

Allocation Methodology for the 2023-2025 Allocation Period

47th Board Meeting

GF/B47/03

10-11-12 May 2022, Geneva / Virtual

Board Decision

Purpose of the paper: This paper presents for Board approval the Allocation Methodology for the 2023-2025 allocation period.

Decision

GF/B47/DP05: Allocation Methodology 2023 - 2025

1. The Board notes:

a. Its decision in May 2019 (GF/B41/DP03) that (i) established the allocation methodology for the 2020 - 2022 allocation period; and (ii) acknowledged the technical parameters for the 2020 - 2022 allocation period; and

b. The decision by the Strategy Committee (the “SC”) in March 2022 GF/SC18/DP05, under authority delegated by the Board, to establish technical parameters for the 2023 – 2025 allocation period (the “Technical Parameters”).

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”);

b. Acknowledges the Technical Parameters for the 2023 – 2025 allocation period, as presented in Annex 2 to GF/B47/03; and

c. Approves that no more than 7.5% of the total sources of funds available for country allocations be used to ensure scale-up, impact and paced reductions, as described in paragraph 4.c of the Allocation Methodology; and

3. Accordingly, the Board:

a. Requests the SC to review and approve, at its July 2022 meeting, the method by which the Secretariat will apply and report on the qualitative adjustment process; and

b. Acknowledges that the Allocation Methodology and Technical Parameters shall apply for the 2023– 2025 allocation period and supersede the 2020 – 2022 allocation methodology and technical parameters presented in GF/B41/02.

Budgetary implications (included in, or additional to, OPEX budget): None.

A summary of relevant past decisions providing context to the proposed Decision Point can be found in Annex 6.

Executive Summary

Context

Every three years, the Global Fund's allocation methodology is reviewed in preparation for the upcoming allocation period. For the 2023-2025 allocation period, the allocation methodology needs to be prepared for significantly higher funding scenarios in view of the Seventh Replenishment's Investment Case, which asks for at least USD 18 billion to get back on track towards ending HIV, TB and malaria.¹ Allocations will be implemented under the Global Fund's new Strategy and countries will be financing their response to HIV, TB and malaria after having been significantly impacted by COVID-19. Within this context, the allocation methodology has been reviewed to ensure a robust methodology for the 2023-2025 allocation period. The review aims to refine the model as needed to achieve greater impact with available resources.

Following the Board approval of the global disease split in November, the Strategy Committee (SC) approved the technical parameters of the allocation formula and recommends the allocation methodology presented in this paper to the Board for approval.

Questions this paper addresses

- A. What refinements are proposed in the 2023-2025 allocation methodology, and why?
- B. What do we need to do next to progress?

Conclusions

- A. The SC and the Secretariat recommend a refinement to the scale-up and paced reduction approach in the allocation formula to provide paced reduction components with less of a decrease in the formula under significantly higher funding levels. All other aspects of the 2020-2022 allocation methodology are recommended to be maintained for the 2023-2025 allocation period.
- B. Following Board approval of the allocation methodology, the qualitative adjustment factors will be presented to the SC in July 2022 for its approval.

Input Sought

The Board is requested to approve the overall allocation methodology as described in Annex 1.

- Decision Point: GF/B47/DP05: Allocation Methodology 2023 – 2025

Input Received

- In November 2021, the Board approved the revised global disease split for the 2023-2025 allocation methodology,² recognizing that needs in tuberculosis (TB) were to be urgently addressed while ensuring continued progress in HIV/AIDS and malaria programs. As part of the decision point, the Board requested the Secretariat to present a proposal to leverage catalytic investments to mobilize additional resources to reduce TB deaths at the 47th Board meeting, and to explore the use of other levers to more effectively address TB incidence and mortality in high burden countries.

¹ <https://www.theglobalfund.org/en/fight-for-what-counts/>

² [GF/B46/DP04](#)

- It was agreed with the Secretariat that an independent review of the allocation methodology would be planned before the 8th replenishment to inform a more holistic discussion for the 2026-2028 allocation period.
- In March 2022, the SC approved the technical parameters, which include the disease burden and economic capacity indicators, and recommended to the Board the 2023-2025 allocation methodology.
- The SC also discussed how to improve the prioritization and implementation of resilient and sustainable systems for health (RSSH) investments in the next period. While some constituencies proposed a minimum share of RSSH investments be communicated with the allocations, there were differing views on whether this was the appropriate approach to drive impact in RSSH. The SC requested the Secretariat to examine available levers to improve RSSH investments as part of the ongoing work to prepare for the implementation of the Strategy.

Report

What is the need or opportunity?

1. The country allocation methodology produces country allocations to maximize the impact of available resources by focusing funds on the countries with the highest disease burden and lowest economic capacity, while accounting for key and vulnerable populations disproportionately affected by the three diseases.³ It also provides countries with predictable financing through an approach that is simple and flexible. This is achieved through the key steps of the allocation methodology, namely the global disease split, the allocation formula and the qualitative adjustments. For the 2023-2025 allocation period, the country allocation methodology will support the delivery of the *Global Fund Strategy 2023-2028* (the “Strategy”).⁴
2. *Global disease split*: Available funds for country allocations are distributed upfront for HIV, TB and malaria according to the global disease split approved by the Board at its 46th meeting in November 2021.⁵ The approved global disease split for the 2023-2025 allocation period is (1) 50% for HIV, 18% for TB and 32% for malaria for the first USD 12 billion available for country allocations, and (2) 45% for HIV, 25% for TB and 30% for malaria for additional amounts over USD 12 billion.⁶
3. *Technical parameters of the allocation formula*: Within each disease pool of funding, funds are distributed across eligible components according to the technical parameters of the allocation formula to provide Initial Calculated Amounts (ICA). The technical parameters drive funding in line with disease burden and economic capacity, while accounting for other external financing and maintaining minimum and maximum shares.
4. *Ensuring scale-up and paced reductions in the allocation formula*: In the last step of the formula, funds are redistributed across the portfolio to prevent steep decreases in funding from the previous allocation period. Through this step, the formula provides moderated (or paced) reductions in financing for components previously receiving more than their ICA. At the same time, it prioritizes the scale-up of financing for components that previously received less than their ICA, to bring overall funding in line with disease burden and economic capacity. This produces the Formula-Derived Amounts (FDA).
5. *Qualitative adjustments*: The qualitative adjustment process allows for FDAs to be adjusted to address key epidemiological, programmatic and country characteristics, on a case-by-case basis, in order to determine final country allocations.
6. Outcomes from the 2020-2022 allocations show that the methodology achieved its aims of distributing funding in line with disease burden and economic capacity. For example, the 15 highest burden countries for HIV, TB and malaria received 63% of the 2020-2022 allocations. The aim of the review is to make refinements to the model, where needed, to achieve greater impact with available resources. For the 2023-2025 allocation period, the allocation methodology needs to be prepared for significantly higher funding scenarios in view of the Seventh Replenishment’s Investment Case’s USD 18 billion ask.

³ GF/B35/05 – Revision 1.

⁴ <https://www.theglobalfund.org/en/strategy/>

⁵ See Annex 1, paragraph 4a.

⁶ GF/B46/04.

7. The allocation methodology determines the amount of funding to countries, with an indicative split for HIV, TB and malaria. It does not determine where the funds are programmed. Through country dialogue and program split changes, countries have the flexibility to distribute their allocations across the three diseases and for RSSH to best meet their health needs.

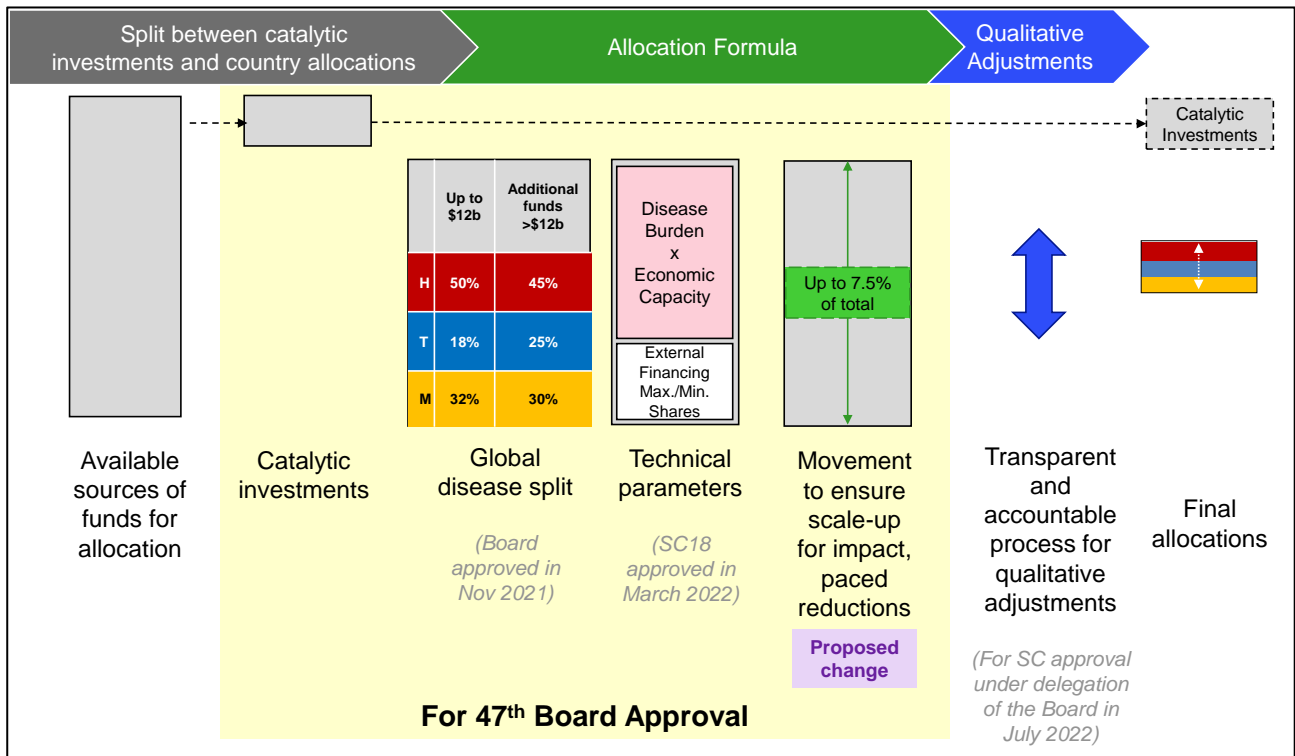


Figure 1: Overview of the Allocation Methodology

What refinements are proposed in the 2023-2025 allocation methodology, and why?

What is our proposal?

8. The SC and the Secretariat recommend refining the parameters in the *scale-up and paced reduction* approach of the allocation formula. Currently, the approach on ensuring scale-up and paced reductions in the allocation formula is as follows⁷:
 1. First, the allocation formula ensures that components whose previous funding is less than their ICA are scaled up by at least half of the difference between their previous allocation and their ICA.
 2. Second, the allocation formula provides paced reductions to country components that were previously receiving more than their ICA, ensuring that these components receive no more than 75% of their previous allocation;⁸ and
 3. Up to USD 800 million can be moved in this step.⁹
9. The proposed refinements are as follows:
 1. The maximum threshold on paced reduction components is proposed to change from 75% to 90% of previous funding.¹⁰
 2. The limit of funds moved in this step is proposed to change from USD 800 million to 7.5% of the total funding envelope.¹¹

Current Approach	Recommendation for 2023-2025
Scale-up components: minimum 50% increase between previous funding level and initial calculated amount	Maintain
Paced reduction components: maximum 75% of previous funding level	Update Maximum 90% of previous funding level
USD 800 million limit on movement of funds	Update Limit of 7.5% of total funding available for country allocations

Why is this our recommended option?

10. The specific parameters, which were established for the 2017-2019 allocation period, are less well-suited for significant increases in funding. The proposal is to update the parameters to make the formula fit-for-purpose for higher funding scenarios. The refined parameters for the 2023-

⁷ GF/B35/05 – Revision 1.

⁸ Not applicable to components with ICAs greater than 75% of their previous funding levels.

⁹ For the 2020-2022 allocations, USD 649 million was shifted using the current approach, less than the USD 800 million limit. This is because, with a 23% increase in allocations and the 75% cap on paced reductions, there was enough funding from scale-up components to ensure paced reduction components received a maximum of 75% of previous funding in the formula.

¹⁰ The measurement of “previous funding levels” in the formula is post-program split allocations from the previous allocation period.

¹¹ The USD 800 million cap to ensure scale-up, impact and paced reductions forms part of the 2020-2022 Allocation Methodology through Board Decision Point GF/B41/DP03. <https://www.theglobalfund.org/board-decisions/b41-dp03/>

2025 allocation period would provide paced reduction components with less of a decrease in the formula under significantly higher funding levels, while continuing to provide protection for scale-up components in lower funding scenarios.

11. The proposed parameters were selected according to three principles:
 - i. The allocation model must continue to drive funding towards components with the greatest disease burden and lowest economic capacity;
 - ii. If the total funding envelope increases substantially, significant reductions in FDAs compared to previous funding levels should be avoided; and
 - iii. The allocation model works as intended across all funding scenarios to account for high or low replenishment outcomes.
12. **Limit of 90% of previous funding on paced reduction components:** A limit of 90% would enable the formula to provide less of a decrease to paced reduction allocations in higher funding scenarios. In these scenarios, scale-up components would already have a significant increase in the formula. The aim is to strike an appropriate balance between enabling scale-up and having less steep reductions.
13. **Up to 7.5% limit on the movement of funds:** Setting the cap as a share of funding would enable the formula to provide paced reduction components with up to 90% of previous funding, as this would not be achievable under the existing USD 800 million limit. Setting the limit as a share of total funding provides a more adaptable restriction on the movement of funds in this step. The recommendation is 7.5%, which is approximately the share of funding the limit represented for the 2017-2019 allocations, when this parameter was set.¹²
14. The increase for scale-up components is recommended to be maintained at a minimum of 50% (i.e. the midpoint) between previous funding and ICA, as it remains important to provide this minimum level of scale-up for components below their ICA, especially in lower funding scenarios.
15. Figure 2 provides three examples of how the scale-up and paced reduction step works, both in the current and recommended approach. A component is on paced reduction in the formula if its ICA is less than its previous funding level. For paced reduction components, if their ICA is below the threshold (currently 75% of previous funding, 90% proposed) then their allocation is increased, depending on available funds, **up to a maximum** of 90% (75% under current parameters) of previous funding (first column in Figure 2). If a paced reduction component's ICA is greater than the threshold, it does not change in this step (second column in Figure 2). A component is on scale-up in the formula if its ICA is greater than its previous funding level. Scale-up components receive an allocation representing **at least** the mid-point (50%) of the gap from previous funding to ICA (third column in graph).

¹² USD 800 million represents 7.7% of the \$10.3 billion available funds for the 2017-2019 allocation period.

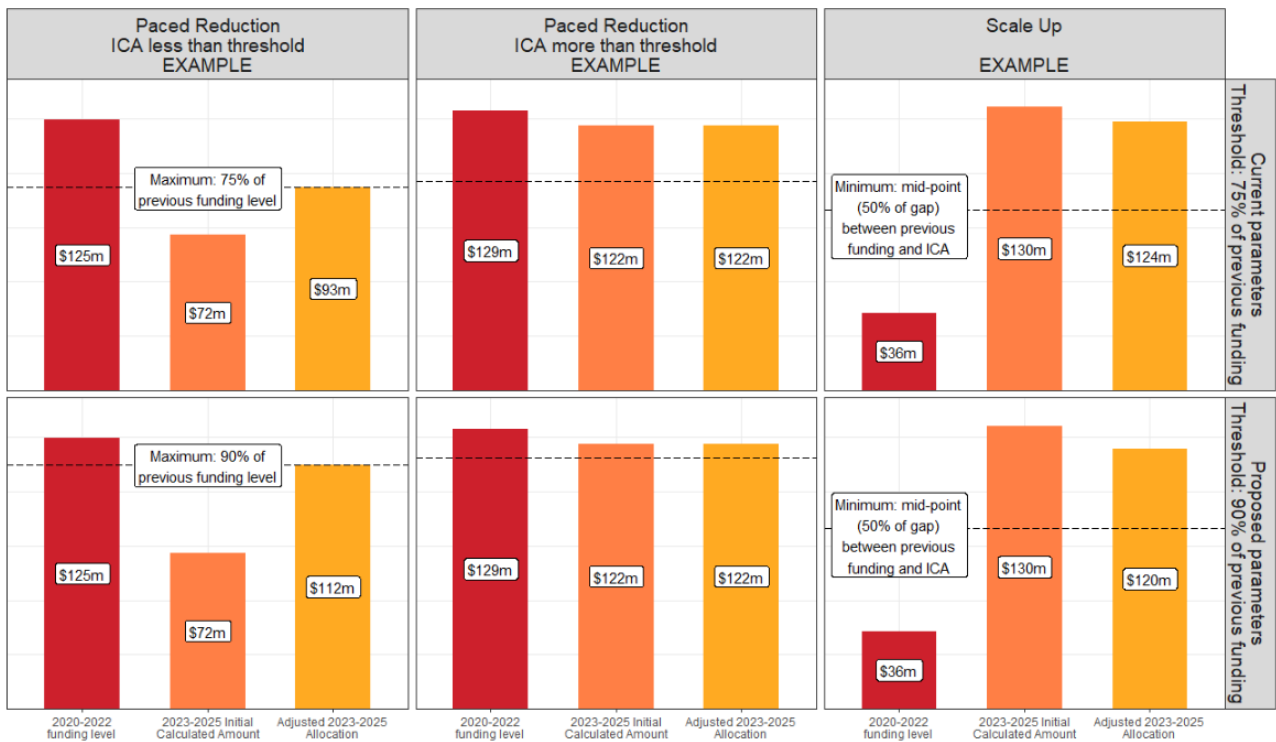


Figure 2: Examples of the scale-up and paced reduction step for three components.

What are the effects of the proposed changes?

- In funding scenarios below USD 12 billion available for country allocations, the effects of the proposed change would be no different from the effect under the current parameters. This is because the minimum 50% scale-up requirement would allow only a small amount of funding (well below the cap) to be available for paced reduction components. In higher funding scenarios, more funding would be moved from scale-up components to paced reduction components than under the current

parameters. Scenarios of latest data inputs indicate that up to approximately USD 1 billion would be moved, depending on the funding envelope (see Figure 3).¹³



Figure 3: Proposed change to scale-up and paced reduction approach: amount of funds moved under different funding scenarios.

17. Under higher funding scenarios, the FDAs of paced reduction components would be at or close to 90% of previous funding. As shown in Figure 3, the amount of funding needed to bring components to a higher level is relatively small. This is because in higher funding levels there are fewer components on paced reduction. In addition, the effect on scale-up components is small as their FDAs would already be significantly higher than in the 2020-2022 allocation cycle. For example, under a scenario of USD 16 billion and with the proposed change, HIV, TB and malaria allocations on scale-up would receive a total of USD 12.8 billion in the formula versus USD 13.2 billion in the current model, i.e., a difference of only 2.6%. Compared to 2020-2022 funding levels, the USD 12.8 billion represents a significant increase: USD 3.6 billion or 39% more.
18. The proposed changes continue to ensure that scale up components receive significantly more funds than in the previous allocation cycle while ensuring that paced reduction components do not get significant reductions when the funding envelope is higher than the previous allocation cycle. Under the proposed changes, in a scenario of USD 16 billion available for country allocations (representing a 26% increase from the amount for the 2020-2022 allocation period), total allocations for scale-up components would increase by 39% compared to previous funding levels and no paced reduction component would decrease by more than 10%. Conversely, under the current approach, scale-up component allocations would increase by 42% compared to previous funding levels and paced reduction components would decrease by up to 25% from previous funding levels, despite the overall funding envelope being significantly larger.

¹³ Based on the scenario results, at funding scenarios of USD 16 billion and above, the amount of funds moved would be less than the cap. This is because there are fewer paced reduction components, and therefore these components would need less funding in addition to their ICA to reach 90% of previous funding. The cap amount is not fully used and the remaining funds are directed back to components on scale-up.

19. Under the proposed change, the highest burden countries receive significant increases in funding in status quo or higher funding levels. For example, as shown in Figure 4, in a scenario of USD 16 billion for country allocations, the HIV, TB and malaria allocations of the top 15 burden countries would increase by 37%, 35%, and 28% respectively, more than in the 2020-2022 allocation period, compared to increases of 40%, 37%, and 30% under current parameters.

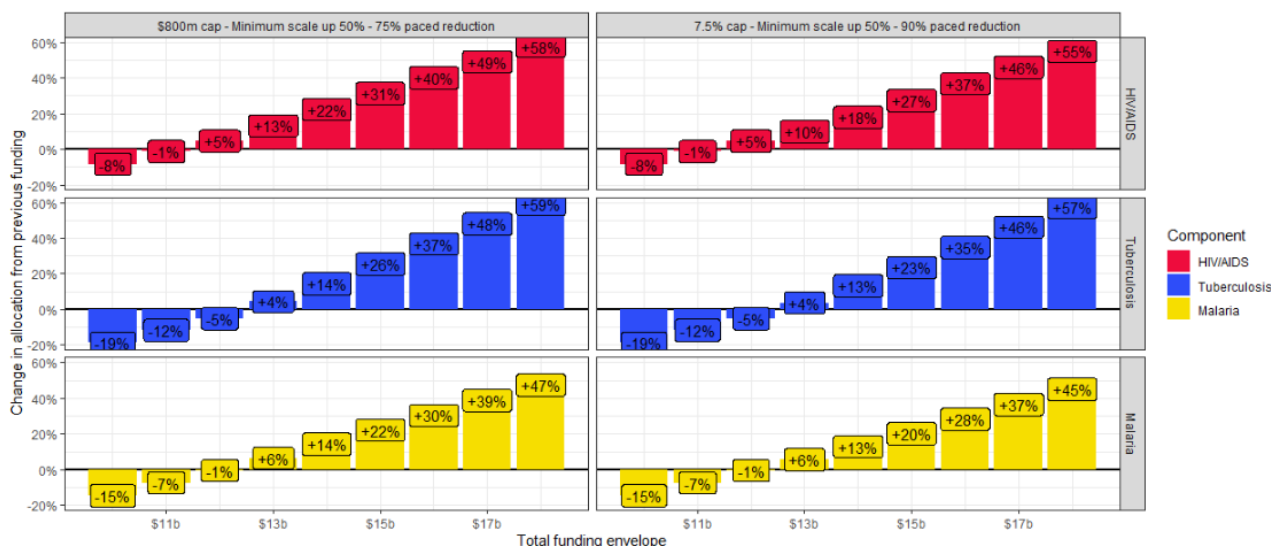


Figure 4: Proposed change on scale-up and paced reduction approach: effect on funding for top 15 burden countries.

What options did we consider?

20. Four options were considered for the limit on the movement of funds: USD 800 million (status quo), 7.5% of total funding (equivalent to USD 800 million as a share of the USD 10.3 billion allocated for 2017-2019), 6% of total funding (equivalent to USD 800 million as a share of the USD 12.71 billion allocated for 2020-2022) and the removal of any limit. 7.5% is the recommended option as the USD 800 million and 6% limit would be too constraining in higher funding envelopes with little to no change in the movement of funds, as shown in Figure 5 below.
21. The 90% limit of previous funding level allows for a more moderated decrease for paced reduction components in higher funding scenarios, while still working towards alignment to disease burden and economic capacity. If paced reduction components were increased to 100% of previous funding level, there would be no progressive alignment to ICA.

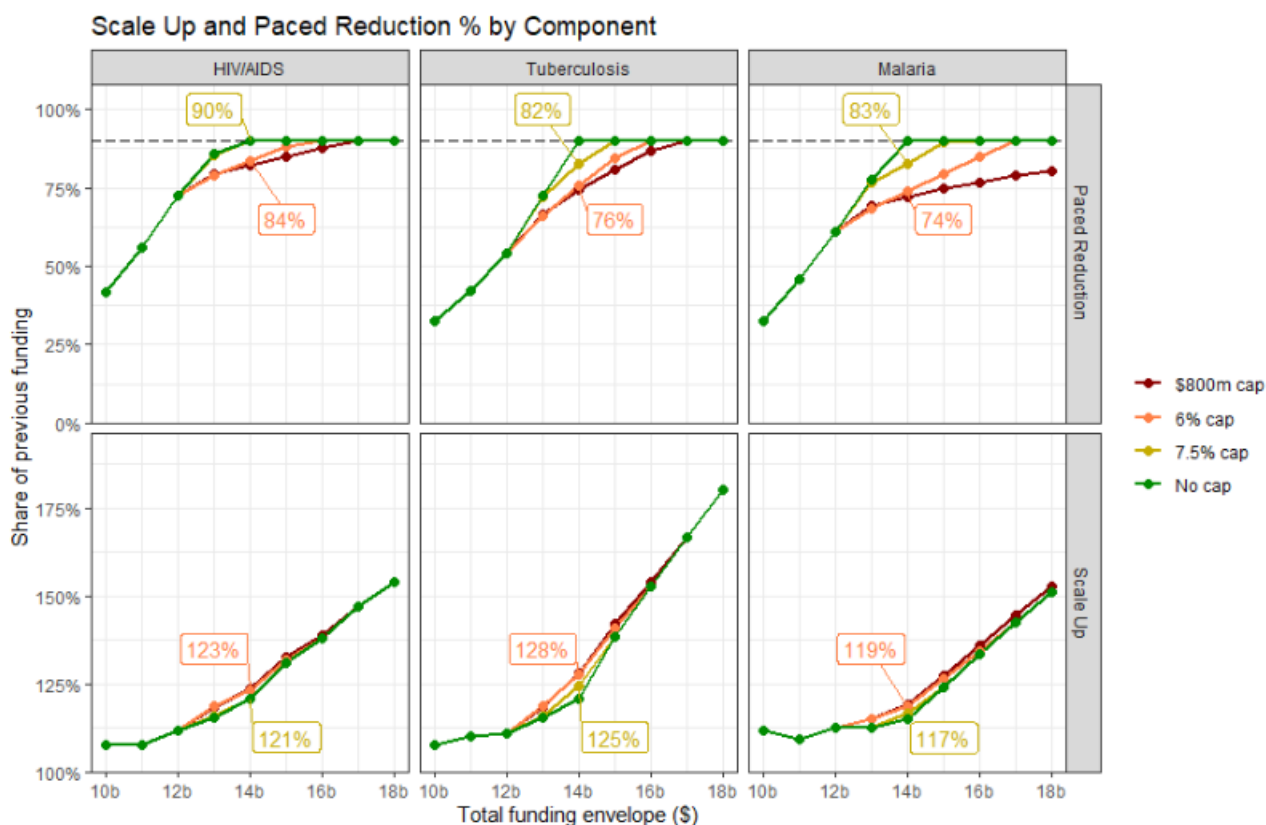


Figure 5: Proposed change to scale-up and paced reduction approach: effect on allocations (share of previous funding)

22. Besides the above and the previously approved global disease split, no further changes are proposed to the allocation methodology. The SC and the Secretariat recommend that all other aspects of the allocation methodology be maintained. From the review of each parameter, the technical parameters of the 2020-2022 allocation methodology remain fit for purpose, as described further in this paper. The factors on the qualitative adjustment process will be presented to the SC for approval in July 2022. The SC and Secretariat recommendations to the Board on catalytic investments for the 2023-2025 allocation period are set forth in a separate paper to the Board.

23. The Allocation Methodology policy, reflecting the proposed change, is outlined in Annex 1.

Technical Parameters of the Allocation Formula

24. The technical parameters of the allocation formula are the disease burden indicators for HIV, TB and malaria, the country economic capacity indicator, minimum and maximum shares, and the external financing adjustment. At its 18th meeting, the SC approved the technical parameters for the 2023-2025 allocation methodology. The technical parameters from the 2020-2022 allocation methodology

have been maintained because, based on the review of the Secretariat and the recommendations of technical partners, all indicators remain relevant and appropriate. Annex 2 provides the technical parameters and Annex 3 provides the full recommendations from technical partners on the disease burden indicators.

Disease burden parameters:

25. For **malaria**, technical partners recommend the continued use of historical data to reflect each country's malaria transmission potential in the absence of control interventions. Partners affirmed that 2000-2004 continues to represent the period of peak burden, and that the population-at-risk adjustment using latest population data as applied in the 2020-2022 allocations continues to be relevant to account for country differences in population growth.
26. For **HIV**, technical partners recommend maintaining the burden indicator that has been in place since the 2014-2016 allocation period. The indicator, defined as the number of people living with HIV (PLHIV), captures the current burden of disease, which is important for knowing the potential financial requirements for maintaining people on antiretroviral therapy, and provides the denominator against which efforts to scale up testing and treatment are measured. It is recognized that the number of PLHIV alone does not adequately reflect the disproportionate burden of HIV amongst key populations, which particularly affects the calculation of allocations for low prevalence settings. Therefore, technical partners recommend maintaining, as part of qualitative adjustments, an adjustment for key populations in low prevalence settings.
27. Technical partners also considered adult HIV incidence as an indicator, but its use was not recommended in the allocation formula given that annual incidence would only reflect new cases per year and does not reflect the ongoing needs of treatment burden. In addition, as noted in previous discussions with HIV partners and the SC on the review of the Eligibility Policy,¹⁴ very few countries have the data required to accurately report incidence. However, incidence will be considered in the qualitative adjustments to account for prevention needs.
28. For **TB**, technical partners recommend maintaining the current burden indicator, which was last revised for the 2017-2019 allocation period. The number of TB and MDR-TB cases remain the most relevant measures of TB burden as a basis for distributing available resources across eligible countries. In the allocation formula, the number of MDR-TB cases is weighted by a factor of 10, which partners recommend to maintain.

Other technical parameters:

29. The Country Economic Capacity (*CEC*) *indicator* aims to distribute relatively more funding to countries with lower capacity to finance their response to the three diseases. Using GNI per capita as a proxy for economic capacity, country component allocations are weighted according to a smooth curve where the value decreases as GNI per capita increases.¹⁵

¹⁴ GF/SC06/08 – Revision 1.

¹⁵GF/SIIC17/06 Committee Decision/Recommendation, 8-10 March 2016

30. In September 2021, an independent review¹⁶ found that GNI per capita continues to be a robust and suitable indicator to capture country economic capacity, given availability, transparency and methodological rigor to be used in the allocation formula. This review was presented to the SC at its 17th Meeting and made available to the Board. Based on the feedback of the SC, the Secretariat will prepare, for the SC's input in July, a set of factors related to economic capacity such as fiscal space, poverty, and health expenditure, building on the economic capacity indicators considered in qualitative adjustments for the 2020-2022 allocations. This will be particularly important to take into account the context of countries most severely economically impacted by COVID-19.
31. The *minimum share* ensures that no components receive less than USD 500,000 in the allocation formula, with the aim of providing meaningful allocation amounts to disease programs. In the formula, component allocations below this amount are brought up to this minimum. Components at this minimum amount may be brought to zero in the qualitative adjustments process – this is subject to assessment of the impact that could be achieved, contribution towards achieving strategic objectives, and ability to efficiently manage such programs with differentiated and simplified grant management processes.
32. The two *maximum shares* aim to ensure that overall funding does not become overly concentrated in a few countries. Components are limited to a maximum of 10% of total disease funding, and country allocations are limited to 7.5% of total funding.
33. The *external financing adjustment* aims to align the distribution of total external financing to the distribution of disease burden and economic capacity. In the formula, country component allocations are adjusted based on projections of non-Global Fund external financing. To account for data quality and uncertainty regarding projected levels of external financing, the projections are discounted by 50% and the effect of the adjustment on component allocations is limited to 25%.
34. The SC determined that these parameters continue to be relevant and effective and has approved them for the 2023-2025 allocation period.

Qualitative Adjustments

35. FDAs are reviewed through a qualitative adjustment process to account for key epidemiological, programmatic and other country contextual factors that cannot be adequately captured in a formula.
36. The qualitative adjustment process is carried out by the Secretariat under the oversight of the SC. Prior to each allocation period, the SC approves the qualitative adjustment factors and process for applying the factors. For the 2023-2025 allocation period, the review and approval by the SC is scheduled for its meeting in July 2022.
37. For the 2020-2022 allocation period, the SC approved a transparent and flexible qualitative adjustments process, which was applied in two stages. Stage 1 was to refine for epidemiological contexts insufficiently addressed through the allocation formula. For HIV, an adjustment was applied in Stage 1 to account for key populations disproportionately affected by HIV in low prevalence settings, which was refined with the inclusion of HIV incidence rate trends.¹⁷

¹⁶ The Secretariat commissioned a review of economic capacity indicators for use in the Eligibility Policy and the Allocation Methodology: [“Assessing economic capacity in the Eligibility Policy and Allocation Methodology”](#)

¹⁷ GF/SC10/01—Revision 1.

38. Stage 2 was a holistic adjustment to account for programmatic and other contextual factors. In 2020-2022 the factors considered during the qualitative adjustments process included coverage gaps, cost of essential programming, performance, absorption, challenging operating environments, as well as sustainability and transition considerations.

39. All adjustments were made to arrive at zero net changes per disease to maintain the global disease split of resources in the final country allocations. Figure 6 provides the primary rationale for the increases and decreases from FDAs through the qualitative adjustments process in 2020-2022.¹⁸

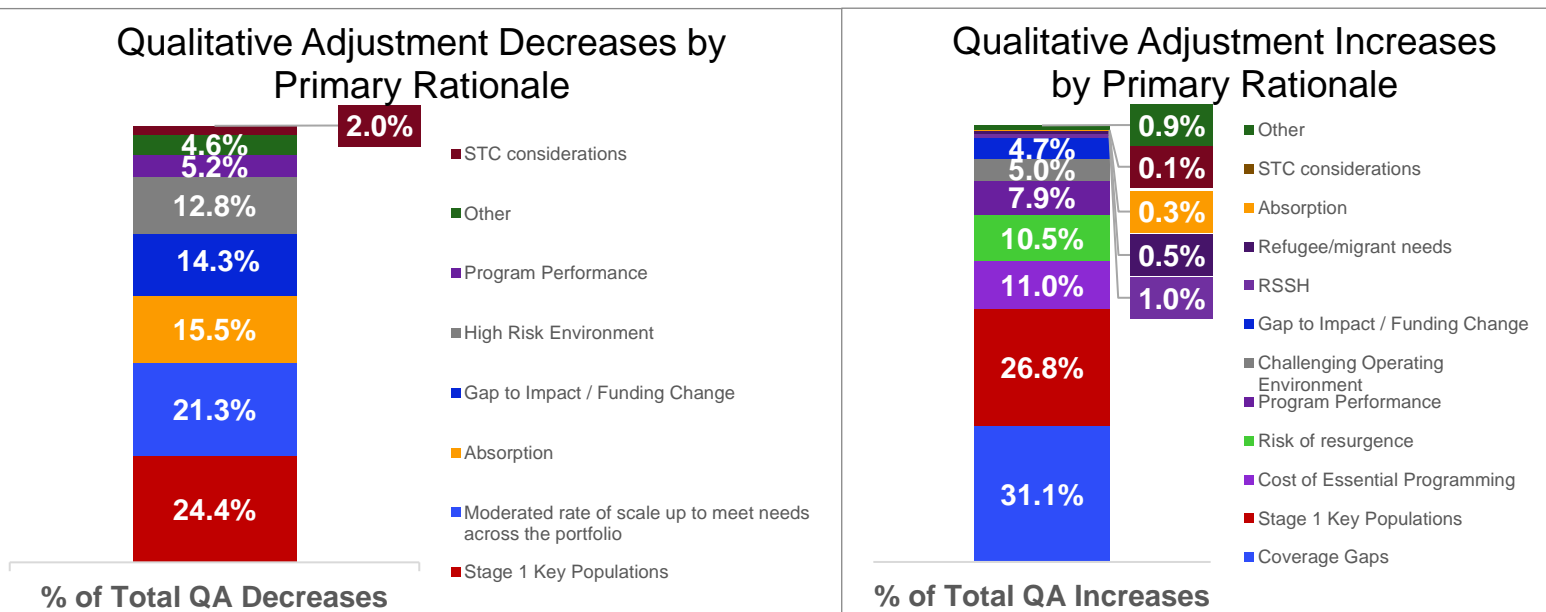


Figure 6: Primary rationale for changes made in the qualitative adjustments process for the 2020-2022 allocation period

40. For the 2020-2022 allocation period, the SC received a report of all changes to country components through the qualitative adjustment process.¹⁹ Adjustments made through this process greater than 15% and greater than USD 5 million were reported by the SC to the Board. This approach is recommended to be maintained for the 2023-2025 allocation period.

Catalytic Investments

41. As set forth in the founding principles of the allocation-based funding model²⁰, there is a need to retain a portion of funding for catalytic investments to (1) maximize the impact and use of available funds and (2) accelerate progress towards the aims of the Global Fund Strategy. The objective of the 2023-2025 catalytic investments is to address priorities in ways that cannot be achieved by country allocations alone yet are crucial to ensure that Global Fund investments deliver against the Strategy.

¹⁸ GF/SC11/ER03

¹⁹ GF/SC11/ER03

²⁰ GF/B27/DP07

42. Based on the recommendations of the SC, the Board may approve funding amounts for catalytic priorities prior to each allocation period. Details are described and presented in the SC recommendation to the Board in a separate paper.

What do we need to do next to progress?

43. The Secretariat will further develop and refine the qualitative adjustment process for the 2023-2025 allocation period, under the oversight of the SC. In July 2022, the SC will be requested to approve the qualitative adjustment process and factors.
44. In November 2022, once the replenishment outcome is known, the Board will approve the available sources of funds for allocation. The Secretariat will apply the allocation methodology to set aside funds for catalytic investments and to produce the country allocations for the 2023-2025 allocation period.
45. A Board decision on the allocation methodology in May 2022 is critical to ensure timely progress towards producing the country allocations and operationalizing catalytic investments for the 2023-2025 allocation period. Any delay in the Board decision would consequently delay the application of the allocation methodology, including the SC's decision on qualitative adjustments, the Secretariat's update of inputs to the allocation formula and the final roll-out of the allocation methodology, as well as multiple other internal Secretariat processes to prepare for the upcoming cycle of grants, which would ultimately jeopardize the timely communication of allocations to countries.

Recommendation

The Board is requested to approve the Decision Point on page 2.

Annexes

The following items can be found in Annex:

Annex 1: Allocation Methodology

Annex 2: Technical Parameters

Annex 3: Recommendations from Technical Partners on Disease Burden Indicators

Annex 4: Allocation Methodology Glossary

Annex 5: Summary of previous Committee Input

Annex 6: Relevant Past Board Decisions

Annex 7: Links to Relevant Past Documents & Reference Materials

Annex 1 – Allocation Methodology

1. **Allocation Period:** The three-year period, aligned to each replenishment period, over which eligible applicants may apply for funding and the Board may approve such funding for grant programs.
2. **Implementation of Grants:** While the allocation period will be aligned with the replenishment period, the planning and implementation of grants will be aligned with country planning cycles. The standard period of Global Fund financing for an applicant will be three years, subject to flexibility where deemed appropriate by the Secretariat.²¹
3. **Apportioning Available Resources:** Prior to each allocation period, the Board will approve the total amount of available sources of funds for allocation based on the recommendation of the Committee responsible for financial oversight. From such amount, the Board may approve:
 - a. Amounts for catalytic investments, as described further in paragraph 6 below; and
 - b. Amounts to be included as part of the available sources of funds for country allocations to ensure scale up, impact and paced reductions in funding as described in paragraph 4.c below.

The Secretariat maintains flexibility to move funds for catalytic investments to available sources of funds for the purposes described in paragraph 3.b. above and will notify the Board accordingly.

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%.
 - b. **Allocation Formula:** The formula for allocating available sources of funds to eligible country components will be based on each country's economic capacity (measured by GNI per capita) and disease burden (following consultation with technical partners). These indicators for the allocation formula will be recommended by the Secretariat as part of the following allocation-formula parameters that the Committee responsible for oversight of strategic matters will assess and approve prior to each allocation period:
 - i. Indicators for disease burden and country economic capacity;
 - ii. Maximum and minimum shares for the allocation; and
 - iii. External financing adjustment.

²¹ Justifications for variations from the three-year standard will be provided to the Board as part of the Secretariat's grant approval requests.

- c. **Formula-Derived Allocation:** After making the global disease split, the Secretariat will apply the allocation parameters to apportion a share of the available sources of funds for country allocations to each eligible country component based on the shares produced by the allocation formula to obtain the initial calculated amount. The Secretariat will have flexibility to apportion the funding described in paragraph 3.b. above to ensure scale up, impact and paced reductions in funding across the portfolio, and be guided by the following initial approach to obtain the formula-derived allocation:
- i. Each eligible country component, which had a previous funding level below its initial calculated amount, will receive a funding level that is at least the midpoint between its initial calculated amount and its previous funding level;
 - ii. Each eligible country component, which had a previous funding level above its initial calculated amount, will receive a reduction of at least 10--percent from its previous funding level²²; and
 - iii. Previous funding level represents allocations from the previous allocation period.
- d. **Qualitative Factors:** The Secretariat may further adjust formula-derived allocations, to account for specific circumstances in each eligible country component, under the oversight of the Committee responsible for strategy matters.
- i. Prior to each allocation period, the Committee responsible for strategy matters will approve the qualitative factors and the method for how they are applied, as well as oversee the adjustment process by the Secretariat; and
 - ii. Any adjustment greater than 15 percent of an eligible country component's formula-derived allocation and greater than USD 5 million shall be reported to the Board through the Committee responsible for strategy matters.
5. **Reallocation of Sources of Funds:** Upon confirmation by the Committee responsible for financial oversight, the Secretariat may conduct a strategic reallocation of available sources of funds according to the following parameters:
- a. Sources of funds that are additional to the amount initially allocated to eligible country components shall be reallocated to prioritized and costed areas of need identified and registered as unfunded quality demand, in accordance with a prioritization developed by the Secretariat and approved by the Committee responsible for strategy matters; and
 - b. All reallocations of available sources of funds to grant programs shall be recommended by the Secretariat to the Board for approval.
6. **Catalytic Investments:** As described in paragraph 3.a, based on the recommendations of the Committee responsible for strategy matters, the Board may approve amounts to finance catalytic investments in priorities necessary to maximize impact and use of available funds, that are unable to be addressed through country allocations alone yet critical to deliver the Global Fund strategy. The Committee responsible for strategy matters will review the type of priorities, activities or initiatives to fund as catalytic investments, along with associated costs, prior to each allocation period, in consultation with the Committee responsible for financial oversight with respect to the available amount of sources of funds for allocation, and present recommendations to the Board for approval.

²² Where the initial calculated amount is greater than 90% of previous funding, the formula-derived amount will be the initial calculated amount.

Annex 2 – Technical Parameters

Summary of technical parameters for the 2023-2025 allocation period

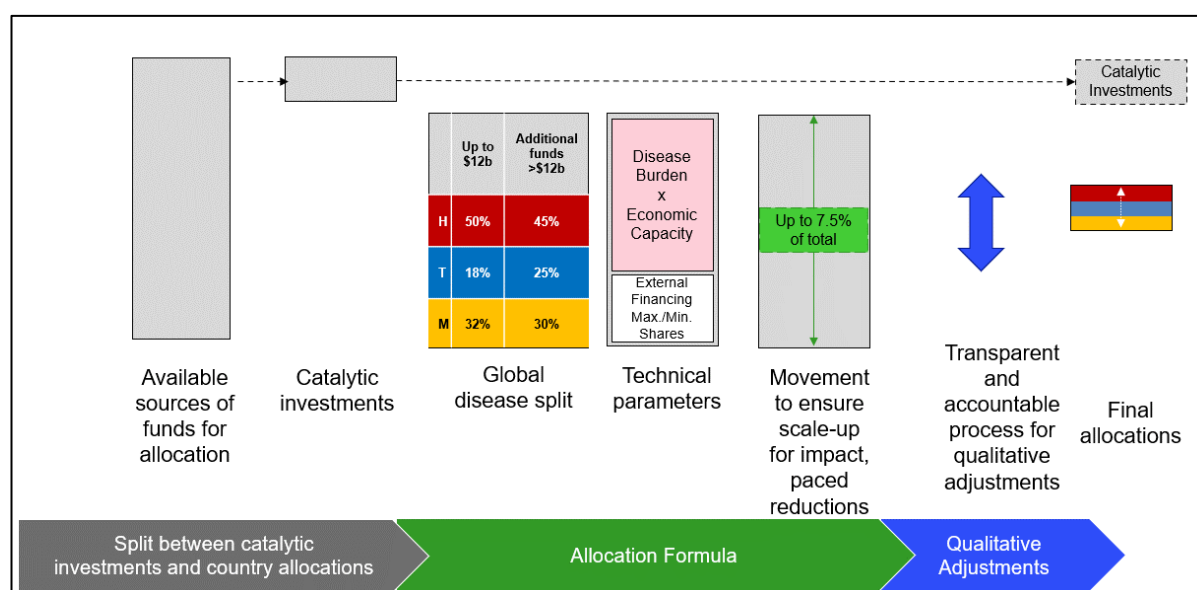
Table 1: Technical Parameters for the 2023 – 2025 Allocation Period	
Parameter	Specification
HIV burden indicator	Number of people living with HIV (PLHIV) Latest available data
TB burden indicator	[1*TB incidence] + [10*MDR-TB incidence] Latest available data
Malaria burden indicator	[1 * number of malaria cases] + [1 * number of malaria deaths] + [0.05 * malaria incidence rate] + [0.05 * malaria mortality rate] Latest available data for the average values between 2000-2004 Number of malaria cases and deaths adjusted by latest Population-At-Risk (PAR) ratio: PAR (latest year) / PAR (2000-2004 average) All indicators normalized
Country economic capacity indicator	Weighting determined by GNI per capita and smooth CEC curve Latest available data
Maximum shares	10% funding at a disease level 7.5% funding at a country level
Minimum shares	USD 500,000 per component, subject to assessment of the impact that could be achieved, contribution towards achieving strategic objectives, and ability to efficiently manage such programs with differentiated and simplified grant management processes
External financing adjustment	Projections discounted by 50% for data quality, and can influence country allocations by up to 25%

Annex 3 – Recommendations from Technical Partners on Disease Burden Indicators

The Technical Partners for HIV, TB and malaria reviewed the disease burden indicators for the allocation methodology, together with disease burden indicators of the Eligibility Policy. Their recommendations on both policies are available here:

1. [Technical Partners Recommendation for HIV](#)
2. [Technical Partners Recommendation for TB](#)
3. [Technical Partners Recommendation for Malaria](#)

Annex 4 – Allocation Methodology Glossary



Allocation period: the three-year period, aligned to each replenishment period, over which eligible applicants that receive an allocation may apply for funding and the Board may approve such funding for grant programs.

Available sources of funds for allocation: amount of sources of funds for country allocations and catalytic investments approved by the Board prior to each allocation period.

Country allocation methodology: is the methodology to determine the distribution of funds for country allocations, comprising of the allocation formula and qualitative adjustments. See 2 and 3 in Figure above.

Catalytic investments: funding set aside to invest in priorities that are unable to be addressed through country allocations alone and considered to be crucial to ensure delivery against strategic aims. Funds are implemented through one of the following modalities:

- **Matching funds:** additional funds to incentivize programming of country allocations towards key strategic priorities;
- **Multi-country:** investments to target a limited number of key, strategic multi-country priorities deemed critical to meet the aims of the Strategy and not able to be addressed through country allocations alone; and

- **Strategic initiatives:** funding for centrally managed approaches that cannot be addressed through country allocations due to their cross-cutting or off-cycle nature, but critical to ensure country allocations deliver against the Strategy.

Global disease split: distribution of total country allocation resources across HIV, TB and malaria. This distribution is done upfront in the allocation formula (see 2-A in Figure above) and maintained throughout the allocation methodology.

Component: HIV, TB or malaria.

Disease burden: a country's disease burden compared to the overall disease burden of all Global Fund eligible countries, based on the following indicators in the 2017-2019 allocation formula:

Country economic capacity: a country's GNI per capita, used in the formula by weighting according to a smooth curve where allocations decrease as GNI per capita increases.

Minimum share: no component may receive less than US\$500,000 in the allocation formula. Allocation amounts are brought to at least this amount in the formula. Components at this minimum amount may be brought to zero in the qualitative adjustments process – this is subject to assessment of the impact that could be achieved, contribution towards achieving strategic objectives, and ability to efficiently manage such programs with differentiated and simplified grant management processes.

Maximum shares: components are limited to a maximum of 10% of total disease funding. Country allocations are limited to 7.5% of the total funding.

External financing adjustment: adjustment to component allocations based on projections of other external financing (non-Global Fund). To account for data quality and uncertainty, the projections are discounted by 50% and the adjustment can influence component allocations by up to 25%.

Initial Calculated Amount (ICA): initial allocation amount based on the technical parameters of disease burden, economic capacity, minimum shares, maximum shares and external financing adjustments. Does not include formulaic adjustments for paced reduction/scale-up components (see below) nor does it include qualitative adjustments.

Previous funding level: allocation amount in previous allocation period.

Scale-up components: components where previous funding level is *lower* than the allocation formula's Initial Calculated Amount. Significantly lower funding than the ICA usually indicates low funding during the rounds system and/or previous absorption/risk/OIG challenges. For the formula-derived allocation, scale-up components receive *at minimum* the mid-point between their previous funding level and Initial Calculated Amount for the current allocation period. See 2-C in Figure above.

Paced reduction components: components where previous funding level is *higher* than the allocation formula's Initial Calculated Amount. Significantly higher funding than the ICA usually indicates high funding during the rounds-based system that exceeds current disease burden and economic capacity. For the formula-derived allocation, paced reduction components receive a *maximum* share of their previous funding level. See 2-C in Figure above.

Formula-Derived Amount (FDA): allocation amount after scale-up and paced reduction adjustments based on funding levels in previous allocation period. See 2-C in Figure above.

Qualitative adjustments: refinements to formula-derived allocations to account for epidemiological, programmatic and other factors insufficiently addressed through the allocation formula, to maximize the impact of Global Fund resources in line with the Strategy. For the 2017-2019 allocation period, Phase 1 consists of adjustments for key populations for HIV and for malaria elimination to account for epidemiological contexts that are insufficiently captured in the formula. Phase 2 includes adjustments for key programmatic factors and other contextual considerations. All changes and rationale are reported to the SC, and all changes greater than US\$5 million and 15% are reported to the Board.

Program split: the distribution of country allocations across eligible disease components and standalone funding requests for RSSH. Based on the allocation methodology, the Global Fund provides countries with an indicative split of allocation funding between disease components. Countries have the flexibility to revise this distribution to address country contexts. The Country Coordinating Mechanism (CCM) uses a documented and inclusive process to determine the proposed split, which is agreed with the Global Fund Secretariat before submitting a funding request.

Annex 5 – Summary of previous Committee Input

Links to reports from earlier SC Meetings are provided below:

[GF/B46/22](#) 46th Board Meeting, 8 and 10 November 2021, pages 9-12 (Agenda Item 4: Allocation Update and Global Disease Split)

[GF/SC17/26](#) 17th SC, 5, 6 and 15 October 2021, pages 11-13 (Eligibility and Allocation Part I: Global Disease Split) and pages 13-15 (Eligibility and Allocation Part II).

[GF/SC16/11](#), 16th SC, 5-6 July 2021, pages 5-7.

[GF/SC15/26](#), 15th SC Meeting, 25-30 March 2021, pages 7-8.

Draft SC18 Meeting Report notes:

Allocation Methodology for the 2023-2025 Allocation Period

Presentation

1. The SC Vice Chair opened the session noting that the 2023-2025 allocation methodology has been prepared based on previous SC discussions, clear lessons learned, and necessary adaptations to align with the ambitions of the 2023-2028 Strategy. The Vice Chair emphasized the critical nature of the decision on technical parameters and the recommendation of the overall allocation methodology to the Board. The Vice Chair explained that the allocation methodology from the last cycle was largely maintained, with some refinements to ensure changes needed to achieve greater impact with potentially increased resources and alignment with the new Strategy.
2. The Secretariat noted that the global disease split decision at the 46th Board meeting²³ determined how the total available country allocation funds will be distributed across the three disease components for the 2023-2025 allocation cycle. The Secretariat explained that the next step in the allocation methodology distributes the funds (in accordance with the approved global disease split²⁴) to each country in line with a country's burden for each disease and economic capacity. Together, the disease burden indicators, the country economic capacity indicator, maximum and minimum shares and external financing adjustments form the technical parameters of the allocation methodology, which were presented to the SC for decision.

For SC decision: technical parameters of the 2023-2025 allocation methodology

3. The SC was requested to approve the technical parameters in line with the following findings:

²³ <https://www.theglobalfund.org/board-decisions/b46-dp04/>

²⁴ The approved global disease split for the 2023-2025 allocation period is (1) 50% for HIV, 18% for TB and 32% for malaria for the first USD 12 billion available for country allocations, and (2) 45% for HIV, 25% for TB and 30% for malaria for additional amounts over USD 12 billion.

- (i) Economic capacity: Based on an [external review](#) commissioned by the Secretariat on the use of Gross National Income per capita (GNI p.c.), at its 17th meeting, the SC broadly agreed that GNI p.c. should remain the primary indicator for economic capacity²⁵.
 - (ii) Disease burden indicator: The current disease burden indicators²⁶ were recommended to be maintained by HIV, TB and malaria technical partners, as they remain the most appropriate to reflect burden in the allocation formula.
4. The Secretariat noted that the technical parameters are applied to determine an initial distribution of funding to eligible country components. This amount is called the Initial Calculated Amount (ICA).

For SC recommendation: area of refinement in the 2023-2025 allocation methodology

5. The Secretariat explained that after ICAs are determined, the allocation methodology applies adjustments to ICAs to moderate steep decreases in funding from previous periods while prioritizing scale-up of financing for components that previously received less than their ICA.²⁷ The SC was requested to recommend to the Board the following changes in this step of the allocation methodology to the Board for approval:
- (i) Paced reductions: Maximum threshold on paced reduction components was proposed to change from 75% to 90% of previous funding (i.e., funding in the 2020-2022 allocation cycle). The change to 90% in this allocation cycle was proposed to strike an appropriate balance between enabling scale-up and moderating steep reductions, to ensure all countries will benefit under higher replenishment outcomes.
 - (ii) The limit of funds moved in this step was proposed to change from USD 800 million to 7.5% of the total funding envelope for country allocations.
6. The Secretariat further noted that the scale-up parameter of guaranteeing at least the midpoint between previous funding level and the ICA is important to maintain to continue to drive funding towards highest burden countries, especially in lower funding scenarios. The proposed changes aim to make the allocation formula more fit-for-purpose for higher funding scenarios. The revised thresholds for paced reduction were determined based on principles of focusing on high burden, equity and ensuring the model is adaptable to different funding levels.

Qualitative Adjustments

7. The Secretariat noted that the qualitative adjustment factors will be presented to the SC in July 2022 for approval, and will include key factors applied in the 2020-2022 allocation period such as coverage gaps, cost of essential programming, past performance, absorption, etc. There will also be a detailed examination of economic indicators (considering the economic impact of COVID-19), using the findings from the independent review on economic capacity.

SC Discussion

8. The SC discussion was broadly divided into questions/clarifications on (i) the technical parameters; (ii) the refinement of the scale-up and paced reduction step of the allocation methodology; and (iii) implementation issues pertaining to country grants.

Technical parameters of the 2023-2025 allocation methodology

²⁵ Page 14, [Report of the 17th Strategy Committee Meeting](#)

²⁶ Page 13, GF/SC18/06, [Allocation Methodology for the 2023-2025 Allocation Period](#)

²⁷ Page 8, GF/SC18/06, [Allocation Methodology for the 2023-2025 Allocation Period](#).

9. SC members expressed support for the proposed technical parameters of the allocation methodology, given the recommendation of technical partners.

Area of refinement in the 2023-2025 allocation methodology

10. SC members:

- (i) Noted that the proposed changes should not punish countries with absorption or implementational issues;
- (ii) Inquired why the increase in scale-up is limited to only 50% of the difference between previous funding and ICA;
- (iii) Requested clarification whether higher burden and low-income countries were in the paced reduction or scale-up group; and
- (iv) Sought clarity on the benefits of scale up and paced reductions.

Preparing for successful achievement of the new Global Fund Strategy with a particular focus on RSSH:

11. The SC leadership informed the committee that an amendment had been submitted by some constituencies, but it was not put forward as it was considered an unfriendly amendment. They explained that the proposed amendment was not appropriate for, or aligned to, the decision at hand, which was to recommend the allocation methodology. While the decision on the allocation methodology calculates the *amount* of funds available to eligible country components, the amendment focused on *how* allocated funds should be used for RSSH priorities, an issue that is outside of the scope of the allocation methodology and that had been discussed the previous day of the SC meeting during the Strategy implementation presentation and discussion.
12. It was discussed that imposing a prescriptive amount of 20% for RSSH, as the amendment suggested to be investigated ahead of an approval of the allocation methodology, would be contrary to the outcomes of the challenging discussions during the Strategy development process. In addition, as raised previously during the global disease split discussions, a prescriptive requirement for RSSH would also restrict country ownership of investments and be inappropriate in contexts where the focus should be on key and vulnerable populations. It was further noted that there are no restrictions on a country requesting to use 100% of its country allocation for RSSH activities, provided it passes TRP review and grant approvals, and information from TERG shows that approximately 27%²⁸ of current investments go to direct and contributory RSSH investments.
13. There were differing views among SC members on whether a fixed percentage for RSSH investments would be an appropriate approach, but many agreed on the need to drive greater impact with RSSH investments. The reviews conducted by TERG and TRP indicate that country dialogue, grant-making and funding request processes have failed to yield the desired impact in system strengthening. Some constituents emphasized the lessons learned from COVID-19 on health systems and expressed the need to innovate implementation, including prescriptive guidance, while considering the findings from the TRP and OIG. Others noted that it takes a collective effort across partners to ensure RSSH investments are more systematically prioritized, integrated and sustainable, and bring more focus on strengthening rather than supportive activities.
14. The SC leadership recognized that the Global Fund cannot continue implementing the same way and expect different results. There are many important levers, such as grant review, implementation

²⁸ https://www.theglobalfund.org/media/8793/terg_resilientsustainablehealthreview_paper_en.pdf?u=637319004264830000

design and allocation letters, that impact the prioritization of RSSH investments. It was emphasized that there is a need for further analysis in this area, particularly directed at how to innovate and best leverage policies available to the Global Fund.

15. The SC leadership fully acknowledged the importance of the issues raised through the proposed amendment and agreed that they merit a deeper discussion, but concluded that it would be better situated within the broader conversation on Strategy Implementation rather than as part of the allocation methodology. The SC Chair also urged the committee not to delay the recommendation to the Board of the allocation methodology given the risks of not operationalizing in time for the next period, which was echoed by several SC members.
16. In response to the Secretariat's proposed amendment to the decision point (see below), many SC members expressed that the revision was going in the right direction, although there were differing views around a guaranteed minimum of RSSH investments. The SC noted that the intention of the amendment must be clear in that the SC discussion must include an analysis of levers to prioritize and improve RSSH investments, and that this urgent discussion would take place before the 47th Board meeting

Secretariat Response

Area of refinement in the 2023-2025 allocation methodology

17. On the clarifications on the scale-up and paced reduction refinement, the Secretariat noted that:
 - (i) The refinement aims to strike an appropriate balance between providing less steep decreases and enabling scale-up in high funding scenarios. In higher scenarios, relatively less funding would be needed to moderate decreases as more countries would be on scale-up as their share of a larger funding envelope becomes greater than their previous funding.
 - (ii) Absorption and impact are not factors considered in this decision on the allocation methodology and will be addressed in the qualitative adjustment factors to be presented to the SC in July. The SC was welcome to provide further feedback on qualitative adjustments ahead of the meeting.
 - (iii) On why the increase is only 50% in the scale-up step, clarified that 50% of the difference between ICA and previous funding is the minimum increase, and that under similar and higher funding scenarios, increases will generally be much higher than 50%.
 - (iv) Although generally there are more high burden and low income countries that are on scale-up, there is a diverse mix of countries so this decision point is not a clear cut shift from one income group to the other. The proposed change will make the allocation methodology better suited for higher funding scenarios, and country specific contexts, such as high performing programs, will be considered in the qualitative adjustments.

Preparing for successful achievement of the new Global Fund Strategy with a particular focus on RSSH:

18. The Secretariat acknowledged and agreed with the desire to discuss how RSSH objectives will be strengthened and delivered in line with the Global Fund's theory of change and investment case. It reminded the SC that the global disease split decision had been approved by the Board in November 2021, and the decision was that there would not be a separate RSSH allocation. The allocation methodology does not determine how countries decide to use available funding and there are many levers that guide and influence countries on how to deploy the funds. Different countries will make different decisions, depending on their domestic financing and partner engagement, and the Global Fund should be careful about imposing a decision at the expense of country ownership. Although there are many ways to further improve, the Secretariat noted that the current period has

seen significant improvements, such as the scale-up and efficacy of laboratory systems and community-led monitoring.

19. The Secretariat expressed full agreement and willingness to further discuss RSSH in depth with the SC, particularly through examining the country-specific challenges and opportunities for generating greater impact from RSSH investments, including through examination of using of direction in allocation letters and proposed percentages for RSSH investments. The Secretariat also agreed to further SC discussions on Strategy implementation.
20. Taking into account SC feedback on RSSH, the Secretariat put forward the following additional language as an amendment to the decision point:
 - a. *Recognizing the importance of enhancing the impact of investments in RSSH, the SC calls for further analysis of levers that should be deployed to deliver this objective. The SC requests the Secretariat urgently arrange a SC discussion for input and guidance on this specific topic ahead of the 47th Board meeting and requests the Secretariat to provide relevant updates in future strategy implementation presentations to the SC and the Board.* (GF/SC18/DP05 – Revision 1)

Conclusion

- SC Leadership continues to support and acknowledge the SC's desire to engage further around the issues of implementing the Global Fund Strategy and translating allocations into impact on RSSH, including by reflecting a higher level of ambition on RSSH investments in allocation letters.
- It was confirmed that SC leadership will include updates on the preparation for Strategy Implementation on the SC Workplan for the coming meetings in 2022 and stressed that she will include the need to focus on RSSH investments in the handover to the next SC in order for it to be tabled at upcoming SC meetings.
- The Chair also acknowledged and appreciated SC members inputs as well as the Secretariat's commitment to additional discussions of the important topics raised.
- Although there were three abstentions, the SC passed the amended decision point GF/SC18/DP05, approving the 2023-2025 allocation technical parameters and recommending the 2023-2025 allocation methodology to the Board.

Action Points

- Organization of an SC retreat on Strategy Implementation with a particular focus on RSSH implementation, prior to the 47th Board meeting in May.
- In preparation for the SC retreat, the Secretariat, in consultation with SC leadership, will reflect and draw on input from the SC on the implementation levers that will have the greatest impact on achieving the objectives of the new Strategy.
- The Secretariat will include further information in its update for the 47th Board meeting on its approach to qualitative adjustments.
- SC members were invited to submit additional input on qualitative adjustments prior to SC's 19th meeting in July.

Annex 6 – Relevant Past Board Decisions

Relevant past Decision Point

Summary and Impact

GF/B46/DP04: Global Disease Split for the 2023-2025 Allocation Methodology (November 2021)

The Board approved the apportionment of available country allocation funds across disease components (“Global Disease Split”) for the 2023-2025 allocation period, which will be determined by the total amount of available funds for country allocation for the 2023-2025 allocation period.

GF/B41/DP02: Allocation Methodology for the 2020-2022 Allocation Period (May 2019)²⁹

Based on the recommendation of the SC, the Board approved an updated allocation methodology for the 2020-2022 allocation period. The global disease split remained unchanged from the 2017-2019 allocation period.

GF/B35/DP05: Allocation Methodology 2017-2019 (April 2016)³⁰

Based on the recommendation of the SC, the Board approved an allocation methodology for the 2017-2019 allocation period. The global disease split remained unchanged from the 2014-2016 allocation period.

GF/B29/EDP11: Revising the distribution of funding by disease in the new funding model allocation methodology (October 2016)³¹

The Board approved an initial apportionment of available resources across the three diseases as follows: 50% HIV/AIDS, 18% tuberculosis, and 32% malaria.

²⁹ https://www.theglobalfund.org/media/8536/bm41_02-allocation-methodology_report_en.pdf

³⁰ <https://www.theglobalfund.org/board-decisions/b35-dp10/>

³¹ <https://www.theglobalfund.org/board-decisions/b29-edp11/>

Annex 7 – Links to Relevant Past Documents & Reference Materials

1. The 2020-2022 Allocation Methodology ([GF/B41/02](#))
2. External review of economic capacity indicators ([Assessing economic capacity in the Eligibility Policy and Allocation Methodology](#))
3. Presentations and papers from the 15th, 16th, 17th and 18th SC can be found here:
 - SC15: [Eligibility Policy and Allocation Methodology Review](#)
 - SC16: [Eligibility Policy and Allocation Methodology Review](#)
 - SC17: [Eligibility and Allocation Review: Catalytic Investments, Country Economic Capacity, Disease Burden and Other Areas](#)
 - SC17: [Global Disease Split for the 2023-2025 Allocation Methodology](#)
 - SC17: [Allocation Review: Global Disease Split](#)
 - SC18: [Allocation Methodology for the 2023-2025 Allocation Period](#)
 - SC18: [Catalytic Investments for the 2023-2025 Allocation Period](#)