

Appendix: Organizational Data Table

Variable	Coalition for Epidemic Preparedness (CEPI)	Gavi, the Vaccine Alliance (Gavi)	Global Financing Facility (GFF)	The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Pandemic Fund	RBM Partnership	Stop TB Partnership	Unitaid
Background & Governance								
Year founded	2017 Source: CEPI – Media Release	2000 Source: Gavi – Mission & Vision	2015 Source: World Bank – Press Release	2002 Source: Global Fund – History of the Global Fund	2022 Source: Pandemic Fund – Background	1998 Source: RBM – About Us	2000 Source: Stop TB Partnership – Our Journey	2006 Source: Unitaid – About Unitaid
Type of Organization	Independent, public-private	Independent, public-private	Hosted public-private (hosted by World Bank)	Independent, public-private	Hosted public-private (hosted by World Bank)	Hosted public-private organization, (hosted by UNOPS)	Hosted public-private organization, (hosted by UNOPS)	Hosted public-private (hosted by WHO)
Mission	<p>“[T]o accelerate the development of vaccines and other biologic countermeasures against epidemic and pandemic threats so they can be accessible to all people in need.”</p> <p>Source: CEPI – Why We Exist</p>	<p>“[T]o save lives and protect people’s health by increasing equitable and sustainable use of vaccines.”</p> <p>Source: Gavi – Mission & Vision</p>	<p>To “[e]nable partner countries to expand and sustain access to affordable, quality primary health care for all women, children, and adolescents.”</p> <p>Source: GFF – TRANSFORM 2030 Strategy</p>	<p>“[A] worldwide partnership to defeat AIDS, tuberculosis (TB) and malaria and ensure a healthier, safer and more equitable future for all.”</p> <p>Source: Global Fund – About the Global Fund</p>	<p>“[T]o provide a dedicated stream of additional, long-term funding for critical pandemic [prevention, preparedness, and response (pandemic PPR)] functions in International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) eligible countries, through investments and technical support at the country, regional, and global levels. It is not intended to replace domestic investment in pandemic PPR but instead to bring</p>	<p>“To convene and coordinate an inclusive, multisectoral response to control, eliminate and ultimately eradicate Malaria.”</p> <p>Source: RBM – About Us</p>	<p>“Our vision is a world free of TB and, until then, making diagnosis, treatment and care available to all who need it. We aim to achieve our vision of a world free of TB by pursuing five key objectives...</p> <p>To ensure that every person with TB has access to effective diagnosis, treatment, and cure; to stop transmission of TB; To reduce the inequitable social and economic toll of TB; To develop, implement and increase access to new preventive, diagnostic and therapeutic TB</p>	<p>“[T]o contribute to scale up access to treatment for HIV/AIDS, malaria and tuberculosis for the people in developing countries by leveraging price reductions of quality drugs and diagnostics, which currently are unaffordable for most developing countries, and to accelerate the pace at which they are made available.”</p> <p>Source: Unitaid – Constitution</p>

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					<p>additionality to financial resources for pandemic PPR, to incentivize countries and other funders to invest more in pandemic PPR, and to promote a more coordinated and coherent approach to pandemic PPR strengthening.”</p> <p>Source: Pandemic Fund – Medium-Term Strategic Plan (2024-2029)</p>		<p>tools, products, and strategies; and To amplify the voices of people with and affected by TB and secure meaningful change through strategic advocacy and communications.”</p> <p>Source: Stop TB Partnership – About the Stop TB Partnership</p>	
Health as Primary Focus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Governance Model / Board Structure	<p>Board Composition:</p> <p>12 voting members: 4 investors (3 from sovereign investors or international organizations and 1 from non-profit or NGO); 8 independent members.</p> <p>5 non-voting members: CEPI CEO, Chair of CEPI Scientific Advisory Committee, Chair of CEPI Joint Coordination</p>	<p>Board Composition:</p> <p>28 members (27 voting members): 18 representative seats (5 from donor country governments, 5 from implementing country governments, and 1 each from WHO, UNICEF, World Bank, Gates Foundation, civil society groups, vaccine industry in industrialized countries, vaccine industry in developing</p>	<p>Board Composition</p> <p>Trust Fund Committee (TFC) currently has current members total comprised of 11 members: the World Bank, 7 governments, 3 foundations.</p> <p>GFF Investors Group (IG), advisory board to TFC/Secretariat, is comprised of 32 members: 9 from GFF-supported countries (7 Africa, 1 Asia, 1 Latin</p>	<p>Board Composition:</p> <p>20 voting members: 10 implementers (7 from developing countries – 1 each from the six WHO regions and an additional from Africa; 3 from civil society – 1 each from a developing country NGO, developed country NGO, and an NGO who is living with HIV or from a community living with TB or malaria). 10 donors (8 from</p>	<p>Board Composition:</p> <p>21 voting members: 9 sovereign contributors (donors); 9 sovereign co-investors (recipient countries); 1 non-sovereign contributor (foundation); and 2 civil society organizations. Non-voting members include representatives of the Technical Advisory Panel and G20 Presidency.</p>	<p>Board Composition:</p> <p>“Up to” 23 voting members: 9 from malaria-affected countries (6 from Africa, 2 from Asia, and 1 from the Americas); 5 from investors in RBM Partnership or the fight against malaria (1 from a regional or global financing mechanism; 1 from philanthropic organization, and 3 from sovereign or other investors); 2 from civil society</p>	<p>Board Composition:</p> <p>26 voting members: 4 from financial donors; 2 from developing country NGOs; 3 from community of people affected by TB; 6 from countries affected by TB; 2 from key and vulnerable populations; 1 each from foundations, WHO, Global Fund, multilaterals, developed country NGO, private sector, private</p>	<p>Board Composition:</p> <p>13 members: 9 government representatives with one each from Brazil, Chile, France, Norway, the United Kingdom, Spain, the Republic of Korea, Japan, and the African Union; 1 foundation representative; 1 WHO representative; 2 civil society representatives (non-governmental organizations and</p>

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	<p>Group, and one representative each from WHO and principal financial institution holding CEPI funds.</p> <p>Source: CEPI – Board; CEPI Articles of Association</p>	<p>countries, and technical health/research institute). 9 independent/unaffiliated seats and 1 seat for the CEO as non-voting member.</p> <p>Source: Gavi – Board – Composition; Gavi Statutes</p>	<p>America), 7 public sector and 2 private foundation financiers, 2 financiers providing complementary financing, World Bank; Gavi, Global Fund, WHO, UNICEF, UNFPA, 2 private sector, 2 civil society members (one from country eligible for GFF support, one from donor country), 1 member of youth constituency, PMNCH Board Chair.</p> <p>Source: GFF – Governance</p>	<p>donor governments and 1 each from private sector and private foundations). 8 non-voting members: GF Executive Director, Board Chair & Vice Chair, 1 each from a GF partner organization, WHO, UNAIDS, World Bank, and certain public donors that are not part of voter donor constituency.</p> <p>Source: Bylaws of the Global Fund</p>	<p>Observers: country representatives, implementing entities (e.g., MDBs, UN agencies, CEPI, Gavi, Global Fund, World Bank), and others.</p> <p>Source: Pandemic Fund – Governing Board; Pandemic Fund Governance Framework</p>	<p>and affected communities; 2 from the private sector; 1 from the science and innovation communities; 1 from WHO, and “up to” 3 unaffiliated members sitting in a private capacity. One non-voting ex-officio member. At least half the voting board from malaria-affected countries.</p> <p>Source: RBM Partnership – Board; RBM Bylaws</p>	<p>sector providers in high TB burden countries, and Innovations (represents efforts to innovate in the areas of TB prevention, diagnosis, and treatment); and 1 open seat. 4 non-voting members (Board Chair and Vice-Chair, representative from UNOPS, and Executive Director).</p> <p>Source: Stop TB Partnership – Board</p>	<p>communities living with the diseases).</p> <p>Source: Unitaid – Executive Board</p>
Board Decision-Making Procedure	<p>All decisions require a majority vote by Board Members. Certain decisions require three-fourths supermajority vote.</p> <p>Source: CEPI – Articles of Association</p>	<p>The Board will use all reasonable efforts to make decisions by consensus (in some cases, on a no-objection basis). If consensus cannot be reached, any decision of the Board shall require a two-thirds majority of Board members present and voting.</p> <p>Source: Gavi – Statutes</p>	<p>Decisions by TFC are by consensus in meetings and no-objection virtual processes.</p> <p>The Investors Group “will strive to reach agreements by consensus.”</p> <p>Source: GFF – Trust Fund Committee Governance Document; GFF – Investors Group Governance Document</p>	<p>The Board shall use best efforts to make all decisions by consensus (in some cases, on a no-objection basis). If consensus cannot be reached, any member of the Board with voting privileges may call for a vote. In order to pass, motions require a two-thirds majority of those present of both: the donor and implementer seats. All decisions are</p>	<p>Decisions made by consensus. If consensus cannot be reached, the co-Chairs or a Voting Member may ask for a verbal vote by all voting members present to commence the formal voting process. Decision can pass with two-thirds supermajorities among both (1) sovereign Contributors and non-sovereign</p>	<p>Decisions of the Partnership Board shall normally be taken on the basis of consensus, unless otherwise stated in By-Laws. If consensus cannot be reached, the matter may be put to a vote by the Chair acting on his or her own initiative or at the request of a Partnership Board Member. The outcome of a vote rests on a two-thirds majority</p>	<p>The Board will make a reasonable effort to reach all decisions by consensus (in some cases, on a no-objection basis). If consensus cannot be reached, any member of the Board with voting privileges may call for a vote. In order to pass, motions require a simple majority of the voting members present.</p>	<p>The Board shall use best efforts to reach all decisions by consensus (in exceptional cases, decision can be made on no-objection basis). If consensus cannot be reached, any Board or Alternate Board Member representing a Board Constituency with voting privileges may call for a vote. A two-thirds majority required.</p>

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				confirmed by recorded vote. Source: Global Fund – Bylaws of the Global Fund to Fight AIDS, Tuberculosis & Malaria	Contributors and (2) co-Investors and CSOs who are present. Source: Pandemic Fund – Governance Framework	of Partnership Board Members. Source: RBM Partnership – By-Laws of the RBM Partnership to End Malaria	Source: Stop TB Partnership – Board Governance Manual	Source: Unitaid – Board Operating Procedures
Operations								
How Funded (Primary Source: Assessed, Voluntary, Borrowing)	Voluntary contributions	Voluntary contributions	Voluntary contributions	Voluntary contributions	Voluntary contributions	Voluntary contributions	Voluntary contributions	Voluntary contributions
Funding Replenishment / Strategic Period	5-year strategic periods and investment cycles (3 strategic periods to date; current period is 2027-2031), with multi-year donor commitments aligned to these periods. Source: CEPI – Securing the Future; CEPI – 3.0 Strategy (2027-2031); CEPI – Securing the Future – Investment Case 2027-2031	5-year replenishment periods with pledging conference (6 replenishments to date; current cycle is 2026-2030), with multi-year donor commitments aligned to these periods. Source: Gavi – Resource Mobilisation Model	5-year strategic periods and investment cycles (2 strategic periods to date; current period is 2026–2030), with multi-year donor commitments aligned to these periods. Source: GFF – Strategy 2026-2030 – Transform 2030; GFF – Transforming the Future: The Investment Opportunity 2026-2030; GFF – Global Financing	6-year strategic periods (current period is 2023-2028). 3-year replenishment periods with pledging conference (8 replenishments to date; current cycle is 2026-2028) with multi-year donor commitments aligned to these periods. Source: Global Fund – Replenishment	5-year strategic periods (current period is 2024–2029 and is first strategic period). Donors provide multi-year commitments aligned to resource mobilization campaigns (current campaign is 2025-2027). Source: Pandemic Fund – Medium-Term Strategic Plan (2024-2029); Pandemic Fund – Investment Case 2025-2027	Current strategic framework is 2026-2030 Source: RBM Partnership to End Malaria 2026-2030 Strategic Framework	Current operational strategy is 2023-2030 Source: Stop TB Partnership – 2023-2030 Operational Strategy	5-year strategic periods and investment cycles (5 strategic periods to date; current period is 2023–2027), with multi-year donor commitments aligned to these periods. Source: Unitaid – Strategy 2023-2027; Unitaid – Investment Case; Unitaid – Mid-Term Review (MTR) of Unitaid’s 2023-2027 Strategy – Technical Annex; Unitaid – Strategy 2013-2016

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			Facility Business Plan					
Headquarters / Country & Regional Operations	Headquarters in Oslo, Norway. No country or regional operations. Source: CEPI – Contact Us	Headquarters in Geneva, Switzerland. No country or regional operations. Gavi – Contact Us	Headquarters in Washington, DC, USA. No country or regional operations but has “Country Coordinators” based in GFF countries and will be expanding their role, and the GFF’s in-country presence, as part of next strategy (for 2026-2030). Source: GFF – Contact Us ; GFF – Strategy 2026-2030 – Transform 2030	Headquarters in Geneva, Switzerland. No country or regional operations. But requires “Country Coordinating Mechanisms” (CCMs) as part of grant process. CCMs are national committees made up of government, NGO, and other stakeholders that submit funding applications and oversee grants on behalf of their countries. Source: Global Fund – Contact Us ; Global Fund – Country Coordinating Mechanism	Headquarters in Washington DC, USA. No country or regional operations. Source: Pandemic Fund – Contact Us	Headquarters in Geneva, Switzerland. No country or regional operations. Source: UNOPS – Hosted Partnerships	Headquarters in Geneva, Switzerland. No country or regional operations. Source: Stop TB Partnership – Contact Us	Headquarters in Geneva, Switzerland. No country or regional operations. Source: Unitaid – Contact Us
Core / Priority Health Area(s)	GHS/PPR Source: CEPI – What We Do	Malaria, MCH, HSS, GHS/PPR Source: Gavi – Types of Support	MCH, FP/RH, HSS Source: GFF – Focus Areas	HIV, TB, malaria, HSS, GHS/PPR Source: Global Fund – Modular Framework. Grant Cycle 8 (GC8)	HHS, GHS/PPR Source: Pandemic Fund – Medium-Term Strategic Plan (2024-2029)	Malaria Source: RBM – About Us	TB Source: Stop TB Partnership – What We Do	HIV, TB, malaria, MCH, HSS, GHS/PPR Source: Unitaid – About Unitaid
Major Functional Modalities & Services								
Financing to Countries (Grants or Loans)	No. CEPI is not a financing organization or	Yes – Grants	Yes – Grants	Yes – Grants	Yes – Grants	No. RBM is not a financing	No. Stop TB Partnership is not a financing	No. Unitaid is not a financing organization or

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	fund (but does provide grants to non-profit research organizations, for-profit companies, international organizations and foundations, joint R&D ventures, government research organizations, and academic institutions, depending on specific call for proposals.)	Provided \$2.8 billion in 2025, including \$2.8 billion for “New and underused vaccines programme disbursements” and \$511 million for “Health systems strengthening programme disbursements”. Source: Gavi – 2025 Annual Financial Report	Provided \$1.1 billion in 2025, including \$147 million in GFF grants and \$980 million in leveraged IDA/IBRD support. Source: GFF – Annual Report 2024-2025	Provided \$4.0 billion in 2025. Source: Global Fund Annual Financing Report, 2025	\$462 million in 2025 based on the annual average across the first three funding rounds (“Calls for Proposals” or CfP1-CfP3). Source: Pandemic Fund – Call for Proposals	organization or fund.	organization or fund (but provides some grant-funding to NGOs, not-for-profit organizations, and civil society organizations; governmental entities may be included as sub-recipients).	fund (but provides grants to organizations demonstrating capacity to implement projects specified in call for proposals, including civil society, academic, and private sector organizations).
Normative Health Guidance	No	No	No	No	No	Yes – RBM Partnership Working Groups “provide venues for Partners to share information and collaborate on specialized topics” (e.g., best practices in surveillance, monitoring, and evaluation). Source: RBM Partnership – Working Groups	Yes – Stop TB Partnership Working Groups “provide platforms for communication to inform and promote policies and guidelines in support of implementation of the Global Plan to Stop TB.” Source: Stop TB Partnership – Working Groups	No
Technical Assistance (TA)	No	Yes, supported through partners. Source: Gavi – Gavi 6.0 Funding Guidelines ; Gavi – Targeted Country Assistance	Yes – GFF provides “low and lower-middle income countries with catalytic financing and technical	Yes, supported through partners. Source: Global Fund – Technical Cooperation	No	Yes – The RBM Partnership’s Country and Regional Support Partner Committee (CRSPC) “coordinates RBM Partnership	Yes – Stop TB Partnership provides technical assistance through the Global Drug Facility (GDF), which “offers a full suite of Technical	No

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			<p>assistance to develop and implement prioritized national health plans to scale up access to affordable, quality care for women, children and adolescents.” The GFF Secretariat “is responsible for the daily work of the GFF, including . . . analytical work and technical assistance to GFF-supported country platforms, programs, and projects.”</p> <p>Source: GFF – Countries; GFF – Secretariat</p>			<p>support at country and regional levels . . . optimizes technical resources, strengthens capacities, and enhances partner coordination to deliver high-quality technical assistance.”</p> <p>Source: RBM Partnership - Country and Regional Support Partner Committee</p>	<p>Assistance (TA) and capacity-building services to address challenges that a National TB Program (NTP) may be facing in procurement and supply planning.”</p> <p>Source: Stop TB Partnership – GDF Technical Assistance and Capacity Building</p>	
Market Shaping for Health Products	No	Yes - Market shaping is one of Gavi's strategic goals/objectives and includes: pooled procurement, demand forecasting, price negotiation, advance market commitments, and promoting regional manufacturing. Through pooled procurement, Gavi	No	Yes – The NextGen Market Shaping framework outlines specific interventions to improve access to affordable and quality-assured health products and services in support of the Global Fund's 2023-2028 Strategy such as volume	No	No	Yes – Stop TB's market shaping efforts are conducted through the Global Drug Facility (GDF), it's pooled procurement mechanism. GDF provides TB medicines and diagnostics and medical devices; associated supplies, including lab supplies, and	<p>Yes – Market-shaping is one of Unitaid's strategic objectives and includes activities such as price agreements, product forecasting, and intellectual property interventions.</p> <p>Source: Unitaid – Strategy</p>

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		<p>provides vaccines against 20 diseases for routine vaccination and campaigns; associated supplies; some diagnostics; and finances the global vaccine stockpiles for four outbreak-related vaccines.</p> <p>Source: Gavi – Our Work – Market Shaping; Gavi – Strategy – Phase 6 (2026-2030); Product information for vaccines and cold chain equipment.</p>		<p>guarantees, pooled procurement, price negotiations, quality assurance requirements, and supplier engagement. Operates pooled procurement primarily through, wambo, and provides medicines/ treatment and prevention commodities for HIV, TB, and malaria, diagnostic tests; other essential medicines; medical devices/associated supplies and PPE.</p> <p>Source: Global Fund – NextGen Market Shaping; Procurement Tools.</p>			<p>technologies and operates a “Strategic Rotating Stockpile” (SRS) for emergencies.</p> <p>Source: Stop TB Partnership – GDF’s Mission; Stop TB Partnership – Market & Partner Coordination</p>	
Research & Development	Yes – Research & Development is one of CEPI’s primary activities supporting the “development of vaccines and other biologic countermeasures against epidemic	No	No	No	No	No	No	<p>No, but does conduct some late-stage R&D and final field validation for products that are about to reach the market.</p> <p>Source: Unitaid – Calls for Proposals – Frequently Asked Questions</p>

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	and pandemic threats.” Source: CEPI – Our Approach ; CEPI – Research and Development ; CEPI – Our Portfolio							
Global Health Surveillance	No	No	No. GFF recently launched FASTR to provide “Rapid-Cycle Analytics for Data Use”, but current data are specific to grant recipients and are not currently global. Source: GFF – FASTR	No	No	No	No	No
Country Funding								
Funding Cycle	Does not provide country financing	Funding provided to countries for 5-year periods corresponding to Strategic Period (currently Gavi 6.0: 2026–2030). Source: Gavi – Funding Guidelines	No defined funding cycle. Country investment cases can be submitted on rolling basis. Grants are typically for 3-5 years, though can be of variable length. Source: GFF – Guidance Note: Investment Cases	Funding provided to countries for 3-year periods corresponding to “Replenishment Cycles” (currently Grant Cycle 8, or GC8, 2026-2028). Source: Global Fund – Grant Life Cycle	Funding provided following “Calls for Proposals (CfPs)”. To date, four CfPs have been issued. Grants are designed to be for 3-year periods. Source: Pandemic Fund – Call for Proposals	Does not provide country financing	Does not provide country financing	Does not provide country financing
Recipient Types (Government, Civil Society, etc.)	N/A	Primarily country governments; civil	Primarily country governments; civil society	Grants are provided to “Principle	Country governments partnered with one	N/A	N/A	N/A

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		<p>society organizations (CSOs) also receive funding.</p> <p>Source: Gavi – Partner Countries; Gavi – funding for civil society organisations: funding opportunities</p>	<p>organizations (CSOs) also receive funding.</p> <p>Source: GFF – Countries; GFF – CSOs and Youth</p>	<p>Recipients” (PR), which can be any type of organization, including governments, community-based organization, and private sector entities. They are selected by Country Coordinating Mechanisms (CCMs).</p> <p>Source: Global Fund – Who We Fund; Global Fund – Implementing Partners</p>	<p>or more “Implementing Entities (IEs)”. Currently 14 approved IEs including multilateral development banks (largely MDBs and UN organizations, but also the Global Fund, Gavi, and CEPI).</p> <p>Source: Pandemic Fund – Implementing Entities</p>			
Country Eligibility	N/A	<p>Country eligibility based on income criteria, as calculated by the World Bank Atlas Method for determining gross national income per capita (GNI p.c.). Eligibility is divided into three phases:</p> <ul style="list-style-type: none"> - Initial self-financing (GNI p.c. less than or equal to the World Bank low-income threshold) - Preparatory transition (GNI p.c. greater than the World Bank low- 	<p>Country eligibility based on economic capacity [World Bank Atlas Method for determining gross national income per capita (GNI p.c.) and for most recent strategic period: risk of overall debt distress and epidemiological burden specific to maternal and child health (maternal and child mortality, fertility measures, stunting).</p> <p>Source: GFF – Countries; GFF –</p>	<p>Country eligibility based on both income criteria, as calculated by the World Bank Atlas Method for determining GNI p.c. (using the latest three-year average), and disease burden criteria:</p> <ul style="list-style-type: none"> - All LICs and LMICs eligible for HIV/AIDS, TB, and malaria support regardless of disease burden. - UMICs eligible if they meet additional requirements by 	<p>IDA and IBRD countries. For its most recent call for proposals, 15 countries with the greatest capacity gaps, highest pandemic risks, and significant socioeconomic challenges, that had not previously been awarded single country grants, were selected as eligible.</p> <p>Source: Pandemic Fund - Pandemic Fund Launches Fourth Call For</p>	N/A	N/A	N/A

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		<p>income threshold but less than accelerated transition phase; in certain cases, may be extended by two years)</p> <ul style="list-style-type: none"> - Accelerated transition (3-year average GNI p.c. and most recent GNI p.c. greater than low-income threshold). - Catalytic phase (CP) for Middle-Income Countries (GNI p.c. below lower-middle income threshold; eligible to borrow from IDA). <p>Re-eligibility & exceptions permitted in certain cases.</p> <p>Source: Gavi – Eligibility Policy</p>	Updated Country Eligibility List, Global Financing Facility Strategy 2026–2030; GFF – Partner Country Eligibility and Classifications for 2026-2030	<p>disease component and, for HIV, are on OECD DAC List of ODA recipients (if not, country may be eligible for HIV support to directly finance NGOs/ civil society organizations if there are demonstrated barriers to providing key population interventions).</p> <ul style="list-style-type: none"> - UMICs classified as IDA-eligible Small States, including Small Island Economies, are eligible regardless of national disease burden. - Countries with existing grants otherwise ineligible due to disease burden or income experiencing conflict/challenges may continue to be eligible. - Multi-country applications are eligible if the majority (i.e., at least 51 percent) of countries included are eligible for funding in their own right. 	Proposals Targeting High-Risk, High-Need Countries			

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				Re-eligibility & exceptions permitted in certain cases. Source: Global Fund – Eligibility				
Co-Financing Requirement for Countries	N/A	Countries required to share in cost of vaccine procurement for routine vaccination. Amount varies by country income classification and transition status from Gavi eligibility. Countries divided into: initial self-financing (\$0.20/dose); preparatory transition (first year at \$0.20/dose; thereafter, price fraction increases by 15%/year); accelerated transition (price fraction increases by 15% in year 1, then linearly to 100%). Countries are also required to co-finance vaccines for use in one time immunization campaigns and periodic follow-up campaigns	No specific co-financing requirement but grants support health financing reform including country efforts to enable and incentivize increased domestic investments in health. Source: GFF – Strategy ; GFF – Strategy 2026-2030 – Transform 2030	Countries required to co-finance grants. LICs and LMICs required to demonstrate progressive government expenditure on health to meet national UHC goals over each allocation period; all countries are required to progressively finance costs of key programmatic interventions over each allocation period; all countries are required to increase co-financing of national HIV, TB, and malaria responses and/or RSSH over each allocation period (size of increase is determined by the allocation, and is 7.5% of the allocation in LICs and 15% of the allocation in MICs).	No specific co-financing requirement but overall goal is to achieve portfolio-wide leverage ratio of 1:4 – for every US\$1 provided by the Pandemic Fund, US\$4 is mobilized from country sources. Applications for support scored in part on co-financing commitment. Source: Pandemic Fund – Call for Proposals ; Pandemic Fund – Call for Proposals – Guidance Note ; Pandemic Fund – Call for Proposals – Scoring and Weighting Methodology	N/A	N/A	N/A

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		<p>(requirement varies by country phase).</p> <p>Co-financing not required for outbreak response campaigns.</p> <p>Waiver may be granted in exceptional circumstances.</p> <p>Source: Gavi – Co-financing Policy</p>		<p>In U-LMICs and UMICs, co-financing is required to be 100% focused on specific sustainability and transition priorities.</p> <p>Access to 15% the allocation is conditional on countries meeting co-financing requirements.</p> <p>Waiver may be granted in exceptional circumstances.</p> <p>Source: Global Fund – Sustainability, Transition and Co-Financing</p>				
Graduation Policy for Countries	N/A	<p>Yes, has formal policy/criteria. After a country has been in the accelerated transition phase for 8 years, it is no longer eligible for Gavi support. (Small Island Developing States have twelve years).</p> <p>To date, 19 countries have graduated from Gavi support, two of which recently</p>	<p>No formal policy/criteria, but updated eligibility criteria indicates that 11 countries (out of 67 previously eligible) will be phased out during the 2026-2030 period (due to relative wealth, progress on reducing mortality indicators, or small population size).</p>	<p>Yes, has formal policy/criteria. Once a country reaches UMIC status, it is no longer eligible for funding if it does not meet any disease component requirements. Country disease components that become ineligible during an allocation period will remain eligible for the duration of that</p>	<p>No formal policy/criteria but country recipients of earlier rounds of support are no longer eligible for subsequent rounds.</p> <p>Source: Pandemic Fund – Call for Proposals; Pandemic Fund – Third Call for Proposals: Phase 1 Frequently Asked Questions</p>	N/A	N/A	N/A

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Variable	Coalition for Epidemic Preparedness (CEPI)	Gavi, the Vaccine Alliance (Gavi)	Global Financing Facility (GFF)	The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Pandemic Fund	RBM Partnership	Stop TB Partnership	Unitaid
		<p>re-gained Gavi-eligibility. Seven countries are currently in the last phase of eligibility.</p> <p>Source: Gavi – Eligibility Policy</p>	<p>Source: GFF – Partner Country Eligibility and Classifications for 2026-2030</p>	<p>period. The Global Fund works with countries to plan for transition by conducting transition readiness assessments and expected transition timelines by disease component are provided to countries in advance.</p> <p>When a country disease component becomes ineligible for Global Fund support, it may receive one additional allocation period (three years) of transition funding.</p> <p>To date, 52 disease components across 38 countries have transitioned from eligibility and in current grant cycle (GC7), 12 disease components from eight countries are transitioning.</p> <p>Source: Global Fund – Eligibility; Global Fund – Sustainability, Transition and Co-Financing</p>				

Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
Background & Governance						
Year founded	1996 Source: UNAIDS – About	1967 Source: UNFPA – About Us	1946 Source: UNICEF – History	1944 Source: World Bank – Who We Are – IBRD	1960 Source: IDA – About	1948 Source: WHO – History
Type of Organization	United Nations (UN)	United Nations (UN)	United Nations (UN)	Multilateral Development Bank (MDB)	Multilateral Development Bank (MDB)	United Nations (UN)
Mission	“[A]n innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.” Source: UNAIDS - Language	“[T]o deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled.” Source: UNFPA – About Us	“[T]o advocate for the protection of children’s rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.” Source: UNICEF – Mission Statement	To “help middle-income and creditworthy low-income countries reduce poverty and respond to regional and global challenges.” Source: World Bank – Who We Are	To “help low-income countries invest in their futures, improve lives, and create safer, more prosperous communities around the world.” Source: World Bank – Who We Are	“[A]ttainment by all peoples of the highest possible level of health.” Source: WHO – Constitution
Health as Primary Focus	Yes	Yes	No	No	No	Yes
Governance Model / Board Structure	Governed by Programme Coordinating Board (PCB). 22 Voting Member States (7 from Western European and Other Groups, 5 from Africa, 5 from Asia & Pacific, 3 from Latin America & the Caribbean, and 2 from Eastern European / Commonwealth of Independent States) 16 Non-Voting Members (11 from Cosponsor organizations – UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO,	Governed by Executive Board of UNDP, UNFPA and UNOPS. Executive Board Composition: 36 member states (8 from African States; 7 from Asian and Pacific States; 4 from Eastern European States; 5 from Latin American and Caribbean States; 12 from Western European and Other States). Source: UNFPA – Executive Board ; UNDP – Information Note on the Executive Board	Governed by Executive Board. Executive Board Composition: 36 member states (8 from Africa, 7 from Asia, 4 from Eastern Europe, 5 from Latin America and Caribbean, 12 from Western Europe and Others). Source: UNICEF – Executive Board ; UNICEF – Executive Board Membership	Governed by World Bank Group’s Board of Governors. Each member country (189) appoints one Governor and one Alternate Governor. Source: World Bank – About – Leadership	Governed by World Bank Group’s Board of Governors. Each member country (189) appoints one Governor and one Alternate Governor. Source: World Bank – About – Leadership	World Health Assembly (WHA): The supreme decision-making body, comprised of representatives from all Member States (currently 193). Executive Board (EB): Composed of 34 technically qualified members elected for three-year terms from six regions: 7 from Africa, 6 from the Americas, 5 from the Eastern Mediterranean, 8 from Europe, 3 from South-East Asia, and 5 from the Western Pacific.

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Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
	WHO, & World Bank; and 5 from NGOs – 3 from developing countries and 2 from developed countries or countries with economies in transition). Source: UNAIDS – Governance ; UNAIDS – Who We Are – PCB					Source: WHO – Governance ; WHO – Executive Board
Board Decision-Making Procedure	“The PCB shall endeavour to adopt its decisions and recommendations by consensus.” Should voting be necessary, decisions shall be made by a majority of the members present and voting. Source: UNAIDS – Who We Are – PCB ; UNAIDS – Modus Operandi of the Programme Coordinating Board	“The practice of striving for consensus in decision-making shall be encouraged. In the case of a vote, the rules of procedure for the Economic and Social Council shall apply” (decisions shall be made by a majority of the members present and voting). Source: UNFPA – Executive Board ; UNDP – Rules of Procedure of the Executive Board of the United Nations Development Programme, of the United Nations Population Fund and of the United Nations Office for Project Services	“Decisions of the Board shall be made by a majority of the members present and voting” (though historically, Executive Board had maintained a tradition of adopting all of its decisions by consensus). Source: UNICEF – Executive Board ; UNICEF – Informal Guide to the Executive Board ; UNICEF – Rules of Procedure	Each member receives votes consisting of share votes (one vote for each share of the Bank's capital stock held by the member) plus basic votes (calculated so that the sum of all basic votes is equal to 5.55 percent of the sum of basic votes and share votes for all members). Except as otherwise specifically provided, all matters shall be decided by a majority of the votes cast. Source: World Bank Group – About – Leadership – Voting Powers ; International Bank for Reconstruction and Development – Articles of Agreement	Each member receives votes it is allocated under IDA replenishments according to the rules established in each IDA replenishment resolution. Votes consist of subscription votes and membership votes. Except as otherwise specifically provided, all matters shall be decided by a majority of votes cast. Source: World Bank Group – About – Leadership – Voting Powers ; International Development Association – Articles of Agreement	Decisions of the World Health Assembly on important questions (e.g., adoption of conventions or agreements, amendments to Constitution) shall be made by a two-thirds majority of the Members present and voting. Decisions on other questions shall be made by a majority of the Members present and voting. Source: WHO – Information and Rules of Procedure – WHA ; WHO – Governance – Basic Documents
Operations						
How Funded (Primary Source: Assessed, Voluntary, Borrowing)	Voluntary contributions	Voluntary contributions	Voluntary contributions	Borrowing from international capital markets (secured with capital provided by member states); interest on loans.	Voluntary contributions from member states; transfers from IBRD; and IDA bond issuances.	Assessed contributions (mandatory membership dues) and voluntary contributions.
Funding Replenishment / Strategic Period	Budgets and workplans are approved on a biennial (2-year) basis under a	4-year strategic periods (currently 2026–2029), with	4-year strategic periods (currently 2026–2029), with	N/A	3-year replenishment periods (currently, the 21st replenishment, 2025-2028)	4-year strategic/work periods (currently the 14th period, 2025-2028) with

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Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
	<p>“Unified Budget, Results and Accountability Framework” (UBRAF), which is currently for 2022-2026. The most recent workplan and budget was “transitional” for 2026 only.</p> <p>Source: UNAIDS Resources and Investments; UNAIDS – 2026 Workplan and Budget; UNAIDS – UBRAF 2022-2026</p>	<p>budget plans aligned to these periods.</p> <p>Source: UNFPA – Strategic Plan, 2026-2029; UNFPA – Integrated Budget, 2026-2029</p>	<p>budget plans aligned to these periods.</p> <p>Source: UNICEF – Strategic Plan, 2026-2029; UNICEF – Integrated Budget, 2026-2029</p>		<p>with multi-year donor commitments aligned to these periods.</p> <p>Source: IDA – Replenishments; IDA – Replenishments – Road to IDA21</p>	<p>biennial (2-year) “Programme Budgets” aligned to these periods.</p> <p>Launched first “Investment Round” in 2024 to mobilize resources for 4-year (2025–2028) period.</p> <p>Source: WHO – Global Health Strategy and Fourteenth General Programme of Work 2025–2028; WHO – Programme Budget 2026-2027; WHO – Investment Round</p>
Headquarters / Country & Regional Operations	<p>Headquarters in Geneva, Switzerland. Country and regional operations.</p> <p>Source: UNAIDS - Contact</p>	<p>Headquarters in New York, USA. Country and regional operations.</p> <p>Source: UNFPA - Contact; UNFPA – Where We Work</p>	<p>Headquarters in New York, USA. Country and regional operations (Supply Division in Copenhagen).</p> <p>Source: UNICEF – Where We Work</p>	<p>Headquarters in Washington DC, USA. Country and regional operations.</p> <p>Source: World Bank – Contacts</p>	<p>Headquarters in Washington DC, USA. Country and regional operations.</p> <p>Source: World Bank – Contacts</p>	<p>Headquarters in Geneva, Switzerland. Country and regional operations.</p> <p>Source: WHO – Where We Work</p>
Core / Priority Health Area(s)	<p>HIV</p> <p>Source: UNAIDS – About Us</p>	<p>FP/RH, MCH, HSS</p> <p>Source: UNFPA – About Us</p>	<p>MCH, HSS</p> <p>Source: UNICEF – What We Do; UNICEF – Health</p>	<p>HSS</p> <p>Source: World Bank, Health</p>	<p>HSS</p> <p>Source: World Bank, Health</p>	<p>HIV, TB, malaria, MCH, FP/RH, HSS, GHS/PPR.</p> <p>Source: WHO – About; WHO – Our Work</p>
Major Functional Modalities & Services						
Financing to Countries (Grants or Loans)	<p>No. UNAIDS is not a financing organization or fund.</p>	<p>No. UNFPA is not a financing organization or fund (but does provide grants or other forms of support in limited cases, such as through its Equalizer Accelerator Fund and UNFPA Supplies Partnership and matching program)</p>	<p>No. UNICEF is not a financing organization or fund (but does provide support in limited cases such as through its Venture Fund)</p>	<p>Yes – Loans</p> <p>Committed \$1.9 billion for the health sector in 2025 (includes the leveraged resources reflected in the Global Financing Facility's (GFF) “Financing to Countries” entry.</p> <p>Source: World Bank – The World Bank Group Annual Report 2025</p>	<p>Yes - Grants and loans</p> <p>Committed \$4.5 billion for the health sector in 2025 (includes the leveraged resources reflected in the Global Financing Facility's (GFF) “Financing to Countries” entry.</p> <p>Source: World Bank – The World Bank Group Annual Report 2025</p>	<p>No. WHO is not a financing organization or fund (grants or other forms of support are provided in limited cases, such as for some research activities).</p>

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Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
Normative Health Guidance	<p>Yes – UNAIDS provides guidance and recommendations specific to HIV/AIDS.</p> <p>Source: UNAIDS – 2026 Workplan and Budget; UNAIDS – UBRAF 2022-2026</p>	<p>Yes – UNFPA provides guidance and recommendations specific to family planning and reproductive health, maternal health, and gender-based violence.</p> <p>Source: UNFPA – Strategic Plan, 2026-2029</p>	<p>Yes – UNICEF provides guidance and recommendations in areas pertaining to children including health.</p> <p>Source: UNICEF – Strategy for Health, 2016-2030</p>	No	No	<p>Yes – WHO provides guidance and recommendations on a range of health topics.</p> <p>Source: WHO – Global Health Strategy and Fourteenth General Programme of Work 2025–2028</p>
Technical Assistance (TA)	<p>Yes – UNAIDS “provides . . . [the] technical support needed to catalyse and connect leadership from governments, the private sector and communities to deliver life-saving HIV services.”</p> <p>Source: UNAIDS – About</p>	<p>Yes – UNFPA provides technical assistance, which is specified in the current strategy and integrated budget.</p> <p>Source: UNFPA – Strategic Plan, 2026-2029; UNFPA – Integrated Budget, 2026-2029</p>	<p>Yes – UNICEF provides technical assistance, which is specified in the current strategy and integrated budget.</p> <p>Source: UNICEF – Strategic Plan, 2026-2029; UNICEF – Integrated Budget, 2026-2029</p>	No – While IBRD provides technical assistance, it does not provide health-specific technical assistance.	No – While IDA provides technical assistance, it does not provide health-specific technical assistance.	<p>Yes – Technical assistance is included in the WHO Constitution as a “function” of the organization and is a core component of its in-country presence.</p> <p>Source: WHO – Constitution; WHO – Country Presence</p>
Market Shaping for Health Products	No	<p>Yes – UNFPA’s market shaping efforts are conducted through the UNFPA Supply Chain Management Unit (SCMU) and the UNFPA Supplies Partnership (UNFPA Supplies), which provides pooled procurement of reproductive health commodities, including contraceptives, medical devices, pharmaceuticals, reproductive health kits.</p> <p>Source: UNFPA – Supply Chain; UNFPA – The UNFPA Supplies Partnership</p>	<p>Yes – UNICEF’s market shaping efforts are conducted through UNICEF Supply Division, which provides pooled procurement of vaccines and biologics; medical supplies and equipment; pharmaceuticals; insecticide-treated nets; and cold chain equipment.</p> <p>Source: UNICEF Supply Division</p>	No	No	No
Research & Development	No	No	No	No	No	No, but does coordinate R&D networks and efforts, and provides technical resources.

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Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
						Source: WHO – R&D Portal ; WHO – R&D Blueprint
Global Health Surveillance	Yes	Yes	Yes	No	No	Yes
Country Funding						
Funding Cycle	N/A	N/A	N/A	IDA grants are for different multi-year periods (generally, three to five years). IDA credit and loan instruments mature over much longer periods, including decades, depending on the instrument. Source: World Bank – Projects ; World Bank – IDA Financial Products ; World Bank – IDA Lending Terms	IBRD loans mature over varying periods, including decades. Source: World Bank – Projects ; World Bank – IBRD Financial Products FAQs	N/A
Recipient Types (Government, Civil Society, etc.)	N/A	N/A	N/A	Member country governments Source: World Bank – IBRD Financial Products	Member country governments Source: IDA – About ; IDA – Financing	N/A
Country Eligibility	N/A	N/A	N/A	Yes – Country eligibility based on income criteria, as calculated by the World Bank Atlas Method for determining GNI per capita. IBRD lending is limited to middle-income countries (with an emphasis on lower-middle-income countries) and creditworthy low-income countries. Source: World Bank – IBRD ; World Bank – Country and Lending Groups	Yes – Country eligibility based on income criteria, as calculated by the World Bank Atlas Method for determining GNI per capita and set below an IDA operational cut-off level adjusted annually. IDA is prohibited from assisting countries if it determines financing is available from private sources on reasonable terms or could be provided by IBRD. These “creditworthiness” determinations” are based on a country’s ability to service new external debt	N/A

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Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
					<p>at market interest rates over the longer term.</p> <p>Re-eligibility & exceptions: If a formal determination is made that an IBRD borrower previously assessed as creditworthy and graduated from IDA is subsequently confronted with adverse circumstances rendering it non-creditworthy for IBRD financing, it is once again eligible for IDA.</p> <p>Exceptional temporary access to IDA has been provided on a case-by-case basis in the face of emergencies, conflicts, or other challenging conditions.</p> <p>Source: IDA – Borrowing Countries; IDA – Graduates; IDA – Financing</p>	
Co-Financing Requirement for Countries	N/A	N/A	N/A	No	No	N/A
Graduation Policy/Criteria for Countries	N/A	N/A	N/A	<p>Yes – Graduation IBRD threshold based on income, as calculated by the World Bank Atlas Method for determining GNI per capita. Once that threshold is reached, some World Bank documents indicate that other factors, in addition to income, may be considered to determine eligibility.</p> <p>Source: World Bank – IBRD; World Bank –</p>	<p>Yes – Once a country reaches the IDA operational cut-off level (updated annually), there are three phases of graduation to IBRD-only financing:</p> <ul style="list-style-type: none"> - Gap phase: countries above the IDA operational cut-off for over two years but not yet creditworthy for IBRD financing. - Blend phase: countries with a positive 	N/A

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Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
				Country and Lending Groups	<p>creditworthiness assessment by IBRD. - IBRD-only phase: countries no longer eligible for IDA.</p> <p>For small island economies above the operational cutoff, an exception may be made to allow them to remain classified as IDA-only countries due to characteristics that affect their creditworthiness and access to finance.</p> <p>Source: IDA – Borrowing Countries; IDA – Graduates; IDA – Financing</p>	