The Global Fund Board documents on Global Disease Split

2012-2022

Link to TGF Board Meetings' documentation:

https://archive.theglobalfund.org/board-meetings/

27th Board Meeting

Geneva, Switzerland, 13-14 September 2012

https://archive.theglobalfund.org/media/4024/archive_bm27-decisionpoints_report_en.pdf

Annex 1 to GF/B27/DP7

Elements of a New Funding Model

Funding Framework:

3. Distribution of Funding by Disease Burden: In the absence of a measure of financial need based on disease burden comparable across HIV, TB and Malaria, the Board will approve an allocation developed by the Secretariat and recommended by the SIIC, of the total available funding for each of the three diseases based on historical Global Fund funding levels. This method of allocation will be an interim one, and a transition to a measure that can be used to estimate disease burden and financial demand across all three diseases also approved by the Board, will be implemented within one year of this decision. This division by disease will inform the allocation of funding to bands only, and will be used as global targets for bands; applicants will have flexibility in deciding how to allocate financing between the three diseases for their individual country programs.

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29th Board Meeting

Colombo, Sri Lanka, 18-19 June 2013

https://archive.theglobalfund.org/media/4429/archive_bm29-edp11-er-07-globaldistributionfundingdisease_report_en.pdf

Electronic Report to the Board

GF/B29/ER07

Revising the distribution of funding by disease in the new funding model allocation methodology

2. For the purposes of the full roll-out of the NFM, the Board has requested that the Secretariat, under the oversight of the Strategy, Investment and Impact Committee (SIIC), develop a methodology to replace the upfront historical notional allocation (GF/B27/DP7). This replacement methodology must be presented for approval by the Board.

3. This methodology would "first split the total projected resources for a given allocation period between the three diseases" and should be based on a "measure that can be used to estimate disease burden and financial demand across all three diseases" (GF/B28/DP4, paragraph 4c).

5. Three institutions were engaged to propose approaches to determine the upfront global distribution of resources across the three diseases to be used in the allocation formula:

- The Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal;
- Imperial College London; and
- The Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

10. Subsequent discussion among Committee members resulted in substantial agreement on the following updates to the upfront global distribution of resources: HIV (from 52% to 50%), TB (from 16% to 18%), and malaria (remaining at 32%). It was emphasized that this should not be viewed as a reduction in funding for HIV, as even under a moderate replenishment outcome absolute funding for all three diseases should be higher compared with the recent three-year funding levels. In addition, with the re-balancing from HIV to TB, an increase in HIV-TB programs is to be strongly encouraged.

11. Committee members requested that the following points be included in any communication related to the global disease split decision:

- The principle of flexibility at the country level means that the global disease split, used in the allocation formula, does not determine the final split between the diseases at country level;
- The change in the HIV percentage from 52% to 50% is in no way intended to convey that adequate funding was being committed to HIV;
- Further technical analyses on the disease split would not bring significant additional clarity to the decision being taken;
- These modest changes in the overall split do not result in significant differences at the band or country levels. Even countries with very uneven disease profiles, which in

principle have the highest sensitivity to changes to the upfront disease split, show only minor changes in their allocations. Due to the existence of a separate allocation methodology for Band 4 countries, these countries are in general not affected by the upfront disease split; and

- The changes in HIV and TB percentages should be seen as an additional joint opportunity for HIV and TB, and joint proposals to promote the integration of TB and HIV services should be encouraged as previously agreed by the Board.

12. With the above taken into account, the following Decision Point is recommended, with abstentions from two constituencies represented on the SIIC (Developed Country NGOs and Communities Living with the Diseases).

Decision Point GF/B29/EDP11: "Revising the distribution of funding by disease in the new funding model allocation methodology"

The Board decides:

1. *Prior to the initial allocation of available resources to Country Bands for the 2014 – 2016 allocation period, the Secretariat will apportion such resources among the three diseases based on the following distribution: 50% for HIV/AIDS, 32% for malaria, and 18% for tuberculosis.*

2. *In accordance with Board Decision GF/B27/DP7, applicants will have flexibility in deciding how to allocate financing between the three diseases for their individual country programs.*

3. *The Board reaffirms its prior decision to recognize the importance of core TB- HIV collaboration services to achieve successful outcomes in TB and HIV grants (GF/B18/DP12). Taking note of the insufficient progress in implementing this prior decision on TB-HIV collaboration services, the Board requests the Secretariat to ensure integrated TB-HIV services are addressed in the country- dialogue and concept-note development process for countries with high TB-HIV co-infection rates, as set forth in the WHO policy on collaborative TB/HIV activities: "Guidelines for National Programs and Other Stakeholder" (2012).*

4. *The Strategy, Investment and Impact Committee will review this decision and propose appropriate modifications to the Board for approval prior to the 2017–2019 allocation period.*

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34th Board Meeting

Geneva, Switzerland, 16-17 November 2015

https://archive.theglobalfund.org/media/4196/archive_bm34-12-allocationmethodology_framework_en.pdf

GF/B34/12

Allocation Methodology Framework

Board Information

17. **Global disease split:** Some SIIC members were in favor of exploring whether updated disease metrics might be useful in reviewing the global disease split. However, in view of the SIIC recommendations based on the reports of three expert institutions tasked to assess the distribution for the 2014-2016 allocation period (GF/B29/ER07), the majority of SIIC members acknowledged that at this stage revised data would be unlikely to bring about any revision to the distribution. Instead the discussion focused on the importance of emphasizing country-level flexibility in determining the split of funds at a country level, consideration of country-level factors in determining the split, and consideration of allocations being communicated to countries under a single country envelope.

27. **Global Disease Split:** The SIIC agreed to maintain the current global disease split. They reinforced that the Global Fund should emphasize flexibility and consideration of country-level factors in the determination of the split of funds at a country level.

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35th Board Meeting

Abidjan, Côte d'Ivoire, 26-27 April 2016

https://archive.theglobalfund.org/media/4224/archive_bm35-05-allocationmethodology2017-2019_report_en.pdf

GF/B35/05 – Revision 1

Allocation Methodology 2017-2019

Board Decision

Decision Point GF/B35/DP10: Allocation Methodology 2017 - 2019

2. Accordingly, based on the recommendations of the SIIC, as presented in GF/B35/05 – Revision 1, the Board:

> *a. Approves the allocation methodology presented in Annex 1 to GF/B35/05 – Revision 1 (the "Allocation Methodology").*

Annex 1 - Allocation Methodology

4. **Country Allocations:** The Board will approve the amount of available sources of funds for country allocations, which will then be allocated according to the approach outlined below:

> a. **Global Disease Split:** While applicants have flexibility in deciding how to allocate financing among their individual component programs, prior to the initial allocation of available sources of funds for each allocation period, the Secretariat will apportion such resources among the three diseases based on the following distribution:
>
> > i. HIV/AIDS: 50%;
> > ii. Tuberculosis: 18%; and
> > iii. Malaria: 32%.

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40th Board Meeting

Geneva, Switzerland, 14-15 November 2018

https://archive.theglobalfund.org/media/8107/archive_bm40-07-reviewing2020-2022allocationmethodology_report_en.pdf

GF/B40/07

Reviewing the 2020-2022 Allocation Methodology in Preparation for the May 2019 Board Decision

Board Information

11. *Global disease split:* The current split of 50% for HIV, 18% for TB and 32% for malaria has been in place since the first allocation period of 2014-2016. For the 2020-2022 allocation period, the Strategy Committee acknowledged that maintaining the current disease split was the most appropriate option to avoid creating critical programmatic gaps by shifting the distribution of Global Fund investments across diseases. The Strategy Committee requested that the Secretariat incorporate a disease split analysis into planning for future allocation periods and the development of the next Strategy that reflects the latest epidemiological data, availability of new tools, and guidance for all three diseases.

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41st Board Meeting

Geneva, Switzerland, 15-16 May 2019

https://archive.theglobalfund.org/media/8536/archive_bm41-02-allocation-methodology_report_en.pdf

GF/B41/02

Allocation Methodology for the 2020-2022 Allocation Period

Board Decision

GF/B41/DP03: Allocation Methodology 2020 – 2022

2. Accordingly, based on the recommendations of the SC, as presented in GF/B41/02, the Board:

> *a. Approves the allocation methodology presented in Annex 1 to GF/B41/02 (the "Allocation Methodology").*

6. Available funds for country allocations are distributed upfront to the three diseases according to the global disease split. As part of its recommendation of the allocation methodology set forth in Annex 1, the Strategy Committee recommends maintaining the global disease split for the 2020-2022 allocation period, which allocates 50% of funding for country allocations to HIV, 18% to TB and 32% to malaria. The current disease split has been in place since the first allocation period of 2014-2016. While committee members expressed different views on the global disease split, the Strategy Committee ultimately acknowledged that maintaining the current disease split for the 2020-2022 allocation period was the most feasible option to avoid critical programmatic gaps that would likely result from significant shifts in the distribution of Global Fund investments across diseases. However, the Strategy Committee requested that the Secretariat incorporate a disease split analysis into planning for future allocation periods and the development of the next Global Fund Strategy, to reflect the latest epidemiological data, newly available tools and guidance for all three diseases.

Annex 1 – Allocation Methodology

4. **Country Allocations:** The Board will approve the amount of available sources of funds for country allocations, which will then be allocated according to the approach outlined below:

> a. Global Disease Split: While applicants have flexibility in deciding how to allocate financing among their individual component programs, prior to the initial allocation of available sources of funds for each allocation period, the Secretariat will apportion such resources among the three diseases based on the following distribution:
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> > i. HIV/AIDS: 50%;
> > ii. Tuberculosis: 18%; and
> > iii. Malaria: 32%.

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46th Board Meeting

Virtual, 8–10 November 2021

https://archive.theglobalfund.org/media/11537/archive_bm46-04-global-disease-split-2023-2025-allocation_methodology_en.pdf

GF/B46/04 – Revision 1

Global Disease Split for the 2023-2025 Allocation Methodology

Board Decision

GF/B46/DP04: Global Disease Split for the 2023-2025 Allocation Methodology

Based on its review of the Secretariat's analysis and recommendations on the global disease split for the 2023-2025 allocation period, and the Strategy Committee's related deliberations, the Board:

3. Acknowledging the increased share of deaths from tuberculosis among the three diseases, approves the following Global Disease Split for the 2023-2025 allocation period, which increases funding for tuberculosis while preserving funding and potential for scale-up for HIV and malaria:

> *a. Any available funds for country allocation up to and including US$ 12 billion will be apportioned as follows: 50% for HIV/AIDS, 18% for tuberculosis, and 32% for malaria; and*
>
> *b. Any additional available funds for country allocation above US$ 12 billion will be apportioned as follows:*
>
> > *i. 45% of such funds will be apportioned to HIV/AIDS;*
> > *ii. 25% of such funds will be apportioned to tuberculosis; and*
> > *iii. 30% of such funds will be apportioned to malaria.*

4. Recognizing the need to further increase funding for tuberculosis and maximize the quality and impact of tuberculosis programs in line with the ambition of the Global Fund Strategy Narrative, requests the Secretariat, partners and committees, as relevant, to propose and implement specific options to address these needs, including:

> *a. Presenting to the Board, at its 47th meeting, a proposal to leverage catalytic investments for the 2023-2025 allocation period to mobilize additional resources to reduce deaths from tuberculosis;*
>
> *b. Aggressively exploring, on an ongoing basis, evidence-based portfolio optimization and prioritization opportunities in order to more effectively address tuberculosis incidence and mortality in high burden countries;*
>
> *c. Continuing to pursue and monitor domestic co-financing commitments required to increase overall financing for tuberculosis; and*
>
> *d. Continuing to pursue innovative finance opportunities to increase funding to tuberculosis in high burden countries.*

5. Requests the Global Fund's Independent Evaluation Function to commission, in consultation with the Strategy Committee, technical partners and Secretariat, an external evaluation of the Global Fund's approach to resource allocation to maximize impact, to inform evidence-based decision making on these issues ahead of the 8th replenishment, and to support more effective delivery of the Global Fund Strategy.

Executive Summary

Context

The review of the Global Fund's Allocation Methodology is underway for the 2023-2025 allocation period. A key parameter in the methodology is the global disease split, which determines the overall distribution of resources across HIV, TB and malaria for the allocations communicated to countries.

Since the Global Fund launched its allocation model in 2013, the global disease split has remained fixed at 50% for HIV, 18% for TB and 32% for malaria. Nearly 10 years later, the context has changed. Relative disease burden has shifted with a rise in TB's share of deaths, domestic financing has increased, and more recently, progress against all three diseases has been dramatically reversed with the onset of the COVID-19 pandemic. In addition, after three cycles of allocation to provide countries with more predictable financing, the Global Fund has significant commitments to the programs it invests in and the lives these programs support.

Taking the opportunity of a new Strategy period about to begin, the Secretariat has conducted an in-depth review of the evidence and options – with guidance from the Strategy Committee and technical partners – to determine the most appropriate division of resources across HIV, TB and malaria in the allocation methodology. This paper provides an overview of options for the global disease split and the trade-offs involved.

Conclusions

A. Considering TB's increased share in mortality, reliance on Global Fund financing, and resources diverted for COVID-19, the SC concluded there was a need for greater financing for TB and justification to consider a change in the global disease split to provide a TB share of allocations greater than 18%. However, it was recognized that all three diseases have significant resource needs, and all have essential life-saving interventions supported by the Global Fund.

B. Noting that the global disease split decision will be made before the resource envelope for country allocations is known, and based on guidance from the Strategy Committee, the parameters that define how much the global disease split could change are: a) enabling more funding for TB, b) mitigating the effect on HIV/AIDS and malaria allocations, c) ensuring the ability to scale-up funding for countries with the highest burden across all three diseases, and d) protecting the allocations for low-income countries and for the most vulnerable populations.

C. The following options were considered: 1) No change to the global disease split; 2) changing the global disease split based on the available funding for country allocations; and 3) changing the global disease split regardless of the amount of funding available. Various options were considered to change the global disease split based on the funding level. In terms of a change to the global disease split regardless of available funding, the Secretariat and Strategy Committee considered the effects of 21% and 25% for TB with changes coming from HIV and malaria.

D. The Strategy Committee did not reach consensus on a recommended global disease split for the 2020-2022 allocation cycle. To enable adequate time for Board constituency preparations, the Strategy Committee has put forward two options for the Board's consideration. Option 1 is to change the global disease split based on available funding according to the following approach: (1) apply the existing global disease split to the first US$ 11 billion available for country allocations, and (2) apply a new global disease split of 45% for HIV, 25% for TB and 30% for malaria to additional amounts of funding over US$ 11 billion. Option 2 is to maintain the existing global disease split of 50% for HIV, 18% for TB and 32% for malaria. The Secretariat's recommendation is Option 1, as this will drive additional resources towards TB at certain funding levels while protecting HIV and malaria programs from large decreases compared with the 2020-2022 allocation period. Keeping the global disease split unchanged in any funding scenario would be a missed opportunity to respond to the increased need for investments in TB. The Strategy Committee did not recommend the option of changing the split regardless of available funding, or other suggested options, as these would undermine efforts against HIV and malaria and lower resources available to low-income countries in the event of less resources available.

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47th Board Meeting

Geneva / virtual, 10-12 May 2022

https://archive.theglobalfund.org/media/12051/archive_bm47-03-2023-2025-allocation-methodology_report_en.pdf

GF/B47/03

Allocation Methodology for the 2023-2025 Allocation Period

Board Decision

GF/B47/DP05: Allocation Methodology 2023-2025

2.Accordingly, based on the recommendations of the SC, as presented in GF/B47/03, the Board:

a.Approves the allocation methodology presented in Annex 1 to GF/B47/03 (the "Allocation Methodology").

Annex 1 – Allocation Methodology

4. **Country Allocations:** The Board will approve the amount of available sources of funds for country allocations, which will then be allocated according to the approach outlined below:

a. **Global Disease Split:** While applicants have flexibility in deciding how to allocate financing among their individual component programs, prior to the initial allocation of available sources of funds for each allocation period, the Secretariat will apportion such resources among the three diseases based on the following distribution:

i. Amounts up to and including US$ 12 billion:

a. HIV/AIDS: 50%;
b. Tuberculosis: 18%; and
c. Malaria: 32%.

ii. Additional amounts above US$ 12 billion:

a. HIV/AIDS: 45%;
b. Tuberculosis: 25%; and
c. Malaria: 30%.

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