



COVID-19 RESPONSE MECHANISM

C19RM Update to the Board

Report for July – October 2023

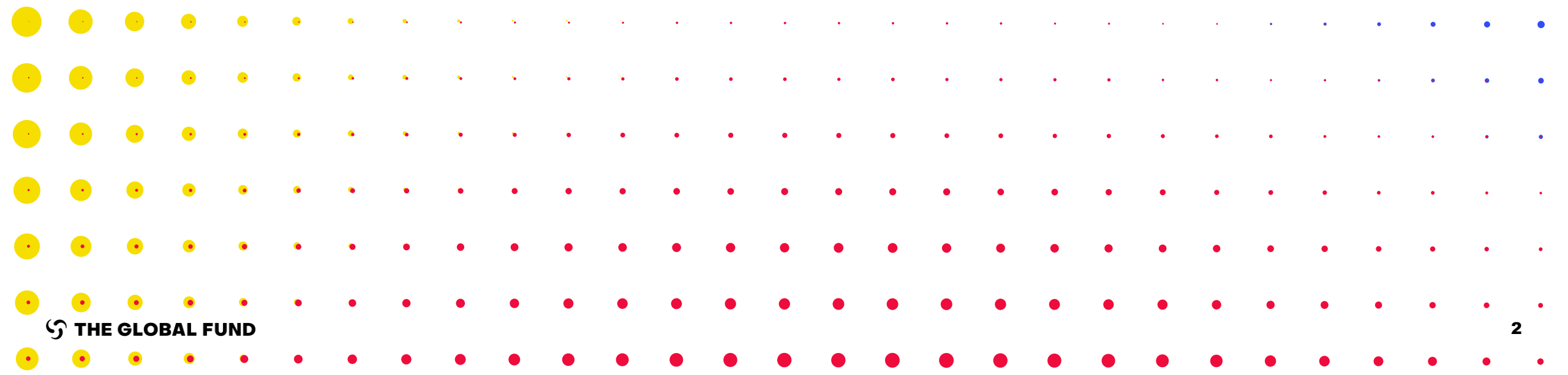
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Geneva, Switzerland



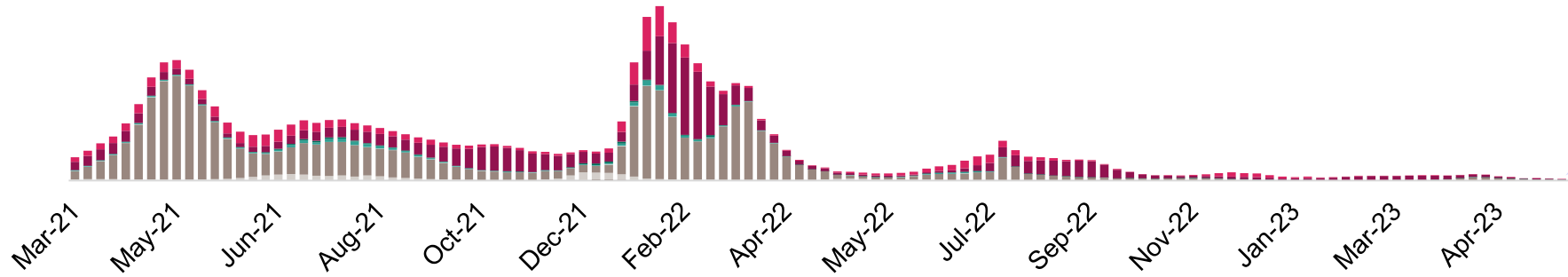
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Overview



Making the strategic shift in the third phase of C19RM

Number of New COVID-19 Cases



5 May 2023
End of COVID-19 as a
public health emergency

1 Emergency Response

In the beginning, **75% of C19RM investments** focused on COVID-19 control and containment. The Global Fund responded quickly to procurement needs based on a solid organizational infrastructure, also providing grant flexibilities. HTM mitigation and urgent improvement to systems for health were also prioritized.

March 2020 – March 2022

- Grant flexibilities
- Acute response
- Fast Track, Full Funding, Additional Funding

2 Pandemic Evolution and Uncertainty

Investments landscape remained unchanged – demand / orders for COVID-19 commodities dropped dramatically but countries did not want to risk reprogramming in case of future surges. Extreme uncertainty delayed continuation of investments by countries.

April 2022 – April 2023

- Started the shift
- Evolved strategic priorities
- Extension of Implementation
- Portfolio Optimization Wave 1

3 Transition to Systems Strengthening

Five strategic priorities: Surveillance systems, laboratory systems, HRH and community systems, medical oxygen and respiratory care, health product and waste management.
Actions to drive the shift: (i) visibility on reinvestment landscape; (ii) maintain urgency and agility in funds deployment; (iii) enhance monitoring and support implementation

May 2023 – December 2023

- Portfolio Optimization Wave 2
- Reinvestment towards Strategic Priorities
- Multi-prong approach to implementation support

Health and Community Systems and Pandemic Preparedness Programmatic Priorities to be covered by the C19RM Extension and Portfolio Optimization Wave 2 request as outlined in the [updated Technical Information Note](#)



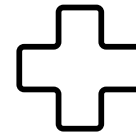
**Surveillance
system
strengthening**



**Laboratory
and
diagnostics**



**Human
resources for
health and
community
system
strengthening**



**Medical
oxygen,
respiratory
care and
therapeutics**



**Health
product and
waste
management
systems**

Source: https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf;
<https://thedocs.worldbank.org/en/doc/5a0aa2579f4e93c75cd913c7729e747b-0200022022/related/PF-First-Call-for-Proposals-Annex-2.pdf>

Complementarity of Investments: C19RM and GC7

Understanding countries' needs and supporting coordination and program design



Define and Prioritize C19RM and RSSH/GC7

- Define C19RM strategic priorities.
- Detail out C19RM priorities for early warning surveillance, surveillance data and oxygen systems;
- Analysis of needs for RSSH in HIV/TB/malaria programs and prioritization of areas.
- Funding gap analysis.
- **Additional RSSH-PP Analyses**
 - Prioritization of systems gaps for integrated people-centered quality services and pandemic preparedness.
 - Costing of additional RSSH-PP priority need.
- Define GC7 priorities for **M&E systems, health finance and integrated services.**



Translate them into the Funding Request

- Develop funding request for **GC7 and C19RM Portfolio Optimization Wave 2.**
- During **funding request development** TA facilitates gap analysis and design.
- **Ensure funds from GC7 for identified priorities.**
- **Overlapping priorities:** Use both GC7 and C19RM in mutually complementary way:
 - CHW-HRH/CBO & CLO
 - Laboratory systems
 - Supply chain (limited scope for C19RM)
 - Other (Waste management, IPC/AMR)



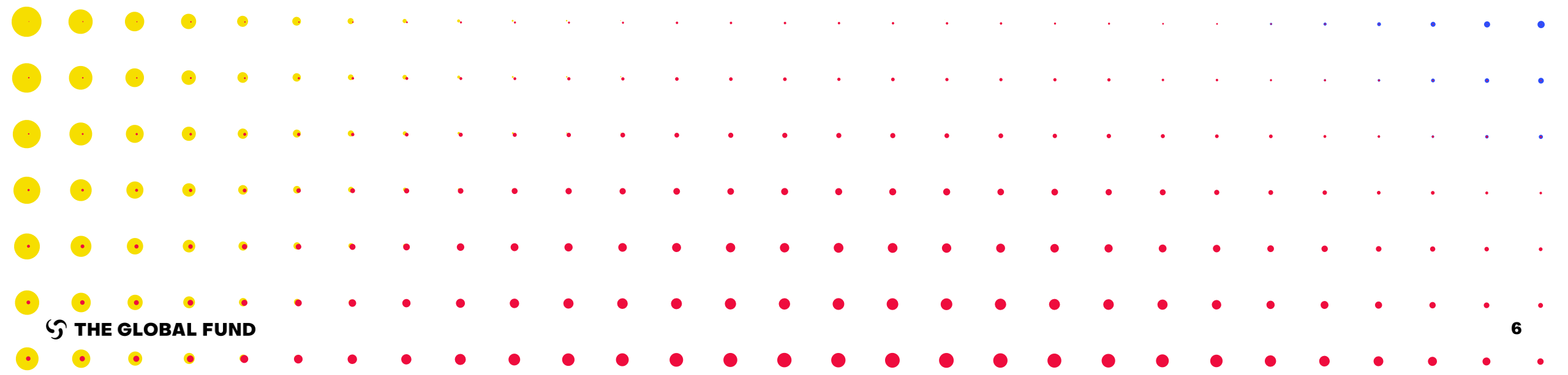
Review, Approve, Implement

- **Funding request review:** first instance, TRP review of GC7 applications considers alignment between GC7 and C19RM.
- C19RM Investment Committee review of reinvestments and Portfolio Optimization Wave 2 award decisions considers synergies and complementarity with GC7.
- GAC for GC7 completes the rigorous process of analyzing complementarity.
- Adjustments on complementarity continue during **grant-making** to ensure an integrated approach during implementation; TA support and M&O.



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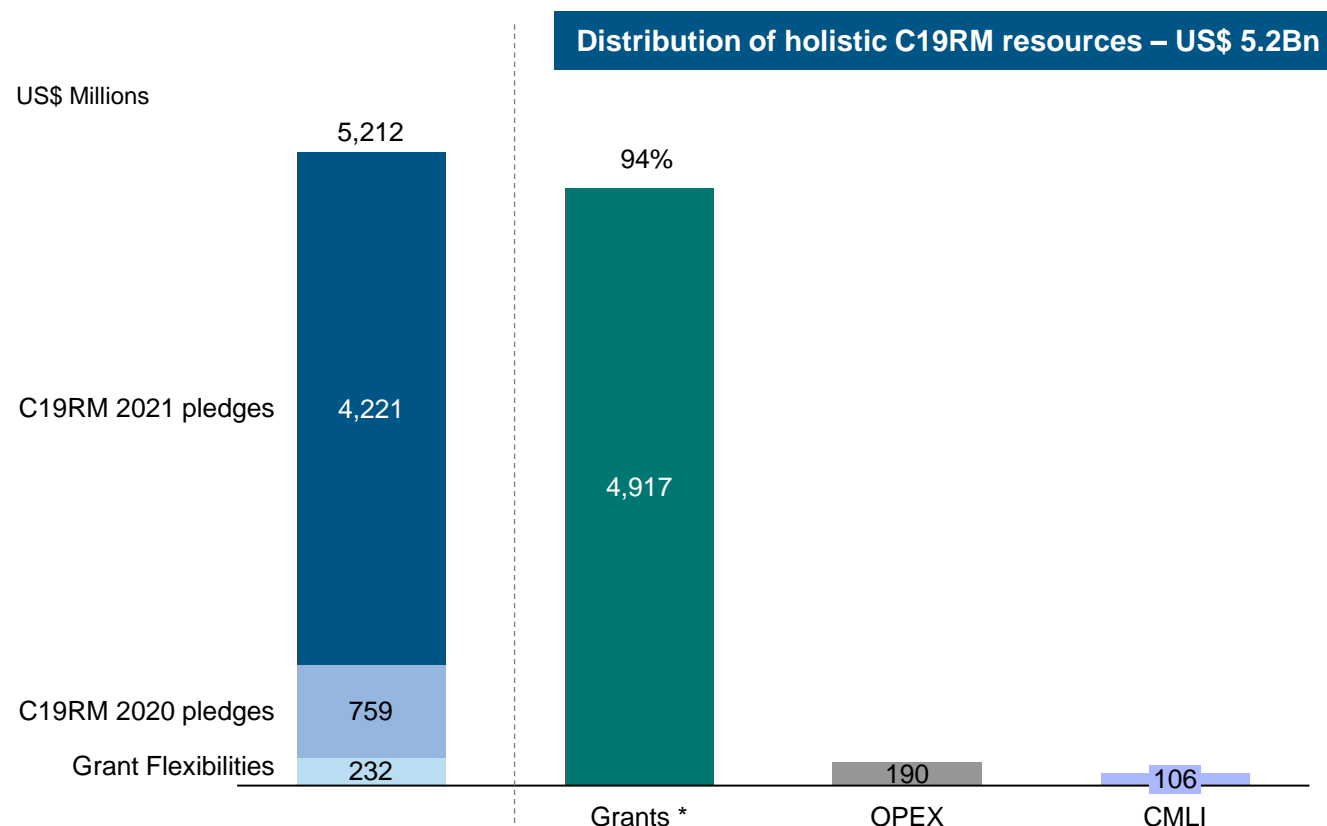
Financial update



Distribution Overview of C19RM Resources

94% of C19RM holistic resources is directed towards funding in-country activity implementation

Note: Figures may not sum due to rounding



Insights on distribution of C19RM resources

- **100% of C19RM pledges (C19RM 2020 & 2021) encashed**, indicating that funds are readily available to enable the shift in investment landscape.
- **94% of total C19RM resources** assigned for implementation through country grant mechanism.
- **CMLI investments represent 2.5% of C19RM 2021 adjusted pledges** (or 2% of total C19RM resources) to provide technical assistance & support to facilitate activity implementation at grant levels.
- **OPEX is 4.5% of C19RM 2021 adjusted pledges** and in line with Board decision (GF/B48/DP03).

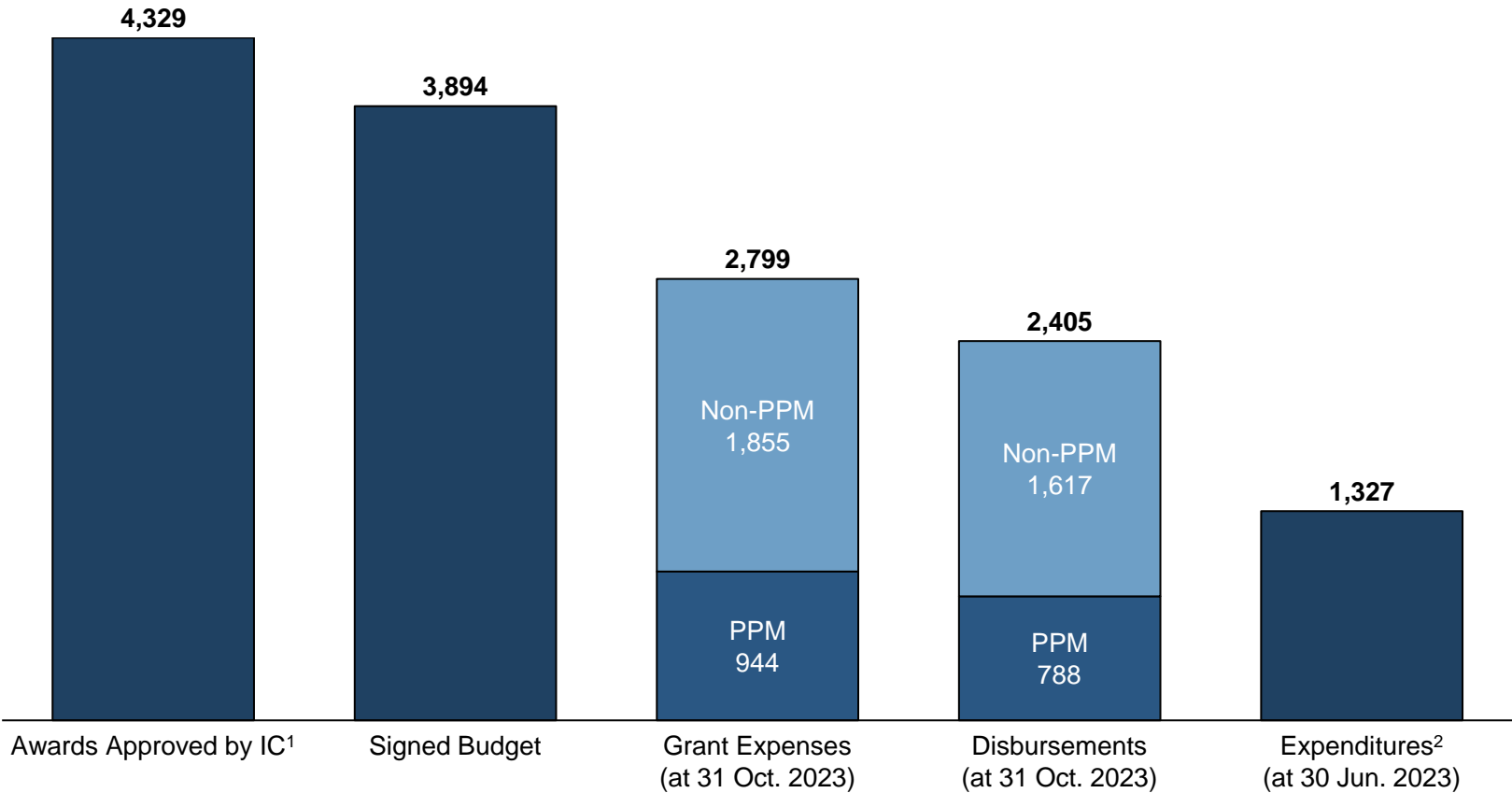
Pledges of support for C19RM 2020: Canada, Denmark, Germany, Norway, Sweden

Pledges of support for C19RM 2021: Canada, EU, Germany, Luxembourg, Netherlands, New Zealand, Norway, Switzerland, UK, USA

* Portfolio optimization of US\$ 400M is excluded

C19RM 2021 Grant Investment Waterfall

C19RM 2021 Funds, US\$ Millions



¹ US\$3m in IC C19RM 2021 Awards subject to additional funding becoming available

² C19RM 2021 expenditure at 30 Jun 2023 for HI & Core countries with PR submitted data and for rest of the portfolio the latest validated expenditures

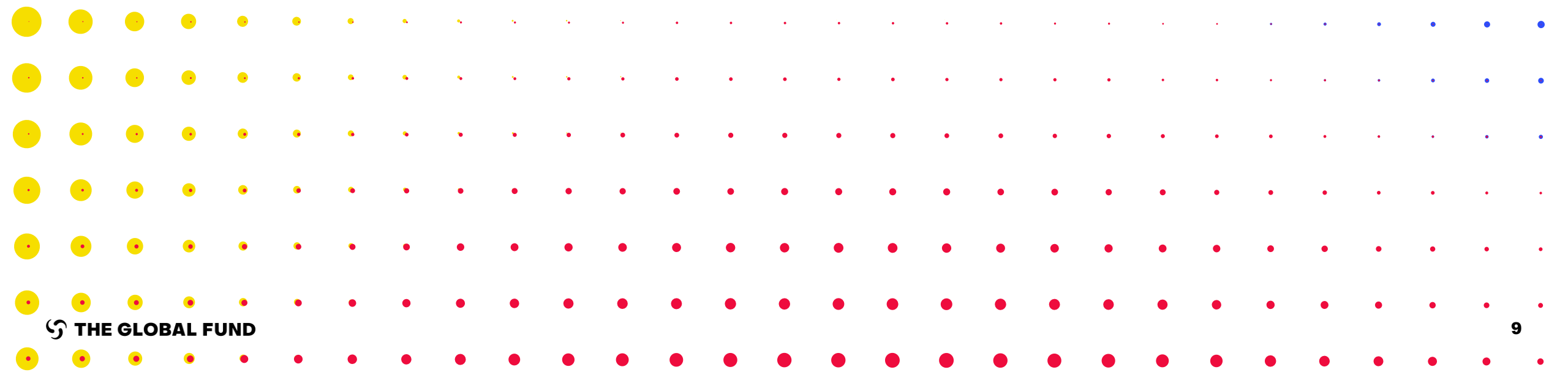
Insights on Country Grant Investment

- Including the C19RM Portfolio Optimization, the **Investment Committee awarded 100%** of C19RM resources for implementation through country grant mechanism.
- **56% of C19RM 2021 awards have already been disbursed.**
- COVID-19 epidemiologic context evolved and presents an opportunity to **transition to meet new strategic priorities** during the extension phase.
- C19RM 2021 at **47% absorption** as of 30 June 2023
- C19RM 2021 **expenditure increased by 33%** from 31 December 2022 to 30 June 2023 (from US\$ 1,001M to US\$ 1,327M)

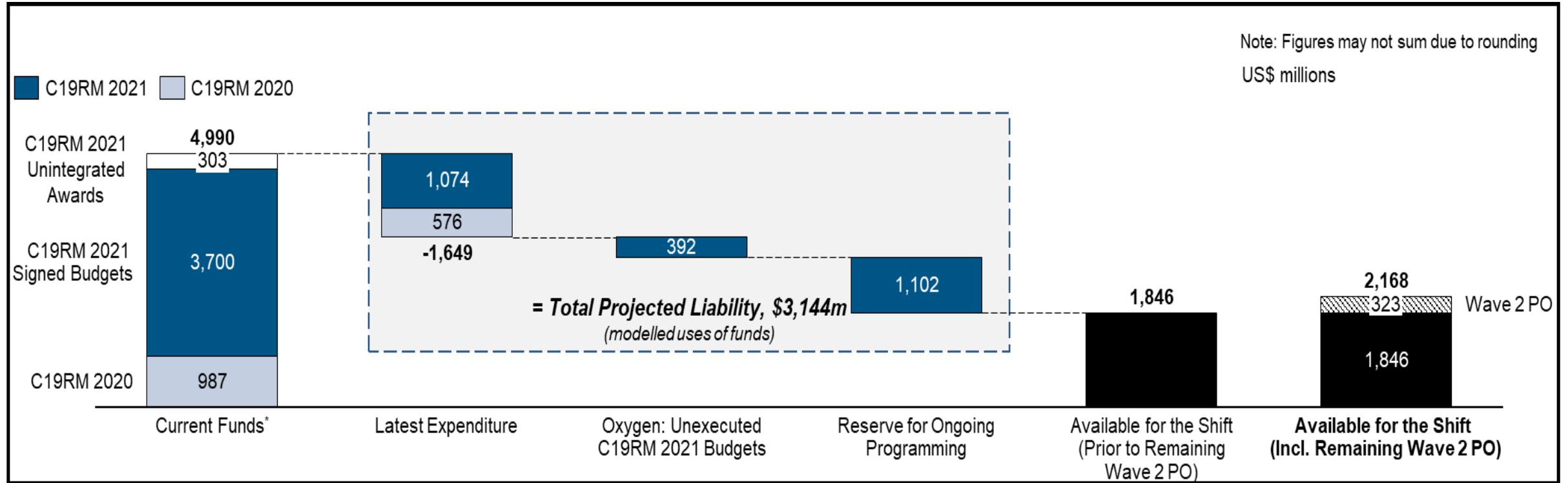


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Making the strategic shift





Financial modelling indicates ~US\$2.2 billion potentially available to enable the shift in investment landscape towards strategic & longer-term needs



Continuous monitoring of C19RM performance through M&O and quarterly proximal financial data will provide **visibility on progress in grant rebudgeting, reinvestment, and revisions; program execution; and identify implementation bottlenecks** that require problem solving to course correct.

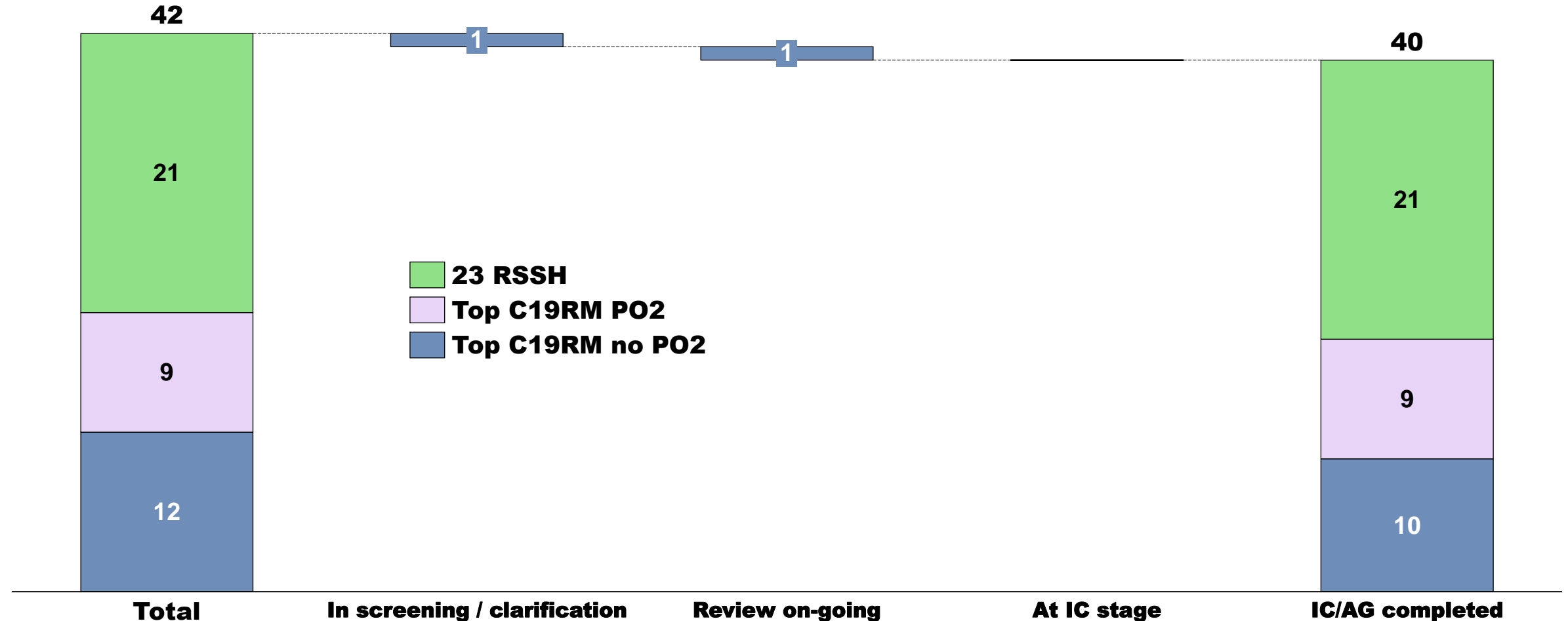
How we are implementing the strategic shift

Invest to maximize impact and use of available C19RM funds: prioritize investments and drive the strategic shift to achieve impact – focusing on defined strategic priorities in systems strengthening and pandemic preparedness.

<p>Portfolio segmentation and differentiation to focus on full review of 42 countries that account for 90% of the modeled funds available for the strategic shift</p>	<div> <div>  </div> <div> <p>Grant rebudgeting, reinvestment and revision (reinvesting within a country in line with the shift)</p> <p>Shift investment profile of existing grants to drive alignment with the strategic shift</p> <ul style="list-style-type: none"> • Required for all countries with C19RM grants through 2023 – 2025. • Larger potential for driving investment shift (est. US\$1.846 bn opportunity). • Determines activities that should be continued/executed during extended implementation period. • Provides required assurance, improve forecasting and determine the right level of Portfolio Optimization for each country. • Targeted implementation support and monitoring will reduce the gap between programmatic and forecast ambition (utilization); and implementation (absorption) to maximize impact. </div> <div> <div>  </div> <div> <p>C19RM Portfolio Optimization Wave 2</p> <p>Award additional funds in line with C19RM strategic investment priorities (i.e., RSSH and pandemic preparedness) building on outcomes of reinvestment.</p> <ul style="list-style-type: none"> • Targeted approach initially focusing on RSSH priority countries for awarding funds. • Investment opportunity of US\$323M to further catalyze the strategic shift. • Countries must provide visibility on reinvestment/rebudgeting progress to be considered for additional funding through portfolio optimization. </div> </div> </div>	<p>Investments guided by key principles:</p> <ul style="list-style-type: none"> • Align with strategic investment priorities of the C19RM extension. • Provide in-depth understanding of current programmatic and grant financial position. • Provide visibility on investment and reinvestment landscape – including expenditure; projected liability; funds available for reinvestment to finance the strategic shift; prioritized additional funding request and/or Unfunded Quality Demand (UQD). • Consider complementarity with GC7 and other funding streams. • Use of program data and assessment of feasibility to inform investment decisions, Technical Assistance (TA) needs, monitoring and assurance.
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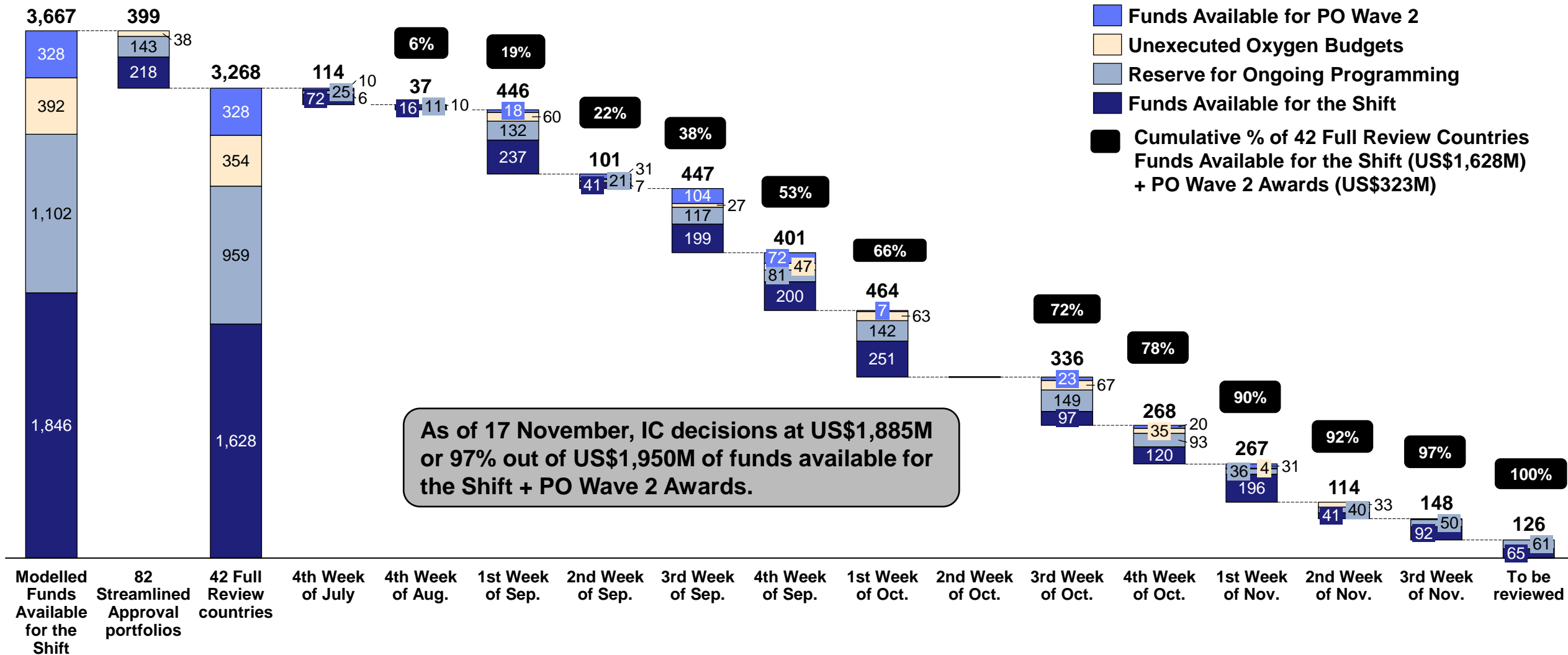
C19RM Reinvestments and Portfolio Optimization Wave 2 Review Pipeline Progression

Portfolio segmentation and differentiation prioritized 42 countries for Full Review that account for 90% of funds available for the **Strategic Shift**: out of which 40 have been reviewed by the C19RM Investment Committee for Reinvestments and Portfolio Optimization Wave 2.



Making the Shift: Modelled Pipeline of Available Funds

40 out of 42 (95%) Full Review Countries completed Investment Committee review. 42 Full Review countries account for US\$1,950M modelled funds: US\$1,628M of funds potentially available for the shift and US\$323M of PO wave 2 funds.

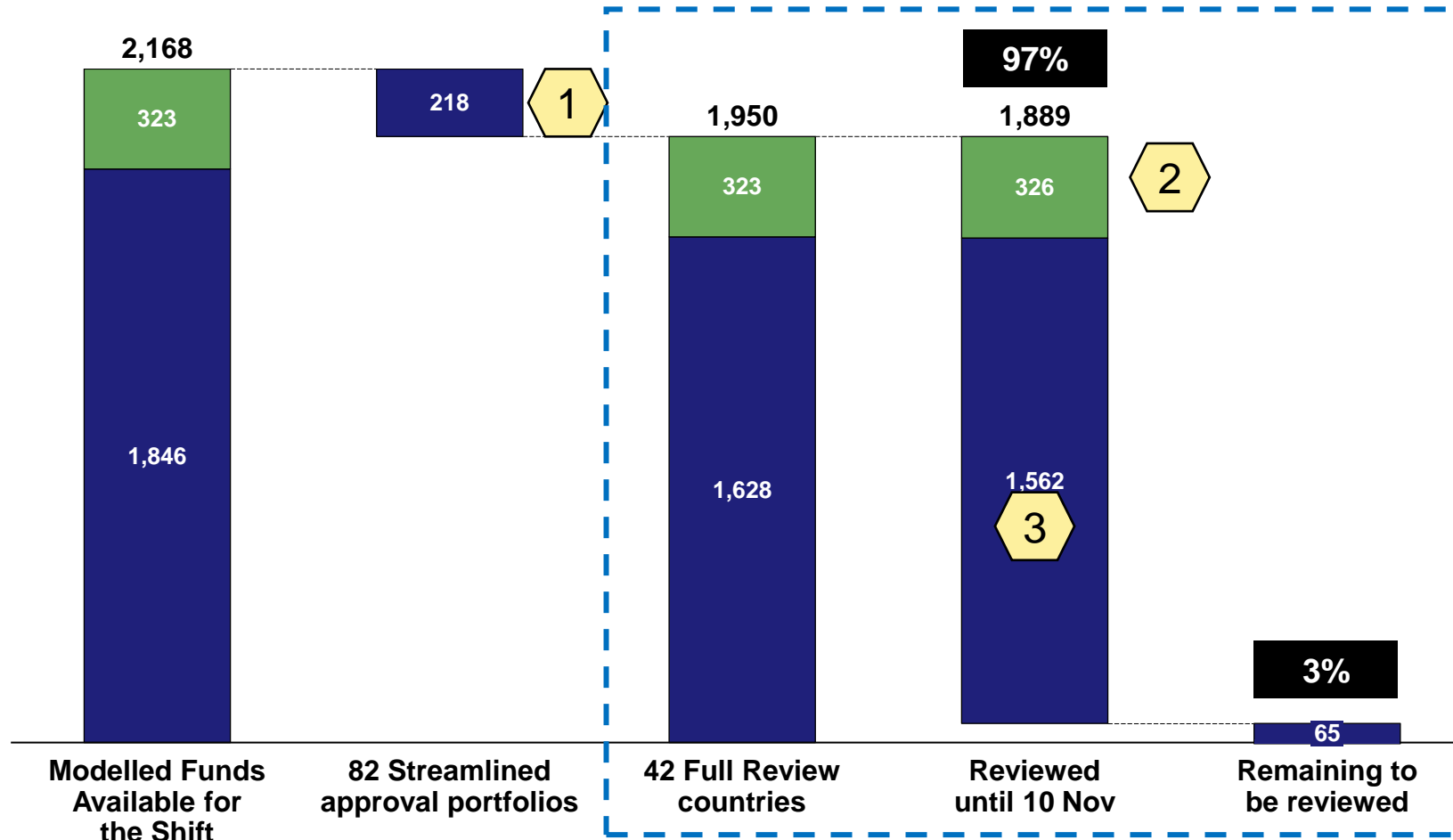


Making the Shift: Modelled Pipeline of Available Funds

82 Streamlined Approval Portfolios account for US\$ 218 million or 10% of modelled funds available for the shift.

42 Full Review Countries account for US\$1,950 million or 90% of modelled funds, including PO Wave 2 funds

Pipeline of Modelled Funds Available for the Shift US\$2,168 (US\$ million)



1 For **Streamlined Approval Portfolios**: 58 out of 67 letters sent to CCM (87%), representing US\$157M out of US\$218M (72%). 15 letters not to be sent.

2 40 out of 42 Full Review Countries represent: US\$1,889M or 97% out of US\$1,950M of modelled funds available for the Shift + PO Wave 2 Awards.

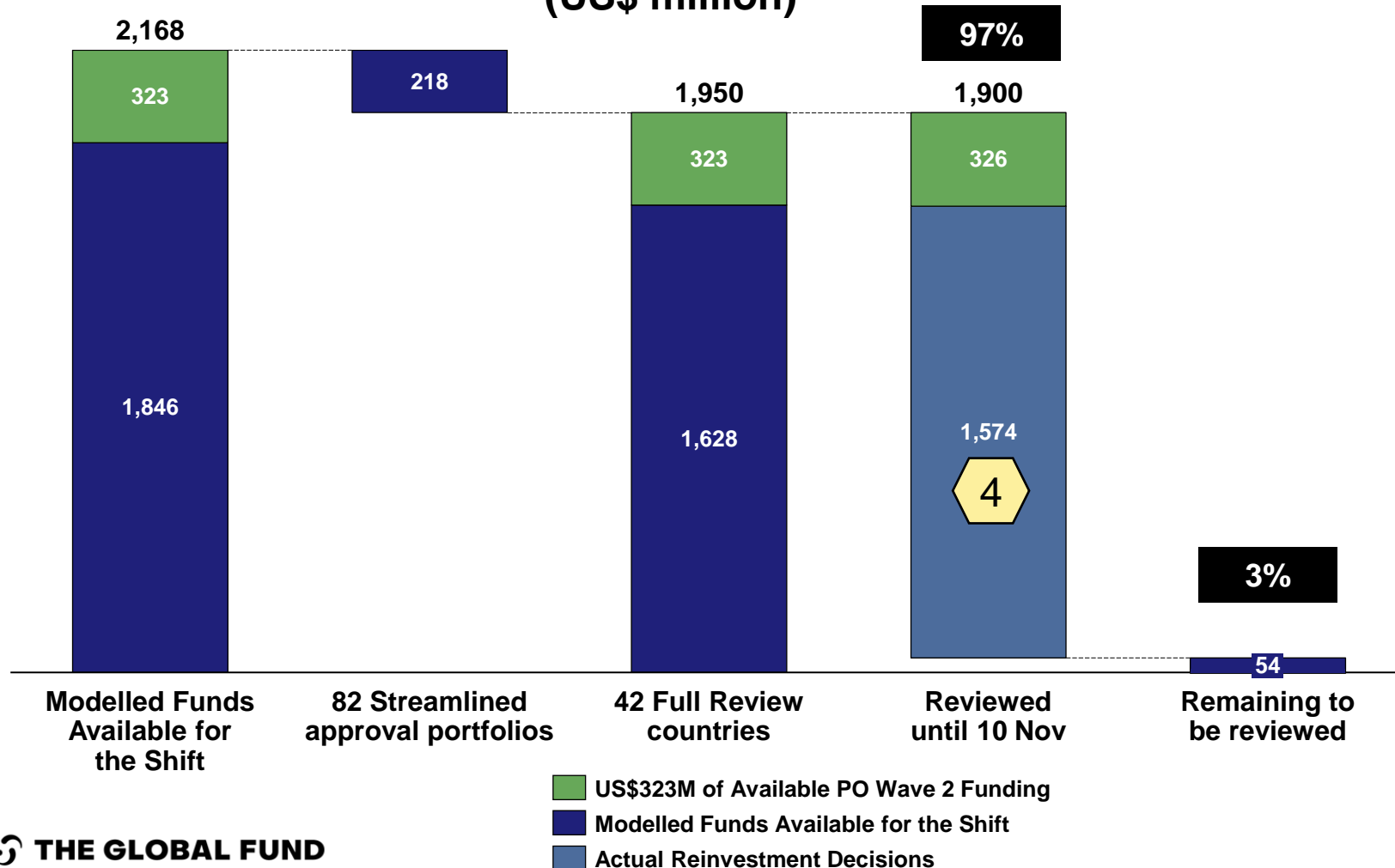
2 All C19RM PO Wave 2 Funding awarded.

3 US\$1,562M out of US\$1,628 or 96% of **Modelled Funds Available for the Shift** reviewed by the Investment Committee (IC).

Making the Shift: Reinvestments and PO Wave 2 Actuals

Actuals and outcome Investment Committee review: 40 Full Review Countries have invested total of **US\$1,900M** (Reinvestments of **US\$1,574** and **PO wave 2 awards of US\$326M**) based on Secretariat and GAC/CTAG reviews.

Reinvestments and PO Wave 2 Actuals (US\$ million)



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US\$1,574M of Actual Reinvestment decisions made by the Investment Committee to drive the Strategic Shift.

This includes further savings identified available to fund additional activities from PO Wave 2 Quality Demand submissions.

3%

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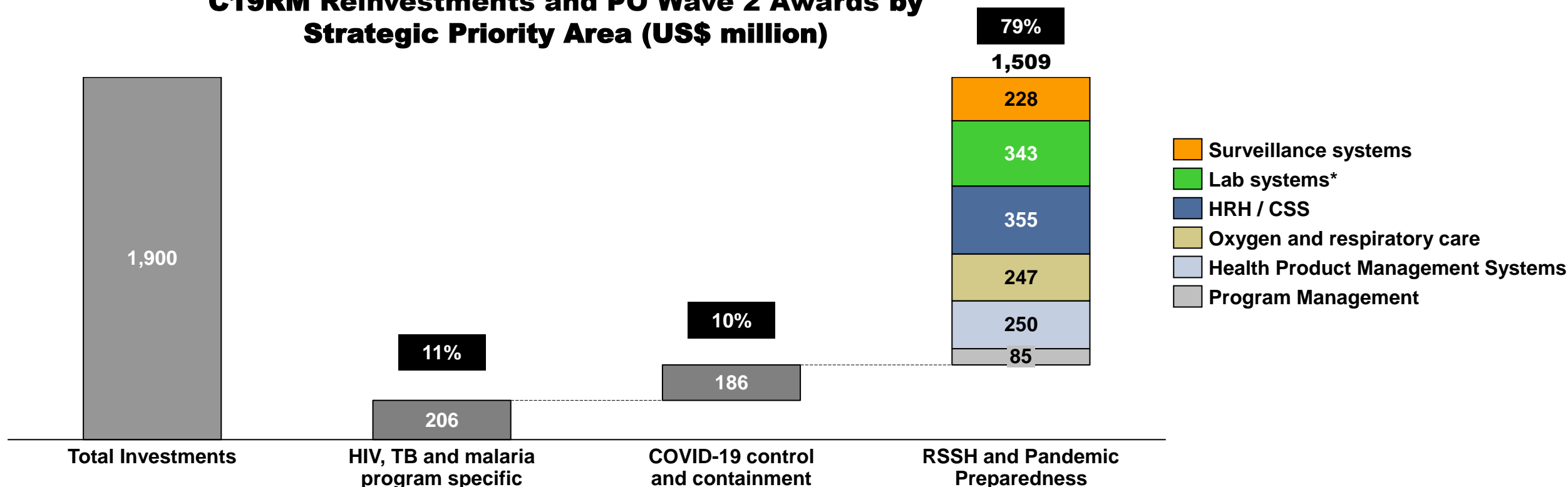
Investments of US\$1.9B reflect the Strategic Shift to Systems Strengthening and Pandemic Preparedness



40 countries reviewed invested US\$326M of PO Wave 2 Additional Funding and US\$1,574M of Reinvestments (including PO Wave 1), totaling US\$1,900M.

Investment split as follows: 79% for improvements to RSSH and Pandemic Preparedness; 11% for HIV, TB and malaria mitigation and 10% to COVID-19 control and containment.

C19RM Reinvestments and PO Wave 2 Awards by Strategic Priority Area (US\$ million)



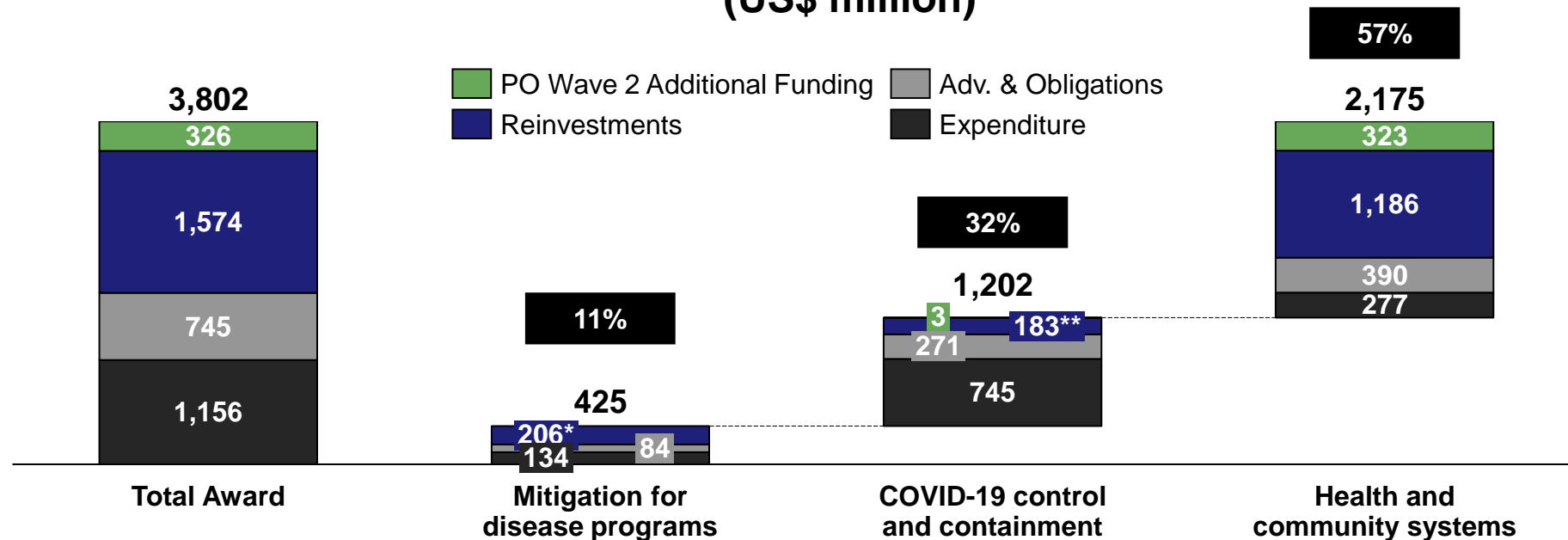
Making the Shift: Total C19RM Investments by Board Category



For the **40 countries reviewed by IC**, strategic shift outcome as follows: **11% of total funds are now allocated towards Mitigation for disease programs**, **32% towards COVID-19 control and containment** (excluding Medical Oxygen) with **Health and community systems accounting for 57% of total investments**.

Investment split before PO wave 1 and reinvestment efforts: 10% towards Mitigation for disease programs, 60% of funding towards COVID-19 control and containment (excluding Medical Oxygen) and 30% towards Health and Community Systems.

Total C19RM Investments by Board Category (US\$ million)



All values in the charts are in US\$ million and rounded and include all approved C19RM 2020 carryovers.

Program management costs are included in Health and community systems.

Recent decisions may be adjusted slightly as Detailed Budgets are finalized.

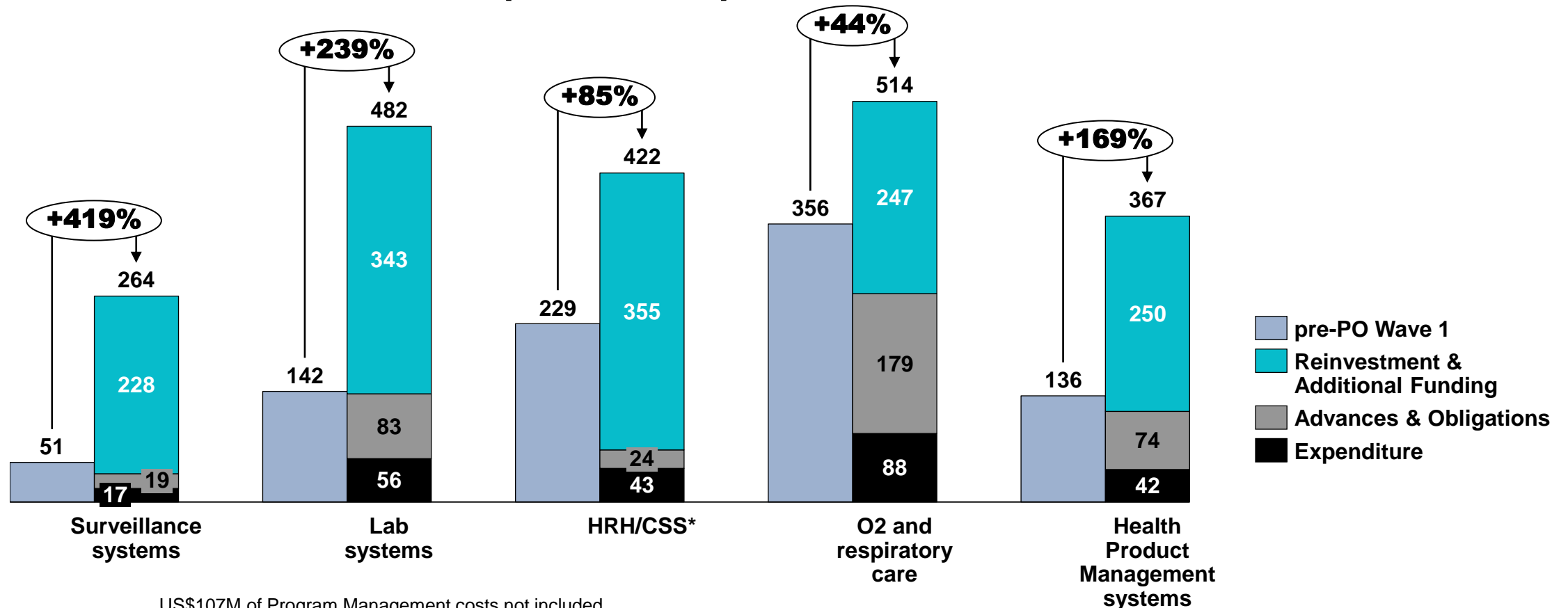
*US\$206M of disease mitigation under Reinvestments, major cost drivers: HTM Incremental PSM costs, Service adaptations, TB cartridges

**US\$183M under Reinvestments and US\$3M Additional Funding for Covid-19 control and containment, major cost drivers: Oxygen auxiliary costs (training, construction, shipping costs), Health Facilities, Solarization

Cumulative Investments by Strategic Priority Area

Unprecedented scale-up of investments across 40 countries in strategic priority areas to drive the shift: as a result of reinvestments and Portfolio Optimization Awards (Wave 1 and Wave 2), investments in the strategic priority areas increased from US\$914 million to over US\$2.0 billion.

Scale-up of Investments by Strategic Priority Area (US\$ million)



US\$107M of Program Management costs not included.

*Lab systems: approximately US\$120M of investments in X-ray machinery used in multi-disease screening and diagnosis.

**Due to the crosscutting nature of HRH some expenditure may not be fully reflected.

***O2 and respiratory care: in addition, there is approximately US\$130M of auxiliary Oxygen investments not included above.



Malawi example: Implementation arrangement, indicators, TA mechanisms have been carefully planned for priority countries



PO2 reinvestment and additional funding



Proposed approaches to improve implementation

CSS

Re-investment and PO2 include **CHWs scale-up with transition to MOH payroll in 2026, CSO capacity building, community engagement, CLM**; joint planning and effective linkages between community stakeholders and formal health systems.

Labs

PO2 prioritized activities include **developing documents for ISO accreditation, strengthening sample referral systems, and equipment maintenance and service contracts**.

Surv.

Reinvestments. PO Wave 1 and 2 will build sub-national level capacities to detect, report and respond to outbreaks by **expansion of surveillance trainings** to HRH, volunteers, local leaders, roll out of Integrated Disease Surveillance program, investment in Frontline Epidemiology Program & **enhancing National, District management of response**

O2

Reinvestments. The priority activity for O2 is the procurement of medical oxygen and related consumables, and **equipment for generating, transporting, or providing medical oxygen** to fully leverage ongoing PSA plant investments.

Overarching approaches

- **4 C19RM posts created in the MoH PIU** (Program Coordinator, Program Officer, Accountant, Driver).
- Provide **additional capacities for SR** (ActionAid).
- **Project management costs** included in reinvestment for **direct contracting of TA** for civil engineering and project management.

- Extend **BIRCH TA (CMLI)** by **Last Mile Health** in full scope 2023-25 to support implementation and development of roadmap to for the govt. to absorb CHWs cost.
- Full set of **CHWs PF indicators** and CMLI reporting for accountability and course corrections.

- **STELLAR TA (CMLI)** by **CHAI/ASLM** to support implementation of critical activities.
- **Critical lab indicators** in performance framework for testing and equipment service contracts.

- **Additional staffing to PHIM** for program & financial mgmt.
- **Embed SONAR TA (CMLI)** in PHIM & **collaboration with Norwegian Public Health institute Epi** staff seconded to PHIM.
- Full set of **surveillance PF indicators and work plan tracking measures** for accountability.

BOXER TA (CMLI) Level 4 significant extended engagement with MoH onsite support to technical staff by local BHI team.



Mali Example: Using the GC7 and C19RM resources, countries holistically planned investments in priority areas

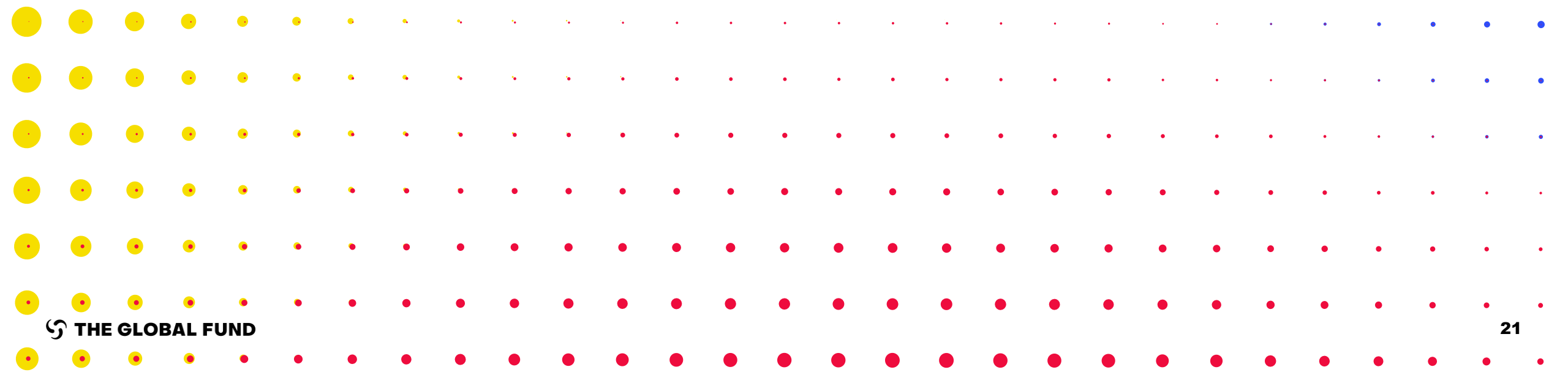
	GC7 Funding Request	C19RM Proposed Reinvestment	C19RM portfolio optimization (PO) Request	Integration and complementarity of investments
Laboratory Systems 	EUR 0.19M	EUR 3.73M	EUR 2.65M	<ul style="list-style-type: none"> Reinvestment of C19RM approved funding will allow for increased multi-disease testing capacity (GeneXpert), including connectivity solutions for GeneXpert sites, improved biosecurity conditions and strengthening data management system of national lab network through the establishment of a computerized LMIS interoperable with DHIS2. PO request will seek to strengthen the decentralization of diagnosis, primarily through additional investments in qualified HR (Lab technicians and biologists) and the development of a national plan for integrated sample transportation. These investments will be complemented by coaching, quality assurance and accreditation activities in GC7 Funding Request.
Surveillance system strengthening 	EUR 0	EUR 1.47M	EUR 0.47	<ul style="list-style-type: none"> Reinvestment of C19RM funding will support scale-up of community-based event surveillance in 15 health districts and will include training of community actors and frontline officers. Support will also be provided to the central coordination body for emergency preparedness for response. Additional PO request will support development of national multi-risk action plan and invest in increasing capacity of actors at national, regional and health district levels to better analyze use data to monitor and respond to public health emergencies.
Human resources for health (CHWs) 	EUR 9.09M	EUR 0	EUR 6.00M	<ul style="list-style-type: none"> C19RM reinvestment and PO request will allow for recruitment, training, equipment, and payment of additional 1,000 CHWs, and 217 dedicated supervisors while absorbing 1000 CHWs formerly covered by GC6 financing. Effort will be complemented by GC7 financing. upon completion of C19RM grant in 2025, all 2000 CHWs and 217 supervisors will be absorbed by GC7 in 2026. GC7 funding will support the continuation of capacity building interventions for both CSO and community health association (ASACO) in addition to community-led monitoring.

Note: LMIS = logistic management information systems, DHIS2 = open-source project for health management information systems



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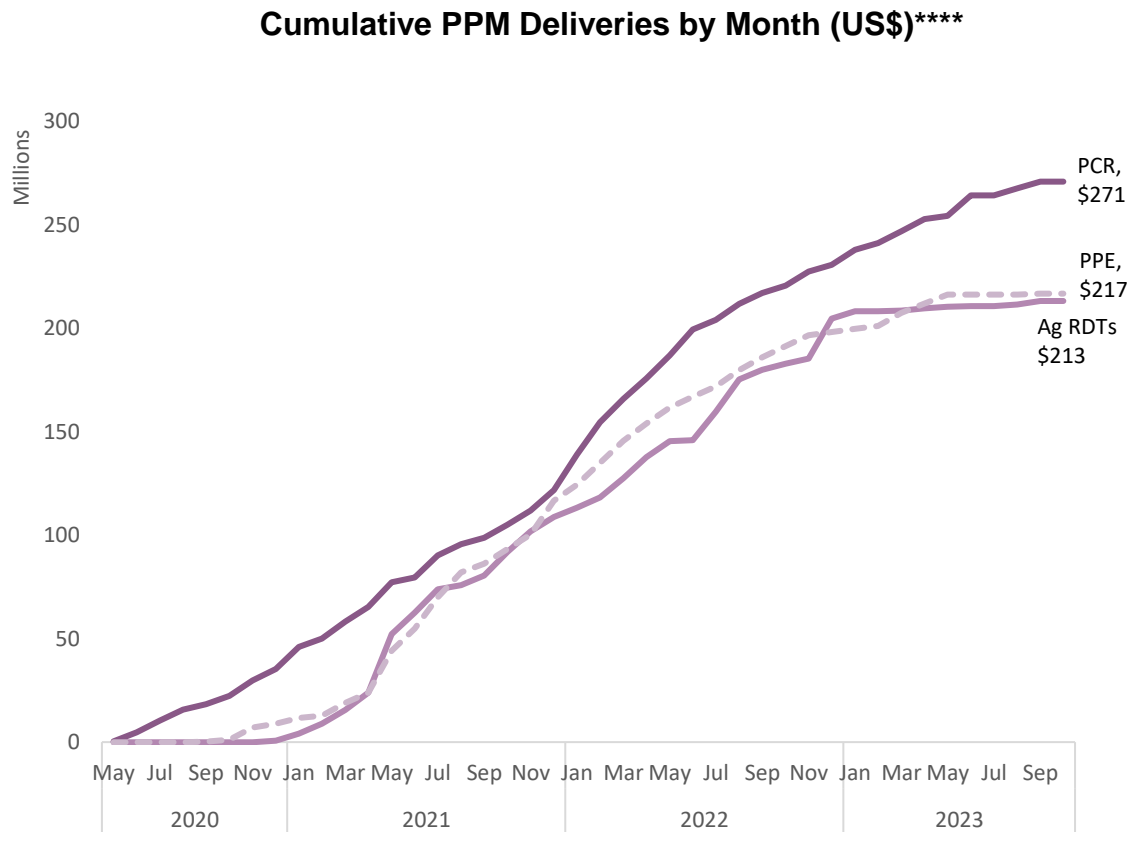
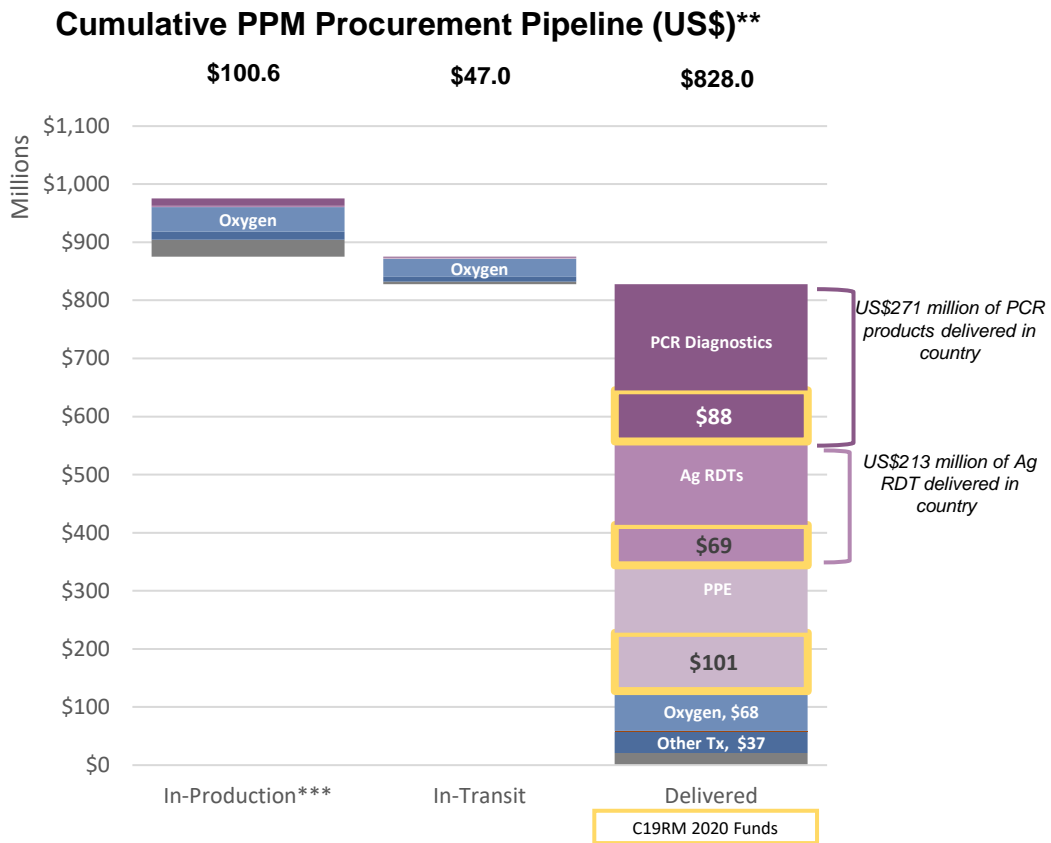
Procurement and health product update



(as of October 2023)

Orders for US\$976 million* (US\$926 million as of end February 2023) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$828 million delivered (US\$748 million as of end February 2023).

- **US\$3.0 billion** awarded since 2020 for the procurement of COVID-19 related health products (incl. C19RM 2020): Dx: US\$1,017m; PPE: US\$769m O2: US\$605m. However, significant amounts of unused funding from COVID-19 disease-specific diagnostic tools and PPE are currently being reinvested according to the strategic shift. Updated numbers will be shared in the Q1 2024 update.
- **Except for oxygen**, orders and deliveries largely flattening-off through 2023, as portfolios adjust through reinvestments and portfolio optimization; orders anticipated to accelerate in Q1 2024.
- **US\$259 million** products delivered through PPM with C19RM 2020 funds. **US\$569 million** (US\$489 million in end February) products delivered through PPM with C19RM 2021 funds.
- **Purchase Orders of US\$148 million** (compared to US\$178 million in end February) for products remaining to be delivered, of which US\$73 million is in oxygen.



* Reporting on aggregate value of orders and split by category is being refined over time to reflect any savings achieved on completed orders and to exclude procurement of non-health products

** Based on PPM/wambo and Procurement Service Agent data as of 2nd October 2023

*** Production includes process through to importation clearance and pick-up for transfer to flight/vessel

**** Dollar value of deliveries by month may change slightly over time due to potential reporting lags as well as revisions over time

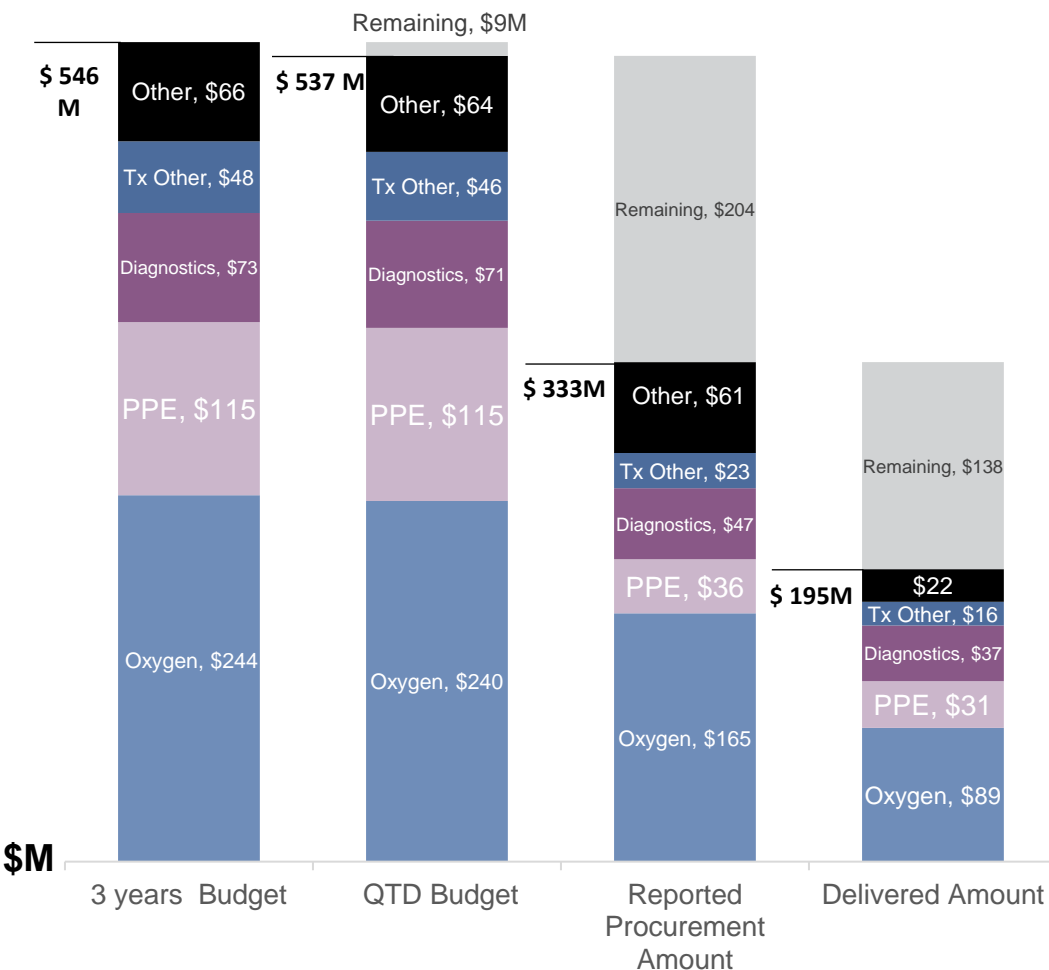
‡ Procurement for multi-disease testing and screening platforms such as testing machines (GeneXpert) and digital X-rays are included within "Other" categories. "PCR" encompasses Automated & Manual PCR, TB diagnostics & Dx accessories

Non-PPM procurement reporting¹: September 2023

Note: Countries/PR currently undergoing C19RM reinvestment and portfolio optimization discussions - likely to result in budget shifts across product categories and procurement channels, and subsequently budget conversion rates.

Top 45 countries only (in US\$M)

reflects implementation-focused HPMT where available



By Region	Expected Reports	Reports received	% Reporting
AELAC	5	5	100%
AME	13	13	100%
HIA	17	17	100%
HIA1	4	4	100%
HIA2	7	7	100%
Grand Total	46	46	100%

	3 years Budget ²	QTD Budget	Reported Procurement Amount ²	3 years budget conversion rate	QTD Budget conversion rate	Delivered Amount	Delivered amount to Reported Procurement
By Region							
HIA1	43.77	41.38	32.05	73%	77%	24.60	77%
HIA2	156.87	155.92	111.09	71%	71%	50.30	45%
HIA	161.86	161.55	114.95	71%	71%	67.12	58%
AME	154.07	148.58	63.46	41%	43%	44.08	69%
AELAC	29.12	29.07	11.19	38%	38%	8.84	79%
By Product Category							
Diagnostics	72.60	71.50	47.33	65%	66%	36.98	78%
Oxygen	243.99	240.29	165.42	68%	69%	89.24	54%
Other	65.93	63.81	60.52	92%	95%	21.74	36%
PPE	115.43	115.17	36.10	31%	31%	31.07	86%
Tx Other	47.74	45.73	23.37	49%	51%	15.91	68%
By Type of PR							
National	423.00	413.84	289.18	68%	70%	165.31	57%
UN Agencies ³	122.69	122.67	43.56	36%	36%	29.63	68%
Total	546	537	333	61%	62%	195	59%

¹ Non-PPM reporting excludes any investments or subsequent purchase orders related to 'non-reportable items'; this includes disinfectants, scrubs, and repurposed/existing medicines; accounts for an additional US\$70.8 million of current 3-year budgets as of end Sept 2023.

² Budgets as per aggregated C19RM 2021 HPMTs available and uploaded into the aggregate tool at 30 Sept. 2023, reported PO Amount as per PR Procurement Progress Reporting templates submitted against 10 Sept.

³ UN agencies are UNDP + UNOPS+ UNICEF grants.

Non-PPM Procurement Reporting: September 2023

Top 45 countries only (in US\$M)

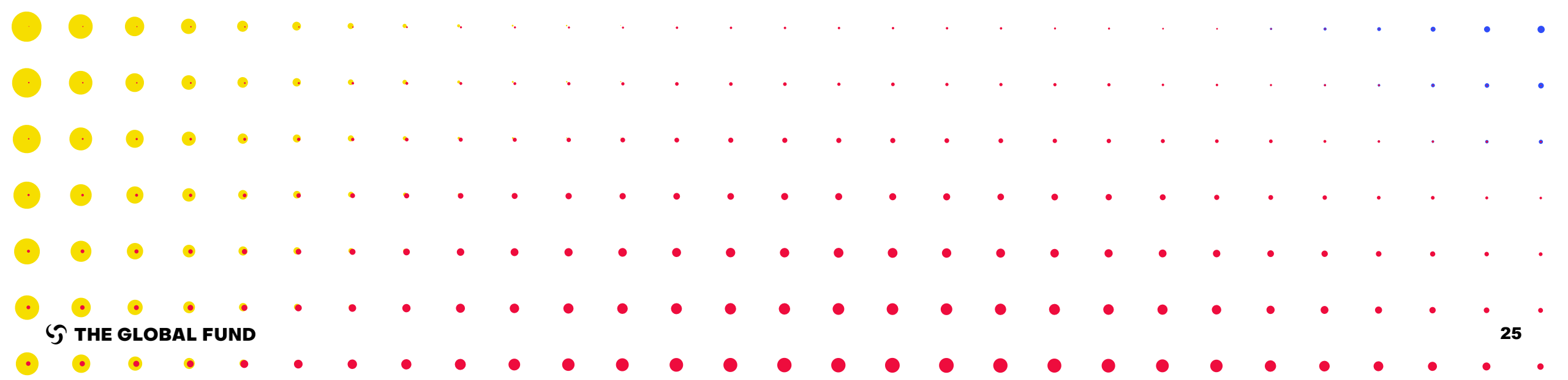
Summary Points

- Conversion of **Non-PPM budget** to purchase orders is at **62% of the quarter-to date (Q3 2023)** budget or 61% of the three-year total. The C19RM funds extended implementation period is an opportunity for further budget conversion.
- The **total of purchase orders reported through September 2023** was **US\$333 million**. This is **US\$12 million more** than what was reported in August 2023. Progress is being made over time with regards to PSA plant procurement across all regions. For example:
 - **Ghana:** deliveries and installation completed for three PSA plants for US\$1.5M.
 - **Nigeria:** local procurement of 10 plants totaled US\$2.4 million.
 - **Pakistan:** PSA plants orders, worth US\$28.2M, are now in production.
 - **Ethiopia:** the first PSA plant is being installed, with four more ready for installation, and five ready for shipment (US\$5.2 million).
- Oxygen demand has been fluctuating. Globally, the pace of oxygen procurement and implementation is determined by the technical and complex nature of the procurement as well as in-country coordination, site assessments and infrastructure needs.
- On-going exercise to increase the reports data quality in order to have better visibility on delivery dates hence to report accurately on the delivery rate.
- On-going exercise to realign C19RM investments with the changing pandemic context, national priorities and lessons learnt.



5

Executing the shift and leveraging CMLIs



To implement the strategic shift, a multi-pronged approach will allow us to accelerate implementation and deliver impact of C19RM investments

Countries	Enhanced M&O	Strengthen Implementation Approaches (examples)
<ul style="list-style-type: none"> Differentiate and refocus on 42 countries – account for 90% of funds available for the shift; provide intensive Secretariat and TA support. Active use of dynamic portfolio management and leverage the forecast as a mechanism to incentivize reprogramming (reinvest to optimize opportunity within implementation period). 	<ul style="list-style-type: none"> Strengthen M&O and accountability: Use performance framework; CMLI-monitoring to monitor, support and incentivize implementation. Leverage LFAs on programmatic assurance (e.g., supply chain). Maintain focus on the five strategic priority areas. 	<p>Address long-standing root causes of low RSSH absorption identified in in-depth analyses, <u>based on country contexts</u>:</p> <ul style="list-style-type: none"> Improve implementation arrangements <ul style="list-style-type: none"> Engage RSSH-PPR entities (e.g., NPHI, lab, Community Health and HR Directorates) to be sub-recipients and implementers. Investments in national plans and coordination mechanisms beyond Program Management Units. Track implementation arrangements in priority countries as internal metrics. Strengthen implementation capacities <ul style="list-style-type: none"> Expand coverage of thematic TA, including CMLI. Strengthen PR/SR/PMU via management TA for RSSH-PPR.

Centrally Managed Limited Investments

Technical Assistance to support implementation

Surveillance system strengthening

- **Surveillance CMLI:** Extensive in country technical support from Task Force for Global Health (TFGH) for up to 9 countries for **early warning surveillance**; TFGH support to 5 countries for C19RM funding request development.
- **RTSL Support:** complementary to the CMLI is BMGF-funded virtual support led by Resolve to Save Lives to 5 countries for funding request development for early warning surveillance and country intensive TA for 4 countries.

Laboratory and diagnostics

- **Project STELLAR:** CHAI, ASLM and APHL support TA in 23 countries for lab diagnostics and systems strengthening investment, including wastewater-based surveillance and genomic sequencing in 6 countries.

Human resources for health and community system strengthening

- **Project BIRCH:** Last Mile Health support via various partners (Financing Alliance for Health, Community Health Impact Coalition, MUSO, Living Goods, UNICEF and more and working with Africa CDC) for **CHW** programs in at least 11 countries incl. support to funding request development and to accompany grant implementation
- **CRG's CLM CMLI:** On-demand short-term technical assistance for setting-up CLM mechanisms and adaptations to COVID-19, and support CLM implementation in C19RM grants. Provided 22 TA support in 13 countries.

Medical oxygen, respiratory care and therapeutics

- **Project BOXER:** BHI (Build Health International) support in 51 countries for PSA plants for bulk **oxygen** production.

Test & Treat

- **Project TNT:** CHAI support for **COVID-19 Test and Treat** in 3 countries.

Other sources of RSSH & PPR TA

- **USG C19RM set-aside:** USAID and US CDC via various partners including FHI360, ICAP, JHPIEGO and Georgetown, for various RSSH-PPR technical areas, including **labs, surveillance and IPC** in 34 countries.
- GC6 and GC7 **RSSH catalytic investments** including for HRH/CHW and laboratory strengthening, which are complementing the related CMLIs.
- TA options from in-country and regional partners, including the GC7 set-aside group of partners (Australia, BMGF, France, Germany, US and UK).
- TA financed from Global Fund grants.

C19RM Oxygen Investments



Context

- An essential medicine and health service, medical O₂ was a blind spot in global health.
- Need and demand for O₂ was poorly characterized .
- O₂ systems were under-invested in and underdeveloped.
- Global and regional supply chains were not mature and had limited capacity, in particular to respond to surge demand.



Scope

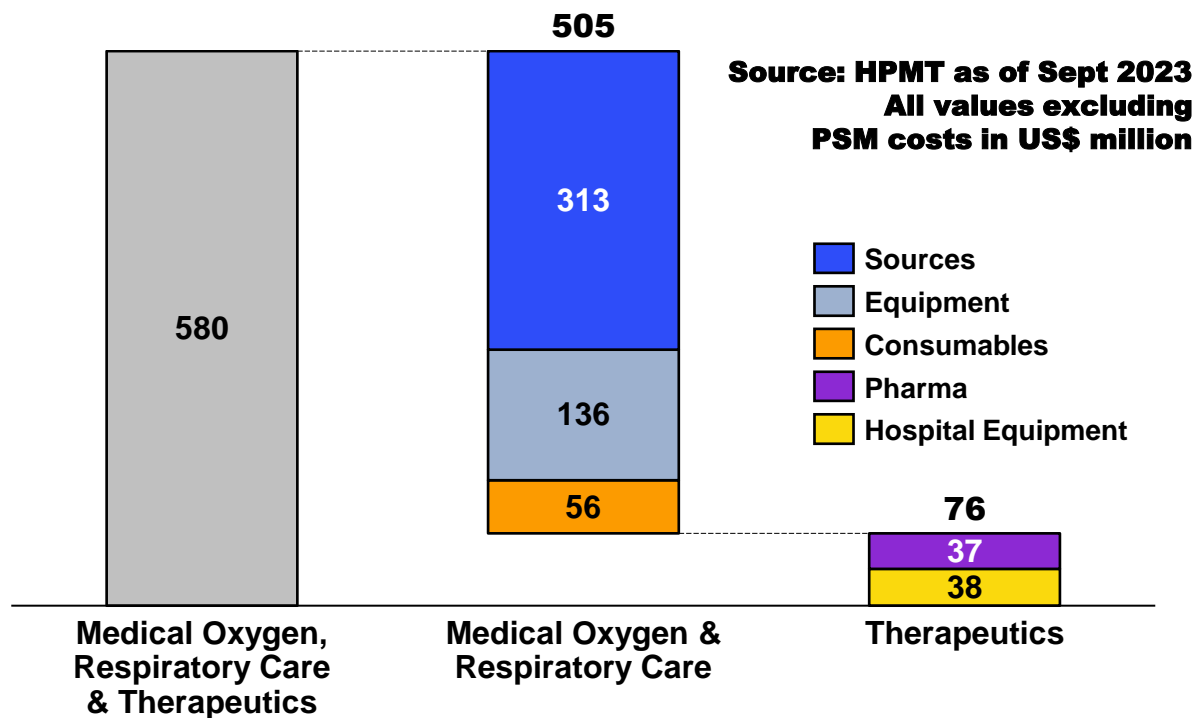
- Through C19RM, 99 countries are investing US\$505m in their oxygen systems, including 59 countries investing more than US\$300m to procure 577 PSA* plants.
- Countries are investing in oxygen supply, distribution, delivery, and systems.
- In PO and GC7 requests, countries are prioritizing O₂ systems strengthening including investments related to national plans, HRH and capacity building, and patient delivery.



Intent

- To expand access to life-saving treatment services for severe and critical COVID-19 and other respiratory illnesses, via provision of health products and equipment.
- Addressed gaps less prioritized by other partners focused on immediate O₂ response.
- Expanded procurement options (PPM/wambo.org) and established a TA mechanism to provide critical support for country investments (Project BOXER).

C19RM 2021 Medical Oxygen, Respiratory Care and Therapeutics: 87% is in oxygen investments

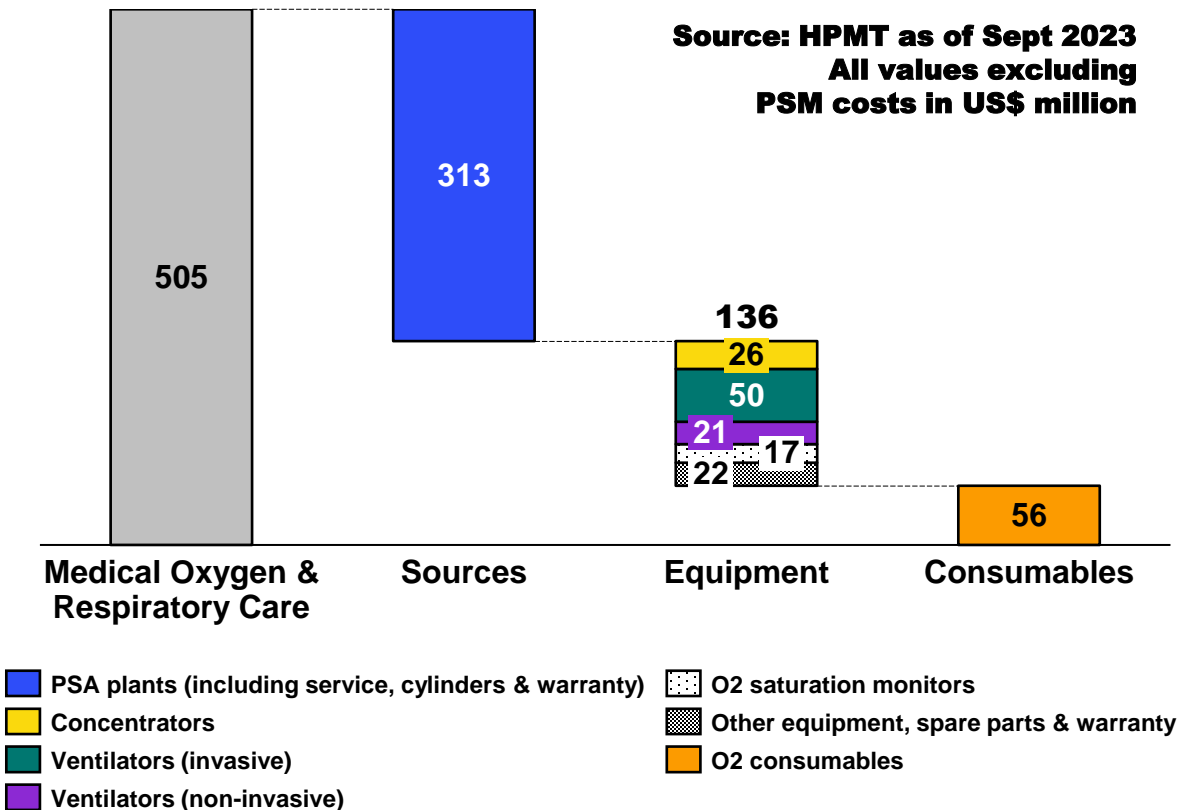


C19RM 2021 total awards amount to US\$4,329 million.

HPMT data not yet fully reflective of latest reinvestments and awards made under PO wave 2. Total oxygen investments expected to increase to upwards of US\$750 million including PSM costs, to be confirmed by Q1 2024.

US\$160M of x-rays are no longer considered under therapeutics, but instead under the broader category of laboratory systems and diagnostics networks.

Single largest sub-category (PSA plants) accounts for 62% of oxygen category



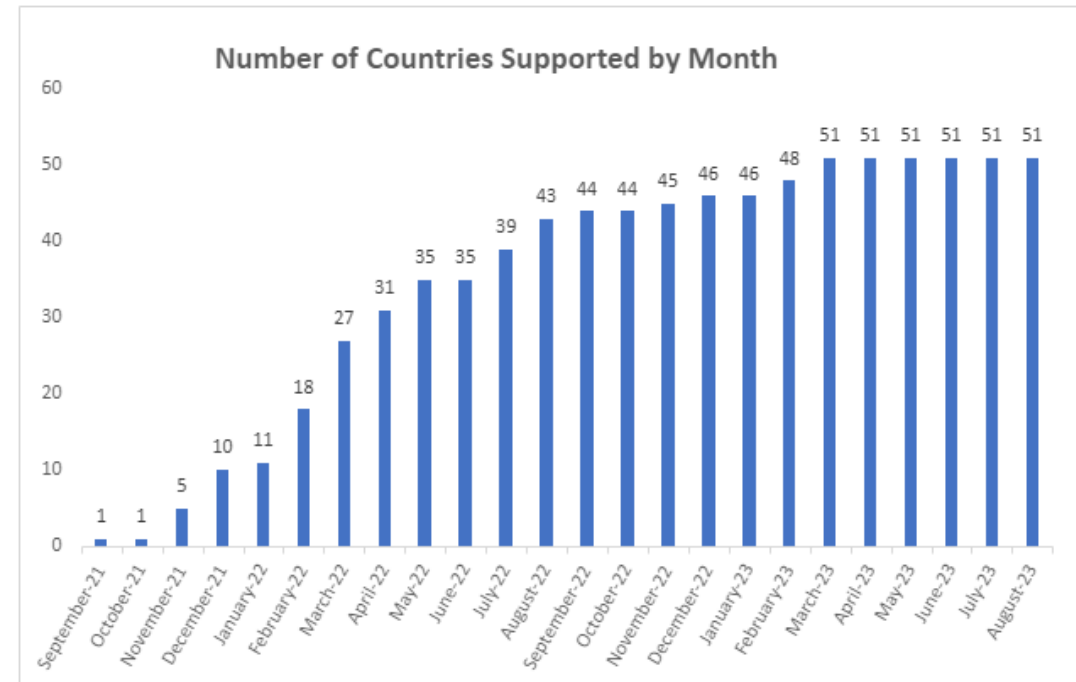
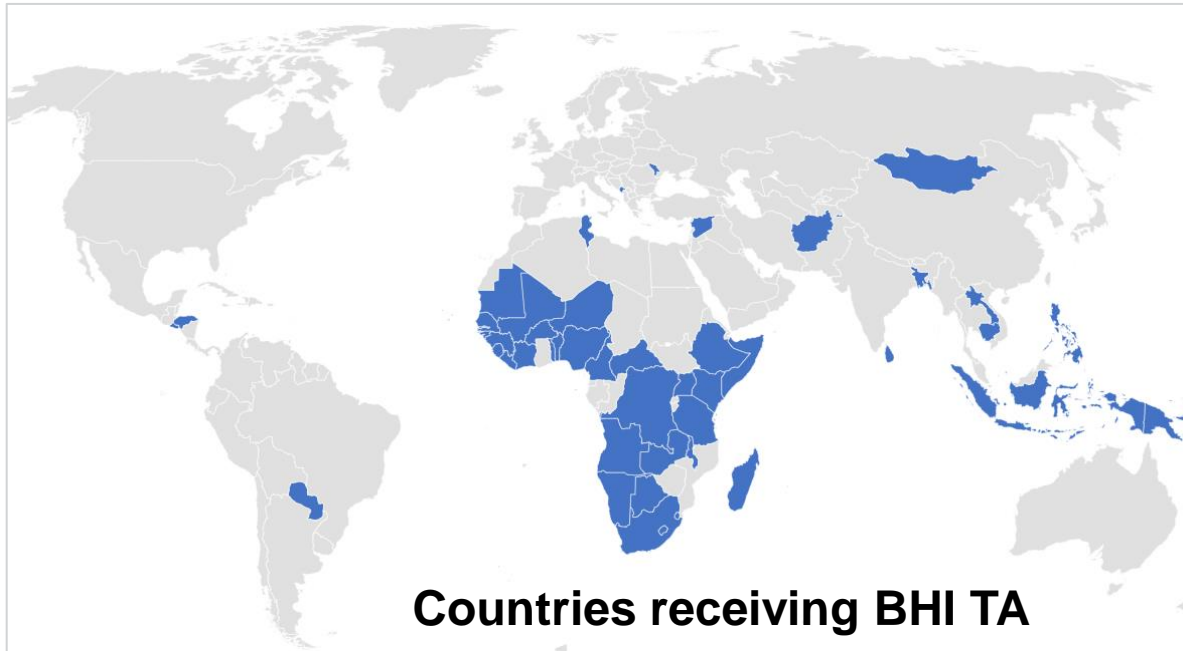
51 countries accessing TA support through CMLI

Project BOXER

99 countries are investing US\$505 million in their oxygen systems, including 59 countries investing \$313 million to procure 580 PSA plants.

As of 30 September, the project has provided technical assistance to **51 countries** planning to invest **US\$189m** to procure **360 PSA plants** (194 PPM, 166 non-PPM).

BOXER Support	# Countries	Budget (US\$m)	% of total	# Plants	% of total
Yes	51*	189	60%	360	62%
No	9	124	40%	220	38%
Total	60*	313		580	



* Guinea-Bissau is accessing BHI TA to support 2 non-C19RM-funded PSA plants

Technical Assistance Provided to PRs to date

Project BOXER

Specifications Development

20 BHI staff have spent a combined **567 days** conducting **93 site assessments in 19 countries** to properly size and configure PSA plants.

Produced or reviewed **270 plant specifications across 45 countries** leading to **US\$130 million in PSA plant orders** to date.

BHI has developed **30 resource documents** to support PR procurements including information on staffing plants, cylinder management, and budget tools.

Site Readiness

BHI has produced comprehensive site assessment reports with **engineering recommendations for 93 sites across 19 countries**.

Provided technical feedback on **24 supplier-led site assessment reports for 7 countries** (i.e., the PPM / wambo option).

BHI engineers developed detailed plant house and/or electrical drawings for **11 sites across 6 countries**.

Training and Capacity Building

Next phase of BOXER TA will focus on PSA plant installations and **building capacity of hospital administrators, biomedical engineers, and plant operators**.

BHI has delivered **3 management trainings in 3 countries** for **121 participants** from 11 organizations.

688 BHI staff hours spent delivering BOXER-funded trainings.

55 BHI staff have provided **25,882 hours of technical assistance** to PRs, CTs, and partners



Papua New Guinea

Top: Newly-installed PSA plant (left)
& generator (right) at Mt Hagen hospital
Bottom: Cylinder filling station (left) and
post-installation training (middle)

Namibia

Bottom right: PSA plant delivery to
Okahoa district hospital (one of four
C19RM PSAs in Namibia)



Shifting from investment implementation support operations and sustainability support in Phases 3-4

Project BOXER

TA focus to date

Phase 1: Support Plant Specification Development and Procurement
Phase 2: Support Site Readiness Infrastructure Work

TA focus in
2024-2025

Phase 3: Support Plant Installation and Capacity Building

- Help troubleshoot installation and commissioning issues.
- Train technicians to safely operate and maintain plants, including preventive maintenance and repairs, and inventory and storage of spare parts.
- Train managers/hospital administrators on operations, maintenance, service needs, plant safety, sustainability, budgeting and cost-effectiveness.
- Regional training of trainers for biomedical engineers.

Phase 4: Support Post-installation Interventions and Promote Sustainability

- Help PRs navigate warranty, maintenance, spare parts or service issues with suppliers.
- Build plant technician capacity to troubleshoot operational issues.
- Conduct high-priority site visits to help resolve major issues.
- Support countries' longer term sustainability plans including providing TA to countries interested in solar energy.

Contextual information

Background

- **Project Scope/Objective:** STELLAR was originally funded to **augment the capacity of national tiered lab networks in 23 African countries** to ensure accessibility of quality assured **COVID-19 testing services whilst ensuring continuity of diagnostics services for HIV, TB and malaria.**
- With the improvement of the global COVID-19 situation in 2022, STELLAR **shifted focus to strengthening core capabilities of lab systems**, with TA focusing on four key interventions: 1) Policy & Governance; 2) Integrated testing & diagnostics; 3) Strengthening data management; 4) Lab systems and surveillance – Wastewater-based surveillance (WWS)
- **Project Period** : April 2022 to September 2024 (Pending NCE IC approval)
- **Budget** – Total **US\$13.7M** - US\$9.8M (IC approved **Nov 2021**) + US\$3.9M (IC approved **Nov 2022**)
- **TA Partners**
 - Integrated Lab systems Strengthening in 23 countries - African Society for Laboratory Medicine (ASLM) and Clinton Health Access Initiative (CHAI)
 - Wastewater-based surveillance (WWS) in 6 countries - Association of Public Health Laboratories (APHL)

Updates on Outcomes

- **Stellar TA** success is measured along several metrics & **is contributing towards achievement of PF** (RSSH PP Lab-1,3, 5 ; RSSH PP M&E-3) and SPAR/JEE indicators (lab systems maturity)
- Strengthened **coordination and collaboration** with regional bodies, Lab Directorate leadership, partners and stakeholders to ensure lab systems readiness to respond to future pandemics and enhance quality of diagnostic services
- COVID-19 diagnostics integrated into **routine essential diagnostic services at the primary healthcare level**
- National capacity established for COVID-19 wastewater surveillance and capacity is being scale up to **explore pathogens of pandemic potential in wastewater , multi-pathogen genomics.** In next phase, scale up of wastewater sites and coordination of lab and surveillance units to establish response mechanisms

Future directions

- Due to challenges faced with Stellar TA support (delays due to availability of C19RM funds for LSS soft activities, coordination, deprioritization of COVID-19 etc.), we intend to request C19RM Investment Committee: approval for
- **No cost extension of LSS TA support to June 2024 by ASLM/CHAI and WWS TA support to September 2024 by APHL**
 - Considering significant investments in lab systems in C19RM PO wave 1 /2 , reinvestment and GC7, **approval request for a cost extension to Dec 2025 for (a) \$2.7M to provide TA support to 9 lab systems tier 1 or 2 RSSH priority countries** (Bangladesh, B Faso, Guinea, Haiti, Indonesia, Togo, Malawi, Mozambique, Kenya) with significant C19RM+GC7 investments in LSS (b) **\$2.3M to support Scale up of Wastewater surveillance investments in 6 RSSH priority countries** (Uganda, Tanzania, Mozambique, Kenya, Zambia, Ethiopia)
 - For the cost extension, we propose to leverage **the newly expanded lab TA pool (+30 institutions) with regional capacity** for LSS TA support to the 9 lab tier 1 and 2 priority countries

Adjusted Scope Has Enabled STELLAR to Support Readiness In 4 Lab Systems Core Capabilities

1

Policy & Governance



Supporting **national testing strategy** development

Developing **Essential Diagnostic Lists**

Activating **lab Technical Working Groups**

Supporting **national laboratory strategic plan** development

2

Access to Testing



Integrating **multi-disease diagnostic testing**

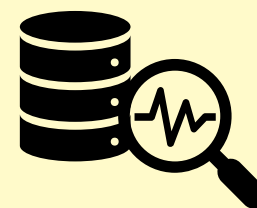
Increasing **training modules** for HRH

Expanding **community & self-testing** and linking access to treatment

Engaging external **QA & Accreditation**

3

Data Management



Integrating **data systems** into central sources & enabling **data use**

Supporting improvements to **data management policy**

Establishing **central data warehouses**

4

Lab Systems & WWS



Trainings and guideline development for **specimen management** & networks

Developing procedures for **antimicrobial resistance surveillance**

Building **NGS capability** and **bioinformatics dashboards**

Supporting **waste management**

Since 2022, STELLAR Has Delivered Results Across All 4 Lab Systems Areas

*Non-exhaustive,
as of September 2023*

1

Policy & Governance



7 MOH approved multi-disease testing strategies

8 National Lab Strategic Plans under development / review

1 Essential Diagnostic Lists in development, 8 in progress

2

Access to Testing



6 countries with guidelines developed, approved, and implemented

6 countries with community testing

1527 facilities activated &
2744 personnel trained on integrated testing

3

Data Management



699 facilities activated with integrated data management system

3 countries with newly integrated data reported at the central data warehouse

4

Lab Systems & WWS



4 countries twinned with PH labs in USA

967 samples tested with COVID-19 positivity rates between 40-95%

142 facilities supported on QMS, sample referral and biosafety

STELLAR-funded WWS Pilot Has Created Interest In Countries For Further Scaling & Sustainability

Pilot results

- 6** countries with active WWS systems
- ~20** active sites across pilot countries
- ~60** sites planned for in expansion

Plus:

- **Strong collaborations** between lab programs and surveillance teams
- **Twinning with US** public health labs
- **Information sharing** communities created
- **Data integration** into LIS & national dashboards

Case study: WWS in Mozambique



Mozambique established the Wastewater Environmental Monitoring Program in 2022.

Samples are collected across **4 sites** in **Nampula** and **tested for COVID-19 and influenza viruses**, with some results in <24 hrs.

The program is especially important for Mozambique, as it faces increased risks of **climate change-related disease outbreaks**.

The success of the program in providing early detection and important health data has resulted in plans to **expand to 15 additional sites starting in 2024**.

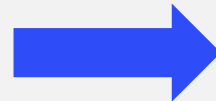
Causes Of Previous Delays To LSS Have Been Addressed To Ensure Impact Can Be Achieved

Previous CMLI implementation challenges included:

Mitigatory measures already introduced & underway:



Protracted startup of CMLI in 2022 due to coordination with lab directors



Engaged with CT/PRs to update workplans aligned to MOH & focused on relationship-building with lab directors



De-prioritization of testing & large workplan changes due to COVID-19 shifts



With COVID-19 no longer public health threat, countries focusing more on lab system strengthening and PPR



Delays in release of complementary C19RM funds by PRs



Engaged with CTs/PRs to understand causes & resolve delays; designated TA providers as Lab Leads to support PRs



Time needed to develop technical capacity for next-generation sequencing (NGS) for WWS

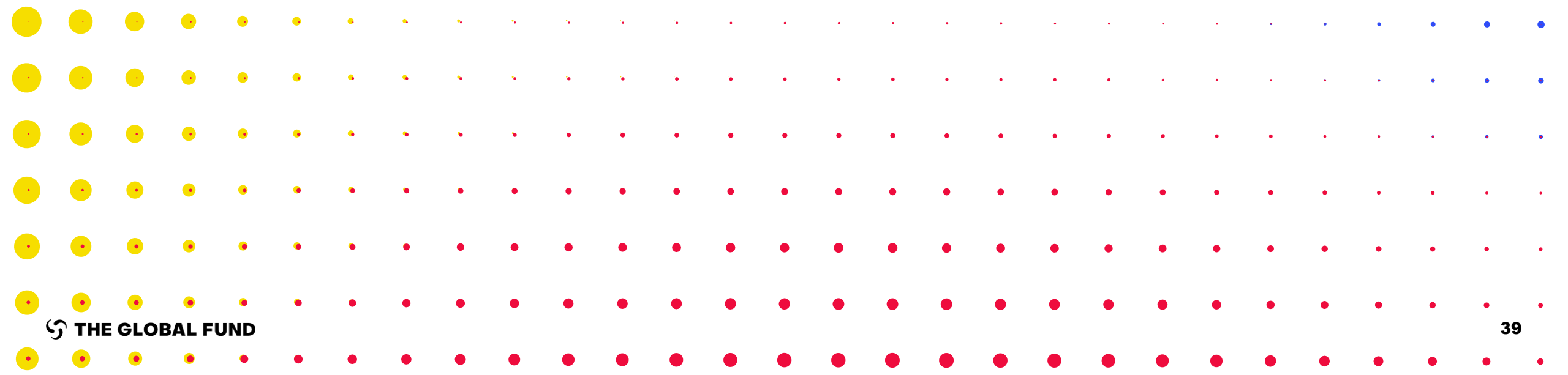


Training plan completed or underway in 4/6 WWS countries, Zambia and Tanzania pending PO1/2 support



6

Moving forward and next steps



Enhanced Monitoring, Oversight and Evaluation

To better follow the money, we have aligned the Monitoring & Oversight (M&O) and Monitoring & Evaluation (M&E) and assurance frameworks.



- The **revised C19RM M&E framework** was adapted to align with the strategic shifts.
- Introduced **Performance Frameworks for a cohort of high investment grants** to track results against targets to drive accountability for delivery.
- Recognizing the time it takes to see impact of investments in systems strengthening, we are also working with Country Teams on the inclusion of **Work Plan Tracking Measures** to monitor the implementation of grant investments.
- Recognizing that different countries are at different stages of health systems maturity, we will take a **cohort approach towards investments and monitoring of expected results** across prioritized RSSH investment countries.
- We are **leveraging existing reporting systems** (WHO, national systems, PR reporting) to complement C19RM grant reporting to provide a fuller picture on the results.
- Risk based and targeted LFA assurances for verification of implementation and validation of reported results.
- In addition, we will continue to **leverage the monitoring processes that have worked well from 2021**, including Pulse Checks and internal M&O processes.

What are we learning from making the shift?

C19RM Reinvestments & Portfolio Optimization Wave 2

Delivering the shift needs implementation support, TA tailored to needs, program monitoring and oversight, leveraging partnerships and agility to adapt to evolving context and emerging issues.

Differentiation: making the shift required heavy-lifting from the Global Fund and implementing countries.

- 1 The differentiation and prioritization approach was critical, with 42 full review countries and 82 streamlined approval portfolios. It allowed to optimize business processes and operations, with a bolder push for efficiencies to “take work off the table” and streamline transaction costs. It was critical to refocus resources for impact.

Ensured visibility on investment and reinvestment landscape. The model applied by Finance was an essential tool to:

- 2
 - Facilitate comprehensive understanding of current funds utilization, supporting countries’ grants rebudgeting.
 - Ensure visibility on funds available for the shift to inform Investment Committee review and investment decisions.
 - Identify savings to reinvest in PO Wave 2 quality demand, reducing need for additional funding/incremental award.
 - Inform assessment of country capacity to utilize funds and feasibility of implementation.

GAC/CTAG reviews, including TRP engagement in CTAG, were effective and rigorous. Overall, the Investment Committee considered review outcomes, comments and recommendations to be of quality to shape investments in C19RM PO Wave 2 quality demand. We must now leverage GAC/CTAG partners for implementation success.

Focusing on execution of the strategic shift. A significant scale-up of C19RM investments is required to focus on the five strategic priorities.

- 4 By investing in these areas, countries can plan for and implement holistic RSSH and PPR activities, reinforcing the complementarity between C19RM and GC7 grants. Key RSSH modules and investments into TA/CMLI are also needed to execute the shift. The Global Fund encourages the development of implementation arrangements that are tailored to needs, has introduced performance frameworks and workplan tracking measures to monitor execution, and has enhanced assurance on feasibility of execution and risk management, including through the use of management actions and legal requirements.

Program and implementation monitoring and oversight (M&O): M&O enables the Global Fund and country implementers to ensure delivery of results, which includes routine reporting through PF/WPTM in a cohort of countries. Investment in operations and recurrent costs for HRH/CHW have increased significantly and will need to be monitored to ensure effective and efficient implementation, to maximize impact. In addition, scale-up of infrastructure and complex health equipment (e.g., oxygen investments; digital x-rays; GeneXpert platform, waste management; etc.) will require systematic end-to-end support along the delivery pipeline, including capacity development, maintenance and warranties. It is important for the Global Fund partnership to start planning for sustainability of C19RM funded systems strengthening activities beyond 2025.

Next Steps

We are continuously adapting and learning.

We will **continue monitoring results** and provide additional analysis for **tracking C19RM progress in making and execution of the shift, and results**. With coordination and complementarity with GC7.



Complete review and approval of reinvestments in 42 Full Review Countries and 82 Streamlined Approval Portfolios, including Board approval for relevant C19RM Portfolio Optimization Wave 2 awards, as applicable.



Accelerate and finalize C19RM grant revisions, including Final Budgets, Health Product and Management Tools; Performance Frameworks and Workplan Tracking Measures.



Set up for effective execution of the strategic shift to drive results and maximize impact, as well as use of funds – including expansion and extension of CMLI projects; strengthening implementation arrangements; ensuring timely TA and strengthened Secretariat and Country support to implement the shift; delivering differentiated assurance approaches and tracking completion of management actions; investing in strengthened Monitoring and Oversight.