

## Policy Brief - March 2021

### Policy research on Challenging Operating Environment (COEs)

#### Context to Research

The Global Fund to fight HIV, TB and malaria defines Challenging Operating Environments (COEs) as countries or regions “characterized by weak governance, poor access to health services, and manmade or natural crises” in its COE policy adopted in April 2016. Currently, 27 countries in the Global Fund portfolio are classified as COE. Among them, 10 are in the West and Central region (Chad, Central Africa Republic- CAR, Democratic Republic of Congo-DRC, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria and Sierra Leone) and two are in East and Southern Africa region (Burundi and South-Soudan). Both ESA and WCA compose the African Constituencies of the Global Fund.

#### Weaker outcomes in COEs

In African countries classified as COEs, health systems and outcomes are weaker than the average of Sub-Saharan Africa, which itself is quite low. Sub-Saharan Africa region receives 70% of Global Fund investments because of higher burden of diseases and lower per capita Gross National Income. Unfortunately, in sub-Saharan Africa, the West and Central Africa region ranks even lower in terms of income per capita and health outcomes. [A review of the Global Fund grant implementation in West and Central Africa](#), published by the Office of the Inspector General (OIG) detailed some of the challenges of the region, in May 2019. Among them are weak health systems, low human capacity to implement health programs, limited fiscal space, low health financing and large funding gap for the three diseases despite huge donor funding for the region.

These poorer outcomes are related to higher fragility of the States and long-lasting or recurrent political or socio-economic crises in the regions. Crises in these fragile states are accompanied by the destruction of state institutions, health care infrastructure and result in mass displacement of people. For example, the [crisis in Central African Republic](#) started in 2012 and armed groups control two-third of the country, sending over 500 000 refugees in five neighboring countries and leaving about 300 000 internally displaced in their country, according to the United Nations agency for Refugees (UNHCR). The agency estimated that West and Central Africa was home for [7.2 million refugees, internally displaced and returnees people in 2020](#).

Among them, 56% are under the age of 18 years.

Displaced populations need basic health care, nutrition, security, education. The Global Fund signed a framework agreement signed in May 2017 with the UNHCR declaring that ideally, refugees are integrated into national plans for health and Global Fund grants. The Global Fund can use some of its emergency fund Provision to provide for the continuity of essential HIV prevention and treatment, tuberculosis, and malaria during emergencies.

Flexibilities to improve grant performance in COE adopted earlier

The OIG report explained that the Global Fund COE policy contains flexibilities to improve grants performance that are seldom used; and recommended that the Secretariat and countries use those flexibilities to improve grant implementation. The Global Fund Secretariat developed an action plans according to the OIG recommendations and launched the initiative “accélérons le mouvement en Afrique de l'Ouest et du Centre” to improve program results. This initiative reviewed the countries situations and encouraged working with partners and countries to address challenges that are not within the control or mandate of the Global Fund alone.

The African Constituencies Bureau commissioned a research on the Global Fund grant implementation in the context of COEs in West and Central Africa, reviewing documents and interviewing stakeholders in countries and in the Global Fund Secretariat.

## Summary of findings

1. Global Fund grant implementation in COE countries received limited support from appropriate government and international agencies at national level (districts, central, CCM), such as emergency agencies (UNHCR, OIM, red cross). Part of the reason stems from a deficit of trust between the two parties.
2. The content of the Global Fund COE policy appears appropriate to the needs of the COE countries as outlined in various Global Fund technical documents and the concerns raised by stakeholders interviewed in this study. The Secretariat was rigorous in the process of developing the policy but did not consult the in-country stakeholders of the COE countries. This missed opportunity constrained the content of the policy and limited country ownership (4).
3. The implementers and the Global Fund country teams do not use the flexibilities available in the of the COE policy. The finding a year later confirms earlier ones by the OIG.
4. There is a need to consider fragility, refugees, and internally displaced people as well as host population in grant implementation in COE countries. Relationship among the displaced and the host populations are sometimes fraught with frictions.
5. Fragility could adversely affect governance as well as be a consequence of bad governance. But regardless of the level of fragility, there are usually some non-state actors that attempt to fill in the governance gaps. These non-state actors include community self-help groups, community-based organizations, vigilantes etc., and can become the focal points that can be leveraged to maintain services to vulnerable populations in the COE settings.
6. Global Funds over-emphasises key populations in fragile settings, which reduces the effectiveness of the programs because it further fragments the national community systems. This over-emphasis while born of good intention suggests little knowledge of patient pathways and access to services in fragile environments.

## Policy Recommendations

- 1 The Global Fund should revisit its terms of engagement with the beneficiary countries in line with the principles outlined in the COE policy. Part of this process will involve redefining its concept of 'country ownership' and 'partnership' and developing mechanisms to monitor the implementation of its principles and policies by responsible Global Fund personnel.
- 2 The Global Fund, the beneficiary countries and all stakeholders need to work together to address the current deficit of trust that is seriously affecting the programs. The process of resolving complaints from recipients of Global Fund funding should be refined and an Ombudsman appointed that will report directly to the Board. This role cannot be filled by the OIG by its current terms of reference.
- 3 The Global Fund should support the implementing COE countries and other stakeholders to revise the health systems strengthening strategy in those countries to ensure that it delivers the desired and sustainable impact. This strategy should involve country by country approach and regional approach and accountability.
- 4 The Global Fund programs should provide services to refugees and other displaced persons. In providing services to displaced populations, consideration should be given to the host population to reduce tensions between the refugees/IDPs and their host communities.
- 5 The Global Fund should support COE countries in conducting a critical review of the community engagement and community monitoring strategies with a view to make them more functional to achieve the desired impact. This includes learning from good practices largely documented in WCA region<sup>3</sup>.

## References.

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