

### **Box 1 Country examples of dependence on donor support in challenging operating environments**

The Government of Iraq provided a good proportion of the funding for the National TB program until 2014, but funding drastically decreased due to the conflict and deterioration of the political situation in 2014–2017. Thus, the TB programme was maintained mainly through emergency grants from donors such as the Global Fund, Kingdom of Saudi Arabia and Government of Japan. The National TB Strategic Plan clearly states the intention to increase government allocation to the TB programme to close the funding gap, but this may not occur until political stability is restored.

Sudan has experienced political instability, natural disaster (2020 flood), external sanctions, and economic turbulence, with the dramatic devaluations of the Sudanese pound beginning in 2018. Thus, Sudan did not meet the co-financing requirements for its Global Fund grant for 2017–2019 and its current Global Fund funding request mentioned domestic funding to cover 25% of HIV and 24–42% of malaria services. It would be a challenge for Sudan to meet even these modest rates of domestic funding if the ongoing political instability and its implications for the Sudanese economy continue.

In Yemen, the major economic crisis and the protracted conflicts challenged financing of the health sector. In 2020, HTM activities were highly dependent on external funding, especially funding from the Global Fund under the Middle East Response (MER) grant. Data obtained from the National Malaria Control Programme indicated that domestic contributions to funding ceased in 2014, after domestic funding of more than US\$ 1 million per year in 2010–2013. The splitting of the 3 programmes between North and South Yemen further exacerbated the funding shortfall. It caused duplication of efforts and inefficiencies.