

Revised Eligibility Policy

52nd Board Meeting

GF/B52/08D

20 – 22 November 2024, Lilongwe, Malawi

For Board Decision

Purpose of the paper: This paper presents revisions to the Global Fund Eligibility Policy in advance of Grant Cycle 8 which have been recommended by the Strategy Committee to the Board for decision.

Decision Point: GF/B52/DPXX: Approval of the Revised Eligibility Policy

- 1. Based on the recommendation of the Strategy Committee, the Board approves the revised Eligibility Policy, as set forth in Annex 1 to GF/B52/08D (the “Revised Eligibility Policy”).**
- 2. Accordingly, the Board:**
 - i. Acknowledges that this decision point and the Revised Eligibility Policy supersede the decision point GF/B47/DP03 and the previous Eligibility Policy as set forth in Annex 1 to GF/B47/02 (the “Previous Eligibility Policy”); and**
 - ii. Notes that, notwithstanding paragraph 2.i of this decision point, the Previous Eligibility Policy remains applicable to grant programs originating from the 2023-2025 allocation period (Grant Cycle 7).**

Budgetary implications: None

A summary of relevant past decisions providing context to the proposed Decision Point can be found in Annex 4.

Executive Summary

Context

- Throughout 2024, the Global Fund Board and Strategy Committee (SC) have undertaken substantive discussions to consider how the Global Fund should adapt to the changing global environment and fiscal context to deliver sustainable impact, protect the gains, continue progress towards ending AIDS, TB and malaria and deliver on the promise of Sustainable Development Goal 3. GF/B52/08A: Holistic Sustainability Policy Decisions provides the overarching context for the proposed holistic changes recommended across Eligibility, Allocation Methodology (GF/B52/08B), and Sustainability, Transition & Co-financing (STC) (GF/B52/08E) policies.
- The Global Fund Eligibility Policy determines which country components may be eligible for an allocation, noting eligibility does not guarantee an allocation. The Eligibility Policy does not determine allocation amounts or how country grants are operationalized. It enables eligibility for funding for countries with the lowest economic capacity and highest disease burden, and where key and vulnerable populations are disproportionately affected by the three diseases, in line with the objectives of the Global Fund Strategy.
- The Policy was last reviewed in 2021 and 2022, resulting in minor amendments which had minimal impacts on the number of eligible components.
- As part of the 2024 review, technical partners reviewed the burden metrics and thresholds to determine eligibility for upper-middle income (UMI) countries. Technical Partners do not recommend any changes.

Conclusions

The SC and Secretariat propose revisions to the Eligibility Policy, in line with Board and SC input on directional changes to reinforce sustainability considerations. The proposed changes seek to provide greater clarity around transitioned country components being ineligible, incorporate additional flexibility for transitioned components to be included in multi-country grants, improved clarity around the absence of World Bank income classification data, and minor clerical changes.

Input Received

- The Secretariat reviewed the disease burden metrics for HIV, TB and malaria UMI eligibility with technical partners together with the Allocation Methodology disease burden metrics. Technical partners recommended no changes, and Annex 2 summarizes their input.
- The Secretariat reviewed the proposed revisions with the SC and its feedback is incorporated herein. The SC requested the Secretariat review eligibility requirements related to UMI countries, including the application of the OECD-DAC Requirement across all three diseases in advance of Grant Cycle 9 (GC9), noting that it is currently only applicable to HIV.

Input Sought

The Board requested to approve the following Decision Point at its 52nd Meeting:

- Decision Point: GF/B52/DPXX: Approval of the Revised Eligibility Policy

Report

Context

1. The Global Fund Eligibility Policy (the “Policy”) determines: (i) which country components may be eligible for an allocation; (ii) eligibility requirements for multi-country grants, whether financed from country allocations or catalytic investments; (iii) transition funding provisions; and (iv) eligibility exceptions. Eligibility does not guarantee an allocation.
2. The Policy uses the latest three-year average of gross national income (GNI) per capita (p.c.) to determine income level.¹ All low and lower-middle income countries are eligible regardless of disease burden (unless malaria-free²). Upper-middle income (UMI) countries must meet specific disease burden requirements to be eligible, with some exceptions.³
3. The Policy does not determine requirements related to sustainability, transition and co-financing, allocation amounts, how grants are operationalized, or country classification – i.e., challenging operating environment (COE), additional safeguard, high impact/core/focused. Nor does the Policy comment on eligibility for domestic procurement through WAMBO, as that is enabled in GF/B48/DP07.⁴
4. The Policy was last reviewed in 2021 and 2022 with minor adjustments approved by the Board in May 2022.⁵ At that time, the SC reviewed all aspects of the Policy, which included a comprehensive external review on the use of GNI p.c. as the metric to assess economic capacity.⁶ This review determined that GNI p.c. remains the best available metric and no changes were proposed to the use of GNI p.c., noting that all low and lower-middle income countries are eligible regardless of disease burden.
5. The current proposed revisions to the Policy have been considered as part of an interconnected, holistic set of policy levers aimed at reinforcing sustainability considerations across the portfolio which are described in GF/B52/08A. The recommended adjustments are aligned with input received during the July Board Retreat and provide clarity around transition and metrics to be used in the absence of World Bank (WB) income classification. The adjustments also reflect minor clerical changes.

¹ The latest three-year average of Gross National Income (GNI) per capita is used to determine income classification according to World Bank income groups and thresholds.

² 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.

³ Exceptions to UMI eligibility include (i) those countries classified by the International Development Association (IDA) as IDA-eligible Small States, including Small Island Economies, (ii) countries classified as a COE with an existing grant who would otherwise be ineligible, and (iii) countries not on the OECD DAC list of recipients with high HIV burden may be eligible for funding to support civil society.

⁴ [GF/B48/DP07](#)

⁵ [GF/B47/DP03](#)

⁶ For this review Secretariat commissioned an external review to assess the continued use of GNI pc in both eligibility and allocation methodology polices. This review was made available to the SC and Board.

6. The SC and the Secretariat are not recommending policy changes to restrict or reduce the number of eligible countries. Further restricting eligibility would reduce the number of eligible smaller middle-income countries (MICs) and have a disproportionate effect on key population epidemics – noting that the majority of funding in these contexts supports HIV programs, and in these portfolios Global Fund contribution, while relatively small, is critical for supporting the roll out of best practices (e.g., from PrEP in HIV portfolios, to transition to shorter MDR-TB regimens in TB portfolios). In line with the rationale provided during the July 2024 Board Retreat, restricting eligibility would require applying arbitrary adjustments to reduce the number of eligible country components. This would likely have a disproportionate impact on regions with increasing or flatlined HIV incidence and high MDR-TB burden and could result in gaps in essential commodities and provision of critical interventions for key populations and stall progress towards malaria elimination. In addition, the amount of funds that could be repurposed from restricting eligibility in this way would be minimal.

What do we propose to do and why?

7. In line with direction provided at the July 2024 Board Retreat, the SC and the Secretariat are not recommending significant changes to the Policy. All low and lower-middle income countries will continue to remain eligible regardless of disease burden, and UMI countries will continue to have to meet specific disease burden requirements to be eligible for an allocation. The SC and the Secretariat recommend retaining the three exceptions to eligibility – allowing for (1) UMIs not on the OECD DAC list of recipients with high HIV burden⁷ to be eligible for an allocation for funding of civil society if there are demonstrated barriers to providing services to key populations; (2) UMI countries classified by the IDA as IDA-eligible Small States, including Small Island Economies, to be eligible for an allocation regardless of national disease burden; (3) country disease components with existing grants that would otherwise be ineligible due to disease burden or income level to remain eligible as long as the country remains classified as a COE. Malaria partners will still be able to recommend that a non-eligible/non-high-income country be made exceptionally eligible for an allocation due to a significant resurgence.⁸
8. As part of its review, the Secretariat engaged with technical partners to review the disease burden metrics and thresholds for UMIs. Technical partners are not recommending any changes, and their rationale is provided in Annex 2 to this paper.
9. The recommended changes to the Policy are aligned with the actions proposed by the Secretariat to accelerate sustainability and transition planning in smaller middle-income countries and are aligned with the directional changes being considered within the Allocation Methodology for Grant Cycle 8 (GC8).

⁷ Currently one country meets these criteria.

⁸ As malaria disease burden metrics use an average of 2000-2004 to measure burden this exception to eligibility was approved by the Board in May 2018 (GF/B39/DP03). Any recommendations to make a non-eligible/non-high income country eligible for malaria is presented to the SC for recommendation to the Board for approval.

10. To reinforce sustainability considerations and provide greater clarity around transition the SC and Secretariat recommend the following:

- i. **Clarity Around Transition:** Making clear in the Policy that when a country component receives an allocation of Transition Funding that it is their final allocation for the relevant component (paragraph 19). This change is recommended to clarify and reinforce transition planning discussions. The SC and Secretariat recommend that a new paragraph be included in Section 3: Ineligible countries/disease components to make clear that if a country component has received Transition Funding or has voluntarily transitioned that such component will be considered as ineligible. This would provide greater clarity and predictability on final Global Fund allocations.

***Pros:** (i) Provides greater clarity to countries around timing of final allocations which would be reinforced in transition projections/guidance documents on sustainability, transition and co-financing); (ii) reinforces what has been implemented in practice, noting that only in exceptional cases has an allocation been provided to newly eligible country components; (iii) still allows the Secretariat to request exceptional Board approval of an additional allocation of Transition in the event additional time and resources are needed to implement critical transition activities (footnote 20 of the policy).*

***Cons:** Limits the Secretariat's ability to provide an allocation in the event of an exceptional situation. However, this is mitigated by (i) the Non-eligible Countries in Crisis Policy⁹ which allows the Secretariat to request exceptional funding in the event of a crisis¹⁰; (ii) for malaria (paragraph 11 of the Policy) which allows for malaria partners to recommend exceptional eligibility in the event of a significant malaria resurgence for a non-eligible/non-high-income country.*

- ii. **Update to multi-country eligibility requirements:** Revising the multi-country eligibility requirements to allow for components that have received Transition Funding or have voluntarily transitioned to be eligible for inclusion in multi-country grants – whether funded through individual country allocations or through catalytic investments. The overall 51% threshold for transitioning and transitioned countries would be maintained. Currently the policy allows for country components *receiving* Transition Funding to be eligible, while the proposed revision would extend eligibility after the final allocation of Transition Funding. Footnote 16 contains the revised language. Multi-country grants that are funded through country allocations will, by definition, include eligible components. The Secretariat will ensure that any multi-country grants funded through catalytic investments or other sources of funds will not

⁹ GF/B39/DP04

¹⁰ In 2018, the Board approved an Approach to Non-eligible Countries (GF/B39/DP04) which provides an avenue to support non-eligible/non-high-income countries in extraordinary crisis. To date the Global Fund has supported one country – Venezuela – whose extraordinary situation was/is due to a political and economic crisis which has resulted in the government's cessation of funding for essential HIV, TB and malaria services creating a health crisis in the country and in the region. Venezuela was eligible in Grant Cycle 7 (GC7) for HIV as it met UMI disease burden requirements and the Board approved exceptional eligibility for malaria and TB (GF/B47/EDP10) for GC7.

be solely comprised of ineligible components (i.e., only of components receiving or having received transition funding or voluntarily transitioned plus ineligible components).

Pros: (i) Allows for possible inclusion of previously transitioned components to be part of a multi-country grant; (ii) does not expand eligibility or impact country allocations; (iii) is aligned with the acknowledgement from the Board of the need to be able to provide longer-term policy, advocacy, key populations and civil society support to countries that have transitioned.

Cons: The Secretariat does not perceive any cons as this does not commit funding, but allows for potential future support through a multi-country/regional mechanism.

11. To improve clarity around the rare case that there is no World Bank (WB) income classification for any year within the latest three-year period, the SC and Secretariat recommend that United Nations (UN) national accounts data estimates of GNI p.c. (to which the WB Atlas Methodology¹¹ would be applied) be used to determine income classification. The latest three-year average will be calculated, and WB income thresholds will be applied. The Secretariat consulted the WB, and this recommendation is aligned with their input. Proposed edits to Footnote 5 reflect this recommendation.

Pros: Addresses a policy gap that emerged last year when one country remained unclassified by the WB for the latest three-year period; is aligned with current policy which already envisages the use of UN data in the event of change in income classification and no available underlying data.

Cons: The Secretariat does not perceive any cons. For the one country in question when UN data is used, the country would be an upper-LMIC and therefore eligible for HIV, TB and malaria. The country in question is already currently eligible for HIV and has exceptional eligibility for malaria and TB for GC7.

12. Small clerical changes, mostly to update document references, have been included in the revised policy.

13. The Secretariat considered not recommending any changes to eligibility, noting the current policy is sufficiently flexible; however, the Secretariat feels, and the SC concurred, that the proposed revisions are important to reinforce sustainability considerations and for improved clarity.

14. At its 26th meeting in October 2024, the SC suggested that the Secretariat review the Eligibility Policy with respect to UMI eligibility in advance of Grant Cycle 9.

¹¹ The World Bank Atlas Methodology “smooths exchange rate fluctuations using a three-year moving average, price-adjusted conversion factor.” Source: World Bank “[What is the World Bank Atlas method?](#)”

Recommendation

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

Annexes

The following items can be found in Annex:

- Annex 1: Revised Eligibility Policy for Approval
- Annex 2: Technical Partners' Recommendation on Disease Burden Indicators for Eligibility and Allocation Methodology
- Annex 3: Relevant Past Board Decisions and Links to Relevant Past Documents & Reference Materials

Annex 1 – Revised Eligibility Policy for approval

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.¹
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.²
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 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.³

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 capita⁴ to determine income classifications according to the World Bank income group categories and thresholds.⁵ This is the first

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

² 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.

³ This includes but is not limited to requirements set forth in the Country Coordinating Mechanism (CCM) [Policy \(GF/B39/DP09\) Guidelines \(Annex 1 of GF/B23/05\)](#), Sustainability, Transition and Co-financing Policy ([Annex 1 of GF/B35/04 – Revision 1 reference to be added](#)), and/or Challenging Operating Environments Policy (Annex 1 to GF/B35/03), each as may be amended from time to time.

⁴ 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.

⁵ 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 typically 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. In the event the World Bank has not classified a country in the latest three-year period, UN estimates of GNI per capita will be used to determine income classification.

criteria used to determine eligibility. Upper-middle income countries must meet additional disease burden criteria as described below.

7. All low and lower-middle⁶ 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 criteria⁷ below:

HIV/AIDS	Tuberculosis	Malaria ⁸
HIV national prevalence greater than or equal to (\geq) 1% OR Prevalence in a key population greater than or equal to (\geq) 5% ⁹	TB incidence rate per 100,000 greater than or equal (\geq) to 50 OR 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 OR Contribution to global deaths greater than or equal to (\geq) 0.25% OR Mortality rate less than ($<$) 0.12 AND Morbidity rate greater than ($>$) 65 OR Country with documented artemisinin resistance and/or partner drug resistance

AND

⁶ In order to facilitate [focus of funding and](#) 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'.

⁷ 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.

⁸ In order to assess the potential transmission intensity in countries, the Secretariat will use an average of the latest available data from 2000-2004 as recommended and provided by WHO. For documented artemisinin resistance and/or partner drug resistance the Secretariat will use the last available data provided by WHO.

⁹ 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.

- 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.¹⁰

9. In addition to the above:

- a) Upper-middle income countries classified by the International Development Association (IDA) as IDA-eligible Small States, including Small Island Economies, are eligible for an allocation regardless of national disease burden.¹¹

- 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 organizations¹², 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.¹³

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.¹⁴

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 the average of the latest available 2000-2004 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.

¹⁰ 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).

¹¹ Small Island Economies (SIEs) are a subset of Small States and are covered by IDA's SIE Exception Policy. IDA borrowing on 'small economy terms' extends to small islands and states with less than 1.5 million people that have significant vulnerability due to their size and geography and have very limited credit-worthiness and financing options. These countries are eligible to borrow on small economy terms and have been granted exceptions in maintaining their IDA eligibility (Source: IDA/World Bank).

¹² 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.

¹³ 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.

¹⁴ Annex 1 of GF/B35/03.

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.¹⁵
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.¹⁶

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 GF/B39/DP03](#)¹⁷ are not eligible to receive an allocation, unless they meet the criteria under paragraph 9.b.
17. [Country components that have received Transition Funding or have voluntarily transitioned](#)¹⁸ from the Global Fund are not eligible to receive an allocation.¹⁹

IV. Transition Funding Provisions

18. 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.
19. To support transition from Global Fund financing, country disease components with existing grants that become ineligible may be eligible to receive up to one [final](#) allocation of Transition Funding to support priority transition needs²⁰ 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.²¹

¹⁵ 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.

¹⁶ 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 a multi-country applicant meets the 51 percent criteria, country components that [voluntarily transitioned, have or](#) are receiving Transition Funding will be considered as 'eligible', [unless they are classified as 'High Income'](#).

¹⁷ [On 9 May 2018 the Board approved a revised Eligibility Policy which is the effective date for setting the list of eligible UMI G-20 countries.](#)

¹⁸ [Voluntarily transitioned is defined as a country with a component that, despite meeting eligibility requirements, has agreed to voluntary transition such component from the Global Fund within a specified time frame.](#)

¹⁹ [The approach to non-eligible countries in crisis \(GF/B39/DP04\) provides the Secretariat with a framework to engage in non-eligible countries facing emergencies that adversely impact progress against HIV, TB, and malaria.](#)

²⁰ 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.

²¹ 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.

20. 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.

Annex 2 - Technical Partners' Recommendation on Disease Burden Indicators for Eligibility and Allocation Methodology

[Technical Partner recommendations disease burden indicators Eligibility Policy and Allocation Methodology](#)

Annex 4 – Relevant Past Board Decisions & Relevant Past Documents & Reference Materials

Relevant past Decision Point	Summary and Impact
GF/B47/DP03: Approval of the Revised Eligibility Policy ²²	Approved a revised Eligibility Policy that incorporated minor amendments to the malaria disease burden metric for upper-middle income countries (UMIC), as well as a small amendment to the UMIC Small States exception.

²² <https://www.theglobalfund.org/kb/board-decisions/b47/b47-dp03/>

GF/B39/DP03: Approval of the revised Eligibility Policy (May 2018)²³

Approved the revised Eligibility Policy, which includes significant updates to TB disease burden metrics to increase robustness, as well as more minor changes related to malaria burden thresholds and certain special provisions for upper-middle income countries. The Policy was also restructured for more clarity.

GF/B39/04: Potential Engagement with Non-eligible Countries in Crisis²⁴

Approved an approach through which the Global Fund may engage with non-eligible countries facing emergencies that adversely impact progress against HIV, TB, and malaria.

GF/B35/DP08 Sustainability, Transition and Co-financing Policy (April 2016)²⁵

Approved the Sustainability, Transition and Co-Financing Policy, which outlines the high-level principles for engaging with countries on long term sustainability of Global Fund supported programs, as well as a framework for ensuring successful transitions from Global Fund financing.

GF/B35/DP07: Revised Eligibility Policy (April 2016)²⁶

Approved a revised standalone Eligibility Policy that only stipulates the criteria that will be used to determine eligibility for country disease components. The revised Eligibility Policy included minimal changes to update and clarify language and incorporated the use of a 3-year average of latest GNI per capita to determine income level for Global Fund eligibility purposes. The revision also incorporated flexibilities for eligibility for Challenging Operating Environments (COEs) in line with the Board approved policy (GF/B35/03) and made amendments to Transition Funding to allow almost all existing grants to be eligible for Transition Funding upon becoming ineligible. If the Board approves the decision point presented above, the revised Eligibility Policy

²³https://www.theglobalfund.org/media/7409/bm39_02-eligibility_policy_en.pdf

²⁴<https://www.theglobalfund.org/board-decisions/b39-dp04/>

²⁵<https://www.theglobalfund.org/board-decisions/b35-dp08/>

²⁶<https://www.theglobalfund.org/board-decisions/b35-dp07/>

set forth in this paper will supersede the eligibility policy contained in the “Eligibility and Counterpart Financing Policy”.
