AUDIT REPORT

Continuity and oversight of country programs during the COVID-19 Pandemic

GF-OIG-21-010
27 May 2021
Geneva, Switzerland

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1. Executive Summary

1.1 Opinion

The COVID-19 pandemic, and the resulting actions taken by governments in an attempt to control it, significantly affected the delivery of health programs around the world. In response, the Global Fund took decisive, positive action to facilitate program continuity and reduce the impact of the pandemic on grant implementers. These measures included grant flexibilities, as well as new and redirected funding to ensure implementers had sufficient support to minimize the disruption on grant programs.

Overall, program implementation has continued during the pandemic, but with varied levels of disruption and mixed performance against targets. Tuberculosis programs have suffered the most disruption, largely due to the similarities between the disease and COVID-19 in terms of symptoms and health care delivery. HIV treatment programs have continued with low-level interruption, however significant disruptions have been experienced in prevention and key population activities. Malaria programs have been the least impacted by lockdowns and other country-level measures. While the Global Fund has taken positive actions to ensure program continuity, the pandemic's continual evolution has meant that the design and execution of these measures have only been **partially effective.**

Global Fund systems, tools and processes to oversee and monitor grants were not designed to be used in an emergency environment such as the COVID-19 pandemic. The Secretariat therefore introduced new measures to monitor programs and increase engagement with implementers, to reduce the impact of COVID-related challenges. While effective, these measures need to be continuously refined and adapted according to the changing environment. Monitoring and oversight of grants during the pandemic is rated as **partially effective.**

1.2 Key Achievements and Good Practices

Countries received agile and critical support during the pandemic.

The Global Fund supported implementers in obtaining funds, medicines, human resources, online platforms to ease communication and collaboration, and both health and non-health products (such as personal protective equipment) to support the implementation of existing grant programs. This was achieved through providing flexibility in the use of grant resources, revising operational policies, and redirecting existing (and raising new) funds to support in-country COVID-19 responses. All countries sampled by the OIG had grant funds available at implementer level to execute grant activities. Thanks to the flexibilities offered by the Global Fund in terms of procurement and supply chain arrangements, medicines for the three diseases were largely available in nine out of ten sampled countries for most of 2020[1].

Countries were able to leverage existing Global Fund support, platforms and other mechanisms to respond to COVID-19: some sampled countries reassigned community health workers and program staff supported by the Global Fund to implement COVID-19 related activities, while GeneXpert machines were adapted for COVID-19 diagnosis.

The Global Fund exceeded its target for approved grants.

As of 31 December 2020, 92% (vs a 90% target) of continuing grant components with allocation utilization periods ending 2020 had been approved[2] for the next implementation period. Unlike previous cycles, grant

[1] The OIG noted stock-outs of ACTs and RDTs in various health facilities in DRC during Q4 2020 due to delayed delivery of orders.
[2] New grants amounting to $8.8bn for the 2020-2022 allocation had been approved by the Grant Approval Committee as of 31 December 2020.

making activities took place virtually, made possible thanks to high levels of engagement between Country Teams, implementers and partners. The Secretariat improved the implementation readiness of grants and ensured purchase orders were approved to facilitate disbursements where necessary. The Global Fund also provided information technology tools and support to implementers to facilitate virtual country dialogue and grant negotiations.

Implementers adapted programs and found new ways to execute activities.

All the sampled countries instituted new and innovative ways to implement grant activities during the pandemic; this included the adoption of multi-month drug dispensing, a differentiated service delivery model for HIV, changes in approach for bed net distribution, and the use of an online platform for patient consultations. These measures have proven effective and present opportunities for the Secretariat and partners to evaluate and scale up where relevant, to streamline program efficiency post-pandemic.

1.3. Key Issues and Risks

Programs experienced different levels of disruption during the pandemic.

All disease programs were disrupted; each to a different extent:

Tuberculosis: TB programs were severely disrupted by the pandemic; this is partly due to the similarities in TB and COVID-19 symptoms, meaning diagnosis platforms and health care workers involved in TB service delivery were redeployed to support national COVID responses. Case notification for TB and Multi Drug Resistant-TB indicators between January – September 2020 were 39% and 51% down on targets, and 27% and 39% below the equivalent 2019 results[3].

HIV: Treatment for People Living with HIV generally continued with some level of disruptions, thanks to the application of multi-month dispensing of antiretroviral medicines and differentiated service delivery models. Key population and prevention activities were however significantly affected by the pandemic. As of 30 September 2020, some key population indicators[4] were up to 20% lower than in 2019. Key population activities were affected by the closure of safe spaces such as drop in centers, and limited alternative arrangements by implementers to reach the intended groups; this was partly due to the populations' unique service delivery needs, as well as barriers to access as a result of social stigma. HIV prevention activities targeting students under Adolescent Girls and Young Women programs were halted by the closure of schools.

Malaria was the least disrupted of the three diseases, but gaps remain in achieving program targets, based on available data as of 30 September 2020. Around 66%[5] of planned bed net mass campaigns were completed in 2020, with procurement challenges and quality issues contributing to delayed campaigns. Routine bed net distribution as of September 2020 was 7%[6] below the number distributed in 2019 during the same period. Case management indicators were 27%[7] below target as of 30 September 2020.

Need to continuously adapt oversight and monitoring mechanisms.

Global Fund oversight and monitoring mechanisms were not intended or designed for a fast-changing pandemic context, and cannot provide the information needed to enable quick decision making and course correction in a pandemic setting. Travel restrictions and national lockdowns meant that Secretariat teams were unable to visit countries. While the Local Fund Agents continued to support the Secretariat and facilitated grant-making activities, some of their assurance services were disrupted.

In response, the Secretariat designed new measures to support countries, and increased Country Team engagement with implementers. These measures are fairly new, and need time to mature and adapt to changes in

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[3] The Global Fund Secretariat collated results from a sub-set of performance framework indicators covering 38 high-impact and core countries.
[4] According the Secretariat's grant indicator survey some indicators for key populations reached and tested dropped by up to 20% in 2020 compared to 2019. Sex workers reached dropped -20.4% as of June (M6) and -15.4% as of September (M9); People who inject drugs tested dropped - 21% at M6 and -9.8% at M9; Sex workers tested dropped -24.7% at M6 and -17.2% at M9.
[5] According to the Supply Operations Update to MEC dated 1 February 2021, 25 out of 38 mass campaigns were completed in 2020. 13 were delayed, although most are ongoing and expected to be completed during Q1 2021.
[6] Secretariat collated results from a sub-set of performance framework indicators covering 38 high-impact and core countries.
[7] Ibid

the risk environment. Fast-evolving risks, and the volatility of data for decision making, mean that the existing risk management framework and enabling tools need to be revised; the Global Fund Secretariat has recognised this, and work is underway to improve current processes. The Global Fund and implementers would benefit from contingency planning by exploring alternative measures to execute and oversee grants in a pandemic setting.

1.4 Objectives, Ratings, and Scope

Objective	Rating	Scope
Design and execution of the measures put in place by the Global Fund Secretariat to ensure the continuation of grant activities.	Partially effective	**Audit period:** 1 March 2020 to 31 December 2020[8].
Design and execution of the structures, systems, processes, and tools to oversee and monitor grants during the pandemic.	Partially effective	
The review covered: • key measures implemented at both the Secretariat and country level relating to financial, procurement, operational guidance, technical assistance, and leveraging partner support; • innovations and adaptation of key activities by in-country implementers to minimize disruption in grant activities; • key monitoring approaches set up at the Secretariat and the country level to assess the extent of continuity of grant programs. The audit sampled ten countries (see Figure 1 below) for detailed desk review, engaging extensively with in-country implementers, civil society, Country Coordinating Mechanisms and partners.		
Scope exclusion: the review does not opine on the programmatic impact of measures, as the crisis is still ongoing and it takes a long time for programmatic impact to be evaluated.		

Figure 1: Geographical spread of sampled countries

Six High Impact Countries: Democratic Republic of Congo, Ghana, Pakistan, Philippines, South Africa & Zimbabwe

Four Core Countries: Eritrea, Guatemala, Guinea & Ukraine

21% of the 2017-2019 funding allocation

32% of the HIV disease burden, 15% for Malaria, and 21% for TB

[8] The latest programmatic data available at the time of the audit was the September 2020 results.

2. Background and Context

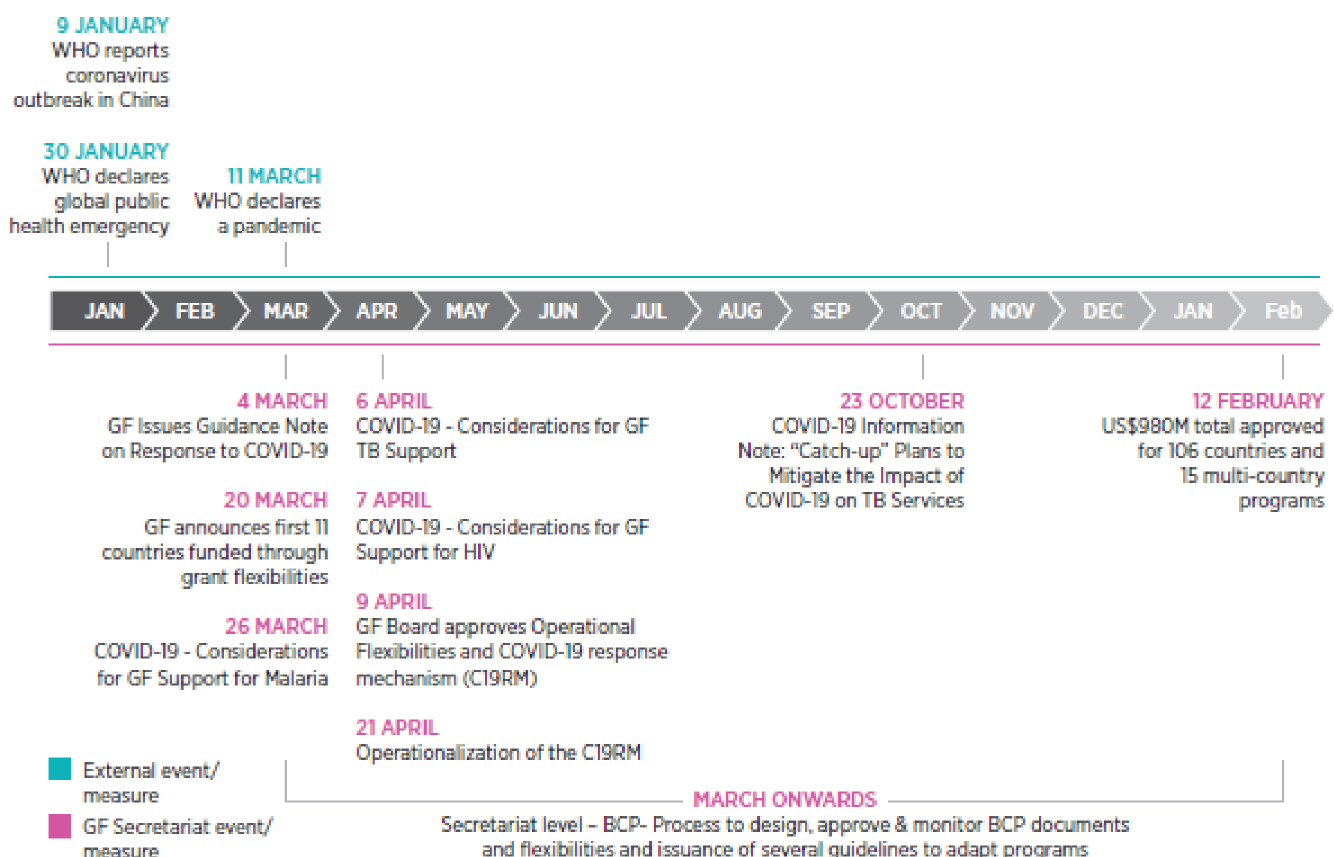
2.1 The Global Fund's response to the COVID-19 pandemic

2020 was an important year in the organization's funding cycle. It marked the end of the implementation period for most grants under the 2017-2019 funding period, and the start of the 2020-2022 cycle. This took place in the middle of a global health pandemic and was further hampered by the complexity of compulsory remote working and other lockdown measures.

As of 18 February 2021 there had been over 110 million confirmed COVID-19 cases and 2.4 million deaths globally[9]. Governments around the world responded to the pandemic through various measures, with varying degrees of lockdown and national quarantine, including strict movement and social gathering restrictions. This has affected Global Fund-supported programs, for instance by limiting the ability of health facilities to operate, and by challenging global supply chains.

Since March 2020, the Global Fund Secretariat has launched a number of measures in an attempt to mitigate the effects of COVID-19 and ensure grant activities can continue, some of which are indicated below:

Figure 2: Key COVID 19 Response Milestones: external and Global Fund levels

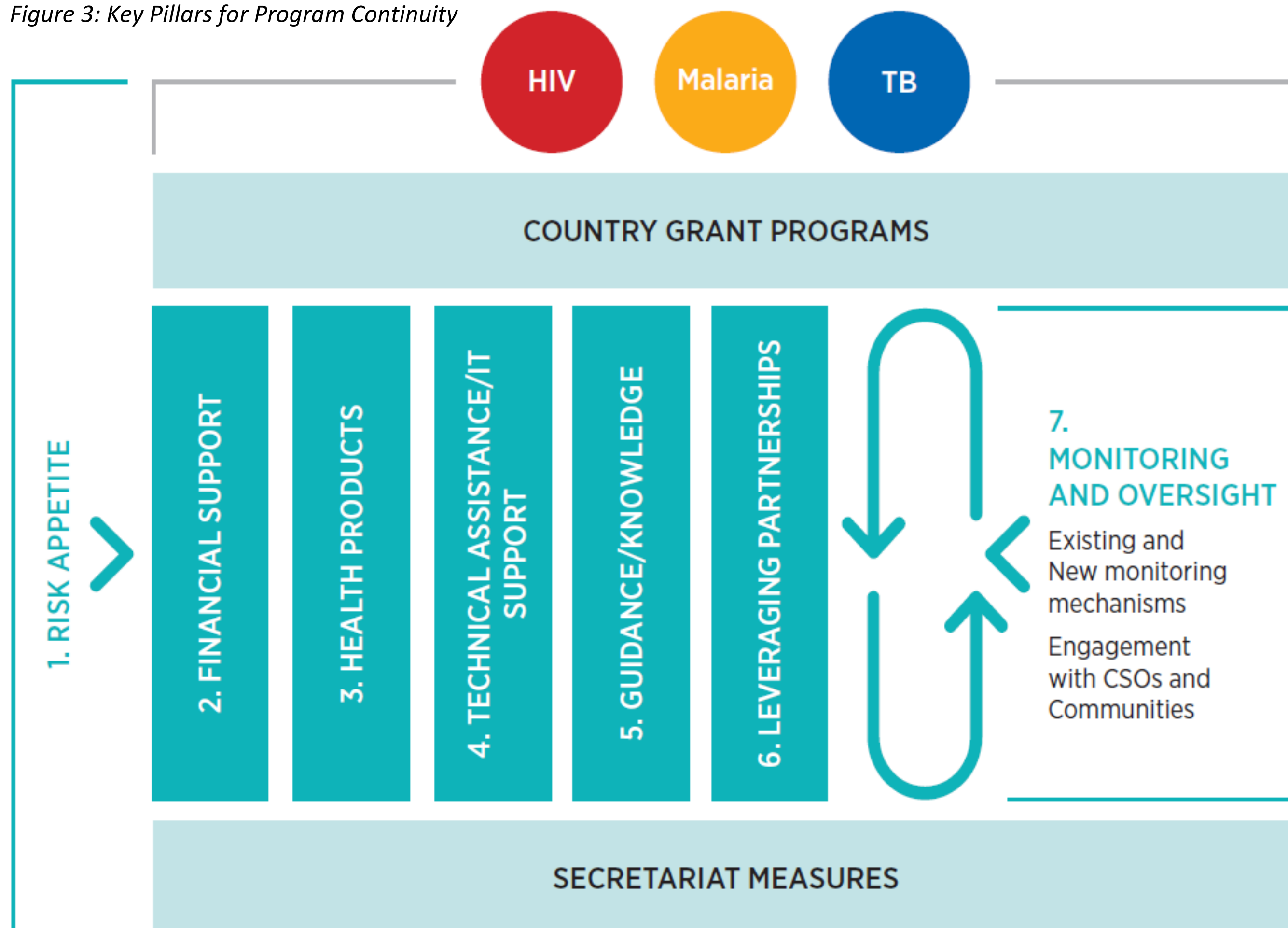


[9] WHO Coronavirus Disease (COVID-19) Dashboard https://covid19.who.int/

2.2 Overview of key pillars for program continuity

The Secretariat has put in place a number of measures to ensure continuity of Global Fund-supported programs. These include financial support to in-country implementers, increasing access to health products, leveraging of partnerships, guidance and technical assistance. The Secretariat also adapted traditional monitoring measures and rolled out alternative measures to oversee and monitor grants during the pandemic. These key enablers are needed at the country level to ensure continuity of grant programs, as illustrated below.

Figure 3: Key Pillars for Program Continuity



The above key enablers were implemented via the flexibilities approved by the Global Fund Board, the Executive Director and other operational guidance issued by the Secretariat.

As of 31 December 2020, the Global Fund had approved US$980 million (US$221 million in grant flexibilities and US$759 million via the COVID-19 Response Mechanism) to support 106 countries and 14 multi-country programs. While the bulk of the funding has been used to reinforce the national COVID-19 response, 45% of C19RM funds and 41% of grant flexibilities by dollar value have been used to mitigate COVID-19's impact on HIV, TB and malaria programs, and for urgent improvements in health and community systems[10].

Program continuity is affected by factors beyond the span of control of the Global Fund Secretariat, such as country lockdowns, social behavioral changes, increased stigma, and reprioritization of domestic resources away from HIV, TB and Malaria programs.

[10] https://www.theglobalfund.org/media/10479/covid19_2020-12-23-situation_report_en.pdf

3. Findings

3.1 The Global Fund took decisive, positive action to facilitate program continuity

The Global Fund instituted measures to support countries in mitigating COVID-19's impact on HIV, TB and malaria programs through financial support, technical assistance and multiple flexibilities. The measures were generally effective, and facilitated grant implementation during the pandemic.

The Secretariat ensured that countries had sufficient funds to continue grant implementation and to start implementing new grant activities.

The Secretariat has been able to process disbursements to countries throughout the pandemic. All sampled countries had sufficient funds at Principal Recipient and sub-recipient levels to support program activities; this was achieved through existing and new funding streams, such as grant flexibilities and the COVID-19 Response Mechanism.

The Secretariat was able to sign new grants for the next implementation period during the crisis. As of December 2020, 92% (vs a 90% target) of new grants had been signed, thus ensuring that programs could continue past 2020. The Secretariat also took action to ensure the implementation readiness of signed grants. Unsigned grants were extended while the grant making process continued, to ensure services were not interrupted.

Measures to ensure medicine availability reduced stock-outs, but the inherent risk remains due to global supply chain challenges.

The Board and the Secretariat instituted measures to reduce interruptions of medicines and health products at the country level; these included allowing exceptions to Quality Assurance Policies and an extension of the period to charge the cost of medicines to 2017-2019 allocations. The Secretariat enhanced organization-wide visibility on availability of stocks through the routine presentation of related information to the Management Executive Committee. These measures, along with proactive engagement between Country Teams and grant implementers, ensured that countries had sufficient supplies of medicines and health products in 2020. Pakistan, Zimbabwe and the Democratic Republic of Congo leveraged existing buffer stocks to ensure continuous services to patients.

The evolving and ongoing pandemic situation has weakened global supply chains and could lead to stock-outs in 2021, especially where buffer stocks were used in 2020. Two[11] of the six key product categories did not meet on-shelf availability (OSA) targets in Q3 2020. As of 1 February 2021, 23%[12] of procurements were expected to be delivered with 30 days or more delay.

Examples of countries receiving procurement support:

Zimbabwe accessed quality assurance exceptions for indoor residual spraying products.

Eritrea and the **Philippines** started sourcing health products via the Wambo online portal to benefit from the Global Fund's ability to negotiate with suppliers during the pandemic.

In **Ukraine,** the Global Fund approved emergency anti-retroviral medicines and TB medicines procurements to avert stock-outs after government delays in sourcing products.

In **Eritrea,** the Global Fund supported additional Indoor Residual Spray and ACTs. **South Africa** procured 135,000 packs of Tenofovir, Lamivudine, and Dolutegravir anti-retroviral medicine using the Global Fund's Rapid Supply Mechanism, established in 2015 to respond to emergency orders by leveraging relationships with selected international suppliers of health products.

[11] Malaria Diagnostics (89% availability vs. target of 93.6%) and Malaria First Line Drugs (81% availability vs. target of 83.6%). OSA results based on Performance and Accountability Q4 2020 Report.
[12] COVID-19 Supply Operations Update to MEC dated 1 February 2021.

The Secretariat provided funding for human resources and information technology tools to support implementers.

The Global Fund's broader health system support, such as Human Resources for Health (HRH) and the provision of Personal Protective Equipment and Information Technology (IT) tools proved useful to countries for both disease-specific and COVID-19 related activities.

The Secretariat provided IT tools support to 57 countries, which facilitated program management at the central level and enabled communications between in-country partners during grant making. In 2021, the Secretariat could further support and engage implementers with IT resources to support grant implementation and monitoring at the sub-national level.

Examples of HRH support to countries:

The Global Fund financed the hiring and training of Community Health Workers.

In **South Africa,** 270 nurses and 341 enrolled nursing assistants were recruited.

In **Zimbabwe**, 10 lab technicians were hired to support TB lab services.

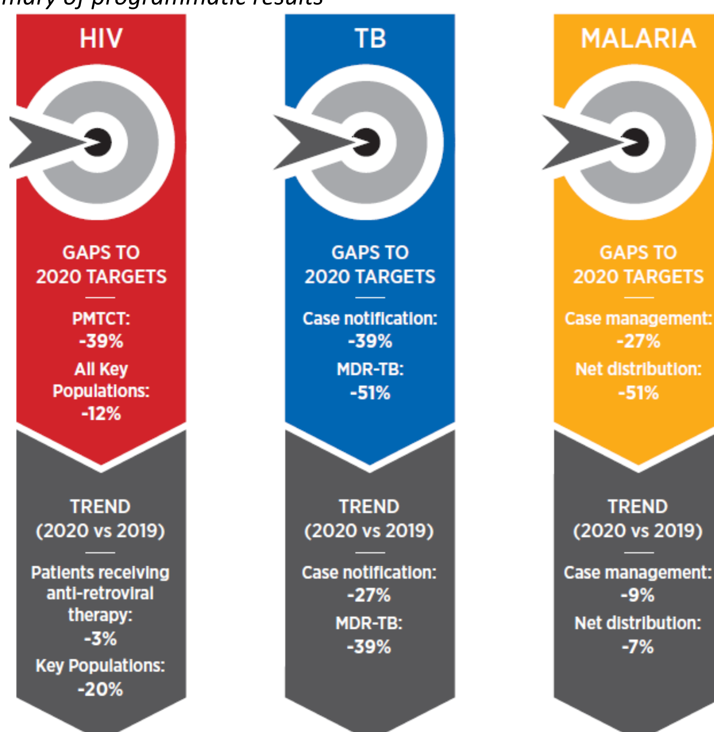
In **Zimbabwe** and the **Philippines**, programs issued guidelines to health facilities and trained community health workers to screen TB and COVID-19.

3.2 In-country programs continued, with varying levels of disruption

All disease programs suffered some level of disruption due to the pandemic, meaning key programmatic targets will not be achieved in 2020 and will likely be affected in 2021. The tuberculosis program was the most disrupted. For HIV, there was some disruption to antiretroviral treatment for the general population, while key population programs and prevention activities were adversely affected. The malaria program was the least disrupted compared to 2019.

In response to the pandemic, and recognizing that key programmatic results need timely monitoring, the Secretariat rolled out monthly programmatic monitoring for a sub-set of performance framework indicators covering 38 high-impact and core countries[13]. The results are summarized in Figure 4 below.

Figure 4: Q3 2020 Summary of programmatic results



These results are aligned with OIG desk review and engagement with stakeholders in the 10 sampled countries.

The tuberculosis program was most disrupted by the pandemic

As TB and COVID-19 share similar symptoms (both are infectious diseases that primarily attack the lungs), most countries redeployed diagnostic platforms and health workers involved in TB service provision to support their COVID-19 response. The inability of TB patients to reach health centers due to movement restrictions also affected services. There was a long lead time before programs could provide Community Health Workers with guidance and infection prevention control tools, delaying community level services such as contact tracing. Similarities in TB and COVID-19 symptoms, such as coughing, fever and difficulty in breathing, dissuaded TB patients from accessing care, due to the social stigma associated with COVID-19[14] in some countries.

Examples of challenges facing the TB programs in the sampled countries include:

- In Pakistan, about 50% of private general practitioners and laboratories engaged under the public-private partnership model closed down in March 2020 and stopped delivering services to patients due to lack of personal protective equipment (PPE). Most resumed services in July 2020 as lock down restrictions eased and PPE was provided to them.

[13] Secretariat collated results based on a sub-set of performance framework indicators covering 38 high-impact and core countries.
[14] https://www.who.int/docs/default-source/documents/tuberculosis/tbcovid-webinar-presentation.pdf?sfvrsn=1377b5b1_8

- In Zimbabwe, community health workers interrupted outreach activities for fear of catching COVID-19 due to lack of PPE.
- In Guinea and Ghana, treatment activities only resumed after providers received PPE.
- In the Philippines, personnel who previously worked on finding TB cases were re-deployed for COVID-19 contact tracing.

The above contributed to TB case notifications and Multidrug-resistant TB (MDR-TB) notification indicators underperforming against targets by 39% and 51% respectively as of September 2020, and being down 27% and 39% respectively compared to 2019[15]. While TB programs were negatively affected by resources being redeployed, this also illustrates the agility and relevance of the Global Fund partnership in responding to the COVID-19 pandemic. For instance, the Governments of the Philippines, Zimbabwe, South Africa, Ghana, Pakistan and Guatemala leveraged Global Fund-supported TB laboratories and equipment to support COVID-19 diagnosis.

Examples of TB service delivery approaches adopted:

Philippines, Zimbabwe and Ukraine rapidly adopted WHO's recommended all-oral treatment regime for MDR-TB to reduce the need for patients to frequently visit health facilities.

Ghana, Pakistan, the Philippines, Zimbabwe and Ukraine adopted telemedicine for remote consultation, treatment adherence monitoring and contact tracing.

South Africa introduced TB mobile testing service points outside health facilities.

HIV treatment for general populations continued, but key population and prevention activities were significantly disrupted.

Treatment for People Living with HIV: Antiretroviral (ARV) treatment for HIV patients already registered at health facilities largely continued, with some level of interruption. The results for people on ARV treatment as of September 2020 were just 3%[15] below reported results for the same period in 2019. This was largely due to:

- *The adoption of multi-month dispensing (MMD) of antiretroviral medicines* to cover between three and six months of patients' treatment. All ten countries sampled implemented MMD to ensure patients on antiretroviral treatments had medicines for a defined period of time, without having to make frequent visits to health facilities.

- *Differentiated Service Delivery (DSD) models*: All ten sampled countries implemented DSD models that emphasized remote support to patients wherever possible; this included community-level dispensing of antiretroviral medicines to reduce overcrowding at treatment sites.

Examples of adapted service delivery approaches:

Ukraine reduced crowding at facilities by using an electronic platform to schedule patient visits, and by employing postal services to deliver antiretroviral medicines to patients.

Philippines leveraged its Specimen Transport Riders (STRiders) and private courier services to deliver ARV medicines from health facilities to patients' homes.

In **South Africa**, additional decentralized pick-up points for antiretroviral medicines were set up, bringing them closer to patients' homes.

In **Pakistan, South Africa** and **Philippines,** people living with HIV could refill their ARVs at the nearest treatment center and not necessarily where they were registered/enrolled.

Key population (KP) treatment and prevention activities were significantly affected by the pandemic: reported results for KP interventions in September 2020 were 20%[16] lower than in 2019. HIV programs targeting key populations are generally difficult to design and implement, compared to activities for the general population. This is due to key populations' unique service delivery needs and barriers to accessing services in some countries. A number of measures instituted by countries to control the pandemic resulted in the closure of safe spaces where KPs accessed services. For instance, drop-in centers in Zimbabwe were closed during the pandemic, while treatment adherence units that cater for People Who Inject Drugs were closed in Pakistan. Grant implementers did not define alternative arrangements to reach KPs.

[15] Presentation to MEC on monitoring of COVID-19 impact on GF grant results and service delivery dated 7 December 2020. Results based on a sub-set of performance framework indicators covering 38 high-impact and core countries

[16] According to the Secretariat's grant indicator survey, some indicators for key populations reached and tested dropped by up to 20% in 2020 compared to 2019. Sex workers reached dropped -20% as of June (M6) and -15% as of September (M9); People who inject drugs tested dropped - 21% at M6 and -10% at M9; Sex workers tested dropped -25% at M6 and -17% at M9.

HIV prevention activities were similarly impacted by national COVID-19-related restrictions and by the lack of alternative approaches to reaching the intended groups. For instance, school closures affected Adolescent Girls and Young Women interventions and other activities targeting students, with no alternative approaches developed to mitigate the risk.

These challenges mean that the Global Fund and implementers need to proactively design contingency plans and measures to support the implementation of KP and prevention interventions, given the pandemic is ongoing and continuously evolving.

Examples of adapted service delivery approaches for Key Populations:
Self-testing for KPs was noted in **Guatemala, South Africa** and **Zimbabwe**.
Pre-exposure prophylaxis (PrEP) was launched for sex workers in 4 regions with support from UNAIDS in **Eritrea**.

The malaria program was least disrupted by the pandemic, based on year-on-year results.

Malaria grant activities generally fall into two categories – vector control, designed to reduce the spread of malaria, and case management, designed to treat malaria cases. Both were disrupted to some extent by the pandemic.

Vector control activities: Long-lasting insecticide nets (LLIN) mass distribution and indoor residual spray (IRS) are the two main sub-components under vector control activities. These activities generally continued, thanks to activities by the Global Fund, technical assistance support, strong partner coordination, and implementer-level innovations. Only 7%[17] fewer LLINs had been routinely distributed as of September 2020 compared with the same period in 2019. The Global Fund liaised with the Alliance for Malaria Prevention to provide technical assistance in LLIN campaigns in 24 countries. Approximately 66%[18] of planned LLIN mass campaigns were completed in 2020. Challenges in the global supply chain, including lock down measures at manufacturing sites and limited availability of freight, contributed to campaigns starting late in the remaining 34% of countries.

Grant implementers adapted their programs and approaches to support the distribution of LLINs during the pandemic. For instance, the Democratic Republic of Congo, the Philippines and Guatemala adopted door-to-door delivery of nets, rather than asking households to collect nets at a defined location.

Malaria case management activities were disrupted during the pandemic's initial stages, with lockdowns affecting people's ability to access health facilities. Fear of contracting COVID-19 at health centers and a lack of PPE for health workers also impacted treatment. As of September 2020, case management results from the 19 countries surveyed by the Secretariat were 27% below target, and 9% below 2019 results for the same period[17].

The availability of anti-malaria medicines facilitated case management activities. The OIG found medicines were available in seven out of eight[19] sampled countries with malaria grants.

Agreed Management Action 1:
The Secretariat will design an approach to capture and disseminate lessons learned that enable continuity of grant programs, particularly addressing gaps to target challenges in grants.
OWNER: Head, Strategy, Investment and Impact Division
DUE DATE: 31 December 2021

Agreed Management Action 2:
The Secretariat will build on the COVID monitoring tools to focus efforts on the monitoring of gap to target and driving program adaptations, and providing the strategic steer (through the Portfolio Performance Committee and Country Portfolio Review process) to respond to interventions significantly impacted by COVID-19 and analysis of the information for use at the portfolio and corporate level.
OWNER: Head of Grant Management Division
DUE DATE: 31 January 2022

[17] Presentation to MEC on monitoring of COVID-19 impact on GF grant results and service delivery dated 7 December 2020. Results based on a sub-set of performance framework indicators covering 38 high-impact and core countries.

[18] According Supply Operations Update to MEC dated 1 February 2021, 25 out of 38 mass campaigns completed in 2020. 13 delayed although most are ongoing and expected to be completed during Q1 2021.

[19] Only 8 out of 10 sampled countries had malaria grants. South Africa and Ukraine are not applicable for Malaria.

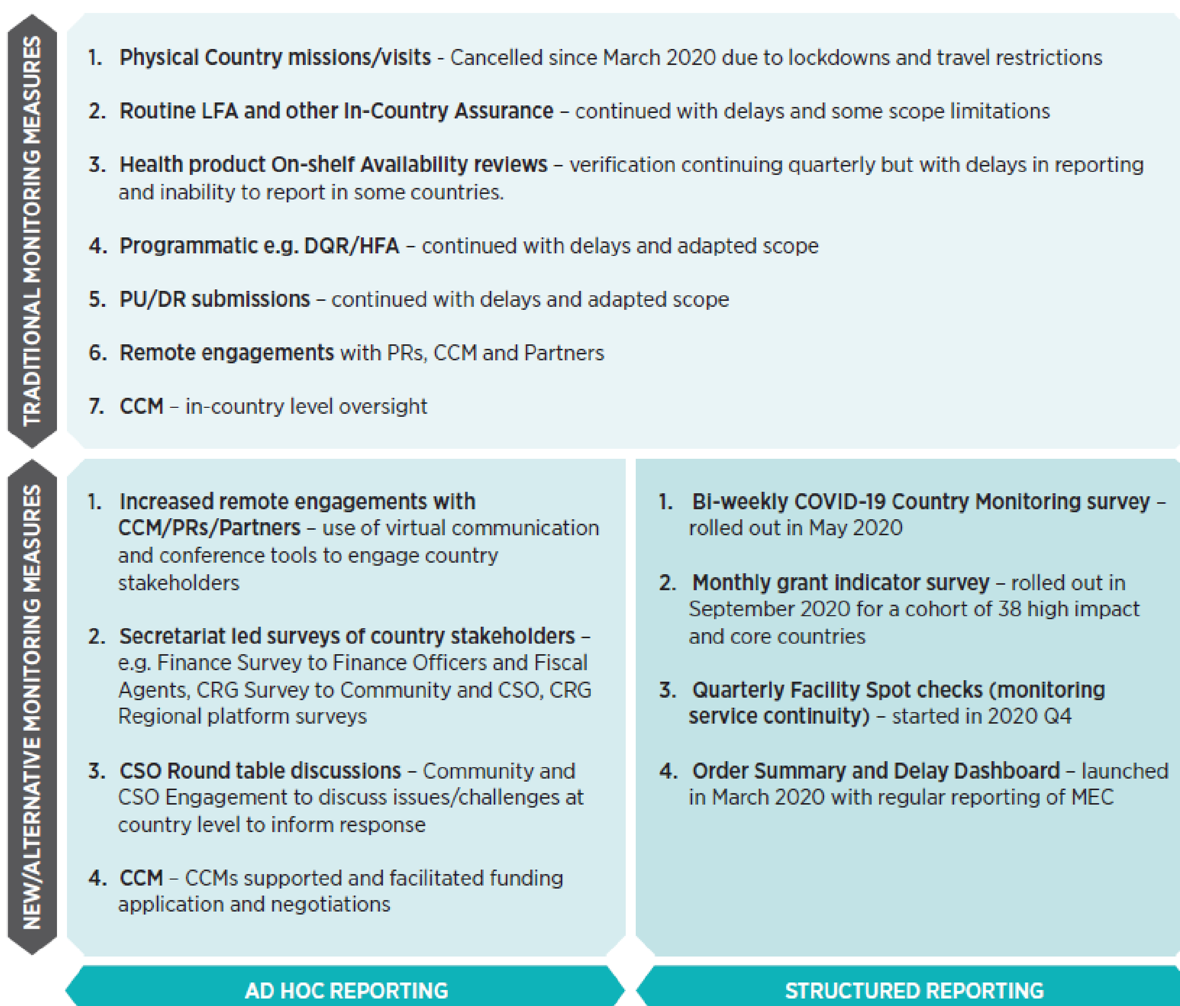
3.3 Need to continously adapt oversight and monitoring mechanisms to a pandemic setting

The Global Fund has multiple oversight and grant monitoring measures. However, these are not designed for a pandemic context, which resulted in the Secretariat adapting existing and rolling out new measures.

For oversight and grant monitoring, the Global Fund Secretariat relies on in-country assurance providers, Country Coordinating Mechanisms, routine reporting by Principal Recipients (PRs) to the Global Fund, and Country Team missions to countries. Travel restrictions due to lockdown measures and the fast-changing nature of the pandemic rendered some of these measures insufficient to oversee and monitor grants. For instance, bi-annual reporting through Progress Update and Disbursement Requests (PUDRs) are not intended for and not designed to support grant oversight during a rapidly changing pandemic[20]. COVID-related restrictions meant Secretariat country missions were not possible. Local Fund Agents continued to provided assurance services to the Secretariat, but their activities were also affected by the pandemic.

In response, the Secretariat adapted some of its traditional monitoring measures, provided flexibilities and rolled out additional alternative measures to oversee and monitor grants.

Figure 5: Secretariat oversight and monitoring measures



[20] The Secretariat is currently working on revamping PR reporting through the ongoing Implementation Oversight launch.

These new measures instituted by the Global Fund have achieved varying levels of effectiveness, and need to be continuously adapted, as outlined below:

COVID-19 Country Monitoring Survey

The Global Fund launched a COVID-19 Country Monitoring Tool in May 2020, administered through an online survey form completed by Local Fund Agents every two weeks. Survey results are consolidated and presented regularly to the Management Executive Committee, and summary results included in bi-weekly COVID-19 Situation Reports. The survey tracks the evolution of the COVID-19 disruption at global, regional and country levels, especially the risk of disruption in supported programs.

The Secretariat elected to use survey data based on unverified information from various in-country stakeholders to gauge the extent of disruption, pending subsequent verifications. A questionnaire was designed to gather feedback from countries regarding their experience of disruption, in a timely manner.

The Secretariat is currently revising its overall programmatic monitoring approach to provide integrated, timely and routine information for grant-related decisions.

Examples of country level monitoring adaptations:

Use of online monitoring tools in **Ukraine**.

Country Team engagement with or reliance on assessments and surveys done by in-country partners such as USAID, WHO, UNAIDS in **Ghana, Pakistan** and **Philippines**

LFA adaptations e.g. bi-weekly onsite monitoring of activities in **Guinea**; remote targeted Data Quality Review of KP programs in **Pakistan**; in-flight reviews of in-country procurement of PPE in **Pakistan** and **South Africa**; in-flight reviews of LLIN campaigns in **DRC** and **Pakistan.**

LFAs remote verifications in **multiple countries.**

Procurement Order Summary and Delay Dashboard

The Supply Operations department rolled out an Order Summary and Delay dashboard which tracks Pooled Procurement Mechanism (PPM) orders from Q4 2019 onwards, and which provides visibility and enables forecast of potential product delivery delays. The dashboard currently has information on procurements through the Wambo platform, but does not include TB medicines and health products procured through the Global Drug Facility. Data captured within the dashboard are yet to be fully utilized, cross-analyzed and triangulated to inform operational decision making.

Risk management framework and supporting tools

COVID-19 has significantly changed the Global Fund's operating environment and affected program results. Pandemic-related disruptions have also increased inherent risk levels, creating a significantly more volatile risk landscape.

As a result of COVID-19, various routine risk assurance and monitoring processes were deprioritized, such as country portfolio reviews (CPRs)[21] and follow-up of implementation of key mitigation actions for ongoing grants. CPRs were compensated by focused Portfolio Performance Committee (PPC) Executive Sessions[22].

The pandemic's unique nature and unpredictability requires adapting the existing risk management framework and related enablers, such as risk appetite, risk ratings and tools which were developed based on a stable operating environment. Recognizing the need to evolve, the Secretariat launched a project in early 2021 to adapt and enhance its risk management framework, to better respond to the changing environment.

Country Teams increased their engagement with countries to mitigate remote working challenges, but resources were not reallocated to bolster key activities.

All ten Country Teams sampled by the OIG increased the frequency of their remote engagement with in-country implementers and partners, to ensure they had the relevant information for decision making. For instance, Country

[21] CPRs refer to a review of all aspects the performance of country programs (programmatic, financial and risk) done by the Portfolio & Performance Committee comprising of departmental/divisional (GMD, Finance, Legal, Risk, SIID) and technical representatives.
[22] 7 PPC Executive Sessions (2 for Pakistan, Haiti, Cameroon, Angola, Sudan, India) and 1 Thematic Information Exchange focused on Malaria were held between July and November 2020.

Team participation in national COVID-19 response meetings in Zimbabwe and Eritrea enabled the Secretariat to identify key activities to be supported by the Global Fund. In Guatemala and Ukraine, Country Teams liaised with in-country partners to oversee and monitor the implementation of some activities[23]. Some Country Teams also collected additional information from implementers, to enable them to monitor the extent of implementation of grant activities.

In-country stakeholders from the 10 sampled countries appreciated the Global Fund's responsiveness to the COVID-19 pandemic. Country Teams were instrumental in providing guidance, engaging national stakeholders and ensuring the timely approval of grant flexibilities. Increased engagement along with grant making activities increased Country Teams' workload, however resources were not reallocated to support critical business activities, as indicated in the OIG's 2021 audit of Emergency Preparedness.

Overall, the Secretariat is continuously adapting oversight and monitoring mechanisms. There is a need for the Secretariat and implementers to explore contingency planning, and incorporate appropriate actions as part of grant making and subsequent grant revisions.

[23] The Guatemala Country Team engaged with Pan American Health Organization and UNAIDS. The Ukraine Country Team engaged with WHO Country Office, US Government PEPFAR and TB program teams.

Annex A: Audit rating classification and methodology

Effective	**No issues or few minor issues noted**. Internal controls, governance and risk management processes are adequately designed, consistently well implemented, and effective to provide reasonable assurance that the objectives will be met.
Partially Effective	**Moderate issues noted**. Internal controls, governance and risk management practices are adequately designed, generally well implemented, but one or a limited number of issues were identified that may present a moderate risk to the achievement of the objectives.
Needs significant improvement	**One or few significant issues noted**. Internal controls, governance and risk management practices have some weaknesses in design or operating effectiveness such that, until they are addressed, there is not yet reasonable assurance that the objectives are likely to be met.
Ineffective	**Multiple significant and/or (a) material issue(s) noted.** Internal controls, governance and risk management processes are not adequately designed and/or are not generally effective. The nature of these issues is such that the achievement of objectives is seriously compromised**.**

OIG audits are in accordance with the Global Institute of Internal Auditors' definition of internal auditing, international standards for the professional practice of internal auditing and code of ethics. These standards help ensure the quality and professionalism of the OIG's work. The principles and details of the OIG's audit approach are described in its Charter, Audit Manual, Code of Conduct and specific terms of reference for each engagement. These documents help safeguard the independence of the OIG's auditors and the integrity of its work.

The scope of OIG audits may be specific or broad, depending on the context, and covers risk management, governance and internal controls. Audits test and evaluate supervisory and control systems to determine whether risk is managed appropriately. Detailed testing is used to provide specific assessments of these different areas. Other sources of evidence, such as the work of other auditors/assurance providers, are also used to support the conclusions.

OIG audits typically involve an examination of programs, operations, management systems and procedures of bodies and institutions that manage Global Fund funds, to assess whether they are achieving economy, efficiency and effectiveness in the use of those resources. They may include a review of inputs (financial, human, material, organizational or regulatory means needed for the implementation of the program), outputs (deliverables of the program), results (immediate effects of the program on beneficiaries) and impacts (long-term changes in society that are attributable to Global Fund support).

Audits cover a wide range of topics with a focus on issues related to the impact of Global Fund investments, procurement and supply chain management, change management, and key financial and fiduciary controls.