement of communities and KVPs in CCM processes. What is being done to ensure that communities and KVP constituencies can play an active role in the revision process?

On TRP involvement: we understand that the reprioritization process needs to be done swiftly. However, quality is still of high importance, especially in the current circumstances. We would like to better understand how the upfront TRP engagement would look like.

6. Board Retreat: Reception

South East Asia

N/A

7. Closed session

South East Asia

TBD

8. Coffee

South East Asia

N/A

9. Opening of the Board Meeting

South East Asia

N/A

UNAIDS

No comment

Developing Country NGO

As we enter an unprecedented period marked by funding cuts to current—and potentially future—Global Fund programs, it is essential to reaffirm our core values, mission, and strategy. At the heart of our strategy is a commitment to protecting communities, and our decisions and accountability measures must continue to reflect that. Even as we adapt our approaches to meet the challenges of today's complex global health landscape, we must ensure that investments in human rights and gender remain strong, sustained, and central to our response.

The Board needs to give clear and principled direction to the Secretariat. As we pursue simplification and radical differentiation, we must not lose sight of our duty of care—not just to the Global Fund as an institution, but to the people and communities we serve and protect.

These are challenging times, and the decisions we make now will carry life-or-death consequences for many. We must act with intention and clarity to protect those at the centre of the response—the most vulnerable and marginalised. The Global Fund has never been solely about financing, systems, or treatment; it has always been about people—their lives, their dignity, and the commitments we've made to them and to ourselves.

This moment of crisis (whilst hard) also offers a moment of reflection. It is a chance to reconnect with what we know and value most about the Global Fund, so that we can rebuild it—more grounded, more accountable, and even stronger for the future.

Western Pacific Region

WPC notes that the ongoing funding uncertainty and our response is not in the official agenda of this

Board Meeting and we appreciate the reason for this. However, we would like to express our grave concern and share our proposed response as the followings:

- The entire GF partnership needs to step up in solidarity to fulfil our own commitment in working together to end HIV, TB, Malaria. The challenges we are all facing are unprecedented but that should not and will not be the reason for us to surrender. First and foremost because we have each other. We call upon donors to honor your funding pledge, and whenever possible, increase support to the GF. We call upon implementing governments to step up your commitment, to allocate and unlock domestic resources, to tackle barriers so that operation will be less costly and more effective. We call upon all implementing partners to look deep and far into the programs to produce more results from every dollar.
- This is an opportunity for us to revisit GF investment to be even more strategic and focused. WPC is in full support of prioritizing life-saving programs. WPC also sees the critical of investing in systems for health that capable of implement effectively the programs. Life-saving programs should be delivered by systems that are built to sustain. These systems also serve as the conditions for transition and foundations for sustainability. Our view regarding GF investment on RSSH is shared under the RSSH session of the agenda.
- WPC notes that so far there has not been public communication about the concerns we are all shared. We appreciate the cautious considerations of the Leadership and Secretariat. We expect that for the purpose of transparency and accountability, once decision is made by partner(s), it will be publicly communicated.

WPC would like to express our heartfelt gratefulness to the Board Leadership, committee leadership and members, and Secretariat, including the senior members who overcome personal challenges, change personal plan, to stay with the GF in this challenging time. We are deeply grateful to donors for upholding and step-up your commitment despite your own struggles. We believe solidarity and humanity will prevail.

World Health Organization

As we prepare for the 53rd Global Fund Board meeting and retreat, we face acute public health challenges and very difficult decisions. But the Global Fund Partnership must not lose sight of the goal: preventing, controlling and eliminating the three diseases; delivering life-saving interventions; ensuring continuity of care; minimizing setbacks, and building long-term, sustainable health systems for the most vulnerable.

10. Update HIV/TB/Malaria and RSSH

South East Asia

SEA Constituency acknowledges the Global Fund's continued support to combat HIV, TB, and malaria in our region. These diseases continue to exert a heavy toll, SEA accounts for over 45% of global TB cases with nearly 600,000 TB deaths in 2023, 3.9 million people living with HIV, and over 4 million malaria cases, with India, Indonesia, and Myanmar accounting for 99.4% of the regional malaria burden

Significant progress has been made: HIV-related deaths have declined by 63% since 2010, TB treatment coverage reached a historic high in 2023 with 3.8 million people treated, and malaria mortality has dropped by 84% since 2010. Still, progress is slowing. TB drug resistance is rising; HIV remains concentrated among young key populations facing stigma and service gaps; and malaria gains are fragile, especially in border areas and climate-sensitive zones.

To accelerate impact, we urge faster deployment of game-changing innovations, such as the upcoming TB and malaria vaccines, alongside improved diagnostics, digital tools, and targeted prevention strategies. Cross-border coordination and integrated surveillance must be strengthened to protect gains and prevent resurgence.

We support deeper dialogue with implementing partners and technical agencies to understand how recent developments, political, financial, scientific, are shaping disease trajectories. Shared learning will help guide smarter investments.

Finally, the SEA Constituency calls for sustained innovation, country leadership, and strong partnerships grounded in community priorities to protect hard-won gains and drive progress forward.

Eastern Mediterranean Region

The modeled projections showing potentially severe reversals of progress if funding disruptions continue are alarming, especially for TB and malaria where our region faces specific challenges due to humanitarian crises, climate impacts, and population displacement. The reported disruptions to service delivery, including interruptions to community-based interventions and prevention programs, threaten to undermine years of progress in our most vulnerable communities.

The Eastern Mediterranean Region (EMR) continues to face rising malaria deaths, slow declines in tuberculosis, and increasing HIV infections and AIDS-related deaths.

-Malaria (World Malaria Report, 2024): Malaria remains a significant health threat in the EMR, particularly in settings affected by conflict and displacement:

Incidence has almost doubled since 2020 (11/1000 in 2020 and 17.9/1000 in 2023, expected to be 20.2/1000 in 2025).

In 2023, the EMR endured 10.5 million malaria cases and approximately 18,300 deaths.

Vector control currently reaches only 46% of at-risk populations.

Malaria in Sudan's displacement camps emerged as a deadly, escalating threat in 2023, with the collapsed healthcare system and unprecedented displacement crisis leaving millions vulnerable people to infection without access to prevention or treatment

-Tuberculosis (The Global TB Report, 2024): Tuberculosis in the EMR remains a challenge due to ongoing gaps in diagnosis and treatment, despite gradual progress due to improved coverage:

TB incidence is decreasing slightly 936,000 incident cases in 2023 (116/100,000 population, -3.4% vs 2015 baseline), but progress is too slow to reach the 2025 target of a 50% reduction.

Case fatality: 10 per 100,000 (lower than global average of 13 per 100,000) with 84,600 deaths. (There is a 7% reduction in TB deaths compared to 2015 baseline).

TB case notification is 68% in 2023, the target is 100% and the gap is 32%.

Major contributors of incident cases: Pakistan (73%), Afghanistan (8%), Somalia (5%), Sudan (3%), Yemen (2.5%).

The treatment success rate of Libya and Sudan are 60% and 66% which is less than Global target of 85%.

There are important gaps in treatment coverage of Drug Resistance Tuberculosis (DR-TB) with only 25% of estimated MDR/RR-TB patients are put on treatment in the region.

Health facilities face diagnostic/medication stockouts in up to half of high-burden areas.

-HIV (WHO EMRO data, 2024): The region continues to see a concerning rise in new HIV infections and AIDS-related deaths, underscoring critical service and coverage gaps:

Rising new HIV infections (+132%) and AIDS deaths (+69%) since 2010.

67000 new infections and 20000 AIDS deaths in 2023.

Awareness of HIV status, ART coverage, and viral suppression all lag behind global averages:

38% know status (global average: 86%)

28% on ART (global average: 77%)

24% virally suppressed (global average: 72%).

We urge the Global Fund and partners to recognize:

Our reality demands tailored investment: Fragile and conflict-affected countries need dedicated, emergency-adapted funding for surveillance, laboratories, logistics, and stable supply of diagnostics and medicines.

Standard approaches are not enough: Performance frameworks, allocation formulas, and programming must be flexible and adaptive to crisis environments.

Crises require cross-border action: Health responses must extend to displaced populations, refugees, and mobile communities through flexible, community-driven models.

Communities

HIV

Funding reductions have severely impacted HIV prevention and critical enabler interventions, particularly community-based and community-led prevention services, harm reduction initiatives, and programs targeting adolescent girls and young women (AGYW). The gap in treatment literacy is especially concerning; in contexts where services have been consolidated, patients often remain unfamiliar with their regimens, leading to adherence challenges.

In countries like Pakistan, recent PrEP programs face setbacks due to medication shortages, with community members waiting months for access. This exemplifies how quickly progress can be reversed when community-led initiatives are not sufficiently protected and supported.

TB

The risk of TB remains high, hindered by ongoing challenges in scaling up and maintaining access to molecular diagnostics. Several countries are experiencing delays in the delivery of first-line anti-TB medications, often due to disruptions in upstream procurement. Furthermore, siloed implementation, where duplication of infrastructure between TB and HIV testing occurs, wastes valuable resources that could otherwise strengthen community systems and improve efficiency.

Malaria

We are facing an existential crisis in malaria control, compounded by climate change, rising insecticide and drug resistance, the emergence of new vectors in East and Southern Africa, and diagnostic challenges—all amid pre-existing funding gaps. The lack of coordination among global health funders exacerbates this problem, particularly in prevention strategies.

The current KPI for malaria—"nets distributed"—is fundamentally flawed because distribution alone does not guarantee usage. The Global Fund must shift its focus from mere distribution to actual usage. Evidence from the OIG consistently shows low utilisation rates, ranging between 42% and 57%. This represents a significant waste of resources and underscores the need for more substantial community ownership of the malaria elimination agenda to ensure prevention tools are used correctly and effectively, rather than being repurposed for other non-intended uses such as fishing or household storage.

Additionally, the parallel rollout of two vaccines (RTSS and R21) by Gavi, amidst a funding crisis, is inefficient and wasteful. We call on WHO and the RBM partnership to develop effective stratification plans for deploying prevention tools—including IPTi, LLINs, IRS, SMC, and vaccines—based on local epidemiological and contextual realities to maximize impact.

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UNAIDS

Response to the HIV update

UNAIDS welcomes the analysis presented by the Secretariat and congratulates the team for aligning critical perspectives from HIV and the community, rights, and gender. UNAIDS reaffirms its call to ensure ART continuity (especially for children and adolescents) and strengthen human rights-based programming to remove legal and policy barriers to care.

UNAIDS emphasizes the urgent need to refocus attention and resources on combination prevention. We are deeply concerned by the growing fragility of HIV prevention programming globally. Prevention is the cornerstone of any path to sustainability in the HIV response. Without sustained and scaled investment across biomedical, behavioral, and structural interventions, we cannot meaningfully reduce individual risk or alter the epidemic trajectory at national, regional, or global levels.

Despite a full Global Fund Replenishment, we are not yet seeing the scale or consistency of prevention funding needed—not within the Global Fund envelope, and not across the broader financing landscape. This represents a fundamental and growing gap. Given the current financial context, this may continue to worsen if we do not collectively commit to adaptive, innovative funding models and program delivery approaches.

New biomedical innovations—such as long-acting cabotegravir (CAB-LA), Lenacapavir, and injectable PrEP regimens—offer real potential to close the prevention gap. We must mobilize political will, advocacy, regulatory readiness, and pooled financing strategies to reduce prices and make access equitable.

UNAIDS remains optimistic. We believe that with strategic coordination and full partnership, we can make these tools affordable, accelerate uptake, and finally unlock the full power of prevention in our collective response. Now is the moment to recommend prevention not as a marginal investment, but as a shared priority.

UNAIDS and cosponsor efforts to support countries and communities to track and respond to programmatic disruptions

UNAIDS, in collaboration with its co-sponsors, national governments, communities, and partners, is actively working to monitor and address service delivery gaps and innovative responses on the ground. A data portal is updated regularly to qualitatively track HIV programme status - now encompassing all priority countries—UNAIDS is providing timely, granular data that supports informed, responsive decision-making. UNAIDS has deployed several analytical tools to support countries:

Modelling: To project the potential impact of service disruptions. This includes the analysis included in the HIV update on new HIV infections and AIDS-related deaths' projections. These projections are also available per priority country.

Mini-GAM Indicators: For monthly reporting to monitor key aspects of the HIV response.

RAFT (Rapid AIDS Response Financial Tool): To identify gaps in financing the HIV response in preparation for the long-term sustainability roadmap finalization.

PEPFAR Procurement and HRH Dashboard: Providing information on the support provided in 2024, feeding into the RAFT tool.

Programme Coverage Data: Detailing the proportion of prevention and treatment coverage provided by PEPFAR.

AIDSinfo: Offering comprehensive data on the HIV epidemic situation in countries, including laws, policies, and finances.

Community Reports: Available on the UNAIDS website, providing insights from the ground.

To meet countries' urgent needs, the Joint Programme has activated a Virtual Support Team, comprising over 100 technical experts from across co-sponsors and regions. As of now, the UNAIDS portal has received 125 technical support requests from over 40 countries, demonstrating the high demand for coordinated assistance.

It is important to note that the UNAIDS cosponsors are leading similar efforts: The World Health Organization (WHO) has also taken significant steps to sustain HIV, hepatitis, and STI services. A rapid assessment conducted with 108 of its country and field offices between March and April 2025 revealed that 71% of countries experienced interruptions in at least one health service area.

Moderate to severe disruptions were reported in HIV services in 48% of countries. To mitigate these disruptions, WHO has issued multilingual internal guidance to its country offices to support ministries of health and civil society partners, aiming to reduce disruptions and sustain HIV, Hepatitis, and STI essential treatment and care services for people at major risk.

Developing Country NGO

Sustained investment and country ownership

We appreciate the scenario analysis underscoring the urgent need to invest in the three diseases.

While we welcome the Global Fund's continued partnership in saving lives, we strongly encourage greater country ownership, particularly through increased domestic public investment in health and sustainability.

To support this, we urge the Secretariat to monitor more closely counterpart financing so that any foreign assistance complements, rather than replaces, domestic investment. We are concerned that increased foreign investment in HIV and malaria has coincided with a decline in domestic public investment, especially in LMICs compared to LICs. This trend must be addressed to strengthen long-term sustainability.

2. Prevention and community-based approaches

We are grateful that prevention is recognized as central to reducing the burden of the three diseases, especially malaria. Without sustained prevention efforts, the demand for case management will rise, making consistent supply chains for life saving commodities even more critical.

We fully endorse the recommendations for malaria and stress the need to prioritize community-based interventions, which are cost-effective and high-impact. Social and Behavioural Change (SBC) initiatives are especially vital in the event that more costly interventions like SMC, ITNs, and IRS become unaffordable.

We also urge promotion of multi-sectoral, multi-stakeholder approaches at the country level to improve coordination and response effectiveness.

3. HIV response and support for key populations

HIV remains concentrated among young key populations who continue to face entrenched stigma and serious service gaps.

Accelerating progress will require fully integrating communities, human rights, and gender equality into every aspect of the response. These are not optional add-ons but critical elements that enhance program quality and impact.

We are particularly concerned that HIV prevention and critical enabler interventions are among the hardest hit in the current crisis.

We support ongoing situational assessments by country and international partners and request that efforts to safeguard gains focus on the most impacted interventions.

4. Civil society and human rights

The concept of "lifesaving interventions" remains undefined, raising concerns that essential civil society-led prevention and outreach services may be deprioritized—especially in contexts of shrinking civic space and criminalisation.

While the renewed commitment to RSSH is welcome, there is limited clarity on how communities and local civil society are engaged in the design and implementation of these investments.

To uphold the Global Fund's principles of country ownership, partnership, and inclusive governance, it is vital that decision-making processes are transparent, participatory, and grounded in the lived experiences of communities on the frontlines.

Germany

The modelling of the impact the continued disruptions have on the three diseases is very concerning. We must do everything to avoid getting back to death rates comparable to 2002. It is therefore extremely important to prevent new infections from happening.

The GFS' analysis that transitioning from external funding is key in the current situation is very reasonable. Last year, the GFATM Board approved the updated Sustainability, Transition and Co-Financing (STC) policy. It is important that, although emergency responses to the current situation are necessary, the focus on long-term investments in sustainability remains a priority – with the STC policy as a guiding document.

The GFS's recognition of the importance of RSSH and the negative effect RSSH disruptions have on HTM is highly appreciated. This impact on the GFATM's mission must be considered in the discussions

on prioritisation and essential/life-saving services.

It is welcome that RSSH investments to support integration should be prioritised in grants and CIs. It would be interesting to hear more on the actions taken to ensure this, especially during GC7 and GC8 prioritisation. The GFATM's understanding of integration remains unclear. It would therefore be helpful if the GFS could provide more information on their conceptualisation of integration. While PHC integration seems to be a reasonable part of RSSH interventions, integration between HTM programmes should also be part of HTM investments.

The GFS rightfully emphasises the importance of collaboration throughout the partnership. GER totally agrees on this need for collaboration and alignment. However, in the slide deck, references to the Lusaka Agenda and the Gavi-GFF-GFATM workstreams are missing. It is important that the GHIs identify concrete steps to ensure this collaboration.

In its overview of the adaptations to preserve life-saving health products (slide 8), the GFS focuses on supply chain. To what extent are system investments adapted to ensure that the products can actually reach the people who need them? Preserving access to life-saving services seems to be the relevant point that must be ensured.

Western Pacific Region

WPC thanks the Secretariat for the very thorough and thoughtful report on the 3 diseases and RSSH, including the preliminary assessment of the impacts of the current disruption. The modeling of impacts on 3 diseases are useful. We are deeply concerned about the double-crisis that we are facing - the cutting of non-GF funding in some countries with the highest burden, and the risk of non/low-conversion of pledge from some donors to the GF. In the mean time, in a number of countries, including some in our own region, HIV, TB and Malaria are on the rise. We can not surrender to the situation to see our mission failed; our commitment dishonored. We need to step up. WPC appreciates the estimated level of disruptions by Covid and by this ongoing crisis. We managed to regain after Covid, we will be able to overcome the current crisis by sticking together and being faithful to our own commitment.

World Health Organization

WHO expresses concern about the major impact on gains:

WHO has conducted a stock take survey across 108 of its Country Offices in lower-income countries between March and April 2025. It shows that recent funding cuts and freezes of foreign aid are leading to severe impacts on health systems across all regions and income groups, resulting in significant health service disruptions. 71% of countries experienced interruptions in at least one health service area. Moderate to severe disruptions were reported in HIV, TB and Malaria services in 48%, 44% and 52 % of countries, respectively.

Given WHO estimates that official development assistance for health is projected to decrease by up to 40% in 2025 (from a 2023 baseline), this level of disruption in terms of service coverage for the three diseases is expected and could be further worsened if mitigation efforts are delayed.

Concerning the TB response, early reports to WHO reveal severe disruptions in 27 of the highest TB-burden countries. Funding cuts affect National TB Programme activities, NGO/INGO activities, and overall health system strengthening efforts. The WHO African Region is hardest hit, followed by South-East Asia and the Western Pacific.

As evidenced by the COVID-19 pandemic, disruptions to essential TB, HIV and malaria services and social protection measures result in many undiagnosed cases and increased mortality. The current crisis is poised to cause a worse impact, as severe cuts to aid directly undermine life-saving TB, HIV and malaria interventions.

Reports and modelling are equally ominous:

For HIV, without mitigation, globally up to 10.8 million new infections and nearly 3 million additional HIV-related deaths could occur by 2030. Communities, key populations and people living in sub-Saharan Africa will be most affected by the funding disruptions.

Continued disruptions across 27 PMI-supported African countries should lead to an estimated 14.9

million additional malaria cases and 107,000 additional deaths by the end of 2025, compared to the “business-as-usual” baseline.

Now more than ever, countries need coordinated, multilateral support to prioritize actions and sustain hard-won progress.

Response and support to countries:

Countries are responding and requesting support to:

Reprioritize existing domestic and external funding

Mobilize new funds (domestic and international)

Advocate for greater flexibility in other funding sources

Implement cost-cutting measures

Integrate disease specific services into primary healthcare

Strengthening coordination among partners through national platforms

In the short term, the response should focus on addressing the sudden and catastrophic withdrawal of external funding:

Understanding where there are gaps in services and activities

Advocating for countries to have increased and flexible funding from both domestic, public and external sources

Prioritizing the limited funding through explicit evidence-based priority setting of activities

Improving efficiencies, including by reorganizing and integrating functions and services

The medium term should consider the opportunity of thinking differently:

National leadership of the response

Centrality of domestic, public funding, with external funding aligning with and using country systems

Programmatic sustainability

Focus on equity

Maintaining the value from global public goods (R&D, research, market shaping)

We must align with national strategies and support processes that ensure national ownership, strategic prioritization, optimized and efficient resource allocation, and collective advocacy for multisectoral action. This includes engaging stakeholders, involving communities and those with lived experience to drive sustainable, bottom-up, cross-sectoral responses.

WHO has laid out specific actions to be taken in the face of sudden and rapid shifts in the external financing landscape. Coordinated action is needed that places external financing within the frame of overall domestic resources to enable efficient, aligned and integrated funding approaches. WHO’s collaboration with the Global Fund and other partners in the Montreux Collaborative Fiscal Space, Public Financial Management and Health Financing provides a platform for a coordinated approach to supporting stronger domestic financing systems.

WHO is committed to supporting countries in their planning and prioritization. In malaria, the Sub National Tailoring manual will be released in Q3 this year. The manual is designed to support national malaria programmes and partners take account of the heterogeneity of transmission and other relevant contextual factors when defining the appropriate package of malaria interventions and resource optimization. This contributes to the development of national costed optimized operational plans.

For TB, WHO efforts are focused on helping countries assess the impact of the current situation and provide guidance for evidence based strategic planning, including prioritization, using tools such as the digital data hub for TB, the integrated health tool for costing, and considering latest WHO guidelines on new TB regimens and diagnostic tools. WHO is also leading efforts to accelerate TB vaccine development through the TB Vaccine Accelerator Council; A new vaccine is a potential game changer to the TB response.

WHO is supporting global efforts including partnering closely with the Global Fund and donors to bring the novel antiretroviral, Lenacapavir for pre-exposure prophylaxis (LEN-PrEP) in support of HIV

prevention by the end 2025; WHO will share guidelines on LEN-PrEP in July 2025 and assure prequalification in Q3 2025. WHO is also advancing multi-disease elimination and multi-morbidity management approaches, centered on primary health care and grounded in people with lived experiences.

WHO Country Representatives are working closely with Ministers of Health to strengthen country leadership:

Some Ministries of Health and Finance have established stronger national coordination, and allocated funds for the immediate response for HIV/AIDS, TB, and for malaria demonstrating the power of local ownership.

Simplified contingency planning is underway to sustain prevention, scale long-acting ART, and strengthen community-led service delivery.

Countries are moving toward multi-disease management under the primary health care approach, aligning efforts across HIV, TB, viral hepatitis, sexually transmitted infections, and malaria, antenatal care platforms and neglected tropical diseases.

We cannot allow decades of progress to unravel. With data-driven insights, joint partner action, and community solidarity, we can turn this moment of disruption into a platform for transformative collaboration and a more resilient, efficient and adaptive health systems supporting the end of the three epidemics and improving overall health and well-being. This will require changes to how the Global Fund, as well as other partners, organize and channel funds.

Point Seven

Point 7 notes with deep concern the projected rise in HIV, TB, and malaria infections and deaths as a result of a significant decline in global health funding. Similarly, we express concern about disruptions in service access and utilization which could also trigger drug resistance.

We acknowledge the partnership's efforts to monitor service disruptions and welcome the Secretariat's commitment to safeguarding access to essential, life-saving services. In this context, we welcome regular updates to enable informed Board engagement in strategic decisions.

Any evolution in the Global Fund's approach — through (re)prioritization or broader adjustments — should adhere to the Partnership's core principles and build on its strengths and added value. At the same time, the Partnership needs to remain open to new forms of collaboration that enhance coherence, efficiency, and collective impact within a changing global health landscape.

More than ever, sustaining impact against HIV, TB, and malaria requires the Global Fund and its partners to remain fully engaged and responsive to the principles of equity, access, gender equality and human rights. Point Seven supports accelerated efforts toward service integration, systems strengthening, increased domestic resource mobilization, and improved coherence, complementarity and synergy between external and domestic investments. Cutting across all these areas is the imperative to uphold universality and equity, with specific focus on the most affected, vulnerable, and underserved populations. Despite important gains in recent years, barriers to access have proven pervasive for key and marginalized population groups in many countries. In a constrained funding environment, efforts to address these gaps may come under increasing strain—with consequences for the health of key populations and, by extension, broader communities as well.

11. Update by the Executive Director

Canada, Switzerland and Australia

The Canada, Switzerland, Australia Constituency has full confidence in the Secretariat and Executive Team's ability to steer the Global Fund through the challenging and rapidly evolving global health landscape, to ensure that the organization is as well positioned as possible to effectively deliver on its strategic objectives. As we prepare to engage in deliberations on reprioritization and reinvestment in the face of reductions in external funding for HIV, TB and malaria, we think that the following are important considerations:

The Board needs to provide clear direction to the Global Fund on what we should do less of in the face of significant funding reductions while respecting the core principle of country ownership. Indeed, any reprioritization process needs to be informed by the impact of funding cuts at the country level and the perspective of implementing countries who will be assuming greater responsibility for the delivery of health services. Our constituency stands ready to engage in these important yet difficult discussions.

Prioritisation decisions should focus on the organization's comparative advantage in delivering disease programs, and RSSH activities only when these are critical to delivering essential HIV, TB and malaria services, integration, successful transitions and longer-term sustainability.

Implementation of the Next Generation Market Shaping should remain a priority given its contribution to increasing the cost-effectiveness of HIV, TB and malaria programs, and its role in enabling procurement of low-cost, quality assured products including with domestic resources.

Facilitating successful transitions is a critical priority that will need even greater focus, including through: closer collaboration with communities and with other Global Health Initiatives; blended financing to address transitional funding gaps; and working to address demand-side barriers to procuring health products through Wambo.org following graduation from the support of the Global Fund and other GHIs.

Robust integration of Communities, Rights, and Gender Equality within country allocation grants is and will remain important for increasing program quality, driving effectiveness, and delivering results. Communities are at the core of public health, and in the fight to eliminate the three diseases.

In the context of the significant changes in the global health ecosystem, and the significantly reduced capacities of many of the traditional partners on which the Global Fund relies to achieve its strategic objectives, it is time to rethink how the Global Fund can optimally partner with others, in line with aid effectiveness principles and the Lusaka Agenda. We recall that both Gavi and Global Fund Boards provided a strong signal at the joint meeting in April 2024 to look at all options for better alignment and coordination, and we maintain that high ambition is necessary to deliver on collaboration objectives in a way that will maximize impact and reduce transaction costs for countries, such as through alignment of funding cycles, funding applications, and technical reviews. We also encourage the Global Fund to further strengthen collaboration with international development banks, recognizing the opportunities in relation to RSSH objectives and addressing financing gaps at the country level through blended finance.

Finally, our constituency would like to learn more about the Secretariat's approach to identifying countries for accelerated transition, including selection criteria and envisaged timelines, and how committees and the Board will be updated on progress. Understanding how countries will be identified and, equally importantly, how they will be supported to ensure inclusion of communities and key stakeholders in national structures is critical.

South East Asia

TBD

Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) Constituency acknowledges the Executive Director's comprehensive update and appreciates the Secretariat's continued commitment to strategic goals despite increasingly complex operating environments. The reported achievements, namely the 11% combined mortality reduction across HIV, TB, and Malaria by the end of 2023—reflect significant collective progress. However, the ambitious trajectory charted by the 2023–2028 Strategy and 2025 Corporate Work Plan demands intensified regional adaptation and innovation.

We recognize the meaningful strides made in embedding people-centered, integrated health systems

and advancing equitable access to lifesaving interventions. The expansion of community health systems and improved audit and financial oversight are commendable. However, the EMR remains at heightened risk of reversals. The region faces persistent challenges as sharply rising malaria burden, slow TB decline, and worsening HIV outcomes, these challenges are further amplified by forced displacement, conflict, and health system fragmentation.

As the latest strategy performance projections suggest, without tailored, emergency-adapted approaches, we remain short of global targets, especially under current conservative scenarios. We strongly urge that future integration, transition and domestic resource mobilization pathways remain sensitive to the persistent realities of humanitarian crisis and health system fragility in EMR countries.

Communities

We commend the Executive Director for the leadership demonstrated during these challenging times. However, we must express our concern that the significantly increased risk to donor funding was not identified earlier, nor were adequate mitigation measures implemented in a timely manner.

We strongly urge the Executive Director to ensure that the upcoming Strategic Performance Report explicitly addresses the concerning reality that community satisfaction with Global Fund grant cycles stands at only 67% during the Funding Request stage and 64% during Grant Making, both below the acceptable threshold of 75%.

Furthermore, progress on RSSH should be evaluated based on its actual utilization and tangible benefits to communities, rather than solely on infrastructure development. Business-as-usual approaches are no longer sufficient. Indicators such as "number of nets distributed" or "satisfaction" fall short as meaningful measures of community access and participation. It is imperative that revised KPIs be introduced—measures that accurately reflect access to services—and that data be sufficiently disaggregated to enable a comprehensive assessment across diverse communities and geographic regions.

UNAIDS

The HIV response is under immense strain from multi-layered systemic disruptions, risking the reversal of hard-won gains. Every day, 2,300 new infections and 1,000 preventable deaths underscore a threat to these gains, ongoing progress, and represent a radical departure from our collective envisioned transition and sustainability timelines.

As we slow down GC7 implementation, prepare for the eighth Replenishment Cycle and GC8 launch, the Global Fund partnership must be clearer on our non-negotiables—the values, approaches, and strategic directions from which we must not veer. The Global Fund model and allocation methodology have proven to deliver the highest health impact per dollar, especially in resource-limited settings. Changing this now risks undermining years of progress, eroding the integrity of the model, increasing operational complexity, and compromising national ownership.

The shifting landscape demands a coordinated, data-informed, and unified response. We welcome the Executive Director's emphasis on programmatic reprioritization and integrated action. We urge the entire partnership to step up and step in:

Financial commitment, transition, and sustainability: Both donor and national governments need to fulfill their commitments. This must be done within the context of the multilateral partnership of the Global Fund model—but also beyond it. If we do not, we risk funding fragmentation that will reverse the hard-won gains.

Programmatic transition and sustainability: While finances are the most pressing, we have spent decades meticulously crafting, designing, and implementing national programmes in alignment with national, Global Fund-funded, and US-funded HIV programmes, fitting together like a puzzle. Without re-examining this deep structural alignment, we will not be able to serve people. This will not take a few weeks or months in GC7—it will take a few years. UNAIDS urges the partnership to be responsible and take the time needed to refit programmes responsibly, upholding our commitment to deliver services to those who need them most. While integration is a major vehicle for programme sustainability, the pivot must be done in a phased approach that allows key populations to access services in PHC centers without prejudice.

The HIV response is at a tipping point—we cannot afford to retreat: The projections are stark. These

are not abstract numbers; they are lost and communities destabilized. As we rethink GC7 implementation, adjust PEPFAR programmes, and prepare for GC8, we must protect what works: prevention, treatment continuity, human rights programming, and community-led responses. These are non-negotiables.

The Global Fund allocation methodology is designed to drive investments where they will have the highest impact, focusing on countries with the greatest need and least available resources—and it must remain so. This includes, but is not limited to, evidence-based investments, driven by robust data from comprehensive health and community strategic information systems. Evidence-based allocations help preserve the model's integrity. Any shift away from these priorities risks undoing decades of progress.

UNAIDS will continue to drive the partnerships toward what works and to the commitments we have made. We are very close to what we are committed to achieve in 2030. We have faced many difficulties before, and we will face them again—and together. The upcoming Global AIDS Strategy will honor our collective vision and our promise to serve people living with and affected by HIV. We call on all of you to stay the course, keep the promise, and not waver.

United Kingdom

The UK is pleased to be co-hosting the 8th replenishment of the Global Fund together with South Africa as G20 Presidents.

The Global Fund partnership has helped to save 65 million lives and contributed to building stronger and more resilient systems for health. A successful 8th replenishment is vital to enable the countries and communities it serves to continue this life-saving work as they move along the path to self-sufficiency.

We call on all partners to play their part in solidarity together to ensure the success of the replenishment: all countries to make their best possible pledge to the Global Fund, increasing funding wherever feasible; implementer countries to increase domestic health financing towards the goal of universal health coverage; the private sector to contribute its skills and expertise as well as its investment to support the fight against the three diseases; and civil society and communities to mobilize support, showing the impact of what works and holding all partners to account for continued progress towards our shared goals. The Global Fund is always a partnership effort, but the 8th replenishment will more than ever need everyone to play their full part in ensuring its success.

Just as we all need to play our part in the replenishment, so too we will all gain from it. Our focus is often on the lives that will be saved and the communities that would be transformed by success in the fight against the three diseases. The Global Fund is a highly efficient and effective mechanism for delivering results, with a projected return on investment for the 8th replenishment of \$19 for every \$1 invested. But the health systems that the Global Fund is building will help to protect all of us from diseases that know no borders, and a lower disease burden would contribute to a more prosperous and stable world which would benefit us all.

During this Board meeting we will discuss preparations for the grant cycle that will be funded through the 8th replenishment. We encourage the Board to reflect on what we most value as the core strengths of the Global Fund, how best this mechanism supports the needs of countries and communities, and where we see the greatest need for improvement to increase impact.

We would highlight as core strengths: the flexibility to tailor programmes to each country context; community engagement to ensure services meet people's needs; an explicit focus on human rights and gender equity to protect the most vulnerable and ensure maximum impact in the fight against the diseases; and a strong focus on value for money including through pooled procurement.

We see important potential to increase the impact and sustainability of the Global Fund by strengthening: the integration of services into primary health care platforms, supplementing this

where necessary with services led by and tailored to the needs of key and vulnerable populations; sustainability, which is linked to integration but also includes supporting countries to grow domestic health financing and build more sustainable supply chains; collaborative partnerships with others, including the World Bank as well as other global health institutions such as WHO, Gavi and Unitaaid; and market shaping to accelerate product development, diversify supply and ensure affordable access to critical innovations in the fight against the three diseases. We also see the need to simplify operational models and collaborate better with others to reduce the burden on countries.

This Board marks the end of the current committee cycle. We thank outgoing committee members for their contributions and the invaluable inputs they have provided to guide Board deliberations, and welcome new committee members to the Global Fund partnership.

We look forward to an important set of discussions.

Germany

The Global Fund operates in unprecedented political uncertainty and an environment characterised by shrinking fiscal and civic space. We highly acknowledge the Secretariat's efforts to navigate calmly and prudently through these challenging times. Now is the time to prepare for the tough times ahead of us and we would like to share some of our thoughts.

It is time to address the challenges of GC7, but also look beyond the current grant cycle. Effects of the changed environment will not only impact on GC7 but also puts in question what we prepared for GC8. We see the urgency of focussing on GC7 reprioritisation – though GC7 and GC8 cannot be treated separately. We want to see honest discussions on prioritisation for both cycles, leading to overarching strategic decision making for our way forward.

In order to increase the sustainability of interventions, we need to double our efforts in empowering countries to transition from external funding. This means that we must focus on health financing / domestic resource mobilisation, on the integration of interventions in national systems and on strengthening health systems (especially planning/governance) and health workforce to make them ready to provide life-saving services.

Prioritizations can't be done in a vacuum: coherence, cooperation and coordination with global (health) partners are more important than ever to increase efficiency and effectiveness. Concrete ways of strengthening cooperation, in line with the Lusaka Agenda, need to be developed.

Furthermore, we want to highlight the importance of Value for Money that should be an integral part of our considerations. We highly encourage the Secretariat to continue its discussions on that aspect.

As in its recent communication, the Secretariat kept mentioning the focus on life-saving services, we would like to ask for some clarification in this regard. What does the Secretariat understand by life-saving services? What role does CoEP play in the current discussions?

While life-saving services should be protected, in our opinion this may not be disconnected from the need for prevention and health systems strengthening. Reducing the number of new cases and strengthening health systems are the only way to sustainably save lives. We cannot continue focussing on commodities while external funding collapses, making continued funding of commodities increasingly unrealistic.

The Global Fund acknowledges the important role of health systems for service delivery and integration. Nevertheless, we still see the lack of a strategic integration of RSSH in GC8 as a major weakness. Therefore, we urge the Global Fund to develop a concrete proposal. This should include scenarios for different replenishment outcomes and clear approaches to impactfully embed RSSH in GC8: e.g. through (1) upfront (binding) communication to countries of RSSH-expectations/amounts

(based on gap analysis); (2) single funding request; (3) longer implementation cycles; (4) Catalytic Investments even in low replenishment scenarios; (5) adequate staffing; (6) targeted co-financing requirements; (7) CCM capacities in RSSH

We very much appreciate the update to the Board on Market Shaping, which together with driving innovation, are areas we perceive very much to be the strategic strengths of the Global Fund. For Germany, together with Team Europe, and our African partners, local production is a strategic priority. It is an investment in long-term sustainability, economic resilience and health security, and we are happy to note the increase in the number of African-based suppliers qualifying for GFATM over the last two years. With this in mind, we wish to assist the Global Fund in further supporting African manufacturers in becoming globally competitive.

Eastern and Southern Africa

Appreciation and the path ahead

The East and Southern Africa (ESA) and West and Central Africa (WCA) constituencies wish to begin by recognizing the historic contribution of the Global Fund to the fight against HIV, tuberculosis, and malaria in our region and globally. The progress made — including the saving of about 65 million lives — is a direct result of our shared commitment and partnership.

However, we meet at a time of exceptional challenge! The global health financing landscape is shrinking so fast and very dramatically, and many countries in our constituencies are bearing the brunt considering the growing insecurities, political instability, climate change and overall economic volatility, retreating donor support, and systemic fragility. We believe that this moment represents the most serious threat to the Global Fund partnership since its inception and calls for retooling and a rethinking of the global health architecture and implementation models in our countries. We need to make more use of country systems.

Disruption and urgent changes needed...

Across ESA and WCA, the combination of fiscal contraction, rising debt burdens, multi-dimensional country expectations and funding shortfalls is already resulting in programme disruptions. In several countries, the inability to pay for healthcare delivery as expected to achieve Universal Healthcare Coverage remains a big burden and now the evaluation of US foreign assistance (PEPFAR and PMI) support has triggered alarming consequences: HIV treatment interruptions, the reduction of malaria prevention activities, stalled TB case finding programming, supply chain disruption and stock-outs of life-saving commodities, and breakdowns in monitoring and evaluation systems, just to mention a few. These are not theoretical risks — they are unfolding realities. In several countries, for example, service delivery has halted in multiple districts, and in another country, the discontinuation of partner-supported systems has severely affected treatment access and community trust.

Governments in our countries are making commendable efforts to mobilize domestic resources, but the scale of the shock — compounded by existing debt burdens/reduction in fiscal financial space — makes it impossible for national systems to fully absorb these gaps in the short term.

The ESA and WCA constituencies acknowledge the importance of the decisions to be made during the closed Board retreat session on mid-cycle adaptations to Grant Cycle 7. These decisions must not be taken lightly, as they carry significant consequences for the continuity of health services across Africa. We emphasize the need for full transparency and country leadership in how reductions to GC7 funding envelopes are proposed and approved. Countries must not be penalized for circumstances beyond their control. The country leadership (Political and Technical) “MUST” be engaged practically in the decision-making processes to prevent adverse consequences to all.

The process of programmatic reprioritization must be grounded in principles of equity, equality and evidence-based sustainability. Leadership of the Ministries of Health and Finance, the CCM, communities, and civil society must be meaningfully engaged to determine which services are essential, what can be scaled down safely, and how to protect the most vulnerable populations considering the future of the program. In our constituencies, more attention still needs to be paid to

the gender dimension of disease. Reductions in scope or scale must not disproportionately impact lifesaving interventions or long-standing community systems. The Global Fund's success has always depended on meeting country needs with context-specific flexibility.

In terms of operational adjustments, any streamlined process for reviewing and approving grant revisions must maintain the highest standards of integrity, inclusion, and speed, having in mind the list of essential programs used for the Funding Request. Delays in these decisions—either at Secretariat or Board level—could result in avoidable stock-outs, treatment gaps, and worsening health outcomes. We therefore call for a clear, time-bound decision-making framework for GC7 adaptations, with accountability measures to ensure timely implementation.

In this context, the Global Fund cannot respond by scaling back or delaying without reconsidering its operational model. We must confront the structural constraints that high-burden countries face. Debt servicing now consumes the majority of national budgets in several of our countries, leaving little fiscal space for essential health and social services. Without fundamental shifts, the vision of ending HIV, TB, and malaria as public health threats will recede further out of reach. We call for urgent scenario planning that accounts for a significantly reduced funding envelope — including at \$8 billion, \$10 billion, and \$12 billion. These scenarios must be developed in a consultative and transparent manner and include clear principles for what will be protected at all costs: services for vulnerable populations, lifesaving diagnostics and treatment, and continuity of community-based care bearing in mind the current reality of the high cost of healthcare and increasing out-of-pocket incurred at country level.

The need for a new approach with countries in the lead

We believe this crisis also creates an opportunity — and an obligation — to finally shift fully to country systems. The continued reliance on parallel procurement, technical partner-managed supply chains, and the delegation of implementation to international NGOs and UN agencies, must be phased out. While we recognize that these approaches were introduced to expedite delivery amid weak accountability systems, they are now limiting sustainability, increasing costs, and undermining national capacity. In the Democratic Republic of Congo, for instance, investments in national data systems by the Global Fund have yielded measurable improvements in health system performance. These investments must be expanded and replicated. In Kenya and Ethiopia for instance, the use of national systems yielded savings in procurement of commodities according to the Office of the Inspector General. Global Fund grants must be used to strengthen national procurement and distribution systems, including local manufacturing, pooled procurement, and warehousing arrangements. Monitoring, evaluation, and accountability functions must be embedded in existing country systems and serve the whole system instead of the three diseases. We acknowledge the Secretariat effort and progress in some of those fields. They need to be accelerated. Our message is clear: country systems must not only be used, but they must also be prioritized.

The ESA and WCA constituencies also reaffirm our support for African-led solutions, particularly around regional manufacturing. The COVID-19 pandemic demonstrated the urgent need for Africa to develop its own production capabilities. The Global Fund has a key role to play in supporting regulatory harmonization, pooled demand forecasting, prequalification processes, and financing facilities that will enable sustainable local production of essential health commodities.

Finally, we cannot ignore the structural barrier that debt represents to health system financing. Persistent debt distress across Africa leads to development distress. As of 30 April 2024, 20 out of 38 low-income countries in Africa were either in debt distress or at a high risk of distress (UN ASDR, 2024). We call on the Global Fund and other global health partners to advocate jointly for debt relief and innovative mechanisms such as debt-to-health swaps. Without these, domestic resource mobilization will remain constrained — not by lack of political will, but by external economic pressures.

A call for bold leadership

We urge the Board and all partners to respond to this moment with clarity, ambition, and a willingness to make bold choices. We cannot protect global health by doing less of the same. The model must adapt to today's realities. This means securing the Eighth Replenishment, converting all outstanding Seventh Replenishment pledges, and planning now — not later — for what happens if those efforts fall short. We call on donors, technical partners, and the Global Fund Secretariat to ensure that resource allocation, reprogramming decisions, and operational shifts are guided by equity, epidemiological risk, and country leadership.

This is a time for bold donor leadership. The ESA and WCA constituencies are deeply concerned about the rapidly deteriorating global funding environment. We are no longer speculating about shortfalls—these are now materializing. Without immediate and coordinated action, the Global Fund's ability to protect hard-won gains in the fight against HIV, TB, and malaria will be severely undermined.

We urge all donors—bilateral and private sector—to reaffirm their commitment to the Global Fund by converting outstanding pledges from the Seventh Replenishment and fully supporting the Eighth Replenishment. This moment requires more than routine solidarity. It requires bold political will and visible leadership. We particularly highlight the role of high-net-worth individuals and philanthropic institutions, whose engagement could serve as a catalytic force for funding momentum.

We commend South Africa's leadership in co-hosting the Eighth Replenishment with the United Kingdom and affirm that Africa is ready to lead in both voice and action. African governments are stepping up, but they cannot—and should not—be expected to shoulder this crisis alone. The Global Fund must remain a fully funded and effective mechanism, responsive to need, and rooted in the principles of partnership, transparency, and shared responsibility.

The ESA and WCA constituencies remain fully committed to the Global Fund partnership — but we ask that our concerns, realities, and leadership be placed at the center of its response. Lives depend on it.

Developed Country NGO

The Developed Country NGO Delegation renews its commitment to the GF Partnership, its founding principles and current strategy to reach HIV, TB and malaria targets – all which inherently include affected communities and civil society as part of the model. We appreciate the immense efforts of the Secretariat, Board Leadership, and the outgoing Committee leadership and members as we enter into this critical moment for the Global Fund and protecting the gains we've made towards ending HTM as public health threats.

Many of us were part of the earliest responses to AIDS, TB, and malaria. We demand that civil society and affected communities continue to be involved at all levels of the conversation, as we now face unwanted, potentially lower funding scenarios and would need to make convoluted trade-off decisions based on too many unknown variables. We are alarmed about donor withdrawal and hasty “reprioritization” decisions where we would lose ground and sabotage the gains the Global Fund Partnership has made that have saved over 65 million people.

We understand the need to change the way we work to ensure we sustain programs in countries over time, that we integrate services, and we acknowledge that the GF model needs to be simplified. However, “reprioritization” decisions must be evidence-based, science driven -- and while we focus on delivering life-saving services we must integrate equitable access. Access is life-saving. The Global Fund's strengths are in addressing the social determinants of health; funding must embed human rights, gender equality, civil society and community-led programming, and community engagement as essential parts of resilient and sustainable health and community systems.

Our Delegation understands the need to ensure the balance of interventions but requires clarity on the process for re-prioritizing grant investments. How is the GF mitigating the risk to interventions

and disease states being allocated? The Secretariat's partial response to these challenges is presenting their own challenges and risks. We do not have clarity on the metrics or process for determining "life-saving" services, and there needs to be funding availability to ensure civil society and communities are involved in the preparation and planning processes. There would need to be longer periods for grant review and indirect support for community engagement.

In any scenario planning, we must protect human rights, health equity, gender equality, and inclusion particularly for the most marginalized, vulnerable, and criminalized communities. In long-tail countries, particularly U/MICs, we are alarmed at the re-criminalization of key populations when anti-rights legislation and local ordinances are introduced and enforced. Continued GF support for CLOs in countries no longer eligible and where no alternative funding exists must be prioritized. With recent funding withdrawals, community-led KP networks, including those supporting harm reduction services have been heavily impacted. We raise concern that CBOs / CLOs may be cut in the grant revision processes, impacting delivery of services in GC8. An emergency funding mechanism would prevent the collapse of community-led services and avert increases in preventable deaths, HTM and coinfections, such as viral hepatitis and STIs.

It will be important to understand how the 'slow down' and trade-off decisions in grant cycle 7 have impacted grant cycle 8. Priorities for succeeding in the response to the extreme financial risks requires clear communication and guidance to countries, including with the CCMs, civil society, and community partners. Decoupling the 'slow down' from the reprioritization process requires Board oversight grounded in GF principles of governance, oversight, and programming focus with needs-based analysis. It is a redline to circumvent our principles in favor of financial expediency.

Data collection, protection and privacy, including the role of technical partners, community and CLM initiatives, supports the accountability of governments and implementers, while informing national and sub-national HTM responses with the latest, concrete evidence. Technical partners play critical roles in providing disaggregated population data, including gender and health equity related data, that may not always be collected by official government channels. It would be important to avoid pausing ongoing assessments and studies, especially which informs national strategic plans and market-shaping activities.

Trade-off decisions cannot give up on HIV prevention, including PrEP and long-acting injectables. The GF's agreement for LEN in Dec 2024 seeks to catalyze access to 2 million person years of protection, once the regulatory milestones have been met. The scale-up of LEN, in addition to other forms of prevention, will be critical to shaping the future market for long-acting injectables. However, donor related restrictions are limiting these innovations only to pregnant and lactating women, severely undermining access for powerful prevention tools for KPs, who are most vulnerable to HIV. How will the GF leverage this moment for LEN to think about how it can utilize CI funding, or set-asides by key countries to fuel prevention efforts?

Community systems related to malaria including rapid diagnostic tests, access to effective referrals, chemoprophylaxis, treatment -- all of that is through 'last mile' / community systems. Without community outreach and CLM there will be more severe malaria cases due to lack of prevention and awareness and more people showing in facilities with severe symptoms. For malaria with displaced populations, caused by conflict, as Implementers, we are witnessing people previously unexposed to malaria moving into areas of high malaria prevalence with little resistance. In addition, malnutrition is increasing where there is an increase in malaria, requiring multi-sectoral responses in these humanitarian settings. Disease surveillance, data and early warning systems are essential to protect the gains already made and not let areas that have achieved malaria eradication, or pre-eradication, to slip backward.

A major component in the revision process is the role and engagement of the CCMs, and we align with

the Youth Council's statement on the importance of youth engagement. At the 52nd Board meeting Developed Country, Developing Country NGO, and Communities Delegations called for continued support for CCMs. It is a governance failure for the Secretariat not to have responded to our joint statement after six months. Our Delegation demands 1) an official response to our joint statement on CCMs before the Board meeting in May 2025; and 2) requests that the new Coordinating Group with the current Board Chair and Vice Chair and the incoming Committee Chairs and Vice Chairs finally resolve which Committee has the mandate for CCMs before the new Committees meet in July 2025.

We welcome the new Committee Leadership and members, and we look forward to collaborating and continuing to advance the remaining digital health and human rights recommendations, particularly calling for a GF digital strategy to be considered by the Board, rather than only an internal update to the digital framework, that our Delegation has proposed.

Looking ahead: We cannot let uncertainty and chaotic circumstances deter us. We cannot afford to go into the 8th Replenishment with lower ambitions when we are faced with enormous HTM needs. AIDS, TB, malaria are not over – our collective movements and Partnership originated despite seemingly insurmountable political and funding hurdles. We remain on the right side of history and will advocate within our own donor countries for stepping up pledges and committing to a fully funded 8th Replenishment.

World Health Organization

The world has changed. As we respond, adapt and transform, we must protect lives and the gains achieved, not losing the momentum and seeking opportunities coming from innovation.

Reduced funding and the attempts to undermine the importance of equity should not compromise progress made in achieving gender equality, health equity and human rights. The consequence of the disruptions should not be borne by those most vulnerable to disease. Policies and services should prioritize the most marginalised and vulnerable populations.

In times of resource constraints, supporting integration pathways into primary healthcare will help identify further efficiencies. RSSH investments, including in community systems remain important for the delivery of the three diseases. For example, disproportionately reducing investments in data systems may be counter-productive and result in countries operating in the dark. Alongside strengthening essential services, we need investments in national data capacity and systems, that lead to informed planning, budgeting, prioritization, and monitoring progress or the lack of. Continued investments in surveillance will also be needed to help address emerging biological threats that have the potential for a huge future cost. These investments should support the smooth transition of the health information management system to be entirely nationally owned and domestically financed.

Near half of Global Fund investments are for health products needed to end the three diseases; this speaks to the importance of the Next Gen Market Shaping Initiative's focus on improving access to preventive and life-saving quality-assured health products and innovations.

In line with Global Fund's principles, it is critical to continue, and accelerate Next Gen Market Shaping interventions towards sustainable procurement and supply chain, continue quality assuring products through expert reviews and prequalification, continued investment in the introduction of new products by strengthening regional manufacturing capacities, combined with strengthening regulatory capacities and harmonization across regional economic communities; and going forward including norms and standards as an integral part of the quality assurance chain; and more investment in affordable pricing as a means to shape markets and accelerate progress during times of resource constraints. We congratulate the first procurement by Global Fund of African-made first-line HIV treatment.

The current pause of activities and upcoming reprogramming exercise require a robust process informed by technical guidelines in order to avoid misinterpretation which could cause more harm. Valuing our partnership, WHO is ready to participate in consultations with the Global Fund secretariat to define upfront guardrails and articulate more clearly the essential programming and approaches to

safely scale down. Moreover, we support UNAIDS' proposition to establish a time-bound sub-working group under the Strategy Committee.

Then at country level, the discussions need to be inclusive with the principal recipients, the CCM but also with Ministries of Health and Finance, national programme managers, communities and technical partners. WHO can help to contextualize the guidance and take into account local parameters to minimize the negative impact of the cuts. This country dialogue should focus on maintaining gains and bravely prioritizing the most impactful interventions delivered through integrated services and systems.

On the global health architecture, we welcome the recent collaboration between the Global Fund, GAVI and GFF. The proposed reforms should demonstrate that they go beyond streamlining processes. They need to result in greater impact and equity from available resources, consistent with the objectives of Lusaka Agenda. Critically this means far more than collaboration across the three Global Health Initiatives and is fundamentally centred on reorienting financing models to align funding flows with domestic systems, priorities and needs. The past few months have underscored the central premise of the Lusaka Agenda – reforms are needed in the global health financing architecture to support overall system strengthening and health governance that can lead to meaningful and sustainable impact on health, including related to the three diseases.

We should respond to today's acute crisis with urgency and solidarity ensuring quality and up to date TB, HIV, malaria prevention, diagnosis and treatment, while maintaining a strong focus on our mid- and long-term vision for scaling up access to innovation and driving impact. We must keep our aspirations and optimism that innovations can be introduced even in this changing ecosystem. All three levels of WHO are committed to come together to support countries in their efforts to build strong, resilient, and adaptable health systems to deliver sustainable impact and reach SDG3 targets.

Point Seven

Point Seven thanks the Secretariat for the Strategic Performance Summary Report noting key highlights particularly that ending the three diseases "requires a Human Rights based approach to ensure that all key vulnerable and high-risk populations have access to HIV, TB, and Malaria services." Point Seven emphasizes the need to re-enforce this approach in the current context. Point Seven notes the Report highlights that "Domestic Resource Mobilization remains a concern". Reaching our shared goals depends increasingly on domestic and private sector resources. This depends on increasing country ownership, leadership, and program sustainability.

12. Lunch

South East Asia

N/A

13. Risk Management Report and Annual Opinion

South East Asia

Constituency commends the Secretariat for the comprehensive Risk Management Report. The document rightly highlights the increasingly volatile operating environment shaped by geopolitical tension, shrinking fiscal space, and global health deprioritization. These realities demand continued vigilance and forward-looking governance.

The Global Fund's impact, 65 million lives saved, remains an extraordinary achievement. Yet rising external risks, including funding shortfalls, gender and human rights barriers, and the increasing cost of innovation, now pose serious threats to sustaining progress. In SEA, climate-sensitive disease resurgence, cross-border transmission risks, and health system fragility further compound these pressures.

While the Global Fund cannot control all externalities, it has strengthened its risk posture through proactive scenario planning, internal controls, and risk forecasting. We welcome the continued investment in these capabilities, and the review of the Risk Appetite Framework. We urge that this process incorporate differentiated approaches that reflect regional vulnerabilities and country implementation realities, including procurement bottlenecks, workforce capacity gaps, and weak subnational governance.

As the Secretariat faces concurrent demands from GC7 delivery, C19RM closeout, and GC8 planning, the pressure on grant quality, absorptive capacity, and implementation oversight will only intensify. SEA encourages targeted technical support and region-specific risk monitoring to mitigate downstream disruptions.

We support the proposed decisions and stress the importance of aligning global governance with in-country realities. A risk-informed, regionally nuanced approach is essential to fulfilling the Global Fund's mission amid rising uncertainty.

Eastern Mediterranean Region

The volatile risk landscape described is our daily operating reality in the EMR. Banking restrictions, security constraints, and currency devaluation require adaptation of standard risk management approaches.

We recommend reviewing the Risk Appetite Framework to explicitly consider trade-offs between programmatic reach and fiduciary controls in conflict-affected settings. Without this nuanced approach, the most vulnerable populations may be left without services due to risk aversion.

Communities

It is deeply concerning that, while HIV risk is rated as Moderate, TB risk remains High, and Malaria risk has escalated to Very High. These assessments were conducted in Q4 2024, making them outdated given the current context. As a result of funding cuts, risk levels previously categorized as Moderate or High are likely to have increased to High or Very High today.

The erosion of gains related to human rights and gender equality poses a significant and growing threat. The recently shared Communities Delegation's position paper on direct funding offers practical recommendations for mitigating this risk through direct support to community-led organizations engaged in human rights advocacy.

We strongly agree with the Chief Risk Officer's assessment that "one of the biggest risks facing the Global Fund is to remain static and do things exactly as before." We urge the Board to consider what concrete actions will be taken in the next cycle to effectively address these escalating risks.

UNAIDS

UNAIDS welcomes the Risk Management Report and the Chief Risk Officer's Annual Opinion, especially the recognition of rising volatility and disruption impacting HIV program quality and delivery. However, we highlight three critical concerns and call for immediate attention and strategic alignment:

Escalating HIV Programmatic Risks: While the Risk Report maintains a "Moderate" rating for HIV Program Quality, the noted increasing risk trajectory must be contextualized within the ongoing funding disruptions and service delivery breakdowns in key countries. Current funding shifts have already led to significant service disruptions, with projections estimating 6.6 million additional HIV infections and 4.2 million AIDS-related deaths globally if these gaps persist over the next four years. We urge the Global Fund to act decisively in prioritizing the scale-up of prevention efforts and protecting treatment continuity in countries facing immediate disruptions.

Human Rights and Gender Equality Risks: The High-risk rating for Human Rights and Gender Equality reflects the real and growing impact of shrinking civic space, anti-rights legislation, and discrimination. UNAIDS calls on the Global Fund to fully leverage human rights conditionality, community-led monitoring (CLM), and rights-based grant implementation tools to mitigate these risks. Failure to proactively address rights-based challenges risks compromising service access for key populations,

particularly in fragile and politically regressive environments.

Strategic Information for Transition and Sustainability: To manage these risks and safeguard the response, strategic information and evaluation systems must be strengthened to assess disruptions in real time, monitor service delivery to the last mile, and track outcomes and impact. This will enable timely programmatic adaptations, including through community-led monitoring. Moreover, robust strategic information will provide the foundation for sustainability planning and the development of long-term service delivery models that foster self-reliance and resilience.

The Joint Programme stands fully ready to support the Global Fund and countries in managing this transition and moving forward to designing tailored national political, programmatic, and financial sustainability approaches that deliver impact where it is needed most.

Japan

Japan would like to express its appreciation for the thorough risk assessment presented, as well as its respect for the extensive discussions and inputs provided by the AFC and other committees in preparation for the Board meeting.

We welcome the proposals put forward by the Secretariat, including country prioritization, enhanced efficiency, differentiation, and process review.

As has been pointed out, in light of the current global uncertainty and volatility in health financing, we are of the view that it is not clear whether the existing risk assessments are sufficient to fully capture the potential implications for Global Fund-supported programs. While we are mindful of the Secretariat's workload and OPEX, we would like to point out that in certain cases, the reassessments may be necessary, even if they are conducted at shorter intervals than originally planned.

Furthermore, we request clarification on how the Secretariat is incorporating the outcomes of such risk assessments into its operations during this challenging period.

Regarding the upcoming Eighth Replenishment, we are concerned about the risks associated with the ambitious target of USD 18 billion put forward by the Secretariat. As we have stated on several occasions, it is necessary to strike the balance between ambition reflecting the needs on the ground on one hand and the reality of the budgetary constraints on the ground on the other, given the difficult circumstances we are facing. While we recognize that the figure is based on the investment needed to end the HTM by 2030, we have serious doubts on whether the Secretariat is able to show us concrete assessments supporting the feasibility of this target.

Private Sector

The PSC acknowledges the need to re-evaluate risk profiles in Q1 and Q2 of 2025 and agrees that certain risks, particularly those related to HIV and TB, require more immediate reassessment. The current "moderate-to-high" risk ratings may be misaligned with the urgent challenges in countries where national programs are under unprecedented stress.

With increasing uncertainty in major donor contributions, the Fund must prioritize clear planning for potential funding shortfalls—particularly through transparent decision-making on which interventions to prioritize or scale back. A comprehensive Sustainability and Transition exercise is crucial to prepare all partners for a potentially leaner funding environment.

Given these challenges, the Global Fund must sharpen its focus on high-impact interventions in HIV, TB, and malaria—particularly prevention for key and vulnerable populations and new treatment innovations. We also support the notion of accepting higher risks for administrative efficiency, but this must be coupled with a clear understanding of the resources required to manage those risks.

Western Pacific Region

WPC commends the Secretariat for the very thoughtful report. We note with concern about the very high risk to Malaria and high risk to TB programs. Given the modes of transmission of these 2 diseases, without timely and impactful interventions, our gains can be lost and the world may have to see other pandemics.

Point Seven

The Point Seven constituency thanks the Secretariat for this robust report, which paints a very stark

picture of the risk landscape that the Global Fund and its partners operate in. We appreciate that this is a rapidly-evolving situation and that each day brings new challenges.

Point Seven fully supports the Secretariat's efforts to proactively identify and manage risk across all areas of the organization. We are entering into an increasingly uncertain funding and geopolitical landscape, with much disinformation about the valuable work of global health institutions. To counter this, we urge the Secretariat to continue its strong practices regarding transparency and accountability.

We encourage the Secretariat to continue actively engaging with the Global Fund Board and its Committees – early, often, and comprehensively – to monitor and manage risks in a collaborative way. Point Seven is supportive of risk management efforts, and our constituency will happily contribute to future discussions in this regard as required. Reaching our shared goals depends increasingly on domestic and private sector resources. It will depend on increasing country ownership, leadership, and program sustainability. It is in our common global interest to work together to ride the storm of this risky period, and enable the Global Fund to continue its vital mission.

14. 2024 OIG Annual Report

South East Asia

We appreciate the comprehensive body of work produced by the OIG in 2024, including 21 reports and the assessment of over 500 complaints. Programmatic gains were highlighted in several SEA countries, notably Indonesia, where TB notifications rose by 42% and the treatment success rate for drug-sensitive TB reached 87%. These improvements are essential in a region carrying 45% of the global TB burden. However, persistent challenges remain, including sub-recipient oversight gaps in Bangladesh, and broader risks tied to procurement, community engagement, and equity in service delivery.

While non-compliant expenditures were low, at \$3.9 million, or less than 1% of total grant spending, the OIG confirmed that 74% of substantiated fraud cases involved sub-recipients and implementers, reinforcing the need for robust controls at decentralized levels.

On the Agreed Management Actions (AMA) front, we commend the closure of 46 AMAs and the 47% reduction in long-overdue actions, which demonstrate tangible progress. Yet only 26% of AMAs were implemented on time, indicating continued operational and coordination bottlenecks. We encourage the Secretariat to prioritize country-level AMA implementation and provide targeted support where systemic issues persist.

Looking ahead, we support differentiated, risk-based assurance models and encourage deeper engagement with national audit bodies. Expanding the reach of the I Speak Out Now campaign in SEA and increasing investment in preventive controls, particularly in fragile or transitioning portfolios, will be vital to protecting Global Fund investments and sustaining trust across the partnership.

Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) Constituency values the OIG's critical independent oversight role and appreciates the comprehensive insights from the 2024 Annual Report. The noted improvements in grant design and enhanced financial controls are welcome, reflecting growing alignment with country contexts and strategic priorities.

However, persistent challenges identified—particularly in supply chain management, program quality inconsistencies, and evolving fraud risks—mirror the realities in our region's fragile and conflict-affected settings. Supply chain weaknesses are exacerbated by insecurity, border restrictions, and infrastructure gaps, requiring innovative, context-specific solutions.

Furthermore, we support strong anti-fraud measures but stress the need for a balanced approach that recognizes operational complexities and avoids undue disruption in emergency contexts. The OIG's expanded preventive risk identification and advisory efforts are encouraging, and we urge

further tailoring of these initiatives to meet EMR's volatile environment.

Geopolitical instability as an emerging risk is especially relevant to the EMR. We welcome proactive risk mitigation efforts that seek to sustain program continuity amid political and security challenges.

Communities

We are concerned to note that only 21% of Agreed Management Actions (AMAs) were completed on time, significantly below the 60% target. The average seven-month delay in addressing multi-departmental AMAs indicates a need for improved alignment and more streamlined workflows across functions.

While global oversight helps maintain structural integrity, effectively addressing the specific needs of communities, particularly in conflict zones, requires tailored interventions. We recommend:

Developing localized solutions that address community-specific challenges

Strengthening community engagement and advocacy to ensure local voices play a central role in the development and implementation of AMAs

Investing in capacity building to empower local stakeholders with the resources, training, and decision-making authority necessary for sustainable progress

UNAIDS

UNAIDS welcomes the OIG Annual Report and acknowledges the critical role of the OIG in safeguarding the Global Fund's investments and ensuring accountability, especially in a period of increasing uncertainty and operational disruption. The constituency values the robust pre-Board and ongoing engagement with the OIG and its team.

We urge the OIG to adopt a broader assurance approach that prioritizes programmatic outcomes, service continuity, and the ability of grants to deliver impact based on evidence and sound scientific investment approaches. Financial compliance remains important, but it must be balanced with a deeper focus on whether services are reaching those most in need and how effectively programs are adapting to emerging challenges.

Additionally, we call on the OIG to tailor its workplan during this critical period. Countries and communities are under intense pressure, managing disruptions while preparing for necessary GC7 adaptations and the launch of GC8. Oversight processes should be sensitive to this reality, allowing time and space for HIV programmes to stabilize, plan, and refocus. An overly burdensome assurance process risks diverting energy and resources away from sustaining essential HIV services at a time when flexibility and support are most needed.

Germany

We welcome the Annual Report and Opinion of the OIG which gives a very good summary of the key themes that emerged in 2024. However, we look with concern at the increased risk of fraud and wrongdoing. This will certainly require increased attention, and the OIG can play a major role in supporting the teams and ensuring timely response to allegations.

Through its audits and investigations, the OIG has accumulated an in-depth understanding of the Global Fund operating model and its programmes. It will be important for the OIG to continue sharing its recommendations but also remind us of the strategic strengths that have contributed to the successes of the Global Fund in the last 20 years while we discuss the way forward for GC7 and GC8.

Japan

We would like to express our appreciation for the detailed report provided by the OIG.

Japan is seriously committed to the area of RSSH, which is the foundation for each country to end the three diseases. In this regard, we would like to clarify whether the OIG has conducted any assessment at this stage on the effects and overall programmatic implications of the decision to extend C19RM.

Furthermore, as it is likely that we will face a substantial funding shortfall during the current GC7, as well as a significant shortfall in meeting targets during the Eighth Replenishment, it is essential for the Global Fund to prepare contingency plans well in advance. Such plans should aim to minimize the negative impacts, including program disruptions and increased mortality. We believe it would be valuable for the OIG, from its independent position, to consider proposing indicators or metrics that

could be used by the Board or the Secretariat in such contingency planning.

Developed Country NGO

We welcome the 2024 Annual Report, and our Delegation appreciates the consistent and open exchanges with the OIG as we consider the planning processes for the remaining GC7 and ahead to GC8.

Our Delegation supports the use of Artificial Intelligence (AI) for increased productivity (such as patient linkage to HTM care and TB screenings), but these are new technologies for the OIG, and the GF as a whole, that come with possible risks, for example, the impact of algorithmic bias caused by skewed or low quality data or poorly designed algorithms. We encourage the OIG to ensure that the use of AI in decision-making and the algorithms applied are vetted by external peer experts to ensure that any possible risks are identified and mitigated. We would be interested to know the learning from this process.

Private Sector

The PSC recognizes the OIG's positive assessment of the Global Fund's governance, risk management, and internal controls, and stresses that emerging risks in the global health landscape require continued vigilance and proactive adaptation.

The PSC also underscores the need for effective in-country oversight mechanisms to ensure the integrity of grant implementation. While the tailored assurance model has made strides, its complexity requires simplification and greater clarity in execution.

Looking ahead to 2025, the PSC encourages the OIG to adapt its workplan to address the growing uncertainties in the global health and funding landscape. As funding constraints increase, it will be crucial to align audits and investigations with the highest areas of risk, ensuring that the Global Fund remains agile and responsive to emerging threats. The OIG's role in safeguarding the Fund's operations and ensuring accountability is more critical than ever, particularly as the landscape evolves.

Point Seven

Point 7 welcomes the comprehensive report.

We are pleased to take note of the OIG Annual Opinion. It is reassuring to know that governance, risk management and controls are in order. This is a good starting point in a turbulent period with an increase in number and complexity of allegations. In potentially resource constrained times, it is paramount to safeguard a sufficiently resourced OIG, while ensuring the results of reports are used to their fullest.

Point 7 appreciates the suggestions from the OIG to further refine and improve the GF model to drive efficiency and maximize value for money and welcome further discussions of these potential improvements.

15. Considerations for Grant Cycle 8 (GC8)

South East Asia

SEA Constituency welcomes the early preparations for Grant Cycle 8 and appreciates the Secretariat's efforts to apply lessons from two decades of implementation. We acknowledge the current global volatility, with tight fiscal space, rising disease threats, and the ongoing challenge of sustaining health system investments, and agree that flexibility and differentiation are essential.

In our region, countries face substantial and persistent burdens: SEA accounts for over 45% of global TB cases, with nearly 600,000 deaths in 2023. Malaria remains a threat, with over 4 million cases annually, 99.4% of which are concentrated in India, Indonesia, and Myanmar. Progress against HIV is uneven, with 3.9 million people living with HIV, and slow improvements among youth and key populations. These realities must shape how GC8 principles are applied, particularly in designing co-financing expectations, simplifying processes, and sustaining the health systems built during the C19RM period.

We encourage the Secretariat to work closely with countries and regional platforms such as the SRCMF to align GC8 efforts with local implementation realities, including cross-border risks, limited fiscal flexibility, and subnational equity gaps. Right-sizing grant requirements and proactively identifying absorptive capacity risks will be essential for impact continuity.

We support the proposed directions and call for a pragmatic, differentiated approach that protects gains and accelerates our progress toward 2030 targets.

Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) Constituency strongly supports the Global Fund's renewed focus in GC8 on right-sizing processes, radical differentiation, and prioritizing high-impact action in the world's most challenging contexts. However, the realities of the EMR—marked by HIV concentrated epidemic, persistent challenges with TB and Malaria, armed conflict, displacement, and humanitarian crises—demand even greater flexibility and contextual adaptation.

1. Right-sizing Grant Processes for Crisis Settings:

We welcome moves to streamline grant development, reporting, and reviews, and urge further simplification for crisis-affected countries, where operational burdens directly undermine impact. Flexible, expedited application and amendment pathways are essential for timely programming in volatile scenarios.

Dedicated adequate technical assistance (TA) for fragile settings and early engagement in the funding request process must be scaled up. This will address gaps in capacity, particularly in Challenging Operation Environments (COE) countries. It is necessary that targeted TA to support priority interventions implementation is funded through the grants.

Community engagement should be enhanced through easier access to direct support and financing for organizations at the front lines.

2. Differentiated Approaches for Transition, Sustainability, and Co-Financing:

EMR countries require transition pathways and sustainability benchmarks tailored for persistent emergencies and weak fiscal capacities—standard targets and timelines do not fit crisis trajectories. Co-financing policies must account for economic shocks, sanctions, and currency collapse, so countries in crisis are not penalized for circumstances beyond their control.

Specific vulnerability indexes, including health system resilience, displacement, and economic fragility—should inform the GC8 qualitative adjustment for allocations.

Flexible regional and cross-border approaches are needed to reach displaced or mobile populations with essential health services.

3. Maintaining Impact and Protecting Core Services in High-Burden, Low-Income Settings:

We support the prioritization of high-burden/low-income portfolios in GC8 allocations and call for explicit protection of HIV, TB, and Malaria service delivery—including emergency procurement measures and supply systems adapted to conflict/displacement.

Investments in RSSH must prioritize PHC integration, laboratory/surveillance capacity, and workforce retention to address health facility gaps and severe diagnostic and medical supplies stockouts across EMR crisis countries.

Innovative market-shaping and pooled procurement should be leveraged to ensure affordable access to new diagnostics and medicines, and to address cross-border supply chain disruptions.

Grant performance frameworks must allow for alternative, context-sensitive monitoring approaches, and countries must not be penalized for unavoidable data/reporting gaps.

4. Flexibility, Real-Time Adaptation, and Risk Appetite:

GC8 planning must explicitly balance programmatic reach and fiduciary controls, allowing for higher and better-calibrated risk thresholds in high-risk, rapidly changing environments.

Cross-cutting reforms should put community and civil society actors at the heart of response design and oversight, acknowledging their critical role in crisis resilience.

Specialized expertise for proposal and grant review of fragile/humanitarian settings should be integrated into the TRP and Secretariat processes.

5. Resource Mobilization and Donor Engagement:

The GC8 Investment Case should clearly articulate the unique costs and barriers to impact in fragile contexts for EMR and globally targeted donor engagement strategies (including with Gulf and regional donors) are essential to closing these gaps.

Domestic resource mobilization expectations must remain realistic for countries facing economic collapse or severe humanitarian emergencies.

UNAIDS

UNAIDS Position on Grant Cycle 8 (GC8) Preparations

UNAIDS acknowledges the significant challenges and uncertainties facing the Global Fund as it prepares for Grant Cycle 8 (GC8). We support the Secretariat's recognition that "business as usual is not an option" and emphasize the need for radical simplification, strategic focus, and protection of essential HIV services.

1. Simplicity, adaptability, and flexibility – GC8 Access to funding and GC7 reprogramming

As highlighted in the Strategy Committee and GC8 documents, if flexibility is not embedded into GC7 and GC8 processes, we risk additional millions of preventable HIV infections and AIDS-related deaths.

UNAIDS fully supports:

Continuity of essential programming: Partners should engage urgently with the Secretariat and Strategy Committee to assess and define GC7 essential services that must be protected, and to integrate the cost of essential programming (CoEP) into the allocation methodology for GC8, ensuring that critical interventions are maintained regardless of funding constraints.

Direct, predictable funding for Prevention and Community-Led Responses: A redesign of funding approaches for these two areas is necessary, as existing investment tools—including Dual Track Financing and Catalytic Investments—have proven insufficient. Current funding levels for both prevention and community-led responses are inadequate for achieving tangible impact, even under high replenishment scenarios such as GC7. These areas must be protected and must not be the first to face cuts in any low-resource scenario.

Streamlined, differentiated funding requests focused on high-impact, high-risk settings, reducing unnecessary paperwork.

Costed extensions and rolling continuation funding for high-performing programs, minimizing disruption.

A simplified TRP process, prioritizing strategic input over detailed oversight, with flexibility to accommodate reprogramming needs.

Rapid approval of GC8 materials to allow time for future adjustment as funding and political realities evolve.

Leveraging market-shaping tools to ensure affordable access to new innovations like Lenacapavir and CAB-LA, which offer transformative potential.

The Global Fund's ability to right-size grant lifecycle processes, differentiate support, and maintain impact in high-burden, low-income countries is critical. UNAIDS emphasizes that this must be done in close coordination with countries and technical partners, ensuring community leadership and country ownership are not compromised.

Germany

The Global Fund is currently operating in a highly volatile context. Hence, the efforts by the Secretariat to prepare GC8 in the light of constrained financial resources and a challenging replenishment are highly appreciated. However, planning based on concrete scenarios is still missing, especially for high burden countries. Given the likely drastic changes that lie ahead of us, the proposed changes may not go far enough.

Driving efficiencies within the Secretariat and streamlining processes is an important and urgent step to reduce the burden on staff and countries. However, the "How" could be further elaborated. For example, the extension of certain grant lifecycles or integrated/single funding requests could be considered.

Prioritization and differentiation in focused portfolios are welcomed and needed. We understand that simplifying and streamlining processes will lead to trade-offs and higher risk acceptance which we are open to. However, we should ensure that rights for key and vulnerable populations are safeguarded, and no one is left behind.

We are glad to see that sustainability is an integral part of the considerations for GC8. Transition will become more important than ever considering the funding constraints for global health. Predictability and clear timelines are needed for countries to prepare. We would suggest that best practices for successful transition are shared widely. We also encourage the Global Fund in working more with incentives to strengthen political will to prioritize health in domestic budgets.

Overall, we urge the Secretariat to consider strategic and transformative shifts while preparing for GC8. We acknowledge that times are difficult, but we should use the momentum and focus on the strategic strengths of this partnership and continue to drive innovation.

We encourage the Global Fund in seizing the momentum to accelerate integration and promote country-ownership through the increased use of national systems.

Japan

We appreciate the proposals by the Secretariat and the Strategy Committee. The grave message conveyed, that “business as usual” is no longer a feasible option in the face of the current circumstances, must be taken seriously. As Board members, we must transcend the traditional donor-implementer divide and engage in a candid and pragmatic discussion on how to collectively respond to this critical situation.

Japan supports, in principle, the three priority areas proposed for GC8. At the same time, it is crucial to consider how concretely these areas can be operationalized. While respecting country ownership, it is equally important to ensure that the Secretariat can provide targeted and effective support. In particular, the Allocation Letter represents a critical intervention point. From the perspective of promoting continuity and cost-effective investments in RSSH, we believe there is room for further innovation and improvement.

On the rationalization of the grant lifecycle, we note that the Global Fund cannot adequately address this challenge on its own. Closer collaboration with other GHIs, such as Gavi, is essential. Beyond aligning grant cycles, three years for the Global Fund and five for Gavi, we should explore structural reforms at both the institutional and country levels. For example, in the malaria intervention, integrating the National Malaria Control Program with the Expanded Program on Immunization, or jointly implementing health systems strengthening initiatives with Gavi, could enhance complementarity and reduce duplication among GHIs.

The current crisis we face may also be viewed as an opportunity to advance countries’ transitions from external support such as the Global Fund. As countries progress toward universal health coverage, we, as donor partners, must be proactive in supporting domestic resource mobilization, co-finance, and collaboration to strengthen public financial management. These are vital areas where we must reaffirm our commitment to partnering with implementing countries.

Private Sector

As the Global Fund prepares for Grant Cycle 8 (GC8), the PSC emphasizes the importance of adapting operations to address unprecedented levels of uncertainty. Our constituency supports the proposal for differentiated and adaptive operational models that can better respond to the evolving needs of Global Fund stakeholders. With potential funding cuts and compounding crises affecting global health systems, the PSC emphasizes the importance of the Board adopting strategies that ensure the Fund remains responsive and resilient in a rapidly changing environment.

The PSC stresses that the Global Fund’s ability to maintain impact in high-burden, low-income portfolios is vital. These countries are most vulnerable to external financial shocks, and safeguarding essential health services in these settings should be a top priority. In addition to prioritizing funding

for high-burden portfolios, the PSC encourages the adoption of a flexible approach that allows for swift reallocation of resources when necessary to protect key services. This includes leveraging innovation and strategic procurement to ensure continuity of services and access to life-saving interventions, especially in countries facing financial and political instability.

Furthermore, the constituency underscores the need to continue integrating HIV, TB, and malaria services into broader health systems in order to maximize impact, efficiency, and effectiveness. As part of this integration, community-based approaches should be fully utilized to bring services closer to those who rely on them, including ensuring that these are accessible to key and vulnerable populations.

Western Pacific Region

WPC thanks the Secretariat for the document which clearly outline the thinking for GC8. We agree with the 3 principles and 3 areas of focus.

In addition to what have been presented in the document, WPC would like recommend that after the replenishment, the Board revisit Global Diseases Split so that GF investment will be most impactful given the risks on TB and Malaria program as shared in the Risk Management Report.

Our constituency recognizes the gravity of transition. We understand that transition is not a choice; it is the destiny that countries must take control of. We see the importance of accelerating this process. Transitioning HTM programs into sustainable systems for health is the most secure pathway to safeguard and build upon the gains and progress we have made. While transition readiness may vary between countries, each region already has many inspiring elements of success, experiences, and tools that can be shared. In preparation for GC8, we propose that the GF collaborates with willing regions on regional transition projects as catalytic investments. These projects would assess each country's transition readiness and develop and implement transition roadmap in peer-to-peer learning and support spirit. These regional collaborations can also be elements of sustainability.

World Health Organization

As shown in the TRP slides, the level of effort required by countries to develop funding requests has been significant, ranging from 9,900 hours to 40,200 hours. Thus, and in the current context, we welcome the proposed changes and the efforts to streamline processes. Simplification in grant management can also bring cost and time savings. The crisis that countries face calls for even more ambitious changes. Many countries will not have time nor the capacity to conduct reprogramming, programme reviews, develop strategic plans, and prepare complex applications while implementing their current grants. The GC7 reprogramming exercise should be a pathway to GC8. We should keep the option that, when appropriate, countries can benefit from simple costed extensions for GC8. The processes in GC8 need to consider that the vulnerable, poorest and marginalized populations are the most at risk of being impacted by cuts and disruptions. The equity dimension is critical.

We agree on the need to focus on sustainability and support countries to take on more programmatic aspects and prepare for transition in order to protect the gains achieved. The recently updated Sustainability, Transition, and Co-financing policy requires substantial input in terms of how it will be operationalized. This should be done in close consultation with partners, including WHO, to ensure alignment and best practices are supported given the clear challenges in the current approach. Given the overall strains on public budgets, only exacerbated by recent shifts in external funding, the Global Fund should ensure that co-financing-related activities are realistic and consider the overall fiscal space for health. As noted, incorporating Global Fund funding flows within overall public financial management systems is an important contributor to sustainability in ensuring visibility of supported activities. We emphasize that in doing so, the Global Fund should consider how its own grant mechanism can adapt and use domestic, Public Financial Management systems and not place undue and unnecessary expectations and stress on these systems.

Point Seven

In considering needed adjustments and increased flexibility for the GC8, Point Seven find it important to ensure that the broader Global Health Architecture is taken into consideration, including how the system as a whole can be more coherent and even better aligned with country priorities.

The quality of support is equally as important as the volume of funding. Point Seven welcomes the discussion on needed flexibility and adaptation. In this process Point Seven finds it important to

ensure that a balance is struck between immediate disease control efforts and long-term investments in health system strengthening and in reaching key populations and persons in vulnerable situations. There is a critical opportunity to enhance the overall effectiveness, efficiency, and impact of available resources, both within the GF and in the Global Health System as a whole —not just to increase their quantity.

16. Coffee

South East Asia

N/A

17. Revisions to the TRP Terms of Reference

South East Asia

SEA Constituency welcomes the evolution of the TRP model and the revised Terms of Reference. We strongly affirm the value of an independent TRP review in ensuring technical quality, strategic focus, and impact in grant investments.

Given that SEA carries 45% of global TB incidence, a significant HIV burden, and remains a key malaria-endemic region, TRP reviews must continue to prioritize countries with the highest burden, fragile health systems, and cross-border vulnerabilities. Cross-border transmission risks, particularly for TB and malaria, require integrated regional responses, which must be safeguarded by rigorous technical review processes.

We support differentiated TRP approaches but emphasize that simplification must not compromise technical rigor, especially in fragile, transition contexts and malaria elimination candidate countries such as Timor-Leste, Bhutan, and Nepal, and in high-burden settings like Myanmar, Bangladesh, and Indonesia. Targeted TRP reviews must continue to safeguard investments addressing key populations, drug-resistant TB, malaria elimination, and climate-sensitive vulnerabilities.

SEA urges the TRP to consistently integrate equity, gender, community engagement, cross-border health challenges, and resilience-building into its technical assessments, in line with the Global Fund Strategy 2023-2028. SEA-specific contexts, including mobile populations, pandemic threats, and sustainability transitions, must be systematically considered.

While SEA supports longer TRP membership terms to strengthen institutional memory, we call for greater geographical and epidemiological diversity within TRP composition, ensuring robust regional expertise.

SEA Constituency reaffirms its commitment to working closely with the TRP, the Secretariat, and the Board to ensure that the evolving TRP model protects impact, equity, and sustainability for the unique needs of regions.

Eastern Mediterranean Region

We support the streamlined leadership structure but emphasize the importance of ensuring geographic diversity and gender balance in TRP leadership and membership.

Enhancing TRP review quality by focusing on implementation feasibility, cost-effectiveness, stronger partner coordination, and structured follow-up will prompt applicants to design funding requests that are more practical, coherent, and integrated with current global health priorities. This approach will address resource constraints and the complexity of today's health challenges by ensuring that proposals are not only technically sound but also realistically achievable. As a result, funding requests will be better tailored to real-world delivery, drive greater impact, and improve value for money in the

evolving global health landscape.

We particularly welcome the explicit inclusion of the review of catalytic investments as part of the TRP's mandate. Catalytic investments have been critical for targeting key and vulnerable populations, addressing cross-border issues, and supporting regional approaches.

We encourage the TRP to pay particular attention in reviewing catalytic investments in the context of regional initiatives and multi-country approaches.

The enhanced advisory function of the TRP presents an opportunity to provide strategic insights on implementation challenges specific to different regional contexts. We encourage the TRP to include dedicated attention to the unique challenges of program implementation in complex operating environments, including fragile states, conflict-affected areas, and humanitarian settings that are prevalent in our region.

Communities

Currently, the TRP Terms of Reference (ToR) do not adequately address the necessary adaptations in response to the ongoing funding crisis and should be revised to include:

Mandatory expertise in community-led programming, including Community-Led Monitoring (CLM), participatory governance, and community-designed service delivery models.

A requirement that each TRP review group include at least one expert with lived or professional experience in community-led initiatives or CLM.

The explicit inclusion of community-led interventions as key indicators of sustainability, participation, and program quality within assessment criteria.

Mandatory training for TRP members on CLM, community accountability mechanisms, legal literacy, and protecting rights for vulnerable groups.

Establishing an independent community advisory group to evaluate how well the TRP reflects priorities around human rights, inclusion, and community participation.

Without these updates, communities risk systematic exclusion, human rights and community-led interventions may be deprioritized or cut, and the TRP will remain an overly technocratic and inflexible body that fails to adapt to the crisis context.

UNAIDS

UNAIDS acknowledges and supports the evolving role of the Technical Review Panel (TRP) as part of the broader effort to simplify and differentiate the Global Fund's processes in preparation for Grant Cycle 8 (GC8). We agree that in the context of rising disruptions and constrained resources, independent technical review must remain impact-focused, context-responsive, and efficient.

Key Points of Support and Emphasis:

Shift from Oversight to Strategic Input: UNAIDS supports the Strategy Committee's recommendation that the TRP must transition from detailed oversight to providing targeted, strategic input, especially for countries with high burden, high risk, and low capacity. We welcome the differentiated TRP review modalities and agree with the proposed approach to engage technical partners and the situation rooms.

Alignment with GC8 priorities, simplification, and membership: Alignment with GC8 Priorities, Simplification, and Membership: We endorse the simplification agenda—including a reduced TRP size, longer membership terms (6 years), and more efficient, faster review cycles. These changes should free up time and resources for countries and the Secretariat, enabling more rapid implementation and adaptive programming. However, we stress our recommendation to ensure that the TRP pool includes sufficient expertise from implementers in the Global South, particularly those with direct experience in designing, managing, and delivering Global Fund grants over the past two decades. Their practical insights are essential for ensuring reviews remain grounded, equitable, and responsive to the realities on the ground.

Protecting Technical Integrity in Differentiated Reviews: UNAIDS stresses that while differentiation is critical, technical quality must not be compromised, particularly in Focused Portfolios where TRP review is not automatic. Clear mechanisms for partner engagement, including WHO, StopTB, RBM, and UNAIDS, must be maintained to ensure country realities and rights-based approaches are upheld.

Developing Country NGO

The DCNGO delegation supports the revised Terms of Reference (ToR) for the Technical Review Panel

(TRP), and would like to underscore the following points:

We reaffirm the TRP's vital role as an independent and expert body within the Global Fund architecture. In the current context, where technical partners may face constrained capacity to support funding request reviews and provide technical assistance, the TRP's objectivity and technical rigour are more essential than ever.

We continue to raise persistent issues of power imbalances, gender inequalities, shrinking civic space in many country contexts that systematically marginalize, criminalise, and exclude civil society and community, most especially during grant management, which undermines both the quality and legitimacy of funding requests. The TRP has historically played a critical role in addressing these gaps by promoting human rights-based, gender-responsive, and equity-oriented programming. It is imperative that this independent oversight function is not weakened, and that the TRP continues to be empowered to uphold these essential standards despite any differentiation in grant review.

Germany

We very much welcome the Secretariat's efforts over the past months to review the mandate of the Technical Review Panel (TRP), to ensure that efforts and resources are allocated in the most efficient and effective way.

We believe that the proposed ToR reflect a well-balanced approach towards increasing efficiencies while still assuring good quality. In the overall process of reviewing Funding Requests, the TRP plays a crucial role in flagging and consequently mitigating risks linked to CRG, RSSH and KVPs, which are likely to be higher in the current context of strained resources and geopolitical uncertainty. We therefore appreciate the efforts made to uphold the role of the TRP in the revised Terms of Reference.

Japan

We support the differentiated review model of the TRP as a reasonable approach in terms of time, cost, and labor efficiency. We believe the TRP can play a key role, especially in cases related to human rights and social protection, where the disease burden has relatively declined and implementing countries are approaching graduation. Also, we encourage to further utilize health financing experts in positioning HTM in the national health plans.

Developed Country NGO

We support the intention of the recommendations to simplify the funding request and grant-making process while retaining the important function of the TRP and without limiting the scope of its reviews when conducted. Our Delegation recognizes the significant capacity constraints required for reviewing, especially looking at potential accelerated transitions in GC8 and the changing funding environment, and support the TRP remaining as an independent, external body in the grant revisions process.

Private Sector

The PSC supports the proposed revisions to the Terms of Reference (TOR) of the Technical Review Panel (TRP) and underscores the critical importance of simplifying Global Fund processes to enhance efficiency without sacrificing impact.

The PSC acknowledges that the TRP's independence is essential for ensuring high-quality technical input. Therefore, the role of the TRP in providing objective, data-driven expert reviews of the most pressing programmatic challenges must be maintained and protected.

To this end, it is also critical that the TRP's expertise in emerging and priority areas—such as digital health technology and data privacy—is continuously strengthened to adapt to the evolving needs of countries and the broader global health landscape.

Western Pacific Region

WPC appreciates the works have been put in the revision of TRP's TOR. We are in full support of reducing burdens on TRP. However, we are concerned with the current proposal on TRP role in Focused Portfolio. Grants for countries in transition, while small in size, can be critical to ensure safe transition and sustainability. The absence of a systematic review by an independent, technically

proficient body may result in grants not achieving optimal outcomes.

World Health Organization

WHO supports the TRP as the only independent review body in the Global Fund business model to ensure the robustness of applications and their alignment with the latest guidelines and the Global Fund strategy.

The TRP review can bring valuable perspectives and recommendations for all countries, which can be leveraged during grant making negotiations, it is an opportunity to ensure technical priorities are not overlooked. The engagement of the TRP across the portfolio allows the TRP to bring valuable perspectives through their reports which can serve to inform changes in the Global Fund business model and processes. We also noted that the TRP performance assessment indicates improvements in the differentiated approach and in efficiency.

We appreciate the efforts for simplification and support the proposed changes to the TRP recruitment process and to not have a call for recruitment for GC8.

We support a differentiated approach to the TRP review and acknowledge the improvements in the proposal through the Strategy Committee discussions.

For Focused Portfolios, it is essential that the TRP participates early to offer input on priority investment areas during regional and sub-regional pre-shaping meetings. We appreciate that the TRP will define with the Global Fund Secretariat the principle-level criteria that will guide CCMs and Secretariat to determine when to request a TRP review. A criterion to add is that if technical partners have not reviewed the funding request before submission, the TRP should conduct a review, in order to ensure a certain level of independent technical review.

WHO is ready to engage with the TRP to provide orientation on new guidelines and discuss their translation to country context. We would like to suggest after the TRP review includes an opportunity for contextualization of the recommendations and discussing their interpretation with technical partners and Global Fund country team. This could allow us to address some of the challenges described in the annex of the presentation.

We support the TRP and Gavi IRC to move to joint reviews for malaria and health system strengthening when relevant and to increase knowledge-sharing and learnings.

Looking forward, the process of defining priority areas for investment of domestic and global financing should be done in country, with active participation of national planners, programmes, communities, technical partners and investors. An evidence-based approach will reduce the need for global review processes.

Point Seven

The Global Fund always need to strive for efficiency - to do more with less - in its continuous effort to fight aids, TB and malaria. The evolved TRP model recognizes the indisputable value of the TRP while allowing for streamlining. This is why P7 approves the revised TRP TOR and are convinced that the revision makes this important framework fit for purpose for the 2026-2028 allocation period and allows the impartial panel of technical experts to continue to provide rigorous, independent technical review and assessment of funding requests to the Global Fund. With this optimization P7 believes that the TRP can drive greater impact across portfolios by leveraging its independent review in countries with the highest disease burden and or where there are critical programmatic challenges.

18. Lunch

South East Asia

N/A

19. Resource Mobilization Update

South East Asia

SEA Constituency commends the Global Fund leadership and Secretariat for the comprehensive

update on resource mobilization and reiterates our appreciation and full support for the Global Fund's mission, as well as for its 8th Replenishment campaign. We strongly endorse the USD 18 billion target to sustain the fight against HIV, TB, and malaria, and to strengthen resilient and sustainable systems for health, especially in light of ongoing geopolitical uncertainties. We recognize the good progress made in the implementation of the 7th Replenishment targets.

Most SEA countries are recipients of Global Fund grants; some are also contributors, demonstrating our commitment to global solidarity. Thailand has supported the Fund since its establishment, India since the First Replenishment, and Indonesia joined as a new donor during the Seventh Replenishment.

Beyond public contributions, private sector entities in SEA countries, including philanthropic funds established by private sector enterprises and many prominent pharmaceutical companies, are already engaged and contributing. We are committed to deepening this engagement, in line with the Global Fund's ambition to raise USD 2 billion from the private sector.

SEA leaders have publicly endorsed the 8th Replenishment. Some of our Ministers participated in the virtual launch of the Replenishment and the campaign's Investment Case strategy on 18 February in Johannesburg this year. Countries in the region have already indicated their support for the 8th Replenishment campaign and its Health Investment Strategy, and the SEA Constituency is actively reinforcing these commitments.

We trust that the Global Fund's support for countries and regional initiatives to invest in health will continue. Our priorities include addressing cross-border health risks, climate-sensitive disease burdens, and health risks affecting mobile populations. The SEA Constituency reaffirms its commitment to the Global Fund and looks forward to a very successful replenishment.

Eastern Mediterranean Region

We fully support the Global Fund's ambitious Eighth Replenishment target of at least USD 18 billion while emphasizing the unique context and challenges facing the Eastern Mediterranean Region (EMR) in terms of domestic resource mobilization.

The Eastern Mediterranean Region Constituency (EMRC) acknowledges the critical importance of domestic resource mobilization (DRM) as highlighted in the Global Fund's Eighth Replenishment Campaign. However, we must emphasize that conventional DRM approaches require significant adaptation for crisis-affected economies experiencing economic collapse, sanctions or governance fragmentation.

The EMRC is ready to facilitate regional and country-level policy dialogue to identify realistic and context-appropriate domestic financing mechanisms adapted to fragile settings.

We welcome the Global Fund's commitment to "support countries on their pathways toward sustainable and self-financed health systems" and urge that this support explicitly recognizes the unique trajectories of fragile states.

The Investment Case should explicitly address how Global Fund resources will support continued disease programming in fragile states and complex humanitarian emergencies. We recommend targeted outreach to Gulf donors with significant financial resources and interest in global health diplomacy. This requires developing region-specific narratives that resonate with potential regional donors.

UNAIDS

UNAIDS welcomes the momentum behind the Global Fund's Eighth Replenishment (8R) and commends the ambitious goal of mobilizing at least USD 18 billion—a non-negotiable minimum to sustain progress against HIV, TB, and malaria. We stand at a critical juncture: the global HIV response is at risk due to a \$9.5 billion annual funding gap, and this replenishment is more than a financial target. Amid severe financial and systemic disruptions, political will must not falter. Health must be treated as a strategic global investment, and HIV financing must remain central to sustainable development and global equity. We have the tools to finish the fight—game-changing innovations like

long-acting PrEP and next-generation treatments can prevent millions of infections and save lives—but only if they are equitably accessible. UNAIDS calls on donors to translate GC7 pledges into timely contributions and to commit to sustained contributions in R8. Communities and countries are stepping up, co-investing despite fiscal pressures; we must match their resolve with full funding.

The Joint Programme stands ready to mobilize political leadership, strengthen advocacy, and ensure strategic information drives impactful investment. If we hesitate now, we risk resurgence, deepening inequalities, and countless preventable deaths. The cost of inaction is simply too high.

Germany

We welcome the update on GC7 and the status of the 8th Replenishment Campaign. We strongly support the Global Fund's replenishment efforts. The upcoming replenishment will be decisive for the fight against the three diseases. Given the fiscal and political constraints, we need to make smart decisions to effectively and efficiently use the available resources.

We commend the Global Fund's efforts to maintain a resource mobilization approach that remains flexible and responsive in the light of the challenging circumstances. In this context, it would be useful to understand whether the mobilization campaign has been already adapted, and what additional activities are planned to ensure a successful replenishment despite the recent shifts in donor priorities.

On communication: In these challenging times for global health, we are facing multiple replenishments. Yet, we must remain realistic and ambitious at the same time. The Investment Case is based on solid considerations and should not be changed now. In our communication, we should focus on the impact we can achieve with different replenishment outcomes (and not on the 18 billion USD amount). We welcome highlighting health security and return on investment and encourage the narrative to include return on investments for all countries.

We also appreciate the steps taken to mobilize resources from the private sector and philanthropists. The launch of the Climate and Health Catalytic Fund in Davos this January has demonstrated that the private sector can serve as a valuable partner in supporting the Global Fund. Therefore, we support the Global Fund's efforts to expand and diversify its donor base.

We value the emphasis on Return on Investment and global health security, which are essential to fostering economic growth, stability, and better health for all countries. At the same time, we would like to emphasize that a clear commitment to RSSH, increased domestic resource mobilisation, communities, rights, and gender, as well as increased cooperation with other global health initiatives such as Gavi, should also be explicitly included in the mobilization campaign.

Japan

We commend the Secretariat's efforts to expand donor base by finding new donors during GC7. At the same time, as this year marks the final year of the current replenishment period, it remains uncertain whether such donor base expansion alone can address the current funding challenges. We would like to recall that such efforts must also be accompanied by the prioritization and review of programmatic activities, as well as a reassessment of OPEX, in a coordinated manner.

With regard to the Eighth Replenishment, and as we have emphasized on previous occasions, it is essential to carefully examine whether the proposed target of USD 18 billion strikes an appropriate balance between the ambition and the reality particularly given the increasingly severe fiscal constraints faced by major donor countries.

We also take note of the aspiration to raise USD 2 billion from the private sector. While we recognize this as a commendable objective, we would appreciate clarification from the Secretariat regarding the basis for this figure and its assessment on how likely this figure is to be achieved.

Finally, we would welcome an update on the current preparations for the Eighth Replenishment Conference, especially with respect to the anticipated timing and location of the event.

Point Seven

Point Seven acknowledges the difficult times ahead and would like to thank the Secretariat for its work and for its commitment to uphold the Global Fund's mandate to end HTM. In that vein, we would like to make the following comments, since the upcoming strategic discussions at this Board meeting will be important, and will be pursued through the year, at least until the 8th Replenishment conference.

The current political evolutions in global health and in global development and humanitarian aid disrupt an ecosystem which barely recovered from the consequences of the Covid-19 pandemic. We know that trade-offs will be inevitable, especially considering a low-replenishment scenario and we should also not ignore the competition between global health actors for financial resources. Synergies and efficiencies between GHIs must be prioritised in such times. External disruption factors independent of the Global Fund's actions should also be considered in the prioritisation efforts, as they impact the Global Fund's work in the short- and long-run.

As stated in the document "Business as usual is not an option". Point Seven agrees with this point, acknowledging that the Global Fund will have to adapt how it operates, in this changed environment. The principles underpinning the Global Fund Partnership should not change however, nor should the focus on key vulnerable and high-risk populations. Support to communities, community system integration in RSSH, and focusing on the LDCs with the highest disease burden, should also remain central.

Strengthening community response and systems are essential to fulfill the Global Fund's mandate. The right to health is a fundamental human right, which is not guaranteed in many beneficiary countries, complicating the Global Fund's work. With potentially less financial resources mobilised during the 8th replenishment, we know that the most vulnerable and marginalised populations in general, including key populations in countries with the highest disease burden, will be hit first and the hardest. This will be exacerbated by the lack of legal protection, lack of universal health coverage, and the overreliance on external financing for health by developing countries.

Therefore, while the trade-off discussions will continue as the situation evolves over the coming months, the strategic objectives to strengthen community systems in RSSH, community rights protection, and human rights protection overall should be considered as inherent issues in any trade-off. Human rights, gender equality, as well as health system strengthening and UHC continue to be the foundations, for maximizing impact on the three diseases.

For immediate impact, increased domestic resource mobilization is imperative where the employment of new financial instruments (blended finance) and innovative financing mechanisms becomes more important, as does the mobilization of private sector finance, while acknowledging that in the short run they will not fully replace ODA funding.

20. Closing

South East Asia

TBD

21. Coffee

South East Asia

N/A

22. Closed Session

South East Asia

TBD

23. (Written Update Only): Governance Selection Processes

South East Asia

SEA Constituency welcomes the update on the selection processes for the next Board Leadership and Executive Director.

We believe future leadership must bring strong operational and political understanding of the complex environments in which the Global Fund operates, particularly in regions with high disease burdens, evolving transition needs, and fragile systems.

We encourage the Nomination Committees to include in their selection criteria a clear emphasis on equity, health systems resilience, and the ability to engage meaningfully with implementing countries. Experience navigating cross-border health challenges, engaging with key and vulnerable populations, and advancing domestic resource mobilization should be seen as core leadership assets.

We also stress the value of geographical and contextual diversity, leaders who can represent and partner with high-impact regions and bring essential perspectives to Global Fund governance.

The SEA Constituency stands ready to engage constructively in shaping a leadership profile that reflects the realities of today's global health challenges and ensures the Fund remains impactful, inclusive, and responsive in the years ahead.

Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) Constituency welcomes the merit-based leadership selection processes currently underway for the Global Fund's Board Chair, Vice-Chair, and Executive Director positions. We recognize the significance of these governance appointments for ensuring continuity and organizational effectiveness during a period marked by strategic transition and financial uncertainty.

However, our region urges strengthened confidentiality protocols throughout the selection to safeguard candidate privacy and process integrity. We also recommend establishing measurable diversity targets that proactively promote gender balance, geographic representation, and professional background inclusion, to ensure equitable participation from underrepresented and resource-constrained constituencies.

Given the complexity of the current global health landscape, selection criteria should explicitly emphasize competencies related to resource mobilization, health equity, pandemic preparedness, and the capacity to understand and navigate fragile and conflict-affected contexts. We further advocate for transparent and regular constituency communication to foster trust and manage expectations effectively.

Recognizing the overlap of governance processes with global replenishment efforts, we call for robust risk mitigation mechanisms, including dedicated governance and legal expertise, to manage confidentiality risks and prevent governance overload.

24. (Written Update Only): Country Funding Update

South East Asia

While we acknowledge the progress made in GC7, with 95% of country allocations approved and strong TRP efficiency, the SEA Constituency draws attention to critical funding and policy gaps that persist across our region.

Despite robust grant-making, the Global Fund remains constrained in addressing several areas that are essential for long-term sustainability. Unfunded Quality Demand remains high, with US\$5.7 billion in unmet needs. SEA countries continue to seek support for components that are underfunded or structurally deprioritized, including community systems strengthening, human rights programs, and cross-border coordination.

The limited flexibility to support transition preparedness, integrate regional platforms more effectively, or deploy catalytic financing tools like Debt2Health represents a structural gap in the funding model. Similarly, technical assistance during implementation, to strengthen absorptive capacity or resolve systemic bottlenecks, is insufficiently resourced.

We also observe fragmentation between country and multicountry investments, with limited alignment to national priorities. As we approach GC8, there is a clear need to close the gap between what is technically sound and what is currently financed.

Eastern Mediterranean Region

We acknowledge the Secretariat's reported progress on Grant Cycle 7 implementation and preparations for Grant Cycle 8. Nonetheless, the Eastern Mediterranean Region (EMR) continues to confront exceptional challenges that hinder grant absorption and program delivery, stemming from factors beyond implementer control, including banking restrictions, rapid currency devaluation, security constraints limiting geographic access, and procurement complications driven by sanctions and import restrictions.

We stress the necessity for a more nuanced and granular analysis of absorption challenges that clearly distinguishes between structural impediments and implementer capacity issues. Additionally, we advocate for a modified portfolio optimization approach that includes ring-fenced or dedicated funding streams for cross-border and regional initiatives. This is especially critical to address the health service needs of mobile and displaced populations prevalent in our region.

Acknowledging the fragile economic realities, our constituency emphasizes realistic expectations for domestic resource mobilization, given the widespread fiscal crises in several EMR countries. We urge tailored co-financing policies that account for these economic shocks, preventing penalization of countries facing conditions beyond their control.

We would like also to advocate for a modified approach to portfolio optimization that includes dedicated/ring-fenced funding for cross-border and regional initiatives, particularly for refugee and mobile population health services.

Communities

We are disappointed that the looming funding uncertainties will force all countries to drastically reduce their budgets, threatening essential health services.

Prior to the recent funding cuts, many countries, such as Pakistan and Kenya, had already experienced significant layoffs of community health care staff and reductions in community-led initiatives, undermining local response efforts.

We highlight with concern the substantial gap in board-approved grants for key and vulnerable populations. When programs are scaled back or cut, community and key population services are typically the first to be affected, often with devastating consequences across numerous countries. While the Global Fund has made significant contributions to RSSH, we must gain a clearer understanding of these programs' actual impact and effectiveness. In particular, criminalised community members continue to face stigma and discrimination within government healthcare facilities, and children exposed and living with HIV continue facing profound stockouts of early infant diagnostics, prophylaxis and ARVs . We need to deliberately track to ensure RSSH resources are invested in the right programs.

Germany

We would like to commend the Secretariat, and everybody involved in the grant-making process for all their efforts to ensure that all funding requests in GC7 have been already reviewed and approved. However, the amount of unfunded quality demand (UQD, 5.7 billion USD) is concerning, particularly in light of the priority and importance assigned to several measures falling under the UQD

such as RSSH and prevention measures for KVPs. It raises questions about how to ensure adequate investments into RSSH and prevention, particularly for KVPs, given the challenging times ahead of us.

Developed Country NGO

We appreciate the Secretariat's continued efforts to secure the remaining UQD.

On Slide 8, the Multi-Country Grant (MCG) related to the sustainability of HIV programs for key populations, raises a few questions. Could the Secretariat provide information on the current status of the negotiations? How realistic is it to see progress and approve the remaining funding for the HIV MCG?

Private Sector

The PSC highlights that ensuring access to essential services—such as drugs, diagnostics, and prevention tools—must remain a top priority in a low-funding scenario. Funding reductions are likely to impact prevention efforts the most, which is concerning, as prevention is crucial in reducing transmission and is therefore key to sustainable progress in the fight against HIV, TB, and malaria. Country ownership and increased domestic co-financing are critical components in the long-term sustainability of these programs, particularly given financial constraints. The Global Fund should work with countries to reinforce their commitments to increase their investments and ensure realistic, phased transition planning that does not compromise access to lifesaving interventions. Strengthening accountability mechanisms will be essential to sustaining impact beyond the Fund's support.

The rising Unfunded Quality Demand (UQD) of US\$5.7 billion is a growing concern. The PSC emphasizes the importance of maintaining and prioritizing catalytic investments—particularly in low-replenishment scenarios—as their cross-cutting strategies increase the effectiveness and impact of disease programming. Finally, the PSC suggests to the Strategy Committee to assess how Community, Rights and Gender (CRG) plans should be adapted, including in alignment with other initiatives like Stop TB and UNAIDS.

25. (Written Update Only): Privileges and Immunities Annual Report

South East Asia

We fully recognize that P&Is are critical to safeguarding the Global Fund's legal standing, protecting its staff and implementing partners, and ensuring uninterrupted program delivery in increasingly complex operating environments. However, we note with concern that no countries in the SEA region have yet granted such protections.

Progress on P&Is in SEA has been limited due to a combination of structural and political factors. These include a lack of legal precedent for granting privileges outside of UN-related frameworks, complex legislative requirements that often involve parliamentary approval, and political sensitivity around sovereignty and tax exemptions. In some cases, the issue may simply not be prioritized by governments unless triggered by a concrete operational challenge or request.

To address this, we encourage the Secretariat to consider a region-specific approach, including the development of simplified model agreements, legal briefings tailored to national systems, and proactive engagement with Ministries of Foreign Affairs and Justice. Collaboration with ASEAN mechanisms or development partners that already benefit from similar agreements could help normalize the concept and create space for progress.

SEA Constituency stands ready to work with the Secretariat and other partners to open dialogue with national authorities and identify realistic entry points. A breakthrough in one or two countries could generate a useful demonstration effect and build momentum across the region.

We support the proposed decisions and view the advancement of P&Is as essential to protecting the Global Fund's ability to operate effectively, particularly in high-burden and legally complex environments such as those found in SEA.

Eastern Mediterranean Region

The Global Fund's progress in securing Privileges and Immunities (P&Is) is a critical strategic initiative that enhances operational reach and financial stewardship. It will help address operational risks including tax and customs delays for essential health commodities, visa and work permit challenges for personnel, banking restrictions on grant funds, and limited legal protections for Global Fund staff operating in high-risk environments. These factors reduce program efficiency and increase vulnerability in crisis settings.

The Eastern Mediterranean Region (EMR) stands ready to support the Global Fund efforts in securing P&Is. For this purpose, we recommend to:

Provide detailed case studies and data demonstrating the tangible impact of P&Is, such as cost savings and reduced customs delays, to demonstrate their value to donors and stakeholders.

Addressing challenges faced during P&I negotiations, such as political resistance and legal hurdles, through targeted advocacy efforts and collaboration with donor countries. For our region, we recommend leveraging regional diplomatic platforms (such as the League of Arab States, the Organization of Islamic Cooperation, and the Gulf Cooperation Council) as well as technical partners (such as WHO and UNDP) to advocate collectively for expanded P&I coverage.

Setting measurable goals for P&I expansion, with clear timelines and metrics, to ensure continued progress.

Enhance communication by sharing success stories highlighting the financial and operational benefits of P&Is with the relevant juridical departments at the Ministry of Health and Foreign Affairs.

Prioritizing regions with significant operational challenges to maintain uninterrupted program delivery and reinforce the Global Fund's reputation as a trusted partner in global health.

Developed Country NGO

We commend the Secretariat for providing updates on the Privileges and Immunities conferred by priority countries.

At the 22nd EGC meeting, the Global Fund Secretariat identified the following priority countries:

Central African Republic (CAR)
Democratic Republic of Congo (DRC)
Djibouti
India
Madagascar
Papua New Guinea (PNG)
South Africa
Vietnam

At the 26th EGC meeting, the Secretariat identified the following priority countries:

CAR
Ghana (ratification pending)
Guinea-Bissau (ratification pending)
India
Nigeria
Philippines
Tanzania

We previously observed that Djibouti has conferred P&Is, and CAR, Ghana, and Guinea-Bissau have signed, but not yet ratified bilateral agreements conferring P&Is. We look forward to seeing the ratified bilateral agreements.

We anticipate the Secretariat's updates on the other nine priority countries, and we raise again our points from the 23rd and 24th EGC meetings that are still relevant. We look forward to working with the incoming EGC Committee to address these points. For example, clarity on the overall approach that the Global Fund uses towards P&Is; consideration of conditions for longer term government Principal Recipients in providing P&Is; developing a positive and negative incentives for Donors and Implementers to provide P&Is.

26. (Written Update Only): Recoveries Report

South East Asia

SEA Constituency welcomes the Recoveries Report and commends the Global Fund Secretariat for its continued efforts to uphold financial accountability and transparency. The stabilization of the OIG recoverable balance at US\$2.4 million, with 99% of historical amounts resolved, reflects strong governance and risk management across the partnership.

However, we note with concern that several countries in our region are listed with outstanding non-OIG recoverables. These include Indonesia (US\$944,759, primarily related to out-of-scope and non-compliant expenditures), Bangladesh (US\$775,370), Nepal (over US\$340,000, including tax-related and unsupported costs), Myanmar (US\$11,282), and Thailand (US\$1.5 million). These cases highlight recurring challenges in procurement compliance, documentation quality, and sub-recipient oversight.

Many of these issues stem from system-level capacity gaps rather than intentional misuse. As such, they underscore the need for proactive prevention, not just resolution. We encourage the Secretariat to further strengthen upstream safeguards by enhancing financial training and documentation guidance for implementers, providing tailored technical support for fragile or high-turnover settings, and promoting the use of real-time risk dashboards for early detection.

We support the proposed automation of recoveries tracking and the update to the Operational Policy Note. Additionally, we recommend sharing anonymized case studies to facilitate cross-country learning and strengthen institutional memory. Timely resolution and stronger in-country financial governance remain essential to protect Global Fund investments, sustain donor confidence.

Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) Constituency supports the Global Fund's unwavering commitment to transparency, accountability, and a zero-tolerance stance against fraud and corruption.

Given the operational realities in fragile states and humanitarian settings common to the EMR, we recommend differentiated recovery frameworks that balance rigorous financial management with program sustainability. Prioritizing capacity-building initiatives in financial governance for implementers, especially in high-risk contexts, is vital to preventing irregularities. The Sudan approved write-off of outstanding recovery amount, identified through normal grant management operations, in November 2024, demonstrates the exceptional challenges of operating in complex settings.

We emphasize conducting root cause analyses on significant recovery cases to address systemic weaknesses in grant management and oversight. Broader engagement with high-level country stakeholders, including CCMs and government officials, is essential to foster shared responsibility for prevention and timely resolution of recoveries.

Communities

We are deeply concerned about the thirteen countries, including several with high disease burdens, where 80% of the Non-OIG recoverable amounts are anticipated to be reduced from country contracts. Historically, such cuts tend to affect community programs first and most acutely, jeopardizing critical outreach and support services.

While the report suggests that these allocation reductions will not significantly disrupt programs, we are worried that the on-the-ground reality may tell a different story, particularly in the absence of

robust checks and controls to monitor the impact of these reductions. Without effective oversight, there is a real risk that the quality and accessibility of essential services may be compromised.

27. (Written Update Only): Report of the Coordinating Group

South East Asia

SEA Constituency acknowledges the Coordinating Group's leadership in supporting governance continuity and strategic alignment during a period of transition. We appreciate its role in advancing oversight of the 8th Replenishment and Grant Cycle 8 while ensuring institutional stability.

The shift to three-year committee terms has strengthened governance maturity and institutional learning. However, for implementing constituencies like SEA, sustaining consistent representation remains a challenge. Notably, SEA has only been represented in the Audit and Finance Committee (AFC) over the past two terms, limiting our ability to engage directly with strategic and governance-specific decisions under the Strategy Committee (SC) and Ethics and Governance Committee (EGC).

We encourage the CG to explore mechanisms to improve rotational equity, diversify input across committees, and establish structured feedback loops for constituencies not directly represented. Broader engagement will ensure governance reflects the full diversity of Global Fund partners.

As countries in SEA manage multiple pressures — closing C19RM, preparing for GC8, and navigating transition and fiscal constraints — Board and committee deliberations must remain grounded in implementation realities. Improved information flow and earlier engagement points would help constituencies contribute meaningfully and on time.

We support the CG's ongoing work to enhance Board agility and coherence and reiterate the importance of inclusive, responsive governance that reflects the evolving challenges faced by countries on the front lines.

28. (Written Update Only): Strategic Performance Report

South East Asia

SEA acknowledges the Global Fund Leadership for the Strategic Performance Report. We welcome the reported 11% reduction in mortality and 4% reduction in incidence across HIV, TB, and malaria between 2021 and 2023.

However, SEA remains a critical region. The region accounts for 45% of global TB incidence, and TB incidence globally rose by 2% during the reporting period, reflecting persistent vulnerabilities. While malaria deaths in the region have declined by 84%, mobile populations, climate change, and cross-border risks continue to threaten progress. HIV mortality has declined significantly, yet ART coverage remains below the global average, especially among young key populations.

Domestic resource mobilization remains a concern, with only 70% of GC6 co-financing commitments realized globally. SEA countries are taking proactive steps: Indonesia signed a EUR 75 million Debt2Health agreement in 2024, the largest in the program's history, and Sri Lanka previously secured USD 16 million through Debt2Health, demonstrating regional leadership in sustainable health financing.

Community systems and human rights programming must be strengthened. Community engagement satisfaction and gender equality KPIs remain below target, underscoring the need for greater investment in inclusive and rights-based approaches.

The Strategic Performance Report reaffirms the urgency of a successful Eighth Replenishment. SEA Constituency reiterates its commitment to the Global Fund and calls for greater prioritization of SEA-specific realities: high TB burdens, climate-linked health risks, and the need for resilient, integrated, and people-centered health systems.

Germany

We welcome the new data on the combined mortality and incidence rate reduction yet, we are extremely concerned about the trends depicted in conservative scenarios. Given the challenging funding scenario ahead of us it is critical that effectiveness of interventions is enhanced to avoid reversing trends for both indicators. Furthermore, the slow progress in reducing incidence emphasizes the need to focus on prevention.

Trends are worrying in terms of engagement with Global Fund processes of communities and women, girls and gender diverse groups. It will be critical to ensure these groups have opportunities to engage throughout the upcoming grant cycle despite the suggested shifts to the grant lifecycle (e.g. adapting funding request and grant making process) presented in the document “considerations for GC8”.

We understand that limited fiscal space and constrained resources are a global challenge. Yet, the results from the KPI measuring co-financing commitments are of concern, also given the future focus on co-financing as per the new Sustainability, Transition and Co-financing (STC) Policy. Beyond improved accountability mechanisms, what could be done to further support countries to meet their co-financing commitments?

Could you elaborate on the point regarding corporate asset utilization? What are mitigating actions that could be taken to reduce the risk caused by the limited financial flexibility? What are the implications for lower replenishment scenarios? How does this go along with possible OPEX reductions?

It is great to see that most tHFAs have been completed, yet we wonder what will happen with these KPIs as the RSSH update [GF/B53/19] suggests that this assessment will be discontinued. Is a KPI adjustment planned? To what extent can the tHFAs be replaced by routine data collection?

Developed Country NGO

Our Delegation raises concerns about the Key Performance Indicators on community satisfaction, those related to women, girls, and gender-diverse communities with their engagement in funding request and grant-making stages. What kinds of improvements and supports are being planned for the GC8 processes to ensure satisfaction levels increase?

Despite being on target (for community response systems), the data for Strategy and Policy “suggests that not many countries have a strategy to include community-led and community-based service providers to deliver HIV, TB or malaria services, and that there is also not an enabling environment of policies, laws and regulations that support the operations of these organizations.” We find this to be extremely concerning for sustainability efforts and request additional thoughts and information about the strategies the Global Fund has in place to address these gaps.

Private Sector

The PSC appreciates the Global Fund's ongoing efforts in HIV prevention, particularly with the rollout of tools like PrEP, HIV self-test kits, and HIV/syphilis dual tests. However, with limited funding for GC8, prioritization will be crucial—especially as global health dynamics shift.

On TB, the restoration of services post-COVID and the focus on diagnostics and new treatments is encouraging, but funding gaps for essential TB commodities remain a concern. For malaria, while progress has been made with new therapies and insecticide-treated nets (ITNs), funding gaps, insecticide resistance, and climate impacts continue to challenge progress.

The PSC also highlights concerns about community engagement, with few countries including

community-based service providers in their strategies, and emphasizes the importance of ensuring access to services for all. Additionally, domestic resource mobilization remains an issue, with a significant shortfall in co-financing commitments and increasing challenges due to reduced donor funding.

29. (Written Update Only): Annual Procurement and Market Shaping Report

South East Asia

SEA Constituency thanks the Secretariat for the comprehensive update on procurement and market shaping. We recognize the major achievements in ensuring access to essential health products, including securing USD 2 billion in procurement volume and advancing innovation through NextGen initiatives.

SEA bears a disproportionate burden of global disease: 45% of global TB incidence, significant HIV prevalence among young key populations, and 33% of the malaria burden outside Africa. Protecting gains and accelerating elimination efforts demand uninterrupted access to affordable, quality-assured commodities, particularly for mobile and cross-border populations.

We strongly support the Secretariat's focus on securing diversified supplier bases, expanding long-term agreements, and promoting regional manufacturing. All regions, including SEA, must benefit from enhanced regional production capabilities to build resilience against geopolitical risks and supply chain disruptions. Access to innovative tools, such as new TB diagnostics, malaria therapies, and long-acting HIV prevention products, must be fast-tracked and affordable for every region.

Strengthening digital supply chain systems, procurement governance, and transparency is crucial. We emphasize the importance of robust implementation of updated Procurement and Quality Assurance Policies to safeguard efficiency, stewardship, and sustained trust.

SEA Constituency calls for catalytic investments to drive market shaping initiatives that prioritize region-specific needs, including sustaining malaria elimination candidates, addressing TB and HIV program gaps, and ensuring health security in fragile populations.

Eastern Mediterranean Region

The Eastern Mediterranean Constituency commends the Global Fund's Market Shaping initiatives, including progress on dual active ingredient nets and the scaling up of regional procurement capacity. However, our region faces significant supply chain challenges intensified by protracted conflicts, fragmented governance, and humanitarian crises.

We highlight the need for market shaping strategies tailored to fragile and conflict-affected environments, characterized by:

Fragmented, parallel supply chains complicating forecasting, procurement, and distribution.

Limited institutional capacity for domestic procurement amid economic collapse and sanctions.

Cross-border coordination gaps in forecasting and delivery to mobile and displaced populations.

Regulatory barriers impeding timely registration and importation of health commodities.

We strongly support expanding the Pooled Procurement Mechanism (PPM) for domestic procurement and call for streamlined emergency procedures. Investing in local procurement capacity building and innovative delivery models suitable for humanitarian settings, such as community distribution and digital tracking tools, is critical.

Further, we urge enhanced regional collaboration for cross-border supply chain management and sustainability considerations adapted to fragile contexts.

Communities

We commend the efforts to accelerate product introductions and promote regional manufacturing in

2024; however, several critical issues require urgent attention:

Aligning procurement systems across the Global Drug Facility (GDF), Wambo.org, Gavi, and partner organizations is urgent. Such harmonization is essential to reducing transaction costs and ensuring a steady supply, particularly during periods of grant reprioritization.

Our approach must evolve from a solely global market-shaping strategy to one that emphasizes regional market shaping, tailored to the unique realities of different regions. This strategy should extend beyond Africa to strengthen procurement resilience in other areas.

Implementing an "early signal" mechanism is vital to anticipate changes in product demand driven by grant cycles. Such a system would provide suppliers and procurement platforms with sufficient lead time to respond, reducing the risk of stockouts and supply disruptions.

Community-informed market shaping should be institutionalized through feedback loops from end-users to procurement entities. This process will ensure that products, packaging, and delivery methods align with real-world community needs, enhancing acceptance and adherence.

Crisis-responsive procurement protocols should be adopted, including fast-track contracting, centralised stock redistribution, and dynamic prioritisation of essential products in response to shocks. These measures will improve agility and resilience in supply chains during emergencies.

With the disruption of health financing, volume guarantees for antiretrovirals and antimalarials have been severely impacted. It is imperative to assess how this affects pricing and to implement measures that mitigate potential cost increases, thereby safeguarding access to these essential medicines.

Bottom of Form

Developed Country NGO

Our Delegation commends the first shipment of the Africa-based regional manufacturing of tenofovir/lamivudine/dolutegravir (TLD), demonstrated as part of efficiency in the supply chain, technology transfer for low- and middle-income countries, and the momentum towards country-owned responses.

Our Delegation does raise concerns about the timeline for the rollout of long-acting prevention and the malaria vaccine. How will the supply chain be impacted by the withdrawal of key global public health investments? How has this impacted community outreach and malaria prevention efforts in the first quarter of the year?

The report focuses largely on procurement and the needs for market shaping. However, our Delegation strongly considers there are significant, near-term opportunities being missed for price reductions and improving equitable access to these technologies, which would, in turn, reduce costs for health budgets. For example, second-line malaria treatments, such as dihydroartemisinin-piperaquine (DHA-PQ), remain unaffordable in many countries and have yet to be incorporated into national treatment protocols despite their critical role in managing drug-resistant strains. PCR tests which are crucial for diagnosing TB, HIV, hepatitis, Ebola, and other diseases have a prohibitively high cost, which can severely restrict access and leave millions of people without timely diagnosis and treatment. Given the enormous funding constraints that the Global Fund is facing, and within the broader global health ecosystem, how can the GF play a more proactive role in the next 6-12 months? Our Delegation considers several candidates suitable for negotiating price reductions, and would like to understand more about how the GF is working with partners to secure those reductions? For example, but not limited to the 2023 TB test cartridge, drug-resistant TB treatment, 3HP treatment, which are applicable to all buyers.

Private Sector

The PSC supports ongoing efforts to leverage procurement and market-shaping strategies to expand access to affordable, quality-assured health products. Under increasing financial pressure, it is essential for the Board to focus on how to most effectively integrate innovative investments that support the scale-up of life-saving interventions. To this end, the PSC underscores the importance of a clear framework for guiding investment decisions—particularly in low-replenishment scenarios—where impact and efficiency are paramount. This should include greater visibility into procurement needs, improved forecasting, and long-term commitments. The constituency also encourages the

exploration of novel approaches, such as co-payment mechanisms to reduce commodity acquisition costs, leveraging private sector supply chains for distribution, and outcomes-based grantmaking to maximize value and results. New tools offer the opportunity to advance progress in HIV, TB, and malaria.

The evolving context calls for the Global Fund to adapt its approach to reflect constrained financial realities while maintaining its commitment to innovation and affordability. In this context, market shaping to accelerate the introduction and uptake of innovative tools will be critical. These efforts will need to evolve to reflect increased co-financing and domestic procurement. The PSC calls for alignment between market-shaping efforts and domestic financing strategies to provide the foundation for a health policy framework and health care delivery system—including community-based—that support access to quality-assured health products, irrespective of funding source.

30. (Written Update Only): Financial Performance Update

South East Asia

In a context of tightening fiscal space and increasing external volatility, maintaining a positive financial position is a significant achievement.

We recognize that serious challenges remain. Fiscal flexibility is constrained, and while grant absorption rates are strong overall, in-country expenditure and programmatic impact remain uneven across regions. The lower pledge quality compared to previous replenishments introduces additional risks to predictable cash flow. Moreover, the sustainability of C19RM-financed investments, especially in health systems and community structures, is not yet assured, risking reversal of critical gains if not systematically integrated into core grants.

In the SEA region, these pressures are amplified by high disease burdens, growing transition demands, and constrained domestic fiscal space. Without strengthened regional financial monitoring and targeted technical support to accelerate GC7 grant absorption, there is a risk of delays, inefficiencies, and missed opportunities to maximize impact.

We urge the Secretariat to prioritize real-time grant performance tracking at regional level, proactively identify absorptive capacity risks early, and embed sustainability planning into grant-making processes. Addressing the alignment between Unfunded Quality Demand and regional vulnerabilities, such as drug-resistant TB and climate-sensitive malaria, is equally critical.

Eastern Mediterranean Region

We recognize the Global Fund's prudent financial management as reflected in the 2024 Financial Performance Report, with sound conservative portfolio strategies maintaining strong returns despite a volatile economic environment.

Nonetheless, the Eastern Mediterranean Region (EMR) notes several ongoing challenges:

Delays in pledge conversion amid constrained donor budgets create uncertainty, especially given the region's heightened reliance on external financing.

Economic instability within EMR countries exacerbates risks related to currency volatility and resource mobilization.

Absorption challenges persist in many high-burden portfolios, often due to operational barriers rather than capacity deficits.

We urge continued engagement with donors to accelerate funding flows.

Finally, we would like to reiterate the importance of incorporating financial performance assessments with programmatic outcomes, promoting value for money, particularly in challenging environments.

31. (Written Update Only): TRP Report

South East Asia

We welcome the TRP's continued focus on differentiation, which is crucial to tailoring assessments for countries with diverse epidemiological, fiscal, and operational realities. The progress on gender marker assessments and integration of climate considerations into funding requests is encouraging.

However, we note with concern that SEA remains one of the regions with the lowest rates of TRP recommendation implementation. Many delayed or unmet recommendations relate to RSSH and health financing, which are particularly challenging in transitioning or fragile settings. We urge the TRP and Secretariat to provide greater support in translating technical advice into operational guidance that is feasible for country teams and CCMs.

Looking forward, we support the TRP's proposals for a mandatory section in funding requests to reflect the implementation of past TRP recommendations and improved tracking tools. These changes can promote learning and accountability, particularly where recurring issues persist across grant cycles.

Finally, we reiterate the importance of regional and epidemiological diversity within TRP membership and leadership. Strengthening regional expertise, especially in high-burden, cross-border contexts, will improve both the quality and contextual relevance of TRP assessments in GC8.

Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) Constituency welcomes improvements in TRP efficiency, including increased form finalization rates and strengthened partnerships with organizations like Gavi. Nevertheless, concerns remain about the relatively low inclusion of robust sustainability plans in reviewed funding requests, which undermines long-term program viability in fragile contexts. We call for greater sensitivity in TRP review criteria to the implementation challenges faced by EMR countries, which often contend with political instability and limited data availability. Enhanced support to strengthen funding request quality and adherence to contextual realities is necessary. The emphasis on catalytic investments as part of the TRP mandate is encouraged, given their critical role in addressing key populations, cross-border and regional challenges prevalent in our region. The Constituency urges continued efforts to integrate context-specific expertise and improve the implementation of TRP recommendations to maximize impact in GC8.

Germany

We would be interested in receiving further information on collaboration efforts with Gavi at TRP-IRC level as part of the larger collaboration effort between the two GHIs. This will enable the agreement between all involved parties on the way forward for the upcoming funding cycles and possible joint applications/reviews.