



UNITE^{TO} FIGHT

COVID-19 RESPONSE MECHANISM

C19RM Monthly Update to the Board

Report to the Board

29 September 2021 (August 2021)

Geneva, Switzerland

Executive Summary for August Report

① Progressive Development of C19RM Monthly Reporting

② Update on COVID-19 Epidemiological Situation and Disruption to HIV, TB and Malaria Services

③ C19RM 2020 Updates

④ C19RM 2021 Funding Requests and Awards Overview

⑤ Health Products Overview

⑥ Focus on Surveillance

⑦ C19RM Assurance, Monitoring and Oversight

⑧ C19RM Country Examples

1 Progressive Development of C19RM Reporting. The [previous board report](#) focused on 2020 health product delivery and distribution data, investments in community systems and progress in monitoring and oversight (M&O). This report includes updates on the regular COVID-19 disruption and awards, information on C19RM 2020, health products, insights on surveillance systems strengthening and ongoing operationalization of the M&O framework.

2 Update on COVID-19 Epidemiological Situation and Disruption to HIV, TB and Malaria Services. With the Delta variant continuing to spread, confirmed cases are showing no sign of decrease in many regions the Global Fund supports. And in some regions, cases have more than doubled since the last report.

HIV, TB and Malaria Disruption. Based on preliminary Q2 data, disruption in delivery of HIV, TB and malaria services persists and disruption levels are similar to those observed in Q4 2020. Data from select countries for the period Jan-May 2021 suggest malaria cases tested, TB cases notified, and people newly initiated on ART are lower than in 2019.

3 C19RM 2020 Updates. Diagnostics and PPE deliveries in 2020 have increased in the past month with an additional 2.6 million tests and US\$ 8.4million worth of PPE, with only 2% is yet to be delivered. Decrease in diagnostic value amount is due to price reduction gains.

4 C19RM 2021 Funding Request and Awards. As of 31 August 2021, C19RM has awarded or recommended for Board approval US\$2,623 million to over 58 fast-track and 91 full funding applicants, for a portfolio average of 20% of the 2020-2022 allocation.

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5 Health Products Overview.

- We have leveraged price reductions in key **diagnostics** to further scale-up much needed Ag RDTs and continue to support countries in the development of robust testing strategies.
- The US\$461 million invested in **PPE** spans across all three C19RM Board priority areas. Recent 30% price reductions on PPE will further enable us to achieve greater impact.
- With about 32 countries facing serious **Oxygen** shortages, together with partners we are supporting countries to navigate the complex oxygen landscape. We awarded about US\$474 million (18%) in this area and working to address forecasted delays.
- Non-oxygen **therapeutics** account for US\$139 million (5%) of 2021 awards. Following WHO guidance on use of IL6 Blockers, the Investment Committee approved funding for this therapeutic for the first time in early September.

6 Focus on Surveillance. Surveillance is key to our effort to support building resilient health systems, with over US\$192 million awarded on this area, including epidemiological investigation and contact-tracing, genomic sequencing and human capital development. Interventions include Field Epidemiology Training Programs (FETP) supported in collaboration with the CDC and other GAC/CTAG partners.

7 C19RM Assurance, Monitoring and Oversight. Progress on M&O operationalization continues, and updates on Pulse Checks, Spot Checks and other assurances (LFA budget for 2021) show data is already being used for decision-making internally and used in quarterly Investment Committee reviews.

8 Country Examples, show emphasis on building resilient systems for health.

- **Ethiopia** has a strong Community Health Workers programs and a FETP supported by CDC with a US\$111 million award to contribute to a national testing strategy and strengthening health and community systems.
- **Malawi** stands out for its strong engagement with the Laboratory Directorate and Surveillance systems through a US\$73 million award to support the national testing strategy and other priorities.
- **Thailand**, a country with a long-standing and strong FETP, held a multi-stakeholder engagement process. A US\$13.8 million award allows Thailand to also invest in capacity building.

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Progressive Development of C19RM Reporting

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

Last Report

This Report

Subsequent Reports...

First report covered ([June-July Report](#))

- **C19RM 2020 update** distribution and delivery of health products.
- **COVID-19 and HIV, TB and malaria disruption** update with 2021 Q1 actuals compared to 2019.
- **C19RM 2021 Awards and Pipeline** update.
- **Health Products Overview**, including diagnostics, PPE and oxygen.
- **Community Systems**, detailing our Community-led Monitoring approach.
- **Monitoring and Oversight** framework and assurance.
- **Case Studies** on assurance and community and stakeholder engagement for full funding requests

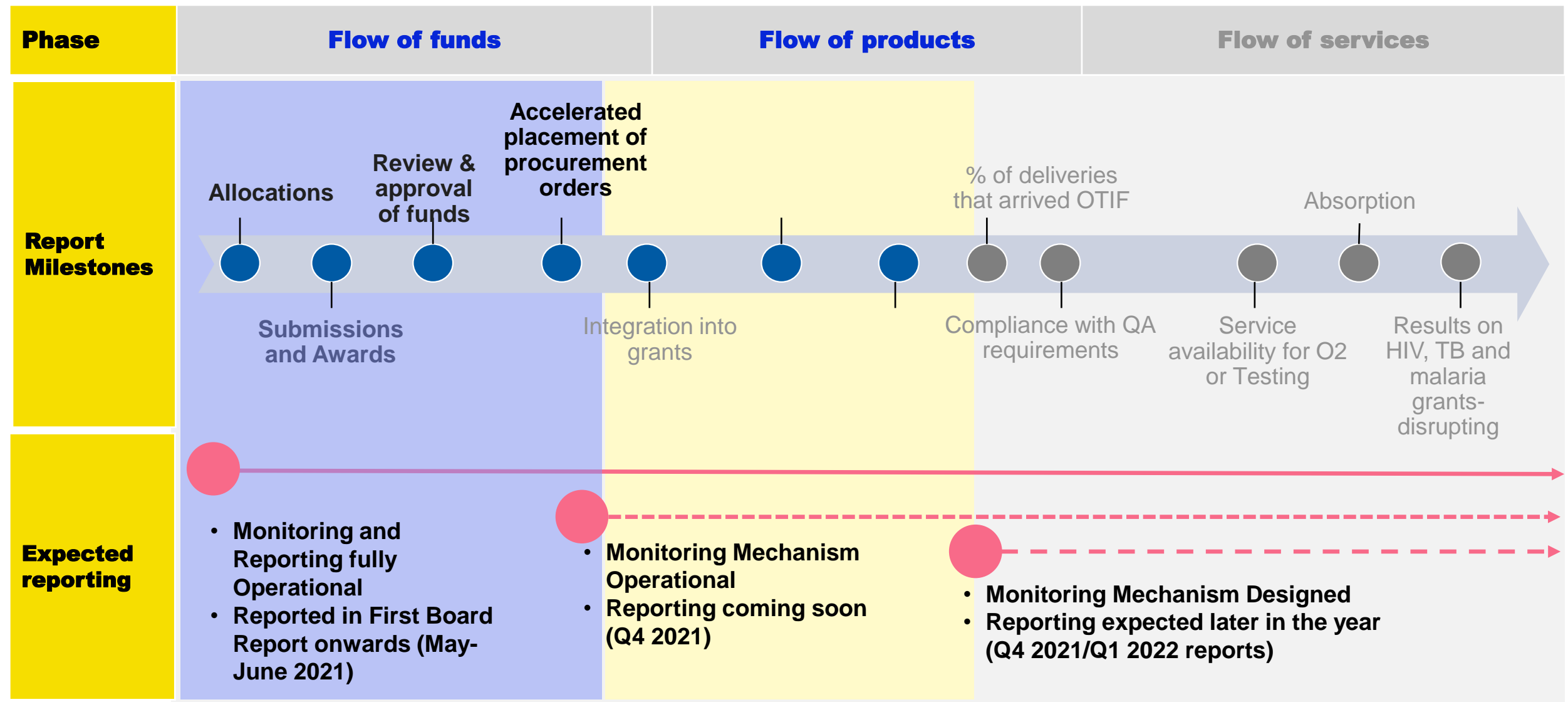
Current report (July-August Report)

- **C19RM 2020 update** including 2020 distribution and delivery of health products and available estimated absorption data.
- **COVID-19 and HIV, TB and malaria disruption** update with Q2 estimates.
- **C19RM 2021 Awards and Pipeline** update.
- **Health Products Overview** including diagnostics, PPE and oxygen.
- **Focus on Surveillance** as key RSSH component
- **Assurance Monitoring and Oversight** framework and update.
- **Case Studies** on resilient systems strengthening

Future reports will cover topics as relevant data becomes available.

- **C19RM 2020 update** includes distribution and delivery of health products and absorption.
- **C19RM 2021 Programmatic data** including financial data.
- **COVID-19 and HIV, TB and malaria disruption** update.
- **C19RM 2021 Awards and Pipeline.**
- **Health Products Overview** including order placement and delivery where available.
- **Overview of thematic areas:** Topics based on issues highlighted in reviews, GAC/CTAG meetings and Board calls.
- **Case Studies:** on emerging lessons/successes relevant to thematic areas.

Progressive Development of C19RM Monthly Reporting



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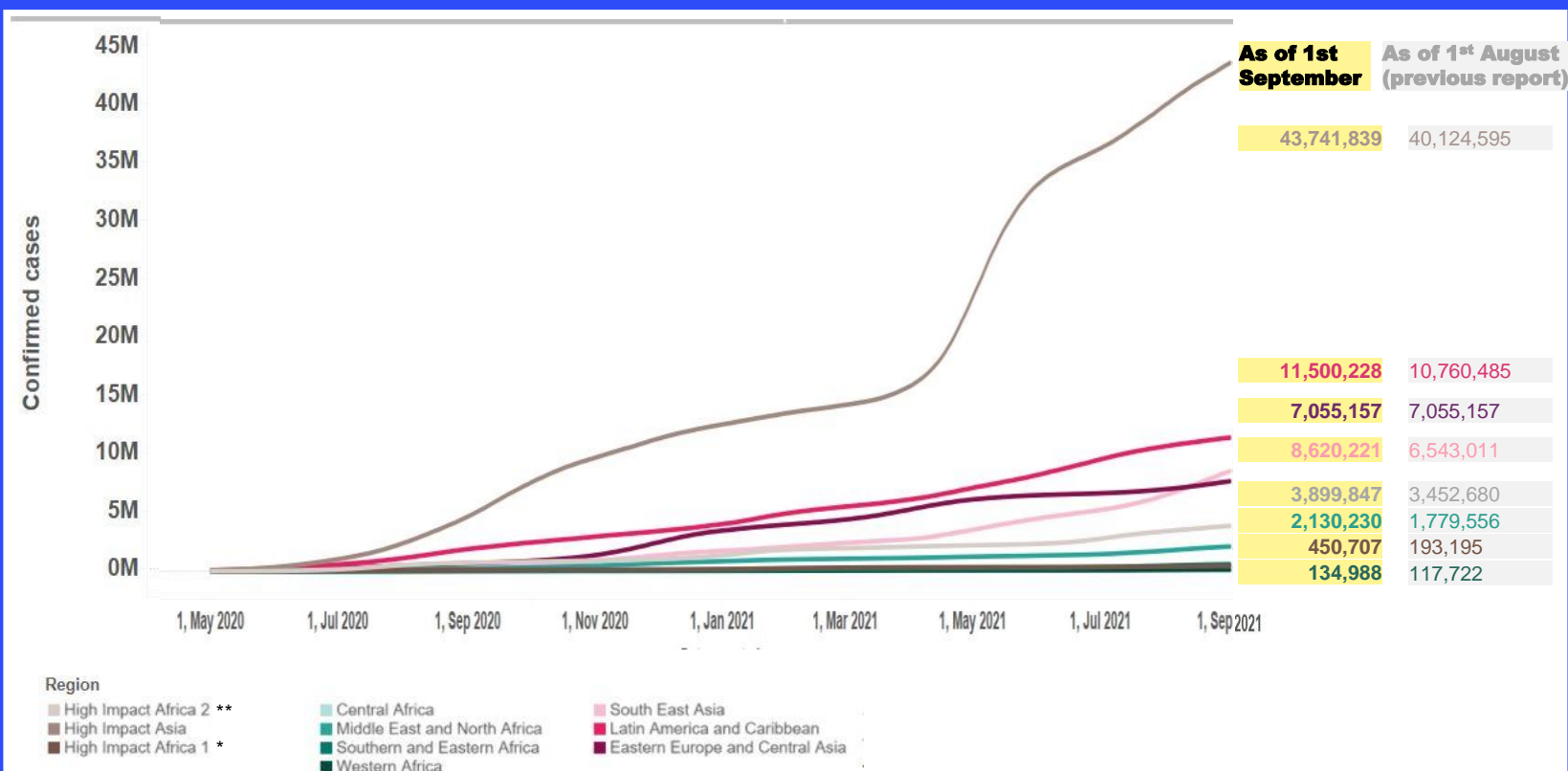
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COVID-19 Burden in the Regions We Support

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.

COVID-19 Burden in regions the Global Fund supports



SOURCE: The Global Fund DASH data from WHO

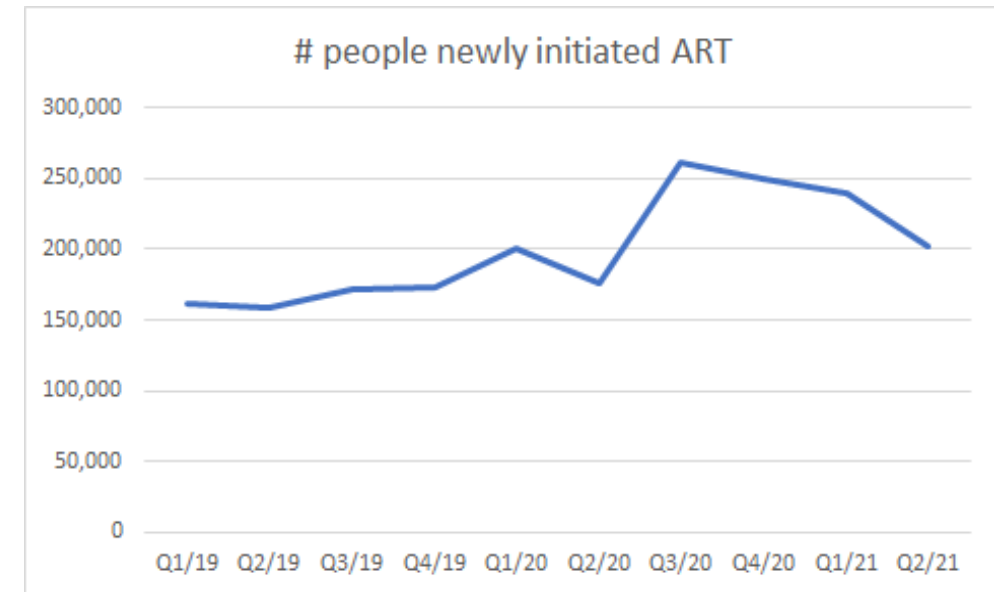
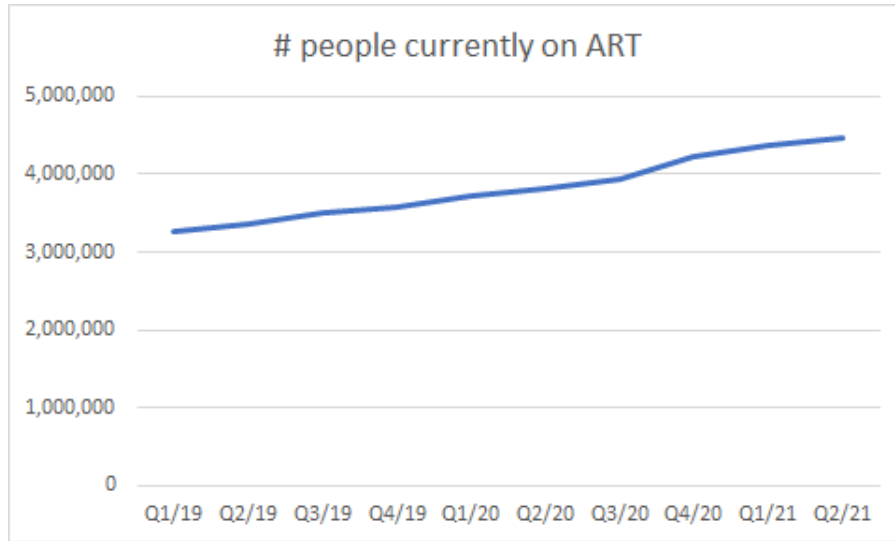
Note that true infections far outnumber confirmed cases in many countries. See <https://ourworldindata.org/covid-models>

SUMMARY

- The emergence of new variants such as Gamma and Mu, and the consistent spread of the Delta variant now present in 170 countries, remains concerning. Evidence continues to suggest that **true infections far outnumber confirmed cases, and there is likely more burden on these countries than apparent.**
- High Impact Africa 1* cases **rose from 193,000 confirmed cases to close to 450,000 in less than two months.** While this could be influenced by improved testing, it'd also be an indication that infections are rising in several regions.
- Asia case numbers remain the highest at over 43 million, up from 40 million reported last month. Similarly, **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, Iran, Colombia, Indonesia, South Africa, Ukraine, Philippines, Peru,, Iraq, **with Bangladesh, Thailand, and Pakistan trailing close behind at 28th, 29th and 31st positions globally.**

*High Impact Africa 1: Burkina Faso, Congo (DRC), Cote d'Ivoire, Senegal, Ghana, Nigeria
 **High Impact Africa 2: Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia, Zanzibar, Zimbabwe, Multicountry Southern Africa WHC (TB in Mining), Multicountry E8, Multicountry MOSASWA, Multicountry Africa IGAD, Multicountry Africa ECSA HC, Multicountry ANECCA, Multicountry KANCO

HIV: Despite some exceptions, preliminary Q2 data shows new ART initiations are lower than 2019 levels in most countries.



Despite notable exceptions, for the majority of countries, **HIV initiations continue to be below the levels reported in 2019**. While national programs have adapted services effectively to maintain treatment for those already on ART, the reductions are likely to be related to:

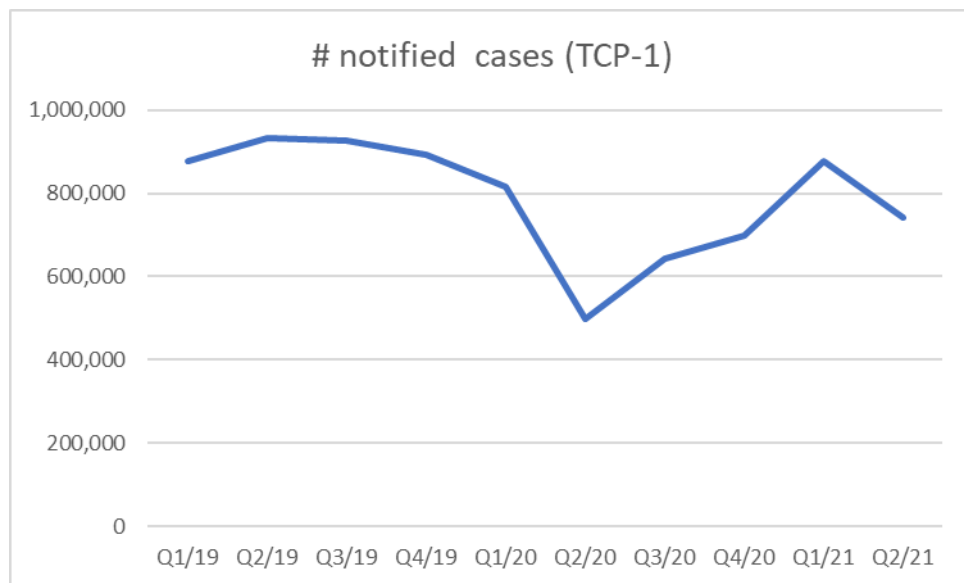
- reduced attendance at health facilities,
- limited staff available to perform diagnostic testing, and
- absence of HIV testing outside of health facilities.

*The graphic is based on limited available data that is non-representative (eight countries in Africa and Asia) but consistent with informal reports received.

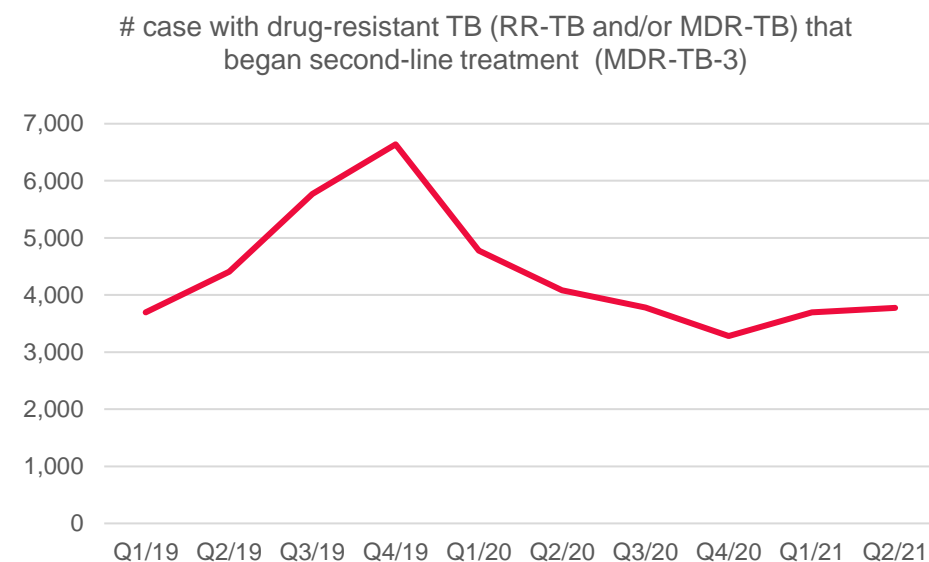
HIV mitigation funding through C19RM has focused on interventions that will both address specific country disruptions and build back more resilient national programs. These interventions focus on optimizing:

- multi-month dispensing of prevention and treatment commodities, and
- virtual and differentiated prevention, care and treatment service delivery, including HIV self-testing and testing outside of facilities.

TB: Preliminary Q2 data from a small number of countries shows even more severe decline in TB/DR-TB notifications than Q1 2021 data showed in last report.



9 countries in Africa and Asia



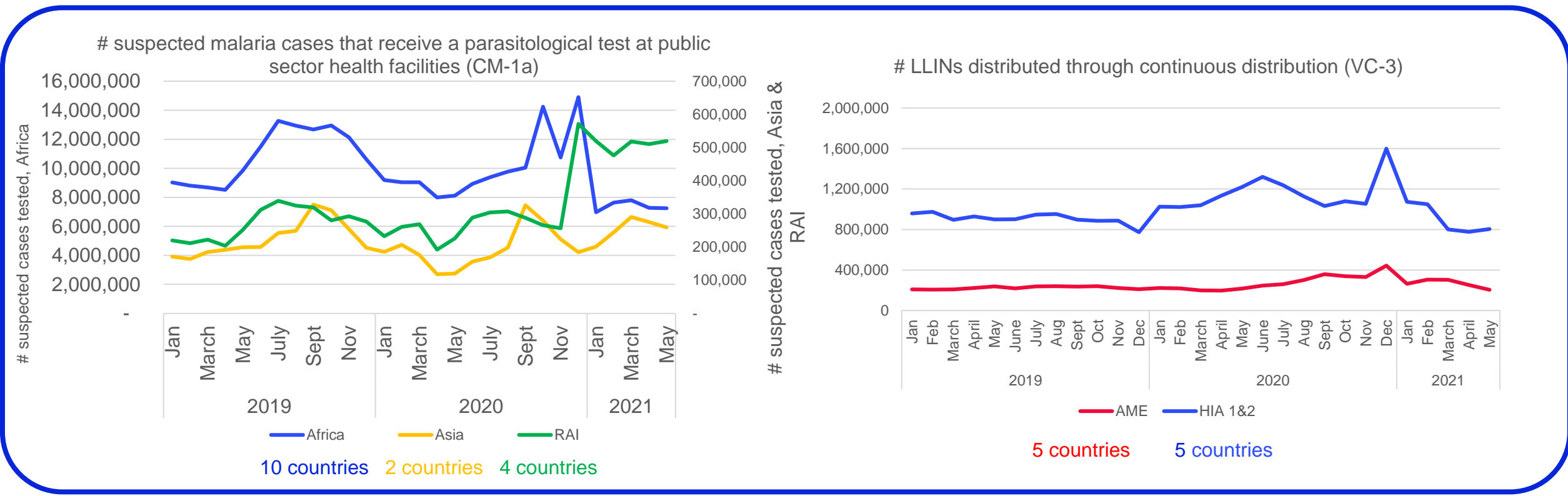
8 countries in Africa and Asia

Drug-susceptible TB notifications declined by 3% in Q1 2021 and were 25% lower in Q2 2021 vs. 2019 in four Asian (Bangladesh, India, Indonesia, Viet Nam). A more positive trend was shown in African countries that reported with an increase of 24% in Q1 2021 and 19% in Q2 2021 (data for Ghana, Kenya, Mozambique, South Africa, Uganda).

MDR-TB: People started on second line treatment increased slightly in Africa, 6% higher in Q1 2021 and 7% in Q2 2021 vs. 2019. However, the rate in Asia remained stable in Q1 2021 but declined in Q2 2021 by 29% vs. results in 2019.

Note: differences in reporting compared to last month may be explained by the selection of countries and reporting completeness. Selection of countries in the analysis is based on the most complete and timely reporting. Hence, the countries are not representative of the whole Global Fund portfolio.

Malaria: Consistent with Q1 2021 data showed in previous reports the number of suspected cases tested is lower in Q2 2021 than in 2019



Testing of suspected malaria cases is below 2019 rates in the period January to May 2021 in Africa. In the 10 countries assessed, testing in May 2021 was 17% below the rate for May 2019.

LLINs: Considering sharp declines in malaria testing rates in Africa, we added analysis focusing on LLIN coverage for this region. Analysis showed that all three sub-regions reported higher coverage in January and February 2021 relative to January and February 2019, however, from March onwards rates fell below 2019 in HIA 1 and 2 (about 16% below 2019 rates in March – May 2021) and AME (14% below 2019 rates in May 2021).

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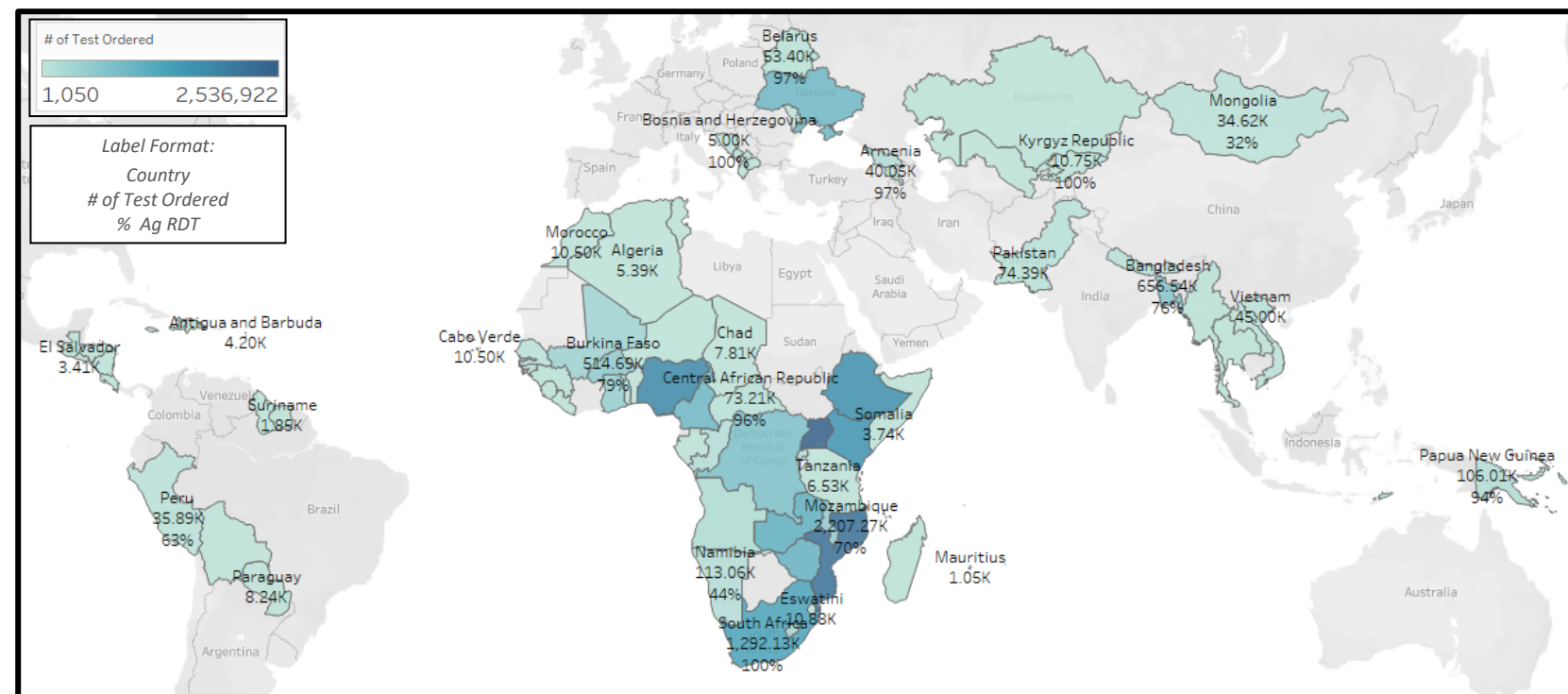
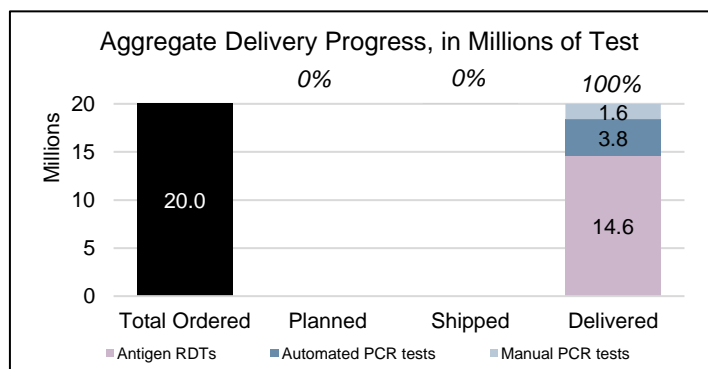
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An additional 2.6 million tests procured through PPM/wambo using C19RM 2020 funds have been delivered to Principal Recipients in 10 countries since the last reporting.*

The total ordered amount corresponds to 82% of total approved diagnostics funding in 2020 (US\$150/US\$182 million).

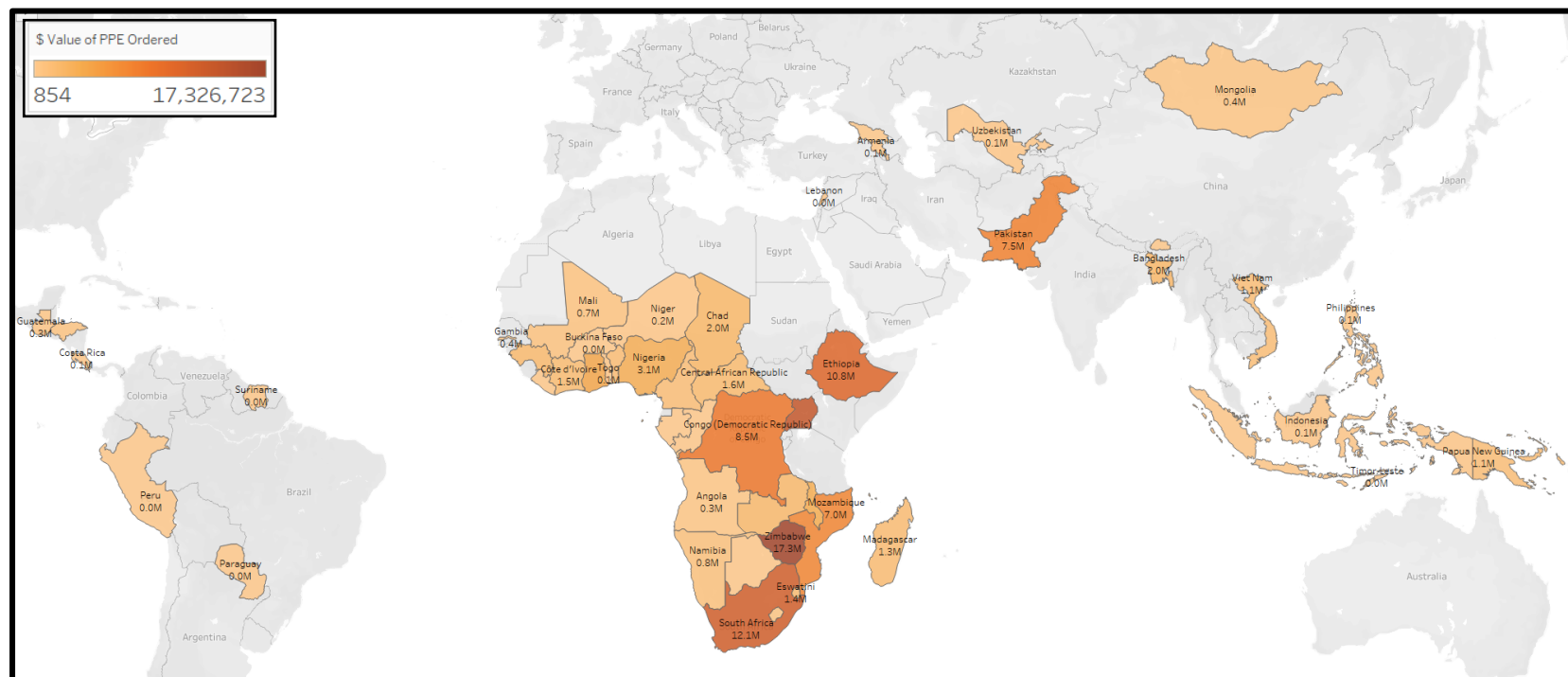
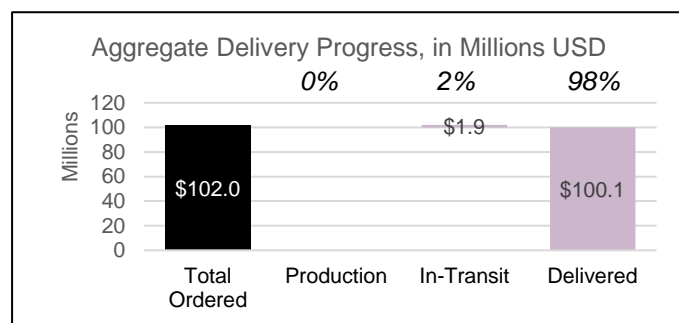


*Delivery data from Procurement Service Agent as of 13 September 2021; includes orders funded by C19RM 2020 and grant flexibilities.

An additional US\$8.4 million worth of PPE procured through PPM/wambo using C19RM 2020 funds have been delivered to Principal Recipients in 18 countries since last reporting; US\$1.9 million remains to be delivered*.

The ordered amount corresponds to 38% of total approved PPE funding in 2020 (US\$102/US\$267 million).

Note: US\$11.2 million decrease in total value of orders placed since last reporting linked to savings in the unit costs vs initially estimated in the purchase order – driven by improvements in the global market for these products as well as the evolution of the PPM sourcing strategy.



*Delivery data from Procurement Service Agent as of 13 September 2021; includes orders funded by C19RM 2020 and grant flexibilities.

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C19RM 2021 Awards: Highlights

C19RM 2021 Fast-track Requests Awarded

- The Global Fund has awarded US\$591 million to 36 applicants via Fast-track. Applicants to Fast-track have requested an average of 7% of their 2020-2022 allocation.
- Notification Letters with confirmation of awards are sent to applicants in an average of 7.3 business days.

C19RM 2021 Full Funding Requests Awarded

- US\$2,032 million awarded to 91 applicants, including funding recommended for Board approval, for a portfolio average of 20% of 2020-2022 allocation (excluding previously approved Fast-track applications).
- An Unfunded Demand of US\$997 million in demand pipeline registered from 59 applicants.

C19RM 2021 Awarded by Priority Area, WHO pillar and ACT Accelerator pillar

- **C19RM Board Priority Areas:** US\$2,623 million have been awarded or recommended for Board approval with the following breakdown: 76% to reinforce national COVID-19 responses, 13% for urgent improvement to health and community systems, and 11% for HIV mitigation.
- **WHO Pillars:** C19RM awards are primarily directed towards **Pillar 5: National laboratories (27%)**, **Pillar 6: Infection prevention and control (23%)** and **Pillar 7: Case management (26%)**. The remaining investments are mostly awarded into **Pillar 9: Maintaining essential health services and systems (11%)**.
- **ACT-A Pillars:** 86% of the \$2,623 million C19RM awards is directed towards **ACT-A Gap Filling Activities**.

C19RM 2021 Status of Awards Submissions and Pipeline



US\$2,623 million (79%) of C19RM 2021 funding is awarded or recommended for Board Approval to 99 applicants (either Fast-Track or Full Review) for a portfolio average of 21.7% of the HIV, TB and malaria allocation.

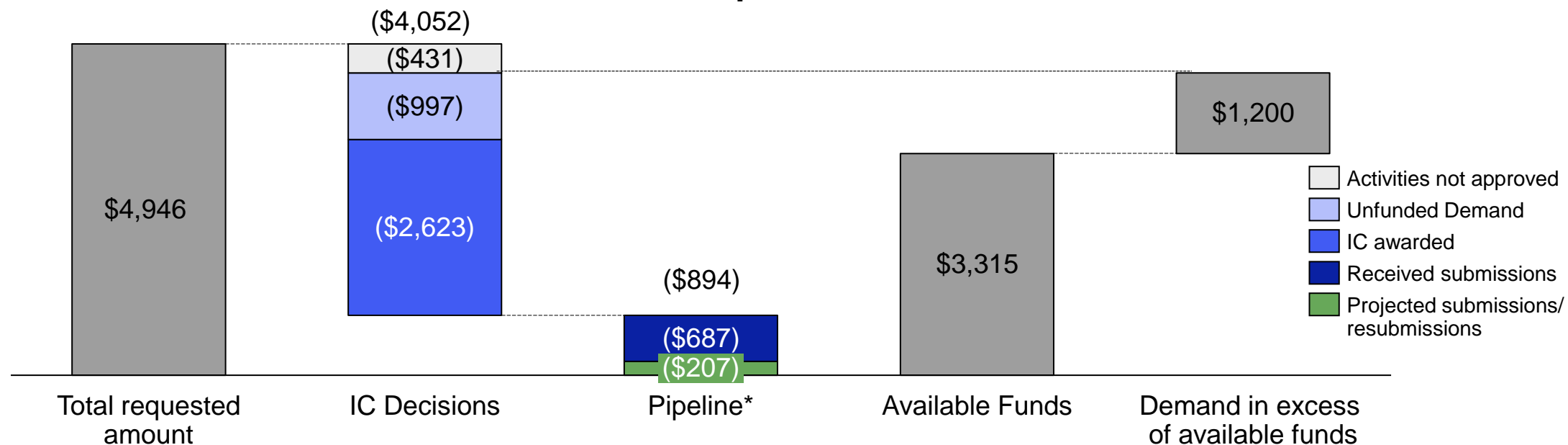
Full Funding requests: US\$2,032 million was awarded or recommended for Board approval to 91 applicants.

Fast-track Funding Requests: US\$591 million was awarded to 36 applicants.

Including Unfunded Demand of US\$997 million, the total of IC Decisions is up to US\$4,052 million. This includes US\$431 million of activities not approved.

Demand pipeline: 21% or US\$687 million has been submitted or is under review for potential C19RM 2021 funding. **US\$207 million** is projected for submission or resubmission.

C19RM Awarded and Requested amounts

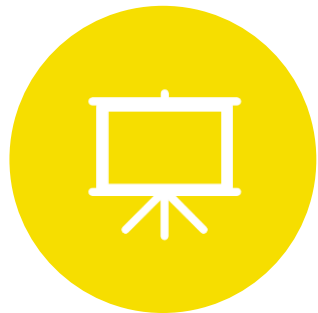


All values are in US\$ million and rounded.

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

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

C19RM 2021 Awards: Submission Drill Down

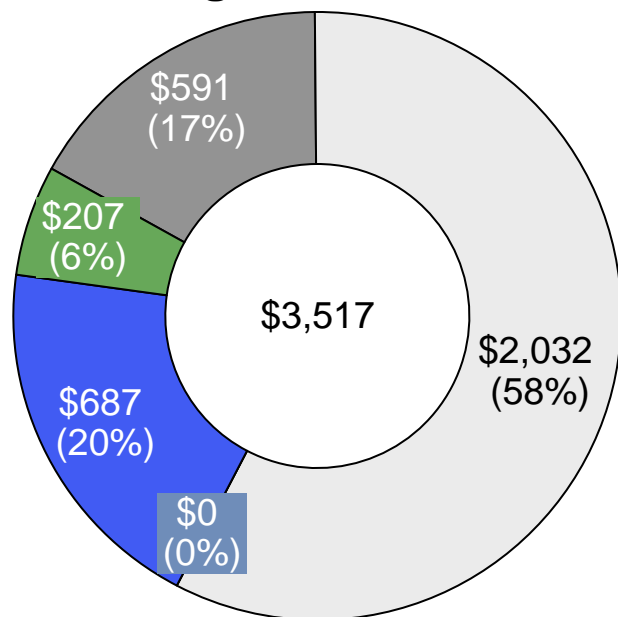


US\$2,623 million (79%) of the approved funding envelope is awarded or recommended for Board approval.

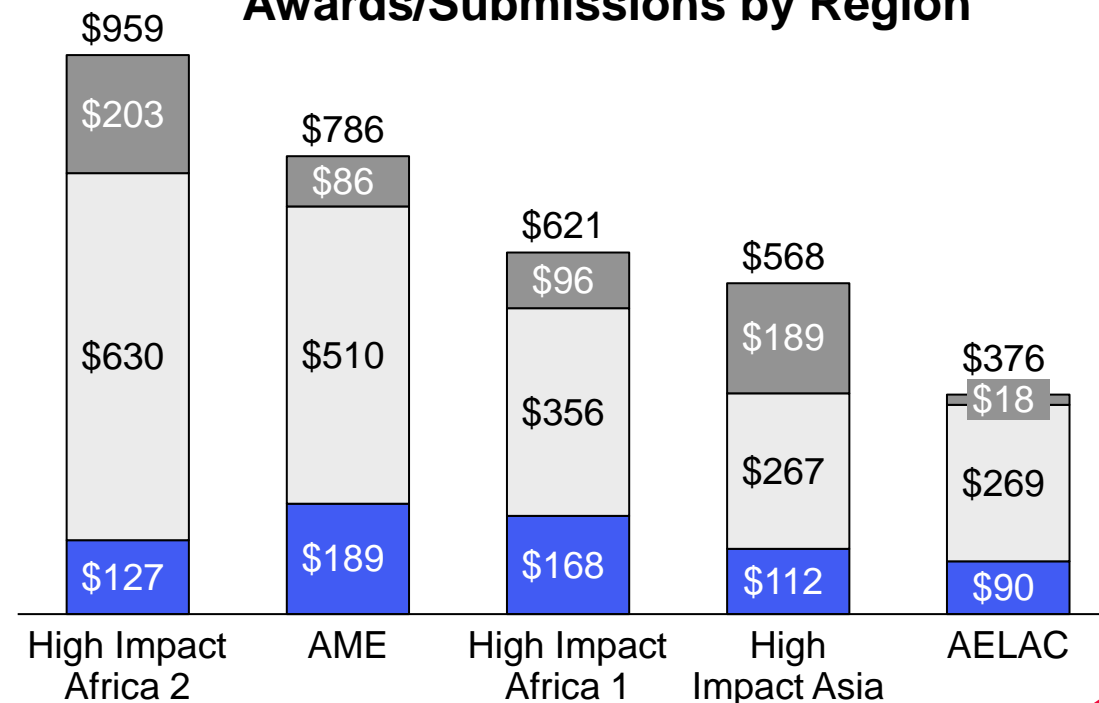
Demand pipeline is robust in funding requests received/in process showing demand exceeds supply of available funds:

- Country demand is high with the majority of applications requesting 30% or more.
- Unfunded demand of US\$997 million is registered from 59 countries.

Awarding of C19RM 2021



Awards/Submissions by Region



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

All values are in US\$ million and rounded.

For values in screening and under review only complete submissions are considered.

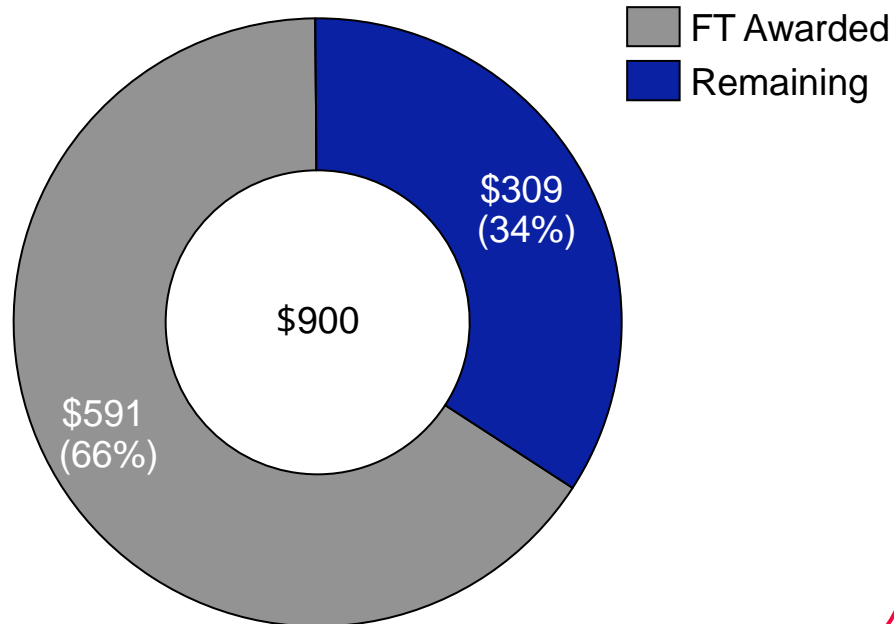
Values under Full Funding Review awards also include values recommended for board approval

C19RM 2021 Fast-track Drill Down

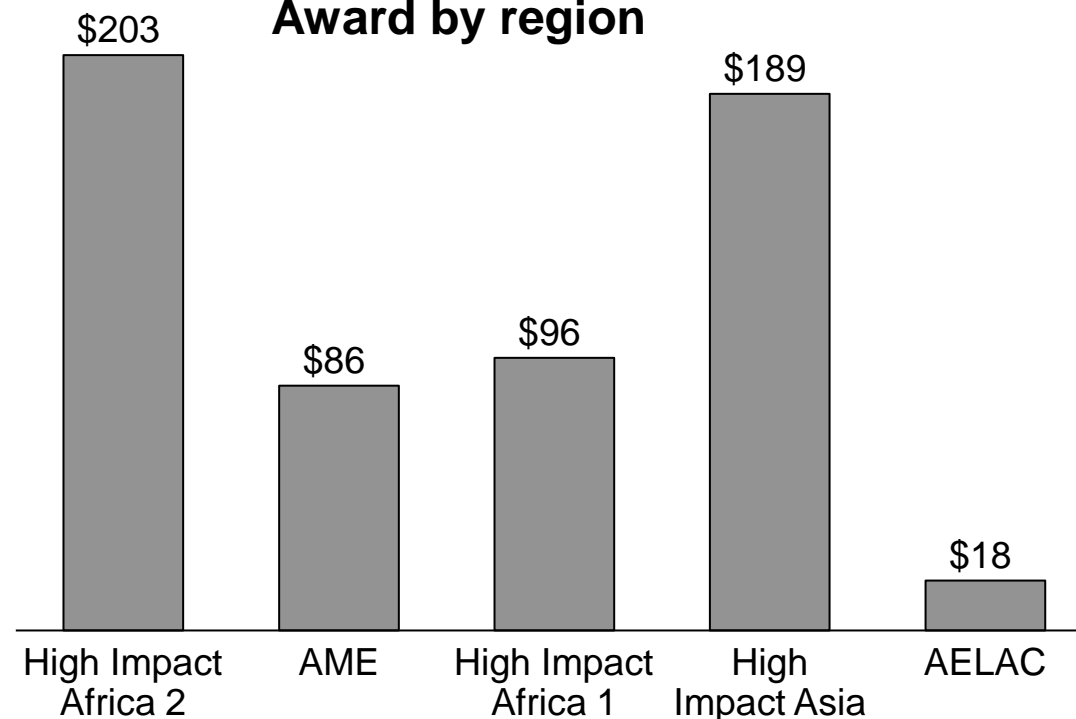


- **US\$591 million is awarded** to 36 applicants via Fast-track (with an average of 7% of applicants' HIV, TB and malaria allocation). This represents 66% of the total Fast-track mechanism.
- In total **40 fast-track requests were received, including four to be resubmitted due to incomplete documentation or that have been withdrawn.**

Fast-track awards



Award by region



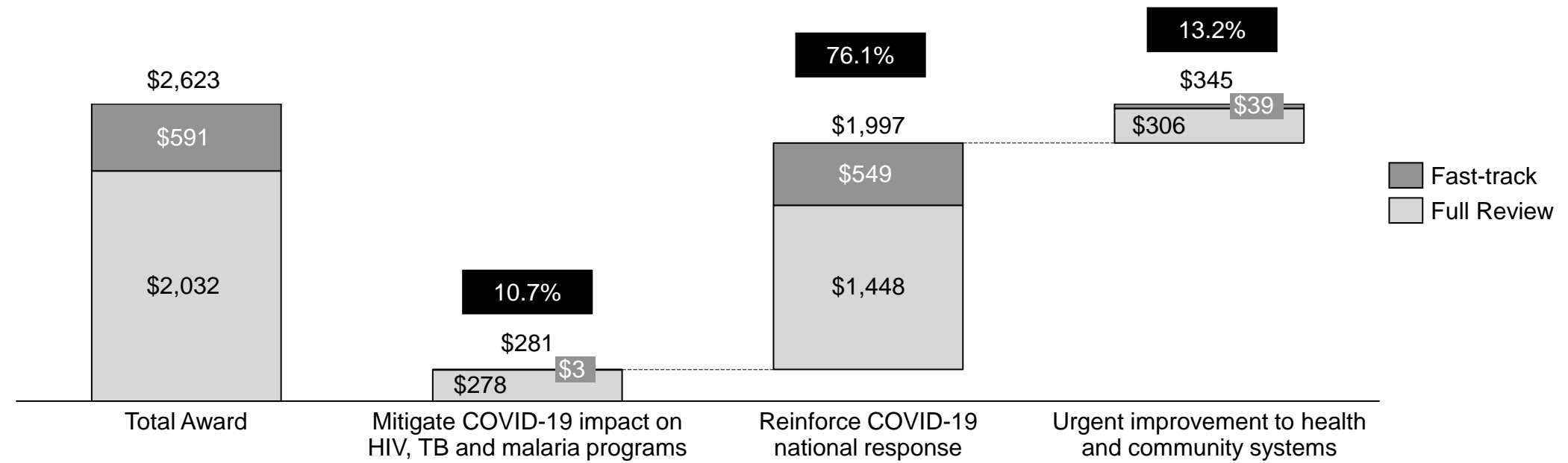
C19RM 2021 Award by Priority Area



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

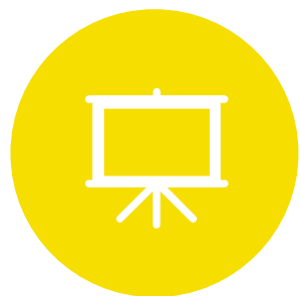
Out of the Full Funding Requests **awarded or recommended for Board approval**, we continue to see prioritization of reinforcing the COVID-19 national response likely due to the rapid increase in cases across a number of countries.

C19RM Awards by Priority Area



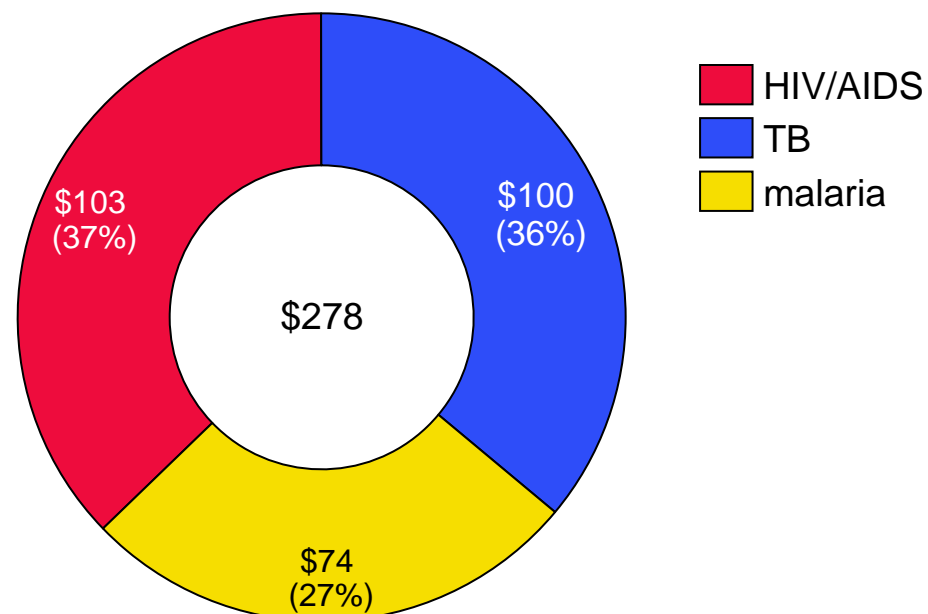
All values in the charts are in US\$ million and rounded. Program management costs are included in Reinforce. Recent awards values may be adjusted slightly once Detailed Budgets are finalized. Values above include Fast-track awards and Full Funding Requests awarded and/ or recommended for Board approval

C19RM 2021 Awards for Mitigation



- Of the US\$2,032 million awarded for Full Funding Requests (including recommendations for Board approval), **US\$278 million (14%) is awarded for mitigating the impact of COVID-19 on HIV, TB and malaria programs.**
- Awards for mitigating the impact of COVID-19 are primarily covered within the core HIV, TB, malaria grants (2020-2022 allocation), and C19RM funds complement and advance those investments. 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

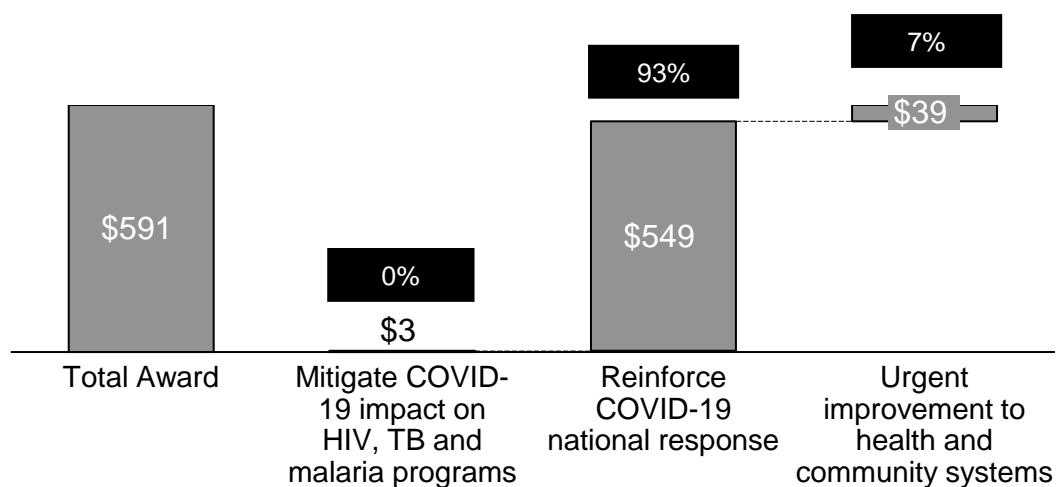


C19RM 2021 Award by Priority Area

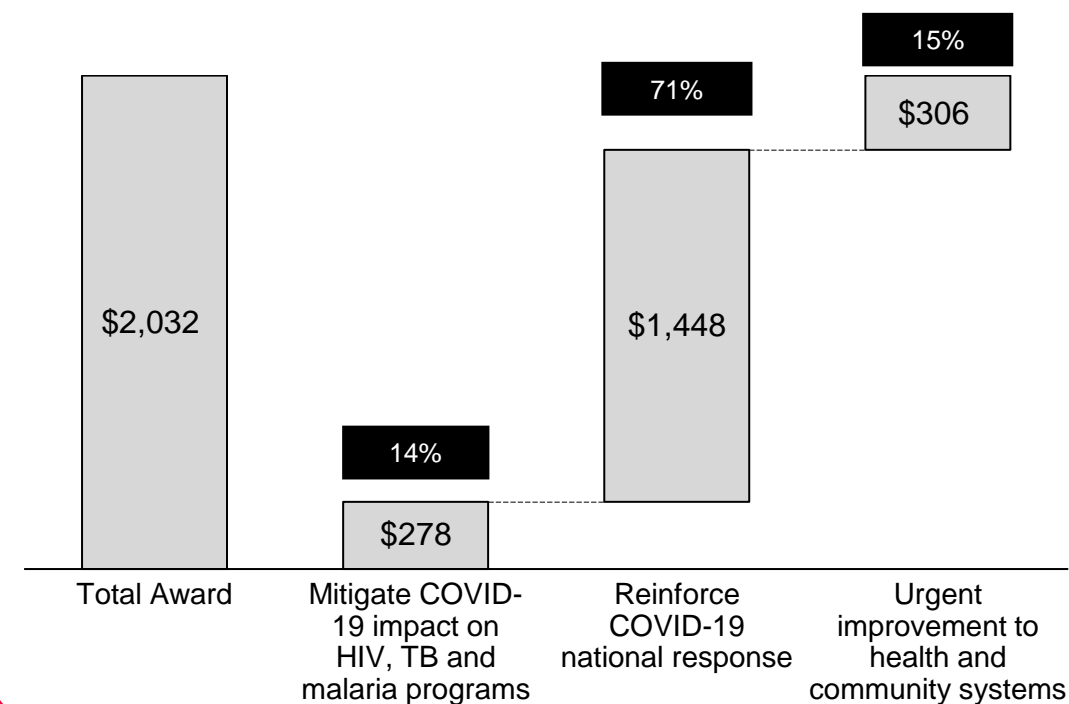


Award by priority area: Fast-track awards are mainly directed towards reinforcing COVID-19 national response. Full Review awards show a more balanced picture across the three priority areas.

C19RM Fast-track Awards by Priority Area



C19RM Full Review Awards by Priority Area

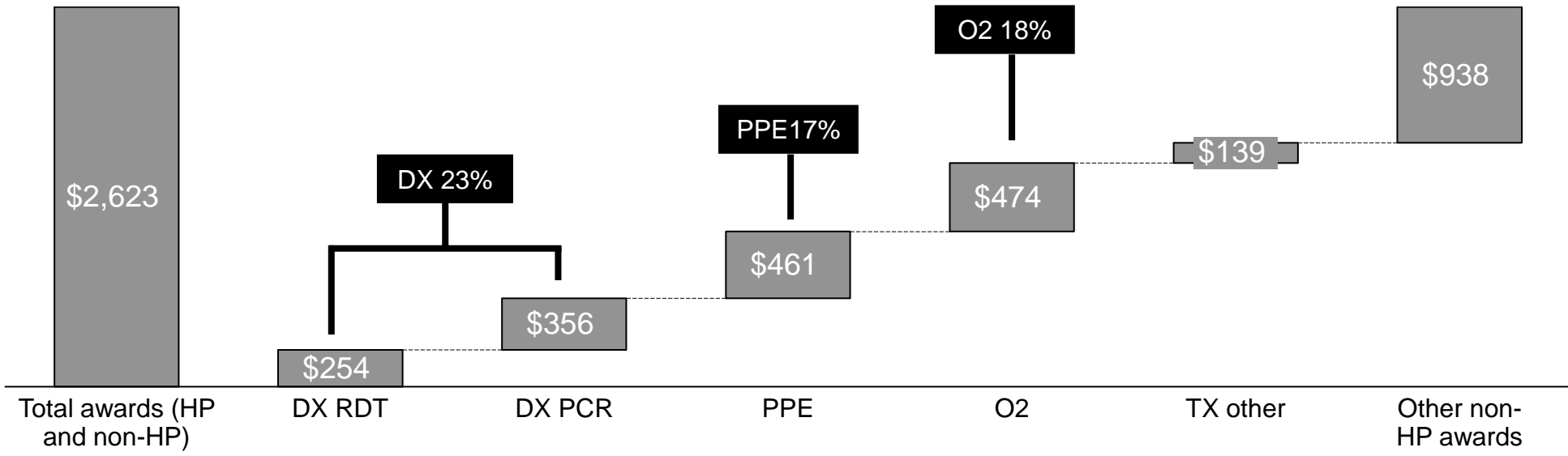


C19RM 2021 Award by Health Products



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 US\$ 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.

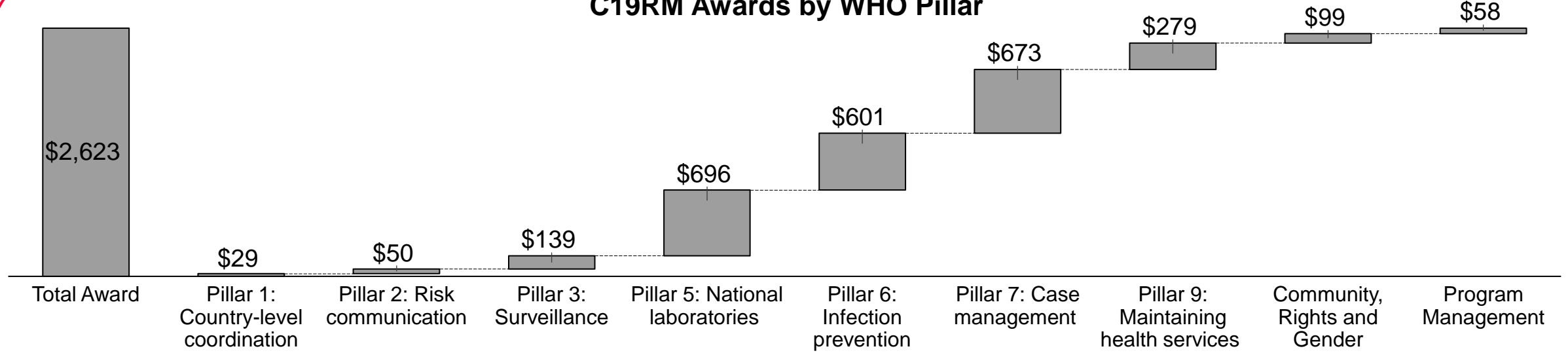
C19RM 2021 Award by WHO Pillars



C19RM investments are primarily directed towards **Pillar 5: National laboratories (27%)**, **Pillar 6: Infection prevention and control (23%)** and **Pillar 7: Case management (26%)**

The remaining investments are mostly invested into **Pillar 9: Maintaining essential health services and systems (11%)**.

C19RM Awards by WHO Pillar



All values in the charts are in US\$ 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.

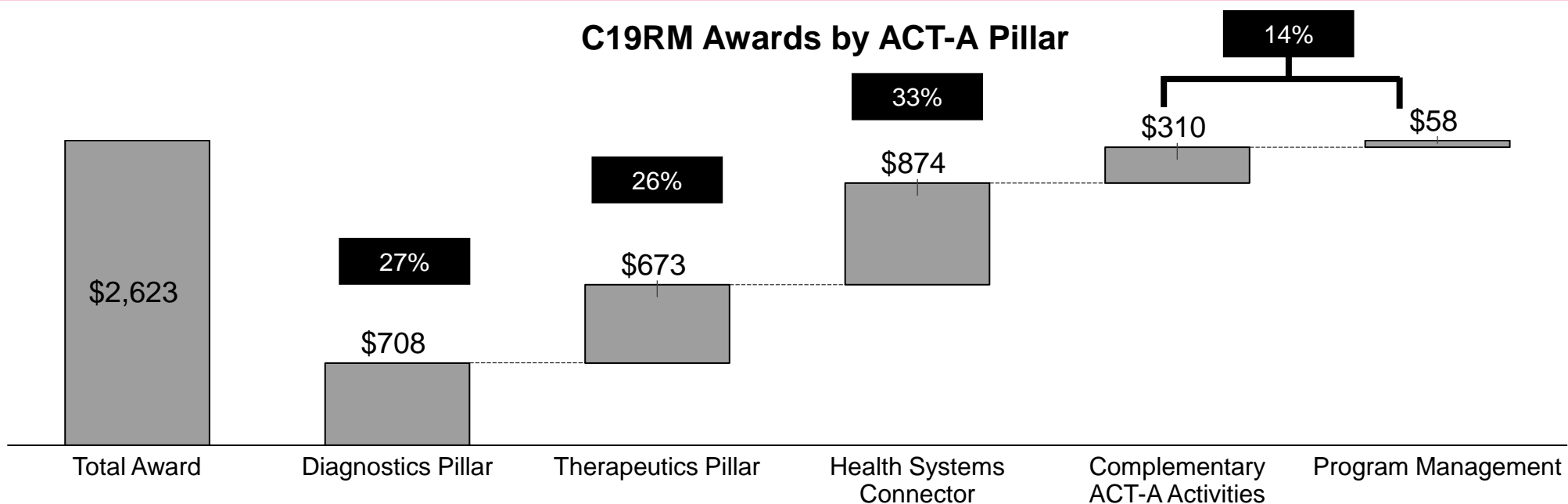
C19RM 2021 Award by ACT-A Pillars



86% of the \$2,623 million 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 (\$708 million or 27%)**, the **Therapeutics Pillar (\$673 million or 26%)**, and **Health Systems Connector (\$874 million or 33%)**.

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

C19RM Awards by ACT-A Pillar



All values in the charts are in US\$ 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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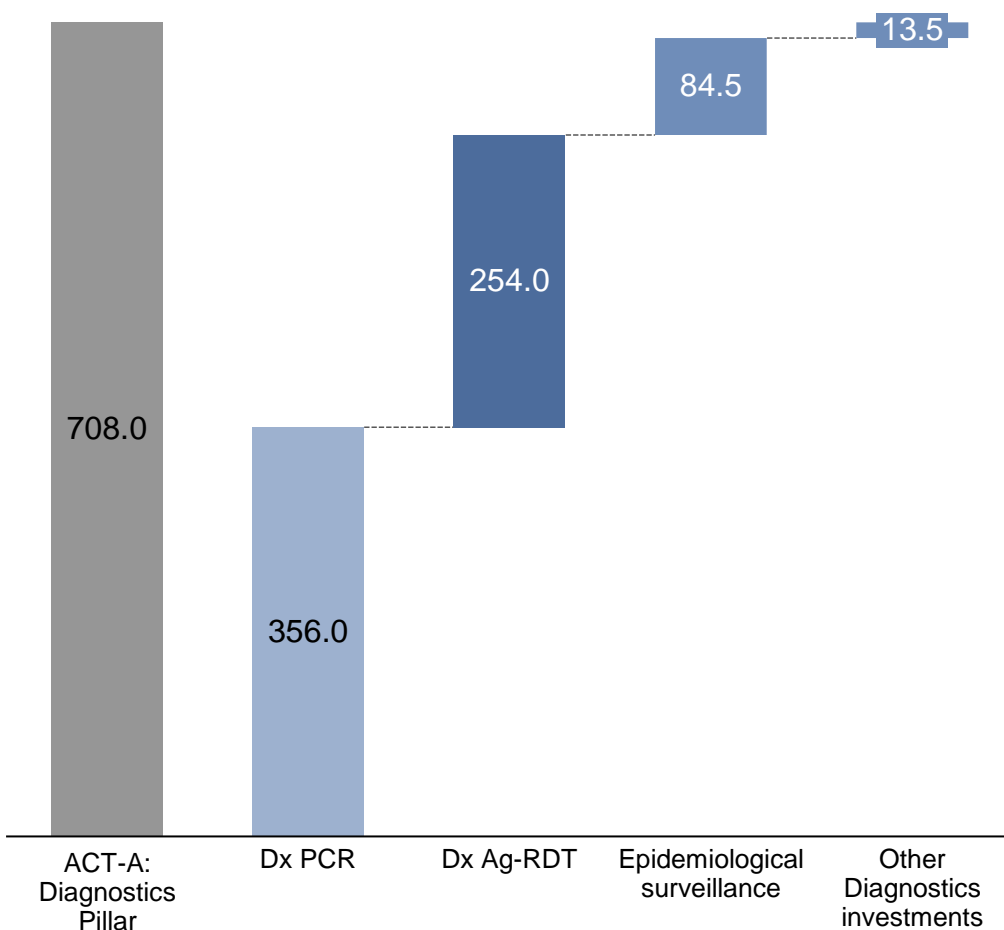
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Supply of diagnostics & PPE meet demand with price reductions.

Decrease in constraints of oxygen supply and expansion in therapeutics demand

	Health Product Demand	Health Product Sourcing and Supply
<p>General</p>	<ul style="list-style-type: none"> Approximately 64% of awards is being allocated for health products The Secretariat is working with Principal Recipients to ensure timely conversion of approved funding to approved orders, which is slower than anticipated. 	<ul style="list-style-type: none"> Sufficient supply with inventory available to meet current demand of key diagnostics and PPE; constraints in the supply of oxygen interventions lessening Closely monitoring available capacity and pricing of ocean freight (and shipping containers) and flights for cargo impacted by control measures related scarcity and 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 at speed.
<p>Diagnostics</p>	<ul style="list-style-type: none"> Diagnostics: around 23% of awarded C19RM 2021 funds should enable the supply of more than 110 million tests. Based on recent analysis, quantities of tests also included in funding requests, the proportion Ag RDTs to PCR tests is increasing towards 3-4: 1 Significant demand for more complex manual PCR tests 	<ul style="list-style-type: none"> Increasing supplier base of QA-approved Ag RDTs and manual PCR tests to support countries to implement their testing strategies that should also bring about greater competition. Weighted average ex-factory price for PCR tests (manual and automated) has reduced by US\$1 recently to US\$10.50 after the recent price reduction from Cepheid (weighted average Ag RDT = US\$2.87)
<p>Infection Prevention and Control</p>	<ul style="list-style-type: none"> PPE: Represents Close to 17% total awarded C19RM 2021 funds. 	<ul style="list-style-type: none"> Supply improves as demand decreases in some high-income countries Price reductions of around 30% since Q1 2021 being sustained.
<p>Case Management</p>	<ul style="list-style-type: none"> Oxygen: Around 18% of awarded C19RM 2021 funds for oxygen interventions. Non O2 Therapeutics: demand for dexamethasone and anticoagulants at a higher level than in C19RM 2020 (5%) 	<ul style="list-style-type: none"> Supply of oxygen interventions remains constrained and challenging <ul style="list-style-type: none"> Availability increasing for concentrators and non-invasive ventilation Expecting to operationalize promising supply solutions for liquid oxygen and PSA-plants in the coming month Currently no supply constraints for dexamethasone. Supply constraints for enoxaparin (anticoagulant) lessening with our recent broadening of the supply base.

Diagnostics: Recent price reductions are enabling us to procure more volumes; we are leveraging C19RM investments to support countries' testing strategies.



- As shared in last month's report 2020 funding of **US\$182 million** was awarded for diagnostics that procured more than 20 million tests that were supplied to 79 countries through the global funds pooled procurement mechanism
- In this report, C19RM 2021 has awarded US\$610 million (US\$356 million PCR and US\$254 million Ag RDT) to 92 countries.
- With lower PCR test prices and the introduction of lower cost Ag-RDTs into testing strategies, **significantly more tests can be provided for the same money in September 2021 compared to the first half of 2020**, so that 2021 awards of US\$610 million for PCR and Ag RDT equate more than 110 million tests.
- Even with these price benefits the need for testing remains high and the challenges in diagnostics remain significant. In response to these challenges, the Global Fund is **identifying countries with the lowest diagnostic procurement numbers, to provide additional strategy development, registration, training and funding support.**

All values in the charts are in US\$ 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.

Challenges in Diagnostics

Introduction and scaling-up of Ag RDTs has presented challenges in some countries in the African Region

Uptake

37% of countries have either **not** registered Ag RDTs and/or have not included Ag RDTs in their response strategies.

Use Cases

Limited evidence of adherence to use case scenarios at health facility levels in countries where testing strategies exist.

Practice ≠ Guidelines

Antibody vs. Ag RDTs

Countries may be conflating antibody RDTs with Ag RDTs; confirmation testing with antibody RDTs which is not aligned with WHO guidelines.

lack of data collection tools

Ag RDT test results are not captured into disease surveillance systems

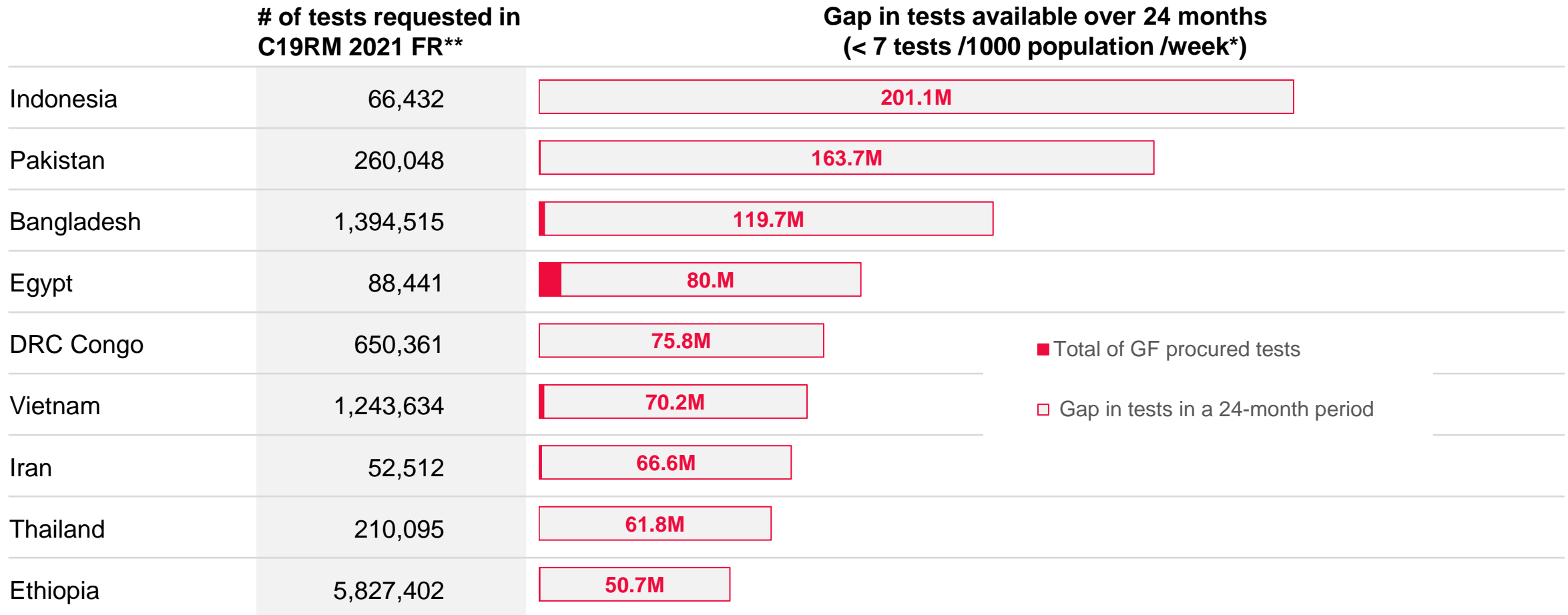
TA Support

In-country procurement of TA using grant funds is complex and time-consuming – TA support to develop Ag RDT testing strategy and /or scale up is a priority activity to be supported

There are underlying challenges with data reporting for Ag RDT tests done and Ag test results are not getting into the disease surveillance system. According to AU CDC data, of the 55 African member states only 33% (n=18) are reporting data on number of Ag RDT tests done due to lack of data collection tools .

Increasing Test Availability to meet ACT-A Targets

We have begun identifying countries, with the lowest diagnostic procurement numbers and lowest number of tests (< 7 tests /1000 population /week* for 24 months) to support procurement of additional Ag RDT and/or lab systems strengthening support.

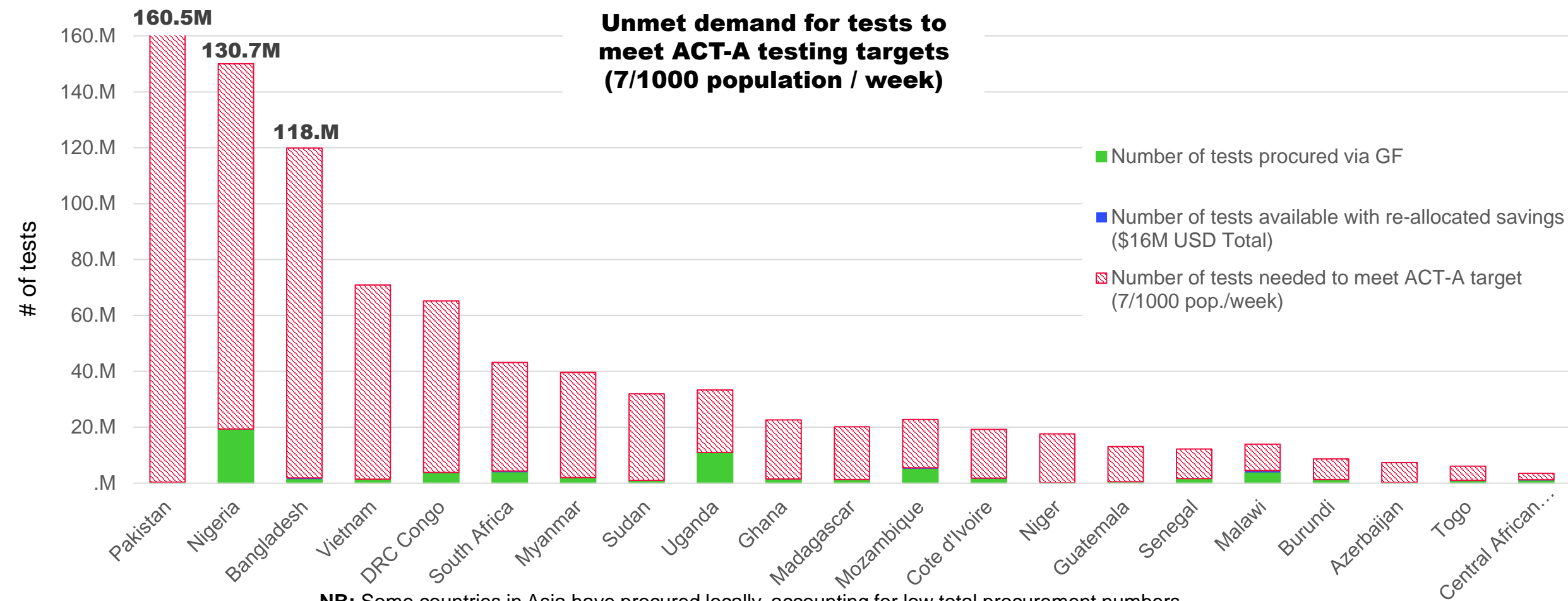


Additional tests are required to meet ACT-A targets on test availability

Countries with insufficient test numbers are a high priority to re-allocate potential savings towards Ag RDTs and /or systems support as the most cost-effective method of increasing test availability.

Under-supply of Ag RDTs is based on the number of tests required (7/1000 pop./ week) over a 24-month period.
Total under-supply is based on GF procurement in C19RM.

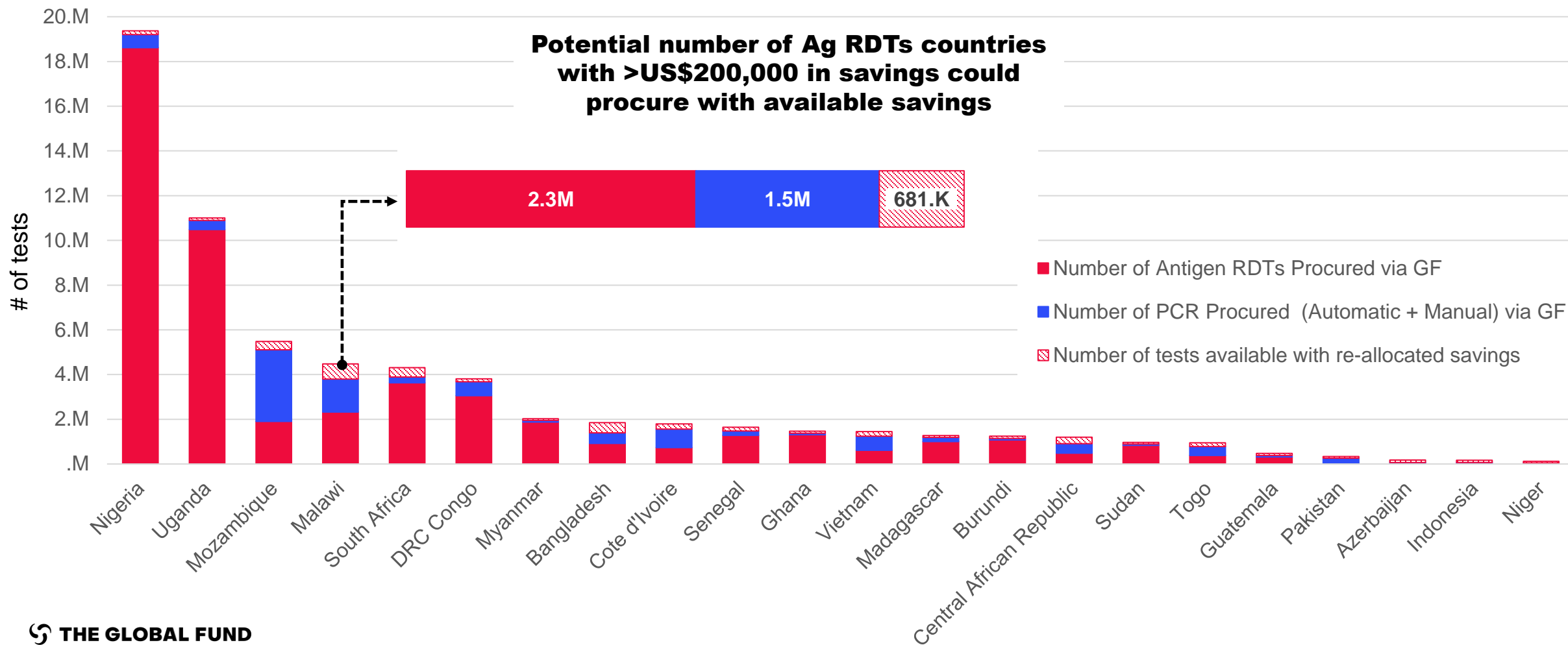
Unmet demand for tests to meet ACT-A testing targets (7/1000 population / week)



NB: Some countries in Asia have procured locally, accounting for low total procurement numbers
 * The US\$16 million reallocated savings do not show in the graphic due to scale

Increasing Test Availability through Reallocation of Potential Savings

Savings generated from the US\$5 price reduction on Cepheid Cartridges may be reallocated to procure additional Ag RDTs in an effort to bridge the gap towards meeting the ACT-A testing targets.



Our approach has been to support scaling up community testing in line with national testing strategies.



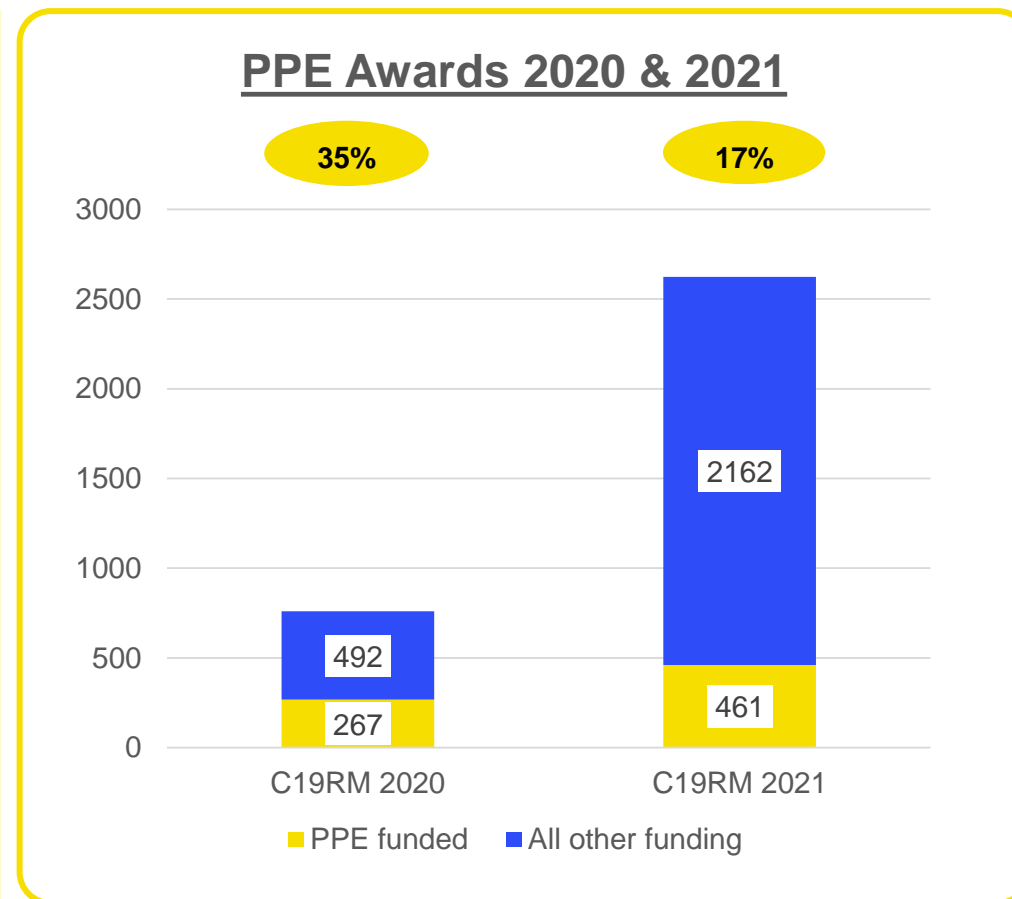
The Global Fund / Jiro Ose

- On a [20 May update](#) and [briefing note](#), applicants to C19RM were encouraged to consider scaling up Antigen Rapid Diagnostic Tests (Ag RDTs) for SARS-CoV2 and strengthen healthcare safety and infection prevention and control. **Ag RDTs are a key component in any National COVID-19 Strategic Preparedness and Response Plan** due to their Rapid Turnaround Time (TAT), ease of use, lower cost, not requiring instrumentation, and the opportunity to increase access to COVID-19 testing services.
- Applicants were also encouraged to ensure that national testing policies for COVID-19 explicitly address the **authorization of non-laboratory staff, specifically health care workers at facility level, lay cadres including community health workers and village health workers, to conduct Ag RDT testing and under specific conditions.**
- For example, interventions should consider training, quality assurance, supervision, biosafety and Infection Prevention and Control. Depending on the national policy and strategy environment, the related testing policies, **some countries could even explicitly address task-shifting.**
- [Effective COVID-19 testing](#) remains a vital part of a national COVID-19 strategy to suppress virus transmission and save lives. **We continue to encourage applicants to boost testing in their national strategy through effective use of rapid diagnostic tests, to scale-up and optimize access to high quality, cost-effective tests (US\$3 per Ag RDT vs. US\$6 - US\$15 PCR tests), and decentralized COVID-19 testing** within national responses.

PPE is integral to saving lives.

PPE awards are part of all three Board categories: including reinforcement of the COVID-19 response and HIV, TB and malaria mitigation, and remain crosscutting and integral to saving lives.

- PPE sits across the reinforcement of COVID-19 response and HIV, TB and malaria mitigation, health and community systems board categories.
- As part of the ACT-A Health Systems Connector aimed at **ensuring sufficient supplies of essential PPE to protect frontline workers** and part of the WHO Infection Prevention pillar, PPE remains integral in our effort to save lives.
- From C19RM 2020 US\$102 million* worth of PPE ordered through PPM, **98% has already been delivered.**
- As of 31 August 2021, for C19RM 2021, the **Global Fund has awarded US\$461 million for PPE**, an increase of about 67% in the amount awarded to PPE from 2020.
- We will continue to find ways to strengthen access to PPE, **both for medical and community use in low- and middle-income countries.**



* Amount reduction from last months reporting explained by price reduction

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.

PPE continues to have a vital role in protecting health workers.

The challenge

- Health workers have suffered much higher rates of infection and death than the population. Some studies have suggested health workers have been 10 times as likely to be infected with COVID-19 compared to the public. Severe and potentially deadly infections are 7 times as likely among health workers.
- Underlying these problems is simply a lack of focus and appreciation of the vital role PPE plays. While governments and agencies have high-powered taskforces on vaccines, oxygen and other components of the COVID-19 response, very few have devoted significant effort or resource to thinking about PPE.

Urgent scale-up provision of PPE to implementing countries

Right now, the immediate priority is to help countries protect their health workers as the Delta variant drives new waves of infection. A recent survey of healthcare facilities in Africa revealed that 60%-80% lacked sufficient PPE for their health care workers. To avoid health systems becoming overwhelmed, and a consequent surge in deaths, we must urgently scale-up provision of PPE to those countries.

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

PPE but not only PPE

Maximizing impact in C19RM through Infection Prevention and Control

IPC is much more than Personal Protective Equipment (PPE). IPC is a specialized program requiring:

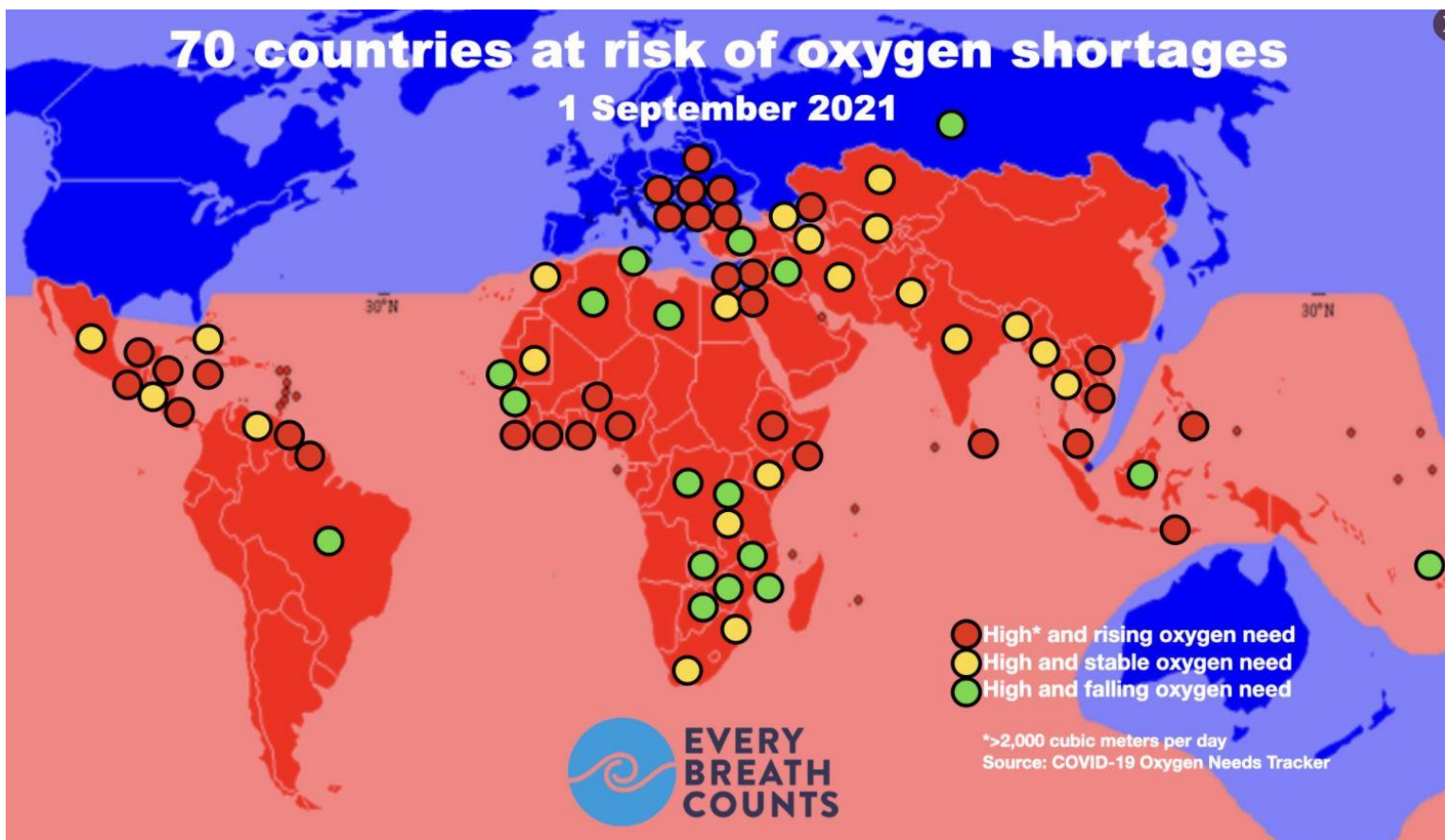
1. technical expertise and experience at national, sub-national, and facility levels;
2. program implementation approaches with monitoring and quality improvement;
3. policies, budget, and commitment from leadership at all levels in the healthcare system; and,
4. sufficient supply and appropriate use of commodities.

As opportunities to strengthen health systems become available, it is important to carefully consider what activities should be prioritized for funding so that they result in resilient, self-sustaining programs after COVID-19.

The four key steps and activities listed below are consistent with the [WHO Minimum Requirements for IPC Programmes](#) and the Global Fund's C19RM Technical Information Note:

1. Strengthen national and sub-national leadership in IPC
2. Support facility-level human resources for IPC
3. Implement facility-level IPC activities
 - a) Implement administrative controls
 - b) Implement environmental / engineering controls
 - c) Personal protective equipment (PPE) and other IPC supplies
4. Support IPC monitoring at healthcare facilities

Oxygen remains in high demand with several countries at risk of shortages.

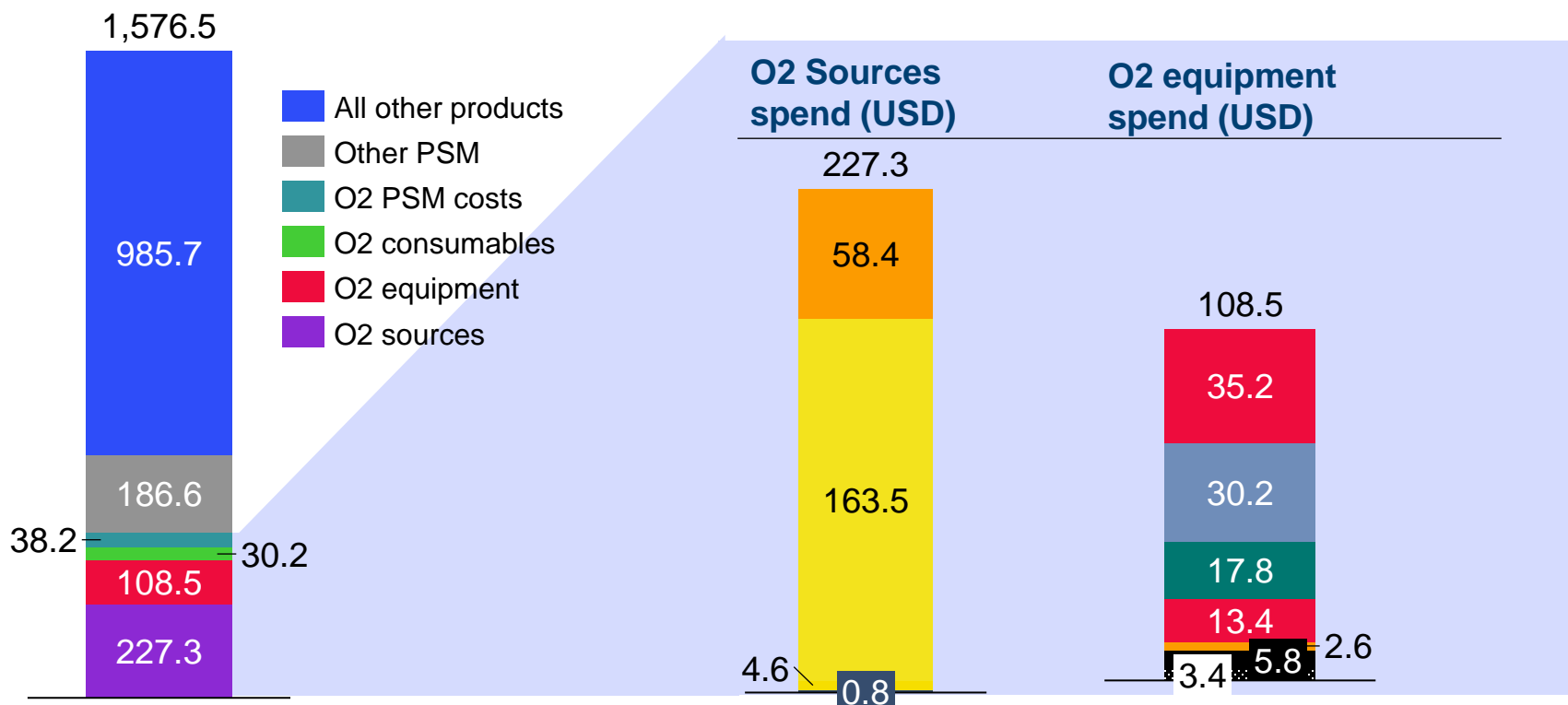


- Globally, 70 countries are at risk of oxygen shortages, with about 32 classified as “code red” or critical.
- Surges in COVID-19 cases are due in large part to the Delta variant and hospitalizations are overwhelming health systems and driving up deaths.
- Several countries are facing high and rising oxygen needs with risk of shortage: African countries such as Ethiopia, Nigeria, Ghana, Benin, Togo, Cote d’Ivoire, Somalia, Algeria, Libya, Mauritania, Guinea, the Democratic Republic of Congo, South Africa, eSwatini, Mozambique, and Botswana as well as some eastern European, Latin American and Southeast Asian countries we support.
- We are pleased that some of these countries have made applications to TGF for oxygen and form part of the 474 million dollars awarded for oxygen health products

<https://healthpolicy-watch.news/several-african-countries-face-dire-oxygen-shortages-highlighting-need-for-investment-in-oxygen-infrastructure/>
 Every breath counts: public private partnership data sourced from Covid Oxygen Needs Tracker

As of August 31, US\$474 million has been awarded for Oxygen related products.

Total spend by O2 health product category as of 31 August 2021

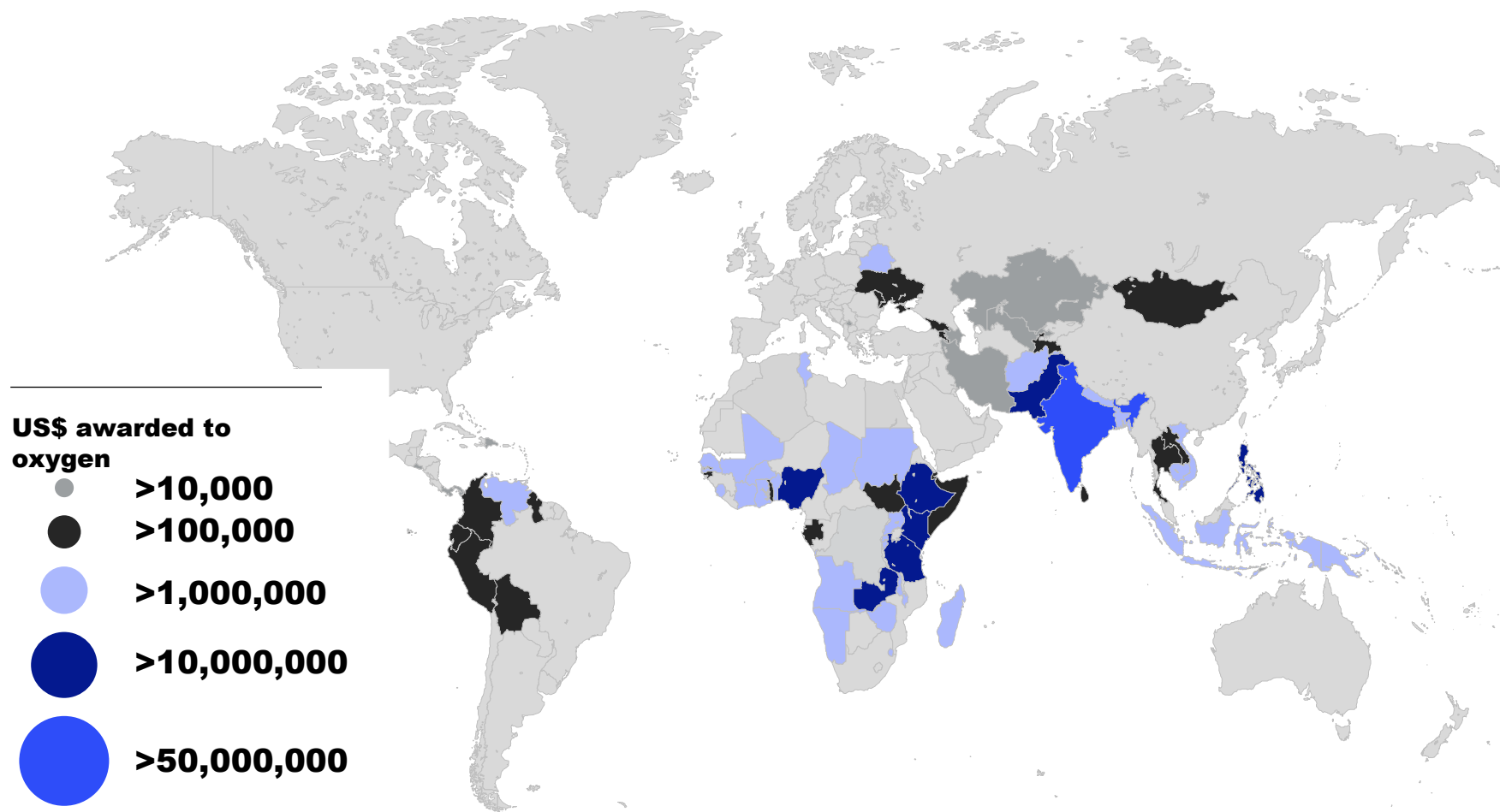


- Of the total US\$474million awarded by 31 August, we have recorded US\$404 million in HPMT.
- O2- and clinical care-related products represent ~29% of overall health product spend.
- While we have funded US\$163.5 million on new PSA plants a significant amount (60m) has gone towards compressed O2/medical air.
- Majority of O2 equipment spend is on concentrators and ventilators.

All values in the charts are in US\$ million and rounded.
 Values above include Fast track awards, Full funding requests awarded and recommended for board approval.
 Differences in values between Awards data is explained by the fact that health product data here is based on finalized HPMTs only, whereas awards is based on Notification Letter

- Compressed O2/ medical air
- PSA plants
- PSA plants (spare parts and accessories)
- PSA plants (warranty, maintenance and service)
- Concentrators
- Ventilators (invasive)
- Ventilators (non-invasive)
- O2 saturation monitors
- Other equipment
- O2 equipment spare parts and accessories
- O2 equipment warranty, maintenance and service

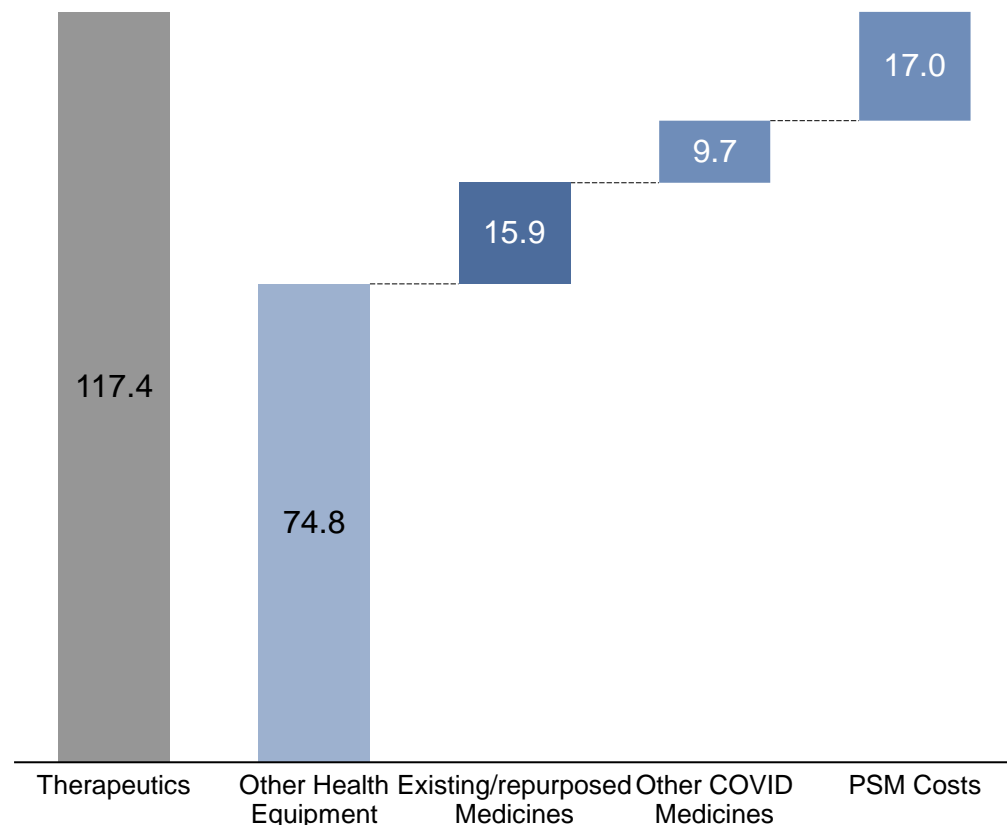
Our Global Oxygen Footprint continues to increase with C19RM 2021 awards to over 75 countries and multicountries.



- 80% of countries have received above US\$100 000 in oxygen funding with investments ranging from US\$1420 to US\$75 million
- We have seen a significant increase in the amount awarded for oxygen in 2021 compared to the 2020 estimate of just US\$12million.
- C19RM funds are also supporting local procurement of oxygen health products for some countries, where local procurement is optimal and falls within our assurance guidelines.
- The Global Fund Secretariat is developing a Supply Working Group in response to the Oxygen shortages.

Non-O2 therapeutics

We are awarding more funding to therapeutics and have made our first IL6 blocker award (as at 16 September 2021).



- **We continue to invest in life-saving COVID-19 therapeutics in addition to medical oxygen**, including medicines like dexamethasone.
- We have **awarded over 25 million in both existing, repurposed and other covid medicines** to support treatment across 32 countries. Other health equipment includes products like Blood Gas Analyzers, Electrocardiogram (ECG) digital monitors and recorders, Infusion pumps, Patient monitors, Thermometers, Ultrasounds, UPS units, X-ray: Equipment and Electronic drop counter
- In July 2021, WHO recommended Interleukin-6 blockers to treat severely-ill COVID-19 patients and **the Global Fund confirmed it as “in scope” for C19RM funding.**
 - We have taken a bold step of **approving the first funding request containing this therapeutic** (Honduras) on Sept. 16th and expect more such awards to follow
- **Other therapeutic innovations are being closely tracked** within ACT-A (e.g., Rand will be considered on the basis of inclusion within WHO clinical “living” guidelines).

All values in the charts are in US\$ 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.

Therapeutics: Interleukin-6 Blockers

Interleukin-6 (IL-6) blockers were confirmed as “in scope” under C19RM.

The C19RM Investment Committee approved funding for ~5,000 doses of Tocilizumab in the Honduras funding requests on September 16 (based on national regulatory authorization and inclusion in national COVID-19 clinical guidelines)

- IL-6 blockers are lifesaving medicines for patients who are critically ill with COVID-19 when administered with corticosteroids.
- The Primary benefits of using IL-6 blockers include reducing mortality and the need for mechanical ventilation.
- In July 2021, WHO recommended IL-6 blockers, primarily Sarilumab and Tocilizumab, in its patient care guidelines.*

The operationalization of IL-6 blockers in C19RM requires cross-functional Secretariat collaboration to address key issues such as justification criteria, market, accessibility and costing:

- Definition of criteria for justification of IL-6 blockers on a case-by-case basis.
- Market intelligence and widening of the supplier base to ensure access to lower middle-income country.
- Advocacy for accelerating in-country national regulatory agencies registration and/or to include COVID-19 treatment indication, and for expanding access and lowering prices.
- Communication to country partners.
- **Supply limitations are expected to constrain availability** in lower middle-income countries but we continue to work with our partners to operationalize delivery of critical therapeutics

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- ② Update on COVID-19 Epidemiological Situation and Disruption to HIV, TB and Malaria Services

- ③ C19RM 2020 Absorption

- ④ C19RM 2021 Funding Requests and Awards Overview

- ⑤ Health Products Overview

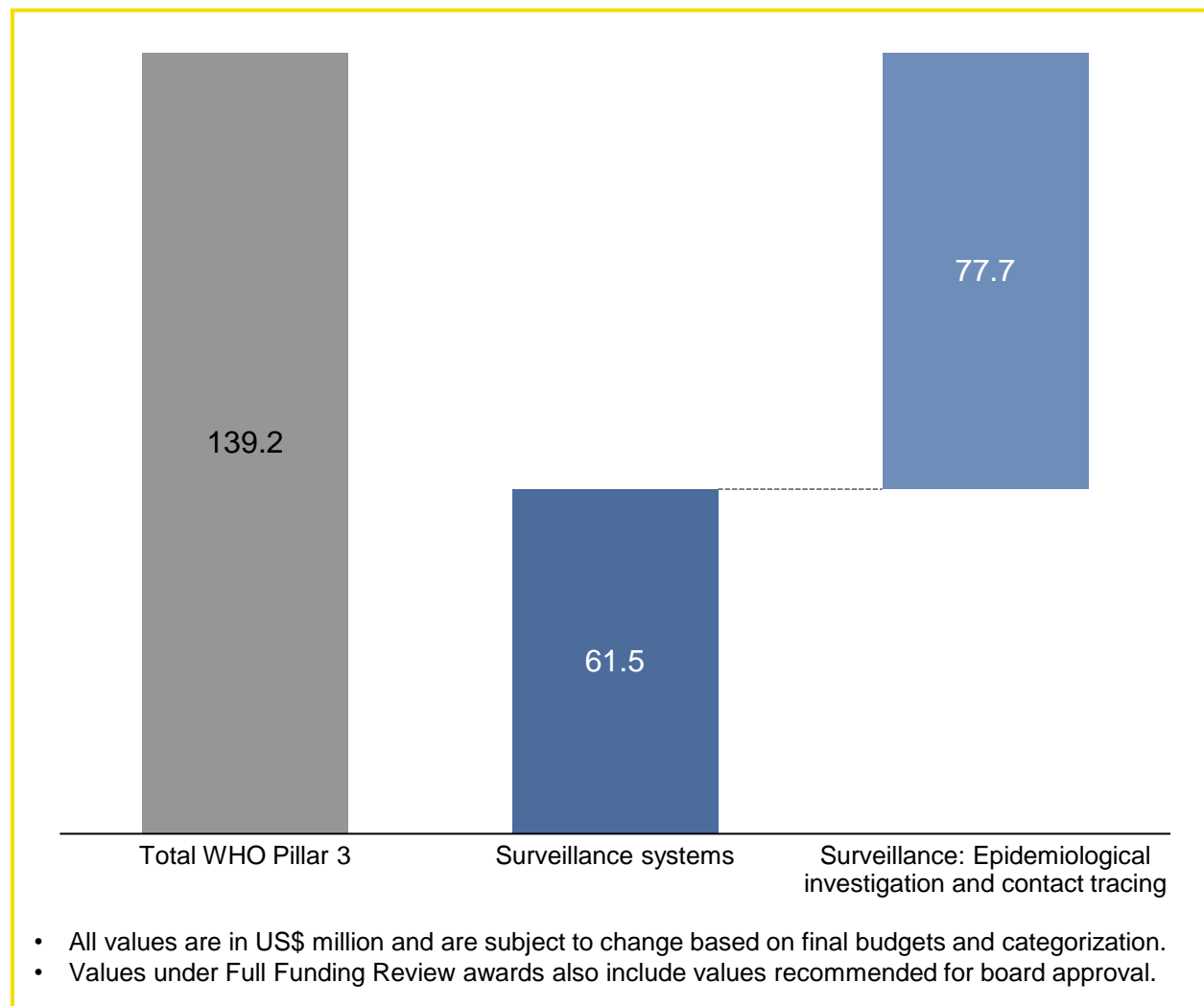
- ⑥ Focus on Surveillance**

- ⑦ C19RM Assurance, Monitoring and Oversight

- ⑧ C19RM Country Examples

Surveillance Systems

Approved C19RM awards of US\$139.2 million across two intervention areas



- Surveillance Systems **allow implementing countries to improve their analytical capacity so problems can be detected early**, mitigation measures put in place and the effectiveness of interventions monitored. More frequent and reliable data on key indicators is crucial for this purpose.
- Epidemiological investigation, rapid response and contact-tracing leverage COVID-19 testing data to monitor rates of new cases, transmission patterns and intensity, and socio-demographic risk factors for infection, and ultimately inform public health and social measures. Surveillance analyses enable assessment of trends by age, gender, vulnerable population and setting, including impact on COVID-19 and essential health-care services. In addition, this data is the basis for genomic sequencing which supports adaptation to new developments such as expanding vaccine coverage and the evolution of virus variants.
- Under WHO Pillar 3, surveillance interventions account for a total of US\$139.2 million, split between “Epidemiological investigation and contact tracing” (56%), and the “Surveillance systems” (44%).

Our Approach to Surveillance

What have we learned? What are the existing challenges and successes?

Out of 91 C19RM Full Funding Requests:

- 79% of countries requested for one or more activities for contact-tracing / active case-finding / cluster investigation / diagnostic.
 - 69% requested funds for COVID-19 specific surveillance.
 - 67% for COVID-19 surveillance and integration into routine reporting.
 - 66% for routine reporting for HIV, TB and malaria.
- We noticed that there is no consistent design for the SARS-CoV-2 seroprevalence survey. It is **usually presented as an annual cross-sectional survey and this format may not serve its purpose considering the fast-evolving epidemiological COVID-19 situation.**
 - For routine HIV, TB and malaria reporting, improvement in **data quality is needed** to be able to understand the distinction **between activities** for HIV, TB and malaria grants and C19RM grants.
 - For Genomic Sequencing, we could not identify an **overall national blueprint plan in terms of capacity**, purposes and future potential use. Countries are taking C19RM as an opportunity to create new structure.
 - For surveillance strengthening we are focusing on areas such as **Genomic sequencing and Field Epidemiological Training Programs**

Surveillance: Genomic Sequencing

We plan to discuss Genomic Sequencing in further detail with GAC CTAG in the coming months.



The ongoing response to COVID-19 has demonstrated the **need to strengthen genome sequencing capacity as a part of robust COVID-19 surveillance**, including for new variants of concern. Continued genome sequencing enables health authorities, governments, and researchers to monitor the evolution of COVID-19 and adjust response accordingly.

While the response to the pandemic has largely pivoted towards distribution of vaccines in high-income countries, global investment in genome sequencing – which will be **important in understanding diagnostic effectiveness and vaccine efficacy required to inform policy** - remains insufficient.

As a critical step in identifying variants of concern/interest to inform clinical, diagnostics and vaccination protocols, it is **vital to establish laboratory capacity globally to ensure representativeness in surveillance data** that can guide and inform public health policies

Surveillance: Field Epidemiology Training Programs

FETP remains an integral part of C19RM investments we aim to advance alongside our Partners

As part of countries RSSH efforts there has been support for FETP...



COVID-19 Response Mechanism Information Note
Considerations for Global Fund Support to the COVID-19 Response including Health and Community System Strengthening, and Mitigation of COVID-19 effects on HIV, TB and Malaria Services and Programs

Date Created: 8 April 2021

Date Updated: 20 May 2021



Implementation of Field Epidemiology (and Laboratory) Training Programs (FETP/FELTP)* produces front-line epidemiologists and laboratory leaders at sub-national and facility levels to support data analysis and use.

As part of C19RM, 6 countries have requested support for their FETP's:

- Kenya
- Tanzania
- Cote d'Ivoire
- Ukraine
- Niger
- South Sudan



In our August GAC CTAG meeting our CDC partners shared more on FETP

... Along with our partners we have learned that...

- Many countries want to expand FETP – less than a third of the estimated requirement for epidemiologists in Africa has been met.
- Need for constant investment because graduates tend to be promoted or hired by partners – that’s not a bug, that’s a feature!
- We’re investing a lot in data generation (e.g., DHIS-2, spot checks, etc.), need to make sure the data is analyzed and used.
- Part of Surveillance activities which represents about 5% of total C19RM allocations so far.
- FETP is relatively low cost and highly cost effective.

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- 3 C19RM 2020 Updates

- 4 C19RM 2021 Funding Requests and Awards Overview

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- 6 Focus on Surveillance

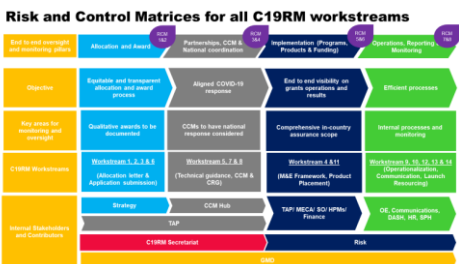
- 7 C19RM Assurance, Monitoring and Oversight**

- 8 C19RM Country Examples

There is a clearly defined architecture for assurance, monitoring and oversight.

The framework is already being operationalized. The current focus is on components 3 and 4.

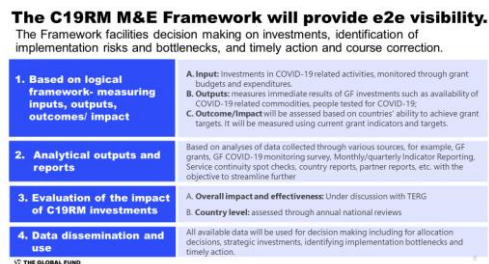
1



Risk and Control Matrices

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

2



C19RM Monitoring and Evaluation Framework

What do we need to be tracking?

3

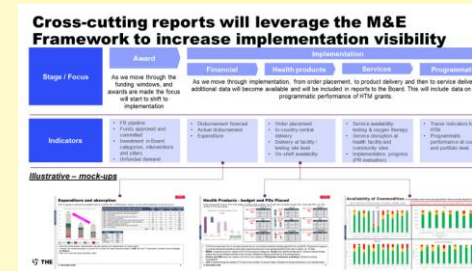
Focus of this presentation



Upstream and Downstream reporting and assurance

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

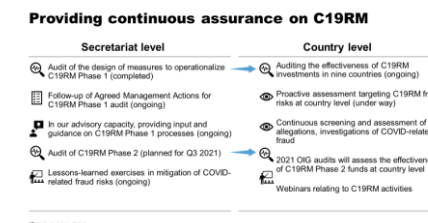
4



Monitoring and Oversight

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

5



OIG

What approach for independent assurance?

The first phase of enhanced PR reporting for all High Impact and Core countries is on track.

High Impact and Core countries account for more ~90% of the C19RM investment portfolio.

Through Pulse Checks, PRs from all High Impact and Core countries will report quarterly on:



Program implementation – PRs will self-assess whether HTM modules and C19RM interventions are on-track.



Programmatic performance – PRs will provide quarterly updates on results for a subset of key HTM programmatic indicators.*



Financials – PRs will report aggregate expenditure and forecasts for HTM grants and C19RM.

Progress to date: ON TRACK

- IT platform developed – now in User Acceptance Testing (UAT) phase
- Information sessions being held for Country Teams as part of overarching change management approach
- Initial communications issued to PRs – more detailed guidance and training planned for mid-September
- First round of reporting **on-track to start from Q4 for Q3 data**

Risks

Good levels of compliance expected but there is a risk of lower rates for the first reporting cycle. Lessons learned from Q1 will be leveraged to identify opportunities to drive up timeliness, completeness and quality.

Note: There are 20 indicators in total, including number of adults and children newly initiated on ART, number of MSM reached with HIV prevention programs, number of LLINs distributed to at-risk populations, number of suspected malaria cases that receive a parasitological test, number of notified cases of all forms of TB, number of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis

Facility level spot checks across a cohort of 45 countries are also on track.

Through Supply Chain and Health Services Spot Checks, 3rd party providers will be collecting facility level data on:



On-shelf availability for HTM tracer products and COVID-19 products. On-time and in full delivery from central medical stores to health facilities / testing sites.



Health facility disruption and service availability, looking at service records for specific departments and services, and availability of SARS-CoV-2 testing services and oxygen therapeutics



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

Progress to date: **ON TRACK**

- 3rd party service providers have been identified and contracts have been signed.
- Information sessions being held for Country Teams as part of overarching change management approach.
- Initial communications issued to PRs
- Onboarding of service providers, including training planned for end September -
- First round of reporting **on-track to start from Q4**

Risks

There is a risk that supplier onboarding, in-country introductions, and gaining access to lists of health facilities to finalize sampling takes longer than planned, pushing out the start date for data collection into mid-Q4.



Mandatory and risk base assurances have been built into LFA assurance plans for 2021.

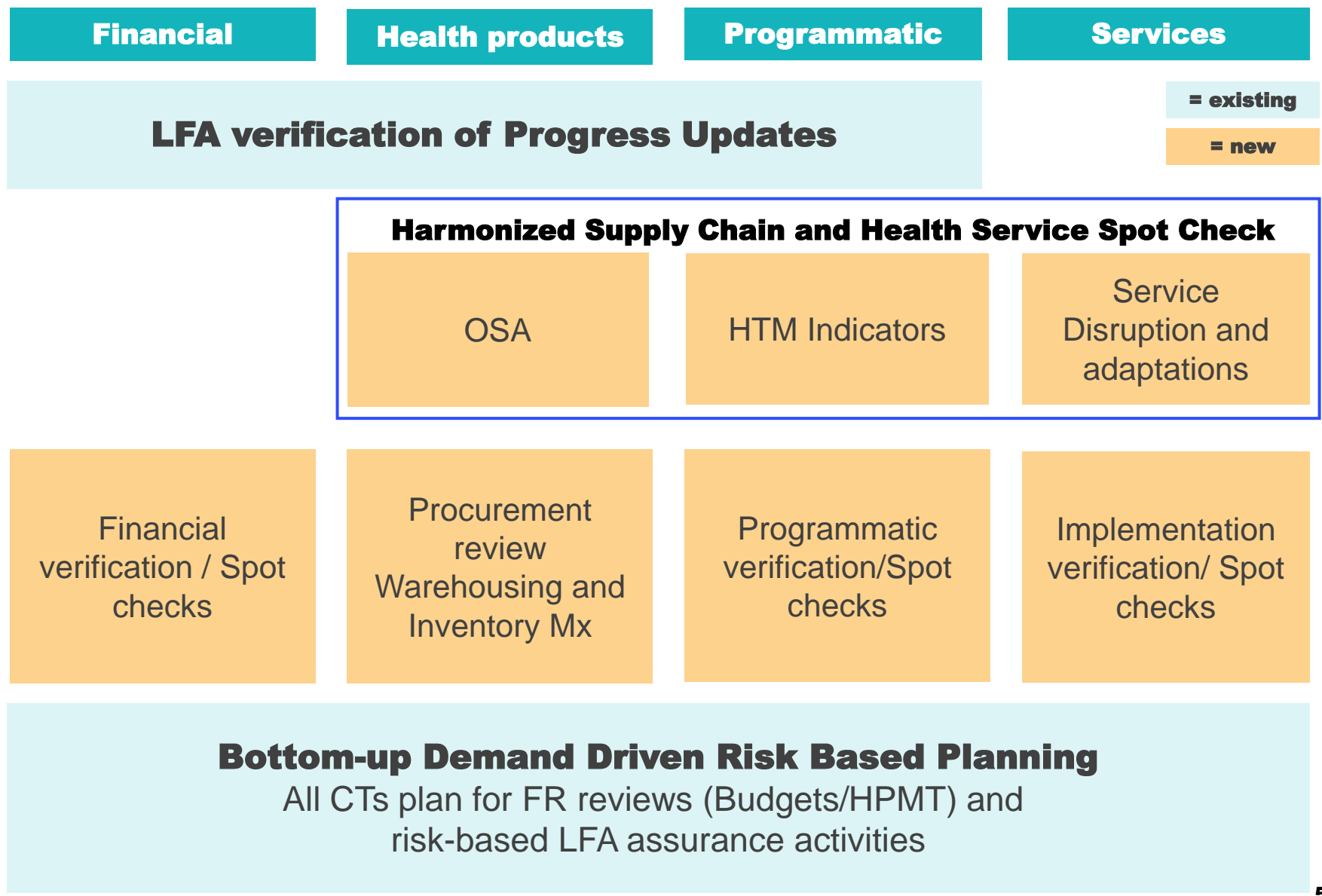
C19RM Universe
= 129 countries + 20 MC Grants

LFA Progress Update verification
(all portfolios)

3 Supply Chain and Health Services Disruption Spot Check
(45 countries = 90% C19RM investment portfolio)

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

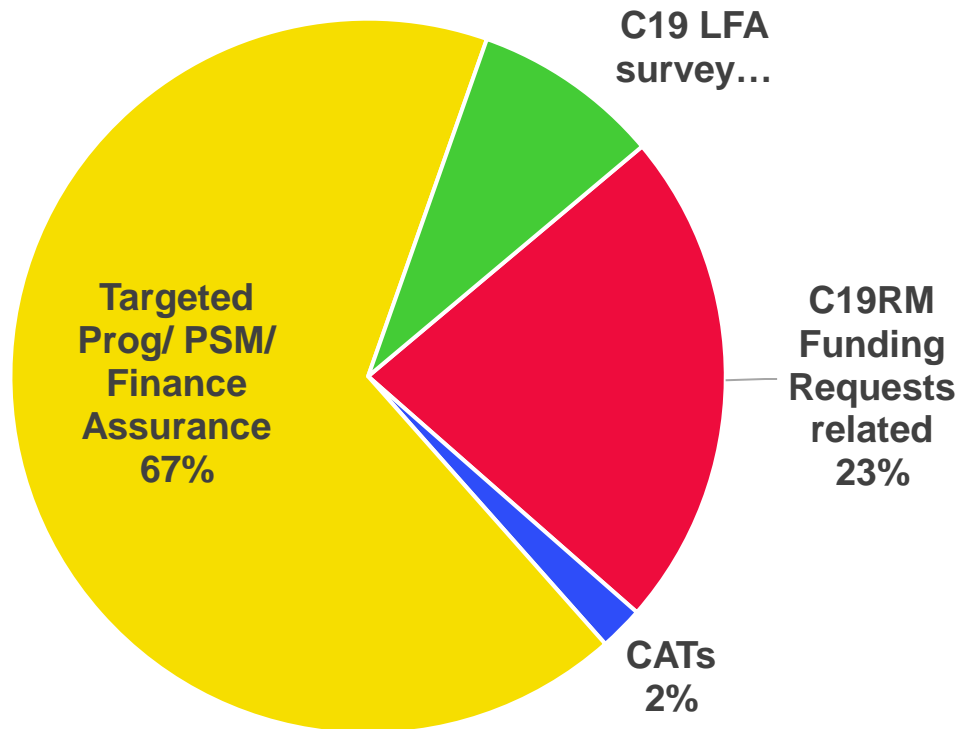
1 Risk based LFA Grant Assurances



An additional ~US\$9 million* has been included in LFA workplans dedicated to C19RM assurance activities for 2021.



Additional C19RM LFA Assurance Budgeted interventions (2021 workplans)



Risk-based LFA Budget allocation to cover high risk areas in Top 45 and other portfolios


- Assurance planning integral part of C19RM Funding Request review and outlined critical recommendations outlined in Notification letters
- Additional US\$9.4M LFA assurance budget allocated under C19RM
 - Mandatory minimum assurance across top 45 countries and risk based prioritized assurances for the remaining portfolios
 - US\$ 6.1M (65%) allocated to Top 45 countries
 - Nearly 2/3rd of investments support targeted programmatic, financial and supply chain assurances and implementation spot checks
- Systems established to monitor outcomes of LFA assurances under the M and O workstream

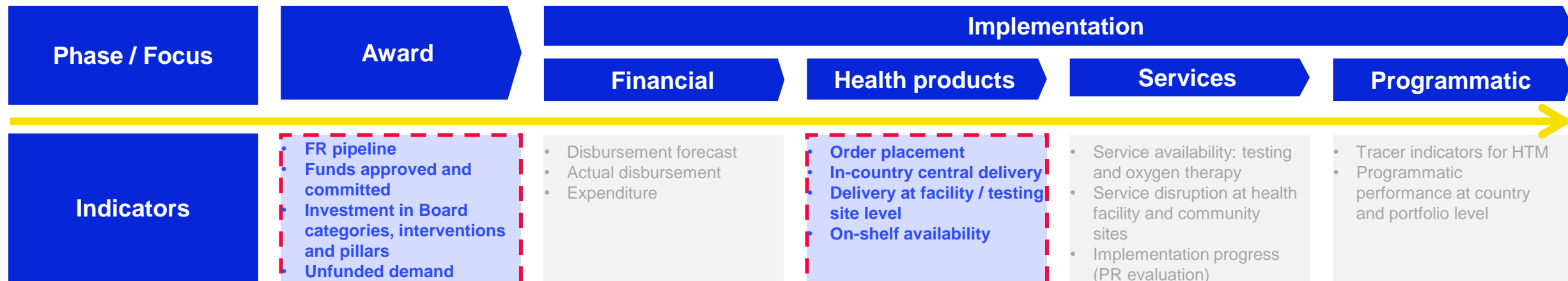
Insights from assurance activities linked to C19RM 2020 have informed Global Fund approach on Health Product Segmentation and increasing use of WAMBO to source C19RM products and strengthen in-country procurement and supply chain reviews

* This does not include the budget for Supply Chain and Health Services Spot Checks, which is has increased from ~USD 4 to 6 million per year.

Routine progress monitoring has already been introduced, leveraging available data.

OPERATIONALIZED


- **Agreed criteria for escalation of issues** to GMD Department Heads, Head of GMD and M&O workstream / Investment Committee – escalation criteria build on internal and Board-agreed KPIs
 - **Weekly progress updates** chaired by Investment Committee Chair – focused on:
 - Cross-departmental problem solving;
 - Tracking issues through to resolution; and
 - **Continuous improvement of M&O processes**
-  = Current focus based on available data and stage in process

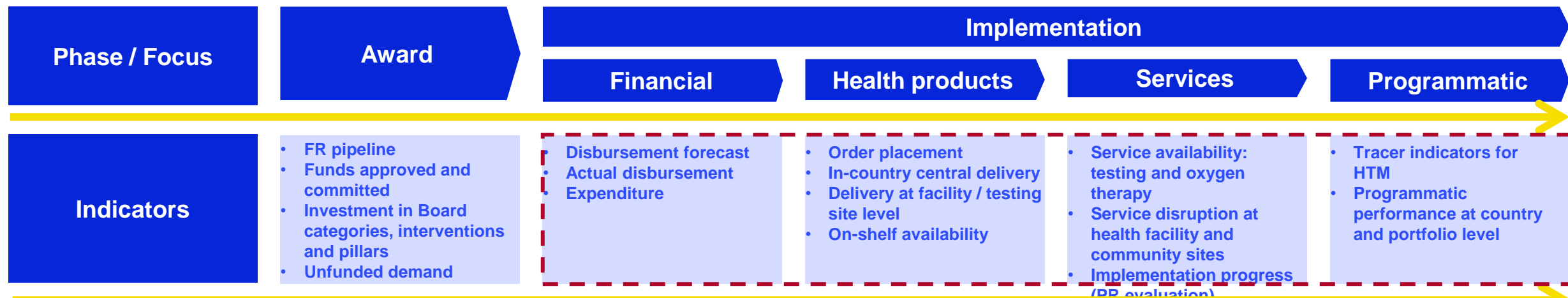


Cross-cutting reviews leveraging Pulse Check and Spot Check data will start in Q4

PLANNED

- **Cross-cutting analysis of end-to-end data** including data on health product availability, service availability and disruption, programmatic performance and expenditure
- **Quarterly reviews by Investment Committee** based on comprehensive escalation criteria with input from GMD, technical specialists and 2nd line teams, focused on
 - Cross-departmental problem solving;
 - Tracking issues through to resolution.

 = Future focus as more data becomes available



Case study 1. Country example of end-to-end assurance, monitoring and oversight

Country context

Country X is a High Impact portfolio in Eastern Africa with grant investments of over USD 500 million. The underlying health systems are fragile, weak health infrastructure and HRH capacity. The country with joint partner investments has strengthened its national supply chain capacity, using PPM for grant procurement and strengthening both formal and informal community systems. HRH challenges in the context of COVID-19 has overstretched national capacity.

The C19RM approved funding is over USD 100M. Over 2/3rd of investments directed towards reinforcing national COVID response focusing on PPE, diagnostics, oxygen, infrastructure support for COVID facilities and HRH.

Key Portfolio Risks

The C19RM requests identified several risks including PR capacity that would impact ability to implement (infrastructure, procurement, HRH) and absorption, underlying lab systems related risks, potential duplications and VfM consideration.

The financial and fiduciary risks are rated at High (internal controls and fraud risk) at the portfolio level and additional investments in HRH, travel related and outreach interventions has a contributory effect

The procurement (PPM/Wambo) and in-country supply chain rated as moderate – however the cold chain requirements, risk of diversion and sub-optimal LMIS to track deliveries are acknowledged

Case study 1. Country example of end-to-end assurance, monitoring and oversight

Assurance activities

Incremental US\$ 110,000 was budget for LFA assurance activities under C19RM for 2021.

Agreed management actions and assurance activities are:

- Budget and HPMT/quantification reviews with focus on quantification and VfM;
- Informed trade-off between HRH support to meet acute needs, mitigate impact of COVID on the disease programs and sustainability - Support for HRH linked to a transition plan;
- CHAI Oxygen request review checklist *New* used to inform FR review and recommendation by IC - Detailed Implementation review for O2 PSA plants by LFA
- Pre-award procurement review;
- Warehousing and inventory management spot checks
- Supply Chain and Health Service Spot Check *New*
- Programmatic and financial spot checks and verification of implementation

Routine monitoring

- Routine Grant Reporting - PUs and PUDRs
- Quarterly Pulse Checks *New*
- Reviewed through weekly C19RM M&O progress update meetings and quarterly IC implementation reviews
- Portfolio prioritized for IC review in 6mths to assess progress in implementation
- Next PPC (if applicable): planned in Q4 2021

Case study 2. Country example of end-to-end assurance, monitoring and oversight

Country context

Country X is a COE country managed under the Additional Safeguards Policy (ASP) in the WCA region. The country has been under ASP since 2010, and the political and security situation remain volatile.

Country X has a grant Portfolio of Euro 150-200M. Current grants are implemented by the MOH and an iNGO (as the largest recipient of grant funds) as PRs. The C19RM approved funding is over Euro 30M, with over 80% invested through MOH to support the direct COVID response. Sizeable share of these investments are towards reinforcing C19 response (diagnostic and PPE), risk communication and adaptations for upcoming malaria campaigns (digitalization of campaigns)

Key Portfolio Risks

HIV, TB and malaria services are disrupted impacting HIV prevention programs and risk of delays in malaria campaigns

The financial and fiduciary risks are rated at High, primarily driven by sub-optimal PMU capacity, weak internal controls, risks related to malaria campaign operations.

Procurement risk is rated as V.High due to challenges in robustness of quantification and forecasting, timelines and diligence around procurement processes and associated risk of fraud and VfM

The warehousing and distribution risk is rated as moderate. However, with the significant volumes of C19 products, cold chain requirements for C19 diagnostics and weak LMIS systems are likely to outstretch the system. Risk of diversion is also acknowledged

Case study 2. Country example of end to end assurance, monitoring and oversight

Assurance activities

An additional US\$ 195,000 was included in the assurance budget for LFA assurance activities under C19RM for 2021.

Agreed assurance activities are:

- Budget and HPMT/quantification reviews with emphasis on quantification and VfM;
- All C19 strategic and mainstream products procured through WAMBO *New*
- Pre-award procurement review for key in-country procurements;
- Warehousing and inventory management spot checks to address sub-optimal storage practices and risk of diversions
- Supply Chain and Health Service Spot Check *New*
- Strengthened fiduciary oversight - enhanced ToRs through fiscal agent; LFA review of internal controls and financial verifications and spot checks
- Programmatic and financial spot checks (verification of implementation)
- Changes in implementation arrangements for NFM3 malaria grant (iNGO) - Besides digitalization of campaigns and Technical support from partners, review of internal controls for LLIN campaign adaptations

Routine monitoring

- Routine Grant Reporting - PUs and PUDRs
- Quarterly Pulse Checks *New*
- Reviewed through weekly C19RM M&O progress update meetings and quarterly IC implementation reviews *New*
- Next PPC planned in Q4 2021

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- ① Progressive Development of C19RM Monthly Reporting

- ② Update on COVID-19 Epidemiological Situation and Disruption to HIV, TB and Malaria Services

- ③ C19RM 2020 Updates

- ④ C19RM 2021 Funding Requests and Awards Overview

- ⑤ Health Products Overview

- ⑥ Focus on Surveillance

- ⑦ C19RM Assurance, Monitoring and Oversight

- ⑧ **C19RM Country Examples**



Continued Success: Improved community-based surveillance

We remain committed to the people we serve and are encouraged by the progress made in countries like **Ethiopia**, where the support was focused on strengthening Community Health Workers programs.

Context

- The first COVID-19 case was detected in March 2020. As of May 2021, 2,652,558 people have been tested, of which 266,264 were infected, 219,566 recovered, and 3,996 (1.5%) died. The Tigray conflict has impacted services notably.
- Following the first registered case, all health facilities diverted available resources away from routine services towards the preparation for COVID-19 prevention. Facilities allocated spaces for treating COVID-19 patients and re-allocated staff time, at the expense of reducing budgets for essential services such as maternal, newborn and child health, non-communicable diseases, surgery, HIV, TB and malaria. Availability of essential drugs and medical equipment was also affected due to disruption of the general supply chain system and of referral systems, limitation on public transportation and total closure of essential services at many health facilities.
- The country is in a better position in relation to community, rights and gender compared to a few years back. This is demonstrated by the willingness and commitment of the government to revise the civil society organization proclamation and to increase civil society organization engagement in national issues

C19RM Response

- In 2021 the Global Fund allocated US\$30,683,553 under Fast-track and US\$80,454,416 for Full Funding Request, amounting to a total of US\$111,137,969.
- The C19RM funding request was based on the Government's emergency preparedness and response plan. Interventions proposed are relevant and designed to address the challenges experienced.
- The emphasis given by the government on the involvement of all sectors, coordination work, involvement of the Health Development Partners group, communities and Health Extension Workers are key factors for disease control.
- The funding request was focused on strengthening the community health system at large which is notably a strong and well integrated program. Over 10% of the request was focused on epidemiological surveillance and contact tracing.
- The funding request writing team was composed of representatives from the COVID-19 national taskforce and other public health NGOs, development partners such as the UN, WHO and others, as well as civil society and key vulnerable populations' representatives.

The investment committee awarded US\$80,454,416 of additional investments for COVID-19 response

	US\$	% 2020- 2022 Allocation
Fast-track award	30,683,553	6.9%
Full Funding Award	80,454,416	18.1%
Total C19RM 2021 Award ex carry over	111,137,969	25.0%
Unfunded demand	91,819,154	20.7%

Looking Ahead

- Expected impact: with this grant Ethiopia will improve epidemiologic surveillance and COVID-19 case finding, contact tracing; case management and home-based isolation and care (HBIC); infection prevention control, and water, sanitation and hygiene; risk communication and community engagement (RCCE); laboratory systems; protection of vulnerable population; multisectoral engagement for COVID-19 response. The grant will also mitigate COVID-19 risks for the slow down of HIV, TB and malaria service delivery.
- Lessons for other countries: Ethiopia undertook a very robust approach to inclusive country dialogue for preparing the funding request. Several proposal writing workshops were conducted with participation of the Global Fund's Change Coordination Team, Technical Advice and Partnerships team, and other units, as well with partners and a wide range of national stakeholders.



Continued Success: Strengthening Surveillance Systems

Malawi has invested in laboratory and surveillance systems.

Context

- According to latest WHO figures, as of 10 September 2021 Malawi has recorded a total of 60,995 confirmed cases of COVID-19 with 2,229 deaths since the first case confirmed in April 2020.
- While a high proportion of cases have been seen in the urban centers of Lilongwe and Blantyre, the COVID-19 pandemic has affected all parts of the country with the situation still classified as a national disaster by the Government of Malawi.
- Malawi is currently emerging from a third COVID-19 wave which started in early June 2021 and peaked in mid-July 2021 with over 5,000 confirmed cases and 170 deaths recorded per week.
- The third wave has affected a higher number of younger people in the 18 to 35 age group compared to the first and second waves of July and December 2020.
- In addition, there has been a significant increase in the number of patients requiring Continuous Positive Airway Pressure (CPAP) support resulting in an increased demand for oxygen supplies at health facilities.
- As of 4 September 2021, a total of 969,645 vaccine doses have been administered against a national target of 10.97 million people to be vaccinated (60 per cent of the population).

Importance of Sequencing & Enhanced Surveillance to National Response

- The Government of Malawi with support from partners has put in place several strategies included in the National COVID-19 Response Plan to control and contain the COVID-19 pandemic.
- A key component of the National COVID-19 Response Plan is that of enhanced surveillance, epidemiological investigation, and contact tracing, with a particular focus on developing enhanced COVID-19 sequencing capacities.
- In the past, the Ministry of Health has been dependent on laboratories located in South Africa for COVID-19 sequencing, a costly and time-consuming approach as the samples had to be sent there. The aim is to establish sufficient capacities in Malawi to meet the needs for COVID-19 sequencing.
- With the support of partners, including the Global Fund, Africa CDC and the University of Maryland-Baltimore, the Government of Malawi is enhancing the National Reference Laboratory's (NRL) capacities to enable it to undertake COVID-19 sequencing.

Going forward

- Using low throughput machines that process 24 samples per week, the NRL was able to sequence its first batch of COVID-19 samples in June 2021 resulting in an initial reduction in the number of samples sent to South Africa.
- With a current sequencing need of 200 COVID-19 samples per week, the Ministry of Health is working to ensure that this threshold is attained within the minimum possible timeframe to ensure that all sequencing of COVID-19 samples can be undertaken in Malawi. As such, the Ministry is prioritizing the following:
 - Procuring additional sequencing machines with higher throughput capacities;
 - Training of additional laboratory personnel in South Africa;
 - Enhancing capacities for the transportation of sequencing specimens from health facilities;
 - Renovating the molecular laboratory at the NRL to accommodate COVID-19 sequencing;
 - Enhancing COVID-19 surveillance systems at the health facilities' level.

The investment committee awarded US\$ 73,113,943

The Global Fund support through COVID-19 Response Mechanism 2021 cuts across the prioritized areas and is expected to result in significant improvements in both the laboratory and surveillance systems. It includes the following investments:

Laboratory Systems (US\$ 3,915,877):

Adapt / strengthen existing specimen transport networks to integrate COVID-19 samples; Construction/renovation of molecular lab for COVID-19 sequencing; Maintenance and service contracts for laboratory strengthening; Procurement of other health equipment for laboratory strengthening; Site supervision and mentorship for all antigen testing sites to institutionalize the use of Sympheos for data capturing and reporting; and Train laboratory health care workers on biosafety and biosecurity.

Surveillance Systems (US\$ 110,727)

Conduct nursing and midwifery supervision in government, private and Christian Health Association of Malawi (CHAM) facilities for COVID-19 in-patients; Conduct quarterly supportive supervisions in health facilities.

- Operational Costs for Public Health Institute of Malawi (PHIM).

	US\$	% 2020- 2022 Allocation
Fast-track award	29,441,661	5.7%
Full Funding Award	73,113,943	14.3%
Total C19RM 2021 award ex carry over	102,555,604	20%
Unfunded demand	32,053,153	6.2%



Continued Success: Engagement of Key Populations

Thailand has leveraged a collaborative engagement process to ensure a strong funding request.

Context

- Thailand was the first country outside of China to report a COVID-19 case. Stringent containment measures were introduced in March 2020 including the closure of international borders, lockdowns in major cities, and limits on movement between provinces.
- While flattening the epidemic curve throughout 2020 and into early 2021, these restrictions have had major economic and social consequences. Foreign tourism, which accounts for one fifth of GDP and 20% of employment, has been devastated. Full recovery of the sector is not anticipated until 2026.
- The early success in controlling COVID-19 has not been sustained. Cases have surged in recent weeks as the Delta variant takes hold across the region, and the roll-out of vaccination programs is challenging. Thailand reported its largest number of daily infections on 22 July 2021 at 13,655. Hospitals are now overwhelmed and the otherwise strong health system in Thailand is stretched beyond capacity. The authorities are now reintroducing and expanding restrictions to slow the spread.
- COVID-19 related restrictions have impacted implementation of Global Fund grants in Thailand – including outreach, prevention and treatment services for transgender people, people who use drugs, sex workers, gay and men who have sex with men, and migrants.

C19RM Response

- US\$6.8 million Fast-track award for personal protective equipment, COVID-19 diagnostic tests, infection prevention and control, TB molecular test equipment with strong focus on provision for community organizations, migrants and key populations.
- Full review award of US\$13,846,902 focused on COVID-19 control and containment, HIV and TB mitigations and community systems strengthening (community-led monitoring, social mobilization and advocacy, community-based organization institutional strengthening). Implementation arrangements include strong focus on local key populations organizations.
- Key populations, COVID-19 impacted communities, and broader civil society were strongly engaged in funding request development and prioritization leading to tailored interventions sensitive to diverse needs, e.g., development of COVID-19 information in braille to ensure access for blind LGBTI community members.
- Extensive consultation included community-based and led-organizations beyond the scope of the Global Fund’s current grants and across provinces.

The investment committee awarded US\$ 13,846,902

	US\$	% 2020-2022 Allocation
Fast-track award	6,809,760	8.2%
Full Funding Award	13,846,902	16.8%
Total 2021 award ex carry over	20,656,662	25%
Unfunded demand	2,824,486	3.4%



Credit: WHO / P. Phutpheng

Going forward

- These investments come at a critical time in the Thai COVID-19 response. The focus on communities most impacted by HIV, TB and malaria aims to mitigate challenges in equitable access to appropriate health services for those most marginalized.
- Investments in community-based and led-organizations rely on the unique and extensive expertise of communities in mitigating the impact of COVID-19 on key services. This includes service delivery, mobilization, advocacy and community-led monitoring.
- The engagement process in Thailand demonstrates the effectiveness of bringing communities together in the development of strategies, interventions and approaches that meet diverse needs within and across these communities.