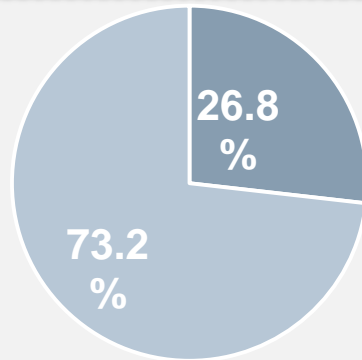


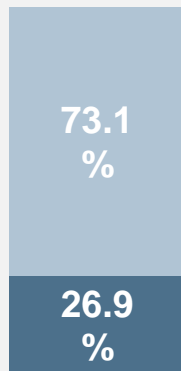
Developing a Global Fund approach to COEs

Acknowledges the need to differentiate management of portfolios in acute emergency and chronic settings

26.8% of the 2017-2019 GF Allocation is in COEs



27% of the global disease burden of the 3 diseases is in COEs



■ Challenging Operating Environments □ Rest of Portfolio



Bridging the humanitarian-development divide

Recommendations from the review on fragile states:

- Establishing a list of COEs,
- Taking a country-by-country approach based on political, economic, and security situation,
- Developing innovative ways to reprogram grants for emergency
- Developing partnerships with humanitarian/non-traditional partners

Global Fund Strategy 2017-2019: *Investing for Impact*

MAXIMIZE IMPACT AGAINST HIV,
TB AND MALARIA

BUILD RESILIENT AND
SUSTAINABLE SYSTEMS FOR
HEALTH

PROTECT AND PROMOTE
HUMAN RIGHTS AND GENDER
EQUALITY

MOBILIZE INCREASED RESOURCES

d

Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships

Vision & Scope

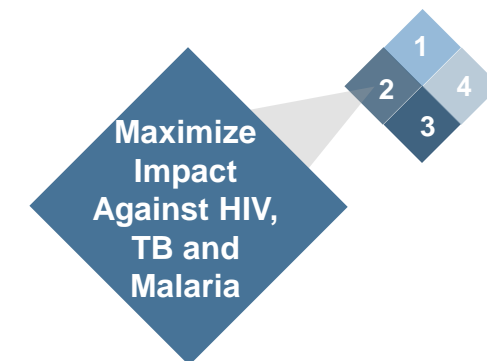
In COEs, ensure access to essential services and/or maximize coverage and impact, adapting to the evolving country contexts in a timely manner and improve grant implementation:

- a) Use flexibilities to tailor approaches for grant design, management and assurance
- b) Systematically embedding operational collaboration with development, humanitarian, private sector and non-traditional partners
- c) Build a culture of informed risk taking and of implementing systemic learning and knowledge sharing

COE Policy Operationalization

Challenging Operating Environments

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



1 Innovation

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

2 Flexibilities

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

3 Partnerships

Strengthen in-country governance by optimizing partnerships and coordination; foster integrated service delivery; and improve technical assistance

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.

Emergency Fund



UKRAINE (US\$ 7.27 M)

Objective: Prevent disruptions in delivery of essential HIV-related commodities and services to **Donetsk and Lugansk regions** of Ukraine, affected by the military conflict and are out of the control of the Government of Ukraine.

Implementer: UNICEF; stand-alone grant

(New Grant in July 2015; No-Costed Extension approved in June 2016; Costed extension approved in December 2016)

Activities:

- ✓ Procurement of HIV-related commodities and supplies;
- ✓ International air transport of health products to Kiev;
- ✓ Establishment of a supply chain management system for the effective delivery of health supplies
- ✓ Monitoring and delivery of health products to NGCAs

Partnerships: Health Sub-Cluster for HIV/TB (including PEPFAR); MSF (logistics)



SYRIA (LEBANON: US\$3.8M & JORDAN: US\$2.5M; pre-financing MER: US\$272,256)

Lebanon is UMI and wasn't eligible; Jordan had not had prior GF grants

Objective: To enhance tuberculosis prevention, diagnosis and treatment among Syrian refugees in Lebanon and Jordan.

Implementer: IOM (approved in January 2015, Costed Extensions approved in March 2016 and August 2016)

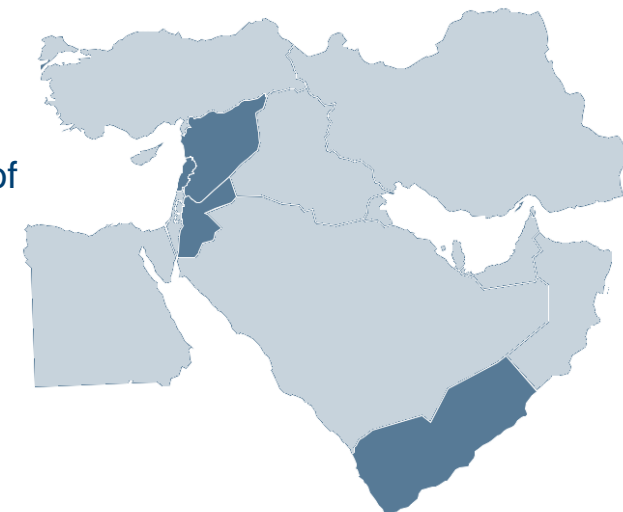
Activities:

- ✓ TB surveillance via CHVs;
- ✓ TB treatment;
- ✓ Web TBS and cross border notification;
- ✓ IEC, training, screening, support lab tests, hospitalization costs
- ✓ Training for NTP and staff engaged

Partnerships: WHO (SR); NTP; UNHCR (consulted)

Middle East Regional Grant

- **Total budget: USD 34.5 million** (balance of funds from the Syria and Yemen 2014 – 2017 allocation)
- **Grant Duration: 1 Jan 2017 – 31 Dec 2018**
- **Prioritized interventions** for 9 disease components taking into account feasibility factors in light of the challenging operating environments and focusing on:
 - Ensuring continuity of services, and prioritization of testing, treatment and prevention
 - Vulnerable and key populations in Yemen and Syria, including IDPs and hard to reach areas
 - Refugees in Jordan and Lebanon, with a focus on geographical regions where high density
- Health products procurements through GDF and PPM
- Flexible programming:
 - Capitalize on IOM's in-country presence and technical capacity to support the national programs, and improved coordination on the grounds through field coordinators to facilitate implementation and monitoring.
 - IOM is currently operationalizing the grant work plan to further refine grant activities and define corresponding implementation modalities to ensure service delivery in hard to reach areas.
 - Budget for service delivery in hard to reach areas through non-governmental partners once identified through the situational assessments for Yemen and Syria to operationalize the grant work plan.
 - IOM to develop contingency plans for each country to ensure flexibility in essential service delivery, including to populations in hard to reach areas.
- **Iraq TB** Transition Funding Grant ended 31 Dec. 2016. Eligible in 2017-2020. Interim 1 year funding managed by IOM (1 Jan. – 31 Dec. 2017) approved by the Board in December 2016, to ensure continuity of services. Board approved budget ceiling: USD 3 million. To be signed by 15 Feb. 2017.
- **Palestine:** Available funding (2014 – 2017): USD 5.5 million. Inclusion of essential TB and HIV services in the MER still in discussion with MOH. Deadline: 31 March 2017. Any funding moving forward to be managed under the MER grant management platform.



BACKUP

The 2017-2019 Global Fund COE List

Focused: allocation < 75m

- Iraq
- Palestine
- Syrian Arab Republic
- Yemen
- Lebanon

Middle East Response

+Jordan (not eligible)

- Mauritania

Core: allocation >75m < 400m

- Afghanistan
- Burundi
- Central African Republic
- Chad
- Eritrea
- Guinea
- Guinea-Bissau
- Haiti
- Liberia
- Mali
- Niger
- Sierra Leone
- Somalia
- South Sudan
- Ukraine

High Impact or allocation > 400m

- Congo, DR
- Nigeria
- Sudan
- Pakistan