

The enduring impact of the 1:2 match requirement on U.S. support of the Global Fund

For more than twenty years, the highly successful financing structure of the Global Fund to Fight AIDS, Tuberculosis and Malaria has been defined by a provision in U.S. law that limits U.S. contributions to one dollar for every two dollars that other donors contribute. This is a proven, concrete mechanism that has driven tremendous burden sharing by other governments and the private sector. U.S. support has already leveraged \$49.5 billion from other countries and corporations who have joined us in fighting these deadly pandemics, which threaten Americans at home and abroad.

Changing that matching ratio now could have severe negative consequences for U.S. influence on global health policy, commitment levels from other donors and the impact of the Global Fund's lifesaving work.

The 1:2 match requirement answers President Trump's concern about other countries doing their fair share in global health:

"...other countries should be helping, and I'm a big fan of getting that solved... Where are these other countries? Nobody does anything but the United States and we spend billions and billions of dollars, so they should be helping..."

President Trump (May 2025), responding to a question on global health funding

The takeaway: Changing the match requirement from 1:2 to 1:4 would reduce the leverage power of the U.S. contribution to the Global Fund, lower overall funding to fight AIDS, TB and malaria, slow down progress on transition to country self-reliance and limit the influence of the U.S. in Global Fund decision-making.

Where the match comes from: The legislation that authorized the PEPFAR program also established a cap on U.S. contributions to the Global Fund. That provision states that, "no United States contribution to the Global Fund may cause the total amount of United States Government contributions to the Global Fund to exceed 33 percent of the total amount of funds contributed to the Global Fund from all sources [since FY2004]." In other words, every \$1 the U.S. contributes to the Global Fund must be matched by \$2 from other donors. This ensures that other donor countries pay their fair share.

Why it works:

• Instead of relying on the U.S. to foot the whole bill, the match requirement leverages American generosity to get other donors to step up. A U.S. contribution can only be unlocked after other donors deliver on the pledges they have made, with \$2 for every \$1 from the U.S.

- The cap **holds other countries accountable** for their pledges to the Global Fund. If other donors don't deliver, the U.S. will reduce its commitment proportionally, so American taxpayers never have to bail out other countries for failing to deliver.
- It puts the U.S. in the driver's seat at the Global Fund. When the U.S. pledged a 28% increase in 2022, it catalyzed other major donors like Canada, the European Commission, Germany and Japan to step up with similar generous increases.

Why we need a 1:2 match:

- A 1:2 match preserves U.S. influence over policymaking at the Global Fund. With a large board that is intentionally designed to be as widely representative as possible, the U.S. has outsized influence in formulating policy because of its role in leveraging contributions. For example, U.S. influence has kept Global Fund programing focused on impressive outcomes against HIV, TB and malaria rather than less concrete goals.
- A 1:2 match more strongly incentivizes other donors than 1:4 conceivably could, because they
 see that any contribution they make with the current ratio leverages an additional 50% in
 resources.
- A lower cap on U.S. contributions would **drastically reduce the overall resources** of the Global Fund, which would be even more severe if combined with a reduced contribution from the U.S. For example, \$2 billion less in support for the Global Fund's 8th replenishment means 2.5 million fewer lives saved and 44 million fewer infections prevented. With \$2 billion less, the Global Fund would provide 220 million fewer insecticide treated bed nets, which protect pregnant mothers and young children from malaria the biggest killer of children under five.

As President Trump has said, other countries need to be in the fight against HIV, TB and malaria alongside the U.S. For more than 20 years, the 1:2 match has been making sure that has happened. Congress established that match and supported it on a bipartisan basis. Now, Congress has the opportunity to put its mark on global health assistance by maintaining the 1:2 matching provision. At a decisive moment in the fight against pandemics that impact us all, including here in America, maintaining the 1:2 cap will send a powerful message that America will continue leading the fight against HIV, TB and malaria—but only if our partners step up, too.