

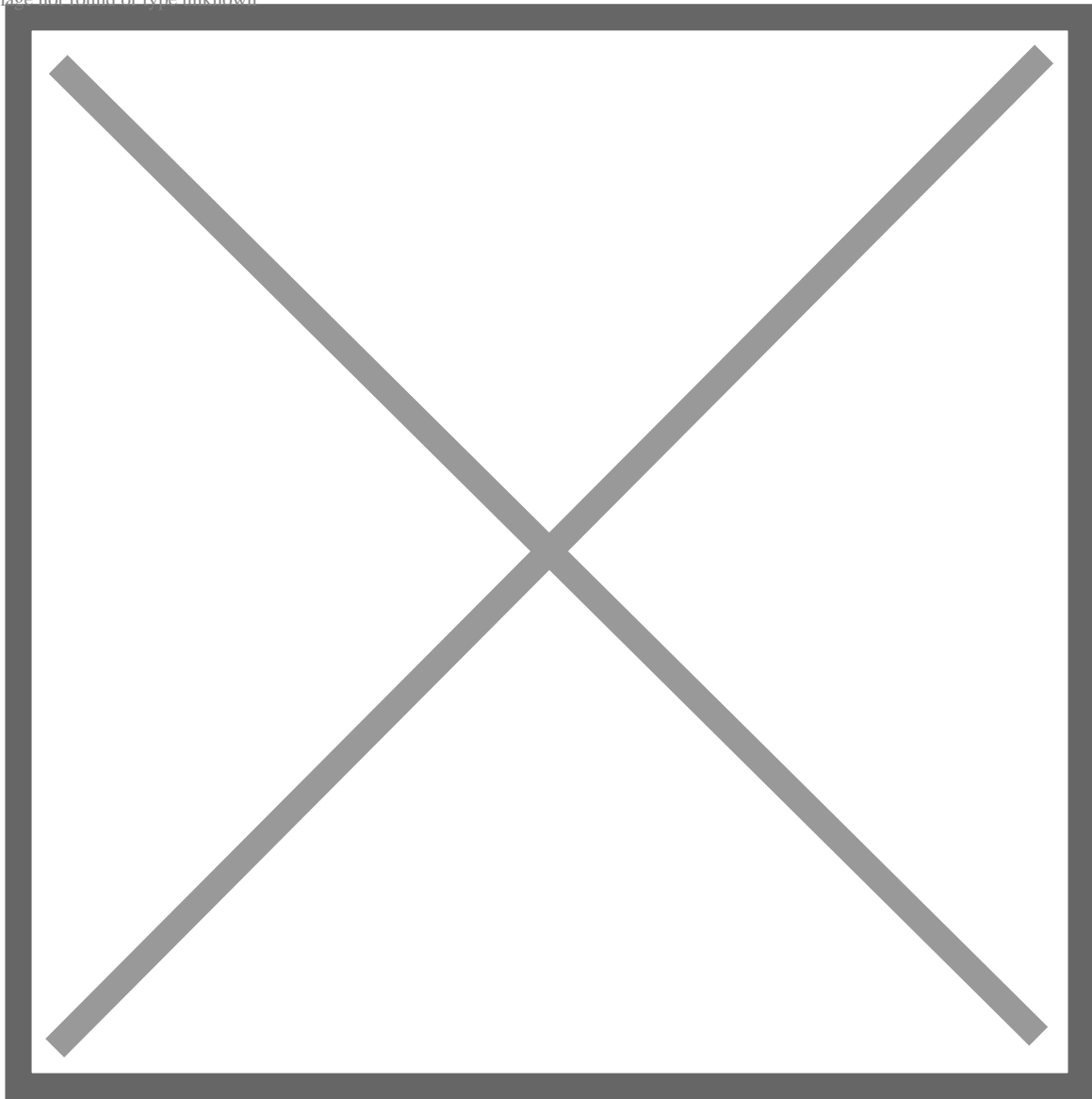


Independent observer
of the Global Fund

Dybul Responds to Questions on the NFM

On 6 June, Executive Director Mark Dybul responded to a letter from the NGO and Communities delegations on the Global Fund Board that asked for more information on the transition process for the new funding model (NFM) and related matters. The delegations' letter was sent on 3 May (see [GFO article](#)).

In his response, Dr Dybul provided a diagram depicting the criteria for determining which programmes were well-positioned to have impact. These criteria were used as part of the process of determining which countries being considered for the transition phase were under-allocated. The diagram is reproduced below.



One of the questions that the Board delegations posed to Dr Dybul in their letter of 3 May was: What method was used to identify those interim countries that were advised not to use their top-up for scale-up? Dr Dybul responded as follows:

“Interim applicants at risk of interruptions in essential services or activities will receive funds that allow them to bridge to the time when they can have access to funding in the next replenishment through the full new funding model process.

Those countries that were considered to be “over-allocated” but at risk of service interruption were advised to use their indicative funding amount for service interruptions only. These countries would not have received interim funding amounts, but for consideration of the risk of service interruptions.”

In his response, Dr Dybul also provided information on the initial indicative funding allocations to the first three early applicants, using the income/burden formula, and how these amounts evolved after the application of qualitative adjustments. See the table below.

Table: Funding allocations for three early applicant countries, showing different stages

Applicant	Indicative funding allocation (\$ million)
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Disease	Initial allocation, based on disease/burden formula	Allocation prior to country dialogue, adjusted for qualitative factors	Allocation after country dialogue, adjusted for additional qualitative factors
El Salvador	HIV	15.8	16.6
Myanmar	HIV	27.0	32.1
	TB	18.0	23.6
	Malaria	18.6	20.9
Zimbabwe	HIV	223.1	245.4

In his response, Dr Dybul said that the value and purpose of funds reserved for special initiatives for the period 2014–2016 has not yet been finalised. He said that in the second half of 2013, the SIIC will make recommendations to the Board on these matters.

In an annex to his response, Dr Dybul provided a detailed explanation of the assumptions used by the Secretariat to forecast increases in domestic financing for the three diseases. This was part of the exercise the Secretariat engaged in when it published its estimate of the needs for the three diseases for 2014–2016. GFO reported on the needs estimate [here](#).

The text of the response from Dr Dybul can be downloaded from the Aidsplan website [here](#).

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