

# **Technical Review Panel Observations Report**

## **C19RM Portfolio Optimization Wave 2**

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# 1. Executive Summary

This report partly fulfils the objectives for the Technical Review Panel (TRP) to provide an independent, external lens to the review of PO Wave 2 applications, to document and to share lessons across the Global Fund Partnership that will hopefully complement GC7 grants and improve the COVID-19 Response Mechanism (C19RM) outcomes and their sustainability beyond December 2025.

Following the Global Fund 48th Board November 2022 decision extending implementation time and scope of C19RM, the TRP set up a working group to provide upfront input into the C19RM Technical Information Note and M&E Framework. In addition, 12 TRP members were co-opted in the C19RM Technical Advisory Group (CTAG) to review 29 C19RM Portfolio Optimization (PO) Wave 2 funding requests from 7 July to 30 October 2023. The TRP Chair and Vice Chair provided leadership sign-off. The applications amounting to US\$1.26b were all recommended by the Investment Committee for Board approval.

Overall, the TRP reviewers considered 96.3% of the PO Wave 2 funding requests to deliver strategically focused and technically sound responses that were aligned with the C19RM strategic shift to strengthen systems for health and Pandemic Preparedness and Response (PPR), demonstrating potential for impact. The reviewers proposed some strategic recommendations to be addressed during funding award and implementation. Most of the TRP recommendations were included in C19RM Country Team Management Actions.

**The TRP would like to underscore the following ten key messages to the Applicants, Secretariat, Technical Partners, and Global Fund Board.**

1. Timing of PO Wave 2 submissions was not aligned with GC7. Further, the applications had insufficient details about complementarity of PO Wave 2 requests and existing or previous funding C19RM grants and GC7 funding requests. However, as intended, the TRP made efforts to triangulate assessments and visibility across C19RM and GC7 reviews building on GC7 TRP Review Forms and excellent C19RM information tables provided in GC7 Secretariat Briefing Notes.
2. Overall, the Applicants and the Secretariat should include sustainability ramifications of C19RM RSSH funding into ongoing domestic resource mobilization, co-financing and sustainability policy and strategic dialogue.
  - Most funding requests lacked detailed exit and sustainability plans.
  - Given that most Applicants proposed ambitious system strengthening investments albeit limited domestic and/or external funding beyond C19RM and GC7/8 grants, critical sustainability gaps should be anticipated and managed.

- The Updated C19RM Technical Information Note (TIN) does not provide explicit guidance on preparation of an exit strategy beyond 2025. This might explain, in part, why there is a lack of sustainability plans in the PO Wave 2 applications.
3. Realizing that systems strengthening takes time, C19RM investments should be sustained through domestic and external funding to allow sufficient time for institutionalization and integration into national plans and budgets.
- PO Wave 2 applications showed progressive shift to systems “*strengthening*” investments. For example (a) institutionalization of infection prevention and control (IPC) beyond procurement of protective personal equipment in line with WHO’s normative guidance and (b) some “*support*” activities were accompanied by national policies, procedures, operations and maintenance plans and training, which contribute to systems “*strengthening*” and sustainability.
  - The C19RM December 2025 end date against the backdrop of C19RM absorptive capacity challenges, and the unprecedented increases in Global Fund RSSH funding will be challenging. A rushed implementation process risks filling gaps without due attention to systems-wide “*strengthening*” investments.
4. There is an urgent need to enhance coordination, tracking and reporting of C19RM and broader RSSH implementation across the Global Fund Partnership.
- While all PO Wave 2 applications were recommended for funding, the tight implementation timeline, scale and ambition of the funding requests will require robust strategic planning, and enhanced program management and monitoring to achieve set targets.
  - Notwithstanding that C19RM funding is not fungible, C19RM investments should be carefully coordinated and synergized with GC7 and GC8 funding.
5. Most performance frameworks had few RSSH indicators, insufficient baselines and targets to effectively track PO Wave 2 investments for VfM and contribution to broader systems strengthening.
- PO Wave 2 measurement and performance tracking was either limited or needed to be improved. For example, budgets and the performance frameworks were not easily reconcilable to enable monitoring of implementation.
  - Opportunities to align C19RM and GC7 performance frameworks were missed.
6. The Secretariat should synthesize essential RSSH and VfM guidance in concrete, measurable terms to provide better guidance on systems support vs strengthening investments and how these are justified by appropriate RSSH tracking. This will also be explored in the planned 2023 TRP RSSH Deep Dive.
- Some systems “*support*” investments (e.g., procurement, infrastructure, and staff salaries) were considered as technically sound and sustainable because there was training, operations or maintenance plans surrounding the “*support*.” This

also applied to preparedness and resilience shift when for instance, response investments were wrapped around policies and strategies that foster medium to longer term pandemic preparedness and resilience (*akin to strengthening*).

7. Coordination and integration of C19RM capacity building plans is needed to ensure knowledge, skills, and competency transfer for sustainability across the health systems beyond C19RM, pandemic response and preparedness.
  - PO Wave 2 applications included many trainings and capacity-building activities for different technical areas and cadres, particularly front-line and community healthcare workers. The training was sometimes ad hoc and/or fragmented.
8. The TRP notes the value-added of Technical Assistance (TA) provided through the Global Fund Centrally Managed Limited Investments (CMLI). However, the GAC/CTAG and Investment Committee should monitor and ensure the TA translates to sustainable local and/or regional capacity. CMLI and proposed PO Wave 2 TA should be carefully coordinated with GC7 and GC8 grants.
9. Applicants missed opportunities to leverage the RSSH Gaps and Priorities Annex when developing C19RM PO Wave 2 applications.
  - RSSH and PPR funding landscape including the donors and other multilateral investments was not visible in funding requests. Applicants, Technical Partners, and the Secretariat should prioritize mapping and tracking of RSSH investments.
  - A genuine, accountable partnership marked by joint action across the Global Fund Partnership, reinforcing the 2023 Lusaka Future of Global Health Initiatives Agenda, is needed now than before to maximize impact of C19RM and other Global Fund investments.
10. Community engagement was a strong priority for many applicants with evidence of public, private and multi-sector involvement, and representation at various levels. However, the lack of detail on community systems strengthening including equity, human rights, and gender considerations beyond Community Health Workers (CHWs) was apparent in most funding requests.

## 2. Introduction

C19RM was designed to cover three principal areas of investment: (a) reinforcing the COVID-19 response; (b) mitigation of the impact of COVID-19 on HIV, TB, and malaria programs; and (c) urgent improvement to health and community systems. During the 48th Board meeting (15-17 November 2022), the C19RM implementation was extended to December 2025 to build on the following lessons learned:

1. Needs for strengthening health and community systems remain and are increasing.

2. Systems-strengthening investments take longer to prepare, review, and implement.
3. Prioritization of C19RM funding is needed to step-up impacts in selected priority areas to avoid spreading the money too thinly across multiple activities.
4. Ensuring synergies and complementarity of C19RM and GC7 funding streams.
5. C19RM acceleration position to maintain urgency, agility and efficacy remains relevant to accelerating delivery of tangible results and maximizing time for implementation.

As requested by the Board, the TRP:

1. Provided input into the upfront technical guidance and strategic prioritization to reflect a shift in funding needs and refocus investments towards RSSH/PPR.
2. Provided input into revision of C19RM Monitoring Framework.
3. Participated in CTAG meetings and reviews.
4. Synthesized its observations and lessons learned through regular debrief channels with the Secretariat and GAC/CTAG Partners including this observations report.

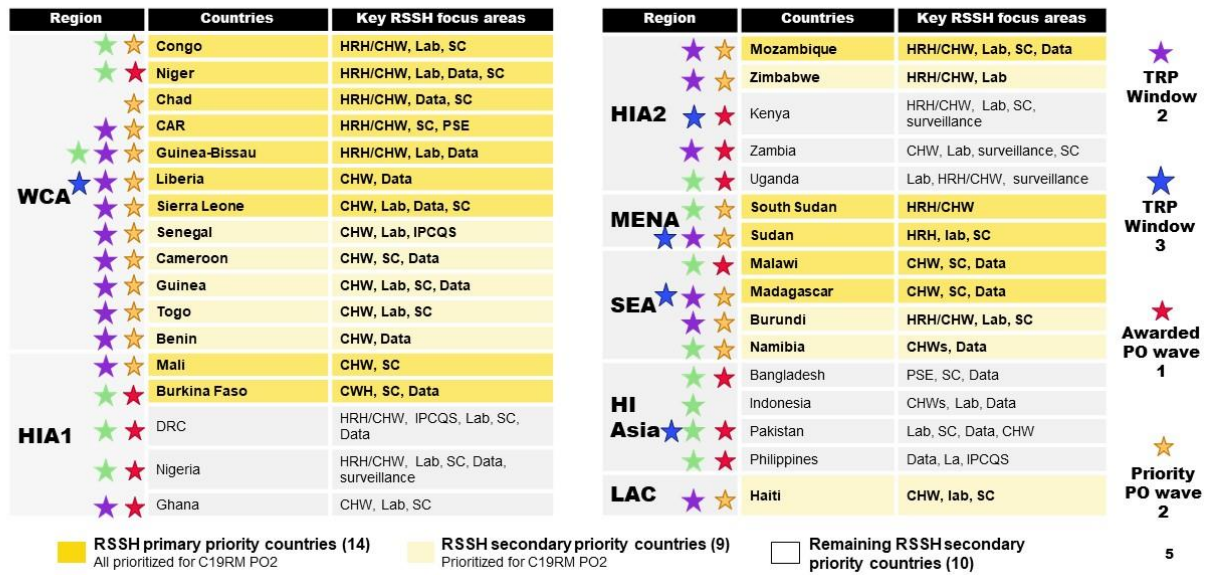
It was anticipated that alignment of timing for submission for C19RM and GC7 applications would give TRP full visibility on approved C19RM investments at the time of core grant TRP review windows to enhance synergies between the two funding streams. However, the C19RM PO Wave 2 process and funding request submission was significantly delayed until the end of TRP GC7 Window 2. By then, the TRP had already reviewed 70% of GC7 allocation amount potentially missing the opportunity for real-time visibility between GC7 and C19RM grant applications. At the time of drafting this report, the TRP had reviewed twenty-nine countries as part of the GAC/CTAG. The Investment Committee has approved all the funding requests amounting to US\$1.2 billion, for Board approval.

In addition to independently reviewing the C19RM PO Wave 2 funding requests, the TRP was expected to share observations and lessons learned emerging from review of the funding requests. Specifically, the TRP synthesized issues coming from C19RM reviews to share with CTAG members and feed into the lessons learned. Additionally, the TRP convened a peer learning group in October 2023 where emerging observations were discussed.

### **3. Overview of PO Wave 2 Funding Requests**

At the time of writing this C19RM PO Wave 2 Observations Report, the TRP had reviewed twenty-nine applications as part of the GAC/CTAG. Twenty-three are RSSH priority countries as shown in the following table.

# 33 RSSH priority countries identified, with 23 currently prioritized for C19RM PO Wave 2



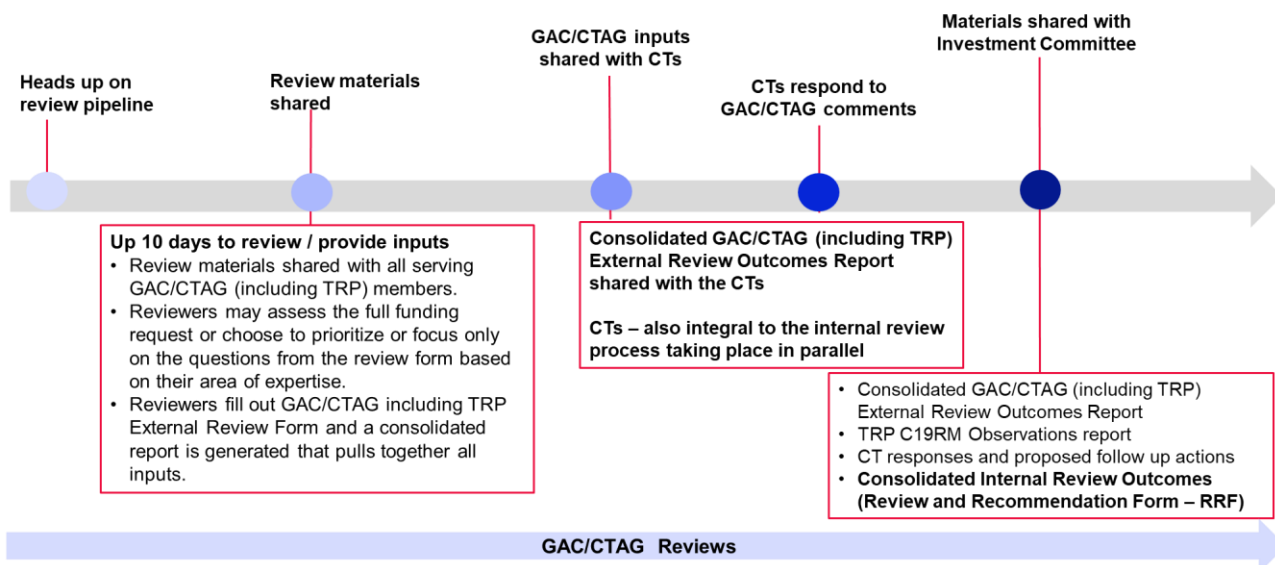
C19RM portfolio optimization prioritized Global Fund High Impact and Core portfolios in line with funding levels, risk, and potential for impact to advance the C19RM Extension priorities of strengthening systems and Pandemic Preparedness. The majority (86%) of the PO Wave 2 funding requests were from sub-Saharan Africa. Southeast Asia and Latin America & Caribbean constituted 10% and 4% of the twenty-nine funding requests, respectively.

## 4. C19RM Review Process and Available Information

The TRP’s participation in CTAG Reviews had three primary objectives:

1. To provide an external and independent review lens to C19RM decision-making. As requested by the Board, TRP members, including RSSH and Pandemic Preparedness experts, participated in CTAG reviews.
2. To provide the TRP with greater visibility of C19RM investments and an opportunity for GC7 reviews and observations to include recommendations and lessons arising from the C19RM funding stream to enhance complementarity with GC7 grants.
3. To share with GAC/CTAG and the Board/Strategy Committee, observations and recommendations emerging from review of the C19RM PO Wave 2 funding requests including complementarity with GC7 applications.

# C19RM External Review Process Overview



Despite delays in submission and finalization of PO Wave 2 applications, the TRP members concluded that the C19RM TRP review process was robust with appropriate guidelines, processes, and tools in place to ensure quality and consistency across different funding request reviews. The average and median working review days across the twenty-nine funding requests was 6 days (against a target of 10 days). The TRP considered the number (12) and expertise of reviewers (PPR, RSSH, EHRG) to be adequate and aligned with the key priorities of the C19RM extension while complementing existing CTAG expertise.

However, the TRP noted the following limitations of the review process:

1. While C19RM PO aimed to prioritize high impact (HI) and Core portfolios in line with funding levels, risk, and potential for impact, in practice differentiation was lacking. Differentiation by allocation amount and level of effort with different time allocation for reviewers would have improved the reviews of significantly large value applications.
2. A summary of investments and achievements from existing C19RM funding would have been helpful to set the scene for the reviewer. This would also have helped the applicants to strengthen or sharpen their module specific investment case and transition from “support” to “strengthening.”
3. Several Applicants did not fully adhere to the application format i.e., aligning and limiting proposed investment within the five strategic priorities. Instead, some applications used multiple headings which tended to thinly spread resources and caused significant attribution problems limiting the comprehensiveness of the review.
4. At times it was cumbersome to find evidence or data from existing C19RM grants including their performance and funds absorption rate. Such data would have strengthened reviewers’ value judgements vis-a-vis the anticipated shift to systems “strengthening,” and from a “response to preparedness” focused investment case.



- Most budget tables were internally inconsistent with the application narrative and detailed budgets had inconsistencies with figures between worksheets. There was inadequate presentation of GC7 and existing C19RM budget allocations by interventions nor could the reviewers easily ascertain what percentage of those funding tranches were expended and how much was carried over. Donor funding streams for similar pandemic recovery and preparedness were missing in most applications and co-financing and sustainability data were insufficient.

#### 4.1 Utility of TRP C19RM Review Outcomes

TRP review outcomes were well received and utilized by the Global Fund Secretariat. For example, management actions recommended by the country teams (CT), risk team and/or Technical Advice & Partnerships (TAP) and approved by the Investment Committee, were drawn from external reviews by the TRP and GAC/CTAG. These management actions are either pre-conditions to disbursements or must be met by the first quarter of 2024.

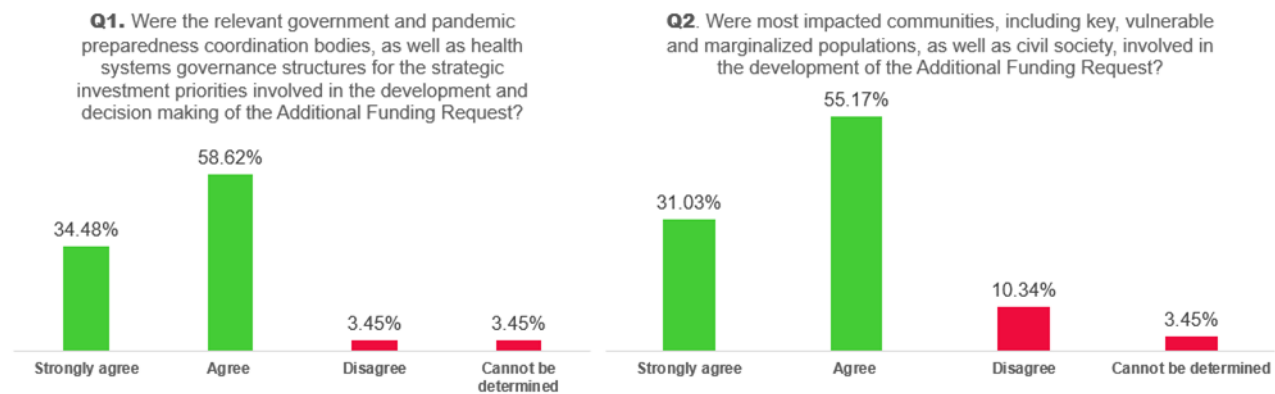
| <b>Example of Management Actions for Country X C19RM Funding Request</b> |   |
|--|---|
| 1.   | Prior to any disbursement of Grant Funds for National Directorate for Public Health (DNSP) activities, the Local Fund Agent (LFA) shall conduct a capacity and overall needs assessment, including Human Resources, Technical Assistance, and funding to attain its objectives in a phased approach. This assessment shall clarify the mandate on surveillance between National Health Institute (INS) and DNSP.  |
| 2.   | Prior to initiating procurement of Health Products for the INS, a pipeline analysis for equipment, consumables and reagents shall be conducted, considering stocks available in Central Medical Stores (CMAM) and INS stocks, and investments made through the C19RM.   |
| 3.   | Prior to use of Grant Funds for investments in lab and diagnostic equipment such as autoclaves, fridges and freezers, the Principal Recipient (PR) shall submit an evaluation of equipment already procured through the C19RM (approximately US\$2 million for autoclaves, and US\$500,000 for fridges and freezers for INS).   |
| 4.   | The PR shall include additional indicators in the Performance Framework to track surveillance activities and logistics management information system (LMIS) related activities funded through C19RM. The PR shall also include additional Work Plan Tracking Measures to track Human Resources for Health (HRH), Case Management and Community Systems Strengthening activities focusing on HRH strategic planning, Field Epidemiology & Laboratory Training Program (FELTP), and integrated supportive supervision and in-service training of Community Health Workers (CHWs). |
| 5.   | The PR shall submit to the satisfaction of the Global Fund by 31 March 2024, a detailed project description (including theory of change) on how community activities will complement the Grant, particularly those related to community dialogues, gender-based violence (GBV) activities and funding for CBOs.   |
| 6.   | The PR shall submit to the satisfaction of the Global Fund by 31 January 2024: (i) a plan which details how virtual approaches complement the in-person outreach and case management activities to ensure that PEs and counsellors are capable to provide continuous outreach and follow-up of beneficiaries reached in one modality or another. This plan shall also refer to the transfer of virtual data to DHIS2 tracker for FSWs and MSM; and (ii) a detailed project description for the overall CLM interventions.   |
| 7.   | The PR shall submit to the satisfaction of the Global Fund by 31 December 2023, a detailed project description including (i) streamlining and targeting for training activities included in the additional funding request within the prioritized funding envelope, and explaining the complementarity with virtual or other capacity building approaches; (ii) explaining how HRH strategic planning activities will be aligned with the   |

Grant; and (iii) how the INS-led community-level mapping of Community Health Workers for improved surveillance and response will be coordinated with other Grant activities.

## 5. Engagement with Stakeholders

The TIN requires Applicants to reflect multistakeholder engagement and involvement in development of funding request, with particular focus on (1) engagement of relevant government and pandemic preparedness coordination bodies and endorsement of the funding request by health systems governance structures; and (2) engagement of impacted communities, including key vulnerable and marginalized populations, as well as civil society.

### The TRP observed evidence of multi-sector involvement and representation of stakeholders from various levels within their respective ecosystems.



Most Applicants mentioned involvement of ministries of health and relevant departments and agencies including other government ministries such as finance and regional integration as well as intergovernmental coordinating bodies in the funding request development. Civil society was also represented although a few applicants cited the need for deeper community engagement. Funding requests mentioned obtaining input from vulnerable marginalized populations. However, without systematic review of the Communities Priorities Annex, the TRP could not confirm that community priorities were included in funding requests.

The Cameroon funding request delineated the multi-level coordination mechanisms and roles of the organization in the decision-making process. Madagascar allocated 56% of its budget to support community systems strengthening. Involvement of civil society organizations, academia, vulnerable community groups and faith-based organizations reached as high as 150 organizations (mostly AIDS service organizations) in Zimbabwe. However, there were instances of suboptimal stakeholder engagement.

A few countries made an explicit effort to ensure various funding streams and efforts on pandemic preparedness were complementary and took extra measures to avoid duplication of efforts. For example, Ethiopia convened two workshops led by the MOH and Country Coordinating Mechanism (CCM). The first was to identify the needs and the second to set priorities. Six of the eleven priorities set by CSOs were included in the final application. Kenya's request included formal endorsements from the National Treasury and Economic Planning, and the joint meeting of the C19RM, International Health Regulations and Pandemic Preparedness Task Force. This practice could inform ongoing Secretariat review of the Communities Priorities Annex.

## **6. Strategic Priority 1: Surveillance System Strengthening**

The Global Fund C19RM TIN advises that a progressive transition from pandemic response to recovery and pandemic preparedness requires a renewed focus on building sustainable, resilient systems for health, informed by, and building from the COVID-19 response. The TIN notes that as countries transition to integration of COVID-19 surveillance into routine systems, investments should be made to strengthen surveillance and response capacities and structures to improve preparedness for ongoing epidemics and future pandemics.

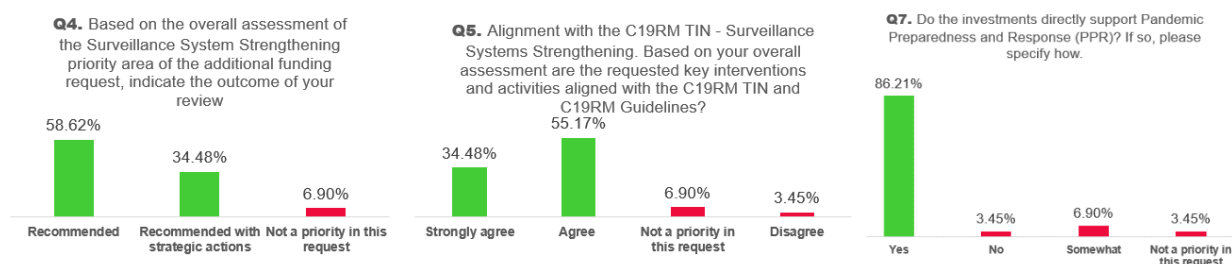
### **6.1 Strategic Focus and Technical Soundness of Funding Requests**

The TRP reviewers deemed all the 93.1% of applications that included surveillance system strengthening investments to be quality demand based on their demonstrated shift from single response focus to broader and integrated surveillance systems strengthening.

Most proposed activities and investments were strategically focused and technically sound as they were informed by findings of International Health Regulations Monitoring and Evaluation Framework tools (IHR MEF), country-specific Joint External Evaluations (JEEs), State Party Self-Assessment Annual Reporting, After-Action Reviews (AARs), simulation exercises (SimExs), and National Action Plan for Health Security (NAPHS) implementation.

The key surveillance systems strengthening interventions and activities proposed in 89.7% of funding requests were technically sound by being either strongly aligned (34.5%) or aligned (55.2%) with the C19RM TIN and accompanying M&E Framework.

**The TRP found only one funding request to include surveillance systems strengthening activities that were not quality demand.**



## 6.2 Potential for Impact and Sustainability

The TRP reviewers found 86.2% of the funding requests directly support PPR. Notable examples included Cameroon and Sierra Leone with seamless integration of proposed interventions into national plans for surveillance and DHIS2 as well as coordinated and complementary engagement of community health workers and Community-Based Organizations to ensure early reporting and effective event verifications. Synergy was also noted in Laboratory Systems. For instance, in Sierra Leone the broader strengthening of laboratory infrastructure and the specimen transport system received backing from the respective programs within GC7 or through domestic support. Thirty-four percent of these investments were recommended with strategic actions including the need for robust gap analysis to inform the proposed investments and more rigorous planning, management and coordination processes and structures toward implementing an ambitious, complex, and multilayered National One Health Event-Based Surveillance System and an integrated disease surveillance and response system.

The TRP reviewers observed weaknesses in the following areas within surveillance investments:

1. Poor integration of the One Health concept into the integrated surveillance system, e.g., poor integration of nosocomial and zoonotic surveillance into the integrated epidemiological surveillance system.
2. Several funding requests proposed significant procurement of digital health and informatics assets, infrastructure, and software applications requiring ongoing maintenance and upgrade. However, funding for maintenance and upgrade of these assets, equipment, and software applications, ideally from domestic sources, was not specified.
3. The performance framework in most funding requests contained very few indicators and some had scanty baselines and targets values to effectively track investments in surveillance systems strengthening.

## 6.3 Recommendations to Applicants and Technical Partners

1. Applicants to find additional resources to accelerate and sustain integration and optimization of C19RM funded surveillance systems investments to improve early warning surveillance functions, verification, data analysis, information sharing,

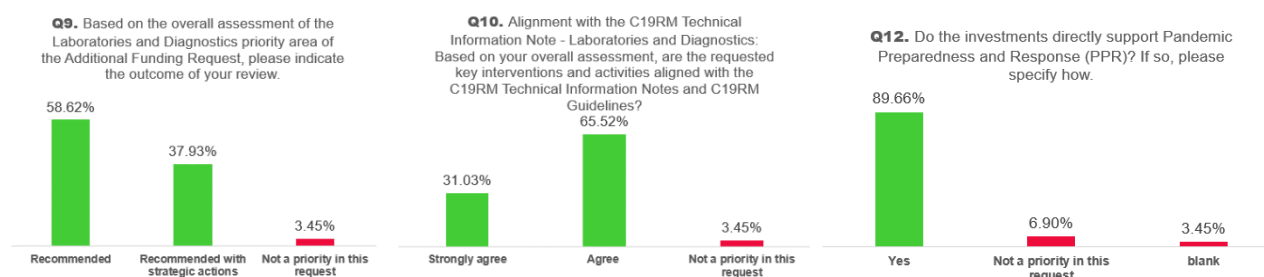
antimicrobial resistance (AMR) and zoonotic disease surveillance, and healthcare-acquired surveillance and strengthen data-informed decision-making for rationalization, prioritization, and outcomes across the health systems.

2. Even though some of the C19RM surveillance requests appear operationally feasible, considering the scale and ambition of the country requests, countries will require robust strategic planning, enhanced project management, and effective stakeholder coordination and monitoring to achieve set targets and ensure sustainability of investments.

## 7. Strategic Priority 2: Laboratories and Diagnostics

The C19RM TIN notes the importance of investing in a functional, integrated, tiered laboratory system with appropriate diagnostic capacity at all levels of the health system. This is necessary to ensure PPR within the context of broader health system requirements.

**The TRP considered all 96.6% of funding requests with laboratory and diagnostic interventions and activities to be strategically focused and technically sound.**



### 7.1 Strategic focus and technical soundness of funding requests

Based on the available information, 96.6% of the PO Wave 2 funding requests included key laboratory and diagnostic interventions and activities which were strategically focused and technically sound, i.e. were aligned with the C19RM TIN guidelines. For example, most funding requests included shift from procuring lab equipment and consumables to strengthening the ‘sample transport system,’ monitoring of laboratories, developing the laboratory strengthening plan including and capacity building of laboratory staff and inducting community health workers as part of laboratory deliverables and monitoring.

### 7.2 Potential for impact and sustainability through complementarity with GC7

The laboratory systems and diagnostic thematic area has been a large beneficiary of existing C19RM grants and this continues through the additional funding requests. The

impact potential is significant depending on the level of improvement of laboratory systems and diagnostics. The activities designed to improve the quality assurance of laboratories at various levels will have a significant impact on the quality of tests and detection possibilities (Chad, Guinea-Bissau, Senegal, Togo). Enhancing the pathogen detection was also a high impact activity (Central Africa Republic, Mali).

Ninety percent of the funding requests with lab and diagnostics investments were deemed to directly support Pandemic Preparedness and Response (PPR). For example:

- In Cameroon, the Applicant proposed improving the health systems capacity to deploy rapid tests during outbreaks; in Congo, the applicant proposes improving sample transportation capacity, and capacity of the labs to detect additional pathogens.
- In Guinea-Bissau, the Applicant proposed improving the laboratory readiness with close coordination with the World Bank Pandemic Fund to improve the PPR.
- In Madagascar, there was a strong focus on:
  - strengthening the reference labs to detect pathogens with epidemic potential.
  - establishing the lab network to optimize the biological surveillance of priority diseases.
  - The coordination of activities of peripheral laboratories is designed to support strengthening of laboratory systems thereby strengthening the health systems.

### **7.3 Recommendations to Applicants**

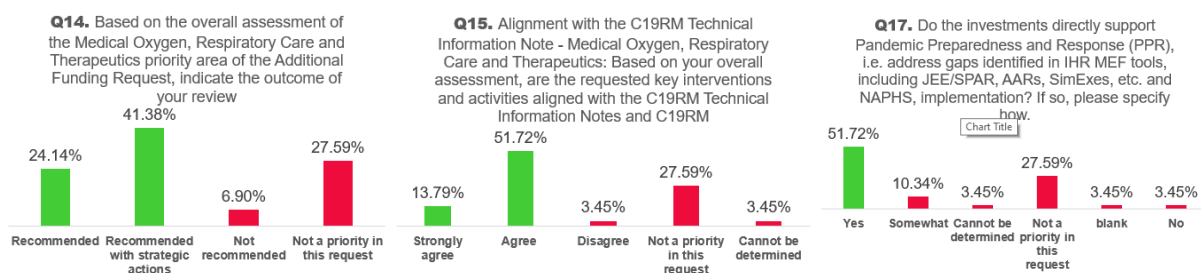
The TRP recommended Applicants to address the following gaps during funding award and/or within the first quarter of implementation:

1. Nonavailability of a maintenance plan for laboratory equipment.
2. Activities that were beyond the scope of C19RM funding such as renovating and equipping regional blood transfusion centers.
3. Lack of details and measurable indicators that support the proposed activities.
4. While the proposed activities were contextual, within the scope and based on gaps, there were questions about the feasibility within the proposed timelines or lack of details or limited measurable indicators (this was also observed above in surveillance investments).

## 8. Strategic Priority 3: Medical Oxygen, Respiratory Care and Therapeutics

The C19RM TIN expects applicants to transition from COVID-19-specific case management to more integrated approaches, including training of health facility staff on case definitions of suspected COVID-19 and other epidemic-prone notifiable infectious diseases such as influenza. Outpatient and in-patient services should reflect the appropriate care pathways, ensuring that people with or at risk of severe illness are treated and referred promptly.

### Sixty-five percent of funding requests included Medical Oxygen, Respiratory Care and Therapeutics investments that TRP considered to be quality demand.



### 8.1 Strategic focus and technical soundness of funding requests

The TIN emphasizes the importance of the care pathway that would lead people presenting with respiratory compromise at any level of the health system to be referred to the appropriate level of care. While TIN supports procurement, which is often warranted, it also emphasizes Testing and Treatment and the importance of the care pathway and referrals. As such, the reviewers appropriately rated the PO Wave 2 medical oxygen funding requests as technically sound. However, at portfolio level, the strategic shift to systems strengthening becomes questionable considering the stronger focus on procurement.

Even though procurements of oxygen Pressure Swing Adsorption (PSA) plants, pulse oximeters, ventilators, infrastructure, etc. were accompanied by plans for operations and maintenance of health products, the funding requests lacked clear rationale for the demand and current supply of medical oxygen across the health system. Few Applicants included a needs assessment to justify their procurement and additionally to present an implementation plan as to where the health products would be placed. For example, Benin and Central African Republic noted that they need to first conduct such an assessment before defining their implementation plan. Some Applicants might consider that they anecdotally know they need the procurement and their window for opportunity for C19RM was presented to them, hence they moved forward with the promise to collect the needed data and information during grant implementation.

## **8.2 Potential for Impact and Sustainability**

The funding requests lacked information to ascertain the degree to which the medical oxygen investments are poised for impact and sustainability. Specifically, surge planning to address increased demand for medical oxygen, respiratory care and therapeutics was not fully described. Surge plans would ensure that health providers and other resources (and equipment, infrastructure) are available along the care pathway to reach the affected, marginalized, and vulnerable populations and would incorporate a maintenance and repair plan. Moreover, the surge plan should be pre-tested.

Funding requests further lacked detailed exit plans. While the TIN discusses the importance of transition in the Executive Summary and across the five priority modules through the promotion of integration with existing systems and approaches, it does not provide explicit guidance on preparation of an exit strategy beyond 2025. This might explain, in part, why there is a lack of sustainability plans in the applications.

## **8.3 Recommendations to Applicants**

1. Applicants should delineate the other available or planned funding sources for the PPR funding and describe integration and/or complementarity with C19RM.
2. Applicants should prioritize SimExs and AARs and all IHR MEF tools to test effectiveness and efficiency of surge plans.

## **8.4 Recommendations to the Secretariat**

1. The Secretariat should update the TIN to make guidance on the respiratory care pathway clearer. The care pathway would be best focused on holistic care, people-centered care instead of just one biological system. For example, a reference to global guidance on Practical Approaches to Lung Health (PAL) would be helpful.
2. The TIN should be fleshed out to make a clearer distinction to when support is justified (i.e., based on needs assessments) and should better prioritize (require) a focus on service delivery (care pathway). The emphasis should be on service delivery and removing the term “medical oxygen” from the title would help so there is a clear indication that the priority is on the care pathway. Further, the TIN should take a definitive stance on the promotion of a comprehensive care pathway including the holistic care of people with COVID (or other respiratory pandemic disease).
3. The TIN needs to be more explicit and request a sustainability exit plan from C19RM support. This is especially true for interventions reliant on the funds for staff salaries (noting some of the salaries were for temporary staff hired to manage the pandemic) and for procurement of recurrent costs. This recommendation pertains to the entire C19RM portfolio.

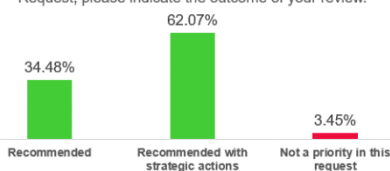


## 9. Strategic Priority 4: Human Resources for Health and Community Systems Strengthening

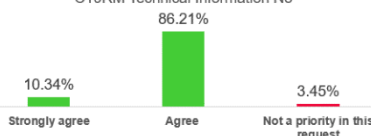
The C19RM TIN expects PO Wave 2 funding requests to consider in-service and pre-service training of frontline workers (community health workers, clinicians, and nurses), community members, subnational public health epidemiologists and periodic joint training of the laboratory and epidemiology workforce to increase understanding of the epi linkages to build and sustain an early warning system. Additionally, policies and defined processes to recognize, support, appropriately compensate, retain, and manage community health workers and other frontline workers are key to institutionalize an early warning system.

**TRP rated all the funding requests that included activities to support HRH as a critical pillar of service provision to be strategically focused and technically sound.**

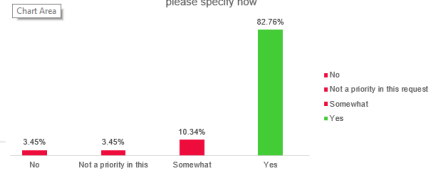
**Q19.** Based on the overall assessment of the Human Resources for Health and Community Systems Strengthening priority area of the Additional Funding Request, please indicate the outcome of your review.



**Q20.** Alignment with the C19RM Technical Information Note - Human Resources for Health and Community Systems Strengthening: Based on your overall assessment: are the requested key interventions and activities aligned with the C19RM Technical Information No



**Q22.** Do the investments directly support Pandemic Preparedness and Response (PPR), i.e. address gaps identified in IHR MEF tools, including JEE/SPAR, AARs, SimExes, etc and NAPHS, implementation? If so, please specify how



### 9.1 Strategic Focus and Technical Soundness of Funding Requests

Based on available information and the TRP reviewers' overall assessment, all the C19RM PO Wave 2 funding requests included activities to support human resources for health (HRH) as a critical pillar of service provision. However, funding requests provided limited information about national HRH strategies or frameworks e.g., PPR implications for the recruitment, distribution and retention of health care workers thereby raising questions about long term sustainability and/or impact.

Overall community health systems strengthening (CSS) activities in the funding requests were aligned with the TIN. However, many of the requests only partially supported the breadth of community health systems pillars. The lack of detail on broader community systems strengthening including equity, human rights, and gender considerations (beyond CHWs) was apparent in all the funding requests. Only two funding requests included efforts to address gender-based violence (GBV) and/or gender-related barriers to accessing people-centered, quality integrated services including PPR. These further questions the extent to which the investment requests on HRH and CSS are strategically focused as well as human rights and gender responsive.

## **9.2 Potential for Impact and Sustainability**

While most funding requests commendably addressed RSSH gaps in GC7 grants, there remained insufficient information on how the HRH support will be sustained and supported after C19RM funds are expended.

- The TRP was concerned by fragmented training across the C19RM priority areas and limited information on how training and incentive schemes will yield better outcomes.
- Further, TRP reviewers were concerned about activities focused on short term surge support or service gap filling. While the C19RM funding is designed to provide the necessary surge support to ensure no disruption or drop-in services, reviewers flagged risk of an imbalance of funding support towards more temporary investments negating the C19RM strategic shift to RSSH.

## **9.3 Recommendations to Applicants**

1. Linkages to learning from capacity building and technical assistance interventions and ensuring that activities are absorbed or transferred beyond C19RM are recommended.
2. An overarching training plan for health workers (including CHWs) including a dashboard for mapping and tracking training in each of the five strategic priority areas would be helpful.
3. Applicants should sustain the C19RM gains into GC8 by reviewing the impact of and deploying domestic funding to surge staff, training and incentives on health care worker motivation, retention, and workforce development.
4. Applicants should complement HRH national policy and strategies with costed road maps / operational plans for better forward planning on health workforce needs.
5. Applicants are recommended to ensure community health system support includes not only select components such as CHWs, but robust approaches to building sustainable and resilient community structures.

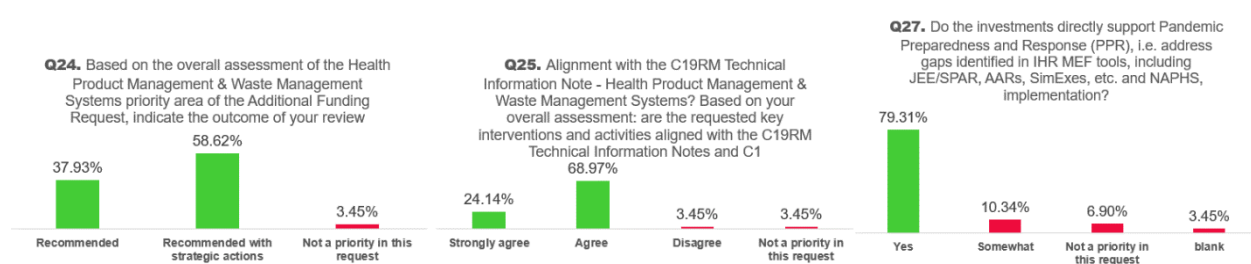
## **9.4 Recommendation to the Secretariat**

The Secretariat should update the TIN and provide clearer guidance to support Applicant to include interventions that demonstrate gender impact or address gender-related barriers.

## 10. Strategic Priority 5: Health Product Management and Waste Management Systems (HPM)

The TIN recognizes that given the disruptions that in-country supply chains have experienced due to the COVID-19 pandemic, it is vital for countries to demonstrate how they use data for decision making, have the flexible capacity for efficient surge management to mitigate against the risk of disruption to key functional areas including governance, quality assurance, information systems, waste management, storage and distribution capacity.

**TRP rated 97% and 93% of waste management and HPM investments to be strategically focused and technically sound respectively.**



### 10.1 Strategic focus and technical soundness of funding requests

Only one funding request included waste management and health product management (HPM) investments which the TRP considered not aligned with the TIN. Based on available information, the TRP deemed all PO Wave 2 funding requests that included HPM investments to be strategically focused and 59% were recommended with some strategic actions to be addressed during award and implementation. Activity budgets allocated for waste management were targeted not only at disposal of personal protective equipment but also included HIV, TB & Malaria programs and a broader systems-wide waste disposal and infection prevention and control (IPC).

The TRP reviewers noted the following concerns in waste management and HPM.

- Lack of, or inadequate alignment with national guidance such as national strategic waste management plans. Further, it will be challenging for countries to develop and implement sustainable multisectoral waste management plans within the tight PO Wave 2 timeframe. Continuity into GC8 and/or domestic funding will be required.
- Infrastructure development (incinerators and other commodities) was a key cost driver together with frequent requests for logistics support. However, there was a lack of detailed plans for maintenance and gradual transfer to domestic funding.

- Budgets for local capacity development on waste segregation / disposal were not prioritized. Technical assistance (TA) tended to overemphasize multiple iterative and cascading workshops.
- Insufficient details about other donor funding especially on infrastructure development such as building, rehabilitation of warehouses or vehicle procurement.
- Deliverable targets were frequently inconsistent. For example, installation of oxygen flow (piping) had different targets in different annexes.
- While Applicants included TA for supply chain management and IT systems development, information about interoperability and data governance was lacking.
- Insufficient attention to regulatory capacity development and quality assurance such as pre- and post-market surveillance.

## **10.2 Potential for impact and sustainability**

Prior to C19RM funding, facility based medical waste management and IPC were poorly resourced in most countries. C19RM elevated medical waste and IPC measures onto the national health agenda, in line with WHO's normative guidance on IHR, Hand Hygiene, Personal Protective Equipment and AMR. However, the TRP observed the following risks to sustaining these gains:

- Funding requests did not include an explicit exit strategy on how systems wide HPM investments under C19RM additional funding will be sustained after 2025.
- Insufficient information on co-financing of warehouse infrastructure and supply chain / logistics management development.
- Weak justification for procurement of vehicles and equipment for waste management challenge cost-effectiveness.

## **10.3 Recommendations to Applicants**

1. Applicants should continue and sustain RSSH approach towards waste and health product management, eliminating any persistent vertical investments under current and planned HTM grants including GC8.
2. Applicants are advised to be more specific on how to monitor donor co-financing of investments (esp. infrastructure, IT systems development, TA) to reduce potential duplication of effort.
3. Countries should complement national policy and strategies with costed road maps / operational plans for better country stewardship. Applicants should track all the planned infrastructure, ensuring explicit and transparent criteria for reconstruction/rehab across the health system, e.g., based on evidence and burden of disease, reaching marginalized populations.

4. A centralized dashboard for all the training/capacity building for the various health workers, lab technicians, biomedical engineers, etc. in one place, would improve efficiency and coordination of TA – across all PO Wave 2 strategic areas. Applicants should consider mandatory capacity (training) and maintenance budgets for major waste and health product investments.

## 11. Overall Quality of Reinvestment of C19RM Funds

The Global Fund Board expects reinvestment of existing unutilized funds from prior C19RM awards to drive the shift from COVID-19 emergency response to longer term systems strengthening and pandemic preparedness. C19RM PO Wave 2 funding requests should demonstrate that any request for additional funding has fully explored options to fund identified RSSH needs with existing unutilized funds.

Based on the visibility provided in the funding requests and supporting documents, the TRP considered 86.5% of the overall reinvestment proposals to be appropriately in line with the strategic shift from pandemic response to systems strengthening activities, including priority funding needs aligned with the C19RM technical information note. Large procurements of response products (Personal Protective Equipment, PPE, and drugs) were not as high a priority as in previous C19RM budgets. Instead, IPC investments included capacity building and were linked with waste management and AMR. However, most funding requests lacked details of how buffer stock would be managed or funded beyond C19RM investments.

Only three funding requests did not demonstrate strategic shift and appropriate prioritization as they either merely extended the activity spreadsheet until 2025 but without clarity on new interventions and allocation towards systems strengthening or had inconsistencies in the budget table such that the reinvestment could not be verified. The TRP reviewers noted the following primary risks to achieving VfM and sustainable impact from C19RM reinvestments:

1. The TRP reviewers did not have access to current absorption analysis of existing C19RM funds and remain concerned about the lack of long-term planning beyond 2025 against a backdrop of low absorption in prior C19RM grants. Performance frameworks were sub optimally presented making tracking budgets and reconciling them with the proposed reinvestment interventions difficult.
2. In some funding requests, reinvestments remained focused on “*support and response*,” rather than “*strengthening*” the system including progressive shift to “*pandemic preparedness*.”

### 11.1 Recommendation to the Secretariat and TRP

The Global Fund should distill the essential elements of VfM in concrete, measurable terms in the TIN. If one accepts that systems support (i.e., procurement, infrastructure, and staff salaries) are technically sound and sustainable because there is training and

operations/maintenance plans surrounding the support, it should be clear what constitutes VFM. This could be further explored in the upcoming TRP RSSH Deep Dive.

## **12. Feasibility and Coordination of Investments**

While the TRP recommended all PO Wave 2 applications for funding based on their strategic focus and technical soundness, some feasibility and implementation concerns were noted:

- Most applications had many capacity-building trainings and workshops, but they were typically one-off events with ill-defined training modality and lacking plans for institutional knowledge and competency transfer for sustainability.
- Many Applicants allocated large budgets for TA (encouragingly the majority were local and not international consultants). However, Applicants frequently requested similar TA without explaining what had been achieved under previous support and TA often lacked an associated costed roadmap or implementation plan making it difficult to assess alignment, co-financing, and overall effectiveness of the funding.
- Funding of similar activities by other donors and multilateral investments was not visible. There was a missed opportunity to leverage the new Global Fund RSSH Gaps and Priorities Annex in the development of the C19RM PO Wave 2 applications.
- Completion of approved warehouse and other constructions might, due to local procurement difficulties, exceed the C19RM end date of December 2025. Procurement processes for infrastructure and construction works are very technical and resource intensive. A rushed implementation process might only look to fill existing gaps without due diligence to systems-wide strengthening issues.

### **12.1 Recommendations to Applicants, Technical Partners and the Secretariat**

1. In general, the funding requests had a multitude of capacity-building interventions focused on different technical areas and cadres of professionals, particularly front-line and community health workers.
  - Applicants should ensure that the skills and competencies acquired from the training are transferable and catalytic across the health systems beyond C19RM, pandemic response and preparedness, and HIV, TB, Malaria (HTM) and other various thematic areas.
  - Applicants and Technical Partners should establish clear quality standards for TA including specific metrics in performance frameworks or WPTM.
2. The TRP was concerned about capacity and truncated timelines for implementation, especially given prior absorptive capacity issues across the C19RM portfolio.

- The TRP recommends focused technical assistance, coordinated and careful monitoring of implementation in most of the funding requests.
  - While the TRP notes the role of the Global Fund CMLI in providing TA, it encourages the GAC/CTAG and C19RM Investment Committee to closely monitor how and if this TA mechanism will lead to sustainable local capacity.
3. The reviewers noted that sustainability of the activities is a challenge where the applicant has proposed comprehensive strengthening efforts, but there is limited domestic funding beyond the life of the C19RM grant and/or GC7/8. Moreover, most of the funding requests lacked in detail about exit and sustainability plans.
- Applicants should be supported to develop action-oriented and timebound roadmaps and exit plans to sustain C19RM investments beyond December 2025.
  - Noting C19RM funding is not fungible, it is critical that funding be coordinated and synergized with GC7 and GC8 funding streams. It is important that GC7 and GC8 grants, and domestic and/or external funding continue to fund PO Wave 2 interventions and allow countries time to integrate activities into their national plans and budgets.
  - Given low absorptive capacity in previous and current C19RM grants, and increased Global Fund RSSH funding, coordination, implementation support, tracking and reporting across the Global Fund Partnership must be enhanced.