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The Global Fund releases eligibility list for 2014

The list of countries eligible to apply for Global Fund support for up to four components — HIV, TB, malaria and health system strengthening — was released in February, timed to coincide with the imminent roll-out of the new funding model (NFM) allocating greater resources to those countries with high disease burdens and modest financial resources.

Each country may develop and submit concept notes for any or all of the components they are eligible for.

A number of countries with high incidence of co-morbidity of HIV and TB will be required to submit an integrated concept note. The World Health Organization has identified 41 countries as priorities for integration of HIV/TB activities; two of them — China and Brazil — are not, however, eligible for Global Fund support due to their income classification. A third ineligible country, Russia, is only able to apply for Global Fund funding under an exceptional rule that allows HIV proposals to be developed by non-governmental organizations.

Countries included in the 2014 eligibility list will be allocated a proportional share of the more than \$12 billion raised during the fourth replenishment, launched in December 2013, for the period 2014-2016, based on disease burden and ability to pay.

The Global Fund Secretariat has estimated that countries will be preparing and submitting 321 proposals for financial support for activities in each of the four components during the cycle.

Eligibility was calculated on a methodology that assesses disease burden and gross national income per capita. Classification into income bands is based on a methodology created by the World Bank and used by organizations including the Global Fund.

An announcement about the amount of money available to each of the eligible countries based on the new allocations formula under the NFM is expected following the Global Fund Board meetings opening on 5 March in Jakarta. Countries will first be assigned to a band and then provided with a funding allocation envelope with a suggested disease split reflecting burden.

The list includes 125 countries eligible to apply for funding for at least one component, with some caveats. Countries including Belarus, Romania and Russia are eligible for HIV funding only under the NGO rule, which requires proposals to be submitted not by a country's coordination mechanism (CCM) but by a non-governmental organization that has identified itself as an independent implementing entity (see articles [here](#) about the NGO rule).

Other countries such as Iraq and Fiji are only eligible for TB funding under the transitional provisions of the new eligibility policy.

An analysis of the list by Aidspan reveals only minor changes in eligibility since 2013. The changes are:

- Belarus, Bulgaria and Kazakhstan are newly eligible for HSS
- Chile, Latvia, Lithuania and Uruguay are no longer eligible for Fund support
- Belize's eligibility is restricted to HIV and TB
- Peru is no longer be eligible for HSS funding but remains eligible for HIV and TB
- Seychelles has been included among eligible countries, but only for HIV
- Tonga is no longer be eligible for HSS funding

Specific components in some individual countries included in the eligibility list are also shown as being subject to 'pre-defined maximums'. Aidspan understands from consultations with the Secretariat that allocations subject to these 'pre-defined maximums' will be applied as a fixed amount based on population size, to a small number of upper middle income countries with high burdens of one or more disease components and small island economies.

Countries affected by this pre-defined maximum include: Algeria, Azerbaijan, Belarus, Belize, Botswana, Bulgaria, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Iran, Jamaica, Malaysia, the Maldives, Mauritius, Panama, Peru, Romania, Russia, the Seychelles, St Lucia, St Vincent and Grenadines, Suriname, Tonga, Tunisia, Turkmenistan and Tuvalu.

The full eligibility list is available [here](#).

*Read the article [in French](#). Lire l'article [en français](#).

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