ExPost

Overview

Evaluation
September 2024
N° 104

Authors Matthieu Lacave, Soheir Dani, Hélène Beaujet, Simon Varron, Laura Rennie (Technopolis Group) Valéry Ridde, Oumar Mallé Samb

Evaluation of the Health in Common 2020 Initiative (HIC 2020)

ÉDITIONS AFD AGENCE FRANÇAISE DE DÉVELOPPEMENT

Coordinators
Claire Cogoluènhes, Camille Tchounikine

Disclaimer
The analyses and conclusions of this document are those of its authors. They do not necessarily reflect the official views of Agence Française de Développement or its partner institutions.

Cover photo
(July 30, 2020) - Marie Henriette Diaw and Diogop Camara analyze Covid-19 samples at the Institut Pasteur in Dakar.

Thanks to €670,000 in funding from AFD, the Institute continues to deploy and make available its expertise in the country. It plays a crucial role in the Covid-19 response in Senegal and West Africa. Its 100 years of expertise give it the capacity and legitimacy to support the Ministry of Health in its efforts to combat this virus.

Contents

Editorial

***Thomas Mélonio**, Chief Economist, Executive Director of Innovation, Strategy and Research, Agence française de développement*

***Laëtitia Huiart**, Chair of the Peer Group of the evaluation, University Professor, Hospital Practitioner at UVSQ-Paris Saclay and AP-HP and former Scientific Director at Santé Publique France*

Three years after the outbreak of the global health crisis caused by Covid-19, an evaluation of AFD's response to this pandemic seemed essential. Firstly, for accountability requirements with regard to the financial volumes mobilized and, especially, due to the major potential for learning from this initiative in terms of the emergency response organized by a development donor such as AFD.

Indeed, to address the global health crisis and in the most uncertain environment, France took action at the outset of the pandemic to support the most vulnerable countries and promote a common response within the multilateral arenas. It mobilized AFD Group to contribute to the pandemic response in all its countries of operation, in particular in Africa and the ocean basins. The global nature of this health crisis demonstrated the need to take a holistic approach to the fight against Covid-19, by strengthening health and social protection systems as a whole in order to be in a position to not only respond to the current crisis, but also prevent future crises. Furthermore, the global nature of these events made it necessary to focus on coordination and collaboration within the international community through a partnership-based approach, which is central to AFD's strategy. Finally, beyond the health consequences of the epidemic, Covid-19 also had economic and social consequences which are still difficult to assess.

The outcomes of this initiative were thus essential to enable a review of the projects financed by "Health in Common 2020" (HiC 2020) in response to the health issues, but also to assess AFD's ability to respond to the Government's request for its intervention within an extremely short timeframe. This is also why we wished to take an approach involving AFD Group's teams, as well as the relevant French ministries, research institutes, NGOs, and parliamentarians, within a "Peer Group" which followed the entire process. The quality and independence of this Group provided valuable input for the work of the evaluators. It was essential to place this work within the context of early 2020, far from the *a posteriori* knowledge we have of Covid-19 today: a disruption to daily personal and professional lives, including for AFD's operational teams; great uncertainty over the immediate and long-term future from a health and social perspective; and, despite everything, the need to take emergency action in real time to provide a response closely geared to the needs and issues raised by the crisis.

The conclusions of this broad-scope evaluation, covering €1.2 billion of financing implemented in 2020 in some 45 countries, are generally positive. They are not only based on documentary research, but also on two evaluation missions in Senegal and Cameroon, involving development partners in these two countries, in order to take a close look at the projects financed and their adequacy to the needs of our partners. The evaluation highlights the relevance of the support organized by AFD in response to the crisis and the responsiveness in its deployment.

The quality of the work of the AFD teams in a context of challenges and uncertainties has been recognized by the developing countries involved. The comparison with the evaluations conducted by our partners (including the European Union, German cooperation and the OECD) highlights the fact that they faced somewhat similar difficulties with the various projects.

It is now important to capitalize on the lessons learned from this evaluation, by taking into account the areas for improvement in the response to emergency situations, especially major crises. The lessons learned will enable AFD to be more efficient and better structure its emergency response in the event of a crisis, whether a health crisis or any other type of crisis, while taking into account long-term issues. For example, this includes the need to deploy more internal teams for a region or sector in the event of a far-reaching crisis.

The proposals made by the evaluators, developed with the peer group and AFD's various departments, provide highly relevant avenues for reflection, including: the definition of a post-crisis strategy, the provision of a non-earmarked financial budget in projects, and a flexible monitoring-evaluation framework for the emergency period.

Certain internal working arrangements at AFD have already seen significant changes since the crisis, largely to adapt to the situation created by the initial lockdown and teleworking by dematerializing procedures, and these are permanent changes.

Efforts still need to be made towards AFD's mobilization for future crises. In this context, the evaluation of the Health in Common 2020 initiative provides a major contribution. In the coming months, AFD will be focusing attention on pursuing the ongoing reflection.

Executive Summary of the conclusions and lessons learned from the HiC evaluation

The evaluation of the Health in Common 2020 initiative had a twofold purpose: firstly, accountability, to report on the use of the financing and, secondly, learning, on AFD's ability to respond to a crisis, in this case a health crisis. It aimed to examine the relevance of the projects financed in terms of the issues related to the Covid-19 crisis, AFD's contribution to the French response to the crisis, and the initial outcomes of the projects.

In terms of results, in 2020, a total of €1.226 billion were committed through the initiative: more than €1 billion in loans and more than €200 million in grants, deployed for 71 new projects and 29 reallocations for projects that existed before the initiative. The priority geographical and thematic objectives anticipated when the initiative was conceived have been respected. The funds were allocated and disbursed at a very fast rate compared to AFD's standard disbursement timeframes, thus providing an effective response to the emergency situation of the Covid-19 crisis.

Overall, the initiative was aligned with France's objectives to be present in Africa to address the crisis, and with the needs expressed by the countries and the various stakeholders. In retrospect, this relevance may be questioned, as the effects were not always very adapted to the reality of the crisis. However, the evaluation also highlights the fact that this was difficult to anticipate in April 2020, with AFD aligning with national response plans that were also supported by WHO. But the evaluators do raise the issue of AFD's mandate and intervention framework being maintained during a crisis period, as this was instrumental in its decisions.

The analysis shows that AFD's response was devised to be complementary with the action of international donors although, in practice, it was difficult to maintain international coordination in the emergency situation. On the ground, AFD's exchanges with the technical and financial partners were also limited. As a bilateral response, complementary to efforts to mobilize multilateral health institutions, the evaluation shows that the initiative was consistent with the other components of the French response. However, it considers that this could have been better coordinated, in view of the multiple channels for bilateral dialogue developed simultaneously between operators, ministries, and other stakeholders in the French response.

Through the deployment of HiC, AFD has demonstrated its ability to take emergency action, building on what already exists and simplifying its appraisal procedures. The focus on mainly building on existing projects and known partners for new projects proved successful. However, the significant cost in terms of internal human resources and its consequences on the monitoring and management of the initiative highlight the organizational limits of AFD in times of crisis, in particular a lack of consideration given

to the internal organization. The evaluation also stresses the need to strengthen AFD's resources for health expertise, especially if this sector is to become a greater priority (for example, due to the increased interaction between health and climate change).

Finally, case studies in two countries – Cameroon and Senegal – showed that the projects supported achieved conclusive results. They in particular demonstrate how the projects financed by HiC 2020 contributed to screening people and helped health services manage the emergency, as well as giving a greater understanding of the disease and creating knowledge.

The lessons learned from this evaluation concern both AFD and, more generally, Team France. They include the added value of being able to rely on financial, human, managerial and physical structures that existed before the crisis to rapidly deploy funds. But they also suggest that the mandate and intervention framework of AFD should be reconsidered, on an exceptional basis and in the name of urgency, in order to provide more flexibility and an appropriate response to the emergency needs. The crisis also demonstrates the need to set up a steering body for Team France to better coordinate the interventions of the various operators and the complementarity between bilateral and multilateral action during health crises.

For AFD, the lessons concern the need to manage the tension between the health emergency and the difficulty of accurately documenting the needs and, more generally, the importance of better reconciling emergency and development in projects. Internally, the evaluation highlights the need to consider, prior to crises, mechanisms allowing flexibility in the organization and management of human resources. It also points to the need to capitalize on the simplification of the management procedures used and set them out in a handbook for use during future crises. Finally, it emphasizes the importance of the accountability framework, which is difficult to implement during a crisis, but needs to be devised and adapted to the emergency to provide the flexibility required for the monitoring of both the projects and the initiative as a whole.

1. Introduction

In 2020, as part of the global response to the effects of the Covid-19 crisis, a number of AFD's financial allocations were channeled towards hard-hit strategic sectors. They aimed to support the countercyclical macroeconomic response in countries, or support national social protection policies. For example, the "French Overseas in Common" initiative supported local authorities and companies in the French overseas territories in response to the economic impact of the health crisis. The Group also deployed the Resilience component of Choose Africa, an initiative to support the private sector in Africa, with the aim of providing financing solutions to African MSMEs weakened by the crisis. In the specific sector of health, more than €1.226 billion were committed via **the Health in Common 2020 (HiC 2020)** initiative, deployed for 71 new projects and 29 reallocations. The initiative was renewed in 2021 and was one of AFD's main responses, with more than €1.8 billion committed in two years (2020-2021).

An evaluation, commissioned by AFD's Board of Directors, was conducted by the consulting organization Technopolis Group between June 2023 and February 2024 with two objectives:

- **Accountability**: account for the use of the financing and highlight the initial results and outcomes of the initiative, based on the OECD/DAC evaluation criteria (relevance, coherence, efficiency and effectiveness);
- **Learning**: analyze AFD's ability to respond to a crisis, in this case a health crisis.

While the evaluation only covered 2020, it considered the initiative as a whole. It thus included an assessment of the deployment of the HiC initiative, a review of its project portfolio and the amounts committed and disbursed, interviews with all the stakeholders, including the personnel with responsibilities during the crisis in 2020, a review of the organization and procedures put in place at AFD to deploy it, a comparative analysis of the responses to the crisis of other international donors (World Bank, European Union and in particular the Directorate-General for International Partnerships – DG INTPA, German cooperation), and a reconstruction of the intervention logic of the HiC 2020 initiative.

The analysis also focused on a sample of 15 projects. To ensure that it was representative of the initiative, it comprised 13 new projects and 2 reallocations.[1] Finally, two case studies were conducted in Senegal and Cameroon.

The evaluation process encountered limitations related to the availability of the relevant stakeholders in service in 2020, the loss of memory of people serving at the time due to the "emergency situation", difficulties in consolidating data on the commitments and disbursements, and documentation of variable quality on the projects committed. However, they do not affect the validity of the conclusions formulated. These conclusions were deliberated during a day-long series of workshops with the evaluation peer group and other external stakeholders. The aim was to harness the lessons learned for future crises, both within AFD and beyond.

[1] The boxes in this synthesis are based on examples taken from this sample of 15 projects. For further details on the projects themselves and on the selection process, see the Appendix.

2. Presentation of the Health in Common Initiative

2.1 An initiative "put together" urgently to address three priorities

On 30 January 2020, WHO declared that the Covid-19 epidemic constituted a "Public Health Emergency of International Concern".[2] AFD immediately launched internal reflection on its mobilization in response to the health crisis. On 4 February 2020, its Health and Social Protection Division (SAN) issued an initial technical note. It proposed AFD's mobilization on existing projects (under implementation) to strengthen support for epidemiological surveillance networks, alongside the allocation of approximately €1.5 million for a new project aimed at enhancing coronavirus detection capabilities in African countries. On 5 March 2020, an initial operational meeting was held between the SAN Division and the geographical and thematic departments to discuss this proposal and look at possible avenues for reflection. Subsequently, on 10 March 2020, a Directors' Committee decided to submit a revised technical note to AFD's Board of Directors, considering budget and visibility, with the intention of launching an **"initiative"**. The committee also endorsed the appraisal of the APHRO-COV project.[3] Allocated on 15 March 2020 and implemented by the French National Institute of Health and Medical Research (INSERM), this project served as a pilot for what would become the "Health in Common" initiative.

On 24 March, a more structured intervention framework was finalized for submittion to the Board of Directors. This framework defined more specific areas of intervention and geographical areas, and estimated the necessary resources and allocation methods. It also set out a provisional list of projects to be financed with grants by the initiative, amounting to €136.5 million. The Chief Executive Officer of AFD used this note for discussions with the Ministry for Europe and Foreign Affairs (MEAE) and the Élysée Presidential Office on how best to integrate the initiative[4] into France's overall response. At the same time, the Embassies in the French network reported on the needs of the various countries, which were summarized in the Note of 27 March 2020 of the Directorate-General for Global Affairs, Culture, Education and International Development (DGM) of the MEAE. This note also proposed the forms of action to be taken by the various MEAE operators.

On 2 April 2020, the "Health in Common" initiative was approved by **AFD's Board of Directors**. In a note, it endorsed its guiding principles and approved a financial commitment by AFD of €1.15 billion. The French President officially launched the initiative on 9 April 2020. Concurrently, in a multilateral context, the WHO ACT-Accelerator program[5] was officially presented in late April 2020, in the presence of the French President.

Following the first project allocations, the scope of the areas of intervention was slightly adjusted. The initiative was built around **three key issues**:

- Strengthen diagnostic and epidemiological surveillance capabilities;
- Secure care pathways, from screening to the treatment of serious cases;
- Mitigate the social consequences of the crisis.

In 2021, due to the evolution of the pandemic and following the discovery of vaccines, a fourth objective was added: increase national and regional capacities for vaccine procurement and production.

[2] World Health Organization. 2020. *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)*. 30 January 2020. .

[3] Support for the Preparation of Hospitals in the Operational Response to Covid-19.

[4] It was given the name "Health in Common" at this time.

[5] The ACT-Accelerator is a global collaboration to accelerate development, production, and equitable access to Covid-19 tests, treatments, and vaccines. See WHO. *What is the ACT-Accelerator.*

The initiative targets various **beneficiaries**:

- Governments, for the development and implementation of their national policies;
- Research and expert institutions to strengthen local capacities;
- Civil society organizations and NGOs to support national response plans at grassroots level;
- The private sector, in particular to increase the production capacity for health products in Africa;
- The other French global health operators;
- International organizations and public development banks.

The geographical scope of the initiative specifically targeted:

- **For grants**: the priority countries for Official Development Assistance (ODA) in Africa and the three ocean basins of AFD's Three Oceans Department (OCN);
- **For loans**: all African countries and the Middle East.

2.2 Financing aligned with the existing resources and intervention framework

For the most part, the HiC 2020 initiative did not mobilize new budgetary resources. In the case of projects that were planned but had not started, the budgets were reallocated or redeployed for new projects. For projects under implementation, the financing was reallocated to new activities to address the needs related to the health crisis.

Indeed, at national level, the initiative was subject to the budgetary conditions set out by the French Finance Law for 2020. It was passed prior to the health crisis and provided for a reduction in the resources enabling AFD to allocate grants, by almost €600 million in commitment approvals.[6] However, to address the emergency health situation, a significant increase in the commitment approvals of the Official Development Assistance (ODA) mission was authorized, although it depended primarily on the cycle of French contributions to multilateral institutions.

Due to the diversity of needs and national situations, the initiative provided for the mobilization of several financial tools:

- Mobilization of project grants, using grants from the 209 Program ("Solidarity with developing countries"), for a total amount of €70 million;
- Implementation of budget support and policy-based loans (PBLs), with grants or loans dedicated to the Covid-19 response and to support health systems:
  - €1 billion of sectoral loans (budgetary loans at the request of countries able to borrow with a concentration effort, PBLs, credit lines for public development banks, etc.)

The initiative was designed and deployed in the context of AFD's existing mandate, which defines its geographical and thematic priorities, as well as its means

[6] Finance Law for 2020: Official Development Assistance – General Report n° 140 (2019-2020), Volume III, Annex 4, filed on 21 November 2019.

and modalities of action. It is governed by both the Interministerial Committee for International Cooperation and Development (CICID) (of 8 February 2018) and the Means and Objectives Contract concluded between AFD and its supervisory ministries (Ministry for Europe and Foreign Affairs and Ministry of the Economy and Finance). Consequently, 19 priority countries for ODA have been targeted for grant operations, while loans are available to countries with a borrowing capacity.

2.3 A deployment in line with expectations

Overall, the deployment of the initiative was in line with the expectations expressed in the note to the Board of Directors.

Firstly, it was **rapid** and clearly provided a response to the urgency of the Covid-19 crisis. **Almost 80% of commitments had been allocated at the end of June 2020**, demonstrating the swiftness of the project appraisal procedures.

Figure 1 – Amounts committed before the end of June 2020 and disbursed in 2020

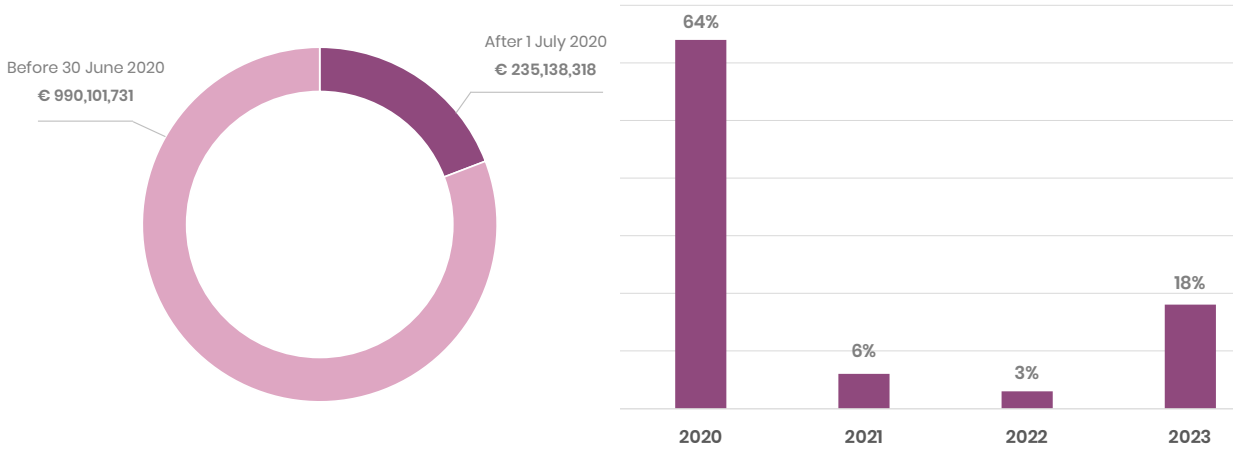
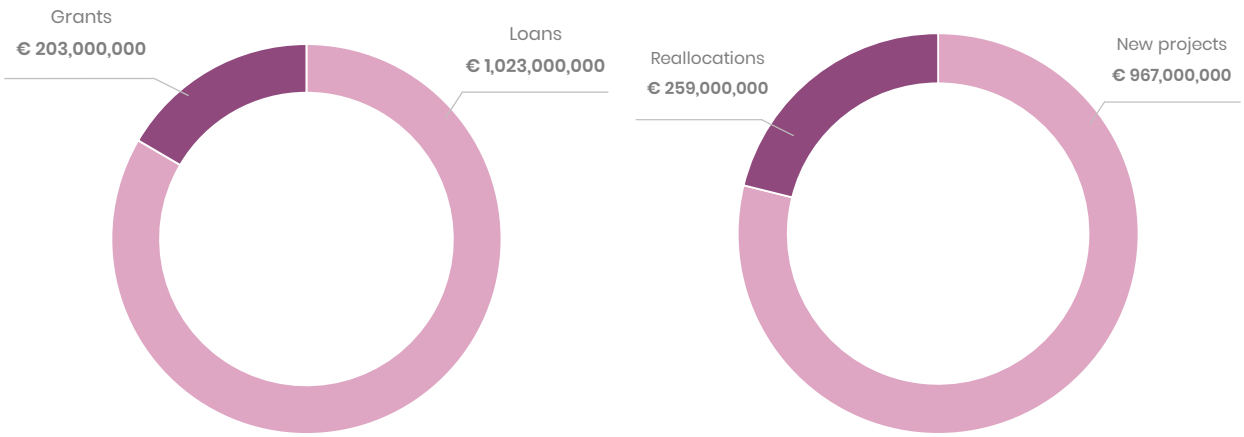


Figure 2 – Volume of commitments in 2020, by nature and type of project



The disbursements were also accelerated compared to the "standard" timeframes for the disbursement of funds at AFD.[7] At the end of the first year, **64% of the amounts allocated under Health in Common in 2020 had been disbursed** (65% for loans, 59% for grants). At the end of 2023, meaning four years after the allocation of projects and reallocations, 91% of the funds had been disbursed.

In 2020, a total of €1.226 billion were committed (against an anticipated €1.15 billion), for 71 new projects and 29 project reallocations. In terms of volume, loans were largely predominant (just over €1 billion) compared to grants (€200 million).

In accordance with the objectives of the initiative, **Africa and the Three Oceans geographical region** accounted for 99% of the financing committed in 2020 (see Figure 2).

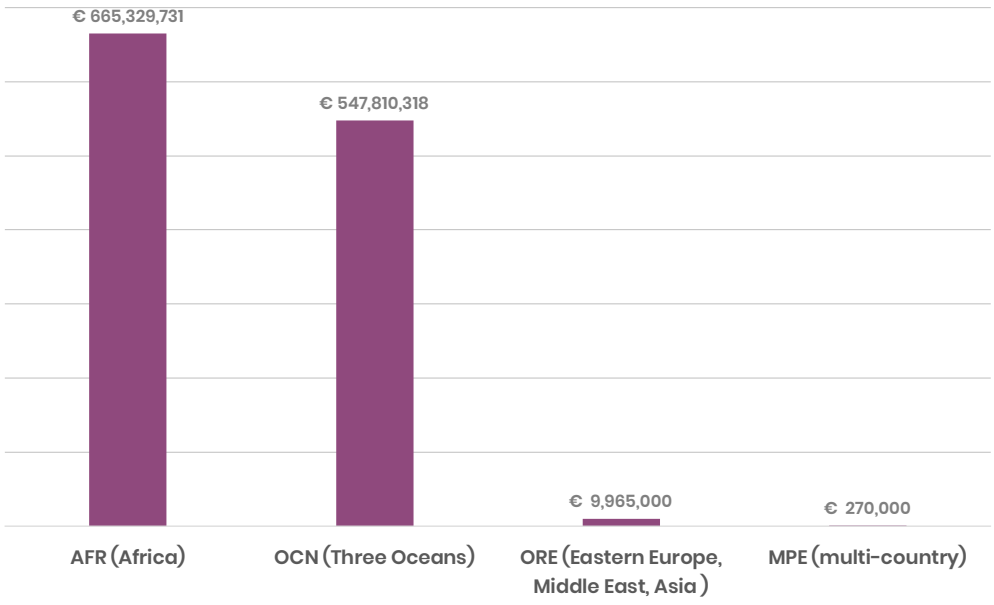
Governments were the primary beneficiaries of the funds committed, as the initiative aimed above all to assist them with the implementation of a national response.

In terms of AFD's "normal" activity in the health and social protection sector, exceptional amounts were allocated. Indeed, in 2020, €1.74 billion were made available, against €497 million in 2018 and €545 million in 2019, meaning they almost tripled (257%), while the amounts in 2018 and 2019 already represented a substantial increase in support for the health sector.[8] In 2021, the amounts committed decreased by more than 50% to €826 million. In 2022, the budget was reduced to €422 million, below the 2018 level, illustrating the dynamic catching-up of other sectors where operations had been constrained by the crisis.

In terms of the distribution by areas of intervention (see above), data are only available for 62 projects:[9]

- 21 (34%) focus on Area 1: Strengthen diagnostic and epidemiological surveillance capabilities;
- 28 (45%) focus on Area 2: Secure care pathways, from screening to the treatment of serious cases;
- 30 (48%) concern Area 3: Mitigate the social consequences of the crisis.

Figure 3 – Amounts committed in 2020 by AFD geographical area



[7] Under "normal" circumstances, for grant-funded projects, only 5% of the funds are disbursed during the year following the allocation, and for sovereign loans, between 17% and 51% (AFD data).

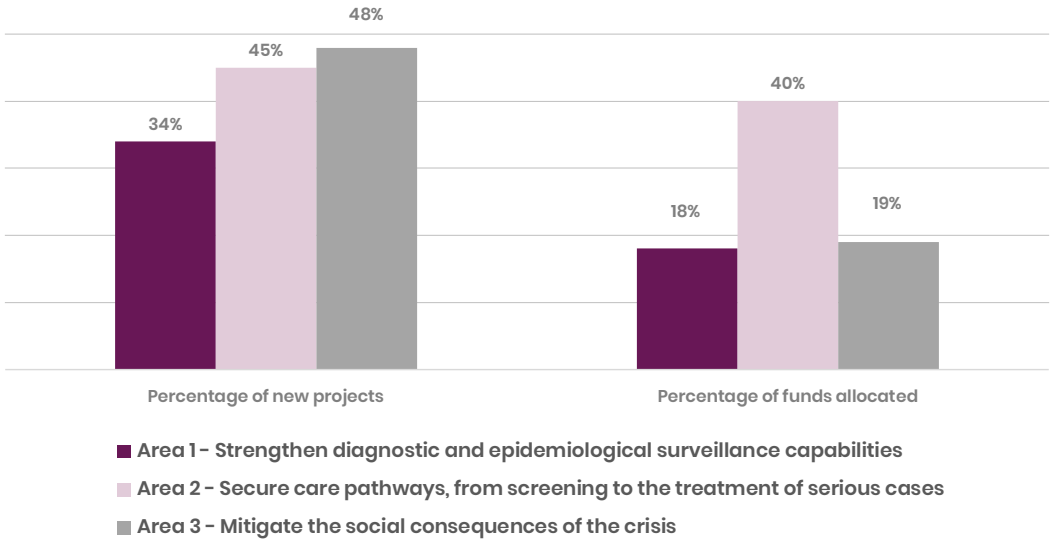
[8] About €300 million in 2015, 2016 and 2017.

[9] AFD's database comprises partial data of the areas of intervention of new projects financed. There are data gaps for 9 of the 71 projects (13% of the number of projects, €224 million, 23% of funds).

In view of their various components, certain projects cover several areas, but only three (5%) focus on all three areas. Among these projects, the Contingent Loan to the Republic of Mauritius in Response to the Covid-19 Crisis (CMU1089) represents the largest volume of Health in Common (€301.5 million). It concerns disaster risk management and adaptation to climate change. It is combined with a grant for the associated technical assistance.

Figure 4 – Amounts committed in 2020 by type of beneficiary

Figure 5 – Distribution of new projects by area of intervention, by amount and volume of commitments



Source: Technopolis Group, AFD database. 62 new projects out of 71. Some projects cover several areas, the sum of the percentages is thus greater than 100%. The calculations are based on the assumption that the funds are distributed equally between all the areas within the same project.

3. Alignment of the initiative with AFD's strategic framework and the needs of countries

3.1 Geographical priorities well aligned with AFD's intervention framework and French strategic priorities

The initiative focused on France's priority countries. With regard only to grants, the least developed countries (LDCs) received three-quarters of the financing (€151 million, 75% of grants). Among them, the priority poor countries (PPCs) received €122 million in grants, or 60% of total HiC 2020 grants.

Considering the entire HiC 2020 initiative (new projects and reallocations), upper-middle-income countries (UMICs) received €522 million (43% of the total) of financing in 2020. This is due to the volume of the two largest loans allocated to the Dominican Republic and Mauritius.

Aligned with **AFD's 2017-2019 intervention framework**, African countries, particularly **French-speaking ones, were prioritized**, receiving respectively, 74% and 63% of the total amount allocated. **The ocean basins where France has territories (Indian Ocean, Pacific Ocean and Atlantic Ocean)** also received strong support. While Mauritius and the Dominican Republic received substantial amounts in the form of loans, their geographical proximity to French territories would not appear to have been a determining factor. Madagascar also received a significant proportion of the initiative's grants.

However, in a context of crisis, and with future crises in mind, **adhering strictly, without revision, to AFD's overall intervention framework**, as outlined in its Means and Objectives Contract (MOC), **raises several questions**. The priority given to French-speaking countries can be questioned. Multi-country projects could have targeted neighboring countries (not necessarily French-speaking countries) to enable their governments to put in place more coherent and more effective measures for the surveillance and control of the disease. Similarly, only the ECOMORE project, focusing on epidemiological surveillance and prevention, targeted Asia (Cambodia, Laos, Myanmar, Philippines and Vietnam). Yet the continent was a hotbed of the health crisis and some of its countries had substantial needs, in particular Cambodia, Laos and Myanmar. The project's budget (€2 million) reflects AFD's limited grant resources in Southeast Asia, with a low concentration in the health sector due to the priority given to the climate-biodiversity agenda. The substantial loan amounts for the Dominican Republic (€200 million) and Mauritius (€300 million, with an additional €1.5 million grant) also raise questions. These countries seemed to be in a better situation prior to the pandemic, in terms of vulnerability to pandemics and their public health systems. This is a logical consequence of the fact that no new grant resources were created during this crisis. AFD was thus compelled to widely use loan instruments which, under the "Lagarde" doctrine,[10] almost automatically benefit countries with a borrowing capacity. Additionally, there was an *ad hoc* programming of the initiative for projects that were under discussion or already launched. For example, the loan to the Dominican Republic was under negotiation when Covid-19 started and its content was adapted to respond to the crisis.

[10] In accordance with the Lagarde doctrine, AFD can only allocate sovereign loans to countries with a "moderate/high risk of debt distress" classification defined by the IMF and World Bank.

3.2 An appropriate intervention logic to address the issues related to the Covid-19 crisis

The review of the framework documents of the Health in Common initiative shows that the contextual analysis was taken into account when the initiative was conceived. The documents include an analysis of the context of the crisis and its dynamics, in particular in Africa. They also identify the issues facing the countries of intervention.

The initiative was conceived and led by the Health and Social Protection Division (SAN) at AFD, but it also mobilized the Group's various technical and geographical departments. Although several NGOs were consulted during the conception phase, the engagement was informal and unsystematic due to time constraints.

The various stakeholders identified issues and needs based on the state of knowledge on the pandemic dynamics. These included strengthening diagnostic and epidemiological surveillance capabilities, securing care pathways, and mitigating the social consequences of the crisis. In Africa, the post-pandemic assessment was not as bad as expected, with the number of cases and deaths recorded remaining low compared to other regions. However, this does not diminish the initiative's relevance given the context at the time. Indeed, in May 2020, WHO and the United Nations released new estimates putting into perspective the impact of the health crisis in Africa. Despite this, they remained cautious, emphasizing the limited knowledge about the disease and calling for solidarity with developing countries to bolster screening capabilities, improve access to medical supplies, and enhance the capacity of medical staff and community workers.[11]

3.3 Reallocations justified in the context of 2020

The reallocation decisions were aligned with the Health in Common intervention logic, supported by rationales with regard to the project's objectives (link between the reallocation and the project), and/or the objectives of HiC 2020. The relevance of the budget reallocations was ensured through a rigorous internal process at AFD at the time of decision-making.

However, the evaluation identified some limitations. There were crowding-out effects for certain projects, leading to **delays in the progress of reforms and/or activities in other sectors**. Furthermore, the project monitoring did not allow for an assessment of whether the recommendations and points of attention formulated by AFD's various departments at the appraisal stage (via their "favorable with recommendations" opinions [Sustainable Development Opinion] or "favorable with points of attention" opinions [Second Opinion issued by the Risk Department on lending activities])[12] were taken into account.

[11] WHO. 2020. *New WHO estimates: Up to 190 000 people could die of COVID-19 in Africa if not controlled*. 7 May 2020.

[12] This absence of monitoring of the opinions issued at the appraisal stage is not specific to the projects of the HiC initiative.

Box 1 – Example of the CSN 1537 reallocation of a policy-based loan in Senegal in the water sector

In 2017, a policy-based loan (PBL) comprising a €40 million loan, along with a €1 million grant, was allocated to support the governance of the water and sanitation sector (2018-2021). The initiative was designed to support the Government of Senegal in advancing sustainable and equitable access to drinking water and adequate sanitation services for all. The main goal was to enhance the governance of the water and sanitation sector, thereby improving the system's performance and long-term sustainability. The Senegalese Ministry of Finance and Budget made a reallocation request. At the time, the project had started its activities about two years previously. Despite difficulties resulting in delays, certain tangible results had been achieved and the first tranches of the loan had been disbursed. €20.72 million of the loan remained to be disbursed, and the technical assistance funded by a grant had only just started.

The CSN1537 reallocation therefore concerned more than 50% of the initial amount of the loan, without affecting the grant. The amounts reallocated were channeled towards the Economic and Social Resilience Program (PRES). While this reallocation was beneficial during the pandemic, it did not include new operations to take over and pursue the initial objectives of the project, which could suggest that there was a slowdown in the Government's progress in the water and sanitation sector.

The opinion (SOP) issued by one of AFD's departments when the reallocation was approved stated "the reallocation would appear to undermine, at least partially, the coherence of the initial operation. Moreover, its purpose has little connection with the water and sanitation sector, apart from a funding measure for free drinking water (and electricity) for vulnerable people".[13] In addition, the second opinion notes "the deviation from the purpose of the PBLs CSN1537 and CSN1658."[14]

For its part, the Senegalese Ministry of the Environment and Sustainable Development regrets that it was not consulted in the context of this reallocation. Indeed, a larger proportion of the financing reallocated to the Covid-19 response could have remained in the water sector and supported Covid-19 action to improve access to water in rural areas: creation of water points and sanitation facilities, distribution of hygiene kits. This type of action combining the Covid-19 response and support for access to water has longer-term effects and has been supported by the World Bank in other regions of Senegal. The reallocation of AFD's financing had provided for free drinking water and electricity for six months. According to the Ministry of the Environment and Sustainable Development, this one-off action produced only limited effects for the most vulnerable households.

However, the reallocation aimed to enable the Ministry of Finance and Budget to address significant needs in the midst of an emergency and crisis, through quick and efficient access to financing. Progress in the water sector reforms has recently been resumed. The World Bank is supporting the component related to the Water Code, while AFD is supporting the sanitation reform.

[13] Foreign Countries Committee, May 2020. Internal AFD document, not published.

[14] Foreign Countries Committee, May 2020. Internal AFD document, not published.

3.4 A response to the needs of countries as set out in the national response plans

The relevance of the initiative in its response to the specific needs of countries would appear to be broadly satisfactory. It required project initiators to conduct contextual analyses to justify the operations supported. These analyses were supported by a wide range of sources mobilized through the activation of an extensive network of stakeholders. Despite some disparities between the projects, these conceptual analyses are generally of good quality.

The relevance of the initiative's projects is also due to the fact that **governments were involved in their design**, by presenting their national response plans and directly submitting their budget reallocation requests. This made it possible to define the areas of intervention of the HiC 2020 initiative in close alignment with the needs identified, as shown by the review of the 15 projects in the study sample and the 2 country case studies.

However, the field interviews also showed that **the national response plans were not always very suited to the reality of the Covid-19 crisis and that they had sometimes overestimated the health impacts of the pandemic**. Thus, in some cases, they aligned with the responses to the crisis in Europe and Asia, and were sometimes overly influenced by the response to the Ebola crisis. They initially did not take sufficient account of the specific situation of the African continent. For example, in Senegal, the self-isolation period of 14 days for contact cases and the treatment of all sick people in hospitals were not necessarily well suited, or well accepted by people. This also reflects the conclusions of the literature review which highlights that non-pharmaceutical measures to respond to the crisis were often decided with no tangible evidence of their potential effectiveness, or without taking sufficient account of prior knowledge, for example, for the lockdown measures (Campeau *et al.*, 2018; Rothstein, 2015). They were often taken through countries copying each other (Borraz and Jacobsson, 2023), without consideration for the specific situations, issues related to social inequalities in health (Ost *et al.*, 2022), or their unexpected effects for society and the economy (Turcotte-Tremblay, Gali Gali and Ridde, 2021). In an emergency context, it may have been difficult for AFD to conduct an analysis of the existing literature. **This raises the question of preparing for future health crises, during non-emergency periods, by capitalizing on the knowledge from the experiences of Ebola and Covid-19**.

4. Coordination and complementarity of the initiative with international donors and within Team France

4.1 A satisfactory coordination with international donors given the emergency context and the multiplicity of interventions

During its conceptualization, the Health in Common initiative was conceived in connection with the action of other international donors, not only by ensuring that its priorities were aligned with theirs, but also by targeting synergies and cooperation. The note to the Board of Directors of 2 April 2020, which establishes Health in Common, seeks to make the link with the action of other donors and explicitly refers to ways in which the initiative could be complementary to it.

During the design stage of the projects financed, coherence with the action of other donors was sought less systematically. The analysis of the sample of 15 projects shows that the complementarity of AFD's response with that of other donors was not always taken into account. It was not always possible to conduct a detailed analysis of the action of all the other donors, given the emergency situation and the timeframe in which the projects were prepared. According to some interviewees, further work on the projects would have brought little added value: the overall need was so great that the response, even if not coordinated, of the various donors could in no way be redundant.

The SAN Division was well coordinated with the response of other donors, albeit in a more limited manner. Many discussions were held between AFD and the main multilateral donors. France's Permanent Representation to the United Nations in Geneva kept AFD regularly informed about the discussions on the ACT-A initiative and the position of the largest multilateral donors. Furthermore, some HiC projects were implemented by intergovernmental organizations, or *via* international financial institutions (e.g., IBRD/IMF, World Bank).

However, while there was an exchange of information, it was difficult to effectively coordinate the interventions at international level. This is partly due to the large number of donors, the lack of visibility on the urgent action taken by each of them, and the constant evolution of the pandemic, sometimes requiring changes in the planned activities and with strong political pressure to take action.

On the ground, at project level, exchanges with other technical and financial partners were limited, at least in terms of project management, in the context of an emergency response with a lack of visibility over the activities of each donor. However, the coordination was conducted through other channels and timeframes, both in multilateral arenas and at the local project level, wherever relevant. Project initiators are often very familiar with the international cooperation landscape. They were thus able to conduct *de facto* cooperation, which was less formal but more responsive, by forging links on the ground and without going through AFD's country offices.

4.2 Shortfalls in the coordination of Team France

The HiC 2020 initiative was part of the French response to the crisis in the specific sector of global health, which was led by the MEAE and the Élysée Presidential Office. It complemented France's major contribution to multilateral health institutions (first and foremost WHO) by enabling **action on the ground, closer to governments and their partners**.

It was coordinated around multilateral and bilateral channels and mobilized all the partners of Team France. This is consistent with France's global health policy, which is largely based on multilateral aid (80% in 2021),[15] and on bilateral aid to a lesser extent (20% in 2021).

At the multilateral level, France conducted advocacy to mobilize **global health partnerships**, such as the Global Fund (for which France is historically the 2nd largest contributor),[16] Gavi - the Vaccine Alliance, Unitaid (France is the largest contributor), and the French Muskoka Fund. This advocacy resulted in France supporting the redeployment of funds (Unitaid), additional Covid-19 financing in the context of existing projects (Global Fund), and increases in financing (French Muskoka Fund).[17] It also and above all supported **WHO**, which was regarded as the "key organization to support" due to its role of "ensuring international health security", for its coordination in countries. In the context of this support, France's commitment was especially in the form of strong political support for the **ACT Accelerator program**,[18] which was officially presented at the end of April 2020, during an event co-organized by the WHO Director-General, the French President, the President of the European Commission, and the Bill and Melinda Gates Foundation.

At the bilateral level, all the relevant French operators working in the global health sector were involved in one way or another and launched their own "initiative", "program", or "response", but **in a more or less coordinated manner**. At that time, there was a form of competition: everyone had to show that they were taking swift action, responding to political demand, and fully contributing to the effort to respond to the emergency.

While the initiative was discussed at high-level meetings (Chief Executive Officer) between the MEAE and AFD, every two to three months, as well as at Board of Directors meetings, most of the interviewees said that there was insufficient supervision once the initiative had been set up, due to the absence of a steering body or a coordination body for the French response. A task force of this nature could have enabled a more structured response, with different timeframes and approaches based on the specialization of the operators, and would have provided a more rigorous accountability framework. However, at a strategic level, the coordination was conducted directly at the Élysée Presidential Office, extending well beyond the framework of the HiC 2020 initiative.

In the countries, the dialogue and coordination between **AFD, the posts and the operators present were not always easy** in a context where the stakeholders were faced with the emergency situation and an excessive workload. The regional global health advisors (RGHAs), which play an important role in the response to health crises in countries through their expertise in global health, their knowledge of the context of regions, and their vision of multilateral and bilateral action in the field of global health, had a varying level of dialogue with AFD, depending on the context and existing interpersonal relations.

[15] National Academy of Medicine. 2023. Health cooperation between France and countries with limited resources, 23 June 2023.

[16] https://focus2030.org/7eme-Reconstitution-du-Fonds-mondial-de-lutte-contre-le-sida-la-tuberculose-et#:~:text=L'implication%20de%20la%20France,'atteinte%20de%20l'objectif.

[17] For 2020, there was an increase in funds for four implementing agencies of the FMF (French Muskoka Fund), earmarked to strengthen health systems, for example.

[18] WHO. *What is the ACT-Accelerator.*

More generally, the Covid-19 crisis highlighted **the limited resources in terms of health expertise of French global health operators on the ground**. In the Embassies, the RGHAs, like the officers in AFD's SAN Division, had an extremely heavy workload, supervising France's health action in a large number of countries. They were often required to be very responsive in their country of residence, which included attending expert committee meetings (to the detriment of the other countries). The size of the country portfolio managed by RGHAs is therefore a critical concern. At times, the portfolio's scale can be substantial, considering the capacity of a single individual to manage it, and the resources allocated for their missions. These difficulties, for both the diplomatic posts and AFD's field offices, meant that the initiative was unable to rely on the RGHAs in an optimal manner for their vision of bilateral and multilateral action and their general expertise in health. At AFD, the technical expertise in health is mainly at headquarters in Paris, in the SAN Division. In countries where health was not a priority focus (such as Senegal), AFD's field offices lacked expertise on the ground to dialogue with health operators. They had to seek assistance from the SAN Division or the RGHAs, both of which were already burdened with heavy workloads. This highlights the need to strengthen resources for health expertise if the sector is to become a greater priority, in particular in a context of increased interaction between health and climate change, which is conducive to future health crises.

5. Efficiency of the deployment of the initiative

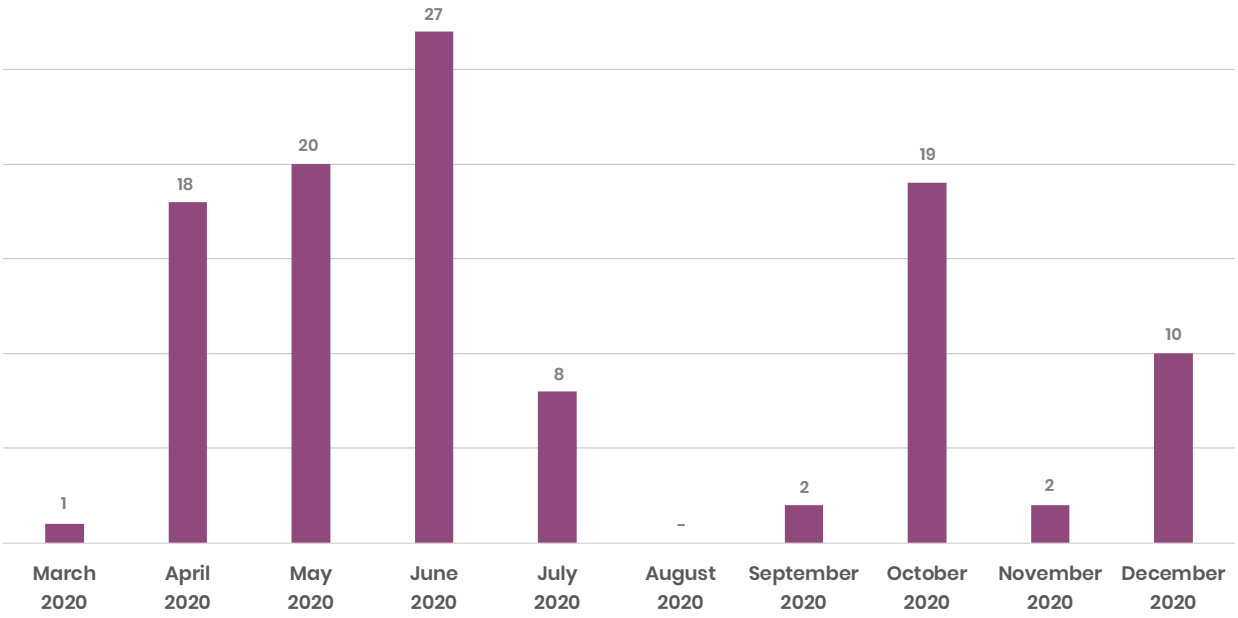
5.1 An appropriate project identification strategy to address the emergency, by building on what already existed

The organizational means implemented by AFD to address the emergency enabled a rapid design and commitment of an extensive portfolio of projects, effectively responding to the urgent health crisis. AFD was among the first donors to take action, and its responsiveness was its main strength. This is evidenced by the number of monthly allocations of new financing and reallocations in 2020 (see Figure 6). Out of the 81 financial allocations in 2020,[19] 15% were made during the two months following the WHO statement determining the epidemic as a "Public Health Emergency of International Concern", and more than 50% before the end of June 2020, meaning in less than 3 months.

In practice, **these projects were identified through a "push and pull" strategy**. It enabled three sources of information to be combined. Firstly, AFD's offices in countries, through discussions with known partners, were able to identify a number of needs and report them. Secondly, partners of ongoing projects were called on to propose an additional component to address the issues of the HiC initiative. Thirdly, governments themselves were able to request support or reallocations based on national needs and the Covid-19 issues (see Boxes 1 and 2).

The focus on **mainly building on existing projects** (implementation of additional financing) and well-established partnerships (for new projects) undoubtedly contributed to AFD's success in rapidly mobilizing financing.

Figure 6 – Number of allocations of new financing and reallocations per month in 2020



[19] In 2020, a total of 71 new projects were financed under the HiC initiative. Some of these projects financed several beneficiaries through various financial allocations. There were a total of 81 financial allocations.

Box 2 – Strategy for existing projects and partnerships

Examples of **new projects with existing partners**:

- The NIAMDE project (CSN1697) financed the activities of the NGO Grdr. It had previously worked with AFD on projects to raise awareness of migration in the Seine-Saint-Denis Department between 2016 and 2019 and a local migration management program in four Tunisian governorates in 2018
- In Madagascar (CMG1703), AFD worked with the NGO ACF, which had already worked with the local office on tackling the plague epidemic in 2017

Examples of **additional components (top-ups) for existing partnerships**:

- In Lebanon (CLB1104 Financing to increase access to healthcare at the Rafic Hariri University Hospital in Beirut), where AFD has been financing the activities of the ICRC since 2016

Budgetary financing was also provided within the context of longstanding working relationships, for example with:

- Mauritius (where AFD has been operating since 1975)
- Dominican Republic (2011)
- Cameroon, where AFD has had working relations with Ministry of Public Health since 2008, through the Joint Program

or more recently, Rwanda, where activities resumed in 2019.

Box 3 – Simplification measures

For the appraisal aspect:

- A shorter response time for the supervisory administrations
- No need for Identification Committees (CID)
- Weekly organization of Grant Committees (COSUB) and Credit Committees (CCR) for clusters of projects dedicated to the Covid-19 initiative
- Standardization and adaptation of project presentation sheets (FPP) to appraise projects implemented under the initiative
- Thresholds increased to allow financial reallocations without going through committees again (change in the amounts and levels of signature for agreements)
- Delegation from the Board of Directors to the Chief Executive Officer of AFD of the authority to approve the amending resolutions required to formalize the reallocations for existing projects with grants or loans, up to 30% of the project amount, irrespective of the body that approved the allocation of the original project

For the contractual arrangements and implementation monitoring aspect:

- For projects with grants: negotiations only focus on a few clauses concerning specific conditions
- Possibility of signing agreements remotely
- Simplified procedure for reallocations of funds requiring an amendment to existing agreements
- Possibility of using simplified procurement procedures for contracts whose very purpose is to combat Covid-19 (evidencing the urgency)

5.2 Effective measures to simplify project appraisals and contractual arrangements

The second success factor was the introduction of a set of measures to simplify project appraisals and contractual arrangements (see Box 3). On 26 March 2020, AFD prepared a temporary regulation on adjusting these procedures. After discussion, it was finalized, then approved at the end of April 2020.

There was a sharp increase in the rate of disbursements, with the appraisal period being reduced from between 9 and 18 months under normal circumstance to between 2 and 3 months (see Figure 2).

5.3 Difficult implementation conditions for the staff due to a lack of appropriate organization at a time of crisis

However, the management of the crisis revealed **internal weaknesses**, from which lessons can also be learned for future crises.

AFD's response was organized urgently and on an ad hoc basis. It did not have time for prior analysis of the organizational needs and human resources required for the initiative's deployment.

The staff involved in the implementation and management of the initiative did not work in optimal conditions, in particular the SAN Division, but also the Africa Department (AFR), Operations Management Unit (PAO), Finance Department (DEF), and health project officers in the field offices. There was no **internal mechanism to temporarily reassign** staff from other thematic divisions to the SAN Division, or mobilize middle office functions, which could have supported the teams, especially for contractual arrangements where procedures were not simplified.

Prior to the deployment of the initiative, there was no documented internal consideration of the necessary organizational adjustments. Such adjustments could have ensured that sufficient human resources were available for the identification, appraisal, financing and monitoring of the HiC initiative projects. Consequently, a small number of people in the SAN Division and other departments shouldered the burden of the emergency response. They were under pressure and incurred a large amount of overtime, which resulted in burnout for a few team members. External recruitment and volunteers calls were organized in a very informal manner and were not effective.

The HiC initiative was not provided with a governance body separate from the Board of Directors, which would have made it possible to discuss and formally approve certain issues with the other departments involved in the initiative. Consequently, the SAN Division sometimes felt isolated and unable to provide input for decision-making.

Furthermore, in a number of countries,[20] health did not figure in the country intervention framework. The local offices therefore did not have competent human resources in public health or global health, able to provide technical expertise on issues related to the Covid-19 response in the countries, and hold a technical dialogue with the stakeholders in the health response. As a result, the SAN Division was also occasionally called on to follow up on the technical discussions in the countries.

AFD encountered difficulties with the monitoring of the portfolio of the HiC initiative, due to the fact that there was no logical framework for interventions linked to the HiC initiative,[21] and that the scope of the initiative had been poorly defined from the outset. Indeed, the concept of HiC 2020 initially focused on the health sector, then, as discussions proceeded, it was extended to include a response to the social issues related to the crisis. The challenge was to fulfil the financial commitments determined ex ante at €1.15 billion. These changes in scope complicated the monitoring of the portfolio of the HiC initiative, which thus

[20] For example, in Southeast Asian countries and in Senegal.

[21] The EVA Department did attempt this in May-June 2020, but it was not taken up by the SAN teams for lack of time.

integrated projects from other AFD divisions. Initially operated by the SAN Division, it was gradually transferred to the Operations Management Unit (PAO). Despite a very clear reporting procedure, PAO had difficulties in identifying the projects which fell within the scope of the HiC initiative, particularly for projects that addressed socio-economic issues and existing projects extended to Covid-19 issues. Furthermore, as there was no suitable internal information system, they were counted manually on an Excel spreadsheet, which added to the burden.

AFD is not the only financial institution to have faced challenges in monitoring expenditure. The evaluation of the intervention of the EU (INTPA) shows that the control of expenditure was inadequate for a large number of operations, in particular for budgetary allocations through fast-track procedures based on less than rigorous matrix indicators.

6. Effectiveness of the initiative and projects undertaken

6.1 The limited monitoring and accountability framework of the initiative does not allow for consolidated reporting on the results

The monitoring and accountability framework of the initiative remained limited, making it difficult to conduct a consolidated analysis of the results, both for the projects and for the initiative as a whole.

For the projects, there were no or very few evaluations available. In terms of the initiative, no performance and impact indicators had been defined, and there were no consolidated monitoring indicators. The logical framework for intervention was developed at a late stage and was not used. The content of the project implementation reports examined differs greatly and is of varying quality. The adjustments to projects under implementation have not always been properly accounted for or documented in the progress reports. The top-up financing was committed without there necessarily being a revision of the results framework related to the Covid-19 component. The reallocations were granted to finance and implement national response plans. While AFD ensured that the activities financed were aligned with the objectives of the HiC initiative, it did not have control over the *ex post* accountability related to this financing.

Generally speaking, a closer monitoring of the projects supported would have been desirable. For example, it would have enabled more effective support for projects, with the implementation of exit strategies and the use of results, and strengthened the use of research projects outcomes by public decision-makers.

6.2 Conclusive results, particularly in areas 1 (Strengthen diagnostic and epidemiological surveillance capabilities) and 2 (Secure care pathways, from screening to the treatment of serious cases) of the HIC 2020

With a disbursement rate of more than 91% at the end of 2023, the HiC initiative has a **good achievement level for its projects**. Consequently, despite the limitations of the accountability framework, it can be concluded that there are conclusive results, in particular for areas 1 and 2 of the initiative.

The data collected, through interviews with AFD task team leaders, contracting authorities, health operators in the country, and the documentary review on the projects, converge. They indicate that **AFD's action to support regional diagnostic and epidemiological surveillance networks and the Instituts Pasteur (Area 1) contributed to screening and testing people, and gaining a better understanding of the disease**. It also provided national authorities with data. In this area, 21 new projects were supported, for a total of €173 million (or 34% of the project portfolio and 18% of the funds).

To achieve this, AFD mobilized the regional networks it already supported in an appropriate way: the Indian Ocean Commission (Regional Epidemiological Surveillance and Investigation Project, RESI), the Caribbean Public Health Agency (CARPHA), the Pacific Community (Pacific Public Health Surveillance Network, PPHSN), the West African Network of Biomedical Analysis Laboratories (RESAOLAB),[22] and the ECOMORE network comprising seven laboratories in five Southeast Asian countries through €2 million of top-up financing. Six of these laboratories benefited from effective support to help them fulfil their national mandate, while the Institut Pasteur in Cambodia received effective support

[22] This network had been mobilized during the Ebola outbreak in 2014 and had secured the transfer of biological samples from these hospitals to reference laboratories for the confirmatory diagnosis.

for its mandate as a regional reference laboratory for Covid-19. The data on people screened and tested in these networks were transferred to the national authorities and contributed to gaining a better understanding of the disease. They thereby provided concrete and active support to countries in their fight against the epidemic. In the case of RESAOLAB, the support contributed to strengthening biomedical analysis laboratories in hospitals in seven West African countries (equipment, training, networking and pooling of resources).[23]

Similarly, **the results of AFD's action to manage the crisis more effectively in countries and secure care pathways (Area 2)**, from screening to the treatment of serious cases, appear to be conclusive and it helped manage the emergency. AFD supported 28 new projects in this area, for a total of €386 million (or 45% of the project portfolio and 40% of the funds).

Furthermore, 30 projects contributed to **mitigating the economic and social consequences of the Covid-19 crisis** and to the steps taken to ensure health safety, in particular by targeting vulnerable people. The new projects **in this area were supported** with a total amount of €185 million (or 48% of the project portfolio and 19% of the funds).

[23] Assessment of project activities and interviews with the stakeholders.

Box 4 – Example of conclusive projects for strengthening diagnostic and epidemiological surveillance capabilities: ECOMORE 2

Title: Support for several reference laboratories in Southeast Asia in the fight against the Covid-19 epidemic. To complement the Regional Capacity Building Program for Epidemiological Surveillance and Control (Cambodia, Laos, Myanmar, Philippines and Vietnam) - ECOMORE 2 (CZZ2146)

Initiator: International network of Instituts Pasteur (RIIP)

Countries: Multi-country (Cambodia, Laos, Myanmar, Philippines, Vietnam)

Amount: €2 million (top-up financing)

Partners: Institut Pasteur (IP) Cambodia - IP Laos - NHL (Myanmar) - IP Na Trang - IP Hô Chi Minh - NIHE Hanoi (Vietnam) - RITM (Philippines) - IP Paris - IRD

Objectives: During the response phase to the Covid-19 epidemic, the top-up financing aimed to provide emergency support to seven reference laboratories in the countries of the ECOMORE 2 program.

Description of activities: The activities focused on the purchase of equipment, reagents and consumables; strengthening human resources in laboratories (recruitments, training of staff); decision-support activities for the health institutes and authorities in the beneficiary countries (for example, development of digital surveillance tools).

Assessment of the effectiveness:

- The project helped ensure the continuity of the activities of the reference laboratories, in particular by contributing to the supply of reagents and consumables required for the mass testing of the local population, while there was a global shortage for a lot of personal protective and laboratory equipment
- The project effectively contributed to capacity building and skills transfers in epidemic surveillance and control. Numerous activities were conducted with the laboratories supported to set up laboratory molecular diagnostics, including protocols and probes, and ensure the quality of the diagnostics
- The project in particular supported the Institut Pasteur in Cambodia due to its new status as an International Reference Laboratory recognized by WHO
- The success factors include the use of a regional approach which contributed to creating dynamics for experience sharing between the laboratories, with the Institut Pasteur in Cambodia playing a major role in supporting partner laboratories in the region
- In addition, the transdisciplinary exchanges, beyond the Covid-19 component, were perceived by the stakeholders as an effective means for improving understanding of the issues and the exchange of knowledge
- Beyond the urgency of the crisis, work was carried out with post-crisis training to ensure that an optimal use was made of the information collected, in order to contribute to the lessons learned/knowledge on the fight against this pandemic
- Digital surveillance tools were developed in collaboration with IRD to ensure a communication of harmonized data treated through visualization tools providing national authorities with a quick interpretation and direct access. The data on the people screened and tested within these networks were transferred to national authorities via this tool and contributed to giving a better understanding of the Covid-19 disease. They thus provided concrete and active support to countries in their fight against the epidemic

Box 5 – Example of effective support for the emergency response to the Covid-19 pandemic of the Government of Cameroon

Initiator: Government – Ministry of Health

Country: Cameroon

Amount: €10 million C2D grant

Objective: The program's objective was to contribute to strengthening the response of Cameroon's health system to the Covid-19 epidemic. In this respect, it contributed to financing the Government's response plan, in the form of targeted budget support. This support covered the specific expenditure lines opened in the State budget, prioritizing areas 1 and 2 of the response plan, meaning active case-finding, screening, and the management of positive cases.

Description of activities: In view of the need for an emergency response, the Ministry of Health primarily called on implementing partners, in particular UN agencies and international NGOs, mobilized under grant agreements between the Government of Cameroon and these entities. The activities focused on two areas: case-finding and the management of confirmed cases.

Assessment of the effectiveness:

- The final report shows that at the completion of the project, the output indicators had been fully attained and the outcome indicators attained overall, despite the fact that the activities were faced with a number of changes in the screening strategy (Area 1) related to developments in the situation and delays in the delivery of equipment
- The Ministry of Health's decision to work with a coalition of "trusted" operators (MSF, ALIMA, ACF, CRF, UNDP, UNOPS, UNICEF, etc.) already operating in these two areas increased responsiveness in the implementation of the response
- The project successfully conducted the case-finding, by training teams in screening in hospitals and the community (in households, places of worship and among traditional health practitioners). The operators set up Community-based Surveillance and Alert Units (CVAC) under the project. They were tasked with raising awareness among the community in terms of Covid-19 symptoms and safety measures, to more effectively prevent cases of infection and detect them earlier. Logistical support was provided, in the form of vehicles to enable the surveillance teams to effectively cover larger areas, and mobile caravans for the screening
- The project provided hospitals with essential equipment to treat Covid-19 which was lacking when the project started, such as beds, ventilators and oxygen. Cameroon was among the first African countries to receive equipment to treat Covid-19 patients. Indeed, the intervention of UNOPS accelerated the procurement process and made it possible to obtain preferential prices which the Government of Cameroon would not have been able to obtain alone. A delivery of equipment was organized by air freight through the operators mobilized, which enabled a swift response
- The patient capacity was considerably increased, even doubled in some regions. The staff were also trained in how to use the equipment, in addition to the basic measures for infection prevention and control and waste disposal

Box 6 – Example of a project that contributed to effectively mitigating the social consequences of the crisis: the NIAMDE project in Senegal (CSN1697)

Title: NIAMDE – Support for the resilience of food systems in 10 vulnerable departments of Senegal for post-Covid-19 social and economic recovery (CSN1697)

Initiator: Grdr

Country: Senegal

Amount: €1.5 million

Partners: Grdr – Migration-Citizenship-Development – AVSF – Caritas – CICODEV

Objectives: Contribute to the resilience of food systems in 10 vulnerable departments of Senegal for post-Covid-19 social and economic recovery

Description of activities: Project activities were organized in three components: improve access to food for schoolchildren (by setting up and supporting 57 school canteens); support 32 agrifood companies or cooperatives and 28 producers; raise awareness among the Government and technical and financial partners (TFPs) on the interest and need of supporting school canteens as tools for social protection

Assessment of the effectiveness:

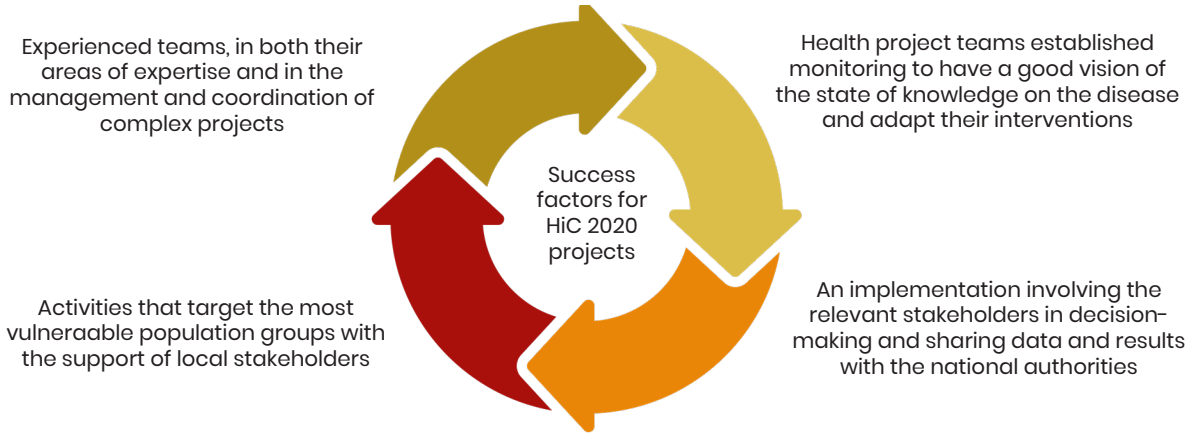
- The project provided a total of 829,867 meals to 9,368 children in 56 schools which were supported to ensure that their school canteens were operational
- The share of turnover generated by the canteens for small producers represented between 10% and 50%, depending on the cases and regions. Some 56 farmers' organizations and economic interest groups benefited from training (based on their needs which were assessed beforehand) and production equipment
- The project produced substantial monitoring data and an impact assessment of the effects of the work on school canteens for the recipient households, which identifies extremely positive effects, for both the households and the economic operators
- Grdr was able to rely on national and local institutional partners to identify, on the basis of objective criteria, the schools and households targeted by the project in order to cover the most vulnerable population groups
- The project set up a steering committee gathering implementing partners and institutional stakeholders. This contributed to transparency in the decision-making and a strong ownership of the activities and results by the project stakeholders in Senegal
- The gender dimension of the project has been demonstrated through an analysis of the existing literature on the positive impact of school canteens on gender equality by retaining girls in school
- Grdr and its partners have conducted advocacy for scaling up and ensuring the sustainability of the project outcomes

The successes of the projects examined (15 projects) are due to a combination of factors set out in Box 7. They are partly due to the fact that AFD built on existing projects and partnerships.

The **success factors observed in several projects in the sample of 15 examined** include:

- **Experience of the teams**: Experienced teams, in their areas of expertise and in the management of complex projects (for example, ALIMA, the network of Instituts Pasteur, the Mérieux Foundation, Grdr);
- **Top-up financing**: Top-up financing for existing projects with proven results and with well-established partnerships (for example, the ECOMORE 2 project with the network of Instituts Pasteur and the support to the Rafic Hariri University Hospital in Beirut with the ICRC);
- **Longstanding partnerships**: New projects supported by longstanding partnerships to facilitate and/or accelerate the implementation and monitoring of activities, even remotely;
- **Scientific watch**: Health project teams which established monitoring, had a good vision of the state of knowledge on the disease, and adapted their interventions (for example, ALIMA, IRD, INSERM);
- **Targeting vulnerable population groups**: Projects that targeted vulnerable population groups with the support of local stakeholders;
- **Ownership of activities**: Projects that ensured strong ownership of the activities by involving the relevant stakeholders in decision-making throughout the project and extensively sharing data with the national authorities (ECOMORE 2 and NIAMDE);
- **Political support**: Strong political support which alleviated certain difficulties, for example with the CSD1020 project Support for the Multi-Donor Trust Fund (STARS) to finance the program to support families to mitigate the economic impact of reforms and Covid-19 in Sudan and the CRW1057 project Contribution to the Covid-19 Emergency Health Plan and social protection measures;
- **Rapid access to funds**: Projects that had rapid access to funds to start their activities in an emergency situation through the commitment of AFD's teams (for example, the project to strengthen Covid-19 diagnostic capabilities in Cameroon CCM6016, the ALIMA CZZ2839 project, the NIAMDE CSN1597 project and the SOS Médecins CSN1683 project).

Box 7 – Success factors for the projects of the HiC 2020 initiative



Conversely, among the 15 projects in the sample, some encountered **technical and administrative constraints during their implementation phase**. These issues were due to delays in public procurement, the input acquisition process, or travel and field access restrictions related to lockdowns, for example, in the case of multi-country projects.

Other projects experienced **limitations right from their design phase such as**: insufficient account taken of gender issues, no specific exit strategy to ensure the sustainability of the outcomes. For example, the projects CSN1683 to reduce risks of the impact of Covid-19 on the livelihoods of vulnerable population groups in Senegal and CSD1020 Support for the Multi-Donor Trust Fund (STARS) to finance the program to support families to mitigate the economic impact of reforms and Covid-19 in Sudan provided support to vulnerable population groups through cash transfers, but only with results during the six months of the intervention. The project CZZ2857 ALIMA Strengthening the response capability of Ministries of Health in Africa for the Covid-19 pandemic effectively contributed to ensuring a biosecure management of confirmed and suspected cases of Covid-19 in the reference facilities identified in five French-speaking African countries (Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo and Senegal), but it did not provide for reflection beyond the urgency of the crisis, in order to contribute to lessons learned/knowledge on the fight against this pandemic, and ensure that buildings converted into Covid-19 centers were reassigned to their initial purpose.

Gender issues were taken into account by ensuring the participation of women and making their voices heard in the activities, as well as by targeting the project beneficiaries (for example, CSN1683 Reduction of the impact of Covid-19 on the livelihoods of vulnerable population groups, CZZ2857 ALIMA Strengthening the response capabilities of Ministries of Health in Africa for the Covid-19 pandemic, CLB1104 Financing to increase access to healthcare at the Hariri University Hospital in Beirut). However, few projects adopted a truly gender-based approach, corresponding to the markers 1 or 2 of the gender equality policies developed by the OECD's Development Assistance Committee. Consequently, the projects supported by the HiC initiative did not take sufficient account of the specific challenges facing women during the crisis, with a view to strengthening gender equality, women's empowerment, and reducing gender-based discrimination and inequality.

Limitations were also observed in terms of consistency with the action of other donors, for example, in the case of the project ARIACOV CZZ2860. The initiator (IRD) found that there was a duplication with the epidemiological surveillance component in Senegal, in a situation whereby a large number of donors wanted to take swift action to address the emergency. The initiator and its national partner reorganized the planned activities in order to resolve this situation. The evaluators also found cases of duplication with the operational research component, as socio-anthropological research was also launched by national research teams and the results transmitted to WHO and the national authorities.

Finally, some projects failed to **highlight their results among public decision-makers**. Several supported research which produced valuable results that were intended to assist decision-makers with their decisions over the control of the disease and the management of the sick (for example, component 3 of the project ARIACOV CZZ2860 involving an analysis of the knowledge and attitudes of populations and caregivers, and component 4 of the project Aphrocov CZZ2839 aimed at supporting response measures through an analysis of fears and rumors, to help guide the responses of decision-makers, in particular in terms of communication). However, in situations that were sometimes politically very sensitive in view of the issues and the need to provide a response, the research teams in Senegal (case study country) did not always have sufficient weight to make themselves heard.

6.3 Difficulties in realizing "two-phased" projects

The note to the Board of Directors of 2 April 2020 highlights the importance of a positioning between the health emergency and a long-term response. In it, AFD highlights the need for "two-phased action to **address the health emergency and prepare for the post-crisis period**, in particular by strengthening the most vulnerable health systems in the medium term". The aim was to provide direct support to countries to allow governments to address the three stages of the crisis: the emergency response, in particular by supporting the national crisis response plan; the management of the crisis over time and the preparation for crisis recovery; crisis recovery.

The support for the "management of the crisis over time" and "crisis recovery" was conceived as a method to be deployed "at the request of countries" via "policy-based loans coupled with matrices on International Health Regulations (IHR) and/or social protection". It was suggested to combine this support with a technical assistance component, deployed in collaboration with Expertise France, at the request of counterparties.

For existing projects where AFD had provided top-up financing for the Covid-19 response, the link between emergency and development was less of an issue, as these projects had been designed to provide development assistance and an emergency component had been added. More consideration was given to the link between emergency and development in the context of the SAN Division's new projects (a total of 71 new projects in 2020).

In the sample of 15 projects examined, it was not possible to identify budget support projects for the "management of the crisis over time" and "crisis recovery". Two-thirds of the projects in the sample are classified as "two-phased", with an emergency component and a medium-term component. However, for the vast majority of projects, the review has not identified strategies for sustainability, or strategies for recovery from the emergency. This illustrates the difficulty of considering the preparation for the crisis recovery and crisis recovery with the stakeholders in an emergency situation.

In the case of Area 3 of the initiative, which aimed to alleviate the effects of the health safety measures on vulnerable people, there was no documented and very complete consideration given to the need to link the emergency with a long-term response, or on how to do it. Most of the projects examined in the sample, such as the Project to reduce risks of the impact of Covid-19 on the livelihoods of vulnerable population groups (CSN1683) in Senegal, and the project CSD1020 in Sudan to support the Multi-Donor Trust Fund to finance the Program to support families to mitigate the economic impact of reforms and Covid-19, were conceived with an approach based on the short-term management of the crisis.[24] These projects produced short-term results (cash transfers, access to food, etc.), without always producing results beyond the intervention. When the intervention was confined to cash assistance over a period of six months, the effects mitigating the economic and social impact of the crisis were very limited. This Area 3 raises questions over the positioning of AFD, which may have overly focused its response on the emergency. By way of comparison, Germany adopted an approach focused more on medium-term support which, beyond the issues of food security, made a greater contribution to safeguarding jobs at risk and providing economic support to vulnerable sectors. Generally speaking, the German response gave better consideration to the emergency-development nexus, with a pillar dedicated to "crisis recovery" and the mobilization of substantial financial resources.

[24] In this case, the program was initially designed to support the economic transition related to the change in the Sudanese government, which led to major cuts in energy subsidies. The objectives of the financing related to the Covid-19 crisis were not defined from a long-term perspective.

7. Conclusions and recommendations

Overall, the initiative was well-aligned with France's strategic objectives to address the crisis in Africa, as well as with the needs expressed by the supported countries. HiC 2020 effectively targeted the priority countries for French assistance in 2020, specifically targeting African and French-speaking nations, and addressed the issues and needs expressed by various stakeholders. This alignment was achieved by tailoring its objectives to match the needs expressed in the national response plans.

The decision to allocate funds in certain countries such as the Dominican Republic, Mauritius, French-speaking countries, while refraining from commitments in others, like those in Asia, also highlights the **limitations of AFD's mandate and intervention framework in times of crisis**.

AFD's response was designed in conjunction with the action of international donors. However, in practice it was difficult to maintain the coordination and dialogue in the emergency context. On the ground, at the project level, AFD's exchanges with the technical and financial partners remained relatively limited. Nevertheless, in most cases, the project initiators or governments were able to compensate for this shortfall.

The HiC 2020 initiative was integrated into the framework of France's broader response to the Covid-19 crisis within the global health sector. The HiC 2020 initiative was a bilateral response, closer to the ground and more visible. It was complementary to France's efforts to mobilize multilateral health institutions, primarly the WHO and other multilateral partnerships, particularly on the issue of vaccine production and access.

Despite these efforts, France's health response to the crisis could have been better coordinated. Each Team France operator launched their own initiatives, actions, or programs, which, while generally complementary to the HiC 2020 initiative, were executed with varying degrees of coordination. Enhanced organization within Team France could have avoided the numerous uncoordinated discussions that occurred simultaneosly. Establishing a coordination body or task force for the various health operators would likely have enabled a more structured response, with an approach based on different timeframes and leveraging the specialization of each operator. This would also have provided a more rigorous accountability framework. Additionally, the crisis revealed the limited number and expertise of French global health experts on the ground, underscoring a critical area for improvement.

AFD demonstrated its ability to take urgent action, building on what already exists and simplifying its appraisal procedures. However, the **significant human cost** and its consequences on the monitoring and management of the initiative highlighted the **organizational limits of AFD in times of crisis**. The deployment of the initiative was not combined with a consideration of the organization required during a crisis. It also spotlighted the lack of human resources with expertise in public health or global health at AFD as a whole.

Consolidating the assessment of the initiative's effectiveness in addressing identified issues is challenging due to the **limited accountability framework** and the heterogeneity of the project portfolio. However, the work conducted shows that the supported projects achieved **conclusive results**, in particular for the components **on diagnostic and epidemiological surveillance and securing care pathways**. This action allowed for the screening and testing of people, gave a better understanding of the disease, contributed knowledge, and helped health services manage the emergency.

Despite the objective of implementing "two-phased" projects, **the approach for strengthening health systems was not sufficiently prioritised**, whereas these issues are complementary to any emergency mechanism.

Following this evaluation, valuable lessons can be drawn to improve the prevention, management and response to future health crises, benefiting both AFD and Team France as a whole.

7.1 Lessons that can be drawn by Team France to address future crises

Lesson 1: Use financial, human, managerial and physical structures from pre-pandemic projects to rapidly deploy funds

As with most donors, the evaluation shows that drawing on what already existed, the projects already committed, and the partners with whom AFD had already had past relations, was one of the key factors. This is also confirmed by the evaluation of the Guarantee component of Choose Africa Resilience, France's response to support the Covid-19 crisis in Africa aimed at facilitating financing for African MSMEs.[25]

Lesson 2: In the event of a crisis, reconsider, on an exceptional basis and in the name of urgency, the mandate and intervention framework of AFD

The HiC 2020 initiative was integrated into AFD's existing mandate in 2020. It was accompanied with very limited new budgetary resources, as determined by the supervisory authorities. Controversly, the same year, the Guarantee component of Choose Africa Resilience was given a supplementary budget, allocating €160 million to the guarantee mechanism (with credit from the 110 Program). This had an effect on the funding mechanism, favoring loans, and shaped the prioritization of the geographical areas and countries in response to the crisis. In the future, in the event of a health crisis and in the name of urgency, it may be appropriate to expand this mandate to provide more flexibility in the intervention and an appropriate response to the emergency needs.[26]

Furthermore, the initiative was deployed using existing resources, without seeking a leverage effect or mobilizing other external sources of financing. In contrast, the Choose Africa Resilience program mobilized both new French budgetary resources and European financing through guarantees. Beyond French budgetary resources, prior to health crises and during crises, it may be appropriate to develop AFD's capacity to mobilize external financing, from sources such as the European Union, or The Pandemic Fund established by the G20 in April 2022. This fund, managed by the World Bank, aims to bolster pandemic prevention, preparation and response capabilities in the least developed and low-income countries.

Lesson 3: Set up a steering body for Team France to better coordinate the interventions of the various operators and the complementarity between bilateral and multilateral action during health crises

The coordination in Team France involved multiple uncoordinated bilateral dialogues, taking place simultaneously between the various operators, the supervisory ministries and the other stakeholders in the French response (National Agency for Research on AIDS and Viral Hepatitis – ANRS, research institutes and civil society organizations). This led to a form of competition among those promoting their programs or initiatives.

A coordination model, such as the Ebola task force, would likely have been unfeasible in the context of the Covid-19 crisis due to its greater complexity and widespread impact among all the countries involved international and development cooperation.

However, the crisis does at the minimum show that it is necessary to have a "leader", under the direction of the MEAE, for the French response in the health sector, in the event of a health crisis, and a collegial body for dialogue and coordination between the various stakeholders in global health action: the supervisory authorities, the operators (AFD, Proparco, Expertise France, Crisis and Support Center), research entities (ANRS, research institutes), and the

[25] Evaluation commissioned by the Directorate General of the Treasury (Ministry of Finance) and conducted by Technopolis Group France in 2023. It highlighted the relevance of Proparco's decision to rely on known financial intermediaries, with which it already had well-established partnerships, to ensure a rapid deployment of financing. Conversely, the evaluation also highlights the difficulty of deploying new financial products in an emergency situation without support from financial intermediaries.

[26] The Interministerial Committee for International Cooperation and Development (CICID) of July 2023 endorsed the decision to end the list of 19 priority countries established by the CICID of 8 February 2018 and the focus targets for assistance to these countries.

civil society organisations (CSOs). Such a structure would help better coordinate the action of the various donors and align their activities with French multilateral action. It would also foster a more structured response, through a stakeholder specialization, provide a more rigorous accountability framework, and improve communication regarding the entire French response. This would increase visibility for French parliamentarians, citizens, technical and financial partners, and foreign countries.

7.2 Lessons that can be drawn by AFD for future crises

Lesson 4: Balancing health emergency needs with accurate and objective documentation of country needs

During the crisis, many donors faced the challenge of balancing the urgent needs of the health emergency with the difficulty of accurately documenting the actual needs of countries. This tension was evident in the evaluations of their interventions regarding relevance.

For instance, the evaluation of the DG INTP's response to the Covid-19 crisis finds that the allocation of financing did not always fully address the actual needs, due to difficulties in obtaining information, political or cultural biases, or previous commitments. The evaluation recommends avoinding pre-allocating budgets to specific geographical areas, and maintaining flexibility in fund allocation.

Similarly, the evaluation of the intervention of the German Federal Foreign Office (BMZ) highlighted that the allocations were not always based on preliminary studies of countrie's pre-crisis vulnerabilities, or assessments of health and socio-economic weaknesses during the pandemic. Despite this, the response was deemed satisfactory, as half of the recipient countries were highly vulnerable.

The evaluation of the Choose Africa Resilience Guarantee found that the eligibility criteria for African MSMEs in the short-term guarantee mechanism were overly influenced by the State-guaranteed loan (PGE) in France, making them unsuitable to the situation of African MSMEs.

In the case of the HiC 2020 initiative, the evaluation highlights the difficulty for the national response plans themselves to take account of the actual needs, as they were all too often based on Asian or European examples.

To address this tension between emergency response and objective needs analysis, several approaches could be considered for AFD's future health crisis responses:

- Enhanced coordination within AFD: AFD could lead **more collective discussions on project commitment decisions**, involving the various relevant AFD departments, as well as external partners (line ministries, operators, research stakeholders, representatives of civil society organizations). This would make it possible to hold more comprehensive discussions and put into perspective the needs, the complementarities between French and international donors, and the various reallocation requests and new projects, in terms of the pre-crisis vulnerabilities of countries and the health and socio-economic vulnerabilities of people during a pandemic.
- Strengthening research utilization and public dialogue: Enhancing the **"use of the results of research" for operational research projects and "dialogue with public authorities" for all projects is crutial** to improve the transition between project results and policy decisions in countries. This involves allocating more financial resources for these activities, increasing accountability, and providing support from local offices and headquarters in close cooperation with the RGHAs in this dialogue.

Lesson 5: Better reconcile emergency and development

Despite the aim of establishing "two-phased" projects, AFD's response to the emergency was not sufficiently linked to a long-term response to strengthen national health systems. In some ways, a parallel can be drawn with the action of DG INTPA, whose evaluation concludes that from a programmatic perspective, the EU gave priority to the immediate Covid-19 crisis rather than supporting longer-term resilience to future crises, and in all sectors.

Germany, for its part, would appear to have developed a comprehensive a crisis management program coordinated by BMZ, involving KfW and GIZ. This program integrated a full-fledged "crisis recovery" pillar, mobilizing substantial financial resources. The German example demonstrates an effort to coordinate the response between bilateral action (KFW and GIZ) and multilateral action (German contributions to WHO and in multilateral partnerships) structured around three common pillars: strengthening health system response capabilities, ensuring food and social security and protection of the economy (emergency response); and supporting public finance recovery, including borrowing capacity of aid recipient countries, and crisis management (crisis recovery).

One of the possible ways of overcoming this difficulty, **in the event of crisis**, could be to systematically plan for new projects committed:

- Systematically engage with contracting authorities during the appraisal and the project implementation phase, to **define crisis recovery** and sustainability of the outcomes. This involves planning for sustainable outcomes from the project design phase, defining post-crisis scenarios, and periodically reviewing and adapting strategies based on crisis developments. This approach leaves room for reorienting the project "en route".
- The allocation of a **non-earmarked budget line** within the total project budget to support the crisis strategy. This would enable the financing plan to adapt to developments in the crisis situations, introducing more flexibility.

Furthermore, **outside of crisis periods**, it is advisable to **enhance AFD's intervention capabilities** to strengthen the **pandemic prevention, preparation and response capacities of the least developed countries**. This includes strengthening the capacities of national public health institutions, fostering independent scientific research, and improving crisis management capacities. These efforts align with the third pillar of the France Global Health Strategy 2023-2027.[27]

Lesson 6: Prior to crises, consider mechanisms allowing flexibility in the organization and management of human resources

The evaluation highlights the commendable rapid and strong mobilization of the SAN teams in conceiving the initiative and rapidly deploying its funds, with an intensive peak in activity between February and June 2020, which subsequently continued at a very strong pace. This was undeniably a key success factor.

However, this mobilization did not account for the impacts on AFD's management and organization. The negative externalities generated suggest the need for AFD to define an internal framework for crisis mobilization. This would facilitate more effective reassignment of human and technical resources, and better workload distribution among the officers.

To address this, AFD should consider creating an **emergency operational reserve**, organized prior to crises. This reserve could be based on volunteerism from officers in service and retired or former officers (alumni) who could be mobilized in times of crisis. In the event that the operational reserve system could not cover all the needs, it could be complemented by an emergency process for the requisition of key staff, combined with a freeze on transfers

[27] France Global Health Strategy 2023-2027, October 2023, https://www.diplomatie.gouv.fr/IMG/pdf/a5_strategy_global_health.pdf

for serving officers during the crisis. This system should make it possible to mobilize task team leaders and other operational functions (for example, the Crises and Conflicts Unit, CCC). It could also provide expertise in more cross-functional aspects, such as accountability, communication, and financial and administrative management.

As of now, to prepare for future crises, it would be useful to:

- **Map internal expertise at AFD**. This would make it possible to identify who could assist the most affected departments/ divisions during a crisis.
- **Map external experts** that AFD could approach to ask for help (a sort of "reserve list", for example, listing AFD's recent retirees and external consultants which AFD may have already worked with);
- **Prepare a strategic document** (a sort of "roadmap") that provides a framework for the steps to take in the event of a crisis. This would give greater flexibility to the management of human resources (for example, "requisitions" of task team leaders from a thematic division for another division in the event of a crisis, or a freeze on staff transfers during the crisis). This document should also explain any organizational changes at AFD in times of crisis, so that the department(s)/ division(s) mainly affected by the crisis only have to manage the "sectoral" aspects (for example, by creating a "middle office" to handle all the administrative tasks, such as contractual arrangements, or entrusting all the "communication" aspect to a dedicated team).

Furthermore, when a crisis occurs, AFD could hold a management meeting to organize the resources required, based on the strategic document mentioned above, and adapting it to the specific crisis situation (for example, according to the geographical or thematic areas affected), then implementing the measures and mobilizing the resources deemed necessary. This approach aims to prevent management complications, as was the case for Health in Common.

Lesson 7: Document the simplification of procedures and management

The crisis has demonstrated the need for AFD to streamline its procedures for project commitments, management and monitoring. This simplification was instrumental in the emergency response, involving fast tracking the processes, a lower level of *ex ante* control points and verification systems, and a simplified and shortened decision-making process (in particular through the delegations of authority by the Board of Directors to the Chief Executive Officer).

These adjustments now need to be documented and set out in **"a handbook" for use during future crises**. This would prevent having to re-evaluate all the emergency protocols during future crises (health-related or otherwise). To this end, it is necessary, to review the procedures used during Health in Common and determine which should be retained, modified, or discarded (for example, emergency procedures with no electronic signature). It is also necessary to prepare an emergency framework that could be activated as soon as a crisis occurs (for example, no committee meeting per project, or a "cluster" committee meeting, or simplified project design notes only focusing on the most important aspects, such as risk analysis and budget allocation).

For counterparties, governments in particular (but not only), experience has shown that it is necessary to accompany this simplification with commitments on the accountability of the intervention, once the crisis is over, and that it is important to explain that the simplification measures are only temporary and only apply during the emergency situation.

Lesson 8: Do not apply an exemption for the monitoring and accountability framework, but adopt a more flexible framework and adapt its timeframe

The challenges faced by AFD (SAN, PAO) in maintaining data on HiC 2020 projects, and the subsequent difficulties evaluators encountered in consolidating monitoring, outputs and outcomes data for projects firstly, then the initiative as whole, raise significant questions about the accountability framework. AFD is not the only donor to have experienced difficulties in reconciling emergency and accountability. The evaluation of the EU intervention (INTPA) highlights gaps in the monitoring of expenditures for numerous operations. This is especially the case for budgetary allocations through fast-track procedures based on lax indicator matrices.

These difficulties underscore several important points for future crises:

- The importance of clearly defining the scope of emergency mechanisms from the beginning. This was not clearly defined at the outset, and as there was no technical steering committee (other than the Board of Directors), it was not possible to review this scope along the way. This led to the difficulty between SAN and PAO in monitoring financing data.
- The need to clearly outline and maintain responsibilities for the monitoring of financial commitments, to ensure accountability.
- The interest of defining a logical framework for interventions, combined with a limited number of aggregated indicators for the initiative. The Evaluation Department (EVA) initiated this work in May 2020, but it was not really taken up by the SAN Division. For example, AFD could adopt a similar approach to the Minka initiative, where an overall framework is defined, with general and specific objectives, a funding envelope, and a determined thematic and geographical scope. Investments and reallocations within this framework would not require going through Board of Directors approval, provided that they align with the initiative's overall framework.
- The opportunity of adjusting the accountability timeframe, taking the emergency situation into account, i.e., provide for an accountability obligation for counterparties in the agreements, but schedule them for a later stage, once the emergency is over;
- Take into account difficulties in monitoring commitments and projects during a crisis. Develop a monitoring mechanism that accounts for the constraints of the information system. The inability to identify projects "labeled" HiC 2020, necessitated manual counting, highlighting the need for a more robust system.

Appendix

Appendix 1 – Sample of 15 projects selected for the detailed analysis

A.1 – Selection methodology for the 15 projects

The 15 projects were selected according to the following criteria:

- Geographical representativeness and coverage of priority areas (AFR+MENA+Three Oceans), with a coverage of projects in potential countries for field missions (Senegal and Cameroon) and a coverage of Asia as a prevalence area
- Representativeness of projects according to their typology, with priority to new projects labeled HiC 2020 in the field of health (12 projects) and reallocations (3)
- Representativeness of projects according to the beneficiary contracting authority (government, research institute, NGO, private entity)
- Representativeness of projects according to the financial tools mobilized (loans, grants, GBS, etc.)
- Representativeness of projects according to the sectors (DAC 5) and areas of intervention of the initiative
- **Representativeness of projects according to their size in terms of the amounts committed. Overall rating scale of the HiC 2020 initiative**

A.2 – Presentation of projects

	Project ID	Title	Description	Type of project	AFD technical division	Country	Beneficiary	Financial tool	Thematic areas identified	Projected commitment amount
1.	CCM1667	CV19 HIC C2D ABS	GFI Unit Budget support to assist the implementation of the Covid-19 response program prepared by the Government of Cameroon	New project	GOV	Cameroon	State	Debt Reduction - Development Contract (C2D)	1, 2	€10 million
2.	CZZ2857	CV19 HIC NGO ALIMA	Strengthening the response capabilities of Ministries of Health in Africa for the Covid-19 pandemic	New project	SOC/ SAN	Multi-country	ALIMA	Grant (209 Prog.)	2	€2 million
3.	CLB1104	I.MO CICR CV19 HICR	Financing to increase access to healthcare at the Hariri University Hospital in Beirut	New project	SAN	Lebanon	ICRC	Global budget support (110 Prog.)	2	€5 million
4.	CMG1703	CV19 HIC OSC	Support for NGO action to combat Covid-19 (response to the health, economic and social crisis related to Covid-19 in Madagascar)	New project	OCN	Madagascar	Humanity and Inclusion - Action Against Hunger	Grant (Prog 209)	2, 3	€1.5 million
5.	CRW1057	CV19 HIC – Rwanda	Contribution to the Covid-19 Emergency Health Plan and social protection measures	New project	SAN	Rwanda	State	Sovereign loan LDC Interest subsidy (110 Prog.)	1, 2, 3	€40 million

	Project ID	Title	Description	Type of project	AFD technical division	Country	Beneficiary	Financial tool	Thematic areas identified	Projected commitment amount
6.	CSD1020	CV19 HIC Social Safety Nets	Support for the Multi-Donor Trust Fund (STARS) to finance the program to support families to mitigate the economic impact of reforms and Covid-19 (SFSP)	New project	SAN	Sudan	Financial institution: IBRD-WB	Global budget support (110 Prog.)	3	€15 million
7.	CSN1683	CV19 HIC SOS médecin	Reduction of the impact of Covid-19 on the livelihoods of vulnerable population groups	New project	SAN	Senegal	NGO SOS MÉDECINS	Grant (209 Prog.)	3	€3.5 million
8.	CSN1697	NIAMDE	Support for the resilience of food systems in 10 vulnerable Departments of Senegal for post-Covid-19 social and economic recovery	New project	OSC	Senegal	NGO GRDR	Grant (209 Prog.)	2	€1.5 million
9.	CZZ2146	CV19 HICT ECOMORE 2	Strengthening of surveillance and epidemic disease control systems	New project	SAN	Multi-country (Cambodia, Laos, Myanmar, Philippines, Vietnam)	IPP	Grant (209 Prog.)	1	€2 million

	Project ID	Title	Description	Type of project	AFD technical division	Country	Beneficiary	Financial tool	Thematic areas identified	Projected commitment amount
10.	CZZ2839	APHRO_ COV- Project to Support the Preparation of Hospitals for the Operational Response to Covid-19	Project to respond to infection by the coronavirus in West Africa, to strengthen diagnostic capabilities and rapidly manage suspected cases of infection by the virus 2019-nCoV in 5 French-speaking African countries	New project	SAN	Multi-country Africa (AFR) (Burkina Faso, Ivory Coast, Gabon, Mali, Senegal)	INSERM	Grant (209 Prog.)	1	€1.5 million
11.	CMU1089	CV19 HIC PrPP Cat DDO	Policy-based loan for the response to the Covid-19 epidemic, adaptation to climate change and disaster risk management of the Republic of Mauritius, jointly appraised with the World Bank	New project	GOV	Mauritius (OCN)	State	Contingent loan with deferred drawing rights	1, 2, 3	€300 million
12.	CCM6016	C2D - Health II + CV19 HIC	Strengthening nationwide Covid-19 diagnostic capabilities under the coordination of the Centre Pasteur in Cameroon	Reallocation	SAN	Cameroon	State	C2D	2, 3	€630,000

	Project ID	Title	Description	Type of project	AFD technical division	Country	Beneficiary	Financial tool	Thematic areas identified	Projected commitment amount
13.	CSN1537	PBL Water + CV19 HICR	Reallocation of a policy-based loan in the water sector to support the national Covid-19 response plan	Reallocation	EAA/ GOV	Senegal	State	Sovereign loan	3	€40 million
14.	CDO1084	CV19 PrPP Health	Support for the Dominican Government in its response to the health, social and economic impact related to the global coronavirus pandemic and for the launch of reforms to strengthen its health and social protection systems	New project	SAN	Dominican Republic	State	Delegated funds Loan	2	€208 million
15.	CZZ2860	CV19 HIC -IRD ARIACOV	Project to support IRD for the African response to the Covid-19 epidemic (ARIACOV)	New project	SAN	Multi-country (Benin, Cameroon, DR Congo, Ghana, Guinea, Senegal)	IRD	Grant (209 Prog.)	1	€2.2 million

Appendix 2 – Overall rating scale for the Health in Common 2020 initiative

An overall rating scale was developed for the HIC initiative according to the criteria adopted by the OECD/DAC for the evaluation of development assistance activities: relevance, coherence, efficiency and effectiveness. For each criterion, a 5-point rating scale was used and calculated on the basis of qualitative indicators which correspond to the evaluation questions of the specifications of the evaluation. These assessments have been made by comparing all the information collected and analyzed during the evaluation. The overall rating by evaluation criterion is obtained by calculating the average of the scores obtained for each qualitative indicator.

Rating criteria	5 Highly satisfactory	4 Satisfactory	3 Moderate	2 Unsatisfactory	1 Highly unsatisfactory
Relevance		X			
Priority given to priority poor countries and African countries (French-speaking countries in particular)	X				
Priority given to ocean basins where France has territories		X			
Consideration of the crisis context and issues facing the countries of intervention when the initiative was conceived	X				
Conception of the initiative in consultation with the key stakeholders		X			
Relevance of the reallocation decisions with regard to the project objectives and/or the objectives of HiC 2020 approved by the Board of Directors in early April 2020	X				
Absence of crowding-out effects due to the reallocations		X			
Consideration of the needs of countries and appropriateness of the response at the time of the project design		X			
Alignment of the initiative with the national response plans and adequacy of these plans in terms of the realities of the crisis in countries		X			

Rating criteria	5 Highly satisfactory	4 Satisfactory	3 Moderate	2 Unsatisfactory	1 Highly unsatisfactory
External coherence		X			
Consideration of the responses of other donors when the initiative was conceived	X				
Consideration of the responses of other donors when the projects were designed		X			
Coordination in practice of the initiative with the responses of other donors		X			
Inter-donor coordination in the implementation of projects		X			
Internal coherence			X		
Complementarity of the initiative with the French response to Covid-19 in the health sector		X			
AFD's coordination with other complementary operators			X		
AFD's coordination with the RGHAs, Embassies and other operators in the country			X		
Efficiency		X			
Efficient strategies for the identification of projects to support via the HiC initiative		X			
Implementation of procedures adapted to the emergency to rapidly appraise and commit funds		X			
Internal organization of the teams, management, reporting and monitoring of the initiative			X		
Effectiveness			X		
Regional diagnostic and epidemiological surveillance networks strengthened	X				
Secure care pathways, from screening to the treatment of serious cases, and health systems strengthened to help manage the emergency		X			
Economic and social consequences of the crisis mitigated			X		
Effective monitoring-evaluation of the initiative as a whole and of its projects				X	
Emergency-stabilization-development linked in the implementation of the three areas of the initiative			X		

List of acronyms

ACT-A	Access to Covid-19 Tools Accelerator
AFD	Agence Française de Développement
AFR	All Africa Geographical Division (AFD)
ALIMA	Alliance for International Medical Action
ANRS	French National Agency for Research on AIDS and Viral Hepatitis
C2D	Debt Reduction-Development Contract
CAR	Central African Republic
CARPHA	Caribbean Public Health Agency
CCR	Credit Committee
CDCS	Crisis and Support Center of the French Ministry for Europe and Foreign Affairs
CID	Identification Committee
COSUB	Grant Committee
CSO	Civil society organization
DAC	Development Assistance Committee (OECD)
DDD	Sustainable Development Directorate of the French Ministry for Europe and Foreign Affairs
DGM	Directorate-General for Global Affairs, Culture, Education and International Development
DRC	Democratic Republic of the Congo
ECOMORE	ECOnomic development, ECOsystem Modifications, and emerging infectious diseases Risk Evaluation
EVA	Evaluation and Knowledge Capitalization Division (AFD)
FPP	Project Presentation Sheet
GBS	Global budget support
GIZ	*Deutsche Gesellschaft für International Zusammenarbeit*
GRDR	Rural Development Research and Projects Group
GRET	Research and Technology Exchange Group
HiC	Health in Common
HUMA	Sub-Directorate for Human Development of the French Ministry for Europe and Foreign Affairs
IBD	Inter-American Development Bank
IBRD	International Bank for Reconstruction and Development
ICRC	International Committee of the Red Cross
IHR	International Health Regulations
IMF	International Monetary Fund
INSERM	French National Institute of Health and Medical Research

IRD	French National Research Institute for Sustainable Development
KfW	*Kreditanstalt für Wiederaufbau*
LDCs	Least developed countries
LIC	Low-income country
LMIC	Lower-middle-income country
MEAE	French Ministry for Europe and Foreign Affairs
NGO	Non-governmental organization
OCN	Three Oceans Geographical Division (AFD)
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
ORE	Eastern Europe, Middle East, Asia Geographical Division (AFD)
PAO	Operations Management Unit (AFD)
PBL	Policy-based loan
PPCs	Priority poor countries
RGHA	Regional global health advisor
RIIP	International network of Instituts Pasteur
RSIE	Regional project for surveillance and outbreak investigation
SAN	Health and Social Protection Division (AFD)
SDGs	Sustainable Development Goals
TFP	Technical and financial partner
UMIC	Upper-middle-income country
WHO	World Health Organization

List of figures

List of boxes

Agence française de développement
5, rue Roland Barthes
75012 Paris I France
www.afd.fr

Innovation, Research, and Knowledge Directorate.
Evaluation and Learning (EVA) Department

Agence Française de Développement publishes research and analysis of sustainable development issues, conducted with a number of partners from the Global North and South. With a catalogue of more than 1,000 titles and an average of 80 new publications published every year, Éditions Agence Française de Développement promote the dissemination of knowledge and expertise, through its own collections and flagship partnerships. They are all available in free access at afd.fr/en/ressources. For a world in common.

Publication Director Rémy Rioux
Editor-in-Chief Jean-Claude Pires
Graphic Design MeMo, Juliegilles, D. Cazeils
Design and Production edeo-design.com
Legal Deposit 3rd quarter 2024
ISSN 2680-3844
Printed by AFD's reprography service

To browse our other publications:
www.afd.fr/fr/collection/evaluations-ex-post