The Opportunity

The Global Fund partnership is putting a sharper focus on challenging operating environments, with the goal of improving the effectiveness of health investments and reaching key populations. Challenging operating environments can be defined as countries or regions that experience disease outbreaks, natural disasters, armed conflicts and/or weak governance.

Challenging operating environments are critical to the Global Fund’s mission of ending HIV, tuberculosis and malaria as epidemics: They account for one-third of the global disease burden for HIV, TB and malaria and one-third of Global Fund investments.

The 2017-2022 Global Fund Strategy identifies challenging operating environments as one of the key areas of focus. It commits to improving the effectiveness of Global Fund investments for the next six years through increased flexibility, support to innovations and stronger partnerships. This commitment is supported by the first Global Fund policy on challenging operating environments, approved by the Global Fund Board in April 2016.

The Challenge

The fight against the three diseases is more important than ever in a world increasingly affected by natural disasters, conflict and economic crises. The Ebola outbreak in West Africa and the ongoing refugee and migration crisis in the Middle East have revealed unique problems in providing access to health care in challenging operating environments.

War, humanitarian crises, natural disasters or the outbreak of epidemics can destroy or severely stretch fragile health sectors in affected countries or regions. Likewise, political instability, chronically fragile institutions, poor governance, corruption or weaknesses in financial management can often translate into weaker health systems and poor and inequitable access to health. Policies or laws that fail to protect and promote the human rights of people affected by the diseases also undermine the effectiveness of health programs.

Ending the three epidemics by the year 2030 will not be possible unless sustained progress is achieved in challenging operating environments.

Challenging operating environments are as diverse as they are complex. The following case studies provide a glimpse into some of the countries and regions classified as challenging operating environments, as well as the Global Fund’s approach and impact.
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**Sierra Leone**

With high levels of poverty and illiteracy, the country was still recovering from a prolonged civil war when it was hit by the Ebola outbreak. The Ebola outbreak in West Africa exposed the essential role of strong health systems. As the Ebola outbreak strained the health system in Sierra Leone, the Global Fund quickly mobilized funds to support an antimalarial mass drugs administration. Given the similarity of symptoms between Ebola and malaria it was imperative to reduce new cases of malaria to reduce the strain on health systems and allow true cases of Ebola to be more easily diagnosed and treated. In partnership with WHO and UNICEF, the effort reached 2.5 million people, or 95 percent of targeted households. The Global Fund partnership has supported similar initiatives in Liberia and Guinea, countries also affected by Ebola.

**Syrian Refugees**

The Middle East, which is suffering the effects of conflict and is coping with an unprecedented humanitarian crisis and large numbers of internally displaced people and refugees, also necessitated a quick and innovative response to deal with a public health emergency. In cooperation with local and international partners, the Global Fund is supporting the provision of essential TB prevention, diagnosis and treatment services to Syrian refugees housed in Lebanon and Jordan - countries not eligible for Global Fund grants and where no existing grants could be accessed or reprogrammed and where existing health programs targeting refugees did not address TB.

Since the outbreak of the Syria crisis in 2011, more than 4.8 million Syrian refugees have sought shelter in neighboring countries, placing a huge burden on host countries' health systems. In refugee situations, stopping diseases from spreading not only protects already weakened refugees from falling ill, it frees up critical resources to treat other illnesses or provide other health services. The Global Fund has invested US$4.5 million in the TB response for refugees in Lebanon and Jordan, and the success rate of TB treatment among Syrian refugees is 90 percent. Drawing on its experience and presence in the region, the program is being implemented by the IOM, in collaboration with WHO and the National Tuberculosis Programs of Jordan and Lebanon.
Central African Republic

The Central African Republic is another example where the Global Fund is working with the country and partners to strengthen health systems and provide lifesaving malaria, HIV and TB treatments in an innovative way. Decades of instability have seriously undermined the economy and infrastructure and the recent outbreak of ethnic and sectarian violence has made it even more insecure. However, despite the challenges, more than one million malaria treatments were distributed between January 2014 and October 2015, preventing thousands of child deaths. The Global Fund has invested in a mobile phone-based health facility reporting system that has significantly increased real-time data on a number of interventions, including rapid diagnostic testing and routine net distribution at antenatal and immunization visits at health centers. The data collection system is now being expanded to cover HIV and TB.

Haiti

Haiti is coping with the effects of the devastating 2010 earthquake, political instability, economic difficulties and recurrent environmental and health hazards, including a cholera epidemic, recurring storms, and floods. Despite massive challenges, Haiti has seen several successes: the country has reduced the HIV disease burden from 3.3 percent prevalence in the general population in 2003 to 2.2 percent in 2012, including a more than two-fold increase in people on antiretroviral (ARV) therapy in the past five years from 31,567 people in 2011 to 69,655 people at end 2015. A new national malaria strategy to move toward elimination has been developed with participation from all stakeholders. Recently, the Global Fund reached a co-investment agreement with the World Bank and the United States Agency for International Development (USAID) to tie some disbursements directly to outcome and impact indicators in a grant to strengthen TB/HIV services in 50 national health facilities.

Afghanistan

In Afghanistan, a low-income country severely hit by armed conflict and natural disasters, the Global Fund partnership is supporting the government’s efforts to recruit and train female community health nurses, enabling women to join the workforce and improving overall health outcomes in the country. Female community health nurses provide essential services to fight HIV, TB and malaria through health education and prevention, identification of suspect cases, referral of patients for diagnosis, and support to community-level treatment. They also play a key role in reducing under-5 mortality and malnutrition.
Tailored Approaches

To reach the people we need to reach and in order to have more impact, the Global Fund is changing the way it engages in challenging operating environments, adopting tailored approaches to each context and situation. The Global Fund’s policy on challenging operating environments recognizes the need to exercise flexibility, while maintaining responsible fiduciary oversight of funds and with the goals of enhancing the responsiveness and timeliness of health investments, reducing the administrative burden for partners and facilitating more effective service delivery to populations in need.

The approach also attaches great importance to partnerships and the need to work with agencies with expertise and presence in emergencies to permit the greatest flexibility in unpredictable situations. In March 2015, the Global Fund joined the Global Health Cluster with observer status, which has significantly increased collaboration in acute and chronic emergencies with agencies such as the World Health Organization (WHO), the United Nations High Commissioner for Refugees (UNHCR), the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children’s Fund (UNICEF), the International Organization for Migration (IOM) and many international nongovernmental organizations. The Global Health Cluster is a WHO-led coordination group that brings together partners at the global, regional and country levels to improve the effectiveness, predictability and accountability of humanitarian health action.

While the Global Fund is not a humanitarian organization, the approach to challenging operating environments places the Global Fund at the intersection of development and humanitarian work by providing different financial instruments and tactics to respond to different type of crises. Our Emergency Fund, established in 2014, is one of several mechanisms that has given the Global Fund flexible and rapid ways of working in unpredictable and high operational risk scenarios. While country allocations are used to support services in countries with chronic crises, the Emergency Fund provides quick and flexible financing in emergency situations to ensure the continuity of existing programs and services for HIV, TB and malaria. To date, the Emergency Fund has been used in very contrasting emergency contexts: the Ebola crisis in Liberia and Sierra Leone; the 2014 earthquake in Nepal; the conflict in Ukraine; and the Syrian refugee crisis.

About the Global Fund

The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund’s operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.