

THE GFF IN FRAGILE STATES AND HUMANITARIAN SETTINGS

OVERVIEW

At the request of some Investors Group members a small Task Team of interested Investors Group members and related stakeholders (see Annex 1) convened to discuss the role of the GFF in fragile states and humanitarian situations where reproductive, maternal, newborn, children's and adolescent health (RMNCAH) needs are acute and growing and where the efficient channeling of coordinated resources is particularly hard. Targeting RMNCAH service delivery in these specific settings may also be of interest to financiers and help GFF realize its ultimate goal of ending preventable deaths and improving the quality of life of women, children and adolescents by significantly scaling sustainable investments in RMNCAH. It is furthermore noted that the GFF may also bring opportunities to help bridge the humanitarian-development divide.

This paper should be read in conjunction with GFF/IG2/4 Proposed Approach to Facility Countries. This paper elaborates on the GFF engagement in fragile and humanitarian contexts. It examines different scenarios highlighting opportunities within the current business model of the GFF and draws attention to what is not feasible. It raises questions and seeks guidance on parameters for the role of the GFF, including possible next steps for analysis.

ACTION REQUESTED

The Investors Group is asked to provide guidance on the questions linked to GFF engagement in fragile and humanitarian settings as laid out by the Task Team. This will help inform the parameters of the GFF and possible next steps for further analysis.

RECOMMENDATIONS

1. The Investors Group is requested to recognize the importance of GFF support to fragile states and humanitarian settings, given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict. Women, children and adolescents are disproportionately affected by such crises.
2. The Investors Group is requested to consider the three scenarios described, which highlight opportunities and limitations with the current business model of the GFF in these settings, and provide feedback on the extent to which the GFF should be engaged in these different scenarios.
3. The Investors Group is requested to provide guidance on further analysis to be carried out by the Task Team in preparation for the next Investors Group meeting planned for June 2016.

INTRODUCTION

At the request of some Investors Group members, a small Task Team of interested Investors Group members and related stakeholders convened to discuss the appropriate role of the GFF in fragile states and humanitarian situations where RMNCAH needs are acute and growing. More than 80% of the high-mortality countries which did not achieve the MDGs, have suffered a recent conflict, recurring natural disasters or both. This is also where half of all maternal and child deaths occur. As the GFF goal is to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children, it is critical to address RMNCAH needs in such settings. It is furthermore recognized that there may be financiers interested to specifically target RMNCAH support in fragile settings. The GFF may also bring opportunities to help bridge the humanitarian-development divide.

The Task Team consists of Investors Group members and related stakeholders (see Annex 1) and convened two meetings via conference calls to discuss the rationale and possible approach for GFF engagement in fragile states. It is important to note that the Task Team focused its discussion on the GFF, and not necessarily the GFF Trust Fund. Exploring the situation in the GFF eligible countries, the task team agreed that fragility should be framed broadly to include humanitarian settings. Questions were raised which require further guidance from the Investors Group, before the Task Team can move forward with further analysis.

This paper elaborates on the rationale for GFF engagement in fragile and humanitarian contexts. It then examines different scenarios highlighting opportunities within the current business model of the GFF and draws attention to what is not feasible. It seeks guidance on parameters for the role of GFF, including possible next steps for exploration.

RATIONALE FOR GFF ENGAGEMENT

The rationale for examining the entry points for GFF engagement in fragile states and humanitarian settings is clearly laid out in the Abu Dhabi Declaration¹:

1. The magnitude of persons affected by fragility is large and growing with almost 60 million people displaced globally today and 80 million people in need of humanitarian assistance in 2014. The average time period of displacement today has increased to 20 years² or five years longer than the period to be covered by the Sustainable Development Goals (SDGs). Given multiple crisis- slow and rapid onset, short term and protracted – it is now estimated that by 2030, more than 60% of the world's poor are expected to live in countries that are affected by fragility and conflict. Hence, this

¹ The Abu Dhabi Declaration.

http://www.everywomaneverychild.org/images/The_Abu_Dhabi_Declaration_Feb_2015_7.pdf; February, 2015. (accessed December 15, 2015)

² “While the average duration of the 33 protracted refugee situations at the end of 2014 is estimated to about 25 years, most of the situations (24) have been lasting for more than 20 years,” p.11, World at War, UNHCR Global Trends, Forced Displacement in 2014, UNHCR 2015.

is not merely a humanitarian challenge but as much of a development challenge. Greater integration of humanitarian and development action is therefore required: in others words, a ‘*contiguum*’ approach³.

2. The funding gap for humanitarian action is considered to be significant, with recent figures of the High-Level Panel on Humanitarian Financing estimating the gap to be at least US\$15 billion⁴. This figure is expected to rise as the cost of humanitarian assistance is estimated to double to US\$50⁵ billion by 2030. The consequences of global challenges are not only affecting low- and middle income countries, as high income countries are faced with mass migration and the (possible) effects of climate change and diseases such as Ebola and the Zika virus. As a result, there are opportunities for resource mobilization to address fragility in low- and middle income countries and a possible interest from donors to explore what role the GFF can play. Recognizing that humanitarian crises erode decades of development gains and therefore investments in responding to crises as well as in building resilience to reduce fragility is “good business” to ensure as quickly as possible a country’s return to its development trajectory.
3. There is furthermore ample evidence that women, children and adolescents are disproportionately affected by crisis. Not surprising maybe, given the fact that more than 75% of the 80 million people needing humanitarian assistance in 2014 were women and children and 40% of the 1.4 billion people living in countries impacted by crisis are under the age of 15.
4. RMNCAH outcomes are worse in settings of conflict, displacement or natural disaster - where 60% of the world’s preventable maternal deaths and 53% of under-five deaths happen. Service delivery is often challenged during humanitarian crisis, further exacerbated by recent increases in International Humanitarian Law violations. While access to services, such as family planning, comprehensive safe abortion (including post abortion care), HIV and ART as well as mental health services, are often wanting. At the same time, existing and often times deep rooted vulnerabilities are exacerbated due to displacement, breakdown in protective social systems, environment of impunity as well as lack of access to resources and services.

³ "*Contiguum* means... development and change, all hazards and their impacts, all "disasters" of whatever magnitude, and all stages of post-disaster response, are operating at the same time in overlapping juxtaposition... 'Continuum' is about a selected event and its aftermath; 'contiguum' is about all events and non-events as well." J. Lewis, "Continuum Or Contiguum"; Fifth ESA Conference 2001; found at

<http://www.dccsrn.org/cms/uploads/esa2001/lewies%20-%20continuum%20or%20contiguum.pdf>

⁴ High-Level Panel on Humanitarian Financing, Report to the Secretary-General. Too important to fail – addressing the humanitarian financial gap.

https://www.worldhumanitariansummit.org/whs_finance/hlphumanitarianfinancing; January, 2016 (accessed January 19, 2016)

⁵ Consideration may need to be given to the fact that the funding gap for humanitarian action and for development may at times overlap

5. GFF eligible countries are intrinsically linked to fragility and emergencies. 23⁶ of the 33 countries classified by the World Bank as “fragile and conflict-affected states” (representing half a billion people), are also GFF eligible countries. This is more than one third of the 63 GFF eligible countries and includes two of the 12 countries currently supported through the GFF Trust Fund, namely Liberia and DRC. Further, many if not all⁷, of the other GFF eligible countries have also been recently affected by disaster, epidemics or conflict and most GFF countries have extremely young populations, which in turn means they have intensive sexual, reproductive, maternal, child, adolescent health needs. Countries may also experience the effects of fragility in neighboring states, such as Kenya, where bordering regions significantly lag behind on RMNCAH outcomes and consequently reduce the country’s overall performance.

The potential impact of GFF’s involvement in humanitarian and fragile settings cannot be understated.

Recommendation: The Investors Group is requested to recognize the importance of GFF support to fragile states and humanitarian settings given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict and women, children and adolescents are disproportionately affected by such crises.

ANALYSIS OF OPPORTUNITIES AND LIMITATIONS

The following three scenarios highlight opportunities and limitations with the current business model of the GFF in these settings. The investors Group is requested to provide feedback on the extent to which the GFF should be engaged in these different scenarios or request that further analysis may be needed for such decision making.

The overarching aspiration for the GFF is that it enables smart, sustained and scale-able investments. Successfully addressing RMNCAH in uncertain contexts will be key to the achievement of the new Global Strategy’s (GS) ambitions for *survive, thrive* and *transform*: consideration in its underlying financing approach for the human rights to health and wellbeing of “hard to reach” populations or anticipation of crises, outbreaks, conflict and disasters is critical. Providing accessible, affordable, acceptable and quality RMNCAH services across the humanitarian-development contiguuum is a global public good. At the same time it is one of the greatest challenges to improve RMNCAH outcomes and the SDGs.

Recognizing that the business model of the GFF relies on country national systems, working largely through government, provides both opportunities and limitations for addressing RMNCAH needs in fragile and humanitarian settings. Exploring different scenarios, many questions were noted requiring the Investors Group guidance before further analysis can be done on GFF engagement in fragile and humanitarian settings. Three different scenarios and relevant questions for IG guidance are described:

⁶ 23 out of the 33 fragile and conflict affected countries are GFF eligible: Afghanistan, Burundi, CAR, Chad, Comores, DRC, Eritrea, The Gambia, Guinea Bissau, Haiti, Liberia, Madagascar, Mali, Myanmar, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Togo, Yemen and Zimbabwe.

⁷ Examples include Bangladesh, Burkina Faso, Cameroon, Djibouti, Egypt, Guatemala, Indonesia, India, Kyrgyzstan, Kenya, Nepal, Nigeria, Pakistan, Papua New Guinea.

Scenario 1: GFF's engagement in states willing and able to support populations in fragile and humanitarian settings

Certain entry points exist in fragile and humanitarian settings in the near term, within the current business model of the GFF, in states willing and able to look after the needs of those displaced due to conflict or people in the midst of emergencies such as epidemics and disaster:

1. The investment case is an appropriate mechanism for fragility and emergency planning in any country. It is known that crises (whether political, economic, environmental, violence, or others) are likely, if not inevitable, to all GFF eligible countries. It is also evident that if it happens; women, adolescent and children's health outcomes are disproportionately affected and thus integrating issues around fragility into the investment case development would ultimately benefit RMNCAH outcomes and realize the goal of reaching every woman, every child, every adolescent.

Investment cases can consider a proactive and reactive approach to ensure women and children have ongoing access to appropriate health services. The proactive approach considers how to build capacity for emergency risk management and health system resilience to mitigate the effects of future or worsened crises, like Disaster Risk Reduction and Emergency Preparedness Programming (EPP) should be included in RMNCAH investment cases, with a strategic focus on the importance of women and young people as first and early responders, which is known to be a smart investment. The reactive approach considers how the health sector would adapt during crisis to ensure financing and functioning of RMNCAH systems, such as emergency preparedness. Yet it is known that resource mobilization and procurement can still cause significant delays in times of crisis. Flexible mechanisms for repurposing funds allocated for the RMNCAH investment case may help ensure timely response for RMNCAH during emergency situations.

Moreover, the investment case can be a tool to bring together both humanitarian and development actors to look at addressing the challenges and issues along the entire humanitarian-development contiguuum.

2. The country platform and the quality assurance process of the Investment Case can be important tools to ensure that no one is left behind and that RMNCAH investments will be prioritized in the investment case. While national governments are in the lead, the platform is a broad based partnership at country level, including humanitarian and development actors. It utilizes a multi-stakeholder process to strengthen accountability and ensure service delivery to vulnerable populations, including those in hard to reach areas. Robust, sufficiently independent, country-level assessments of the context can help identify possible fragility and emergency risks; possible scenarios for response; as well as help determine how funding will be prioritized. Appropriate quality assurance mechanisms can help ensure the needs of those left behind, including internally displaced or minorities affected by (cross-border) conflict, which are under the governments' responsibility are taken into account.

In situations, where the government is willing and able to respond to fragile and humanitarian situations, the IG is requested to provide guidance on the following questions:

- *The draft RMNCAH investment case guideline has been mostly advisory. What guidance should be provided to countries with regards to for example carrying out risk assessments and EPP; allocating appropriate funding for DRR and EPREP; equitable allocation of resources to hard-to-reach populations which may be more costly or difficult to reach? Are there any considerations from the perspective of quality assurance and country platforms?*
- *What possible mechanisms may exist or be explored to ensure flexibility in repurposing funds and the capacity to manage those funds in case of emergencies to ensure timely response for RMNCAH needs? Should contingency stocks be established for possible emergencies?*

Scenario 2: GFF's engagement in states willing, but not able or obliged to support populations in need

Entry points exist, within the current business model of the GFF, in countries where government is willing to support population but (1) not able to; or (2) not obliged to cater for - such as refugees.

1. In situations where the state is not capable to deliver RMNCAH services, attention will need to be paid to analyzing and addressing the barriers to reaching those populations and include in the Investment Case appropriate health system strengthening and technical assistance for capacity building. Service delivery by civil society actors and the private sector that is complementary to, and extends reach beyond that achievable by governments alone or government-associated agencies should also be integrated into RMNCAH plans. Innovative mechanisms can be used to overcome barriers to providing RMNCAH services to populations in need due to inability to effectively implement in all parts of the country or lack of capacity. Examples are public-private partnerships, like the support of Non-Government Organizations (NGOs) in the Ebola response in Liberia, or the contracting out of service delivery used in Afghanistan. The need for technical assistance to build capacity should also be addressed.
2. Addressing RMNCAH in populations facing legal barriers is challenging and decisions must be first deferred to government. In some countries, the investment case prioritizes their own population over foreign refugees while in other countries, more permissive legislation may actually allow migrants and refugees to be included in their investment case (e.g. Uganda). GFF funding availability may help address the needs of those whom the government may be willing to assist, but is not necessarily obliged to cater for - such as refugees. Providing additional financing and/or incentives may create an opportunity to ensure and enable governments to provide services to populations they may not have considered a priority in view of limited resource, such as refugees and even migrant populations. This is particularly important as the average displacement time of populations has extended to about 17 years.

In countries where the GFF is willing but not able or obliged to support populations in need, the IG is requested to provide guidance on the following questions:

- *In view of the protracted crises, what consideration should the GFF give to the humanitarian-development divide? What further exploration may be needed by the Task Team?*

- *What about supporting populations in need such as refugees? Should the GFF play a role in this? For example, will some form of pressure or incentives to national governments be considered to be more inclusive of refugee and displaced populations? Should further exploration with UNHCR and IOM take place on this?*

Scenario 3: GFF's engagement in states not willing to support populations in need

In fragile settings, there is not always a government present or there may be a weak government with no effective reach beyond capital. There may be other reasons for unwillingness by the state to reach its entire population. These circumstances are most prevalent, though not exclusively so, in situations of conflict, including protracted conflict, where the health of women and children is at great risk. The current business model of the GFF does not cater for such situations. It is recognized though that significant needs exist and funding gaps persists. Alternative non-state mechanisms for addressing RMNCAH needs may be considered through the GFF in settings where a state-led approach is not practical.

In situations where the state is not willing to support populations in need, the IG is requested to provide guidance on the following questions:

- *Should non-state funding mechanisms be considered in these settings as part of the GFF?*
- *Should any consideration be given to support non-GFF eligible countries (such as, for example, Lebanon or Syria) facing significant humanitarian crises with considerable RMNCAH needs?*
- *What further exploration may be needed to help inform decision making? Initial questions that come to mind are: a) the comparative advantage of the GFF and possible disadvantages, including the role of the Bank; b) the possible funding landscape, i.e. the likelihood to raise funds to support this through the GFF. Recommendations from the recent paper by the High-Level Panel on Humanitarian Financing will also be critical to consider, including the possibility for a stronger link between humanitarian aid and development assistance; reduced earmarking and more effective use of resources through results-based approaches; and the use of innovative financing mechanisms.*

GFF IMPLEMENTATION RISKS IN FRAGILE AND HUMANITARIAN SETTINGS

The impact of GFF supporting populations in need in fragile settings on RMNCAH outcomes is anticipated to be significant. Nevertheless, when working in countries affected by past, present, or the risk of future fragile statehood, recognition should also be given to the risks in view of the enhanced complexity. The following aspects require specific attention:

- Trade-offs between the need for a timely and flexible response in case of emergencies versus the need to monitor funds to minimize inefficiencies and corruption.
- Efforts to develop RMNCAH investment cases need to be simple and monitored frequently so possible amendments are made in view of often changing situations to ensure that those most in need are benefiting from the GFF investments.

- Carry out implementation research to help inform the work in these settings, while recognizing that robust impact evaluations⁸ of RMNCAH investment case implementation will be challenging.
- Consideration for the role of health financing strategies for sustainable and equitable financing, which is an integral part of the GFF value proposition but may be difficult in fragile and often complex settings.
- Complexity of civil registration and vital statistics and possible concerns of people to register.
- A recognition that many countries at greatest risk of humanitarian crises are those with the greatest challenges within their health systems and are often faced with significant, systemic capacity challenges.

In all three scenarios described, the IG is requested to give consideration to the following questions:

- *What are the GFF parameters, i.e. what is needed (as a minimum) and what may be acceptable for GFF implementation in fragile and emergency settings?*
- *What are acceptable risks and how can risks be mitigated?*

CONCLUSION AND NEXT STEPS

The rationale for GFF engagement in fragile states and humanitarian settings is clear, as is the potential impact. This is critical given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict and women, children and adolescents are disproportionately affected by such crises. Providing accessible, affordable, acceptable and quality RMNCAH services across the humanitarian-development contiguuum is a global public good. At the same time it is one of the greatest challenges to improve RMNCAH outcomes and to achieve the SDGs.

Recognizing that the business model of the GFF relies on country national systems, working largely through government, provides both opportunities and limitations for addressing RMNCAH needs in fragile and humanitarian settings. Opportunities exist for significant contributions by the GFF in those situations where the government is willing and able to provide RMNCAH services. Innovative mechanisms can be used in settings where the state is willing but not able or not obliged to provide support. Yet, it is also important to be clear on what is not feasible in the current GFF business model, i. e. provide support in those situations where government is not willing or able to provide services to populations in need.

As a next step, the Task Team proposes further analysis based on the guidance received by the Investors Group. The Task Team could explore lessons learned from existing approaches and develop a country case-study or pilot an approach in a country⁹ where conflict, disaster or epidemics may hamper the delivery of RMNCAH services. The potential future landscape for GFF-related investments into fragile states and humanitarian settings can be explored further. Such analyses may help inform an engagement strategy for the GFF in fragile and humanitarian settings.

⁸ Such as randomized control trials

⁹ Appropriate criteria will be developed to select a pilot country

ANNEX 1:

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