



UNITE^{TO} FIGHT

COVID-19 RESPONSE MECHANISM

C19RM Monthly Update to the Board

Report for January 2023

Publication Date: 27 February 2023

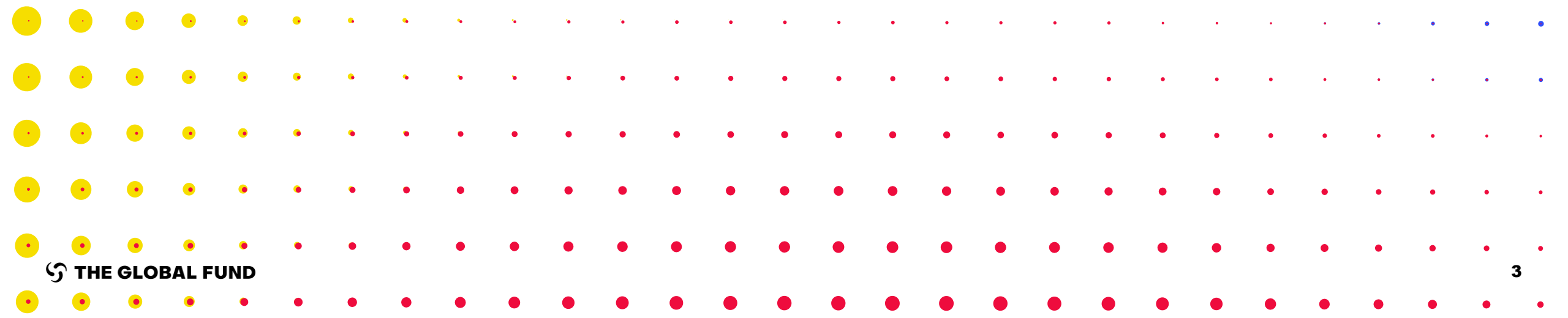
Geneva, Switzerland

Executive Summary for January Report

- 1 Board Decision (GF/B48/DP03) on Extension of C19RM:** As the COVID-19 pandemic evolves, countries' needs shifted towards building resilient systems for health and pandemic preparedness. The Board approved the extension of the mechanism until 31 December 2025, providing a unique opportunity for countries to reprioritize interventions that are in line with the systems strengthening and pandemic preparedness mandate of C19RM, complement investments in the next funding cycle and deliver on the objectives of the new 2023-2028 Global Fund Strategy.
- 2 Update on COVID-19 Epidemiological Situation:** High Impact Asia remains the region with the highest confirmed cases followed by Eastern Europe and Southeast Asia. Overall, cases stayed low in December and January throughout all regions.
- 3 C19RM Portfolio Optimization:** Review and award of C19RM Portfolio Optimization (PO) Wave 1 is completed with US\$547 million awarded to 40 countries and one multicountry, and applicants are being informed of the outcomes on a rolling basis as investment decisions are finalized. C19RM PO Wave 1 awards reflect a shift in funding needs following pandemic evolution, and prioritization of RSSH improvements and pandemic preparedness components that simultaneously contribute to the COVID-19 response and HTM mitigation. Wave 2 in Q1/Q2 2023 will facilitate the shift towards longer term strengthening of RSSH and pandemic preparedness aligned with GC7 investments. Since there are still significant uncertainties about the future evolution of the pandemic, C19RM remains flexible, enabling countries to respond to changes in funding needs.
- 4 Finance Update:** 88% of the cumulative budget until 31 Jan 2023 has been committed. Cumulative disbursements of US\$1,780 million by 31 Jan 2023, represent 77% of commitments, and 68% of the cumulative budget until 31 Dec 2022. In-country absorption based on December 2022 proximal financial data remains at 37% as demand decreased during pandemic evolution and shift to longer term investments that take longer to develop and implement; budget revisions and reprogramming are ongoing in 2023 to meet new ambitions for implementation towards 31 December 2025. Reinvestment and portfolio optimization process is expected to unlock the ability of implementers to gear investments towards emerging needs with higher impact and absorption potential.
- 5 Operationalization of C19RM Extension:** The C19RM Technical Information Note is being updated to reflect the shift towards longer term investments, as is the M&E Framework to ensure comprehensive and relevant reporting, monitoring and evaluation of C19RM investments, which in many countries will be programmed in parallel to GC7 resources. This enables countries to plan comprehensively across C19RM and GC7. The C19RM Monitoring, Oversight (M&O) and Assurance Approach 2023-2025 has also evolved to meet the changing epidemiological context and investment priorities. CCMs have been notified that C19RM PO Wave 2 has launched. Countries have also been notified of the launch of the new Pandemic Fund with initial guidance on how to apply through C19RM to reduce the application workload to countries, subject to Global Fund Board approval and World Bank requirements.
- 6 Health Products:** Health Products represent 67% of C19RM 2021 awards. Orders for US\$913 million (US\$901 million as of November) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$734 million delivered (US\$685 million as of November). Conversion of Non-PPM budget to purchase orders increased to 41% of the QTD (quarter to date) Q1 2023 budget or 39% of the three-year total.



Development of C19RM reporting



Development of C19RM Monthly Reporting

[Last report](#) combined C19RM November and December updates on the C19RM extension and portfolio optimization. This report covers key updates for January on C19RM portfolio optimization and investment of additional funding, financial and programmatic performance, and operationalization of the C19RM extension. These sections will continue to be updated in subsequent reports and provide additional analysis of C19RM investments in line with the updated M&E framework, an overview of the Centrally Managed Limited Investments (CMLIs) portfolio and focus on Community, Rights and Gender dimensions.

Last Report

The last report provided key data points and thematic updates following Board approval of the C19RM extension:

- Update on the COVID-19 Epidemiological Situation
- C19RM portfolio optimization
- Finance Update
- Updates on Health Products Pipeline
- RSSH: community, rights and gender dimensions
- Centrally Managed Limited Investments:
 - STELLAR
 - Test & Treat
 - BOXER
 - Early Warning Surveillance
 - BIRCH

This Report

This report presents key data points and thematic updates to the C19RM extension and its operationalization:

- Update on the COVID-19 Epidemiological Situation
- C19RM Portfolio Optimization and Investment of Additional Funding
- Finance Update
- Progress in operationalization of the C19RM extension:
 - Evolution from COVID-19 response to recovery, prevention and preparedness
 - Updates to C19RM Technical Information Note (TIN)
 - Updates to C19RM M&E Framework
 - TRP engagement in C19RM
 - C19RM M&O/E and Assurance
- Updates on Health Products Pipeline

Subsequent Reports...

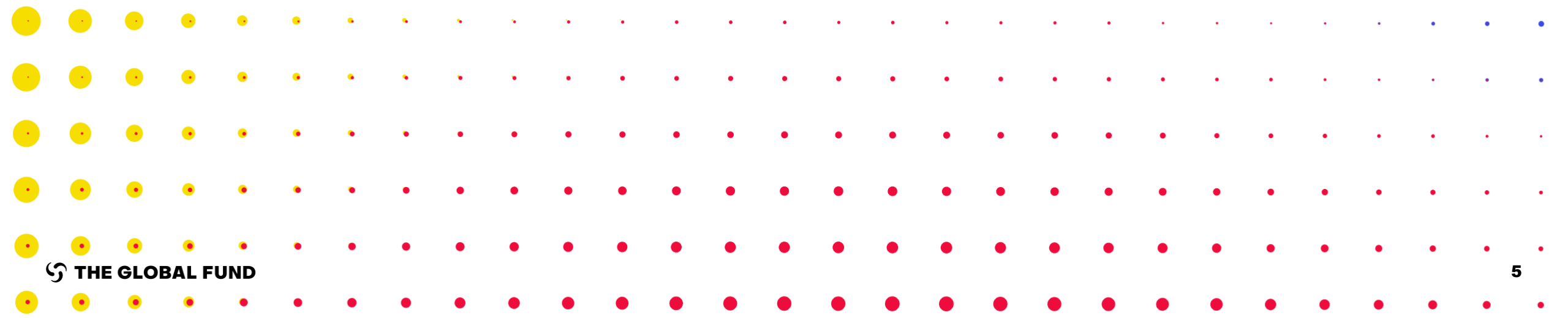
Future reports will be reshaped to align with the Monitoring, Oversight & Evaluation Framework (M&O/E), and operationalization of the C19RM Extension to focus on:

- Progress on operationalization of C19RM extension
- C19RM awards, reinvestment and finance update
- Community, Rights and Gender dimensions
- Strategic shift of C19RM investments in health systems strengthening and pandemic preparedness
- Global Fund engagement in Pandemic Fund
- C19RM M&O/E and Assurance
- Updates on implementation, progress on CMLIs and Country Case studies
- Updates on Health Products Pipeline as relevant



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Board Decision on C19RM Extension



Board Decision on Extension of the COVID-19 Response Mechanism (C19RM)

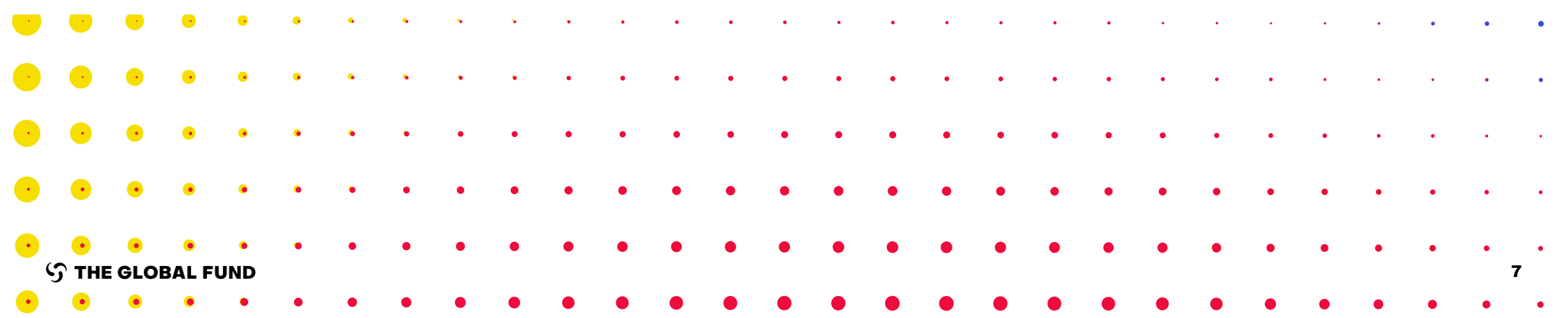
Decision Point GF/B48/DP03

1. The Board acknowledges that C19RM was established to support (i) COVID-19 control and containment interventions, (ii) COVID-19 risk-related mitigation measures for programs to fight HIV, TB and malaria, and (iii) expanded reinforcement of key aspects of health systems, and recognizes that C19RM requests and awards through the end of 2021 largely focused on the acute response to the COVID-19 pandemic;
2. The Board acknowledges that the pandemic is evolving, and that recipient priorities are correspondingly shifting towards longer-term investments in health systems' infrastructure and capacities for pandemic preparedness and response;
3. To facilitate careful planning of such investments, including alignment with potential funding requests for the Seventh Replenishment grant cycle, the Board approves that C19RM funds may be awarded through 30 June 2023, with opportunity for subsequent C19RM portfolio optimization awards;
4. To enable maximization of impact from investments in resilient and sustainable systems for health, the Board approves that any C19RM funds may be implemented through 31 December 2025 and will finance interventions across the Sixth and Seventh Replenishment periods – acknowledging that the Secretariat will continue to ensure rapid deployment of funds and quality implementation notwithstanding this deadline;
5. The Board approves that C19RM funding requests will continue to be developed through appropriate, multi-sectoral consultation and fully inclusive decision-making, which must engage communities and civil society, and which must ensure coordination with the national COVID-19 response coordinating body or provide other evidence of alignment with the national approach to COVID-19 response in the absence of such a coordinating body;
6. The Board approves that the Secretariat may use up to 4.5% of C19RM funds, representing an increase from the prior ceiling of 3%, to cover additional management and operating costs related to extension of C19RM; and
7. The Board agrees that all other parameters of C19RM under GF/B46/EDP06 remain unchanged.



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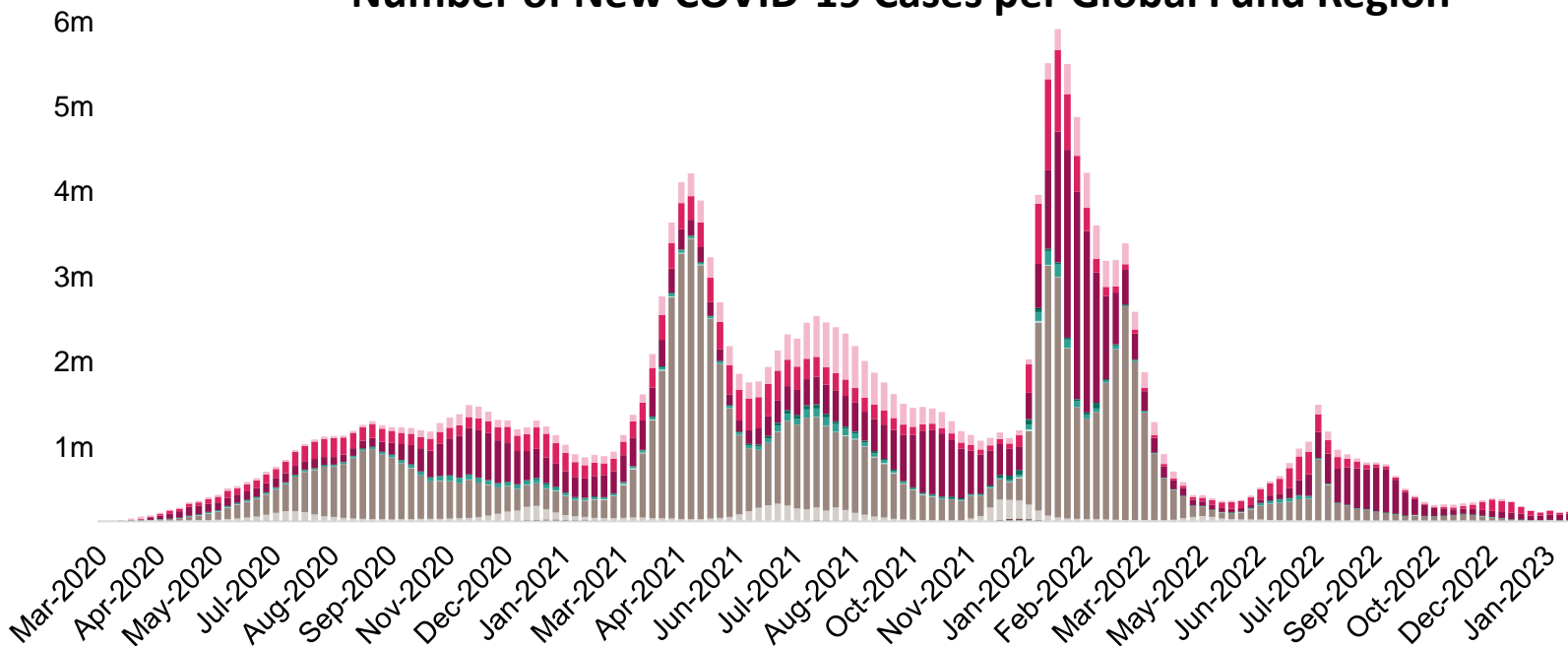
Update on COVID-19 Epidemiological Situation



COVID-19 Burden in Regions the Global Fund Supports

COVID-19 pandemic has evolved, and overall cases stayed low in December and January throughout all regions

Number of New COVID-19 Cases per Global Fund Region



Region	New cases since last Board report***	True infections far outnumber confirmed cases in many countries. See https://ourworldindata.org/covid-models
AELAC-SEA	65,481	*High Impact Africa 2: South Africa, Ethiopia, Kenya, Zambia, Mozambique, Zimbabwe, Uganda, Zanzibar
AELAC-LAC	553,607	
AELAC-EECA	521,330	**MENA: Morocco, Tunisia, Egypt, Algeria, Mauritania, Sudan.
AME-WA	182	
AME-SEA	18,297	
AME-MENA	7,043	
AME-CA	244	
HIA-Asia	127,660	
HIA-2	35,010	
HIA-1	1,861	

SUMMARY

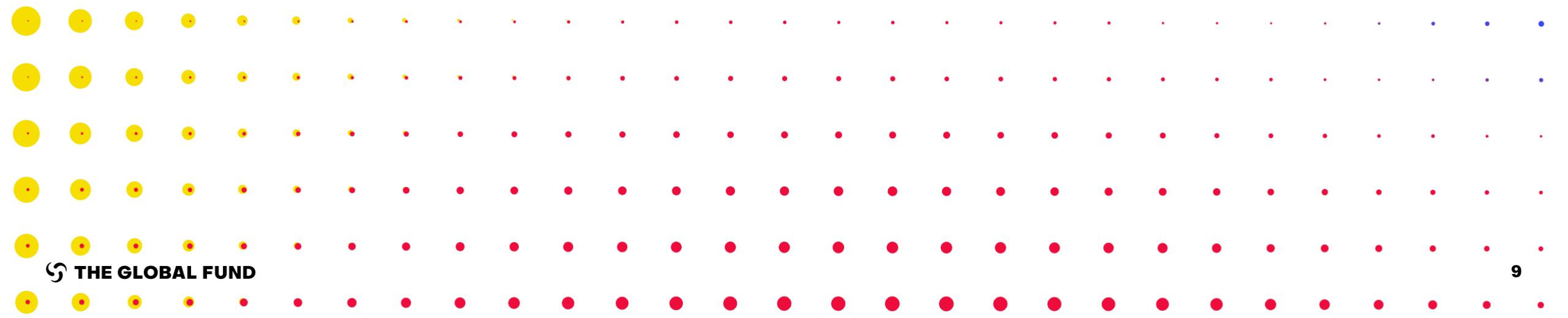
- According to WHO, as of **4 February 2023**, there have been 754.6 million confirmed cases of COVID-19, including 6.83 million deaths reported to WHO worldwide. Confirmed cases in the Global Fund portfolio are 165.3 million, while deaths are 2.59 million. **High Impact Asia remains the region with the highest confirmed cases followed by Eastern Europe and Central Asia. High Impact Asia has a total of 76.1 million confirmed cases, with 0.13 million new cases in the last two months.**
- New cases have also been recorded in **Eastern Europe and Central Asia with an increase of 0.52 million new cases in the last two months.** Confirmed cases in Latin America and Caribbean rises to 20.7 million while those in *High Impact Africa 2 stays at over 5.9 million and the **MENA region is at over 3.3 million.
- Overall new COVID-19 progression in the last two month shows that cases are staying low, despite surges in China.
- **Six Global Fund implementing countries are also among the top 25 countries in the world with the highest cumulative cases.** These include India, Russian Federation, Vietnam, Iran, Indonesia, and Colombia.

***New cases only concern December – January data as of 4 February 2023

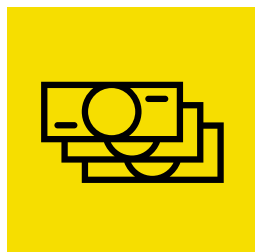


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C19RM Portfolio Optimization / Investment of Additional Funding



C19RM 2020 & 2021 Awards, Submissions and Pipeline

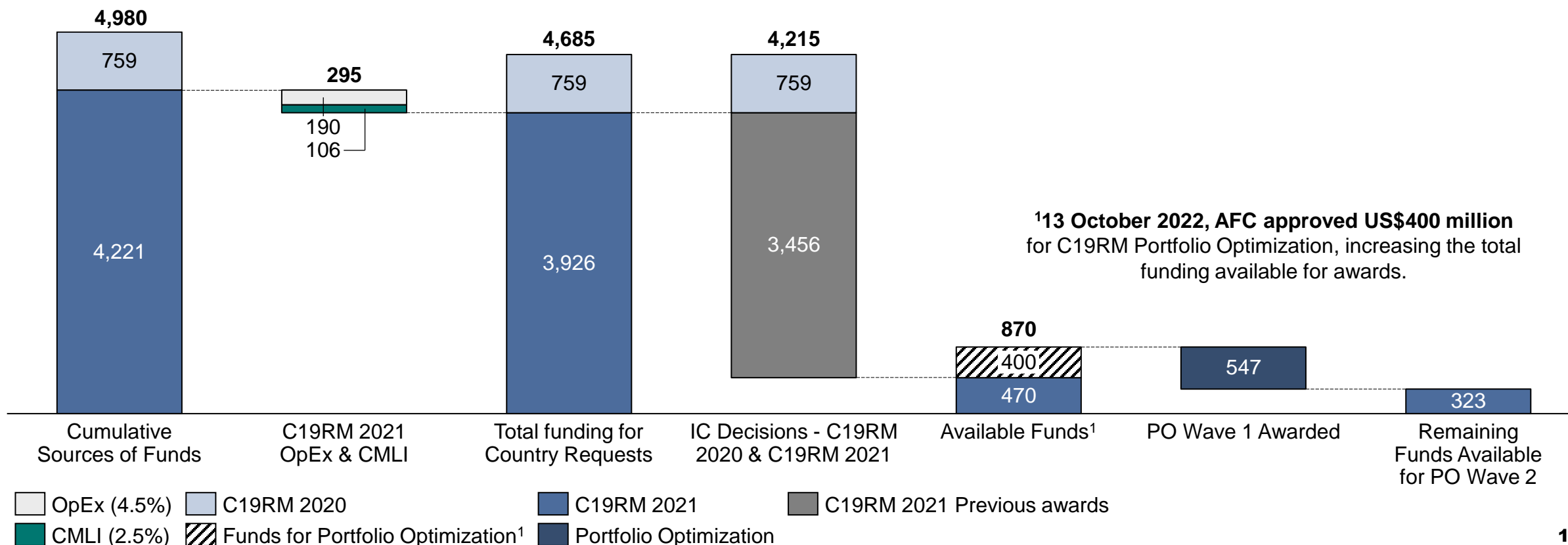


US\$4,762 million of C19RM 2020 and 2021 cumulative funding awarded to **125 applicants** for a portfolio average of an amount equivalent to **37% of the Grant Cycle 6 allocation**.

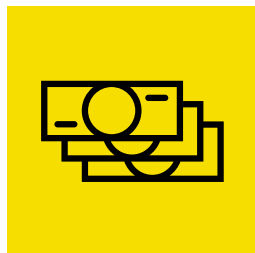
49 additional requests originally presented to finance unfunded demand for a total of **US\$1,700 million**.

41 applicants awarded/recommended for Board approval for a total of **US\$547 million**, whereas **eight applicants** did not receive an award. **12 applicants**, representing **US\$420 million pending board approval**.

C19RM 2020 & C19RM 2021 Awarded Amounts (US\$ million)

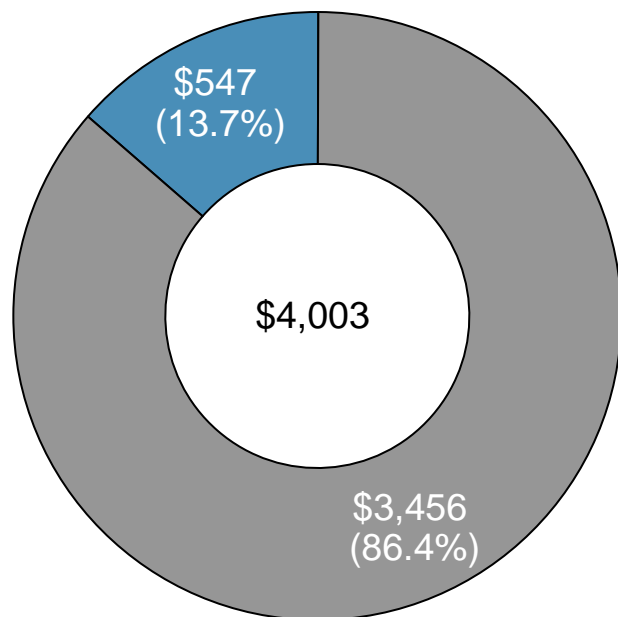


C19RM 2021 Portfolio Optimization



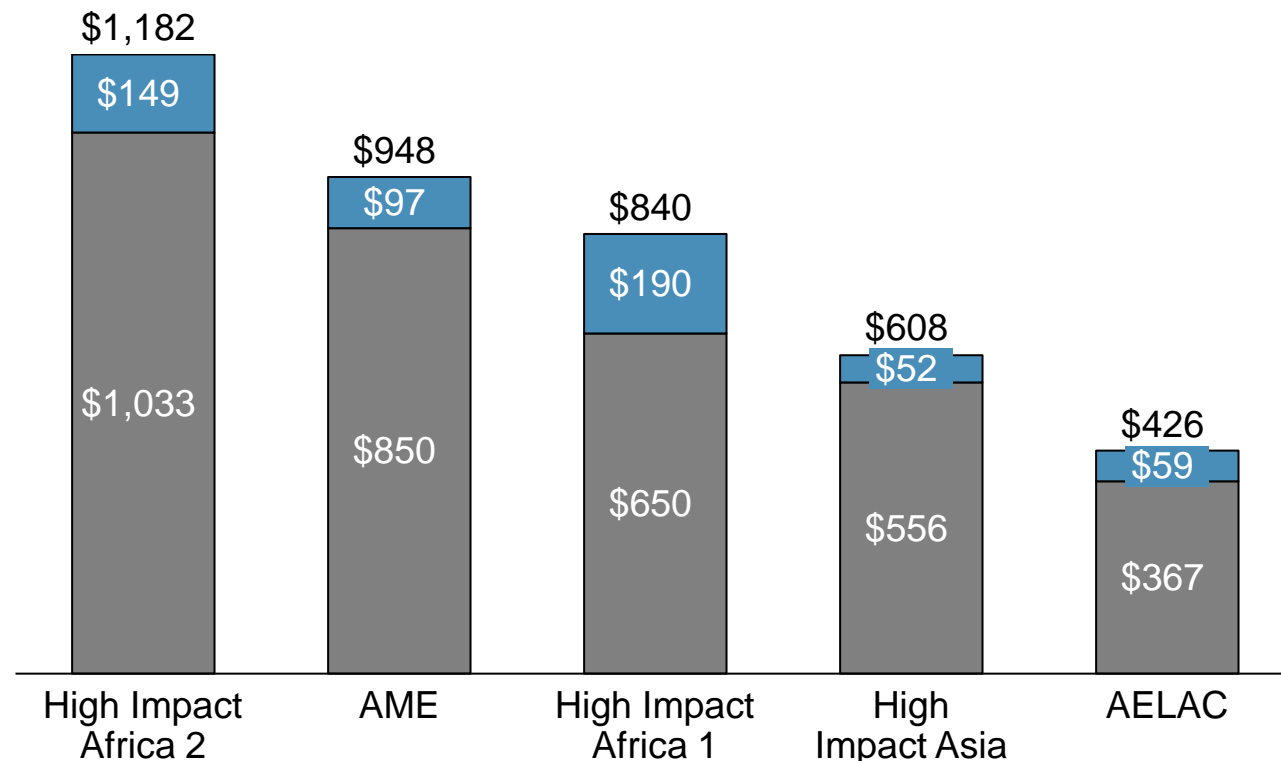
US\$547 million (including HTM PSM Costs) was awarded/recommended for Board approval under C19RM Portfolio Optimization Wave 1 to **41 applicants**, an amount equivalent to **8.7%** of their **GC6 allocation**.

C19RM 2021 Awards



■ Portfolio Optimization
■ Previous C19RM 2021 Award (Fast & Full)

C19RM 2021 Awards by Region



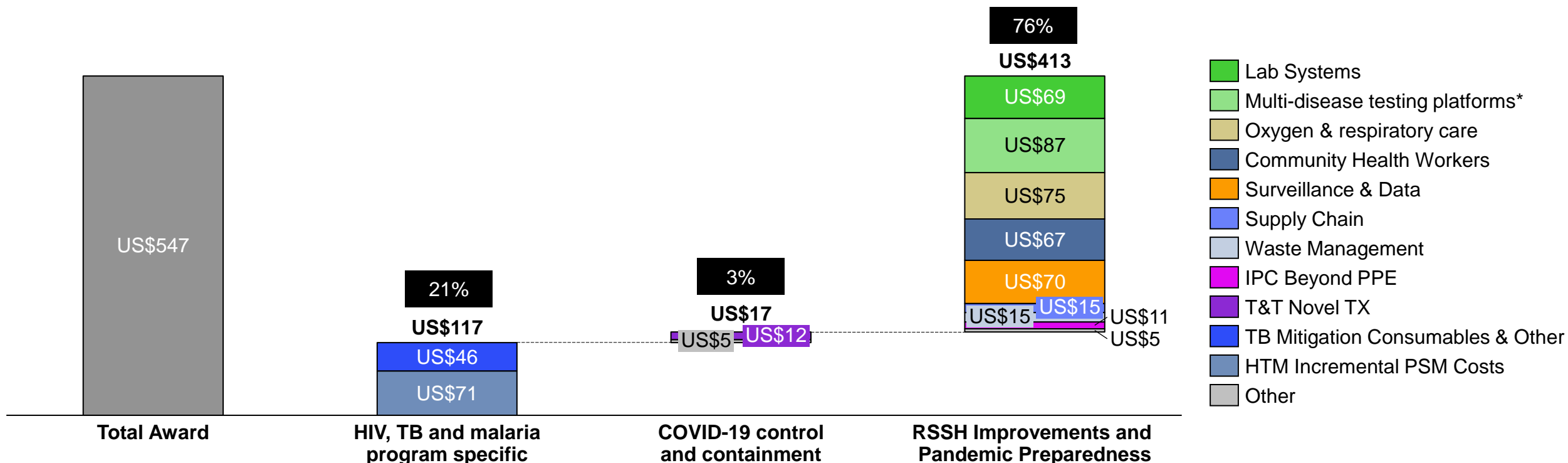
Drill Down: C19RM 2021 Portfolio Optimization by Priority Area



US\$547 million has been approved by IC or recommended for Board approval with the following breakdown: **76%** for improvements to RSSH and Pandemic Preparedness; **21%** for HIV, TB and malaria mitigation and **3%** to reinforce national COVID-19 responses.

C19RM Portfolio Optimization Wave 1 awards reflect a shift in funding to align with the strategic priorities, to finance components that underpin the COVID-19 response, disease program specific mitigation and strengthen Pandemic Preparedness including Oxygen & respiratory care, Test & Treat, IPC beyond PPE, multi-disease diagnostic platforms, Lab systems, Surveillance & data, Supply Chain and Community Health Workers.

C19RM Portfolio Optimization Wave 1 Awards by Priority Area (US\$ million)



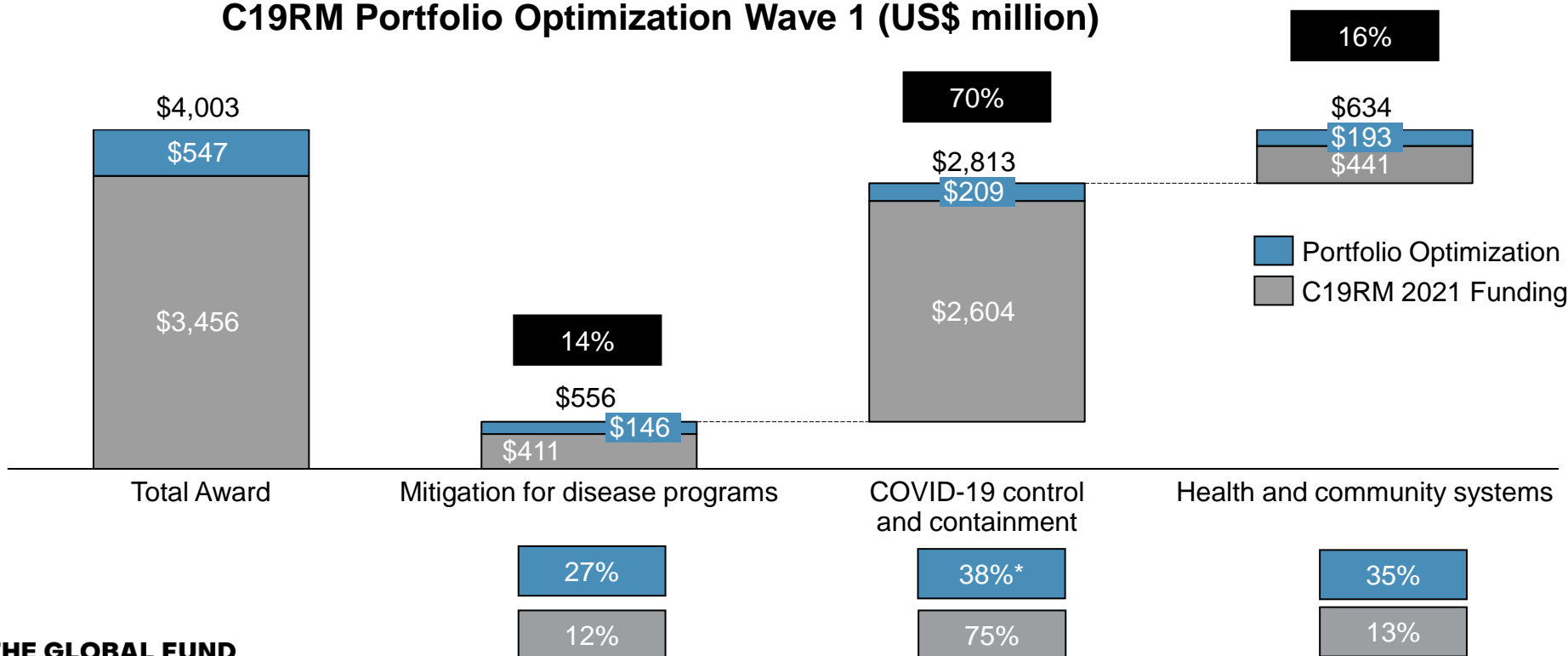
C19RM 2021 Award by Priority Area – including PO Wave 1



Awards by priority area: overall, C19RM 2021 investments have been mainly directed towards COVID-19 control and containment.

C19RM Portfolio Optimization Wave 1 awards focus on the following priority areas: **COVID-19 Control and containment** (Test & Treat, Oxygen and respiratory care, IPC Beyond PPE and multi-disease diagnostic platforms); **Mitigation for disease programs** (TB Mitigation and US\$71 million of incremental PSM costs) and **Health and community systems** (Lab systems, Surveillance, Supply Chain and Waste Management). Investments in Community Health Workers are cross-cutting and, as such, feature in all three priority areas.

Total C19RM 2021 Awards by Priority Area – including C19RM Portfolio Optimization Wave 1 (US\$ million)



All values in the charts are in US\$ million and rounded.

Program management costs are included in Reinforce COVID-19 national response.

Recent awards values may be adjusted slightly once Detailed Budgets are finalized.

Quoted values include awards approved and/or recommended for Board approval

Data are excluding Reinvestment (refer to dedicated slides) .

* The 38% includes US\$87 million of investments for multi-disease diagnostic platforms requested under TB mitigation

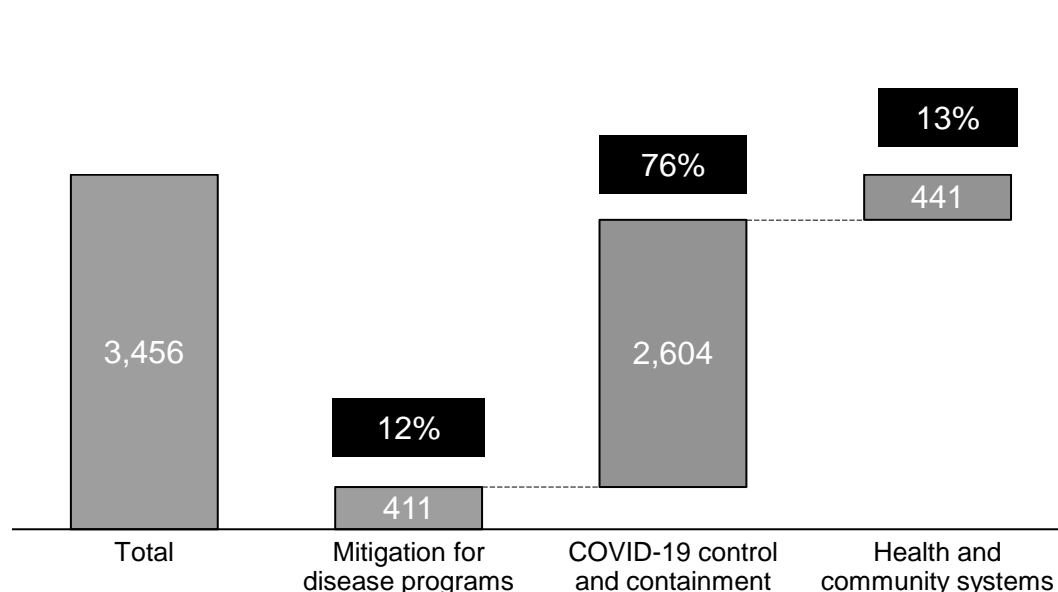
C19RM 2021 Changes in the shape of the portfolio



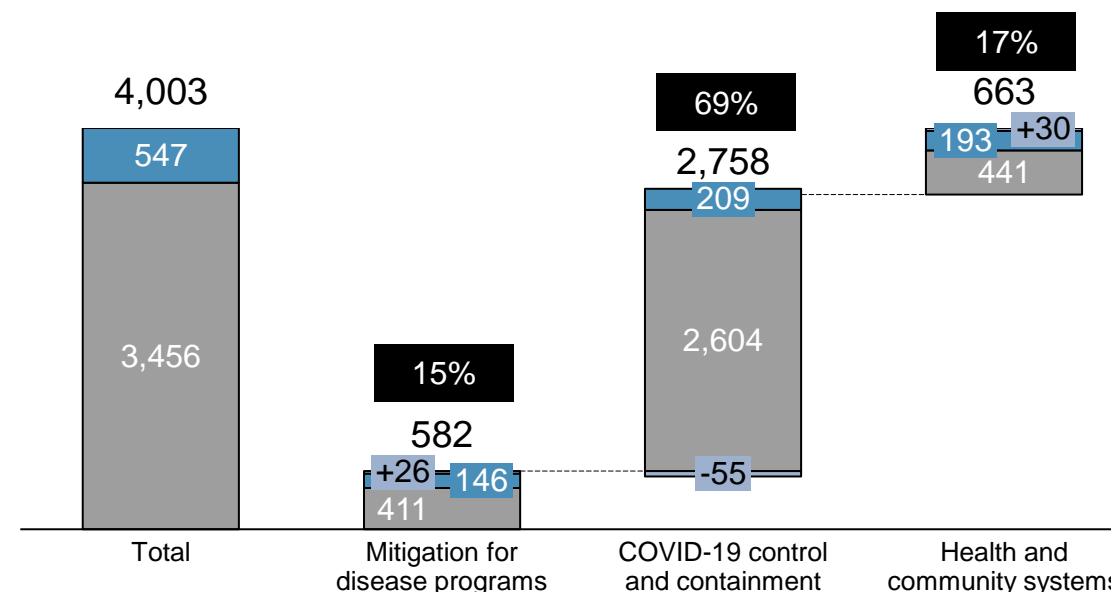
Out of the **top 21 countries**, **16 countries** have reported (preliminary) reinvestment data to the C19RM secretariat (for a total of **US\$377 million**). **Eleven smaller portfolios** have also reported reinvesting for **US\$20 million**.

Below we see the **impact** that **both reinvesting, and portfolio optimization** have had on the shape of the **portfolio**, noting that Oxygen and respiratory care and multi-disease diagnostic platforms remain under COVID-19 control and containment.

Pre-PO & Pre-Reinvestment Awards by Priority Area (US\$ million)



Post-PO and Post-Reinvestment Investments by Priority Area (US\$ million)

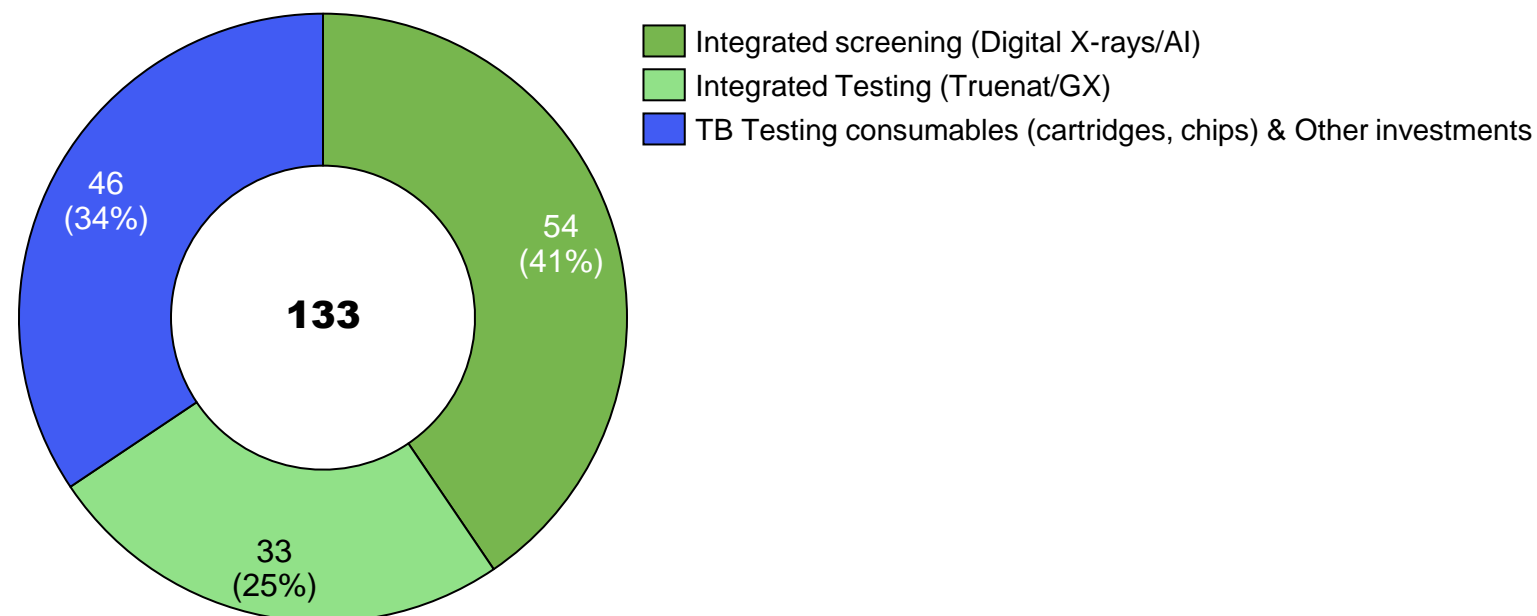


C19RM Portfolio Optimization Wave 1 – Drill Down TB Mitigation



- A total of **US\$133 million** has been awarded to **TB Mitigation**. Requests for integrated screening and testing are submitted under the TB mitigation category while contributing to strengthening multi-disease lab systems and diagnostics networks.
- **Drill down of investments in TB mitigation of US\$87 million composed by:** US\$54 million (41%) for digital X-rays and US\$33 million (25%) for testing machines (GeneXpert & Truenat), both contributing to integrated multi-disease diagnostic platforms. In addition, US\$46 million (34%) is targeted to TB testing consumables and other supporting investments.

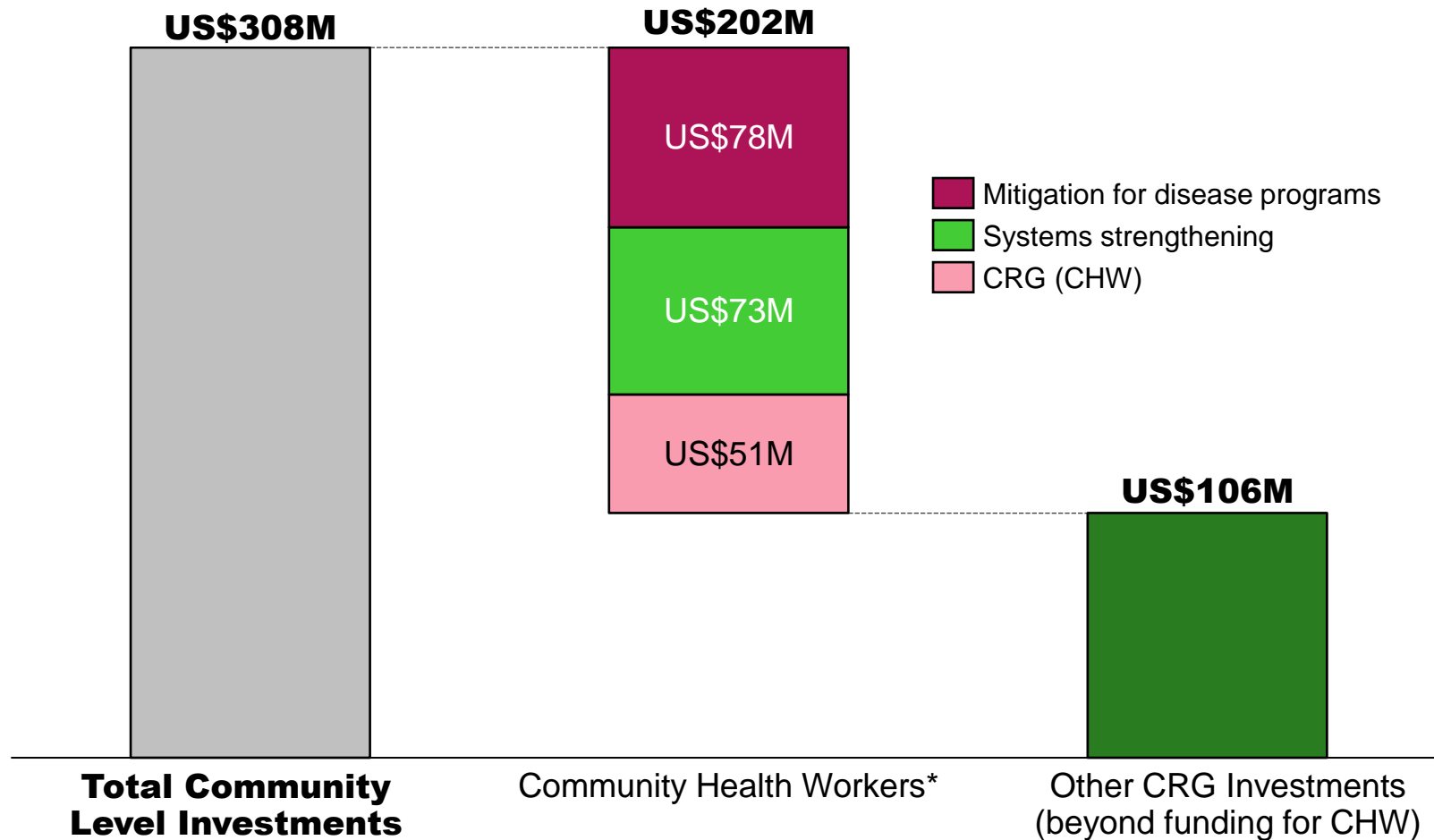
C19RM Portfolio Optimization Awards in TB Mitigation (US\$ million)



C19RM 2021 Community Level Investments

Total Community Level Investments: US\$308 million largely split across “health and community systems” and “Mitigation for disease programs” categories

During PO Wave 1, an additional US\$67 million were awarded to invest in Community Health Workers (CHW) increasing from US\$136 million to US\$202 million since the last reporting period.



Total US\$308 million is invested at Community Level across two pillars

US\$202 million in Community Health Workers’ (CHW) Remuneration, Training and Supervision, cutting across three categories:

- **US\$78 million** within HIV, TB and malaria mitigation
- **US\$73 million** within system strengthening
- **US\$51 million** within 6 CRG specific intervention areas

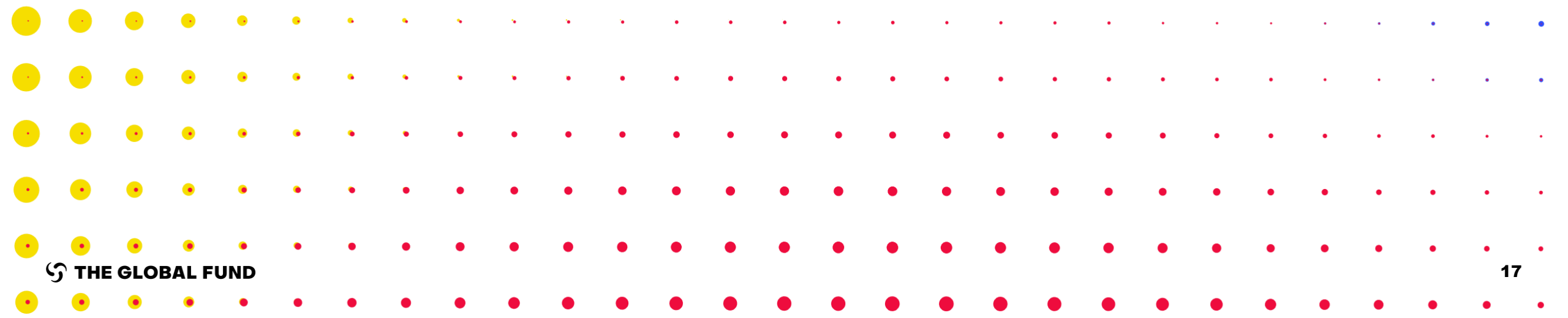
US\$106 million in Gender, Human Rights, and CSS activities outside of direct CHW/peer worker funding, including gender-based violence prevention and post-violence care, community-led monitoring, Social Mobilization, responding to human rights and gender-related barriers to services and community-based organization capacity building.

*the category CHWs includes peer workers falling outside the formal health system



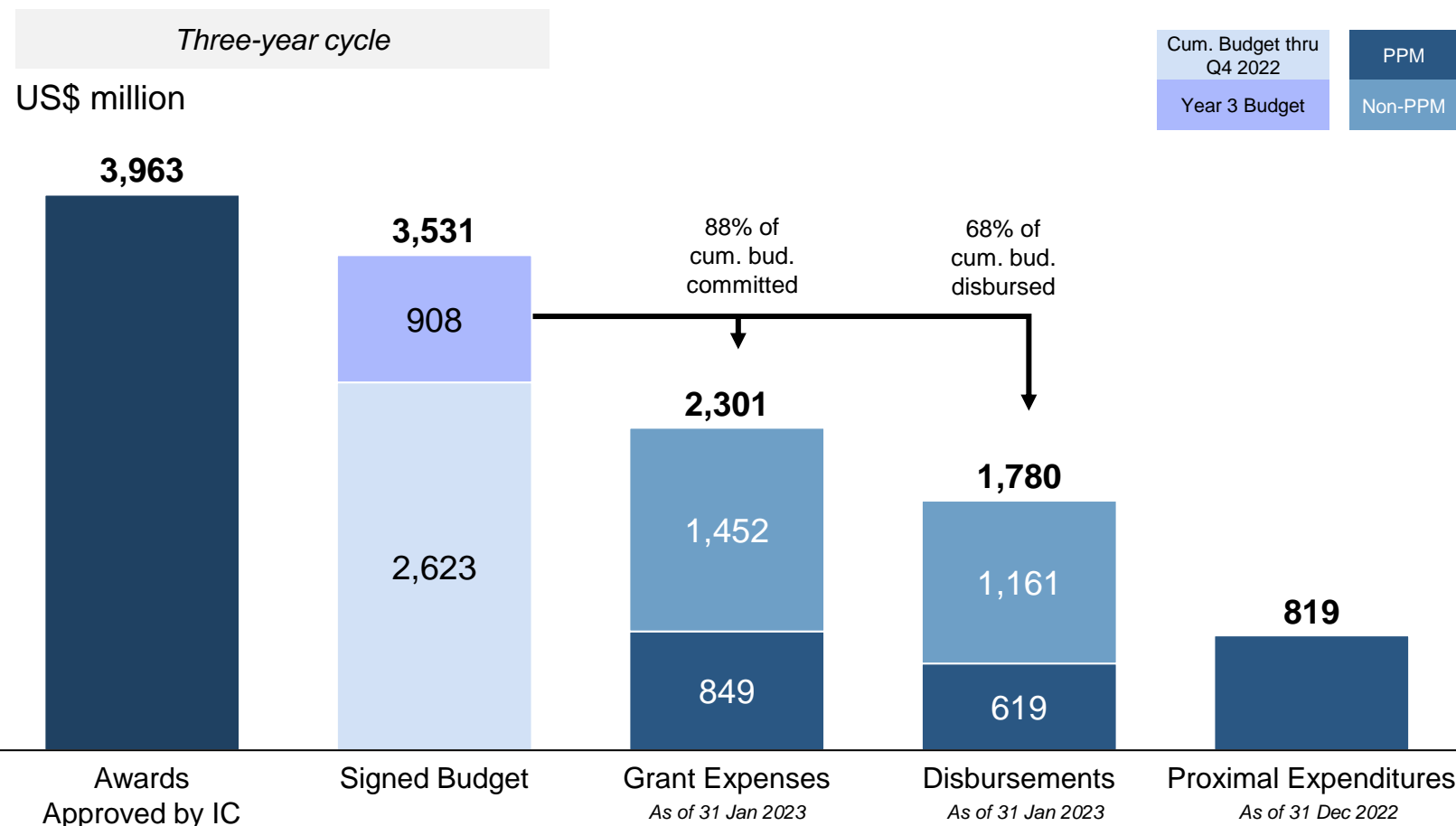
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Finance Update



C19RM needs budget revision & reprogramming in 2023 to meet the new ambitions for implementation towards 31 Dec 2025

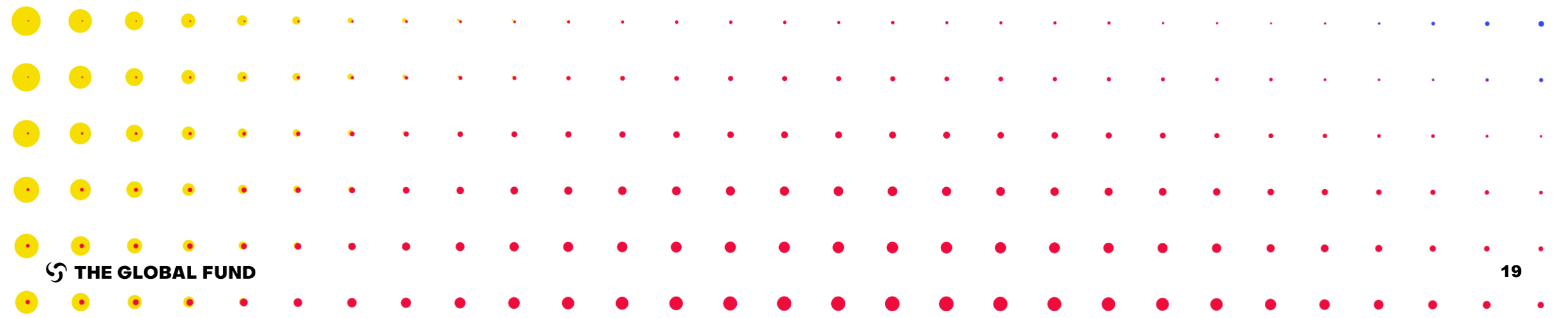
As of 31 January 2023



- **88%** of the cumulative budget until 31 Jan 2023 has been committed, including orders placed in wambo.org, the Global Fund’s online procurement platform
- Total cumulative disbursements of US\$1,780 million on 31 Jan 2023, representing 77% of commitments, and **68%** of the cumulative budget until 31 Dec 2022
- In-Country absorption based on December 2022 proximal financial data remains low at **37%** % as demand decreased during pandemic evolution and shift to longer term investments that take longer to develop and implement; budget revisions and reprogramming are ongoing in 2023 to meet new ambitions for implementation towards 31 December 2025.
- The Secretariat awarded US\$547 million during C19RM Portfolio Optimization Wave 1 and will launch Wave 2 on 1 March 2023
- Reinvestment and portfolio optimization process is expected to unlock the ability of implementers to gear investments towards emerging needs with higher impact and absorption potential.



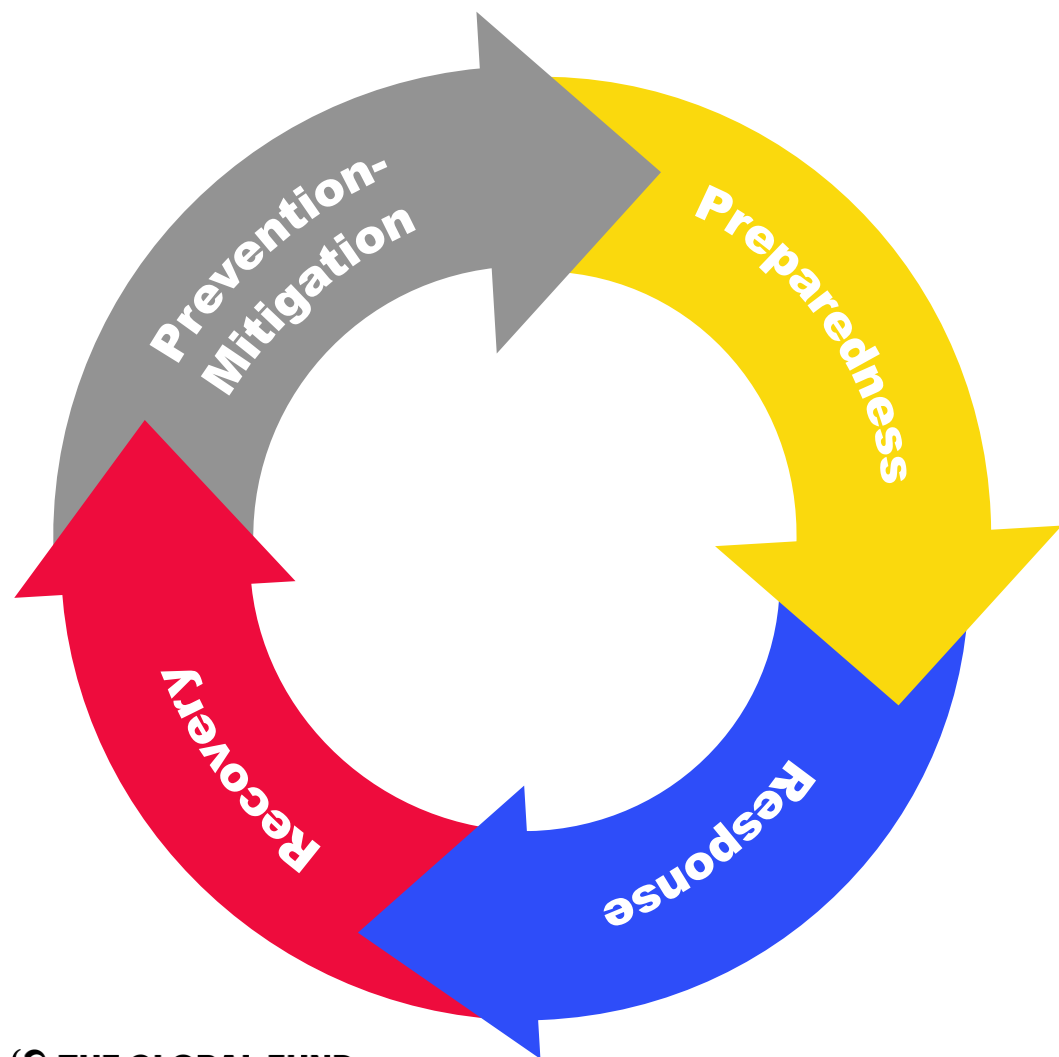
5 Operationalization of the C19RM Extension



Key activities for C19RM portfolio optimization and operationalization of C19RM Extension

- **Letters sent in January 2023 notifying CCMs of C19RM extension and priorities, and preliminary information on PO Wave 2.**
- **Awards for C19RM Portfolio Optimization Wave 1 were completed during the week of 6 February 2023** and the 49 countries that submitted requests are being notified of the outcomes during February - March 2023.
- **TRP engagement in C19RM** initiated with onboarding of Leadership, Focal Points and PP Experts; TRP Leadership participation in **GAC/CTAG meetings**; and involvement in the operationalization of the C19RM extension providing technical input to the C19RM Technical Information Note and M&E Framework.
- Collaboration with the **new Pandemic Fund (hosted by the World Bank)** so additional funding awarded through **C19RM PO and the new fund** allow countries to **strengthen health systems and pandemic preparedness** investments.
- **The C19RM Technical Information Note and Monitoring & Evaluation (M&E) Framework are updated** to ensure strategic prioritization and focus of investment to reflect pandemic evolution and shift in funding needs, as well as comprehensive and relevant reporting, monitoring and evaluation of C19RM investments which in many countries will be programmed to ensure synergies with GC7 resources.
- **C19RM Monitoring, Oversight (M&O) and Assurance Approach 2023-25** has also **evolved** to meet the changing epidemiological context and investment priorities.
- **Reflecting the changing nature of the pandemic and adapting to countries needs**, C19RM Portfolio Optimization Wave 2 will prioritize investments in components of RSSH that simultaneously contribute to the COVID-19 response and reinforce pandemic preparedness such as: community health workers & human resources for health, laboratory systems, surveillance systems, strengthening case management systems (incl test and treat, medical oxygen, infection prevention and control) and health product management systems incl supply chains.
- However, **since there are still significant uncertainties about the future evolution of the pandemic**, C19RM remains flexible, enabling countries to respond to changes in funding needs.
- **More detailed information on operationalization of C19RM Extension will be shared in the first half of March 2023**, through the website and information sessions, the updated Technical Information Note, the Monitoring and Evaluation Framework, as well as updates to C19RM operational guidelines.

Evolution of acute COVID-19 Response to Recovery, Prevention and Preparedness



C19RM

- COVID-19 control and containment interventions.
- Activities to mitigate the effects of the pandemic on HIV, TB and malaria programs.
- Expanded reinforcement of key aspects of health and community systems.

TRANSITION PLANNING

Increased focus on integration of key response functions, and health systems' resilience and pandemic preparedness, which have been consistently emphasized.

PREPAREDNESS

Health and community systems and pandemic preparedness programmatic priorities to prepare for new surges of future SARS-CoV-2 variants of concern and/or of new and emerging pathogen threats.

Key Changes in the C19RM Technical Information Note



- Aligns with updated global technical guidance.
- Promotes **RSSH and PPR interventions**, complementing Grant Cycle 7 (GC7) investments.
- **Moves beyond HIV, TB and malaria “mitigation” to “recovery” and integration.**



- **National Strategic Preparedness and Response Plan for COVID-19 (NSPRP)**
- **Joint External Evaluation (JEE)**
- **International Health Regulation Capacity:**
 - **Prevent:** legal instruments, financing, AMR, zoonotic disease.
 - **Detect:** national laboratory system with biosafety, real-time surveillance, workforce development.
 - **Response:** health emergency management, health services provision, IPC, risk communication and community engagement.



- **The Monitoring & Evaluation (M&E) Framework has been updated** to ensure comprehensive and relevant reporting, monitoring and evaluation of C19RM investments which in many countries will be programmed in parallel to GC7 resources.

Mapping C19RM & Pandemic Fund Priorities

US\$300 million total new funding available through the Pandemic Fund

Three focus areas of the Pandemic Fund which are also C19RM strategic priorities:

Comprehensive disease surveillance and early warning

Laboratory systems and human resources

Public health and community workforce capacity

Please note: Important aspects of the Pandemic Fund process remain to be clarified and will be discussed at forthcoming Global Fund SC/AFC and Board meetings. To inform how the Global Fund may work with the Pandemic Fund to support countries, applicants were encouraged to express interest for Pandemic Fund funding in collaboration with the Global Fund as an “Implementing Entity” (co-financer) either as part of their application to C19RM Portfolio Optimization Wave 2 (by 12 May) or directly to the Pandemic Fund through its EOI process (by 24 February). This is particularly important given the overlapping areas of investment of both organizations and since the extent and nature of countries’ interest will inform future decisions by both the Global Fund and the Pandemic Fund.

Priority areas for C19RM extension based on Global Fund strengths

PP Areas (from JEE)	GF's unique strengths	Proposed C19RM prioritization	
Prevent	Legal instruments	Low	Not prioritized
	Financing	Med	Not prioritized
	IHR coordination	Low	Support as part of surveillance
Detect	National lab system	High	Priority
	Surveillance	High	Priority
	Human Resources (incl. CHWs)	High	Focus on CHWs & link to broader HRH, surveillance/lab workforce
Respond	Health emergency mgt./ Log. SC Mgt.	High (SC only)	Focus on supply chain w/ limited focus
	Linking public PH and security authorities	Low	Support as part of surveillance systems
	Case Mgt./Hlth. Serv. esp. O2 & Resp. care	High (O2 only)	Focus on O2 and respiratory care
	IPC	High	Include in CHWs, lab, surveillance
	RCCE*	Low	Link to CHWs/CSR and surveillance
	Waste mgt.	High	Integrate into Lab and SC

Proposed areas of C19RM new focus

- CHWs/CSR** (incl. link to broader HRH, IPC)
- Surveillance** (incl. PH/IHR coordination, workforce, data, IPC)
- National lab system** (incl. IPC, waste mgt.)
- Oxygen system** (focused on systems, less on equipment)
- Supply chain** (focus on augmenting flexible country surge capacity & waste mgt.)

New Funding to Strengthen Health Systems and Pandemic Preparedness

Allowing countries to maximize alignment and synergies across pandemic preparedness investments.

C19RM Portfolio Optimization

Wave 1
US\$547 million
to 40 countries

Wave 2
Additional
US\$323
million

Priority will be given to countries that:

- 1) Did not get funding during Wave 1.
- 2) Have a compelling need to strengthen critical health systems components contributing to pandemic preparedness.
- 3) Have limited opportunities to reinvest C19RM awards already provided.

New Pandemic Fund (hosted by the World Bank)

New Funding
US\$300
million

For comprehensive disease surveillance and early warning; laboratory systems; and human resources and community workforce; all IDA/ IBRD countries eligible

Priority will be given to proposals that are in line with relevant JEE targets, NAPHS and related plans, and meet the Pandemic Fund's evaluation criteria.

Important note: Countries can choose to apply for Pandemic Fund resources in collaboration with the Global Fund. Countries can also choose to work with any approved Implementing Entity. The basis on which the Global Fund is able and willing to act as an "Implementing Entity" will be discussed as part of forthcoming Global Fund Board meeting.

To support countries in coordination and alignment of funding applications, an [Operational Update](#) describes the process to access funding from C19RM through Portfolio Optimization Wave 2 and the new Pandemic Fund.

How Can Countries Apply?

Countries that were awarded funding during Wave 1

- Can still apply for funding for Wave 2 but should note that they will **not be prioritized** with Global Fund resources.
- Can **apply to C19RM PO Wave 2** to be considered for additional funding through a potential Global Fund proposal to the Pandemic Fund, to access more funds than are available through C19RM alone and with more streamlined applications and alignment of investments in pandemic preparedness.
- May also send a **direct expression of interest** to the new Pandemic Fund indicating that they would like to participate with the Global Fund as an “Implementing Entity.”

Wave 2 awards will be subject to meeting C19RM criteria and the specific priorities for Wave 2 Portfolio Optimization.

As the Pandemic Fund is new, their awards will be subject to still-to-be defined requirements of the Pandemic Fund and the Global Fund Board.

Countries that did not apply or did not receive funding for Wave 1

- Will be given **priority** if they apply for **Wave 2 Portfolio Optimization funds**.
- Can also indicate whether they would like their Wave 2 funding request to be considered for **inclusion in a potential Global Fund proposal to the Pandemic Fund** to access more funds than are available through C19RM alone while encouraging streamlined application and management of these investments.
- May also send a **direct expression of interest** to the new Pandemic Fund indicating that they would like to participate with the Global Fund as an “Implementing Entity”.

Wave 2 awards will be subject to meeting C19RM criteria and the specific priorities for Wave 2 Portfolio Optimization (refer to slide 24 for additional information).

As the Pandemic Fund is new, their awards will be subject to still-to-be defined requirements of the Pandemic Fund and the Global Fund Board.

Unfunded demand

Applicants to C19RM are encouraged to be ambitious in their requests to the Global Fund, as unfunded demand will be registered for future opportunities.

C19RM - Revised M&E Framework- Objectives

1 Ensure accountability and consistent reporting of C19RM investments across the portfolio.

2 Produce systematic analyses of progress in implementation of C19RM reinvestments

3 Promote transparency and information sharing.

4 Disseminate best practices and lessons learned.

Key Features of the M&E Framework

1 Updated in consultation with various teams and departments across the Global Fund.

Aligned with GC7 indicators, measurement and reporting.

2 Follows an integrated approach to measurement that gives **end to end visibility** from inputs to outputs and outcomes and **contributory model for reporting** - same as for the 3 diseases.

3 **Data collected from multiple sources** including programmatic, financial & procurement related data from grants as well as available info from various partners, surveys and **on-site verification of service availability**.

4 Reporting integrated into existing reporting processes and systems including grant performance frameworks

C19RM - M&E Framework

- Focus on strategic investment priorities for C19RM extension that underpin RSSH-PP: Includes indicators for Medical Oxygen, Community Health Workers, Laboratory systems, Surveillance systems, Health Product Management, as well as Infection Prevention and Control (beyond PPE)
- Complemented by a limited set of indicators for remaining interventions within C19RM mandate

1. Based on logical framework-measuring inputs, outputs, outcomes

- A. Input:** Investments in C19RM supported activities, monitored through grant budgets and expenditures.
- B. Process:** monitored through **Work Plan Tracking Measures** to monitor implementation of key activities
- C. Programmatic results** (Output/Coverage/Outcome): Measures immediate results of GF investments such as availability of commodities, health facilities equipped and functional, etc.

2. Reporting

Data will be collected through various sources in country and reported through various channels, for example, GF grant documents (budgets and performance frameworks, on-site assessments, country reports, partner data/reports, etc.

3. Data analysis, dissemination and use

Data will be available to all GF teams for decision making including for identifying implementation bottlenecks and timely action.

The Technical Review Panel Engagement in C19RM

Pandemic Preparedness experts have been added to the TRP membership, and technical experts with RSSH expertise in the TRP has been increased.

This level of TRP involvement in C19RM recognizes that funding for C19RM was deliberately established as an agile mechanism able to swiftly deploy funds.

Per Board guidance in November 2022: The Technical Review Panel (TRP) leadership has identified members with expertise in RSSH and Pandemic Preparedness to participate in the CTAG:

- C19RM provided induction briefing for the new TRP members in Jan and Feb 2023.
- TRP Chair and the two Vice Chairs participated in the GAG/CTAG monthly review meetings in December 2022 and February 2023.

TRP currently involved in the operationalization of C19RM extension:

- **Ongoing consultation to provide input into the C19RM Technical Information Note (TIN) and the C19RM Monitoring and Evaluation Framework** to reflect shifts in strategic prioritization towards RSSH / and pandemic preparedness.
- Some TRP members continue to **participate in future GAC/CTAG monthly meetings.**
- Further plans underway for **onboarding of TRP members to effectively participate in CTAG reviews** of C19RM applications
- Based on alignment of the timing of submissions to C19RM and Grant Cycle 7 (GC7) applications, the TRP will be provided with full visibility on approved C19RM investments during its review of core grant funding requests, to enhance synergies between the two funding streams.
- TRP will also share observations and lessons learned through regular channels of debrief with GAC, the Secretariat and Partners.

C19RM Monitoring, Oversight and Assurance Approach 2023-2025

Align to the changing epidemiological context and strategic investment priorities

- C19RM has shifted from Emergency Response to Pandemic Preparedness
- Shift from Reinforce COVID-19 national response to urgent improvement of health and community systems
- Investment landscape continuously evolving through Reinvestment and Portfolio Optimization process
- Country investments are highly variable, even within the priority areas

- Longer implementation period through 31 December 2025 with C19RM extension.
- Opportunity to link investments with specific anticipated outputs and outcomes, including systems maturity – i.e., inclusion of Grant Performance Framework for the 2023-25 period

Priority areas for C19RM extension based on GF strengths

PP Areas (from JEE)	GF's unique strengths	Proposed C19RM prioritization	
Prevent	Legal instruments	Low	Not prioritized
	Financing	Med	Not prioritized
	IHR coordination	Low	Support as part of surveillance
Detect	National lab system	High	Priority
	Surveillance	High	Priority
	Human Resources (incl. CHWs)	High	Focus on CHWs & link to broader HRH, surveillance/lab workforce
Respond	Health emergency mgt./Log. SC Mgt.	High (SC only)	Focus on supply chain w/ limited focus
	Linking public PH and security authorities	Low	Support as part of surveillance systems
	Case Mgt./Hlth. Serv. esp. O2 & Resp. care	High (O2 only)	Focus on O2 and respiratory care
	IPC	High	Include in CHWs, lab, surveillance
	RCCE*	Low	Link to CHWs/CSR and surveillance
	Waste mgt.	High	Integrate into Lab and SC

RCCE: Risk communication and community engagement; CSR: Community Systems Responses

Proposed areas of C19RM renewed strategic focus

1. **CHWs/CSR** (incl. link to broader HRH, IPC)
2. **Surveillance** (incl. PH/IHR coordination, workforce, data, IPC)
3. **National lab system** (incl. IPC, waste mgt.)
4. **Oxygen system** (focused on systems, less on equipment)
5. **Supply chain** (focus on augmenting flexible country surge capacity & waste mgt.)

For internal use

C19RM Monitoring, Oversight and Assurance Approach 2023-2025

Risk based investment driven LFA-led assurance

Adapt and implement the following mandatory minimum assurances across all HI/Core Portfolios

- Continue with pre-award Procurement reviews for in-country procurements (PO award requests are also high on procurement of Non-Health products) in high-risk contexts*
- Continue standard assurance for verification of implementation - PSA Plants, Waste Management, and laboratory equipment as relevant (2023-25)
- Continue supply chain reviews with amended scope at least in 2023 – to review stock levels and expiries of C19RM health products (e.g., diagnostics/PPC/therapeutics) irrespective of source of funding

Undertake additional risk-based investment driven LFA-led assurances across the updated investment priorities

- Risk based (e.g. – procurement/asset management/fraud and fiduciary/ programmatic/implementation risks)
- Investment driven (any strategic priority receiving US\$ 5M or more in Portfolio Optimization investments; threshold will be reassessed after consolidated view after reinvestment)

Maintain Investment Committee Oversight on C19RM assurances

- C19RM LFA assurance workplans and budget execution will continue to be tracked and reported separately
- Summary of LFA assurance findings on Key and emerging risks will be shared with Investment Committee periodically

Risk based investment driven assurance (1)

Evolve Supply Chain and Health Services Spot Check

- As the pandemic has evolved, there is limited need to periodically assessing impact of COVID-19 disruptions on availability of health and HTM services through spot checks
- Availability of C19 health products (diagnostics, therapeutics and oxygen) to be monitored through risk-based LFA-led supply chain reviews (as with other HTM products) and verification of implementation
- Need to shift focus from assessing disruptions or availability of services, to documenting the evolution and maturity of laboratory, surveillance, and community systems for pandemic preparedness
- *The way forward on Supply Chain and Health Services Spot check under discussion by the Investment Committee*

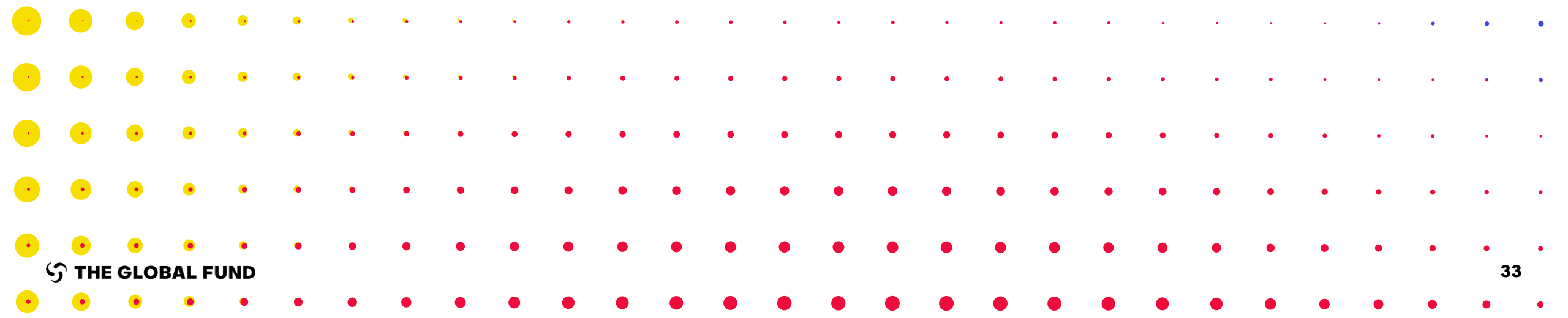
Risk based investment driven assurance (2)

The updated C19RM M&E Framework and Grant Performance Framework, will complement LFA-led assurances to monitor programmatic outputs/outcomes of C19RM Investments



6

Health Products Overview



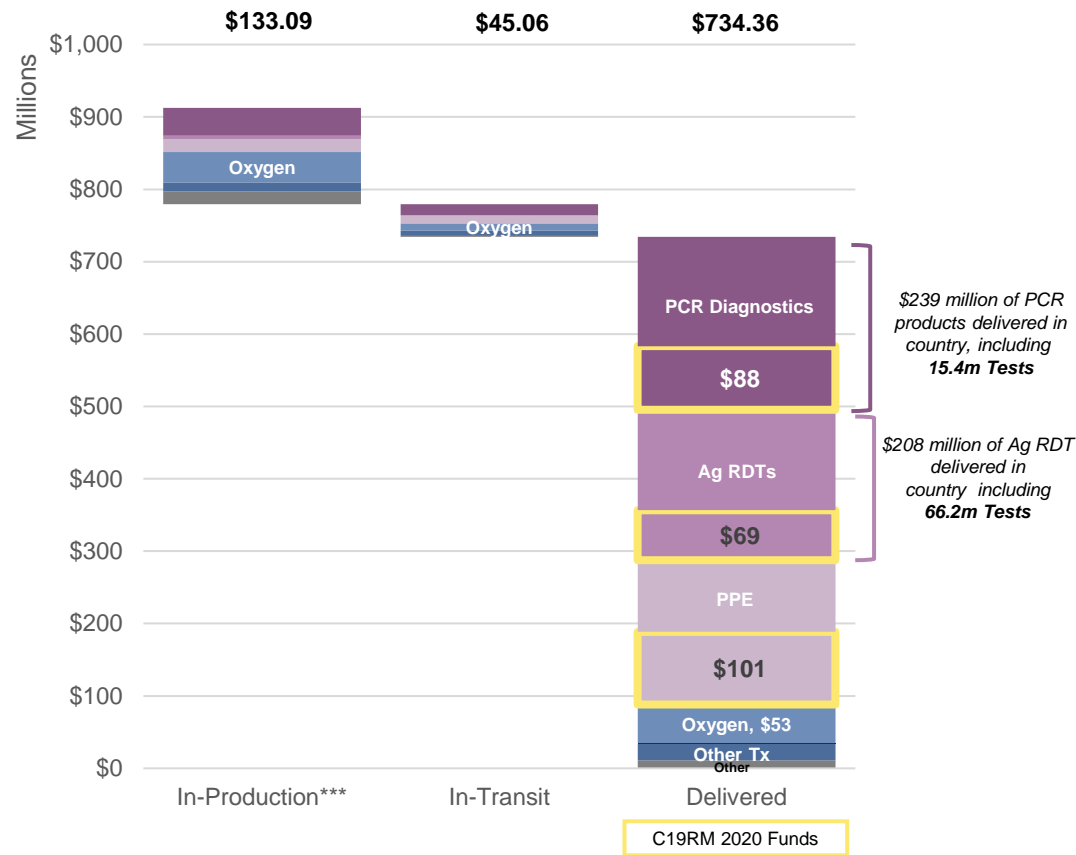
C19RM Demand and Supply: General Trends

	Country Demand	Supply/Logistics
Overall	<ul style="list-style-type: none"> • Low incremental demand in converting earlier C19RM awards into purchase orders with 59% PPM C19RM procurement conversion against pre-reinvestment baseline. • New demand anticipated in the context of reinvestment and portfolio optimization. 	<ul style="list-style-type: none"> • Limited manufacturing supply constraints. • Continued but lower current disruption to the global supply chain and logistics with improved freight reliability. • Uncertainties related to inflation, impact of Ukraine war, Covid-19 related restrictions and decreasing freight provider constraints remains.
Diagnostics	<ul style="list-style-type: none"> • Decreasing demand for RDTs and PCR tests for COVID-19 response. • Country Funding Requests contain substantive demand for bidirectional testing interventions. • Increasing demand for diagnostic technologies including next generation sequencing technologies and X-ray systems. 	<ul style="list-style-type: none"> • Suppliers report of significant manufacturing capacity and available stocks of Covid-19 diagnostic tests. • Potential delays for TB tests are being proactively managed. • For complex technologies (sequencing, X-rays): supplier arrangements are in place to source and deliver the products.
Infection Prevention and Control	<ul style="list-style-type: none"> • Decreasing demand for PPE as COVID-19 control measures relaxed. • Continued need to shift toward IPC program strengthening as countries move toward pandemic preparedness. 	<ul style="list-style-type: none"> • Existing supply for PPE and other infection control products generally remains high. • Decreasing manufacturing capacity resulting from manufacturer consolidations for future PPE needs.
Case Management/ Therapeutics	<p><u>Oxygen:</u></p> <ul style="list-style-type: none"> • Execution is taking longer than anticipated due to complexity of interventions and in-country capacity (e.g., complex technical specifications of PSA plants, site readiness activities) • Increased need for Project BOXER technical assistance (46 countries total to-date), supported by and aligned with ACT-A & Oxygen Working Group. • Evolving focus towards on-site preparedness and installation of PSA plants. <p><u>Therapeutics:</u></p> <p>In line with global epidemiological context, overall demand remains low, but orders being placed.</p> <ol style="list-style-type: none"> 1. USAID supported countries: Ghana has placed an order for Paxlovid (1920 Tx). Two orders have been placed for Molnupiravir, by Ghana and CIV (3096 Tx) 2. C19RM grants: Orders for Paxlovid have been placed through PPM/wambo by Zambia and Armenia (1496 Tx). 3. CMLI Test & Treat: CHAI providing TA to Zambia, South Africa and Nigeria. Phase II ongoing (introduction of new outpatient treatment into national health systems). 	<p><u>Oxygen</u></p> <ul style="list-style-type: none"> • PSA plant manufacturing timings, global events, freight challenges and in-country site infrastructure requirements continue to impact supply to drive long lead-times for PSA plant orders. <p><u>Therapeutics</u></p> <ul style="list-style-type: none"> • Two generic molnupiravir manufacturers and one generic nirmatrelvir/ritonavir manufacturer have been WHO Prequalified and are now available through PPM/wambo

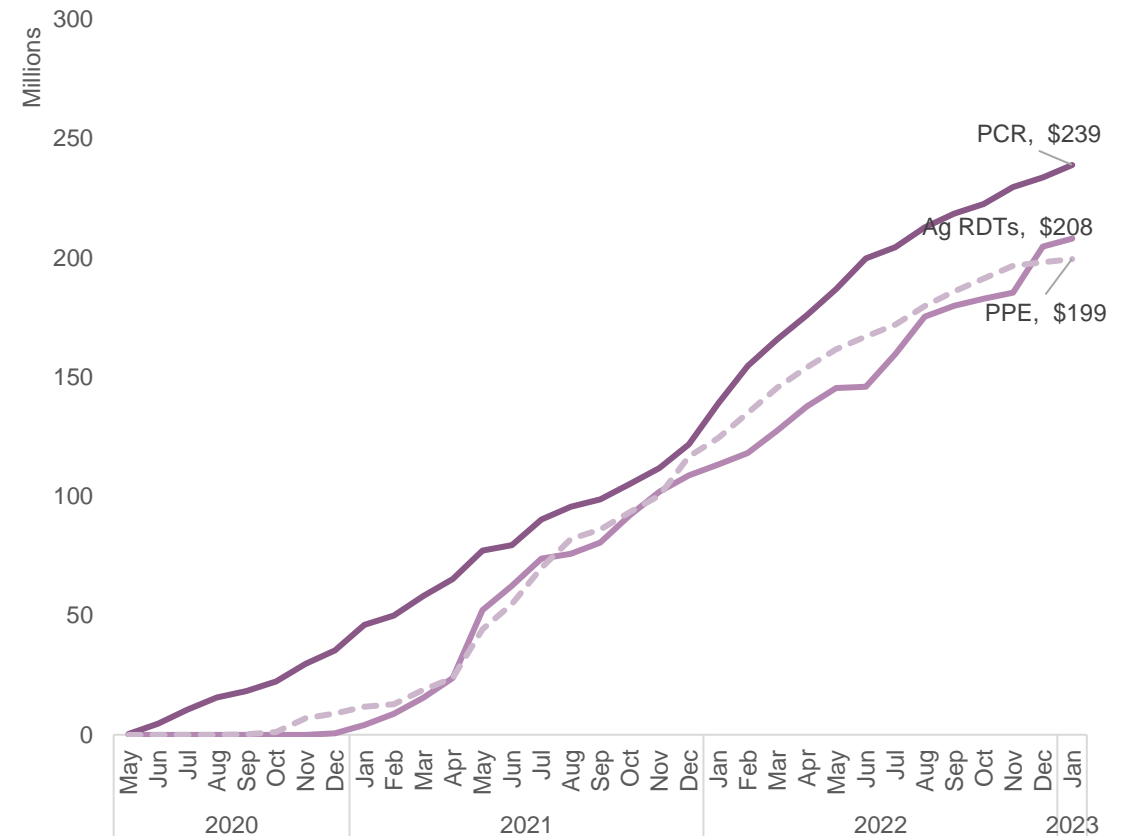
Orders for US\$913 million* (US\$901 million as of Dec) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$734 million delivered (US\$685 million as of Dec).

- US\$3.0 billion awarded since 2020 for the procurement of COVID-19 related health products (incl. C19RM 2020): Dx: US\$1,017m; PPE: US\$769m O2: US\$605m.
- US\$259 million products delivered through PPM with C19RM 2020 funds. US\$476 million (US\$426 million in Nov) products delivered through PPM with C19RM 2021 funds.
- Purchase Orders of US\$178 million (compared to US\$216 million in Nov) for products remaining to be delivered

Cumulative PPM Procurement Pipeline (US\$)**



Cumulative PPM Deliveries by Month (US\$)****



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

** Based on PPM/wambo and Procurement Service Agent data as of 30 January 2022

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

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

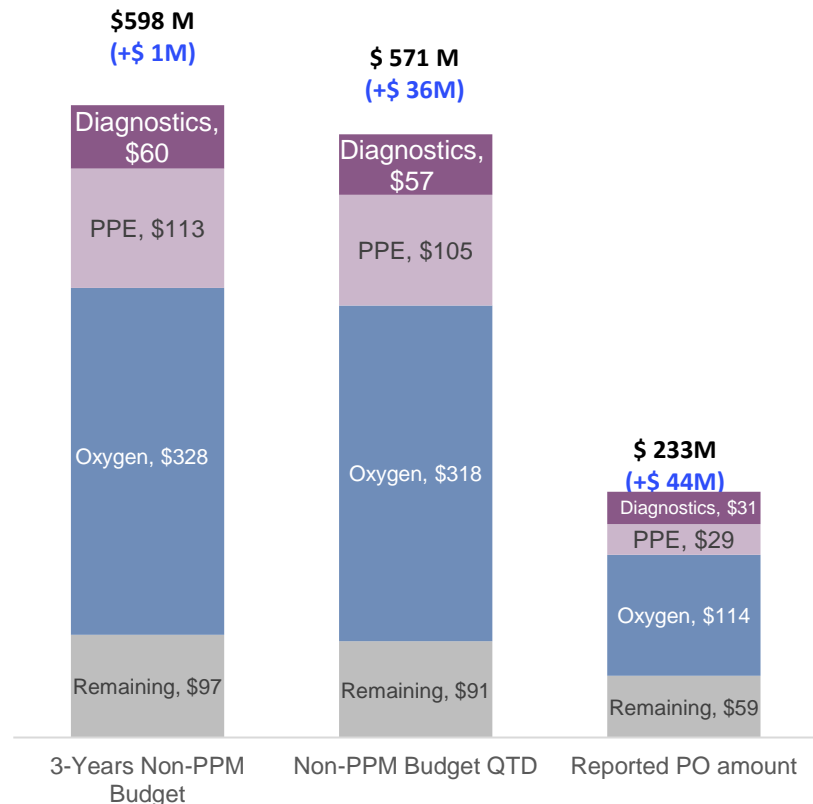
‡ procurement for multi-disease testing and screening platforms such as testing machines (GeneXpert & Truenat) and digital x-rays are included within PCR diagnostics and 'Other' category respectively.

Non-PPM procurement reporting¹: Jan 2023

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

Top 45 countries only (in US\$M)

(reflects implementation-focused HPMT where available)



At grant level

By Region	Expected report	Report received	% Reporting
HIA1	8	8	100%
HIA2	10	10	100%
HIA	19	17	89%
AME	14	12	86%
AELAC	5	5	100%
TOTAL	56	52	93%

	Non-PPM Budget QTD	3 years Non-PPM Budget ²	Reported PO Amount ²	Budget conversion rate QTD	3 years budget conversion rate
By Region					
HIA1	45	51	29	63%	56%
HIA2	143	147	58	41%	40%
HIA	225	230	85	38%	37%
AME	138	150	52	37%	34%
AELAC	20	20	9	46%	46%
By Product Category					
Diagnostics	57	60	31	53%	51%
PPE	105	113	29	28%	26%
Oxygen	318	328	114	36%	35%
Remaining ³	91	97	59	64%	60%
By Type of PR					
National	456	476	198	43%	41%
UN Agencies	114	122	35	31%	29%
Total	571	598	233	41%	39%

¹ Non-PPM reporting excludes any investments or subsequent purchase orders related to 'non-reportable items'; this includes disinfectants, scrubs, and repurposed/existing medicines; accounts for an additional US\$99 million of current budgets

² Budgets as per aggregated C19RM 2021 HPMTs available and uploaded into the aggregate tool at 31 Jan 2023 reported PO Amount as per PR Procurement Progress Reporting templates submitted against 10 Jan deadline for procurement through end of Nov and beg of Dec.

³ Remaining category includes two previously reported 'buckets' of products: C19Tx (novel C19 medicines and other supportive hospital equipment (e.g., x-ray, patient monitor, blood gas analyzer, etc.)) and Other (general lab equipment, waste management, and cold chain items)

⁴ UN agencies are UNDP + UNOPS+ UNICEF grants

Non-PPM Procurement Reporting: Jan 2023

Top 45 countries only (in US\$M)

Summary Points

- Conversion of **Non-PPM budget** to purchase orders is at **41% of the quarter-to date (QTD), Q1 2023** budget or 39% of the three-year total.
- The **total of purchase orders reported through Jan 2023** was **US\$233 million**. This is **US\$44 million more** than what was reported in Nov 2022. Further POs are expected to be issued, as well as some procurement plan changes following reprogramming and portfolio optimization.
- **Oxygen** demand has been fluctuating. Globally, oxygen procurement and implementation has been slow – given the technical and complex nature of the procurement as well as in-country coordination, site assessments and infrastructure needs. The portfolio optimization outcomes will reflect accordingly the country needs in terms of oxygen.
- On-going efforts to re-channel funds where procurement has not progressed – for example from non-PPM to PPM (e.g. Côte d'Ivoire and DRC) for various Health Products.
- On-going exercise to realign **C19RM investments** (e.g., Indonesia, Bangladesh) with the changing pandemic context, national priorities and lessons learnt.