



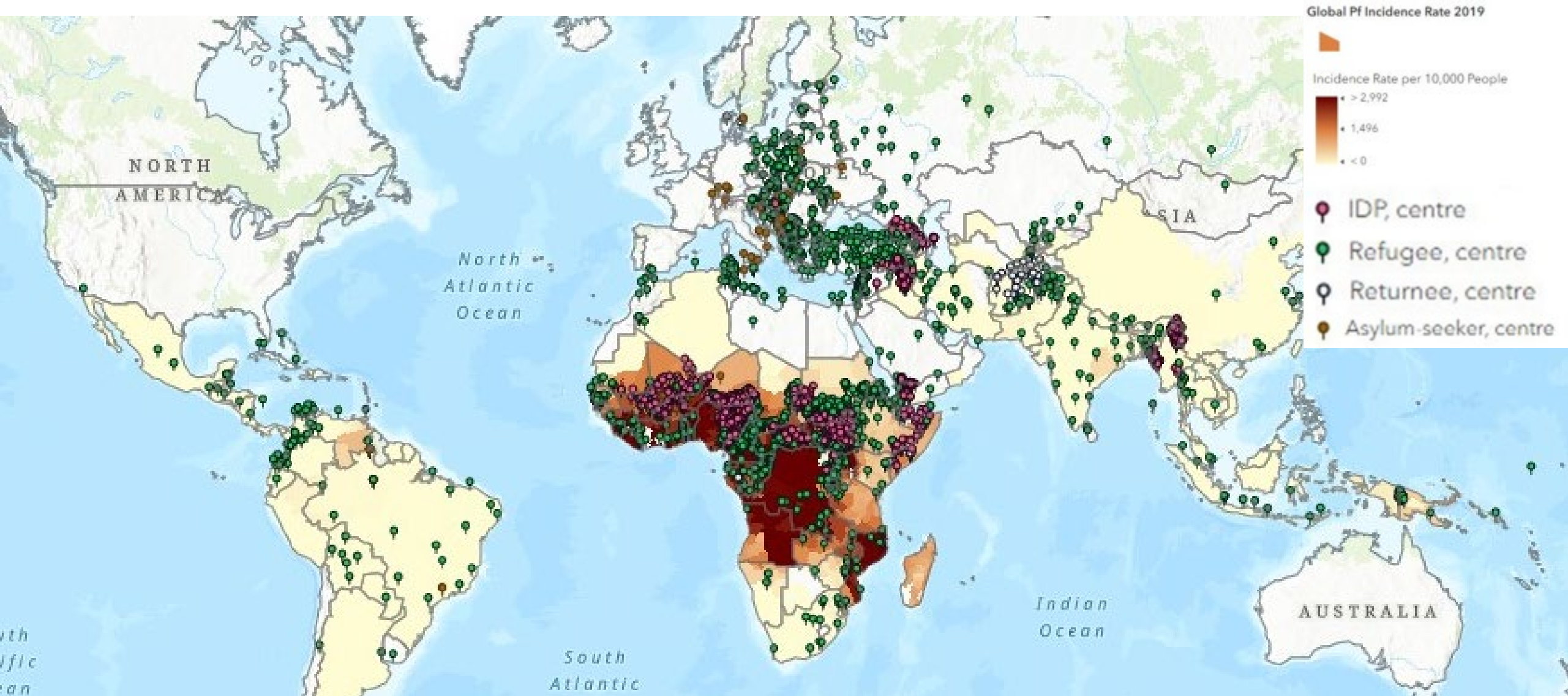
Assessing the Inclusion of Displaced Populations in Global Fund Applications 2020–2022



Disease risk is increased among displaced populations

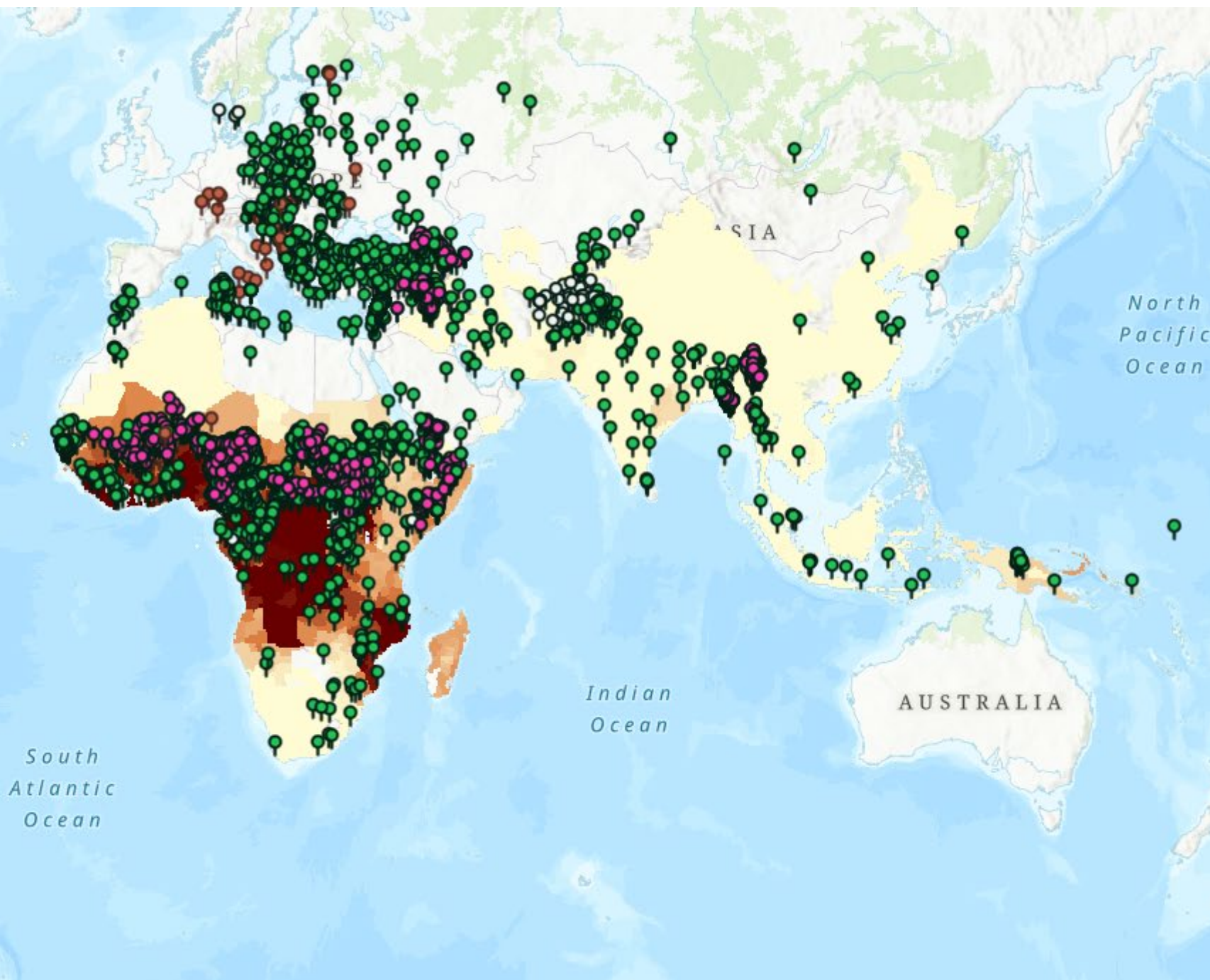
- Malaria, HIV/AIDS and TB present unique risks to the world's **103 million forcibly displaced people**
- Forcibly displaced populations are often at greater risk of disease due to
 - High levels of mobility
 - Living conditions that increase exposure to disease or disease vectors
 - Decreased access to health services often caused by ongoing conflict, collapse of health system, ethnic, cultural, linguistic or other barriers
 - Weakened immunity because of multiple infections and malnutrition
 - Movement between low and high transmission zones
 - Increased risk of gender-based and sexual violence

Overlap of Global *P. falciparum* Incidence and Displaced Populations





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Methodology:

•Keyword search terms:

- Refugee
- Internally displaced person
- IDP
- Returnee (classified as refugees)
- Displaced
- Displacement
- Mobile (exclude nomadic, semi-nomadic, migrant)
- Asylum seeker
- Venezuelan
- Humanitarian conflict
- Noncitizen
- People/person of concern
- Foreigner
- Stateless

•Eligibility:

- Countries that qualify for GF allocation at time of application
- Countries with at least one approved grant
- Refugee/IDP population greater than 10,000 at time of application

•Scoring: Based on keyword search, applications were labeled and scored

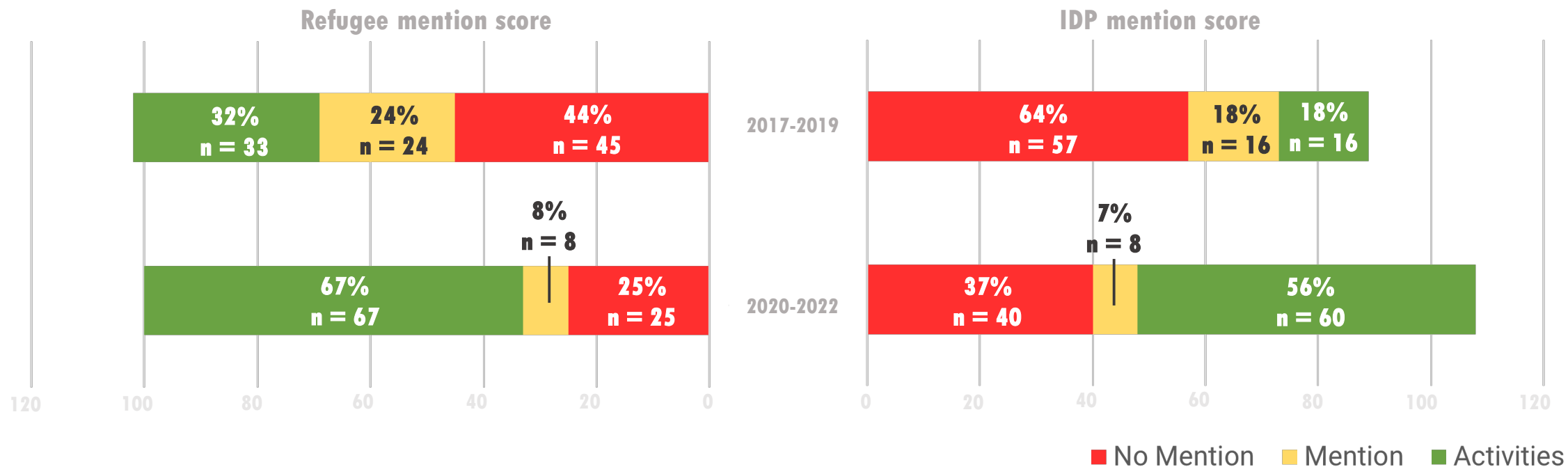
Activities - included specific activities that focused on refugees/IDPs

Mention - mentioned their population of refugees/IDPs but did not specify activities

No Mention - no mention of the

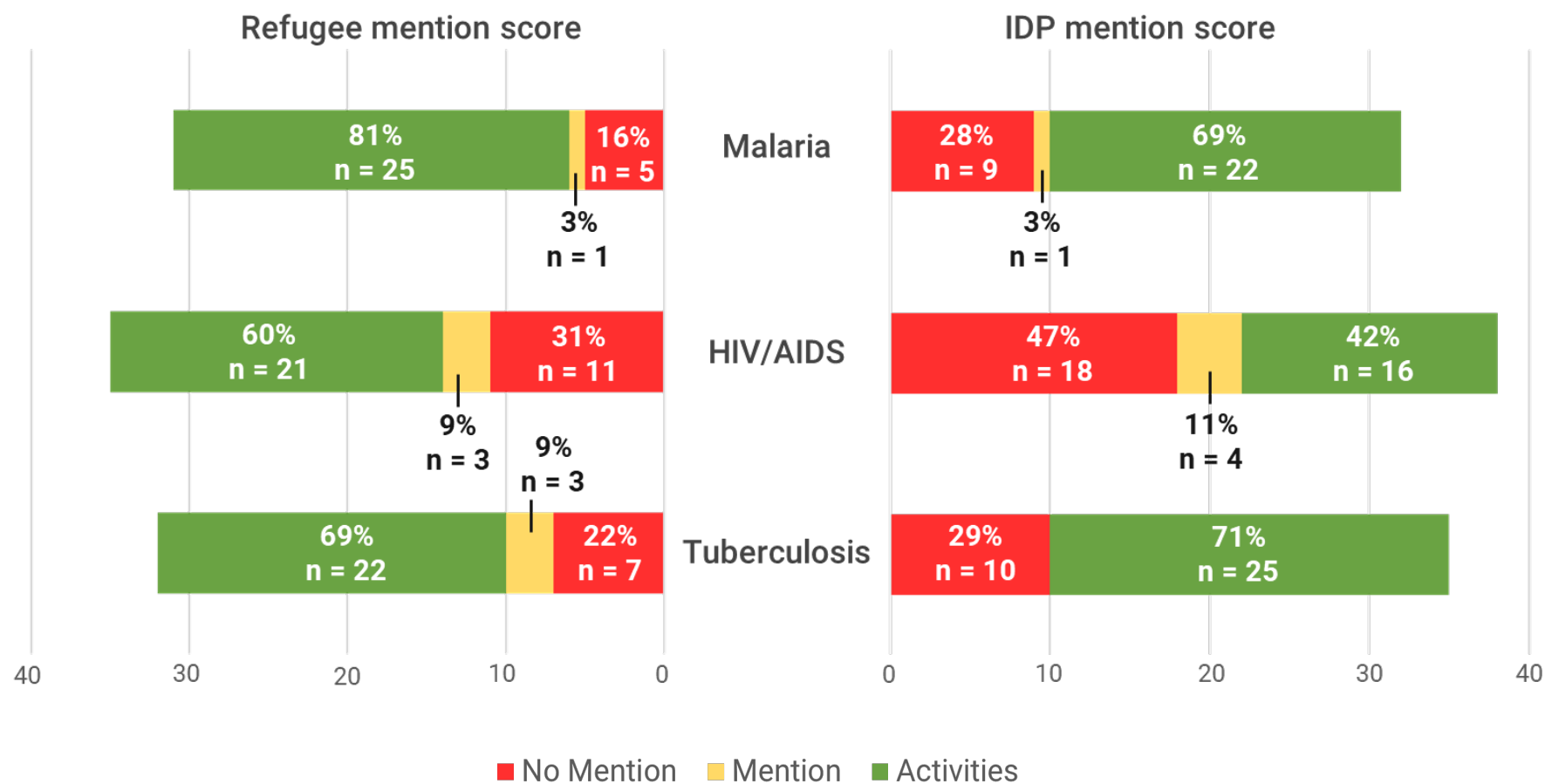
•Study Size:

- Refugee analysis - 100 applications, 37 countries
- IDP analysis - 107 applications, 40 countries

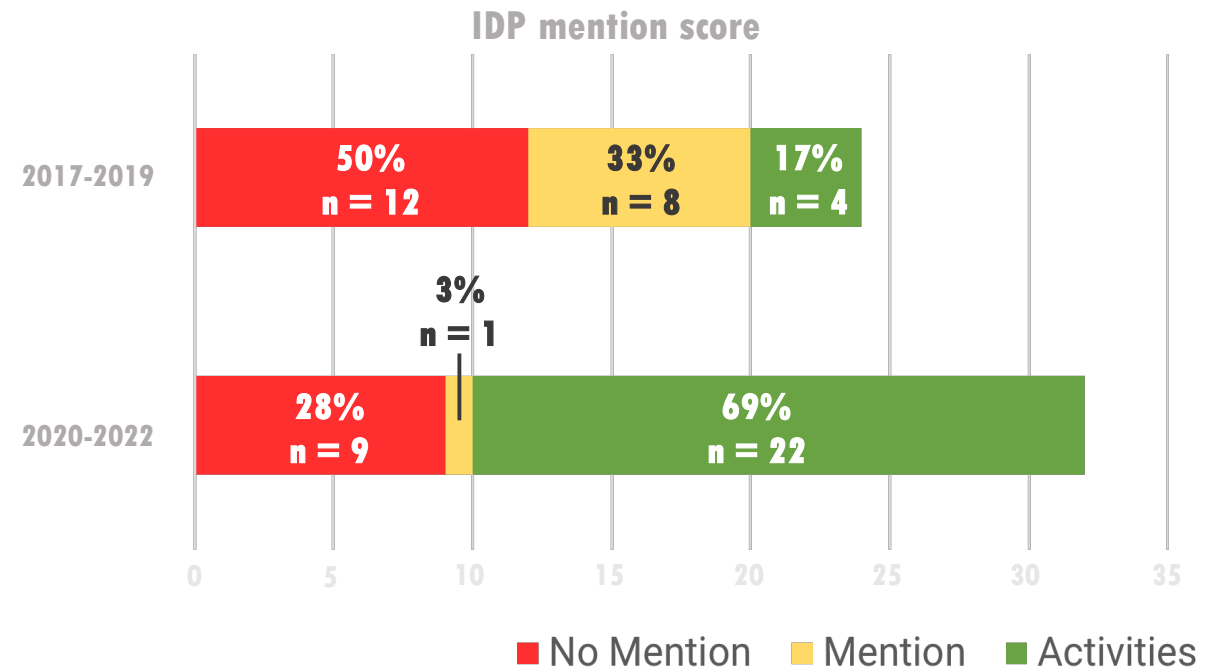
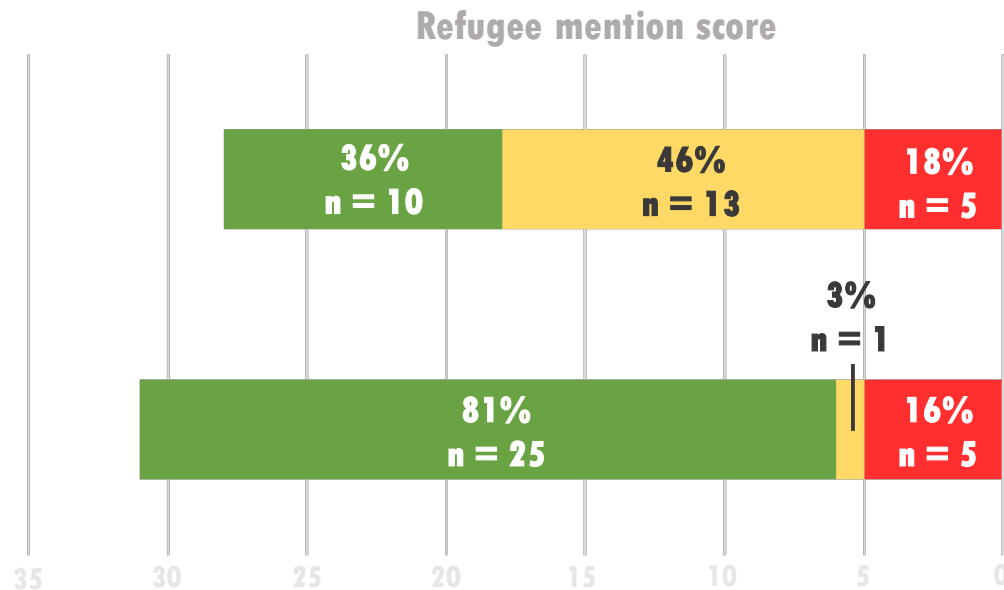


Since the last funding cycle:

- Refugee and IDP mention has increased substantially across the 3 diseases
- The number of applications mentioning displaced populations without detailing activities targeting them has decreased



Overall, refugee and IDP inclusion in GF applications has improved across the three diseases.



Refugee and IDP inclusion in malaria funding requests has improved substantially.

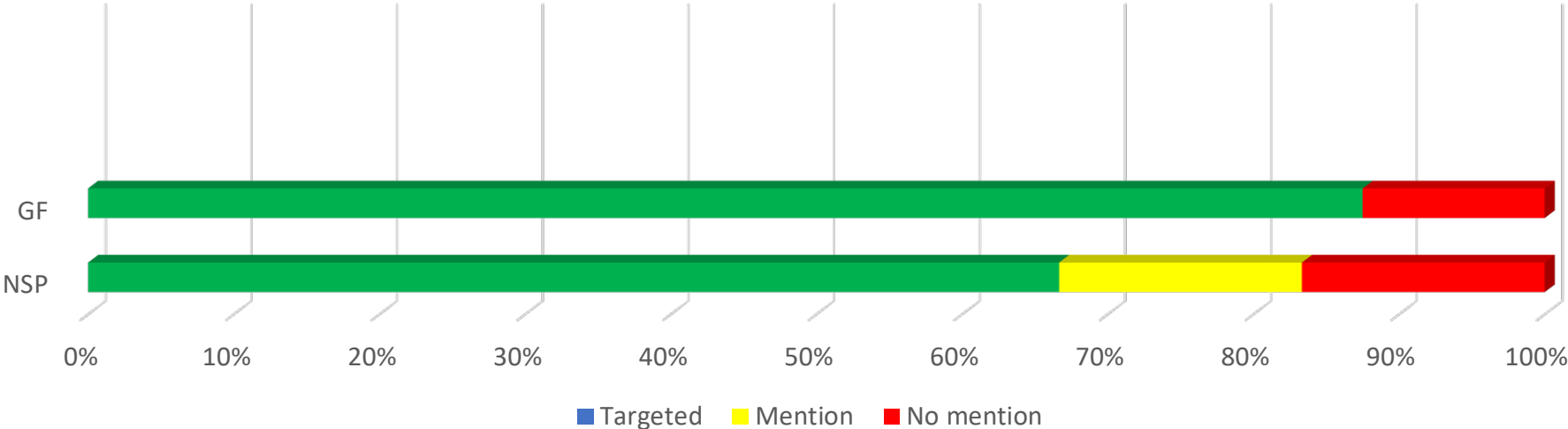
Since the last funding cycle:

- Inclusion of specific activities for refugee and IDPs has increased substantially
- Virtually no funding requests mentioned displaced populations without detailing targeted activities for them

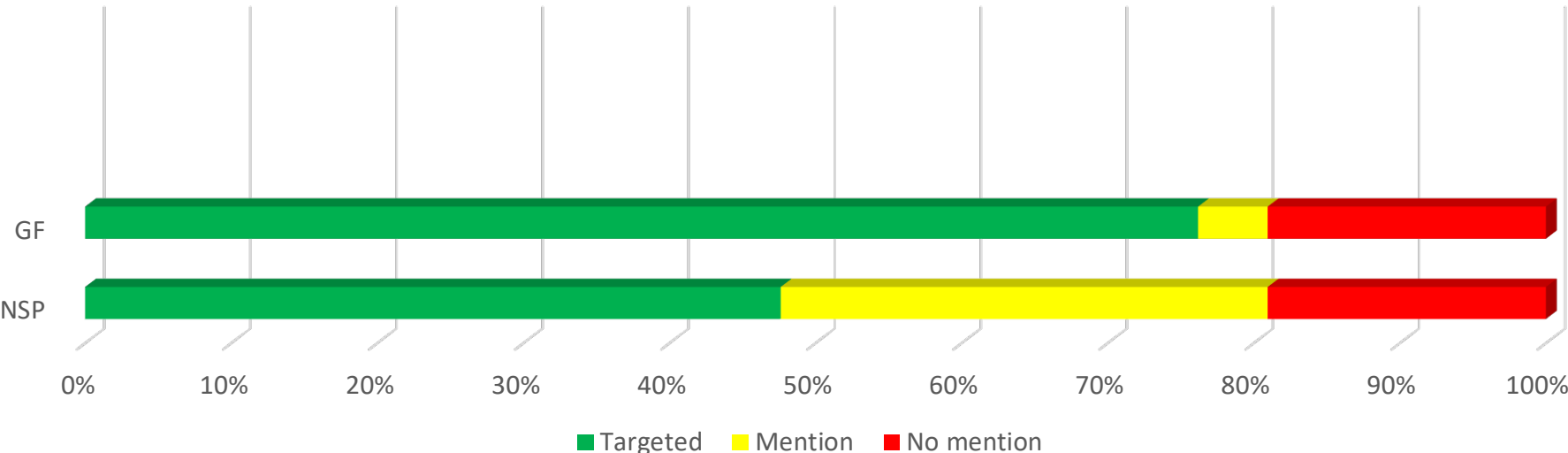
Conclusions: Malaria analysis

- Inclusion of both refugee and IDP populations in malaria funding requests has improved substantially since the previous analysis in 2019.
- There was a notable decrease in the proportion of countries failing to mention or include tailored activities for IDPs.
- Only two of the 63 malaria applications mentioned refugees and IDPs without detailing specific programming activities for malaria.

Refugee Inclusion in NSPs and Global Fund (2020-2022) malaria applications



IDP Inclusion in NSPs and Global Fund (2020-2022) malaria applications



Looking ahead to the NFM4 funding cycle:

- Conduct conversations about refugee and IDP inclusion in national plan creation, grant proposal development, and implementation processes with representatives and community leaders from refugee, IDP and other displaced populations in addition to humanitarian agencies.
- Inclusion is not enough: overcoming socio-economic, cultural and language barriers.
- Leverage inclusive community-based workforce for social behavior change communications, case management, referral and treatment adherence support
- Expand use of Global Fund emergency grant funds and re-programming during grant cycle to address the evolving needs of new displaced populations.

