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Global Fund Board Adopts New Criteria for Eligibility, Counterpart Financing and Prioritisation

In future, there will be two pools of funding

“History of recent funding” provision added

After nearly two years of difficult discussion, the Board has agreed on new “eligibility, counterpart financing and prioritisation criteria” that specify which countries are entitled, under what circumstances, to apply for and receive Global Fund grants.

For Round 11 and subsequent rounds, there will be two pools of funding – “general” and “targeted.” The eligibility requirements for both pools will be similar, but not identical.

The general pool is intended for countries with large disease burdens and few domestic sources for financing the national disease programme. The Board decided that 90% of available funding will be allocated to the general pool. The targeted pool is for countries whose epidemics are mainly concentrated in key populations. This is similar to the most-at-risk populations (MARPs) reserve for HIV applicants in Round 10. However, the targeted pool will cover all three diseases. The Board allocated 10% of available funding to the targeted pool.

Applicants will not be allowed to apply to both pools for the same disease component.

The Board adopted three sets of criteria – one for eligibility, one for counterpart financing and one for prioritisation. The eligibility criteria are used to determine whether an applicant is eligible to apply for money from the Global Fund. Counterpart financing refers to the minimum level of the government’s

contribution to the national disease programme. The prioritisation criteria come into play when there is not enough money to cover all of the proposals recommended for funding.

In addition to the two pools of funding, other significant changes from the old criteria include the addition of a “history of recent funding” provision to the eligibility criteria; and the requirement that all countries – including low income countries – make a minimum contribution to funding the national disease programme.

The following is a summary of the new criteria.

Eligibility Criteria

As before, the eligibility criteria are based on income level, disease burden and focus of the proposal. (Most applicants also have to meet certain requirements concerning their country coordinating mechanisms; see next article.)

Income level

As before, to be eligible to apply, countries must be classified by the World Bank as “low-income,” lower-middle income” or “upper-middle income.”

Disease burden

As before, low income and lower-middle income countries (LMICs) do not have to meet any disease burden criteria. Under the new criteria, upper-middle income countries (UMICs) must be able to demonstrate a severe or extreme disease burden to be eligible for the general pool, and a high burden to be eligible for the targeted pool. The “severe” disease burden category is new.

Focus of the proposal

It is the TRP – not the Global Fund Secretariat, which usually does all eligibility screening – that will determine whether applicants meet the proposal focus requirements. The TRP will do this as part of its review of each proposal.

General pool

As before, proposals from low income countries do not have to meet any focus criteria. Proposals from LMICs must focus at least 50% on underserved and most-at-risk populations (key populations) and/or “highest impact interventions.” Proposals from UMICs must focus 100% on key populations and/or highest impact interventions. The inclusion of “highest impact interventions” in the criteria is new. Two examples of what the Global Fund means by “highest impact interventions” are: (a) interventions that address emerging threats to the disease; and (b) interventions that are not adequately funded at present.

Targeted pool

All applications for funding for the targeted pool must focus 100% on key populations and/or highest impact interventions.

Additional requirements

If, at the time of a new round of funding, an applicant has a Global Fund grant for a particular disease or

HSS component which has been implemented for less than 12 months, that applicant will not be able to submit a proposal for the same disease or HSS component. The 12-month period is calculated from the implementation start date of the existing grant to the closing date for submission of the new proposal. This rule is subject to two exceptions: (a) where the proposal has a different geographical coverage; and (b) where the proposal calls for the roll-out of new technical guidance requiring significant investment.

As before, upper-middle income countries not listed on the OECD-DAC list of official development assistance recipients are not eligible to apply for funding for HIV, except when the application is submitted by a non-governmental organisation within the country in which activities would be implemented. (The OECD-DAC is the Development Assistance Committee of the Organisation for Economic Co-operation and Development.)

Counterpart Financing Criteria

(Note: Under the old criteria, this was called “cost sharing.”)

The new counterpart financing criteria have three provisions: (a) a minimum threshold for government contributions; (b) increasing government contributions over time; and (c) improvements to expenditure data. These criteria apply whether the proposal is recommending government or non-government PRs. All CCM applicants have to meet the counterpart financing criteria; however, regional and non-CCM applicants do not.

Minimum threshold

Under the new criteria, the governments of all applicant countries are required to make some contribution to the country’s national disease programme budget to be eligible to receive money from the Global Fund. The minimum contribution is as follows: lower income countries 5%; lower LMICs 20%; upper LMICs 40%; UMIC countries 60%. (For the purposes of the new counterpart financing criteria, as well as the new prioritisation criteria, the “lower middle income country” category has been split into two parts: lower LMIC and upper LMIC.)

In future, when they submit their proposals, applicants must be able to show that these minimum thresholds have been met. If a country is below the threshold, the applicant must submit an action plan for moving towards the threshold.

In referring to “national disease programme,” the new criteria differ somewhat from the old criteria, which were based instead on “national disease programme need.”

Increasing contributions

Countries have to be able to show that the government contribution to the national disease programme and overall health spending is increasing each year.

Improving expenditure data

Countries are required to report to technical partners, each year, information on financing for the national disease programmes, broken down by source.

Prioritisation Criteria

General pool

The prioritisation criteria are based on a three-part composite index comprising income level, disease burden and TRP recommendation category.

Between one and four points are assigned for income level; one to eight points for disease burden; and either three or four points for TRP recommendation category. Thus, the lowest possible score is 5, and the highest possible score is 16. The scoring system is explained in the table below.

Table: Scoring system for new prioritisation criteria

Income level		Disease burden		TRP recommendation	
Lower income	4 pts	Extreme	8 pts	Category 1 or 2	4 pts
Lower LMIC income	3	Severe	6	Category 2B	3
Upper LMIC income	2	High	4		
Upper-middle income	1	Moderate	2		
		Low	1		

Where there is a need to sub-prioritise proposals within a particular score (due to insufficient resources to fully fund all proposals with that score), GNI per capita will be used to break any ties, with lower GNI per capita given priority.

The new criteria contain some special provisions for prioritising regional and cross-cutting HSS proposals. Finally, under the new criteria, disease burden is given considerably more weight than in the old criteria.

Targeted pool

The scoring system described above would not work for most proposals in the targeted pool, because of problems identifying disease burden indicators for different types of interventions. Instead, the TRP will prioritise proposals recommended for funding in the targeted pool. (The methodology for this has not yet been developed.)

The new policy on eligibility, counterpart financing and prioritisation should be available shortly at www.theglobalfund.org/en/board/meetings/twentythird (see Document BF/B23/14, Attachment 1.) A report by the two committees working on these criteria – the Policy & Strategy Committee, and the Portfolio Implementation Committee – will also be available at this site (see Document BF/B23/14). The annexes of the report contains additional information, including (a) a table showing how the disease burden categories and scores are determined; (b) tables listing countries by disease burden and income level; and (c) definitions of “key populations” and “highest impact interventions.”

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