Maintains

Research supporting social services to adapt to shocks

How donors can use crisis modifiers to fund response activities after health shocks

Literature review

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About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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Summary

This note summarises learnings from technical assistance provided by the Maintains programme to the UK Department for International Development (DFID) Sierra Leone on flexible financing for health shock response. This note focuses on general learnings that may be used by other programmes and actors; specific DFID programme details for Sierra Leone have been excluded.

When responding to health shocks such as disease outbreaks, lessons from the field of disaster risk finance show that it tends to be effective to plan ahead and arrange required surge funding in advance. Disaster risk finance comprises a set of principles and instruments mainly derived from experiences of responding to natural hazards. These are increasingly also being applied to health-related shocks. At its core, disaster risk finance advocates for more financial planning and automaticity in responding to shocks.

Some donors have started to integrate humanitarian funding mechanisms into their development programmes – so-called 'crisis modifiers'. Crisis modifiers bring the worlds of development and humanitarian aid together. They are financing mechanisms within a development programme – e.g. a contingency fund – that disburse humanitarian response funding in the event of a crisis. This humanitarian response funding is then implemented through the existing structures of the development programme.

Crisis modifiers can accelerate the response, ensure appropriate coverage of smaller shocks, and protect development gains. Crisis modifiers (i) typically enable a faster response than through traditional humanitarian aid channels, as lengthy application and allocation processes are omitted and local partners are used for delivery; (ii) can help to ensure that humanitarian funding is also available for smaller and medium-sized crises, since other humanitarian contingency funding mechanisms are typically targeted only at larger events; and (iii) protect development gains under the development programmes that would otherwise be threatened by the impacts of the shock. Crisis modifiers have mostly been used to respond to natural hazards, such as droughts, but DFID has started to use them also in order to respond to health shocks, such as epidemic outbreaks.

A review of 13 programmes using crisis modifiers shows that there are three typical crisis modifier designs. They tend to be structured (i) as pre-approved budget reallocation mechanisms at the programme or at the project level; (ii) as fast-track access rules allowing access to a third-party humanitarian donor providing rapid external liquidity inflow; or (iii) as contingency funds held as reserves at the programme or project level. Each of these structures comes with certain trade-offs – for example, a contingency reserve can provide rapid funding but idle funding carries a high opportunity cost. In turn, a rapid budget reallocation mechanism ensures that no funds are kept idle but programme objectives may be jeopardised after funds are reallocated for response from other items.

Key challenges of crisis modifiers relate to the ultimately achieved response speed, funding amounts, and the integration with the broader risk management framework. The response speed of the mechanism depends on the design of both funding access and funding implementation – both can be subject to lengthy decision-making processes. Some programmes are thus moving towards a faster, automated trigger-based approach, adopting pre-defined contingency plans. Another challenge of crisis modifiers is the fact that the

funding they make available tends to be relatively small and it is possible that expectations of implementing partners are misaligned – the mechanism is suited to fund response activities that respond to smaller and mid-sized events, not large-scale catastrophes. Donors may not plan for this appropriately in advance and may not integrate the mechanism into a larger risk management framework. This is a missed opportunity for the holistic management of crises.

Crisis modifiers can be an effective instrument for providing rapid and reliable funding to respond to health shocks but five key lessons should be heeded. These build on disaster risk financing (DRF) principles and the experience gathered from existing crisis modifiers, both for health and other shocks.

1. **If possible, use pre-agreed access triggers for funding, based on objective data**. Pre-agreed, data-based early-action thresholds are the best guarantor to ensure rapid disbursement in case of shocks. Such objective thresholds have mostly been developed for natural hazards – e.g. drought – but can also be used for health shocks.
2. **If the use of triggers is impractical, ensure a rapid and reliable decision-making process in regard to accessing funding**. When donors want to maintain flexibility in their funding decisions, decision-making processes (at the least) should be agreed in advance.
3. **Contingency planning is key.** To ensure rapid and politically impartial delivery, actions to be taken using crisis modifier funds should, as much as possible, be defined and designed in advance.
4. **Where possible, the response should be delivered through existing structures**. Response speed can be further enhanced by working as much as possible through existing programme partners and delivery structures (e.g. existing cash transfer programmes).
5. **Integrate with the overall risk financing and broader risk management framework.** The crisis modifier should be integrated into a broader framework regarding how crisis risk is financed and managed. Donors should consider exactly which risks the mechanism should cover and which ones it should not.

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List of abbreviations

AFRO	WHO Regional Office for Africa
BRACED	Building Resilience to Climate Extremes and Disasters
CERC	Contingent Emergency Response Component
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
DRF	Disaster risk financing
ECHO	European Civil Protection and Humanitarian Aid Operations
EWS	Early warning system
IRF	Internal Risk Facility
NGO	Non-governmental organisation
OFDA	Office for Foreign Disaster Assistance
PHASE	Providing Humanitarian Assistance to Sahel Emergencies
PSNP	Productive Safety Net Programme
RRF	Rapid response fund
SomReP	Somalia Resilience Programme
USAID	United States Agency for International Development
WHO	World Health Organization
ZBRF	Zimbabwe Resilience-Building Fund

1 The challenge of funding response activities after health shocks

Some countries are exposed and vulnerable to recurrent health shocks. Unsurprisingly, health shocks, including disease outbreaks, occur more frequently in some countries than in others. There are many reasons for this, including factors such as population density, the strength and quality of a nation's health care system, climate-related and ecological factors (including patterns of precipitation and temperature), and others. Lower-income countries are both more exposed and more vulnerable. A 2016 study found that of the 25 countries most vulnerable to disease outbreaks, 22 are located in Africa (Moore et al, 2016).

Many of these health shocks are of small or medium scale and do not necessarily make international headlines. For example, Sierra Leone received much international attention during the 2014/15 Ebola outbreak, which also affected Guinea and Liberia. However, since then the country has also been affected by a measles outbreak in Kambia and Pujehun (in 2018), a Lassa fever outbreak (in 2019), a catastrophic landslide in Freetown (in 2017), annual floods in various parts of the country, and COVID-19 (in 2020), all with significant health impacts. Apart from COVID-19, these health shocks received some support from in-country partners, but international attention was limited and little or no funding could be mobilised from global funds.

The economic, financial, and humanitarian implications of health shocks can be significant, but country systems often struggle to respond effectively – one key challenge is financing. Adequate financing arrangements for health shocks are often lacking. Where strong public financial management systems are lacking, countries cannot respond swiftly and effectively (Barroy *et al*., 2019). The financial shock response of low-income and lower middle-income countries is often characterised by a lack of preparation, a lack of speed, and dependency on donor contributions (World Bank, 2014). For example, in Ethiopia, a review of the government financing practices in respect of health-related emergencies showed that funding tended to be insufficient and slow, and that the vast majority came through external humanitarian donors (Oxford Policy Management, 2019). In separate Joint External Evaluations of the Central African Republic, the Republic of Congo, Gabon, Guinea-Bissau, Malawi, and São Tomé e Principe, the World Health Organization (WHO) recently found for each country that health shock contingency funding mechanisms were largely unavailable and that health emergency response efforts were strongly dependent on donor support. For the respective indicator, each country scored the minimum number of points (WHO, 2019a–f).

Against this background, humanitarian donors intervene, but they also face financing challenges. Many donors and humanitarian partners have central contingency funds in place to provide support in case of an emergency. However, there are three frequent challenges with such arrangements: (i) existing contingency funds are often not targeted at smaller and medium-sized shocks but are only activated for large health emergencies – this leaves countries experiencing such smaller but nonetheless potentially devastating events on their own or subject to creative solutions sought by donors; (ii) disbursement from such funds can be subject to delays due to internal bureaucracy; and (iii) while funding may be available, the response infrastructure may be lacking, leading to delays as suitable structures are set up.

Existing development programmes can offer a suitable platform for also delivering humanitarian aid through crisis modifiers, creating a win-win situation. Many humanitarian donors also implement development programmes in partner countries. If humanitarian activities are delayed or are lacking altogether in the face of shocks, these programmes can see their development targets threatened. Meanwhile, they often work through civil society partners and networks that also offer humanitarian capacity. Seeing a potential win-win situation, over the last decade donors have thus started experimenting with integrating humanitarian financing and delivery mechanisms into their development programmes – so-called 'crisis modifiers'.

2 Funding surge needs after health shocks through crisis modifiers

2.1 Benefits of financial planning

It is more effective to plan ahead in regard to financing shocks, and to prearrange suitable financing solutions. According to the DFID-funded Centre for Disaster Protection, DRF is 'the system of budgetary and financial mechanisms to credibly pay for a specific risk or risks, arranged before shocks occur. This can include paying to prevent and reduce climate and disaster risk, as well as preparing for and responding to disasters' (Centre for Disaster Protection, 2019). DRF is based on the realisation that many countries wait until after disasters strike before obtaining funding for resulting (response, recovery, reconstruction) costs. The fundamental understanding at the heart of DRF is that in many contexts it is predictable that hazards will strike again, and that there are large benefits from planning and arranging financing for related costs in advance (Clarke and Dercon, 2016).

While principally targeted at natural disasters, DRF concepts are also applicable to health shocks. Like natural disasters, health shocks engender sudden surge costs that need to be covered. As for natural disasters, many institutions in charge of financing such costs do so not in advance but on an *ad hoc* basis, leading to delays, unreliable financing systems, or resources being lost elsewhere as funds get reallocated. Given the exponential outbreak pattern of infectious diseases, such delays can mean a significantly increased disease burden on the affected population. By contrast, prearranging financing solutions and linking them to prearranged contingency plans and triggers is often more effective.

Given the complexity of epidemiological modelling, the availability of some financing options – e.g. risk transfer – is limited for health shocks. Some DRF solutions do not lend themselves as easily to health shocks as they do to natural hazards. The key reason for this is that the data that are used to measure the severity of health outbreaks are not as transparent and easily measurable as those relating to most natural disasters, making the use of risk transfer – e.g. by using insurance – very expensive. Disease outbreak patterns tend to be more complicated to model than the effects of many natural disasters, as the number of variables that define an epidemic event (e.g. time to intervention, type of intervention, availability and efficacy of vaccines and therapeutics) is greater, the historical sample of comparable events is smaller, and there are often issues with data (see e.g. De Angelis *et al*., 2015). The World Bank's Pandemic Emergency Financing Facility demonstrates the challenge with modelling health shocks, which has resulted in high payout triggers. This has meant that financing was only triggered for intended beneficiary countries four months after the first signs of the COVID-19 epidemic (now pandemic) (Parker, 2020).

Reserve financing mechanisms can be implemented, however, and tend to be cost-effective solutions for smaller shocks – this also includes crisis modifiers. Financing mechanisms that retain financial risk, i.e. reallocate existing funding or keep a contingency for surge needs during crises, tend to be most cost-effective for shocks that have a lower severity and occur more frequently. Crisis modifiers fall into this category. They also tend to be targeted at smaller and medium-sized shocks, and can thus be cost-effective instruments.

2.2 Crisis modifiers – experience thus far

Some donors, including DFID, have started to include crisis modifiers in their country programmes that enable emergency response funding to be accessed via development projects. While there is no universally accepted definition, crisis modifiers are components of development programmes that can provide financial resources for early humanitarian response. They recognise both the need to respond to crises early, and the comparative advantages offered by responding through existing development projects. The United States Agency for International Development (USAID) was the first donor to use this approach some 20 years ago by including drought response funding in its resilience-building programmes in the Horn of Africa (USAID, 2015).

Donors have included crisis modifiers in their programmes in pursuit of three key objectives (Peters and Pichon, 2017; USAID, 2015):

- **Response speed**: Crisis modifiers can enable an earlier response to crises by enabling easier funding access for crisis responders. They can also speed up the response by linking funding closely to existing programme delivery structures. For example, crisis modifier funds might be implemented through programme-implementing non-governmental organisations (NGOs) or existing cash transfer programmes – this can be faster than setting up new response infrastructure.
- **Protection of investments in programme activities**: Crises can overwhelm local public capacities and households, potentially destroying years of development progress. Early crisis response, as enabled through crisis modifiers, can help protect that progress against crisis impacts.
- **Lack of other funding mechanisms**: International funds may be unavailable to respond to smaller or mid-sized national humanitarian crises or crises that have not yet turned into large ones. Crisis modifiers have often helped to close that gap.

Crisis modifiers have been implemented using different financial designs. Nine programmes using crisis modifiers, implemented by DFID, USAID, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), and the World Bank, have been reviewed for this note (for respective programme details, see Table 1). No existing typology of crisis modifiers could be identified. However, existing schemes seem to have adopted broadly one of three overarching institutional structures:

- **A pre-approved budget reallocation mechanism**: In the event of a crisis, such a mechanism allows the programme budget to be reassigned to response activities with minimal bureaucratic requirements. The potential reallocation is pre-approved at the programme preparation stage. Such reallocation can be decided at different levels:
    - *At the implementation level*: for instance, USAID's Pastoralist Livelihoods Initiative Programme Phase 1 in Ethiopia allowed for 10% of the programme budget assigned to implementing NGOs to be reallocated. Reallocations were not subject to any approval process but were left to the partners, thus making the response particularly fast (USAID, 2015).
    - *At the programme level*: the World Bank's Contingent Emergency Response Component (CERC) is a budget reallocation mechanism that is used in many different World Bank projects. CERCs are typically 'zero-dollar' components, to which

unspent project resources can be reallocated for emergency response in the event of a crisis, depending on the *ex-ante* preparation of an operational manual that defines the types of interventions and eligible expenses for which the funds can be used (World Bank, 2017a).

- **Fast-track access to a third-party humanitarian donor**: In this structure, a special agreement between a humanitarian donor and the development agency implementing the programme is set up, enabling a simplified application process for response funding. In the event of a crisis, the programme's implementing partners (e.g. NGOs) can apply for response funding using the simplified procedure. This is largely the approach taken by USAID projects in East Africa, where the US Office for Foreign Disaster Assistance (OFDA) agreed to fund USAID implementing partner activities for early drought response through a simplified funding application process. Such OFDA support is limited to US$ 1 million per year[1] (USAID, 2015). This is also the approach of the DFID-funded Building Resilience to Climate Extremes and Disasters (BRACED) programme in the Sahel. There, DFID linked the humanitarian fund Providing Humanitarian Assistance to Sahel Emergencies (PHASE) to BRACED. A total of £1.5 million was ring-fenced for BRACED consortium partners to apply to for early crisis response activities via an accelerated process that was meant to last no longer than 15 days (Peters and Pichon, 2017).
- **Contingency fund**: Some development projects have dedicated ring-fenced funds that can be utilised for emergency response. For example, in both Somalia and Myanmar, DFID included an Internal Risk Facility (IRF) as part of broader humanitarian / resilience-building programmes. In both cases, funds were set aside that could be accessed by implementing agencies for early crisis response via an accelerated application procedure (La Guardia and Poole, 2016; DFID, 2018c).

[1] USAID programmes that have applied this approach include: the Pastoralist Livelihoods Initiative Programme Phase 2 (Ethiopia, 2009–12); the Pastoralist Areas Resilience Improvement Through Market Expansion (PRIME) Project (Ethiopia, 2012–17); the Graduation with Resilience to Achieve Sustainable Development (GRAD) Programme (Ethiopia, 2012–17); and the Resilience and Economic Growth in the Arid Lands – Improving Resilience (REGAL-IR) (Kenya, 2012–17).

Table 1: Programme details of programmes with crisis modifiers (no health risk)

Programme	CERC	Pastoralist Livelihoods Initiative Programme Phase 1	Pastoralist Livelihoods Initiative Programme Phase 2	La Nina Consortium	Multi-year Humanitarian Programme	BRACED	Burma Humanitarian Assistance and Resilience Programme (HARP)	Zimbabwe Resilience-Building Fund (ZBRF)	Somalia Resilience Programme (SomReP)
Donor	World Bank	USAID	USAID	ECHO	DFID	DFID	DFID	Multi-donor (DFID, EU, Sweden, United Nations Development Programme (UNDP))	Multi-donor (e.g. USAID, Swiss Development Cooperation)
Country	Included in many projects worldwide (e.g. REDISSE in West Africa)	Ethiopia	Ethiopia	Kenya	Somalia	13 countries in the Sahel	Myanmar	Zimbabwe	Somalia
Year	Not applicable	2005–2009	2009–2012	2013–2015	2013–2017	2015–2018	2015–2020	2015–2021	2018–2023
Hazard	Any crisis	Drought	Drought	Emergencies (mostly drought)	Emergencies	Any crisis	Emergencies (mostly displacement, conflict)	Climate shocks	Drought
Type	Budget reallocation	Budget reallocation	Fast-track humanitarian funding access	Contingency fund	Contingency fund	Fast-track humanitarian funding access	Contingency fund AND fast-track humanitarian funding access	Contingency fund	Contingency fund
Institutional arrangement	- Can be included in all World Bank investment projects - Separate component that can receive unused budget for crisis response from other components in event of crisis	- Up to 10% of designated NGO programme funds can be reallocated by the NGOs themselves for early crisis response without prior	- OFDA finances humanitarian activities by USAID resilience programmes - Funds pre-assigned but not guaranteed by OFDA - Rapid approval process based on concept note	- Fund of €300,000 set aside for developing and small emergencies - Consortium members (Oxfam, ACTED, VSF Germany, Concern	- Relief programme that included an IRF – i.e. a fund – of £36 million available for partners (DFID Somalia, NGOs, UN) to apply to for early action in the face of emergencies	- In September 2015, DFID humanitarian contingency fund PHASE was linked to BRACED programme and £1.5 million was ring-fenced for responding	- DFID humanitarian programme whose business case included an IRF to provide rapid funding to partners for medium-scale emergencies - Later, it seems that a 'rapid response fund' (RRF) was also added – a contingency fund	- As part of a broader resilience-building programme, funds are set aside for shock response (initially any kind of shock, but focus has turned out to be on climate shocks) - When pre-defined triggers are met, members of the	- Funds come from a 'crisis modifier pool fund', which is open to investment by different donors - When pre-defined indicators detect a drought, funds

	- A 'CERC Annex' or emergency protocol should be drafted during project preparation, describing when and how funds can be used – however, this is often neglected	approval by USAID	being submitted by USAID implementer (NGO) to OFDA in-country	Worldwide, and Transparency International) can apply. Consortium lead Oxfam decides within 24 hrs based on feedback from other consortium members – if no feedback provided within 24 hrs, partner not considered; ECHO not involved	- IRF was meant to be available only upon activation of trigger mechanism; however, triggers took longer to develop than expected, thus was used without - In the event of a coming shock, partners were invited to apply for funding from the fund for early action via a fast approval process	through BRACED - Any of the 15 consortia under BRACED could apply to PHASE for grants up to £250,000 - BRACED/DFID Assessment Panel had to decide on approval within 15 days	within the programme to support partners more quickly than the multi-donor country pooled fund - IRF seems to have provided access to pre-approved HQ-based funding while RRF seems to have been resourced directly from programme budget	implementing consortium are invited to submit funding proposals to the ZBRF Steering Committee for early action, which should be approved within 25 days	can be used for a set of pre-identified response activities - SomReP implementing agencies request crisis modifier funds from central Steering Committee, which decides whether to approve
Size	- Flexible / depending on World Bank project budget - Typically, CERC is assigned US$ 0 at project outset; however, project teams can also assign an amount	10% of programme budget implemented by NGOs (i.e. of US$ 12.3 million)	Up to US$ 500,000 per event; total up to US$ 1 million per year	Total of €300,000	Total of £36 million	Up to £250,000 per event; total of £1.5 million ring-fenced	- £17.8 million in an IRF - Funds (size undisclosed) set aside for rapid response	Flexible; 20% of total funds invested in resilience-building measures	Flexible; 80% derived from flexible programme funding, 20% from various donor contributions
Access rules	- Access is regulated by the CERC Annex - Minimum requirement as per World Bank regulation is the national declaration of state of	N.A.	'Once the alert or alarm phase of a drought was reached'; overall, limited documentation (USAID, 2015)	- No hard triggers	- Given the trigger was not ready, DFID decided on allocations based on other data available	- A 'crisis' must occur in the project area - No use of triggers	- IRF: '*submission from SRO to DFID Burma Head of Office, and then to Ministers for amounts >£5m. This would form the basis of discussion with ASCOT Directorate, Ministers, CHASE and DFID*	- An early warning system (EWS) triggers 'alert', 'alarm', or 'emergency' state and invites consortium members to submit funding proposals	Early warning indicators using different sources (FAO FSNAU; FEWS NET; agencies; early warning committees) as 'triggers'

	emergency or equivalent (e.g. humanitarian appeal)						*Team Leaders on which budget lines are available and appropriate from which to reallocate funding to address crisis in question.*' (from business case) - RRF: Seems to be decided at programme level, goal <7 days		
Execution rules	- Eligible expenditures and eligible recipients are regulated by CERC Annex - Recipients can be project implementers or third parties - CERC can finance works, goods, non-consulting services, consulting services, training and operating costs	N.A.	- Response operational within one to two weeks after activation - 'No blame' environment for early response measures - Funds to be used to protect project development gains	- Response activities	- Only for 'early action' but does not seem to have been defined clearly	- PHASE guidelines allow for any expenditure for crisis response	- IRF: N.A. - RRF: Only for pre-approved partners	- Response funds to be used for various early-action activities - Activities generally no longer than six months	Eligible response activities: - cash for work, e.g. rehabilitation of water supply or canal rehabilitation - unconditional cash transfers - emergency water trucking - livestock health interventions
Activation	-	Once, early 2006	Twice, 2010 and 2011	Multiple, 2013–2015	Multiple, 2013–2017	Five times, 2015–2017	Multiple, 2015–2018	Three times, 2017–2019	N.A.
Lessons learned	(-) Often not used for crisis response because: (1) CERC Annex often requires drafting of emergency	(-) Being essentially a budget reallocation mechanism, funds ended up missing where they were	(+) Enables faster response to crisis (Save the Children, 2012; Stockton *et al.*, 2012)	(+) Approval process allowed for swift and coordinated response (IFRC, 2014)	(+) Pre-positioning funding this way significantly sped up availability of resources (-) Funding should be limited to	(-) Given the disconnect between field and HQ staff, need to have contingency plans that ensure that response is	(-) RRF: Should be used more strategically, i.e. with better alignment with other funding mechanisms available	(+) Successful in protecting development gains (UNDP, 2020) (-) Funding was repeatedly provided with significant delay	(+) Pre-specifying as much as possible before (triggers and menu of eligible actions) in order to reduce

	protocol specifying conditions for activation; however, projects often neglect drafting; (2) World Bank project managers unwilling to give up project budget in other components as they fear not meeting their performance targets; and (3) governments unwilling to give up project budget in other components	diverted from; thus, subsequently set up special agreement with OFDA (to access extra-budgetary funds) (USAID, 2015)	(+) More cost-effective than traditional hum. aid given pre-established distribution network, and easier to scale down (World Bank, 2013) (-) Lack of capacity among implementers who needed to apply, leading to delays (USAID, 2015) (-) Bureaucratic delays due to proposal development and approval (USAID, 2015) (-) Funding ceiling (USAID, 2015) (-) Gov. pressure to spend on non-programme-related activities (USAID, 2015)	(-) Need to develop triggers (IFRC, 2014) (-) Need to be able to reallocate emergency funds to programme budget if they are not spent (Overseas Development Institute (ODI), 2015) (-) Need to improve collaboration with government (ODI, 2015)	existing DFID partner programme areas to maximise benefits of early action (-) Decision-making process within DFID should be systematised for continuity and speed (-) Clarify which activities are eligible for funding	launched in place in time (Peters and Pichon, 2017) (-) Need to ensure stakeholders stick to the approval timeline, otherwise delays (Peters and Pichon, 2017)	(-) RRF: Would be good to have clearer triggers for activation	because: (i) EWS info was not timely; (ii) contingency plans were not designed in advance, slowing down proposal process; and (iii) too much time taken to improve proposals (DFID, 2020b) (-) Mechanism not suited to fast-onset crises (UNDP, 2020) (-) Lack of understanding of some consortium members (UNDP, 2020) (-) No clear link between alarm and emergency phase (UNDP, 2020) (-) Crisis modifier seems to have been used to fill programme gaps (UNDP, 2020)	lead time to response (SomReP, 2018)
Similar programmes	N.A.		- Ethiopia: USAID PRIME programme, 2012-17 - Ethiopia: USAID GRAD programme, 2012-17 - Kenya: USAID REGAL-IR						

			programme, 2012-17 - Sahel: USAID Resilience in the Sahel Enhanced (RISE), since 2012						
Sources	World Bank, 2017a; key informant interviews with World Bank staff	USAID, 2015	USAID, 2015; Stockton *et al*., 2012; Save The Children, 2012	IFRC, 2014; ODI, 2015	La Guardia and Poole, 2016	Peters and Pichon, 2017	DFID, 2018c; DFID, 2017a	DFID, 2017b; DFID, 2020b; UNDP, 2020	SomReP, 2018; USAID, 2015

2.3 Experience of DFID health programmes with crisis modifiers

Different DFID programmes have included flexible funding mechanisms for health shock response that are similar to crisis modifiers. Four of these have been reviewed for the purposes of this note. They are listed below (for full programme details, see Table 2):

- **Zambia: Malaria and Child Health Programme, 2011–2015:** This preparedness-building programme included a dedicated £2 million reserve that was to be used '*to respond to the needs of the National Malaria Programme in Zambia and scale up the interventions within the business case*' (DFID, 2014). It seems to have been the case that no particular access or expenditure rules were set. While the documentation does not indicate a use of the reserve funds for malaria response, it describes various uses for supporting responses to other outbreaks (e.g. measles, typhoid) and for Ebola preparedness.
- **Zambia: Health Systems Strengthening Programme, 2016–2021:** One component of the programme is focused on epidemics preparedness and response. It is fully implemented by the WHO. Of the allocated £3.6 million, some of the funds are intended for '*injection of small catalytic funds upon immediate notification of emergencies as appropriate, prior to full [Government of Zambia] response*'. The documentation does not indicate how much of the resources are intended for preparedness versus response activities. Initially, £2.45 million had been allocated to the component, which was then increased to £3.6 million. Funding was used by WHO to respond to various outbreaks (e.g. cholera, measles) and for Ebola preparedness.
- **Different African countries:** Tackling Deadly Diseases in Africa Programme, 2017–2021. This disease outbreak preparedness strengthening programme for the Africa region includes a £1 million contingency fund as part of the programme budget, whose execution is left to the WHO Regional Office for Africa (AFRO) for emergency response. As a separate component, the programme also includes a £20 million fast-track 'contingency mechanism', which enables funds to be provided either from within the DFID Africa Division or from the DFID Crisis Reserve (depending on need). The £20 million contingency mechanism can be used for response funding when a need is identified either by the EpiThreat group or the cross-Whitehall Global Health Oversight Group, and the need is then approved at Director General level. The approval process is supposed to take no longer than 72 hours. The contingency mechanism has been used multiple times already, including £5 million for responding to Ebola in the Democratic Republic of Congo (DRC).
- **DRC:** Support to the health system, 2019–2020. This health system strengthening programme includes a £3 million flexible fund for preparedness and response. However, the programme documentation that is publicly available is limited.

Table 2: Programme details of DFID programmes with components for funding rapid health shock response

Programme	Malaria and Child Health Programme	Zambia Health System Strengthening Programme	Tackling Deadly Diseases in Africa Programme	Appui au Système de Santé en République Democratic du Congo (support to the health system in DRC)
Donor	DFID	DFID	DFID	DFID
Country	Zambia	Zambia	Africa region	DRC
Year	2011–2015	2016–2021	2017–2021	2019–2020
Hazard	Epidemics	Epidemics	Epidemics	Unclear
Type	Contingency fund	-	Contingency fund AND fast-track humanitarian funding access	Unclear
Institutional arrangement	- As part of a Malaria preparedness strengthening programme, within the business case a £2 million reserve was included in order to be able to respond to the needs of the National Malaria Programme in Zambia and to scale up the interventions	- One component of the wider Health System Strengthening Programme that is focused on preparedness and response; implementation of component left to WHO - In the beginning, £2.45 million was allocated to the component; in 2019 this increased to £3.6 million - Unclear from documentation how much exactly was intended for emergency response use; there does not appear to have been a clear differentiation - In 2018, an outcome indicator on preparedness and response was added	- Preparedness strengthening programme for Africa region that also aims to respond to health emergencies - £1 million was kept as a contingency, dedicated to outbreak emergency response via WHO AFRO - Contingency mechanism: up to £20 million available from within DFID Africa Division or from DFID Crisis Reserve (depending on scale of need) for outbreak response	- Health system strengthening programme with a £3 million flexible fund for preparedness and response - The fund has not yet been developed (status March 2020)

Size	Total reserve of £2 million for emergency response needs	Total size of £3.6 million for emergency preparedness and response	- £1 million contingency for WHO AFRO to respond - Up to £20 million in fast-track access funding for response	- £3 million 'health preparedness and response flexible fund'
Access rules	- Undefined	- Undefined	- For £1 million – left to WHO AFRO - Option 1 for £20 million contingency mechanism: need to be identified by either DFID EpiThreat group or cross-Whitehall Global Health Oversight Group. Needs to be approved by Director General level; process to take no more than 24–72 hrs; funding origin is either within Africa Division or DFID Crisis Reserve (depending on need) - Option 2 for £20 million contingency mechanism (for non-urgent high-priority): identification by DFID staff or project partners, approval by the programme steering committee, and 'appropriate level of delegated authority'; funding origin is DFID Africa Division	Unclear
Execution rules	- Undefined	- Undefined – fully implemented by WHO	- Funding to be executed via 'most appropriate delivery partner'	Unclear

Activation	Activated for various outbreaks (cholera, typhoid, Ebola [preparedness])	Activated for various outbreaks (measles, cholera, Ebola [preparedness])	- Contingency mechanism activated for various outbreaks; already £9.5 million spent during first year, incl. £5 million for DRC Ebola response	Unclear
Lessons learned	N.A.	N.A.	(+) Rapid response works: WHO confirmed after first year that central emergency funding was released to eight African countries/entities within 24–48 hrs of request	N.A.
Source	DFID, 2013; DFID, 2014; DFID, 2015	DFID, 2018a; DFID, 2020a	DFID, 2018b; DFID, 2019	DFID, 2020c

2.4 Challenges of crisis modifiers

There are a number of typical challenges experienced by donors implementing crisis modifiers. The paragraphs below summarise some of the most common ones.

Funding does not arrive quickly enough. Although set up for their potential speed, one of the key challenges of many crisis modifier programmes has been their lack thereof. There tend to be two reasons for this:

(i) **Access to funding is too slow.** Most programmes have relied on structured decision-making processes, which have not always worked quickly as the process had not been set up carefully enough, or due to a lack of committed staff (La Guardia and Poole, 2016; Peters and Pichon, 2017; USAID, 2015). Some also report challenges in working with implementing partners, or a lack of confidence of project staff as regards reacting to crises outside the regular project scope, which may have slowed down decision-making processes (USAID, 2015; UNDP, 2020; Peters and Pichon, 2017). In the case of the World Bank's CERC – essentially a pre-structured budget reallocation mechanism – challenges may also include an unwillingness of managers to reallocate funding from other project parts, or the fact that the CERC has a lower priority than other project objectives and thus drafting and approving the necessary access documentation does not occur in the first place. In order to counter such funding access challenges, some programmes have implemented pre-agreed trigger mechanisms that automate the access decision, relying on objective (e.g. early warning) data. However, this can also be challenging – for example, if early warning data arrive late (DFID, 2020b). Nonetheless, many programmes have concluded – or are considering – that it may be helpful to move to a pre-determined objective trigger regime (e.g. SomReP, 2018; IFRC, 2014; DFID, 2017a; La Guardia and Poole, 2016).

(ii) **The expenditure mechanism is too slow.** The other key issue slowing down response funding concerns the 'money out' side, i.e. the process after it has been determined that funding will be made available. Some crisis modifier programmes have been designed without pre-determined contingency plans, thus requiring *ad hoc* post-crisis response design and more preparation than had there been a planning process in advance (Peters and Pichon, 2017; DFID, 2020b). Similarly, others report that a previously established list of eligible expenditures could have improved response speed (La Guardia and Poole, 2016).

Funding is used to fill programme gaps. Given the lack of contingency or expenditure plans, in some cases resource allocation decisions may have been used in order to fund activities that aim to make up for flaws in the design of the development programme. This may or may not have happened to the detriment of other, possibly more appropriate, response measures. This seems to have been the case in at least one of the examined crisis modifier programmes (UNDP, 2020) and it was discussed in at least one other (Pichon and Peters, 2017).

Funding provided by the mechanism is too small. Another challenge is that the available amount of response funding through crisis modifiers tends to be small, given the high potential opportunity cost of contingency funding being held in a reserve. For this reason, provided funding is often more suited either for small and mid-sized emergencies or to bridge the gap immediately after the crisis before additional support arrives. Nevertheless, the amount of funding available has been cited as an issue of concern by partners (e.g. USAID, 2015).

The funding mechanism is not integrated into the broader risk management framework. This point builds on the previous one regarding the amount of funding available. In most cases, programmes have not been designed such that they are integrated into a broader response funding strategy for the context at hand, including with other donors, as well as broader risk reduction and management efforts (e.g. DFID, 2018c; ODI, 2015; Save the Children, 2012). However, ideally, donors should consider beforehand which risks exactly they would like to fund through the crisis modifier, how they would like to fund other remaining risks, and how their programmes are integrated into government efforts. Ideally, they would decide in advance which mechanism 'owns' which risk. Many lessons from DRF can be applied here (see e.g. Poole *et al.*, 2020).

Other operational challenges. There can be numerous other operational challenges. For example, for a crisis modifier programme in Kenya, it was noted that it should have been possible to reallocate unused contingency funding back to the programme budget (ODI, 2015). In one programme in Ethiopia, the government was reported to exert pressure on the programme to spend crisis modifier resources on certain activities (USAID, 2015). Also, other programmes cite challenges in coordinating with the government (ODI, 2015; DFID, 2018c; Save the Children, 2012).

3 Key lessons learned

Crisis modifiers have great potential but they need to be designed well in order to achieve the desired results. It is important to think through the details of implementation from the start. Only if the financial structure, the access rules, and the expenditure rules are designed well in advance will crisis modifiers be able to reach their full potential.

From the experience with crisis modifiers thus far, the following lessons have emerged for their financial design:

- **If possible, use pre-agreed access triggers for funding, based on objective data.** For all of the programmes examined, a key reason for decision makers to include a flexible funding component was that they hoped to achieve greater response speed. In order to achieve this, actors throughout have had the experience that pre-agreed, data-based early-action triggers to access funding are most effective as regards enabling an early response (e.g. IFRC, 2014; Clarke and Dercon, 2016). For example, for its IRF in Somalia, DFID invested considerable resources in developing a multi-indicator EWS, and triggers were agreed among all potential implementing partners. While mostly focused on drought, the system also includes triggered relating to sudden large population displacements and price surges (La Guardia and Poole, 2016). Triggers may also be thought of in a health shock context: for example, in May 2020, three and a half months after the first COVID-19 case was detected in the country, German authorities set a threshold of 50 cases per 100,000 people for a given area for re-imposing social distancing measures. Similar triggers could be used in other health shock contexts to trigger crisis modifiers to disburse.
- **If the use of triggers is impractical, ensure a rapid and reliable decision-making process in regard to accessing funding.** Sometimes the use of pre-agreed access triggers is impractical. For example, decision makers may want to retain flexibility as they cannot yet foresee the nature of the crisis they want to respond to, or data that could be used to predict the occurrence of an emergency are unavailable or unreliable. In such cases, the decision-making process should as much as possible be agreed on in advance, ensuring that it is light, fast, and reliable. Approval processes can lead to significant delays – due to lack of discipline, lack of staff resources, lack of partner contingency planning, or lack of partner understanding of the objectives and rules of the funding mechanism (USAID, 2015; UNDP, 2020). Also, donors themselves can slow down approval processes – a 2017 review of the DFID crisis modifier used for the BRACED programme recommended putting in place stronger accountability mechanisms to ensure that DFID staff kept to the deadlines they had assigned themselves (Peters and Pichon, 2017).
- **Contingency planning is key.** To ensure the response that is funded is rapid, the actions that the contingency funding will finance should as far as possible be defined and designed in advance. Where possible, specific triggers should be linked to specific activities as this will provide a framework for action when things become hectic during a crisis. Response activities should be developed by actors from various disciplines and should be defined in as much detail as possible in advance – this includes all operational aspects, such as roles and responsibilities of actors, expenditure items, and timelines (Clarke and Dercon, 2016). Contingency plans should also consider what the needs

following the response phase may be – in some programmes, the transition to recovery is not considered sufficiently (Peters and Pichon, 2017).

- **Where possible, the response should be delivered through existing structures.** Working through existing programme structures, activities, and partners can enhance response speed as the transactional costs relating to acquiring new structures and partners are reduced. This has been one of the key rationales for donors to adopt the crisis modifier approach and should be a guiding principle for the planning of contingency activities. Conversely, however, this may also have implications for the overall scope of the mechanism: if the intended response activity is outside the core focus area of the base programme and cannot be provided through existing resources, it might be argued that the rationale for funding it may be limited. This is one of the criticisms that was levelled at the initial USAID crisis modifiers (e.g. USAID, 2015). Other potential reasons for funding can outweigh the lack of efficiency but must be considered carefully.

- **Integrate with the overall risk financing and broader risk management framework.** The size of the instrument should be considered well – it can be neither too large, as idle funds involve a high opportunity cost, nor too small, as this would render it ineffective. Funds through the crisis modifier will not be suited to respond to major crises but rather to smaller/mid-sized ones, or to help bridge the gap between the occurrence of a major crisis and the arrival of additional support. Donors should think this through from the start and consider which risks will be covered by which funding instruments. The crisis modifier will then only take on one portion of risk within this framework. The more this is planned in advance, the faster and more effective will the financial response be in case of a crisis (Clarke and Dercon, 2016).

Table 3: Crisis modifiers, international experience thus far

	Potential benefits (+)	Potential challenges (-)
Reallocation mechanism	• Can be mobilised immediately; process is kept to a minimum • Can be useful to balance underspending in some project areas	• Reallocated funds may be missing in the area from which they were reallocated • Project partners who have resources diverted away may object to the reallocation • Lack of oversight
Fast-track access to humanitarian donor	• Quicker approval than stand-alone proposal to third-party funder • Programme can possibly leverage additional resources it would otherwise not have access to • Neither reduces overall programme budget nor diverts programme resources away from other parts	• Process may lead to delays • Less control by programme staff over whether resources are made available
Contingency fund	• Can be mobilised immediately • Control of programme staff; maximum flexibility	• Opportunity cost of idle funding, which may or may not get spent • May overly limit available funds – optimal size can be hard to gauge

Source: Author

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