

## Key Outcomes from the 53<sup>rd</sup> Global Fund Board Meeting

The Developing Country NGO (DCNGO) Delegation developed this for civil society and community groups who did not attend the 53<sup>rd</sup> Global Fund Board meeting on key items.

**This document does not reflect the opinions of the Global Fund Secretariat or the Global Fund Board.**

### 1. Overview

The [53<sup>rd</sup> Global Fund Board Meeting](#) was unprecedented as discussions centred on grant reprioritization for the current grant cycle 7 (GC7), in addition to preparations for GC8 beginning in 2026. It convened amid [a confluence of global challenges](#)—including escalating geopolitical and financial conflicts, climate shocks, and significant shortfalls in donor funding—that are deepening inequalities and accelerating the erosion of civic space. These intersecting crises have placed immense strain on health systems and threaten the continuity of essential HIV, TB, and malaria services, particularly for marginalized and criminalized communities. Most affected will be community systems that sustain responses and uphold and protect human rights. At the same time, language to affirm key principles—rights, equity, protection—is at risk from disappearing from strategic and operational discourse, raising concerns about the future of a truly inclusive and effective global health response that leaves no one behind.

See the [Global Fund communique](#) released following the Board Meeting. We highlight a quote from Bience Gawanas (Board Vice Chair) which captured the moment: *“It’s a moment of reckoning and recommitment,” said Gawanas. “As we chart our way forward, we must do so with courage, clarity and unwavering focus on the people and communities we serve. In the face of adversity, we are reminded that the Global Fund is not simply a funder of programs; we are a partnership rooted in solidarity, shared responsibility, science and hope. We are here to keep the promise of a world where preventable diseases, or the place of birth, no longer decide one’s fate.”*

This report covers the following areas: Decision points; Update on HIV, TB, Malaria and RSSH; Revisions to GC7: Deliberations; next steps and accountability; Considerations for GC8; Resource mobilization update; Risk management.

### 2. Decision Points

The Board [approved](#) revisions to the [Technical Review Panel \(TRP\)](#) to focus its engagement on high-impact and core portfolios as well as transitioning countries, while allowing flexible processes for others. The DCNGO Delegation insisted that the TRP continue its critical role in raising the alarm around power imbalances, human rights, gender inequalities, shrinking civic space in many countries that marginalise civil society and communities. This independent oversight must remain despite differentiation in grants. As a non-negotiable, the TRP must continue to track the gender equality marker in addition to community, rights and gender components. See more from Aidspace [here](#).

### 3. Update on HIV, TB, Malaria and RSSH

#### HIV

- Over 30 million people are on life-saving treatment, however, the goal of ending AIDS as a public health threat by 2030 is at risk. Unless the global partnership acts with urgency, gains made over decades could be reversed. UNAIDS modelling paints a stark picture: without action, we could see an additional 4 million AIDS-related deaths and 6 million new HIV infections within five years.
- Persistent challenges such as treatment gaps—9.3 million people still in need—and more than 1.3 million new infections annually underscore the urgency. The halting of prevention programs, rising resistance, and continued stigma and legal barriers threaten progress. While innovations like long-acting injectable prevention offer hope, they remain inaccessible. Sustaining and scaling HIV responses requires protecting community systems, addressing structural barriers, and maintaining multisectoral collaboration with governments and civil society—not only for HIV but also for TB and malaria.

#### TB

- The trajectory of TB remains deeply concerning. Updated modelling indicates that the world could see an additional 1.7 million TB cases and 300,000 deaths. Under a worst-case scenario, by 2030, there could be up to 10 million more TB cases and 2.3 million additional deaths. This crisis is compounded by ongoing declines in TB case notifications—also in drug-resistant programmes—due to disrupted health services in some high-burden countries.

- Multi Drug-resistant (MDR) TB is of particular concern. Interruptions in care, diagnostics, and treatment—especially among vulnerable communities—are leading to dangerous gaps in service.
- Amid these setbacks, there are promising developments. Innovative tools are being introduced to improve TB diagnosis and care: rapid molecular tests, mobile X-ray units with AI integration, pooled sputum transport, and new swab-based screening tool to come – all helps to reduce diagnostic costs. Looking ahead, a vaccine may be available by 2029, but insufficient volumes mean it won't yet shift the trajectory.
- The TB response must remain grounded in principles of equity, rights, and ambition; the world cannot afford to lose ground now.

#### Malaria

- We are facing a 'perfect storm'. Climate change, growing insecticide and drug resistance, and even human resistance to using preventive tools like bed nets are converging with serious funding gaps. Stockouts of essential malaria commodities, including treatment and vaccine, are already causing child deaths in affected communities, with more countries expected to experience stockouts in the coming months. Only 20% of President's Malaria Initiative (PMI) commodities have been delivered so far this year, and if this trend continues, projections estimate over 107,000 excess deaths and 14 million new malaria cases by year's end.
- This crisis demands urgent action. Without emergency interventions, current challenges could undo decades of progress, potentially reverting malaria outcomes to pre-2000 levels. The "Big Push" framework remains critical, emphasizing six pillars: coordination, country ownership, data-driven decisions, rapid deployment of new tools, sustainable financing, and strong health systems. Strengthening community systems and civil society engagement is also essential. The partnership remains committed to working collectively to protect hard-won gains and save lives, but the time to act decisively is now.

#### RSSH

- The World Health Organization (WHO) highlights disruptions to health systems across countries reaching levels not seen since COVID. Healthcare worker layoffs are noted in half of the surveyed countries, restricted training, and eroded trust in the health workforce. Medicine and commodity supply chains for HIV, TB, and malaria are severely affected in one-third of countries, and over 40% of WHO offices report disruptions in health information systems and surveillance, weakening the ability to respond effectively. These challenges expose the fragility of health gains and put vulnerable populations at heightened risk.
- WHO is accelerating efforts to support countries with integrated, equity-driven approaches to health system resilience. This includes the rapid development of prioritization guidance across disease programs to help countries make strategic decisions in resource-constrained settings. By the end of the month, WHO will launch a flexible prioritization framework for HIV, hepatitis, and STI services, with ethical and cost-effectiveness considerations. It is also encouraging long-term planning through published guidance on transitioning to domestically financed health systems. Integration of services for multi-disease management is being promoted based on country contexts, aiming to build self-sufficient health systems. Amidst these disruptions, WHO underscores the importance of the Global Fund's role in ensuring continued access to health innovations, especially as financial resources become more limited.

## 4. Revisions to GC7

Ahead of the 53rd Board Meeting, a retreat (7 May 2025) created space for Board Members; Alternate Board Members; the Secretariat and Board leadership to reflect on the rapidly shifting context and implications for the Global Fund Partnership. The discussion focused on the urgent need to reprioritize and protect the current grant portfolio. The Secretariat raised concerns about the limited time between the GC7 revisions and the start of GC8, warning that Principal Recipients (PRs) may spend excessive time revising plans rather than focusing on implementation, particularly since the same individuals are often responsible for both. The longer the process is delayed, the more challenging and brutal it becomes.

The Board was invited to provide input on three key areas: 1) the process to deallocate GC7 funding envelopes aligned to available funds; 2) agree on programmatic reprioritization, and 3) streamline the process to review and approve grant revisions. See more from Aidspace [here](#).

#### Overall reflections from the DCNGO Delegation across grant cycles

- Ensure the Global Fund navigates this time without doing any harm. The most pressing concern – shared by many delegations – remains the uncertainty surrounding the Partnership’s ability to fully deliver on its strategy amid constrained resources and potential programmatic limitations;
- Emphasized the Global Fund’s vital role in advancing global health security, particularly through its investments in pandemic preparedness, resilient health systems, and community-led responses. We also stressed that health and security are deeply interconnected and should not be treated as separate or competing priorities, especially in an era of increasing global instability and health threats; and
- Reiterated the importance of multi country grants as critically important for communities, civil society, human rights and gender equality.

#### For GC7 deallocations (Many delegations were aligned in the following....)

- Affirmed the Global Fund principles of keeping communities at the centre and remaining true to the Global Fund strategy and the need to uphold and protect human rights and responses to gender inequalities throughout all grants;
- Insisted that the full CCM (**with civil society and community**) be engaged in any prioritization process; This is critical in light of existing power imbalances, which the Global Fund must acknowledge, as they often stem from differing interpretations of country ownership.
- Requested clear communications to countries that state that community systems and interventions - especially those addressing human rights related barriers and gender-transformative programmes are lifesaving, and that “slowing down” or deallocation in GC7 is not a license to decimate local civil society and community-led interventions; and
- Sought clarity on the Global Fund’s evolving definitions of “lifesaving” and how any possible accelerated transitions will be applied in ways that does not undermine equity and inclusivity in the response.

As per the [Global Fund communique](#) *“The Board insisted that this process should be country-driven and involve meaningful engagement with civil society, communities, ministers of health, implementers, technical partners and key structures across the partnership – in particular Country Coordinating Mechanisms. It also stressed the importance of providing clear guidance to countries, including the criteria for reprioritization, the scope of lifesaving interventions, and the process and timelines for grant revisions. Board members agreed that these are critical conditions for ensuring a streamlined, transparent, and speedy process for quality decision-making and, most importantly, for implementation. The Secretariat committed to providing guidance to countries in the coming weeks and to updating the Board on progress.”*

On 16 May 2025 the Global Fund sent an operational update to countries – this is accessible here in [English](#); [en español](#); [en français](#); [en português](#).

#### ***Moving forward – Accountability measures to ensure civil society and community engagement***

Concerns regarding the meaningful engagement of civil society and communities were acknowledged and addressed at the close of the Board Meeting. The Global Fund committed to improving this engagement through the following measures:

- Ensuring consistent communication and greater transparency across the entire CCM, with civil society and community representatives expected to consult their constituencies within the tight timelines. The Global Fund Secretariat will deliver more targeted messaging to CCMs and PRs about the critical importance of engaging communities at every stage;
- Exploring targeted support to CCMs in higher-risk contexts or those with poor performance scores on civil society and community engagement;
- Considering additional monitoring and tailored briefings by country teams, with a strong emphasis on community inclusion throughout the process;
- Working with the CRG and regional platforms to track and monitor how these commitments are being implemented.

## 5. Considerations for GC8

The DCNGO Delegation:

- Highlighted that sustainability, efficiency or simplification cannot come at the cost of justice, human rights, gender equality or at the cost of the civil society and communities' supporting responses in countries. If we get rid of everything that makes the Global Fund unique then the Global Fund will become a procurement agency;
- Flagged that oversimplifying GC8 could lead to radical cuts in the processes that enable meaningful engagement of civil society and communities who are central to achieving and sustaining impact and gains, connected to enabling environments that protect human rights and gender equality;
- Requested additional time and greater clarity in certain areas that were presented to the Board; and
- Called for sustained and directed funding to local CSOs, and appreciated the paper from the Communities Delegation sent ahead of the board meeting [on direct funding for communities](#).

## 6. Resource mobilization update

The Secretariat presented an update on resource mobilization efforts and progress on the 8<sup>th</sup> Replenishment campaign. Discussions centred on progress made in converting pledges from the 7<sup>th</sup> Replenishment, strategic execution of the 8<sup>th</sup> Replenishment plan, and engagement with donors, legislators, and the private sector. By the end of 2024, significant progress had been made in converting pledges—USD8.8 billion from 46 governments and USD1.15 billion from 25 private contributors—demonstrating sustained donor confidence. An additional USD113.9 million pledges for the Seventh Replenishment have been secured as of 31 December 2024.

The official launch of the 8<sup>th</sup> Replenishment, co-hosted by South Africa and the UK, unveiled an USD 18 billion investment case focused on ending the three diseases and strengthening health systems, while emphasizing community engagement, human rights, and gender equity. The Board highlighted the importance of advocacy, risk management, and tailored communications to maintain momentum amid a volatile global environment. Strategic outreach, including engagement with G7, G20, and parliamentary networks, is underway, alongside intensified collaboration with civil society and youth networks. Stakeholders reaffirmed strong support for the campaign, and emphasized the importance of sustained ambition, civil society and community leadership, and innovative financing models. [Read more](#) from Aidsplan.

## 7. Risk management

The Global Fund operates in a complex and evolving environment, requiring the Secretariat to adapt its risk approach. Externally, this involves responding to shifting contexts and expanding the concept of sustainability to include system resilience and equitable access. Internally, the Secretariat faces capacity constraints and must simplify operations within limited resources. It is currently operating **above its risk appetite**, with many challenges beyond its control. Ongoing prioritization, trade-off assessment, and impact mitigation are critical. The risk and assurance model is under review to ensure its relevance, with continued collaboration with the Office of the Inspector General (OIG). Board, civil society, and community engagement remain vital to advancing the 8<sup>th</sup> Replenishment and sustaining programme support. Read more from [Aidsplan](#)

## 8. Additional reading

For additional information take note on the following resources:

- [Slide Deck](#) from the Global Fund community partner engagement sessions held on 30 April and 2 May 2025, which discussed measures under GC6 and 7 adaptations to ensure continuity of essential programming.
- The Communities Delegation alert shared at the close of the Board Meeting [available in English, Spanish and Russian](#).
- Aidsplan reported substantially on the 53<sup>rd</sup> Board Meeting and we recommend their [GFO Issue: 462 \(Of: May 13, 2025\)](#);
- New resources from the CHANGE group [Interpreting Global Fund Guidance - FAQ](#) and find Global Fund grant data [here](#)
- [Women4GlobalFund paper](#) on lifesaving measures and gender.

The Global Fund is committed to adaptability and resilience amid this intensifying global health crisis. The persistent funding shortfall—and the urgent need to strengthen domestic financing (as a cornerstone of sustainability)—make clear that the path forward depends on renewed global solidarity. The success of the 8<sup>th</sup> Replenishment will determine the Global Fund's ability to meet its targets and will test the world's commitment to equity, impact, and the right to health for all.