

Geneva, 13 March 2026

Subject: 2026-2028 Allocation Letter¹

Dear Honorable Smt. Punya Salila Srivastava, Secretary, Ministry of Health and Family Welfare, CCM Chair,

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.

India Allocation

For GC8, **India has been allocated up to US\$300,000,000 for HIV, TB 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	100,000,000	1 April 2027 to 31 March 2030
Tuberculosis	200,000,000	1 April 2027 to 31 March 2030
Total	300,000,000	

Transition from Global Fund financing. In line with the Global Fund's Sustainability, Transition, and Co-Financing Policy⁴ (STC policy), the Global Fund has determined that GC8 will be the final allocation for India for HIV, so investment priorities should reflect the need to transition to domestic funding at the end of that grant cycle. The Global Fund has further determined that Grant Cycle 9 (GC9) will be the final allocation for India for TB, so investment priorities for GC8 should reflect the

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://www.theglobalfund.org/media/14383/core_sustainability-transition-cofinancing_policy_en.pdf

expectation that there will be a full transition to domestic funding by the end of the next two grant cycles. Specific guidance is included under the Aims of the Allocation section of this letter.

As there will be no malaria allocation in GC8, the Global Fund will work with the Government of India towards an effective transition and responsible closure of the Grant Cycle 7 (GC7) malaria grant.

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 to reach those most affected by HIV and TB.

Since the malaria component will not receive an allocation in GC8, any proposed program split revision should focus exclusively on the remaining eligible components and RSSH. Global Fund approval of any proposed program split change is required before the review of the funding request.

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.

Aims of the Allocation

Country dialogue discussions around the use of the allocation should ensure rigorous prioritization of HIV, TB and RSSH investments considering up-to-date country epidemiologic data, WHO normative guidance and the Global Fund's GC8 [investment guidance](#)⁵.

India 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 strategic 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 and TB 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 and TB 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.

⁵ <https://resources.theglobalfund.org/en/technical-guidance/>

In addition, the Global Fund would like to share specific guidance for India's funding request, that the GC8 allocation:

- Enhances integration of HIV and TB interventions into relevant health service delivery and streamlined implementation arrangements, where appropriate. In addition, investments should be strategically prioritized to focus resources on high-burden and underperforming geographic areas, as well as for populations at highest risk, to maximize epidemiological impact and value for money.
- Supports the strong momentum and excellent progress in the TB response by scaling up innovations that strengthen the TB care cascade and sustaining effective interventions previously supported by the Global Fund through domestic financing. This approach can be reinforced through a strategic expansion of active case finding, applying differentiated screening strategies based on local burden, transmission pattern and priority populations, alongside optimized, sensitive and accurate screening and diagnostic algorithms. In parallel, accelerating the transition to short DR-TB treatment regimens will expand access, improve patient outcomes and reduce overall costs.
- Strategically reinforces interventions where catalytic, time-bound support can have the greatest impact and durability, as India approaches the transition from Global Fund financing for HIV after 31 March 2030. Augmenting testing and treatment among key populations driving the epidemic, such as PWID, expanding integrated service delivery in highest-burden districts along with differentiated packages should be prioritized. Funding should also leverage innovations to notably reach the unserved, at-risk or affected populations.
- Strengthens strategic information systems, community systems and rights-based approaches to ensure sustainability and protect service access for the most vulnerable populations during and after the transition to fully domestically financed TB and HIV responses.

The GC8 allocation focuses on financial accountability using country systems 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](#).⁶ Compliance with requirements 1 and 2 is assessed at the time of submission of the funding request⁷ 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).

⁶ https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

⁷ Or other application documents.

Focus of Funding. The STC policy sets out Focus of Funding requirements for all countries by income level. India is classified as a lower lower-middle-income country.⁸ Specific recommendations apply to transition funding and final grants. Please refer to the STC guidance note⁹ for relevant information for your country.

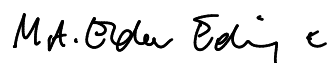
Co-financing requirements. While Global Fund grants represent an important contribution to the fight against HIV and tuberculosis, they form one part of the much larger national and state effort that underpins India's health system and disease responses. Reflecting India's capacity and leadership in the sustainable financing of its health priorities, continued domestic investment in health remains central to consolidating progress toward ending the three diseases, strengthening health systems, and sustaining national responses over the long term. As part of its objective to analyze progress in the global fight against HIV, TB and malaria, the Global Fund will collect data on India's funding of the national TB and HIV response during GC8, based on published Government reports and data sources.

Opportunities for Funding Beyond the Allocation Amount

Unfunded quality demand. The Global Fund requests that all applicants develop a Prioritized Above Allocation Request (PAAR). Interventions from the PAAR that the Technical Review Panel considers quality demand will be listed on the Register of Unfunded Quality Demand (UQD) for potential future funding.

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

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/>.

Annex A

Allocation

Currency. The allocation for India is denominated in US dollars. Global Fund allocations can only be denominated in Euro or US dollars.

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 requests. 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

Application Approach

India is requested to submit its application for funding using the Tailored for Transition (HI/Core) funding request. A complete set of application materials will be shared through the Global Fund Partner Portal¹². 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. Funding requests for all eligible components are required to be submitted at the same time and, where feasible, are expected to be integrated into a single multi-component funding request to optimize investments and integration. Due to being a high burden TB/HIV country, a joint TB/HIV funding request is mandatory.

All funding requests are required to be developed through inclusive and transparent country dialogue with a broad range of stakeholders,¹³ including key and vulnerable populations.

A variety of resources to help applicants prepare their funding requests will be available on the [Global Fund website](#).¹⁴ We encourage all those involved in the preparation of the funding request to carefully read the available guidance.

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.

¹² <https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/submission/>

¹³ Stakeholders should include relevant government directorates, e.g., laboratory directorate, community health directorate, human resources for health directorate.

¹⁴ <https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/>

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.

The Global Fund anticipates that the TB and HIV grants implemented by the governmental Principal Recipients (PRs) will continue to operate under a payment-for-results modality. Building on the experience and progress achieved during GC7, the Global Fund is committed to working closely with the Government of India to further refine and strengthen this approach for GC8, including the definition of disbursement-linked indicators and targets, and alignment with the Program Boundaries.

The Global Fund also encourages India to continue taking into account the purposeful complementarity between PRs, drawing on the comparative strengths of each to deliver impact on a scale and reach underserved populations. At the same time, recognizing the current constrained funding environment, there is an expectation that implementation arrangements remain streamlined and coherent, with a limited number of grants and PRs and a continued focus on strategic prioritization, operational efficiency, and measurable results. Within such an approach, PRs should be able to demonstrate consistent performance and strong fiduciary and programmatic capacity in managing Global Fund resources ahead of GC8 selection.

Strengthening Sustainability and Impact of Investments

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](https://www.theglobalfund.org/en/sourcing-management/procurement-tools/) web page¹⁵.

¹⁵ <https://www.theglobalfund.org/en/sourcing-management/procurement-tools/>