Position on Eligibility by the Communities, Developed Country NGO and Developing Country NGO Delegations

What Are The Problems We Are Trying To Solve?

1) The burden of HIV and TB is increasing in a number of regions, including Eastern Europe and Central Asia (EECA) for HIV and the BRICS countries for TB. In these and other countries experiencing similar trends, we are failing in our mission to roll back the three diseases. This failure is particularly evident in upper-middle income countries (UMICs), and as an institution we have effectively tied our hands from making needed investments in these settings. As it is now, the Global Fund’s eligibility policy is more focused on bending the curve in some countries than shrinking the global map of pandemics.

2) On their own, GNI and disease burden are insufficient indicators to provide the GF with the information it needs to assess country eligibility. This is especially so for UMICS, who may become ineligible for GF grants but are still unwilling politically or unable fiscally to provide quality health services to the poorest and most marginalised. At its core, the problem centres around the sustainability of health gains made by the GF in a given country as its allocation is reduced in the lead up to ineligibility. There are three key areas where problems arise:
   • Unwillingness to recognise the existence of key populations, fund or provide health services for these communities, or include them in governance and accountability mechanisms;
   • Lack of investment in HIV services generally, particularly in relation to comprehensive prevention
   • Lack of financial support for civil society efforts to hold governments accountable for upholding health rights, including those particularly relevant for health. Compounding this problem is the absence of social contracting mechanisms to support civil society in providing tailored, high quality services.

3) An additional problem relates to those countries that were never eligible or have not been eligible for some, particularly those experiencing a health crisis that arguably warrants the GF intervening to:
   • Reduce the potential impact humanitarian crises can have on the fight against the three diseases;
   • Prevent any disease resurgence in that country from adversely affecting the broader region.
Points to Consider

1) Decisions around eligibility should not be fully driven by hard fact of finite resources. Instead, revisions to the Eligibility Policy revisions and decisions on the allocation of resources should be driven by the following principles:
   • Have the highest impact possible on the three diseases that balances bending the curve of the epidemic while also shrinking the map of the epidemics;
   • Recognise and enhance every person’s right to quality health services.¹

2) We shouldn’t assume that any change to eligibility would necessarily result in a wholly positive or negative impact on the three diseases globally.

3) Expanding eligibility does not necessarily mean a shift in funding away from high impact and high burden countries. This depends on how allocations are made. For example, eligibility could continue longer using a longer tail of funding and co-financing (leveraging ever increasing amounts of domestic funds).

4) Predictability is unquestionably important, but a country’s transition may not be linear. Room for course-correction is therefore equally important when a transitioning country encounters serious challenges—financial, political or otherwise.

3 Civil Society Delegation inputs on Technical and Political Considerations

General
• Eligibility should be primarily driven by the goal of the Global Fund Strategy to end the pandemics of the three diseases.

Recommendation:
• In line with the goal of the Global Fund strategy to end the epidemics, the secretariat should conduct an analysis of what eligibility would look like if countries were deemed eligible only if they had a general population or key population pandemic, irrespective of GNI.

In response to the slide deck provided by the Secretariat:

1) Economic Capacity
   • GNI alone is insufficient to capture key information about the economic status of a given country to address its epidemics.²

¹ If Impact means reducing the number of countries and abandoning communities in many countries then this violates the principles of human rights that are central to the GF Strategy.
² UN member states at the latest Financing for Development follow up forum on 22-25th of May in NY (hosted by ECOSOC) includes a call (Paragraph 14) in the meeting outcome document for more robust measures of sustainable development, beyond per capita income. It says: “we reiterate the call on the United Nations system, in consultation with the international financial institutions, to develop transparent measurements of progress on sustainable development that go beyond per capita income, building on existing initiatives, as appropriate. These should recognize poverty in all of its forms and dimensions and the economic, social and environmental dimensions of domestic output and structural gaps at all levels.”
• Additional criteria to be considered could include fiscal space, economic growth, health spending, inequality, willingness to pay, debt to GDP ratio, etc.
• The need for a broader set of criteria to assess the needs of a country were highlighted in the Global Fund’s 2014 Development Continuum Working Group report, and in the multi-stakeholder Equitable Access Initiative that produced its final report in 2016.
• The Global Fund Board has not reviewed eligibility fully in light of the findings in the final EAI report.
• In March 2017, the GF published a guidance note Incorporating the Equitable Access Initiative in Global Fund Policy. It states that the EAI called for “a multi-criteria framework that takes into account income levels and health needs, in addition to domestic capacity and policies, where relevant” to “inform complex external health financing decisions such as eligibility and the prioritisation of investments.”

Recommendation:
• We support the Secretariat initiating a process with the Board to review and assess possible additional measures for eligibility around economic capacity and broader factors.

2) Small Island Economy Exception
• Small Island economies face particular challenges that can endanger gains made against the three diseases, and addressing the issue using a regional approach through multi-country grants seems effective.
• We are happy for this exception to continue if this is the best way to address this problem. However, if another non-eligibility based solution was available we would be open to consider it.

3) G20 Rule for UMICs
• Eligibility based on the G20 political grouping does not stand up to scrutiny. It only makes sense in the context of being a political decision at a particular point in time.

Recommendations:
• We would like to see an analysis that projects the impact of removing of G20 rule and how certain components might be restricted in other ways
• Existing G20 grantees should be eligible for transition funding.

4) Disease Burden Threshold
• It is incongruous that the KP scale does not have the same levels as national disease burden (low, moderate, high, severe and extreme measures).
• Inadequate data on key populations should not be a reason for not expanding the scale to reflect the same as the national disease burden.
Hopefully data sets will improve in the short – medium term, and we encourage the committee to actively look for ways to engage with the GF’s technical partners and relevant civil society and key populations networks on how to do this, recognizing the tremendous implications data availability and quality has on the GF’s ability to support key populations.

• Until this is improved, best possible KP estimates must be enough to guide decision-making and their use should be transparent.

Recommendation:
• The Secretariat should conduct analysis to map what the eligibility impact would be of matching the national disease burden and KP scales to 5 levels each; and of condensing both scales to three levels (low, moderate, high).

5) UMIC OECD-DAC

• The Secretariat states that there is no impact to this rule apart from to specifically exclude Bulgaria and Romania.
• There is no specific value to excluding those two countries, especially in light of the rising incidence that followed GF exit, as highlighted by the TERG.

Recommendation:
• The OECD-DAC UMIC rule should be eliminated.

Other Considerations

1) The NGO rule

• Though the NGO rule was applied to Russia, Bulgaria and Romania, Bulgaria and Romania did not receive allocations because the Secretariat redefined the notion of “political barriers” as pertaining only to cases where evidence-based interventions (such as harm reduction) are officially prohibited by the government. Government refusals to invest in interventions, such as in Romania, therefore do not qualify. In light of this, and since Russia no longer receives funding via the NGO Rule, the rule in its current form is redundant.
• As stated above, we do need a mechanism that can direct financial support to civil society and key populations in UMICs with a disease burden that is high or above where they are in transition or are newly ineligible and there is no immediate likelihood of domestic support.

Recommendations
• The Secretariat should develop a concept for a fund that can be directed for a time-limited period to support civil society in immediately transitioning countries or post-eligible countries.
• Another option could be addition of a second transition funding period where funding can only be received by non-governmental PRs, and only be utilized for (1) services for key populations; and (2) community advocacy.
• Countries that might be impacted immediately by this recommendation:
  ▪ Albania (HIV, TB)
  ▪ Algeria (HIV)
  ▪ Belize (TB)
2) Multi-Country Requirements
   - Multi-Country grants are an important means for addressing regional health issues across the three diseases.

   Recommendation:
   - We support maintaining this rule for funding through catalytic investments.
   - Transitioning countries should remain fully eligible in multi-country grants.

3) Funding for Ineligible Components
   - As described above, there will always be cases where ineligible countries face a crisis undermining the response to the three diseases in neighbouring countries.
   - The Global Fund must respond to such instances on a case-by-case basis. However, Board decision-making could be better facilitated if a framework for considering such cases with clear parameters was established. This would avoid individual decisions appearing unduly political in nature and ease justified Board concerns around precedent risk and moral hazard.

   Recommendation:
   - The Secretariat should be tasked with producing a draft framework for deciding when an exception can be made and what type of intervention is appropriate.

4) Predictability
   - Predictability is clearly important but it should not be used as a reason to keep or make countries ineligible regardless of future circumstances.
   - Predictability is often mentioned as a reason for not expanding/changing eligibility criteria but no analysis has been shared comparing the ability of different options to provide predictability.

   Recommendations
   - The GF should be equally fair in distributing predictability in eligibility and predictability in in-eligibility. In other words, if it takes two allocation cycles to be confirmed as eligible, it should take two cycles to be confirmed as ineligible.
   - All countries should be able to become eligible again

5) Other: Transition Funding.
• There are a number of examples of failing transitions, particularly for those countries that have already transitioned or are about to and have not benefitted from support provided by the STC policy.
• For all transitioning countries, a longer period of support for civil society is critical to maintain services for key populations and for advocacy to secure services and increased domestic health spending.

Recommendations:
• At least in the short term, transition funding should be made available for two allocation periods. There are a few options here:
  o The same or a slightly increased amount of funding designated for one allocation period could be extended over two allocation periods;
  o The second allocation period could be dedicated to funding civil society as described above;
  o If the second allocation period remains a flexibility in the STC policy, then a clear set of criteria should be established for deciding when a second allocation can be made. Currently Board members do not make decisions based on a commonly shared decision-making process.