



COVID-19 RESPONSE MECHANISM

UNITE^{TO} FIGHT

C19RM Monthly Update to the Board

18 August 2021 (June- July Report)

Geneva, Switzerland

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Progressive Development of C19RM Reporting. The [first monthly board report](#) focused on emerging awards data, our due diligence process and some early case study successes. The focus of this June-July report is on 2020 health product delivery and distribution data, investments in community systems and progress in monitoring and oversight (M&O). With data collection tools being operationalized through the M&O framework, we expect to report 2021 programmatic and financial data in upcoming editions.

C19RM 2020 Diagnostics & PPE Delivered. Preliminary distribution and delivery data from 2020 indicates that we have delivered over US\$152 million worth of tests through PPM/wambo alone, representing 83% of orders placed and US\$91.7 million in PPE representing 81% of orders placed, using 2020 C19RM Awards.

2

Update on COVID-19 Epidemiological Situation and Disruption to HIV, TB and Malaria Services. With the fast-spreading Delta variant there is evidence to suggest that true infections far outnumber confirmed cases in many regions in which the Global Fund operates. High Impact Asia case numbers remain the highest at over 36 million.

HIV, TB and Malaria Disruption. While Q1 2021 data showed some positive progress, this outlook is changing with the Delta variant spreading and early signs of improvement in service disruption across HIV, TB and malaria programs reversing. As of 4 August 2021, awards supporting the strengthening of HIV, TB and malaria mitigation amount to US\$193.2 million (14%) of US\$1,386 million awarded for Full Funding Requests.

3

C19RM 2021 Funding Requests and Awards Overview: As of 4 August 2021, C19RM has awarded or recommended for Board approval US\$1,965 million, responding to Fast-track and Full Funding Requests from 79 different countries or multicountry grants.

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4 [Health Products Overview](#) While considerable efforts have been undertaken to make **diagnostics** available to low and middle-income countries, gaps in equitable access to testing continues. Support to IPC through **PPE** continues to strengthen health systems and save lives, with US\$113 million ordered through PPM in 2020 and US\$358 million awarded in C19RM 2021. **Oxygen** continues to represent a high percentage of awarded funding, of about US\$412 million (21%). We continue to work with partners to address constraints in oxygen supply.

5 [Community systems strengthening](#) is a priority area that has received US\$77.9 million in awards. The first Centrally-Managed Limited Investment (CMLI) funding of about US\$4 million was directed at strengthening community engagement (US\$2.2 million) and Community-led Monitoring (US\$1.8 million).

6 [The Monitoring and Oversight Framework](#) put in place for C19RM investments is already enabling access to more data to support decision-making and will enable us to show more recent and tailored data, more frequently. New tools being rolled out include clear timelines with expected lead times for delivery of products and services to facilitate monitoring and oversight.

7 [Examples of country investments](#) show emphasis on HIV, TB and malaria mitigation, use of robust assurance mechanisms and deliberate community system strengthening.

- In the [Philippines](#), more than a third of the total US\$37.8 million awarded targeted **COVID-19 mitigation measures for HIV, TB and malaria programs leveraging robust QA, Secretariat and GAC/CTAG review process for assurance**;
- [Tanzania](#) has made a **deliberate effort to catch up on its COVID-19 response** through an allocation of US\$77.6 million to contribute to reinforcing the COVID-19 response and strengthening Community Health Workers programs.

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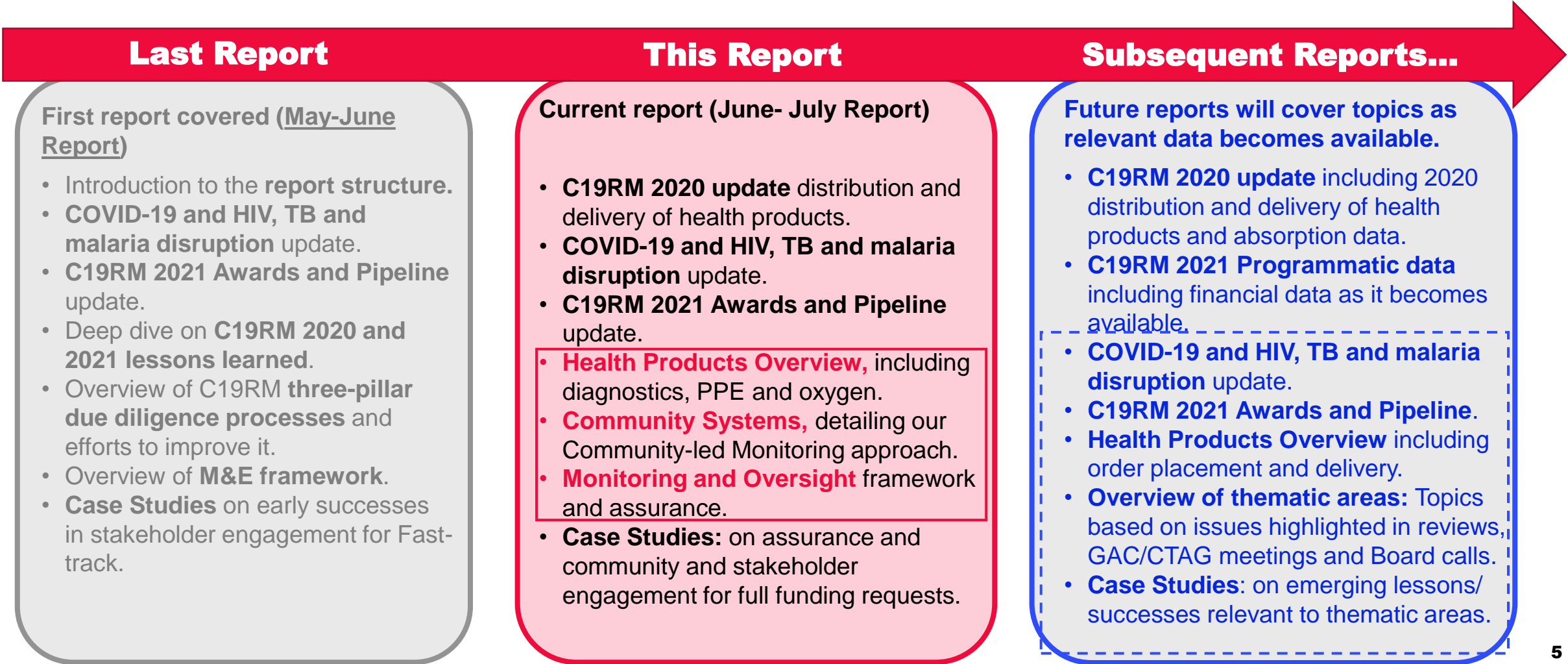
- 7** C19RM Country Examples

Progressive development of C19RM Monthly Reporting

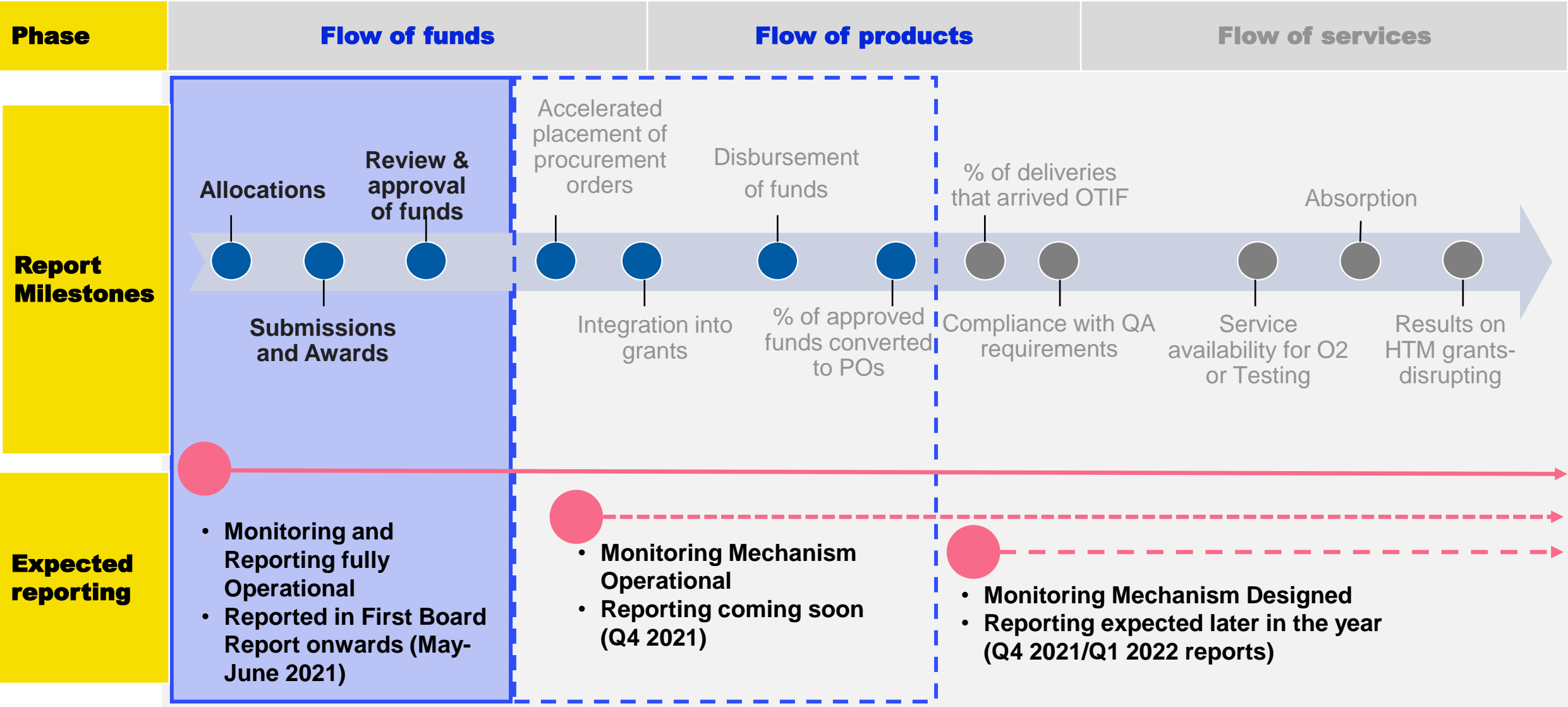
New Sections not included in last report

Sections to be expected in every report

In last month’s report, we covered COVID-19 program disruption, award and pipeline updates, lessons learned and case studies. We will continue to update these sections on subsequent reports and provide additional analysis on emerging themes. Greater details on these core sections will be included as relevant data becomes available.

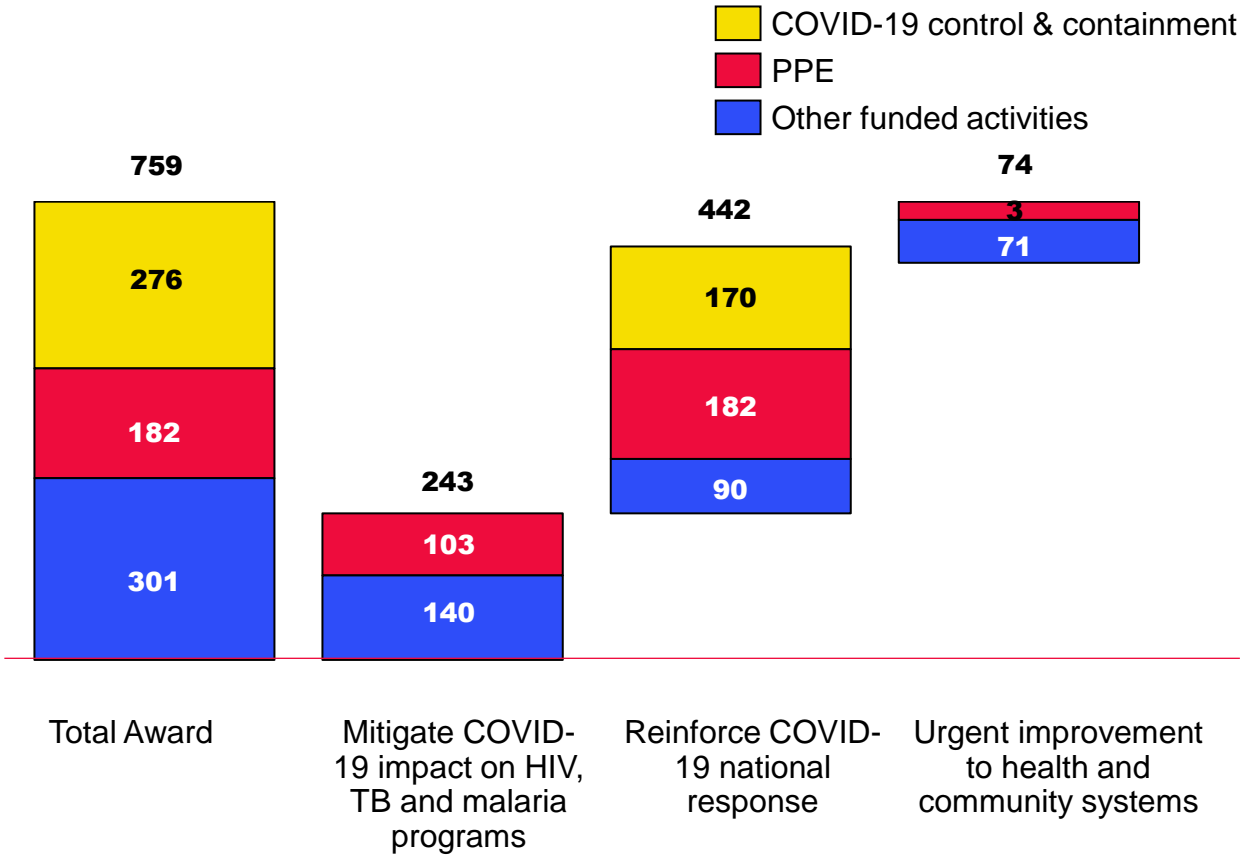


Progressive Development of C19RM Monthly Reporting



RECAP: US\$759 million invested in C19RM 2020.

Recap of C19RM 2020 Investments (US\$ millions)



- In 2020 the Global Fund approved **US\$759 million for C19RM** to support the COVID-19 response.
- **US\$759 million** from C19RM has funded:
 - **US\$243 million** (32%) to mitigate COVID-19's impact on HIV, TB and malaria programs;
 - **US\$442 million** (58%) to reinforce national COVID-19 responses; and
 - **US\$74 million** (10%) for urgent improvements in health and community systems.
- The **US\$759 million** included awards of **US\$182 million for COVID-19 diagnostics** and **US\$276 million for Personal Protective Equipment (PPE)**.

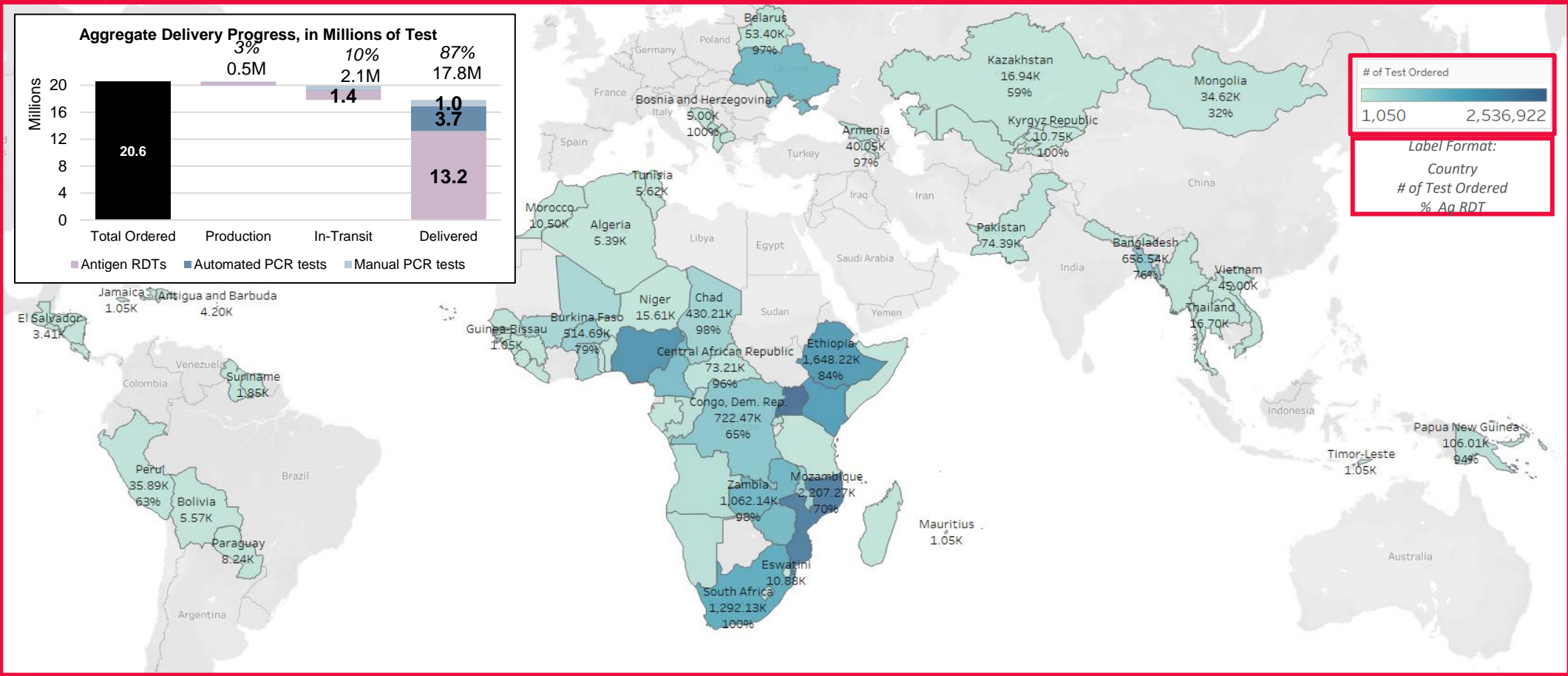


C19RM 2020 Reporting

- US\$759 million of AFC-confirmed funds were approved by 31 December 2020.
- This total included awards of US\$182 million for COVID-19 diagnostics and US\$276 million for Personal Protective Equipment (PPE).
- As of 30 June 2021, 83% of diagnostics and 81% of C19RM PPE orders placed through PPM/wambo have been delivered.
- Absorption analysis will be shared in Q4 2021 post submission of Progress Updates in June 2021.

Principal Recipients from 79 countries invested C19RM 2020 funds to place orders of 20.6 million diagnostic tests through PPM/wambo; 87% have been delivered*.

The ordered amount corresponds to 83% of total approved diagnostics funding in 2020 (US\$152/US\$182 million).

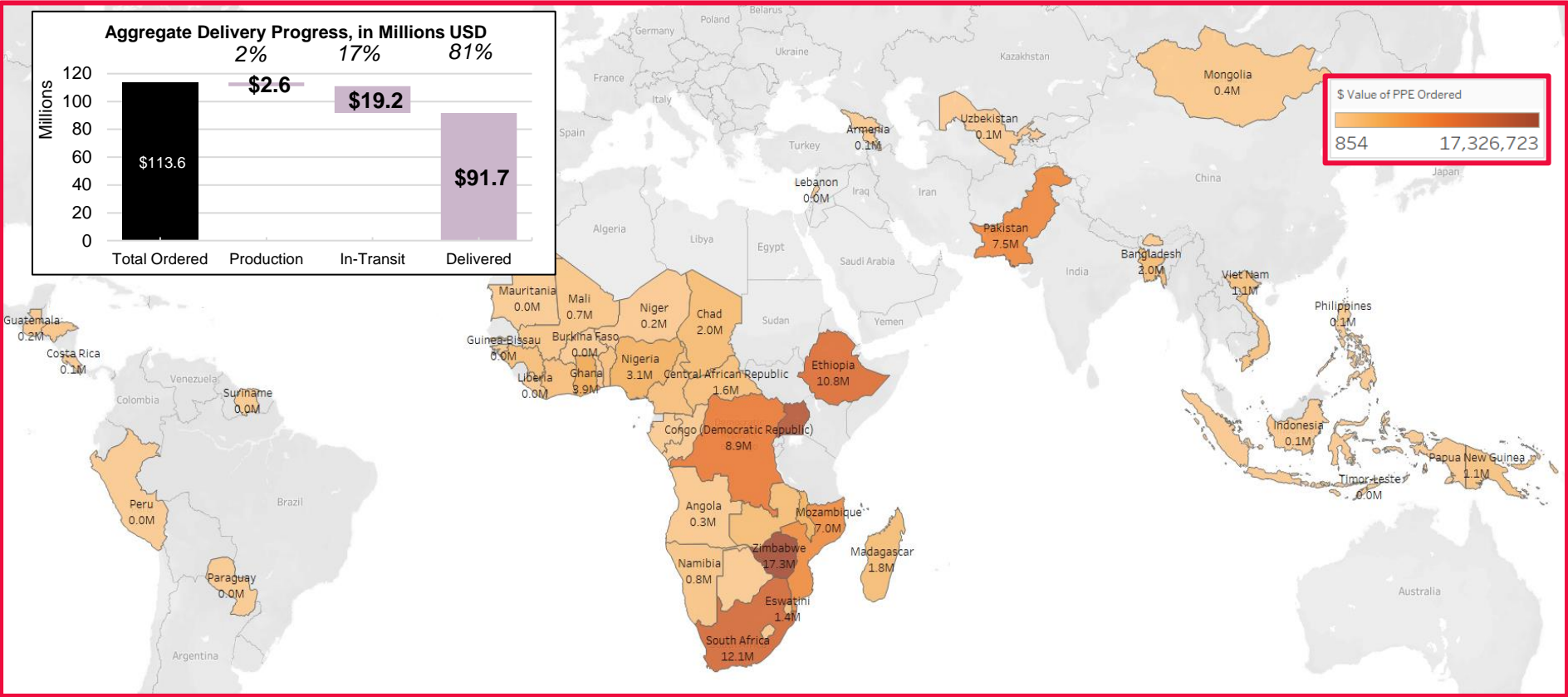


***Health Product Management Tool: provides product level granularity on planned use of funds awarded for procurement across key product categories; scope of countries for numerator and denominator may not be identical (i.e. orders approved based on confirmation of funding, but no visibility of HPMT details at the aggregate); indicative measure.*

Principal Recipients from 52 countries invested C19RM 2020 funds to place orders of US\$113.6 million worth of PPE through PPM/wambo; 81% have been delivered*.

The ordered amount corresponds to 42% of total approved PPE funding in 2020 (US\$113/US\$267 million).

Note: Sourcing through PPM/wambo.org began in September 2020 - first through an engagement with UNICEF, and in a second phase from December through existing PPM-Procurement Service Agents (countries were encouraged to source locally until September 2020).



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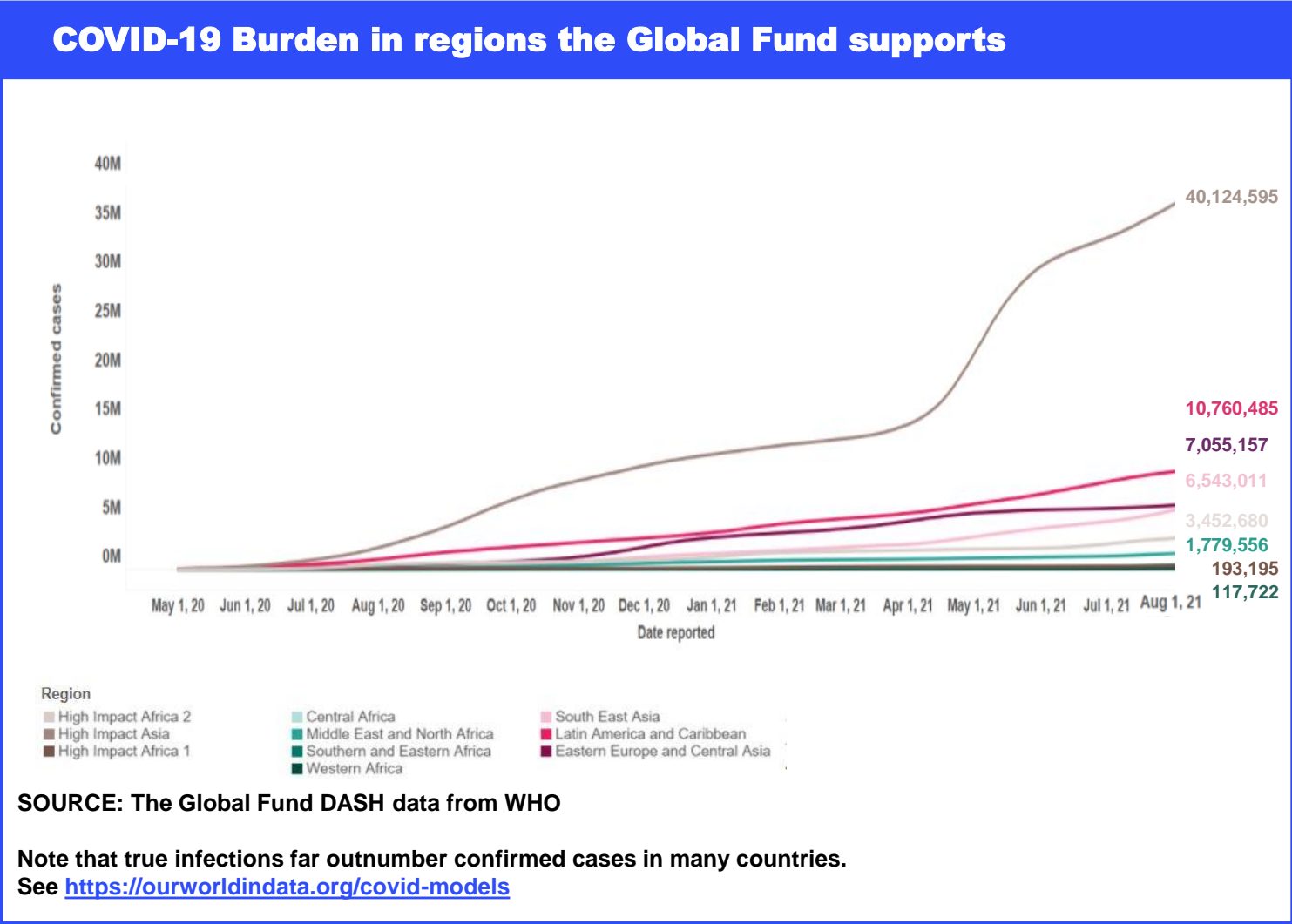
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COVID-19 Burden in the Regions We Support

High Impact Asia remains the region with the highest confirmed cases.
Low testing and the spread of the Delta variant suggest infections far outnumber confirmed cases.



SUMMARY

- Most of the regions the Global Fund supports show no downward trend in terms of confirmed cases and although not reflected in the data, several African and Asian countries continue to face resurgence.
- With the emergence of new variants, particularly Delta, and low testing numbers, there is evidence that true infections far outnumber confirmed cases, and there is likely more burden on these countries than apparent.
- High Impact Asia case numbers remain the highest at over 36 million and the trend suggests case numbers will continue to grow. Similarly, LAC, Southeast Asia and High Impact Africa 2 case numbers appear to be rising on average.
- Ten Global Fund implementing countries are also among the top 25 countries with the highest cumulative cases: India, Russia, Colombia, Iran, Indonesia, South Africa, Ukraine, Peru, Philippines, Iraq, with Bangladesh, Romania and Pakistan trailing close behind at 26th , 29th and 30th positions.

While Q1 2021 data showed some positive progress, this outlook is changing with the Delta variant spreading and early signs of improvement in service disruption across HIV, TB and malaria programs are reversing.

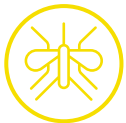
SUMMARY



As reported last month, although there were 1.5 million more adults and children on ART by Q4 2020 compared to Q1 2019 across the 13 African countries reporting, **the percentage increase was below expectation and early data suggests a downturn in people newly initiated on ART** (to be confirmed once complete data is available). In Asia, the number of people that had access to treatment across four countries was below expectation (~8% percentage increase as opposed to a target of ~20%).



TB notification rates declined in 2020 but the rate of decline has decreased (other than in South Africa)*. MDR-TB treatment initiation in Q1 2021 stabilized, remaining 8% lower than in Q1 2019. **For case notification, Q1 2021 results appear to have recovered to Q1 2020 levels** in three of the four countries included in the analysis, but **disruptions appear to have continued or further worsened coincident with the spread of Delta variant in Q2 2021 across several countries**. The number of people initiated in second-line **treatment for MDR-TB in Q1 2021 remain 10% below the level for Q1 2020**.



While **testing** in Africa increased in early 2020 (19% more tests in Q1 2020 vs. Q1 2019), Q1 2021 saw a **decline with 25% fewer tests than in Q1 2020** and 10% fewer in Q1 2021 vs. Q1 2019 with several countries reporting increases in COVID-19 and related disruptions. This represents 8.5 million fewer tests carried out in Q1 2021 vs. Q1 2020. In Africa, **the number of LLINs provided through continuous distribution increased 14%** above the Q1 2019 rate in both Q1 2020 and Q1 2021. Testing rates in the countries analyzed in Asia **declined by 8% in Q1 2020 vs. Q1 2019 but were 57% lower in Q1 2021 vs. Q1 2019**.

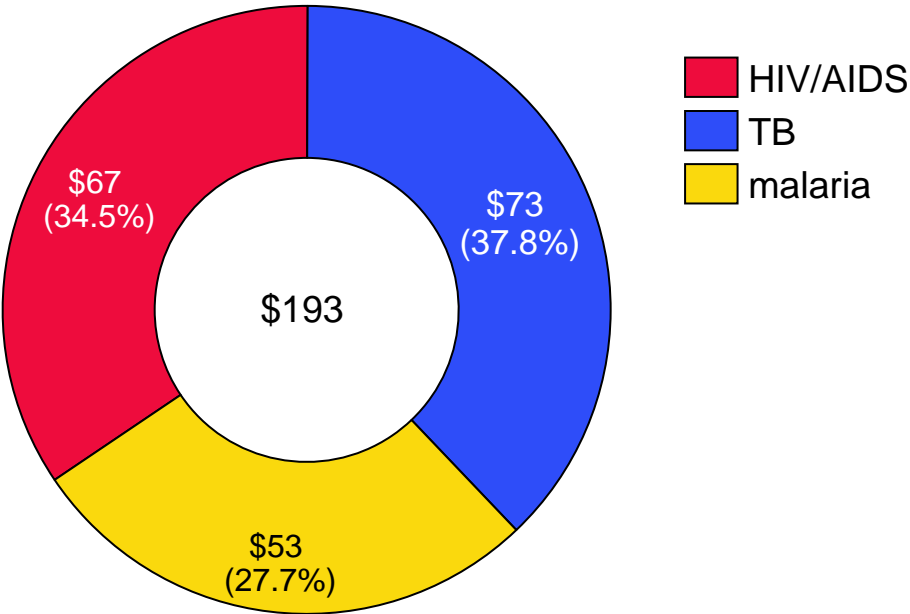
* Q1 2021 data to be interpreted with caution due to possible incompleteness (specifically for South Africa).



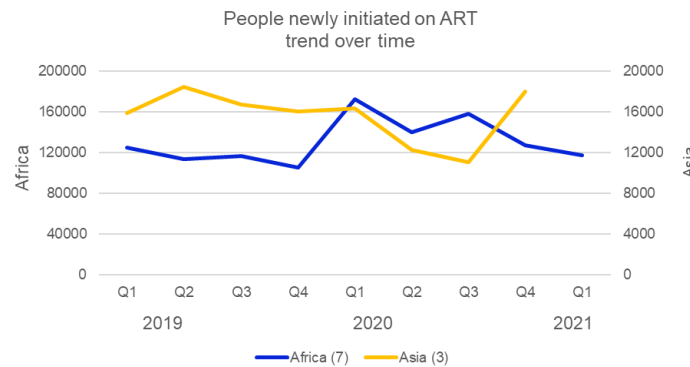
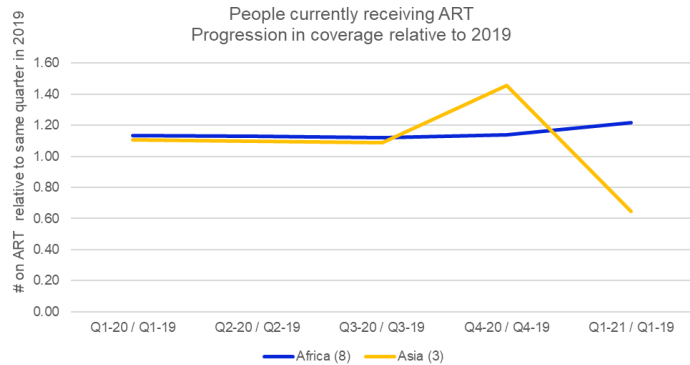
C19RM Investments in Mitigation

- Of the US\$1,386 million awarded for Full Funding Requests (including recommendations for Board approval), **US\$193.2 million (14%) has been invested in mitigating the impact of COVID-19 on HIV, TB and malaria programs.**
- Investments in mitigating the impact of COVID-19 are primarily covered within the core HIV, TB, malaria grants (2020-2022 allocation); malaria grants (2020-2022 allocation) incorporated a significant amount of PPE needs for mass campaigns and community activities.

Awards in Mitigation for Full Funding Requests



Service Disruption across HIV care and treatment and prevention programs



Challenges

- Progress against grant targets for ART, testing, prevention of mother-to-child transmission and prevention programs is lagging. In 2020, HIV testing fell by over 40% due to COVID-19 disruptions.

Programmatic challenges include:

- Weaknesses of HIV adaptations to address all services: condom programming, voluntary medical male circumcision, treatment, retention to care and others.
- Limited community-led responses and their involvement in implementation impacted.
- Gender-based violence, human rights, stigma and discrimination.

Critical mitigations prioritized for C19RM Funding Requests

- **Multi-month dispensing** of prevention, care and treatment products (ART, PrEP, condoms/lubricants, injecting supplies/naloxone/opioid substitution therapy).
- **Out-of-facility dispensing** of prevention, care and treatment products (pharmacy, community, outreach, virtual).
- **Virtual service delivery** through telephone or online platforms (triage, linkage, follow-up, adherence and other support).
- **Differentiated HIV testing** – including through self-testing (HIVST) and out-of-facility models.
- **Key populations and adolescent girls and young women prevention programming adaptations** (PPE, smaller group sizes, mobile/outreach/virtual enhancement).

TB diagnosis and treatment continue to be significantly impacted

Challenges

- Significant declines in TB notification for drug-sensitive and drug-resistant TB.

Programmatic challenges include:

- Repurposing of TB diagnostic capacity (GeneXpert and lab personnel) for COVID-19.
- General fear, stigma, and economic hardship contributing to decreased attendance at health facilities.
- Community-level TB screening and active case-finding significantly impacted.

Critical mitigations prioritized for C19RM Funding Requests

Innovations to restore diagnosis

- Bidirectional Screening, Test and Trace for COVID-19 and TB.
- Screening and testing in other population groups, including increased TB testing in the community.

Innovations to improve treatment and provide virtual TB care in the community

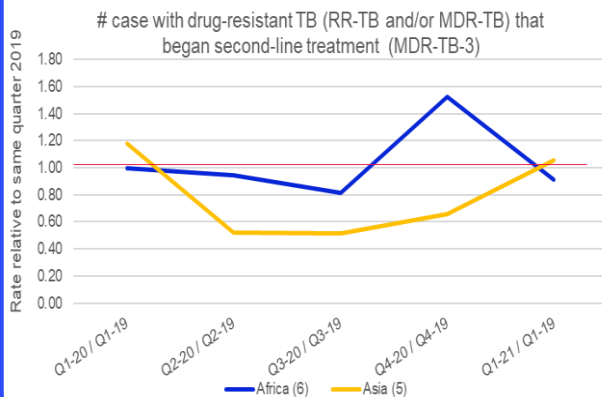
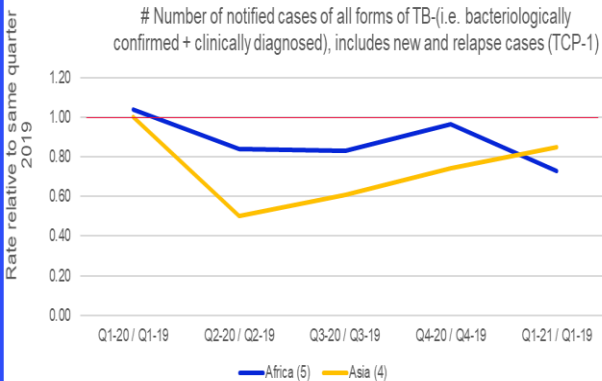
- Accelerate the use of digital tools, support people with TB at home and direct TB drug distribution.
- Invest in Community/NGO workers/primary health care to support diagnosis and treatment.

Social/Nutritional/Financial Support to people with TB

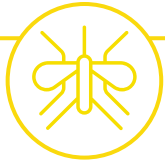
Innovations to prevent TB

- Integration of contact investigation and TB preventive treatment in all case finding and treatment interventions, including home based TB preventive treatment delivery, integration of TB preventive treatment delivery in existing multi-month dispensing strategies.

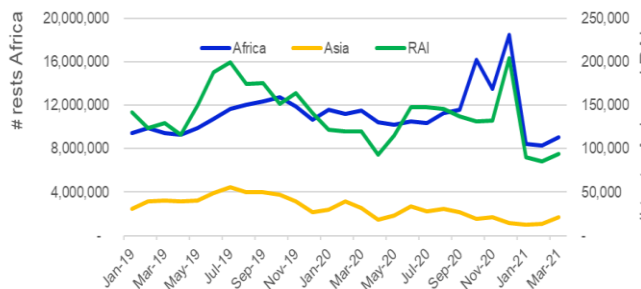
Accelerate engagement with private providers



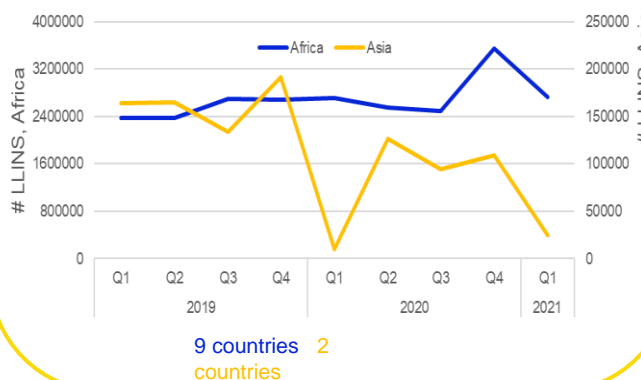
Access to malaria diagnosis and treatment impacted, with delays in vector control campaigns



suspected malaria cases that receive a parasitological test at public sector health facilities (CM-1a)



LLINs distributed to targeted risk groups through continuous distribution (VC-3)



Challenges

- Declines in malaria diagnosis and treatment and some delays in LLIN campaigns.

Programmatic challenges include:

- Treatment-seeking behavior contributing to the decline across different services (diagnosis, treatment and continuous LLIN distribution).
- Overlap between malaria and COVID-19 symptoms (fever) means that potential COVID-19 and potential malaria cases are being missed.
- Increased consumption of malaria RDTs and delays in deliveries are leading to increased stock-out risks.

Critical mitigations prioritized for C19RM Funding Requests

- PPE for health workers** – including Community Health Workers.
- PPE for campaigns for each year through 2023:** seasonal malaria chemoprevention (SMC), insecticide treated nets (ITN) and indoor residual spray (IRS).
- Costs for adaptation**, particularly for campaigns, including any increases in transport costs, that are due to the COVID-19 context.
- Strengthen existing Community Health Workers (CHW) networks**, support systems, and expand these networks where appropriate and supporting.
- Community-led Monitoring (CLM).**
- Digitalization** for malaria and broader activities, such as campaigns and CHWs activities.
- Support to **surveillance systems** to ensure timely reporting & identification of emerging threats.

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C19RM Awards: Highlights

C19RM Fast-track Requests Awarded

- The Global Fund has awarded US\$579 million to 36 applicants via Fast-track. Applicants to Fast-track have requested in average 7.1% of their 2020-2022 allocation.
- Notification Letters with confirmation of awards are sent to applicants in an average of 7.3 business days.

C19RM Full Funding Requests Awarded

- US\$1,386 million awarded to 62 applicants, including funding recommended for Board approval, for a portfolio average of 18.9% of 2020-2022 allocation (excluding previously approved Fast-track applications).
- An Unfunded Demand of US\$919 million registered from 41 applicants.

C19RM Full Funding Requests Awarded by Priority Area, WHO Pillars and ACT-A Pillars

- **C19RM Board Priority Areas: 69% of the US\$1,386 million** awarded to Full Funding Requests, including funding recommended for Board approval, is reinforcing national COVID-19 responses.
- Whereas Full Funding Request investments are still mainly directed towards reinforcing the COVID-19 national response, they present a more balanced picture across the three Board Priority Areas than that of Fast-track requests.
- **WHO Pillars:** C19RM investments are primarily **directed towards Pillar 5: National laboratories (29%), Pillar 6: Infection prevention and control (23%) and Pillar 7: Case management (27%)** with the remaining investments mainly directed to **Pillar 9: Maintaining essential health services and systems (10%)**.
- **ACT-A Pillars: 87% of US\$1,965 million** of C19RM investments are **directed towards ACT-A Gap Filling Activities**.

C19RM Status of Awards, Submissions and Pipeline



60% or US\$1,965 million of C19RM 2021 funding is awarded or recommended for Board Approval to 75 applicants for a portfolio average of 19% of the HIV, TB and malaria allocation.

Full Funding Requests: US\$1,386 million was awarded or recommended for Board approval to 62 applicants.

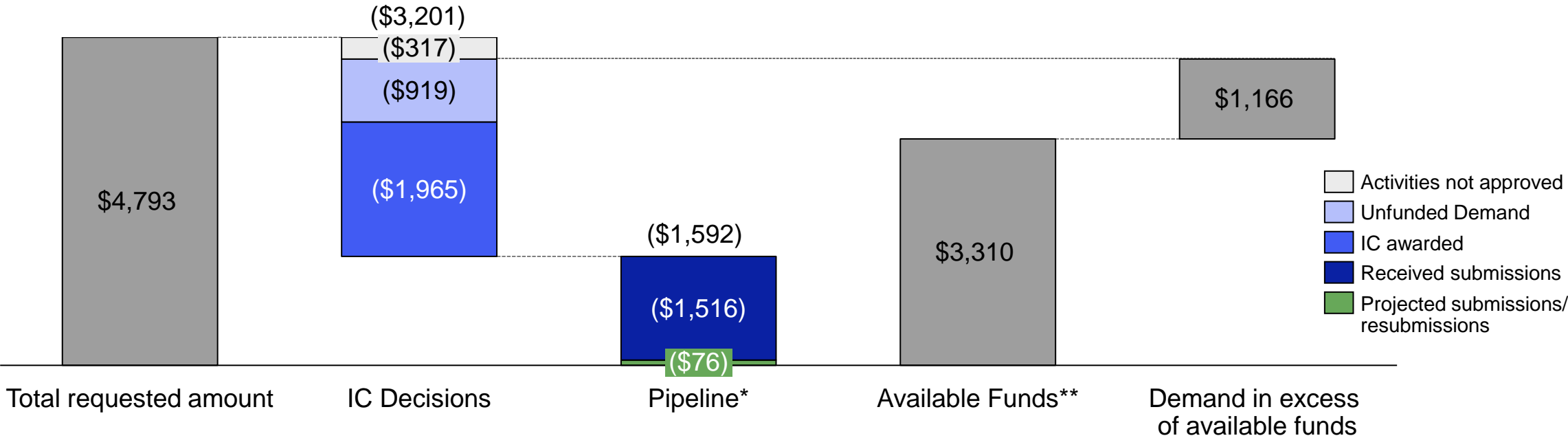
Fast-track Funding Requests: US\$579 million was awarded to 36 applicants.

Including Unfunded Demand, the total of IC decisions is US\$3,201. This includes US\$317 million of activities not approved.

Demand pipeline: 47% or US\$1,516 million has been submitted or is under review for potential C19RM 2021 funding. **US\$76 million** is projected for submission or resubmission.

Unfunded demand of US\$919 million is registered from 41 countries.

C19RM Awarded & Requested amounts



All values are in US\$ million and rounded.

For values in screening and under review even incomplete submissions are reported.

**Pipeline includes: submissions under review, in screening and projected submissions/resubmissions.*

***Additional contribution of CHF 55 million subject to AFC approval.*

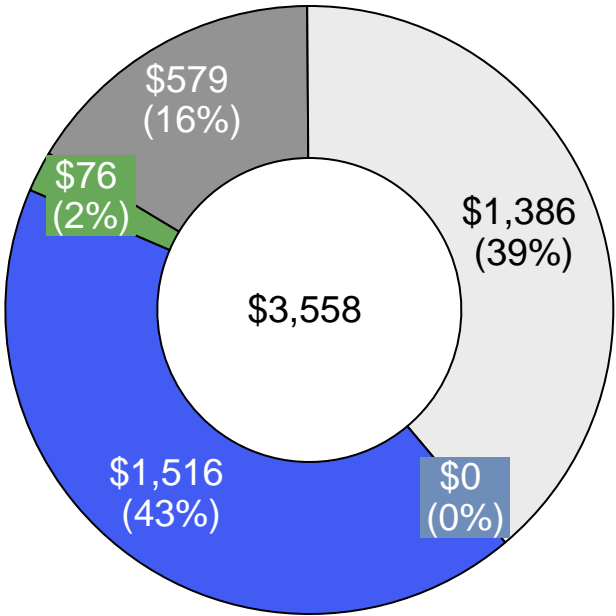
C19RM Overall Award: Submissions Drill Down



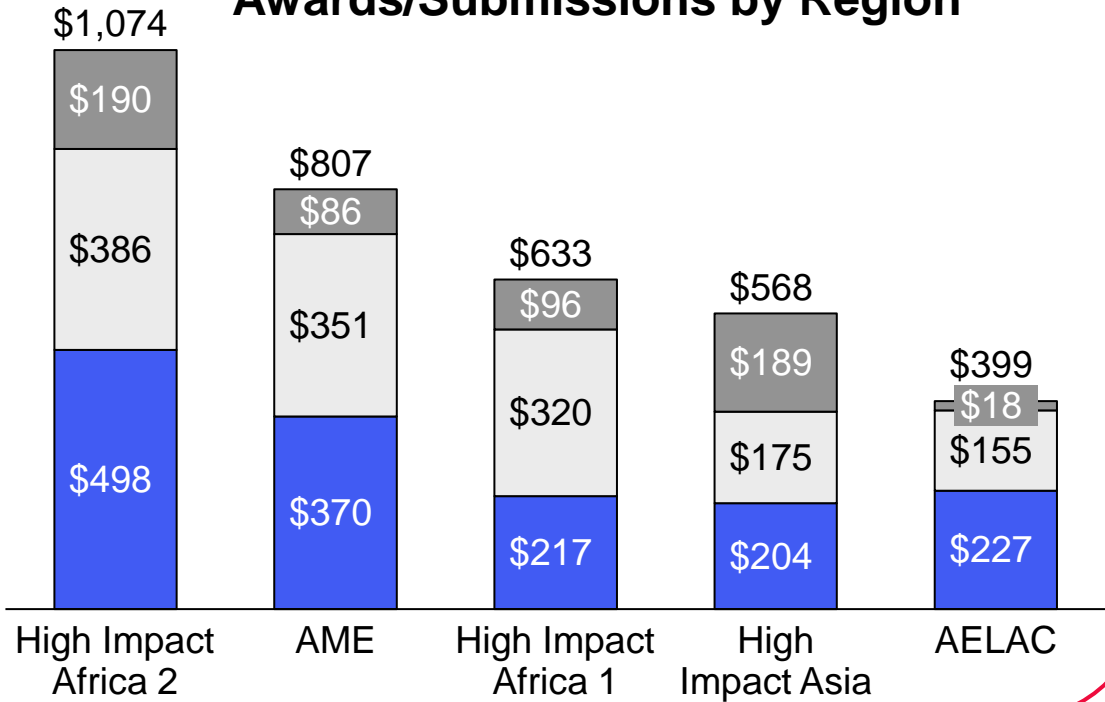
60% or US\$1,965 million of the current funding envelope is awarded or recommended for Board approval. Demand pipeline is robust in funding requests received/in process showing demand exceeds supply of available funds:

- Country demand is high with the majority of applications requesting 30% or more.
- Unfunded demand of US\$919 million is registered from 41 countries.

C19RM 2021 Awards and Pipeline



Awards/Submissions by Region



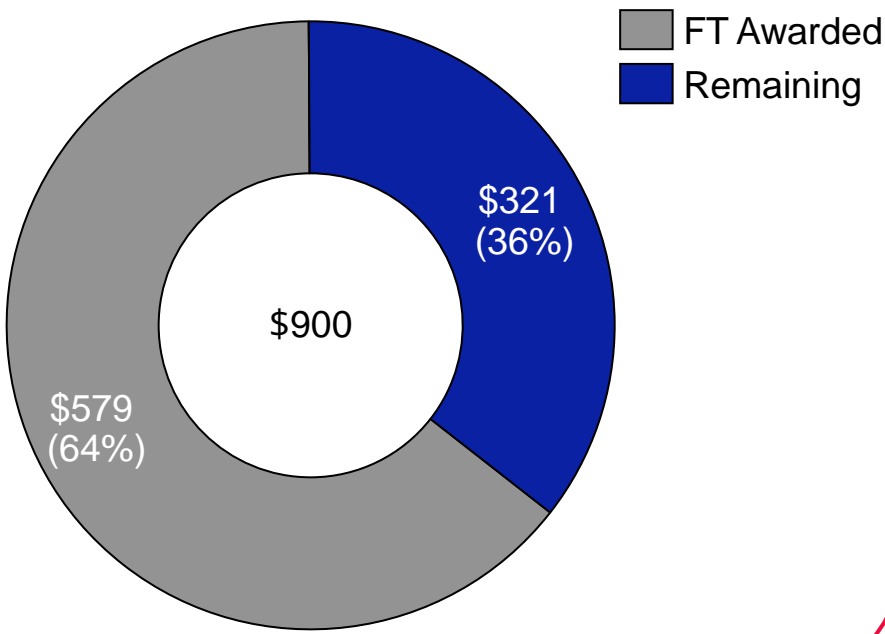
■ Award (Fast track) ■ Award (Full Review) ■ Submitted Fast track ■ Submitted Full review ■ Projected submissions/resubmissions

C19RM Fast-track Drill Down

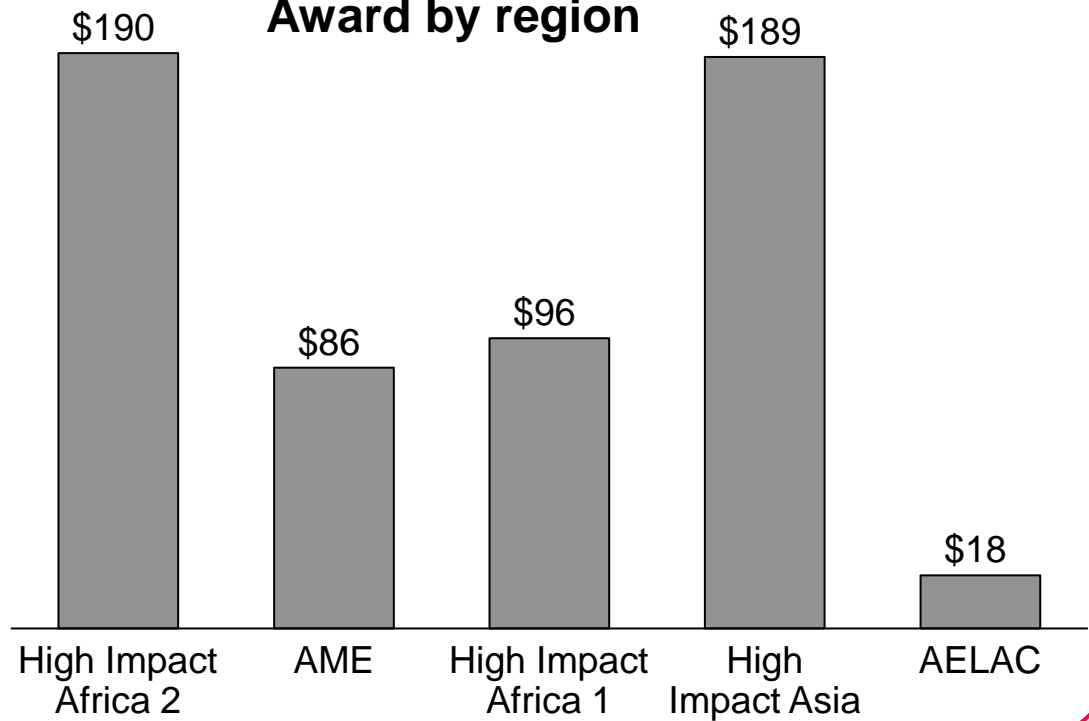


- The Global Fund has awarded **US\$579 million** to 36 applicants via Fast-track. This represents 64% of the total Fast-track mechanism. Applicants to Fast-track have requested in average 7.1% of their 2020-2022 allocation.
- In total **40 Fast-track requests** were received, including 4 to be resubmitted due to incomplete documentation or withdrawn.

Fast-track Awards



Award by region



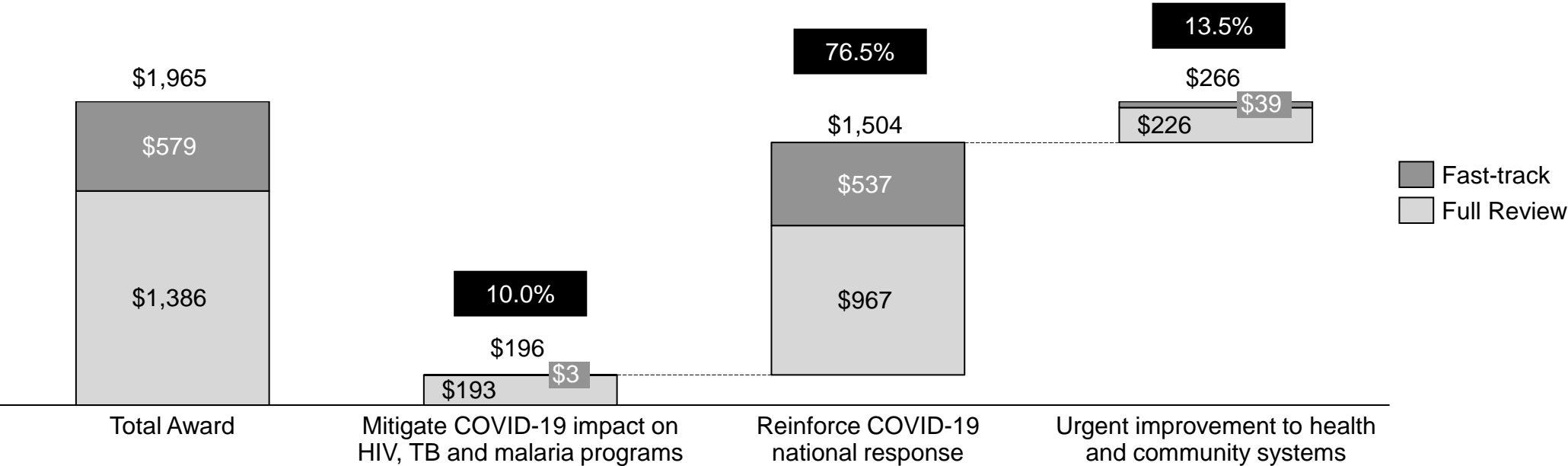
C19RM Award by Priority Area



Award by priority area: Investments are mainly directed towards reinforcing the COVID-19 national response.

Out of the Full Funding Requests **awarded or recommended for Board approval**, we continue to see prioritization of reinforcing the COVID-19 national response likely due to the rapid increase in cases across a number of countries.

C19RM Awards by Priority Area



All values in the charts are in US\$ million and rounded. Program management costs are included in “Reinforce COVID-19 national response”. Recent awards values may be adjusted slightly once Detailed Budgets are finalized.

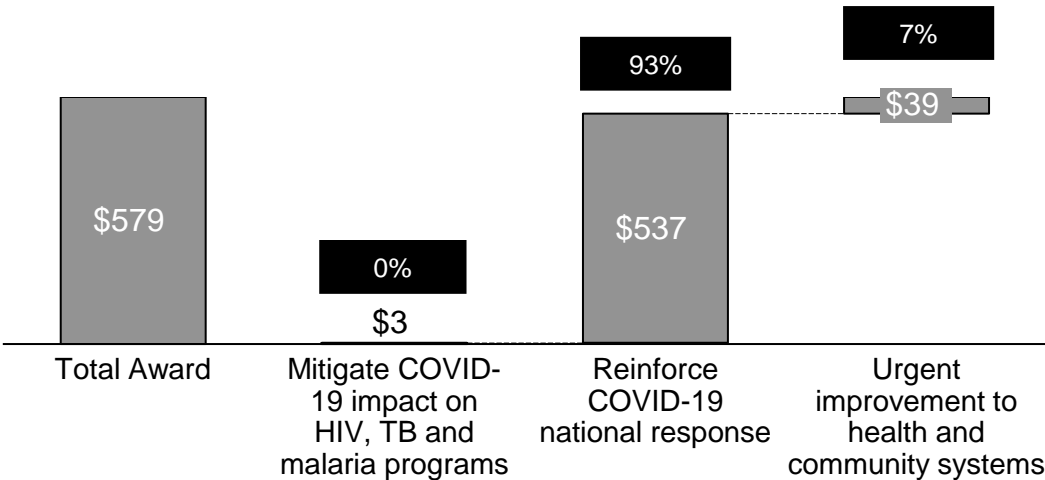
Values above include Fast-track awards, Full Funding requests awarded and/or recommended for board approval.

C19RM Award by Priority Area

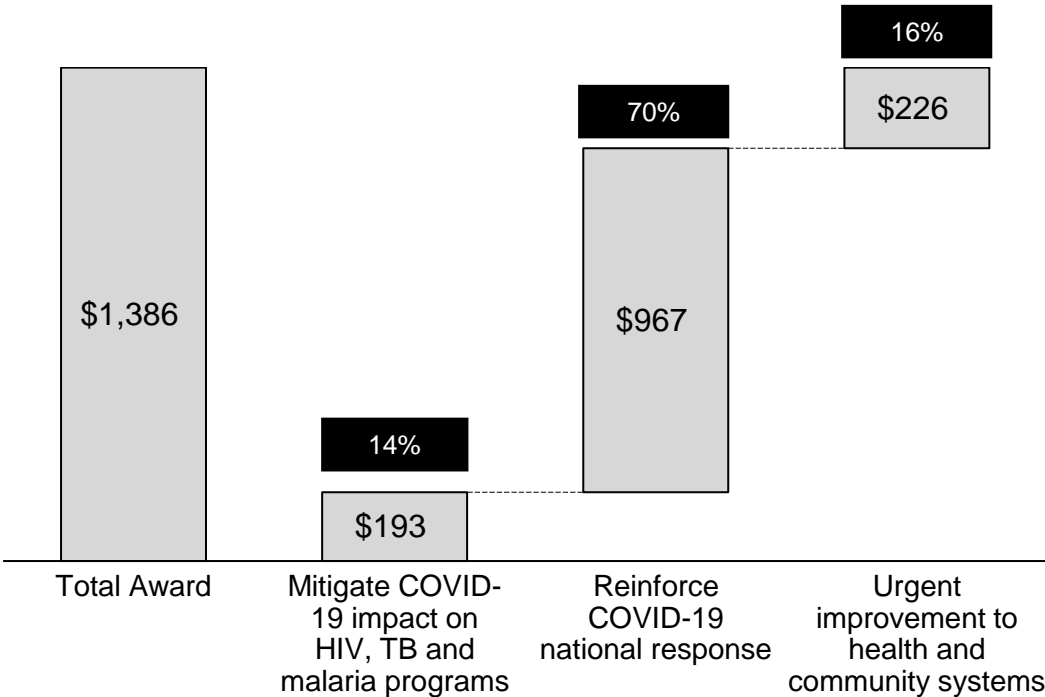


Award by priority area: **Fast-track** investments are mainly **directed towards reinforcing the COVID-19 national response**. Full Funding Requests are **more balanced across the three priority areas**.

C19RM Fast-track Awards by Priority Area



C19RM Full Review Awards by Priority Area

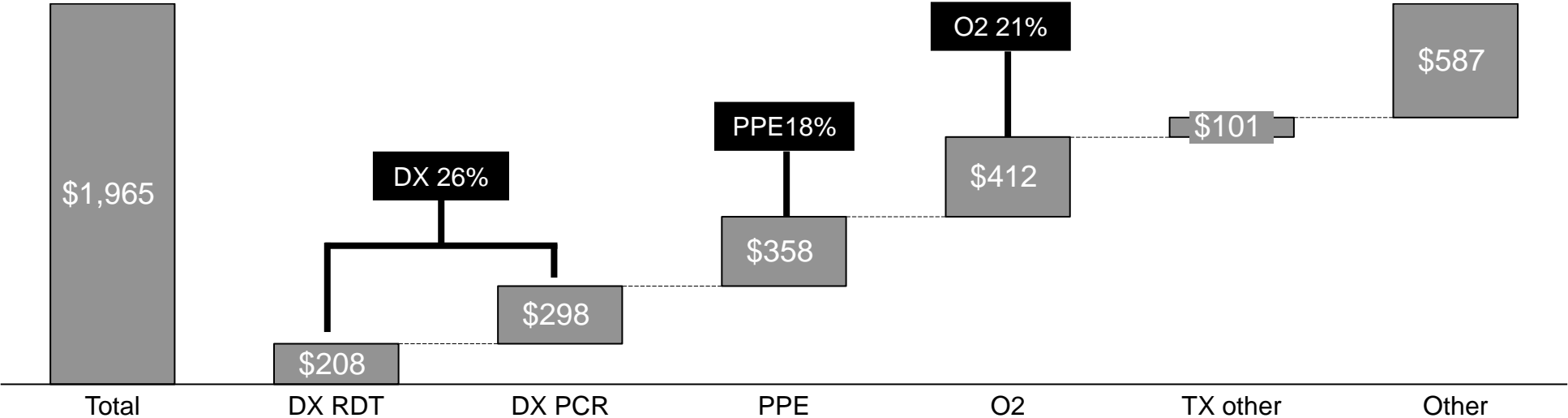


C19RM Award by Health Products



Health product investments are more balanced across key Health Products.
Approximately **65% of awards to date** are expected to use **wambo** as the procurement channel.

C19RM Awards by type



All values in the charts are in USD million and rounded. Recent awards values may be adjusted slightly once HPMTs are finalized.
Values above include Fast-track awards, Full Funding requests awarded and/or recommended for board approval.
Differences in values between Global Fund defined health products are accounted for by a more limited set of products that are included under these categories.

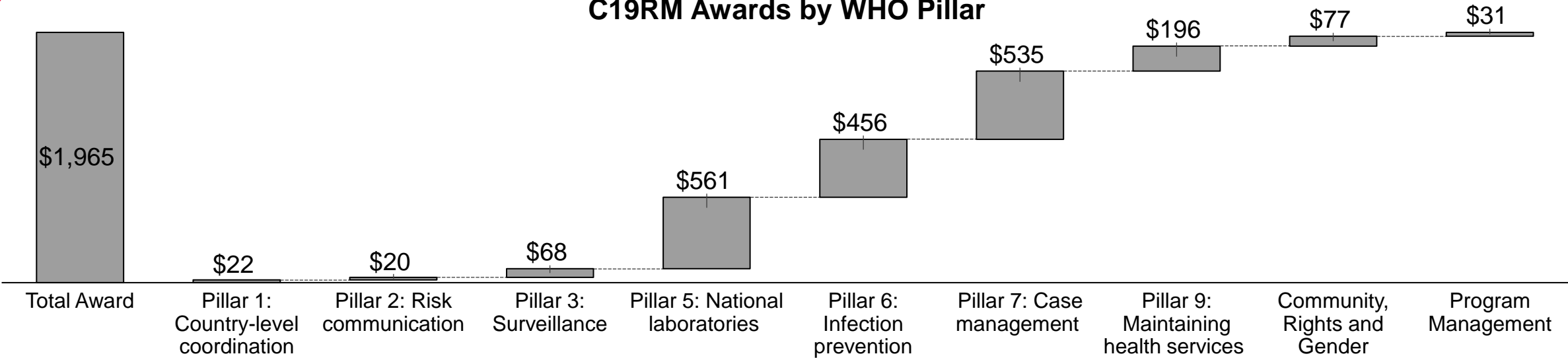
C19RM Award by WHO Pillars



C19RM investments are primarily **directed towards Pillar 5: National laboratories (29%), Pillar 6: Infection prevention and control (23%) and Pillar 7: Case management (27%)**

The remaining investments are mostly invested into **Pillar 9: Maintaining essential health services and systems (10%)**.

C19RM Awards by WHO Pillar



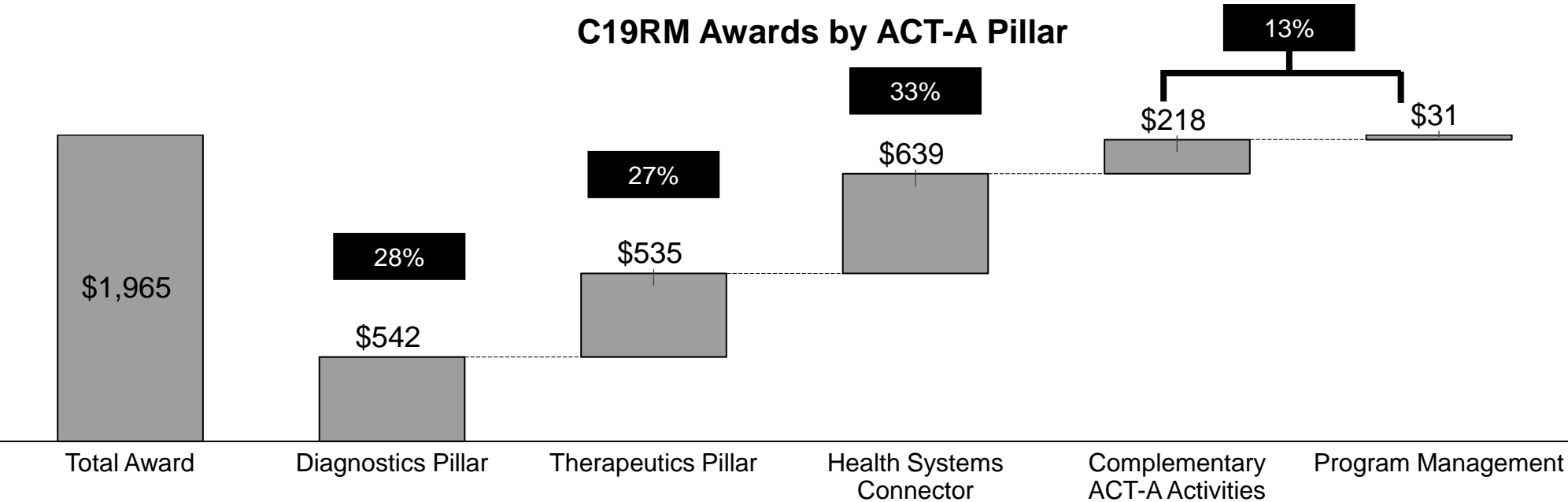
All values in the charts are in USD million and rounded. Recent awards values may be adjusted slightly once Detailed Budgets are finalized.
Values above include Fast-track awards, Full Funding requests awarded and/or recommended for board approval.

C19RM Award by ACT-A Pillars



87% of US\$1,965 million of C19RM investments are directed towards ACT-A Gap Filling Activities given most awards to date are via Fast-Track and Full Funding Request prioritize reinforcing the COVID-19 response. These investments are split across the **Diagnostics Pillar (US\$542 million or 28%)**, the **Therapeutics Pillar (US\$535 million or 27%)**, and **Health Systems Connector (US\$639 million or 33%)**.

As more Full Funding Requests are reviewed and awards made, we expect that the share of complementary activities will increase.



All values in the charts are in USD million and rounded. Recent awards values may be adjusted slightly once Detailed Budgets are finalized.
Values above include Fast-track awards, Full Funding requests awarded and/or recommended for board approval.

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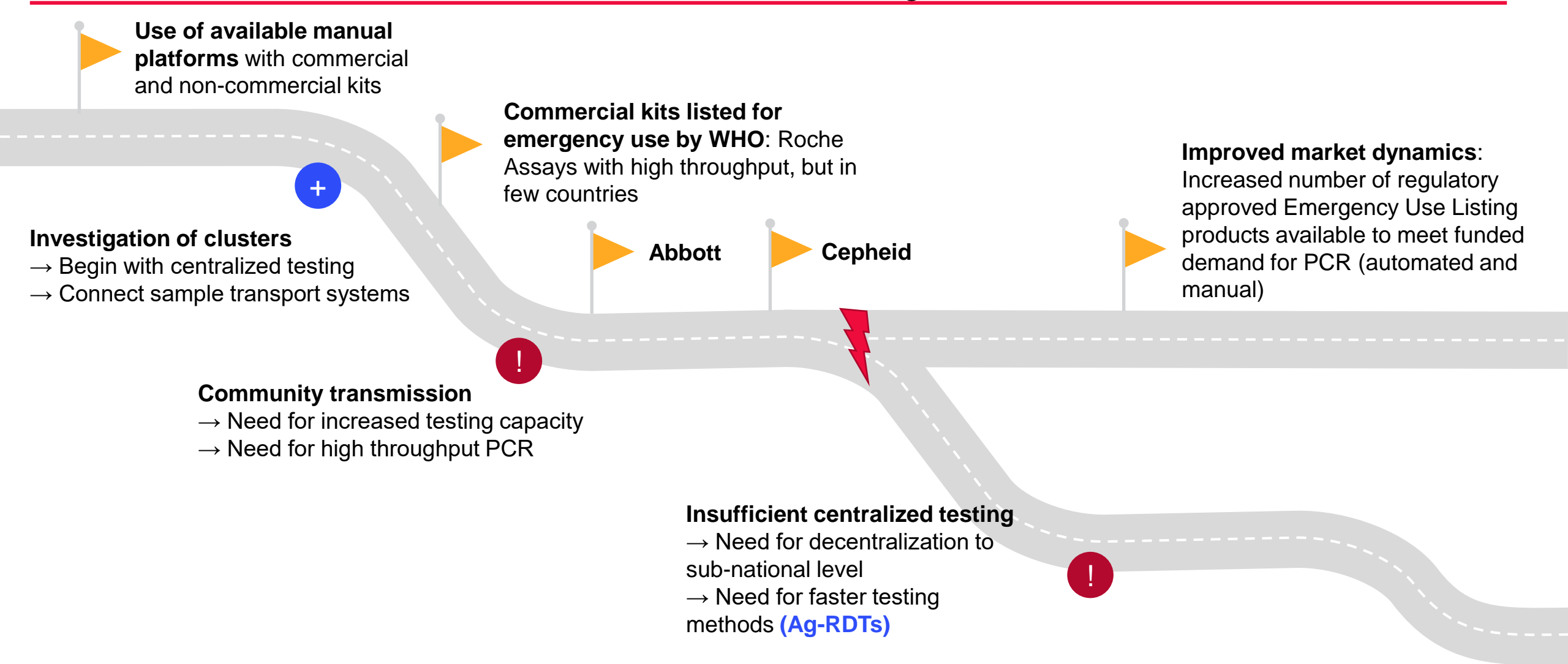
Supply of key diagnostics and PPE are available to meet demand but continued constraints for oxygen interventions remain

Health Product Demand		Health Product Sourcing and Supply	
Overall	<ul style="list-style-type: none">Demand becoming less skewed towards oxygen with a greater proportion for diagnostics and PPE.Country Teams are working with Principal Recipients to ensure timely conversion of approved funding to orders, which is slower than anticipated in some cases.	<ul style="list-style-type: none">Sufficient supply with inventory available to meet current demand of key diagnostics and PPE; oxygen supply remains constrained.Closely monitoring available capacity of ocean freight (and shipping containers) and flights for cargo impacted by control measures related to COVID-19 at origin and/or destination.Closely watching national importation clearance timelines to avoid slow approvals becoming a barrier to be able to move products quickly.	
Diagnostics	<ul style="list-style-type: none">Around 26% of awarded C19RM 2021 funds with increasing volumes of Ag-RDTs, automated & manual PCR tests.Proportion of Ag-RDTs to PCR tests appears to be at a lower level than in C19RM 2020.	<ul style="list-style-type: none">Increasing demand and QA-approved supplier base of manual PCR tests to support countries to implement their testing strategies, noting the greater role of the Global Fund in the COVID-19 response in 2021.Supplier base of QA-eligible Ag-RDTs likely to increase in the coming months which should bring greater availability, more responsive supply and further price reductions.	
Infection Prevention and Control	<ul style="list-style-type: none">Around 18% total awarded C19RM 2021 funds.	<ul style="list-style-type: none">Supply less tight as demand decreases in some high-income countriesPrice reductions of around 30% since Q1 2021 being sustained.	
Case Management	<ul style="list-style-type: none">Around 21% of awarded C19RM 2021 funds for oxygen interventions.Therapeutics: demand for dexamethasone and anticoagulants at a higher level than in C19RM 2020.	<ul style="list-style-type: none">Currently no supply constraints for dexamethasone or heparin.Global supply constraints for oxygen-related products remain, with substantial variability across oxygen generation, distribution and delivery.Ongoing collaboration with partners and COVID-19 Oxygen Emergency Taskforce to address supply capacity challenges, including for liquid oxygen and PSA plants.	

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The ACT-Accelerator Partnership has increased access to diagnostics tools but more needs to be done.

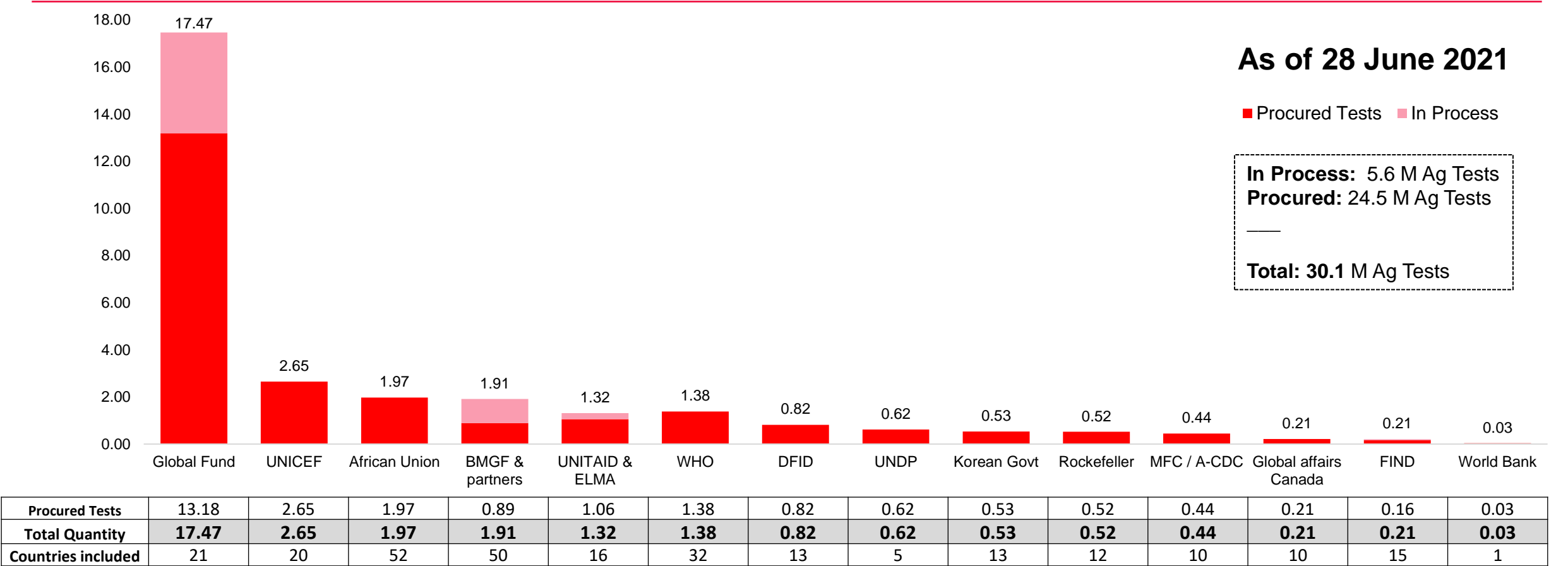
Evolution of SARS-CoV-2 Diagnostics



SARS CoV-2 diagnostics procurement and supply in sub-Saharan Africa

Procurement has scaled up as countries deploy Ag-RDTs, and estimates from PACT for sub-Saharan Africa diagnostics show that countries are relying on the Global Fund as the largest procurement/financing partner for diagnostics.

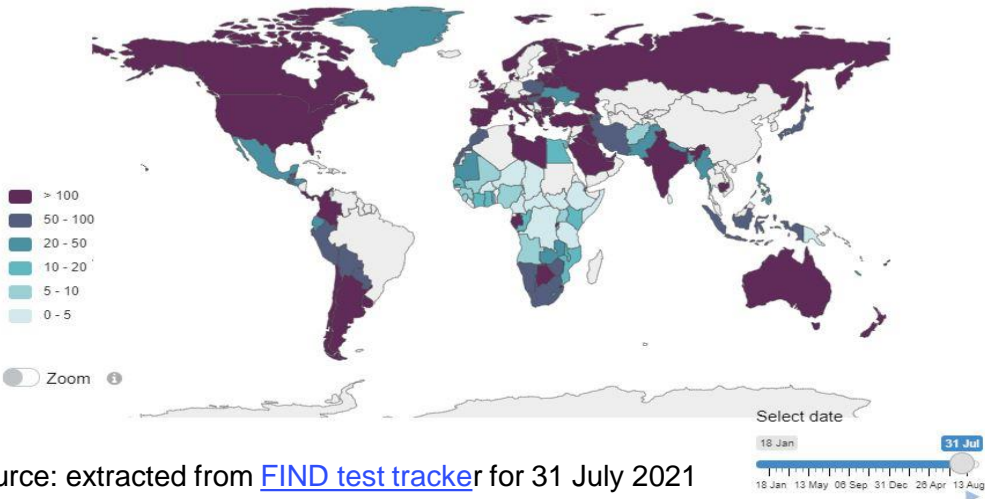
Total Ag-RDTs in the Sub-Saharan African region by partner*



While we have made considerable efforts to make diagnostics available in low- and middle-income countries, a significant gap in equitable access to testing continues.

- We have made considerable efforts through C19RM to support equitable access to diagnostics. However, considering the need, this will not be sufficient and we will need to do more.
- At global level, testing has expanded over time. For every COVID-19 test conducted in low-income countries, over 50 are being conducted in high-income countries.¹⁾ **Access is uneven and testing rates remain low.**
- Data indicates that countries with **low testing rates** have excess deaths of 2 to 13 times the official count of COVID-19 deaths.²⁾
- Upcoming **C19RM awards for diagnostics** will roughly double the almost 95 million tests provided by ACT-A Diagnostics Pillar. As **the ACT-Accelerator is calling for 900 million tests** to be procured for low- and middle-income countries by the end of 2021, this leaves a very important gap to fill.

Daily Testing Numbers per Capita
(7-day rolling average adjusted per 100k population)



In Numbers

- Since March 2020 and by the end of July 2021, the ACT-Accelerator Diagnostics Pillar procured over 94 million tests (37.8 million molecular (PCR) tests and 56.8 million Ag-RDTs) for low- and middle-income countries.¹⁾
- Over 23,000 healthcare workers in almost 200 countries had access to training to effectively implement the tests.¹⁾
- From 2020 C19RM funding (including grant flexibilities), 20.6 million tests (6 million PCR tests and 21 million Ag-RDTs) have been processed **through the Global Fund PPM across 79 countries**, of which 87% delivered as of 30 June 2021.^{3) 4)}
- As of 4 August 2021, through C19RM 2021, the **Global Fund has awarded US\$506 million for testing**: US\$298 million for PCR tests and US\$208 million for Ag-RDTs.

1) Source: [Diagnostics Pillar Explainer](#), the Global Fund and FIND, August 2021

2) Source: [Our World in Data](#)

3) Delivery data from Procurement Service Agent as of 5 July 2021; additional updates on deliveries before/on 30 June 2021 anticipated in subsequent reporting; includes orders funded by C19RM 2020 and grant flexibilities.

4) Differences in methodology of costs/units of tests apply.

Scaling-up Use of Ag-RDTs through C19RM

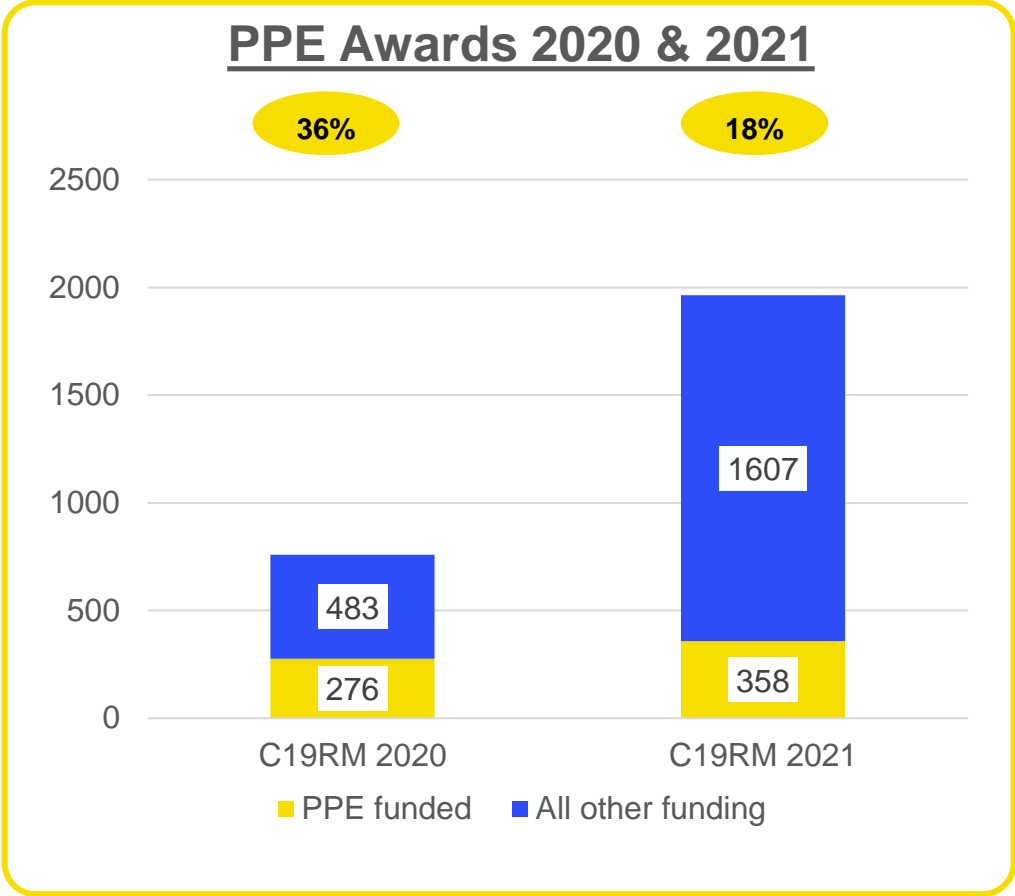
To support use of Ag-RDTs, the Global Fund along with Partners issued updates and guidance to countries to include Ag-RDTs in their funding requests and to promote “task-shifting”.

Key messages included:

- 1 Development of C19RM Funding Requests should consider urgent scale-up of Ag-RDTs for COVID-19 and to strengthen healthcare safety and infection prevention and control.
- 2 Ag-RDTs play a critical role and their scale-up addresses the urgent need for wider access to COVID-19 diagnostics in diverse clinical and non-clinical settings, particularly as demand outstrips current laboratory capacities.
- 3 Implementing countries encouraged to ensure that national testing policies for COVID-19 explicitly address whether non-laboratory staff, specifically health care workers at facility level, lay cadres including Community Health Workers and village health workers, are authorized to conduct Ag-RDT testing and under what conditions. For example, considering training, quality assurance, supervision, biosafety and Infection Prevention and Control.
- 4 Depending on the national policy and strategy environment, the related testing policies should explicitly address task-shifting within C19RM funding requests.
- 5 For more information see the Briefing Note on the Scale-up of Community Testing for SARS-CoV2 using Ag-RDTs - (download in [English](#)).

C19RM 2021 support to IPC through PPE continues to strengthen health systems and local community networks and save lives.

- The ACT-A Health Systems Connector aims to **ensure sufficient supplies of essential Personal Protective Equipment (PPE) to protect frontline workers** and to enhance the capacity of health systems to save lives.
- From C19RM 2020 US\$113 million worth of PPE that has been ordered through PPM, **we have already delivered 87%.**
- As of 4 August 2021, for C19RM 2021, the **Global Fund has awarded US\$358 million for PPE**, an increase of almost 23% in the amount awarded in 2020.

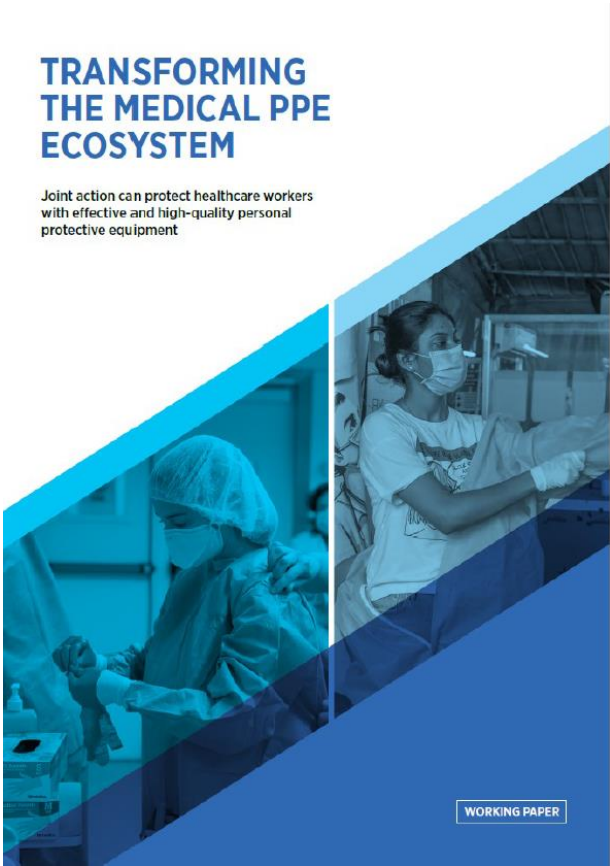


• All values in the charts are in US\$ million and rounded. Recent awards values may be adjusted slightly once Health Product Management Templates (HPMT) are finalized.

• Values above include Fast-track awards, Full Funding requests awarded and/or recommended for Board approval.

• Differences in values between Global Fund defined health products are accounted for by a more limited set of products that are included under these categories.

Through the ‘Rethinking PPE’ initiative, we are collaborating with a range of partners to transform the PPE Ecosystem.



Transforming the PPE ecosystem to provide healthcare workers with effective, high-quality and affordable PPE.

- PPE is one of our **most effective tools** against COVID-19: it **reduces the risk of infection** during a pandemic by an estimated **60-95%** and **it is cost-effective**: US\$59 per infection averted in the early phase of COVID-19 in lower- and middle-income countries.
- The COVID-19 crisis has revealed **multiple weaknesses in the PPE global value-chain**, including inequities in access, widespread problems with quality and procurement processes, a lack of innovation, and pervasive challenges in deployment and effective utilization. **Insufficient PPE is a leading cause of health service disruptions.**
- While the immediate priority is to support countries protect their health workers as the Delta variant drives new waves of infection, **addressing the underlying problems** that affect the **supply and quality of PPE** will sustain the COVID-19 response and strengthen preparedness for future pandemics.



“Rethinking PPE” has identified **five coordinated shifts** that are required to address the issues facing the current PPE ecosystem:

- 1** Catalyzing PPE innovation.
- 2** Improving standards and quality.
- 3** Expanding and diversifying manufacturing capacity.
- 4** Strengthening procurement practices.
- 5** Improving usage and disposal.

As 2021 requests for oxygen sources and equipment remain high, we are proactively addressing oxygen supply challenges.

Products included in HPMTs for approved funding requests	% of total cost	Total quantity
O2 sources	54%	
Compressed O2/ medical air	19%	
PSA plants	34%	540
PSA plants (spare parts and accessories)	1%	
PSA plants (warranty, maintenance and service)	0%	
O2 equipment	29%	
Concentrators	10%	28,563
Ventilators (invasive)	9%	3,089
Ventilators (non-invasive)	5%	4,394
O2 saturation monitors	4%	55,925
Other equipment	1%	
O2 equipment spare parts and accessories	1%	
O2 equipment warranty, maintenance and service	0%	
O2 consumables	7%	
PSM costs	9%	
Total	100%	

As demand outstrips medical oxygen supply capacity, the Global Fund has taken decisive action.

- **Active support and engagement of CTAG/GAC partners** at the funding request review stage **to inform investment decisions.**
- Continued to address challenges through the **Global Fund’s direct procurement solution.**
- **Work with partners like UNICEF and WHO/WHE to address procurement challenges.**
- Continued to review and approve **country-led procurement** on a **case-by-case basis.**
- **Issued interim oxygen quality assurance guidelines** and **engaged a specialized quality assurance service provider** to support further enhancement of the guidance.

Further working to:

- **Leverage the COVID-19 Oxygen Emergency Taskforce** to set up long-term agreements for **liquid oxygen** with global oxygen gas manufacturers.
- Continue to develop **global and country-specific liquid oxygen supply solutions** with partners.
- Ensure that **in-country monitoring** is included as part of the LFA assurance.
- Working to strengthen implementation oversight and monitoring with **dedicated oxygen-technical staff** within selected LFAs and field-based technical partners.”

1 Includes oxygen masks, flowmeters, flow splitters, tubing, nasal cannula, humidifiers, nasal prongs, and others.
2 Includes x-ray systems, electrocardiographs, ultrasound, blood gas analyzers, patient monitors, thermometers, oxygen saturation monitors, and others.

Reviewing Requests For Oxygen Investments

- During the first GAC/CTAG meeting, the Global Fund and partners identified the need to improve the ability to efficiently and effectively review funding requests to evaluate oxygen investments and better support countries to develop robust requests.
- In June, [an assessment tool](#) was introduced, which applicants can use when developing their oxygen submissions, including for Pressure Swing Adsorption (PSA) plants and liquid oxygen.
- The tool supports the Global Fund to evaluate oxygen investments that reflect sustainable and durable health system investments in years to come.



Snapshot of the assessment tool

TheGlobalFund UNITE-FIGHT		
C19RM 2021: Evaluating Oxygen Submissions		
07 June 2021		
Item	Detail	[To be completed by the C19RM applicant]
1	PSA Plant (#)	
	Unit or Package Cost (US\$)	
1a*	Plant Size [O2 production capacity in m3/hour and USD/m3]	
1b	Filling station (booster compressor)	
1c	Spare parts included	
1d	Piping included [specify facility type and size/# hospital beds]	
1e	Manifold included	
1f	Installation, commissioning, training included	
1g	Service contract included & duration	
1h	Housing includes: infrastructure or containerized	
1i	Cylinders included	
1j	Distribution costs included (if excess capacity and intention to distribute to other facilities)	
1k	Generator(s) included	
1l	Shipping/customs/regulatory	
1m	Meets WHO specifications	
1n	Additional OPEX considerations: human resources, power/fuel	
1o	Warranty	
1p	Medical gas included	
1q	Vacuum generator included (negative-pressure ventilation for TB/MDRTB-COVID wards)	
1r	National Oxygen operational Plan provided	
1s	PSA plants repair and refurbishment	
	N/A = Not Applicable and/or Not Available	

Reviewing Requests For Oxygen Investments

Northern Region
of Facilities: 116
of Annual Hypoxemic Cases: 182,087
Daily Oxygen Demand: 599,126 L
Annual Oxygen Need: 218,681,040 L

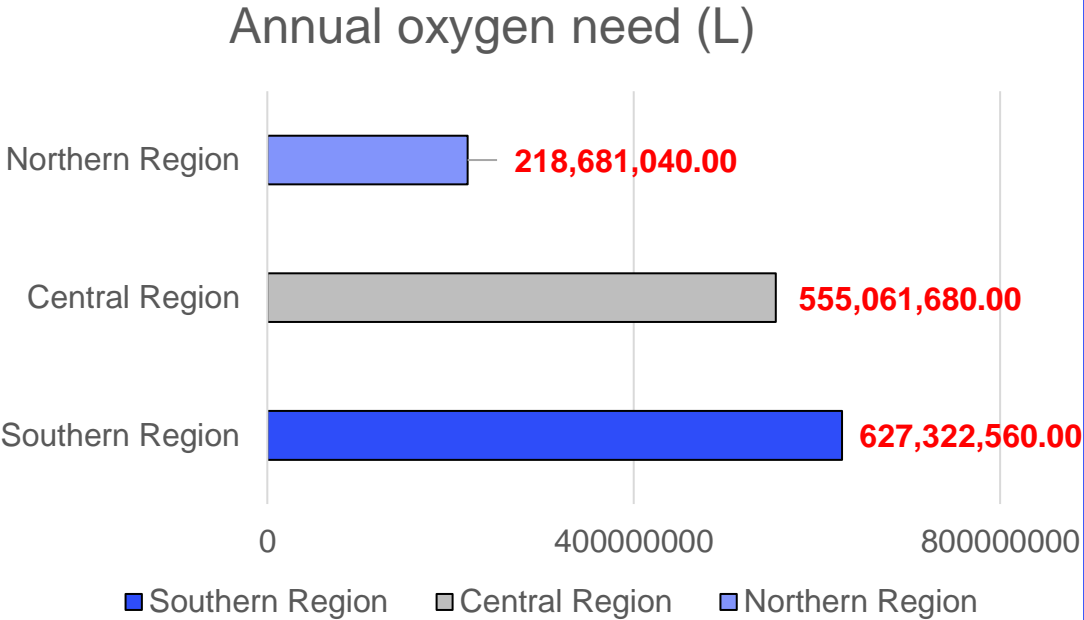
Central Region
of Facilities: 195
of Annual Hypoxemic Cases: 373,845
Daily Oxygen Demand: 1,520,717 L
Annual Oxygen Need: 555,061,680 L

Southern Region
of Facilities: 230
of Annual Hypoxemic Cases: 450,986
Daily Oxygen Demand: 1,718,692 L
Annual Oxygen Need: 627,322,560 L

Sample: Malawi equipment procurement



Not inclusive
of surge
demand from
COVID-19
patients



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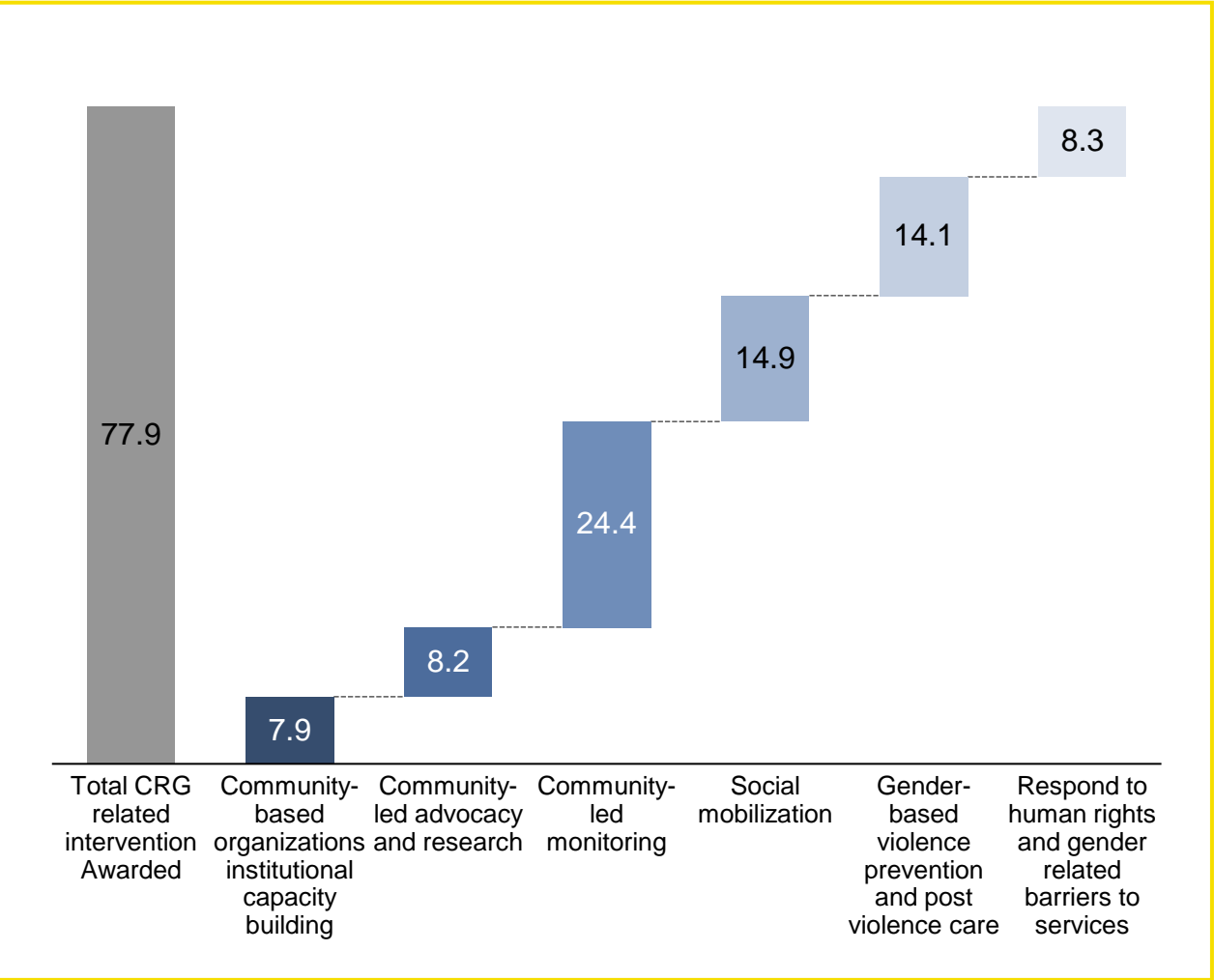
- ⑤ Community Systems and Engagement**

- ⑥ C19RM Monitoring and Oversight

- ⑦ C19RM Country Examples

Community Systems, Gender and Human Rights

Approved C19RM investments of US\$77.9 million across six intervention areas



- Investment in community, rights and gender (CRG) specific interventions (**Gender-based Violence (GBV), Community-led Monitoring (CLM)**) accounts for around 11% of all non-commodity related funding.
- The **single largest investment within this category is for Community-led Monitoring.**
- To support effective community engagement in C19RM funding request development, as well as design and implementation of Community-led Monitoring initiatives, **the C19RM Investment Committee has approved funding of about US\$4 million from Centrally-Managed Limited Investments (CMLI).**
- Investment in community based and led services** including for key and vulnerable populations, along with other "CRG" related interventions, **are also integrated into disease mitigation and relevant COVID-19 interventions** (e.g., risk communication, HIV prevention, and community engagement programs) and not reflected in these figures.

• All values are in US\$ million and are subject to change based on final budgets and categorization.
• Values under Full Funding Review awards also include values recommended for board approval.

*Centrally-Managed Limited Investments are up to 2.5% of C19RM funding that may be used to address needs that are not covered through awards to individual countries.
[For more information see the Board decision.](#)

Community Systems, Gender and Human Rights

To reinforce community systems and make community, rights and gender interventions more visible in C19RM 2021, we have improved the design of C19RM 2021 and strengthened support for these interventions based on lessons learned from 2020.

Design

- Added **six community, rights and gender-related interventions** in the **technical guidance and module** (out of a total of 18), including:
 - Community-led Monitoring;
 - community-led advocacy and research;
 - social mobilization; building community linkages and coordination; and
 - institutional capacity building, planning and leadership development.**In addition to these regular community systems interventions, two more were added:**
 - gender-based violence prevention and care; and
 - respond to human rights and gender-related barriers to services.
- **Maintained our commitment to community and civil society engagement** as critical in COVID-19 responses and required Country Coordinating Mechanisms (CCMs) to ensure meaningful consultation with them in the development of C19RM funding requests.

Support

- Used existing network of community and civil society technical assistance providers, regional communication platforms, and global and regional key population networks, to **provide direct support for community and civil society consultation processes in over 80 countries.**
- Asked **applicants to integrate community-led responses across a range of C19RM interventions (or pillars);** for example, community-led organizations could be engaged in contact tracing of COVID-19 patients, testing, and others.
- As part of our eligibility requirements for funding requests we continue to **require CCMs to submit lists of civil society suggestions for inclusion** in Full Funding Requests.
- We have also **invested in strengthening community engagement during Funding Request development through CMLI funds.**
- **Provided flexibility to CCMs to realign their existing budgets and workplans to support community and civil society organization engagement in C19RM consultation and priority setting. Additional CCM funding of up 25% of the 2021 funding made available to support engagement of key stakeholders/communities.**
- Developed a specific **Technical Information Note on Community Systems and Responses** to improve community engagement and a separate document on **examples of community, rights and gender-related investments during COVID-19.**

CSS: Community-Led Monitoring in C19RM 2021

Community-Led Monitoring (CLM) plays a pivotal role in supporting the continuity of quality services.

- The COVID-19 pandemic has been catalytic in the involvement of communities to respond to the new pandemic and to strengthen their role in monitoring of activities.
- Data and evidence generated through CLM on COVID-19-related impacts and disruption on HIV, TB and malaria services strengthens national responses to the pandemic while minimizing disruptions of health services for those affected.
- **Over half of C19RM Full Funding Requests approved to date include investments in CLM**, identified as immediate priority.
- US\$4 million have been committed from **Centrally-Managed Limited Investment (CLMI)*** funds to provide assistance in the design and implementation of CLM.

CMLI aims to support these core components to strengthen Community-led Monitoring in C19RM



Rapid identification of impact of COVID-19. Understand the impact on people living with and impacted by the three diseases and work to make adjustments to ensure ongoing access to services by **strengthening communities to gather, analyze and use granular data.**



CLM actively informs COVID-19 and HIV, TB and malaria responses. Strengthen **integration of CLM into COVID-19 and the three disease responses** and improve global coordination on COVID-19-related Community-led Monitoring efforts, in order to improve program quality.



Evidence and Learning. Generate evidence on the impact of CLM on C19RM funding priorities, collaborating with technical partners, donors and communities to capture best practice approaches to quickly identify and respond to issues, generate evidence on impact, document best practices, and provide guidance.

Stories of Successful Community Stakeholder Engagement in C19RM

Rapid Deployment of Technical Assistance

Strengthening Civil Society and Community Engagement during the C19RM funding request development process in Somalia

FRONTLINE AIDS WITH GF CRG SI SUPPORT

CIVIL SOCIETY AND COMMUNITIES DIALOGUE, MAY 2021

Process Priorities & Lessons Learned

SOMALIA

In Somalia, the CRG Strategic Initiative supported a joint request from the Somali GFSC, KAALO and Talowadag. Due to national COVID-19 restrictions, 55 people who are from or work with key and vulnerable population groups, were engaged in a virtual and participatory process. The Technical Assistance provider, Frontline AIDS, also developed a tool and guidance to cost civil society interventions which was shared with other countries.



Credit: The Global Fund / JB Russel / Panos

COTE d 'IVOIRE

In Cote d'Ivoire, the CRG Strategic Initiative supported a joint request from 10 networks and organizations to conduct an inclusive consultation process. A total of 51 representatives from civil society and communities participated in consultations and focus group discussions. The expert collaborated closely with the writing team and consultants mobilized by L'Initiative to ensure the inclusion of community priorities.



In-country consultations with civil society and key populations

INDONESIA

In Indonesia, 15 C19RM consultations were supported through a collaborative process among APCASO, GNP+, INPUD, and GATE and local partner, JIP, who worked together with GWL-INA (for men who have sex with men), IPPI (HIV+ women), OPSI (sex workers), PKNI (injecting drug users), Inti Muda (young key population), JTID (Trans Network), and POP-TB (TB survivors). A joint analysis of the final C19RM funding request found that of 27 community recommendation points, 66.6% (18 points) were covered in the proposal along with the proposed budget allocation.



Credit: Shuttle Photography / Lawrence Antwi-Boasiako

GHANA

In Ghana, support from EANNASO, CS4ME, ACT Africa, Youth Consortium, and NSWP enabled collaborative dialogues at country level among Hope for Future Generations, NAP+, CHAG, WAPCAS, TB Voice Network, Stop TB Partnership, Coalition of NGOs in Health and Malaria NGOs. The resulting community priorities for C19RM included nutrition, Community-led Monitoring of access to ARVs, infection control / prevention of COVID-19, education, mass media campaigns, and addressing misinformation and misconceptions about COVID-19. The priorities were sent to the writing team through the CCM Secretariat, with copy to all members.

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We have a clearly-defined five-part architecture for assurance, monitoring and oversight

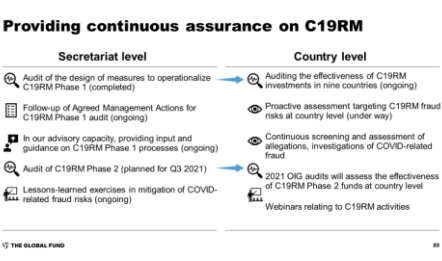
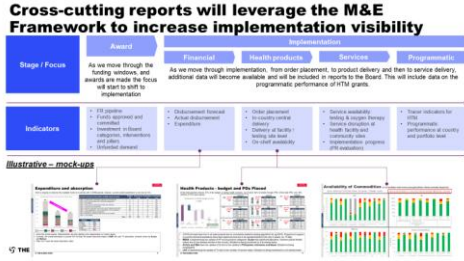
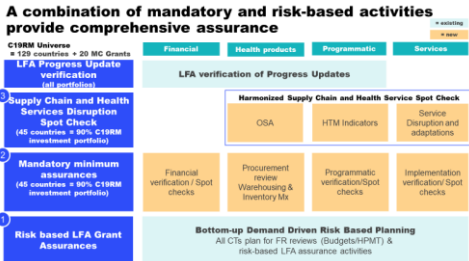
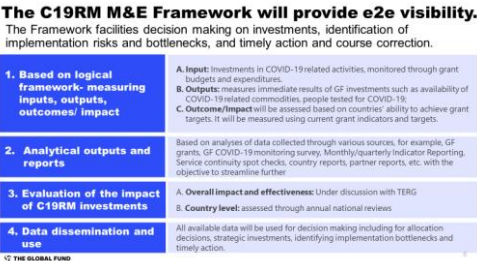
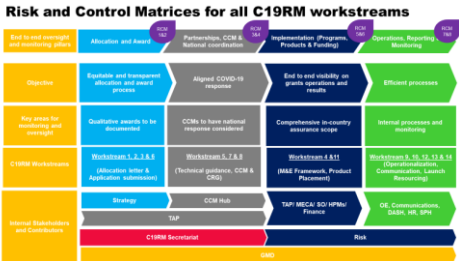
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5



Risk and Control Matrices

C19RM Monitoring & Evaluation Framework

End to End Assurance

C19RM Monitoring & Oversight

OIG

What are our key upstream risks and how will they be mitigated?

What do we need to be tracking?

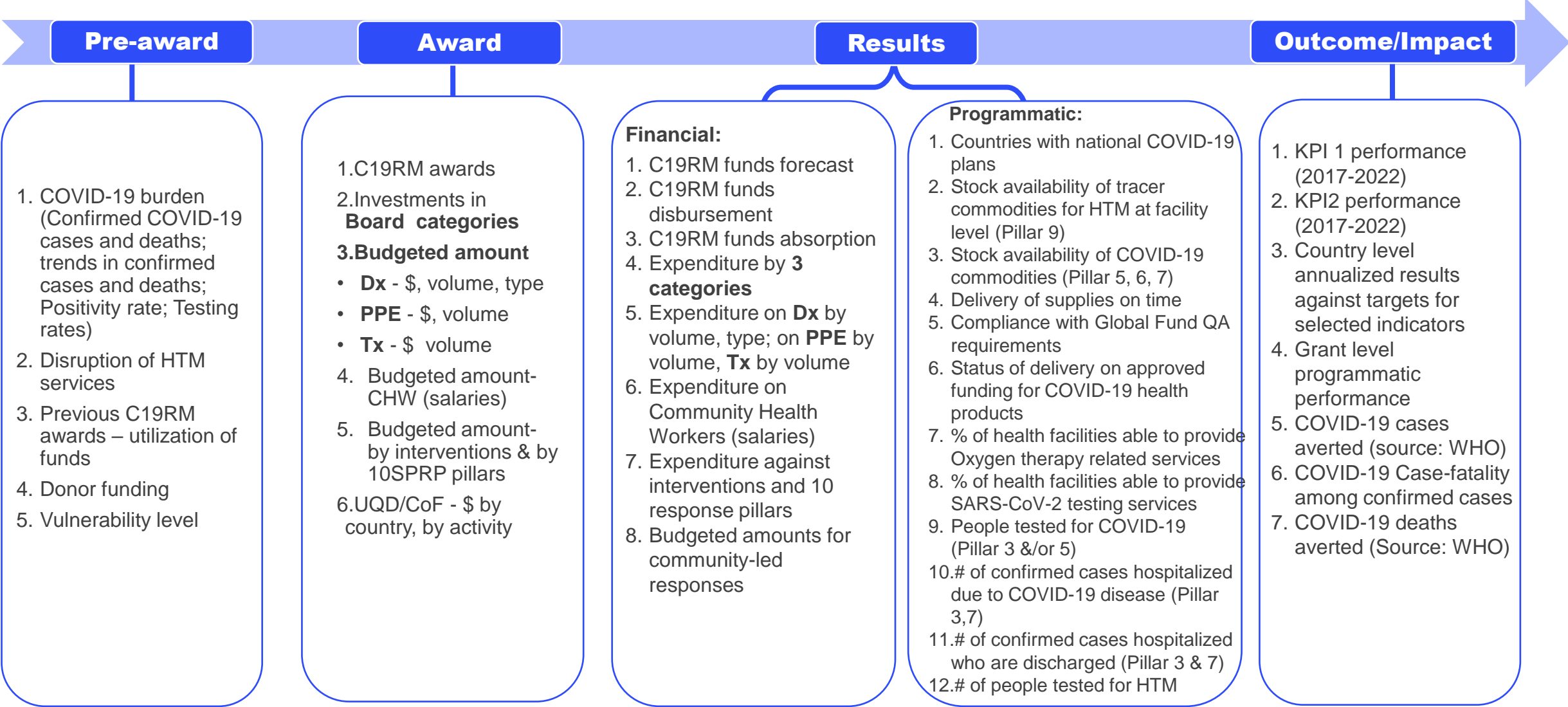
What are our key downstream risks and how do we get assurance that mitigations are working?

How do we use data for monitoring and oversight to help problem solve and course correct?

What approach for independent assurance?

C19RM M&E Framework - Data is being collected across four main categories

The Global Fund is strengthening the way it oversees COVID-19, HIV, tuberculosis and malaria investments



New tools are being introduced to streamline the way we collect data for decision-making purposes.

Ongoing work on the Monitoring and Oversight Framework

Principal Recipient reporting is being enhanced to improve visibility on C19RM investments

Routine Principal Recipient reporting, through routine Progress Updates, is being adapted to provide visibility on C19RM investments.

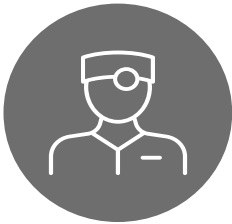
This will include reporting on:

- Programmatic results for grant indicators;
- Grant expenditures, including expenditure reporting for C19RM investments;
- Updates on C19RM procurements; and
- Stock levels of HIV, TB and malaria commodities.

Pulse Checks to be rolled out in Q4 2021.
Principal Recipients will report quarterly through Pulse Checks on:



Principal Recipient self-assessment of whether HIV, TB and malaria interventions and C19RM interventions are on-track.



Principal Recipient reporting on a subset of programmatic indicators plus self-assessment of whether they are on track to meet programmatic targets.



Principal Recipient reporting on expenditure and forecast for HIV, TB and malaria grants and C19RM.

Ongoing work on the Monitoring and Oversight Framework

Harmonized Supply Chains and Health Services Spot Checks will also cover all countries with C19RM awards higher than US\$20 million; **launching in Q4 2021 and fully in place during Q1 2022.**

Quarterly facility level spot checks. 120-360 facilities / year.*



On-shelf availability for HIV, TB and malaria tracer products and COVID-19 products. On-time and in full delivery from central medical stores to health facilities / testing sites. Availability of SARS-CoV-2 testing services and oxygen therapeutics.



Monitoring of **health facility disruption** in health facilities and community sites, looking at service records for specific departments and services.



Complementary **information on service delivery** including service providers (including correct use of PPE), COVID-19 vaccine readiness, infection prevention control and community engagement. *(Not exhaustive.)*

Ongoing work on the Monitoring and Oversight Framework

A combination of mandatory and risk-based activities provide comprehensive assurance

C19RM Universe
= 129 countries + 20 MC Grants

= existing

new

Financial

Health products

Programmatic

Services

LFA Progress Update

verification

(all portfolios)

LFA verification of Progress Updates

3 Supply Chain and Health Services Disruption Spot Check

(45 countries = 90% C19RM investment portfolio)

Harmonized Supply Chain and Health Service Spot Check

OSA

HIV, TB and malaria Indicators

Service Disruption and adaptations

2 Mandatory minimum assurances
(45 countries = 90% C19RM investment portfolio)

Financial verification / Spot checks

Procurement review

Warehousing & Inventory Mx

Programmatic verification/Spot checks

Implementation verification/ Spot checks

1 Risk based LFA Grant Assurances

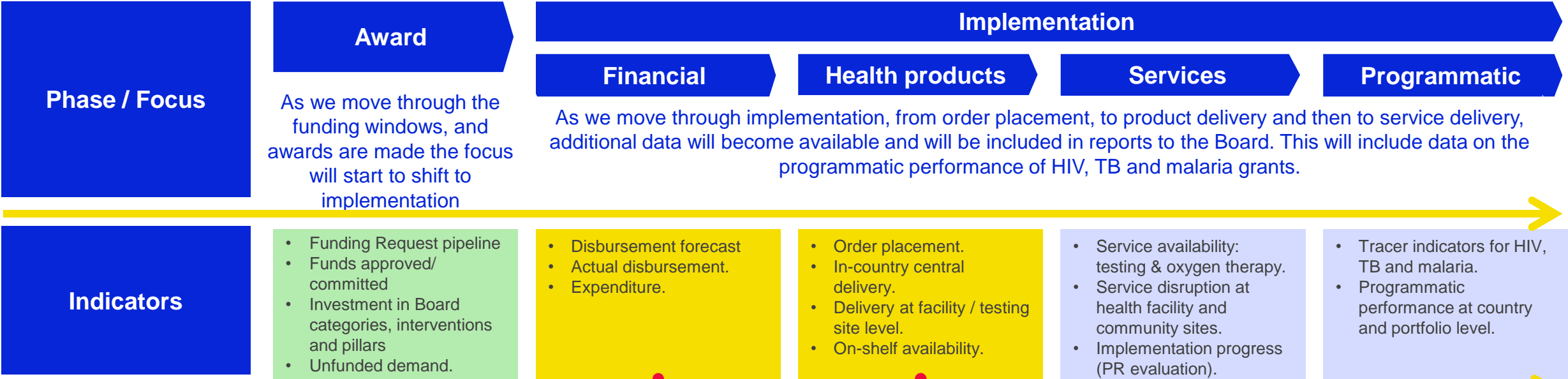
Demand Driven Risk Based Planning

All Country Teams plan for Funding Requests reviews (Budgets/HPMT) & risk-based LFA assurance activities

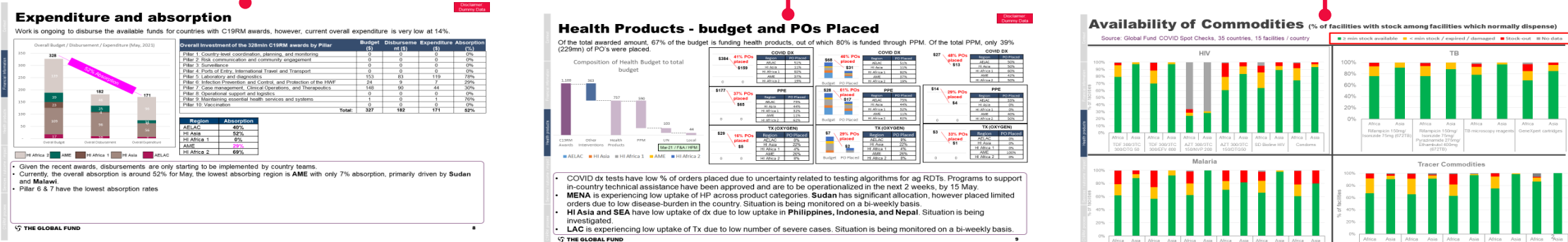
Ongoing work on Monitoring and Oversight Framework

As products and services are delivered, and programmatic results become available, key thematic issues and insights will be shared in these reports

- Available for monthly reporting
- Gathering inputs
- Data collection not yet relevant



Illustrative – mock-ups



Timelines for introduction of various data collection tools harmonized considering the lead-times when products and services are anticipated to be delivered and data available to facilitate monitoring

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Philippines: Funding HIV, TB & malaria mitigation programs through C19RM

In Philippines, 35% of the C19RM award focuses on COVID-19 mitigation measures for HIV, TB & Malaria

Context

- Philippines is one of the ASEAN countries most severely affected by COVID-19 and the situation remains precarious. From 3 January 2020 to 28 July 2021, there have been 1,562,420 confirmed cases of COVID-19 with 27,318 deaths, reported to WHO. Since March 2020, the country has taken strict measures to halt the spread of the virus, such as Enhanced Community Quarantine. The impact of COVID-19 has especially been significant on TB and HIV in 2020.
- TB: In 2020, the NTP recorded a 65% decrease in TB testing, a 38% reduction in TB notification and a 22% reduction in DRTB notification.
- HIV: COVID-19 has caused disruption across the prevention and treatment continuum. Distribution of commodities like condoms and PrEP dropped by 18% and 30% respectively. Number of newly diagnosed cases decreased by 37% during the same period while new enrolments on treatment dropped by 28% in 2020.
- Malaria: due to travel restrictions and fears of visiting health facilities, the number of confirmed cases increased by 6% in 2020 compared to 2019.
- In 2021 COVID-19 cases have surged again as the Delta variant spreads and though vaccination has started only a small percentage of the population is vaccinated.

C19RM Response

- The Philippines portfolio has a track record of high funding absorption with a 98% rate in 2020 and was awarded significant C19RM awards.
- In addition to grant flexibilities, US\$1.5 million was awarded as C19RM in 2020, mostly for PPE procurement and ARV distribution, which was fully absorbed by June 2021.
- US\$19.3 million was awarded in May 2021 as Fast-track funding to support the Philippines' COVID-19 testing and case management strategy and ICU capacity expansion.
- Additionally, US\$18.4 million was awarded in June 2021 based on the Full Funding request, in line with priorities set in the national adaptive plan or strategy for HIV, TB and malaria programs (US\$18.4 million, including 57% for TB, 12% for HIV, CSS and human rights, 16% for COVID-19, 10% for lab systems).
- In addition to supporting COVID-19 case management and COVID-19 expanded RT-PCR capacities, the Full Funding award is focused on COVID-19 mitigation measures for HIV, TB & malaria programs, like bi-directional testing, Digital Adherence Technology to help patients adhere to their medicine. The programs also supports social protection, TB case finding and sputum transportation network, integrated campaigns for COVID-19 and malaria, CBO strengthening, CLM, addressing human rights barriers, supporting DSD in HIV, telemedicine, and HIV mitigation measures addressing community needs like mental health, GBV & mobile clinics.

Looking Ahead

- Philippines was one of the first countries to develop a strong comprehensive TB adaptive plan which other countries can continue to learn from.
- The country presented particularly strong funding requests based on the COVID-19 national plan, individual diseases adaptive plans as well as Key Affected Populations/Community Based Organizations recommendations.

The Investment Committee awarded US\$ 37,772,335

	\$	% 2020-2022 allocation
CCM requested	\$95,430,541	65%
Fast-track award	\$19,338,922	13.1%
Carry over	\$0	0.0%
Secretariat recommended Immediate award	\$18,433,413	12.5%
Total 2021 new award (Philippine's allocation only)	\$36,848,394	25.0%
Total 2021 new award (AFAO portion)	\$923,941	
Total 2021 new award ex carry over	\$37,772,335	25.6%
Unfunded demand	\$16,528,353	11%
Not recommended	\$41,168,775	28%



Credit: Eric Sales/ Asian Development Bank


* After careful review **the IC did not approve proposed activities** such as the procurement of oxygen related products not in line with WHO guidelines, vehicles and human resources costs without strategic focus, a plan on how they coordinate with / contribute to national response, or a robust rationale to address sustainability concerns



Philippines: Funding mitigation programs based on robust assurance

Robust QA and rigorous Secretariat and GAC/CTAG review process assures our investments

C19RM Assurance and Due diligence for Philippines

PHILIPPINES SUMMARY OF QA FACTORS					(as of June 17)
		(i) level of disruption	(ii) availability of other sources of funding	Portfolio view	
					\$M
Initial grouping	Service delivery disruption status in 2020	Grant Implementing Disruption Risk (May 1)	Health finance categorization	Current envelope	\$3,359
				Budget approved	\$650
				Remaining to award	\$2,705
25% / \$36.8M	High (H), TB, MS, GH	Moderate Risk	Medium Priority	Step 1 estimate*	\$2,801
				Estimated gap	(197)
				Impact of additional award	
Comment on scoring	TB all cases: -37% vs +14% target TB MDR TB: -21% result vs -13% target Malaria & of LLINs distributed: -81% vs -39% target	Moderate since December 2020, high during September-December 2020	Material risk – Yes. Some impact on cofinancing is expected, however, sufficient assurances are provided; 47% funding gap	\$M Portfolio impact to overall funding level	
				5% \$7	(\$104)
				10% \$15	(\$112)
(iv) utilization of funds already awarded					
Grant Name	Absorption Score Categorization	Scale-up Categorization	Comment		
PHL-H-PSR	-	-	PHL-H-PSR is a new grant for HIV so there is no historical absorption. However the PR is an existing PR under the main grant, with an absorption score of 60%. Predicted absorption of CTIRU2020, as communicated by Philippines, is at 30 June 2021 is 100% (with no unfilled funds). 20% of CT recommended immediate award is for health procurement. 52% of the health procurement will be done through WAMBO.		
PHL-T-PSB	Very High	Moderate	Not recommended fast-track and immediate award is for health procurement. 52% of the health procurement will be done through WAMBO. Demand (11%) is 37% of HTM allocation. The fast-track and immediate award is over the initial grouping of 25%. Because it includes the incremental amount of USD \$24K from the G2M2-H-AFAO grant.		
Recommendation: Remain at 25% (unfunded demand registered)					*estimates all countries will receive Step1 and NIC category: 25%
					

Philippines – Full Funding request– GAC and CTAG Review Outcome		
Number of reviewers	6	Reviewers were generally positive about the request with all reviewers who assessed finding it aligned to National coordinating body, NSRRP and WHO technical guidance
GAC	2	Programmatic Disruption: All reviewers agree that the request approach mitigates risk of current and prevent future disruptions on COVID control, HIV, Malaria and IPC. Only one reviewer from Stop TB disagrees with TB management suggesting "The mitigation measures in the plan is good, but the funding request is very unrealistic."
CTAG	4	Implementation arrangements and coordination of investments: While implementation arrangements and coordination of funding is agreed by all reviewing reviewers, the reviewer from FMO notes the country indicates lack of an appropriate forecasting mechanism as one of the implementation risks and the UNHCR reviewer expresses concern about whether the volumes of pulse vials can have material impact on such high unfunded need.
National Coordinating Body and other national stakeholders assess findings		
Rating	Number of reviewers	
Strongly Agree	3	
Agree	2	
No answer provided	1	
Aligned with NSRRP		
Rating	Number of reviewers	
Strongly Agree	3	
Agree	3	
No answer provided	1	
Aligned with WHO technical guidance		
Rating	Number of reviewers	
Strongly Agree	3	
Agree	2	
No answer provided	1	
Consistent with other funding sources		
Rating	Number of reviewers	
Strongly agree	2	
Agree	2	
No answer provided	2	
The Global Fund		

TheGlobalFund		FAST TRACK NOTIFICATION LETTER
		Annex 1
		Conditions to use of the C19RM Additional Award
		1. Philippine Business for Social Progress, Inc., as Principal Recipient, should ensure that any additional costs associated with the procurement of the laboratory equipment (including costs for operationalization, e.g. installation, as well as warranty and maintenance up to 31 December 2023) are considered at time of order placement. The final quantification of the C19RM Health Products may be adjusted to take these additional costs into account.
		2. Pilipinas Shell Foundation, Inc., as Principal Recipient should work with the National AIDS and STI Prevention and Control Program and technical partners to develop a DSD implementation plan that addresses existing gaps in case management. The plan should be finalized and operationalized by 31 December 2021.
		3. The applicant should develop, in close collaboration with the DOH and partners, an integrated and strategic roadmap and detailed implementation plan for telemedicine. The Principal Recipient should share the finalized plan with the Country Team before operationalizing the implementation plan.
		4. In alignment with WHO guidance, Philippine Business for Social Progress, Inc., as Principal Recipient, should work with the DOH to update, within three months of the date of this letter, biosafety requirements for conducting bi-directional testing, in order to maximize existing RT-PCR equipment including GeneXpert machines.
		5. Each Principal Recipient acknowledges and agrees that the Global Fund may request the LFA to undertake a pre-award review of health products and related support services (including technical support and warranty and maintenance services) procured through national sourcing channels under the C19RM Additional Award to ensure that the health products and services procured are value for money and also that the procurements will be conducted in accordance with Article 5 of the Global Fund Grant Regulations (2014).
		6. Each Principal Recipient acknowledges and agrees that the Global Fund may request the LFA to undertake a pre-award review of health products and related support services (including technical support and warranty and maintenance services) procured through national sourcing channels under the C19RM Additional Award to ensure that the health products and services procured are value for money and also that the procurements will be conducted in accordance with Article 5 of the Global Fund Grant Regulations.
		7. C19RM Health Products Reporting
		a. Each Principal Recipient shall adhere to the procurement channel arrangements approved in the enclosed C19RM HPMT for each relevant Grant Agreement and shall not make any amendments to these arrangements without the prior written approval of the Global Fund.
		b. No later than the tenth (10 th) day of each calendar month of the Implementation Period, each Principal Recipient shall complete and submit to the Global Fund's satisfaction, the C19RM Procurement Progress Reporting Template (template forthcoming) setting out for each C19RM Strategic Health Product and Mainstream Health Product (as such terms are defined in the Global Fund C19RM Guidelines) procured outside of the Global Fund's Pooled Procurement Mechanism, the: (i) purchase order issue date; (ii) vendor-promised delivery date; (iii) date of product dispatch from the manufacturer; and (iv) date of product delivery.
		c. Each Principal Recipient shall take all appropriate and necessary actions to ensure that any relevant Sub-recipient, supplier, contractor or agent provides the Principal



- **Due diligence from the Secretariat** through screening and iterative clarifications, rigorous review across key functions and approval process.
- During the review process **comments by our GAC and CTAG partners informed the Investment Committee's decision-making.** For example, comments on ineligible products caused the Secretariat to update the Health Product Management Template and better explain country plans to upgrade the Pharmaceutical Division Information Management system (PMIS) to capture COVID-19 related commodities and provide timely and accurate data to support decision making.
- **The high disruption to service delivery, moderate risk, very high absorption (above 90%) and broad support of partners for a robust funding request,** together provided a strong basis for the approval of US\$18million.
- Our publicly available [Notification Letters](#) are critical documents to assure our investments. In the Philippines' Notification Letter like many other applicants, **the Global Fund has included clear implementation considerations** for the use of funds. Key mitigation actions and recommended assurances are articulated as legal requirements, management actions and technical recommendations in Annex 1 of these letters
- In addition, we provide **Health product reporting conditions and requirements** for Principal Recipients.

Monitoring and Oversight

- In line with our assessment of grant implementation risks in Philippines, a detailed assurance mechanism has been put in place and monitored through bi-weekly monitoring and oversight meetings to de-bottleneck implementation challenges and assess progress:
 - Quarterly updates from Pulse Checks on implementation status, programmatic results, and expenditures.
 - Most of the health products will be procured through PPM/Wambo; for local procurement, PRs shall report monthly on status of orders and the LFA will undertake pre-award procurement reviews.
 - Warehousing and inventory management reviews planned.
 - Supply Chain and Health Service spot checks to provide insights on last mile delivery and use.
 - Additional financial and programmatic assurances in place to assess the impact of COVID-19 on the three disease programs and how the adaptive strategies are enabling the programs to mitigate the impact of COVID-19. This includes continued engagement of Partners, Civil Society and Community Organizations, and support from Secretariat Technical Teams during implementation.



Tanzania: Leveraging C19RM to strengthen Community Health Workers program

Tanzania has made a speedy response recovery through Fast-track and full funding request awards and funded a comprehensive Community Health Strategy.

Context

- The first COVID-19 case was registered in March 2020. A total of 509 cases and 21 deaths were reported in the first month. Although in April 2020 Tanzania stopped publishing COVID-19 data, Presidential support was followed by a shift in policy, with Tanzania adopted WHO guidelines in June 2021. In July 2021, officials reported 408 new cases, 284 of whom were on ventilators and commenced reporting to WHO. As of August 2021, there are 1,367 confirmed cases, 50 deaths and 218,621 vaccines administered.
- The country has responded to the pandemic with emphasis on decentralization of the response to sub-national level, as included in the newly updated national COVID-19 response plan. The national response is led by the National Task Force (NTF) under the chairmanship of the Prime Minister, the Inter-Ministerial Committee led by the Chief Secretary and the Technical Task Force led by the Permanent Secretary (Health).
- Tanzania’s progress on addressing human rights issues and inclusion of constituencies representing vulnerable populations is commendable. The Non-State Actors (NSAs) indicated their appreciation to the Government of Tanzania for inviting them to participate in C19RM processes, which included separate NSA dialogue sessions to support prioritization.

C19RM Response

- The Global Fund allocated US\$112 million for C19RM 2021 (Fast-track US\$39 million (approved) and Full Funding Request US\$73million – *recommended by the Board*).
- The Community Health Strategy was approved, with formally trained CHWs now considered an extension of the health system, providing support at the community level, in addition to complementing the work of CBOs and Peers. C19RM investments (US\$8 million) are directed to ensure that CHWs attain the required skills to support implementation, in addition to strengthening the community network/systems to fight COVID-19. Additionally, funds have been allocated to build the CSOs capacity to support the response.
- CHWs/CSOs investment areas include: trainings - (EBS, PSS, IPC, Mother mentors, psychological first aid and linkages); Population awareness of COVID-19 - (risk communication (including IEC in braille/audio), health education, demand creation and HIV, TB and malaria mitigation services); Increased community engagement (through ICT equipment, GBV hotlines, linkages to protection services, establishment of social/human rights resource centers, and identification of at risk/vulnerable people); and surveillance (support in follow-up, isolation cases and collection of data).

The Investment Committee awarded 39m through fast track and recommended US\$ 73 million Board approval for Tanzania

CCM requested	\$198,050,455	33.7%
Fast-track award	\$39,837,553	6.8%
C19RM 2020 roll-over	\$0	0%
CT recommended Immediate award	\$73,078,995	12.4%
Amount not recommended	\$42,048,826	7.2%
Unfunded demand	\$82,922,633	14.1%



Credit: The Global Fund / Nichole Sobecki / Panos

Looking Ahead

- Expected impact: critical areas of prioritization are based on reducing transmission and preventing amplification events, saving lives, accelerating development and access to COVID-19 diagnostics, therapeutics (oxygen) and vaccines, protecting health workers, mitigating HIV, TB and malaria risks, population awareness of COVID-19, demand creation and strengthening health and community systems responses to epidemic outbreaks. 73% percent of C19RM funds support procurement of commodities. PPE investments for all health-care workers, including CHWs.
- Lessons for other countries: Tanzania developed an effective governance mechanism to address the epidemic: the country activated three high-level committees immediately after the first case to guide the national response: i) a Steering Committee composed by Ministers and chaired by the Prime Minister; ii) the Tanzania Disaster Management Committee composed of Permanent Secretaries; and iii) the National Technical Task Force (NTTF) composed by multi-sectoral experts. The COVID-19 response continues to benefit from the support and engagement of H.E President Hassan, who kicked off the first Tanzania COVID-19 vaccine program, publicly receiving her first shot on 28 July 2021.