

# The Global Fund Eligibility Policy

As approved by the Global Fund Board on 9 May 2018

## I. Overview and Objectives

1. The Global Fund's Eligibility Policy identifies country disease components (e.g. HIV/AIDS, Tuberculosis and Malaria) that are eligible to receive an allocation from the Global Fund.<sup>1</sup>
2. The Eligibility Policy is designed to support the Global Fund Strategy and ensure that available resources are allocated to countries with the highest disease burden and the lowest economic capacity, and to key populations that are disproportionately affected by the three diseases.
3. This policy sets forth the criteria used to determine a disease component's eligibility. A country may be eligible to receive an allocation for one or more disease components. However eligibility to receive a Global Fund allocation does not guarantee an allocation.<sup>2</sup>
4. While country disease components are assessed yearly against eligibility criteria, allocations are made only every three years in line with Global Fund replenishment cycles and the allocation methodology approved by the Global Fund Board. A country component must meet eligibility criteria for two consecutive years in order to become newly eligible for an allocation.
5. The policy does not describe other requirements which may be related to accessing funding. Additional requirements and flexibilities related to accessing funding are set forth in their respective policies.<sup>3</sup>

## II. Eligible Countries/Disease Components

6. To assess economic capacity, the Global Fund will use the latest three-year average of Gross National Income (GNI) per capita<sup>4</sup> to determine income classifications according to the

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<sup>1</sup> Allocations are determined in accordance with a methodology approved by the Global Fund Board.

<sup>2</sup> For example, in accordance with the Board-approved allocation methodology, the Global Fund may decide not to provide an allocation to a country component where there is no existing grant(s), where there has never been a Global Fund grant, or where a country component has successfully transitioned and/or where commitments have been made to ensure domestic financing of the program. In all cases, individual country context will be considered as part of allocation decisions.

<sup>3</sup> This includes but is not limited to requirements set forth in the Country Coordinating Mechanism (CCM) Guidelines (Annex 1 of GF/B23/05), Sustainability, Transition and Co-financing Policy (Annex 1 of GF/B35/04 - Revision 1), and/or Challenging Operating Environments Policy (Annex 1 to GF/B35/03), each as may be amended from time to time.

<sup>4</sup> GNI per capita is determined in accordance with the World Bank Atlas Method. The Atlas Method estimates the size of economies based on GNI per capita converted to current U.S. dollars. This method applies a conversion factor to reduce the impact of exchange rate fluctuations in the cross-country comparison of national incomes.

World Bank income group categories and thresholds.<sup>5</sup> This is the first criteria used to determine eligibility. Upper-middle income countries must meet additional disease burden criteria as described below.

7. All low and lower-middle<sup>6</sup> income countries are eligible to receive an allocation for HIV/AIDS, tuberculosis and malaria, regardless of disease burden.
8. Upper-middle income countries are eligible to receive an allocation if they meet the following additional requirements:

a. The country has at least a 'high' disease burden as defined by the criteria<sup>7</sup> below:

<b>HIV/AIDS</b>	<b>Tuberculosis</b>	<b>Malaria<sup>8</sup></b>
HIV national prevalence greater than or equal to ( $\geq$ ) 1% <b>OR</b> Prevalence in a key population greater than or equal to ( $\geq$ ) 5% <sup>9</sup>	TB incidence rate per 100,000 greater than or equal ( $\geq$ ) to 50 <b>OR</b> Proportion of new TB cases who are drug-resistant (resistance to rifampicin) greater than or equal ( $\geq$ ) to 5 percent.	Mortality rate greater than or equal to ( $\geq$ ) 0.12 <b>OR</b> Contribution to global deaths greater than or equal to ( $\geq$ ) 0.25% <b>OR</b> Mortality rate less than ( $<$ ) 0.12 AND Morbidity rate greater than ( $>$ ) 65 <b>OR</b> Country with documented artemisinin resistance

**AND**

- b. For HIV/AIDS, the country is on the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) List of Official Development Assistance (ODA) recipients.<sup>10</sup>

<sup>5</sup> Income classifications (e.g. 'high', 'upper-middle', 'lower-middle, and 'low') will be determined using the World Bank income group thresholds for the year that the determinations are made. In cases where World Bank data for the latest three-year period is missing for one or more years, the Secretariat will average the available data from the three-year period in question (e.g. two years). If there is no data for the three-year period, the Secretariat will apply the World Bank income classification for that country (noting the World Bank assigns a classification every year even in the absence of published data), unless its income classification has changed in recent years, in which case United Nations (UN) estimates of GNI per capita will be used to determine income classification.

<sup>6</sup> In order to facilitate co-financing requirements as described in the Sustainability, Transition and Co-Financing Policy, lower-middle income countries shall be split into two income groups using the midpoint of the lower-middle income GNI per capita thresholds as the cut-off. Countries at the midpoint or below will be classified as 'lower-lower-middle income countries' and countries above the midpoint as 'upper-lower-middle income countries'.

<sup>7</sup> Data sources for disease burden data: HIV/AIDS data will be officially requested from UNAIDS and WHO, and when assessing prevalence for specific key populations, the highest prevalence will be used. Tuberculosis and malaria data will be officially requested from WHO.

<sup>8</sup> In order to assess the potential transmission intensity in countries, the Secretariat will use data from 2000 as recommended and provided by WHO.

<sup>9</sup> In the event that there is no officially reported prevalence data for key populations or if the data is significantly different to the previous year's data and this results in a change in eligibility, the Secretariat will seek clarification from UNAIDS to determine the disease burden data that should be used for assessing eligibility. If UNAIDS did not publish nationally reported data for certain countries because of concerns around data reliability, but is nevertheless able to share data from other sources, for example the Key Populations Atlas, with the Global Fund, this data will be used to determine eligibility.

<sup>10</sup> The OECD-DAC publishes a list of countries that are eligible to receive ODA. The list consists of all low and middle income countries based on GNI per capita as published by the World Bank, with the exception of G8 members, European Union members, and countries with a firm date for entry into the European Union. The list also includes all of the Least Developed Countries as defined by the UN (Source: OECD).

9. In addition to the above:
  - a. Upper-middle income countries classified by the International Development Association (IDA) as ‘Small Island Economy Exceptions’<sup>11</sup> are eligible for an allocation regardless of national disease burden.
  - b. Upper-middle income countries meeting the disease burden criteria in Paragraph 8a, but that are not on the OECD-DAC List of ODA recipients, may be eligible for an allocation for HIV/AIDS to directly finance non-governmental and civil society organizations<sup>12</sup>, if there are demonstrated barriers to providing funding for interventions for key populations, as supported by the country’s epidemiology. Eligibility for funding under this provision will be assessed by the Secretariat as part of the decision-making process for allocations.<sup>13</sup>
10. In line with the flexibilities outlined in the Challenging Operating Environments Policy, country disease components with existing grants that would otherwise be ineligible due to disease burden or income level may continue to be eligible as long as the country remains classified as a Challenging Operating Environment.<sup>14</sup>
11. Malaria Resurgence: In the event of an unusual increase in malaria cases in either (a) an upper-middle income country that is currently not eligible due to 2000 data or (b) a low, lower-middle, or upper-middle income country that has (i) been certified as malaria-free by WHO and is included in the official WHO register of areas where malaria elimination has been achieved; or (ii) is on the WHO ‘Supplementary List’ of countries that are malaria-free but not certified by WHO, WHO, in consultation with technical partners, will conduct a risk assessment in line with principles laid out in the WHO Emergency Response Framework. Based on the results of the risk assessment and the recommendation of technical partners, the Secretariat may recommend to the Board that a country be eligible to receive funding, subject to the availability of funds.
12. Applicants, regardless of income level or disease burden, are eligible to use allocation funds for resilient and sustainable systems for health (RSSH) in line with their country and epidemiological contexts.<sup>15</sup>
13. A multi-country applicant will be eligible for funding if the majority (i.e. at least 51 percent) of countries included are eligible for funding in their own right.<sup>16</sup>

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<sup>11</sup> IDA defines the ‘small island economy exception’ as small islands (i.e. with less than 1.5 million people, significant vulnerability due to size and geography, and very limited credit-worthiness and financing options) that have been granted exceptions in maintaining their IDA eligibility (Source: IDA/World Bank).

<sup>12</sup> Funding requests in this context must be submitted directly by a non-CCM applicant or other multi-stakeholder coordinating body and the government may not directly receive funding. Specific requirements, including but not limited to requirements related to the Sustainability, Transition and Co-financing Policy and funding request development, may also apply.

<sup>13</sup> As part of its assessment, the Secretariat, in consultation with UN and other partners as appropriate, will look at the overall human rights environment of the context with respect to key populations, and specifically whether there are laws or policies which influence practices and seriously limit and/or restrict the provision of evidence-informed interventions for such populations.

<sup>14</sup> Annex 1 of GF/B35/03.

<sup>15</sup> Applicants must also meet application focus requirements described in the Sustainability, Transition and Co-Financing Policy as well as any other investment guidance provided by the Global Fund.

<sup>16</sup> Multi-country funding requests may either be funded by grouping single country allocations or may be funded through catalytic funding. For the purposes of determining whether or not a multi-country applicant meets the 51 percent criteria, country components that are receiving Transition Funding will be considered as ‘eligible’.

### III. Ineligible countries/disease components

14. High income countries and members of the OECD-DAC are not eligible to receive an allocation.
15. Countries are not eligible to receive an allocation for malaria if they: (i) have been certified as 'malaria-free' by the WHO and are included in the official register of areas where malaria elimination has been achieved; or (ii) are on the WHO 'Supplementary List' of countries that are malaria-free but not certified by WHO.
16. Upper-middle income countries that are members of the Group of 20 (G-20) who were ineligible before the approval of this policy are not eligible to receive an allocation, unless they meet the criteria under paragraph 9.b.

### IV. Transition Funding Provisions

17. Country disease components that become ineligible during an allocation period will remain eligible for the duration of that period, although the Secretariat may require specific time-bound actions in order to facilitate eventual transition from Global Fund financing in line with the Sustainability, Transition and Co-financing Policy.
18. In order to support transition from Global Fund financing, country disease components with existing grants that become ineligible may be eligible to receive up to one allocation of Transition Funding to support priority transition needs<sup>17</sup> following their change in eligibility, unless the reason for the change in eligibility is due to the country moving to High Income status or becoming a member of the OECD-DAC.<sup>18</sup>
19. The Secretariat will determine the appropriate period and amount of Transition Funding in line with the Sustainability, Transition and Co-financing Policy, taking into account the allocation methodology, country context and existing portfolio considerations.

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<sup>17</sup> In line with the requirements and principles outlined in the Sustainability, Transition and Co-Financing Policy, these needs should be included as part of a country-led transition work plan.

<sup>18</sup> The Secretariat may exceptionally request on a case-by-case basis that the Global Fund Board approve one additional allocation of Transition Funding in order to allow for the financing of critical transition activities that are essential to supporting transition from Global Fund financing. Any allocation of additional transition funding must also be accompanied by specific, clear domestic commitments in line with the principles of the Sustainability, Transition and Co-Financing Policy.