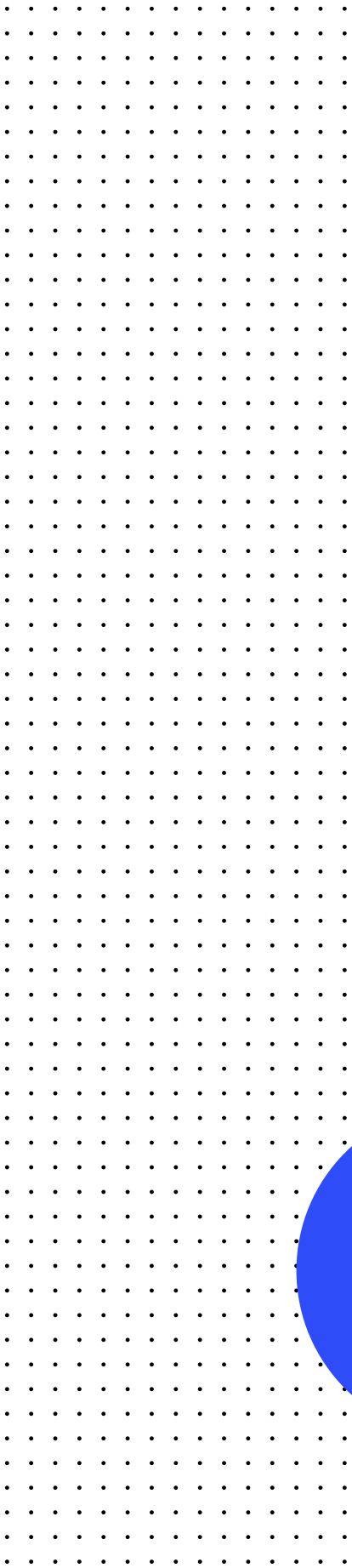


Thematic Report

Conflicts, Crises and Displaced People:

How the Global Fund Works
in Challenging Operating
Environments





In 2022, the world faces unprecedented global health challenges that are putting the most vulnerable communities more at risk. COVID-19 continues to cause huge loss of life, human suffering and economic and social disruption across the world. Hard-won gains against HIV, tuberculosis (TB) and malaria are being reversed, with devastating consequences for the poorest and most vulnerable communities. Climate change and increasing conflict and displacement are affecting the epidemiology and transmission of existing diseases and facilitating the emergence of new ones. Inequities have deepened and poverty is increasing, particularly in countries affected by conflict, disaster and insecurity.

Despite hosting less than 14% of the world's population, COEs account for approximately one-third of the global disease burden for HIV, TB and malaria.

Cover photo: The Global Fund/Vincent Becker

The challenge

To end HIV, TB and malaria as public health threats and address emerging dangers to global health security, we need to reach the most vulnerable people with prevention and treatment services, wherever they are. That means directing a sharper focus on challenging operating environments (COEs) – countries or regions that experience infectious disease outbreaks, natural disasters, armed conflicts or civil unrest, weak governance, climate change-related crises and/or mass displacement. Despite hosting less than 14% of the world’s population, COEs account for approximately one-third of the global disease burden for HIV, TB and malaria.

The upheavals that afflict COEs destroy or severely stretch fragile health systems, causing considerable disruption to health services. In such environments, infectious diseases are likely to spread fast. Logistics and supply chains break down, leading to interruption in the supply of health products. Prevention measures fail. Diseases go untreated or treatment is interrupted, leading to more severe illnesses or death and the development of drug-resistant infections. Hard-won gains against HIV, TB and malaria are lost. In the worst cases, health systems collapse.

In conflict and following natural disasters, infectious diseases, lack of treatment and food insecurity can sometimes kill more people than from the violence or crisis itself.¹ As security declines, traditionally vulnerable people are even more at risk, particularly adolescent girls and young women, children, the elderly,

and key populations such as gay men and other men who have sex with men, sex workers, people who use drugs, transgender people and people in prisons. Attacks on gender equality and violations of human rights increase, including summary executions, torture, rape, war crimes, ethnic cleansing, people trafficking, destruction of civilian infrastructure, looting of food, medicines and other necessities, fraud and corruption, and many forms of discrimination. Huge numbers of people flee or are forcibly displaced, which leads to the additional vulnerability of becoming a refugee or an internally displaced person (IDP). These forms of abuse and persecution, as well as being harms in their own right, have a damaging effect on the health of the population and health systems, and accelerate the appearance and spread of infectious diseases.



Children play in Balukhali Rohingya refugee camp in Cox’s Bazar, Bangladesh.
UN Women/Allison Joyce

¹ <https://bmccmedicine.biomedcentral.com/articles/10.1186/s12916-020-01708-5>

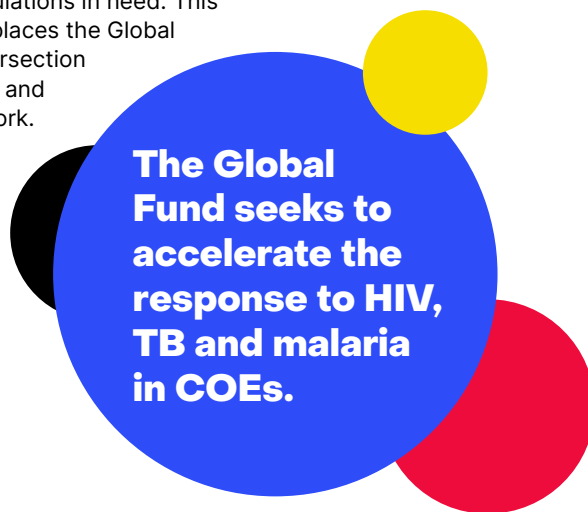
Our response

The Global Fund prioritizes health needs in COEs to increase coverage of HIV, TB and malaria prevention and treatment services, reach key and vulnerable populations and save lives. COEs, because of their complex needs and the obstacles they present, account for approximately 30% of the Global Fund allocation. We have disbursed US\$15 billion in COEs since 2002.

Our COE Policy, created in 2016, aims to adapt the Global Fund's approach to COE countries. Through innovation, increased flexibility and partnership, the Global Fund seeks to accelerate the response to HIV, TB and malaria in COEs, while building resilience through stronger community and health systems and by addressing gender-related and human rights barriers to services. Even in crisis, we must leave no one behind.

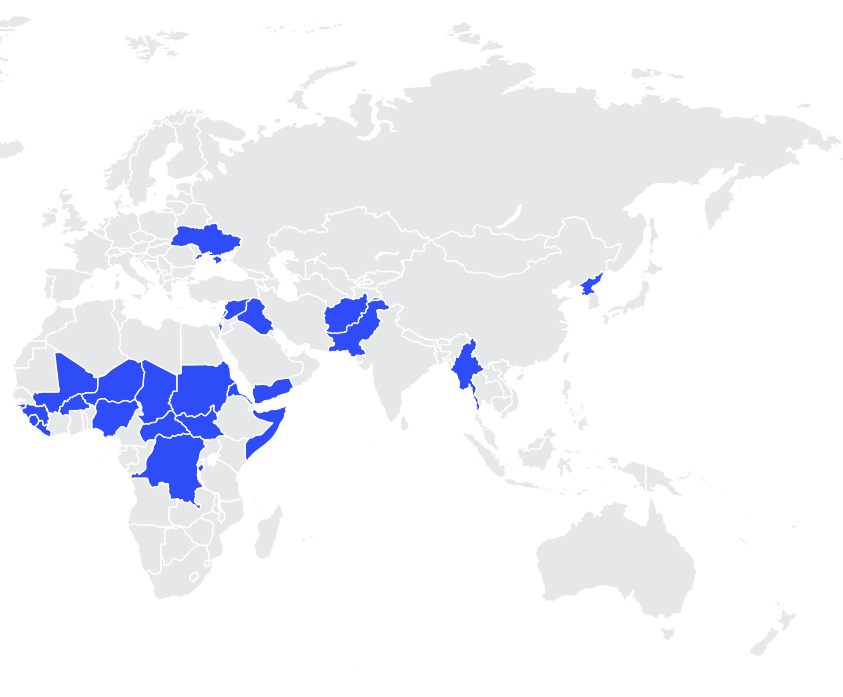
By working with partners who have expertise and comparative advantage in emergencies, we can provide a speedier response in humanitarian settings, while at the same time strengthening in-country governance and service delivery and improving technical assistance. The Policy recognizes the need to adapt approaches to each context, while maintaining responsible fiduciary oversight of funds and with the goal of enhancing the timeliness of our investments, reducing administrative burden for partners, and facilitating more effective service delivery to populations in need. This new approach places the Global Fund at the intersection of development and humanitarian work.

Every year, the Global Fund updates a list of COEs based on the External Risk Index² (ERI), which can be added to during the year. The current list of COE countries eligible for the 2020-2022 allocation include Afghanistan, Burkina Faso, Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Guinea, Guinea-Bissau, Haiti, Iraq, Democratic People's Republic of Korea, Lebanon, Liberia, Mali, Myanmar, Nicaragua, Niger, Nigeria, Pakistan, Palestine, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela and Yemen.



Countries listed as challenging operating environments, April 2022

- Afghanistan
- Burkina Faso
- Burundi
- Central African Republic
- Chad
- Democratic Republic of the Congo
- Eritrea
- Guinea
- Guinea-Bissau
- Haiti
- Iraq
- Democratic People's Republic of Korea
- Lebanon
- Liberia
- Mali
- Myanmar
- Nicaragua
- Niger
- Nigeria
- Pakistan
- Palestine
- Sierra Leone
- Somalia
- South Sudan
- Sudan
- Syria
- Ukraine
- Venezuela
- Yemen



² The ERI is a measurement tool developed by the Global Fund Secretariat, derived by compiling data from 10 authoritative published indices highlighting economic, governance, operational and political risks in a country.

Humanitarian–Development–Peace Nexus

Supporting programs in acute and complex emergencies is particularly challenging, as traditional health partners might not be available or operating at full capacity. To reinforce health systems, procure health products, participate in community programs and support human rights and gender-focused programs, the Global Fund bridges the humanitarian-development divide by collaborating with humanitarian and development partners to secure both emergency responses and sustainability.

In 2021, the Global Fund explicitly committed to aligning with the Humanitarian–Development–Peace Nexus, a recommendation by the Organization for Economic Co-operation and Development (OECD) that was passed in 2019 to increase humanitarian, development and peacebuilding collaboration in complex emergencies and other crisis-hit environments. Moreover, the Global Fund collaborates with the Nexus Academy³ of the United Nations/ International Network on Conflict

and Fragility in driving the Nexus approach across Global Fund portfolio management. This commitment has built on successful existing collaborative responses that have borne fruit in the most demanding of environments, such as the [Middle East Response Initiative \(MER\)](#). As part of MER, the Global Fund partnered with the International Organization for Migration (IOM) as Principal Recipient to successfully deliver HIV, TB and malaria services. There are other humanitarian service collaborators, such as the World Food Programme (WFP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO). In Yemen, one of the MER countries and a COE due to recurrent conflicts, restrictions and famine, IOM reached all 23 governorates through their national programs, implementing Global Fund-supported programs even in the most high-risk situations.



A patient is tested at a clinic supported by Global Fund implementing partner IOM in Aden, Yemen.
Rami Ibrahim/IOM 2020

Case Study Mali

A low-income country with a population of around 21 million, Mali has seen strikes, coups, regional conflicts and full-scale civil wars since 2012. Nearly 8 million people in the northern and central regions are affected, and implementation of Global Fund programs in those areas has stalled. To address these challenges, the Global Fund has partnered with international humanitarian non-governmental organizations (NGOs), who act as service providers on annual contracts to deliver health services in areas that are difficult to access, as part of their own intervention package. Every six months, the partner humanitarian NGOs report to our Principal Recipients in Mali and to the Ministry of Health.



The Global Fund/Catalina Martin-Chico/Panos

³ <https://interagencystandingcommittee.org/humanitarian-development-collaboration/launch-nexus-academy-23-february-2022>

Internally displaced people and refugees

Natural disasters, crises and complex emergencies lead to mass displacement of populations. Both during the journey and at their place of temporary or permanent refuge, refugees and IDPs face increased challenges and vulnerabilities in dealing with the three diseases. In 2019, the Global Fund made a pledge at the **Global Refugee Forum** to align with the principles of the recently adopted WHO global action plan 2019-2023 on refugee and migrant health. This has led us to reinforce our partnerships with organizations that work with refugees, IDPs and other migrants when aiming to reach people on the move, wherever they might be. We have adapted our policy and processes to address the needs of refugees, IDPs and other migrants in crisis when allocating funding for countries. Countries are encouraged to include refugees in their funding requests, and in some countries, refugees are represented during the process.

In COEs, we adapt our gender and human rights approaches by supporting legal aid and mediation programs.

Addressing human rights and gender barriers in challenging operating environments

Crises and instability bring many different human rights violations, including human trafficking, violence – including gender-based and ethnic violence – and discrimination. [The Global Fund places gender and human rights at the center of its programming.](#) For example, our “Breaking Down Barriers” initiative supports 20 countries in scaling up efforts to remove barriers to health services. Among these countries, the Democratic Republic of the Congo, Sierra Leone and Ukraine are COEs. Others, such as Mozambique, have suffered recent conflict and natural disasters in parts of the country, or, like Uganda, host growing refugee populations.

In COEs, we adapt our gender and human rights approaches by supporting legal aid and mediation programs; funding information materials on health rights; helping communities realize their right to security from violence and empowering vulnerable populations to assist each other in accessing health services; partnering with medical or civil society groups to support the needs of gender-based violence survivors; ensuring that providers of basic health services have non-discriminatory procedures; and confronting punitive and unjust use of HIV, TB and malaria testing.

Case Study

Dr. Denis Mukwege and the Fight Against Gender-based Violence and HIV



Bukavu, eastern Congo, has been devastated by years of war, weak governance, population displacements and economic hardship. [Dr. Denis Mukwege](#), a 2018 Nobel Peace Prize winner, runs Panzi Hospital, which treats women and young girls who have suffered sexual and gender-based violence, including many who have contracted HIV. The Global Fund has partnered with Panzi Hospital to fund HIV treatment and care.

Wikimedia Commons/Claude Truong-Ngoc

Emergency Fund

While country allocations are used to support HIV, TB and malaria programs and build resilient and sustainable systems for health, including in countries with chronic crises, the Emergency Fund, established in 2014, provides quick and flexible financing in emergency situations to ensure continuity of existing programs and services for HIV, TB and malaria. The Global Fund has committed US\$73 million through the Emergency Fund between 2014 and April 2022, most recently with US\$15 million to support conflict-affected communities and strained health systems in Ukraine and over US\$1 million for Moldova to support Ukrainian refugees with HIV and TB.

COVID-19 response

Through our [COVID-19 response](#), we demonstrated that we could adapt the Global Fund’s operational model for the pandemic response, drawing on our experience working with countries to fight HIV, TB and malaria and leveraging our established operational processes and systems. As a co-convenor of the Access to COVID-19 Tools Accelerator (ACT-Accelerator), the Global Fund has invested more than US\$4.3 billion on the COVID-19 response in low- and middle-income countries. This has taken the form of supporting countries in their fight against COVID-19 with tests, oxygen and personal protective equipment, supporting health systems and community networks, mitigating the effects on HIV, TB and malaria programming and reinforcing gender programming.

As part of its commitment to health for all, the Global Fund supported vulnerable populations in COEs, including displaced people, refugees and other migrants in the fight against COVID-19. For instance, in its programs to mitigate the effects of COVID-19 on HIV, TB and malaria, the Global Fund asked its partners expressly to consider the [needs of refugees](#) and other migrants, by “reviewing access to services for underserved populations such as mobile populations, migrants, refugees, and others affected by emergencies, making changes to delivery models and service provision as appropriate.”

Case Study The Global Fund and Refugees

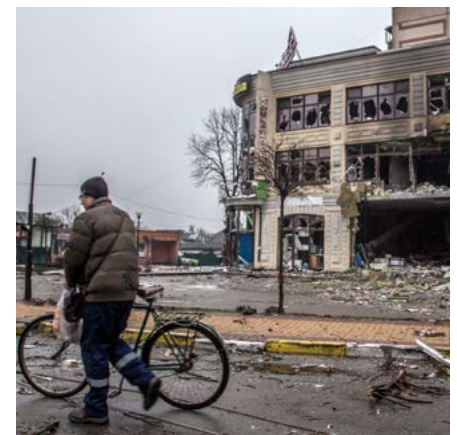


Robin Hammond/NOOR for the Global Fund

In Chad, refugees have representation at the Country Coordinating Mechanism and contribute to the funding request elaboration. In Niger, national programs funded by the Global Fund include refugees and IDPs. Multicountry grants tend to be more focused on the diseases, but increasingly include forcibly displaced populations. For example, these grants cover migrant and mobile populations in Asia to address the increasing problem of TB and multidrug-resistant TB, dedicating US\$10 million in the Greater Mekong Subregion and US\$5 million in Afghanistan, Pakistan and Iran.

Since 2019, the Global Fund has allocated an estimated US\$16 million in additional emergency funding specifically for refugees and IDPs, in countries such as Uganda (HIV and TB support for refugees from the Democratic Republic of the Congo and South Sudan), Ethiopia (to address malaria outbreaks among refugees from Sudan) and Mozambique (for malaria protection and treatment of IDPs in Cabo Delgado, arising from conflict and climate disaster).

Case Study Ukraine



Oleksandr Ratushniak/UNDP Ukraine

Ukraine had a high disease burden even before the conflict began in February 2022. It has the second-largest HIV epidemic in Eastern Europe and Central Asia and is one of 30 high-burden drug-resistant TB countries. Since the beginning of the conflict, hospitals have been destroyed and damaged and displaced people lack access to health care, interrupting treatment for people with HIV and TB. The Global Fund has provided US\$15 million in emergency funding to ensure conflict-affected patients maintain access to prevention and treatment services. This is on top of the US\$119.4 million for HIV and TB programs over 2020-2022 and US\$46.6 million for COVID-19.



FIGHT FOR WHAT COUNTS.

This year, the Global Fund is launching our Seventh Replenishment fundraising campaign to raise at least US\$18 billion to fight HIV, TB and malaria and build stronger systems for health, and thus reinforce pandemic preparedness. At least US\$18 billion would save 20 million lives, cut the death rate from HIV, TB and malaria by 64% and strengthen systems for health to build a healthier, more equitable world. As the world faces more challenges than ever from conflict, climate change and other threats, many countries in crisis have to battle to keep their programs to defeat HIV, TB and malaria from disintegrating. More refugees, IDPs and other migrants will need support with HIV, TB and malaria prevention and treatment. With strong financing and strong partnerships, the Global Fund will play a role in supporting the health of communities in crisis.

About the Global Fund

The Global Fund invests more than US\$4 billion a year to defeat HIV, TB and malaria and ensure a healthier, safer, equitable future for all. Since the beginning of the COVID-19 pandemic, we have invested an additional US\$4.3 billion to fight the new pandemic and reinforce systems for health. We unite the world to find solutions that have the most impact, and we take them to scale worldwide. It's working. Together, we have saved 44 million lives. We won't stop until the job is finished.