Global Health Financing for Oxygen Systems

The Global Fund to Fight AIDS, Tuberculosis and Malaria

This brief is intended to support applicants, partners, civil society, and others in developing funding requests and/or advocating for prioritization of medical oxygen, pulse oximetry, and respiratory therapies in grants from The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Since the COVID-19 pandemic, The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has become the largest source of external donor funding for medical oxygen, pulse oximetry, and respiratory therapies in low- and middle-income countries. Between 2021 and 2025, the Global Fund's COVID-19 Response Mechanism invested around US$564 million to expand access to oxygen in over 80 low- and middle-income countries, financing more than 300 oxygen plants and training over 1,000 health professionals across almost 500 health facilities.

A recent analysis estimated that between 2024 and 2026, the Global Fund's oxygen investments in just 14 countries will deliver oxygen to 22 million people, potentially saving 520,000 lives.

In 2025, the Global Fund announced that it would continue to offer medical oxygen to eligible countries as part of Grant Cycle 8 (GC8) via the Resilient and Sustainable Systems for Health (RSSH)/Pandemic Preparedness (PP) program. Details are outlined in the *GC8 Modular Framework Handbook*, which guides the 123 countries eligible for Global Fund support through the grant life cycle.

Tips!

- **Engage early with the Country Coordinating Mechanism**—the national body that brings together government, civil society, and partners to submit applications to The Global Fund to Fight AIDS, Tuberculosis and Malaria—and ministry of health officials, including HIV, tuberculosis (TB), and malaria program leads.
- **Align oxygen requests with national health plans** for HIV, TB, and malaria; oxygen roadmaps; and pandemic plans, underscoring that oxygen is a dual-use investment that reduces everyday mortality while ensuring surge readiness for pandemics.
- **Anchor the case in mortality reduction** across severe HIV, TB and TB/HIV, and malaria, and the reduced risk of mass fatalities during future respiratory pandemics.

Including medical oxygen in Global Fund applications

Eligible governments can include medical oxygen and pulse oximetry as part of their GC8 RSSH/PP grant applications in 2026. The Global Fund advises countries to focus on the optimization and sustainability of existing oxygen supply and respiratory care services, and only if alternative funds are not available and health facilities are serving significant populations of people living with HIV, tuberculosis (TB), and/or malaria. Strategies to increase optimization and efficiency include:

- Aligning oxygen projects in Global Fund applications with national strategies to prioritize domestic investments, alternative donor funding, or innovative and blended financing (public-private partnership/cost recovery where appropriate).
- Coordinating stakeholders on policy, data, and quality and regulatory standards for supply, distribution, and delivery by creating a national technical working group on oxygen and respiratory care to sustainably integrate oxygen services into the health system.
- Developing a national oxygen plan or roadmap for integrated program and service delivery and long-term sustainability. The plan should address operations, maintenance, staffing, local capacity-building, and monitoring. It should include integration of national biomedical systems to enable local servicing, extended warranties, and maintenance, as well as essential systems such as procurement and supply chain quality assurance. Digital asset management tools should be incorporated to reduce downtime and reliance on external service providers.
- Planning for surge oxygen capacity in emergencies such as epidemics, humanitarian crises, conflicts, or natural disasters.
- Integrating distribution and quality assurance for medical oxygen services into existing supply chain, quality, and regulatory systems.
- Integrating oxygen indicators (production, distribution, consumption, downtime) into national health management information systems.
- Integrating human resources capacity-building for management, operations, and maintenance of oxygen systems within the capacity-building of essential biomedical staff, technical staff, and clinical providers.
- Using existing or planned alternative or clean energy sources, such as photovoltaic systems, to offset operational costs.

Oxygen projects should have a clear transition and sustainability plan to ensure continued viability beyond Global Fund support.

A great deal of data exists to help countries make the case for including medical oxygen, pulse oximetry, and respiratory therapies in Global Fund applications. The work of the *Lancet Global Health* Commission on medical oxygen security, the Global Oxygen Alliance's investment case, and a vast peer-reviewed literature hosted at the Access to Oxygen ($A2O_2$) Resource Library include estimates of gaps in oxygen access for all regions and many countries, and for critical populations, including people living with HIV/AIDS, TB, and malaria.

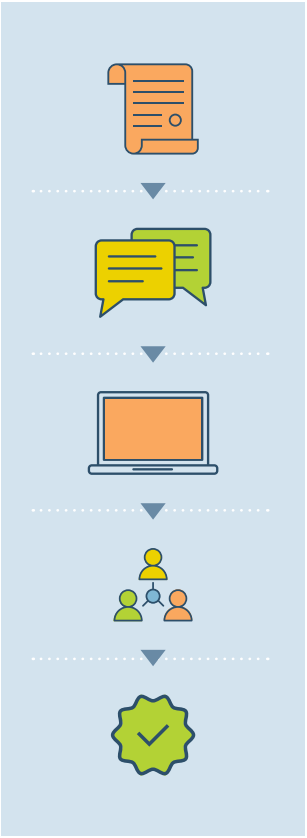
Government officials and other stakeholders involved in Global Fund applications may be unaware that lack of medical oxygen access is contributing to poor outcomes for people living with HIV, malaria, and/or tuberculosis and is increasing the risk of mass fatalities during a health emergency. As a result, Global Fund financing may be underutilized as a tool to reduce infectious disease mortality and improve pandemic preparedness.

Engaging Global Fund application processes

The Global Fund's GC8 for the 2026 to 2028 allocation period begins with countries receiving formal allocation letters through their Country Coordinating Mechanisms (CCMs). These letters set the total funding envelope for HIV, TB, malaria, and crosscutting investments in health systems strengthening (RSSH) and PP. They also provide guidance on prioritization, efficiency, and sustainability. Countries then enter a structured national country dialogue process, led by the CCM, to agree on priorities, identify gaps, and design an integrated funding request.

From mid-2026, countries prepare and submit their funding requests through the Partner Portal in one of several windows—June 8, July 27, or October 5, 2026; further dates will be published in 2027. These submissions are expected to be multidisease- and systems-oriented, combining programmatic interventions (HIV, TB, malaria) with RSSH and PP components. The Technical Review Panel then assesses each application for strategic focus, technical soundness, impact, value for money, and feasibility, often requesting revisions before approval. The GC8 Funding Request Tracker provides information on the progress of funding requests, from registration and review through to final board approval.

Once a request is approved, countries enter the grant-making phase (late 2026 into 2027), where detailed budgets, performance frameworks, and implementation arrangements are finalized with the Global Fund Secretariat. Approved grants are then signed and implemented in phased disbursements. Across the cycle, there is a strong emphasis on integration, sustainability, and ensuring that investments—including oxygen systems—are embedded within functional national health systems rather than delivered as standalone commodities.



Maximizing success: Practical tips

Anchor oxygen systems in disease burden (not "equipment gaps")

Frame medical oxygen, pulse oximetry, and respiratory therapies as core enablers of HIV, TB, and malaria survival pathways—as a crosscutting case management intervention that directly reduces mortality across all three diseases:

- **TB**—severe pneumonia, TB/HIV coinfection respiratory failure, multidrug-resistant tuberculosis complications.
- **HIV**—opportunistic infections (e.g., *Pneumocystis* pneumonia, bacterial pneumonia).
- **Malaria**—severe malaria with respiratory distress.

Link oxygen scale-up to "test-treat-monitor" systems strengthening

Medical oxygen, pulse oximetry, and respiratory therapies strengthen case management quality for HIV/TB/malaria and reduce late presentation deaths.

- **Pulse oximetry** ⇢ early detection of hypoxemia.
- **Oxygen therapy** ⇢ immediate treatment.
- **Respiratory support** (e.g., continuous positive airway pressure) ⇢ management of severe disease.

Maximizing success: Practical tips

Embed investments within existing Global Fund service delivery platforms

Oxygen can improve health system efficiency and the sustainability of:

- **HIV** clinics and antiretroviral therapy programs (facility-level integration for opportunistic infections).
- **TB** diagnostic and treatment centers (including drug-resistant TB wards).
- **Malaria** severe case management units in pediatric wards.

Include measurable service delivery and quality indicators

Include clear output + outcome indicators:

- Percentage of TB/HIV/malaria severe cases with documented oxygen saturation measurement.
- Percentage of hypoxemic TB/HIV/malaria patients receiving oxygen within X minutes of diagnosis.
- Case fatality reduction in severe HIV-/TB-/malaria-associated respiratory illness.

Quantify pandemic preparedness co-benefits explicitly

Oxygen is a dual-use infrastructure for routine care + emergency surge response:

- Oxygen systems = first-line response capacity for COVID-19, influenza, respiratory syncytial virus, cholera, and other pathogens with epidemic and pandemic potential.
- Pulse oximetry = early triage tool in outbreaks and surges.
- Scalable oxygen concentrator/pressure swing adsorption systems = surge capacity infrastructure.

Examples of Global Fund oxygen investments

The Global Fund has highlighted a list of RSSH activities related to sustainable access to medical oxygen, including:

- Oxygen supply, such as installation of pressure swing adsorption (PSA) plants, liquid oxygen and oxygen concentrators, including site preparation and auxiliary infrastructure for operations and monitoring, spare parts, extended warranties, and maintenance.
- Oxygen storage and distribution, including piped oxygen or medical gas networks and interfacility cylinder distribution equipment.
- Oxygen delivery and respiratory care, including patient delivery and monitoring devices, such as masks, flowmeters, ventilators, and pulse oximeters.
- Oxygen ecosystems support, including national oxygen needs assessments and strategies, extended warranties, preventive maintenance and spare parts, and capacity-building of personnel such as biomedical engineers and clinical providers.

Contact information

- CCM contacts: https://data.theglobalfund.org/geography.
- Global Fund Country Team (Portfolio Manager): https://data.theglobalfund.org/geography.
- Principal recipients: https://data.theglobalfund.org/grants.
- Local fund agents: https://resources.theglobalfund.org/media/0wxbu1ex/cr_lfa-selected_list_en.pdf.
- Civil society and community representatives (via CCM Dashboard): https://www.dataetc.org/projects/ccm/.

Resources

- Grant Cycle 8 (GC8) Prioritization Guidance: Resilient and Sustainable Systems for Health (RSSH): https://resources.theglobalfund.org/media/vvaglriu/cr_gc8-rssh-prioritization_guidance_en.pdf
- Application materials for Grant Cycle 8: https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/gc8-applications/.
- Modular Framework Handbook: Grant Cycle 8: https://resources.theglobalfund.org/media/mbmbjftc/cr_gc8-modular-framework_handbook_en.pdf.
- Example of Global Fund oxygen investments in Syria: https://stories.theglobalfund.org/in-syria-people-can-breathe-with-new-supply-of-medical-oxygen.

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