



UNITE<sup>TO</sup> FIGHT

COVID-19 RESPONSE MECHANISM

# C19RM Monthly Update to the Board

Report for November - December 2022

Publication Date: 23 December 2022

Geneva, Switzerland

# Executive Summary for November - December Report

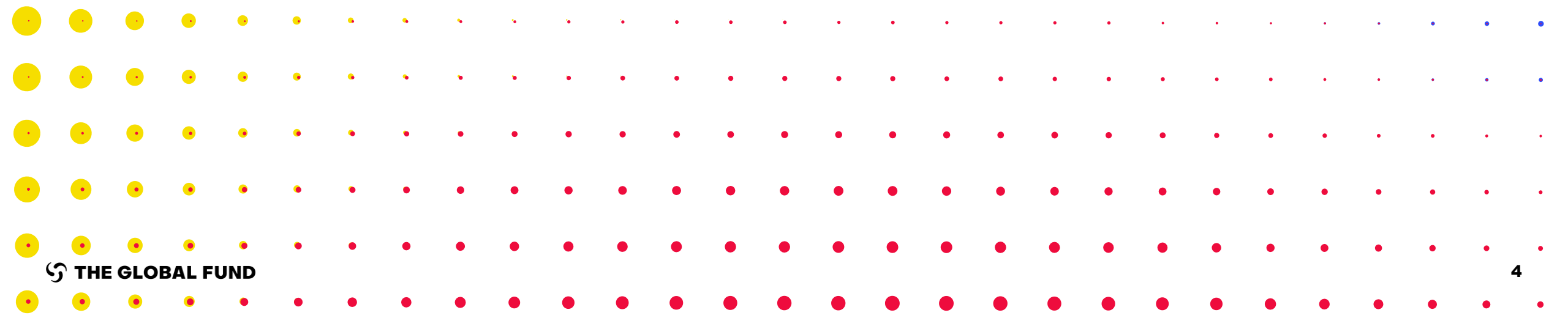
- 1 Board Decision (GF/B48/DP03) on Extension of C19RM:** As the COVID-19 pandemic evolves, countries' needs shifted towards building resilient systems for health and pandemic preparedness. The Board approved the extension of the mechanism to 31 December 2025, providing a unique opportunity for countries to reprioritize interventions that are in line with the systems strengthening mandate of C19RM, complement investments in the next funding cycle and deliver the objectives of the new 2023-2028 Global Fund Strategy.
- 2 Update on COVID-19 Epidemiological Situation:** High Impact Asia remains the region with the highest confirmed cases followed by Southeast Asia. An increase in newly registered cases have also been recorded in Eastern Europe and Central Asia in the latest month. Overall, new COVID-19 progression in the last month shows that cases are lowering.
- 3 C19RM Portfolio Optimization:** C19RM will continue to support: 1) COVID-19 response interventions, including novel therapeutics; 2) investments to mitigate the impact of the pandemic on HIV, TB and malaria programs, including program recovery; and 3) investments in relevant components of RSSH, including disease surveillance, laboratory networks, medical oxygen capabilities and community health worker networks. Review and award of C19RM Portfolio Optimization (PO) Wave 1 underway and applicants will be informed of outcome on a rolling basis as investment decisions are finalized. C19RM PO Wave 1 awards reflect a shift in funding needs following pandemic evolution, and prioritization of RSSH components that simultaneously contribute to COVID-19 response, HTM mitigation and pandemic preparedness. Wave 2 in 2023 will facilitate shift toward longer term strengthening of RSSH and pandemic preparedness, aligned with GC7 investments. Since there are still significant uncertainties about the future evolution of the pandemic, C19RM remains flexible, enabling countries to respond to changes in funding needs
- 4 Finance Update:** 99% of C19RM 2021 awards are integrated into grants, 75% of the cumulative budget has been committed, and disbursements are at 58% of cumulative budget until 31 December 2022. In-country absorption based on September 2022 proximal financial data remains low at 31% due to lower-than-expected demand, especially in procurement of COVID-19 - related health products. Strategies to accelerate implementation, maximize impact and use of funds include reinvestment and portfolio optimization, with strengthened monitoring and oversight to address bottlenecks.

# Executive Summary for November - December Report

- 5** **Health Products:** Health Products represent 67% of C19RM 2021 awards. Orders for US\$901 million (US\$855 million as of October) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$685 million delivered (US\$657 million as of October). Conversion of Non-PPM budget to purchase orders increased to 35% of the QTD (quarter to date) budget or 32% of the three-year total.
- 6** **RSSH - Community Rights and Gender (CRG):** During 2021, investments in Health and Community Systems amounted to US\$442 million or 12.8% of the portfolio, of which US\$134 million were directed towards interventions for communities such as community-led monitoring and social mobilization. The remaining US\$307 million include US\$150 million to expand laboratory and surveillance systems, and US\$157 million directed towards health product purchases and waste management improvements.
- 7** **Centrally Managed Limited Investments (CMLIs):** US\$43 million (41% of total US\$106 million available CMLI funds) has been awarded. **Project STELLAR** provides Technical Assistance (TA) across diverse areas in lab strengthening. **Test & Treat** – aims to facilitate access to novel therapeutics and provides technical assistance to integrate COVID-19 treatment into existing public health infrastructure. **Project BOXER** addresses the need for technical capacity-building and support in the operation of PSA (medical oxygen) plants with complex TA support provided to 45 countries and upcoming transition from developing plant specifications to site readiness preparations. **Early Warning Surveillance** provides TA for COVID-19 surveillance and preparedness. **Project BIRCH** enhances the vital role of Community Health Workers (CHW) to improve countries responses to COVID-19, boost pandemic preparedness capabilities, accelerate impact on HIV, TB and malaria, and align C19RM investments with countries' priorities of the 2023-2025 funding cycle, aligned with the Global Fund strategy.



# Development of C19RM reporting



# Development of C19RM Monthly Reporting

[Last report](#) combined C19RM September and October updates on the C19RM extension and portfolio optimization. Following Board approval of C19RM extension in November, this report covers November and December's key updates on operationalization of C19RM extension, COVID-19 program disruption, financial and programmatic performance, C19RM portfolio optimization, as well as C19RM investments in community rights and gender and Centrally Managed Limited Investments (CMLIs). These sections will continue to be updated in subsequent reports and provide additional analysis on operationalization of C19RM extension in line with the updated M&E framework.

## Last Report

**The last report provided key data points and pivotal thematic updates – hybrid approach:**

- Update on the COVID-19 Epidemiological Situation
- C19RM 2021 Awards - Summary
- Finance Update
- Updates on Health Products Pipeline
  - Overview
  - Diagnostics
  - Oxygen
  - ICP/PPE
- C19RM portfolio optimization and request for C19RM extension

## This Report

**This report presents key data points and pivotal thematic updates following C19RM extension:**

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

## Subsequent Reports...

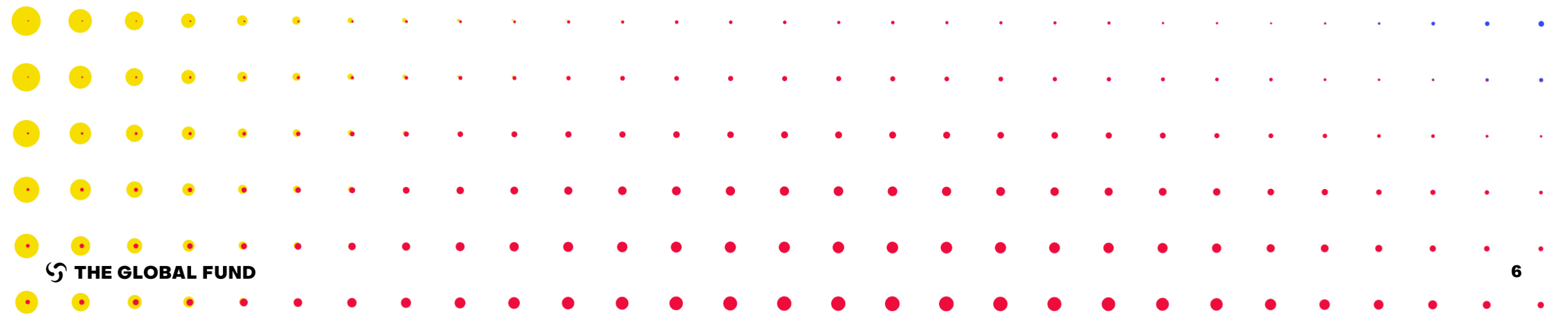
**Future reports will be reshaped to align with the Monitoring, Oversight & Evaluation Framework (M&O/E), and operationalization of C19RM Extension to focus on:**

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



1

# Board Decision on C19RM Extension



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

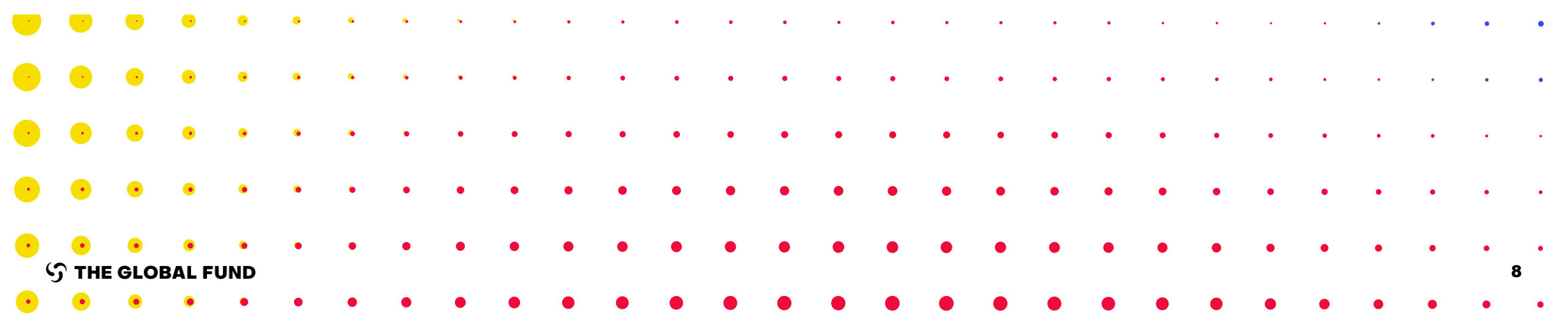
## Decision Point GF/B48/DP03

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



2

# Update on COVID-19 Epidemiological Situation

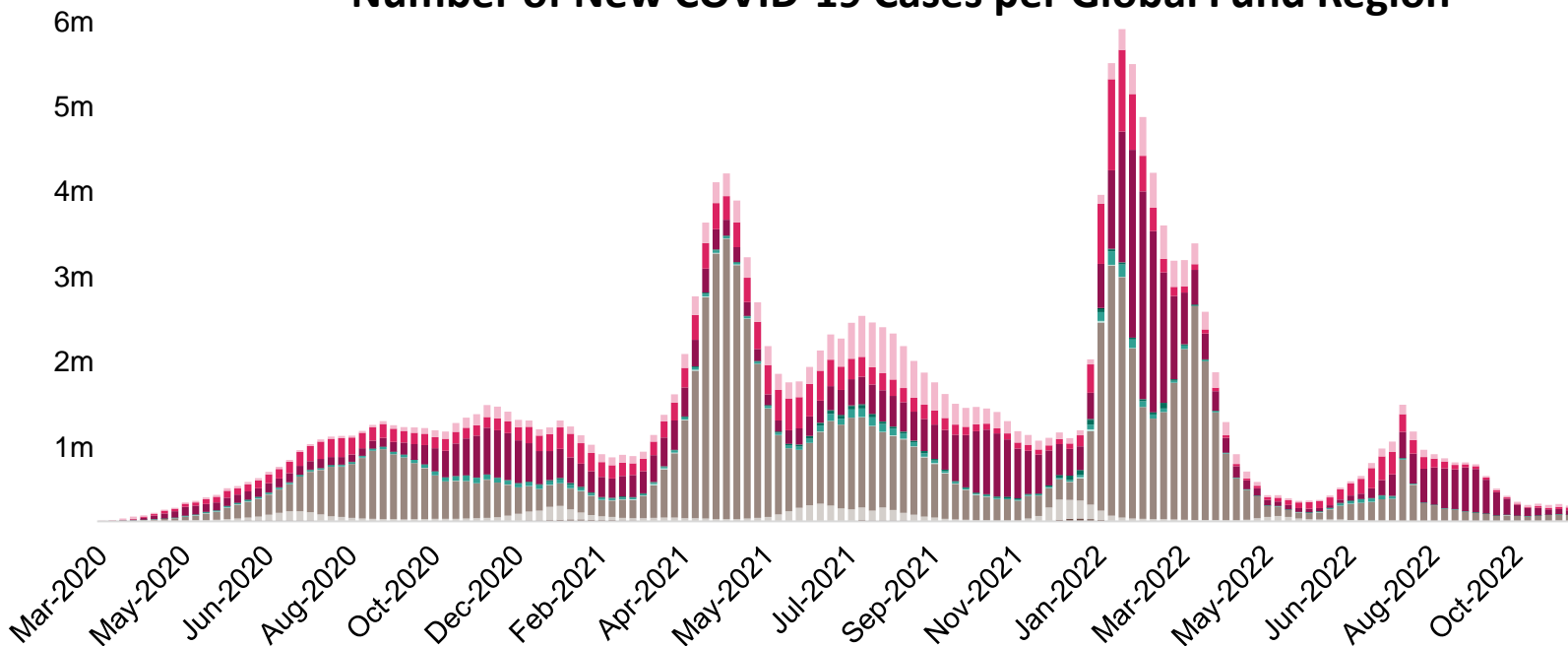




# COVID-19 Burden in Regions the Global Fund Supports

COVID-19 pandemic has evolved, and overall cases have lowered in November throughout all regions

Number of New COVID-19 Cases per Global Fund Region



Region	New cases since last Board report***
AELAC-SEA	102,839
AELAC-LAC	79,144
AELAC-EECA	213,484
AME-WA	191
AME-SEA	7,731
AME-MENA	4,113
AME-CA	540
HIAAsia	239,676
HIA-2	15,152
HIA-1	1,568

True infections far outnumber confirmed cases in many countries. See

<https://ourworldindata.org/covid-models>

**\*High Impact Africa 2:**

South Africa, Ethiopia, Kenya, Zambia, Mozambique, Zimbabwe, Uganda, Zanzibar

**\*\*MENA:** Morocco, Tunisia, Egypt, Algeria, Mauritania, Sudan.

**SUMMARY**

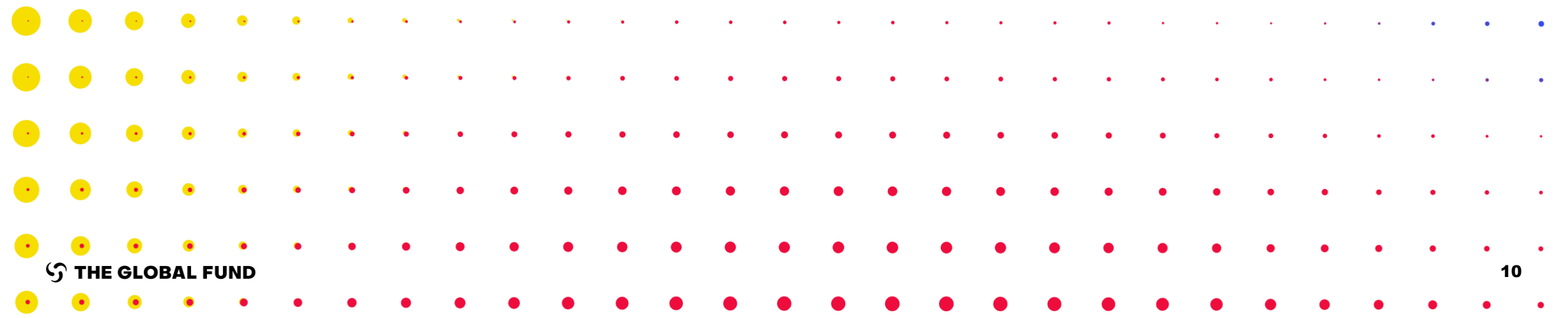
- According to WHO, as of **30 November 2022**, there have been 638.2 million confirmed cases of COVID-19, including 6.61 million deaths reported to WHO worldwide. Confirmed cases in the Global Fund portfolio are 163,77 million, while deaths are 2.58 million. **High Impact Asia remains the region with the highest confirmed cases followed by Southeast Asia. High Impact Asia has a total of 75.9 million confirmed cases, with 0.24 million new cases in the last month.**
- New cases have also been recorded in **Eastern Europe and Central Asia with an increase of 0.21 million new cases in the last month.** Confirmed cases in Latin America and Caribbean rises to 20.0 million while those in \*High Impact Africa 2 stays at over 5.9 million and the \*\*MENA region is at over 3.3 million.
- Overall new COVID-19 progression in the last month shows that cases are decreasing.
- **Seven Global Fund implementing countries are also among the top 25 countries in the world with the highest cumulative cases.** These include India, Russian Federation, Vietnam, Iran, Indonesia, Colombia and Ukraine.

\*\*\*New cases include data from last report (September – October data as of 31 October 2022)

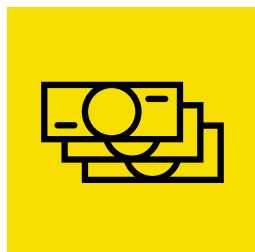


3

# C19RM Portfolio Optimization



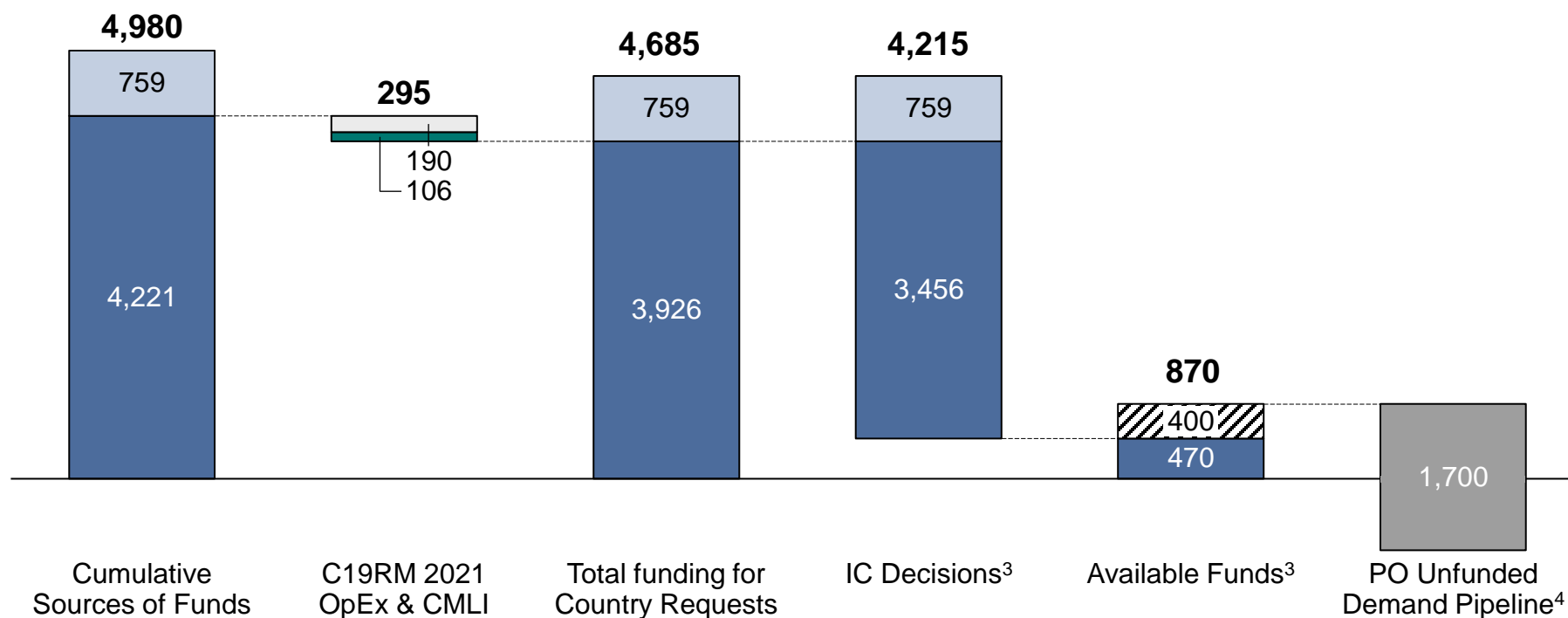
# C19RM Available Funds



On 13 October 2022, the AFC increased total C19RM sources of funds from **US\$4,817 million** to **US\$4,980 million** – based on pledges (+US\$ 163.5 million).

**US\$4,215 million** of C19RM 2020 and 2021 cumulative funding awarded to **125 applicants** for a portfolio average of an amount equivalent to **33%** of the **2020-2022 allocation**.

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



OpEx (4.5%)<sup>1</sup>
 CMLI (2.5%)
  Funds for Portfolio Optimization
  C19RM 2021
  Unfunded Demand submissions

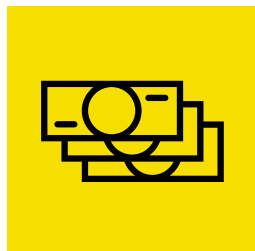
<sup>1</sup>OpEx increase from 3.0% to 4.5%, approved by the Board on 16 November 2022.

<sup>2</sup>US\$232 million of COVID-19 grant flexibilities for urgent funding gaps were approved, not included in the chart.

<sup>3</sup>13 October 2022, AFC approved US\$400 million for C19RM 2021 Portfolio Optimization and US\$470 million remains available for Country requests (with US\$3,456 awarded out of US\$3,926)

<sup>4</sup>49 additional requests to finance unfunded demand for a total of US\$1,700 million.

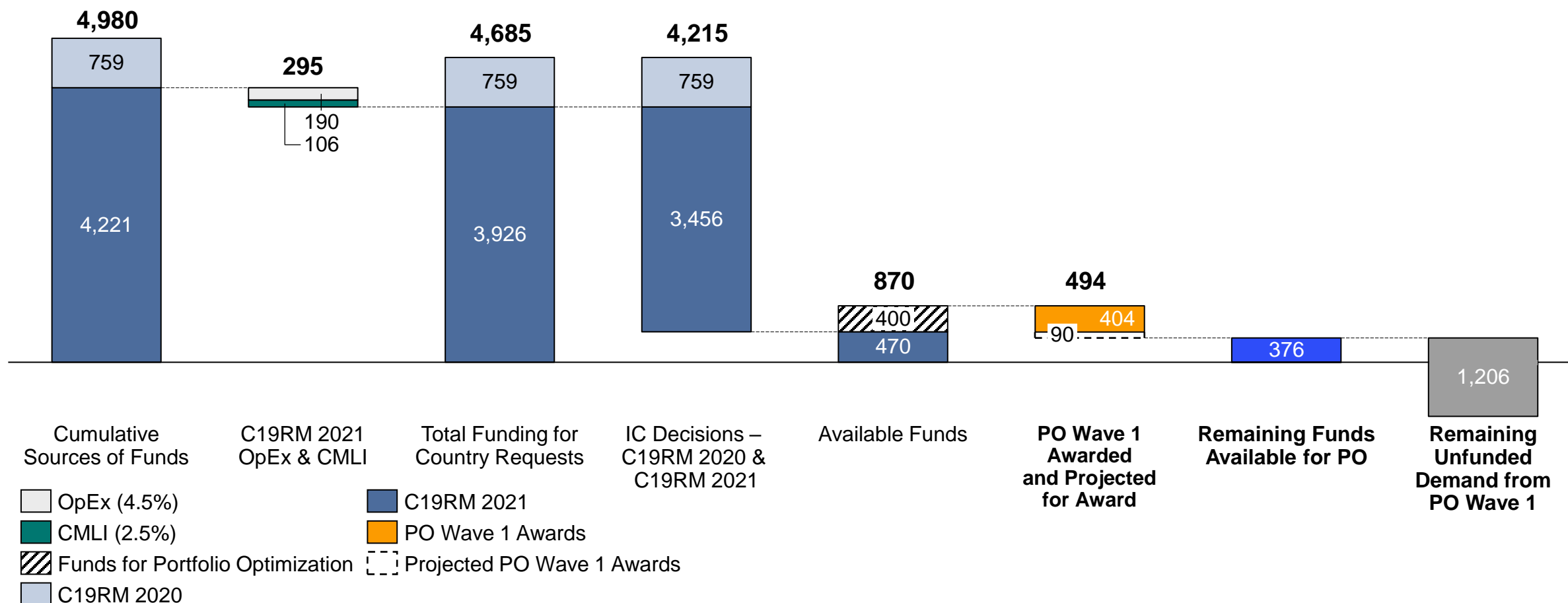
# Overview of C19RM Awards and Pipeline: including Portfolio Optimization Wave 1



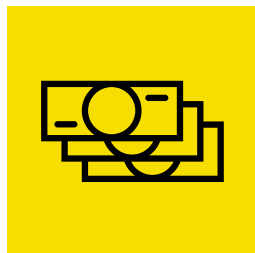
**US\$4,619 million** of C19RM 2020 and 2021 cumulative funding awarded or recommended for Board approval to **125 applicants** for a portfolio average of an amount equivalent to **36%** of the **GC6 allocation**.

**US\$1,700 million** requested by **49 applicants**. **17** applicants already awarded or recommended for Board approval, for a total of **US\$404 million** and **33\*** applicants projected for a total of **US\$90 million**. **US\$1,206 million Unfunded Demand** remains.

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



# Drill Down C19RM Portfolio Optimization Wave 1: Awards and Pipeline by Region

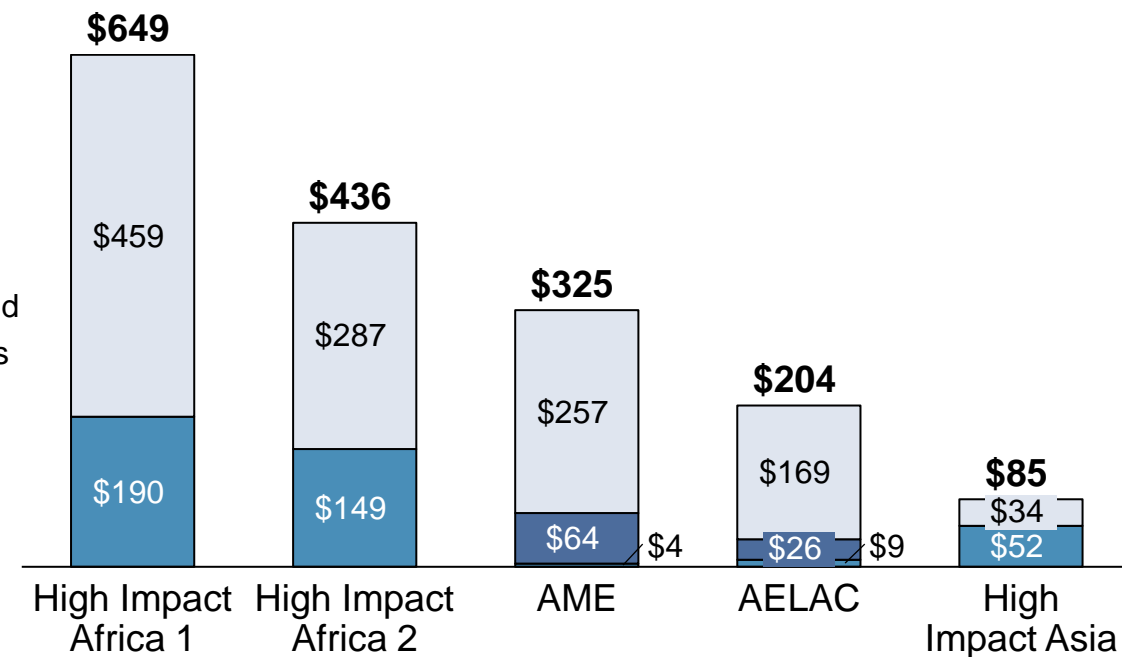
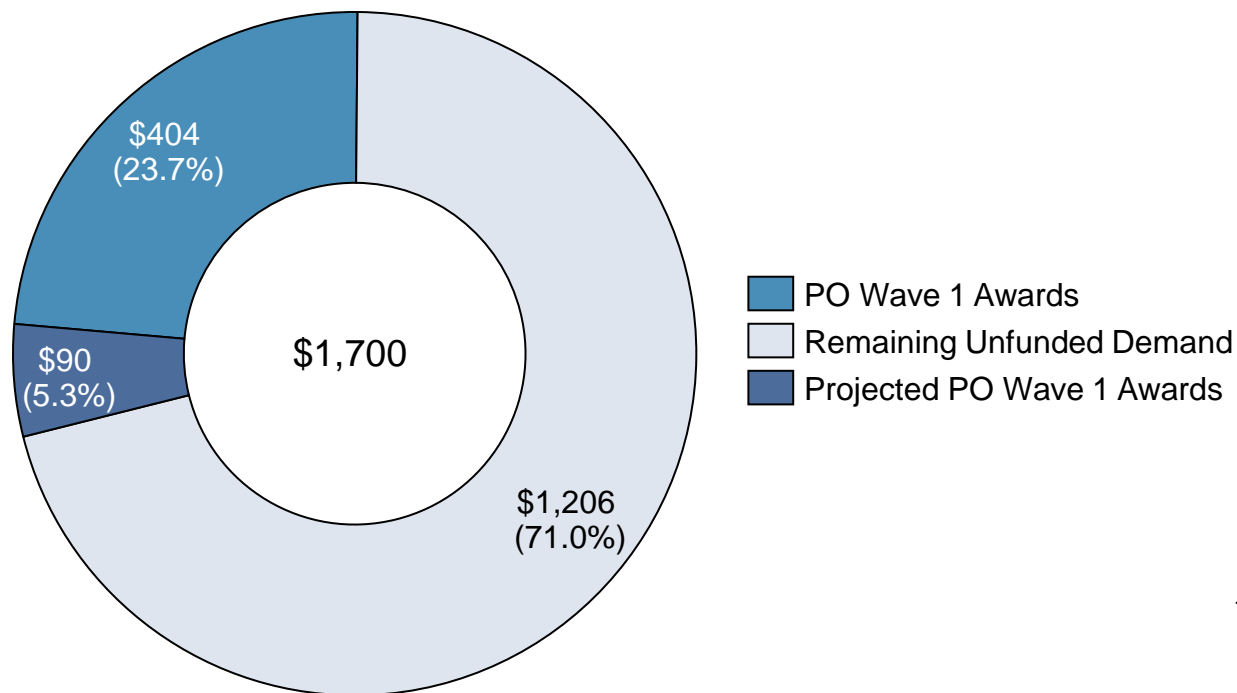


US\$1,700 million requested by 49 applicants, for a portfolio average of 25% of GC6 allocation.

- US\$404 million awarded or recommended for Board approval - to 17\* applicants, mostly from the High Impact Asia, Africa 1 and Africa 2 regions.
- US\$90 million is projected to be awarded for PO Wave 1 on a rolling basis, for the AME and AELAC regions.
- A total of US\$1,206 million is remaining Unfunded Demand, projected not to be prioritized for PO Wave 1 funding.

C19RM Portfolio Optimization Wave 1 (US\$ millions)

C19RM Portfolio Optimization Wave 1: by Global Fund regions (US\$ millions)



All values are in US\$ million and rounded. For values in screening and under review only complete submissions are considered. Values under incremental awards also include values recommended for Board approval.

# Drill Down: C19RM 2021 Portfolio Optimization by Priority Area

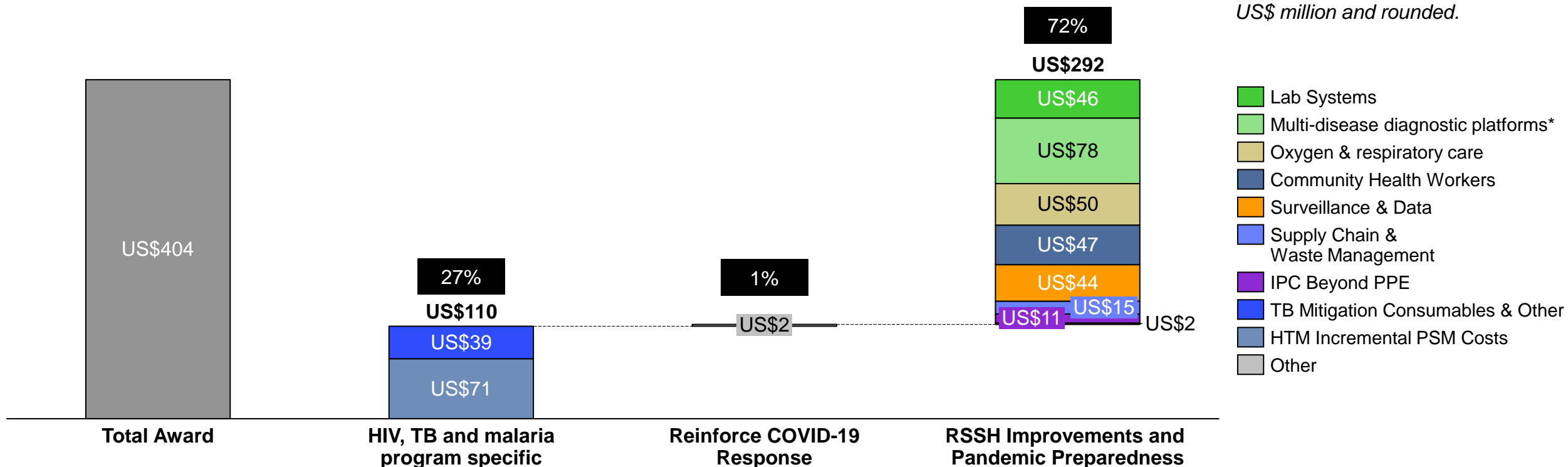


**US\$ 404 million** has been approved by IC or recommended for Board approval with the following breakdown: **72%** for improvements to RSSH and Pandemic Preparedness; **27%** for HIV, TB and malaria mitigation and **1%** to reinforce national COVID-19 responses.

**C19RM Portfolio Optimization Wave 1 awards reflect a shift in funding needs following pandemic evolution**, with prioritization of RSSH components that simultaneously contribute to COVID-19 response, HTM mitigation and Pandemic Preparedness including Oxygen & respiratory care, Test & Treat, IPC beyond PPE, Multi-disease diagnostic platforms, Lab systems, Surveillance & data, Supply Chain and CHW.

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

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

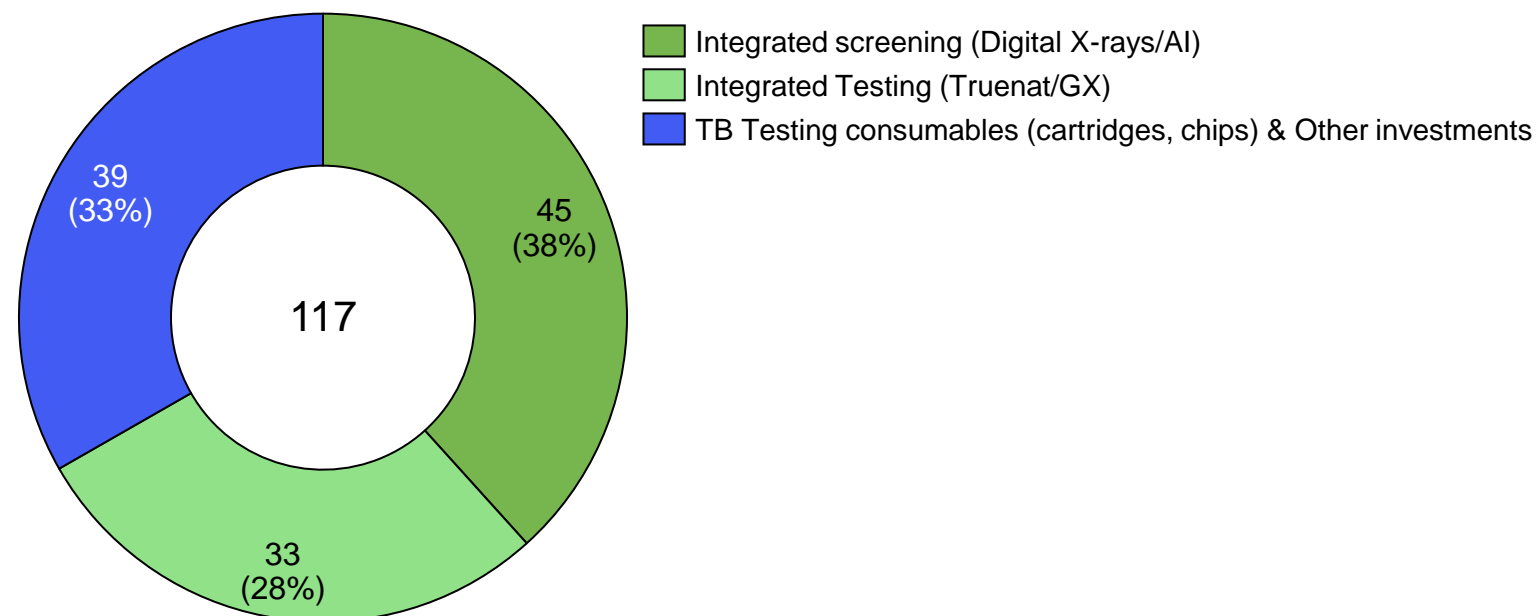


## C19RM Portfolio Optimization Wave 1 – Drill Down TB Mitigation



- A total of **US\$117 million** has been awarded to **TB Mitigation**. Requests for integrated screening and testing are submitted under the TB mitigation category while contributing to strengthening multi-disease lab systems and diagnostics networks.
- **Drill down of investments in TB mitigation of US\$78 million composed by:** US\$45 million (38%) for digital X-rays and US\$33 million (28%) for testing machines (GeneXpert & Truenat), both contributing to integrated multi-disease diagnostic platforms. In addition, US\$39 million is targeted to TB testing consumables.

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



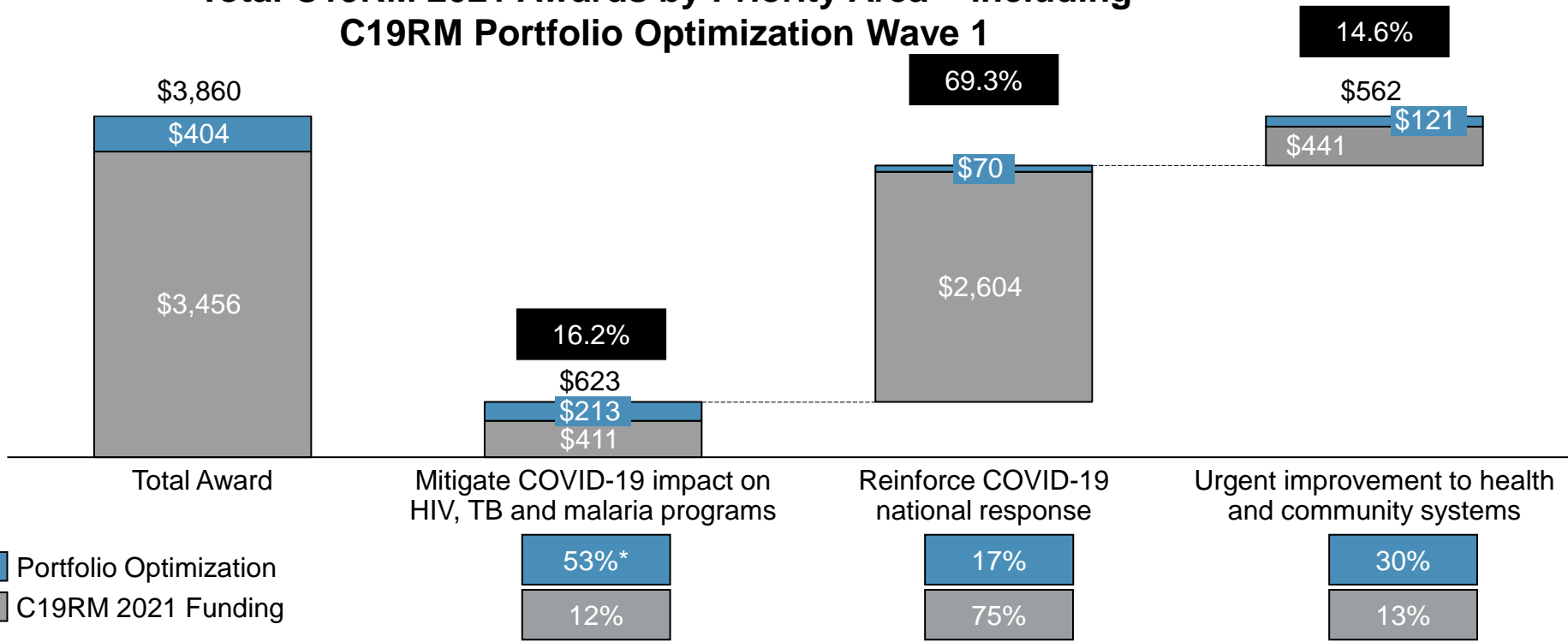
# C19RM 2021 Award by Priority Area – including PO Wave 1



Awards by priority area: overall, C19RM 2021 investments have been mainly directed towards reinforcing the COVID-19 national response.

Portfolio Optimization awards Wave 1 (made on a rolling basis) currently focus on reinforce COVID-19 response (Test & Treat, Oxygen and respiratory care); Mitigate COVID-19 impact on HIV, TB and malaria programs (TB Mitigation - within which there is US\$78 million of investments in multi-disease diagnostic platforms, and US\$71 million of incremental PSM costs) and Urgent improvement to health and community systems (Lab systems, Surveillance, CHW, Supply Chain, etc.).

**Total C19RM 2021 Awards by Priority Area – including C19RM Portfolio Optimization Wave 1**



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

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

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

Quoted values include Fast-track, Full Funding and incremental awards approved and/or recommended for Board approval

Data are excluding Reinvestment (refer to dedicated slides).

\* The 53% includes US\$78 million of investments for multi-disease diagnostic platforms requested under TB mitigation category



# C19RM Portfolio Optimization Waves 1 and 2

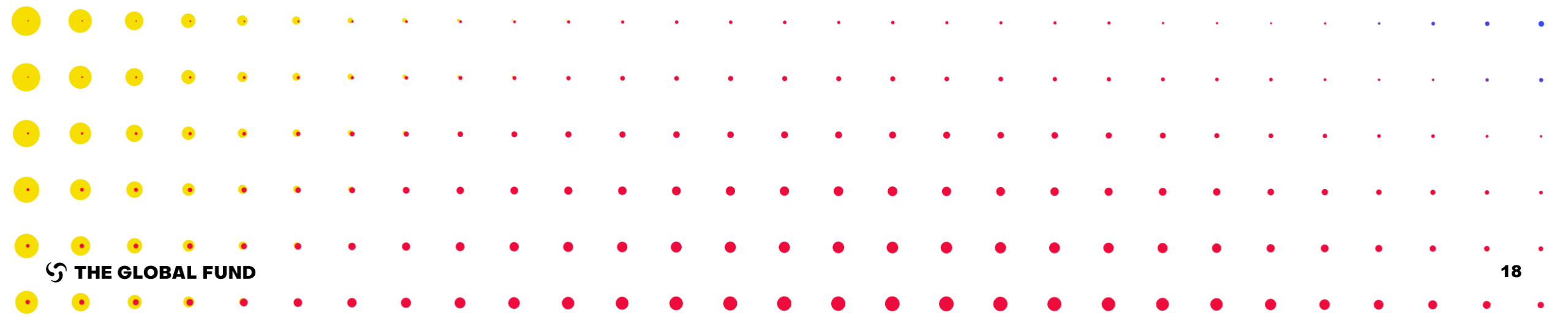
## Key issues and considerations

- **C19RM Portfolio Optimization Wave 1 funding decisions are being made on a rolling basis** and the 49 countries that submitted requests are being notified of the outcomes during December 2022 - January 2023.
- **Reflecting the changing nature of the pandemic and adapting to countries needs**, C19RM Portfolio Optimization Wave 2 will prioritize investments in components of RSSH that simultaneously contribute to the COVID-19 response and reinforce pandemic preparedness such as: community health workers, laboratory systems, early warning surveillance, test and treat, medical oxygen, infection prevention and control, supply chains systems.
- However, **since there are still significant uncertainties about the future evolution of the pandemic**, C19RM remains flexible, enabling countries to respond to changes in funding needs.
- **All eligible countries can apply for Portfolio Optimization Wave 2**, which will take place between March and May 2023 and decisions will be made based on: quality of proposals, country needs, funding amounts already awarded, demonstration that opportunities for reinvesting existing C19RM awards have been fully utilized, complementarity and synergies with GC7 grants and effective utilization of funds already awarded / absorptive capacity.
- **Countries are encouraged to apply for C19RM Portfolio Optimization Wave 2 as soon as possible** considering: 1) C19RM funds available for portfolio optimization are likely to be less than the expected needs; 2) the need to enable rapid deployment of funds and commencement of programming to maximize impact; and 3) the need to provide the Technical Review Panel (TRP) with visibility of C19RM investment decisions at the time of their review of GC7 funding requests.
- **More detailed information on operationalization of C19RM Extension will be shared with Countries in January 2023, including** C19RM Portfolio Optimization application process, the revised Technical Information Note, the Monitoring and Evaluation Framework, as well as updates to C19RM Operational Guidelines.



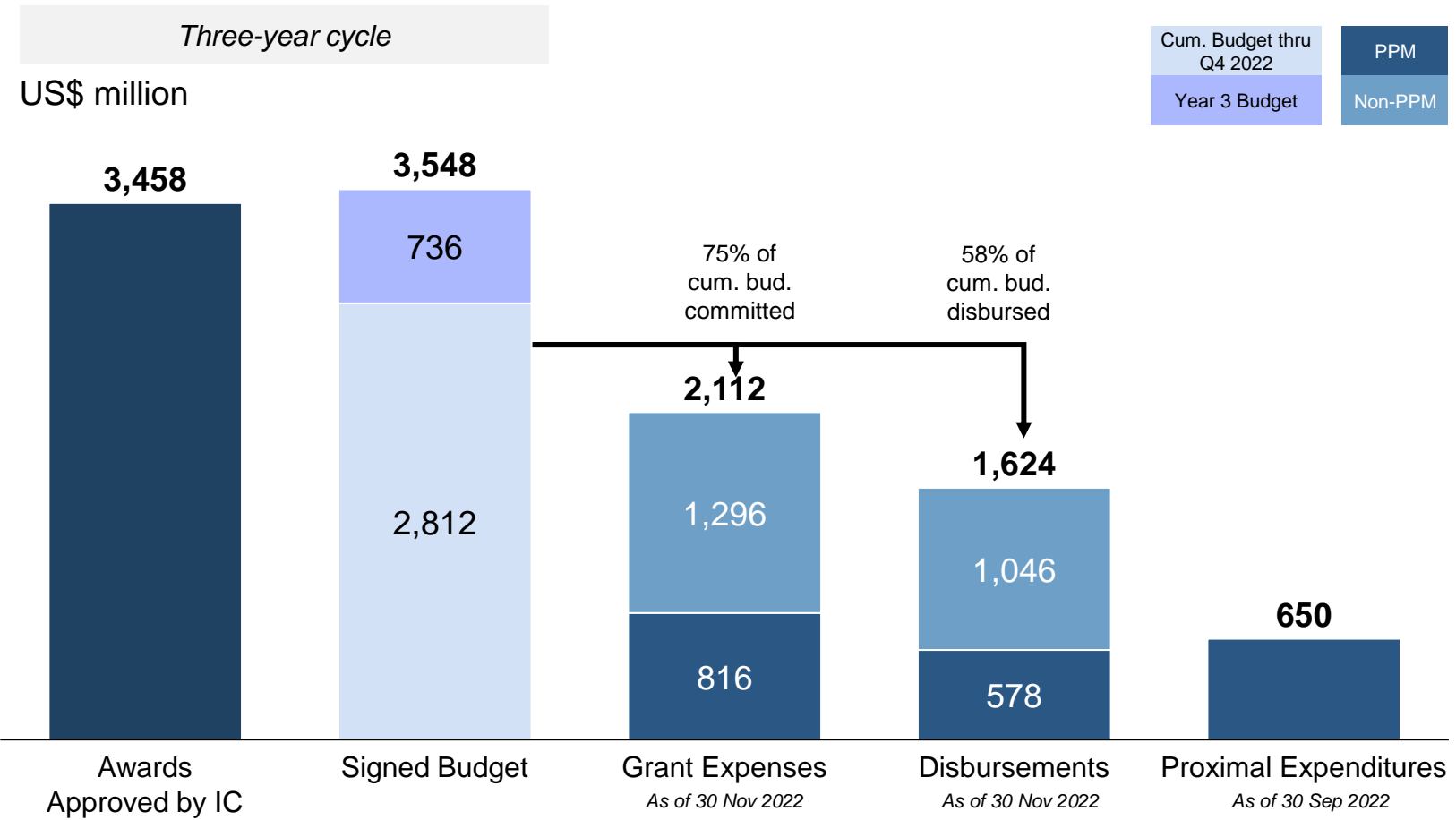
4

# Finance Update



# C19RM 2021 highlights implementation challenges adversely impacting absorption. This requires tactical reinvestment decisions geared towards funding an evolving investment landscape to improve absorption

As of 30 November 2022, excluding PO Wave 1 Awards

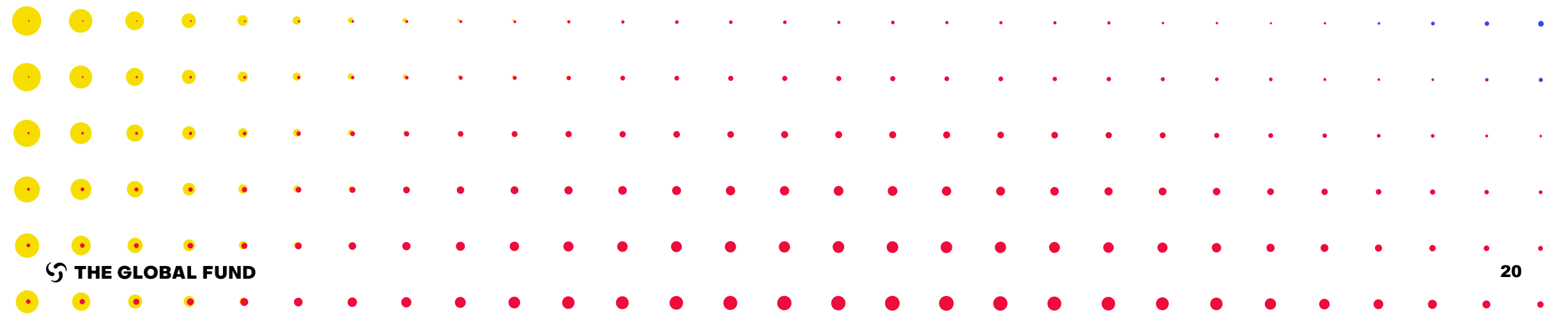


- 75% of the cumulative budget until 31 Dec 2022 has been committed, including orders placed in wambo.org, the Global Fund’s online procurement platform.
- Total cumulative disbursements of US\$1,624 million on 30 Nov 2022, representing 77% of commitments, and 58% of the cumulative budget until 31 Dec 2022
- In-Country Absorption based on September 2022 proximal financial data remains low at 31% due to lower-than-expected demand
- The Secretariat formally registered demand from countries of approximately US\$ 1.7b for potential portfolio optimization towards financing emerging needs.
- Reinvestment and portfolio optimization process is expected to unlock the ability of implementers to gear investments towards emerging needs with higher impact and absorption potential.



**5**

# Health Products Overview



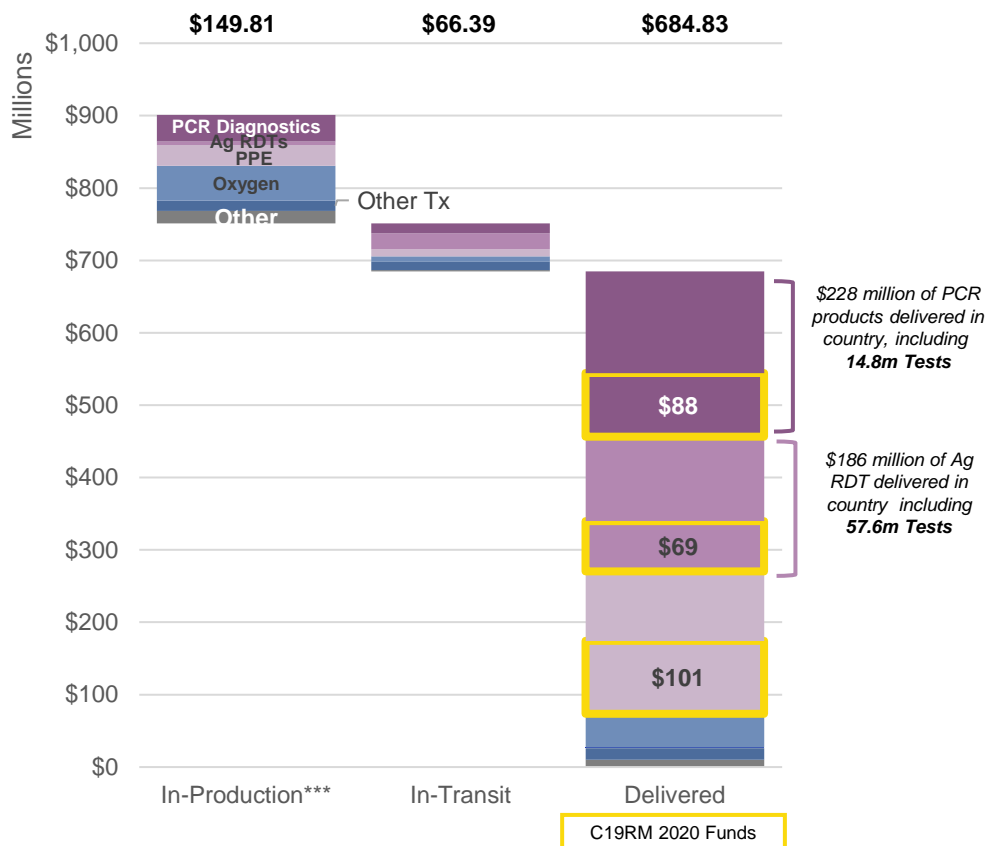
## C19RM Demand and Supply: General Trends

	Country Demand	Supply/Logistics
Overall	<ul style="list-style-type: none"> <li>• Low incremental demand in converting earlier awards into purchase orders with 57% PPM C19RM procurement conversion to purchase orders against pre-reinvestment baseline</li> <li>• New demand anticipated in the context of portfolio optimization.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited manufacturing supply constraints.</li> <li>• Continued but lower current disruption to the global supply chain and logistics with improved freight reliability.</li> <li>• Uncertainties related to inflation, impact of Ukraine war, Covid-19 related restrictions and freight provider constraints remains.</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• Decreasing demand for RDTs and PCR tests for COVID-19 response</li> <li>• Country requests contain substantive demand for bidirectional testing interventions</li> <li>• Increasing demand for complex Diagnostic technologies including next generation sequencing technologies and X-ray systems expected through Portfolio Optimization</li> </ul>	<ul style="list-style-type: none"> <li>• Suppliers report of significant manufacturing capacity and available stocks of Covid-19 diagnostic tests.</li> <li>• Potential delays for TB tests are being proactively managed.</li> <li>• For complex technologies (sequencing, X-rays): supplier arrangements are in place to source and deliver the products.</li> </ul>
Infection Prevention and Control	<ul style="list-style-type: none"> <li>• Decreasing demand as COVID-19 control measures relaxed.</li> </ul>	<ul style="list-style-type: none"> <li>• Existing supply outpaces demand for PPE and other infection control products.</li> <li>• Decreasing manufacturing capacity resulting from manufacturer consolidations for future PPE needs.</li> </ul>
Case Management/ Therapeutics	<p><b><u>Oxygen:</u></b></p> <ul style="list-style-type: none"> <li>• Execution is taking longer than anticipated due to complexity of interventions and in-country capacity (e.g., complex technical specifications of PSA plants.)</li> <li>• Increased need for Project BOXER technical assistance (44 countries total to-date), supported by and aligned with ACT-A &amp; Oxygen Working Group.</li> <li>• Evolving focus of Project BOXER to include on-site preparedness and installation of PSA plants.</li> </ul> <p><b><u>Therapeutics:</u></b></p> <ul style="list-style-type: none"> <li>• Paxlovid procurement: Procurement process launched for the seven of ten USAID priority countries requesting Paxlovid, for a total of about 8,100 treatment courses. Orders expected to be placed in the coming weeks.</li> <li>• CMLI Test &amp; Treat: CHAI providing TA to Zambia, South Africa and Nigeria. Phase II ongoing (introduction of new outpatient treatment into national health systems)</li> </ul>	<p><b><u>Oxygen</u></b></p> <ul style="list-style-type: none"> <li>• PSA plant manufacturing timings, global events, freight challenges and in-country site infrastructure requirements continue to impact supply to drive long lead-times for PSA plant orders.</li> </ul> <p><b><u>Therapeutics</u></b></p> <ul style="list-style-type: none"> <li>• Generic molnupiravir available on Wambo.org through PPM PSA i+Solutions.</li> <li>• Initial contracts signed with generic nirmatrelvir/ritonavir suppliers ahead of WHO PQ.</li> <li>• Paxlovid procurement: 20000 treatment courses purchased and pre-positioned in Brussels. Treatments will be shipped as orders from the USAID-supported countries are received. All supply related barriers removed, waiting for confirmation of volumes.</li> <li>• First Paxlovid requisition using grant funds approved on Wambo as of December 12, 2022, for Armenia</li> </ul>

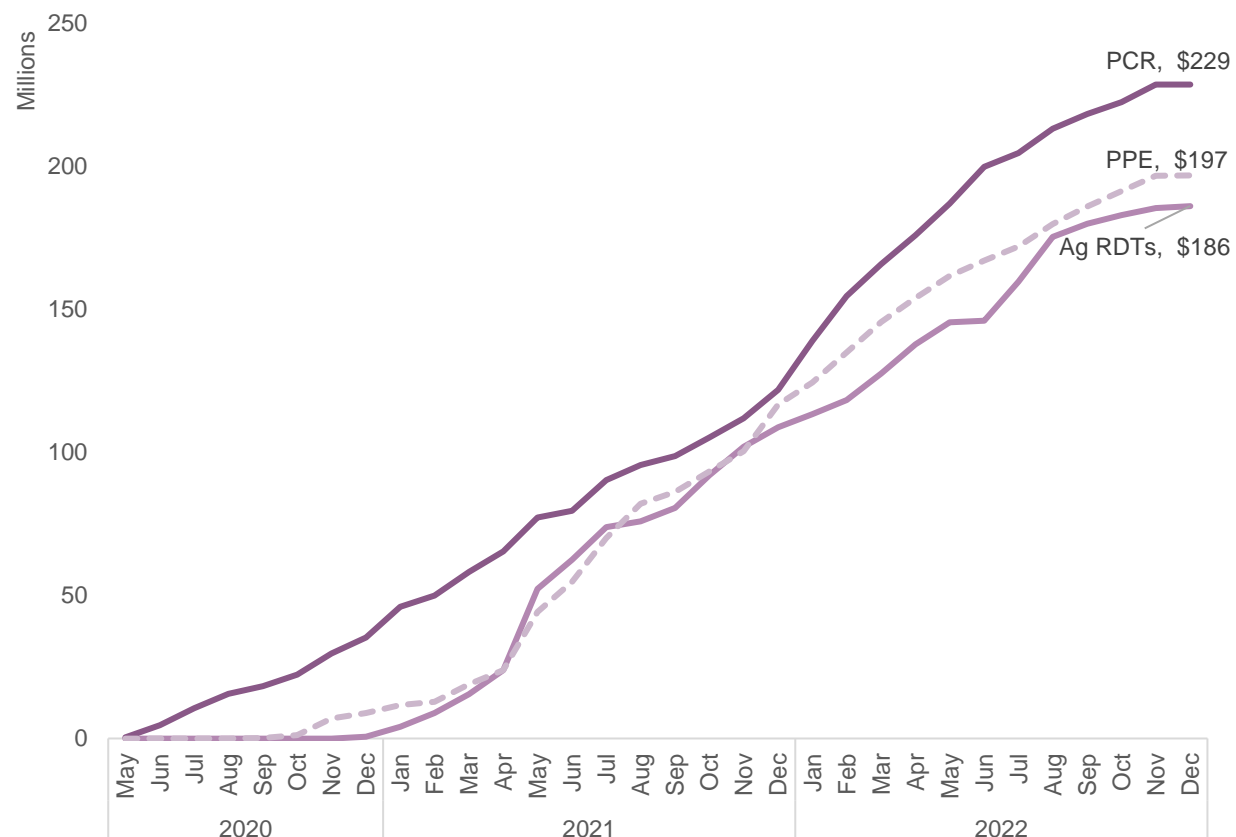
# Orders for US\$901 million\* (US\$855 million as of Oct) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$685 million delivered (US\$657 million as of Oct).

- US\$2.8 billion awarded since 2020 for the procurement of COVID-19 health products. For both C19RM 2020 & 2021: Dx: US\$981m; PPE: US\$769m O2: US\$578m.
- US\$259 million products delivered through PPM with C19RM 2020 funds. US\$426 million (US\$398 million in Oct) products delivered through PPM with C19RM 2021 funds.
- Purchase Orders of US\$216 million (compared to US\$198 million in Oct) for products remaining to be delivered with ~90% expected by May 2023

Cumulative PPM Procurement Pipeline (US\$)\*\*



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



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

\*\* Based on Procurement Service Agent data as of 05 December 2022

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

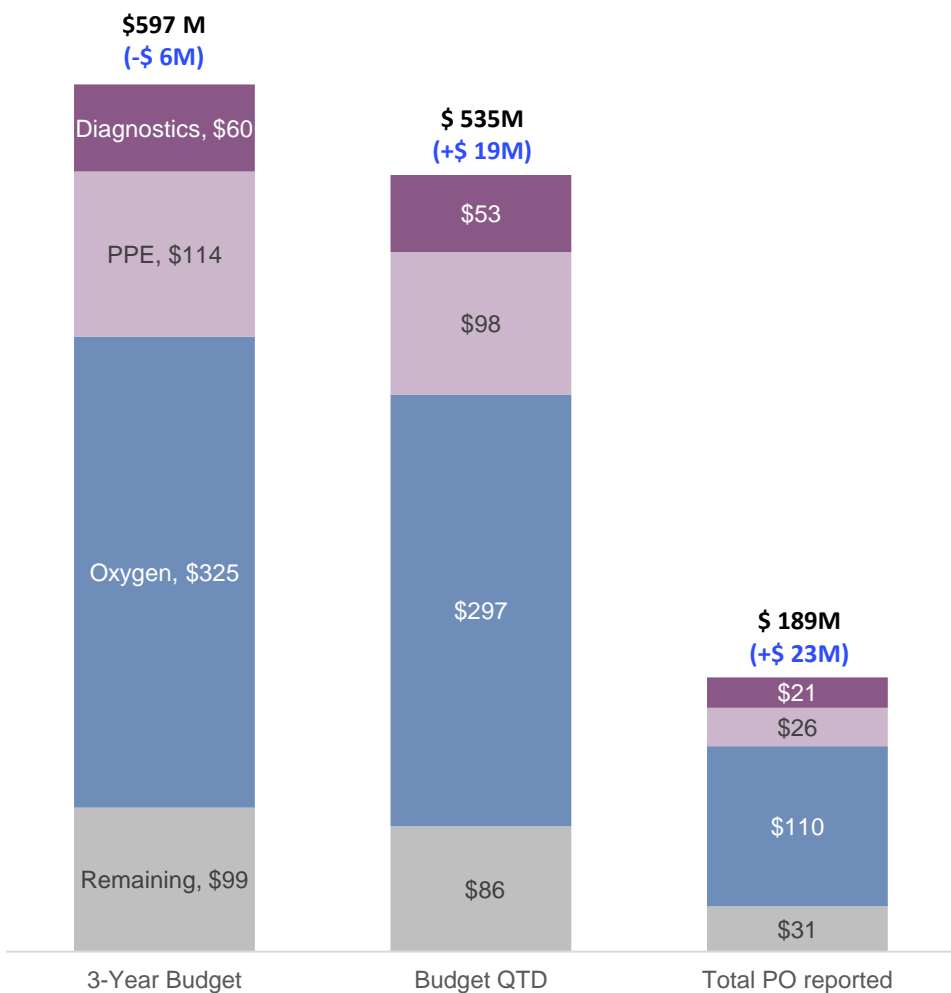
\*\*\*\* Dollar value of deliveries by month may change slightly over time due to potential reporting lags as well as revisions over time

# Non-PPM procurement reporting<sup>1</sup>: Nov 2022

**Note:** Countries/PR currently undergoing C19 reinvestment and portfolio optimization discussions - likely to result in budget shifts across product categories and procurement channels.

## Top 45 countries only (in US\$ million)

(reflects implementation-focused HPMT where available)



At grant level

By Region	Expected report	Report received	% Reporting
HIA1	9	9	100%
HIA2	7	7	100%
HIA	17	16	94%
AME	14	14	100%
AELAC	5	5	100%
<b>TOTAL</b>	<b>52</b>	<b>51</b>	<b>98%</b>

	Non-PPM Budget QTD	3 years Non-PPM Budget <sup>2</sup>	Reported PO Amount <sup>2</sup>	Budget conversion rate QTD	3 years budget conversion rate
<b>By Region</b>					
HIA1	39	53	28	72%	53%
HIA2	141	147	50	35%	34%
HIA	218	230	59	27%	26%
AME	116	147	45	39%	31%
AELAC	20	20	7	36%	35%
<b>By Product Category</b>					
Diagnostics	53	60	21	39%	35%
PPE	98	114	26	27%	23%
Oxygen	297	325	110	37%	34%
Remaining <sup>3</sup>	86	99	31	36%	32%
<b>By Type of PR</b>					
National	439	476	158	36%	33%
UN Agencies <sup>4</sup>	96	122	31	32%	25%
<b>Total</b>	<b>535</b>	<b>597</b>	<b>189</b>	<b>35%</b>	<b>32%</b>

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

<sup>2</sup> Budgets as per aggregated C19RM 2021 HPMTs available and uploaded into the aggregate tool at 15 Nov 2022 reported PO Amount as per PR Procurement Progress Reporting templates submitted against 10 Nov deadline for procurement through end of Oct and beg of Nov

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

<sup>4</sup> UN agencies are UNDP + UNOPS + UNICEF grants

# Non-PPM Procurement Reporting: Nov 2022

Top 45 countries only (in US\$M)

## Summary Points

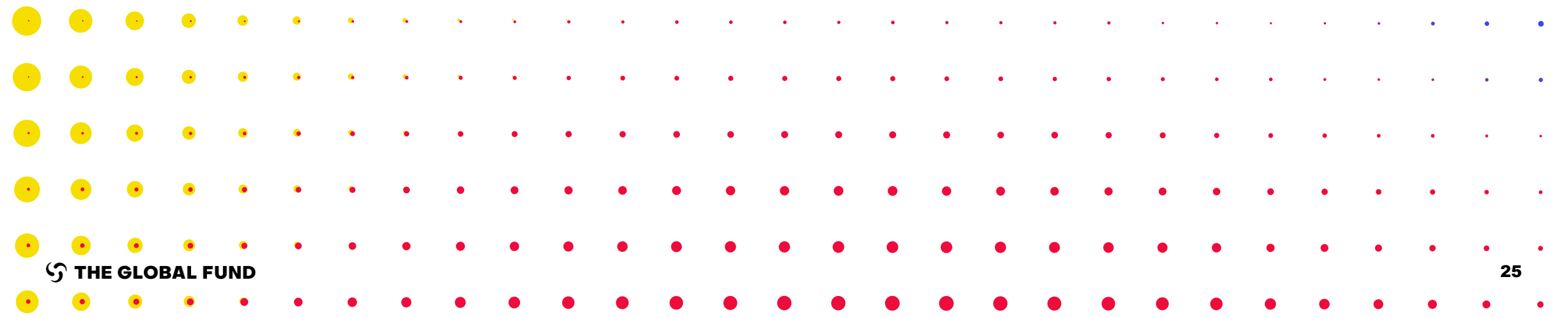
- Conversion of **Non-PPM budget** to purchase orders is at **35% of the quarter-to date (QTD)** budget or 32% of the three-year total.
- The **total of purchase orders reported in Nov 2022** for **US\$189 million**. This is **US\$23 million more** than what was reported in Oct 2022. Over US\$28 million have recently been issued for PSA plants in Pakistan, for example. Further POs as well as some procurement plan changes are expected to be soon reflected following reprogramming and portfolio optimization.
- Globally, oxygen procurement and implementation has been slow – given the technical and complex nature of the procurement as well as in-country coordination, site assessments and infrastructure needs. The portfolio optimization outcomes will reflect accordingly the country needs in terms of oxygen.
- On-going efforts to re-channel funds where procurement has not progressed – either from PPM to non-PPM channels (e.g., US\$8 million for PSA plants, US\$1 million for X-ray equipment for Ukraine) or non-PPM to PPM for Cambodia, Cameroon, Chad, Liberia, Namibia, Niger and Togo for PSA plants and other Health Products.
- On-going exercise to realign **C19RM investments** with the changing pandemic context, national priorities and lessons learnt.





6

# Community Rights and Gender Dimensions

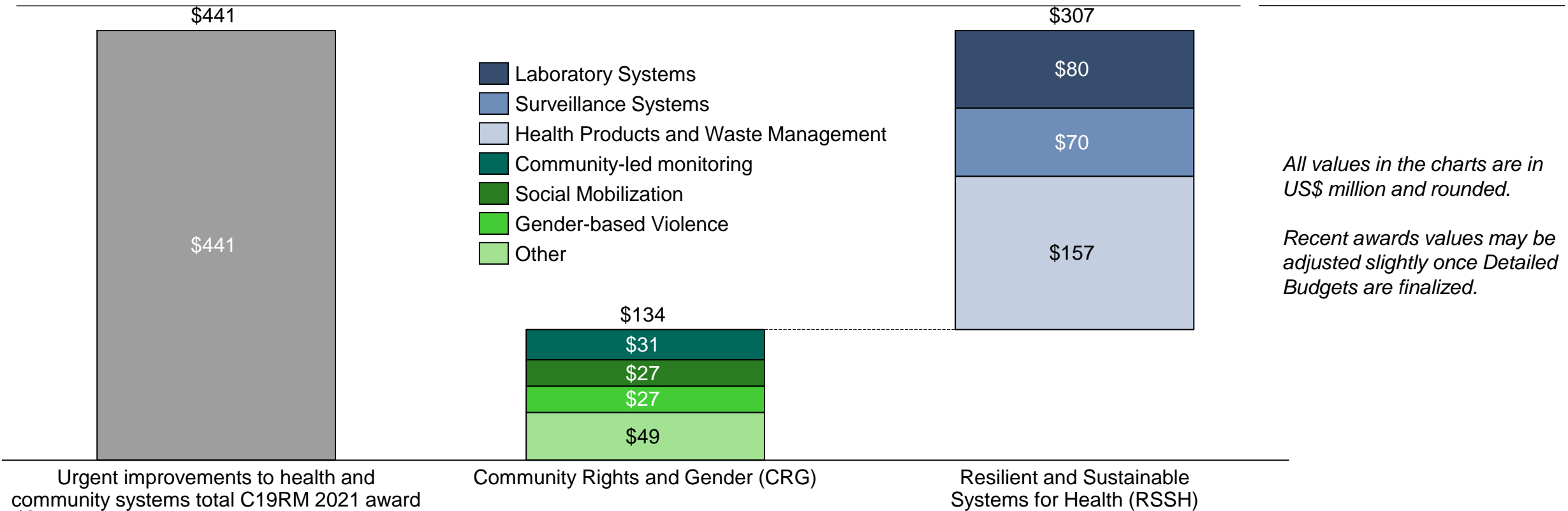


# C19RM 2021: Awards in Urgent Improvements to Health Systems

Prior to C19RM Portfolio Optimization



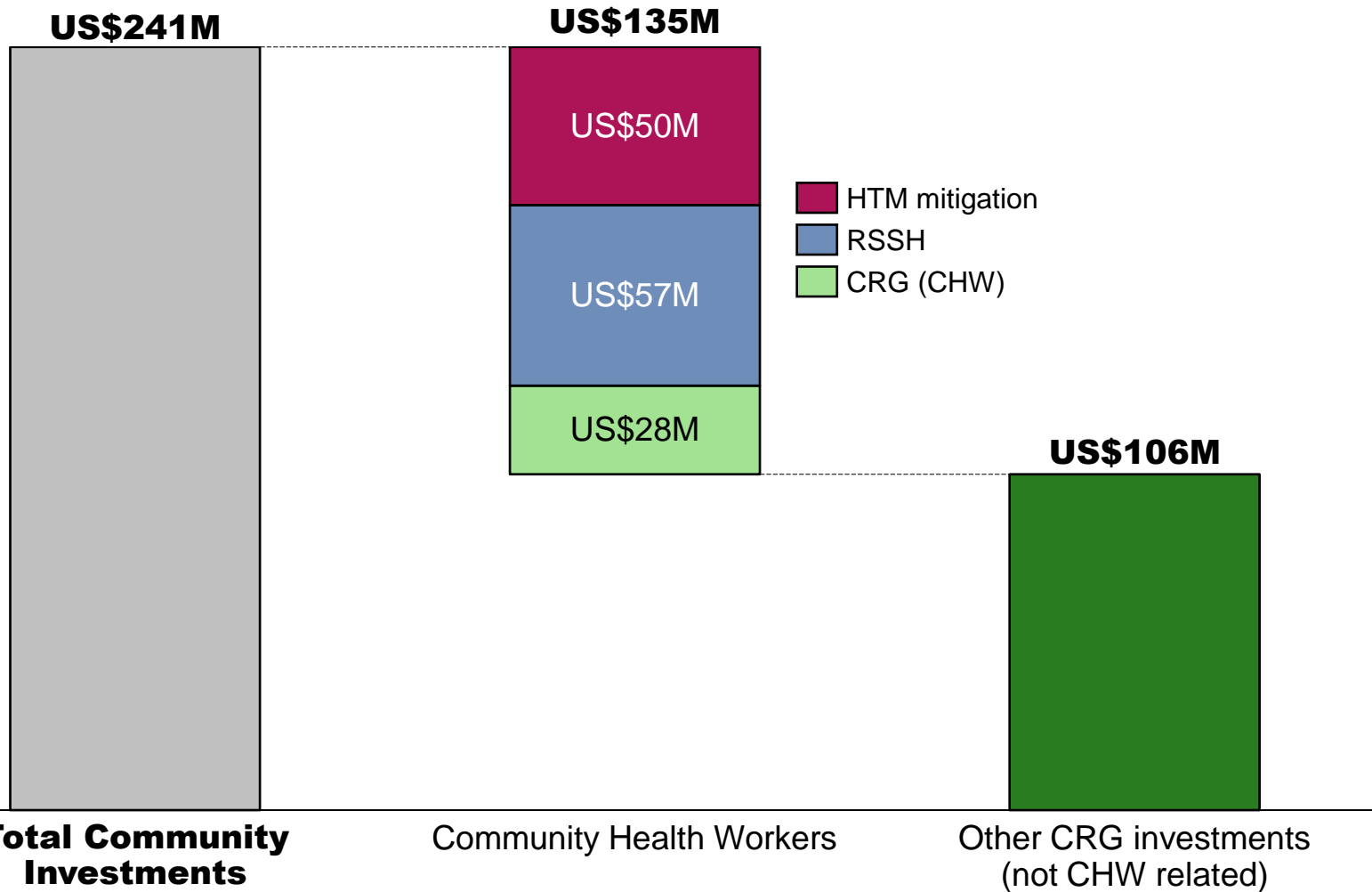
- Investments in **Urgent improvements to Health and Community Systems** amounted to **US\$441 million**, or 12.8% of the C19RM 2021 portfolio.
- Within this amount, **US\$134 million** (or 3.8% of total C19RM 2021 awards) were directed towards **CRG interventions** such as community-led monitoring and social mobilization. The remaining **US\$307 million** include US\$150 million to expand laboratory and surveillance systems, and US\$157 million directed towards health product purchases and waste management improvements.



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

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

**Within the areas of “urgent improvements” and “mitigation”, US\$241 million are dedicated to communities**, with \$135 million invested in community health workers (56% of the total). This US\$241 million total includes investments across three categories: **US\$134 million from CRG** (US\$28m CHW + US\$106m non-CHW), **US\$50 million for CHW from HTM Mitigation** and **US\$58 million for CHW from RSSH**.



**Total US\$241 million is invested in Communities across two pillars**

**US\$135 million in Community Health Workers' (CHW) Remuneration, Training and Supervision, cutting across three categories:**

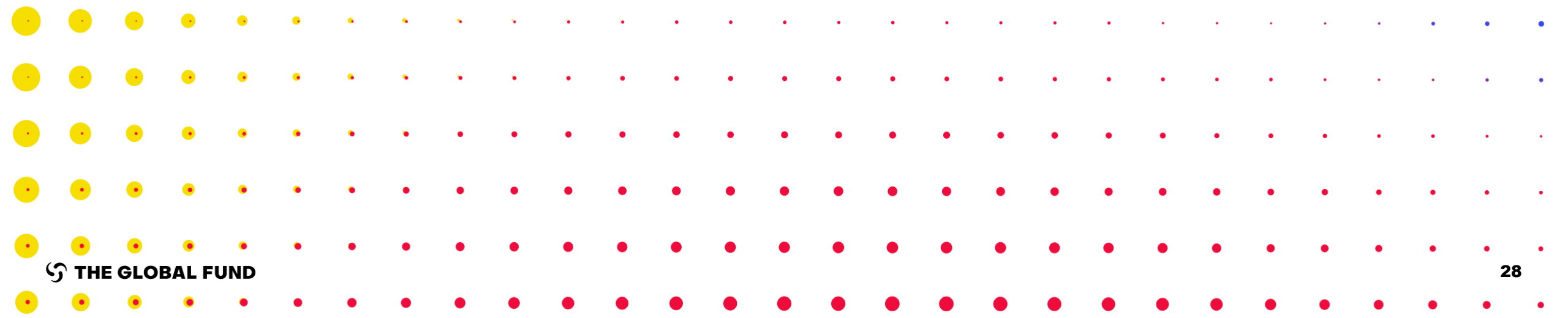
- **US\$50 million** within HIV, TB and malaria mitigation
- **US\$57 million** within RSSH
- **US\$28 million** within CRG

**US\$106 million in CRG activities outside of direct CHW funding**



**7**

# Centrally Managed Limited Investments



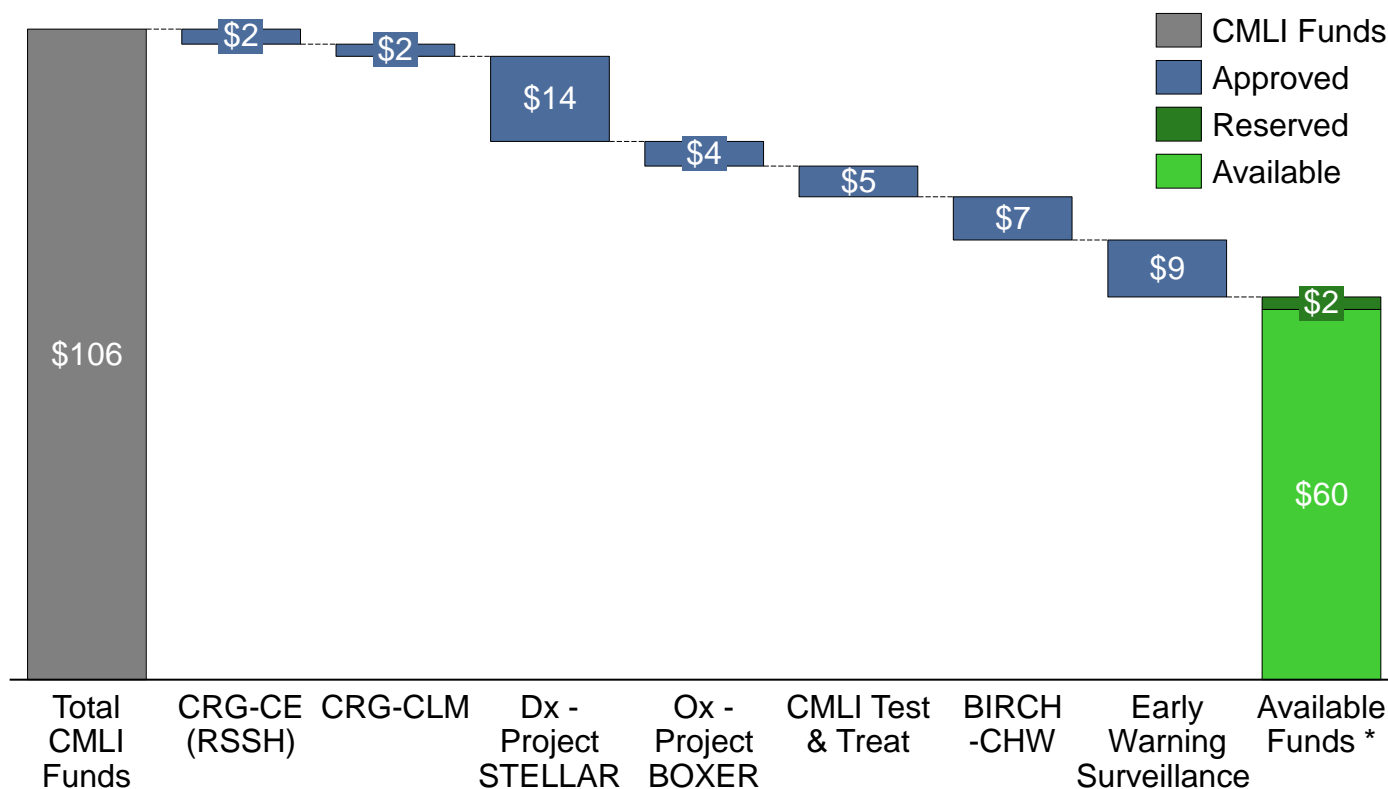
# Overview of Centrally Managed Limited Investments Awards (CMLI)

- **US\$106 million** (2.5% of total sources of funding) available for CMLI.
- Since the launch of CMLI, **US\$43 million** (41% of total CMLI funds) **has been awarded**.
- Project CRG-CLM (community-led monitoring) may potentially access an additional **US\$2 million**.
- As part of a Test and Treat CMLI, the Global Fund is piloting an initiative in Bangladesh, Botswana, Côte d'Ivoire, El Salvador, Ghana, Lesotho, Malawi, Mozambique, Rwanda, and Senegal, in partnership with USAID.
- **Pipeline** includes potential additional funds for Civil Society & Community Engagement CMLI.

**CMLIs approved (US\$43M) to support C19RM investments being implemented in 57 countries\***

CMLI	Technical Area and Priorities	Budget (US\$ m)	No. Countries
CRG Community Engagement	Strengthening Civil Society and Community Engagement	2.4	16
CRG Community-led monitoring	Community-led monitoring	2.0	7
O2- BOXER	Building Oxygen capacity for the COVID-19 Emergency Response	4.0	45
Dx – STELLAR	Strengthening C19RM diagnostics & Laboratory systems	13.8	23
Test and Treat	Accelerating New Product Introduction and Scale-up of COVID-19 Test and Treat	5.0	3
BIRCH-CHW	Building Integrated Readiness for Community Health	7.0	4
E2ESR	Early Warning Surveillance	9.3	14

**C19RM CMLI Awards (US\$ million)**



\* The CDC and USAID C19RM set-asides also target the successful implementation of C19RM interventions, closely coordinating with the Global Fund Country Teams and other in-country partners and complementing the CMLIs



# Project STELLAR

## Overview – November 2022

Project STELLAR is providing Technical Assistance across many diverse areas alongside C19RM activities.

November Implementation status:

- **23** countries being supported with addition of Angola.
- **22** countries have identified priorities.
- **21** countries have active on-going work plan implementation
- **2** countries are yet to start implementation: Angola – launched on Nov 29, 2022, while Congo BZV is being considered for directed TA with on-going consultations with CT and MOH.

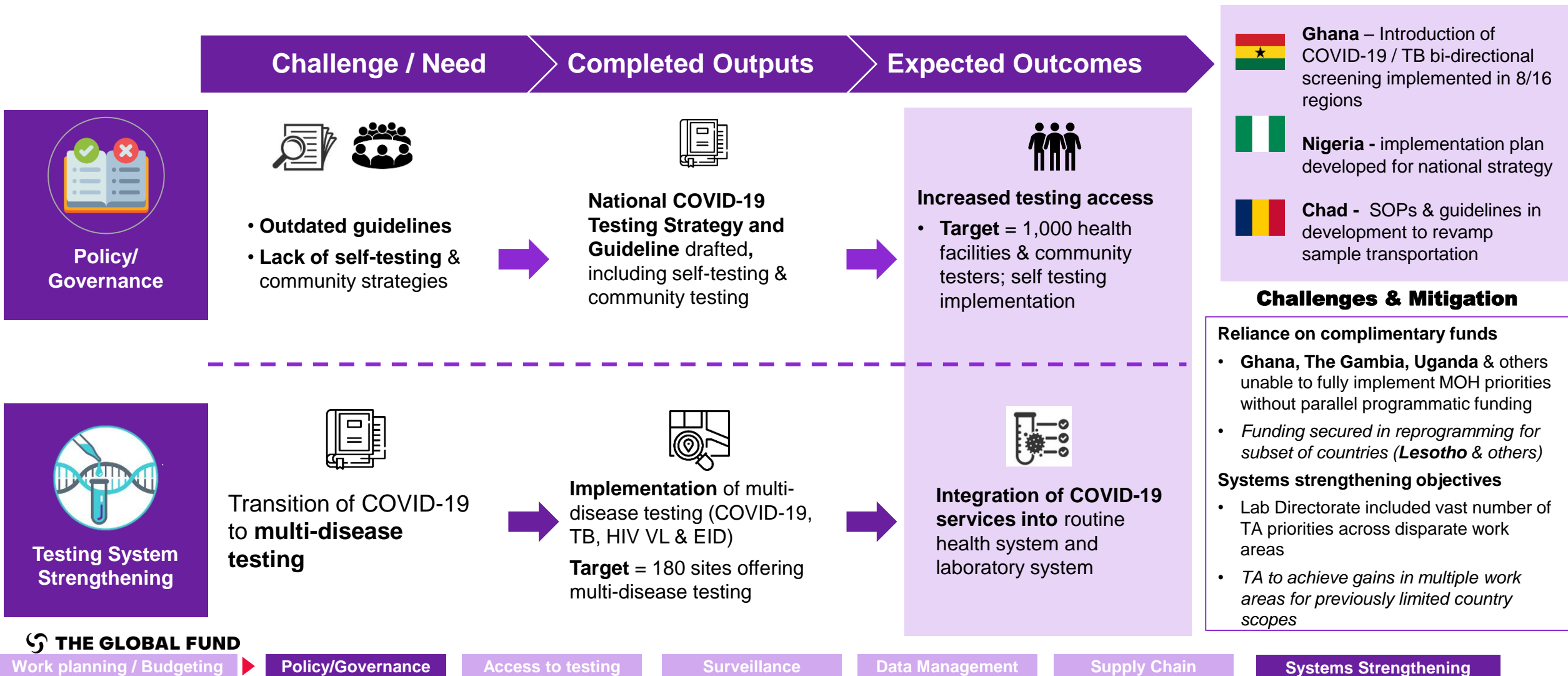
## Early wins (out of 23 countries)

- **15 countries** | Emphasis on integration of services: countries engagement providing opportunities to think beyond COVID-19.
- **13 countries** | Reprogramming and reallocation of resources; actions plans are informing re-investment in lab system.
- **23 countries** | Improved positioning and visibility for Lab Directorate with PRs and Global Fund processes.
- **Building momentum** for **Wastewater Based Surveillance** (WWBS) and funding included in C19RM portfolio optimization funding requests.
- WWBS protocols for Ethiopia has been granted IRB approval
- Kenya, Uganda, Mozambique have submitted final IRB comments for approval.



# Country Case-Study: ZAMBIA

Scaling up New Testing strategies, including self-testing and multi-disease testing





**Testing System  
Strengthening**

**Implementation** of multi-disease testing (COVID-19, TB, HIV VL & EID)

**Target = 180 sites** offering multi-disease testing

➔

**Integration of COVID-19 services into** routine health system and laboratory system

**Similar achievements from other countries**



**Ghana** – Introduction of COVID-19 / TB bi-directional screening implemented in 8/16 regions



**Nigeria** - implementation plan developed for national strategy



**Chad** - SOPs & guidelines in development to revamp sample transportation

**Challenges & Mitigation**

**Reliance on complimentary funds**

- **Ghana, The Gambia, Uganda** & others unable to fully implement MOH priorities without parallel programmatic funding
- *Funding secured in reprogramming for subset of countries (Lesotho & others)*

**Systems strengthening objectives**

- Lab Directorate included vast number of TA priorities across disparate work areas
- *TA to achieve gains in multiple work areas for previously limited country scopes*



**THE GLOBAL FUND**

Work planning / Budgeting

▶

Policy/Governance

Access to testing

Surveillance

Data Management

Supply Chain

**Systems Strengthening**



# Country Case-Study: KENYA

Working to achieve interoperability across data reporting platforms



**Surveillance**

**Challenge / Need**

- Lack of **real-time bio-surveillance system** for disease outbreak response and management



**Completed Outputs**

- Project planning for **bioinformatic workstations** for multi-pathogen genomic surveillance
- EMR guideline** in development



**Expected Outcomes**

- Expanded EMR system to support disease surveillance & strengthened regional labs

**Data Management**

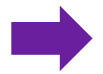
**Challenge / Need**

- LIS guideline** needed to integrated data systems
- Many siloed **information systems**



**Completed Outputs**

- Provide TA to finalize LIS guideline
- Mapping** of information systems



**Expected Outcomes**

- Interoperability between different electronic system and reporting platforms**

### Similar achievements from other countries

- Ethiopia:** trainings for genomic surveillance sample collection, aligned to updated national surveillance guidance
- Malawi:** initiated activation of Mzuzu Central Hospital as a sentinel site & trainings for genomic surveillance planned
- Tanzania:** preliminary assessment of eLIMS ordering system & integration of 2 electronic equipment management systems

### Challenges & Mitigation

- Complex communication channels**
- Multiple stakeholders (GF CT, RSSH, IPs, MOH) unable to engage directly
  - Direct channels established for some countries, though not all*
- Evolution of priorities**
- Original KPIs & country categorizations misaligned with MOH priorities
  - Re-categorized countries by new work areas & revised KPIs in development based on workplan milestones*





# Country Case-Study: CÔTE D'IVOIRE

Stellar support to finalize refined COVID-19 plan and inform the reinvestment process



**Workplan / Budgeting**

- Lack of **National COVID-19 response plan**
- Unclear priorities to include in **GF C19RM reprogramming**

- Developed **National COVID-19 Response Plan**
- **Updated GF C19RM reprogramming plan** to align with national priorities

Fully funded priority areas and **improve country absorption rates**

**Access to Testing**

Restricted access to testing with few testing sites & “routine testing” not implemented

**Initial implementation** of national COVID-19 Testing Strategy

**100% of the providers in target sites** have capacities strengthened for rapid screening

**Similar achievements from other countries**

- Burkina Faso:** work plan phase led to reinvestment of \$500k for critical PSM & systems strengthening activities beyond C19RM
- Lesotho** – identified \$525k in resources to supported key unfunded lab priorities including NLSP development & trainings
- Zambia** – Stellar informed C19RM reprogramming allocating \$4.5M in lab materials & key MOH priorities

**Challenges & Mitigation**

**Multi-tiered approval process**

- All plans must be validated by PR with feedback from RSSH lab team
- E.g., **Nigeria** has required cross-referencing of Stellar work with PR & 13+ SR workplans
- Workplans finalized with MOH in May still to be cross-referenced with parallel funding in **Malawi, Chad,** and others
- *New communication channels established between Lab Directorates and PRs*



# Two Test & Treat CMLIs

Enhancing early access to novel therapeutics for high-risk groups in LMIC, for routine case management of COVID-19 cases, and in preparedness for potential future surge

## 1) Project TNT (Test & Treat) – US\$5 million

- **Objectives:** Facilitate access to novel treatment. Provide technical assistance to integrate treatment into existing public health infrastructure.
- **Countries:** The initial focus is on Nigeria, Zambia and South Africa, as early adopters (US\$ 2M), but there is a possibility for other candidate countries to be supported (US\$3 million for additional demand and TA needs).
- **Partner:** Clinton Health Access Initiative (CHAI). Leveraging their work from Global Fund Project STELLAR, and with the Quick Start Consortium, CHAI will provide Technical Assistance to facilitate the access to the novel oral COVID-19 antivirals for the high-risk groups, for routine case management, and in preparedness for potential future surge.
- **Status:** Activities started in October. The project has four phases. Phase I (country readiness and gaps assessments) was completed end of November, and phase II is ongoing (introduction of new outpatient treatments into health systems).

## 2) Capacity for Central Procurement of Novel Therapeutics

- **Objective:** Limit the impact of COVID-19 on high-risk populations in LMIC settings, by enabling access to novel COVID-19 antivirals therapeutics: access to Paxlovid (nirmatrelvir/ritonavir).
- **Countries:** In particular, but not limited to, ~ 8100 doses will be used to support the T&T interventions in seven of ten USAID supported countries (Bangladesh, Botswana, Ghana, Lesotho, Malawi, Mozambique, Senegal) requesting Paxlovid Therapeutics. Procurement has been launched in December 2022.
- **Status:** Initial investment of US\$2 million. Currently, 20,000 treatment courses (Therapeutics) purchased from Pfizer, to support Test and Treat activities.

# Project TNT: Facilitating new product introduction and access to drugs



## Objective of Program

- **Limit the impact of COVID-19 on high-risk populations in LMIC settings** through Test and Treat integrated service delivery models.

## Key activities

- **Facilitate access to novel treatment**
- **Provide technical assistance to integrate treatment into existing public health infrastructure**

## Outcomes

- **Improved access to antigen testing and oral antivirals**
- Improved environment for **identifying and treating high-risk patients with oral antivirals**
- **Improved landscape for scale-up of test and treat models** with antigen testing and oral antivirals nationally/regionally

- Leveraging their work from the Global Fund's STELLAR project, the Clinton Health Access Initiative (CHAI), together with the Quick Start Consortium, will provide Technical Assistance to facilitate access to novel oral COVID-19 antivirals for high-risk groups. The initial focus is on Nigeria, Zambia and South Africa (US\$2 million), but there is a possibility for other candidate countries to be supported on demand (US\$3 million "set aside" for new TA demand).
- The Quick Start Consortium is composed by public and private sector partners and will support the introduction and scale-up of COVID-19 oral antivirals in 10 countries across Sub-Saharan Africa and Southeast Asia. In Nigeria, Zambia, and the Republic of South Africa (RSA), oral antivirals will be made available through Quick Start, while **Project TNT will facilitate new product introduction and access to drugs via novel integrated testing and treatment service models**. In addition, Duke/OSF co-financing in Quick Start will support operational research in Nigeria, South Africa, and Zambia, generating evidence to inform national and global scale-up of test and treat efforts.
- The ACT-A T&T partner coordination working group highly contributed to facilitate a general partnership approach, and the overall coordination of these activities.

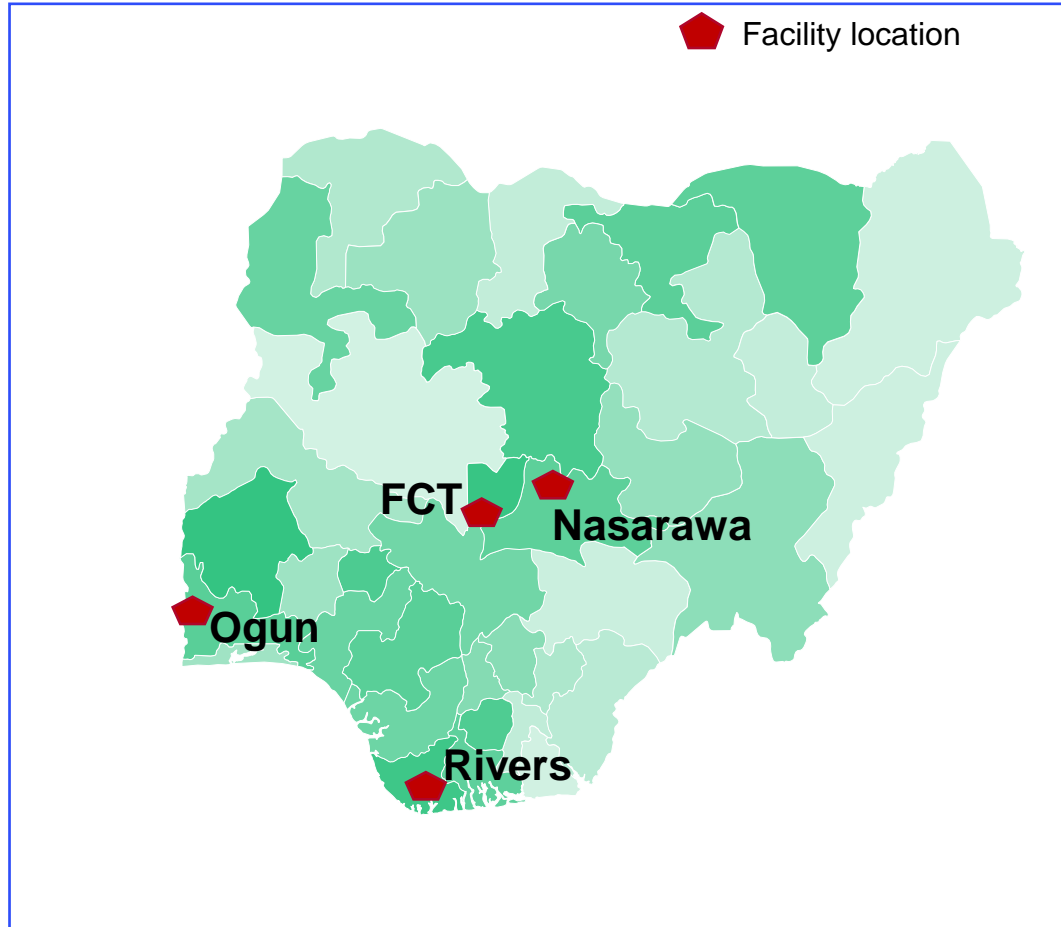
# CHAI's TA will be deployed in four phases



The project is comprised of **four phases** and defined by **activities tailored to each country's unique COVID-19 context**

<b>Activities</b>	
<b>Phase 1:</b> Readiness assessment and gap identification for introduction of new oral treatment options in country	<ul style="list-style-type: none"> <li>• Identify key implementation support needs for scaling-up COVID-19 treatment</li> </ul>
<b>Phase 2:</b> Introduction of new outpatient treatments into national health system	<ul style="list-style-type: none"> <li>• Support drug registration in country</li> <li>• Support MOH to update relevant national COVID-19 clinical guidelines and protocols</li> <li>• Facilitate training for service delivery</li> <li>• Ensure treatment data points are collected and integrated into HMIS</li> </ul>
<b>Phase 3:</b> Uptake of test and treat model and integration of new treatment options into national health system	<ul style="list-style-type: none"> <li>• Support MOH to develop national mapping of referral pathways for testing and linkage to care</li> <li>• Develop community engagement plan</li> <li>• Develop IEC materials for patients and providers</li> </ul>
<b>Phase 4:</b> Strengthen supply chain for treatment, secure long-term sustainability of the treatment pipeline	<ul style="list-style-type: none"> <li>• Support development of forecasting for COVID-19 antivirals</li> <li>• Develop oral antiviral generic entry procurement plan</li> <li>• Update / develop national strategy inclusive of new treatment strategy</li> </ul>

# Case Study: Nigeria



## Program overview

- **30 sites across 4 states** (including FCT), ~**28M** National high-risk population estimate.
- Selected facilities for roll-out will include **primary, secondary, and tertiary facilities**
- Current COVID-19 diagnostic and drug availability
  - **Diagnostic:** All program states offer both antigen testing and PCR tests using both open or closed platforms.
  - **Treatment:** Treatment is not yet available but will be available through the Paxlovid donation.

## Test and Treat Strategy

- Develop the relevant policy guidelines and create an enabling environment to implement test and treat.
- Explore collaborations to strengthen and leverage existing testing networks and build referral systems for positive, high-risk patients.
- Facilitate in-country access to COVID-19 treatment and accelerate end-user uptake.



# BOXER - Implementation Progress

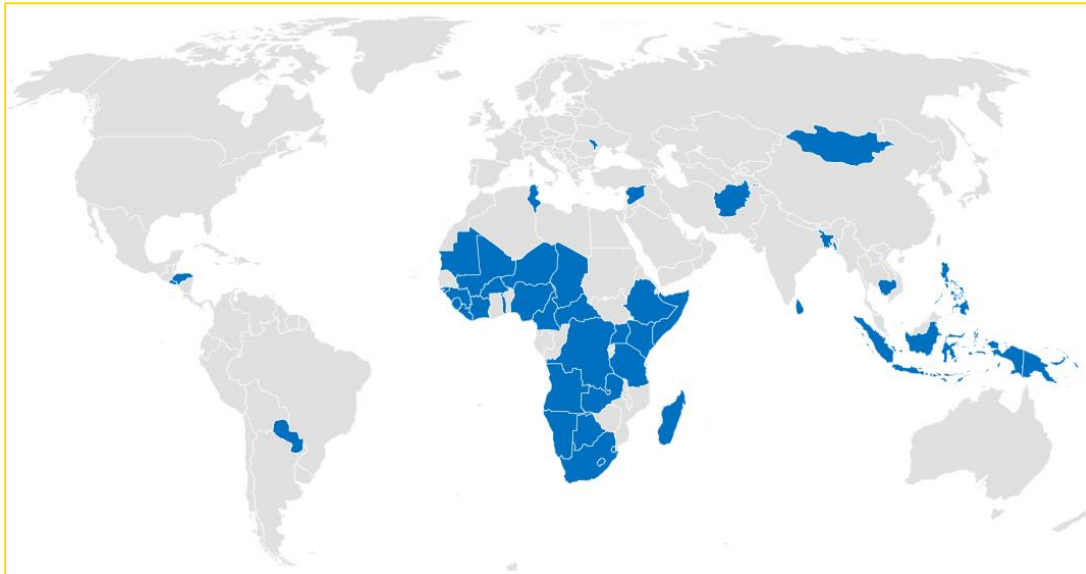
## Status Update

**45 countries** planning to invest US\$127m to procure 345\* PSA plants, have received Build Health International (BHI) Technical Assistance (TA) support as of 31 October 2022.

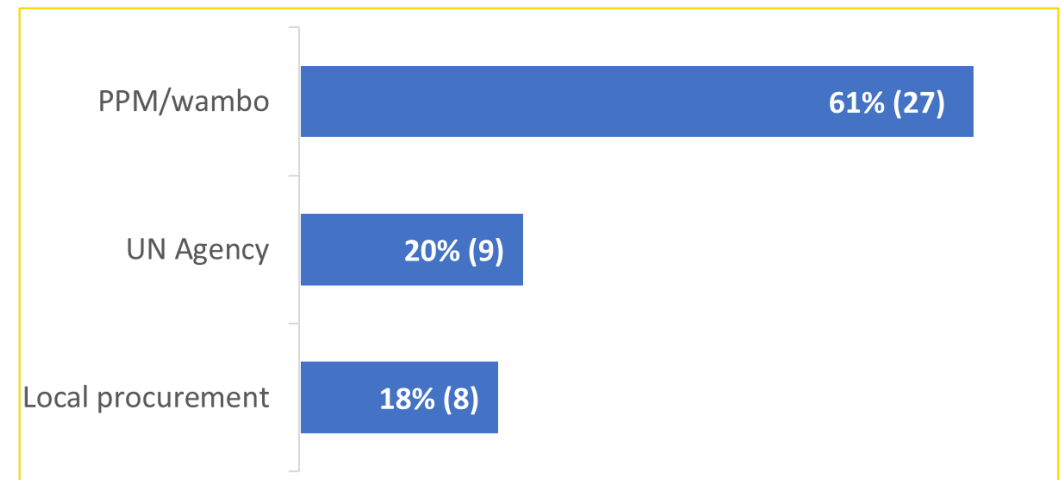
- This represents 83% (44\*\* out of 53) of countries with C19RM PSA investments, 63% of investments, and 88% of plants.
- 27 BHI-supported countries (60%) have agreed to re-channel their PSA procurements through PPM/wambo

**Complexity of TA support:** every country poses different challenges, and every site is a unique project.

### Countries receiving BHI TA



### Procurement Channel of BHI-supported countries



\* Includes 9 plants pending IC funding approval (2 in Cabo Verde, 1 in El Salvador and 6 additional in Côte d'Ivoire)

\*\* Guinea-Bissau is accessing BHI TA to support 2 non-C19RM-funded PSA plants



# TA focus shifting to site readiness and training support (Phases 2 and 3)

## Phase 1: Developing Plant Specifications

- Site assessment
  - Estimate oxygen demand
  - Determine plant configuration
  - Budget review
- Requires detailed information gathering from each site

## Phase 2: Site Readiness Work

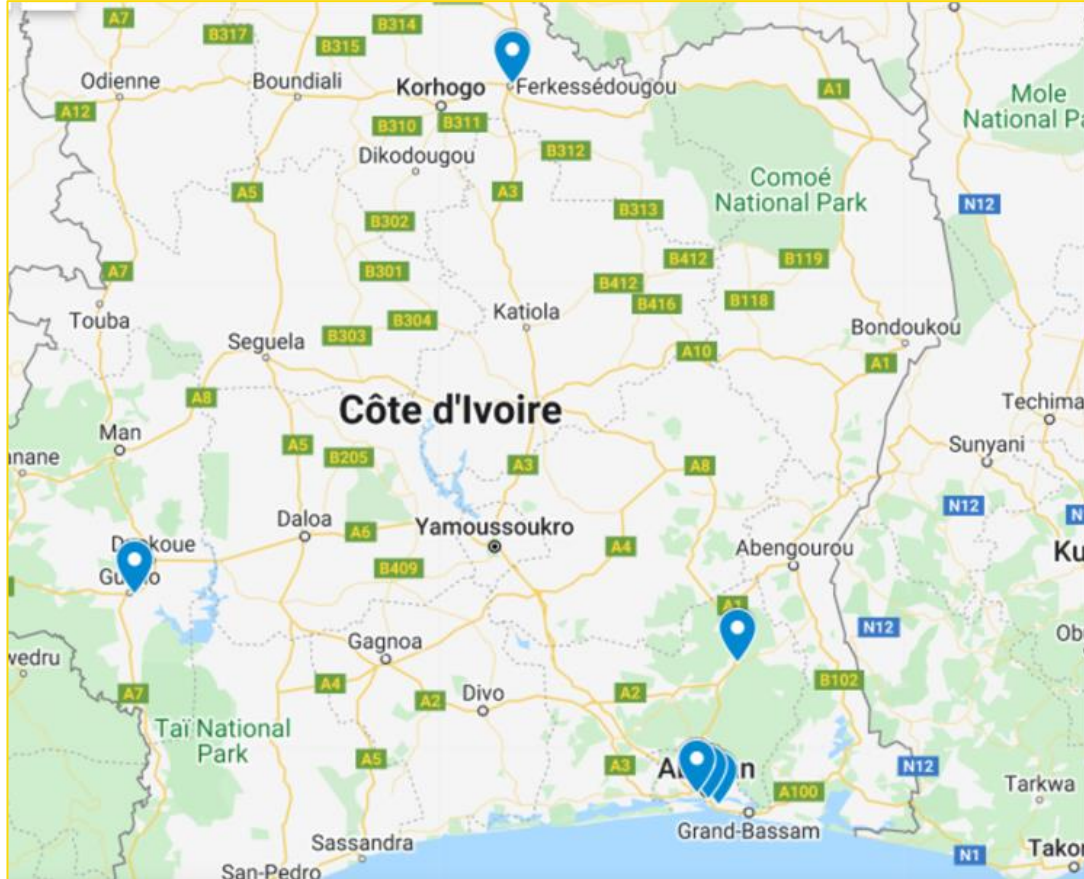
- Suitable operating environment
  - Electrical infrastructure
  - Piping network
  - Plant housing
- Usually requires civil-, electrical-, and/or supply system infrastructure work

## Phase 3: Training Plant Operators

- To operate and maintain plants, including preventive maintenance and repairs
  - To inventory and store commodities and spare parts
- Requires in-person training delivery



## Country Case-Study: CÔTE D'IVOIRE



### Country Success Story

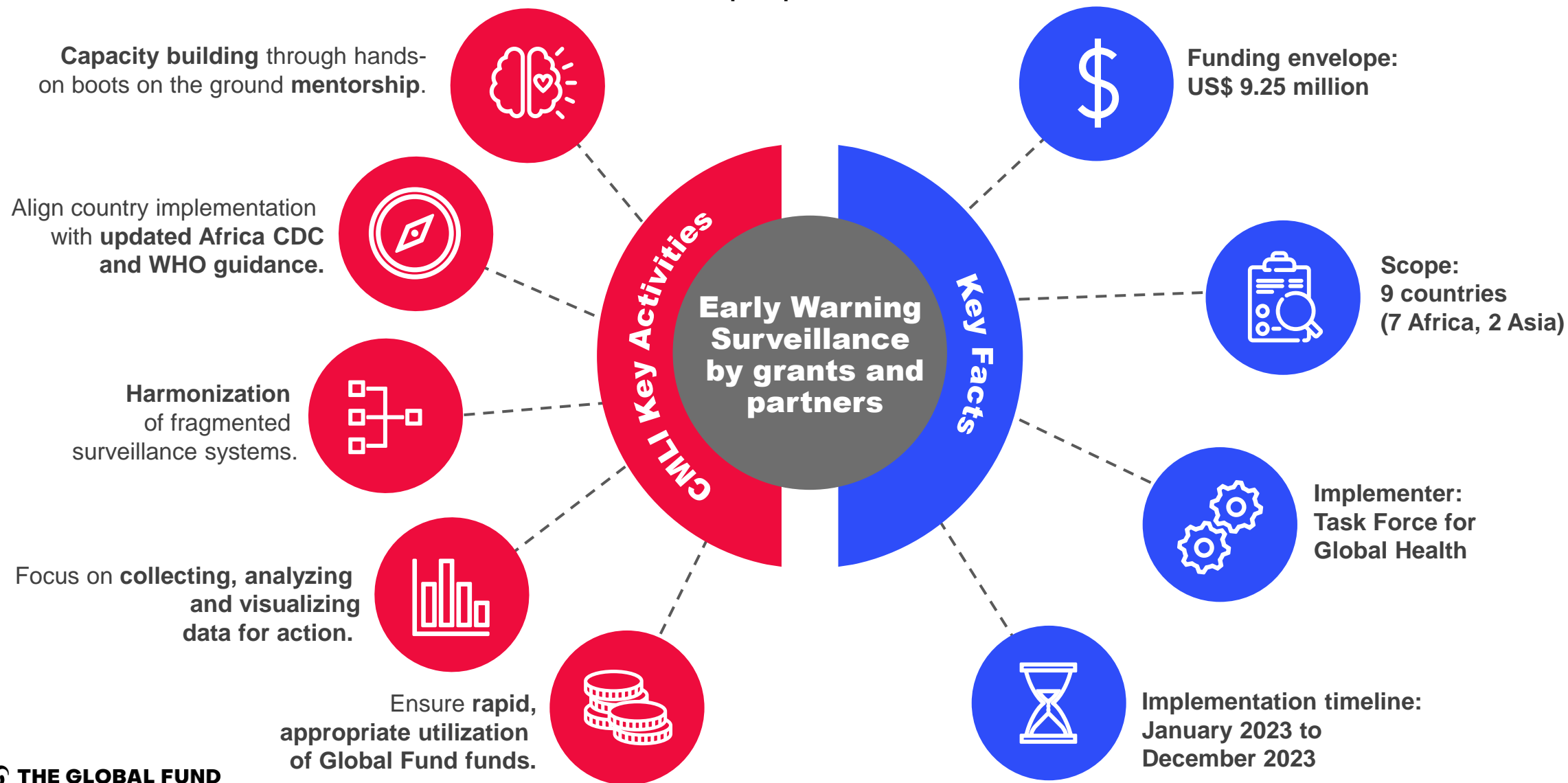
- TA initiated on January 20, 2022, and BHI mobilized engineers to assess the sites in March. The MoH agreed to implement the initial BHI recommended specifications (first issued in April of 2022) on August 2, 2022.
- BHI conducted in-person site assessments at **4 sites planning to procure PSA plants with C19RM investments** and visited **2 additional existing sites, on MoH request.**
- BHI then engaged with MoH to finalize the recommendations for plant capacity & configurations at **5 site locations.**
- During discussions to finalize PSA plant specifications the PR requested to procure plants with specifications and configuration that would have been technically, programmatically and financially unsustainable based on the assessed site characteristics and needs.
- Through extended support with multiple virtual meetings and written communications BHI, the Global Fund and PRs worked collaboratively with MoH to align with the initial TA recommendations, **saving US\$170,000 in equipment costs at each location (US\$850,000 total)** to be reinvested in more sustainable & impactful infrastructure for O2 delivery.



# CMLI Early Warning Surveillance



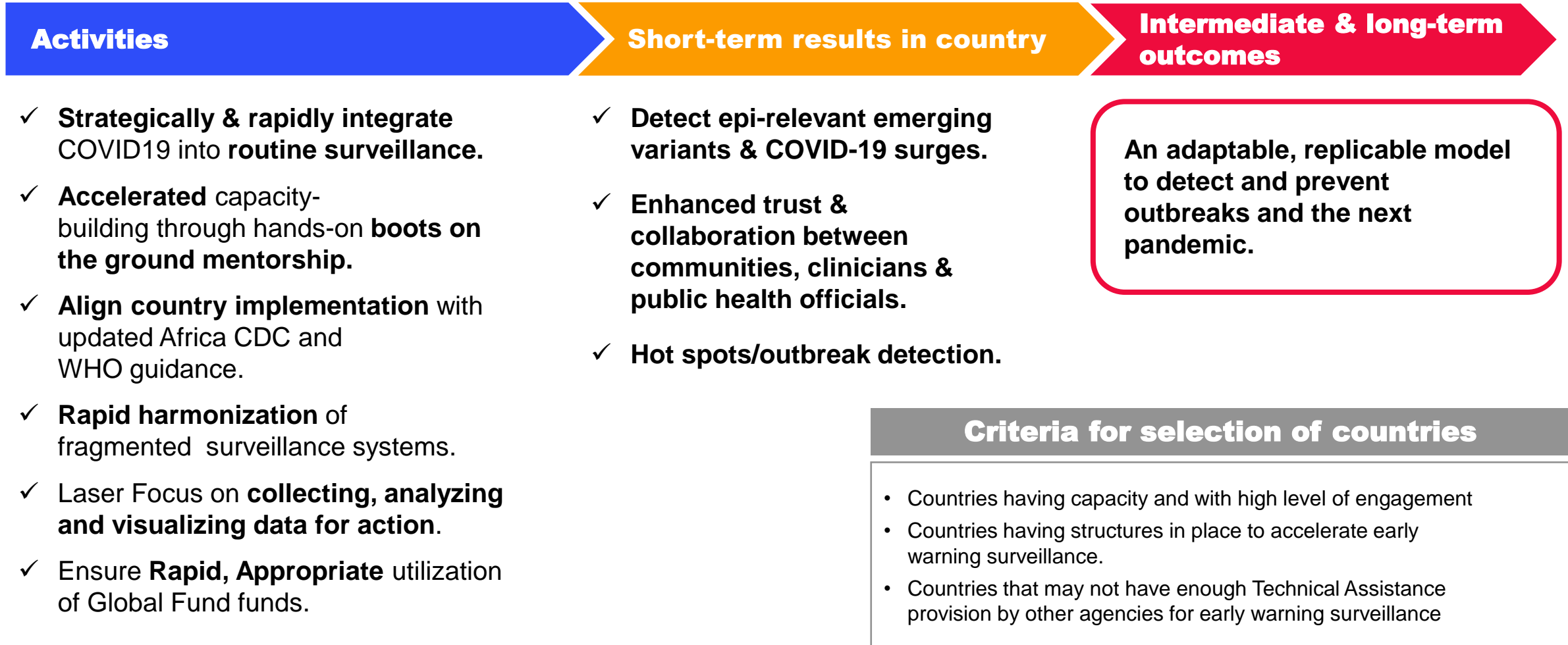
Provision of TA for COVID-19 surveillance and preparedness





# CMLI Early Warning Surveillance

Technical assistance is an Accelerator of replicable models



## Activities

- ✓ **Strategically & rapidly integrate** COVID19 into **routine surveillance**.
- ✓ **Accelerated** capacity-building through hands-on **boots on the ground mentorship**.
- ✓ **Align country implementation** with updated Africa CDC and WHO guidance.
- ✓ **Rapid harmonization** of fragmented surveillance systems.
- ✓ Laser Focus on **collecting, analyzing and visualizing data for action**.
- ✓ Ensure **Rapid, Appropriate** utilization of Global Fund funds.

## Short-term results in country

- ✓ **Detect epi-relevant emerging variants & COVID-19 surges**.
- ✓ **Enhanced trust & collaboration between communities, clinicians & public health officials**.
- ✓ **Hot spots/outbreak detection**.

## Intermediate & long-term outcomes

**An adaptable, replicable model to detect and prevent outbreaks and the next pandemic.**

### Criteria for selection of countries

- Countries having capacity and with high level of engagement
- Countries having structures in place to accelerate early warning surveillance.
- Countries that may not have enough Technical Assistance provision by other agencies for early warning surveillance

# Building Integrated Readiness for Community Health Workers



**When CHWs are trained, paid, supervised, equipped, protected, and linked to the health system, they play a vital role in enhancing prevention, detection, response to outbreaks, and maintenance of HIV, TB and malaria services**

## Reinvest C19RM funds in CHW

**Enhance countries responses** to COVID-19, boost pandemic preparedness capabilities, accelerate impact on HIV, TB and malaria, and align C19RM investments with the priorities of the 2023-2025 funding cycle.

## Strategic approach

**Improve the design and effectiveness of existing and upcoming GF investments in CHWs** for PP, HIV, TB and malaria mitigation and strengthening community systems and lay the groundwork for **well-designed FRs for NFM4**.

## Envelope

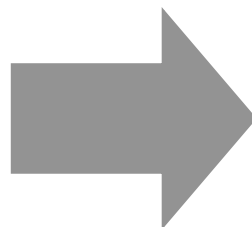
**US\$7,000,000** | 5-6 countries

## Implementers

Africa Frontline First lead institution and subcontracts to regional institutions and other providers

## Key Interventions

- **Intervention 1:** Tailored country and regional TA for CHW programming and financing based on needs
- **Intervention 2:** Investment in CHW programming (complementary to C19RM reinvestment and existing HIV, TB and malaria grants) aligned to WHO CHW guidance/guidelines and key shifts for GF strategy delivery
- **Intervention 3:** CHW programming assessment/benchmarking + South-South learning



## Expected Outcomes

- Enhanced design and implementation of CHW investments (**C19RM reinvestment, existing HIV, TB and malaria grants, NFM4 FRs**) aligned to WHO CHW guidance/guidelines and key shifts for GF strategy delivery
- CHW programs assessed, benchmarked and results **inform CHW investment (NFM4)**
- **Strengthened regional platforms** for CHWs programming