October 2025

MARKET SHAPING

FOR SUSTAINABLE TRANSITIONS

Friends of the Global Fund, Japan
グローバルファンド日本委員会

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS, TUBERCULOSIS AND MALARIA

Friends of the Global Fund Europe

REPLENISHING GLOBAL FUND RESOURCES: INVESTING IN SUSTAINABILITY

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As the final event of the 8th Global Fund replenishment campaign approaches, leaders face a moment of truth: whether to reaffirm their commitment to support partner countries gradually transition toward greater self-reliance, or to jeopardize two decades of hard-won progress.

What is at stake is the future of each individual who might be affected by any of these three devastating epidemics. In countries where the Global Fund invests, the annual number of new HIV, tuberculosis, and malaria infections has fallen by 42% compared to the early 2000s. Without access to treatment and prevention tools, they would have increased by 81% for malaria, 75% for HIV, and 40% for tuberculosis. 70 million lives have been saved, and the universal health coverage index has risen from 45% to 68% over two decades.

Fighting the three diseases is also about protecting global health security, stability and prosperity. Effective and resilient health systems in low- and middle-income countries are the basis for anyone to achieve their potential and an essential bulwarks against future infectious threats worldwide. By investing in their capacities for prevention, detection, surveillance, and response to the three diseases and their resistant forms, the Global Fund helps partner countries protect themselves—and the international community—against epidemic outbreaks.

The Global Fund's proven capacity to shape markets and expand access lay the groundwork for long-term sustainability. In partnership with global and regional, public and private actors, the Global Fund works to reduce prices, rebalance the global distribution of production capacity, strengthen quality assurance and public financial management, incentivize innovation, and adapt tools to the specific needs of the most vulnerable—notably children, women and girls—and to new realities: growing pandemic threats, more frequent extreme weather events, and expanding resistance.

For low- and middle-income countries, consolidating health gains requires stronger domestic commitments and new financing approaches that bring together international financial institutions and private capital. The Global Fund delivers unique value by mobilizing resources at scale, driving accountability for results, and forging partnerships across governments, civil society, philanthropies, the private sector, regional organisations, multilaterals, and bilaterals.

In the last 10 years, 34 disease programs across 24 countries have transitioned from Global Fund country grants, and another 12 disease programs across 8 countries are now on the verge of transitioning to become fully self-sustained—allowing the Global Fund to concentrate its resources on the poorest countries, with the heaviest disease burdens, and on the most vulnerable populations.

Today, the Global Fund stands as a responsible, flexible, and agile ally, alongside partner countries, providing tailored, 360-degree support to reduce their disease burden and make their health programs stronger, more efficient, and more self-reliant. Transitions are underway, and the Global Fund's robustly funded ongoing role is crucial to their success.

INTRODUCTION

Every year, more than US$3 billion from Global Fund country grants are invested in health products. Progressive transition of low- and middle-income countries (LMICs) from international support requires transferring procurement to national budgets and systems, as well as sustaining access to health products and innovations after donor support has ended. Market-shaping, i.e. influencing markets to improve their ability to make quality-assured health products available, affordable, accessible and fit for patients, is a central factor to the immediate impact and efficiency of diseases responses, and to the long-term sustainability of the global response to HIV/AIDS, tuberculosis and malaria.

ANALYSIS

Based on its 20+ years of experience, the Global Fund partnership has developed a uniquely mature, multi-dimensional, qualitative, and differentiated approach to supporting the path of low- and middle-income countries towards greater self-reliance in procuring safe, highly effective health products and innovations. The Global Fund partnership:

1. leverages its critical financial mass to make quality-assured health products affordable, available, accessible and fit for people in low- and middle-income countries;
2. is uniquely positioned to deploy an integrated approach to the roll out of game-changing innovations that make disease burdens lower, disease responses stronger, and hard-won gains easier to sustain;
3. supports the efforts of implementing countries and regional entities to durably enhance their own procurement capacities;
4. expands and sustains access to highly competitive terms, prices and quality standards for health products beyond its own grants;
5. supports the development and improvement of effective in-country delivery approaches to make the quality-assured health products available and accessible;
6. works with partners to continue adapting market-shaping strategies to an evolving global health agenda; and
7. approaches market-shaping as a part of a broader effort to position itself as a responsible partner of countries as they transition away from international support.

CONCLUSION

As illustrated by the Global Fund partnership's market-shaping efforts, sustainable transition of internationally supported disease programs to national ownership of health services requires a pragmatic, multi-dimensional and gradual approach. The Global Fund efforts play a critical role in enabling low- and middle-income countries to continuing accessing quality and affordable health products as they progressively but steadily take responsibility for financing the global fight against the three major pandemics.

The 8th replenishment of the Global Fund is an opportunity to scale up game-changing innovations such as long-lasting injectable HIV prevention, to increase the Global Fund's contribution to regional manufacturing and national procurement capacities, to generate additional efficiencies through price reductions and innovative delivery models, and to enhance preparedness to new future pandemics and climate-induced shocks.

Accelerating these efforts now is key to gradually focus global solidarity investments towards lowest-income countries and most left-behind populations. An abrupt withdrawal of external support could lead to the reversal of hard-won gains, particularly in the lowest income countries with the highest disease burdens. The Global Fund offers that bridge of strategic, viable partnership.

MAKING QUALITY-ASSURED HEALTH PRODUCTS AFFORDABLE, AVAILABLE, ACCESSIBLE AND FIT FOR COMMUNITIES

The Global Fund invests more than US$3 billion annually in health products. By reducing the risks of delayed payments or non-payments, and by aggregating and stabilizing demands, the Global Fund incentivizes investments from generic manufacturers and innovators in supplying live-saving health products needed by communities and countries otherwise perceived as financially insolvent. These efforts foster competition and healthy markets, bring prices down and volumes up, while ensuring quality, safety, and equity–making procurement costs gradually affordable to low- and middle-income countries, as their disease burdens reduce and economies grow.

Grouping purchase power through pooled, large-scale tenders is also a key lever for the Global Fund and its partners to negotiate further price reductions. In 2024, close to 1700 purchase orders were placed for a value of US$1.78 billion through the Global Fund pooled procurement mechanism and its online procurement platform wambo.org[1]. The Global Fund also collaborates closely with global and regional pooled procurement mechanisms, such as Stop TB's Global Drug Facility and PAHO, through joint tenders.

A robust 8th replenishment can deliver on **cost efficiencies of US$9.8 billion over 2027-2029**

As a result, between 2021 and 2022 only, more public health impact was attained with less money: coverage of first-line treatment against HIV improved for a 35% lower cost, 26% more malaria treatments were procured with 8% price reduction, and 38% more nets were procured, mostly new generation effective against malaria resistance. The Global Fund 8th replenishment investment case estimates that a robust 8th replenishment can deliver on further cost efficiencies of US$9.8 billion over 2027-2029, compared with 2024-2026.

Seasonal chemoprevention reduces malaria infections **by 88% for less than US$4 per child under 5**

CASE STUDY 1: ADDRESSING MARKET FAILURES IN PAEDIATRIC CARE

Medicines are typically developed for adults first, as they represent the broadest patient group and the largest market. Pharmaceutical firms often delay or avoid investing in child-friendly formulations, because adapting drugs for children is more complex and costly – requiring additional research, testing, and formulation work to make treatments safe and appropriate for different age groups – while at the same time, demand for child medicines is much smaller and less predictable, offering less prospects of financial return for companies.

Shortage of medicines designed for children's needs—formulations may be bitter, hard to swallow, or lack clear dosing guidance—is a key reason why in many low- and middle-income countries, children, whose underdeveloped immune systems make them especially vulnerable to illness, face poorer chances of successful treatment and worse health outcomes than adults.

Since 2014, in close partnership with Unitaid and others, the Global Fund has leveraged its aggregated procurement volumes and the resulting economies of scale to accelerate the development and roll out of children-friendly formulations of new HIV and TB drugs dolutegravir and bedaquiline, as well as of seasonal malaria chemoprevention (SMC), that reduce malaria infections in children under five by more than 88% at a cost of less than US$4 per child – plugging a blatant inequity gap. In 2023, 44.6 million children accessed SMC in countries where the Global Fund invests, a 20% increase compared with the previous year.

CASE STUDY 2: MAKING HIV FIRST-LINE TREATMENT AFFORDABLE, ACCESSIBLE, AND MORE EFFECTIVE

In 2024, the Global Fund and its partners announced a historic price for first-line HIV treatment TLD, negotiated under US$40 per person and per year. In the early 2000s, an annual antiretroviral treatment course for one person against HIV was priced US$10,000.

The Global Fund helped scale up rapidly TLD, that was newly recommended by WHO in 2019 as the first-line HIV treatment for all populations, and is more efficient, better tolerated, and cheaper to ship than its predecessors. In 2024, 19 million people had access in countries where the Global Fund invests, and paediatric formulations had been deployed in 46 countries. Today, over 110 low- and middle-income countries (LMICs) have adopted TLD as the first-line treatment option, as recommended by WHO.

Between 2000 and 2024, new HIV infections have reduced by 62% in countries where the Global Fund invests, while they would have increased by 75% without access to treatment or prevention.

Prices of first-line HIV treatment dropped from **US$10,000 to US$40 per person and per year**

SCALING UP ACCESS TO GAME-CHANGING INNOVATIONS

The Global Fund's in-depth partnership with communities affected by the diseases as well as with LMIC governments is critical to ensure focus on innovations that have the greatest potential, taking into consideration qualitative factors such as acceptability or feasibility of last-mile delivery.

As the first multilateral provider of grants for health and community systems, with more than US$4 billion invested annually, the Global Fund can also finance critical enabling interventions, such as peer-to-peer engagement, innovative people-centric delivery models including through the private sector partnership, enhancing information management systems, training of medical staff and community health workers, and data collection for regulatory agencies.

In high incidence countries, **access of 4% of the population to Lenacapavir could avert 18% of new HIV infections**

Finally, the Global Fund partnership convenes all relevant stakeholders from local to global communities, treatment access advocate groups and civil society organizations, pharmaceutical companies, generic manufacturers, philanthropies, non-profits, bilaterals, multilaterals,—in a culture of outcome and impact oriented collaboration that delivers on highly effective joint initiatives.

CASE STUDY 1: ROLLING OUT NEW MDR-TB/TB TREATMENT, SCREENING, AND DIAGNOSIS TOOLS

Drug-resistant TB—one of the largest causes of antimicrobial resistance-related mortality—is a growing threat. Before 2023, a full course of treatment for multiple-resistant TB for one people meant taking up to 14,600 pills and 240 injections over 2 years—including several months or years of isolation—with a success rate of only 50%. People were often reluctant to seek diagnosis and treatment by fear of having to go through months of painful treatment, isolated from their families and unable to work.

In 2023, WHO recommended a new 6-month treatment regimen for tuberculosis as well as multi-resistant tuberculosis. Stop TB's Global Drug Facility, that pools the procurement of TB products funded by the Global Fund as well as other financing sources, announced in 2025 a landmark price of less than US$400 per treatment course, a 38% price reduction compared with 2023[2].

The Global Fund is now combining financial support to the roll out of the new TB-treatment regimen together with novel, more efficient screening and diagnostics approaches, such as mobile diagnostic units equipped with resistance-sensitive, AI-powered, computer-aided detection and screening of digital chest X-rays[3,4].

CASE STUDY 2: COLLABORATING TO ROLL OUT INNOVATIONS TO FIGHT MALARIA

In 2019, the Global Fund joined forces with Unitaid and Gavi, the Vaccine Alliance, to fund of an at-scale pilot project of new RTS'S malaria vaccines, coordinated by WHO in three African countries.

Data collected as part of the project was the basis of WHO's landmark 2023 recommendations on the use of malaria vaccines among children in moderate to high transmission countries, in combination with—and not in replacement of—malaria treatment and highly efficient malaria prevention tools, such as seasonal preventive treatment, and new generation bednets impregnated with two different insecticides.

The Global Fund and Gavi are now coordinating their grant-making timelines and processes to allow countries receiving funding from both organisations to program the roll out of malaria vaccines —supported by Gavi—at the same time as broader malaria interventions—supported by the Global Fund—as different components of a single and integrated national malaria strategy.

CASE STUDY 3: SCALING UP ACCESS TO LONG-LASTING INJECTABLE PREP

In 2024, 1.3 million people were newly infected with HIV, bringing to 40.8 million the number of people in need of lifelong HIV treatment. Closing the prevention gap is critical to bring the number of people in need of lifelong HIV treatment to a plateau—and to see the costs of fighting the epidemic finally decrease.

Long-lasting injectable prevention treatments, cabotegravir and lenacapavir, are extremely promising options to overcome stigma and human rights-related barriers that limit the access to oral PrEP of key populations, adolescent girls and young women. Clinical trials have demonstrated that lenacapavir, administered every six months, is safe and highly effective, with an efficacy of 96-100%[5]. A modelling study predicts that access to lenacapavir of 4% of the population could avert 18% of infections[6] —and cost-effective if focused on groups facing highest incidence rates, and accessible at a price range of US$17-20 per dose.

In July 2025, the Global Fund and its partners announced an agreement with Gilead Sciences to already start procuring lenacapavir for 2 million people over the next three years. This scaled introduction of lenacapavir prepares the roll out of generic lenacapavir, that will be available in 2027 aiming at US$40 per person and per year for the injectables in 120 low- and middle-incomecountries—thanks to agreements founded by the Gates Foundation, Unitaid and CHAI with Indian generic manufacturers under a voluntary license granted by Gilead.

ENHANCING LOCAL PRODUCTION AND PROCUREMENT CAPACITIES

In recent years, the Global Fund has increased its efforts, at all steps of the sourcing and procurement cycle, to contribute to the efforts of low- and middle-income countries as well as regional actors in developing greater self-reliance and resilience. On the production side, the Global Fund has been sourcing regionally manufactured bednets since the early 2000s, as well as anti-malarial treatments after a first African manufacturer successfully obtained WHO prequalification in 2005. Criteria to incentivize African manufacturing have been included in the Global Fund's global tenders for key health commodities such as antiretrovirals (ARVs), antimalarials, rapid diagnostic tests (RDTs) and insecticide treated nets (ITNs) for many years. As compliance with international quality and safety standards[7] are a condition to access to global markets, the Global Fund also supports broader supply base diversification for health products manufactured in Africa by partnering with WHO to support African manufacturers to obtain WHO pre-qualification.

On the procurement side, an objective of the Global Fund's 2023-2028 Strategy is to leverage the most effective mix of centralized pooled procurement alongside regional and national procurement mechanisms – noting that countries with highest financial resources and highest volumes are best placed to generate further efficiencies through national procurement, while smaller, and/or most resource-constrained countries face important barriers in accessing global health markets, such as low trust from manufacturers or insufficient volumes.

The Global Fund's support for national and regional procurement capacity building is embedded into a broader strategy to strengthen national health systems and public financial management, as part of the Global Fund's model on country-ownership. 70% of Global Fund investments are implemented by local public and community-led organisations, and close to half of disbursements are channelled via health or finance ministries. The Global Fund partners with other donors to align and support countries in developing stronger public financial management across domestic and international financial resources. The Global Fund also supports regional efforts to harmonize regulatory processes that comply with international transparency, quality and safety standards

May 2025 saw the first delivery of HIV first-line treatment produced by a Kenyan company **to treat 72,000 people per year in Mozambique**

Strong oversight and audit functions are key to mitigate risks of fraud, misuse or corruption

CASE STUDY 1: FOSTERING AFRICA-BASED PRODUCTION

In May 2025, the Global Fund announced a historic procurement of HIV first-line treatment, produced by Kenyan pharmaceutical manufacturer Universal Corporation Ltd, and delivered to Mozambique to treat over 72.000 people per year. Unitaid supported Kenyan manufacturer to achieve World Health Organization prequalification, opening the path for procurement.

That same year, 37% of total demand for Artemether Lumefantrine – the most widely used artemisinin-based malaria treatment –was procured from Africa-based suppliers, representing a 13% increase since 2021. More than 16.8 million insecticide-treated nets were also procured from an Africa-based supplier, while 61% of the volume of general medicines procurement for Africa was fulfilled by African manufacturers.

The Global Fund also works with suppliers to explore alternative shipping approaches and other ways of aligning and connecting local manufacturing capacity with local programmatic needs.

CASE STUDY 2: PUBLIC FINANCIAL MANAGEMENT

From a procurement perspective, integrated national budget formulation, execution and monitoring, across domestic as well as multiple international resources for health, are critical to ensure timely supply, at the right scale, quality, and price. Strong oversight and audit functions are also key to mitigate risks of fraud, misuse and corruption, to which procurement contracts are particularly exposed.

The Global Fund partners with actors at all steps of the public financial management chains, from Health Planning, Budget Directors to Accountants General and Auditors General, through technical assistance as well as peer-to-peer collaboration. For example, the Global Fund's Office of the Inspector General engaged 27 staff from national Supreme Audit Institutions in 7 country audits, while in parallel the OIG has expanded its partnership with regional SAI networks AFROSAI-E and CREFIAF in charge of strengthening technical expertise of national SAIs[8].

The Global Fund also partners with Gavi and the World Bank to align and coordinate cross-donor efforts to support country Public Financial Management[9].

SUPPORTING ACCESS BEYOND GLOBAL FUND GRANTS

The Global Fund, in partnership with its global and regional pooled procurement stakeholders such as GDF/Stop TB and PAHO, leverages large-scale tenders to negotiate access to quality assured health products at highly competitive terms and prices.

The Global Fund has also developed the non-grant channel of wambo, the Global Fund's pooled procurement portal, to expand access to these terms beyond the recipient organisations that implement Global Fund grants. Countries are allowed to use wambo to procure health tools and technologies with domestic funds, even if they have already transitioned away from Global Fund financial support[10].

This flexibility has been developed as a response to the specific barriers faced by countries seeking to procure after having transition away from Global Fund grants, such as small or unstable volumes and low trust.

Governments can procure **quality-assured commodities at Global Fund negotiated price on domestic funds**

In 2024, 6 countries used the NGC to procure US$22.5 million
worth of health products using domestic funds

More than 150 non-Global Fund financed
orders have been processed through wambo.org

CASE STUDY : WAMBO NON GRANT CHANNEL (NGC)

Through the Non-Grant Channel of the pooled procurement Platform wambo.org, the Global Fund offers the possibility for governments to procure quality assured commodities at Global Fund negotiated price on domestic funds, both eligible and ineligible countries.

In May 2017, the Global Fund started offering wambo.org for non-Global Fund financed transactions (e.g., domestic funds and Unitaid-funded pilot projects) to governments and non-government development organizations in Global Fund-eligible and transitioned countries. By mid-2022, 150 non-Global Fund financed orders valued at US$ 65 million had been processed[11], involving mainly ARVs, with Benin, Nigeria and Togo as the largest buyers[12].

The mechanism is now mainstreamed into the Global Fund's core business model, and in 2024, 6 countries used the NGC to procure US$22.5 million worth of health products using domestic funds, including towards co-financing commitments[13].

ADAPTING HEALTH TOOLS AND TECHNOLOGIES TO AN EVOLVING GLOBAL HEALTH AGENDA

In recent years, the Global Fund has undertaken a more intentional approach to supporting the roll out of multi-pathogen health platforms and tools, such as GeneXpert rapid molecular diagnostics machines deployed primarily for TB and massively utilized to diagnose Covid-19 at the peak of the crisis, integrated disease surveillance and early warning systems, medical oxygen and respiratory care – all key for greater pandemic preparedness.

The Global Fund has taken a more intentional approach to **supporting the roll out of multi-pathogen health platforms and tools**

The Global Fund is also taking a pro-active stance in introducing innovations that increase health systems resilience to shocks –such as greater use of AI and digitization in peer-to-peer support, case management, supply chains, information and surveillance systems—and to the disruptive effects of emerging resistance, climate change and extreme weather events on the three diseases.

CASE STUDY 1: SHAPING THE SHIFT TO NEW GENERATION MALARIA BEDNETS

New generation, dual active-ingredient insecticide treated nets are a critical response to the spread of resistance to insecticides, that threaten to reverse the hard-won gains made against malaria since the early 2000s in Africa.

Between 2018 and 2022, the Global Fund and Unitaid co-funded a pilot initiative to generate evidence and prepare the market for dual AI ITNs, in partnership with manufacturers, national malaria programs, academic institutions, PMI, the Gates Foundation, and MedAccess. Aimed at accelerating the assessment of dual AI nets by WHO while starting to reduce prices and increase availability, the New Nets Projects deployed over 39 million nets across 14 participating countries, reaching 60 million people.

This effort produced robust data, demonstrating that dual AI ITNs were ~45% more effective in preventing malaria in settings with documented resistance to pyrethroids among mosquitoes, and leading WHO to strongly recommend that countries adopt dual AI ITNs in 2023.

Following this, the Global Fund, in partnership with the Gates Foundation, used its newly launched Revolving Facility to underwrite volume guarantees with supplies, further reducing the price of dual AI ITNs. Between 2019 and 2024, the price of dual AI nets was reduced by 50%, as low as US$2.84 per net, only 13 cents more than previous generation nets–support the transition from early market entry to routine large-scale use.

During grant cycle 7, immediately following the 2023 WHO recommendation, Global Fund countries rapidly transitioned the vast majority of ITN procurement to more effective dual AI nets. This has incentivized new suppliers to enter the market and stabilize the supply base at the lower prices achieved, with five suppliers WHO-prequalified to produce dual AI ITNs in 2025.

Between 2019 and 2024, the price of new generation bednets was **reduced by 50%, as low and US$2.84 per net**

CASE STUDY 2: SHAPING GLOBAL ACCESS TO MEDICAL OXYGEN AND RESPIRATORY CARE

Medical oxygen can play a critical role across many health services—saving lives threatened by severe HIV, TB, and malaria; improving the quality of care for newborns, pregnant mothers and children; supporting patients during surgery and those with chronic diseases; and is a pillar of pandemic prevention, preparedness and response to respiratory pathogens.

Widespread global gaps in access to medical oxygen were exposed during the Covid-19 pandemic. The Global Fund has responded by investing over US$564 million in medical oxygen infrastructures and supply across 83 countries over the period between 2021 and 2025. The Global Fund now co-chairs with Unitaid the Global Oxygen Alliance, that aims to continue shaping markets for improved oxygen supply chains systems, pricing and availability of related products and services.

MARKET-SHAPING IN THE BROADER SUSTAINABILITY, TRANSITION AND CO-FINANCING STRATEGY

Since the founding of the Global Fund, 52 disease programs (HIV, TB and malaria) across 38 countries have become ineligible to Global Fund support. In the last 10 years alone, 34 disease programs across 24 countries have transitioned from Global Fund country grants. In the current grant cycle, 12 disease programs across 8 countries are transitioning away from country specific grant financing (Armenia HIV/Cabo Verde malaria/Costa Rica HIV/Guatemala malaria/TB, Guyana HIV/malaria/TB, Jordan/TB, Kosovo HIV/TB, Malaysia HIV). The Global Fund's robust co-financing requirements ensure that countries step up progressively and proportionately to their fiscal capacity – they have committed US$9.3 billion in domestic investments in HIV, TB, and malaria for the 2024-2026 period.

The Global Fund partnership has had a sustainability, transition and co-financing (STC) policy since 2016, that has evolved and matured over time, and progressively embedded sustainability – defined as *the ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other major external donors*[14] -- into all grant design and programming, not limited to countries due to transition in the near-term. Adaptation to each country specificities, early planning, predictable timelines, clear responsibilities, mutual accountability, and transparency at programmatic level stand among the key lessons learned across this process.

Supporting countries to *"address challenges to sustaining access to quality health products, and to more rapidly move to more effective health product regimens to improve outcomes and generate efficiencies"* is identified as one of the 8 most important thematic areas to strengthen sustainability of national health responses and health systems. The policy was further revamped in 2024 to set more predictable transition timelines, more rigorous co-financing requirements, clearer accountability, greater emphasis on early, robust transition planning, and greater transparency of domestic investments in strategic programmatic areas, defined according to each country's priorities and specificities – including the procurement cost of key commodities.

LIST OF ACRONYMS

ACT: Artemisinin-based combination treatments

AFROSAI-E: African Organisation of English-speaking Supreme Audit Institutions

AI: Artificial intelligence

AIDS: Acquired Immunodeficiency syndrome

CAB: Cabotegravir

CHAI: Clinton Health Access Initiative

CREFIAF: Conseil régional de formation des institutions supérieures de contrôle des finances publiques d'Afrique francophone

Dual AI nets: Dual active ingredients insecticide-treated nets

DTG: Dolutegravir

GDF: Global Drug Facility

ITNs: Insecticide-treated bed nets

NGC: Non-grant channel

TB: Tuberculosis

HIV: Human immunodeficiency virus

LEN: Lenacapavir

LMICs: Low- and middle-income countries

MFT: Multiple First-Line Therapies

PAHO: Pan-american health organisation

PMI: President's malaria initiative

PrEP: Pre-exposure prophylaxis

RDT: rapid diagnostic test

SAI: Supreme audit institutions

SMC: Seasonal Malaria Chemoprevention

TLD: tenofovir-lamivudine-dolutegravir combination treatment

WHO: World Health Organisation

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THE FRIENDS OF THE GLOBAL FUND NETWORK IS COMPRISED OF THREE ORGANIZATIONS THAT ARE INDEPENDENT OF THE GLOBAL FUND. BASED IN EUROPE, JAPAN AND THE UNITED STATES, THEY FOCUS PRIMARILY ON EDUCATING ABOUT THE GLOBAL FUND'S MISSION TO END AIDS, TB AND MALARIA AS EPIDEMICS AND MOBILIZING PUBLIC AND POLITICAL SUPPORT FOR THE GLOBAL FUND.

THIS PAPER WAS DEVELOPED WITH THE FINANCIAL SUPPORT OF

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