HHS Public Access

Author manuscript

Health Aff (Millwood). Author manuscript; available in PMC 2017 November 06.

Published in final edited form as:

Health Aff (Millwood). 2015 February ; 34(2): 359. doi:10.1377/hlthaff.2014.1489.

Global HIV Funding: The Author Replies

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Mahesh Devnani and coauthors make two reasonable points: First, local circumstances need to be accounted for in allocating global funds; and second, reductions in allocations can be quite detrimental. For both reasons, the transparency of the decision-making process behind these allocations remains a crucial policy issue.

The first point should be accounted for in the discretionary adjustments of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as my coauthors and I noted in our article (Dec 2014). Yet considerations of local circumstances are not guaranteed since discretionary decisions are not transparent.

Regarding portfolio changes, it is not necessarily the case that reductions in a country's portfolio share will lead to a reduction in the amount of money the country receives. The amount for all countries may have increased during the previous allocation period.

In addition, the Global Fund has made adjustments to account for what it calls continuity of services, as we noted in our article. Such adjustments could help bridge any shortfalls that might result from a reduction in a country's amount of funds. The Global Fund should consider revising its formula to explicitly account for commitments to lifelong antiretroviral treatment; completions of treatment courses for tuberculosis; and at least maintaining malaria prevalence levels and ensuring that malaria rates do not surge in a country, resulting in losses of the gains obtained through the Global Fund's assistance.

In any case, the precise calculations and procedures by which the Global Fund arrives at its actual allocations for each country merit scrutiny. Greater transparency through releasing the data and making the methods replicable is needed.

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