THE GLOBAL FUND

UNITE TO FIGHT

COVID-19 RESPONSE MECHANISM

C19RM Monthly Update to the Board

Report for November - December 2021

Publication Date: 16 December 2021

Geneva, Switzerland

Executive Summary for November Report

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1 Progressive Development of C19RM Reporting.

The previous board report focused on 2020 health product delivery and distribution data, investments in community systems, insights on surveillance systems strengthening and ongoing operationalization of the Monitoring and Oversight framework. This report will include the regular updates on awards, health products and non-oxygen therapeutics and will focus on integrated screening and testing for TB and SARS-CoV-2 as a thematic area.

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

The fight against COVID-19 is far from over. The Delta variant continues to threaten the impact made through the ongoing COVID-19 response and its impact on HIV, TB and malaria, with the new variant of concern, Omicron, adding to further programmatic disruption.

HIV, TB and Malaria Program Disruption. Compared to 2019 and 2020, in 2021, the overall increase in people on ART appears slow in addition to the declining numbers in new ART initiations. Suspected malaria cases tested in 2020 and 2021 show the same decline relative to 2019. With the drop in case management for malaria, we face a risk of a spike in mortality. The delivery of TB services seems to have stabilized in the first half of 2021 but shows continued lower progress relative to the first semester of 2019.

3 C19RM 2020 Updates (Absorption).

C19RM 2020 in-country implementation and utilization is estimated at 63%-70% after an average implementation period of 6-8 months.

4 C19RM 2021 Funding Request and Awards.

As of 13 December 2021, C19RM has awarded or recommended for Board approval US$3,194 million to over 123 applicants, for a portfolio average of 25% of the 2020-2022 allocation with the following breakdown: 75% to reinforce national COVID-19 responses, 14% for urgent improvement to health and community systems, and 11% for HIV, TB and malaria mitigation.

Executive Summary for November Report

5 Health Products Overview.

Of the total US$3,194 million awarded by 13 December, US$489 million was for Oxygen and clinical care-related products representing 15.3% of overall health product spend. We have supported countries' investments on pressure swing adsorption (PSA) plant demand through experienced Global Fund's Procurement Service Agents and local service providers who have installed at least one PSA plant. Out of the US$191 million invested in non-oxygen therapeutics, over US$37 million were for evidence-based pharmaco-therapies that have demonstrated benefits in reducing COVID-19 mortality. The Secretariat has invested over US$487 million in Personal Protective Equipment (PPE) and due to recent changes in product cost we expect savings of about 30% of product costs which can be reinvested. Diagnostics remain a priority, representing around US$727 million or 22.8% of awarded C19RM 2021 funds and should enable the supply of more than 145 million tests.

6 Integrated Services: Testing For TB and SARS-CoV-2.

The Global Fund is supporting countries that are including testing for both TB and SARS-CoV-2 in their response plans. **At least 40 countries and 3 multicountry grants out of 100 countries** reviewed have requested and been awarded funding towards integrated screening and testing. Notably, the majority of requests are from the Africa region.

7 Monitoring and Oversight.

The Monitoring and Oversight (M&O) framework has been largely operationalized; over 90% of Principle Recipients (PRs) have submitted Pulse Checks for all High Impact and Core countries. These countries account for more than 90% of the C19RM investment portfolio. Based on the received data, countries' performance will be reviewed by the Investment Committee in December-January. Spot Checks are currently in progress with data collection completed in 26 countries and expected to be completed in a total of 39 countries before the end of 2021.

8 C19RM Country Case Study.

Nigeria: The C19RM award of US$222.6 million to Nigeria supports the COVID-19 national response, HIV, TB and malaria mitigation and health system strengthening with specific focus on genomic surveillance and integrated screening and testing, establishing points of entry surveillance for COVID-19 at international borders, introducing thermal screening, compulsory self-isolation, referral of cases and contact tracing. Additionally, this support has led to the increase of the network of public health laboratories that test for COVID-19 from four to more than 70 public facilities and 35 private laboratories.

Contents

1 Progressive Development of C19RM Reporting

Progressive Development of C19RM Monthly Reporting

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

Last Report | **This Report** | **Subsequent Reports...**

Last Report

- **C19RM 2020 update** including 2020 absorption.
- **COVID-19 and HIV, TB and malaria disruption** update with Q2 estimates.
- **C19RM 2021 Awards and Pipeline** update.
- **Insight on the Monitoring and Oversight framework.**
- **Health Products Overview** including Personal protective equipment (PPE), oxygen and non-oxygen therapeutics. No specific Diagnostics update.
- **Focus on Genomic Surveillance**.
- **Case Study** on country implementation.

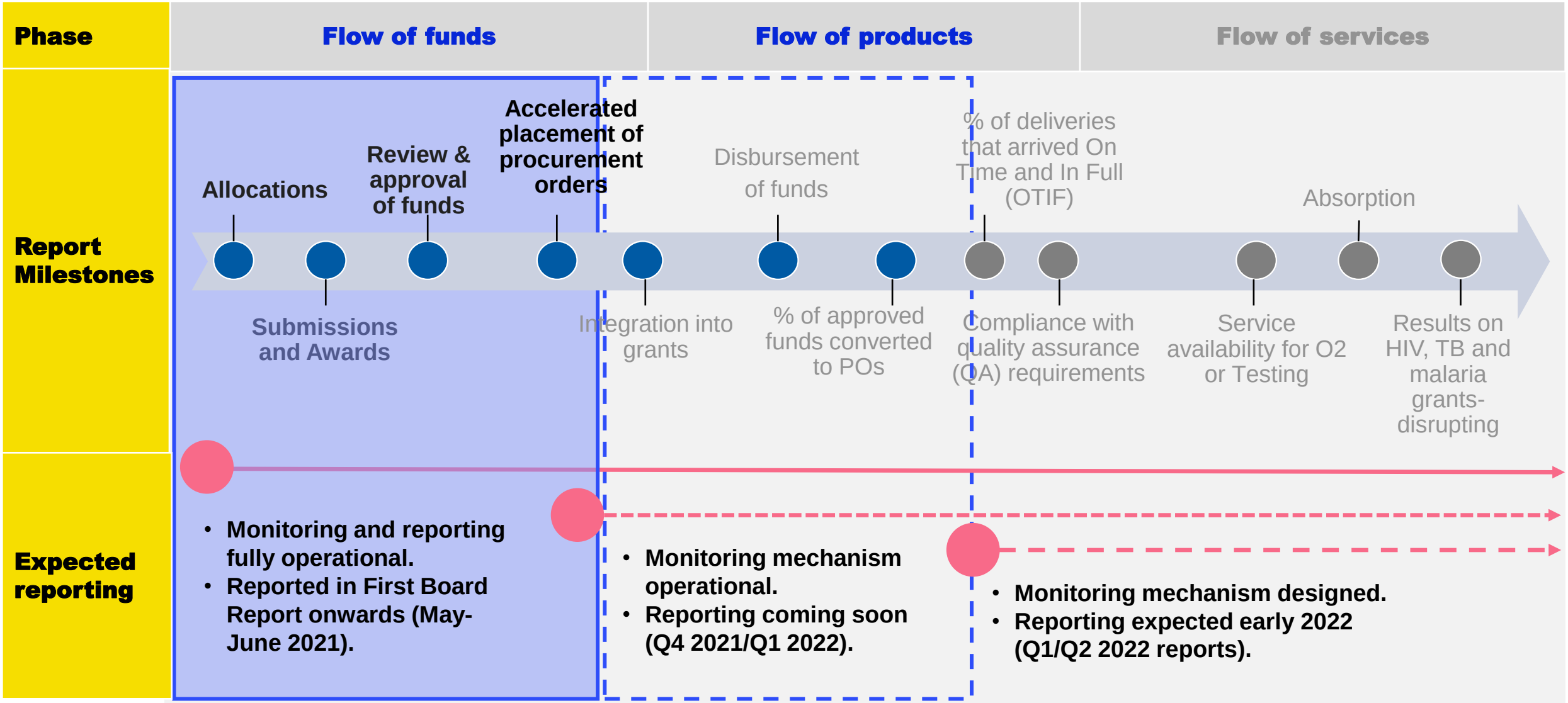
Current Report

- **C19RM 2020 interim update** including 2020 absorption.
- **COVID-19 and HIV, TB and malaria disruption** update with Q2 estimates.
- **C19RM 2021 Awards and Pipeline** update.
- **Update on the Monitoring and Oversight framework.**
- **Health Products Overview** including PPE, oxygen and non-oxygen therapeutics.
- **Integrated Testing for TB and SARS-CoV-2**
- **Case Study** on country implementation.

Future reports will cover topics as relevant data becomes available.

- **C19RM 2020 update** including 2020 distribution and delivery of health products and absorption data as available.
- **C19RM 2021 Programmatic data** including updates on implementation and disaggregated financial data as it becomes available.
- **COVID-19 and HIV, TB and malaria disruption** update.
- **C19RM 2021 Awards and Pipeline**.
- **Health Products Overview** including order placement and delivery.
- **Overview of thematic areas:** topics based on issues highlighted in reviews, GAC/CTAG meetings and Board calls.
- Assurance Monitoring and Oversight framework and updates.
- **Case Studies**: on emerging lessons/ successes relevant to thematic areas.

Progressive Development of C19RM Monthly Reporting

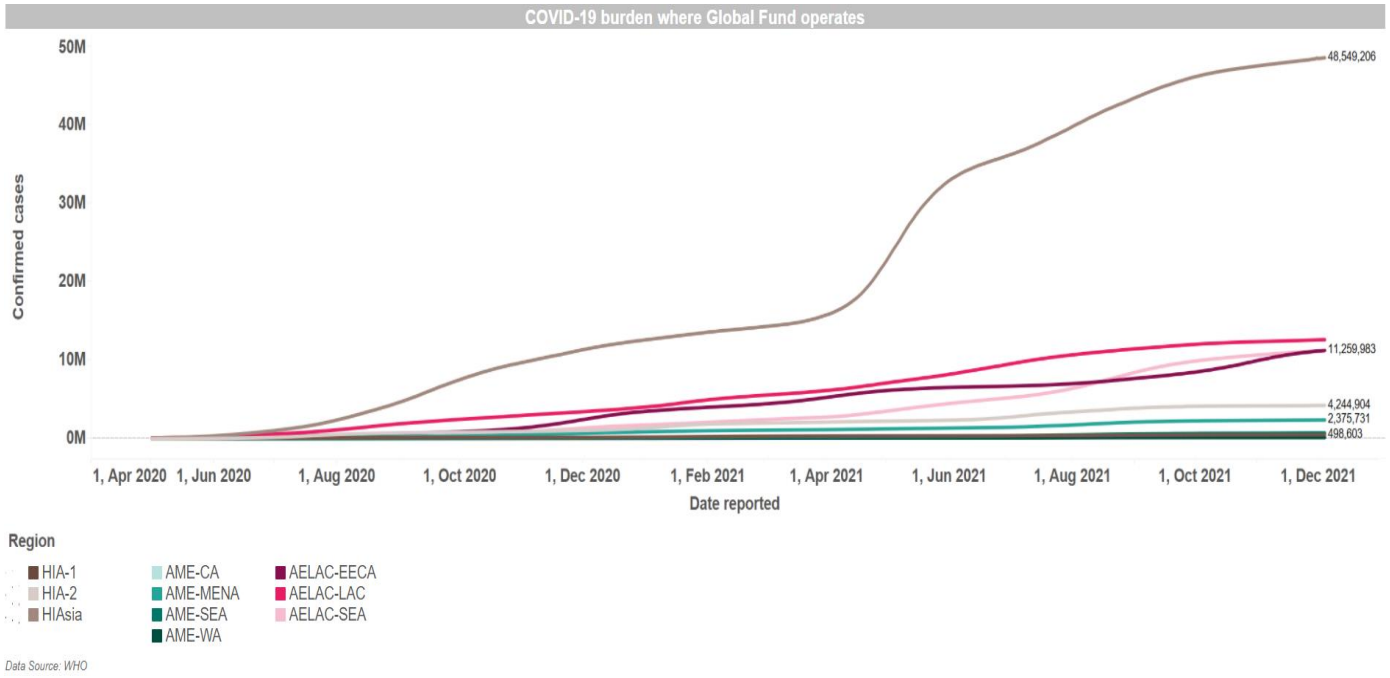


2 Update on COVID-19 Epidemiological Situation and Disruption to HIV, TB and Malaria Services

HIV, TB and Malaria Disruption

COVID-19 Burden in the Regions We Support

High Impact Asia remains the region with the highest confirmed cases.
Low testing and the spread of the Delta and Omicron variants suggest infections far outnumber confirmed cases.



	As of 1 December	As of 20 October
	48,549,206	46,319,843
	12,606,487	12,074,484
	11,259,983	9,988,290
	4,244,904	4,138,779
	2,375,731	2,271,713
	498,603	479,960

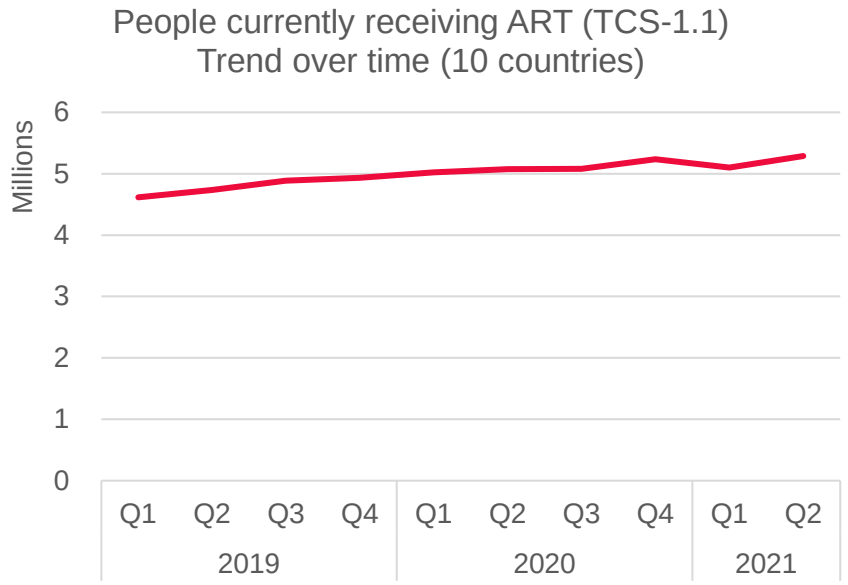
Note that true infections far outnumber confirmed cases in many countries.
See https://ourworldindata.org/covid-models

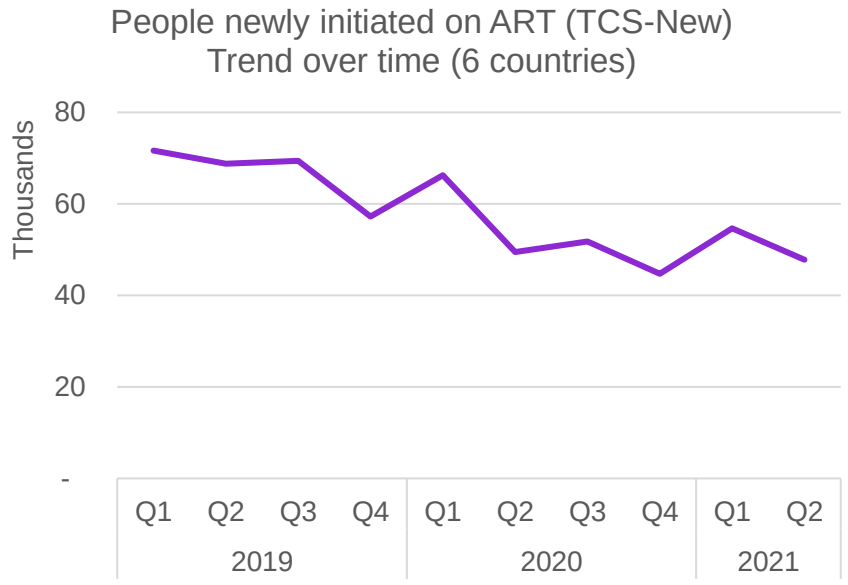
***High Impact Africa 1:** Nigeria, Ghana, Côte d'Ivoire, Congo (DRC), Burkina Faso, Mali.
****High Impact Africa 2:** South Africa, Ethiopia, Kenya, Zambia, Mozambique, Zimbabwe, Uganda, Zanzibar

SUMMARY

- Globally, as of 1 December 2021, there have been 262,219,226 confirmed cases of COVID-19, including 5,216,044 deaths reported to WHO. A new fast spreading variant known as the Omicron variant has now emerged and is detected in over 56 countries.
- As of 1 December 2021, High Impact Asia has **48,549,206 confirmed cases, an increase of more than 1.5 million in less than two months. New** cases have also been recorded in Southeast Asia leading to a total of 11,259,983 million.
- Confirmed cases in Latin America and Caribbean remain at over 12 million while those in High Impact Africa 2* and High Impact Africa 1* continue to rise to over 4 million and 498,603 respectively.
- **Over 10 Global Fund implementing countries are also among the top 25 countries in the world with the highest cumulative cases.** These include India, Russia, Iran, Indonesia, South Africa, Philippines, Malaysia, Peru, Thailand and Iraq.

The curve on the number people on ART appears to be flattening and the people newly initiated is declining in the sample of six countries.





Insights

People on ART:

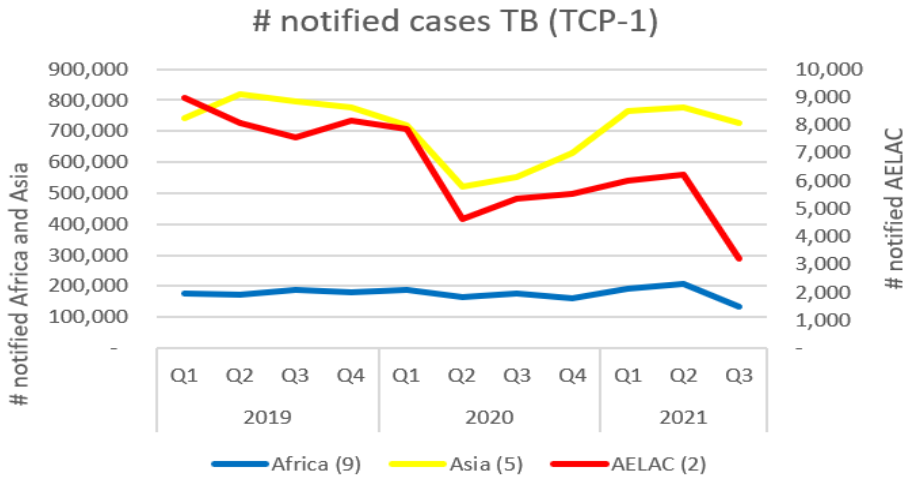
- Of the 10 countries with complete data, there continues to be increases in the number of people on ART, although the curve is flattening.
- At the time of analysis of the 35 countries reporting on people currently receiving ART, less than one-third had complete data. Data are from countries with a mix of HIV epidemic contexts and Global Fund investments.

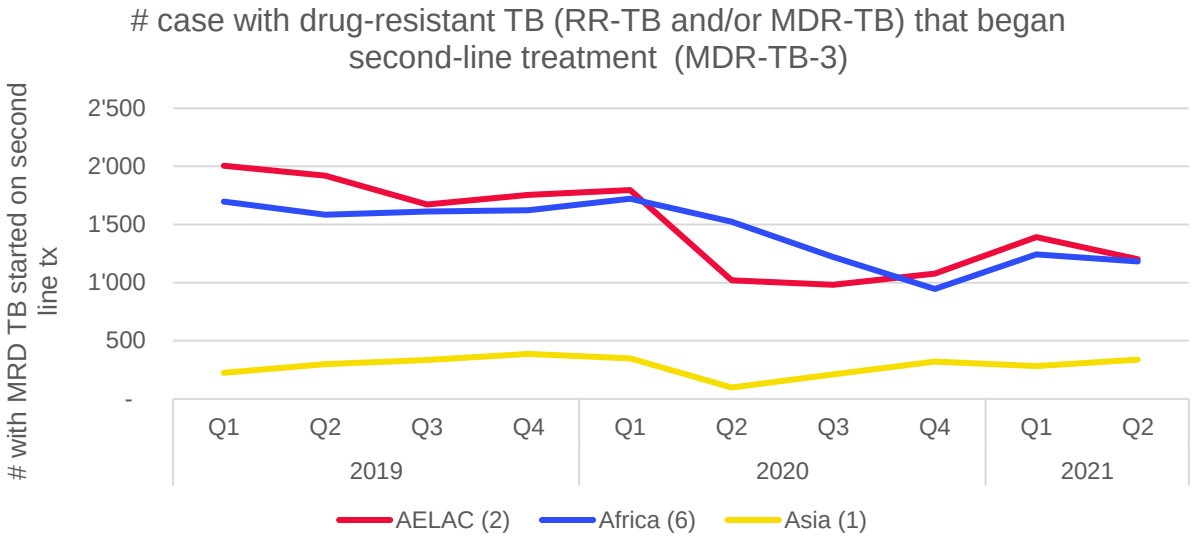
People Newly Initiated on ART:

- The number of individuals newly started on ART in 2021 has declined in four of six countries reporting, compared to 2019 and 2020. It is not clear if these trends are related to COVID-19 disruptions or other reasons related to country context.

Source: Global Fund Indicator Monitoring Initiative, data reported by PRs

Delivery of TB Services is stabilizing in the first half of 2021 but shows continued lower progress relative to the first semester of 2019.





Target Candidate Profile-1 (case notification):

Results semester 1 (S1) relative to S1 2019

Region (# countries)	2020	2021	Trend
AELAC (2)	73%	71%	↓
Africa (9)	101%	114%	↑
Asia (5)	79%	99%	↓

MDR TB-3:

Results semester 1 (S1) relative to S1 2019

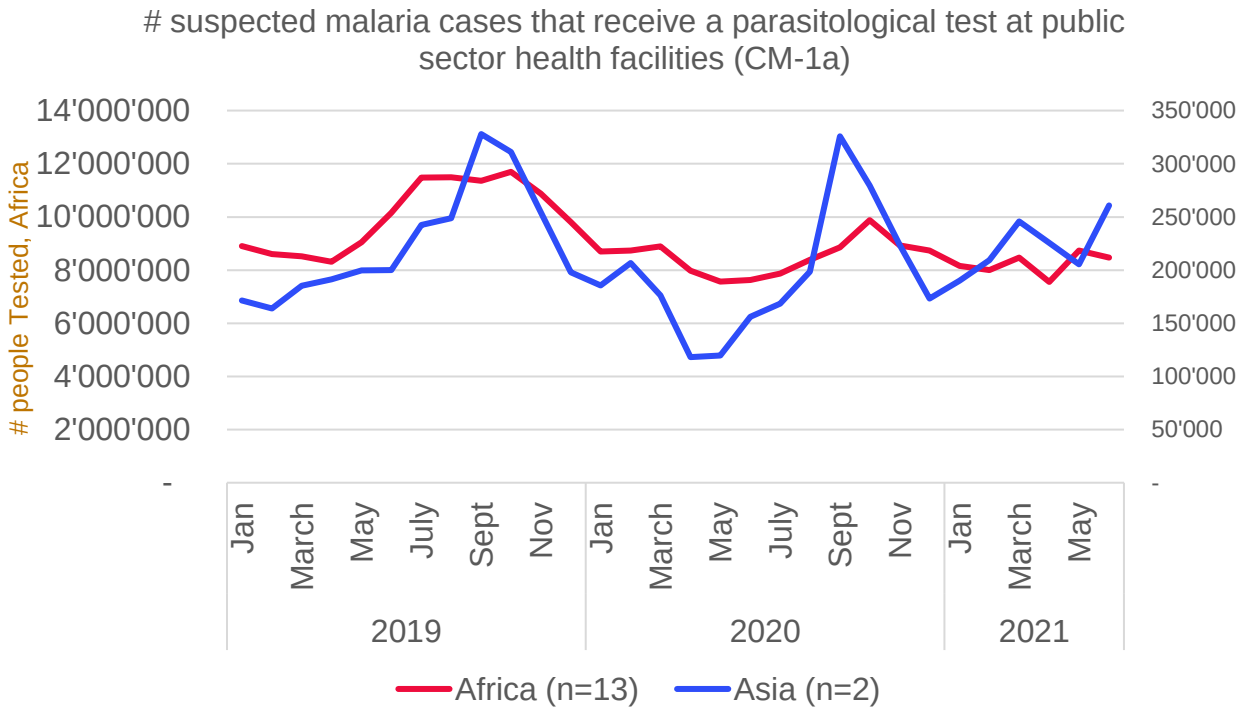
Region (# countries)	2020	2021	Trend
AELAC (2)	72%	92%	↓
Africa (6)	99%	75%	↓
Asia (1)	85%	139%	↑

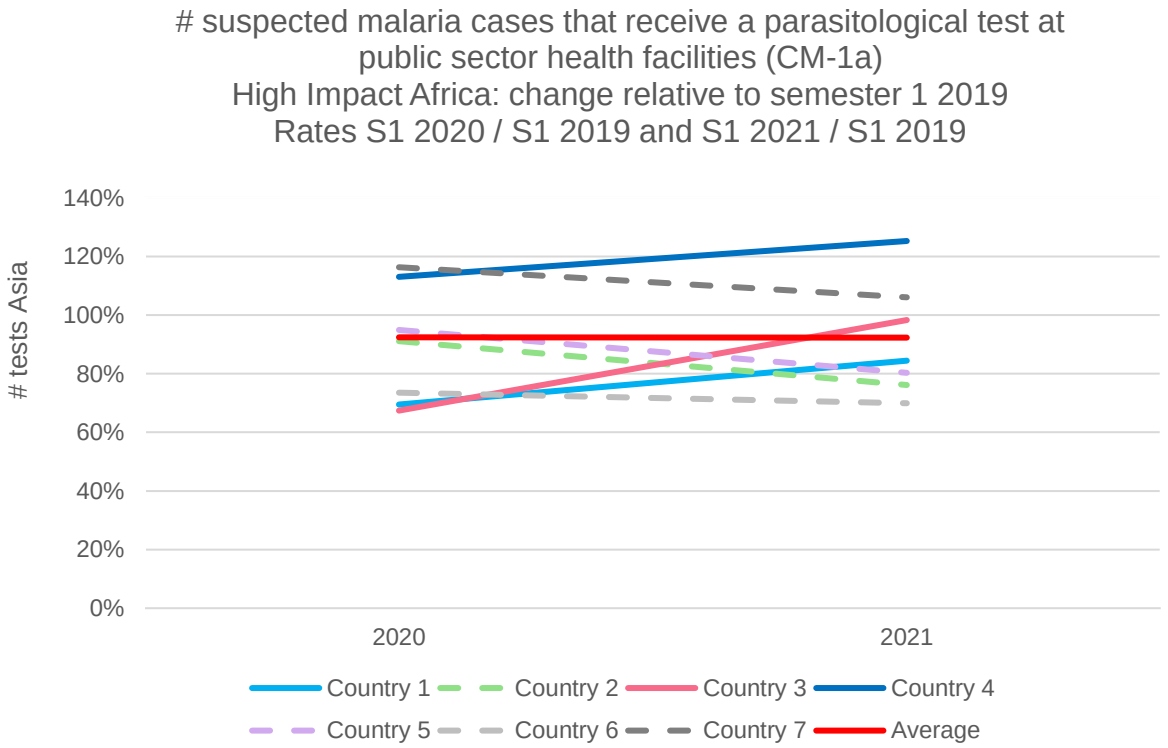
Ongoing Actions

- Support course correction for TB case notification.
- Monitor and support course correction for MDR-TB in Africa and AELAC.
- Engage PRs to increase data reporting rates.

Source: Global Fund Indicator Monitoring Initiative, data reported by PRs

Suspected malaria cases tested: the first semester of both 2020 and 2021 show the same decline relative to 2019 but masks country differences.





Africa: testing of suspected malaria cases in the public sector

Semester 1 (S1) of 2020 and 2021 showed the same decline relative to 2019 based on 14 African countries' data. However, the data masks significant differences between countries with ***50% of these countries showing improvements*** (3 High Impact, 2 core) while the other half showed S1 2021 levels further decline relative to 2019 (3 High Impact, 4 core).

Source: Global Fund Indicator Monitoring Initiative, data reported by PRs

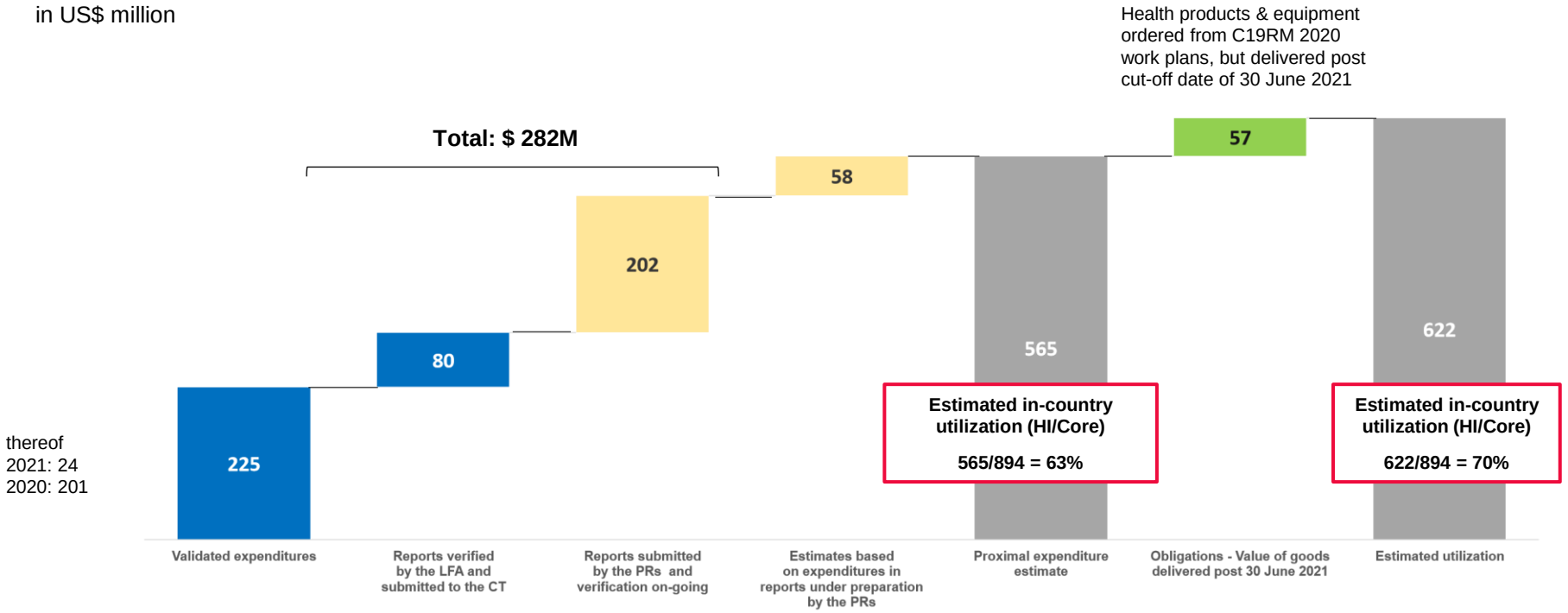
3

Update on COVID-19: C19RM 2020

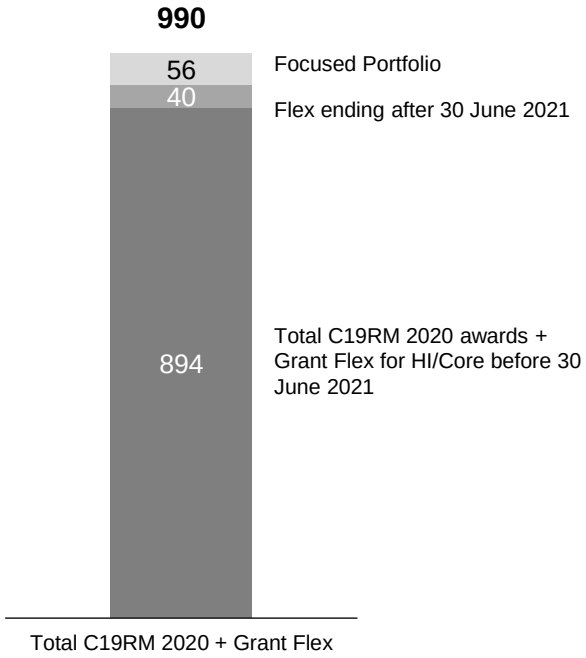
Absorption

C19RM 2020 in-country execution and utilization is estimated at 63%-70% after an average implementation period of 6-8 months.

Estimated expenditure for HI/Core countries as at 30 June 2021



C19RM 2020 + Grant Flex



- Analysis focus on 54 High Impact and Core Countries, representing 90% of total C19RM 2020 investments.
- Since the previous Board Report, validated expenditures increased from US$225 million to US$424 million.
- Delays in the PR reports submission impacts timely expenditures validation by the Secretariat.

4 C19RM 2021: Funding Request and Awards

C19RM 2021 Awards: Highlights

(as of December 13)

C19RM 2021 Fast-track requests Awarded

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

C19RM 2021 Full Funding Requests Awarded

- US$2,602 million awarded to 122 applicants, including funding recommended for Board approval, for a portfolio average of 21% of 2020-2022 allocation (excluding previously approved Fast-track applications).
- An Unfunded Demand of US$1,027 million in demand pipeline registered from 74 applicants.

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

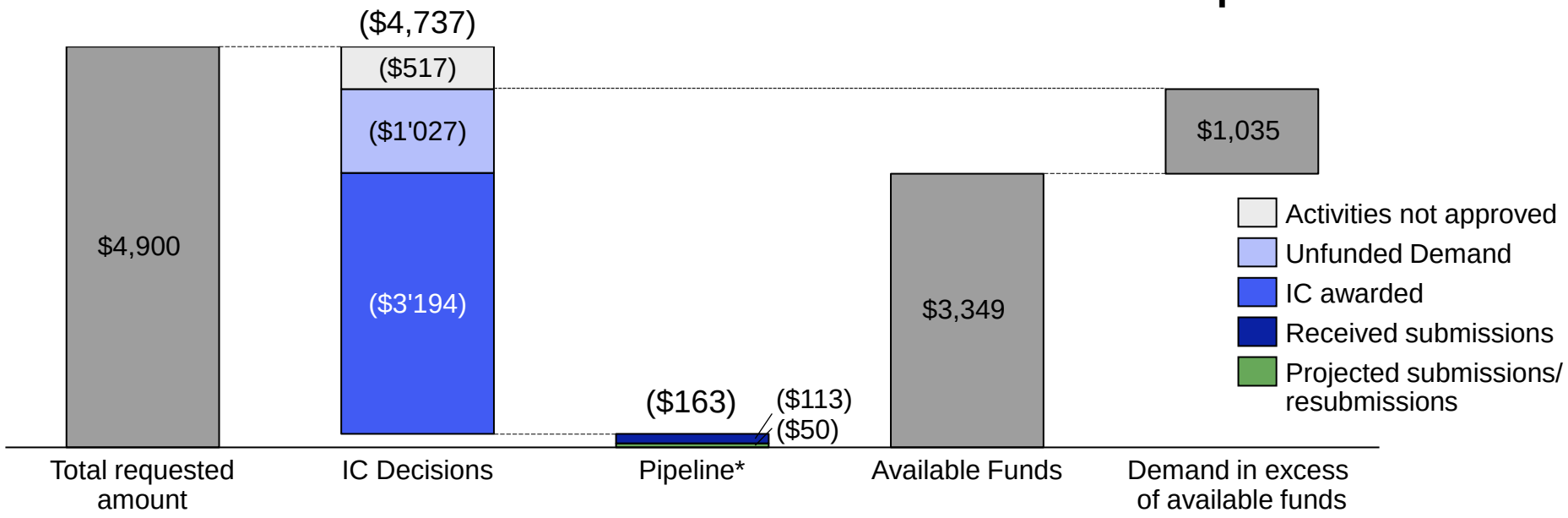
- **C19RM Board Priority Areas:** US$3,194 million have been awarded or recommended for Board approval with the following breakdown: 75% to reinforce national COVID-19 responses, 14% for urgent improvement to health and community systems, and 11% for HIV, TB and malaria mitigation.
- **WHO Pillars:** C19RM awards are primarily **directed towards Pillar 5: National laboratories (26%), Pillar 6: Infection prevention and control (23%)** and **Pillar 7: Case management (24%).** The remaining investments are mostly awarded into **Pillar 9: Maintaining essential health services and systems (11%).**
- **ACT-A Pillars: 85% of the $3,194 million** C19RM awards is **directed towards ACT-A Gap Filling Activities.**

C19RM 2021 Status of Awards Submissions and Pipeline

US$3,194 million (95%) of C19RM 2021 funding is awarded or recommended for Board Approval to 123 applicants (either Fast-track or Full Funding request) for a portfolio average of 24.9% of HIV, TB and malaria allocation.

Full Funding requests: US$2,602 million was awarded or recommended for Board approval to 122 applicants.
Fast-track requests: US$591 million was awarded to 36 applicants.
Including Unfunded Demand of US$1,027 million (registered from 74 applicants), the total of IC Decisions is up to US$4,737 million. This includes US$517 million of activities not approved.
Demand pipeline: 3% or US$113 million has been submitted or under review for potential C19RM 2021 funding. **US$50 million** is projected for submission or resubmission.

C19RM 2021 Awarded & Requested amounts



All values are in US$ million and rounded. For received submissions even incomplete submissions are reported. The full submitted amount is considered.

**Pipeline includes: submissions under review, in screening, projected resubmissions and remaining eligible applicants.*

- **Since the September - October Monthly Update to the Board 10 Full and 11 Supplementary funding requests** were awarded for an amount of **US$109 million**.
- **Request from one applicant is pending board approval**, for Liberia (Supplementary).
- **Available funds have increased by US$34 million with new pledges from** Canada and the Netherlands.

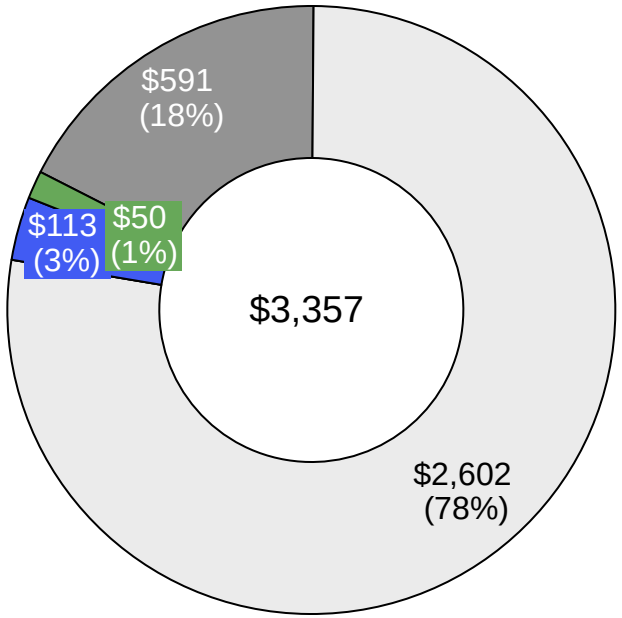
(as of December 13)

C19RM 2021 Overall Award: Submission Drill Down

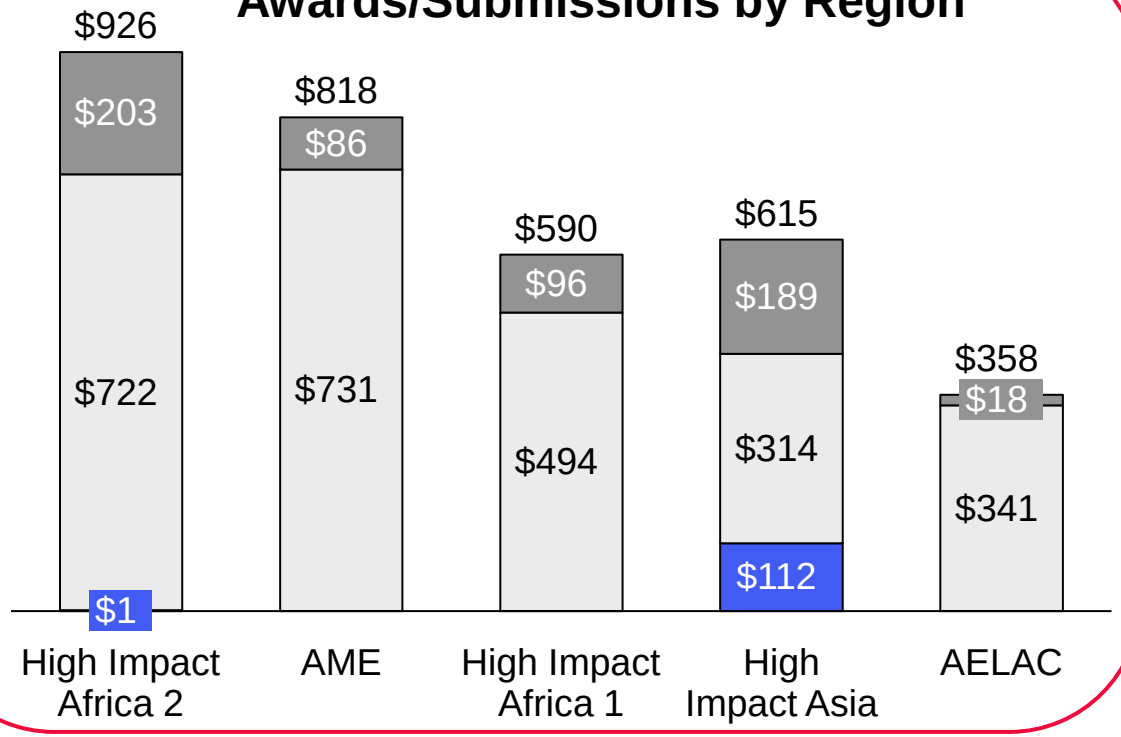
US$3,194 million (95%) of C19RM 2021 funding is awarded or recommended for Board approval. Demand pipeline is robust in funding requests received/in process showing demand exceeds supply of available funds:

- **Country demand is high with the majority of applications requesting 30% or more.**
- **Unfunded demand of US$1,027 million is registered from 74 applicants.**

Awarding of C19RM 2021



Awards/Submissions by Region



Award (Fast-track) | Award (Full Funding) | Submitted Fast-track | Submitted Full Funding | Projected submissions/ resubmissions

THE GLOBAL FUND

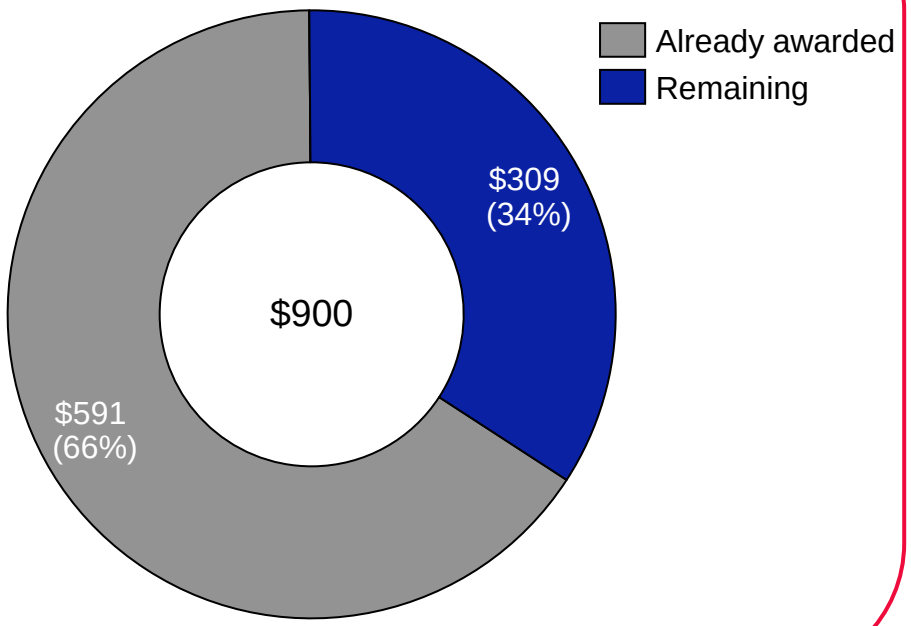
All values are in US$ million and rounded.
For values in screening and under review only complete submissions are considered.
Values under Full Funding request awards also include values recommended for board approval.

(as of December 13)

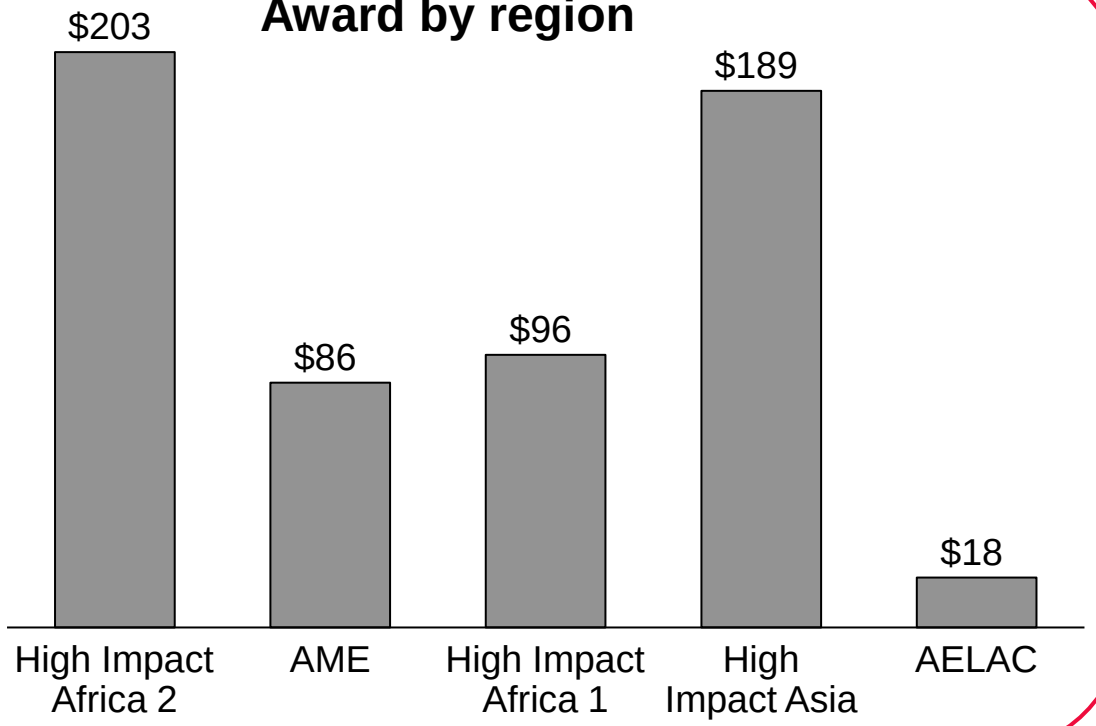
C19RM 2021 Fast-track Drill Down

- **US$591 million is awarded** to 36 applicants via Fast-track (with an average of 7.2% of applicants' HIV, TB and malaria allocation). This represents 66% of the total Fast-track mechanism.
- In total **40 Fast-track requests were received, including four to be resubmitted due to incomplete documentation or withdrawn.**

Fast-track awards



Award by region



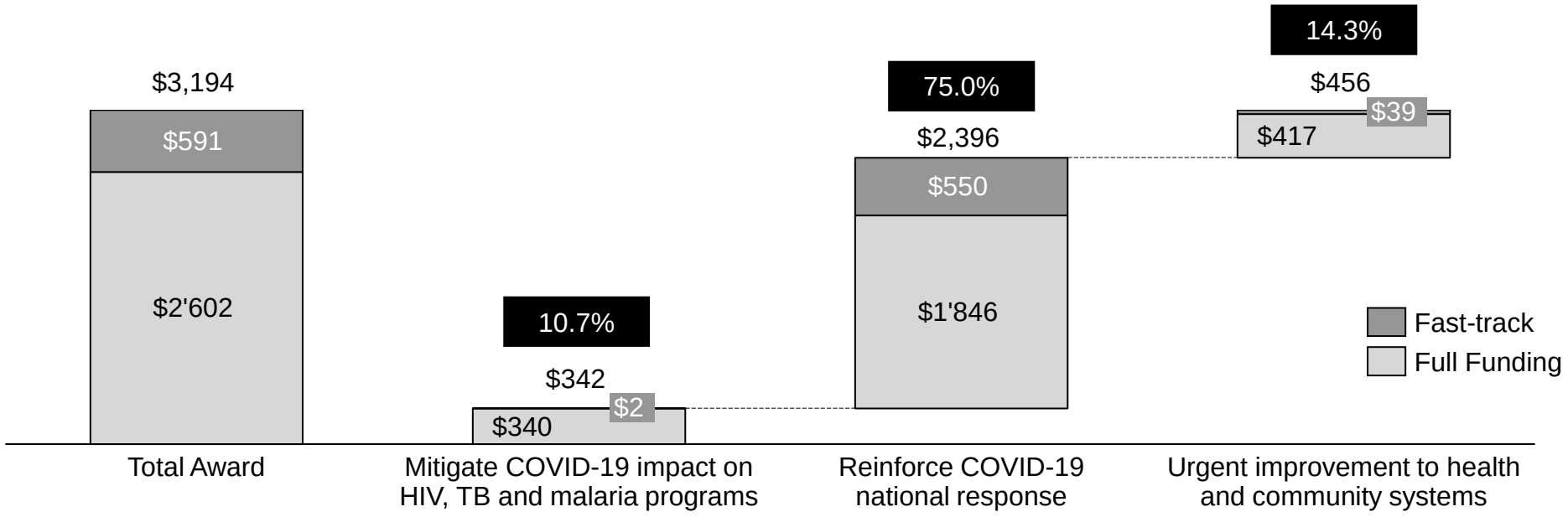
All values are in US$ million and rounded.
For values in screening and under review only complete submissions are considered.

(as of December 13)

C19RM 2021 Award by Priority Area

Award by priority area: Investments are mainly **directed towards reinforcing COVID-19 national response**.
Out of the Full Funding requests **awarded or recommended for Board approval,** we continue to see prioritization of reinforcing the COVID-19 national response likely due to the rapid increase in cases across a number of countries.

C19RM 2021 Awards by Priority Area

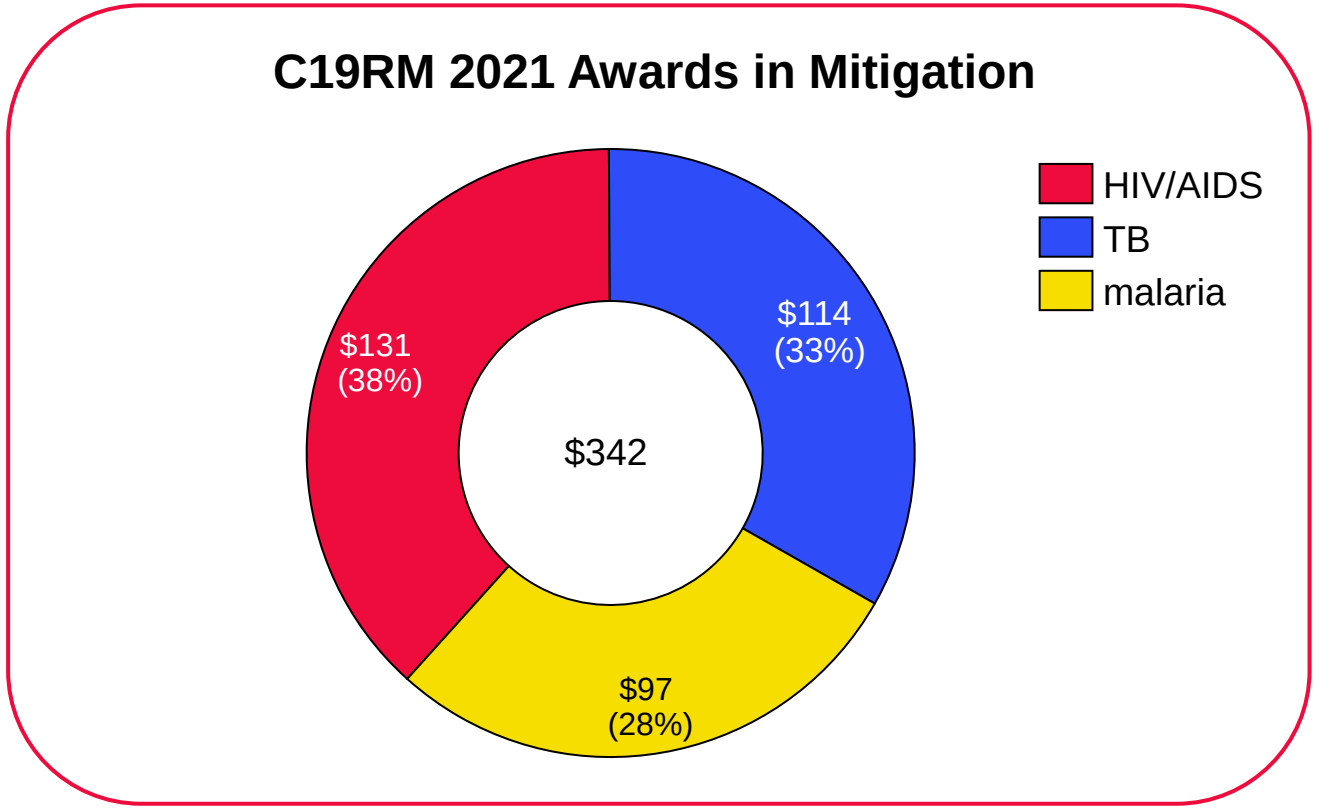


All values in the charts are in US$ million and rounded. Program management costs are included in Reinforce. Recent awards values may be adjusted slightly once Detailed Budgets are finalized. Values above include Fast-track awards and Full Funding requests awarded and/ or recommended for Board approval.

(as of December 13)

C19RM 2021 Investments in Mitigation

- Of the US$3,194 million awarded (including recommendations for Board approval), **US$342 million (11%) is invested in mitigating the impact of COVID-19 on HIV, TB and malaria programs.**
- Investments in mitigating the impact of COVID-19 are primarily covered within the core HIV, TB, malaria grants (2020-2022 allocation); Malaria grants (2020-2022 allocation) incorporated a significant amount of PPE needs for mass campaigns and community activities.

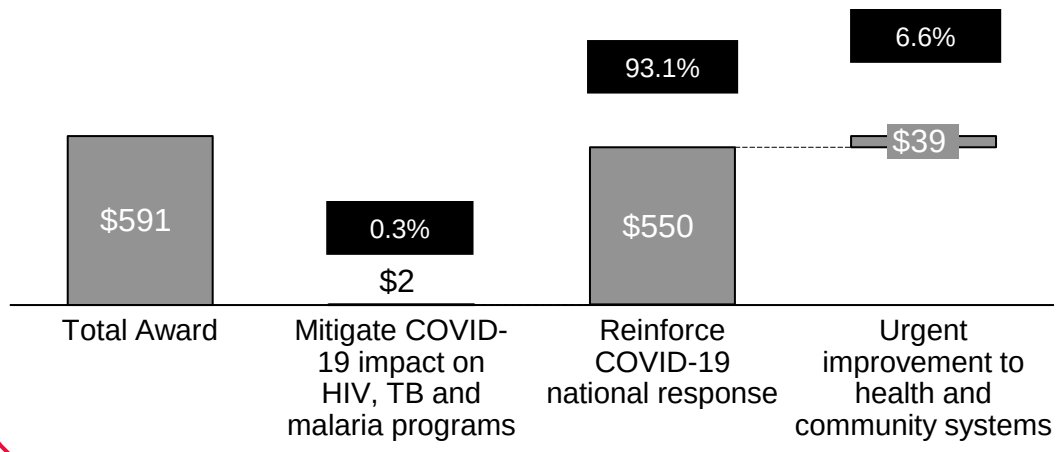


(as of December 13)

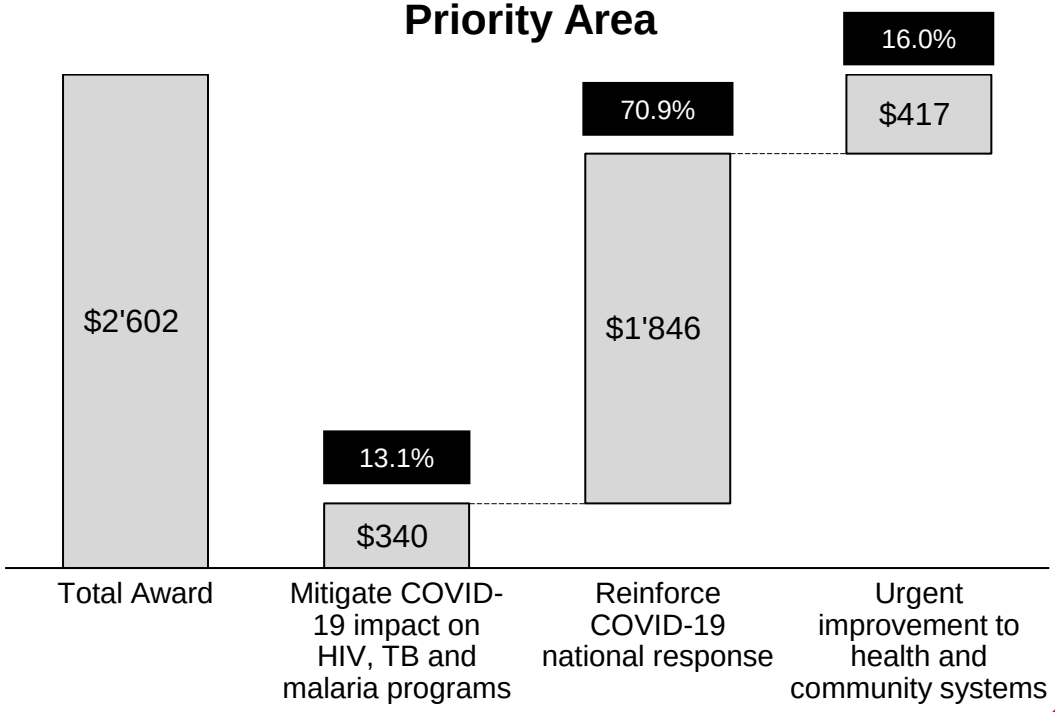
C19RM 2021 Award by Priority Area

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

C19RM 2021 Fast-track Awards by Priority Area



C19RM 2021 Full Funding Awards by Priority Area



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

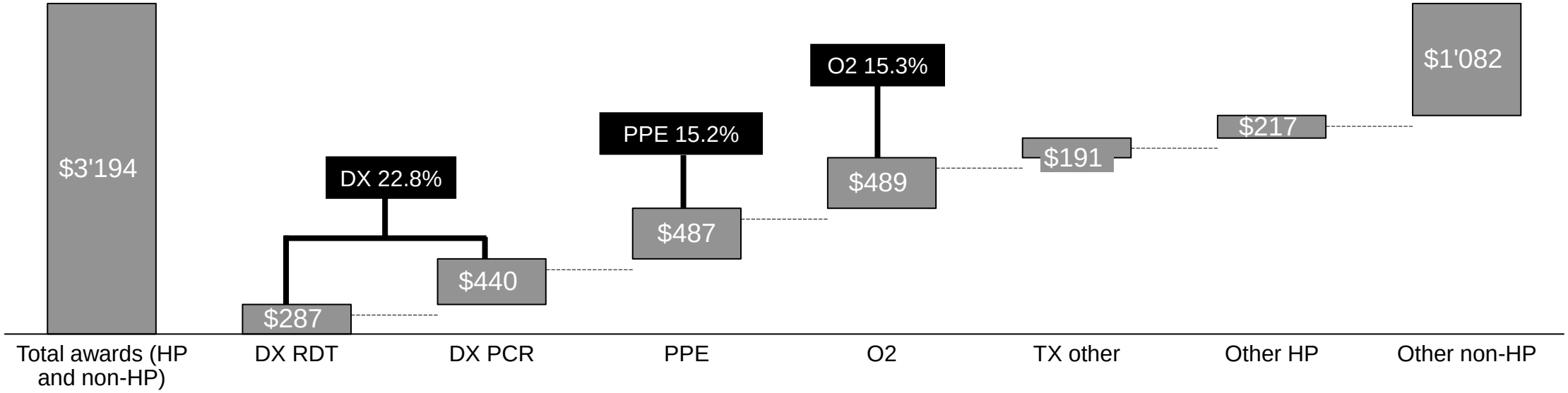
(as of December 13)

C19RM 2021 Award by Health Products

Health product **investments are more balanced across key health products.**

Approximately **65% of awards to date** are expected to use **wambo.org as the procurement channel**.

C19RM 2021 Awards by type



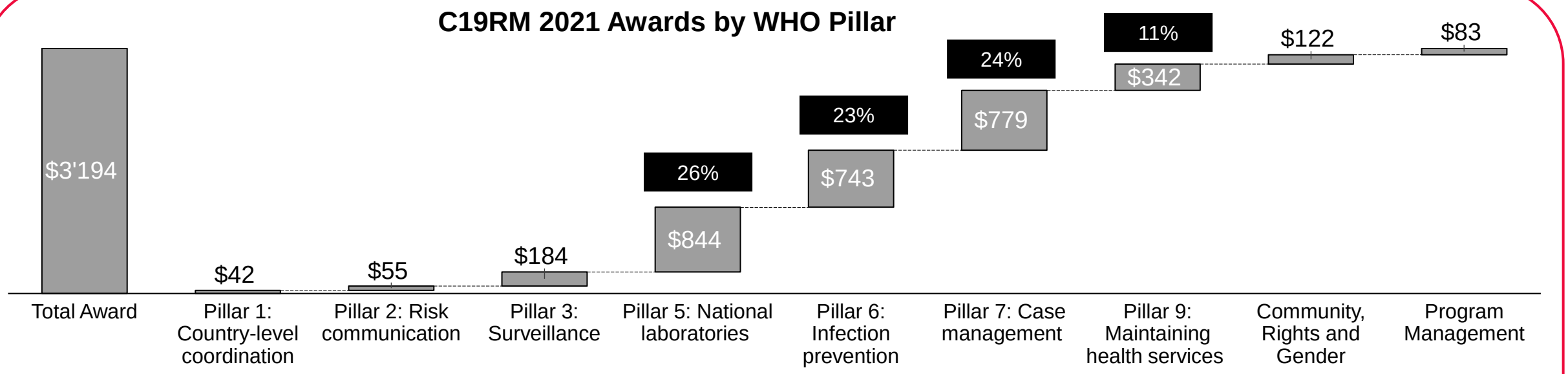
All values in the charts are in US$ million and rounded. Recent awards values may be adjusted slightly once Health Products Management Templates (HPMTs) are finalized. Note that these values exclude C19RM 2020 carryover amounts, which are removed, if found in 2021 HPMTs. Values above include Fast-track awards, Full Funding requests awarded and/or recommended for board approval.
Differences in values between Global Fund defined health products are accounted for by a more limited set of products that are included under these categories.
**Other Health Products include:* non-PPE disinfectants, waste management and genomic sequencing.
***Other non-health product investments include: most activities within "Mitigating COVID-19 impact on HIV, TB and malaria" and "Urgent improvements to health and community systems" as well as non-health product awards within "Reinforce COVID-19 national response".*

(as of December 13)

C19RM 2021 Award by WHO Pillars

C19RM investments are primarily **directed towards Pillar 5: National laboratories (26%), Pillar 6: Infection prevention and control (23%)** and **Pillar 7: Case management (24%).**

The remaining investments are mostly invested into **Pillar 9: Maintaining essential health services and systems (11%) and Pillar 3: Surveillance (6%).**



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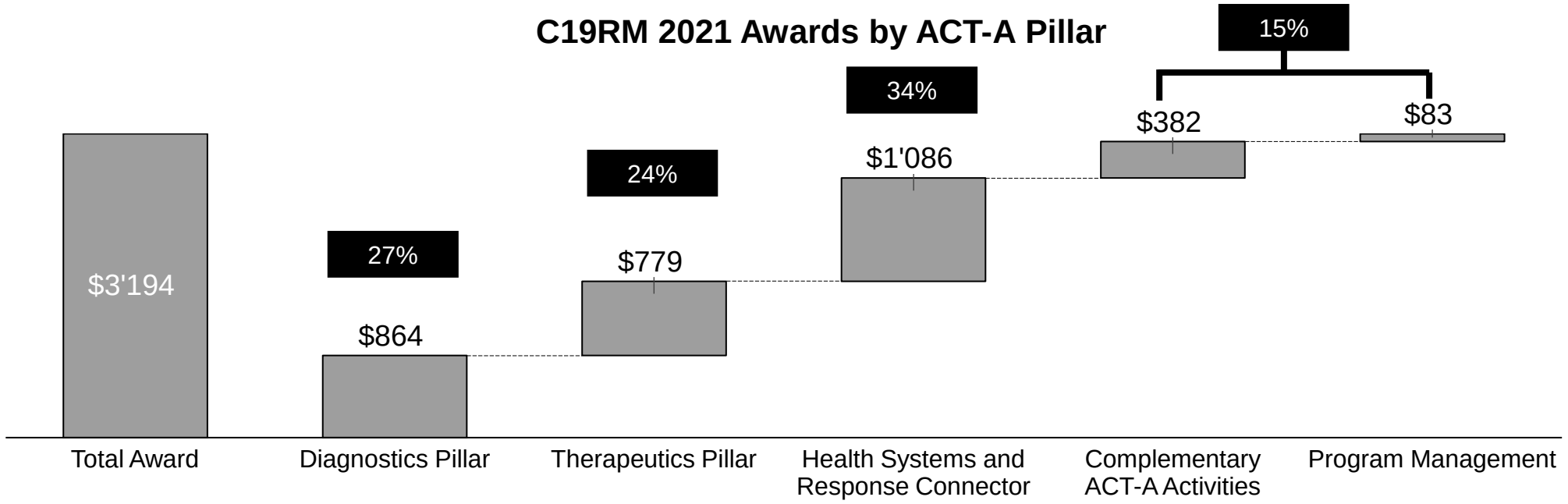
Values above include Fast-track awards, Full Funding requests awarded and/or recommended for board approval.

(as of December 13)

C19RM 2021 Award by ACT-A Pillars

85% of $3,194 million of C19RM 2021 investments are **directed towards ACT-A Gap Filling Activities** given that both Fast-track, and Full Funding request awards are prioritizing reinforcing the COVID-19 response. These investments are split across the **Diagnostics Pillar ($864 million or 27%),** the **Therapeutics Pillar ($779 million or 24%), and Health Systems and Response Connector ($1,086 million or 34%).**

The share of complementary activities has increased with Full Funding requests forming the majority of awards.



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Values above include Fast-track awards, Full Funding requests awarded and/ or recommended for Board approval

5

Health Products

Overview | Oxygen | Clinical Therapeutics (non-O2) | PPE | Diagnostics

HEALTH PRODUCTS OVERVIEW

Despite improving supply in diagnostics, infection prevention and control (IPC), and case management, there is additional effort required to support Health Product delivery.

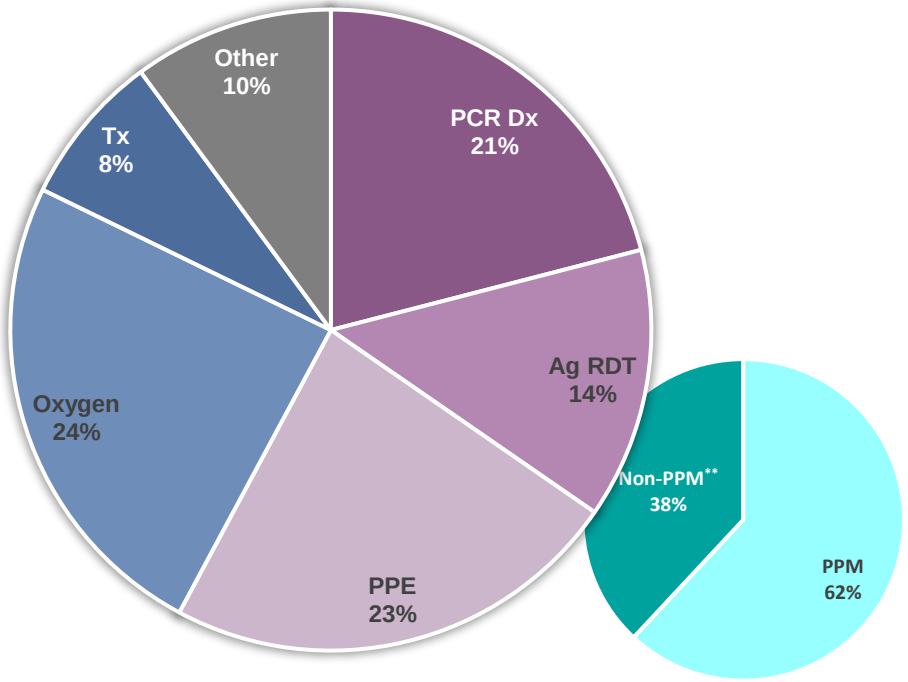
	Health Product Demand	Health Product Sourcing and Supply
General	• Approximately 66% of awards are allocated to health products. • As of 22 November, 40% of total C19RM 2021 procurement planned through Pooled Procurement Mechanism (PPM) confirmed as purchase order (PO) or in process of approval ($493M / $1,249). • Related to international freight constraints, Principal Recipients had been advised to place orders by 30 November for 2022 demand (C19 & HTM).	• **Sufficient supply with inventory available to meet current demand** of key diagnostics and PPE; constraints in the supply of oxygen interventions lessening. • **Monitoring and mitigating current global supply chain constraints** impacting ocean and air freight - scarcity, port congestion and COVID-19 control measures at origin and/or destination. These constraints are expected to last through most of 2022 and will likely increase cost and extend lead times. • **Closely following-up on national importation clearance bottlenecks** to be able to ship products as soon as possible when ready.
Diagnostics	• **Diagnostics**: around 23% of awarded C19RM 2021 funds (US$727 million) should enable the supply of many more than 145 million tests. • Analyses continue to show the increased proportion of 4:1 for Antigen Rapid Diagnostic Tests (Ag RDTs) to PCR tests is maintained vs. the earlier months of C19RM 2021.	• **Increasing supplier base** of QA-approved Ag RDTs and manual PCR tests to support countries in implementing testing strategies, strengthen supply security and bring greater supplier competition. • **The Global Fund achieves significant price reductions for antigen rapid diagnostic tests (Ag RDTS).** • A new agreement reached by the Global Fund and several producers of COVID-19 antigen rapid diagnostic tests (Ag RDTs) has resulted in a significant drop in the price of these tests, potentially making the products more affordable for many governments of low- and middle-income countries. Following a Global Fund tender, four suppliers of Ag RDTs have offered prices well below the current cost of rapid tests on the market. Ag RDTs from current suppliers are priced at US$2.50 to US$3.00 for low- and middle-income countries. Under the new agreement, the COVID-19 diagnostics produced by these additional quality-assured suppliers will be available at game-changing prices ranging from US$1.00 to US$2.00 per test or less. These developments have the potential to shift the diagnostics market and make testing more accessible.
Infection Prevention and Control	• **Personal protective equipment (PPE):** Represents around 15% total awarded C19RM 2021 funds. • As of 18 October, PRs had used PPM/wambo.org to procure $180.5M in PPE products, includes (790M pairs of gloves, 486M masks, 16M aprons, 7M face shields, amongst others)	• **PPE prices reduced by around 30% in Q4 2021** resulting in USD 30 million budget saving for PRs procuring through PPM/wambo.org that can be reinvested to contribute to filling gaps in PPE need or finance other interventions. • PPE prices overall are half the level of Q1 2020.
Case Management	• **Oxygen**: 15.3% of awarded C19RM 2021 funds being allocated for oxygen interventions. • **Non O2 therapeutics:** Demand for dexamethasone and anticoagulants (heparin & enoxaparin) continues.	• A project-based approach for coordinating delivery, installation, and servicing of PSA plant is progressing (detailed slides follow). • **GF Request for Proposal (RFP) initiated for COVID-19 Tx products with** a focus on molnupiravir. Merck received MHRA approval, FDA EUA expected start Dec. WHO EOI initiated Nov 16th. Timing for WHO clinical recommendation not yet confirmed. • **Feedback received** on capacity & pricing from 6 generic manufacturers for molnupiravir. **Contact made with Pfizer** on their novel anti-viral PAXLOVID

[1]Includes the emergency procedures established by WHO and the Regulatory Authorities of the Founding Members of the **Global Harmonization Task Force (G**HTF): https://www.theglobalfund.org/media/9629/covid19_diagnosticproducts_list_en.pdf

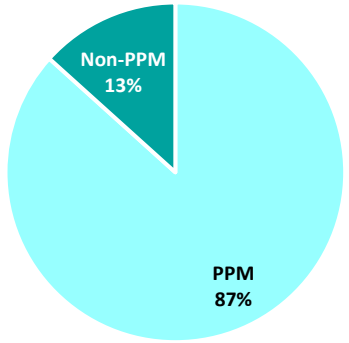
Over US$2 billion for health products have been approved under C19RM 2021.*

As per 188 Health Product Management Templates (HPMT) aggregated for 103 Countries and 13 Multi-Country Responses.

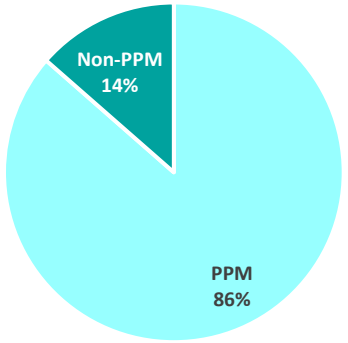
$2.02Bn in Planned Health Product Procurement
(inclusive of the funds for getting products to countries)



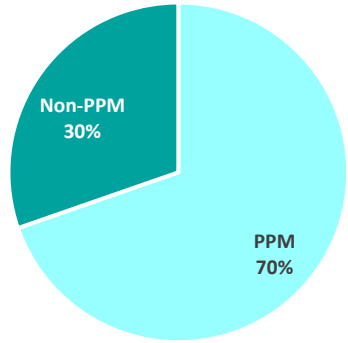
PCR Diagnostics, $422.8M



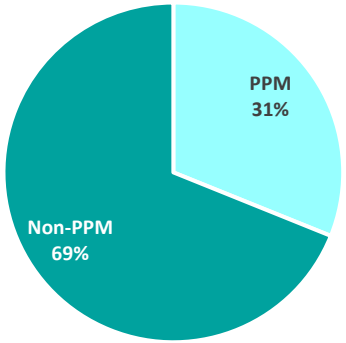
Ag RDTs, $275.1M



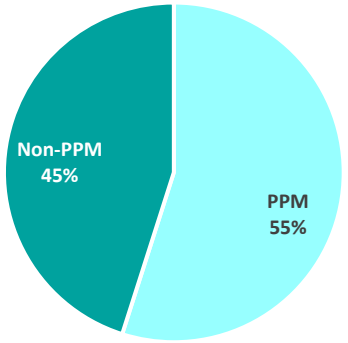
PPE, $468.2M



Oxygen, $491.3M

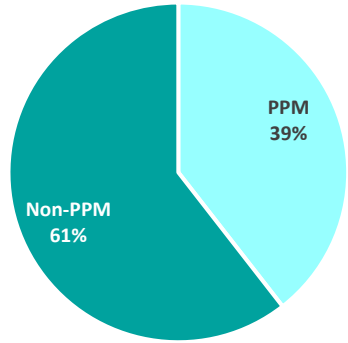


Tx, $154.9M



Includes C-19 pharmaceuticals and other supportive hospital equipment

Other, $203.7M



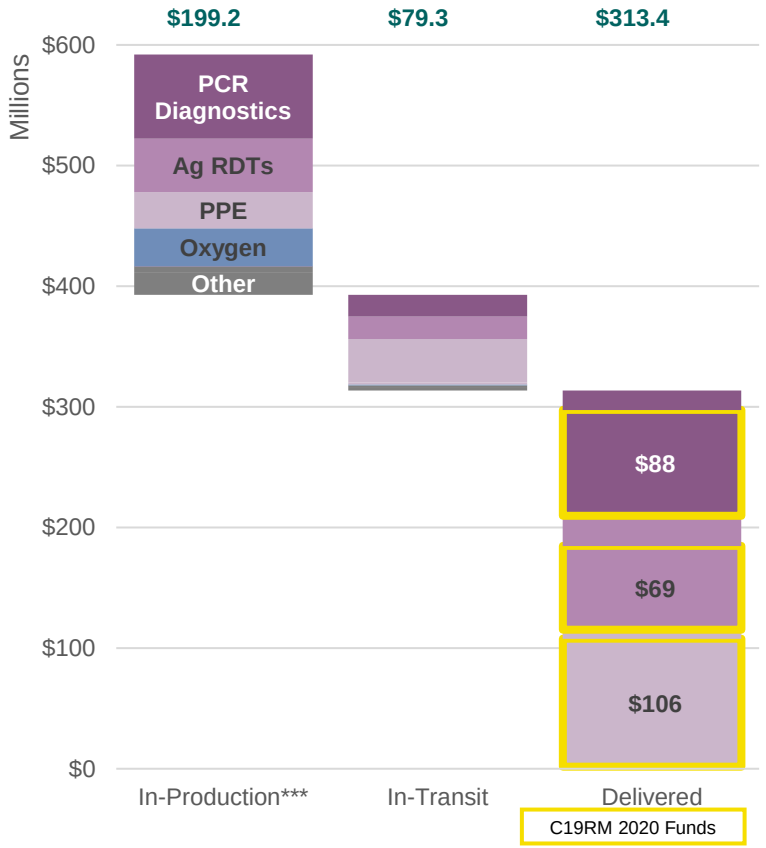
Includes genomic sequencing, waste management, and general laboratory equipment and consumables

** Based on aggregate HPMTs as of 22 November 2021; additional awards may have been made by this time for which final HPMT aggregation is pending; total awards allocated to procurement as well as the proportions to each of the product categories and procurement channels may change over time.*
*** Non-PPM procurement inclusive of national sourcing channels as well as existing pooled procurement channels for a specific grant (UNDP, UNICEF, GDF, PAHO, etc.)*

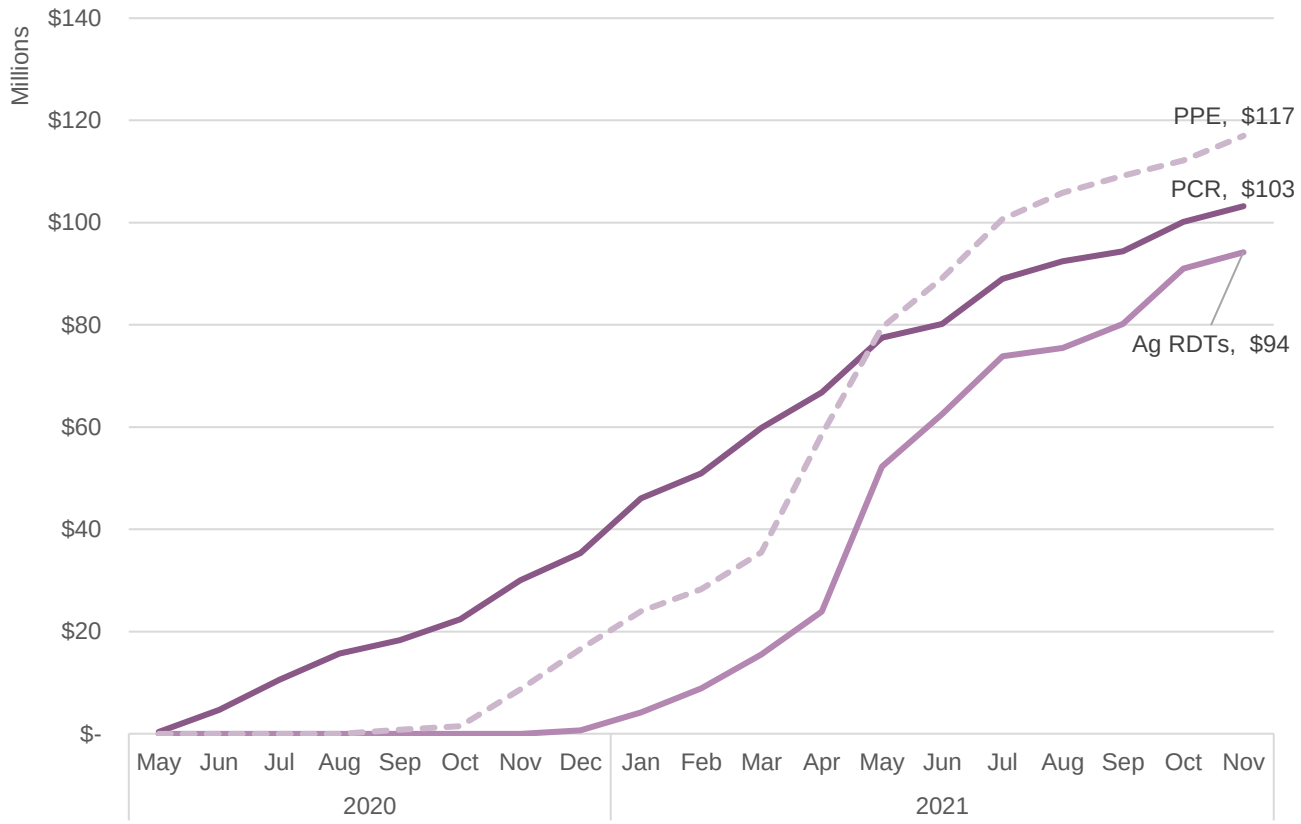
Orders for US$592 million of COVID-19 related health products have been placed with manufacturers through Pooled Procurement Mechanism (PPM)/wambo.org since 2020.

A total of approximately US$2.5 billion has been approved since 2020 for the procurement of COVID-19 related health products*. US$1.3 billion worth of COVID-19 related products (product cost only) expected through PPM for delivery into 2022 / 2023.

Cumulative PPM Procurement Pipeline**



Cumulative PPM Deliveries by Month

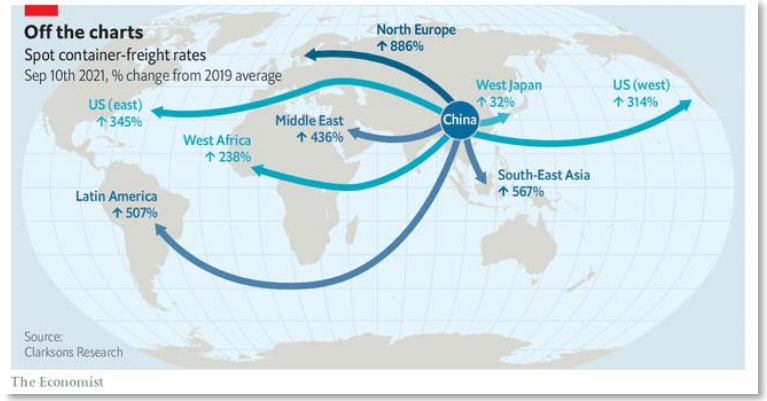


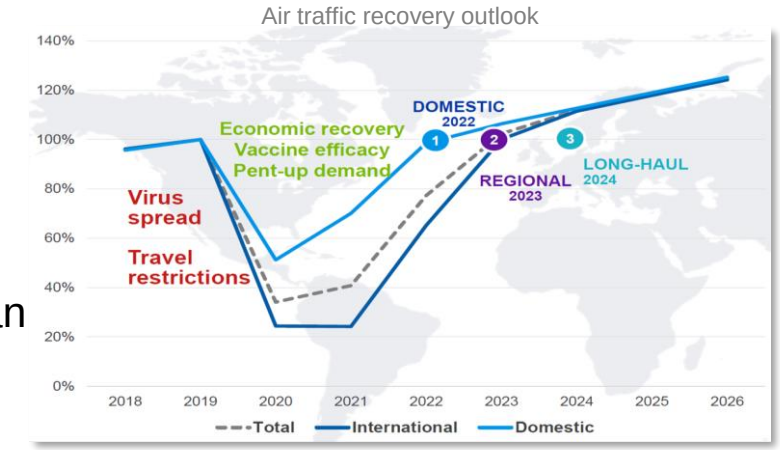
** Inclusive of the funds for getting products to country*
*** Based on Procurement Service Agent data as of 22 November 2021*
**** Production includes process through to importation clearance and pick-up for transfer to flight/vessel*

Mitigating disruption caused by international freight challenges related to COVID-19 and control measures.

By mid-November, the impact on the delivery of COVID-19 products was lower than for HIV, TB and malaria (5% of POs delayed by 30 days or more vs. 29%).

- Optimizing routes and strengthening alignment with logistics providers and freight forwarders.
- Strengthened monitoring and early escalation of shipments at risk.
- Understanding country stock levels and coordination with partners to minimize impact.
- Closer engagement with PRs for coordination on upcoming shipments and deliveries.
- Supporting country operational capacity constraints (warehousing, port clearance, waiver-granting) that impact both ability to deliver products and increase costs.
- Encouraging earlier order placement, with advice to build in 75 days longer lead times into planning vs. pre-pandemic lead times.
- Reviewing and updating 2022 budgets (where needed) to be able to manage for an overall estimated 20% increase in freight costs vs pre-pandemic costs.

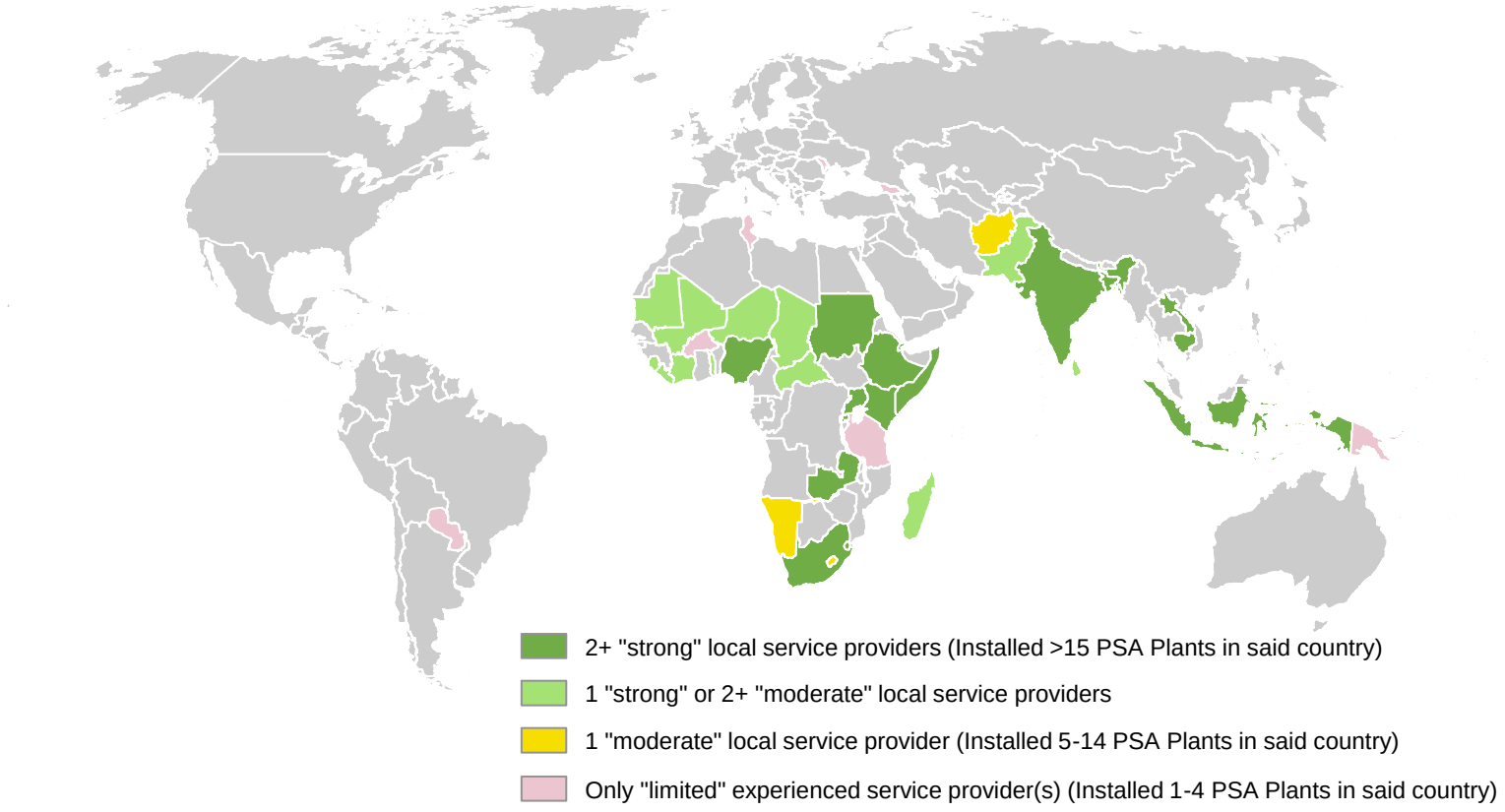




Pressure Swing Adsorption (PSA) Plant Supply VS. Demand

Most countries with PSA Plant demand are served by our PSA and experienced local service providers who have installed at least one PSA plant.

Country-by-country demand



Country name
India
South Africa
Bangladesh
Kenya
Nigeria
Sudan
Uganda
Cambodia
Zanzibar
Ethiopia
Somalia
Zambia
Rwanda
Indonesia
Eswatini
Djibouti
Laos
Pakistan
Mali
Togo
Côte d'Ivoire
Chad
Liberia
Mauritania
Sierra Leone
Syria
C. African Rep.
Madagascar
Niger
Sri Lanka

Country name
Lesotho
Afghanistan
Namibia
Tanzania
Moldova
Gambia
P. New Guinea
Tunisia
Burkina Faso
Georgia
Paraguay

To accelerate delivery of Pressure Swing Adsorption (PSA) plants, the Global Fund has developed a risk framework to identify countries most in need of central procurement support.

Procurement risk		General country characteristics subject to CT input	Potential actions	# of PSA plants Under current tier list
Tier 1	**Significant risk** Major procurement issues with potential failure risk.	• **HIV and malaria Pooled Procurement Mechanism (PPM) countries <u>without</u>** mitigating circumstances (see Tier 3). • Countries that cited **significant procurement challenges** in survey. • Countries where **Country Teams expressed interest** in central procurement.	**Deep-dive assessment with PR** to determine level of procurement risk, and optimal path forward.	**90 plants** (12% of all plants)
Tier 2	**Potential risk** May require dedicated central support.	• **HIV and malaria PPM countries <u>with</u>** mitigating circumstances (e.g., UN procurement agent, partner support, significant progress already made). • **Non- HIV and malaria PPM countries** that did not cite significant procurement challenges.	**Evaluate specific procurement challenges with PR** and identify potential support needs.	**172 plants** (24% of all plants)
Tier 3	**Low risk** Not expected to experience challenges.	• Countries with **UNDP-led procurement** (regardless of criteria above). • **Non- HIV and malaria PPM countries** that have made significant procurement progress.	**Proactively monitor** for unexpected issues.	**460 plants** (64% of all plants)

Countries that proceed with centralized procurement will progress from technical review to Pressure Swing Adsorption (PSA) plant operation.

Technical review of requests supported by CMLI* funded technical assistance partner to ensure consistency between request and available designed solution.

Project based approach coordinating delivery, installation, training and servicing to ensure technically approved functioning PSA plant.

Project Boxer CMLI

Use of CMLI funds for a technical assistance partner to support substantial C19RM investments in oxygen clinical care and related products, especially PSA Plants.

*CMLI = Centrally Managed Limited Investments

Non-O2 Clinical Therapeutics

Several novel therapeutics for COVID-19 continue to progress within and emerge from the R&D pipeline.

IL6 Blockers & Regeneron Ab Cocktail

- 7 July 2021 – new WHO recommendation on IL6B's for severe/critical COVID-19.
- 7 September 2021: IL6 blockers confirmed "in scope" of C19RM.
- Honduras FR for ~5,000 doses of tocilizumab (IC)-approved.
- 24 September 2021 new recommendation on Regeneron Ab "cocktail" (casirivimab and imdevimab).
- Effective in patients with non-severe COVID-19 at highest risk of hospitalization and those with severe or critical COVID-19 who are seronegative.
- Demand for both currently limited by supply, high price, and formulations.
- Regeneron cocktail initially offered as a donation by Regeneron. Discussions with Roche on-going, led by WHO.

Molnupiravir

- Technical recommendation from WHO expected by end December 2021.
- Specific use-case(s) (e.g., mild, moderate, etc.) remain uncertain until then.
- Development of a "test-and-care model" will follow and expected to take more time to develop [will likely entail testing, re-testing for confirmation and clinical assessment, followed by appropriate treatment].
- Variable access to testing and ensuring clinical assessment are challenging in many settings.
- Drug resistance, potential side effects during pregnancy and breastfeeding, potentially inappropriate self-care, need for robust pharmaco-vigilance.

JAK Inhibitors, Sotrovimab, PAXLOVID, and fluvoxamine

- WHO technical recommendations for also expected by end December 2021 (JAKI, Sotro.) and Q1 2022 (Paxlovid/Pfizer, Fluvoxamine).
- Specific use-case(s) (e.g., mild, moderate, etc.) also remain uncertain until then.
- These emerging Tx's may also ultimately be included in a "test-and-care model" in 2022 and beyond.
- Supply discussions with Pfizer initiated.

Non-O2 Clinical Therapeutics

Update on Molnupiravir

MSD recently announced an update to previous Molnupiravir trial results, showing 30% reduction in hospitalization.

ACT-A partners are committed to deliver on a generics-led strategy if Molnupiravir is recommended.

ACT-A's third workstream (Supply & Procurement) was activated in early November to ensure close collaboration on:

- Procurement channels
- Allocation mechanism and modeling
- Supply to countries moving forward
- Link with HSRC on country prep (linkage of diagnostics and therapeutics)

If recommended, the Global Fund will participate in the roll-out of Molnupiravir through the following areas:

1. **Initial Supply:** Secure volumes for low- and middle-income countries (LMICs) through conditional awards.
2. **Procurement:** Ensure a clear pathway for procurement through existing channels.
3. **Allocation:** Develop a product-specific allocation framework to ensure equitable access.
4. **Country prep:** Support rapid introduction of tests/treatments.

PPE: overall pricing down by 32% in Q4 2021.

Analysis of savings on PPE: funds released can be reinvested to contribute to filling gaps in PPE needs or finance other priority interventions.

In Q4, the **overall cost reduction** on some open PPM orders and 2022 PPM demand is estimated at **US$26 million.**

- US$17 million to be released from current Purchase Orders (POs).
- US$9 million to be released from budgets for 2022.

32% volume weighted price reduction by category:

- 38% for optimal PPE
- 9% for specialized use PPE
- some price increases for lower volume products

Optimal PPE items	Pack size	PPM reference price ($) Previous	Revised	Change
Apron	Pack of 100	9.60	12.70	+32%
Gown, Surgical, non-sterile	Piece	2.55	0.87	-66%
Gown, isolation	Pack of 10	13.20	5.00	-62%
Respirator, FPP2/N95	Piece	0.23	0.13	-43%
Mask, Surgical, Type IIR	Pack of 50	2.50	1.53	-17%
Gloves, Examination, nitrile	Pack of 100	10.80	6.80	-37%
Gloves, Examination, latex	Pack of 100	7.90	6.00	-24%
Goggle, protective	Piece	0.77	0.62	-19%

For C19RM 2020:

Pricing of PPE is now 50% lower than 2020 after this 32% and a 30% price reduction in early 2021.

Diagnostics

Reinvestment of PCR Test Savings for Grants In-Country

21 countries received substantial budget savings on Xpert Xpress SARS-CoV-2 (produced by Cepheid) tests.

Guidance provided to Principal Recipients in reinvestment of savings includes:

1. Scale up the procurement of much needed Ag RDTs;
2. Invest in activities to support the scale up of Ag RDTs; or
3. Invest in other laboratory systems strengthening activities, including but not limited to PCR testing, to further scale-up national COVID-19 testing. This should be consistent with the national COVID-19 response plan and aim to strengthen and enhance national COVID-19 testing capacity.

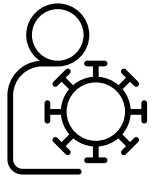
Azerbaijan	Central African Republic	Ghana	Madagascar	Niger	Senegal	Togo
Bangladesh	Congo (Democratic Republic)	Guatemala	Malawi	Nigeria	South Africa	Uganda
Burundi	Côte d'Ivoire	Indonesia	Mozambique	Pakistan	Sudan	Viet Nam

6 Integrated Services: Testing for TB and SARS-CoV-2

Reliable COVID-19 testing is a critical pillar of sustained pandemic control.

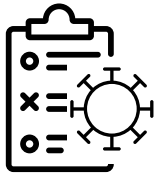
Widespread testing is crucial for multiple reasons, despite increasing availability of vaccines and therapeutics.

1 Reducing the spread of disease



Rapid identification of infected individuals enables timely implementation of isolation / quarantine measures to prevent viral spread and properly manage health services to avoid adverse outcomes.

2 Tracking viral variants



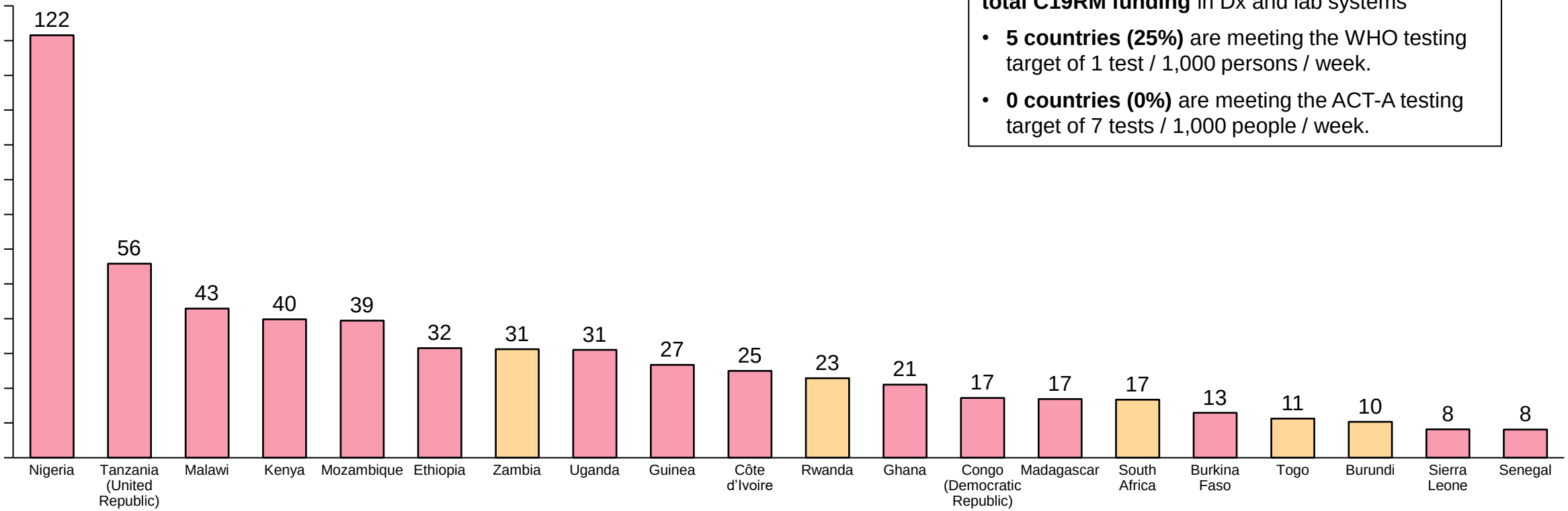
Widespread testing enables active monitoring of circulating variants, and early identification of new problematic strains – this also requires robust surveillance capabilities.

3 Enabling real-world effectiveness studies of vaccines and therapeutics

Reliable testing allows researchers to conduct studies on how vaccines and therapeutics perform in real-world conditions (e.g., evaluating waning immunity to vaccines, or efficacy against new variants).

Testing rates in Africa are lagging behind despite significant Global Fund C19RM investments.

Lab systems and diagnostics C19RM 2021 grants ($M)



These **20 African countries** represent **~70% of total C19RM funding** in Dx and lab systems

- **5 countries (25%)** are meeting the WHO testing target of 1 test / 1,000 persons / week.
- **0 countries (0%)** are meeting the ACT-A testing target of 7 tests / 1,000 people / week.

Legend

- Not meeting ACT-A or WHO testing targets
- Meeting WHO, but not ACT-A testing target
- Meeting ACT-A and WHO testing targets

WHO testing target: **1 test** / 1,000 persons / week*

ACT-A testing target**: 7 tests** / 1,000 persons / week*

Source: AUCDC data as of November 8th,C19RM budget data as of **November 9th**
Figures include all funding categorized as "Laboratory systems" and "COVID Diagnostics and testing" in the C19RM budget dataset
*Considerations for implementing and adjusting public health and social measures in the context of COVID-19; ACT-Accelerator Strategic Plan & Budget: October 2021 to September 2022

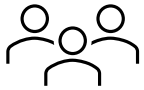
Drivers of poor testing coverage are well-documented, and mainly systemic.

Partners in the African region and Global Fund Country Teams have highlighted three key barriers:

Governance and policy

National-level guidance and policies are not aligned with testing needs.

- Some countries **have not registered Ag-RDTs** as an approved diagnostic device.
- National policies **often hinder scale-up** (e.g. rules prohibiting community health workers and lay cadres from administering tests), or **do not exist altogether.**



Limited Resources / Training

Most countries have <50% of their Health facilities offering COVID-19 testing.

- Testing is centralized and most health facilities and communities are not yet activated to provide COVID-19 testing services.
- Health facilities are **understaffed hence limited** number of staff are **trained on core competencies** e.g., test administration, sample handling, quality assurance, waste management.
- Countries' **laboratory systems readiness** levels are **inadequate for effective response to emerging disease treats and pandemics.**

Data management

Lack of reliable testing data hinders further implementation support.

- **Limited training** for healthcare workers on data recording or management.
- Only 30% of countries in African region currently reporting Ag-RDT to central level.
- **Standard data management** tools to allow reporting and tracking of testing rates are not available. Need for integrating COVID-19 data into existing laboratory information systems (LIS)/health management information systems (HMIS) ; new digital apps to capture Ag RDT results.

National-level gaps — **Community-level gaps**

Project STELLAR: Allocates Centrally-Managed Limited Investment (CMLI) funds to three priorities to rapidly scale-up testing coverage and strengthen lab networks and services in Global Fund supported countries in the African region.

Priority	Interventions
Improve national diagnostic governance	**1.1 Support national advocacy efforts** to refine testing policies, including developing national testing strategies, registering in-vitro diagnostics, and supporting in-country verification of in vitro diagnostics (IVDs); advocacy for coordinating and deploying community-led interventions.
Scale-up and increase coverage for COVID-19 testing and surveillance	**2.1 Scale-up testing in countries/areas without community testing:** deploy specialized technical assistance (TA) and provide implementation support to enable **transition from central level PCR based testing to community testing using Ag RDTs**; reinforce local resourcing, train and assure staff core competencies and strengthen/augment integrated laboratory systems e.g., **sample management and transport , quality management systems, biosafety and waste management, logistic management information systems (LMIS), data and information systems.**
	2.2 Increase testing coverage in countries/areas with insufficient community testing: evaluate local barriers to increased testing coverage (e.g., resourcing constraints, insufficient training, national and regional policy barriers), deploy targeted implementation support to activate testing centers (facility and non-facility) and ensure COVID-19 testing is integrated into existing workflow to allow multi-disease screening and testing services.
	2.3 Advocate for inclusion of wastewater-based surveillance in national COVID-19 public health response plans and support **deployment of TA to conduct pilots** in wastewater treatment plants in urban areas as an early warning tool to inform public health and social measures (PHSM).
Strengthen data management systems	**3.1** Deploy central level TA to **support improvement of data management policy** and establishment /augmenting **central data warehouse and integrated laboratory information systems** (LIS) and **train existing facilities on data reporting.**

What does success look like for each of these CMLI* areas of investment / interventions?

Interventions	Desired outcomes	Indicators	Prioritized countries
1.1 Support national advocacy efforts	**Strengthened diagnostic governance** and leadership at the national level, with policies supportive of diagnostic testing enacted and key barriers eliminated (e.g., approval of AG-RDTs, national testing policies established).	• # Countries with a COVID-19 national testing strategy. • # Countries with AG-RDT as approved Dx device. • # of countries with approved algorithms for multi-disease. testing (e.g., Bidirectional TB/Covid screening/testing; combined COVID-19/ HIV/TB/Malaria or others). • # Countries with policies for testing by non-lab personnel.	Chad, Congo, Cote d'Ivoire, Madagascar **(4)**
2.1 Scale-up testing in countries/area without community testing	**Widespread activation of testing sites** and significant increases in tests per capita through community-based testing; increase in trained local personnel for testing and finalization of community-based testing policies.	• # of countries meeting minimum WHO COVID-19 testing. targets of ≥1 / 1,000 persons per week. • # of health facilities per country activated to implement COVID-19 testing. • # of health facilities per country certified as per national. standards to conduct COVID-19 testing.	Burkina Faso, Chad, Congo, Cote d'Ivoire, DRC, Gambia, Ghana, Guinea, Madagascar, Nigeria, South Sudan, Tanzania, 3 open slots **(15)**
2.2 Increase testing coverage in countries/areas with insufficient community testing			Botswana, Ethiopia, Lesotho, Malawi, Mozambique, Uganda, Zambia, Togo 2 open slots **(10)**
2.3 Advocate for and pilot WWBS	**Wastewater-based surveillance (WWBS) pilots implemented** and necessary enabling policies in place.	• # of pilot WWBS surveys conducted per country. • # of countries using WBBS as a tool to inform the COVID-19 public health response.	Ethiopia, Kenya, Mozambique, Uganda **(4)**
3.1 Strengthen data management systems	**Integrated Laboratory Information Management System (LIMS)** established or augmented to allow interoperability with national health information systems, with improved utility of tests for clinical management and surveillance, with consistent reporting of testing/surveillance data to the central level.	• # Countries reporting disaggregated COVID-19 test results to central level, enabling determination of total test volumes and % positives by test type (PCR, AgRDT). • # Countries reporting integration of COVID-19 samples into existing HIV/TB sample transport networks.	Ghana, Kenya, Nigeria, Sierra Leone, Tanzania, Uganda, 3 open slots **(9)**

*CMLI = Centrally Managed Limited Investments

Integrated Services in the Context of COVID-19

TB programs are disproportionately affected by COVID-19.

Countries adapting to COVID-19: screening and **testing for both TB and SARS-CoV-2** are strategies to leverage the COVID-19 response; looking to improve the drop in TB case notifications.

Integrated Services

Concerns on the **absence of operational plans in C19RM requests**, including needed systems support, collaboration between disease programs, guidelines and Standard Operating Procedures (SoPs), monitoring and evaluation plans.

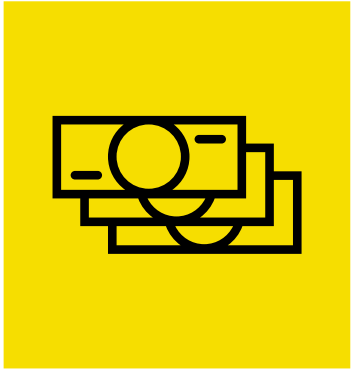
Other areas of **service integration** include contact tracing, sample transport systems, risk communications, mobile/outreach services.

The Global Fund developed a **briefing note** in collaboration with WHO TB and Health Emergencies Programme, with inputs from Stop TB and USAID.

Observations from C19RM 2021 Funding Requests

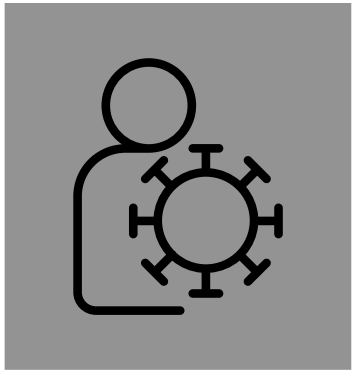
Integrated Screening and Testing

At least 40 countries and 3 multicountry grants out of 100 countries reviewed have requested and have been awarded budgets towards integrated screening and testing (TB and SARS-CoV-2) activities. Majority of requests from the Africa region.



At least US$21 million* awarded for integrated screening and testing activities in the above-mentioned countries (from awarded budgets as of 5 November).

In addition to TB and COVID-19, applicants have also included **screening for HIV, malaria and diabetes**.



Several countries are already conducting **integrated screening/testing using existing Global Fund grants** and other funding sources.

*Source: C19RM Funding Request Budget data, *value represents the awarded budgets for integrated screening/testing activities for these 40+3 countries/MC*

Countries that Include Integrated Testing for TB and COVID-19 in C19RM Funding Requests

Belize	Gabon	Kenya	Nepal	Sudan
Botswana	Georgia	Lao (Peoples Democratic Republic)	Niger	Tanzania (United Republic)
Burkina Faso	Ghana	Liberia	Paraguay	Togo
Burundi	Guinea	Malawi	Philippines	Turkmenistan
Central African Republic	Guyana	Mali	Senegal	Uganda
Congo	Haiti	Moldova	Sierra Leone	Ukraine
Eswatini	Indonesia	Mongolia	Somalia	Zambia
Ethiopia	Kazakhstan	Myanmar	South Sudan	Zanzibar

Source: C19RM Funding Request Budget data, as of 5th Nov

Methodology

- 100 countries that submitted C19RM Full Funding Request under C19RM 2021 were reviewed.
- Search conducted on only "*COVID-19 Diagnostics & testing*" and "*Mitigation for TB programs*" interventions.
- Manual search conducted on awarded budget data; activity description for bi-directional screening & testing/TB and COVID-19 testing activities.

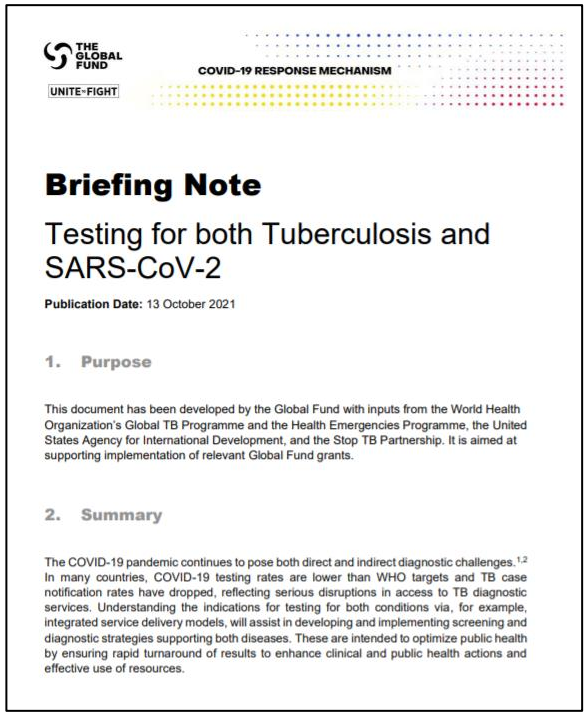
Limitations

- Includes only data submitted under funding requests.
- May not include additional integrated testing for other diseases (e.g., HIV, malaria).
- Additional intervention categories (including laboratory systems, community-led monitoring, etc.) not included in the analysis.
- List of countries is therefore not exhaustive.

Global Fund Resources and Conclusions

Briefing Note: Testing for both TB and SARS-CoV-2

- Clinical features of TB and COVID-19 – similarity and differences
- When to test individuals for both pathogens
- Types of tests
- Indications and algorithm for three scenarios:
  - When to test people for both TB and SARS-CoV-2
  - When to test people with confirmed TB for SARS-CoV-2
  - When to test people with COVID-19 for TB



THE GLOBAL FUND

UNITE·FIGHT

COVID-19 RESPONSE MECHANISM

Briefing Note

Testing for both Tuberculosis and SARS-CoV-2

Publication Date: 13 October 2021

1. Purpose

This document has been developed by the Global Fund with inputs from the World Health Organization's Global TB Programme and the Health Emergencies Programme, the United States Agency for International Development, and the Stop TB Partnership. It is aimed at supporting implementation of relevant Global Fund grants.

2. Summary

The COVID-19 pandemic continues to pose both direct and indirect diagnostic challenges.[1,2] In many countries, COVID-19 testing rates are lower than WHO targets and TB case notification rates have dropped, reflecting serious disruptions in access to TB diagnostic services. Understanding the indications for testing for both conditions via, for example, integrated service delivery models, will assist in developing and implementing screening and diagnostic strategies supporting both diseases. These are intended to optimize public health by ensuring rapid turnaround of results to enhance clinical and public health actions and effective use of resources.

Conclusions

1. Many countries included testing for both TB and COVID-19 in their plans.
2. Key challenges highlighted by countries includes human resources, lack of policy and algorithms, stigma, data collection and others.
3. Integrated approach and collaboration will be key for the success.
4. Technical support will be required to operationalize the plans, optimize and scale-up implementation.
5. Need to facilitate/support documentation and cross learning across countries to shorten the learning curve.

INDIA: Integrated Testing Status and Screenings

INTEGRATED TESTING STATUS

The tables below illustrate India's testing strategy integrated tuberculosis when testing for other diseases such as COVID-19, influenza like illness, and severe acute respiratory illness. Data from January to November 2020.

Number of COVID-19 patients	Number of COVID-19 patients screened for TB	TB cases diagnosed among COVID-19 patients
5.33 million	460'000	1'602

Number of Influenza Like Illness or Severe Acute Respiratory Illness Cases identified	Number screened for TB among Influenza Like Illness or Severe Acute Respiratory Illness	TB cases diagnosed among Influenza Like Illness or Severe Acute Respiratory Illness
8.36 million	840'000	6'214

Total TB patients Notified during Jan,2020-Sep,2021	TB patients screened for COVID-19	COVID-19 positive among TB notified
3.39 million	1.39 million	8'374

Source: Dr A. Mathur's presentation – Deputy Director General (TB), Central TB Division, Ministry of Health and Family Welfare, India – at the Global Fund Brown Bag session on 22 November 2021

INTEGRATED SCREENINGS

Best Practices

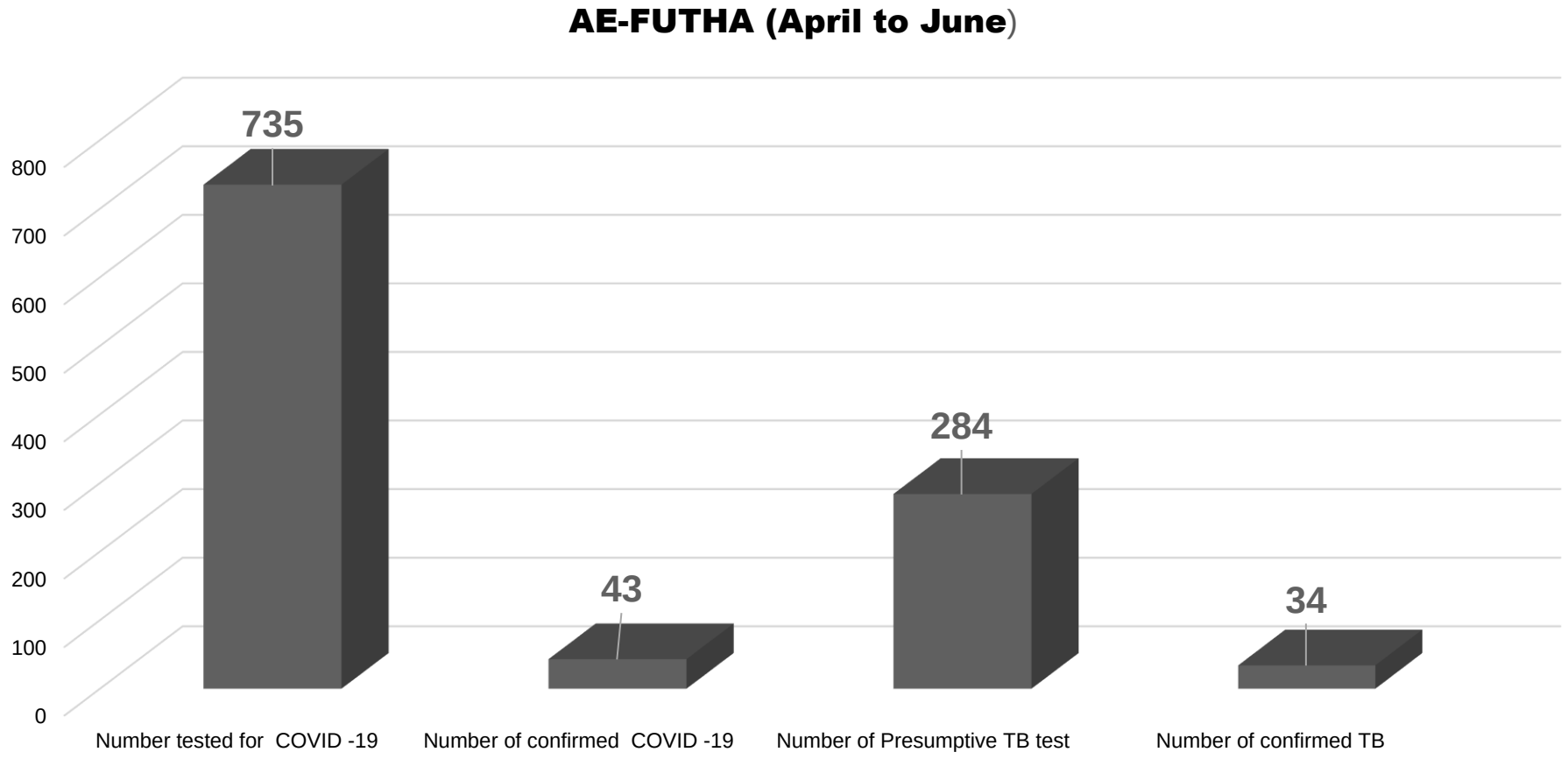
- Him Suraksha campaign for door-to-door integrated screening of TB and COVID-19 in Himachal Pradesh.
- Puducherry, DD and DNH (Union territories)- provided chest Xray for all ILI/SARI patients.
- Lakshadweep-TruNat diagnostics for all suspected TB and COVID-19 cases.

Challenges

- Most common reasons cited by states for not implementing TB/COVID-19 integrated screening:
  - Non-cooperation by patients.
  - Stigma.
  - Fear of contracting COVID-19 by health workers.
- Lack of coordination and clarity in recording and reporting of data.
- Getting COVID-19/ILI/SARI data from health system.

NIGERIA: Integrated Screening and Testing for TB/COVID-19 in AE-FFUTHA

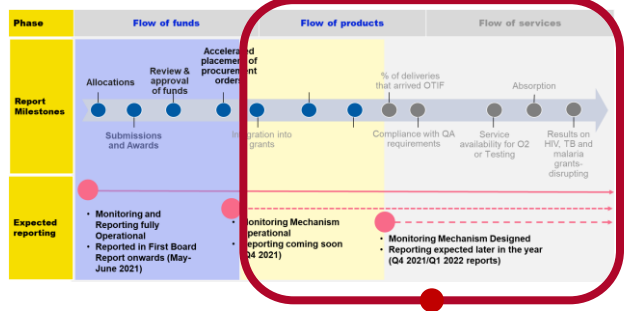
Nigeria integrated screening and testing for TB into their COVID-19 response.



Source: Dr Emperor Ubochioma's presentation – Global Fund TB Grant Program Management Unit Lead, National TB and Leprosy Control Program, Nigeria – at the Global Fund Brown Bag session on 22 Nov 2021

7 Monitoring and Oversight

The Monitoring and Oversight (M&O) framework has been largely operationalized.



Phase / Focus	Award	Implementation			
		Financial	Health products	Services	Programmatic
Indicators	• Funding Request pipeline. • Funds approved and committed. • Investment in Board categories, interventions and pillars. • Unfunded demand.	• Disbursement forecast. • Actual disbursement. • Expenditure.	• Order placement. • In-country central delivery. • Delivery at facility / testing site level. • On-shelf availability.	• Service availability: testing and oxygen therapy. • Service disruption at health facility and community sites. • Implementation. progress (PR evaluation).	• Tracer indicators for HIV, TB and malaria. • Programmatic performance at country and portfolio level.

Pulse Checks	**Operational**	The first Pulse Checks for Q3 2021 have been received.
Supply Chain & Health Services Spot Checks	**In progress**	Data collection has been completed in 26 countries and is in progress in another 13 countries.
Strengthened processes for monitoring and oversight	**Operational**	Strengthened internal processes for monitoring and oversight have been implemented. Performance of upstream processes are frequently and regularly reviewed through a dedicated cross-cutting forum, and quarterly reviews will leverage data being collected through Pulse Checks and Spot Checks.

The first round of enhanced Principal Recipient (PR) reporting through Pulse Checks, Q3 2021, is complete.

Progress to date: COMPLETE

>98% of PRs have submitted Pulse Checks for all High Impact and Core countries. *These countries account for more than 90% of the C19RM investment portfolio.*

Data is currently being validated to proactively identify and resolve data issues. Lessons learned will be leveraged to identify opportunities to drive up timeliness, completeness and quality.

Based on the received data, **countries' performance will be reviewed by the Investment Committee** in December-January. This data will support operationalization of the **strengthened approach to Monitoring and Oversight.**

Recap - through Pulse Checks, PRs report quarterly on:

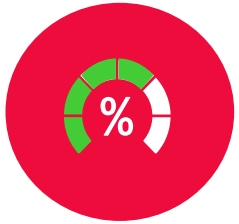
- **Program implementation** – PRs self-assess whether HIV, tuberculosis and malaria modules and C19RM interventions are on-track.
- **Programmatic performance** – PRs provide updates on results for a subset of key HIV, TB and malaria programmatic indicators.*
- **Financials** – PRs report aggregate expenditure and forecasts for HIV, TB and malaria grants and C19RM.

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

Data collection for Spot Checks underway or complete in 39 countries.

Progress to date: IN PROGRESS

Data collection has **started in 39 of 45 countries (87%)** and is on hold in six (6) countries due to administrative and other contextual issues.



Data collection has been **completed in 26 countries (>50%).** To date, 17 countries have completed and submitted at least 80% of data, which has been validated for analysis.

Successful completion of the Spot Checks is expected **in 39 of 45 countries (87%)**.

Recap - through Spot Checks data will be collected on:

- On-shelf availability for HIV, TB and malaria tracer products and COVID-19 products. On-time and in full delivery from central medical stores to health facilities / testing sites.
- Health facility disruption and service availability, looking at service records for specific departments and services, and availability of SARS-CoV-2 testing services and oxygen therapeutics.
- Complementary information on service delivery including service providers (and correct use of PPE), COVID-19 vaccine readiness, infection prevention control and community engagement. *(Not exhaustive.)*

8 C19RM Country Case Study

C19RM COUNTRY EXAMPLES

NIGERIA: Leveraging integrated testing and other innovative strategies to shorten turnaround time and early treatment enrollment.

Context

Nigeria reported more than 213,859 cases as of 15 November 2021 (Federal Ministry of Health of Nigeria (FMOH)). The number of reported cases is mostly underestimated because of the low testing coverage and data completeness (especially at the community level). Cumulatively, the number of tests in Nigeria is less than 10 per 1000 compared with a minimum of 52-53 tests per year per 1000 as recommended by WHO. Despite the steady testing levels, the reported cases showed remarkable increase, which is alarming for a potential ongoing outbreak at the community levels. The country still faces some challenges with the disruption of services for HIV, TB, and malaria:

- On HIV services: challenges on limited testing, identification of new infections, difficulty accessing antiretrovirals (ARVs), prolonged turnaround time for viral load and early infant diagnosis (EID) sample movement and result return delays due to disruptions.
- On TB services: 46% of states recorded decrease of presumptive TB cases and 17% reduction in cases notified in Q2 of 2020 compared to Q1 of the same year.
- On Malaria services: COVID-19 lockdowns also disrupted the long-lasting insecticide net campaigns scheduled to be launched in some states in 2020 and seasonal malaria chemoprevention implementation in nine states. Other interventions disrupted or halted include routine malaria diagnosis and treatment access and implementing the Malaria Indicator Survey and the Therapeutic Efficacy Studies.

In December 2020, the Presidential Task Force on COVID-19 reported on country's resources from different sources for the COVID-19 response. The government also funded social services, health infrastructure, hazard compensation, and nurse training. Civil society organizations also contributed, particularly facilitating access to essential commodities and routine healthcare services. Notably, Nigeria already has a separate resilient and sustainable systems for health (RSSH) award, that now includes C19RM activities. We continue to engage with partners to guarantee complementary and synchronized operations.

C19RM Response

C19RM 2020 award of $60,303,541.70 for an additional 20 mobile digital X-rays to be distributed during one calendar year targeting procurement of COVID -19 diagnostic tests, extraction kits, and laboratory consumables, PPE, ambulances and medical consumables and different medical and health equipment categories. Assessment of broken-down oxygen plants in 36 federal tertiary health facilities. Renovation of 36 broken down oxygen plants in federal tertiary health facilities and GeneXpert Optimization.

The approval of C19RM 2021 fast-track funding aimed to support the scale-up of testing and enhance the capacity of oxygen service delivery in treatment centers. C19RM 2021 fast-track funding award is for US$ 50,083,594 and the full-funding request award is US$ 196,798,618.25 as an immediate award and Unfunded Quality Demand (UQD) of US$ 88,928,456.12.

Nigeria requested support for genomic sequencing and integrated testing services, aligned with the Global Fund C19RM guidance, existing National Strategic Preparedness and Response Plan for COVID-19, and the COVID-19 national testing strategy. Genomic sequencing equipment and reagents account for 15% of the health products budget. The country has requested to develop a sampling strategy as per WHO guidance needed for genomic sequencing.

Concerning integrated screening, the support from the Global Fund includes 17 states to enable real-time patient triage in the field to ensure short turnaround time and early treatment enrolment. An estimated 220,000 presumptive annually is expected to be tested.

Key achievements of COVID-19 response included:

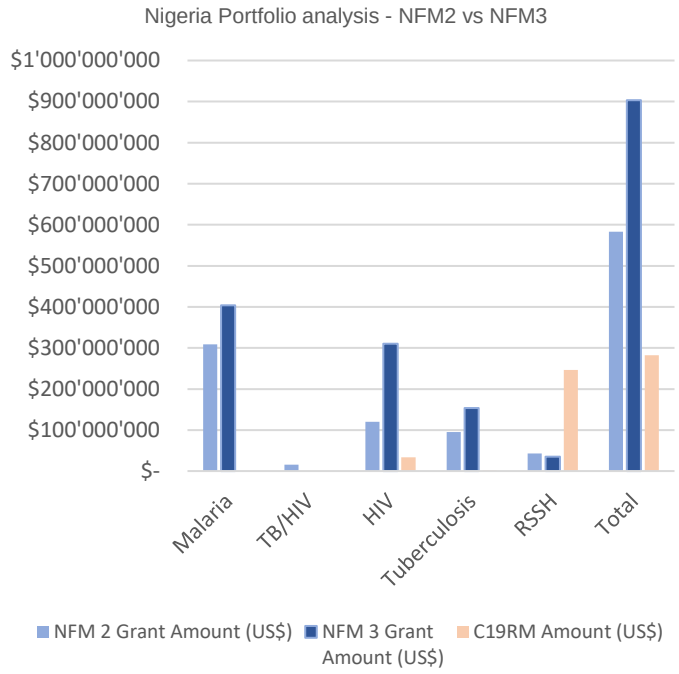
1. A multisectoral National Coronavirus Preparedness Group (NCPG) was established in January 2020 to ensure cohesive and effective coordination of the country's preparedness efforts.
2. Functional State Public Health Emergency Operation Centers in all states.
3. Established Point of Entry surveillance for COVID-19 at international borders, introducing thermal screening, compulsory self-isolation, referral of cases and contact tracing. Port Health Services quarantine of suspect cases, notification to authorities and safe transfer to designated facilities.
4. Increase the network of public health laboratories that could test for COVID-19 from 4 into more than 70 public facilities and 35 private laboratories.
5. Over 50,000 health care workers trained on infection prevention and control (IPC).
6. An integrated rumors management strategy was developed to counter misinformation.
7. Over 550 State Risk Communications Officers across the nation were trained on COVID-19 risk communication messaging and techniques.
8. COVID-19 case management training conducted across the country, based on national case management and home-based care guidelines.

Looking Ahead

- For outbreak containment and control, the effective collaboration of a multisectoral team is essential to coordinate the response.
- Expansion of infectious disease treatment centers across the country to increase access to specialized care.

The Investment Committee awarded US$ 222.6 million

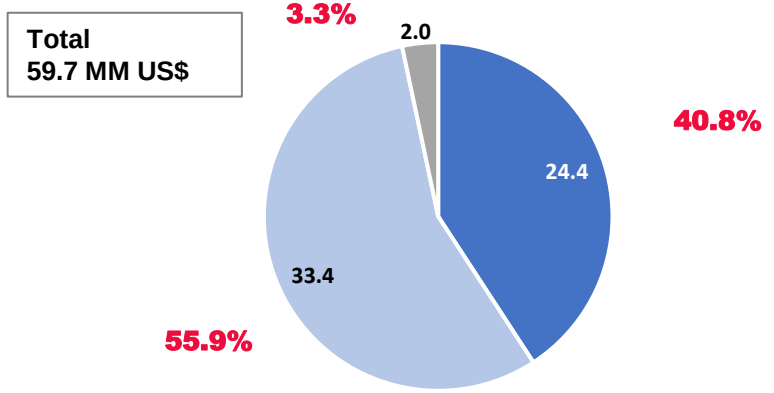
	US$ million	% 2020-2022 allocation
CCM requested	281.8	31.6%
Fast-track award	50.1	5.6%
Carryover	24.3	2.7%
Total 2021 new award (including carryover)	246.8	27.8%
Total 2021 new award (excluding carryover)	222.6	25.0%
Unfunded demand	92.1	10.3%
Not recommended	5.2	0.6%



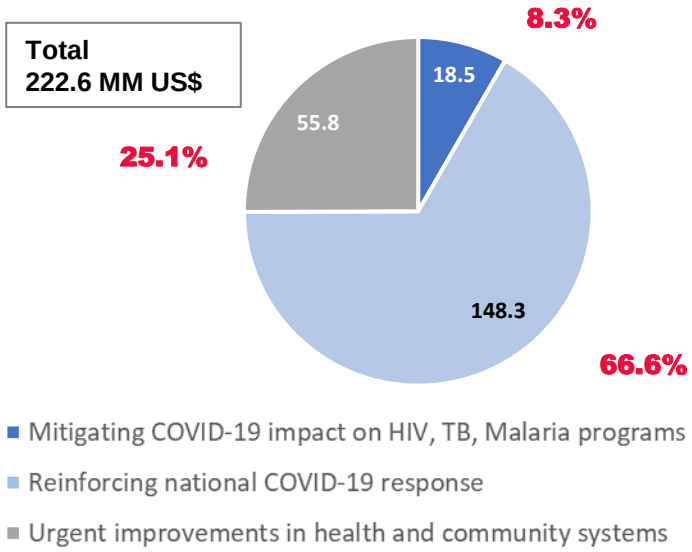
Nigeria

2020-2022 HIV, TB, malaria allocation: US$890.6 million

1. C19RM 2020 Investment (MM, US$)



2. C19RM 2021 Investment (MM, US$)



	Challenges	Lessons learned	Good Practice
COVID 19 Testing Strategy	• Low testing coverage and data completeness gaps. • National testing strategy not coherent with testing approach presented for funding. • Delays in introducing RDTs at scale. • Low RDT uptake vs. ambitious targets.	• Support needed for testing strategy operationalization. • Decentralization of screening and PCR testing by expanding capacity of new and existing labs. • Scale up community COVID-19 sensitization. • Support needed for facility and community-based testing integration.	• Increase and streamline labs network COVID-19 testing (including private sector).
HIV, TB, Malaria Mitigation	• Rescheduling of key community-based activities → budgeting, procurement, and implementation timelines impacts • Delayed start of grant implementation. • Limited HIV, TB and malaria services' demand due to stigma and misinformation. • Security issues.	• Resilient service delivery systems in place before the pandemic helped to adapt fast and recapture targets • Use of virtual platforms and e-learning improved access to training and remote supervision • Maintaining national coverage of services remains difficult without community engagement • Bilateral donor engagement important for coordination • **TB:** optimization of gene Xperts fleet & infrastructure improvements for adequate functionality.	• Adaptations based on gap assessments • HIV: i) intensify community-based testing; ii) expand multi-month dispensing; iii) expand ART distribution through community refill sites → scales up ART coverage despite COVID-19. • TB: I) expand community and PPM services; ii) expand TB sites; iii) integrate TB and COVID-19 testing, iv) expand MMD for preventive therapy → increases timely TB case notification • Malaria: i) engage SMC implementer in COVID-19 taskforce; ii) PPE provision and COVID-19 measures → enabled reaching >13M children with SMC in 2020.
Health System Strengthening	• "Health sector" collaboration and coordination requires further strengthening. • Not enough laboratories with sufficient equipment and reagents to match the outbreak response.	• Strong, resilient public health institutes with appropriate skill mix and technical expertise are vital. • Important to equip / ensure skills for surveillance systems and real-time data availability. • CSOs important to address myths and misinformation; need empowerment.	• Strengthen genomic sequencing capacity. • Strengthen subnational levels. • Integrate RSSH and C19 grant → ensure efficiency and synergies. • Resolve timely implementation bottlenecks for C19RM/RSSH grant through bi-weekly review meetings.