Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

#HealthForAll ichc2017.org
Challenging Operating Environments – Operational Policy
Institutionalizing Community Health Conference

27-30 March 2017
Johannesburg, South Africa
In line with the **first objective** of the 2017-2022 Strategy, the Global Fund developed a policy to improve effectiveness in **Challenging Operating Environments** through *innovation, increased flexibility and partnership*.

Countries or unstable parts of countries, or regions, characterized by weak governance, poor access to health services, limited capacity and fragility due to man-made or natural crisis.

**CONTEXT**

- Use new approaches and mechanisms, e.g. in procurement, service delivery, etc. building on lessons learned to address or circumvent challenges.

- **Apply policy exceptions** to reduce administrative burden & increase agile response to changes in contexts, through contingency planning and reprogramming.

- **Strengthen in-country governance by optimizing partnerships and coordination;** foster integrated service delivery; and improve technical assistance.
COEs must strive to achieve the **best possible outcomes and impact** within their given setting.

The **‘priority’ or minimum focus** for Global Fund investment would depend on the type of COE.

### ACUTE EMERGENCY

Deliver essential services, avoid program regressions, and support maintenance/ strengthening of health system where feasible.

### CHRONIC INSTABILITY

Build resilient and sustainable systems for health and maintain or scale up effective coverage of services.

**Allocation**

- COEs will submit a **funding requests** (where applicable) to access their allocation.
- Allocations may be **reprogrammed** at any time to respond to crises or changing context.

**Other Sources of Funding**

- Global Fund allocations may be complemented by financing from the **Emergency Fund**.
- **The Emergency Fund** supports activities that cannot be funded through the reprogramming of existing grants during emergency.
The Global Fund classifies COEs based on an external risk index (ERI), updated annually by the Risk Department. The ERI methodology derives the classification of countries as ‘Very High’, ‘High’, ‘Medium’ and ‘Low’ risk.

The COE list is based on the countries classified under the “very high risk” category of the ERI.

The ERI is a composite index that is derived by compiling data from 10 authoritative indices (e.g. Fragile States Index, UN’s Safety & Security Index…).

Ad-hoc adjustments can be made depending on emerging needs:
- Post-crisis countries may remain categorized as COEs for one additional allocation period, in order to allow for restoration of weakened health systems; and
- Countries that face sudden emergency situations or disease outbreaks may be considered on a case-by-case basis and categorized as COEs.

The list of COEs is determined for every allocation period and reviewed annually with the possibility to add countries based on updates to the ERI and emergency status by the EGMC.
### 2017-2019 COE List

#### Focused
- < 75 million USD
  - Iraq
  - Lebanon
  - Mauritania
  - Palestine
  - Syrian Arab Republic
  - Yemen

#### Core
- >75 million USD – 400 million USD
  - Afghanistan
  - Burundi
  - Central African Republic
  - Chad
  - Eritrea
  - Guinea
  - Guinea-Bissau
  - Liberia
  - Mali
  - Niger
  - Sierra Leone
  - Somalia
  - South Sudan
  - Ukraine

#### High Impact
- >400 million USD
  - Congo (Democratic Republic)
  - Nigeria
  - Pakistan
  - Sudan
  - Congo (Democratic Republic)
  - Nigeria
Operationalizes the COE Policy
- The COE OPN operationalizes the policy approved by the Board in April 2016 (GF/B35/DP09).

Provides guidance
- Guides future Global Fund engagement in COE contexts and provides guidance to CTs in managing their portfolios.

Emphasizes stronger Country Team engagement
- Stronger CT engagement is emphasized to define an operational strategy for the portfolio, tailored to achieving impact within the context, needs and prevailing risks and challenges, including any required flexibilities.

FLEXIBILITIES

COE may access flexibilities to ensure an agile management of the grant

Categorization as a COE does not automatically guarantee eligibility for a flexibility

Additional flexibilities, not provided in the grant, may be requested and granted through normal approval channels
**EMERGENCY FUND**

2017-2019: **US$ 20 million**

1. **Quick access to funds** to enable the Global Fund to fight the three diseases in emergency situations.
   - For activities that cannot be funded through the reprogramming
   - UN** classified L2 and L3 emergencies of WHO*** classified Grade 2 and 3 emergencies

2. **Provide and continue prevention and treatment and other essential services** on three diseases during emergencies
   - Not for general humanitarian purposes that go beyond the Global Fund mandate (HIV, TB and Malaria)

**Short-term and time-bound (up to 1 year) funding for:**
- provision/distribution of drugs/commodities (primary use)
- supporting risk and situation assessments specific to the three diseases.
- Limited incremental operational costs of service delivery and staffing

**Flexible interpretation of the Global Fund Eligibility Policy**

Emergencies usually involve cross border movement. Emergency Fund allows ineligible countries being affected by the flow of refugees could thus receive funding *(e.g. Syrian refugees in ‘ineligible’ neighboring countries like Lebanon, Jordan could still be covered by the Emergency Fund)*

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*Emergency Fund Guidelines* were developed and approved by EGMC in August 2015, revised in November 2015.
** The UN uses the Inter-Agency Standing Committee (IASC) emergency classifications.
*** This grading relates to the health impact of the emergency situation.
IMPLEMENTATION ARRANGEMENTS

- PR of existing grants (top-up) or pre-qualified implementers (new grant)
- **Fast-track Reprogramming**: This should be the first option, prior to submitting proposals to the EF. The CT should liaise with partners responding to the emergency to determine the best course of action

### Pre-Qualified Implementers

<table>
<thead>
<tr>
<th>IOM</th>
<th>Save the Children</th>
<th>IRC</th>
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<tbody>
<tr>
<td>WFP</td>
<td>Catholic Relief Services</td>
<td>UNDP</td>
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<td>UNICEF</td>
<td>IFRC</td>
<td>UNOPS</td>
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<td>World Vision</td>
<td>PSI</td>
<td>UNHCR</td>
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<td>GIZ</td>
<td>International Medical Corps</td>
<td>Plan International</td>
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**Purpose**: Maintain a pool of experienced organizations that can be mobilized quickly
Country Team discusses with in-country partners on the emergency response, the need for emergency funding and the most appropriate implementation arrangements, associated risk and mitigation measures.

PR revises the grant documents: performance framework; detailed and summary budget; and list of health products (as relevant).

Country Team reviews the documents and makes a recommendation through a memo to EGMC based on the criteria set for Emergency Fund.

EGMC reviews and approves the emergency funding request.

Country Team issues an amendment to the Grant Agreement.

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**Country Team comprises the relevant Fund Portfolio Manager, Program Officer, Finance Officer, M&E Officer, Procurement Officer and Legal Officer.**

**Applications assessed against the following criteria: a) Situation adequately described; b) Interventions proposed are appropriate to the emergency situation; c) Suitability of selected implementer; d) No duplication of efforts; e) sustainability and exit strategy.**

***The Executive Grant Management Committee (EGMC) of the Global Fund is the approval authority of Emergency Fund grants.***
Country Team discusses with in-country partners on the emergency response, the need for emergency funding and the most appropriate implementation arrangements, associated risk and mitigation measures.

Implementer submits Concept Proposal and Country Team prepares memo for EGMC

EGMC reviews and approves a funding ceiling

Implementer prepares documents and Country Team reviews

Final Approval and Signature of Grant Confirmation

Following the Concept review, Country Team prepares a summary memo to EGMC on the proposed implementer; response and strategy to address the situation; and the estimated funding request.

EGMC reviews the memo provided by the Country Team, makes a recommendation to proceed with the detailed request and sets the funding ceiling.

Selected implementer prepares the funding request, based on the parameters agreed by the EGMC after their review of the Concept Proposal, and submits to the Country Team for review and approval.

EGMC provides final approval for the funding request, following which the Country Team proceeds with the preparation of the grant documents and signature.
## Progress on the Emergency Fund

**$ 30 million for Allocation Period 2014-2016**

**$ 21.3 million committed**

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<tr>
<th>Country</th>
<th>Amount</th>
<th>Activities</th>
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| Liberia | US$ 1.62 M | • Procurement of 448,084 LLINs to complement the Liberia mass campaign LLIN gap due to a change in the distribution strategy linked to the Ebola emergency.  
• Top-up to existing grant implemented by Ministry of Health and Social Welfare (November 2014) |
| Sierra Leone | US$ 1.63 M | • Financing of the ACT gap as part of the Mass Drug Administration campaign in the context of the Ebola crisis.  
• Top-up to the existing malaria grant implemented by the Ministry of Health (November 2014) |
| Syria | US$ 6.55 M | • To enhance tuberculosis prevention, diagnosis and treatment among Syrian refugees in Lebanon and Jordan.  
• Two grants (Lebanon: US$ 3,813,432; Jordan: US$ 2,464,509; Pre-financing for MER: US$ 272,256) are being implemented by IOM (January 2015, Costed Extensions approved in March 2016 and August 2016) |
| Nepal | US$ 2.13 M | • To respond to HIV following the earthquake in Nepal.  
• Top-up to the existing HIV grant implemented by Save the Children. (May 2015) |
| Ukraine | US$ 7.27 M | • To prevent disruptions in the delivery of essential HIV-related commodities and services to Donetsk and Lugansk regions of Ukraine, which are affected by the military conflict and are out of the control of the Government of Ukraine.  
• The grant is managed by UNICEF as a new grant. (July 2015, No-Costed Extension approved in June 2016, Costed extension approved in December 2016) |
| Rwanda | US$ 2.09 M | • To support Burundian refugees’ access to services in all 3 diseases, incl. HIV Testing and Counselling; PMTCT; ART and treatment for opportunistic infections; IRS at Mahama Camp and Reception Centres; Screening, investigation and treatment services to patients with TB.  
• The grant is managed by UNHCR as a new standalone grant. (December 2016) |