

Overview of the 2020-2022 Allocations and Catalytic Investments

December 2019

Overview

For the 2020-2022 allocation period, the Global Fund made minor refinements to the allocation methodology to deliver the aims of its 2017-2022 Strategy and to increase the impact of country programs that prevent, treat and care for people affected by HIV, TB and malaria, and build resilient and sustainable systems for health.

The Global Fund's 2020-2022 allocation methodology focuses funding on countries with the highest burden and lowest incomes, specifically accounting for HIV epidemics among key populations, the threat of MDR-TB, and for malaria elimination efforts, while providing sustainable and paced reductions where funding is decreasing.

Country Allocations

In the current cycle, US\$12.71 billion has been made available for country allocations for a three-year period. The increased resources compared to the previous cycle have enabled significant scale-up of funding in highest burden countries with lowest economic capacity while providing sustainable and responsible reductions. Overall, 84% of eligible countries with an allocation in the 2020-2022 cycle receive an increase in funding compared to the 2017-2019 allocation period, and a limited part of the portfolio has reduced allocations due to greater alignment of funding with disease burden or due to transition contexts.

Through the allocation formula and the qualitative adjustment process, the 2020-2022 allocation model continues to drive more resources to the highest burden and lowest income countries. It also focuses funding in countries where progress is most critical to increase impact, including the 13 AGYW-priority countries, the top 20 priority countries for finding missing people with TB and the 10+1 high burden to high impact malaria countries.

The 15 highest burden¹ countries for each of the three diseases represent 63% of the total 2020-2022 allocations, with an increase of US\$1.56 billion in funding compared to their 2017-2019 allocations. As indicated in Figure 1, these countries overall have a significant increase in funding:

¹ Top 15 burden based on country's share of total burden among Global Fund eligible countries as determined by the disease burden indicators of the 2020-2022 allocation methodology.

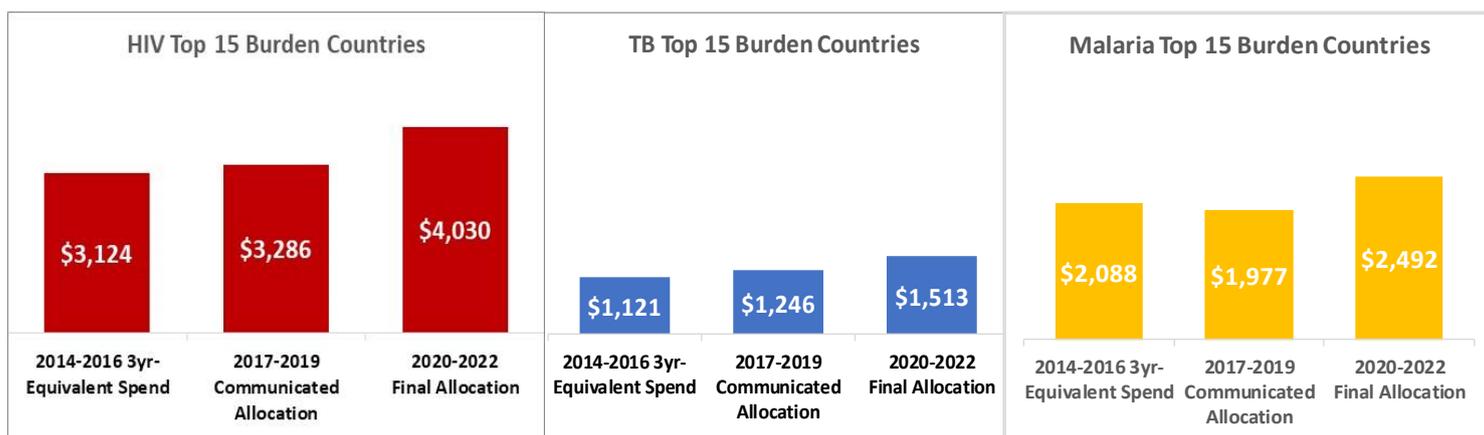


Figure 1: Distribution of allocations for top 15 burden countries by disease (US\$ millions)

With the higher resource envelope, all geographical regions receive more funding than in the 2017-2019 allocation period (Figure 2).

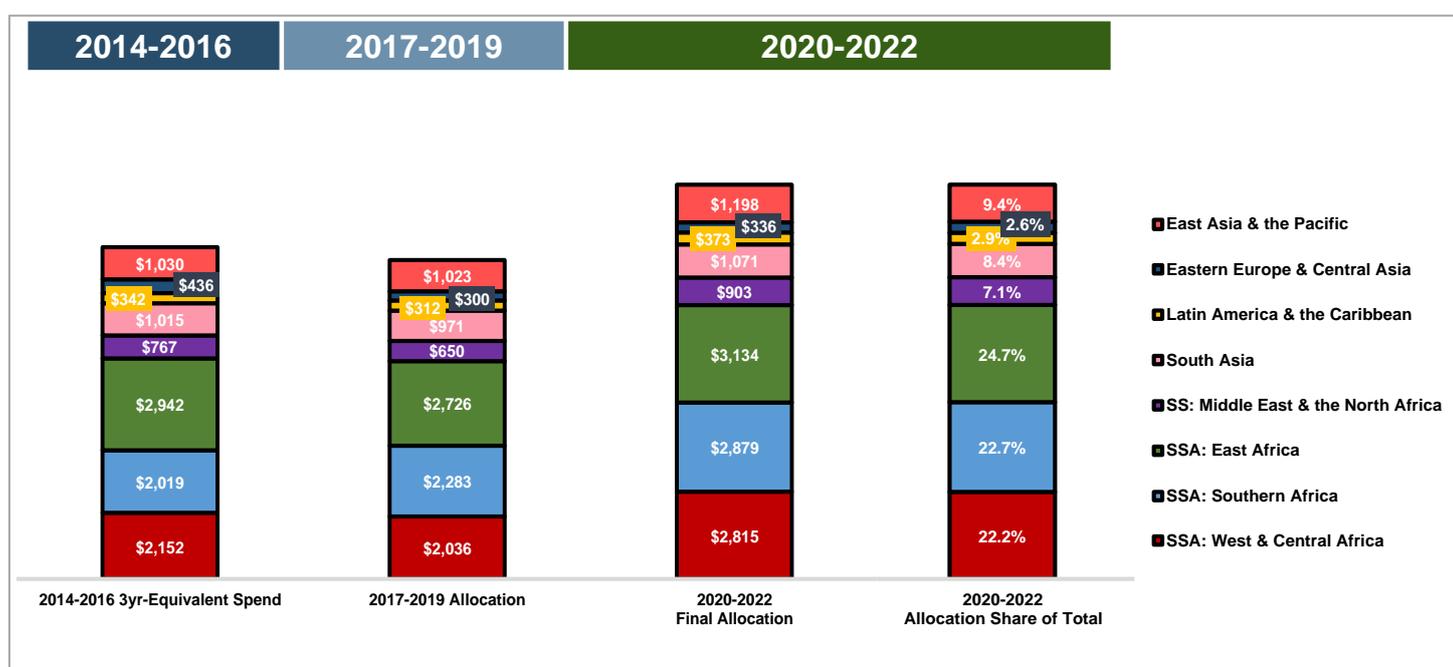


Figure 2: Distribution of allocations by region (US\$ millions)

Figure 3 shows that low income (LI) countries continue to receive the greatest share of funding, though this proportion has declined slightly, in part because some countries shifted income classification from LI to lower middle income (LMI). Allocations for LMI countries have increased the most from 2017-2019 to 2020-2022.

A significant increase in funding is provided to countries that are critical to achieving the strategy priorities and to help ensure ambitious programming to achieve impact (Figure 4). Among the 13 AGYW priority countries, 2020-2022 HIV allocations are 24% higher than in the previous cycle with a total investment of US\$3.26 billion. Similarly, the 20 HIV prevention coalition countries receive 25% more funding and represent 73% of the HIV funding envelope. The top 20 TB priority countries have aggregate allocations of over US\$1.6 billion in 2020-2022 and represent 70% of total TB funding. The malaria 10+1 countries receive 28% more funding, reaching total allocations of US\$2.1 billion.

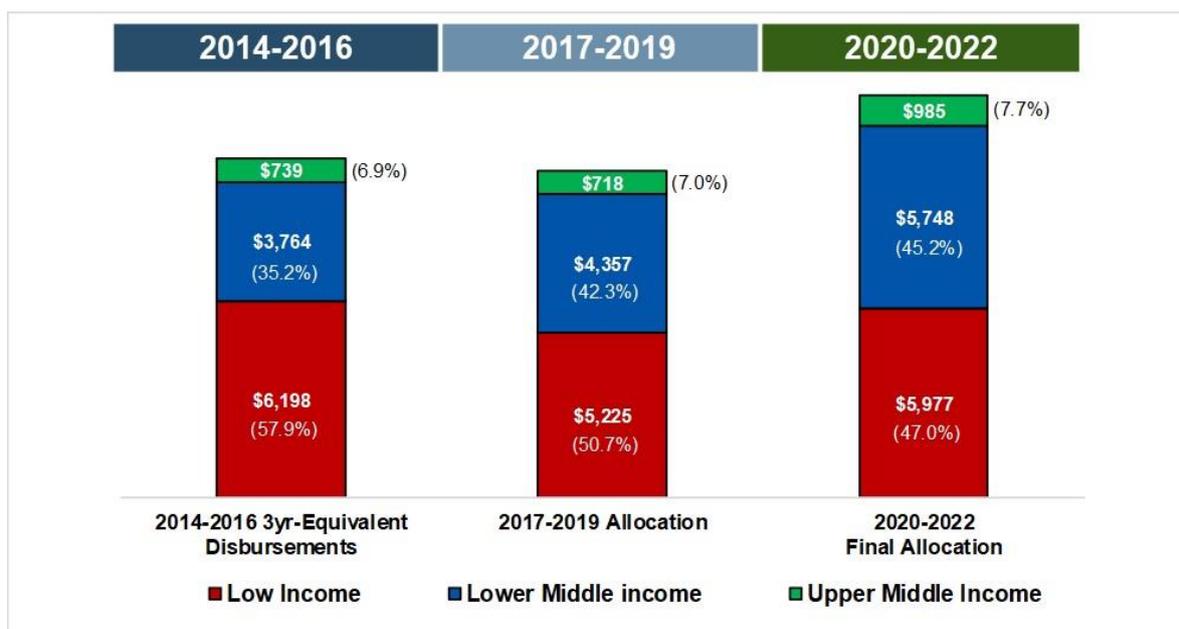


Figure 3: Distribution of allocations by income classification (US\$ millions)

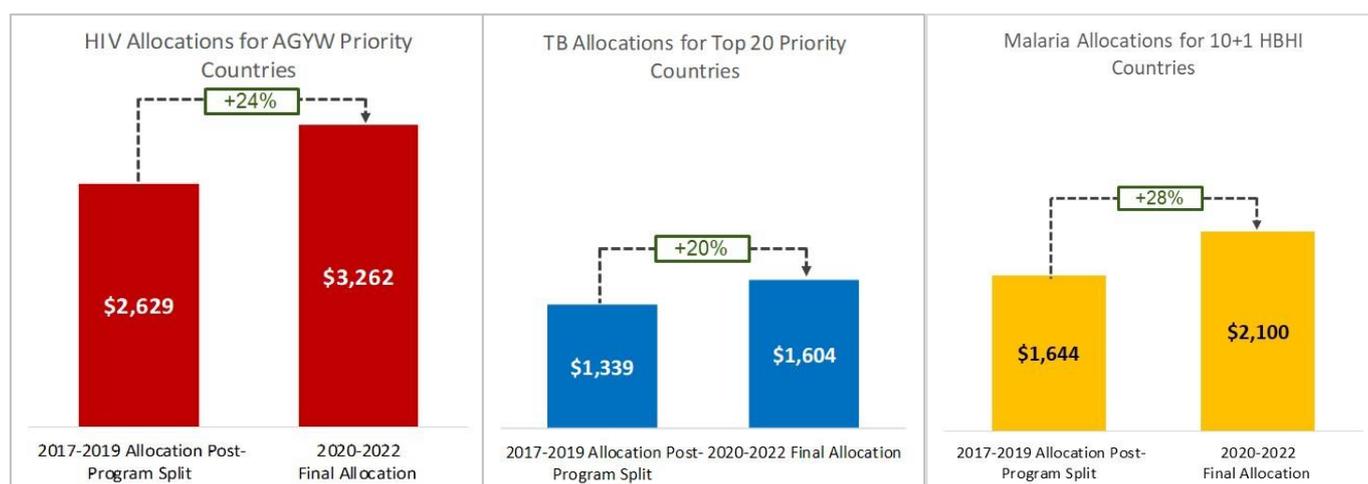


Figure 4: Distribution of allocations by strategic priorities (US\$ millions)

Catalytic Investments

Catalytic investments aim to maximize impact and the use of available funds to accelerate the end of the epidemics. For the 2020-2022 period, US\$890 million is available for key priorities that are unable to be addressed through country allocations alone, yet are critical to successful program implementation.

Catalytic investments are programmed in three ways:

- **Matching funds** incentivize the use of country allocations for priorities like finding missing people with tuberculosis; providing comprehensive packages for adolescent girls and young women; and strengthening condom programs. Country recipients of catalytic matching funds must meet a defined set of programmatic and financial criteria to access the funds.
- **Multi-country approaches** focus on areas such as malaria drug resistance and the sustainability of key population programs, where regional coordination is critical.

- Strategic initiatives provide technical support to improve programs, strengthen systems and catalyze innovation. They also give flexibility to fund off-cycle needs, like emergency responses and the introduction of new technologies.

The catalytic investment priorities for 2020-2022 are:

HIV	US\$201m	<ul style="list-style-type: none"> • Adolescent Girls & Young Women • Key Populations • HIV Self Testing • TB Preventive Treatment for PLHIV • Condom Programming
TB	US\$204m	<ul style="list-style-type: none"> • Finding Missing People with TB, including Drug-Resistant TB and Preventive Therapy • TB Multi-Country Approaches
Malaria	US\$216m	<ul style="list-style-type: none"> • Malaria Elimination • Drug Resistance • Accelerated introduction of new LLINs • RTS,S Vaccine
RSSH and Cross-Cutting	US\$269m	<ul style="list-style-type: none"> • Data • Community, Rights and Gender • Human Rights • Emergency Fund • TERG Independent Evaluation • Sustainability, Transition and Efficiency • PSM Transformation • Service Delivery Innovations • Accelerated Introduction of Innovations • CCM Evolution • Innovative Finance