

DEVELOPED COUNTRY NGO DELEGATION

The brief compiles the positions and reflections shared by the Developed Country NGO Delegation and does not represent the views held by the Global Fund Secretariat or the Global Fund Board as a whole.

The Developed Country NGO Delegation attended the 54th Global Fund (GF) Board meeting from 12-13 February, 2026 in Geneva, Switzerland. The following Decision Points and papers were discussed at the meeting. The official Board decisions can be accessed by [following this link](#).

Resource Mobilization Update and the Eighth Replenishment Outcomes

One year ago, the outcome of an estimated USD 12.64 Billion raised seemed improbable – even just a few weeks before the pledging summit. We applauded the herculean work to secure funds by the leadership and many dedicated staff at the External and Donor Relations team at the Secretariat, civil society and communities, Members of Parliament, our Foundation and Private Sector partners, civil servants and government leaders at the Board meeting. We commended donors who stepped up despite the challenges, and matched words with action and resources.

However, we also noted that cuts of 10 or 20 or 50 percent by some of the largest sovereign donors – is not solidarity; it is not backed by the evidence of impact and the state of the fight against the three diseases. It is a worrisome retreat and it makes the Partnership’s work ahead even harder.

Our Delegation and constituency stood firmly behind many of the core principles of the Global Fund model, including progress towards sustainable transition and integration. However, some of the biggest challenges we discussed at the Board meeting are the deadly trade-offs we have already made and the many more in front of us. We know that funding gaps kill and it is our constituencies’ firm position that it is **misguided to cut funding in the midst of the incredible progress we have made across the three diseases**. We took the opportunity in meetings with donor constituencies and at the Board Table to remind donors to ensure timely conversion of their pledges, to ensure that their set-asides and other bilateral funds that support the same objectives of the Global Fund work harmoniously – and going into Grant Cycle 8 (GC8) – that donors look at every opportunity to add further resources to the work of the Global Fund. We also called on donor countries to consider [Debt2Health initiatives](#) now that we are in the post-replenishment phase.

As a Board, we have an important job ahead to ensure the Global Fund utilizes the significant funds available from the Eighth Replenishment to maximize impact and reach. Finally, we noted that our Delegation’s support for the Decision Points during the meeting is rooted in our desire to ensure that GC8 begins without delay. As we move forward, we repeatedly raised and

recommended to the Secretariat to prioritize its focus on resource mobilization in order to drive any new available funds towards areas – particularly the Catalytic Investments (CIs) – that remain sub-optimally funded.

Sources and Uses of Funds Decision

Our Delegation supported the Decision Point, which approved USD 10.780 Billion of the announced replenishment results as sources of funds for country allocation for the 2026-2028 allocation period.

During this session, we noted the increased pledges and contributions from private sector and foundations pledges (+205%), but they came with significant earmarks that meant there were some areas that would be more optimally funded than others. We asked whether there would be **a review of policies or strategies to allow these pledges to be included in the general country allocation**, especially if the Private Sector continues to scale-up future pledges and noting the trend in declining public Official Development Assistance (ODA).

It is estimated that there will be a **9.3% reduction in country allocations**. We strongly requested and advised that the Board be provided an opportunity to review and understand the deallocation guidance that would be communicated so that, as a Board, we could address concerns and monitor possible consequences in implementing countries.

Updated Catalytic Investments for the 2026-2028 Allocation Period Grant Cycle 8 (GC8)

We welcomed the USD 260 Million catalytic envelope from core resources and the additional USD 306 Million from the Private Sector. In particular, we welcomed the more recent addition of Private Sector funding to supplement the Human Rights and Gender Barriers and Community Networks components, which are sub-optimally funded areas.

We welcomed the proposed allocation of funds. Yet, more funds could be put in Community Networks (such as in transition countries). It is possible that the NextGen Market Shaping CI can unlock catalytic funding (e.g., via the Access Fund). We supported non-grant finance procurement, however, we noted that there was insufficient funding allocated to do that work.

The levels of funding that were originally assigned as minimal / optimal / at scale for the CI portfolio were all made prior to the 52nd Board Meeting in November 2024. We expressed an interest in seeing the **rationales** of the adjusted budget levels assigned as minimum / optimal / at scale given the new context we find ourselves in. We requested to see these adjustments as they become available.

Strategic Shifts: Transition and Co-financing, Community Systems and Financing, and NextGen Market Shaping

The Board Meeting had three areas of strategic shifts for GC8 that the Board spent significant time discussing. The individual preparation documents focused on Transition and Co-financing, Community Systems and Financing, and NextGen Market Shaping. The GC8 introduces several important strategic shifts for financing HIV, TB, malaria, and resilient and sustainable systems for health. Following from previous Decision Points, there will be a larger shift of GF allocations to

the lowest income and highest disease burden contexts, and which have the lowest available domestic resources. Throughout our meetings with other Delegations and at the Board table, our Delegation reiterated strong concerns that these shifts leave the burden on – and shifts much of the risk to – communities, particularly those who have or still experience challenges in accessing services. Without the GC8 Guidance documents available at the time of the Board meeting, it was difficult to assess the shifts, even if we understood them in the context of past Board discussions and decisions and overall trends affecting the environment the Global Fund Partnership operates within.

Some of our key interventions included the impact on communities and how integration is “integrated” in the Global Fund context:

- We urgently need a clear **definition of integration in the Global Fund context**; the best technical guidance to use; examples that could be shared as case studies or learnings; as well as how the Global Fund will measure and assess integration. Similar to other Delegations, we noted that currently integration does not have safeguards and should be assessed country by country.
- We raised concerns on the integration of HIV, TB and malaria (HTM) services into primary healthcare (PHC). We began to make the case that in some situations it is possible that **integrating PHC into community systems may be a better option for delivering PHC while safeguarding equitable access to services across the populations the Global Fund serves**.
- We reiterated that integrated funding requests (FRs) do not equal integration of services. We emphasized the risks of service integration for key and vulnerable populations (KVPs), especially where there are legal restrictions (such as restrictions around NGO registration or in serving KVPs). We noted that safeguards for KVPs must be part of integration efforts. And countries must pursue integration only when it supports access and quality for all populations.
- We agreed that success metrics are critical – and while metrics are mentioned in the Overview of Strategic Shifts document – we noted that it is not yet clear how the metrics would be taken forward.
- **We requested explanations from the Secretariat on how it intends to navigate the impact of all the transitions within the global health ecosystem as it rolls out GC8.** In particular, we raised concerns about the changes underway at the WHO and UNAIDS, which are key technical partners within the GF Partnership and which support GF processes on the ground.

On Sustainability and Transition Planning

- As we have for the past three Board meetings, we reiterated our request and desire to see more information and examples (or case studies) of **successful country transitions**.
- **We requested clearer guidance on accelerated transition**, the expectations of transitioning countries (particularly with the concern that the Technical Review Panel’s [TRP] reviews of transitioning countries would be more limited), and for funding and support for countries in post-transition. As a reminder, we had agreed to this Decision Point with a number of assurances and caveats (see: [BM52 statement in Malawi](#)) – that still do not seem to be met.

- We strongly recommended the Secretariat to consider stronger levers to ensure all co-financing include commitments to community systems and community-led services.

On Community Systems and Financing

- We found issues that transition plans have for community systems, particularly which serve KVPs and shared some of the learnings from civil society and community engagement during the GC7 reprioritization process that **Community, Rights and Gender (CRG) and KVP programs are first to be cut when countries' budgets tighten and noted strongly that this is a redline for us.**
- We also noted there was a lack of information specifically regarding malaria in this document at a time where malaria prevention, community health workers (CHW), and community systems are most needed to deal with the aftermath of funding cuts.

On NextGen Market Shaping

- There are market-shaping gaps that can be filled by the Global Fund but getting the right actors to collaborate in the most efficient ways possible will be critical to delivering on the GF's strategy. We noted the example of long-acting PrEP [lenacapavir / LEN], which was raised often in discussions and the documents, as an innovation that has the potential to be a game-changer. Long-acting PrEP is an example of what can be accomplished when there is strong collaboration among various actors which provide their unique value-add and which could potentially be replicated with other novel products and technologies. We asked to learn more from the Secretariat team about the roll-out plans for LEN, and to consider plans for its availability and access in challenging operating environments (COEs).
- In terms of some of the innovations that were noted in the documents we shared our excitement to see the Global Fund's planned prioritization in GC8 of promising tools, such as the new TB point-of-care (POC) tests, the planned prioritization of options for HIV products, and the long-term focus on potentially novel malaria interventions.
- We had noted in our review of the documents and in discussions with the Delegation and other colleagues, that there was some ambiguity about the specific and added-value role of the Global Fund in some of the market-shaping efforts described. We noted that we wanted to have **more information about the proposed levers and approaches.** The Board was asked to provide input while the new strategy takes shape and come back for a decision at a future Board Meeting – we noted the need for the Global Fund to be more clear about where it provides added value and where existing partners, such as Unitaid or the Stop TB Partnership's Global Drug Facility, might be more appropriate to lead to reduce any perceived or actual duplication. We look forward to the Secretariat's forthcoming landscape analysis to help inform consideration of this strategy at the Committee and Board levels in the coming months.

Global Fund and Gavi Collaboration Update

We highlighted that global health initiatives (GHI) reforms should **focus on outcomes and the impacts on the three diseases**, not "efficiencies." Reforms must ensure the protection of communities and advance human rights. But the exercise of reforming for reform's sake is not worth pursuing.

With countries transitioning, there are risks to multiple GHIs and other actors withdrawing at the same time and over such a short period. We pushed for analysis on how these transitions impact the Global Fund's ability to do its work – for example, impacts of losing data or knowledge. We asked about the teams who would be implementing Global Fund grants in this transition heavy period. This analysis is urgently needed “in real time” as we navigate the GHI reform conversations and the kinds of adjustments being made.

We broadly supported the recommendations of the Joint Gavi-Global Fund Taskforce and the subset of initiatives as well as the proposed prioritization. We additionally noted a few specific questions and areas of possible exploration:

- The Global Fund and Gavi Secretariats could further explore joint training sessions for Country Coordinating Mechanisms (CCMs) and Interagency Coordinating Committees (ICCs), respectively, on governance as well as ethics.
- Ethics matters: We noted that there may be further opportunities for the Global Fund and Gavi to collaborate in the areas of 1) Protection from Sexual Exploitation, Abuse, and Sexual Harassment (PSEAH) and child protection and 2) integrity due diligence (IDD).

We highlighted again the Global Fund's strong approach to community and civil society participation through CCMs and other opportunities, as part of a good governance model. This is an area where the Global Fund has consistently and definitively led the GHI architecture. We welcome the chance to **build** on the inclusive governance model, both at the Board level and in countries – but any dilution of that model in the name of efficiency or collaboration is not an acceptable trade off. **Any watering down of the Global Fund's core governance principles is a risk area and a redline for our Delegation** and we encouraged the Global Fund to protect this participation at national and global levels, as the Global Fund seeks greater collaboration with Gavi as well as other actors in the broader global health system and “future of” discussions.

About the Developed Country NGO Delegation

The Developed Country NGO Delegation is one of twenty voting Delegations to the Global Fund Board. It plays a critical role in the development and evolution of organizational strategy, the funding model, the work of the Secretariat and policy. Delegation members are representatives of civil society organizations based in countries not eligible for the Global Fund grants. For more details on the Delegation, please visit our website, www.developedngo.org and on the Global Fund, please visit www.theglobalfund.org

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