

# Global Health Funds and Humanitarian Programming

Laura Bolton

IDS

1<sup>st</sup> September 2022

## Question

*In Mozambique, Uganda, and Nigeria:*

*Are GF/Gavi/GFF a member of the Humanitarian Country Team Health Cluster, usually convened by OCHA?*

- *How are refugees/IDPS represented in stakeholder consultations? Is there any evidence that these constituencies have a voice in country coordination mechanisms?*

*Are programming approaches adjusted in sub-regional humanitarian situations in terms of planning, monitoring, and reporting requirements?*

- *Are refugees/IDPS listed as key vulnerable populations in funding requests?*
- *Are refugees/IDPS targeted in programme grants?*

## Contents

1. Overview
2. Humanitarian Country Team Health Clusters
3. Global Fund programming
4. Gavi Alliance programming
5. GFF programming
6. References

---

*The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.*

*Helpdesk reports are commissioned by the UK Foreign, Commonwealth, and Development Office and other Government departments, but the views and opinions expressed do not necessarily reflect those of FCDO, the UK Government, K4D or any other contributing organisation. For further information, please contact [helpdesk@k4d.info](mailto:helpdesk@k4d.info).*

# 1. Overview

## Health Clusters

There is a lack of reporting on the connection between Humanitarian Country Team Health Clusters and the three funds (the Global Fund, the Gavi Alliance, and the Global Financing Facility (GFF)), both generally and for the three countries of focus (Mozambique, Uganda, and Nigeria). The Global Fund is noted to partner with the Global Health Cluster but details were not identified within the scope of this report.

## Global Fund

A Global Fund board meeting report and a review of Fund investments in challenging operating environments notes partnering and joining with the Global Health Clusters but does not give detail of specific countries. One Health Cluster Bulletin from 2021 notes the use of the Global Fund to supply malaria commodities in Northeast Nigeria. Uganda does not appear in the list of Health Cluster countries and regions.

The Global Fund does not include Mozambique or Uganda in their list of challenging operating environments. There are reports of emergency funding being allocated for refugees in Uganda, and for internally displaced persons (IDPs) in Mozambique. Countries are encouraged to include refugees in their funding requests to the Global Fund. Refugees are noted to be represented in the funding request process in some countries, details on how is not provided.

Some Global Fund supported operations for HIV treatment in Mozambique have been interrupted as people receiving treatment fled from violence. Partners in provinces where the displaced are arriving are implementing emergency plans to maintain continuity of care. A Global Fund initiative for removing human-rights barriers to health treatment does not list refugees or IDPs as vulnerable groups for HIV programming. The same initiative in Uganda did specifically support distribution of nets to help prevent malaria.

A 2017 audit report on Global Fund grant management in high-risk environments found inadequate early warning mechanisms to identify risk levels of grants.

## Gavi Alliance

Gavi Alliance policy documentation states that a flexible and tailored approach is taken to achieve equity in fragile or emergency situations and for the needs of displaced populations. Requests for flexible support are based on specific needs which must be justified. The policy puts a strong emphasis on ensuring the inclusion of displaced populations. It encourages governments to provide immunisations independent of residency and legal status. They provide extra support where justified for displaced people.

Very little information on Gavi activity in the countries of focus for this report was found.

## Global Financing Facility

The GFF 2021-2025 strategy reports offering support in complex humanitarian settings but detail is not included. An earlier report describes GFF support in Nigeria where the Facility were able to

finance a targeted project in a short timeframe. Distinction is made between this type of support and emergency support which is not part of the design of the GFF and is unable to quickly release lifesaving funds in emergency situations. The short timeframe funding was provided to support the Nigerian State Health Investment Project where violence had disrupted health services and where health indicators were poor. Mobile health teams were contracted out to hard-to-reach areas. Outreach included psychosocial support.

## 2. Humanitarian Country Team Health Clusters

No detailed information of health fund involvement in United Nations Office for the Coordination of Humanitarian Affairs (OCHA) country Health Clusters was found within the search scope of this report. The funds are not referenced in Health Cluster documentation such as bulletins, performance monitoring, response plans etc for the three countries.<sup>1</sup>

Uganda is not listed in the Health Cluster countries and regions.<sup>2</sup>

The Nigeria Health Sector<sup>3</sup> Partners Contact list<sup>4</sup> includes 286 partners from 81 organisations. None of the three funds are included.

A number of reports mention the Global Fund partnering with the Global Health Cluster without stating specific countries or detail (The Global Fund, 2018; The Global Fund, 2017; Witter & Pavignani, 2016).

A small number of instances were found connecting the Global Fund to the Health Clusters:

- A Global Fund board meeting report on agreed management action progress notes that the Global Fund had been expanding partnerships with humanitarian partners including the Global Health Cluster (The Global Fund, 2018).
- A review of Global Fund investments reports that the Fund has joined the Global Health Cluster (Witter & Pavignani, 2016).
- A Health Cluster Bulletin for Northeast Nigeria notes the use of the Global Fund to supply malaria commodities (Health Sector Nigeria, 2021).

---

<sup>1</sup> Health Cluster bulletins and reports Mozambique <https://healthcluster.who.int/countries-and-regions/mozambique/key-resources?regionscountries=a07abd7b-abe0-484e-9e96-6e7d7c270615>

Uganda <https://www.humanitarianresponse.info/en/operations/uganda/documents>

Nigeria <https://www.humanitarianresponse.info/en/operations/nigeria/health>

<sup>2</sup> <https://healthcluster.who.int/countries-and-regions>

<sup>3</sup> The labels 'Sector' and 'Cluster' appear to be used interchangeably

<sup>4</sup>

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hs\\_attendance.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hs_attendance.pdf)

### 3. Global Fund programming

#### Mozambique, Uganda, and Nigeria

A short report ‘Conflicts, Crises and Displaced People: How the Global Fund Works in Challenging Operating Environments’ does not include Mozambique or Uganda in the list of challenging operating environments<sup>5</sup> (The Global Fund, 2022a). The conflict situation in Mozambique and Uganda’s growing refugee population are however noted in the report. Additional emergency funding has said to have been allocated in Uganda for refugees from the Democratic Republic of Congo and Sudan for HIV and tuberculosis support. And additional emergency funding to Mozambique for malaria protection and treatment of IDPs in Cabo Delgado, arising from conflict and climate disaster. The report notes that “Countries are encouraged to include refugees in their funding requests, and in some countries, refugees are represented during the process.” (The Global Fund, 2022a, p6). In programmes to mitigate the effects of COVID-19 on HIV, TB, and Malaria the Fund asks partners to consider the needs of refugees and other migrants.

PEPFAR<sup>6</sup> operations, with funding from the Global Fund, have been disrupted in the Cabo Delgado region of Mozambique closing nine Analyzing Joint Underperformance and Determining Assistance (AJUDA) sites due to ongoing violence (PEPFAR, 2021). The AJUDA approach aimed to address the challenge of maintaining uninterrupted HIV treatment. Continuity of care is noted to be of particular difficulty among IDPs. “In recent months more than 60,000 IDP’s have fled from Cabo Delgado to Nampula. HIV+ refugees are particularly vulnerable to interruptions in HIV care and partners in both provinces are implementing evolving emergency plans to improve continuity of HIV and PMTCT<sup>7</sup> care in these highly mobile and vulnerable communities” (p59).

In Uganda the Global Fund Breaking Down Barriers Initiative aims to remove human-rights related barriers to access for health treatment (The Global Fund, 2021a). Malaria is noted as a key issue for refugee populations and there have been two campaigns which distributed long-lasting insecticide-treated nets to refugee settlements in Uganda. On the campaigns the mid-term assessment (The Global Fund, 2021a) states “There was no further information provided on how considerations of equity, non-discrimination and other rights-related barriers might have been addressed by this work.” (p53). Neither the baseline nor mid-term assessment were able to engage directly with underserved populations including refugees affected by emergencies. Recommendations are made for meaningful involvement of refugees to feed into services.

A Mozambique mid-term assessment of the Breaking Down Barriers Initiative doesn’t specifically include refugees or IDPS as vulnerable groups (within HIV programming), it includes mobile and migrant workers (The Global Fund, 2021b).

---

<sup>5</sup> Defined in the report as “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.” (Global Fund, 2022a, p3).

<sup>6</sup> President’s Emergency Plan for AIDS Relief

<sup>7</sup> Prevention of mother-to-child transmission

Global Fund audit reports on Mozambique (The Global Fund, 2022b), Uganda (The Global Fund, 2019a), and Nigeria (The Global Fund, 2019b) make no mention of refugees, displaced people or responsive programming although they are short reports.

Little was found searching on the Global Fund in Nigeria.

## **Global Fund Audit Report on grant management in high-risk environments**

A Global Fund Audit Report looks at grant management in high-risk environments (The Global Fund, 2017). The Fund Office of Inspector General looked at whether processes and measures are adequately designed to ensure achievement of impact in high-risk environments. The Secretariat manages grants in high-risk environments with an Additional Safeguard Policy<sup>8</sup> and Fiscal Agents. It has introduced more flexibility in its procedures such as simplifying processes and requirements for accessing funding. The audit found inadequate early warning mechanisms to identify risk levels of grants resulting in delays and a reactive approach. There are a set of indicators to enable collection of emerging risk but auditors found it unclear how the Secretariat leverages this information for decision-making.

“While Country Teams are flexible in managing grants in high-risk countries, the absence of a defined risk appetite and minimum verifications required for grants in these environments have affected the ability of Country Teams to take measured risks. For instance, decisions on how much supporting documentation is required to distribute bed nets in conflict-affected areas often delay the implementation of such activities.” (The Global Fund, 2017, p7).

“The audit found that emergency preparedness had not been consistently incorporated in grant management in high-risk environments” (p8). The audit recommends proactive planning including engaging with partners to reduce lead time in planning and action during emergencies. An overarching framework is needed to support grant management in high-risk environments.

“The audit found that many Country Teams successfully use the flexibilities available to them in the Secretariat’s existing processes to manage grants in high risks environments; this includes the ability to quickly reprogram grants to respond to changes in the country context, increased use of tailored performance frameworks, consideration of the country context in the assessment of the grant’s performance and a differentiated grant-making process. For instance, rapid mobile phone-based data reporting systems are being used in some areas which are difficult to access.” (p8).

## **4. Gavi Alliance programming**

The Gavi Alliance Fragility, Emergencies and Displaced Populations Policy, reviewed on the 19<sup>th</sup> of May 2022 states that the Alliance will take a flexible, tailored approach to achieve equity (Gavi Alliance, 2022). The policy is laid out for three different (though overlapping) situations eligible for additional support: 1) Chronic Fragility, 2) acute emergencies, and 3) displaced populations. Requests for flexible support are not automatically applied and are based on specific needs

---

<sup>8</sup> [https://www.theglobalfund.org/media/3366/bm07\\_07gpcreportannex4\\_annex\\_en.pdf](https://www.theglobalfund.org/media/3366/bm07_07gpcreportannex4_annex_en.pdf)

which should be adequately justified. The list of countries classified as experiencing chronic fragility is approved by the High-Level Review Panel and can be updated any time for additional countries that need differentiated, flexible support. Gavi encourages regular review of grants, and flexible reprogramming to ensure priorities remain relevant to evolving challenges and needs.

“Any flexible approach through this policy should aim to enhance responsiveness and timeliness of Gavi’s investments; reduce administrative burden of Gavi’s processes for countries or Alliance and Expanded partners or Civil Society Organisations; foster stronger engagement of local communities with a focus on local partnerships and facilitate a more effective service delivery to reach zero dose and under-immunised children in both state and non-state-controlled areas and in sub-national areas.

To achieve the above, and provided there is a need, a flexible tailored approach, based on the local context and evolving situation can be developed. Differentiated, adapted, and simplified requirements in Gavi’s funding, programmes, policies, advocacy, standard requirements, and administrative processes throughout the portfolio management process (in planning, design, review, approval, disbursement, and reporting) can be considered according to the specific context” (Gavi Alliance, 2022, p7).

The policy puts strong emphasis on ensuring the inclusion of displaced populations. Gavi encourages governments to provide immunisations independent of residency and legal status and to integrate displaced persons into their national vaccination planning. Gavi can extend support if they are unable to include displaced people provided there is justification. Additional vaccine quantities can be requested for an influx of displaced people.

Reports from volunteers in Nigeria note that a programme supported by the Gavi Alliance helps to reach out to those in IDP camps (Alagbe, 2022).

A Mozambique Humanitarian situation report notes “UNICEF has received generous contributions from the Gavi Vaccine Alliance, in support of UNICEF Mozambique’s humanitarian response to COVID-19” (UNICEF, 2022, p2).

## 5. GFF programming

The GFF offer to support those in complex humanitarian settings and fragile contexts to be more precise in targeting not only the poorest women, children and adolescents but also marginalised populations such as refugees and displaced people in their 2021-2025 strategy (GFF, 2020). It was not possible within the scope of this report to find more detail on this.

An earlier document was identified which describes the GFF approach in fragile settings (GFF, 2016). In 2016 the GFF were working in Nigeria but not Mozambique or Uganda. The report states:

“The GFF is not designed to quickly disperse funds for emergency situations. While the facility can finance targeted projects in short timeframes, as happened in northeastern Nigeria, it is important to differentiate between this type of non-emergency response and the quick release of funds over a period of days which is required for an emergency response. Explicit commitment to engaging in the latter may put the GFF in a difficult position if it is unable to quickly release lifesaving funds for emergency situations.” (p15).

Strategic purchasing was employed in the northeast of Nigeria to quickly address service delivery needs. Through a data driven approach financing allowed focus on Boko Haram, as the health indicators there were particularly poor. Approaches were tailored based on the extent of the disruption to the health system. Where there was minimal disruption results-based financing was used to ensure service quality and accountability.

“In areas with substantial health service disruption, the program contracts out non-state service providers along with mobile health teams for difficult to access areas. Strengthened community outreach to improve government trust, along with psycho-social support to address the conflict’s impacts are important components of the strategy.” (GFF, 2016, p20).

The GFF project (also financed by the International Development Agency) finances a Nigerian government health agency to contract civil society organisations to deliver health services. Management and verification agencies are contracted.

The next phase of work at that time was said to focus on working with the Ministry of Finance to establish a sustainable mechanism for financing primary care long-term (GFF, 2016).

## 6. References

Alagbe, J. (2022). Reaching zero-dose children in Nigeria’s IDP camps. VaccinesWork blog 19.7.22. <https://www.gavi.org/vaccineswork/reaching-zero-dose-children-nigerias-idp-camps>

Gavi Alliance (2022). Gavi Alliance Fragility, Emergencies and Displaced Populations Policy. <https://www.gavi.org/sites/default/files/2022-06/Fragility-Emergencies-and-Displaced-Populations-policy.pdf>

GFF (2020). Protecting, promoting, and accelerating health gains for women, children, and adolescents Global Financing Facility 2021-2025 strategy. [https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF-Strategy-2021-2025.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Strategy-2021-2025.pdf)

GFF (2016). The GFF approach in fragile settings.GFF and the World Bank Group. [https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF-IG4-5%20Fragile%20Settings.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG4-5%20Fragile%20Settings.pdf)

Health Sector Nigeria (2021). Northeast Nigeria Humanitarian Response COVID-19 Response. [https://healthcluster.who.int/docs/librariesprovider16/meeting-reports/nigeria-health-sector-bulletin-may-2021.pdf?sfvrsn=9c1c3564\\_3&download=true](https://healthcluster.who.int/docs/librariesprovider16/meeting-reports/nigeria-health-sector-bulletin-may-2021.pdf?sfvrsn=9c1c3564_3&download=true)

Humanitarian Response (2020). Humanitarian response plan Mozambique abridged version. <https://www.nutritioncluster.net/resources/mozambique-humanitarian-response-plan-2021-abridged-version>

The Global Fund (2022a). Conflicts, Crises and Displaced People: How the Global Fund Works in Challenging Operating Environments. [https://www.theglobalfund.org/media/11944/thematic\\_challengingoperatingenvironments\\_report\\_en.pdf](https://www.theglobalfund.org/media/11944/thematic_challengingoperatingenvironments_report_en.pdf)

The Global Fund (2022b). Global Fund Grants in the Republic of Mozambique. Office of the Inspector General. [https://www.theglobalfund.org/media/11838/oig\\_gf-oig-22-006\\_report\\_en.pdf](https://www.theglobalfund.org/media/11838/oig_gf-oig-22-006_report_en.pdf)

The Global Fund (2021a). Uganda Mid-term Assessment Global Fund Breaking Down Barriers Initiative. [https://www.theglobalfund.org/media/11822/crg\\_2021-midtermassessmentuganda\\_report\\_en.pdf](https://www.theglobalfund.org/media/11822/crg_2021-midtermassessmentuganda_report_en.pdf)

The Global Fund (2021b). Mozambique Mid-term Assessment Global Fund Breaking Down Barriers Initiative. [https://www.theglobalfund.org/media/11034/crg\\_2021-midtermassessmentmozambique\\_report\\_en.pdf](https://www.theglobalfund.org/media/11034/crg_2021-midtermassessmentmozambique_report_en.pdf)

The Global Fund (2019a). Global Fund Grants in the Republic of Uganda. Audit report. [https://www.theglobalfund.org/media/8804/oig\\_gf-oig-19-017\\_report\\_en.pdf](https://www.theglobalfund.org/media/8804/oig_gf-oig-19-017_report_en.pdf)

The Global Fund (2019b). Global Fund Grants in the Republic of Nigeria. Audit report. [https://www.theglobalfund.org/media/11864/oig\\_gf-oig-22-003\\_report\\_en.pdf](https://www.theglobalfund.org/media/11864/oig_gf-oig-22-003_report_en.pdf)

The Global Fund (2018). 39th Board Meeting Agreed Management Actions (AMAs) Progress Report. [https://www.theglobalfund.org/media/7402/bm39\\_09-oigamasprogressreport\\_report\\_en.pdf](https://www.theglobalfund.org/media/7402/bm39_09-oigamasprogressreport_report_en.pdf)

The Global Fund (2017). Audit Report Global Fund Grant Management in High Risk Environments. [https://www.theglobalfund.org/media/4284/oig\\_gf-oig-17-002\\_report\\_en.pdf](https://www.theglobalfund.org/media/4284/oig_gf-oig-17-002_report_en.pdf)

Witter, S., & Pavignani, E. (2016). Review of Global Fund Investments in Resilient and Sustainable Systems for Health in Challenging Operating Environments. Report for Global Fund to Fight AIDS, Tuberculosis and Malaria. Geneva: The Global Fund. [https://www.researchgate.net/publication/312027439\\_Review\\_of\\_Global\\_Fund\\_Investments\\_in\\_Resilient\\_and\\_Sustainable\\_Systems\\_for\\_Health\\_in\\_Challenging\\_Operating\\_Environments\\_Report\\_for\\_Global\\_Fund\\_for\\_AIDS\\_Tuberculosis\\_and\\_Malaria](https://www.researchgate.net/publication/312027439_Review_of_Global_Fund_Investments_in_Resilient_and_Sustainable_Systems_for_Health_in_Challenging_Operating_Environments_Report_for_Global_Fund_for_AIDS_Tuberculosis_and_Malaria)

## Acknowledgements

We thank the following experts who voluntarily provided suggestions for relevant literature or other advice to the author to support the preparation of this report. The content of the report does not necessarily reflect the opinions of any of the experts consulted.

- Umma Yaradua, Global Financing Facility Nigeria

## Suggested citation

Bolton, L. (2022). *Global health funds and humanitarian programming*. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. DOI: [10.19088/K4D.2022.144](https://doi.org/10.19088/K4D.2022.144)

## About this report

*This report is based on six days of desk-based research. The K4D research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact [helpdesk@k4d.info](mailto:helpdesk@k4d.info).*



*K4D services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with Education Development Trust, Itad, University of Leeds Nuffield Centre for International Health and Development, Liverpool School of Tropical Medicine (LSTM), University of Birmingham International Development Department (IDD) and the University of Manchester Humanitarian and Conflict Response Institute (HCRI).*

*This report was prepared for the UK Government's Foreign, Commonwealth and Development Office (FCDO) and its partners in support of pro-poor programmes. Except where otherwise stated, it is licensed for non-commercial purposes under the terms of the [Open Government License v3.0](#). K4D cannot be held responsible for errors, omissions or any consequences arising from the use of information contained in this report. Any views and opinions expressed do not necessarily reflect those of FCDO, K4D or any other contributing organisation.*



© Crown copyright 2022.