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To Fight AIDS, Tuberculosis and Malaria

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Annex 6
Revision 1
[Changes Highlighted]

Portfolio Committee

Sub-Working Group on Eligibility Criteria

Outline: This document presents the outcomes of deliberations of the Sub-Working Group on Eligibility on 27 January and 14 March 2006. The Sub-Working Group considered multiple options for expanding eligibility criteria including new additional statistical information on HIV-vulnerable groups provided by UNAIDS and proposed a recommendation to the Portfolio Committee (PC) for discussion on 15–16 March 2006. The PC endorsed expanding eligibility criteria for upper-middle income countries as a decision point for the Thirteenth Board Meeting and requested that the Background Paper on Eligibility be revised to incorporate the new statistical information. As this issue has been under consideration for some time by the Board, the Portfolio Management and Procurement Committee (PMPC) and now the PC, an overview of past deliberations and conclusions is provided at the outset of this document. The proposed changes to current eligibility criteria have been included in the Round 6 Guidelines and Proposal Form.

Decision Point:

The Board decides that, in addition to the current eligibility requirements for proposals from applicants whose economies are classified by the World Bank as “Upper middle income”, an applicant may also become eligible if:

(a) the applicant falls under the “small island economy” exception as classified by the World Bank/IDA regardless of national disease burden; or

(b) there is an HIV sero-prevalence rate of more than five percent in a vulnerable population, regardless of national disease burden, provided that:
(i) the proposal targets the vulnerable population;
(ii) the applicant provides a definition of the vulnerable population, including size of the population and evidence of the sero-prevalence rate within such population; and
(iii) the evidence provided by the applicant is validated by the WHO or UNAIDS.

Such applicants are also subject to counterpart financing requirements.

Background: Framing the Eligibility Question

1. The debate on expanding eligibility criteria for upper-middle income countries dates back to the Fourth Board Meeting in January 2003, at which the Board decided that poverty and disease-related needs (encompassing both current disease burden and risk of epidemic growth) were criteria which would be used to determine eligibility to apply for financing from the Global Fund. This decision led to the grouping of applications by World Bank Income classifications for the Third Call for Proposals and beyond.

2. In an effort to maintain the focus on poverty and disease-related need, upper-middle income countries were only eligible to apply for Global Fund financing if they faced “very high current disease burden”, focused on poor and vulnerable populations, and also met additional requirements for co-financing and reliance on domestic resources. The Board requested the Portfolio Management and Procurement Committee (PMPC), along with WHO and UNAIDS, to broaden criteria for disease-related need among upper-middle income countries to more fully encompass vulnerability to disease infection and the risk of growth of each epidemic.

3. At the Sixth Board meeting (October 2003), the Board decided upper-middle income countries were eligible for Global Fund financing only if they met specific national disease burden cutoffs and previously-stated additional requirements. The Board recognized that these national disease burden statistics may not accurately reflect vulnerable populations within which disease epidemics have the potential to escalate at a rapid pace. In addition, it was recognized that income level does not adequately capture social inequalities, social exclusion, income disparities, shocks to the economy and other factors which impact the delivery of essential health services to certain populations. The Board therefore directed the PMPC to review the issue for future applications and to focus exclusively on vulnerable populations from upper-middle income countries which do not receive significant domestic or external funding.

4. The PMPC agreed that the primary argument for expanding eligibility criteria was that upper-middle income countries contain pockets of vulnerable populations which are socially marginalized and excluded from access to financing despite their country’s economic status. Therefore these populations could be considered comparable to populations in poorer countries, as they are confronted with serious and growing epidemics and lack the financial resources to mount an effective response to disease threat. Proponents of expanding criteria argued that the introduction of Global Fund resources to these vulnerable populations could focus attention on populations at high risk for a rapidly expanding epidemic and could catalyze a broader national response to HIV, tuberculosis and malaria. Investment of Global Fund resources at a locus of high epidemic expansion could be very cost effective, possibly preventing spread of disease epidemics to the general population. The main argument of opponents to expanding eligibility criteria was that upper-middle income countries should be able to address epidemics concentrated in vulnerable populations with their own domestic resources. The failure of these countries to use their comparative wealth to assist vulnerable populations may reflect a lack of political commitment to combating the three diseases, and should not be rewarded with the introduction of significant resources.

5. The PMPC formed a Working Group on Eligibility in February 2005 in the hope of forming a consensus recommendation on expanding eligibility criteria for upper-

middle income countries. The Working Group met in February and March 2005. Discussions centered on the impact of adverse economic events on countries' ability to combat disease burden and how to define and measure disease burden in vulnerable populations. The Working Group was unable to reach a consensus on expanding eligibility criteria prior to the restructuring of the Board Committees at the Tenth Board Meeting. The PMPC thus deferred a decision on eligibility expansion to the Portfolio Committee (PC).

6. The PC Sub-Working Group on Eligibility first met on 7 September 2005 in London. At this meeting the Sub-Working Group proposed further exploration of HIV/AIDS statistics in specific vulnerable groups and consideration of special macro-economic situations (small island economies, economic shock or natural disasters affecting macro-economic conditions) as criteria for eligibility. The Sub-Working Group recognized that social inequality and specific economic situations could expose vulnerable populations to a paucity of resources to combat the three diseases inconsistent with their country's status as an upper-middle income country. The Sub-Working Group also proposed that higher percentages of counterpart financing should be required from upper-middle income countries eligible through expanded eligibility criteria.

7. The Sub-Working Group on Eligibility met again on 27 January 2006 to discuss the expansion of eligibility criteria for upper-middle income countries. The Sub-Working Group agreed that eligibility criteria should be expanded to take into account social and economic inequalities experienced by vulnerable populations in upper-middle income countries, including: countries considered small island economies according to classification by the World Bank/International Development Association (IDA); countries experiencing recent economic shock and undergoing an International Monetary Foundation (IMF) adjustment program that limits public spending; and, in lieu of sufficient publicly available data on HIV/AIDS disease burdens in HIV-vulnerable populations, countries with a lowered threshold of HIV/AIDS disease burden based on the ratio of national HIV/AIDS sero-prevalence rates to Gross National Income (GNI) per capita.

8. The Sub-Working Group directed the Secretariat to further develop these options prior to its 14 March 2006 meeting so that concrete recommendations could be considered by the PC at their fourth meeting for inclusion in the Round 6 Guidelines and Proposal Form. The Sub-Working Group and PC considered a further option on vulnerable populations after receiving new statistical information from UNAIDS. These are reflected in this updated Background Paper on Eligibility.

Existing Eligibility Criteria

1. Current eligibility criteria allow for applications from World Bank classified low- and lower-middle income countries. Upper-middle income countries may only apply for a disease component if they face a high national disease burden in that component and meet certain additional requirements. This exception for upper-middle income countries is explicitly defined in the Round 6 Guidelines as follows:

> Countries classified as "Upper middle income" by the World Bank (World Bank list of economies July 2005) are eligible to apply for support from the Global Fund only if they face very high current disease burden. This is defined for each disease as follows:

- HIV/AIDS: if the country's ratio of adult HIV sero-prevalence (as reported by the Joint United Nations Programme on HIV/AIDS [2004 Report on the Global AIDS Epidemic], multiplied by 1,000) to GNI per capita (Atlas method, as reported by the World Bank) exceeds five;
- Tuberculosis: if the country is included on the WHO list of 22 high-burden countries, or on the WHO list of 41 countries comprising 97 percent of the total TB cases that are HIV-positive;
- Malaria: if the country experiences more than one death due to malaria per 1,000 people per year [estimates of malaria mortality rates from Global Malaria Programme].

"Upper middle income" countries must also demonstrate the ability to fulfill additional requirements:

- Counterpart financing with a progressive increase from 20 percent in year one to 40 percent over the duration of the proposal (non-CCM proposals are exempted from this counterpart financing requirement); and
- Focus on poor or vulnerable populations.

Rationale for Expansion of Eligibility Criteria

1. *Impact on the spread of the epidemic.* Previous discussions at the PMPC, PC and Board level have shown that vulnerable populations, such as commercial sex workers (CSWs), prisoners, injecting-drug users (IDUs) and others do not have the same access to health-care resources as the general population in some upper-middle income countries. Social and economic inequities tend to marginalize the level of funding and health care available to these populations. Yet they often bear the highest burden of disease and represent sectors where health-care investment can have a profound impact on the spread of disease epidemics. The introduction of new HIV/AIDS data from UNAIDS provides an indication of the impact of the disease in these populations and the potential for the disease to spread out of these sub-groups into the general population. It is widely accepted that an HIV epidemic cannot be contained in a highly-affected sub-population once a certain threshold of disease prevalence is exceeded. Given the high mobility of some vulnerable populations, and high prevalence rates and poor access to health-care resources experienced by these populations, it is only a matter of time before the HIV epidemic spreads from vulnerable groups to the general population in upper-middle income countries. If the Global Fund were to invest in prevention and treatment programs for vulnerable populations now, this investment could contain the HIV epidemic within concentrated populations and significantly decrease the risk of an HIV epidemic expanding to the general population.

2. *Cost effectiveness.* The investment of Global Fund resources in vulnerable populations with high disease burden would be a high-impact and cost-effective intervention. The treatment and prevention of HIV in isolated vulnerable groups has a much lower cost than treating a generalized epidemic, and the potential to prevent future morbidity and mortality is greatest at this early stage of an epidemic. This would be a highly cost-effective way of investing Global Fund resources to combat the HIV epidemic, which would have a significant impact on the spread of HIV at a

local, national, regional and global level. As vulnerable populations tend to be small in number (a few thousand to a hundred thousand for most populations), the Global Fund would be investing in small prevention, education and treatment projects requiring a relatively small amount of resources to prevent the spread of HIV to a much larger number of people. Compared to the costs of an HIV treatment and prevention program for the general population, investment in vulnerable populations is very cost effective and has a high impact in containing the spread of the disease.

3. *Other catalytic impact.* In addition, the extension of eligibility criteria to include vulnerable populations with a high HIV prevalence could have four other effects on the response to the epidemic in upper-middle income countries: i) increasing funding available for vulnerable populations will *promote an equity agenda* to address the social and health-care needs of traditionally marginalized vulnerable groups; ii) The possibility of receiving funding from the Global Fund for vulnerable populations may *exert pressure on governments* to identify emerging HIV epidemics in vulnerable groups and to invest resources in containing the epidemic before it spreads to the general population in that country and beyond; iii) Governments may also strengthen their efforts to combat stigmatizing of and discrimination against vulnerable populations associated with HIV infection, with the goal of increasing general understanding of how HIV spreads and how transmission can be prevented; iv) Finally, an increase in Global Fund resources for vulnerable groups may *strengthen the participation of civil society in CCMs* and Global Fund program governance. Members of civil society tend to be the main advocates of socially marginalized groups and vulnerable populations. If CCMs and governments have a new focus on vulnerable populations due to the expansion of eligibility criteria, they may become more inclusive of the civil society organizations which have worked directly with these populations.

4. In addition, certain macro-economic situations can severely limit health-care and social-sector spending in some upper-middle income countries. The economic realities of small island economies, countries experiencing recent economic shock, and severely-indebted economies can significantly impact countries' ability to combat the three diseases.

5. Therefore it is proposed that eligibility criteria for upper-middle income countries be expanded to include high HIV/AIDS prevalence in vulnerable populations and small island economies. Further information and analysis would be required for consideration of countries experiencing economic shock and severely indebted economies.

High HIV/AIDS Prevalence in Vulnerable Populations

1. Upper-middle income countries may currently apply for Global Fund financing if their ratio of adult HIV sero-prevalence (multiplied by 1,000) to GNI per capita exceeds five. This criterion provides a measure of national HIV disease burden and a relative measure of poverty, but does not take into account HIV prevalence in populations with specific vulnerability to HIV infection. During past considerations of eligibility criteria, inadequate data has been available to make a reasonable assessment of HIV burden in specific vulnerable populations. However HIV-surveillance programs have improved greatly over the past few years, and prevalence data for vulnerable sub-populations have become an essential part of survey data routinely validated by UNAIDS. In preparation for the 2006 Report on the Global AIDS Epidemic, UNAIDS compiled preliminary data on HIV prevalence in

vulnerable populations in upper-middle income countries. The data was presented by UNAIDS to the PC Sub-Working Group for their consideration.

2. HIV prevalence in vulnerable populations - such as CSWs, men having sex with men (MSM), and IDUs - is often considerably higher than in the general population. HIV prevalence has been found to exceed 20 percent among MSM and 40 percent among IDUs in recent surveys of some Latin American cities (UNAIDS). These statistics highlight the severity of the HIV epidemic in vulnerable populations. Vulnerable populations are also often socially stigmatized and marginalized, and may be excluded from access to health-care resources afforded to the general population. This combination of high HIV prevalence rates along with poor access to health-care creates a dangerous potential for rapid spread of the HIV epidemic within vulnerable populations and eventually to the general population.

3. *Proposed Eligibility Criteria.* High HIV disease burden would be defined as an HIV sero-prevalence rate of more than five percent in a vulnerable sub-population, regardless of national disease burden. UNAIDS states that a prevalence rate that is consistently over five percent in at least one defined sub-population indicates a concentrated epidemic that poses a significant threat for expansion of the epidemic to the general population.

4. As not all upper-middle income countries have data on HIV prevalence in vulnerable populations currently verified by UNAIDS and WHO, the burden of proof for providing information on HIV prevalence would rest with applicant countries. The applicant would be required to provide a definition of the vulnerable population, including the size of the population and evidence of the sero-prevalence rate within such a population. The evidence of HIV sero-prevalence rate could be one large study or multiple smaller studies for defined vulnerable sub-populations and geographical settings/areas, and would need to be validated by WHO or UNAIDS. These criteria leave open the definition of vulnerable populations, as have previous Board decisions, to ensure that no vulnerable populations are excluded by a rigid definition. In addition, it is necessary that data come from applicant countries to ensure a fair and equal opportunity for all countries to demonstrate disease burden, as prevalence data is not available at UNAIDS or WHO for all countries and all vulnerable populations.

5. Proposals from upper-middle income countries meeting these criteria for high HIV burden in vulnerable populations would need to target the relevant vulnerable population. Relevant countries must meet additional counterpart financing requirements. Thirteen additional upper-middle income countries would be eligible to apply for Global Fund financing for vulnerable populations for Round 6 based on the current data available from UNAIDS (see Annex 1).

6. One drawback to the expansion of eligibility criteria to include vulnerable groups with high HIV prevalence is the lack of HIV-prevalence data for a significant number of upper-middle income countries. The condition requiring countries to provide evidence of HIV prevalence would put some at a distinct disadvantage for Round 6 and possibly Round 7, given the significant period of time necessary to develop a quality epidemiological study and have it validated by UNAIDS or WHO.

7. An alternative to the criterion of HIV prevalence in specific vulnerable populations would be to decrease the threshold for national HIV disease burden. This would avoid the complications of defining vulnerable groups and gathering HIV prevalence data for validation by the WHO or UNAIDS. Accepting a lower ratio of adult HIV sero-

prevalence (multiplied by 1,000) to GNI per capita may capture on a national level the disease burden experienced by specific vulnerable groups. However this ratio would have to be reduced to 0.3 - virtually zero - to include five additional countries, and would not have the same cost-effectiveness as targeting HIV prevalence in specific vulnerable populations.

Special Macro- Economic Situations

1. Certain macro-economic situations can severely limit health-care and social-sector spending in some upper-middle income countries. The World Bank, cognizant of the economic realities of some small island economies, provides IDA credits, concessional lending available to the poorest countries, to some upper-middle income small island states (IDA-eligible small island states). In these countries, macro-economic conditions severely limit the countries' social and health-care spending, and therefore funding for prevention and treatment of the three diseases. There is therefore an increased potential for rapid expansion of disease epidemics in these countries, particularly among vulnerable populations such as IDUs, CSWs and MSM.

2. The PC considered expanding eligibility criteria for upper-middle income countries to include special macro-economic situations which reflect economic vulnerability and threaten social spending on health-care resources for the three diseases. These special macro-economic situations include small island economies, countries experiencing recent economic shock, and severely-indebted countries.

3. **Small Island Economies:** A further option for expanding eligibility criteria is to include countries considered by the World Bank/ IDA as small island economies. The IDA is the soft loan and grant-making arm of the World Bank, and uses an income threshold (currently US$ 965 GNI per capita) as its primary eligibility criteria for lending. In 1985 the IDA adopted an exception for small island economies which exceed this threshold. The following ten countries are currently eligible under this exception:

Table 1: IDA-Eligible Economies Based On Small Island Economy Exception

Country	Region	Income Classification*
St. Lucia	Latin America & Caribbean	Upper Middle
Grenada	Latin America & Caribbean	Upper Middle
Dominica	Latin America & Caribbean	Upper Middle
St. Vincent & the Grenadines	Latin America & Caribbean	Upper Middle
Maldives	South Asia	Lower Middle
Samoa	East Asia & Pacific	Lower Middle
Tonga	East Asia & Pacific	Lower Middle
Cape Verde	Sub-Saharan Africa	Lower Middle
Vanuatu	East Asia & Pacific	Lower Middle
Kiribati	East Asia & Pacific	Lower Middle

* World Bank rankings as of July 2005. Calculated using the World Bank Atlas Method.

4. The IDA Small Island Economy exception reflects a growing recognition in the international development community of the unique physical and economic vulnerabilities of small island states. These states have small, specialized and often isolated economies and are highly susceptible to natural disaster and minor shifts in the global economy. The economic crises and disasters constantly faced by these islands can decimate health infrastructure and severely impair prevention and

treatment of the three diseases. This hampers effective national responses to disease threat and creates an environment that fosters the rapid spread of disease.

5. Expanding eligibility criteria to include small island economies is another cost-effective investment against the three diseases. Small island economies face real economic vulnerabilities, which can lead to shortfalls in health-care resources and the rapid spread of disease epidemics, particularly among vulnerable populations. The high level of tourist traffic through these islands creates a particular risk for global expansion of disease epidemics if insufficient resources are available to vulnerable populations and those living with disease. Therefore, considering the small population size of these island economies (on average 110,000 people), the relative investment is a highly cost-effective measure for the prevention of a larger spread of disease and to ensure access to health care for those suffering with the three diseases.

6. Six of the ten IDA-eligible small island economies are already eligible for Global Fund financing under the current criteria as lower-middle income economies. If upper-middle income countries classified as small island economies by the IDA were added to the existing eligibility criteria, Dominica, Grenada, St Lucia, and St Vincent and the Grenadines would become eligible to apply for Global Fund grants. These countries would be eligible to apply for all three disease components, and would be required to meet the requirements for upper-middle income countries for counterpart financing and focus on vulnerable or poor populations.

7. **Economic Shock**: A third option for expanding eligibility criteria is to include upper-middle income countries experiencing a recent economic shock (e.g. banking or currency crisis) and taking part in an adjustment program with the IMF which limits public spending.

8. The PC agreed that economic shock is a poorly-defined term and it is uncertain how to determine if a country is undergoing an economic shock. Additional information is required from the IMF on countries undergoing economic shock, how this is defined, and the details of adjustment programs and their effect on social spending and health-care spending in upper-middle income countries. It is difficult to assess the impact of or need for Global Fund resources in countries undergoing economic shock until this information is clarified.

9. **Severely-Indebted Economies**: A fourth option for expanding eligibility criteria is to include upper-middle income countries classified as severely-indebted economies by World Bank rankings. The World Bank classifies economies as severely-indebted when one of two key economic ratios are above a certain threshold: a present value of debt service to GNI above 80 percent or present value of debt service to exports above 220 percent.

10. The PC agreed that it was difficult to assess the cost-effectiveness of a Global Fund investment in severely-indebted economies. The effect of indebtedness on health-care spending is unclear, and the list of severely-indebted countries is fluid. It is therefore difficult to predict the impact of additional resources on the spread of the three diseases in these countries.

Conclusion

1. Any expansion of eligibility criteria for upper-middle income countries should target marginalized, vulnerable populations as a cost-effective means to prevent the spread of disease epidemics to the general population, consistent with the Global Fund's remit to prioritize funding based on poverty and disease-related need. Therefore, it is recommended that eligibility for upper-middle income countries be expanded to include vulnerable populations with a high HIV prevalence and small island economies.

2. The following decision point is offered for consideration by the PC:

The Board decides that, in addition to the current eligibility requirements for proposals from applicants whose economies are classified by the World Bank as "Upper middle income", an applicant may also become eligible if:

(a) the applicant falls under the "small island economy" exception as classified by the World Bank/IDA regardless of national disease burden; or

(b) there is an HIV sero-prevalence rate of more than five percent in a vulnerable population, regardless of national disease burden, provided that:
(i) the proposal targets the vulnerable population;
(ii) the applicant provides a definition of the vulnerable population, including size of the population and evidence of the sero-prevalence rate within such population; and
(iii) the evidence provided by the applicant is validated by the WHO or UNAIDS.

Such applicants are also subject to counterpart financing requirements.

Annex 1

HIV PREVALENCE IN VULNERABLE SUB-POPULATIONS

UPPER MIDDLE INCOME COUNTRIES						HIV Prevalence exceeding 5% in at least one study [1]		
Country	HIV Prevalence exceeds 5% in at least one study [1]	Small Island States	Recently joined the EU	Region (World Bank)	Indebtedness	MSM	IDU	CSW
American Samoa		*		East Asia & Pacific	Debt not classified	no data [2]	no data [2]	no data [2]
Malaysia	X			East Asia & Pacific	Moderately indebted	no data [2]	> 5%	> 5%
Northern Mariana Islands		*		East Asia & Pacific	Debt not classified	no data [2]	no data [2]	no data [2]
Palau		*		East Asia & Pacific	Debt not classified	no data [2]	no data [2]	no data [2]
Croatia				Europe & Central Asia	Severely indebted	no data [2]	< 5%	no data [2]
Czech Republic			#	Europe & Central Asia	Less indebted	no data [2]	< 5%	no data [2]
Estonia	X		#	Europe & Central Asia	Severely indebted	no data [2]	> 5%	no data [2]
Hungary			#	Europe & Central Asia	Moderately indebted	no data [2]	< 5%	no data [2]
Latvia	X		#	Europe & Central Asia	Severely indebted	< 5%	> 5%	> 5%
Lithuania			#	Europe & Central Asia	Moderately indebted	no data [2]	< 5%	< 5%
Poland	X		#	Europe & Central Asia	Moderately indebted	> 5%	> 5%	no data [2]
Russian Federation	X			Europe & Central Asia	Moderately indebted	no data [2]	> 5%	> 5%
Slovak Republic			#	Europe & Central Asia	Moderately indebted	no data [2]	< 5%	no data [2]
Turkey				Europe & Central Asia	Severely indebted	no data [2]	no data [2]	no data [2]

Antigua and Barbuda		*		Latin America & Caribbean	Debt not classified	no data [2]	no data [2]	no data [2]
Argentina	X			Latin America & Caribbean	Severely indebted	> 5%	> 5%	no data [2]
Barbados		*		Latin America & Caribbean	Less indebted	no data [2]	no data [2]	no data [2]
Belize	X			Latin America & Caribbean	Severely indebted	no data [2]	no data [2]	> 5%
Chile				Latin America & Caribbean	Moderately indebted	no data [2]	< 5%	no data [2]
Costa Rica				Latin America & Caribbean	Less indebted	no data [2]	no data [2]	no data [2]
Dominica		IDA eligible		Latin America & Caribbean	Severely indebted	no data [2]	no data [2]	no data [2]
Grenada		IDA eligible		Latin America & Caribbean	Severely indebted	no data [2]	no data [2]	no data [2]
Mexico	X			Latin America & Caribbean	Less indebted	> 5%	> 5%	no data [2]
Panama	X			Latin America & Caribbean	Severely indebted	> 5%	no data [2]	< 5%
St. Kitts and Nevis		*		Latin America & Caribbean	Severely indebted	no data [2]	no data [2]	no data [2]
St. Lucia		IDA eligible		Latin America & Caribbean	Moderately indebted	no data [2]	no data [2]	no data [2]
St. Vincent and the Grenadines		IDA eligible		Latin America & Caribbean	Moderately indebted	no data [2]	no data [2]	no data [2]
Trinidad and Tobago		*		Latin America & Caribbean	Less indebted	no data [2]	no data [2]	no data [2]
Uruguay	X			Latin America & Caribbean	Severely indebted	> 5%	> 5%	no data [2]
Venezuela, RB				Latin America & Caribbean	Moderately indebted	no data [2]	no data	no data [2]
Lebanon	X			Middle East & North Africa	Severely indebted	no data [2]	> 5%	no data [2]
Libya	X			Middle East & North Africa	Debt not classified	no data [2]	> 5%	no data [2]
Oman	X			Middle East & North Africa	Less indebted	no data [2]	> 5%	no data [2]
Botswana				Sub-Saharan Africa	Less indebted	**already eligible** because of high burden of disease in general population		
Equatorial Guinea				Sub-Saharan Africa	Less indebted	**already eligible** because of high burden of disease in general population		

Gabon				Sub-Saharan Africa	Severely indebted	no data [2]	no data [2]	no data [2]
Mauritius		*		Sub-Saharan Africa	Moderately indebted	no data [2]	no data [2]	no data [2]
Mayotte		*		Sub-Saharan Africa	Debt not classified	no data [2]	no data [2]	no data [2]
Seychelles		*		Sub-Saharan Africa	Severely indebted	no data [2]	no data [2]	no data [2]
South Africa				Sub-Saharan Africa	Less indebted	**already eligible** because of high burden of disease in general population		

Comments:

The table above was compiled by UNAIDS on request of the Working Group on Eligibility of the GFATM Portfolio Committee. While the information shown might still be incomplete, it does provide an indication of the magnitude of the problem.

[1] **"HIV prevalence exceeding 5% in *at least one study*":**

- "> 5% " means an HIV prevalence exceeding 5% in MSM, IDUs or Sex Workers in a specific geographical setting or area has been demonstrated in *at least one study*. For some countries, consistency across multiple studies and surveys might still need to be confirmed.
- "< 5% " means that specific data exist, but no survey reviewed has shown a prevalence exceeding 5% to date. Future studies might yield different results.

[2] **"No data":**

- No information was found in the various published and unpublished documents and data bases that were reviewed by UNAIDS. However, as this is work in progress, it does not exclude the existence of such data.

Annex 2

World Bank Classified Upper Middle Income Economies (valid July 2005-June 2006)
Eligibility Options for Round 6

	Under Existing Eligibility Criteria	*Including Small Island Economies*	*Including Small Island Economies and Reducing HIV/AIDS Disease Burden Ratio to 2*	*Including Small Island Economies and Reducing HIV/AIDS Disease Burden Ratio to 0.3*	*Including Severely-Indebted Economies*
1	***Botswana (HIV/AIDS, TB, Malaria)***	Botswana	Botswana	Botswana	Botswana
2	***Equatorial Guinea (HIV/AIDS, Malaria)***	Equatorial Guinea	Equatorial Guinea	Equatorial Guinea	Equatorial Guinea
3	***Gabon (Malaria)***	Gabon	***Gabon***	***Gabon***	***Gabon***
4	***Russian Federation (TB)***	Russian Federation	Russian Federation	***Russian Federation***	Russian Federation
5	***South Africa (HIV/AIDS, TB , Malaria)***	South Africa	South Africa	South Africa	South Africa
6		***Dominica***	***Dominica***	***Dominica***	***Dominica***
7		***Grenada***	***Grenada***	***Grenada***	
8		***St.Lucia***	***St.Lucia***	***St.Lucia***	
9		***St. Vincent and the Grenadines***	***St. Vincent and the Grenadines***	***St. Vincent and the Grenadines***	
10				***Belize***	***Belize***
11				***Trinidad and Tobago***	
12				***Turkey***	***Turkey***
13					***Argentina***
14					***Estonia***
15					***Latvia***
16					***Lebabnon***
17					***Panama***
18					***Uruguay***

Data Sources

HIV
Source: 2004 Report on the Global AIDS Epidemic: Threshold based based on the ratio of national HIV/AIDS seroprevalence rates (x 1000) to Gross National Income (GNI) per capita (Atlas method, as reported by the World Bank country profiles for 2005)

Malaria

Source: Estimated Malaria Mortality: Eligibility Criteria Table for Round 5 - estimates from 2003 from Dr Charles Delacollette at the Global Malaria Program

TB
Source:Global TB Control Report – Surveillance, Planning and Financing from March 2005
The list of 22 high TB burden countries and the 41 countries that comprise 97% of the total TB cases that are HIV
World Health Organization (WHO) list of 22 high burden countries and WHO list of 41 countries comprising 97%
of the total TB cases that are HIV-positive

Small Island Economies
Small Island Economy exceptions to IDA Lending Eligibility Criteria - List of Countries Eligibile for Borrowing from the World Bank (July 2005)

Severly-Indebted Economies
World Bank List of Severely-Indebted Economies (July 2005). Severely-Indebted Economies have one of two key ratios above critical levels:
present value of debt service to GNI (80 percent) or present value of debt service to exports (220 percent).