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of the Global Fund

OIG explains why Sri Lanka appears twice in country list for audit report on Global Fund Transition Management processes

In an article that appeared in GFO 342 (19 September 2018) on the Office of the Inspector General's audit report on Global Fund Transition Management processes, we stated that:

"The audit was based on a sample of ten countries that either are already receiving transition funding for 2017 to 2019, or are projected to have 'transition components' from Global Fund support by 2025. The ten countries are:

- Albania, Cuba, Sri Lanka, Turkmenistan, and Paraguay (ineligible for funding allocation since 2014-2016 and receiving transition funding 2017-2019);
- Sri Lanka (projected to become ineligible for funding in 2017-2019 due to upper-middle income [UMI] status);
- Kosovo (projected to become ineligible based on country move to UMI status in 2020-2022);
- Malaysia, Romania and Costa Rica (projected to become ineligible due to move to high-income status."

One astute GFO reader noted that the sample of ten countries in fact comprises nine countries, with Sri Lanka appearing twice. This was not an error but – we realize – that readers may benefit from further clarification: The first mention of Sri Lanka refers to its malaria disease component; the second mention refers to its HIV and TB disease components. (See page 23 of [the audit report](#) for a full table of the countries and disease components included in the audit sample).

The OIG offered Aidsplan the following further explanation:

“A country or a disease component may transition from Global Fund support either voluntarily or because they become ineligible based on the [Global Fund Eligibility Policy](#) and/or have received their final allocation based on discussion with the Global Fund.

“The Eligibility, and STC policies look at transition at the disease/component level. So disease components in country may transition during different periods. One key factor in the eligibility policy is the disease burden (which is assessed at each disease level) so if the malaria burden is at a lower level, it will transition before TB or HIV which may be a relatively high level compared to malaria.”

We thank the OIG for the clarification.

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