
Global Fund COVID-19 Response Mechanism

Funding Request Instructions

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Introduction

These instructions are intended to guide eligible applicants to complete the COVID-19 Response Mechanism (C19RM) Funding Request Form. These instructions should be read in conjunction with the [COVID-19 Response Mechanism Guidelines](#).

“Eligible applicants” are all countries, including regional/multicountry recipients¹, that are currently receiving funding from the Global Fund. All C19RM Funding Requests must be endorsed and submitted by CCMs (RCMs/ROs in multicountry contexts²) or as indicated in the C19RM Allocation Letter for non-CCM/RCM/RO contexts. Additionally, all C19RM Fast-track Funding Requests and COVID-19 control and containment interventions of C19RM Full Funding Requests should be endorsed by the national COVID-19 response coordinating bodies. For multicountry applications, this would apply to the participating countries of the multicountry, where the COVID-19 control and containment interventions are going to be implemented.

C19RM funding may only be used for the following types of interventions:

- i. **COVID-19 control and containment interventions**, including personal protective equipment (PPE), diagnostics, treatment, communications and other public measures as specified in WHO guidance;
- ii. **COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis and malaria**, including, but not limited to, support for COVID-19 interventions needed to safely implement campaigns, community and health facility-level HIV, TB and malaria programs, and additional delivery and procurement costs for HIV, TB and malaria programs where related to addressing COVID-19 disruptions; and
- iii. **Expanded reinforcement of key aspects of health systems, such as laboratory networks, supply chains and community-led response systems**, to address advocacy, services, accountability and human-rights based approaches.

C19RM funds cannot support the procurement of vaccines, or primarily focus on vaccine deployment. The [C19RM Technical Information Note](#) provides further guidance on this. While the use of C19RM for the procurement of PPE and for some health systems interventions (such as strengthening community health workers) may contribute to the implementation of countries’ vaccine deployment plans, GAVI and the World Bank are going to be the principal sources of external support to countries’ vaccine deployment efforts.

The C19RM Funding Request should build on the most recent data available and be guided by and be consistent with: (a) the National Strategic Preparedness and Response Plan for COVID-19 (NSPRP) (expected to be available in all countries, and ideally updated for 2021); (b) the Global Fund Technical Information Note; and (c) WHO guidance (including on COVID-19). C19RM funding is expected to be additional to existing funding in-country and should not supplant existing funding, whether for HIV, TB and malaria programming or for COVID-19 responses.

C19RM Funding Requests must be developed through appropriate, multi-sectoral consultation, and fully inclusive decision-making, which is critical to mitigating the impact of COVID-19. Applicants must engage communities and civil society, including communities most severely affected by COVID-19, and ensure coordination with the national COVID-19 response coordinating bodies. C19RM Funding Request development must include consideration of appropriate community, rights and gender-related interventions, in alignment with the Global Fund’s underlying principles of gender equity and human rights, and funding requests must articulate national HIV, TB and malaria program adaptation needs and how these needs will be covered.

The Global Fund sends each applicant a C19RM Allocation Letter confirming the potential C19RM amount available to them (C19RM Base Allocation). This amount will be additional to and distinct from the 2017-2019 and 2020-2022 allocations, and C19RM Award(s) received under the first phase of C19RM, where relevant (C19RM 2020). This amount is only a starting point for determining overall C19RM 2021 Award: applicants

¹ Any support for Global Fund ineligible countries that are part of multicountry grants, will be determined by the Global Fund on a case-by-case basis.

² Additionally, all RCM and RO applicants must provide evidence of endorsement from the CCMs (CCM Chair and Civil Society representative) of all the participating countries of the multicountry and regardless of where the C19RM interventions will be implemented.

are also asked to submit C19RM Above Base Allocation Requests, which will be reviewed and if approved, may be either funded immediately or registered as C19RM 2021 Unfunded Demand. Applicants will receive the application package from the Global Fund Country Team. Applicants should work with the Global Fund Country Team to identify the most appropriate submission window for their C19RM Full Funding Request and register for the selected window by contacting C19RM@theglobalfund.org two weeks after receipt of the C19RM Allocation Letter.

Applicants can request C19RM funding in two stages:

1. **C19RM Fast-track Funding Request:** Applicants can submit an initial C19RM application on an accelerated basis to support urgent needs for COVID-19 health products (including PPE, diagnostics, and therapeutics as set out in the optimal category within the [Health Product Segmentation Framework](#)) as well as costs relating to the effective deployment of such health products, including technical assistance.³ The amount of C19RM Base Allocation to be used to secure urgent COVID-19 health products through the Fast-track process will depend on individual country circumstances. As an indication, it is anticipated that at least half of the C19RM Base Allocation will be applied for through this Fast-track process, looking at the Global Fund portfolio as a whole; and
2. **C19RM Full Funding Request:** Following the C19RM Fast-track Funding Request, applicants can take further time to develop and submit the remainder of their C19RM Funding Request, which includes additional interventions as needed under the three eligible investment categories.

The C19RM Full Funding Request must also include any estimated available uncommitted funds and financial obligations⁴ (such as orders pending delivery) as at 30 June 2021 from the C19RM 2020 Award (where relevant). Further details are set out at Section 2.2 of the C19RM Full Funding Request Instructions.

While the C19RM Fast-track Funding Request process is intended to minimize the delay in deploying critical, basic elements to countries for their COVID-19 responses, it is optional. Applicants can choose to apply for C19RM funding through the C19RM Full Funding Request only. However, applicants are strongly encouraged to submit Fast-track Funding Requests to address urgent needs.

All C19RM Funding Request submissions (Fast-track and Full) should be sent to C19RM@theglobalfund.org with a copy to the relevant Global Fund Country Team.

The Global Fund accepts application documents in English, French or Spanish. The working language of the Secretariat is English. The Global Fund will translate only the funding request narrative and core application documents submitted in French or Spanish. Supplementary attachments can be submitted in the documents' original language but translation by the Global Fund will be limited to specific sections, within reason. As the Secretariat cannot ensure translations of all supplementary documents, applicants are encouraged to translate and submit the most critical attachments in English whenever possible. Applicants should contact the Global Fund Country Team for any questions related to translations.

The Global Fund will communicate any C19RM awards made to the applicant after appropriate approvals have been obtained.

Please refer to the [COVID-19 Response Mechanism Guidelines](#) for detailed timelines on the review and approval process for C19RM Funding Requests. Once C19RM awards are communicated to applicants, the process for translating the awards into grants can immediately start.

The Global Fund may publish or share information submitted as part of the C19RM Funding Request. For questions, please contact the relevant Global Fund Country Team.

³ Such costs include, but are not limited to, PSA fees, freight and insurance fees, QA/QC fees, custom clearance fees, in-country warehouse and storage costs, in-country distribution costs and other PSM related costs.

⁴ Financial obligations are current contractual obligations to pay an agreed amount of cash (i.e., as per signed contract and/or purchase order) to a third party for the provision of goods/services at a certain point of time in the future, i.e., the goods or services are yet to be received (per the Global Fund Guidelines for Grant Budgeting).

Completing the C19RM Funding Request

Summary Information

This information is used for data purposes:

	Requested Information
Country (or multicountry)	Country of the C19RM Funding Request (or list of countries, if multicountry request)
Principal Recipient(s), grant name(s) and Implementation Period(s)	<p>C19RM funding will be channeled through existing Principal Recipients (PR) and grants.⁵ The applicant is strongly encouraged to identify the most optimal existing implementation arrangements to facilitate the effective delivery of the C19RM interventions.</p> <p>Please include in this section the relevant entity or entities nominated by the applicant to implement the C19RM interventions, grant name and Implementation Period (IP). Accordingly, if the C19RM Funding Request is intended to apply to several grants (and IPs), please include the following details:</p> <ol style="list-style-type: none"> 1. [PR1 name], [grant name] – [IP1 start date] to [IP1 end date] 2. [PR1 name], [grant name] – [IP2 start date] to [IP2 end date] 3. [PR2 name], [grant name] – [IP start date] to [IP end date]
Planned start and end dates of the C19RM activities by grant	<p>Projected start and end dates for the C19RM activities by grant. Accordingly, if the C19RM Funding Request is intended to apply to several grants, please include the following details:</p> <ol style="list-style-type: none"> 1. [PR1 name], [grant name] – [IP1 start date] to [IP1 end date] – [start date] to [end date] for all activities associated with this grant 2. [PR1 name], [grant name] – [IP2 start date] to [IP2 end date] – [start date] to [end date] for all activities associated with this grant 3. [PR2 name], [grant name] – [IP start date] to [IP end date] – [start date] to [end date] for all activities associated with this grant <p>Please note that while C19RM funds are expected to be used as soon as possible to address urgent needs, the deadline for use of C19RM funds in all cases is 31 December 2023.</p>
Currency	Relevant currency as per the C19RM allocation letter (EUR or US\$). This should also be consistent with the grant currency.
C19RM Base Allocation amount	<p>The amount requested by the applicant, which should be up to the C19RM Base Allocation amount set out in the C19RM Allocation Letter.</p> <p>The amount entered in this section should be consistent across all application documents for the: (1) C19RM Fast-track Funding Request; and (2) C19RM Full Funding Request. Please include the amounts and funding request submission dates for each.</p>
C19RM Above Base Allocation amount	<p>Amount requested above the country's C19RM Base Allocation. The C19RM Above Base Allocation should only be submitted as part of the C19RM Full Funding Request.</p> <p>The amount entered should be consistent across all application documents for the C19RM Full Funding Request.</p>

⁵ New implementers may be considered in exceptional circumstances, subject to satisfactory assurance arrangements and ability to implement proposed interventions with speed. Applicants should contact relevant Global Fund Country Team as soon as possible if new implementers are being considered. Please refer to Section 1 of the [COVID-19 Response Mechanism Guidelines](#) for further details.

Section 1. C19RM Fast-track Funding Request (PPE, diagnostics and therapeutics⁶ and costs relating to the effective deployment of such health products, including technical assistance)

The C19RM Fast-track Funding Request applies to the urgent procurement of COVID-19 health products, including PPE, diagnostics and therapeutics and costs associated with the effective deployment of those health products. This includes, but is not limited to, Procurement Service Agent (PSA) fees, freight and insurance fees, quality assurance and/or quality control (QA/QC) fees, custom clearance fees, in-country warehouse and storage costs, in-country distribution costs and other procurement and supply management (PSM) related costs, as well as technical assistance to support the effective deployment of COVID-19 health products.

The specific health products eligible for approval through the C19RM Fast-track Funding Request are set out in the optimal category within the [Health Product Segmentation Framework](#) and further clarified in the [C19RM Technical Information Note](#). **The C19RM Allocation Letter provides guidance on the amount of the C19RM Base Allocation which can be applied for via the C19RM Fast-track Funding Request.**

The applicant only needs to complete the summary page and Section 1 of the C19RM Funding Request form for the Fast-track Funding Request.

Recommended length for this response: 2 pages

1.1 Funding priorities

This section allows applicants to explain why these health products have been prioritized under the C19RM Fast-track Funding Request. Please confirm that this Funding Request is consistent with the [C19RM Technical Information Note](#), the [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#) and WHO guidance and explain how the activities support the NSPRP (ideally updated for 2021).

Finally, please indicate whether the national COVID-19 response coordinating bodies, HIV, TB and malaria programs (as relevant), central medical stores (or equivalent), departments of pharmaceutical services and drug management agencies, as appropriate in each country, and laboratory programs were consulted when preparing the C19RM Fast-track Funding Request and how their input was considered to ensure consistency of this request with the NSPRP and updated operational and financial gaps, needs, and priorities.

1.2 Program implementation arrangements

This section is critical for the Global Fund to understand what program implementation arrangements are in place for the procurement and deployment of the requested health products. Please provide details on:

- a. **Implementation arrangements:** The relevant implementers (Principal Recipient(s), Sub-recipient(s) and other implementing entities), including under which grants, will be responsible for implementing these activities as well as the procurement channels that would apply (PPM/wambo or country/PR process) (including by reference to an implementation map, where available).
- b. **Efficient program delivery:** Briefly describe the strategy or approach for facilitating availability of diagnostics, PPE and other COVID-19 health products to the various service delivery points and intended beneficiaries. Please also explain the reporting systems in place to monitor the programmatic coverage and use of the products.
- c. **Health products management:** The planned mechanisms for the procurement of COVID-19 health products. Describe entities responsible for forecasting/quantification, procurement, storage and distribution and monitoring of supply availability and use of COVID-19-specific health products to beneficiaries and service delivery sites (and clarify if these are different from current HIV, TB and malaria service delivery points). Please include a summary of in-country supply chain risks foreseen, including quality assurance and any regulatory barriers.

⁶ As set out in the optimal category within the [Health Product Segmentation Framework](#).

As is detailed in the [C19RM Technical Information Note](#) and the [COVID-19 Response Mechanism Guidelines](#), a three-category framework for Health Products has been developed that describes the sourcing of products with different dynamics:

- **Strategic Health Products** are products that are scarce on the global market, where pooling of demand is essential to secure volumes so that they are not lost to high income markets. For Strategic Health Products, the following procurement channels are available in order of priority⁷:
 1. the Global Fund's PPM/ wambo.org; or
 2. existing UN entity procurement channel where the UN entity is also Principal Recipient, provided the Principal Recipient agrees to provide monthly reporting on visibility from procurement to delivery.

- **Mainstream Health Products** are products where supply is tight or fragile and enhanced visibility of progress is needed. For Mainstream Health Products, Principal Recipients are strongly encouraged to use PPM/wambo.org. If Principal Recipients elect not to use PPM/wambo.org, they can request to procure the Mainstream Health Products through:
 1. national sourcing channels, provided the Principal Recipient agrees to provide to the Global Fund:
 - procurement performance assurance (including on quality, speed, volume, price and overall risk); and
 - monthly reporting on visibility from procurement to delivery.
 2. existing pooled procurement channels for the grant (GDF, PAHO, UNICEF, UNDP etc.). In such cases, the Global Fund will work with the Principal Recipient to obtain:
 - procurement performance assurance (including on quality, speed, volume, price and overall risk); and
 - monthly reporting on visibility from procurement to delivery.

- **Local Sourcing Advised Health Products** are products which are general low value bulky and/or hazardous products such as alcohol and bleach, or those for which contracting of a local contractor is preferred, for example, for supply of some oxygen interventions. For Local Sourcing Advised Health Products, PPM/wambo.org may support on low value items if no sources are available at the country or sub-regional level.

If a Principal Recipient elects not to use PPM/wambo.org for Strategic and Mainstream Health Products, the applicant is requested to explain why PPM/wambo.org is not used in the C19RM Funding Request and what measures are in place to ensure procurement performance (quality assurance compliance, speed, volume, price and overall risk management). The procurement channels, reporting and other requirements for the three product categories above (as relevant) are subject to the C19RM Investment Committee's review and approval.

Further details on which products fall into each category can be found at <https://www.theglobalfund.org/en/covid-19/health-product-supply/procurement-advice/>.

⁷ The C19RM Investment Committee may consider alternative procurement channels proposed by the applicant, in exceptional circumstances only.

1.3 Attachments supporting the C19RM Fast-track Funding Request

Along with the completed summary information and Section 1 of the C19RM Funding Request form, please ensure that the following documents are completed and attached:

- a. **Funding Request C19RM Budget (C19RM Consolidated Budget)** indicating the relevant implementer (and grant) for individual activities. To complete the Budget, refer to the [Instructions for Completing the C19RM Budget Template](#), [Guidelines for Grant Budgeting](#), [Guidelines for Grant Budgeting](#) and the [Operational Policy Note on Support Costs/Indirect Cost Recovery \(ICR\) Policy for Non-Governmental Organizations](#). **The Budget template is provided by the Global Fund Country Team.**
- b. **Quantification or needs assessment for COVID-19 health products**, including contribution and projected pipeline from domestic and other sources of funding which informed the C19RM Fast-track Funding Request. This should include current stocks of requested products and any pending or planned procurements. The applicant can submit this information in any format, specifying needs as well as available and projected contributions from each source of funding.

For quantification of COVID-19 health products, please reference any standard quantification tool (e.g. WHO COVID-19 Essential Supplies Forecasting Tool) or a nationally agreed tool used. If not available or used to date, then the applicant should link the quantifications to the available national pandemic progression modelling data for future projections building on 2020 data (ideally from national COVID-19 response coordinating bodies) to rationalize the demand and forecast referencing NSPRP etc. Such a national quantification or needs assessment should lead to a sub-set of quantities to be filled in the C19RM Health Products Management Template (C19RM HPMT), accounting for domestic and other donor-funding as well.

Main COVID-19 activities	Information to be shared with the C19RM Fast-track Funding Request if a standard quantification tool is not available	
Testing	<ul style="list-style-type: none"> • COVID-19 National Testing Strategy, including number of PCR machines and Antigen Rapid Diagnostics tests (Ag-RDT) strategy, plans for optimizing testing on different platforms • Estimated number of tests for xx months • Assumptions of the quantity of equipment/PPE for testing or estimated monthly consumption 	<ul style="list-style-type: none"> • In-country stock • Pipeline quantities • Future domestic and other donor-funded health products being planned and/or estimated
Infection and Prevention Control (IPC)	<ul style="list-style-type: none"> • Estimated number of Health Care Workers and population covered for xx months • Estimated number of Health Facilities and/or communities covered for xx months • Assumptions of the quantity of equipment/PPE for IPC or estimated monthly consumption 	percentage of Global Fund request
Treatment	<ul style="list-style-type: none"> • Estimated number of Health Care Workers covered for xx months • Estimated number of patients covered for xx months, served with oxygen services/corticosteroid • Assumptions of the quantity of health products or estimated monthly consumption • Assumptions of the quantity of equipment/PPE or estimated monthly consumption 	

Useful References:

- [WHO COVID-19 Essential Supplies Forecasting Tool \(ESFT\)](#) (in English and Russian only)
- WHO – [COVID-19 PPE webpage](#)
- WHO - [Technical specifications of personal protective equipment for COVID-19](#)
- [WHO interim guidance on Rational use of personal protective equipment for coronavirus disease \(COVID-19\) and considerations during severe shortages](#)
- [WHO List of priority medical devices for COVID-19 case management per level](#)
- [WHO Corticosteroids for COVID-19](#)

- c. **COVID-19 National Testing Strategy**, where available, should be attached.
- d. **[C19RM Health Products Management Template](#)**, capturing in detail on a grant by grant basis all health products and health technologies, in addition to key assumptions on quantities and costs that will be financed through the Global Fund. For each health product, the list specifies: technology and service, the estimated quantities (and frequency) to be procured for each year of the implementation period, the estimated reference unit price, and PSM costs related to the products management for treatment, diagnosis, care and prevention.

The C19RM HPMT is designed to capture all major supporting information used as assumptions for the quantifications related to the procurement of health products, services and their management costs. As mentioned in the C19RM HPMT, any additional relevant information (such as National Treatment and/or Testing Strategy and Algorithms, Forecast and Quantification National Report, stock and pipeline reports and health technology roll-out plan) can be submitted in a format that is suitable to each applicant.

For more information on how to fill in the C19RM HPMT, please refer to the instructions tab within the template. Please note that health products and associated costs (PSA fees, freight and insurance fees, QA/QC fees, custom clearance fees, in-country warehouse and storage costs, in-country distribution costs and other PSM related costs, all covered under Cost Category 7) should be included in (a) COVID-19 control and containment interventions; and (b) COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis and malaria. Health Product Management system strengthening activities (e.g., Health Product Management/Supply Chain (HPM/SC) governance, regulation, storage and distribution capacity and waste management) should be included in (c) Expanded reinforcement of key aspects of health systems, such as laboratory networks, supply chains and community-led response systems.

The C19RM HPMT is required for all applicants.

- e. **[CCM Endorsement of the C19RM Fast-track Funding Request](#)** (RCMs/ROs in multicountry contexts⁸). The Global Fund requires evidence of endorsement of the final C19RM Fast-track Funding Request by all CCM members, or their designated alternate(s), if the respective CCM member(s) is not available. CCM members unable to sign the endorsement of the C19RM Fast-track Funding Request may send an endorsement email to their CCM Secretariat to be submitted to the Global Fund as an attachment. In cases where a CCM member is unwilling to endorse the C19RM Fast-track Funding Request, that member should inform the Global Fund in writing (to C19RM@theglobalfund.org) stating the reason for not endorsing the C19RM Fast-track Funding Request, so the Global Fund can understand the member's position.
- f. **Endorsement by the national COVID-19 response coordinating body⁹**. Their endorsement can be in the form of an email sent to the CCM Secretariat to be submitted to the Global Fund as an attachment to the C19RM Fast-track Funding Request.

⁸ Additionally, all RCM and RO applicants must provide evidence of endorsement from the CCMs (CCM Chair and Civil Society representative) of all the participating countries of the multicountry and regardless of where the C19RM interventions will be implemented.

⁹ For multicountry applications, this only applies to the participating countries of the multicountry where COVID-19 control and containment interventions will be implemented.

- g. A copy of the **National Strategic Preparedness and Response Plan (NSPRP) for COVID-19 and budget** (ideally for 2021).

Section 2. C19RM Full Funding Request

The applicant only needs to complete the summary page and Section 2 of the C19RM Funding Request form for the C19RM Full Funding Request. As mentioned on page 1, the C19RM Full Funding Request must be completed and submitted to the Global Fund by submission window dates indicated in the C19RM Allocation Letter.

2.1 Context

Recommended length for this response: 2 pages

2.1.1 Country context: The applicant is asked to briefly describe the key country context factors that informed the development of the C19RM Full Funding Request. Details should be provided on the following:

- a. COVID-19 current epidemiological context, its evolution and future projections based on the latest available data (please include sources where applicable). Please note that any analysis should be done on a disaggregated basis (e.g. by age and gender, and specific vulnerable groups) in order to facilitate prioritization.
- b. the impact of COVID-19 on the overall health system, including the impact on continuity of services, particularly for key and vulnerable populations;
- c. the role civil society is playing in each country's overall COVID-19 response; and
- d. the challenges encountered in the COVID-19 response to date.

All referenced documents (including the NSPRP) should be attached to the C19RM Full Funding Request. Please include a consolidated list of attached documents as an annex to the C19RM Funding Request form. Please refer explicitly to the relevant sections and pages of these documents which would assist the Global Fund's review of the application.

2.1.2 Meaningful stakeholder engagement: It is essential that the applicant consults with, at minimum, the following stakeholders during the development of this funding request:

- a. The national control programs for HIV, TB and malaria;
- b. Central Medical Stores (or equivalent body);
- c. Laboratory programs;
- d. Technical and Bilateral Partners;
- e. **Civil society and key and vulnerable populations** (including both CCM members and non-CCM community representatives); and
- f. Communities most severely affected by COVID-19.

Meaningful stakeholder engagement can be ensured through:

- a. the organization of C19RM Full Funding Request development consultations, stakeholder meetings, technical working groups, and constituency groups;
- b. sharing the C19RM Full Funding Request drafts with the various stakeholders and requesting written contributions; and
- c. making public announcements using print media, television, radio, internet or email announcements inviting stakeholders to participate and contribute to the development of the C19RM Full Funding Request.

These activities can be supported through firstly leveraging existing CCM funding amounts. Additional resources to address the needs for expanded engagement, not only with national COVID-19 response coordinating bodies, but also civil society and communities, may be awarded, as relevant. Where additional funding is needed to support a meaningful country dialogue and an inclusive C19RM Full Funding Request, the applicant and the Global Fund Country Team are advised to consult with the Global Fund CCM Hub in the first instance.

Since health systems investments contribute to future pandemic preparedness, CCMs are requested to ensure appropriate involvement of relevant actors (e.g. International Health Regulations (IHR) focal

points) and alignment with relevant plans where available (e.g. the National Action Plan for Health Security).

CCM dialogue may also engage additional technical experts as needed to facilitate epidemiological analysis, integration and alignment between the C19RM Full Funding Request and national priorities.

Please provide details on how these stakeholders were engaged in the development and decision-making in the C19RM Full Funding Request.

- 2.1.3 **Coordination with national COVID-19 response coordinating bodies:** Indicate how the national and sub-national COVID-19 response coordinating bodies have been consulted in the development of the C19RM Full Funding Request and how their inputs were used to inform the decision-making process on the proposed C19RM activities / interventions. The applicant must also provide an overview of the future involvement of these actors in the implementation of the C19RM activities if the funding is approved. Note that COVID-19 control and containment interventions of the C19RM Full Funding Request need to be endorsed by the national COVID-19 response coordinating body.

2.2 Implementation of C19RM 2020 award (if applicable)

Recommended length for this response: 2 pages

- 2.2.1 Only complete this section if the applicant has received a **C19RM 2020 Award(s)**. Otherwise, mention “N/A”.

With respect to C19RM 2020 Award, please indicate on a grant by grant basis how much of the total award has already been spent and committed as well as estimated available uncommitted funds and financial obligations as at 30 June 2021.¹⁰ The estimated financial obligations and proposed activities to use uncommitted funds from the C19RM 2020 Award must be included in the Funding Request C19RM Budget (C19RM Consolidated Budget).

If a Principal Recipient with remaining C19RM 2020 funding as at 30 June 2021 is not expected to implement C19RM 2021 activities, the applicant is requested to include a plan for use of the remaining C19RM 2020 funding, either by transferring this amount to another Principal Recipient or by proposing a timebound transitional arrangement for use of these funds.

- 2.2.2 Reflecting on the experience from the C19RM 2020 award, applicants are encouraged to describe the lessons learned and challenges if encountered from the past award (e.g. implementation delays, or bottlenecks in service delivery and issues related to monitoring and evaluation, reporting completeness and health information issues) and how these were applied to inform the development of this C19RM Full Funding Request. This includes a reflection of successes and challenges in implementing the activities set as part of the C19RM 2020 award. For example, applicants could describe what worked well and can be replicated or enhanced, what approaches did not deliver anticipated results and hence will be amended, and how obstacles or limitations will be addressed to increase the outcomes and impact of the response.

¹⁰ Please refer to Section 2.1.1 of the Global Fund Guidelines for Grant Budgeting for the definition of “financial commitments” and “financial obligations”.

2.3 Funding Request and prioritization

NOTE: Applicants are advised to become familiar with the Funding Request C19RM Budget template, C19RM Funding Landscape Table, [COVID-19 Modular Framework](#), and the [COVID-19 Technical Information Note](#), prior to filling in Section 2.3.

Recommended length for this response: 3 pages

- 2.3.1 (*Where relevant*) Applicants are invited to describe the disruption to **HIV** services (particularly for key and vulnerable populations) and if the Global Fund supported HIV program already included funding for adaptations to the COVID-19 context in order to address critical gaps arising as a result of COVID-19. Applicants are requested to consider all available sources of data on service disruption including facility surveys, community-led monitoring (CLM) and grant performance.
- 2.3.2 (*Where relevant*) Applicants are invited to describe the disruption to **TB** services (particularly for key and vulnerable populations) and if the TB program already included funding for adaptations to the COVID-19 context in order to address critical gaps arising as a result of COVID-19. Applicants are requested to consider all available sources of data on service disruption including facility surveys, CLM and grant performance.
- 2.3.3 (*Where relevant*) Applicants are invited to describe the disruption to **malaria** services (particularly for key and vulnerable populations) and if the malaria program already included funding for adaptations to the COVID-19 context in order to address critical gaps arising as a result of COVID-19. Specifically, indicate if the country has a malaria campaign during this period (IRS, ITN and/or SMC). If so, indicate if the relevant PPE and adaptations are part of this request or if these are covered through Global Fund grant funds and/or other funding sources, or if there is insufficient funding. Applicants are requested to consider all available sources of data on service disruption including facility surveys, CLM and grant performance.
- 2.3.4 Applicants should describe the impact of COVID-19 on **gender-based violence and human rights**. This may include physical, sexual, psychological or economic harm or suffering directed to a person because of their gender and/or inequities that hinder access to HIV, TB and malaria and COVID-19 programs and services such as harassment, stigma and discrimination. If the C19RM Full Funding Request does not include interventions to respond to identified community, rights and gender (CRG) gaps, challenges and needs, please include details of how they are being addressed through other resources.
- 2.3.5 Applicants should explain the applicant's approach to **prioritize interventions** and activities and link the C19RM Full Funding Request to the NSPRP's pillars. The prioritization approach should be related to the country context and based on the elements prioritized in the NSPRP (as applicable), or guided by other considerations, such as the current epidemiological situation and future projections.
- 2.3.6 Using the tables provided, the applicant is requested to provide a brief description/justification for the selected interventions and relevant key activities proposed under the C19RM Base Allocation portion of the C19RM Full Funding Request. Please confirm that the request is consistent with the [C19RM Technical Information Note](#), along with the WHO guidance and how they support the NSPRP.

This section allows applicants to elaborate on the interventions and activities prioritized for funding under each category. The below information should be completed for each intervention. The applicant is requested to add lines (Intervention name/key activities; Rationale; Expected outcome; Expected Investment) for each proposed intervention:

Intervention & Key activities	List of interventions in accordance with their priority for this request. List only Key/High priority activities.
Rationale	Description of analysis/reasons that led to prioritizing this intervention/key activities.
Expected Outcome	Description of the effect of this intervention/key activities on key affected populations and/or health systems.
Expected Investment	Indication of the proposed Global Fund funding amount for this intervention. Please reference the C19RM Consolidated Budget to complete this field.

The interventions should be aligned with the [COVID-19 Modular Framework](#) and the Funding Request C19RM Budget and divided as follows:

- a. **COVID-19 control and containment interventions¹¹** should be consistent with the [C19RM Technical Information Note](#), WHO technical guidance and form part of the NSPRP. In line with the [COVID-19 Modular Framework](#), interventions included under this category are the following:
 1. Country-level coordination and planning (NSPRP Pillar 1);
 2. Risk communication (NSPRP Pillar 2);
 3. Surveillance – Epidemiological investigation and contact tracing (NSPRP Pillar 3);
 4. COVID-19 diagnostics and testing (NSPRP Pillar 5);
 5. Infection prevention and control and protection of the health workforce (COVID-19) (NSPRP Pillar 6); and
 6. Case management, clinical operations and therapeutics (NSPRP Pillar 7).

- b. **COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis and malaria (NSPRP Pillar 9)** should be informed by the [C19RM Technical Information Note](#). This [link](#) contains Global Fund information notes on HIV, TB, malaria and RSSH, as well as complementary guidance from partners providing specific recommendations on how to ensure the continuity of disease programs and people’s access to essential services through the COVID-19 crisis.

- c. **Expanded reinforcement of key aspects of health systems and community-led response systems** should focus on interventions required to adapt to COVID-19, enabling the maintenance and impact of existing HIV, TB and malaria programs, and supporting the country’s COVID-19 response. These interventions should draw on the [C19RM Technical Information Note](#). In line with the [COVID-19 Modular Framework](#), interventions included under this category are the following:
 1. Surveillance systems (NSPRP Pillar 3);
 2. Laboratory systems (NSPRP Pillar 5);
 3. Health Product Management and Waste management systems (NSPRP Pillar 6);
 4. Gender-based violence prevention and post violence care;
 5. Respond to human rights and gender related barriers to services;
 6. COVID-19 CSS: Community-led monitoring;
 7. COVID-19 CSS: Community-led advocacy and research;
 8. COVID-19 CSS: Social mobilization; and
 9. COVID-19 CSS: Community-based organizations institutional capacity building.

The applicant should note that health products and associated costs (PSA fees, freight and insurance fees, QA/QC fees, custom clearance fees, in-country warehouse and storage costs, in-country distribution costs and other PSM related costs, all covered under Cost Category 7) should be included in (a) COVID-19 control and containment interventions, and (b) COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis and malaria. Health Product Management

¹¹ Requires endorsement by the national COVID-19 response coordinating body. For multicountry applications, this only applies to the participating countries of the multicountry where these interventions will be implemented.

system strengthening activities (e.g., HPM/SC governance, regulation, storage and distribution capacity and waste management systems) should be included in (c) Expanded reinforcement of key aspects of health systems and community-led response systems.

- 2.3.7 Applicants are encouraged to submit a prioritized and ambitious expression of demand, going beyond the initial allocated amount using the tables provided in the C19RM Funding Request form, the applicant is requested to provide a brief description/justification for the interventions and relevant key activities proposed under the **C19RM Above Base Allocation Request** portion of the C19RM Full Funding Request in a prioritized manner. Interventions should be organized in order of importance for program results from high to medium to low. Indicate how these complement the activities proposed to be implemented under the C19RM Base Allocation portion of the C19RM Full Funding Request.

2.4 Implementation arrangements

Recommended length for this response: 2 pages

- 2.4.1 Prior to making any C19RM awards, the Global Fund will review the risk mitigation measures in place during implementation to ensure efficient and effective delivery of the approved interventions and/or activities. Accordingly, the applicant is asked to provide details on the proposed implementation arrangements, including Principal Recipient(s) and Sub-recipient(s) (and any other implementing entity), and how they will support the efficient delivery of the program.

Principal Recipient(s) and Sub-recipient(s) should preferably be existing Global Fund implementers, who are implementing a Global Fund grant at the time of the application¹². New implementers may be considered by the Global Fund in exceptional circumstances, subject to satisfactory assurance arrangements and ability to implement proposed interventions with speed. Please refer to section 1 of the [COVID-19 Response Mechanism Guidelines](#) for further details.

The applicant should also include details regarding the following:

a) **Health products management:**

- i. How different categories of health products will be managed (including forecasting/quantification, procurement, storage, distribution and tracking through LMIS systems) and distributed to service delivery sites (including laboratories) and to final beneficiaries after the items are procured and received in-country;
- ii. Whether these procurement, storage and distribution mechanisms are the same / different to the current HIV/TB/malaria service delivery points under the existing Global Fund grants; and
- iii. Health products management risks foreseen (if any) by the applicant in consultation with relevant stakeholders (such as risks related to quality assurance, regulations and registration, in-country supply chain, national protocols/recommendations, laboratory systems and waste management).
- iv. As is detailed in the [C19RM Technical Information Note](#) and the [COVID-19 Response Mechanism Guidelines](#), a three-category framework for Health Products has been developed that describes the sourcing of products with different dynamics:

¹² This includes recipients of funding under the approach for engagement with non-eligible countries in crisis approved by the Board through GF/B39/DP04.

- **Strategic Health Products** are products that are scarce on the global market, where pooling of demand is essential to secure volumes so that they are not lost to high income markets. For Strategic Health Products, the following procurement channels are available in order of priority¹³:
 - a. the Global Fund's PPM/ wambo.org; or
 - b. existing UN entity procurement channel where the UN entity is also Principal Recipient, provided the Principal Recipient agrees to provide monthly reporting on visibility from procurement to delivery.

- **Mainstream Health Products** are products where supply is tight or fragile and enhanced visibility of progress is needed. For Mainstream Health Products, Principal Recipients are strongly encouraged to use PPM/wambo.org. If Principal Recipients elect not to use PPM/wambo.org, they can request to procure the Mainstream Health Products through:
 - a. national sourcing channels, provided the Principal Recipient agrees to provide to the Global Fund:
 - procurement performance assurance (including on quality, speed, volume, price and overall risk); and
 - monthly reporting on visibility from procurement to delivery.
 - b. existing pooled procurement channels for the grant (GDF, PAHO, UNICEF, UNDP etc.). In such cases, the Global Fund will work with the Principal Recipient to obtain:
 - procurement performance assurance (including on quality, speed, volume, price and overall risk); and
 - monthly reporting on visibility from procurement to delivery.

- **Local Sourcing Advised Health Products** are products which are general low value bulky and/or hazardous products such as alcohol and bleach, or those for which contracting of a local contractor is preferred, for example, for supply of some oxygen interventions. For Local Sourcing Advised Health Products, PPM/wambo.org may support on low value items if no sources are available at the country or sub-regional level.

If a Principal Recipient elects not to use PPM/wambo.org for Strategic and Mainstream Health Products, the applicant is requested to explain why PPM/wambo.org is not used in the Funding Request and what measures are in place to ensure procurement performance (quality assurance compliance, speed, volume, price and overall risk management). The procurement channels, reporting and other requirements for the three product categories above (as relevant) are subject to the C19RM Investment Committee's review and approval.

Further details on which products fall into each category can be found at <https://www.theglobalfund.org/en/covid-19/health-product-supply/procurement-advice/>.

- b) **Financial flows:** When funding is received by the Principal Recipient, which other local entities/government departments (if any) will also receive funding for the interventions proposed? Are these Sub-recipients / service providers under the grants? Applicants should include a summary of funds flow and anticipated control risks foreseen (if any), as well as potential mitigation measures for these risks. The applicant may attach the implementation map for the relevant grant in case helpful to describe this.

- c) **Data flows:** The flow of information and reporting from service delivery points. Which entities will be responsible for providing information to the Principal Recipient (and subsequently the Global Fund) on implementation of proposed interventions? Applicants should include a summary of monitoring and evaluation, data availability and data quality risks foreseen (if any), as well as potential mitigation measures for these risks.

- d) **Coordination and oversight:** Describe the supervision and oversight mechanisms in place for the national COVID-19 response, including for quantification or needs assessment, procurement,

¹³ The C19RM Investment Committee may consider alternative procurement channels proposed by the applicant, in exceptional circumstances only.

storage, distribution and reporting of COVID-19 products. Which type of periodic monitoring (including community-led monitoring) will be done at the various levels; locally, regionally and finally by the national COVID-19 response coordinating body and Principal Recipient? How will the CCM and PR follow up on progress to implement planned activities? Applicants should include a summary of governance and oversight risks foreseen (if any), as well as potential mitigation measures for these risks.

- 2.4.2 In this section, applicants should describe the role of **community-based organizations (CBOs)** (including, civil society organizations (CSOs), non-governmental organizations (NGOs), non-government groups and community-led groups) which would be relevant and accountable (meaning they have a consultation/feedback/accountability function and represent the interests of the affected communities) as part of the proposed implementation arrangements. Applicants should also indicate whether there are opportunities to reinforce the role and effectiveness of CBOs in the national COVID-19 response, including through supporting the most vulnerable communities, community tracing, supported isolation and addressing vaccine hesitancy.

2.5 Funding landscape, efficiency and sustainability

Recommended length for this response: 2 pages

- 2.5.1 Information on funding requirements for key components of the health sector response to COVID-19 and available funding from different sources are critical inputs necessary for the Global Fund to assess additionality, complementarity, sustainability and strategic impact of its investments.

The C19RM Full Funding Request should ideally be based on a costed NSPRP. Where such plans are not fully developed or costed, an estimate based on planned activities to mitigate the health impact of the pandemic should inform the funding request. Funding requirements can be estimated based on any one of the three following options:

- a. Estimates based on pillars of the NSPRP published by the World Health Organization, February 2021. Details and guidance available at <https://apps.who.int/iris/rest/bitstreams/1335425/retrieve>; or
- b. Estimates based on the [COVID-19 Modular Framework](#). Please note that C19RM does not support certain components, such as vaccine procurement. Therefore, Global Fund modules for C19RM may not cover the totality of the response. To provide a full picture of the funding need for the pandemic response, costs of components not covered by the C19RM modules should also be included. The components provided in the worksheet in the '[Funding Landscape Template](#)' for assessing funding gaps based on the [COVID-19 Modular Framework](#) can be expanded to incorporate these costs; or
- c. Estimates based on the country's own categories for planning and budgeting.

Briefly describe available funding from domestic resources (government budgetary resources, loans, social health insurance, debt relief and domestic private sector contributions) and donor grants for the COVID-19 response, indicating how this application does not duplicate funding received from other sources. Identify major funding gaps for the different components of the health sector response to COVID-19, based on currently available funding from different sources. Where appropriate, please refer to any COVID-19 Intra-Action reviews and the WHO COVID-19 Partners Platform in completing this information. Supporting documents for funding need and available funding from different sources can be provided as annexes to the C19RM Full Funding Request (if applicable).

Describe plans to mobilize additional resources to address the remaining funding gaps, including actions and initiatives for additional prioritization of government budgets for health, such as earmarked taxes or levies to address the pandemic, increases in social health insurance coverage, private sector or corporate social responsibility contributions and/or new funding streams from development banks and other donor agencies.

- 2.5.2 In this section, describe how funding needs for the health sector response to COVID-19 have been incorporated in the domestic budget for the current year and the medium-term expenditure framework, if applicable. Briefly highlight how the budget envelope for health has changed in monetary terms and as a share of the overall domestic budget.

Existing Global Fund grants for HIV, TB and malaria have been designed and approved considering domestic commitments provided by countries. It is, therefore, critical that existing domestic commitments materialize to ensure that these programs are not adversely impacted by the pandemic response. Highlight if the country is on track to meet its domestic commitments to the HIV, TB and malaria programs, especially regarding commitments on the procurement of health products, key population interventions, and absorption of historic Global Fund support such as human resources and recurrent costs of RSSH investments. If the country is not on track, briefly describe the mitigation measures to sustain impact of the programs, including efforts to mobilize additional funding, maximize efficiencies of available funding for the three diseases, and/or leverage the health system response to the pandemic, as applicable.

- 2.5.3 Describe in this section efforts taken to improve efficiency of the health sector response to COVID-19 and sustainability of the C19RM investments. Please refer to the Global Fund 'value for money technical brief' for general guidance on efficiency available [here](#).

Efficiency: Describe how the requested funding will be used to maximize impact, given the country context and the nature of the pandemic (taking into consideration investments made and to be made by domestic and other sources). This could include examples of (but not limited to):

- Efforts to minimize costs of the required inputs for effective COVID-19 response by showing that: (i) necessity, feasibility and sustainability analyses of key health products have been conducted to justify the investment together with cost-effectiveness evidence, if possible; (ii) quality assured health products and equipment are budgeted at the lowest sustainable costs or procured with the most cost-effective modalities; and/or (iii) additional human resources required are properly quantified and compensated in line with national human resources procedures and salary scales, to strengthen sustainability.
- Rational allocation of resources across COVID-19 response options, geographies and population groups as well as measures taken to deploy resources and deliver services in a way that transforms those resources effectively into results and impact, balancing short-term impacts and long-term sustainability. Such efforts include, for instance, rational balance between preventive and curative COVID-19 responses given resource constraints, design and implementation of the most cost-effective diagnostic algorithms and testing strategies, optimal deployment of diagnostic capacity and/or community health workers to maximize service accessibility and quality; integrated service delivery of the COVID-19 response; and/or innovative service delivery approaches or modalities enhancing service uptake, quality and effectiveness at reasonable cost.

Sustaining C19RM investments: Beyond the current emergency response, it is critical that support requested from the Global Fund for components such as human resources, laboratory infrastructure and other health system areas are sustained over time and leveraged to strengthen universal health coverage. Briefly describe how recurrent costs and/or investments to support RSSH requested from the Global Fund will be integrated within and sustained by domestic budgets over time.

2.6 Attachments supporting the C19RM Full Funding Request

Along with the completed summary information and Section 2 of the C19RM Funding Request form, please ensure that the following documents are completed and attached:

- a. **Funding Request C19RM Budget (C19RM Consolidated Budget)** should be completed for the entire program, with an indication of which grant(s) will be responsible for the implementation of individual activities. To complete the Budget, refer to the Instructions for [Instructions for Completing the C19RM Budget Template, Guidelines for Grant Budgeting](#) and the [Operational Policy Note on Support Costs/Indirect Cost Recovery \(ICR\) Policy for Non-Governmental Organizations](#). **The Budget template is specific to each applicant and will be provided by the Global Fund Country Team.**

The C19RM Consolidated Budget must include the following information on a grant by grant basis:

- i. C19RM Base Allocation Request;
 - ii. C19RM Above Base Allocation Request; and
 - iii. Estimated financial obligations¹⁴ and proposed activities to use available uncommitted funds from the C19RM 2020 award(s) as at 30 June 2021.
- b. **Quantification or needs assessment for COVID-19 health products**, including contribution and projected pipeline from domestic other sources of funding which informed the application to the Global Fund (if applicable). This should include current stocks of requested products and any pending or planned procurements. The applicant can submit this information in any format, specifying needs as well as available and projected contributions from each source of funding.

For quantification of COVID-19 health products, please reference any standard quantification tool (e.g. WHO COVID-19 Essential Supplies Forecasting Tool) or a nationally agreed tool used. If not available or used to date, then the applicant should link the quantifications to the available national pandemic progression modelling data for future projections building on 2020 data (ideally from national COVID-19 response coordinating bodies) to rationalize the demand and forecast referencing NSPRP etc. Such a national quantification or needs assessment should lead to a sub-set of quantities to be filled in the C19RM HPMT, accounting for domestic and other donor-funding as well.

Main COVID-19 activities	Information to be shared with the C19RM Full Funding Request if a standard quantification tool is not available	
Testing	<ul style="list-style-type: none"> • COVID-19 National Testing Strategy, including number of PCR machines and Antigen Rapid Diagnostics tests (Ag-RDT) strategy, plans for optimizing testing on different platforms • Estimated number of tests for xx months • Assumptions of the quantity of equipment/PPE for testing or estimated monthly consumption 	<ul style="list-style-type: none"> • In-country stock • Pipeline quantities • Future domestic and other donor-funded health products being planned and/or estimated percentage of
Infection and Prevention Control (IPC)	<ul style="list-style-type: none"> • Estimated number of Health Care Workers and population covered for xx months • Estimated number of Health Facilities and/or communities covered for xx months • Assumptions of the quantity of equipment/PPE for IPC or estimated monthly consumption 	

¹⁴ Financial obligations are current contractual obligations to pay an agreed amount of cash (i.e., as per signed contract and/or purchase order) to a third party for the provision of goods/services at a certain point of time in the future, i.e., the goods or services are yet to be received (per the Global Fund Guidelines for Grant Budgeting).

Main COVID-19 activities	Information to be shared with the C19RM Full Funding Request if a standard quantification tool is not available	
Treatment	<ul style="list-style-type: none"> • Estimated number of Health Care Workers covered for xx months • Estimated number of patients covered for xx months, served with oxygen services/corticosteroid • Assumptions of the quantity of health products or estimated monthly consumption • Assumptions of the quantity of equipment/PPE or estimated monthly consumption 	Global Fund request

Useful References:

- [WHO COVID-19 Essential Supplies Forecasting Tool \(ESFT\)](#) (in English and Russian only)
- WHO – [COVID-19 PPE webpage](#)
- WHO - [Technical specifications of personal protective equipment for COVID-19](#)
- [WHO interim guidance on Rational use of personal protective equipment for coronavirus disease \(COVID-19\) and considerations during severe shortages](#)
- [WHO List of priority medical devices for COVID-19 case management per level](#)
- [WHO Corticosteroids for COVID-19](#)

- c. **COVID-19 National Testing Strategy**, where available, should be attached.
- d. **C19RM Health Products Management Template** (C19RM HPMT), capturing in detail on a grant by grant basis all health products and health technologies, in addition to key assumptions on quantities and costs that will be financed through the Global Fund. For each health product, the list specifies: technology and service, the estimated quantities (and frequency) to be procured for each year of the implementation period, the estimated reference unit price, and PSM costs related to the products management for treatment, diagnosis, care and prevention.

The C19RM HPMT is designed to capture all major supporting information used as assumptions for the quantifications related to the procurement of health products, services and their management costs. As mentioned in the C19RM HPMT, any additional relevant information (such as National Treatment and/or Testing Strategy and Algorithms, Forecast and Quantification National Report, stock and pipeline reports and health technology roll-out plan) can be submitted in a format that is suitable to each applicant.

For more information on how to fill in the C19RM HPMT, please refer to the instructions tab within the template. Please note that health products and associated costs (Procurement Service Agent fees, freight and insurance fees, QA/QC fees, custom clearance fees, in-country warehouse and storage costs, in-country distribution costs and other PSM related costs, all covered under Cost Category 7) should be included in (a) COVID-19 control and containment interventions; and (b) COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis and malaria. Health Product Management system strengthening activities (e.g., HPM/SC governance, regulation, storage and distribution capacity and waste management) should be included in (c) Expanded reinforcement of key aspects of health systems, such as laboratory networks, supply chains and community-led response systems.

The C19RM HPMT is required for all applicants.

- e. **Funding Landscape Template** (mandatory for all C19RM Full Funding Requests, **excluding multicountry applications**) – Information provided in the Funding landscape template should be consistent with the applicant’s response to question 2.5.1 of the C19RM Full Funding Request above.

Applicants must use the Funding Landscape Template to provide financial information related to the national COVID-19 response, including the following:

- i. A cover sheet that captures applicant identifiers and background information that feeds into headers of other worksheets;
 - ii. 'Financial Gap Overview' worksheet that captures funding need, available funding and financial gaps at the program level; and
 - iii. 'Detailed financial gap' worksheet to obtain an indicative picture of available funding and gaps for the key components of the COVID-19 health response.
- f. **CCM Endorsement of the C19RM Full Funding Request** (RCMs/ROs in multicountry contexts¹⁵). The Global Fund requires evidence of endorsement of the final C19RM Full Funding Request by all CCM members, or their designated alternate(s), if the respective CCM member(s) is not available. CCM members unable to sign the endorsement of the C19RM Full Funding Request may send an endorsement email to their CCM Secretariat to be submitted to the Global Fund as an attachment. In cases where a CCM member is unwilling to endorse the C19RM Full Funding Request, that member should inform the Global Fund in writing (to C19RM@theglobalfund.org) stating the reason for not endorsing the C19RM Full Funding Request, so the Global Fund can understand the member's position.
- g. **Endorsement by the national COVID-19 response coordinating body** of COVID-19 control and containment interventions of the C19RM Full Funding Request (where relevant)¹⁶. Their endorsement can be in form of an email sent to the CCM Secretariat to be submitted to the Global Fund as an attachment to the C19RM Full Funding Request.
- h. A copy of the **National Strategic Preparedness and Response Plan for COVID-19 and budget** (ideally for 2021).
- i. **HIV, TB and malaria program mitigation plans** (where available).
- j. List of **Civil Society suggestions** for the inclusion in the C19RM Full Funding Request.

¹⁵ Additionally, all RCM and RO applicants must provide evidence of endorsement from the CCMs (CCM Chair and Civil Society representative) of all the participating countries of the multicountry and regardless of where the C19RM interventions will be implemented.

¹⁶ For multicountry applications, this only applies to the participating countries of the multicountry where COVID-19 control and containment interventions will be implemented.