



Independent observer  
of the Global Fund

## GLOBAL FUND RELEASES INFORMATION ON THE 2017-2019 ALLOCATIONS

After informing eligible countries of their 2017-2019 allocations (see [GFO article](#) in this issue), the Secretariat posted a [spreadsheet](#) on its website showing the full list of allocations.

The spreadsheet shows the total allocation for each country, as well as the indicative amount for each disease (i.e. the program split). In its allocation letters, the Secretariat told countries that it could propose modifications to the split. It also encouraged countries to include in their funding requests for cross-cutting interventions to support resilient and sustainable systems for health (RSSH). The program split did not show any amounts for RSSH. Instead, funding for the RSSH interventions has to come from the amounts shown in the allocation letters for HIV, TB and malaria.

There was \$10.3 billion available for the country allocations. See Table 1 for details on how this amount was calculated.

Table1: Calculation of amount available for allocations to countries in 2017-2019 (\$US)

Item
5th replenishment results as announced 2016-09-17
Minus adjustment of \$0.89 billion to reflect spot rates as at 2016-09-22
Minus adjustment of \$1.12 billion for technical assistance and other donor conditions
Minus Global Fund operating costs of \$0.9 billion
Plus \$1.1 billion in forecasted unutilized funds from 2014-2016 allocation
Minus \$0.8 billion set aside for Catalytic Investments

This compares to the \$14.82 billion that was available for the 2014-2016 allocations. However, one has to

be cautious when comparing the two allocation periods. The 2014-2016 allocations constituted a transition from the rounds-based system. The \$14.82 billion included \$5.5 billion in existing funds unspent as of the beginning of the allocation period. The 2017-2019 allocations included only \$1.1 billion in unused funds from the earlier allocation period. The other major difference is that for most countries the allocations for 2014-2016 ended up having to cover a four-year period, whereas the 2017-2019 allocations cover only three years.

Table 2 shows how the 2017-2019 allocations broke out by disease.

Table 2: 2017-2019 allocations, by disease

Disease	Allocation amount (\$ billion)	% of total
HIV	\$5.1 b	49.5%
Malaria	\$3.3 b	32.0%
TB	\$1.9 b	18.4%
Total	\$10.3 b	100%

Discrepancies in totals due to rounding.

This is very close to the ideal portfolio split determined by the Board (HIV 50%; malaria 32%; TB 18%). Note, however, that the program splits provided to countries were only indicative. Countries may request a change in their split. This could affect the overall portfolio split.

Tables 3 and 4 provide the breakdown by World Health Organization (WHO) regions and Global Fund regions, respectively.

Table 3: 2017-2019 allocations, by WHO region

WHO region	Allocation amount (\$ billion)	% of total
Africa	\$7.44 b	72.2%
Eastern Med.	\$0.53 b	5.1%
Europe	\$0.30 b	2.9%
Americas	\$0.31 b	3.0%
S-E Asia	\$1.33 b	12.9%
Western Pacific	\$0.40 b	3.8%
Total	\$10.25 b	100%

Table 4: 2017-2019 allocations, by Global Fund region

Global Fund Region	Allocation amount (\$ billion)	% of total
Central Africa	\$0.56 b	5.4%
EECA	\$0.30 b	2.9%
HI Africa 1	\$2.07 b	20.2%
HI Africa 2	\$3.04 b	29.4%
HI Asia	\$1.71 b	16.6%
LAC	\$0.31 b	3.0%
MENA	\$0.28 b	2.7%
S-E Asia	\$0.28 b	2.7%
SE Africa	\$0.97 b	9.4%
West Africa	\$0.71 b	6.9%
Total	\$10.43 b	100%

Please note: The totals for tables 2, 3, and 4 should be identical – i.e. \$10.3 billion – but there are some minor differences. Some, but not all, of the discrepancies are due to rounding. In the time available to prepare this article, we were not able to determine the explanations for the other discrepancies. We

suggest, therefore, that the reader (a) consider the amounts in this article to be approximate and (b) that the reader consult the Fund's spreadsheet for the official figures. Part of the problem is that the Fund showed some allocations in US dollars and others in euros, and did not attempt to convert the euros into dollars. This made it difficult to add allocations to arrive at totals per disease and per region. On the advice of the Secretariat, we used an exchange rate of 1.12 dollars to the euro. This was the spot rate in effect on 22 September 2016, just after the end of the replenishment conference.

In Table 5, we provide a list of the top 10 allocations, as well a comparison with what these countries received for 2014-2016. We caution against drawing too many conclusions from the comparison, for reasons outlined above. Table 6 shows the list of bottom 10 allocations.

Table 5: Top 10 allocations, 2017-2019, showing the 2014-2016 allocation for each country

Rank	Country	Global Fund Region	2017-2019 allocation (\$ billion)	2014-2016 allocation
1	Nigeria	HI Africa 1	\$660,686,133	\$1,137,314,849
2	Tanzania	HI Africa 2	\$579,595,776	\$632,547,564
3	DRC	HI Africa 1	\$526,986,425	\$701,418,878
4	Mozambique	HI Africa 2	\$502,881,708	\$450,276,363
5	India	HI Asia	\$500,000,000	\$850,000,000,
6	Zimbabwe	HI Africa 2	\$483,980,512	\$477,653,142
7	Uganda	HI Africa 2	\$465,057,044	\$420,990,516
8	Malawi	SE Africa	\$450,475,140	\$574,342,956
9	Ethiopia	HI Africa 2	\$375,608,887	\$591,183,361
10	Kenya	HI Africa 2	\$355,631,851	\$495,374,013

Table 6: Bottom 10 allocations, 2017-2019, showing the 2014-2016 allocation for each country

Rank	Country	Global Fund Region	2017-2019 allocation (\$ billion)	2014-2016 allocation
1	Montenegro	EECA	\$623,771	\$ NIL
2	Serbia	EECA	\$1,230,153	\$ NIL
3	Gabon	Central Africa	\$1,397,245	\$5,336,611
4	Albania	EECA	\$1,638,134	\$6,006,282
5	Belize	LAC	\$1,916,278	\$4,504,323
6	Egypt	MENA	\$2,058,336	\$18,095,158
7	Costa Rica	LAC	\$2,120,098	\$4,883,405
8	Algeria	MENA	\$2,312,936	\$6,533,577
9	Mauritius	S-E Asia	\$2,487,917	\$5,128,597
10	Panama	LAC	\$2,685,892	\$7,812,375

In tables 5 and 6, the source of the amounts from 2014-2016 is the allocation database in the Aidsplan Portal Workbench (accessible from the [Aidsplan](#) home page).

In a [news release](#), the Global Fund said that country programs receiving increases from their 2014-2016 funding levels have allocations on average 15% higher than current and projected levels of spending. "More funding is directed towards country programs with severe and extreme burdens of HIV, TB and malaria, towards sub-Saharan Africa, towards countries with high HIV infection rates in women and girls, countries with a high burden of multi-drug-resistant tuberculosis and to the top 15 high burden malaria countries," the Fund said.

