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Mapping the Global Health Landscape: Analysis of Fourteen International Organizations

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Summary

Growing attention to health challenges, particularly those facing low- and middle-income countries, has led to the emergence of new global institutions over time, especially in the past twenty-five years. Today, the global health architecture includes a number of diverse international organizations with different mandates, governance models, financing structures, and operational approaches. At the same time, several of these organizations support the same countries, address similar health issues, and rely on the same set of revenue sources. As such, questions have been raised about whether there is duplication and/or opportunity for synergies and better coordination across entities. These questions have become even more acute as fiscal environments have increasingly tightened. As a result, multiple reform efforts have been launched to explore these questions. As one input into these processes, KFF has developed a descriptive mapping of 14 key global health and related international institutions, with a focus on their work to address health challenges in low- and middle-income countries. By looking across a range of variables, it is intended to inform discussions about synergies and coordination, duplication, comparative advantage, shared challenges, and architectural reform. Key findings include (also see Table 1):

1) **Organizational and governance models vary significantly, with implications for stakeholder representation that are particularly salient for civil society and affected communities.** Among the 14 institutions, there is a range of organizational and governance models, with a fundamental distinction between the public-private partnerships and the member-state entities, most notably in their level of formal stakeholder representation and decision-making powers with public-private partnerships including multiple stakeholders while member-state organizations including only sovereign nations. This is particularly salient for formal civil society inclusion, which is a feature of the public-private partnerships but absent from member-state organizations.
2) **The 14 organizations address a range of health issues as a core part of what they do, with the most common being "health systems strengthening" (HSS).** After HSS, the second most common areas are global health security/pandemic preparedness and response (GHS/PPR) and maternal and child health (MCH), with less concentrated focus on disease-specific issues, and the least focus on family planning/reproductive health (FP/RH). As such, HSS may offer an opportunity for further collaboration and exploration, some of which is already underway.
3) **The primary functional modalities used – how each organization addresses health – vary as well, with the most common being technical assistance (TA) followed by country financing and market shaping**. Further assessment could identify opportunities for collaboration or streamlining across functional modalities, such as exploration of the types of TA provided, country financing models used, and whether there are additional areas of synergy across market shaping activities.
4) **Fundraising approaches and cycles are generally not aligned.** Most of the organizations included have different approaches to fundraising, including replenishment conferences and/or other investment opportunities, usually operating on different timelines. On the one hand, this may afford each organization the opportunity to draw focused attention to its efforts. On the other, donors may be faced with multiple successive investment opportunities at times when resources are tight.
5) **For the subset of organizations that provide country financing, funding cycles are also not aligned.** Instead, these periods are generally tied to organizational fundraising cycles – or in some cases, the type of financing instrument provided– presenting countries with multiple different grant and other financing periods, which in and of itself could contribute to inefficiency and administrative burden.
6) **Multiple graduation policies and co-financing requirements, while used to incentivize domestic spending and program transitions, could present countries with unanticipated and undue burden, at least in the short term**. As resources tighten, and organizations are faced with the need to channel limited resources to the lowest income, highest need countries, an increasing number of countries are finding themselves on a glidepath to transition, including from more than one organization included in this analysis as well as other donors. As such, even countries with rising income may find themselves facing significant financial burden and challenges in taking over more of

their health responses. How international organizations and others coordinate in this area could have significant implications for program sustainability.

7) **Finally, while examination within any one variable yields important comparative information, a deeper dive across two or more provides a more comprehensive and nuanced picture of the role of each organization in the global health ecosystem**. When viewed this way, the overlap between organizations is reduced and in some cases quite limited, such as for HIV, where the four organizations with an HIV focus do so from relatively distinct vantage points, with the Global Fund being the only one providing dedicated country financing. Similarly for FP/RH and vaccines, only one organization provides dedicated country financing (GFF for FP/RH and Gavi for vaccines). At the same time, for other areas, including HSS, and some functions, such as TA and market shaping, there is more overlap, including at times in the same set of countries.

Table 1: Summary of Select Indicators

Organization	Governance Model	Health as Primary Focus	Core/Priority Health Area(s)	Functional Modalities/ Services	Health Product Procurement*
Coalition for Epidemic Preparedness	Multi-stakeholder	Yes	GHS/PPR	R&D	
Gavi, the Vaccine Alliance	Multi-stakeholder, with civil society	Yes	Malaria, MCH, HSS, GHS/PPR	Financing; Market Shaping/Pooled Procurement; TA	Vaccines; diagnostics, associated devices/supplies
Global Finance Facility	Multi-stakeholder, with civil society	Yes	MCH, FP/RH, HSS	Financing; TA	
Global Fund to Fight AIDS, Tuberculosis and Malaria	Multi-stakeholder, with civil society	Yes	HIV, TB, Malaria, HSS, GHS/PPR	Financing; Market Shaping/Pooled Procurement; TA	HIV/TB/Malaria medicines; diagnostics; vector control; associated devices/supplies
Pandemic Fund	Multi-stakeholder, with civil society	Yes	HSS, GHS/PPR	Financing	
RBM Partnership	Multi-stakeholder, with civil society	Yes	Malaria	TA	
Stop TB Partnership	Multi-stakeholder, with civil society	Yes	TB	TA; Market Shaping/Pooled Procurement	TB medicines; diagnostics; associated devices/supplies
Unitaid	Multi-stakeholder, with civil society	Yes	HIV, TB, Malaria, MCH, HSS, GHS/PPR	Market Shaping/Pooled Procurement	†
Joint United Nations Programme on HIV/AIDS	Member-State	Yes	HIV	Normative Guidance; TA; Global Health Surveillance	
United Nations Population Fund	Member-State	Yes	MCH, FP/RH, HSS	Normative Guidance; TA; Market Shaping/ Pooled Procurement; Global Health Surveillance	Reproductive health medicines; diagnostics; contraceptives; associated devices/supplies

United Nations Children's Fund	Member-State		MCH, HSS	Normative Guidance; TA; Market Shaping/ Pooled Procurement; Global Health Surveillance	Vaccines; Medicines; Diagnostics; vector control; associated devices/supplies
World Health Organization	Member-State	Yes	HIV, TB, Malaria, MCH, FP/RH, HSS, GHS/PPR	Normative Guidance; TA; Global Health Surveillance	
World Bank, International Bank for Reconstruction and Development	Member-State		HSS	Financing	
World Bank, International Development Association	Member-State		HSS	Financing	

Key: TB = tuberculosis. FP/RH = family planning/reproductive health. MCH = maternal and child health. HHS = health systems strengthening. GHS/PPR = global health security/pandemic preparedness and response. TA= technical assistance.
*Procurement on behalf of countries as a main functional modality.
†Unitaid provides products to countries in select project work but does not operate as a procurement platform.
Sources: See Appendix Table.

Introduction

Growing attention to health challenges, particularly those facing low- and middle-income countries, has led to the emergence of new global institutions, especially in the past twenty-five years. Today, the global health architecture includes a number of diverse international organizations with different mandates, governance models, financing structures, and operational approaches. At the same time, several of these organizations support the same countries, address similar health issues, and rely on the same set of revenue sources. As such, questions have been raised about whether there is duplication and/or opportunity for synergies and better coordination across entities. These questions have become even more acute as fiscal environments have increasingly tightened, and many international institutions have been forced to scale back operations. As a result, multiple reform efforts, including the Lusaka Agenda, the Accra Reset, the WHO's Joint Process on Reform of the Global Health Architecture, and others,[1,2] have been launched to explore these questions.

As reform efforts intensify, the global health community has identified the importance of developing a more structured mapping across institutions (and efforts are underway to do so, including by the Multilateral Organization Performance Assessment Network (MOPAN)[3]). As another input into these processes, KFF has developed a descriptive mapping of 14 key global health and related international institutions, with a focus on their work to address health challenges in low- and middle-income countries (LMICs). By looking across a range of variables, it is intended to inform discussions about synergies and coordination, duplication, comparative advantage, shared challenges, and architectural reform, although it is not meant to represent an assessment of organizational performance or effectiveness. More broadly, any mapping of the global health institutional ecosystem, including this one, offers only a snapshot within what is a rapidly changing environment.

Approach

Fourteen international organizations were identified for inclusion (see Table 2). These organizations were chosen because they represent the main health-specific international organizations operating today or are international organizations that include health in their broader mandates or activities. Still, this list is not meant to be exhaustive and does not include all international organizations working in this space (and does not include donor government development agencies, philanthropic organizations, domestic governments, or regional development banks).

A key set of analytic domains and questions was identified for analysis (e.g., type of organization; governance structure; health focus areas; functional modalities/services; country funding, eligibility criteria, and others) as were indicators within each. To identify data and information for each indicator, a review of official organizational documents and other relevant materials was conducted, as was outreach to organizations as needed. In addition to looking within domains, the analysis also sought to look across several domains to better understand the role of each organization. It is important to note that the analysis is limited to the health focus areas and functional modalities selected for inclusion (based on their role in the current global health ecosystem). As such, they do not necessarily reflect the full scope of each organization's activities. More detail on how information was identified and categorized is provided in the methodology. An appendix table provides detailed information by organization.

Table 2: Organizations Included
1. Coalition for Epidemic Preparedness (CEPI)
2. Gavi, the Vaccine Alliance (Gavi)
3. Global Finance Facility (GFF)
4. Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
5. Pandemic Fund
6. RBM Partnership (RBM)
7. Stop TB Partnership (Stop TB)
8. Unitaid
9. Joint United Nations Programme on HIV/AIDS (UNAIDS)
10. United Nations Population Fund (UNFPA)
11. United Nations Children's Fund (UNICEF)
12. World Health Organization (WHO)
13. World Bank, International Bank for Reconstruction and Development (IBRD)
14. World Bank, International Development Association (IDA)

Findings

Organizational Classification

The 14 international organizations included in this analysis represent a range of different types of institutions, including United Nations member-based entities as well as independent, public-private partnerships, and multilateral development banks (MDBs[4]) (see Table 3).

- The independent and hosted[5] public-private organizations all include multi-stakeholder representatives as part of their governance models, based on a variety of factors for inclusion (see

more below). The UN and MDB institutions are member-state based organizations, most of which engage non-state actors to varying degrees, but without formal decision-making power (see below).

- The three independent public-private partnerships were each created outside of and as independent from the UN system, with independent governance bodies, rules, structures, and operations.
- The hosted public-private organizations are not legally separate entities from their hosts, and must follow certain of their policies and procedures, but range in their degree of independence in other areas. The GFF, as a World Bank "Multi-Donor Trust Fund" (MDTF), is required to have a "Trust Fund Committee" governance body, chaired by the World Bank, which acts as its main decision-making body.[6] At the same time, it also operates as a global partnership with a separate governance body that functions in an advisory capacity and is comprised of a diverse group of stakeholders (see below). The Pandemic Fund, also hosted at the World Bank, is a "Financial Intermediary Fund" (FIF), an arrangement in which the Bank is a limited Trustee that administers the Fund and houses the organization but its governance is independent.[7] RBM and Stop TB are each hosted by UNOPS which provides administrative and hosting services but they maintain independent governance and programmatic responsibility[8]; this is similar for Unitaid, hosted by WHO.[9]
- The organizations range in their longevity, with all but one of the UN and MDB entities having been established more than 50 years ago, while the independent and hosted public-private entities were created more recently, including three within the past 15 years.

Table 3: Organizational Classification

Organization	Type of Organization	Year Founded
CEPI	Independent public-private	2017
Gavi	Independent public-private	2000
GFF	Hosted public-private	2015
Global Fund	Independent public-private	2002
Pandemic Fund	Hosted public-private	2022
RBM	Hosted public-private	1998
Stop TB	Hosted public-private	2000
Unitaid	Hosted public-private	2006
UNAIDS	United Nations	1996
UNFPA	United Nations	1967
UNICEF	United Nations	1946
WHO	United Nations	1948
IBRD	Multilateral Development Bank	1944
IDA	Multilateral Development Bank	1960

Sources: See Appendix Table.

Mission

Their missions range from more narrowly focused remits on specific health issues to much broader missions and goals (see Table 4). Of the 14, eight organizations have more focused missions – this is the case for all the independent and hosted public-private entities, each of which was created to

address specific health challenges that have largely arisen or been recognized over the past two to three decades. The missions of the UN and MDB entities are generally broadly framed around expansive health and/or development goals and wider platforms that address multiple issues across all member states. One exception is UNAIDS which was created specifically to address HIV, which remains the focus of its mission.

Table 4: Organizational Mission

Organization	Mission
CEPI	“[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.”
Gavi	“[T]o save lives and protect people’s health by increasing equitable and sustainable use of vaccines.”
GFF	To “[e]nable partner countries to expand and sustain access to affordable, quality primary health care for all women, children, and adolescents.”
Global Fund	“[A] worldwide partnership to defeat AIDS, tuberculosis (TB) and malaria and ensure a healthier, safer and more equitable future for all.”
Pandemic Fund	"[T]o provide a dedicated stream of additional, long-term funding for critical pandemic [prevention, preparedness, and response (pandemic PPR)] functions…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.”
RBM	“To convene and coordinate an inclusive, multisectoral response to control, eliminate and ultimately eradicate Malaria.”
Stop TB	“[T]o achieve…a vision of a world free of TB and, until then, making diagnosis, treatment and care available to all who need it.”
Unitaid	“[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.”
UNAIDS	“[A]n innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.”
UNFPA	“[T]o deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.”
UNICEF	“[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.”
WHO	“[A]ttainment by all peoples of the highest possible level of health.”
IBRD	To “help middle-income and creditworthy low-income countries reduce poverty and respond to regional and global challenges.”
IDA	To “help low-income countries invest in their futures, improve lives, and create safer, more prosperous communities around the world.”

Sources: See Appendix Table.

Health as Primary Focus

Most, but not all, have "health" as their primary focus while others may include health in their work but it is not their main priority. Based on their stated missions and goals, eleven of the 14 institutions have health as their primary focus and as such are oriented around one or more specific health issues (see "health areas" below). The exceptions are UNICEF, IBRD and IDA which include health as part of their broader work (IBRD and IDA as part of the World Bank) and support health efforts but are not health-specific institutions. UNICEF, for example, works broadly to protect the rights of children, including through promoting health, but it also works on early childhood development, economic and social policy, and education. The World Bank has several strategic priorities, including health, as part of its larger mission to promote broader economic development and poverty reduction.[10]

Governance Model

Governance models vary by size, stakeholder representation, and other characteristics, but generally fall into two overarching models – member-state and multi-stakeholder based (see Table 5). Within each model, there are different types of formal representation, and in some cases weights, given to board member seats. In the "member-state" model, the board or main governing entity is comprised of sovereign states only (IDA and IBRD apportion voting weights to member states based in part on financial contributions[11]) with no formal voting power given to other stakeholders. In the multi-stakeholder model, the board or main governing entity is comprised of a range of types of stakeholders (e.g., sovereign donors, implementers/country recipients, area experts, civil society, and others), based on organizational mission, financial contributions, functional needs, and other factors. In some cases, a board seat is held by one entity (typically, a sovereign donor based on financial contributions) and in others, it is shared with several others (such as a board seat held by multiple country members, NGOs, or private sector organizations). There are variations in representation across institutions both in the type of stakeholders included as well as the number of seats given to them. For example, while all multi-stakeholder organizations except one (CEPI) have seats for implementing countries (those that receive support from the organization), the Global Fund's Board includes seven implementing country members, two of which are from Africa (representing different parts of the continent) whereas the Pandemic Fund's Board has nine implementing country members, four of which are from Africa. There is also wide variety in civil society representation.

Civil Society Representation

One area of difference is the extent to which civil society and affected populations are represented (see Table 6). Eight entities (all the public-private organizations) have at least one civil society voting member on their governance body. Across these, the number of voting seats ranges from one each at Gavi and CEPI, to three at the Global Fund, and seven at Stop TB. Stop TB also has the greatest share of civil society voting seats on its board (27%), followed by the Global Fund (15%). None of the UN or MDB organizations provide voting rights to civil society, although UNAIDS is unique among them for having five non-voting civil society seats. In some cases, organizations also provide financial support to enable civil society, and implementer country, participation in Board and other governance meetings, including the Global Fund[12] and Unitaid[13], while Stop TB indicates that it will try to support participation if funding permits.[14]

Table 5: Voting Members: Board Size and Composition								
Organization	**Board Size**	**Donor Governments**	**Implementer Countries**	**Private Foundations**	**Private Sector**	**Civil Society**	**Affected Populations†**	**Other‡**
CEPI	12	X				X		X
Gavi	27	X	X	X	X	X		X
GFF*	11/32	X	X	X	X	X	X	X
Global Fund	20	X	X	X	X	X	X	
Pandemic Fund	21	X	X	X		X		
RBM	23	X	X	X	X	X	X	X
Stop TB	26	X	X	X	X	X	X	X
Unitaid	13	X	X	X		X	X	X
UNAIDS	22	X	X					
UNFPA	36	X	X					
UNICEF	36	X	X					
WHO	193	X	X					
IBRD	189	X	X					
IDA	189	X	X					
TOTAL	--	14	13	7	5	8	5	6

Note: Based on analysis of formal bylaws or other documents. Where not available, current membership was used. Of note, several organizations also have non-voting members and/or involve stakeholders in other ways.
*GFF has two governing bodies (Trust Fund Committee and Investors Group). Trust Fund Committee governance documents do not specify the number of members and as such the number above (11) reflects its current membership. Investors Group documents do specify a number (32).
†Several organizations specify inclusion of a person affected by the issues they address in their governance such as a person living with HIV, communities affected by malaria or TB, or youth.
‡"Other" includes independent and technical members. In addition, several of the public-private organizations have at least one UN agency or the World Bank as a voting member including: Gavi (WHO, UNICEF, World Bank); GFF (Global Fund, Gavi, UNICEF, UNFPA, WHO, World Bank); RBM (WHO); Stop TB (WHO, Global Fund), and Unitaid (WHO).
Sources: See Appendix Table.

Table 6: Civil Society Inclusion in Governance		
Organization	**Number of Civil Society Voting Members**	**As Share of Voting Members**
CEPI	1	8%
Gavi	1	4%
GFF*	3	1%
Global Fund	3	15%
Pandemic Fund	2	10%
RBM	2	9%
Stop TB	7	27%
Unitaid	2	15%
UNAIDS†	0	0%
UNFPA	0	0%
UNICEF	0	0%
WHO	0	0%
IBRD	0	0%
IDA	0	0%

*Based on GFF Investors Group only (the Trust Fund Committee Board does not have any civil society representatives).
†UNAIDS has five non-voting civil society members.
Sources: See Appendix Table.

Decision-Making Procedures

Decision-making and voting procedures also vary, though most strive for consensus-based decisions, usually with specific voting rules if consensus cannot be reached (see Table 7). Across the 14, nine organizations have a stated goal in their bylaws or other governance documents of reaching consensus-based decisions (including all of the independent or hosted public/private organizations except CEPI, and two UN entities – UNAIDS and UNFPA). If consensus cannot be reached, or, in the case of entities that do not use consensus, each organization specifies voting procedures. Six require a two-thirds supermajority and six a simple majority for decisions to pass. The Global Fund and the Pandemic Fund are unique in that each requires a two-thirds supermajority among each of their two voting blocs (donors and implementers); this procedure effectively allows for a minority of board members to prevent a decision from moving forward. Most of the consensus-based organizations, however, rarely take formal votes. An exception is the Global Fund which, while striving for consensus, formally records votes for each decision.

Table 7: Decision-Making Procedure		
Organization	**Consensus Goal**	**Voting Procedure**
CEPI		Three-fourths majority
Gavi	Yes	Two-thirds majority
GFF	Yes	No voting procedure specified
Global Fund	Yes	Two-thirds majority, each voting bloc
Pandemic Fund	Yes	Two-thirds majority, each voting bloc
RBM	Yes	Two-thirds majority
Stop TB	Yes	Simple majority
Unitaid	Yes	Two-thirds majority
UNAIDS	Yes	Simple majority
UNFPA	Yes	Simple majority
UNICEF		Simple majority
WHO		Two-thirds or simple majority, depending on topic
IBRD		Simple majority (unless otherwise specified)
IDA		Simple majority (unless otherwise specified)

Note: Based on analysis of formal voting procedures, as specified in bylaws or other governance documents.
Sources: See Appendix Table.

Voluntary/Assessed Contributions

All organizations but one rely on voluntary contributions to carry out their missions. Voluntary contributions, primarily from sovereign donors but also, in some cases, philanthropy, are the main revenue source for all but the IBRD. The IBRD borrows from international capital markets, secured with capital provided by member states, to provide loans to eligible countries. The WHO is unique among the 14 institutions in that it also relies on assessed contributions[15] from member-states primarily based on country income (although assessed contributions make up a relatively small share of its revenue). There are other revenue sources for some organizations as well, such as Product RED, a consumer marketing initiative to finance HIV through the Global Fund[16] and a voluntary airline ticket levy put in place by several governments to support Unitaid's work.[17] More generally, most of the organizations in this analysis rely on the same sources for funding, and most of their funding comes from a small number of donors. For example, 74% of the GFF's contributions come from five donors (Norway, Canada, the Gates Foundation, the U.K., and the Netherlands)[18] as do 68% percent of the Global Fund's contributions (the United States, France, UK, Germany and Japan)[19] and 73% of the Pandemic Fund's contributions (the United States, EU, Germany, Italy, and Japan).[20]

Strategic Periods/Replenishment

Eight of the 14 organizations use specific strategic periods and fundraising cycles, including "replenishment" models with pledging moments, to help mobilize multi-year commitments from donors (see Table 8). These include replenishment conferences or similar models used by six organizations – Gavi, GFF, the Global Fund, the Pandemic Fund, and IDA, as well as the recently

instituted “Investment Round” by the WHO. CEPI and UNITAID don’t use replenishment models but also have investment cycles seeking multi-year commitments. These replenishment or fundraising cycles vary across organizations with the Global Fund using a three-year period while Gavi, CEPI, the Pandemic Fund, GFF, and UNITAID use five-year periods. Historically, IDA has used three-year periods but in its most recent replenishment, moved to a four-year period. The WHO’s newly instituted “Investment Round” was also for a four-year period. In general, these cycles do not align across institutions.

Table 8: Strategy and Replenishment Periods

Organization	Strategy/ Replenishment Period	Replenishment/ Investment Cycle
CEPI	2027-2031	Yes
Gavi	2026-2030	Yes
GFF	2026-2030	Yes
Global Fund	2023-2028 (Strategy) 2026-2028 (Replenishment)	Yes
Pandemic Fund	2024-2029	Yes
RBM	2026-2030	
Stop TB	2023-2030	
Unitaid	2023-2027	Yes
UNAIDS	2022-2026	
UNFPA	2026-2029	
UNICEF	2026-2029	
WHO	2025-2028	Yes
IBRD	N/A	
IDA	2025-2028	Yes

Note: Represents current strategic period and/or current or most recent replenishment round.
Sources: See Appendix Table.

Country and Regional Operations

Seven organizations have country and regional operational offices, in addition to their global headquarters. All of the UN and MDB entities have country and regional operational offices, in addition to their headquarters based in Geneva, New York, or Washington DC. None of the public-private organizations, which have headquarters in Geneva, Norway, or Washington DC, have country or regional operational offices[21] and generally rely on the UN and MDB country-level operations to support their work in various capacities. While different than organizational country presence, the GFF has “Country Coordinators” and plans to expand their role, and its in-country presence more broadly, as part of its next strategy.[22] The Global Fund requires there to be “Country Coordinating Mechanisms” (CCMs), which are national committees made up of government, NGO, and other stakeholders that submit funding applications and oversee grants on behalf of their countries.[23]

Health Focus Areas

Within health, core or priority "focus" areas vary across institutions, with the most common being health systems strengthening (see Tables 9-10). Other organizations may contribute to, or support, these health areas but they are not a main or central focus. Among the seven health focus areas assessed [HIV, tuberculosis (TB), malaria, maternal and child health (MCH), family planning and reproductive health (FP/RH), health systems strengthening (HSS), and global health security/pandemic preparedness and response (GHS/PPR)]:

- Ten of the 14 organizations include a focus on health system strengthening (see Table 10). HSS is itself a broad set of activities[24] and each organization may be addressing similar areas (e.g., health workforce, supply chains) but in different ways. For example, Gavi's support is for strengthening immunization infrastructure and services while the Global Fund is focused on strengthening HIV, TB, and malaria service delivery and systems.
- The next two largest areas were each a focus of six organizations: MCH and GHS/PPR.
    - The six organizations working on MCH include: Gavi, with its core mission to scale up childhood immunizations; GFF, with a goal of ending preventable deaths of women, children and adolescents by mobilizing investments to improve country health systems; and Unitaid, which invests in innovative products designed to improve women and children's health and reduce mortality. MCH is also a main focus for both UNICEF and UNFPA and one of WHO's health areas.
    - Six organizations also include a core focus on GHS/PPR including two – CEPI and the Pandemic Fund – that were each created for this purpose which remains their core focus. The others, which include GHS/PPR as part of their other health work, are: Gavi, which coordinated and administered the COVAX Facility (for COVID-19 vaccines) during the COVID-19 pandemic and currently maintains the global strategic stockpiles for several outbreak-related vaccines; Unitaid which works to address capacity issues for future responses, and helps to respond to current outbreaks with new innovations;[25] the Global Fund which mobilized a COVID-19 response mechanism during the pandemic and, in its last strategy, added PPR as an evolving objective and currently supports outbreak response; and WHO which provides global coordination during outbreaks, monitors the response, seeks emergency funding through coordinated appeals, and develops standards and other guidance.[26]
- Five organizations focus on malaria including: Gavi's support for scaling up new malaria vaccines; the Global Fund's support for malaria diagnostics, treatments, vector control, and other prevention and case management interventions; RBM's advocacy and coordination; Unitaid's work on new technologies and innovation; and WHO's development of normative guidance and surveillance and other related data.
- Four organizations include a core focus on HIV – the Global Fund, Unitaid, UNAIDS, and WHO. Four include a core focus on TB – the Global Fund, Stop TB, Unitaid, and WHO. Other organizations, particularly Gavi, would step in once a vaccine for either HIV or TB, was available.
- The area with the least core focus is FP/RH, with just two organizations – GFF and UNFPA – having a decided focus and one – WHO – which includes FP/RH as one of the many health areas within its portfolio.

Table 9: Health Focus Areas								
Organization	**HIV**	**TB**	**Malaria**	**MCH**	**FP/RH**	**HSS**	**GHS/PPR**	**TOTAL**
CEPI							X	1
Gavi			X	X		X	X	4
GFF				X	X	X		3
Global Fund	X	X	X			X	X	5
Pandemic Fund						X	X	2
RBM			X					1
Stop TB		X						1
Unitaid	X	X	X	X		X	X	6
UNAIDS	X							1
UNFPA				X	X	X		3
UNICEF				X		X		2
WHO*	X	X	X	X	X	X	X	7
IBRD						X		1
IDA						X		1
TOTAL	4	4	5	6	3	10	6	--

*For purposes of this analysis, the WHO, as the global health organization, was considered to have a core focus on all the areas measured, as they are part of its broad mandate.
Sources: See Appendix Table.

Table 10: Health Systems Strengthening	
Organization	**Health Systems Strengthening Areas of Support**
Gavi[27]	Service delivery; health workforce; health information systems and monitoring and learning; demand generation and community engagement; governance, policy, strategic planning and program management; health financing, vaccine-preventable disease surveillance; and supply chain.
GFF[28]	Health facilities with critical equipment, medicines, and supplies; health workforce training; promotion of innovative service delivery models; financing reforms.
Global Fund[29]	Health workforce, including community health workers and community systems; laboratory systems; early warning surveillance and response; data systems; medical oxygen and respiratory care; supply chain; waste management.
Pandemic Fund[30]	Surveillance; laboratory systems; and health workforce.
Unitaid[31]	Supporting intellectual property, regulatory processes, and quality assurance; innovative supply models; strengthening regional and domestic manufacturing capabilities.
UNFPA[32]	Building government capacity for sustainable domestic financing; supply chains; service integration; health workforce.
UNICEF[33]	Procurement, supply chain, and infrastructure services.
WHO[34]	Normative guidance; data collection, monitoring, and measurement.
IBRD[35]	Facilities, health workforce, leadership development, financing reform.
IDA[36]	Facilities, health workforce, leadership development, financing reform.

Note: Based on organizational documents and strategies.

Functional Modalities

Functional modalities/services – how organizations carry out their missions – also differ across organizations, with the most common function being technical assistance (TA), followed by country financing and market shaping activities (see Table 11). Among the six functional modalities assessed (country financing; normative technical guidance; technical assistance; market shaping/pooled procurement; research and development; and global health surveillance):

- The most common was technical assistance, which is both carried out directly and/or funded as a main function by nine of the 14 organizations. Several UN agencies – UNAIDS, UNICEF, UNFPA and WHO – and the GFF, RBM, and Stop TB directly provide TA support while the Global Fund and Gavi fund these same (and other) technical partners to provide TA in carrying out country-level supported activities.
- Six organizations provide country financing directly or through intermediaries including Gavi, GFF, the Global Fund, the Pandemic Fund, IBRD, and IDA. There are generally two types of financing instruments (with blended options in some cases): grants (non-repayable), which are provided by Gavi, GFF, the Global Fund, Pandemic Fund, and IDA, and loans (concessional - loans offered at below market rates, and non-concessional – loans offered at standard market rates) provided by IBRD and IDA. All but one (IBRD) of these six organizations raises and pools resources that are in turn allocated to countries based on specific criteria (see more information below).
- Six organizations carry out market shaping – which includes a broad suite of activities to promote innovation, accelerate and scale-up new products such as strengthening regulatory institutions, supply chain activities, including pooled procurement, and market forecasting. These are: Gavi, the Global Fund, Stop TB via the Global Drug Facility (GDF), Unitaid, UNICEF and UNFPA. All but Unitaid operate

pooled procurement[37] mechanisms for a variety of health products (see Table 12), some of which have various arrangements between them to make products available. For example, Gavi procures most of its vaccines from UNICEF, and the Global Fund procures most TB products from GDF. GDF, UNICEF, and UNFPA health products are available to all countries, while Gavi and the Global Fund only allow current, and in some cases, formerly, eligible countries to access products. GDF, UNICEF, and UNFPA each offer pre-financing lines of credit to address liquidity and other constraints that can prevent countries from procuring commodities, and the Global Fund is planning to institute such an instrument.

- Normative guidance is provided by four organizations, led by WHO but also including UNAIDS, UNICEF, and UNFPA, often in conjunction with the WHO. Guidance developed by the UN system is in turn used by the other institutions to guide and support their work, including informing the development of operational and programmatic guidance.
- Similarly, global health surveillance and monitoring is also carried out by four organizations, all UN entities – WHO, UNAIDS, UNICEF, and UNFPA – and these data are in turn used by several of the other organizations in a variety of ways, including for developing operational and programmatic guidance, determining eligibility for funding and levels of support, and for measuring progress. The GFF has begun to move into this area, recently launching "FASTR" to provide "Rapid-Cycle Analytics for Data Use" as an alternative to in-person household and facility-based surveys, though not at the global level.[38] Importantly, while Gavi and the Global Fund also fund efforts to strengthen data collection and surveillance at the country level, global health surveillance is not in and of itself a core modality.
- Just one institution – CEPI – conducts R&D for health. It focuses on developing vaccines and countermeasures to address epidemic and pandemic threats. While R&D isn't a major WHO function, it serves to coordinate R&D networks and efforts and provide technical resources. In addition, Unitaid carries out some aspects of late-stage R&D and other areas of research on a limited basis.

Table 11: Major Functional Modalities/Services

Organization	Country Financing	Normative Guidance	Technical Assistance	Market Shaping/ Pooled Procurement	R&D	Global Health Surveillance	Total
CEPI					X		1
Gavi	X		X	X			3
GFF	X		X				2
Global Fund	X		X	X			3
Pandemic Fund	X						1
RBM			X				1
Stop TB			X	X			2
Unitaid				X			1
UNAIDS		X	X			X	3
UNFPA		X	X	X		X	4
UNICEF		X	X	X		X	4
WHO		X	X			X	3
IBRD	X						1
IDA	X						1
TOTAL	6	4	9	6	1	4	

Note: Based on analysis of organizational documents.

Table 12: Pooled Procurement Products

Organization	Products
Gavi	Vaccines against 20 diseases for routine vaccination, campaigns, outbreak response; associated devices/supplies; some diagnostics; global vaccine stockpiles for several outbreak-related vaccines.
Global Fund	HIV, TB, and malaria medicines for treatment and prevention; diagnostics; vector control; other essential medicines; associated devices/supplies.
Stop TB via GDF	TB medicines and diagnostics; associated devices/supplies; "Strategic Rotating Stockpile" (SRS) for emergencies.
UNFPA	Reproductive health medicines; diagnostics; contraceptives; associated devices/supplies.
UNICEF	Vaccines; medicines; diagnostics; vector control; associated devices/supplies.

Note: Based on analysis of organizational documents.
Unitaid provides products to countries in select project work but does not operate as a procurement platform.

Civil Society and Key Populations

One notable difference across organizations is the extent to which they actively fund civil society organizations (CSOs) and/or focus efforts to reach key and vulnerable populations. In addition to including civil society in governance, a subset of organizations also includes specific funding streams or mechanisms to support CSO involvement in country-level programming and monitoring. Gavi, for example, as part of its "Civil Society and Community Engagement (CSCE)", requires countries to allocate at least 10% of country cash budget funding ceilings[39] to CSOs for implementation. The Global Fund was founded on a principle of partnership with CSOs and communities and, in addition to being part of CCMs, CSOs manage Global Fund grants as principal and sub-recipients; between 2017-2022, the Global Fund reports that CSOs managed $9.25 billion, or 30%, of country funding.[40] In addition, the Global Fund supports community-led monitoring to assist with tracking program implementation and identifying access barriers.[41] GFF also supports CSO and youth engagement including in developing country investment cases and working to advocate for increased financing for health priorities.[42] Stop TB has a "Challenge Facility for Civil Society" (CFCS) which provides grants to CSOs to engage in national TB responses.[43] In addition to these efforts, some organizations include a specific focus on reaching those most at risk, including populations that may not be served by country governments. This is particularly the case for the Global Fund which focuses on key and vulnerable populations affected by HIV, TB, and malaria to increase access to services.[44] Several other organizations include key and vulnerable populations in their work, including Stop TB, RBM, and UNAIDS.

Country Eligibility and Funding Allocation

All six of the organizations that provide country financing (or financing institutions) use country income, and in some cases other criteria, for determining eligibility to receive funding (see Table 13). Gavi, the GFF, the Global Fund, the Pandemic Fund, IBRD, and IDA all use country income (the World Bank's Atlas Method) for determining eligibility. Some use additional criteria, combined with income. For example, while all low- income and lower middle-income countries are eligible for Global Fund support for HIV, TB, and malaria, upper middle-income countries are only eligible if they meet additional

requirements by disease. For the Pandemic Fund, while all IDA and IBRD countries were initially eligible, only countries that have not yet received support have been eligible for subsequent funding rounds.[45] In addition, the most recent funding round added new eligibility criteria to focus on countries with the greatest capacity gaps, highest pandemic risks, and significant socioeconomic challenges. The GFF also uses other factors to determine eligibility, including risk of overall debt distress and epidemiological burden specific to maternal and child health. IBRD limits eligibility to middle-income countries as well as "creditworthy" low-income countries. The Global Fund and Gavi also use country income to determine the level of co-financing required and graduation timelines (see below).

Table 13: Country Eligibility Criteria Across Financing Institutions

Organization	Number of Eligible Countries	Eligibility Criteria
Gavi	56	GNI per capita, as calculated by World Bank Atlas Method, with three phases scaled to income – initial self-financing, preparatory, and accelerated.
GFF	56	GNI per capita, as calculated by World Bank Atlas Method, and, for most recent strategic period, risk of overall debt distress and epidemiological burden specific to maternal and child health.
Global Fund	123	GNI per capita, as calculated by World Bank Atlas Method and disease burden. All LICs and LMICs eligible regardless of disease burden. UMICs eligible if they meet additional requirements by disease component and, for HIV, are on OECD DAC List of ODA recipients.
Pandemic Fund	15	GNI per capita, as calculated by World Bank Atlas Method (all IDA and IBRD countries initially eligible). Previous country recipients not eligible for subsequent rounds. For most recent round, additional criteria used to focus on countries with greatest capacity gaps, highest pandemic risk, and significant socioeconomic challenges.
IBRD	86	GNI per capita, as calculated by World Bank Atlas Method, and limited to middle-income countries and creditworthy low-income countries.
IDA	78	GNI per capita, as calculated by World Bank Atlas Method, set below IDA operational cut-off level, and only countries where financing not available from private sources on reasonable terms or via IBRD.

Note: Represents current or most recent eligibility.
Sources: See Appendix Table.

While the number of countries eligible for financing across these six organizations varies, a subset receives support from all or most of the six (see Tables 14-16 and Appendix Table). Based on current eligibility criteria**,** there are 148 countries that are eligible for funding across the six organizations. The Global Fund has the greatest number of eligible countries (123), followed by IBRD (86) and IDA (78). Fifty-six countries are eligible for Gavi and the GFF, respectively, while 15 are eligible for the Pandemic Fund's most recent funding round.[46] Across all six, there are 31 countries eligible to receive funding from four institutions, 20 from five institutions, and two from all six. All countries eligible for Gavi, the GFF, and the Pandemic Fund are also eligible for Global Fund support (for at least one disease component). GFF and Gavi overlap in 52 countries and Pandemic Fund eligible countries are also eligible for Gavi and GFF. Future changes to country eligibility, as more countries transition out of eligibility, will likely change this picture, potentially in significant ways (see graduation policy below).

Table 14: Number of Eligible Countries by Financing Institution		
Organization	**# Countries Eligible**	**% of Total**
GFF	56	38%
Gavi	56	38%
Global Fund	123	83%
Pandemic Fund	15	10%
IBRD	86	58%
IDA	78	53%
Total Countries Reached	**148**	**--**

Note: Represents current or most recent eligibility.

Table 15: Pairwise Overlap Across Financing Institutions (# of Countries Eligible for Both)						
	GFF	**Gavi**	**Global Fund**	**Pandemic Fund**	**IBRD**	**IDA**
GFF	56	52	56	15	14	52
Gavi	52	56	56	15	10	54
Global Fund	56	56	123	15	63	76
Pandemic Fund	15	15	15	15	2	15
IBRD	14	10	63	2	86	19
IDA	52	54	76	15	19	78

Note: Represents current or most recent eligibility

Five of the six financing organizations also use specific methodologies to allocate funds to eligible countries, driven by limited grant resources (see Table 17). Three organizations – Gavi, the Global Fund, and the Pandemic Fund – use methodologies that channel funding to the lowest income and highest need countries, including recent modifications to do so even further. In the case of Gavi and the Global Fund, this approach, coupled with co-financing and graduation policies (described below), serves to drive funding to the countries with the greatest needs. The GFF does not specify an allocation formula, but bases funding decisions on country investment cases. IDA uses an index with multiple factors for allocating resources to countries.

Table 16: Country Funding Allocation Across Financing Institutions	
Organization	**Allocation Formula/Methodology**
Gavi[47,48]	Gavi has a "Country Vaccine Budget" (CVB) which includes two components: (1) a guaranteed budget for specific vaccines and (2) a discretionary budget for other Gavi-eligible vaccines. The guaranteed vaccine budget is based on forecasted country demand. The discretionary budget is calculated based on a formula that includes under-five mortality inversely scaled to GNI per capita. There is also a separate cash budget for health and immunization strengthening which is based on three-year rolling averages of four indicators: GNI per capita and the number of children missing DTP1, DTP3, and MCV2. It assigns weighting of 50% to GNI per capita and 50% to the immunization performance indicators and adds a standard 10% multiplier for each country classified as fragile.
GFF[49]	No formula. Eligible countries develop investment case or costed plan.
Global Fund[50]	The Global Fund uses a multi-step process which starts with determining a "Global Disease Split" based on epidemiological factors to apportion funding to HIV, TB, and malaria. A formula is then used to determine country allocations measured by GNI per capita, weighting country disease component allocations according to a smooth curve where the value decreases as GNI per capita increases, and disease burden. These formula-derived amounts are then reviewed through a qualitative adjustment process to account for key epidemiological, programmatic and other country contextual factors that cannot be considered formulaically or are not fully represented in the allocation formula.
Pandemic Fund[51]	The Pandemic Fund determines grant ceilings using a methodology that considers country PPR needs and capacity gaps, population size, GNI per capita, and enabling environment, and uses a "High Risk–High Need" metric to score countries. The metric is based on four main conceptual dimensions: Hazards, Vulnerability, PPR Capacity, and the Enabling Environment.
IDA[52]	IDA uses a Resource Allocation Index (IRAI) based on the results of a "Country Policy and Institutional Assessment" (CPIA), which rates countries against a set of 16 criteria grouped in four clusters: (a) economic management; (b) structural policies; (c) policies for social inclusion and equity; and (d) public sector management and institutions.

Grant Cycles

The six financing organizations generally have different approaches to country-level grant or funding cycles, with minimal alignment. This is due primarily to two factors: different fundraising/replenishment periods and different types of funding instruments**.** Gavi uses a 5-year grant cycle, tied to its 5-year replenishment cycle. The Global Fund and Pandemic Fund also tie their grant cycles to their replenishment periods, but these are for 3-year periods. The GFF provides grants on a rolling basis, with different multi-year periods depending on the country investment case (typically three to five years) but also leverages this funding within broader IBRD and IDA financing instruments, which in turn operate differently.[53,54] IDA grants are for different multi-year periods (generally, three to five years)[55] while IDA credit and loan instruments and IBRD loans mature over much longer periods, including decades, depending on the instrument.[56]

Scale of Country-Level Support

Among the financing institutions[57], the level of financial support for health efforts in countries varies significantly (see Table 18). The Global Fund is largest followed by IDA, Gavi, IBRD and GFF

(see Table). Of note, IDA and IBRD amounts listed below include funding leveraged by the GFF. The Pandemic Fund's country financing is smallest among this group, though it is three times greater than the GFF's grant component. More broadly, IBRD and IDA support, which is mostly provided in the form of loans (with just 24% of overall IDA financing provided as grants[58]) is also quite different in nature from the grant-making of the other institutions.

Table 17: Annual Health Funding to Countries (USD) by Financing Institution, 2025	
Gavi	$2.8 billion
GFF	$1.1 billion: $147 million GFF grants $980 million leveraged IDA/IBRD
Global Fund	$4.0 billion
Pandemic Fund	$462 million
IBRD	$1.9 billion
IDA	$4.5 billion

Note: Represents most recent year available. Gavi and the Global Fund represent disbursements. GFF represents disbursements and includes leveraged resources, primarily through IDA. IDA and IBRD represent commitments. Pandemic Fund estimate is based on the annual average across the first three funding rounds ("Call for Proposals" or CfP1-CfP3).
Sources: See Appendix Table.

Graduation Policies

Gavi, the Global Fund, and IDA each have formal graduation policies[59] after which countries are generally no longer eligible for support, although several others have transitioned countries from support. Such policies are increasingly used as resources tighten and organizations move to channel limited resources to those most in need and promote sustainable programs in others. The criteria used are largely defined by income level, although other factors may be used, and the approaches generally span several years (so countries don't face an unexpected funding cliff).

- For Gavi, once a country has been in its last phase of eligibility (the accelerated transition phase) for eight years, it is no longer eligible for Gavi support. To date, 19 countries have graduated from Gavi support, two of which recently re-gained Gavi-eligibility. Seven countries are currently in the last phase of eligibility.
- For the Global Fund, once a country reaches upper middle-income status, it is no longer eligible for funding if it does not meet any disease component requirements. At this point, it may receive one additional allocation of transition funding (three years) for that component. To date, 52 disease components across 38 countries have transitioned from eligibility, and in the current grant cycle (GC7), 12 disease components from eight countries are transitioning.[60] At the end of the next grant cycle (GC8), 35 countries (as well as several others that receive funding through multi-country grants) will transition from country allocations.[61]
- For IDA, once a country reaches an IDA-defined operational cut-off level, there are three phases of graduation to IBRD-only financing which also include assessments of creditworthiness.
- For IBRD, a graduation threshold is based on income, at which point, other factors may be considered for determining whether eligibility could continue.
- While the GFF does not have a specific graduation policy, countries have been "phased out" of funding eligibility due to their progress in meeting health milestones. As mentioned above,

subsequent funding rounds of the Pandemic Fund have not been open to countries that have already received support.

Co-Financing Policies

Gavi and the Global Fund are unique in requiring country co-financing as a condition of receipt of financial support, although other institutions encourage, incentivize, or otherwise have mechanisms to support country co-financing. Both Gavi and the Global Fund have had long-standing co-financing requirements which are scaled based on country income capacity (with waivers allowed in exceptional circumstances):

- For Gavi, countries are required to share in the cost of vaccine procurement for routine vaccination (and for use in one-time immunization campaigns and periodic follow-up campaigns). The amount of co-financing varies by country income and transition status from Gavi eligibility with countries required to provide a portion of the cost of each vaccine dose, working towards 100% country-financed.
- For the Global Fund, all countries are required to co-finance their grants with variation by country income level. For example, low income and lower middle-income countries are required to demonstrate progressive government expenditure on health, while upper middle-income countries are required to focus 100% of their co-financing on specific sustainability and transition priorities. All must progressively co-finance the costs of key programmatic interventions and of national HIV, TB, and malaria responses and/or health systems strengthening though the size of the increase is scaled by country income.
- Several other institutions include co-financing as a strategic objective. For example, the Pandemic Fund has an overall goal of achieving a portfolio-wide leverage ratio of 1:4 – for every US$1 provided by the Pandemic Fund, US$4 is mobilized from country sources and applications for support are scored in part on a country's co-financing commitment. The GFF supports country health financing reform, including country efforts to enable and incentivize increased domestic investments in health. UNFPA, through its Supplies Partnership has a co-financing "matching fund" model for a subset of 54 countries whereby for every dollar a government spends on reproductive health commodities (whether purchased from UNFPA or another procurement entity), UNFPA matches with $2 from the UNFPA Supplies Partnership.[62] The 54 countries eligible for this are chosen based on their GNI per capita, modern contraceptive prevalence rate (mCPR), and maternal mortality rate (MMR). UNICEF Supplies also has similar matching programs, including its "Maternal, Newborn, and Child Health Match Fund" that matches 1:1 for every dollar a government spends on commodities.[63]

Multidimensional Analysis

Finally, analysis across multiple dimensions provides a more nuanced picture of the role of each organization in the global health ecosystem. While an examination of organizations within a discreet area, such as health focus, functional modality, or country eligibility, yields important comparative information, a fuller examination across two or more of these variables provides a more comprehensive and nuanced look at where organizations might overlap or play more distinct roles. For example, when viewed this way:

- The overlap between organizations is reduced and in some cases quite limited. For example, the organizations with a core focus on HIV do so from relatively distinct vantage points – Unitaid focuses on upstream product innovation and introduction, the Global Fund focuses on downstream scale up as the main funder of programs and services, including commodities, and UNAIDS and WHO provide guidance, TA, and global surveillance data to support their efforts. For malaria, Unitaid similarly focuses on upstream product innovation and introduction, the Global Fund on downstream service scale up for treatment, prevention, and diagnosis, Gavi on the malaria vaccine, and RBM and WHO provide guidance, TA, and data. For GHS/PPR, CEPI focuses on R&D, particularly at earlier stages,

Unitaid picks up innovation and introduction, Gavi maintains the stockpile for outbreaks, and the Pandemic Fund funds countries to prepare and strengthen systems. In several cases, there is only one organization providing dedicated country financing for a particular health area or product, including Gavi for vaccines, GFF for MCH and FP/RH, and the Global Fund for HIV, TB, and malaria.

- This is less clear, however, for HSS, the most common health focus area across organizations. While each addresses HSS through its own lens (e.g., Gavi is focused on strengthening immunization infrastructure, the Global Fund on strengthening HIV, TB, and malaria systems, GFF on strengthening systems to delivery MCH programs and services, and WHO on providing coordination and support), many of the supported HSS activities are similar, such as health workforce, facilities, supply chains, financing reform.
- Among the six financing organizations, there is significant overlap in countries reached, although the scale of financing and its focus vary significantly. For example, the Global Fund is the only one of the six providing financing specifically for HIV, TB, and malaria treatment and prevention, and Gavi is the only one of the six providing vaccines. But both organizations also support HSS in many of the same countries, as do several of the other financing organizations.

Looking Ahead

This analysis can help to identify areas for potential coordination and cooperation, as well as comparative advantage, and point to where additional information may be useful. Broad themes and observations include the following:

1) **Organizational and governance models vary significantly, with implications for stakeholder representation that are particularly salient for civil society.** Among the 14 institutions, there is a range of organizational and governance models, with a fundamental distinction between public-private partnerships and member-state entities in their models, approaches, and governance. This is most notable in their level of formal stakeholder representation and decision-making powers, with the public-private partnerships including multiple stakeholders while member-state organizations only including sovereign nations. This is particularly salient for formal civil society voting participation, which is a feature of the public-private partnerships but absent from member-state organizations.
2) **The 14 organizations address a range of health issues as a core part of what they do, with the most common being health systems strengthening.** After HSS, the next most common areas are GHS/PPR and maternal and child health, with less concentrated focus on disease-specific issues, and the least focus on FP/RH. As such, HSS may offer an opportunity for further collaboration and exploration, some of which is already underway, including among Gavi, GFF, and the Global Fund[64] as well as between Gavi and the Global Fund.[65]
3) **The functional modalities used – how each organization addresses health – vary as well, with the most common being technical assistance followed by country financing and market shaping**. Further assessment could identify opportunities for collaboration or streamlining across functional modalities. For example, market shaping activities are carried out by six organizations, including five which operate pooled procurement. These five are already interdependent in some ways, and additional exploration – such as the extent to which they could coordinate on strengthening regional and country level procurement and supply chain systems – could identify areas of synergy.
4) **Fundraising approaches and cycles are generally not aligned, which may have benefits as well as challenges.** Most of the organizations included have different approaches to fundraising, including replenishment conferences and/or other investment opportunities, usually operating on different timelines. On the one hand, this may afford each organization the opportunity to draw focused attention to its efforts. On the other, donors may be faced with multiple successive investment opportunities at times when resources are tight.
5) **As a result, for the subset of organizations that provide country financing, funding cycles are also not aligned.** Instead, these periods are generally tied to organizational fundraising cycles – or in some cases, the type of financing instrument provided– presenting countries with multiple different

grant and other financing periods which in and of itself could contribute to inefficiency and administrative burden.

6) **Multiple graduation policies and co-financing requirements, used to incentivize domestic spending and program transitions, could present countries with unanticipated or undue burden, at least in the short term**. As resources tighten, and organizations are faced with the need to channel limited resources to the lowest income, highest need countries, an increasing number of countries are finding themselves on a glidepath to transition, including from more than one organization included in this analysis as well as other donors. As such, even countries with rising income may find themselves facing significant financial burden and challenges in taking over more of their health responses. How international organizations and others coordinate in this area could have significant implications for program sustainability.
7) **Finally, while examination within any one variable (such as health focus area, functional modality, or country eligibility criteria) yields important comparative information, a deeper dive across two or more would provide a more comprehensive and nuanced picture of the role of each organization in the global health ecosystem**. When viewed this way, the overlap between organizations is reduced and in some cases quite limited, such as for HIV, where the four organizations with an HIV focus do so from relatively distinct vantage points, with the Global Fund being the only one providing dedicated country financing. Similarly for FP/RH and vaccines, only one organization provides dedicated country financing (GFF for FP/RH and Gavi for vaccines). At the same time, as mentioned above, most organizations are focusing on HSS, there are several organizations engaged in market shaping, and many organizations are carrying out technical assistance activities, sometimes in the same set of countries.

Methodology

Fourteen international organizations were chosen for inclusion in this analysis: the Coalition for Epidemic Preparedness (CEPI); Gavi, the Vaccine Alliance (Gavi); the Global Finance Facility (GFF); the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); the Pandemic Fund; RBM Partnership (RBM); Stop TB Partnership (Stop TB); Unitaid; the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Population Fund (UNFPA); the United Nations Children's Fund (UNICEF); the World Health Organization (WHO); the World Bank, International Bank for Reconstruction and Development (IBRD); and the World Bank, International Development (IDA). These organizations were included because they represent the main health-specific international organizations operating today or are international organizations that include health in their broader mandates or activities. All of these organizations were included in a recent Accra Reset paper. Eleven were included in either the *Reimagining the Future of Global Health Initiatives* report commissioned by the Wellcome Trust or the World Health Organization's effort to re-examine the global health architecture. Still, this list is not meant to be exhaustive and does not include all international organizations working in global health, donor government development agencies, philanthropic organizations, domestic governments, and regional development banks, among others.

A key set of analytic domains was identified for analysis:

1. Organizational classification (type of organization)
2. Mission;
3. Health as primary focus (whether health was primary focus of organization's work or part or a larger mandate);
4. Governance model (including board representation, decision-making, and voting procedures);
5. Funding model (voluntary and/or assessed contributions or other sources; fundraising process);
6. Operational model (whether organization has country or regional operations);
7. Health focus areas (which areas of health are core to the organization's mission or strategic objectives);
8. Functional modalities/services (the main ways in which health work is carried out);

9. Countries reached (for those organizations that provide country financing: eligibility criteria, allocation methodologies, geographic scope and overlap, grant cycles, graduation and co-financing policies).

To populate the indicators within each domain, a review of official organizational documents (governance documents, by-laws, charters, annual reports, strategic plans, financial statements, etc) was conducted, as was outreach to organizations as needed.

Seven health areas were included for assessment: HIV, tuberculosis (TB), malaria, maternal and child health (MCH), family planning/reproductive health (FP/RH), health systems strengthening (HSS), and global health security/pandemic preparedness and response (GHS/PPR). Several of these health areas are overlapping and reinforcing – for example, efforts to strengthen health systems can feed into and bolster GHS/PPR and vice versa, and addressing malaria is a key component of improving child health. This list is not meant to be exhaustive, but, rather, to reflect the main health challenges that disproportionately face low- and middle-income countries; as such, these seven areas are captured by more than half of the Sustainable Development Goal 3 (SDG 3) targets on good health and well-being. For each, official organizational documents were reviewed to assess whether a particular health area was a core focus or, instead, something they may contribute or provide support to. For purposes of this analysis, the WHO, as the global health organization, was considered to have a core focus on all the areas measured, as they are part of its broad mandate.

Six functional modalities/services were included for assessment: country financing; normative guidance; technical assistance; market shaping/pooled procurement; research and development; and global health surveillance. These modalities were also identified in the *Reimagining the Future of Global Health Initiatives* report, as well as other initiatives. As with health areas, official documents were reviewed to assess whether it was a main modality of the organization.

Jen Kates currently serves on the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Endnotes

[1] Reform efforts and processes include: The Future of Global Health Initiatives/Lusaka Agenda, https://futureofghis.org/; The Accra Reset, https://accrareset.org/; WHO Global Health Architecture Joint Reform Process, https://www.who.int/about/governance/global-health-architecture; Wellcome Trust, https://wellcome.org/insights/reports/rethinking-reform-way-forward-global-health-system?utm_source=linkedin&utm_medium=o-wellcome; EU and Like-minded Donors' Reflection Process on Reform of the Global Health Architecture, https://www.hera.eu/news/hisp-report-reflection-process-reform-global-health-architecture; The MOPAN Study on the Comparative Advantage in the Multilateral Health Ecosystem, https://www.mopan.org/en/our-work/performance-insights/comparative-advantage-in-the-multilateral-global-health-ecosystem.html; and HEAR CSO, https://hearcso.org/. There have also been several analytic pieces on this subject, including: SSRN: https://ssrn.com/abstract=6753079 or

[2] In addition to reform efforts, there have been several analytic pieces on this subject. See, for example: Witter, S., Palmer, N., Jouhaud, R. *et al*. Understanding the political economy of reforming global health initiatives – insights from global and country levels. *Global Health* 21, 40 (2025). https://doi.org/10.1186/s12992-025-01129-0; Grude, Sine and Pohl, Marionka and Musasizi, Joshua and Jackson Zikanga, Bernard and Foley, Brendan and Atuhaire, Roderick and Atuhairwe, Irene and Kerry, Vanessa Bradford, Navigating Global Health Architecture Reform Efforts – Between Reform and Fragmentation (May 12, 2026). http://dx.doi.org/10.2139/ssrn.6753079. Nishtar S, Global health leap: an urgent call to action, *The Lancet*, 2026; 407, 820-824. Mwisongo A, Nabyonga-Orem J. Global health initiatives in Africa - governance, priorities, harmonisation and alignment. *BMC Health Serv Res*. 2016 Jul 18;16 Suppl 4(Suppl 4):212. doi: 10.1186/s12913-016-1448-9. PMID: 27454542; PMCID: PMC4959383.

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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	"[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." Source: CEPI – Why We Exist	"[T]o save lives and protect people's health by increasing equitable and sustainable use of vaccines." Source: Gavi – Mission & Vision	To "[e]nable partner countries to expand and sustain access to affordable, quality primary health care for all women, children, and adolescents." Source: GFF – TRANSFORM 2030 Strategy	"[A] worldwide partnership to defeat AIDS, tuberculosis (TB) and malaria and ensure a healthier, safer and more equitable future for all." Source: Global Fund – About the Global Fund	"[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	"To convene and coordinate an inclusive, multisectoral response to control, eliminate and ultimately eradicate Malaria." Source: RBM – About Us	"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… 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	"[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." Source: Unitaid – Constitution

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
					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." Source: Pandemic Fund – Medium-Term Strategic Plan (2024-2029)		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." Source: Stop TB Partnership – About the Stop TB Partnership	
Health as Primary Focus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Governance Model / Board Structure	Board Composition: 12 voting members: 4 investors (3 from sovereign investors or international organizations and 1 from non-profit or NGO); 8 independent members. 5 non-voting members: CEPI CEO, Chair of CEPI Scientific Advisory Committee, Chair of CEPI Joint Coordination	Board Composition: 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	Board Composition Trust Fund Committee (TFC) currently has current members total comprised of 11 members: the World Bank, 7 governments, 3 foundations. 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	Board Composition: 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	Board Composition: 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.	Board Composition: "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	Board Composition: 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	Board Composition: 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

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
	Group, and one representative each from WHO and principal financial institution holding CEPI funds. Source: CEPI – Board; CEPI Articles of Association	countries, and technical health/research institute). 9 independent/ unaffiliated seats and 1 seat for the CEO as non-voting member. Source: Gavi – Board – Composition; Gavi Statutes	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. Source: GFF – Governance	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. Source: Bylaws of the Global Fund.	Observers: country representatives, implementing entities (e.g., MDBs, UN agencies, CEPI, Gavi, Global Fund, World Bank), and others. Source: Pandemic Fund – Governing Board; Pandemic Fund Governance Framework.	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. Source: RBM Partnership - Board; RBM Bylaws	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). Source: Stop TB Partnership – Board	communities living with the diseases). Source: Unitaid – Executive Board
Board Decision-Making Procedure	All decisions require a majority vote by Board Members. Certain decisions require three-fourths supermajority vote. Source: CEPI – Articles of Association	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. Source: Gavi – Statutes	Decisions by TFC are by consensus in meetings and no-objection virtual processes. The Investors Group "will strive to reach agreements by consensus." Source: GFF – Trust Fund Committee Governance Document; GFF – Investors Group Governance Document	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	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	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	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.	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.

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
				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

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
			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

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
	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

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
			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." Source: GFF – Countries; GFF – Secretariat			support at country and regional levels . . . optimizes technical resources, strengthens capacities, and enhances partner coordination to deliver high-quality technical assistance." Source: RBM Partnership - Country and Regional Support Partner Committee	Assistance (TA) and capacity-building services to address challenges that a National TB Program (NTP) may be facing in procurement and supply planning." Source: Stop TB Partnership – GDF Technical Assistance and Capacity Building	
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	Yes – Market-shaping is one of Unitaid's strategic objectives and includes activities such as price agreements, product forecasting, and intellectual property interventions. Source: Unitaid – Strategy

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
		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. Source: Gavi – Our Work – Market Shaping; Gavi – Strategy – Phase 6 (2026-2030); Product information for vaccines and cold chain equipment.		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. Source: Global Fund – NextGen Market Shaping; Procurement Tools.			technologies and operates a "Strategic Rotating Stockpile" (SRS) for emergencies. Source: Stop TB Partnership – GDF's Mission; Stop TB Partnership – Market & Partner Coordination	
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	No, but does conduct some late-stage R&D and final field validation for products that are about to reach the market. Source: Unitaid – Calls for Proposals – Frequently Asked Questions

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
	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

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
		society organizations (CSOs) also receive funding. Source: Gavi – Partner Countries; Gavi – funding for civil society organisations: funding opportunities	organizations (CSOs) also receive funding. Source: GFF – Countries; GFF – CSOs and Youth	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). Source: Global Fund – Who We Fund; Global Fund – Implementing Partners	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). Source: Pandemic Fund – Implementing Entities			
Country Eligibility	N/A	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: - 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-	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). Source: GFF – Countries; GFF –	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: - All LICs and LMICs eligible for HIV/AIDS, TB, and malaria support regardless of disease burden. - UMICs eligible if they meet additional requirements by	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. Source: Pandemic Fund - Pandemic Fund Launches Fourth Call For	N/A	N/A	N/A

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
		income threshold but less than accelerated transition phase; in certain cases, may be extended by two years) - 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). Re-eligibility & exceptions permitted in certain cases. Source: Gavi – Eligibility Policy	Updated Country Eligibility List, Global Financing Facility Strategy 2026–2030; GFF – Partner Country Eligibility and Classifications for 2026-2030	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). - 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			

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
				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

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
		(requirement varies by country phase). Co-financing not required for outbreak response campaigns. Waiver may be granted in exceptional circumstances. Source: Gavi – Co-financing Policy		In U-LMICs and UMICs, co-financing is required to be 100% focused on specific sustainability and transition priorities. Access to 15% the allocation is conditional on countries meeting co-financing requirements. Waiver may be granted in exceptional circumstances. Source: Global Fund – Sustainability, Transition and Co-Financing				
Graduation Policy for Countries	N/A	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). To date, 19 countries have graduated from Gavi support, two of which recently	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).	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	No formal policy/criteria but country recipients of earlier rounds of support are no longer eligible for subsequent rounds. Source: Pandemic Fund – Call for Proposals; Pandemic Fund – Third Call for Proposals: Phase 1 Frequently Asked Questions	N/A	N/A	N/A

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
		re-gained Gavi-eligibility. Seven countries are currently in the last phase of eligibility. Source: Gavi – Eligibility Policy	Source: GFF – Partner Country Eligibility and Classifications for 2026-2030	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. When a country disease component becomes ineligible for Global Fund support, it may receive one additional allocation period (three years) of transition funding. 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. Source: Global Fund – Eligibility; Global Fund – Sustainability, Transition and Co-Financing				

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.

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

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

Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
Normative Health Guidance	Yes – UNAIDS provides guidance and recommendations specific to HIV/AIDS. Source: UNAIDS – 2026 Workplan and Budget; UNAIDS – UBRAF 2022-2026	Yes – UNFPA provides guidance and recommendations specific to family planning and reproductive health, maternal health, and gender-based violence. Source: UNFPA – Strategic Plan, 2026-2029	Yes – UNICEF provides guidance and recommendations in areas pertaining to children including health. Source: UNICEF – Strategy for Health, 2016-2030	No	No	Yes – WHO provides guidance and recommendations on a range of health topics. Source: WHO – Global Health Strategy and Fourteenth General Programme of Work 2025–2028
Technical Assistance (TA)	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." Source: UNAIDS – About	Yes – UNFPA provides technical assistance, which is specified in the current strategy and integrated budget. Source: UNFPA – Strategic Plan, 2026-2029; UNFPA – Integrated Budget, 2026-2029	Yes – UNICEF provides technical assistance, which is specified in the current strategy and integrated budget. Source: UNICEF – Strategic Plan, 2026-2029; UNICEF – Integrated Budget, 2026-2029	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.	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. Source: WHO – Constitution; WHO – Country Presence
Market Shaping for Health Products	No	Yes – UNFPA's market shaping efforts are conducted through the UNPFA 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. Source: UNFPA – Supply Chain; UNFPA – The UNFPA Supplies Partnership	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. Source: UNICEF Supply Division	No	No	No
Research & Development	No	No	No	No	No	No, but does coordinate R&D networks and efforts, and provides technical resources.

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

Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
					at market interest rates over the longer term. 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. Exceptional temporary access to IDA has been provided on a case-by-case basis in the face of emergencies, conflicts, or other challenging conditions. Source: IDA – Borrowing Countries; IDA – Graduates; IDA – Financing	
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	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. Source: World Bank – IBRD; World Bank –	Yes – Once a country reaches the IDA operational cut-off level (updated annually), there are three phases of graduation to IBRD-only financing: - 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

Variable	UNAIDS	UNFPA	UNICEF	World Bank – IBRD	World Bank – IDA	World Health Organization (WHO)
				Country and Lending Groups	creditworthiness assessment by IBRD. - IBRD-only phase: countries no longer eligible for IDA. 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. Source: IDA – Borrowing Countries; IDA – Graduates; IDA – Financing	

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