BRIEFING PAPER: Countries facing simultaneous transitions from donor support An analysis of eligibility and transition policies of global health initiatives (GAVI, GF, PEPFAR, IDA)

A large number of countries will soon be or are already no longer eligible for international funding to support their health programmes. Therefore, middle-income countries have no choice but to graduate out of the support of concessional windows, due to their increased economic capacity. The greater rarity of international resources resulting from the successive budget crises is another explanation for this process and for the reallocation of funding's towards lower-income countries.

While a large number of middle-income countries still depend on outside subsidies to fund a large part of their domestic health programmes, it now seems unlikely that national resources could make up for such financial volumes immediately, thus endangering investments and health improvements made to date.

This process of graduating out of donor support must therefore be supported by a **transition process**, in order to ensure the sustainability of investments and maintain and scale up specific health services that were previously financed by international subsidies.

Though governments are responsible for funding their health programmes -especially in countries with higher economic capacities-, governments, donors, technical partners, multilateral funds and civil society organizations all have a role to play in securing efficient transition processes in the name of **"shared responsibility"**.

Several health initiatives (Gavi, the Global Fund, PEPFAR) have developed, or are currently in the process of developing, transition policies in order to support countries in reaching financial autonomy. However, transitioning is a complex process that requires significant structural adjustments which cannot be achieved without a coordinated effort.

That is why it is important to first **understand eligibility policies and transition frameworks** of the main global health initiatives, **assess the budget impact of donors withdrawal** by studying the case of an African country and **analyse key principles for a successful transition**.

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Eligibility and transition policies of the main global health initiatives

	Gavi	Global Fund	IDA	PEPFAR
Eligibility threshold	$1580 GNI per capita (updated annually)	Differentiated criteria to fill in applications depending on the level of income (low-income, low-middle income, upper-middle income with a disease burden > “high”) Upper-middle income countries with a disease burden < “high” are ineligible G20 upper-middle income countries with a disease burden < “extreme” are ineligible	2 eligibility criteria: - Operational threshold = $1215 GNI per capita for FY16 (updated annually) - Insufficient creditworthiness	No precise eligibility criteria but differentiated support (long-term strategy, targeted assistance and technical collaboration)
Transition				
Definition	Increase of the country’s **co-financing** share	**Transition** towards the ability of a country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the 3 diseases.	**Graduation** from IDA to IBRD.	**Transition** towards country ownership of the response.
Transition timeline				
Phase 0	**Low-income country** - Linear co-financing - $0,20 per vaccine dose regardless of the vaccine price	As countries get richer, the Global Fund expects them to increase their financial contributions to programs and national health systems over each allocation period.	Before graduating out of IDA, conditions tighten: - **Non-gap and gap-countries**: IDA financing (subventions and concessional loans) - **Blend-countries**: IDA/IBRD blend financing with a gradual increase of IBRD funding and gradual decrease	Before implementing Sustainability Plans, countries implement Partnership Frameworks and Partnership Framework Implementation Plans. The assessments of both mechanisms are used in the drafting of the Sustainability Plans.

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			of IDA funding	
Phase 1	**Preparatory transition** - GNI per capita > $975 (LCI threshold) and 3-year GNI per capita average ≤ eligibility threshold - Variable duration - Gavi support for the implementation of activities critical for a successful transition - Proportional increase of the co-financing share (15%/year) - As early as possible: Multi-partner assessment of potential bottlenecks (programmatic, financial) that jeopardize a successful transition as well as opportunities for vaccine introductions with Gavi support - Transition plan: Government-led plan to address key bottlenecks and leverage opportunities towards successful transition	**Preparation to transition** - Graduation from lower low-middle income country to upper low-middle income country - Multi-stakeholder transition readiness assessment: inclusive (government, communities, civil society) → tool to stimulate dialogue at country level on both programmatic and financial needs to ensure a robust transition planning - Transition work-plan: drafted by the government, it addresses key opportunities and bottlenecks to move towards a successful transition. Critical issues for successful transitions should be addressed. - Subvention application	**Preparation to transition** Assessment of the country's macroeconomic prospects, risk of debt distress, vulnerability to shocks, external debt and liquidity, political stability, levels of poverty and social indicators	**Sustainability plans** - Drafted by PEPFAR, the government, partners and a representative sample of stake-holders - 5-year vision of the evolving roles and responsibilities of the U.S. government in fostering a country-owned and -led HIV response, and, where appropriate, in transferring successful PEPFAR activities to host country governmental and non-governmental institutions - Outline areas where policy change, capacity building, and other such steps are planned to ensure that any shifts in the PEFPAR program are undertaken in a well-planned, coordinated and responsible manner and do not result in the reduction or discontinuation of services, or significant "backsliding" in the quality of those services. OU **Country Health Partnerships** Countries will be afforded a formalized joint decision-making role in the allocation of PEPFAR financing and technical resources in their countries through a small

				bilateral governance structure established under the PEPFAR CHP
Phase 2	**Accelerated transition** - 3-year GNI per capita average > eligibility threshold - Duration: 5 years - "Grace year" to apply to Gavi support for new and under-used vaccines - Gavi support for the implementation of activities critical for a successful transition - Gavi will honor all existing multi-year commitments for Health Systems Strengthening support - Gradual increase of the co-financing share to reach, at the end of the 5 years, full self-financing	**Transition** - Graduation from upper low-middle income country to upper-middle income country - Once a national component becomes ineligible, it can receive 3 years of transition funds. These funds have to be used solely to finance activities included in the transition work-plan	**Transition** - Graduation from blend-status to IBRD-eligible-status - GNI per capita > operational threshold for at least 3 years **Eligible countries to IDA support after transition:** - GNI per capita < historical threshold at the moment of the transition - A significant poverty agenda, as measured by poverty levels and other social indicators - A significant prospective reduction in available financing from the World Bank (WB) after graduation from IDA	N/A
Phase 3	<u>Full self-financing</u> - Duration: 5 ans - Access to UNICEF tenders for vaccines issued on behalf of Gavi countries, for a time-limited period.	N/A	N/A	N/A

Elements of comparative analysis

Annual eligibility thresholds transparency

- Gavi: Eligibility criteria are transparent and readily available.
- Global Fund: There are no criteria or figures determining the threshold between the lower and higher brackets of middle income.
- IDA: A fixed operational threshold is set and re-examined yearly.

Co-financing

- Gavi: Has set precise and clear levels of their co-financing shares and their calculation method for each year
- Global Fund: Has no precise levels and co-financing is used as an incentive but is not a requirement. Countries must simply "show an increase in domestic funding over each replenishment period".
- PEPFAR: Countries that benefit from co-financing are a sub-group of countries with a long-term strategy and countries with targeted assistance, but it should be noted that no criteria are available.

Their vision of transition

- Gavi's transition is divided in two phases of progressive co-financing. It is a vision based mainly on the country's *economic capacity* to pay, with the provision of adjustment criteria with regards to vaccination coverage and economic vulnerability.
- Conversely, the definition of the Global Fund is based on the country's capacity to "maintain and scale up service coverage".
- PEPFAR's vision goes even further than that, as the goal is domestic ownership of all HIV/AIDS-related policies. However, PEPFAR's actual exit strategy doesn't seem to incorporate long-term planning or a progressive process.

Timeline

- Gavi has a long time frame, with a preparation phase for an indeterminate amount of time, then 5 years of accelerated transition, and an additional 5 years with access to Gavi prices. This vision of transition can be described as progressive, preparative measures being undertaken very early on. However, it should be noted that Gavi is pushing to roll out new vaccines in domestic health systems and has been known to default on paying their co-financing shares in countries that are far from funding routine vaccination.
- On the contrary, the Global Fund has a very short-term transition process, with a three-year resource allocation plan (i.e. one replenishment period) that can only be used to support the country's transition.
- PEPFAR: Sustainability plans are designed to last 5 years, but there are no clear guidelines on the timeline of PEPFAR's exit, whether progressive or not.

Nature of support to transition: The levels of support inform on each organization's vision of transition. The more that vision points towards ownership, the longer that support is planned in advance.

- For Gavi: There is a lack of transparency on the extent and content of the support measures. During phases 1 and 2, it is stated that Gavi may support the country in carrying out activities crucial to the success of its transition, but there are no indications as to the nature of the financial support: capacity-building, health system strengthening, etc., nor as to the decision-maker: is support delivered upon request by the country or subsequently to Gavi's assessment?

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- The Global Fund gives more details on the nature of the support provided to countries to lay out their domestic health strategies, funding strategies, and the strengthening of health systems, but this support is mainly restricted to the pre-transition period, in other words when the Global Fund still supports the country's health programmes.
- For IDA: the support is solely financial and available based on criteria pertaining to economic thresholds, social vulnerability and economic creditworthiness and financial vulnerability.
- PEPFAR appears to be very much involved in developing sustainability plans and in all steps of the transition process; for example, it provides support in translating guidelines into local languages in order to ensure stakeholder engagement.

Flexibility

- Gavi appears determined to take into account the specific economic trajectories of each country and their coverage rates to determine grace periods or give countries the possibility to become eligible again.
- The Global Fund has a flexible approach to granting support and eligibility, but largely left to the Secretariat's appreciation – contrary to Gavi, no criteria are set forth and each assessment is made on a case-by-case basis.
- IDA wishes to assess situations on a case-by-case basis to determine the conditions of each country's transition, including its duration.

Coordination

- For Gavi and the Global Fund, no mention is made of the necessity of coordinating the transition process with the countries' own strategies.
- IDA clearly states coordination within the World Bank and with other development partners.
- PEPFAR also emphasizes its desire to collaborate.

Though it might seem logical for donors to consider the possibility of gradually pulling out of some countries as their domestic economies become stronger, the sole use of the GNI and/or the epidemiological burden as a criterion to determine the allocation of resources raises issues, as it disregards the political, organizational, legal capacity and will to gradually reach self-reliance for their public health response.

Furthermore, despite a shared goal – a growing increase in domestic funding and the gradual pullout of concessional funds –, **comparing the various transition frameworks shows a great deal of discrepancies in terminology, vision, approaches, which could prove confusing and burdensome for domestic policy-makers, due to other, parallel processes with their own specificities, allocation models, monitoring and assessment frameworks and timelines.**

For that reason, with maybe the exception of Gavi, the countries' capacity to plan for donor withdrawal seems limited, due to criteria that are both unclear and difficult to share. **Although organizations may be flexible or grant grace periods, those solutions can also increase the feeling of confusion because of the discretionary process used to grant such benefits and the obligation to meet requirements with no objective indicators set forth beforehand.**

Lastly, "sustainability" is considered from a financial perspective and is therefore conditional on the gradual increase of domestic funding. None of the frameworks analysed above identifies (health or development) impact indicators to assess the success in attaining self-reliance for their public health response. The multiplication of approaches and transition conditions and their complexity can therefore disrupt the countries' ownership dynamic and funding effort.

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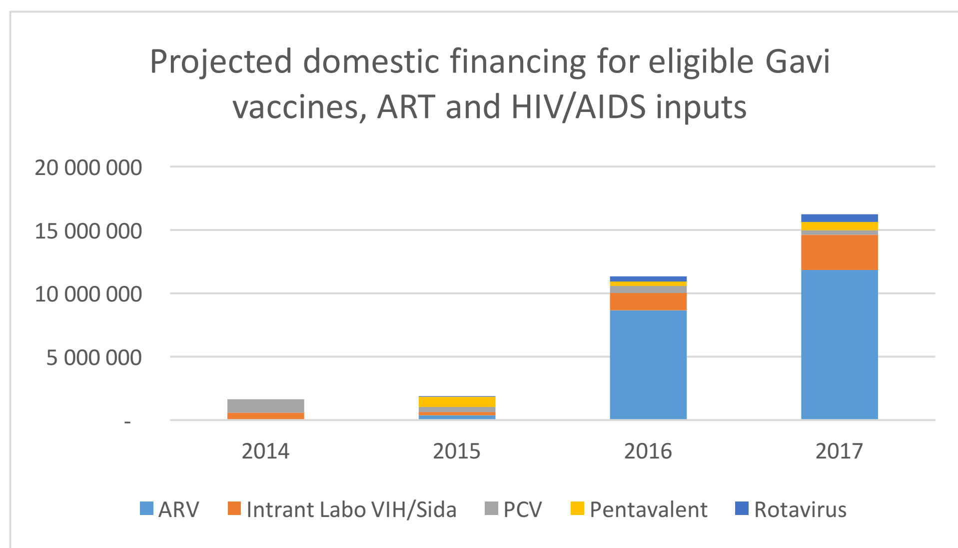
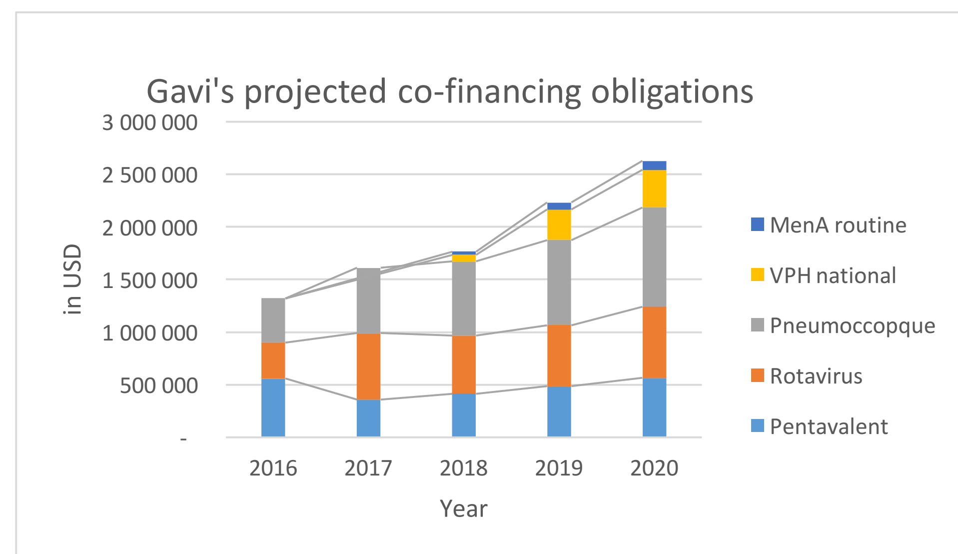
CASE STUDY: Budget impact of donor withdrawal: the example of an African country

Considering the convergence of eligibility criteria set forth by the various initiatives that all focus mainly on economic criteria and the disease burden, it seems very likely that a large number of countries will be facing several donor withdrawal during the same time-frame. A quick overview of eligibility criteria tells us that 20 countries are currently in the process of transitioning from two distinct concessional windows and 23 countries are at a risk of facing the same situation in the next five years (see list in appendix).

Risk reduction programs, second- and third-line therapy drugs, new or under-used vaccines, as well as a large number of pharmaceutical inputs are funded in large part by international subsidies. The sudden increase in domestic funding necessary to ensure program continuity can no doubt be anticipated.

For example, in the case of an African country, the amount of cumulated co-financing funds allocated for vaccines, ART and pharmaceutical inputs used in the treatment of HIV/AIDS by the government in 2014 was just above 1.6 millions dollars. This figure should go up to 16 million in 2017, resulting in a 1,000% increase in 3 years, consecutive to the cumulated drop in PEPFAR and Gavi's funding. This situation is cause for concern, particularly in a country where the rate of people living with HIV who have access to ART is ranging around 30% [1] and where the routine vaccination coverage rate is less than 70%[2].





[1] http://www.msf.org/article/report-fight-against-hiv-doomed-fail-without-urgent-focus-west-and-central-africa

[2] Source WHO 2014 (assessment WHO/UNICEF)

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Simultaneous graduating processes must therefore be implemented with coordinated transition processes, considering how heavy these transition processes weigh on these countries' budgets and how burdensome the formalities prove. Furthermore, all countries, regardless of their position on the spectrum of development, must start planning for those transitions in order to ensure programmes remain sustainable after donors pull out, that they are integrated into national systems and are scaled up. However, that will not be possible without help from donors to policy-makers and programme planners, as well as dedicated technical assistance and support from civil society organizations.

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Key conditions for a successful transition

It is important to mention that there is growing awareness of the necessity for the international community to support countries, but several major challenges still remain to be addressed and, judging by a review of the literature, the convergence of 3 factors will be key to securing the process on a country level.

1. **Preparing and planning on a country level**

    - **Transition predictability, communication and shared roadmap:** Countries should be informed as early as possible that a donor is considering a pullout and that a transition period is to be initiated. A large number of countries have received mixed messages from donors regarding available funding and the gradual withdrawal of subsidies. This has resulted in sub-optimal allocation of resources, because of tentative interpretations as to the duration and the nature of available funding. The absence of clear communication on a donor's gradual withdrawal may also cause friction and resentment at the country level and have a negative impact on planning. For that reason, an appropriately long period (minimum 6 years) must be initiated by donors before the last subsidies are contractually formalized. Laying out a roadmap shared by all donors that are considering gradually pulling out of the country would ensure transparency on the various processes and their coordination, so as to make sure the country's authorities are in a capacity to develop a comprehensive planning strategy to reach self-reliance for programmes formerly subsidised by donors, rationalise processes and reduce the burden of parallel planning.
    - **Much-needed technical support:** A large number of countries do not have the technical expertise or the required funds to carry out the necessary initial assessments to provide policy-makers with insight on which programmes need to be funded in priority, the volume of resources required and the continuous assessment required to maintain health programme coverage. Countries entering into transition processes must therefore receive strengthened technical assistance, a dedicated funding plan and clear guidelines. At this point, the Global Fund and Gavi have not publicly announced that specific funds are to be allocated systematically to countries in order to fund technical assistance. Today, countries wishing to receive funding for such assistance need to tap into their HSS subsidies in Gavi's case, or incorporate this need into their HIV, tuberculosis and malaria applications to the Global Fund.
    - **Engaging all stake-holders:** The development phase of countries' transition plans should involve all concerned stakeholders, international donors, governments, technical partners, civil society and key affected populations. The involvement of civil society and community representatives in the development process of transition programmes is crucial to ensure an inclusive response, both in terms of reach and implementation. By recognizing the key part played by local community leaders and elected representatives, resulting transparency on the process, as well as budget and program decisions, contributes to full ownership of the response by opinion leaders and the population as a whole.

2. **Financial and systemic capacity**
    - **Negotiating capacity for the purchase of commodities:** Theoretically, graduated countries no longer have access to preferential pricing for the purchase of commodities. The Global Fund, Gavi and PEPFAR are in a position to negotiate low prices because of the volumes they purchase. Therefore, graduating may mean relinquishing access to preferential prices. For the same financial volume, governments will have fewer commodities available. As a consequence, they will need to allocate more resources to treat the same number of people or ration access to treatment, thereby enabling two-speed health policies. Though there are grace mechanisms available for given lengths of time, it

is fundamental to encourage the **arrival of more competitive manufacturers on the market and to strengthen** the countries' negotiating capacity, for example by **generalizing grouped, regional purchase strategies, in order to secure reduced input prices in the long term.**

- **Health system strengthening:** According to WHO, 20 to 40% of health expenditure is wasted due to improper use or inappropriate management on a national level, while countries often have to focus limited resources on the most efficient investments for their health systems. The primary care-based approach has been proven to be a more cost-effective way to yield higher results. Nonetheless, it is very often the weaker link in a country's health system: insufficiently funded and staffed, and under-prioritized. The large majority (90%) of health needs can be addressed by a primary care system[3]. Though a large number of countries have initiated a process to decentralize health care, authorities are often faced with the reluctance of health care professionals, whose budgets are usually determined by bed occupancy rates. The transition towards ambulatory models of care requires strong technical assistance and dedicated resources, including those provided by multilateral funds. Lastly, it is important to secure dedicated state subsidies and funding by community organizations and NGOs to ensure that programmes which could be assessed as low-priority by the State are maintained, especially prevention programmes or programmes directed to populations that are marginalized or difficult to reach. This support is to ensure the continuity of programmes often funded by non-domestic subsidies and prevent an increase in prevalence rates in those populations, and nation-wide as a domino effect.

3. Political commitment and favourable environments

- **High-level political commitment:** The national context is a key factor for successful transitions and it is fundamental that top-tier government officials show clear commitment to enter into a transition process; it is the trigger that jumpstarts planning on a country level, within the framework of an inclusive conversation with civil society, the population, the private sector, local administrations and technical and financial partners. Often neglected by international initiatives, communication and dialogue with top-tier political leaders about the transition's timeline and budget impact are essential to affect nation-wide awareness. Several experiments have revealed a number of cases where national authorities were convinced that there would be no transition, or that there would be one, when in fact there would not[4]. The capacity to secure commitment from top-tier government officials is also made difficult by simultaneous transitions in various sectors, each with specific timelines and procedures, which make it hard to see past technical considerations, despite the very political nature of the challenges they raise. Civil society has largely shown its capacity to advocate to and raise awareness of policy-makers. That is why it should be viewed as a way to leverage high-level government commitment and supported accordingly to ensure that it is featured on the country's agenda and to secure the accountability and transparency of national processes.
- **A favourable environment:** Transition processes cannot be reduced to a process of increasing national resources; they should also take into account the domestic environment, especially with regards to regulations and laws. It is for example important that legal frameworks be implemented to facilitate a social contract between NGOs and the State[5], that is to empower NGOs to provide to the general population or targeted groups thereof certain services that usually fall under the competence of the State. The stigmatisation of or the existence of punitive laws on sexual orientation or ethnicity and the criminal treatment of activities such as the sex trade and the consumption of illegal drugs hinder access to services, and, beyond the fact that they are a violation of human rights, they endanger the viability of health programmes.

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[3] Doherty J, Govender R. Washington: World Bank, World Health Organisation, Fogarty International Centre of the U.S. National Institutes of Health; 2004. The cost-effectiveness of primary care services in developing countries: a review of the international literature. Working Paper No. 37. Disease Control Priorities Project.

[4] Ensuring Responsible Donor Transitions for Key Populations, Health Policy project et Transitions from donor funding to domestic reliance for HIV responses - Aidspan and APMGlobal Health

[5]

Appendix: list of countries dealing with simultaneous transitions

Pays	GNI p.c. 2014	Income level	Gavi status	Global Fund status	IDA status	PEPFAR status
PAYS ACTUELLEMENT EN TRANSITION SIMULTANEE						
Angola		Upper middle income	Accelerated transition (2016)	No transition because “severe” HIV and TB disease burden et malaria “extreme”	Graduated end FY14	Sustainability Plan
Belize		Upper middle income	NA	Transition (2015) pour TB / Pas de transition VIH car charge "haute"		1st wave of transition (2010-2014)
Bolivia	$2870	Upper low-middle income	Accelerated transition (2016)	No transition because “high” HIV and TB disease burden	Blend-country / Will graduate end of FY17	
Botswana	$7240	Upper middle income	NA	Transition (2016) for malaria / no transition for HIV because “extreme” disease burden and TB “severe”	Graduated end FY74	1st wave of transition (2010-2014)
Costa Rica	$10120	Upper middle income	NA	Transition?	Graduated end FY62	Sustainability Plan
Cuba		Upper middle income	Accelerated transition (2016)	Transition (2015)		

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Ghana	$1590	Lower low-middle income	Accelerated transition (2017)	No transition	Conditions tightening	Sustainability Plan
Guyana		Upper low-middle income	Accelerated transition (2016)	No transition because “high” HIV, TB and malaria disease burden	Conditions tightening	Sustainability Plan
India	$1570	Lower low-middle income	Preparatory transition (2016)	No transition	Graduated end FY14 (eligible to transition until end FY17)	Sustainability Plan
Indonesia	$3630	Upper low-middle income	Accelerated transition (2016)	No transition because “high” HIV and malaria disease burden and “severe” TB	Graduated end FY08	Sustainability Plan
Nicaragua	$1870	Lower low-middle income	Accelerated transition (2016)	No transition	Above eligibility threshold	Sustainability Plan
Nigeria	$2970	Upper low-middle income	Accelerated transition (2017)	No transition because “severe” HIV disease burden, “high” TB and “extreme” malaria	Not considered ready for graduation but tightening conditions	Sustainability Plan
Uzbekistan	$2090	Lower low-middle income	Accelerated transition (2016)	No transition	Blend-country / not considered ready for graduation	Sustainability Plan
Panama	$1113 0	Upper middle income	NA	Transition (2015) for TB / Preparation to transition for HIV?		Sustainability Plan

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Papua New Guinea	$2240	Lower low-middle income	Accelerated transition (2016)	No transition	Blend-country / not considered ready for graduation	Sustainability Plan
Dominican Republic	$6040	Upper middle income	NA	Transition (2015) for TB / No transition for HIV because "high" disease burden	Graduated end FY73	Sustainability Plan
Suriname	$9950	Upper middle income	NA	Transition (2015) for TB / Preparation to transition for VIH and malaria?		1st wave of transition (2010-2014)
Thailand	$5780	Upper middle income	NA	Asked to transition	Graduated end FY79	Sustainability Plan
Turkmenistan	$8020	Upper low-middle income	Accelerated transition?	Transition (2016)		Sustainability Plan
Vietnam	$1890	Lower low-middle income	Accelerated transition (2016)	No transition	Blend-country / Will graduate at the end of FY17	Sustainability Plan
PAYS A RISQUE DE TRANSITION SIMULTANEE DANS LE FUTUR						
Albania	$4450	Upper middle income	Accelerated transition?	Transition (2015)	Graduated end FY08	
Armenia	$4020	Upper low-middle income	Accelerated transition (2016)	Preparation to transition?	Graduated end FY14	
Cameroon	$1350	Lower low-middle income	Preparatory transition (2016)	No transition	Blend-country / not considered ready for graduation	Transition Plan drafted by PEPFAR

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Congo	$2720	Upper low-middle income	Accelerated transition (2016)	No transition because "severe" HIV, TB and malaria disease burden	Not considered ready for graduation but tightening conditions	
Côte d'Ivoire	$1450	Lower low-middle income	Preparatory transition	No transition	Blend-country	Transition Plan drafted by PEPFAR
Djibouti		Low middle income	Preparatory transition	No transition	Conditions tightening	
Dominica	$6930	Upper middle income	NA	Preparation to transition for TB? No transition for HIV because "high" disease burden	Blend-country / small-island so still eligible	1st wave of transition (2010-2014)
El Salvador	$3920	Upper low-middle income	NA	Preparation to transition for TB and malaria? No transition for HIV because "high" disease burden	Graduated end FY77	Sustainability Plan
Georgia	$4490	Upper low-middle income	Accelerated transition (2016)	Preparation to transition for malaria? No transition for HIV and TB because "high" disease burden	Graduated end FY14	
Grenada	$7910	Upper middle income	NA	Preparation to transition?	Blend-country / small-island so still eligible	1st wave of transition (2010-2014)
Guatemala	$3430	Upper low-middle income	NA	Preparation to transition for TB et malaria? No transition for HIV because "high" disease burden		Sustainability Plan

Honduras	$2270	Lower low-middle income	Finished transition	No transition	Conditions tightening	Sustainability Plan
Kenya	$1290	Lower low-middle income	Preparatory transition (2016)	No transition	Just above the threshold	Transition Plan drafted by PEPFAR
Kirghizstan	$1250	Lower low-middle income	Preparatory transition (2016)	No transition	Just above the threshold	Sustainability Plan
Kiribati	$2950	Upper low-middle income	Accelerated transition (2016)	Preparation to transition for HIV? No transition for TB because "severe" disease burden	Small-island so still eligible	
Kosovo		Upper low-middle income	NA	Preparation to transition?	Conditions tightening	
Laos	$1660	Lower low-middle income	Preparatory transition (2016)	No transition	Above eligibility threshold	Sustainability Plan
Lesotho	$1330	Lower low-middle income	Preparatory transition (2016)	No transition	Just above the threshold	Transition Plan drafted by PEPFAR
Mauritania	$1270	Lower low-middle income	Preparatory transition (2016)	No transition	Just above the threshold	
Moldavia	$2560	Lower low-middle income	Accelerated transition (2016)	No transition	Blend-country / not considered ready for graduation	
Myanmar	$1270	Lower low-middle income	Preparatory transition (2016)	No transition	Just above the threshold	Sustainability Plan

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Pakistan	$1400	Lower low-middle income	Preparatory transition (2016)	No transition	Blend-country / not considered ready for graduation	
Saint Lucia	$7260	Upper middle income	NA	Preparation to transition for TB? No transition for HIV because “high” disease burden	Blend-country / small-island so still eligible	1st wave of transition (2010-2014)
Salomon Islands	$1830	Lower low-middle income	Accelerated transition (2017)	No transition	Above eligibility threshold	
Sao Tome and Principe	$1670	Lower low-middle income	Preparatory transition (2016)	No transition	Above eligibility threshold	
Sri Lanka	$3440	Upper low-middle income	Finished transition	Preparation to transition?	Blend-country / will graduate at the end of FY17	
Tajikistan	$1080	Lower low-middle income	Preparatory transition (2016)	No transition	Non-gap country	Sustainability Plan
Timor Leste	$2680	Upper low-middle income	Accelerated transition (2016)	Preparation to transition for HIV? No transition for TB because “severe” disease burden and “high” for malaria	Blend-country / not considered ready for graduation	
Zambia	$1680	Lower low-middle income	Preparatory transition (2016)	No transition	Above eligibility threshold	Transition Plan drafted by PEPFAR

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