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Dybul Explains Transition Disease Split

Global Fund Executive Director Mark Dybul says that the disease split for the funding allocated to early and interim applicants in the transition phase of the new funding model (NFM) should not be viewed in isolation, but rather in the context of all funding for 2013–2014.

Dr Dybul was responding to concerns expressed by the Stop TB Partnership regarding the fact that only 11% of the transition funding was being allocated to TB. He made his comments in an email message sent to Board members on 5 March.

When the NFM was launched on 28 February, the information released by the Global Fund did not mention the disease split for the transition. Nor was there enough information provided to calculate the split. However, when the information provided on 28 February was combined with additional information provided to Board members, it was possible to calculate the split for the transition, which is as follows: 55% HIV, 11% TB and 34% malaria.

Stop TB had argued that the Global Fund Board had committed to applying the historical disease split – 52% HIV, 16% TB and 32% malaria – to the transition phase. (Stop TB has been saying for some time that even the historical 16% share for TB was too low.)

Dr Dybul responded that the historical split should be applied to all funding in a given period, not just new (or “uncommitted”) funding. In his email to Board members, Dr Dybul cited several Board decisions in support of his argument, including a decision taken at the last Board meeting in November 2012, Decision GF/B28/DP5, which stated that the historic disease split should be applied to the “total of projected resources.”

According to Dr Dybul, total committed and uncommitted funding for 2013–2104 is projected to be $12.3

billion, of which the lion's share, $10.3 billion, is for committed funding. The table below shows the disease splits.

Table: Disease split – Projected funding for 2013–2014

Disease	Existing commitments ($10.3 billion)	Uncommitted funds for transition ($1.9 billion)	Total ($12.2 billion)
HIV	55%	54%	55%
TB	19%	11%	18%
Malaria	26%	34%	27%
TOTAL	100%	100%	100%

In his email, Dr Dybul pointed out that TB is slated to receive 19% of existing commitments for 2013–2014, which is above its historic share of 16%. Even after the transition funding is factored in, he said, TB is projected to receive an 18% share, still above its historic level.

Dr Dybul acknowledged that the split for all projected funding for 2013–2014 does not fully align with the historic split. He said that this is because the Secretariat's hands were tied by the rules set out by the Board. For the transition funding, the Secretariat was required to allocate funding to avoid service disruptions and to maximise impact. In addition, the Secretariat was required to favour countries that were under-allocated for 2013–2014, but without being able to reduce funding from countries "which nominally are over-allocated in that same period."

Dr Dybul pointed out that there may be adjustments to the disease split as proposals from early and interim applicants work their way through the system.

Dr Dybul said, "I would like to provide strong assurances that we believe the 11% to be an aberration due to the unique factors cited above and that as we move to a full, successful replenishment, the disease spilt will equilibrate back to more stable levels."

The Global Fund Board decided some time ago that while the historic disease split would be used for the transition period, new methodology to determine the disease splits will be developed and implemented for the full rollout of the NFM. In another email sent to Board members on 7 March, Dr Dybul said that there will be a general discussion concerning the new methodology at the April 2013 meeting of the Strategy, Investment and Impact Committee (SIIC). After the April meeting, the Secretariat, working with partners will develop some options. There will be consultations on the various options. The options will be formally presented to the SIIC in July. The SIIC will then recommend its preferred option to the Board.

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