

January 2026 | KFF Publication

The America First Global Health Strategy and Pooled Procurement: What do we know about Existing Pooled Procurement Mechanisms?

Jennifer Kates

Overview

The State Department's recently released "[America First Global Health Strategy](#)" – the first roadmap for what comes next for U.S. global health engagement - charts a path of declining U.S. support over time as recipient countries increasingly take on financial responsibility for programs. It includes a focus on health commodities, as frontline services, stating that the U.S. will continue to support 100% of their costs in FY 2026, with declining funding thereafter as countries are required to provide progressively higher co-investment. To support this transition, the U.S. will establish or contribute to one or more pooled procurement mechanisms, marking a departure from current practice where most commodities have been provided by the U.S. through its own stand-alone, managed channels, with limited support to external pooled procurement entities. Whether the U.S. chooses to create a new pooled procurement mechanism or shift to existing ones will be a key decision point going forward. To help inform this decision, we reviewed eight global and regional pooled procurement mechanisms to identify their key characteristics, including their operational longevity, geographic reach, range of products offered, whether the U.S. already uses the mechanism, and other components.¹ As this review shows, there are several existing pooled procurement platforms with significant longevity, broad geographic reach, offering a range of commodities, allowing access to countries that have transitioned off donor support, and in which the U.S. already participates to varying extents. There are also others with a narrower scope or in which the U.S. does not participate. Summary measures are provided in Table 1. Detailed information is provided in an Appendix.

Table 1: Summary of Procurement Mechanisms

Institution/ Program	Type of Institution	Geographic Scope	Years Operational	Health Product Area	Used by U.S. Government?
Gavi, the Vaccine Alliance (Gavi)	Independent, public/private	Global	25	Vaccines	Yes, indirectly
Global Drug Facility (GDF)	Hosted by UN/Hybrid Model	Global	24	TB	Yes, directly
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Independent, public/private	Global	18	HIV, TB, Malaria	Yes, indirectly
Pan American Health Organization (PAHO) Revolving Fund and Strategic Fund	Inter-governmental/UN	Regional	48	Vaccines, Medicines	No
The United Nations Children's Fund (UNICEF) Supply Division	Inter-governmental/UN	Global	63	Vaccine, Medicines	Yes, directly
The United Nations Population Fund (UNFPA) Supply Division	Inter-governmental/UN	Global	18	Reproductive health	No
African Union's Medical Supplies Platform (AMSP)	Inter-governmental	Regional	5	COVID-19; some other products	No
Organisation of Eastern Caribbean States Pharmaceutical Procurement Service (OECS PPS)	Inter-governmental	Regional	39	Medicines	No

Note: In most cases, these mechanisms also provide diagnostics, supplies, and devices. See Appendix for more details.

Introduction

The State Department's recently released "[America First Global Health Strategy](#)" offers the first roadmap for what comes next for U.S. global health engagement, following months of significant uncertainty and disruption. The strategy focuses on a subset of U.S. global health areas – HIV, TB, malaria, polio, and global health security – and is largely anchored to time-bound, bilateral agreements that aim to move most partner countries toward full self-reliance. A key feature of the strategy is its emphasis on health commodities, noting that the U.S. spends approximately \$1.3 billion per year directly on commodities for HIV, TB, malaria, and polio (with some additional funding provided to several multilateral organizations). According to the strategy, the U.S. will continue covering 100% of these commodity costs in FY 2026, with declining funding thereafter, as countries are required to provide progressively higher co-investment. To support this transition, the U.S.

intends to establish or contribute to one or more pooled procurement mechanisms. Pooled procurement refers to the consolidation of demand across multiple buyers with the goal of obtaining lower prices, reduced transaction and administrative costs, streamlined quality assurance, and more predictable markets, all of which can help improve better access. It is one tool in a larger “market shaping” toolbox that may include other activities such as demand forecasting, market analysis, and technical assistance, among others.²

Shifting to pooled procurement for health commodities would mark a departure from current U.S. practice which has historically been carried out through U.S. stand-alone and managed supply chain contracts (with only some funding provided to external pooled procurement mechanisms both directly and indirectly). Until recently, this work was overseen and managed by the now-dissolved USAID. Procurement responsibilities have since moved to the State Department, which has not carried out large-scale health commodity procurement before (see Table 2 and Box 1). Whether the U.S. chooses to create a new pooled procurement mechanism or shift to existing ones will be a key decision point going forward (the recently announced partnership between the U.S., the Global Fund, and Gilead to provide Lenacapavir – a long acting medication for pre-exposure HIV prevention – to a subset of countries, in which the U.S. will support procurement for its implementing partners through the Global Fund’s platform, offers a potential new model in this area). To help inform this decision, we reviewed eight pooled procurement mechanisms operating at the global and regional levels to identify their key characteristics. For each mechanism, we examined years of operation, governance, financing models, geographic scope, product portfolios, eligibility, price transparency, annual expenditures, and other components.

Table 2: U.S. Procurement Mechanism by Health Area Before January 2025

<i>Health Area</i>	<i>Direct/Targeted</i>	<i>Indirect/General contributions</i>
HIV	GHSC-PSM	Global Fund
TB	GHSC-PSM for TPT; GDF	Global Fund
Malaria	GHSC-PSM	Global Fund
Vaccines, including polio Vaccine		Gavi
Maternal and child health/nutrition	GHSC-PSM; UNICEF	
Family Planning	GHSC-PSM	
Other Public Health Threats	GHSC-PSM; UNICEF	Gavi

Box 1: U.S. Government Health Commodity Procurement

Before January 2025

The U.S. government has procured health commodities for decades, expanding both the types of commodities supported and systems for procuring them with the evolution of U.S. global health programs, including the creation of new programs such as PEPFAR and the President's Malaria Initiative (PMI). While initially beginning with commodities for family planning in the 1960s, by 2025, the U.S. was also procuring commodities for HIV, TB, malaria, maternal and child health, outbreak response, and vaccines for a range of vaccine preventable diseases, either directly or indirectly as follows:

1. Direct procurement through USAID's Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, which accounted for most health commodity procurement by the U.S. government.
2. Targeted funding to multilateral organizations specifically for commodities (e.g., via UNICEF and GDF).
3. Indirectly through general contributions to multilateral organizations, many of which also procure commodities (e.g., Gavi, which procures vaccines, including for polio, and the Global Fund which procures HIV, TB, and malaria commodities).

In some cases, this meant multiple mechanisms were being used to purchase the same categories of commodities with U.S. funds. For example, both HIV and malaria commodities were purchased directly by the U.S. government as well as indirectly through its contributions to the Global Fund. After pausing the main global health supply chain contract at the beginning of the year (as part of a foreign aid stop-work order), the contract has been restarted to support procurement for a subset of program areas – HIV (including TB preventive treatment for people with HIV), malaria, and some maternal and child health support. Procurement of family planning commodities has been discontinued. In addition, with the dissolution of USAID, this contract is now managed by the State Department. Procurement also continues through targeted funding and general contributions to multilateral organizations, although the U.S. has halted contributions to Gavi .

Characteristics of Existing Mechanisms

The landscape of existing pooled procurement mechanisms is diverse, with variations in geographic scope, product lines, eligibility, financing, governance, and other characteristics.

- 1. Years Operational/Longevity.** Most pooled procurement mechanisms examined have significant longevity, having been operating for decades. Five of the eight have 20+ years of operational experience, with established systems for vendor management, quality assurance, audits and oversight, forecasting, and broader market shaping practices. UNICEF is the oldest, having operated pooled procurement for more than six decades, followed by PAHO, with close to five decades. Gavi and the Global Fund began pooled procurement in the early 2000s, at or soon after

each organization was established. The OECS-PP mechanism, while small, has also been operating for years. The exception is the AU’s Medical Supplies Platform which was created in 2020 as a COVID-19 emergency response mechanism but has since expanded to include other commodities and is slated to serve as the procurement platform for the recently proposed African Pooled Procurement Mechanism (APPM).

2. **Geographic Reach.** Five of the mechanisms have a global reach while the remaining three are regional. Gavi, GDF, the Global Fund, UNICEF and UNFPA are global procurement mechanisms, encompassing the countries also reached by the U.S. through its bilateral programs. These mechanisms enable countries and non-governmental organizations from all regions to procure supported products (though some have eligibility limits by income and other factors – see below). PAHO, AMSP, and OECS PP are available to their regional members.
3. **Governance/Type of Organization.** Five of the mechanisms examined are part of inter-governmental bodies, with governance provided by member states (UNICEF, UNFPA, PAHO, AMSP, OECS PP), three of which are part of the United Nations system (UNICEF, UNFPA, and PAHO). Gavi and the Global Fund are unique in that they are independent public/private partnerships with governance by multi-stakeholder boards that include public and private sector representatives as well as civil society. The GDF, as part of the Stop TB Partnership, is a hybrid model, hosted by the UN with some UN oversight, but a multi-stakeholder board of public, private, and civil society members. The U.S. is currently part of the governance structure of all these institutions except for the AMSP and OECS PP, which are for their regional members only.
4. **Eligibility:** Eligibility to access pooled procurement mechanisms varies, reflecting organizational missions, policies, membership, and other factors. The inter-governmental mechanisms primarily serve member states, either globally (UNICEF, UNFPA) or regionally (PAHO, AMSP, OECS PP). Gavi and the Global Fund, while global, limit eligibility to countries based on income and, in the case of the Global Fund, epidemiologic criteria, but they also make pooled procurement available to formerly eligible countries using their own or other funds. Several of these mechanisms also allow certain other designated entities (NGOs, private organizations, etc.) to use their pooled procurement system, usually on behalf of an eligible country.
5. **Product Portfolio:** The product portfolios of these mechanisms range from specialized to broad. Broad portfolios, providing products for a range of health areas, are offered by UNICEF, PAHO, and the OECS PP. More specialized portfolios are offered by the Global Fund (HIV, TB, malaria), the GDF (TB), Gavi (vaccines) and UNFPA (reproductive health). AMSP intends to expand but offers a more limited portfolio currently. All provide related supplies and equipment in addition to commodities and several also offer procurement services. There has also been a move to expand the range of commodities offered over time. For example, PAHO has added commodities to address non-communicable diseases in recent years³ and wambo.org, the Global Fund’s electronic pooled procurement platform, also offers access to select catalog platforms from other organizations, making it the only pooled procurement mechanism to do so.⁴
6. **Financing:** The pooled procurement mechanisms examined have different financing models, ranging from being fully self-financed to relying primarily on donor support. PAHO and the OECS PP are self-financed, with member states paying for products. Gavi, GDF, and the Global Fund depend almost entirely on donor funding to enable them to procure commodities for eligible

countries or entities, although they allow eligible countries and other entities to use their own funds to procure through their systems. UNICEF and UNFPA, while also relying heavily on donor funding, also allow member states and others to use their own funding to purchase commodities.

7. **Pre-Financing/Lines of Credit.** UNICEF, UNFPA and PAHO each offer pre-financing lines of credit to address liquidity and other constraints that can prevent countries from meeting pre-payment requirements to procure commodities. UNICEF's Vaccine Independence Initiative offers a flexible credit line to bridge temporary short-term funding gaps for vaccines and other commodities, and its Middle-Income Countries' Financing Facility (MFF), supported by Gavi, offers pre-financing for middle-income countries no longer receiving donor support. UNFPA's Reproductive Health Bridging Fund is a revolving fund that allows for short-term, interest-free bridge financing for eligible countries to access supplies without needing to pre-pay. Similarly, PAHO's Regional Revolving Funds (RRF) offer an interest-free line of credit to member states for commodities. The Global Fund is currently assessing the possibility of implementing such a mechanism to address the pre-payment barriers that some countries may face when using their own funds to purchase commodities.⁵
8. **Price Negotiation/Transparency and Quality Assurance.** A key feature of the pooled procurement mechanisms examined is their ability to negotiate price, due to their aggregation of demand across multiple countries/buyers, volume guarantees, and, in some cases, advance market commitments for new products (allowing the price at entry to be lower than it would otherwise). As part of this effort, all but one of the mechanisms (OECS PP) provide public pricing data and product catalogs, promoting market transparency and predictability. All also provide varying levels of quality assurance, particularly those with the greatest longevity, including supplier pre-qualification, product eligibility criteria (e.g., only products that are pre-qualified by WHO or designated regulatory authorities) and product testing and support throughout the supply chain, including after products reach countries.
9. **Inter-connectedness Across Mechanisms.** While the mechanisms examined here are separate, operating with their own rules and procedures, several are interconnected. For example, most of Gavi's vaccines are procured for Gavi by UNICEF (Gavi eligible countries in the PAHO region can procure through PAHO); the Global Fund's TB products are procured through the GDF; and PAHO's antiretroviral (ARV) products are procured using Global Fund negotiated prices. This interconnectedness is done to leverage market share (e.g., PAHO using the Global Fund for ARVs); reflect geographic proximity (Gavi-eligible countries in the PAHO region); and/or due to the presence of existing mechanisms already (UNICEF procurement of vaccines pre-dated the creation of Gavi by decades and the GDF was created before the Global Fund).
10. **Expenditures & Fees.** Estimated expenditures on health products vary widely across mechanisms, reflecting differences in scale—from smaller, regionally focused platforms to large global procurement operations exceeding billions annually. The largest procurement mechanisms, as measured by spending, are UNICEF (\$3 billion), the Global Fund (\$2.5 billion), and Gavi (\$1.8 billion). Because of the inter-connectedness across mechanisms, however, the annual expenditure estimates cannot be totaled. For example, while UNICEF spends the most on procurement each year, the majority of this is financed by Gavi for vaccines. In addition, TB commodities purchased by the Global Fund are included in its total procurement expenditure amount as well as in the GDF total. While there are also administrative costs for participating in

pooled procurement mechanisms that are important to consider, there are limited publicly available data on fee schedules (exceptions are UNICEF and PAHO⁶).

Looking Ahead

As this review shows, there are several existing pooled procurement platforms with significant longevity, broad geographic reach, offering a range of commodities, allowing access to countries that have transitioned off donor support, and in which the U.S. already participates to varying extents.

Looking ahead, key considerations for U.S. policymakers may include:

- Further assessing the current commodity portfolios of existing mechanisms as compared to the U.S. commodity portfolio;
- Identifying the different ways in which the U.S. government could choose to participate in these mechanisms (e.g., purchasing directly through them for some or all commodities, funding countries to purchase through them, or some combination);
- Examining the barriers to direct country participation in global pooled procurement mechanisms (e.g., pre-payment requirements, regulatory barriers) and ways to mitigate these barriers; and
- Assessing the growing move to create regional pooled procurement mechanisms, particularly in Africa, and whether and how the U.S. might choose to support these efforts.

We would like to acknowledge the helpful input on earlier versions of this brief provided by Monica Jordan, Debbie Stenoien, and Allyala Nandakumar of Boston University.

Endnotes

¹ Not included in this analysis are several regional mechanisms that are still in the planning stages but not yet fully operational. In addition, we did not include nutrition-related commodities or time-limited arrangements by some of these mechanisms during the COVID-19 emergency (e.g., through COVAX).

² World Bank, *Improving Health Product Procurement Efficiency*, 2019; Center for Global Development, *Financing Supply Chains: The Missing Link in Global Health*, 2025, <https://www.cgdev.org/blog/financing-supply-chains-missing-link-global-health>; Center for Global Development, *Aggregating Demand for Pharmaceuticals is Appealing, but Pooling Is Not a Panacea*, 2019, <https://www.cgdev.org/publication/aggregating-demand-pharmaceuticals-appealing-pooling-not-panacea>; Global Fund, *Sourcing and Management of Health Products*, <https://www.theglobalfund.org/en/sourcing-management/>; Global Fund, *Market Shaping Strategy*, <https://www.theglobalfund.org/en/sourcing-management/market-shaping-strategy/>; Parmaksiz K, Bal R, van de Bovenkamp H, Kok MO, “From promise to practice: a guide to developing pooled procurement mechanisms for medicines and vaccines”, *J Pharm Policy Pract.* 2023 Jun 14;16(1):73.

³ PAHO, *Essential Medicines for Noncommunicable Diseases Available through the PAHO Strategic Fund*, 2021, <https://iris.paho.org/handle/10665.2/55092>.

⁴ Global Fund, *Technical Evaluation Reference Group: Thematic Evaluation of the wambo.org pilot for non-Global Fund financed orders*, 2022, https://archive.theglobalfund.org/media/12667/archive_terg-wambo-pilot-evaluation_report_en.pdf; Global Fund, *wambo.org Benefits for Buyers*, https://www.theglobalfund.org/media/11064/psm_non-grant-program-potential-benefits_table_en.pdf.

⁵ Global Fund, *Procurement and NextGen Market Shaping Update*, 2025, https://archive.theglobalfund.org/media/skedqy4c/archive_bm53-05-procurement-nextgen-market-shaping_update_en.pdf.

⁶ UNICEF handling fees, <https://www.unicef.org/supply/handling-fees>; PAHO, *Report on the Charge Assessed on the Procurement of Public Health Supplies For Member States*, 2024, <https://www.paho.org/sites/default/files/2024-08/cd61-16-e-charge-assessed-procurement.pdf>

Appendix Table 1. Characteristics of Global and Regional Pooled Procurement Mechanisms for Health Commodities

A1. Institution/Program	Description	Year Pooled Procurement Operational	Geographic Scope	Commodities/Products Offered	Eligibility Criteria	Spending on Health Procurement*, 2024
Gavi, the Vaccine Alliance (Gavi)	Gavi, an independent public-private partnership and multilateral funding mechanism, aims to increase access to vaccines, particularly for children, including by shaping markets for vaccines through centralized and pooled procurement and other procurement tools. UNICEF serves as the main procurement agency for Gavi, with PAHO available for procurement for eligible countries in its market. Countries receiving new vaccine support from Gavi can also choose to self-procure if certain conditions are met.	2000	Global	Vaccines against twenty different diseases including for routine vaccination, campaigns, and outbreak response; associated supplies (injection safety devices: auto-disable syringes, reconstitution syringes, and safety boxes); diagnostics for Yellow Fever and Cholera; cold chain equipment. Gavi also finances the global vaccine stockpiles for yellow fever, meningitis, Ebola and cholera.	Low- and middle-income countries eligible for Gavi support (based on income); Small Island Developing States; Former Gavi-eligible countries, never Gavi eligible lower-middle-income countries, and additional International Development Agency (IDA)-eligible economies, to prevent backsliding and introduce key missing vaccines. 54 countries eligible (additional 19 formerly eligible)	\$1.8 billion on vaccines, diagnostics, supplies
Global Drug Facility (GDF)	A project of the Stop TB Partnership, the GDF aims to facilitate access to Tuberculosis medicines and diagnostics, including through pooled procurement.	2001	Global	TB medicines and diagnostics and medical devices; associated supplies and technologies.	Governments, NGOs, and other institutions. 126 countries procured in 2024	\$350 million of which: \$239 (68%): Medicines \$12.1m (3%): Devices \$99.7m (28%): Diagnostics

A1. Institution/ Program	Description	Year Pooled Procurement Operational	Geographic Scope	Commodities/Products Offered	Eligibility Criteria	Spending on Health Procurement*, 2024
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	The Global Fund is an independent public-private partnership and multilateral funding mechanism which aims to end AIDS, TB, and malaria by increasing access to health services, including by shaping markets for HIV, TB and malaria health products through centralized and pooled procurement and other procurement tools. Its first pooled procurement mechanism was created in 2007 and an online procurement platform, WAMBO, was launched in 2016. A limited amount of Global Fund procurement is also done via GDF, UNICEF, PAHO, UNDP, and national systems.	2007	Global	Antimalarial medicines; antiretrovirals; drugs for opportunistic infections and sexually transmitted infections; HIV & malaria rapid diagnostic tests; HIV prevention commodities; long-lasting insecticidal nets; viral load & early infant diagnosis; TB medicines and diagnostics (for drug-resistant TB, all procurement is done via GDF, as is a subset of procurement for drug-sensitive TB and diagnostics products); other essential medicines; medical devices and PPE. Also provides access to other product catalogues of select UN partner organizations and competitively-selected Procurement Services Agents.	Low- and middle-income countries eligible for Global Fund support (based on income and disease burden criteria), including approved implementer organizations and governments in those countries; countries that have transitioned from Global Fund support (using non-Global Fund financing). 135 eligible (additional 38 formerly eligible)	\$2.5 billion including \$1.8 billion through pooled procurement, of which: \$562m (32%): ITNs \$294m (17%): ARVs \$278m (16%): COVID RM \$224m (13%): RDTs \$159m (9%): Anti-malarial medicines \$151m (9%): Diagnostics/Lab \$36m (2%): Condoms/Lubricants \$33m (2%): Essential Medicines \$20 (1%): IRS *Non-health products excluded

A1. Institution/Program	Description	Year Pooled Procurement Operational	Geographic Scope	Commodities/Products Offered	Eligibility Criteria	Spending on Health Procurement*, 2024
Pan American Health Organization (PAHO)	PAHO, the specialized health agency of the Inter-American System and the Regional Office for the Americas of WHO, aims to improve and protect people's health and access, including through pooled procurement and other procurement tools. The Revolving Fund for Access to Vaccines was created in 1977 to support pooled procurement of vaccines and the Strategic Fund for Public Health Supplies was created in 1999 to support pooled procurement of medicines and medical supplies. These two funds were merged in 2023 into the Regional Revolving Funds (RFF) Special Program.	1977	Regional: The Americas	Vaccines and biologicals; syringes and safety boxes; cold chain equipment; Medicines; Diagnostic and medical equipment; Vector control supplies. Procurement of antiretrovirals is done through the Global Fund's pooled procurement mechanism under an MOU.	PAHO Member States 35 countries	\$732 million of which: \$696m (95%): Vaccines & Medicines \$36m (5%): Equipment and Supplies *note: freight/insurance/other goods and supplies excluded **most spending is on vaccines
The United Nations Children's Fund (UNICEF)	UNICEF works to reach the most disadvantaged children and adolescents, including by increasing access to health services through market shaping via pooled procurement and other procurement tools.	1962	Global	Vaccines and biologics; medical supplies and equipment; pharmaceuticals; insecticide-treated nets; and cold chain equipment.	Governments (primarily LMICs), other UN agencies, NGOs, philanthropic organizations and universities. 190+ countries	\$3 billion of which: \$2.5B (84%): Vaccines/biologics \$168m (6%): Supplies \$149m (5%): Pharmaceuticals \$118m (4%): Cold chain \$51m (2%): ITNs

A1. Institution/Program	Description	Year Pooled Procurement Operational	Geographic Scope	Commodities/Products Offered	Eligibility Criteria	Spending on Health Procurement*, 2024
The United Nations Population Fund (UNFPA)	UNFPA is the sexual and reproductive health agency of the UN, which works to uphold the rights and choices of women, girls and young people, including by increasing access to health services. UNFPA serves as the lead agency within the UN system for the procurement of reproductive health commodities.	2007	Global	Reproductive health commodities, including contraceptives, medical devices, pharmaceuticals, reproductive health kits.	Governments (primarily LMICs), other UN agencies, NGOs, and international organizations 150+ countries	\$321 million of which: \$214m (67%): Contraceptives \$63m (20%): Dignity Kits/Inter-agency RH \$27m (8%): Medical devices \$17m (5%): Pharmaceuticals
African Union's Medical Supplies Platform (AMSP)	A not-for-profit initiative and online marketplace launched by the African Union on behalf of the Africa CDC initially to respond to COVID-19, but it has since expanded, with plans to use AMSP as platform for the proposed African Pooled Procurement Mechanism (APPM)	2020	Regional: Africa	COVID-19 related diagnostics, vaccines; PPE, Eyewear; other medications and vaccines.	Members of the African Union 55 countries	Not available
Organisation of Eastern Caribbean States Pharmaceutical Procurement Service (OECS PPS)	The OECS is the pooled procurement mechanism of the Organisation of Eastern Caribbean States, created in 1986 with an online platform launched in 2014.	1986	Regional: Eastern Caribbean	Essential medicines and medical supplies	OECS Members 12 countries	2024 data not available (in the 2020/2021 financial year, spending was approximately \$15 million).

*Expenditures are for overall estimated procurement of health products, not just through pooled procurement, unless otherwise noted. Non-health products excluded to the extent possible (based on data availability).

Appendix Table 2: Organizational Type, Governance, Financing, and Quality Assurance of Pooled Procurement Mechanisms

A2. Institution/Program	Type of Organization	Governance Model	Financing Model	Pre-Payment/Line of Credit Offered	Quality Assurance	Public Pricing Data
Gavi, the Vaccine Alliance (Gavi)	Independent organization public/private partnership	Multi-stakeholder governance, public and private sector. The U.S. is a Board member (through end 2025).	Primarily donor financed; allows for self-pay	Yes, via financing provided to UNICEF's Middle-Income Countries' Financing Facility	Relies on UNICEF/PAHO quality assurance (QA); For countries that self-procure, must use WHO pre-qualified (PQ) products or comply with WHO; compliance must be assured by National Regulatory Authorities (NRAs)	Yes
Global Drug Facility (GDF)	Hosted by UN/ Hybrid Model	Multi-stakeholder governance, public and private sector. The U.S. is a Board member.	Primarily donor financed; allows for self-pay	No	Supplier/manufacturer pre-qualification; product eligibility based on WHO PQ, Stringent Regulatory Authorities (SRAs), national regulatory bodies, expert review panel; QA before, during, after procurement.	Yes
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Independent organization public/private partnership	Multi-stakeholder governance, public and private sector. The U.S. is a Board member.	Primarily donor financed; allows for self-pay	No	Supplier/manufacturer pre-qualification; product eligibility based on WHO PQ, SRAs, national regulatory bodies, expert review panel; QA before, during, after procurement.	Yes
Pan American Health Organization (PAHO)	Inter-governmental organization. Part of the UN System	Member state governance. The U.S. is a member state.	Self-financed by member states	Yes. Regional Revolving Funds (RRF) mechanism offers interest-free financing to member states. The RRF is maintained through additional amount charged per dose purchased, a portion of which goes into a capital fund and remainder supports administrative costs.	Supplier/ manufacturer pre-qualification; product eligibility based on WHO PQ, WHO/PAHO standards; QA before, during, after procurement	Yes

A2. Institution/ Program	Type of Organization	Governance Model	Financing Model	Pre-Payment/ Line of Credit Offered	Quality Assurance	Public Pricing Data
The United Nations Children's Fund (UNICEF)	Inter-governmental organization; Part of the UN System	Member state governance. The U.S. is a Board member.	Primarily donor financed; allows for self-pay	Yes. The Vaccine Independence Initiative helps countries bridge temporary short-term funding gaps for vaccines and other commodities through flexible line of credit (funded through capital funds). The Middle-Income Countries' Financing Facility, supported by Gavi, offers pre-financing for middle-income countries no longer receiving donor support.	Supplier/manufacturer pre-qualification; product eligibility based on WHO PQ, SRAs, national regulatory bodies; QA before, during, after procurement.	Yes
The United Nations Population Fund (UNFPA)	Inter-governmental organization; Part of the UN System	Member state governance. The U.S. was a Board member through end 2025.	Primarily donor financed; allows for self-pay	Yes. The Reproductive Health Bridging Fund is a revolving fund that allows for short-term, interest-free bridge financing for eligible countries to access supplies without needing to pre-pay.	Supplier/manufacturer pre-qualification; product eligibility based on WHO PQ, SRAs, or UNFPA; QA before, during, after procurement.	Yes
African Union's Medical Supplies Platform (AMSP)	Inter-governmental organization	Member state governance.	Donor financed	No	Products sourced from suppliers vetted/certified by WHO, FDA, or other regulatory authority.	Yes

A2. Institution/ Program	Type of Organization	Governance Model	Financing Model	Pre-Payment/ Line of Credit Offered	Quality Assurance	Public Pricing Data
Organisation of Eastern Caribbean States Pharmaceutical Procurement Service (OECS PPS)	Inter-governmental organization	Member state governance.	Self-financed by member states	No	Supplier/ manufacturer pre-qualification; OECS/Caribbean regulatory standards; QA before, during, after procurement	No

Sources

Gavi

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- Product information: <https://www.gavi.org/our-alliance/market-shaping/product-information-vaccines-cold-chain-equipment>
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GDF

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