



ELIGIBILITY, COUNTERPART FINANCING AND PRIORITIZATION INFORMATION NOTE

Contents

Introduction	2
1. The Global Fund eligibility list explained	3
2. The General Funding Pool and the Targeted Funding Pool	6
3. Counterpart Financing	9
4. Prioritization	13
Further Reading / Resources	17

Introduction

At its Twenty-Third meeting in May 2011, the Board adopted¹ a new Eligibility, Counterpart Financing and Prioritization policy² for all funding channels starting from 2011, including Round 11, the Second Wave of National Strategy Applications (NSAs) and the Health Systems Funding Platform (HSFP) pilot.

Eligibility criteria (alongside minimum CCM requirements³) determine whether or not countries are eligible to apply for funding from the Global Fund and for which component. Eligibility criteria also determine under what conditions countries can apply.

Counterpart Financing describes the Global Fund requirements regarding a country’s government contribution to the national disease program and to the health sector.

Prioritization is applied if, at the time of Board approval, there are insufficient resources to fund all proposals recommended for funding by the Technical Review Panel (TRP).

This information note aims to complement the policy and presents guidance regarding each of the above provisions of the policy.

Figure 1 presents an overview of eligibility and counterpart financing requirements.

Figure 1: Overview of Eligibility criteria and Counterpart Financing requirements

Income Level	Disease Burden	Funding History	Focus of Proposal		Counterpart Financing (minimum threshold)
			General Funding Pool	Targeted Funding Pool	
Low Income Countries	No Restriction	No recent funding	No Restriction	100% focus on specific populations/ interventions	5%
Lower Middle Income Countries	No Restriction	No recent funding	50% focus on specific populations/ interventions	100% focus on specific populations/ interventions	Lower LMIC = 20% Upper LMIC = 40%
Upper Middle Income Countries	Severe or Extreme	No recent funding	100% focus on specific populations/ interventions	100% focus on specific populations/ interventions	60%
	High	No recent funding	<i>only</i>		

¹ Decision Point GF/B23/DP23 available at http://www.theglobalfund.org/documents/board/23/BM23_DDecisionPoints_Report_en.pdf

² <http://www.theglobalfund.org/en/eligibility/?lang=en>

³ http://www.theglobalfund.org/documents/ccm/CCM_PurposeStructureComposition_Guidelines_en.pdf

1. The Global Fund eligibility list explained

The Global Fund Eligibility list detailing the eligibility of individual countries for 2011 funding channels can be found on the Global Fund website⁴. This list will be updated by the Global Fund on an annual basis.

There are four eligibility criteria used to determine which countries are eligible to apply for funding from the Global Fund. These criteria are income level; two specific criteria to determine eligibility of UMI countries (disease burden; OECD-DAC⁵ list of Overseas Development Aid recipients); and recent funding history.

Note that multi-Country applicants will only be eligible for funding if the majority of the countries included in the proposal would themselves also be eligible to submit single country requests. This applies for both the General and Targeted Funding Pools.

1.1 Income level

Countries are classified by the Global Fund in five distinct income categories:

1. Low Income Countries (LI)
2. Lower-Lower-Middle Income Countries (Lower-LMI)
3. Upper-Lower-Middle Income Countries (Upper-LMI)
4. Upper Middle Income Countries (UMI)
5. High Income Countries

These categories are based on the World Bank (Atlas Method) Income Classifications published in July of each year. The Global Fund classification further divides LMI countries into two groups named Lower-LMI countries and Upper-LMI countries based on the midpoint of the GNI per capita range of the World Bank's LMI category.

Countries in transition between eligible income categories are given a one-year "grace period". This means that the income level of the previous year will be used to define eligibility of a country that has moved up one income category. The grace period does not apply for countries moving from Upper-Middle Income to High Income category.

High Income countries are not eligible to apply for Global Fund funding as single-country applicants. Countries in other income categories are eligible to apply for Global Fund funding subject to additional criteria described below.

1.2 Disease burden (eligibility criterion for UMI countries)

The Global Fund applies disease burden criteria to determine the eligibility of UMI countries. They are also used for prioritization purposes (see part 3 of this Information Note).

⁴ <http://www.theglobalfund.org/en/eligibility/?lang=en>

⁵ OECD-DAC is the Organisation for Economic Cooperation and Development's 'Development Assistance Committee'

The disease burden criteria are specific to each disease and encompass five classifications: “low”, “moderate”, “high”, “severe” and “extreme” disease burden. A description of these criteria can be found in part 3 of this Information Note.

UMI countries must comply with specific disease burden criteria to be eligible for Global Fund funding as summarized in table 1.

Table 1. Disease burden eligibility criterion for UMI countries

Disease burden	General Funding Pool	Targeted Funding Pool
Severe or Extreme	Eligible	Eligible
High	Not eligible	Eligible
Low or moderate	Not eligible	Not eligible

Note that UMI countries with moderate or low disease burden are not eligible for funding through single country applications. However there is an exception for ‘Small Island Economies’, as defined by the exceptions to the International Development Association lending eligibility requirements⁶. Small Island Economies classified as UMI and which have a low or moderate disease burden are eligible to apply for funding from the Targeted Funding Pool only.

Note that there is no disease burden criterion for Cross-Cutting Health Systems Strengthening (CC-HSS). Eligibility to submit a CC-HSS proposal is defined as follows: UMI countries which are eligible to apply for funding on account of having a severe or extreme disease burden for any disease, but not those with high disease burden, are eligible to apply for CC-HSS funding from the General Funding Pool. **UMI countries that are eligible only for the Targeted Funding Pool cannot submit a CC-HSS proposal.**

1.3 OECD-DAC list of ODA recipients (eligibility criterion for UMI countries)

In addition to the criteria listed above, UMI countries are not eligible to apply for funding for HIV and AIDS if they are not on the OECD-DAC⁷ list of Overseas Development Aid recipients - except if the application is submitted by a nongovernmental organization. Such proposals must meet specific conditions: they must target key services, demonstrate that these services are currently not being provided due to political barriers and allocate no funding to government recipients.

All UMI countries also have to meet the recent funding eligibility criterion described in section 1.4 below.

⁶ <http://go.worldbank.org/83SUQPXD20>

⁷ OECD-DAC is the Organisation for Economic Cooperation and Development’s ‘Development Assistance Committee’

1.4 Recent funding

All countries that meet income level and other criteria described above must also meet a new criterion related to an applicant's history of recent funding. According to this criterion, an applicant is ineligible to apply for funding for HIV and AIDS, tuberculosis, malaria, and/or CC-HSS if they have received Board-approved funding for the same component; and have completed less than twelve months of implementation of that funding (known as an "implementation window").

The implementation window applies from the program start date⁸ (as set out in the grant agreement with the Principal Recipient) to the closing date for submission of proposals⁹. Exceptions to this rule may be permitted following a specific process described in Box 1.

Box 1: Recent funding eligibility criteria: exceptions and process

Two exceptions to the recent funding eligibility criteria may be permitted. These are:

- (i) if the proposal includes geographic coverage different from the most recent proposal approved by the Board; or
- (ii) if the proposal intends to implement new technical guidance requiring significant investment.

Applicants with a history of recent funding who wish to be considered for one of the exceptions described above and submit a proposal in 2011 must present a brief summary of the planned scope of the proposal prior to full proposal development. This summary is called a "proposal concept". A form designed for this purpose will be provided by the Global Fund upon request of the applicant. **The proposal concept will be due by 22 July 2011.**

The proposal concept must show that:

1. the proposal corresponds to one of the two exceptions described above;
2. the need cannot be addressed through the reprogramming of existing funding; and
3. there is adequate absorptive capacity and ability to roll-out the proposed new interventions.

The Technical Review Panel (TRP) will determine whether or not the proposal concept meets these three requirements. Applicants will be notified in writing of the outcome of the TRP assessment near the launch date of Round 11.

If the proposal concept does not meet the requirements, the TRP will advise the applicant that it is not eligible to submit a proposal for that component. If the proposal concept meets the requirements, a proposal may be submitted by the established deadline. The proposal must be fully consistent with the proposal concept and must also fulfill the other eligibility criteria. The final eligibility determination will be made by the TRP on the basis of the full proposal at the time of proposal review.

For enquiries about the exceptions to the recent funding eligibility criteria, please contact recentfunding@theglobalfund.org

⁸ For Single Streams of Funding this date is the Implementation Period starting date in the agreement

⁹ In 2011, the deadline for submission of proposals will be 15 December 2011.

2. The General Funding Pool and the Targeted Funding Pool

All countries listed as “eligible” in the Global Fund eligibility list can submit a proposal as single-country applicants to the Global Fund for the designated component(s). Eligible applicants must take into account the characteristics of the General and the Targeted Funding Pools and specific proposal focus requirements in developing their proposal.

2.1 Characteristics of the General and Targeted Funding Pools

The new policy established two distinct funding pools: the General Funding Pool and the Targeted Funding Pool. Applicants, even if eligible for both funding pools¹⁰, cannot apply to both funding pools for the same disease at the same time.

Table 2 below outlines the key characteristics of each Funding Pool to inform an applicant’s decision to apply through the General Funding Pool or the Targeted Funding Pool.

Table 2. Characteristics of the General Funding Pool and Targeted Funding Pool

FEATURES	GENERAL FUNDING POOL	TARGETED FUNDING POOL
<i>Resources allocated</i>	90 percent of the resources available for a given funding window	10 percent of the resources available for a given funding window or a maximum of US\$ 150 million for the first two years of grants (US\$ 350 million over five years)
<i>Components</i>	<ul style="list-style-type: none"> • HIV and AIDS, tuberculosis and malaria proposals; and • cross-cutting health systems strengthening proposals 	<ul style="list-style-type: none"> • HIV and AIDS, tuberculosis and malaria proposals <u>only</u>
<i>Pre-defined budget ceiling per proposal</i>	None	US\$ 5 million for the first two years (US\$ 12.5 million over five years)
<i>Required focus of proposals</i>	Dependent on country income level (see below)	All proposals must focus 100 percent of their proposal budgets on specific populations and/or interventions (see below)
<i>Prioritization model</i>	Prioritization model specific to the General Funding Pool (see part 3 of this Information Note)	Prioritization model specific to the Targeted Funding Pool (see part 3 of this Information Note)

¹⁰ UMI countries with a disease burden designated as high may only apply for the relevant disease to the Targeted Funding Pool.

The General Funding Pool and the Targeted Funding Pool will be allocated respectively ninety percent and ten percent of the resources available for 2011 funding channels, subject to the Targeted Pool not exceeding US\$150 million for the first two years of grant life (and US\$ 350 million for five years). If funds available in one pool exceed the amount of TRP-recommended proposals while funds available in the other pool are not sufficient to fund all TRP-recommended proposals, the “surplus” funds would be transferred from one pool to the other.

The budget of a proposal to the Targeted Funding Pool cannot exceed US\$ 5 million for the first two years and US\$12.5 million for five years, both ceilings relating to incremental funding in the case of a consolidated proposal.

Only HIV and AIDS, tuberculosis and malaria proposals can be submitted to the Targeted Funding Pool. CC-HSS proposals are not eligible for funding under the Targeted Funding Pool.

2.2 Proposal focus requirement

The Eligibility Counterpart Financing and Prioritization policy requires focus on specific populations and interventions, as defined below.

Required proposal focus

The level of proposal focus required differs according to the income category of the applicant and the choice of funding pool as summarized in table 3 and as follows:

- If they apply to the Targeted Funding Pool, **LI countries** are required to devote one hundred percent of the proposal budget to specific populations and/or interventions. No such proposal focus requirements apply if LI countries submit proposals to the General Funding Pool.
- **Lower-LMI and Upper-LMI countries** are required to devote a minimum of 50% of the proposal budget to specific populations and/or interventions if they apply through the General Funding Pool and 100% if they apply through the Targeted Funding Pool.
- **UMI countries** are required to devote 100% of the proposal budget to specific populations and/or interventions regardless of the funding pool to which they apply.

Table 3. Level of proposal focus according to income category and Funding Pool

Income category	General Funding Pool	Targeted Funding Pool
LI	No requirements	100%
LMI (Lower and Upper LMI)	50%	100%
UMI	100%	100%

Definitions

Applicants must make sure that their proposal for HIV and AIDS, tuberculosis and malaria is focused -to the required level described above- on the following specific populations and/or interventions:

- **Underserved and most-at-risk populations** are subpopulations within a defined and recognized epidemiological context that have significantly higher levels of risk, mortality and/or morbidity, AND whose access to, or uptake of, relevant services is significantly lower than the rest of the population; and / or
- **Highest-impact interventions** within a defined epidemiological context are those that address emerging threats to disease control, lift barriers to the broader disease response and/or create conditions for improved service delivery; AND/OR enable the roll-out of new technologies that represent best practice; AND are not adequately funded at present.

Applicants submitting a **CC-HSS proposal in the General Funding Pool** must make sure that their proposal focuses to the required level on CC-HSS interventions addressing the needs of underserved populations. These interventions are defined as follows:

- Health systems and community systems strengthening interventions that, within the country context, improve program outcomes for underserved populations in two or more of the diseases by improving equitable coverage and uptake addressing availability of services, access to services, utilization of services and/or quality of services; AND are not funded adequately.

Assessment of compliance

Compliance with the proposal focus requirement will be determined by the Technical Review Panel at the time of proposal review. The TRP will use the above definitions of specific populations and interventions to make its determination. The TRP assessment of compliance with the proposal focus requirement will form a material part of the TRP review of proposals and of its funding recommendation.

3. Counterpart Financing

The Eligibility, Counterpart Financing and Prioritization policy recognizes that financing of health care is a shared responsibility. At the same time, it recognizes that countries have differing abilities to contribute to their disease programs and to rapidly scale up that contribution. The Global Fund's Counterpart Financing requirements aim to better support aid objectives of additionality, financial sustainability, and country ownership. The Counterpart Financing requirements will take effect in 2011 and apply to all funding channels.

3.1 What is Counterpart Financing?

Counterpart Financing in the Global Fund context pertains to the applicant country's government contribution allocated¹¹ to (1) national disease program (HIV and AIDS, tuberculosis or malaria) and (2) the health sector. Government contribution refers to all public resources specifically allocated to the national disease program and the health sector from government revenues; government borrowings from external sources or private creditors; and debt relief proceeds. With the exception of loans and debt relief, all other forms of external assistance, even when routed through government budgets are not counted as government contribution.

3.2 Counterpart Financing requirements

The Global Fund Counterpart-Financing requirement focuses on three areas described below.

(i) Minimum Counterpart Financing threshold

Disease proposals. The Counterpart-Financing requirement introduces the concept of a Counterpart Financing "minimum threshold". This is the minimum level that the government's contribution to the national disease program should reach, as a share of total government and Global Fund financing.¹² Starting in 2011, countries that request new funding must ensure that their government contribution meets the minimum threshold at the proposal stage (including new funding requested through the proposal), or, if the applicant country government's contribution is below the minimum threshold, it must develop and submit an action plan for moving towards the threshold.

¹¹The boundaries for what constitute disease spending and health spending is in accordance with guidelines set by WHO (for tuberculosis, malaria and health spending) and UNAIDS (HIV). See below for more details.

¹²For Round 11: Government contribution is the annual average of government spending in the past two years (2009 and 2010) and current government budget (2011) for the relevant disease program. Global Fund contribution is the annual average of financing requested and existing grants from other Global Fund grants for that disease, for the Phase 1 period of the proposal.

The minimum thresholds are determined by income level:

- 5 percent for LICs
- 20 percent for Lower LMICs
- 40 percent for Upper LMICs
- 60 percent for UMICs

These levels are intended to recognize countries' differing abilities to contribute, yet at the same time challenge many countries to raise their contributions. UMI countries should further define how Counterpart Financing will increase to more than 90 percent during the specified proposal period, including plans to transition activities to the national program.

Cross-Cutting Health Systems Strengthening (CC-HSS) proposals. The minimum Counterpart Financing threshold for CC-HSS proposals is set at the same levels as for disease proposals. Counterpart Financing in the context of CC-HSS proposals is the total of the government's contribution to all national disease programs (HIV and AIDS, tuberculosis and/or malaria as applicable to a country) which either have existing Global Fund support or a funding request under consideration. Global Fund financing is the total of existing and requested funding for the applicable diseases and CC-HSS.

(ii) Increasing government contributions to the disease program and health sector

The Counterpart Financing policy requires that governments steadily increase their contribution to the national disease programs and health sector each year to avoid displacement of government spending by external assistance. In monitoring compliance with the policy, a noncompliant country's extenuating circumstances will be considered. Furthermore, as important contextual information, governments would also be asked to report on overall public spending on health over time. The intent of this Counterpart Financing requirement is to help countries steadily strengthen the government contribution to the national disease program, in the context of increasing overall public spending on health, whilst ensuring that increases are not made at the expense of other key programs.

(iii) Improving expenditure data

A key source of information for the government contribution will be the data collection and validation efforts that WHO, UNAIDS and other partners already support, together with health expenditure data submitted to WHO. Technical partners specify standardized measures for annual reporting of financing information by source and carry out validation of the numbers provided. The Counterpart Financing policy will build on and help to strengthen this existing system. As a requirement of Counterpart Financing, countries are asked to report government expenditure to these organizations each year, which will result in increased coverage of these reporting systems.

3.3 Data requirements for Counterpart Financing

The World Health Organization (WHO) routinely collects data on malaria, tuberculosis and health spending. The UNAIDS collects data on HIV and AIDS spending. To ensure standardized and validated data for funding decisions of the Global Fund as well as monitoring compliance with Counterpart Financing, countries are required to report on

disease program and health spending in accordance with methodologies specified by these technical partners. This includes methodologies underlying data reported by countries for:

- **Tuberculosis:** Financial data reported in the data collection form for the World Health Organization's annual Report on Global Tuberculosis Control
- **Malaria:** Data on malaria financing reported in questionnaire for the annual World Malaria Report of the World Health Organization
- **HIV/AIDS:** Data reported in the UNAIDS National AIDS Spending Matrix as part of the UNGASS Country Progress Report for Monitoring the Declaration of Commitment on HIV/AIDS. More details are available at: <http://www.unaids.org/en/dataanalysis/tools/nasapublications/>
- **Health Spending:** National Health Accounts (NHA) data published by the World Health Organization annually, following an official consultation process. More details available at: <http://www.who.int/nha/en/>

Major gaps and constraints identified in data collection and reporting of data need to be reflected in the proposal form. Applicants are encouraged to include targeted investments in the disease proposal for identified actions to improve disease and health spending data consistent with methodologies and guidelines prescribed by technical partners. Applicants may budget for up to USD 50,000 for a disease spending assessment in Phase 1 of the proposal to verify expenditure data.

3.4 Implementation of the Counterpart Financing policy

Exclusion from Counterpart Financing Requirements: The Counterpart Financing requirements will apply to all single-country applications including those with civil society as principal recipients, except non-CCM proposals. Multi-Country proposals (from Regional Coordinating Mechanisms and Regional Organizations) will not be required to meet the Counterpart Financing requirements.

Funding Request: Applicants are required to complete the financial gap analysis and Counterpart Financing tables as part of their proposal. If Counterpart Financing falls below the minimum threshold and/or if trends do not comply with the requirements, applicants must provide a justification. If applicable, applicants should submit an action plan to meet the Counterpart Financing requirement. Guidance will be provided on these aspects in the Proposal Forms and Guidelines.

TRP Review: The TRP will review compliance with Counterpart Financing requirements as a material part of their overall review of the proposal. In doing so, the TRP can make one of three decisions:

- (i) Accept the Counterpart Financing arrangements;
- (ii) Request clarification or attach conditions to the funding recommendation if the information provided by the applicant is not adequate, to ensure improved measurement and/or improvements to Counterpart Financing during grant implementation. For example, the TRP may request additional information from the applicant during the TRP clarification phase, such as provision of an action plan for the initial commitment period or request for improved measurement (e.g., disease spending study during the initial commitment period).

- (iii) Reject the Counterpart-Financing arrangements as stated by the applicant in the proposal. For example if Counterpart Financing amounts are below the minimum threshold or trends are declining without a clear or adequate justification the TRP can reject the Counterpart Financing arrangements.

To assist the TRP members in their review, the Global Fund Secretariat will provide data on financing trends by country and disease program, made available by technical partners.

Grant implementation: Resulting grant agreements will include a commitment to report annually to technical partners' on disease program and overall health spending. Compliance with Counterpart Financing requirements will be monitored on an on-going basis during grant negotiation, implementation and at the time of periodic review. Compliance with the Counterpart Financing requirements will influence the Global Fund's decision on the request for continued funding.

4. Prioritization

In the event that there are insufficient resources to fund all TRP-recommended proposals at the time of Board approval, the Global Fund has policies to determine the order of prioritization for the TRP-recommended proposals. These policies differ for the General Funding Pool and the Targeted Funding Pool.

Note that the TRP will not consider the availability of funding at any stage, neither in its review of proposals in both Funding Pools, nor in its prioritization of proposals in the Targeted Funding Pool.

4.1 When does prioritization occur?

The prioritization order of TRP-recommended proposals will be presented to the Board at the time of the Board's consideration of TRP funding recommendations **only** if there are insufficient resources to fund all TRP-recommended proposals. Proposals are then approved, subject to available resources, in descending order with those proposals receiving the highest scores being funded first.

Prioritization rules have previously been applied in Rounds 5, 6, 8 and 9.

Proposals submitted through the General Funding Pool or through the Targeted Funding Pool are considered separately and are prioritized using different methods.

General Funding Pool: Prioritization of proposals submitted through this pool that are recommended for funding by the TRP will **only** occur if there are insufficient resources to fund all these proposals at the time of Board decision. The Secretariat will apply the prioritization rules and assign scores to all TRP-recommended proposals in the General Funding Pool.

Targeted Funding Pool: Prioritization of proposals submitted through this pool that are recommended for funding by the TRP will be undertaken by the TRP at the time of proposal review. The TRP will follow a prioritization method that is specific to the Targeted Funding Pool. The resulting prioritization ranking will be taken into account by the Board **only** if there are insufficient resources to fund all recommended proposals.

4.2 What are the rules for prioritization in the General Funding Pool?

Should prioritization need to be applied to the General Funding Pool, a score will be assigned to each proposal based on a composite index. The composite index is composed of three criteria (TRP recommendation category, disease burden and income level), which are then translated into scores according to an indicator and value (Table 4).

Since Round 10, the disease burden scores have been revised to give greater weight to higher disease burdens (categorized as extreme and severe). For CC-HSS proposals, an average score will be calculated based on the scores for the diseases benefiting from the

proposal. Changes have also been made to the income level criterion. As explained in Part 1 of this Information Note, the group of Lower-Middle Income countries (LMICs) is split into two groups based on the midpoint of the range of GNI per capita. The scoring has also been revised to present a more graduated scale. The TRP recommendation criterion is unchanged from Round 10.

Table 4. Overview of prioritization criteria, indicators, value and scores

Criterion	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1	4
		Category 2	4
		Category 2B	3
Disease Burden ¹³	Specific disease burden criteria (see below)	Extreme	8
		Severe	6
		High	4
		Moderate	2
		Low	1
Income level	Income Classification ¹⁴	Low Income	4
		Lower-Lower-Middle Income	3
		Upper-Lower-Middle Income	2
		Upper-Middle Income	1

A proposal could receive a score between 16 and 5. For example, a proposal submitted by an applicant from a LI country (score 4) with extreme disease burden (score 8) and recommended for funding by the TRP as Category 1 (score 4) would receive a total score of 16. This proposal would be prioritized over, for example, a proposal submitted by an applicant from an Upper-LMI country (score 2) with low disease burden (score 1) and recommended for funding by the TRP as a category 2B (score 3) which would receive a total score of 6.

If there is a need to sub-prioritize proposals within a particular score (due to insufficient resources to fully fund all proposals in that score), the country’s GNI per capita will be used, with lower GNI per capita given priority.

For regional proposals the income level and disease burden data of all countries/ economies included in a regional proposal will be identified and allocated. The average income level and disease burden score will be calculated.

¹³ A specific indicator is used for Cross-Cutting Health Systems Strengthening proposals (see below)
¹⁴ As reflected in the Global Fund eligibility list available here <http://www.theglobalfund.org/en/eligibility/?lang=en>

4.3 What indicators are used to determine disease burden in the General Funding Pool?

The disease burden indicators, values and scores are different for each disease and are as follows:

HIV/AIDS (Source of data: UNAIDS and WHO)

Indicator	Value	Category and Score
HIV prevalence in population and/or at-risk populations	HIV national prevalence $\geq 10\%$	Extreme = 8
	HIV national prevalence $\geq 2\%$ and $< 10\%$	Severe = 6
	HIV national prevalence $\geq 1\%$ and $< 2\%$ OR MARP† prevalence $\geq 5\%$	High = 4
	HIV national prevalence $\geq 0.5\%$ and $< 1\%$ OR MARP prevalence $\geq 2.5\%$ and $< 5\%$	Moderate = 2
	HIV national prevalence $< 0.5\%$ and MARP prevalence $< 2.5\%$ OR no data	Low = 1

† MARP: Most-at-risk population

If data are available for several most-at-risk populations (MARPs), the highest prevalence will be taken into account.

Tuberculosis (Source of data: WHO)

Indicator	Value	Category and Score
Combination of TB notification rate per 100,000 population (all forms including relapses); and add WHO list of high burden countries (TB, TB/HIV or MDR-TB burden)	TB notification rate per 100,000 ≥ 300 and high TB, TB/HIV or MDR-TB burden country	Extreme = 8
	TB notification rate per 100,000 ≥ 100 OR TB notification rate per 100,000 ≥ 50 and < 100 and high TB, TB/HIV or MDR-TB burden country [§]	Severe = 6
	TB notification rate per 100,000 ≥ 50 and < 100 OR TB notification rate per 100,000 ≥ 20 and < 50 and high TB, TB/HIV or MDR-TB burden country	High = 4
	TB notification rate per 100,000 ≥ 20 and < 50 OR TB notification rate per 100,000 < 20 and high TB, TB/HIV or MDR-TB burden country	Moderate = 2
	TB notification rate per 100,000 of < 20 OR no data	Low = 1

§ And not covered by the criteria for the Extreme category.

Malaria (Source of data: WHO)

Indicator	Value	Category and Score
Combination of mortality per 1000 at risk of malaria; morbidity rate per 1000 at risk; and contribution to global deaths attributable to malaria.	Mortality rate ≥ 2 OR Contribution to global deaths $\geq 2.5\%$	Extreme = 8
	Mortality rate ≥ 0.75 and morbidity rate ≥ 10 OR Contribution to global deaths $\geq 1\%$ OR country with documented artemisinin resistance [§]	Severe = 6
	Mortality rate ≥ 0.75 and morbidity rate < 10 OR mortality rate ≥ 0.1 and < 0.75 regardless of morbidity rate OR contribution to global deaths $\geq 0.25\%$ and $< 1\%$	High = 4
	Mortality rate < 0.1 and morbidity rate ≥ 1 OR contribution to global deaths $\geq 0.01\%$ and $< 0.25\%$	Moderate = 2
	Mortality rate < 0.1 and morbidity rate < 1 OR contribution to global deaths $< 0.01\%$ OR no data	Low = 1

‡ The Secretariat will use malaria data for earlier years (2000) as recommended by WHO. In the case that a proposal is submitted from a sub-national applicant it will be scored according to incidence and mortality rates for those specific areas (and the contribution of those areas to the global burden).

§ And not covered by the criteria for the Extreme category.

Cross-Cutting Health Systems Strengthening (CC-HSS)

A specific indicator will be used for CC-HSS proposals in place of the disease burden indicators described above. Each applicant submitting a CC-HSS proposal will be asked to specify the diseases that will benefit from the proposal. The indicator will comprise an average of the respective disease burden scores for the diseases benefiting from the CC-HSS proposal.

4.4 What are the rules for prioritization in the Targeted Funding Pool?

The TRP will prioritize proposals being recommended for funding in the Targeted Funding Pool at the time of the TRP review of proposals. This process will involve two distinct steps. The TRP will first review the proposals to determine whether they are being recommended for funding. Secondly, each proposal recommended for funding will be assigned a score, based on an agreed methodology. The review process will incorporate steps to ensure consistency of approach. The resulting prioritization ranking of TRP-recommended proposals will be considered by the Board only if there are insufficient resources to fund all TRP-recommended proposals in that pool.

Further Reading / Resources

- Twenty-Third Board Meeting Decision Points: GF/B23/23
http://www.theglobalfund.org/documents/board/23/BM23_DecisionPoints_Report_en.pdf
- Eligibility, Counterpart Financing and Prioritization policy
<http://www.theglobalfund.org/en/eligibility/?lang=en>
- Global Fund eligibility list <http://www.theglobalfund.org/en/eligibility/?lang=en>