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Community involvement in the fight against HIV, tuberculosis and malaria in Challenging Operating Environments (COE) and among migrants: feedback from the Ouagadougou workshop

Context

To eliminate the threats posed by HIV, tuberculosis, and malaria, and to address new risks to global health security, it is crucial to provide prevention and treatment services to the most vulnerable people, wherever they live. This need is accentuated in Challenging Operating Environments (COE), characterized by epidemics, increased risks of sexual and gender-based violence, natural disasters, armed conflict, civil unrest, poor governance, climate change crises and/or massive population displacement.

Although COE countries represent only a fraction of the world's population (less than 14%), they bear around a third of the global burden of HIV, tuberculosis, and malaria. Disruptions in these countries destroy fragile health systems, hamper health services, promote the rapid spread of infectious diseases, disrupt logistics and supply chains, causing interruptions in the supply of health products, and frustrate preventive measures. Untreated diseases, or those whose treatment is interrupted, lead to serious health problems and even death, and encourage the development of drug-resistant infections. Advances made in the fight against HIV, tuberculosis, and malaria can be lost, or even lead to the collapse of healthcare systems.

Each year, the Global Fund updates a list of countries in COE, which currently includes 29 countries, 16 of which are in Africa (Afghanistan, Burkina Faso, Burundi, Central African Republic (CAR), Chad, Democratic Republic of Congo (DRC), 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).

In December 2022, the Global Fund's Technical Evaluation Reference Group (TERG) undertook [a thematic evaluation of Global Fund performance in COEs](#), highlighting the importance of community systems and responses. Increased investment in community systems strengthening in these countries can contribute to better long-term outcomes, as the TERG points out.

Against this backdrop, the [Global Fund's French-speaking Africa Regional Platform \(PRF\)](#) organized a three-day workshop to discuss the role of community and civil society actors in formulating adapted and innovative approaches to ensure the continuity of healthcare services in COE.

Objectives and diagnosis

More specifically, the objectives of this workshop were to:

- Share the latest available data on countries facing displacement, fragility and instability (COE), and the implications of these phenomena on the implementation of HIV, tuberculosis and malaria programs;
- Examine good practices, opportunities and challenges identified in the community field, with a view to increasing the impact of service delivery for vulnerable and marginalized populations;
- Analyze lessons learned in the development of funding applications for GC7, particularly with regard to community engagement in COEs and the integration of interventions for migrants and internally displaced people in funding applications;
- Formulate recommendations aimed at capitalizing on good practices and opportunities for countries, while addressing challenges to amplify the impact of services for vulnerable and marginalized populations.

In essence, the ultimate goal of the PRF was to formulate insightful recommendations to guide the implementation of Global Fund grants for GC7, with a particular focus on IDA countries.

The workshop opened with a presentation of the [Global Fund's Policy on Challenging Operating Environments for COE Countries](#). Franchesco Moschetta, Head of the team responsible for implementing the Policy, focused on the specific challenges of the COE Policy and the differences with the Additional Safeguard Policy. OFM and GFO recently published a detailed article on the subject. You can find it [here](#).

Mr. Francesco Moschetta's presentation was followed by an equally important one on TERG's evaluation of the COE Policy. Among the relevant findings and conclusions were that:

1. The COE policy itself is a good one , and the COE Secretariat team has helped to raise awareness of it and make it more attractive.
2. Operationalization (use) at national level has varied;
3. Stakeholders at national level may not be aware of the policy or understand how it can be used;
4. Many national stakeholders confuse the COE policy with the Additional Safeguarding Policy (ASP);
5. There are good examples of this policy, but they are not well known, although the opportunities for sharing have been useful;
6. The process of accessing flexibilities can be difficult and time-consuming, but not systematically so;
7. More support is needed to implement Protection against Sexual Exploitation, Abuse and Harassment;
8. Greater attention needs to be paid to the safety and security of key and vulnerable populations, including people on the move – where the COE policy has been well used to support non-traditional partnerships;
9. The needs and challenges of resilient and sustainable Systems for Health – in particular human resources for health – are often greater in COEs, but addressing them is not prioritized ;
10. Some arrangements can bypass existing systems to produce results, but limit country ownership;
11. The three-year cycle is too short to allow for significant change, particularly in COEs.

The previous presentations paved the way for a series of presentations, group work, plenary sessions and panels on the second and third days. During these sessions, community players addressed, in specific but convergent ways, the persistent challenges they faced in their respective difficult contexts of intervention:

- The ability of community players to integrate program safety and security aspects into community COE interventions;
- The systematic consideration of human rights, gender, equity, safety and security in the provision of health services, particularly in areas where interventions are difficult (Read the article we wrote a few months ago on this subject [here](#));
- The difficulties that countries have in making the most of the flexibility of the COE mechanism;
- Risk management: if you manage too much risk, the level of absorption turns out to be very low. Hence the need to strike a balance between risk and implementation.

Not only did the workshop participants draw up a critical diagnosis, but they also put forward recommendations for solutions to the problems identified in COE.

Recommendations

The workshop culminated in a final communiqué setting out a series of recommendations:

1. For the regional platform for French-speaking Africa to :

- Strengthen the capacity of CSOs in COE countries to participate effectively in the implementation of GC7 grant interventions;
- Support and coordinate advocacy actions for the establishment of a national normative framework for the implementation of GC7 interventions in the countries concerned;
- Support CSOs in GC7 countries in accessing technical assistance for interventions in difficult contexts;
- Accompany and support the provision of technical assistance on safety and security issues;
- Strengthen the capacity of community actors to exploit data from mapping studies, as well as data produced by community actors during the implementation of GC7 specifically in COE countries.

2. For National programs in GC7 countries to:

- Ensure that COE strategies are taken into account when drawing up or revising national strategic plans, and when proposing grants and allocations to technical and financial partners;
- Systematize the participation of CSOs in the development or revision of national strategic plans, and in proposals for subsidies and allocations to technical and financial partners.

3. For partners (NGOs and humanitarian agencies) to :

- Systematize the consideration of human rights, gender, equity, security and safety in all interventions in favor of displaced, refugee, indigenous or migrant populations;
- Work closely with CSOs in COE countries in the implementation of their interventions;
- Facilitate and support the implementation of COE activities included in GC7 grants;
- Reinforce the remuneration of community players (community relays, community health agents, and peer educators) working in difficult intervention zones.

4. For UN agencies to:

- Support the Plateforme régionale Afrique Francophone in building the capacity of CSOs to participate effectively in the implementation of IDA interventions included in GC7 grants;
- Integrate aspects of interventions in difficult areas and issues of Security and Safety into offers of Technical Assistance to CSOs.

5. For Civil society organizations in COE countries to:

- Ensure that conflicts of interest are reduced in member structures of observatories and CLM mechanisms, particularly the role of sub-recipients and principal recipients of Global Fund grants;
- Strengthen the multi-sectoral nature of observatories on access to quality healthcare, to enhance the credibility of the information collected to inform decision-making;
- Advocate the implementation of national normative frameworks in IDC countries.

6. For the Global Fund to:

- Involve National Organizations and Community-Based Organizations in GF responses and interventions in countries with difficult operational environments;
- Support all actions undertaken in COE countries;

- Work to further simplify the support system for COE countries, and build the capacity of national players in the use of this system.

In any case, it is essential and more necessary than ever that the Global Fund, in collaboration with national players, clarifies, for States, the process for revoking the Policy on Challenging Operating Environments.

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