Geneva, 13 March 2026

Subject: 2026-2028 Allocation Letter[1]

Dear Mr. Ndayizigiye,

Together, the Global Fund partnership has made remarkable progress in the fight against HIV, tuberculosis (TB) and malaria over the past two decades. Now, with significant constraints in external financing for health and a rapidly evolving global health ecosystem, we must adapt and intensify our focus on delivering sustainable health outcomes in this new context.

For the 2026-2028 allocation period (Grant Cycle 8 (GC8)), the Global Fund is introducing a set of strategic shifts[2] building on the 2023-2028 Global Fund Strategy[3], to accelerate pathways to self-reliance, sharpen investment priorities, strengthen value for money and advance access to innovations.

Rwanda Allocation

For GC8, **Rwanda has been allocated up to US$141,808,558 for HIV, TB, malaria and building resilient and sustainable systems for health (RSSH).** This allocation has been determined according to a methodology primarily based on disease burden and income level.

Table 1: Summary of allocation

Eligible disease component	Allocation up to US$	Allocation Utilization Period
HIV	87,731,202	1 July 2027 to 30 June 2030
Tuberculosis	10,319,585	1 July 2027 to 30 June 2030
Malaria	43,757,771	1 July 2027 to 30 June 2030
Total	141,808,558	

Aims of the Allocation

Country dialogue discussions around the use of the allocation should ensure rigorous prioritization of HIV, TB, malaria and RSSH investments considering up-to-date country epidemiologic data, WHO normative guidance and the Global Fund's GC8 investment guidance[4].

[1] This letter includes one annex and links, which should be read together and in full.
[2] https://resources.theglobalfund.org/en/strategic-shifts-gc8/
[3] https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf
[4] https://resources.theglobalfund.org/en/technical-guidance/

Rwanda is encouraged to use the allocation to reinforce the sustainability of lifesaving services and health outcomes. Budgeting of the allocation must be harmonized with other donor funds and aligned to domestic budgets, with progressive domestic uptake of major investment areas currently financed by the Global Fund. Service delivery should be simplified, streamlining approaches and implementation arrangements where possible.

Countries are encouraged to consider opportunities for further integration of HIV, TB and malaria responses into primary health care services to enhance effectiveness and efficiency. Countries are also encouraged to make targeted investments in cross-cutting health and community systems that strengthen essential functions and infrastructure and enhance engagement and access of affected populations. Such investments in health and community systems will reinforce the impact and sustainability of HIV, TB and malaria responses. In determining investments in health and community systems, countries must consider alignment with all funding sources, including domestic funding, other multilateral agencies, including Gavi, the World Bank and other multilateral development banks, the US and other bilateral partners. We recommend the Country Coordinating Mechanism (CCM) invite relevant ministry and partner representatives to country dialogue meetings to develop investments in a collaborative and holistic manner.

In addition, the Global Fund would like to share specific guidance for Rwanda's funding application:

For HIV, Rwanda is encouraged to maximize product efficiencies, using the lowest-cost effective options. For efficiency and effectiveness, use of integrated disease delivery models that maximize access is recommended.

For TB, the country should consider opportunities to introduce innovations to strengthen the TB care cascade and generate efficiencies through optimized screening and diagnostic networks, and integrated service delivery models. This includes integrating TB diagnostic tools such as the Near Point-of-Care molecular tests (NPOC), sputum pooling strategies, reviewed screening algorithms and shorter, all oral treatment regimens like BPaL/M (Bedaquiline, Pretomanid, Linezolid, and Moxifloxacin), to expand access while reducing overall costs.

For malaria, Rwanda is encouraged to sustain the sub-nationally tailored approach with the strong balance of evidence-based prevention with implementation adapted to the local context (including considering the sustainable financing of IRS), while continuing to reinforce quality of care and scale up of multiple first line therapy in line with Rwanda's antimalaria drug resistance management strategy. Reinforcing acute febrile illness surveillance to continue to quickly identify any upsurges or epidemics is also encouraged.

Countries with Gavi support or considering leveraging Gavi support for the malaria vaccine are strongly encouraged to appropriately prioritize malaria investments across all external and domestic funds and all intervention areas (case management, vector control, chemoprevention and vaccines). In planning the comprehensive malaria response, inclusion of Gavi along with the national immunization program and other partners is essential.

For RSSH, to protect the gains from past investments in HIV, TB and malaria, Rwanda is urged to prioritize health system critical inputs that contribute to the outcomes of the three diseases and strengthen community systems, including community-led monitoring.

The GC8 allocation should continue to focus on financial accountability using the country system with an aim to strengthen country ownership, transparency and sustainability of financial investments and programmatic outcomes.

Conditions to Access the Allocation

CCM eligibility requirements. The Global Fund Secretariat screens all applicants for compliance with CCM eligibility requirements.[5] Compliance with requirements 1 and 2 is assessed at the time of submission of the funding application[6] and others continue to be assessed on a yearly basis. Continued compliance with all eligibility requirements is a condition to access Global Fund financing (including for the CCM).

Focus of Funding. The Global Fund's Sustainability, Transition, and Co-Financing Policy[7] (STC policy) sets out Focus of Funding requirements for all countries by income level. Rwanda is classified as a low-income country.[8] Please refer to the STC guidance note[9] for relevant information for your country.

Co-financing requirements. Global Fund financing complements domestic funding for national responses to HIV, TB, malaria and RSSH. Improving domestic resources for health is essential to end the three diseases, sustainably strengthen systems for health and support countries to effectively transition from Global Fund financing. To access the full GC8 allocation, countries must meet the co-financing requirements described in the STC policy. All countries are expected to make specific commitments to progressively increase financing for key programmatic interventions and cover a growing share of key program costs of national responses, especially those interventions currently financed by the Global Fund. Lower-income countries and lower-middle-income countries are also expected to commit to increased government health expenditure over the allocation period.

15% of Rwanda's GC8 allocation will be accessible if Rwanda meets the co-financing requirements set out in **Annex A**. Country co-financing commitments must be finalized and communicated to the Global Fund during grant-making in formal co-financing commitment letters, endorsed by relevant government authorities. These commitments should be ambitious yet realistic, strategically focused and supportive of country efforts to both strengthen financial sustainability and effectively transition from external financing.

Opportunities for Funding Beyond the Allocation Amount

Catalytic Investment Matching Funds. Funded primarily from earmarked private sector sources, the Global Fund provides Catalytic Investment Matching Funds for Board-approved priority areas.

Rwanda is eligible for US$1,550,000 in additional funding from the Matching Fund for Public Financial Management. This funding should be deployed in a catalytic manner to inspire innovation

[5] https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf
[6] Or other application documents.
[7] https://www.theglobalfund.org/media/14383/core_sustainability-transition-cofinancing_policy_en.pdf
[8] Determined from gross national income (GNI) per capita using the World Bank income group thresholds for 2025.
[9] https://resources.theglobalfund.org/en/technical-guidance/

and maximize impact in these strategic domains. Further details on the conditions to access Matching Funds are included in **Annex A**.

Joint investments/Debt2Health. Strengthening alignment with other external financiers and using innovation to increase domestic resources for health are a focus of the Global Fund Strategy and critical for transition. Global Fund financing must be complementary to other sources of external financing, and Rwanda should consider opportunities for joint investments and improved resource mobilization through alternative financing mechanisms such as Debt2Health.

Thank you for your shared commitment and efforts in the global fight against HIV, TB and malaria.

Sincerely,

Mark Eldon-Edington
Head, Grant Management Division

Annex A

Allocation

Currency. The allocation for Rwanda is denominated in US dollars. Global Fund allocations can only be denominated in Euro or US dollars. If you would like to discuss a possible currency change for the next allocation period, kindly notify your Fund Portfolio Manager by 15 April 2026.

Conversion of donor funding. The GC8 allocation was determined considering announced pledges for GC8, as adjusted. It is the amount notionally apportioned to your country to enable the timely preparation of robust and quality funding applications. Should pledge risks require further adjustments to sources of funds, given the current external funding landscape, a portion of the allocation amount may not materialize. In such a scenario, the CCM, Principal Recipient(s) and the Global Fund will work together to operationalize any required changes to the design of the grant program due to reductions in allocations.

Timing. The allocation for each disease component can be used during the relevant allocation utilization period.[10] Any remaining funds from a previous HIV, TB or malaria allocation, unused by the start of the indicated allocation utilization period, will not be additional to the GC8 allocation.[11]

Program split. The Global Fund has proposed an indicative split of allocation funds across eligible disease components. However, the CCM is responsible for assessing and proposing the best use of funds across these disease components and RSSH. Applicants can choose to accept the Global Fund split or propose a revised one, grounded on an evidence-based analysis of programmatic gaps, considering the funding needed to maintain essential programming and reach those most affected by HIV, TB and/or malaria. Global Fund approval of any proposed program split change is required before the review of the funding application.

To better identify synergies in system investments across eligible diseases, applicants are required to indicate the intended investment amount for RSSH from within each disease allocation in the program split confirmation form. Providing this information is not considered a program split change.

Application Approach

Rwanda is requested to complete the GC8 grant documents as a program continuation. A complete set of grant documents will be shared with the nominated Principal Recipient(s) through the Global Fund Partner Portal. Applicants will need to update their grant entity data to access the Portal.

For each country, the available allocation for each component can only be accessed once per grant cycle. All grant documents for all eligible components are requested to be submitted at the same time to optimize investments and integration.

[10] See Table 1 of this letter.
[11] Any extension of an existing grant using the HIV, TB or malaria allocation will be deducted from the subsequent allocation utilization period, both in terms of time and funds used during the extension period.

The grant documents must be endorsed by the CCM ahead of submission to the Global Fund. Further details will be communicated by the Country Team in due course.

Implementation

The Global Fund recognizes the value of efficient implementation and actively encourages all countries to explore opportunities to streamline and consolidate implementation arrangements for GC8. Applicants should consider optimal service delivery arrangements based on country context, with due consideration to community-based and -led organizations.

Strengthening Sustainability and Impact of Investments

The Global Fund's co-financing requirements are determined by a country's income classification and outline how countries must make specific domestic financing commitments to access the full Global Fund allocation. These requirements aim to strengthen the overall impact and sustainability of Global Fund investments and support effective transition.

Co-financing. 15% of Rwanda's allocation is conditioned on co-financing requirements. Rwanda must make sufficient co-financing commitments during grant-making in line with STC policy requirements. For Rwanda, the total estimated minimum co-financing requirement for GC8 is US$294,226,946. This is based on Rwanda's GC7 co-financing commitments in its GC7 commitment letter, and US$10,635,642 of additional requirements under the STC policy. The Global Fund will dialogue with Rwanda during the funding application and grant-making processes to adjust this total minimum requirement where needed, considering actual realizations and efficiencies. Under the STC policy, the commitments must be targeted and include domestic financing of key programmatic interventions, especially those which are currently financed by the Global Fund.

The Government of Rwanda is encouraged to scale up investments and accelerate implementation of identified National Health Financing priorities, including scaling up domestic financing for HIV, TB and Malaria, and investments in Primary Health Care. Rwanda is also encouraged to maintain co-financing commitments that intentionally strengthen national disease responses and sustainability, and which align with Rwanda's health system and UHC priorities. Potential areas of interest include co-financing of supply chain functions for reliable and sustainable access to essential health products, and increased responsibility for purchasing priority essential medicines and commodities to balance funding gaps. Also, progressive increases in domestic contributions towards operational and maintenance costs of key investments in infrastructure and equipment is strongly encouraged.

Rwanda should provide confirmation of co-financing commitments through its co-financing commitment letter, and later, evidence of realization of those commitments from appropriate government authorities, including the Ministry of Finance and/or other relevant bodies. The Global Fund will work in a spirit of openness and collaboration with the Government to agree on specific co-financing commitments that are consistent with Rwanda's overall fiscal situation and country context, and which advance self-reliance and financial sustainability over time.

Previous co-financing and domestic commitments for GC7. Failure to realize previous co-financing commitments from GC7 may result in the Global Fund reducing funds from existing grants and/or the GC8 allocation. Rwanda should submit evidence of the realization of previous

commitments when submitting its funding application. Evidence of expenditure against commitments to increased government health spending, disease program spending, and specific programmatic spending should accompany the funding application and supporting documents.

Procurement mechanisms. The Global Fund strongly encourages countries to leverage the Global Fund's Pooled Procurement Mechanism (PPM) to ensure sustained access to quality assured and affordable health products using non grant resources, whether derived from domestic financing or other non-Global Fund sources. PPM/Wambo.org provides a dependable and efficient procurement channel that facilitates access to essential HIV, TB and malaria prevention, diagnostic and treatment products, including newly recommended innovative products, at competitive prices through a transparent, value for money process. Countries are requested to collaborate with the Global Fund to review and address any challenges associated with the use of PPM/Wambo.org with domestic or other non-Global Fund funding streams. Further information is available on the Global Fund Procurement Tools web page.[12]

Conditions for Catalytic Investment Matching Funds

Rwanda may access up to US$1,550,000 from the **Public Financial Management (PFM) Matching Fund**, provided that Rwanda also invests at least a quarter of the amount of available Matching Funds from its country allocation in PFM activities.

Limited additional funding may be available to Rwanda from the PFM Matching Fund, based on quality of the interventions proposed.

All Matching Fund amounts are subject to funding confirmation. For each Matching Fund amount, countries must also meet specific programmatic conditions, which can be accessed here.[13]

[12] https://www.theglobalfund.org/en/sourcing-management/procurement-tools/
[13] https://resources.theglobalfund.org/en/grant-life-cycle/sources/matching-funds/