

Addressing infectious diseases in fragile and crisis context: the role of the Global Fund

Conflict dynamics are more complex, transnational and protracted. To add to this, climate change is resulting in an increase of natural disasters, which have negative impacts on health services and infrastructures and a devastating effect on key and vulnerable populations. Nowadays, there is 1 billion people living in fragile context, almost 1/8 of the world's population¹.

The emergence of infectious diseases in these contexts, as seen for example in West Africa when Ebola emerged in 2014-16, could worsen conflicts and amplify existing political tensions, with catastrophic health and economic effects².

The Global Fund to fight AIDS, tuberculosis and malaria (GF) has a solid experience in fighting infectious diseases, including in fragile and crisis settings. In fact, a third of the world's disease burden for AIDS, TB and malaria are found in challenging environments.

In recent years, new infectious diseases emerged and the GF adapted its projects to both mitigate their effect on the fight against AIDS, TB and malaria, as well as to tackle the impacts of the new diseases and to further strengthen health and community systems. For instance, the GF quickly supported the response to Ebola, with Liberia being the first country to benefit from the GF Emergency Fund, which was mobilised at the time to expand a mass distribution campaign of mosquito nets. Today, the Emergency Fund is one of the instruments the Global Fund uses to support the provision and continuity of essential prevention and treatment services for HIV/AIDS, TB, and malaria during emergency situations. When the COVID-19 pandemic started in 2020, the GF responded with the creation of the COVID-19 Response Mechanism.

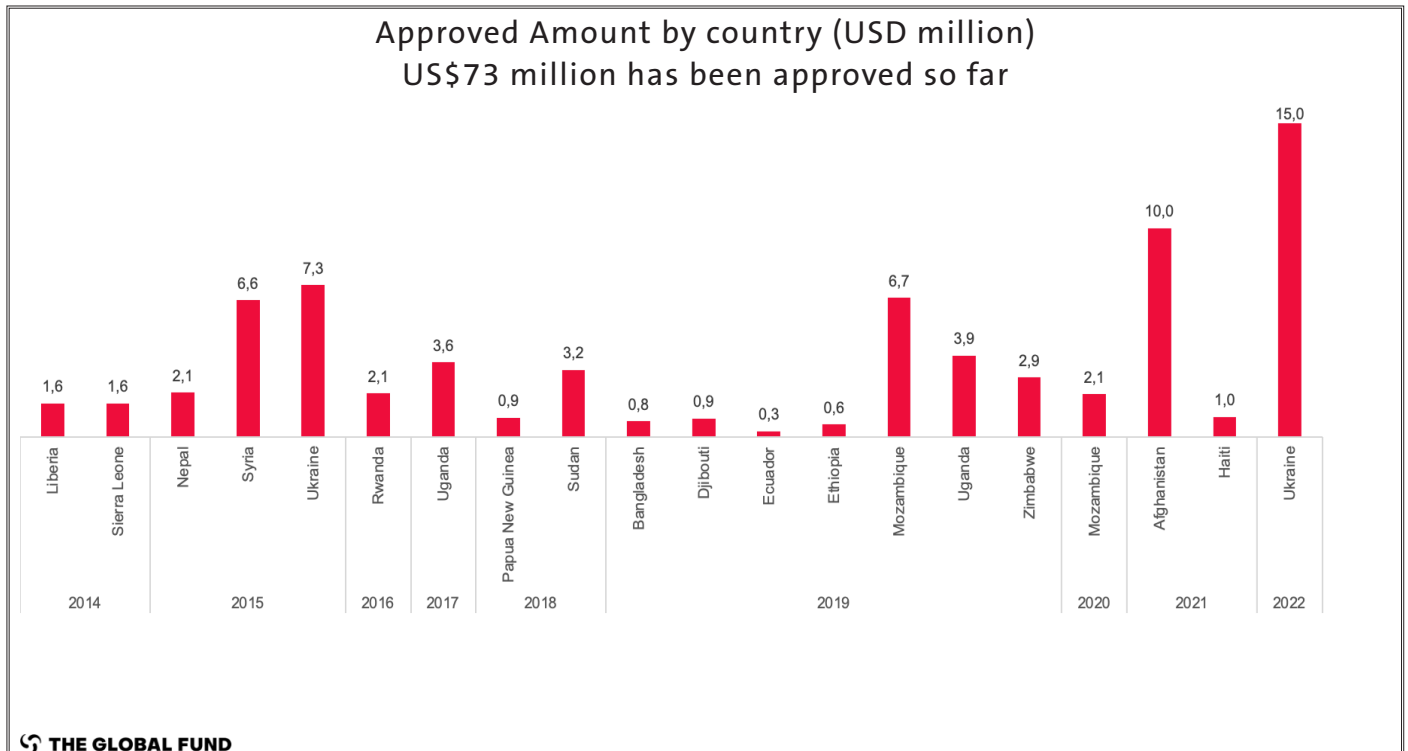
This note aims to give a short description of the different tools the Global Fund uses to respond to infectious diseases in fragile and crisis contexts and how the GF operates in these contexts to address emergencies and invest in building more resilient and sustainable systems for health.



The Global Fund Emergency Fund

The **Emergency Fund seeks to provide quick access to funds and greater flexibility** to enable the Global Fund to support the provision and continuity of essential prevention and treatment services for HIV/AIDS, TB, and malaria during emergency situations³. The Emergency Fund is short-

term and time-bound (up to 12 months⁴) and can support, for instance, refugees and migrants, earthquake affected populations, and displaced populations due to natural disasters or violent insurgencies. Up to date, US\$73 million has been approved through this instrument.



US\$15 million Emergency Fund to Ukraine

The US\$15 million Emergency Fund will support the continuity of HIV and TB prevention, testing and treatment services in the regions affected by the Ukrainian military conflict. This is on top of the US\$119.4 million allocated to Ukraine to support the fight against HIV and TB in the country over the 2020-2022 period, and of the US\$46.6 million granted for the COVID-19 response since the pandemic broke out. The targeted populations are in government-controlled areas and in non-government-controlled areas, in both civilian and penitentiary sectors, and include internally displaced persons and hard to reach communities, who are vulnerable to treatment interruption.

The Global Fund COVID-19 Response Mechanism (C19RM)

COVID-19 is having a catastrophic impact on the most vulnerable communities around the world and has set back on decades of progress in the fight against HIV, TB and malaria. To address this new pandemic, the GF created the COVID-19 Response Mechanism (C19RM). As of 31 March 2022, **C19RM had mobilised US\$3,369 million to 124 applicants, mainly to reinforce national COVID-19 responses, but also for urgent improvement to health and community**

systems, and to mitigate the impact of COVID-19 on HIV, TB and malaria⁵.

Today, the Global Fund is the primary channel for providing grant support to low- and middle-income countries for COVID-19 tests, treatments (including medical oxygen), personal protective equipment (PPE) and critical elements of health system strengthening⁶.

Reinforcing the National COVID-19 Response in Uganda

In Uganda, funds from C19RM focused on a comprehensive support to national response which allowed the country to timely address biomedical as well as community priorities. The Global Fund supported a timely response to community needs: differentiated service delivery model including home delivery of medicine/basic packages to key populations during lockdown period. C19RM funds also provided legal and social support to victims of human rights incidents. Thanks to this support, Uganda is currently focusing on strengthening its health system with improved oxygen supply systems, surveillance and expansion of lab systems. Moreover, large quantities of PPE from GF allowed for the continuation of service provision not only for HIV, TB and malaria, but beyond as well as for continuous supply of diagnostics.



The Global Fund Challenging Operating Environments (COEs) Policy

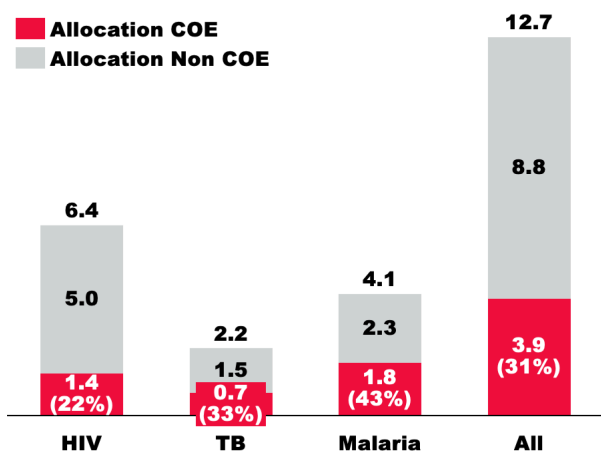
Challenging Operating Environments (COEs) refer to countries as a whole, but also to unstable parts of countries or regions, characterised by weak governance, poor access to health services, and man-made or natural crises. COE countries need tailored approaches to respond to quickly evolving country contexts in a timely manner and improve grant implementation.

COEs are particularly critical to the Global Fund mission and objectives as **they account for a third of the global disease burden for HIV, TB and malaria, and for a third of Global Fund investments.** Programmatic challenges in COEs require a differentiated approach to increase health impact, blending

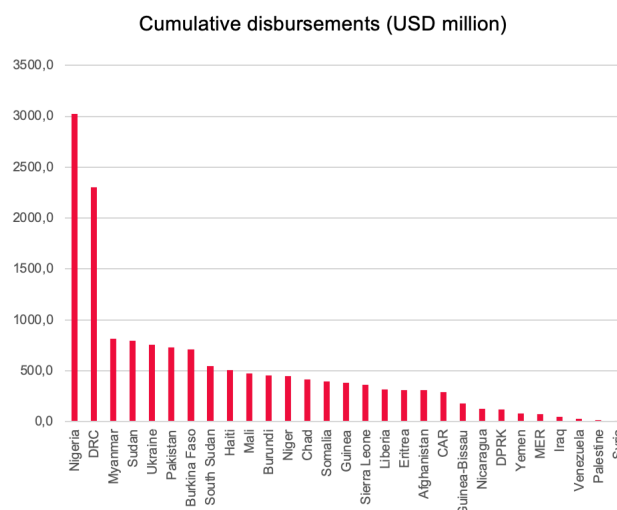
development and humanitarian approaches. Global Fund investments in COEs aim to increase coverage of HIV, TB and malaria preventive and therapeutic services, to reach key and vulnerable populations, and to save lives. Investments in COEs also aim to build resilience through stronger community and health systems; and to address gender-related and human rights barriers to services. During emergencies, the scope of Global Fund investments may be more limited, aiming to provide continuity of treatment and essential services for people affected by the three diseases, as well as to prevent and contain outbreaks.

COEs make up about 30% of the Global Fund allocation

Allocation 2020-2022 per disease in COEs (USD billion)



Over US\$15 billion has been disbursed so far in COEs*



*Data as of 7 April 2022, calculated using the latest COE list approved in March 2022

The approach for managing COE portfolios is guided by **three principles** with the aim to maximise access to essential services and/or coverage. First is **flexibility**, the grant is tailored to each context to

increase impact through enhanced grant design, implementation, management and assurance. They should allow for greater responsiveness and timeliness of GF investments, reduce administrative burden

for implementing partners and Country Teams, and facilitate more effective service delivery to populations in need. The second principle is **partnerships**, the Global Fund optimises the types of partners in COEs to address implementation weaknesses and strengthen grant performance. Given that the GF does not have in-country presence,

operational collaboration with development, humanitarian, private sector and non-traditional partners are essential for impact especially in COEs. And lastly, **innovations** by encouraging new approaches throughout the grant cycle in order to maximise results in COEs.

Partnership with humanitarian NGOs and adapting implementation to the COE context

Mali is a low-income country with a population of around 20 million. Since 2012, there have been numerous strikes, coups, regional conflicts and full-scale civil wars. Around 39% of the population (7.9 million) are affected by these crises in the northern and central regions. Most activities that were planned in hard to reach / conflict affected areas were not implemented due to limited access and low-risk appetite. To address these challenges, the Global Fund partnered with INGOs in these areas to leverage their expertise and network. INGOs are close to the target populations, agile and already well established and respected in communities in hard-to-reach and conflict areas. Furthermore, most health services in these regions operate primarily through humanitarian organisations. This partnership allowed the Global Fund to increase the coverage of their funded services and continue to provide vital services through partners that are implementing activities aimed at reducing the impact of delays in reaching the HIV and TB indicators.



Investing in health system strengthening to increase resilience

The Global Fund was set up to fight HIV, malaria and TB, but recognising that investing in health systems would support the achievement of its core mandate, it first affirmed its commitment to investing in building resilient and sustainable systems for health (RSSH) in its 2017-2022 strategy, which was further stressed in its new strategy for 2023-2028⁷.

With EUR 1 billion invested per year, which represents nearly one-third of its annual resources, the **Global Fund is the largest multilateral provider of grants to build resilient and sustainable health systems**⁸. These include: improving procurement and supply chains; strengthening data systems and data use; building an adequate health workforce; strengthening community responses and systems; and promoting more integrated service delivery so people can receive comprehensive care throughout their lives.

RSSH investments aim to support countries to strengthen and expand the capacity of

health systems to address health issues in a sustainable, equitable and effective manner, including for AIDS, TB and malaria. They also aim to enable countries to prepare for, and cope with, any potential new pandemic. RSSH investments create resilience, sustainability, and promote the achievement of universal health care.

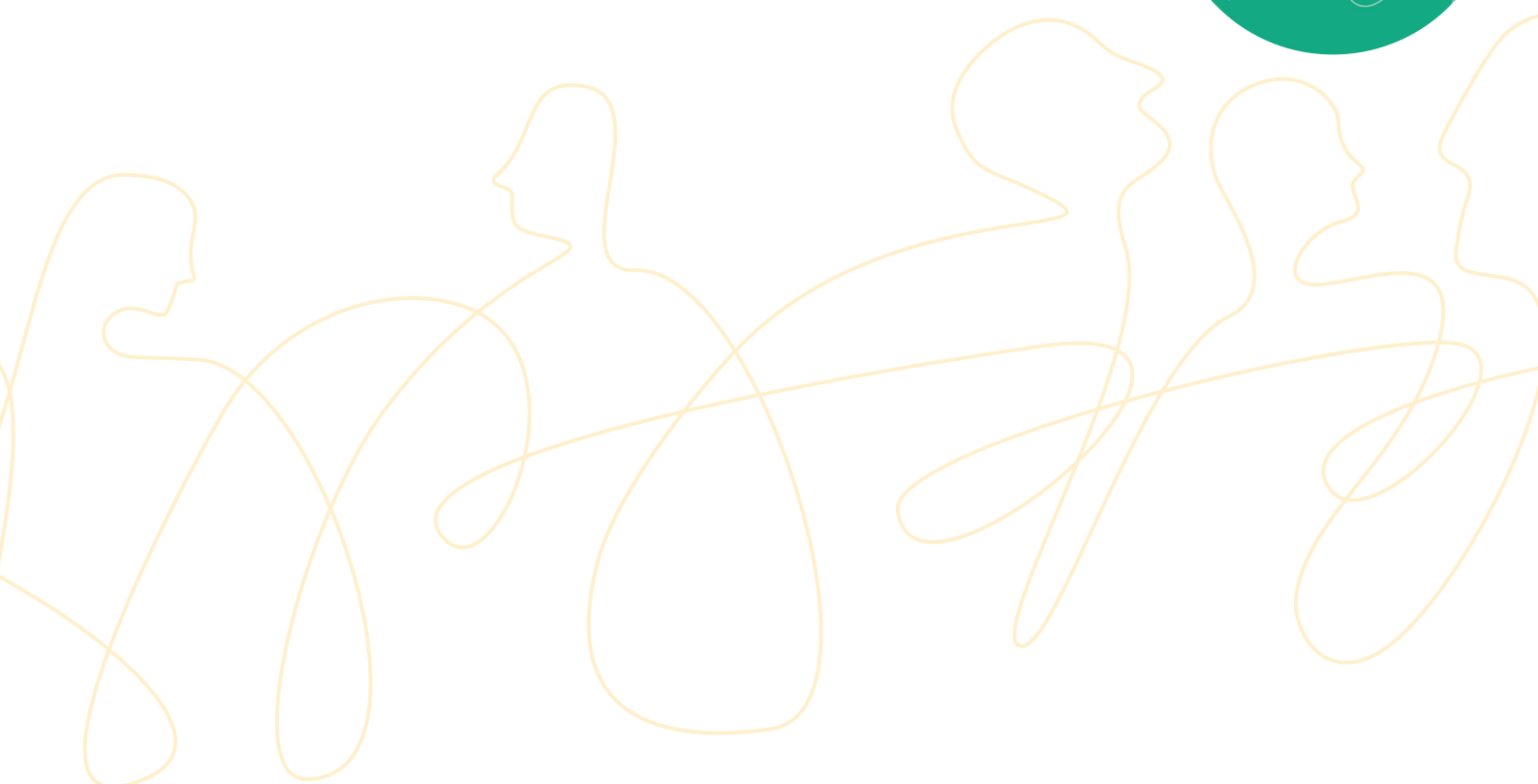
The Global Fund's new Strategy also has pandemic preparedness as an evolving objective, providing the necessary flexibility to complement other agencies and initiatives that are currently being discussed. **The GF is uniquely positioned to support low- and middle-income countries to reinforce their health systems' preparedness since it is already heavily investing in the same key components to make health systems resilient and sustainable.** The GF can support countries to build multi-pathogen capabilities and surge capacity on top of ongoing disease-specific investments, enabling them to build pandemic preparedness on a marginal cost basis, rather than as a separate – and more expensive – silo.

Investing in RHHS in Democratic Republic of the Congo

In DRC, RHHS investments include training and supporting health workers, strengthening health information systems, building strong supply chains and procurement processes, and strengthening community-based health networks. In 2021, GF investments allowed the country to strengthen its disease surveillance system with 2,800 health centers equipped with tablets for online disease outbreak reporting, including for COVID-19 cases. Over 800 health workers were trained in strengthening the quality of front-line health care services⁹.

Conclusion

The Global Fund is the only international mechanism created specifically to fight the deadliest infectious diseases, by putting people at the center and focusing on reaching those furthest behind, including in the most fragile contexts. The Global Fund's strong relationship with supporting countries, its credibility at the local level, its expertise, adaptability, and flexibility, makes it one of the best performing global initiatives and the world's largest pooled fund for global health. Throughout its 20 years of existence, the GF has saved over 44 million lives and supported countries to build long-term sustainable health systems.



Contacts

Global Health Advocates :

Tarita Baldan tbaldan@ghadvocates.org

Aidsfonds :

Kasia Lemanska klemanska@aidsfonds.nl

Photo credits

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June 2022

ENDNOTES

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- 2 Gavin Yamey, Kaci Kennedy McDade, Richard J Brennan, Abdinasir Abubakar, Wasiq Khan (2021), BMJ, <https://www.bmj.com/content/375/bmj.n2897>
- 3 Global Fund (2019), Guidelines on the emergency fund special initiatives, https://www.theglobalfund.org/media/4799/core_guidelinesonemergencyfund_guideline_en.pdf
- 4 With the possibility of a six-month non-cost extension only if strongly justified
- 5 Global Fund (2022), C19RM Monthly Update to the Board, https://www.theglobalfund.org/media/11899/covid19_2022-04-07-board_update_en.pdf
- 6 Global Fund (n.d.) Response Mechanism, <https://www.theglobalfund.org/en/covid-19/response-mechanism/>
- 7 Global Fund (2021), Fighting Pandemics and Building a Healthier and More Equitable World, Global Fund Strategy, https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf
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