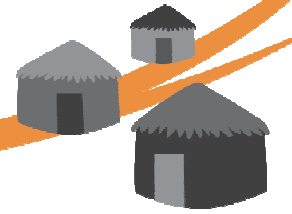
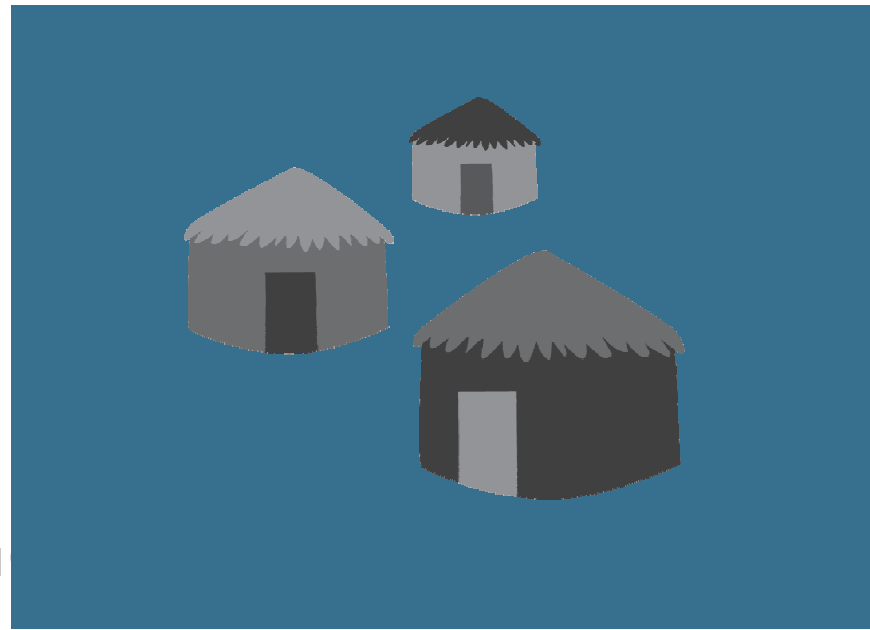
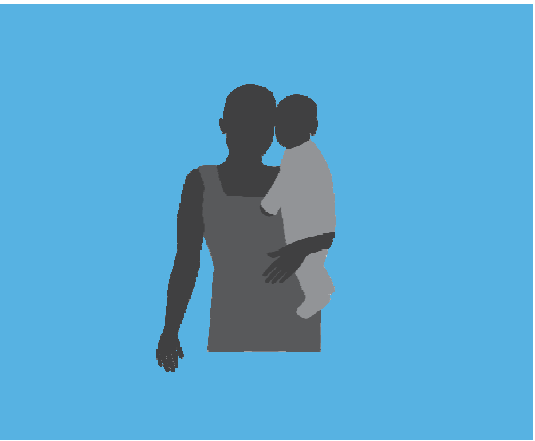




# Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



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# Challenging Operating Environments – Operational Policy Institutionalizing Community Health Conference

27-30 March 2017  
Johannesburg, South Africa

# COE POLICY

## CONTEXT

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*

Maximize Impact Against HIV, TB and Malaria



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

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



# COE POLICY



## OBJECTIVE & FOCUS

### PRIORITIES

- ✓ 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

### FINANCING

#### **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

## COE CLASSIFICATION



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...).



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



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

# COE OPN



## 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 the OPN may be requested and granted through normal approval channels**



# EMERGENCY FUND



2014-2017: **US\$ 30 million**  
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)

\* [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

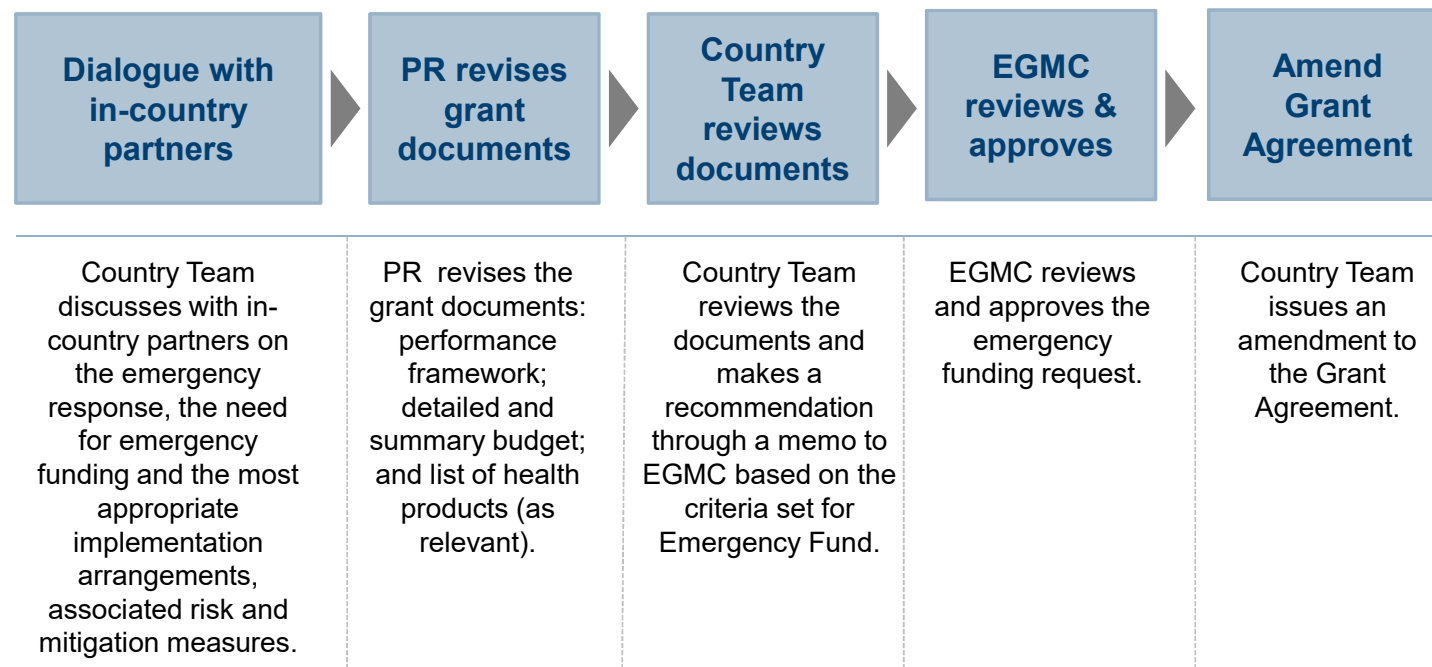
- |                |                               |                      |
|----------------|-------------------------------|----------------------|
| • IOM          | • Save the Children           | • IRC                |
| • WFP          | • Catholic Relief Services    | • UNDP               |
| • UNICEF       | • IFRC                        | • UNOPS              |
| • World Vision | • PSI                         | • UNHCR              |
| • GIZ          | • International Medical Corps | • Plan International |



- **Purpose:** Maintain a pool of experienced organizations that can be mobilized quickly

# EMERGENCY FUND

## Review and approval process: top-up arrangements

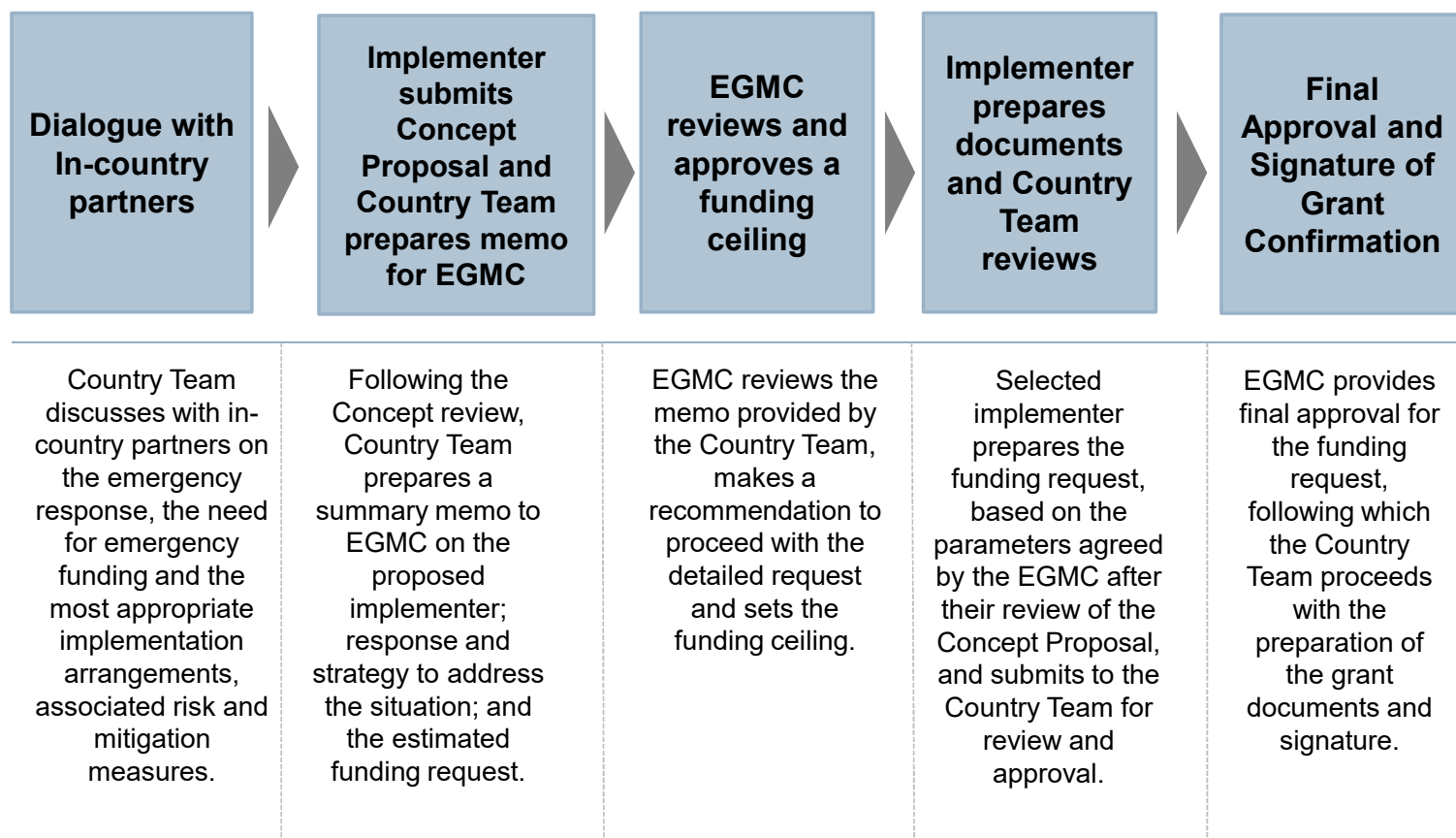


**\* Country Team comprises the relevant Fund Portfolio Manager, Program Officer, Finance Officer, M&E Officer, Procurement Officer and Legal Officer.**

**\*\* 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.**

## Review and approval process: new grants

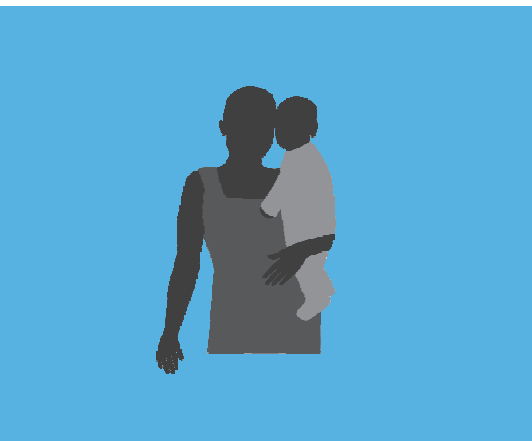


## Progress on the Emergency Fund

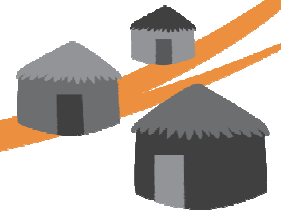
**\$ 30 million for Allocation Period 2014-2016**

**\$ 21.3 million committed**

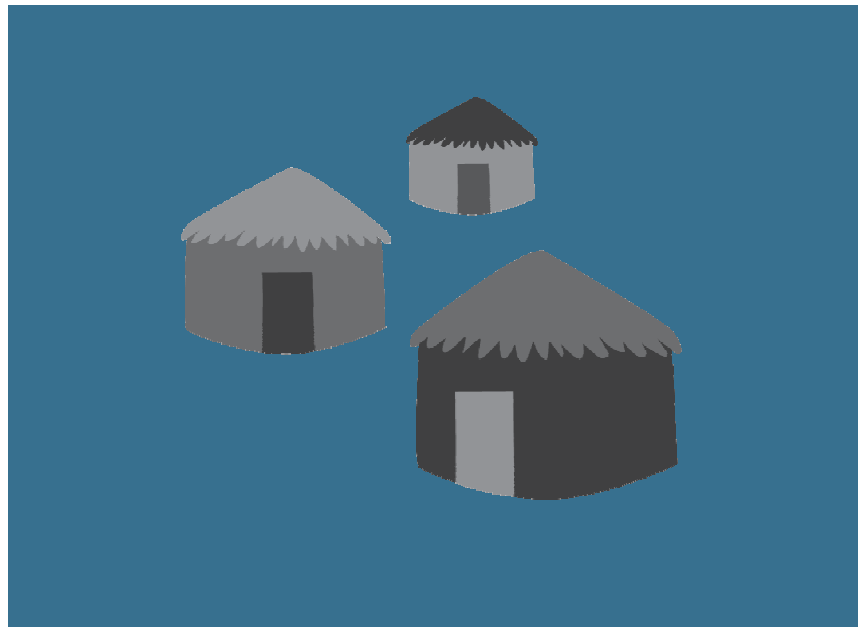
<p><b>Liberia</b> (US\$ 1.62 M)</p>	<ul style="list-style-type: none"> <li>• Procurement of 448,084 LLINs to complement the Liberia mass campaign LLIN gap due to a change in the distribution strategy linked to the Ebola emergency.</li> <li>• Top-up to existing grant implemented by Ministry of Health and Social Welfare (November 2014)</li> </ul>
<p><b>Sierra Leone</b> (US\$ 1.63 M)</p>	<ul style="list-style-type: none"> <li>• Financing of the ACT gap as part of the Mass Drug Administration campaign in the context of the Ebola crisis.</li> <li>• Top-up to the existing malaria grant implemented by the Ministry of Health (November 2014)</li> </ul>
<p><b>Syria</b> (US\$ 6.55 M)</p>	<ul style="list-style-type: none"> <li>• To enhance tuberculosis prevention, diagnosis and treatment among Syrian refugees in Lebanon and Jordan.</li> <li>• 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)</li> </ul>
<p><b>Nepal</b> (US\$ 2.13 M)</p>	<ul style="list-style-type: none"> <li>• To respond to HIV following the earthquake in Nepal.</li> <li>• Top-up to the existing HIV grant implemented by Save the Children. (May 2015)</li> </ul>
<p><b>Ukraine</b> (US\$ 7.27 M)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> </ul>
<p><b>Rwanda</b> (US\$ 2.09 M)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The grant is managed by UNHCR as a new standalone grant. (December 2016)</li> </ul>



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