# COVID-19 Response Mechanism Guidelines

Approved on: 7 April 2021 | Date Updated: 24 May 2023

Approved by: Executive Grant Management Committee

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Annex 1. C19RM Assurance Guidance

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Annex 2. Defined Terms

Annex 3. Guidance for reinvestment of C19RM Funds which will be used by 31 December 2023
Applicable Policies and Guidance

- Global Fund Board Decision on Third Extension of C19RM (GF/B48/DP03)
- OPN and Operational Procedures (p.49) on Make, Approve and Sign Grants
- OPN on Risk Management (p.371)
- OPN on Annual Funding Decision and Disbursements (p.293)
- OPN on Grant Revisions (p.314)
- Guidelines for Grant Budgeting
- OPN and Operational Procedures (p.333) on Pooled Procurement Mechanism
- OPN and Operational Procedures (p.387) on Implementation Period Reconciliation and Grant Closure
- Interim Quality Assurance Requirements for the Procurement of COVID-19 Diagnostic Products
- Interim Quality Assurance Requirements for the Procurement of COVID-19 Medical Devices
- Interim Quality Assurance Requirements for the Procurement of COVID-19 Pharmaceutical Products
- Information Note on Quality Assurance Requirements for the Procurement of Masks and Respirators
- Guide to Global Fund Policies on Procurement and Supply Management of Health Products

1 In case of inconsistency between the C19RM Guidelines and OPNs and guidelines outlined in this section, the C19RM Guidelines shall prevail in respect of C19RM Funds.
1. General Guidance on C19RM

1.1 Purpose

These guidelines (C19RM Guidelines) apply to Global Fund Country Teams (CTs), applicants and Principal Recipients (PRs) and provide guidance on the processes for the C19RM Additional Funding Requests, integration of the approved C19RM Additional Funds into grants, reinvestment, and implementation, following the Global Fund Board approval of the third C19RM extension.

The C19RM Guidelines supersede those dated 7 April 2021 (and amended on 9 August 2022), with immediate effect. Specific terms used in this document are defined in the Annex 2.

1.2 Background

In April 2020, the Global Fund established C19RM to support countries to respond to COVID-19 and mitigate its impact on programs to fight HIV, TB and malaria and support systems for health. As the pandemic continues to evolve, recipient country priorities are shifting towards longer-term investments in health systems’ infrastructure and capacities for pandemic preparedness and response. To reflect this shift, the Global Fund Board, on 16 November 2022, approved an additional extension of C19RM for the award and utilization of the C19RM Funds.

1.3 Deadlines

The deadline for the Global Fund to award the C19RM Additional Funds is 30 June 2023. There may be subsequent opportunities for applicants to submit funding requests for portfolio optimization beyond this date. However, C19RM Funds must be used (e.g., goods, including health products, and services must be delivered and paid for) by 31 December 2025.

1.4 Key principles for third C19RM extension

1. Eligible Grants for C19RM Extension. Recipients can utilize the C19RM Funds through 31 December 2025, provided those funds are integrated into GC6 grants.

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2 GF/B48/DP03.
3 Unless defined in the C19RM Guidelines, all capitalized terms have the meaning set out in the Global Fund Grant Regulations (2014) available at: https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf
4 GF/B48/DP03 (Third Extension of C19RM Timeline), GF/B44/EDP18 (Second Extension of C19RM Timeline and Operational Flexibility for COVID-19) and GF/B46/EDP06 (Extension of C19RM and COVID-19 Operational Flexibility).
5 GF/B48/DP03 (Global Fund Board Decision on Extension of C19RM).
2. **Timeline.** The use of the C19RM Funds, beyond 31 December 2023 and up until 31 December 2025, must be formally approved by the Global Fund and communicated to the relevant Principal Recipient in writing.

3. **Reinvestment of the C19RM 2021 Funds.** By no later than 30 November 2023, Principal Recipients must show a reinvestment of the C19RM 2021 Funds towards, as the context requires, C19RM strategic priorities that underpin longer-term investments in health systems strengthening and pandemic preparedness and response. Reinvestment modalities are described in Section 2.4 on Reinvesting the C19RM Funds.

4. **Consolidating multiple C19RM grants.** Within each country, Principal Recipients and CTs may consolidate the C19RM Funds into fewer grants through a revision process, where it is efficient and programmatically reasonable.

5. **PR reporting.** Principal Recipients must continue to report on C19RM procurement, expenditure, financial and programmatic progress, including for HIV, TB and malaria where relevant, through the existing PR reporting mechanisms (Procurement Progress Reporting Templates, PU/DRs, and Pulse Checks, see Section 2.5.3 on PR Reporting). Financial reporting remains on a quarterly basis and programmatic reporting will be in line with the agreed C19RM Grant Performance Framework. Adapted reporting approaches for 2024 onwards are currently being explored and will be duly communicated to PRs as soon as defined.

1.5 **Eligible Applicants**

All countries, including regional/multicountry recipients, that are currently receiving funding from the Global Fund are eligible to receive C19RM funding. All recipients with GC6 grants are eligible to request Global Fund approval to use the C19RM Funds beyond 31 December 2023.

1.6 **Eligible Investments**

C19RM was designed to support countries across three broad categories: (i) COVID-19 control and containment interventions; (ii) activities to mitigate the effects of the pandemic on HIV, tuberculosis and malaria programs; and (iii) expanded reinforcement of key aspects of health and community systems.

Due to the evolution of COVID-19, the Global Fund Board approved the extension of C19RM to support countries to reinvest and implement longer-term investments in components of Resilient and Sustainable Systems for Health (RSSH) that reinforce pandemic

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6 Principal Recipients contact the respective Country Team for detailed guidance as needed.
7 This includes countries receiving funding during the 2017-2019 and/or 2020-2022 allocation periods, including through the approach for non-eligible countries in crisis.
preparedness, therefore focusing reinvestments and C19RM Additional Funds in the third category, while keeping the ability to reinvest in the other two categories.

Applications should therefore prioritize investments as described in the C19RM Technical Information Note. These include surveillance system strengthening; laboratory and diagnostics; human resources for health and community systems strengthening; medical oxygen, respiratory care and therapeutics; and health product and waste management systems.\(^8\)

Health products procured with the C19RM Funds must meet Global Fund quality assurance requirements, as defined in Global Fund Quality Assurance Policies in the Guide to Global Fund Policies on Procurement and Supply Management of Health Products, the interim Quality Assurance requirements for COVID-19 products, or as approved by the Global Fund Board.\(^9\)

### 1.7 C19RM Additional Funding Request Submission

All the C19RM Additional Funding Requests must be coordinated and submitted by the Country Coordinating Mechanism (CCM) (or the Regional Coordinating Mechanism (RCM) or Regional Organization (RO), as appropriate). For non-CCM/non-RCM/non-RO applicants, the recipient of the C19RM Funding and Reinvestment Letter will coordinate the C19RM Additional Funding Request.

**Endorsement requirements**

1. **CCM countries/applicants**

   All C19RM Additional Funding Requests must be endorsed by the CCM Chair\(^10\) and CCM Representative.\(^11\)

   In addition to the above, C19RM Additional Funding Requests must be endorsed by:

   - The national epidemic and pandemic preparedness coordinating body (e.g., national public health institutes, where relevant) or national International Health Regulations (IHR) focal points; and/or demonstrate evidence of alignment with the relevant health systems governance structures e.g., Epidemiologic Surveillance, Laboratory, Supply Chain and/or HRH-Community Health Directorates; and

   - The national COVID-19 response coordinating body, e.g., Case Management working group, *if* the C19RM Additional Funding Request includes

\(^8\) Following the strategic shift to longer-term investments in RSSH and pandemic preparedness, there are some interventions originally included in the C19RM 2021 Technical Information Note that still appear in the C19RM 2023 Modular Framework, but that are no longer included as priority investments in the updated Technical Information Note (for example, HIV, TB and malaria mitigation). Applicants should discuss with their Global Fund Country Teams before these areas are included in the C19RM Additional Funding Request, depending on country context and need.

\(^9\) See, in particular, Board decision points GF/B42/EDP11 and GF/B44/EDP18.

\(^10\) In the absence of the CCM Chair, endorsement by the Vice Chair is acceptable if in line with the CCM’s governing documents.

\(^11\) Endorsement must be provided by the civil society representative if the CCM Chair is the representative of the Government, or the representative of the Government if the CCM Chair is a civil society representative.
interventions/activities related to COVID-19 control and containment (e.g., COVID-19 test and treat, including oral antivirals). In the absence of the national COVID-19 response coordinating body, endorsement can alternatively be provided by the body responsible for the specific intervention\(^\text{12}\).

### 2. Multicountry applicants

All multicountry C19RM Additional Funding Requests must demonstrate how the requested funds will enable regional pandemic preparedness and RSSH.

RCM C19RM Additional Funding Requests must be endorsed by the RCM Chair\(^\text{13}\) and Vice-Chair.

RO C19RM Additional Funding Requests must be endorsed by the legal representative of the RO.

Additionally, all RCM and RO applicants must provide evidence of endorsement from the CCMs (as described above) of all the participating countries of the multicountry request and regardless of where the C19RM interventions will be implemented. Where a country does not have a CCM, endorsement is required from the legal representative of the relevant representative of the Ministry of Health or other relevant national coordinating body.

For multicountry applications, each participating country of the multicountry must provide endorsement by the national epidemic and pandemic preparedness coordinating body e.g., national public health institutes, where relevant, national International Health Regulations (IHR) focal points; and/or evidence of alignment with the relevant health systems governance structures e.g., Epidemiologic Surveillance, Laboratory and/or HRH-Community Health Directorates.

In addition, each participating country of the multicountry where interventions/activities related to COVID-19 control and containment (e.g., COVID-19 test and treat including oral antivirals) will be implemented, should provide endorsement by the national COVID-19 response coordinating body or the body responsible for the specific intervention, e.g., case management working group.

### 3. Non CCM/non-RCM/non-RO applicants

All non-CCM/non-RCM/non-RO applications must be endorsed by the legal representative of the applicant.

**Additional endorsements for all applicants**

It is assumed that in meeting the above criteria all categories of applicants listed above will have provided evidence of endorsement from a representative of the Ministry of Health and

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\(^{12}\) If the body responsible for the specific intervention coincides with a relevant national epidemic and pandemic preparedness coordinating body, endorsement by the latter suffices in addition to the others defined above.

\(^{13}\) With respect to endorsement by the RCM Chair, in the absence of the RCM Chair, endorsement by the other authorized representative is acceptable if in line with the RCM’s governing documents.
the Ministry of Finance. If this is not the case, applicants should provide separate evidence of this endorsement in addition to the above.

**Diagram 1. Coordination and Endorsement of C19RM Additional Funding Requests**

<table>
<thead>
<tr>
<th>Applicant type</th>
<th><strong>C19RM Additional Funding Requests must be coordinated &amp; submitted by</strong></th>
<th><strong>C19RM Additional Funding Requests must be endorsed by</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Coordinating Mechanism (CCM)</td>
<td>CCM</td>
<td>• CCM Chair; and • CCM Representative</td>
</tr>
<tr>
<td>Multicountry: Regional Coordinating Mechanism (RCM)</td>
<td>RCM</td>
<td>• RCM Chair; and • RCM Vice-Chair</td>
</tr>
<tr>
<td>Multicountry: Regional Organization (RO)</td>
<td>RO</td>
<td>The legal representative of the RO</td>
</tr>
<tr>
<td>Other (i.e., Non-CCM non-RO)</td>
<td>Recipient of the C19RM Funding and Reinvestment Letter</td>
<td>The legal representative of the applicant</td>
</tr>
</tbody>
</table>

Applicants are required to ensure that all required documents and tools are submitted to the C19RM Secretariat in a timely manner. The Global Fund only reviews complete C19RM Additional Funding Requests.

Consistent with its distinct mandate, C19RM aims to enable countries to leverage C19RM investments to complement and ensure synergies with relevant GC7 investments in RSSH and pandemic preparedness. Applicants are required to coordinate in-country discussions with CCM constituencies and relevant in-country stakeholders to ensure visibility of both C19RM and GC7 funding sources and coordinated development and submission of the C19RM Additional Funding Requests and GC7 funding request(s).

### 1.8 Application Process

Applicants can submit C19RM Additional Funding Requests on a rolling basis until 29 May 2023. As part of the C19RM Additional Funding Request, applicants are advised to include a proposal to reinvest C19RM Funds in health systems strengthening and pandemic preparedness (see Section 2.4 on Reinvesting the C19RM Funds). Along with the completed C19RM Additional Funding Request form, the following documents must be submitted:
1. **C19RM Funding Request Budget**: To complete the Budget, refer to the C19RM Instructions for Completing the C19RM Detailed Budget Template. The C19RM Funding Request Budget template and will be provided by the Global Fund Country Team.

2. **Funding Gap Analysis**: For the interventions requested, applicants indicate available financing from domestic resources, Global Fund grants, other donor financing and/or other resources.

3. **C19RM Funding Request Performance Framework**: The C19RM Funding Request Performance Framework is required to be submitted with the C19RM Additional Funding Request by the grants receiving cumulatively, more than or equal to US$ 20 million of the C19RM Funds. A single C19RM Funding Request Performance Framework is completed for all relevant Principal Recipients and grants covered by the C19RM Additional Funding Request and includes indicators required for tracking progress and assessing performance of interventions. A separate C19RM Grant Performance Framework will be developed for each relevant grant at the time of grant revision (see Section 2.3 on Integration of the C19RM Funds into Grants).

4. **C19RM Funding Request HPMT**: The C19RM Funding Request HPMT captures information about the procurement and supply management of health products and comprises of the C19RM Incremental Funding HPMT, reflecting costs proposed to be financed with the C19RM Additional Funds, and the C19RM Reinvest HPMT. It includes quantities, unit costs and associated procurement and supply chain management costs, such as freight and insurance. It also comprises of procurement channels, timing for order placement as well as cash flow schedules all of which feed into the C19RM Grant Budget. The C19RM Funding Request HPMT must be accompanied by documents that support selection and quantification of the health products. For procurement through the Global Fund’s Pooled Procurement Mechanism (PPM), applicants should refer to indicative reference costs for budgeting and wambo.org. For more information on how to fill in C19RM Funding Request HPMT, please refer to the instructions tab within the template and User Guidelines for C19RM HPMT.

5. **List of funding priorities from civil society and communities signed by a CCM civil society representative**. (See template [here](#)).

6. **CCM endorsement** (RCMs/ROs in multicountry contexts).

7. **Endorsement by the Ministry of Health and Ministry of Finance**.

8. **Endorsement by the national epidemic and pandemic preparedness coordinating body or International Health Regulations (IHR) focal points; and**

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14 Please email Grant Ops Team (grantops@theglobalfund.org) for a copy of the budget template.
15 The Funding Request C19RM Performance Framework template is available [here](#), and guidance for completion is available in the tab "Instructions".
16 In line with the C19RM Assurance Section.
17 Once approved, the C19RM Funding Request HPMT must be consolidated into one C19RM Grant HPMT.
18 See Section 1.7 above for detailed endorsement requirements.
in additional, where relevant, by the national COVID-19 response coordinating body\textsuperscript{19}.

9. Where available, the following information should also be submitted with the C19RM Additional Funding Request:
   b. Copies of national/regional strategies and plans referenced in the C19RM Additional Funding Request, such as National Action Planning for Health Security, implementation roadmaps, National Bridging Workshops.
   c. Latest Joint External Evaluation, State Party Self-Assessment, and other internationally known assessments (7-1-7, Simulation Exercises, After Action Reviews, etc.).

1.9 C19RM Additional Funding Request Development

Effective multi-stakeholder engagement is critical for developing a robust C19RM Additional Funding Request. Applicants are therefore expected to show engagement with the following stakeholders as part of the C19RM Additional Funding Request:

1. **CCM Engagement.** Applicants must outline in their C19RM Additional Funding Request how the engagement among appropriate CCM constituencies is organized and overseen.

2. **Engagement of relevant government and pandemic preparedness coordination bodies.** Given the increased emphasis on strengthening systems for health and pandemic preparedness, the updated C19RM Additional Funding Request requires information on how applicants have engaged with relevant government and pandemic preparedness coordination bodies in the development of their C19RM Additional Funding Request. This includes engagement with appropriate national COVID-19 response structures and/or relevant health systems bodies and focal points, such as epidemiologic surveillance and laboratory directorates, epidemic and pandemic preparedness coordination bodies, national public health institutes, National IHR Focal Points, community health/human resources for health units.

3. **Engagement of communities, civil society and non-state actors.** Applicants must outline in the development and decision-making of the C19RM Additional Funding Request stakeholder engagement with communities, including key, vulnerable and marginalized populations, civil society and non-state actors. This may require engagement beyond CCMs and representatives of technical pandemic preparedness coordination bodies to include non-CCM community representatives.

\textsuperscript{19} Ibid.
In principle, **Eligibility Requirement 1** applies to all the C19RM Additional Funding Requests. Accordingly, Country Teams must support CCMs by discussing any barriers to inclusive country dialogue as early as possible.

Technical assistance for the development of the C19RM Additional Funding Request is generally country-led and coordinated by CCMs. Where additional funding is needed to support a meaningful country dialogue and an inclusive C19RM Additional Funding Request development, the applicant should note that CCMs have a minimum of 15% of their CCM budget allocated for civil society organization engagement and costed workplans can be realigned with C19RM consultation priorities, as needed. In addition, supplementary resources (up to an additional 25% of a CCM’s 2023 funding amount) are available on request, to increase a CCM’s capacity to support the engagement and coordination required to submit a C19RM Additional Funding Request. On approval by the Global Fund, CCMs will be able to immediately use existing CCM funding in anticipation of this additional technical support. Additional technical support is available for the C19RM Additional Funding Requests and grant implementation. Reach out to CCM support team for further details.

Applicants are requested to review the following relevant additional COVID-19 Global Fund guidance when completing the C19RM Additional Funding Request:

- C19RM Technical Information Note;
- C19RM Modular Framework Handbook;
- Health Product Segmentation Framework;
- CCM Guidance Note;
- Instructions for Completing the C19RM Budget Template;
- User Guidelines for C19RM Health Product Management Template;
- Technical Information Note on Community Systems and Responses;
- Briefing Note: Project STELLAR Overview;
- Community, rights and gender considerations have also been integrated into disease-specific guidance notes;
- Health Product Management Systems of the C19RM Technical Information Note, complemented by the Technical Brief: Procurement and Supply Chain Management; and
- Value for Money Technical Brief to address efficiency and sustainability aspects of COVID-19 investment.

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20 Per the Global Fund Country Coordinating Mechanism Policy (GF/B39/DP09), **Eligibility Requirement 1** provides that “(t)he Global Fund requires all CCMs to: i. Coordinate the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders, including CCM members and non-members, in the solicitation and the review of activities to be included in the funding request; and ii. Clearly document efforts to engage Key Populations in the development of funding requests.”

21 Global Fund grant funds cannot be used to cover the costs for a consultant or technical assistance to draft or write a C19RM Additional Funding Request.

22 Please note this support is available to CCMs and RCMs but not to ROs currently.

23 Please note this support is available to CCMs and RCMs, but not to ROs or non-CCMs currently.
1.10 Implementers

The C19RM Additional Funds are channeled through the existing Principal Recipients implementing GC6 grants.

Requests for new implementers

In the exceptional event that a new Principal Recipient is requested as a C19RM implementer, C19RM Investment Committee approval, a detailed capacity assessment, satisfactory assurance arrangements, proven ability to implement the proposed interventions with speed and compliance with Eligibility Requirement 2, will be required.

The assessment of new Sub-recipient capacities is the responsibility of the Principal Recipient. The Global Fund, however, reserves the right to undertake such capacity assessments in unique circumstances (see OPN on Additional Safeguards Policy). The Country Team can also, in consultation with the CCM, request an LFA assessment of Sub-recipients (or other key implementers) in certain cases e.g., where the proposed Sub-recipient will be principal implementer of the C19RM activities or in the event of known capacity issues. New implementers proposed as Sub-recipients by the CCM will be reviewed by the C19RM Investment Committee after the applicant has submitted the C19RM Additional Funding Request.

1.11 C19RM Additional Funding Request Review and Approval

Following confirmation by the C19RM Secretariat that the C19RM Additional Funding Request is complete and compliant, the application package is shared for review and input of external reviewers, comprised of GAC partners and the CTAG (identified TRP members with expertise in RSSH and pandemic preparedness participate in CTAG external review of C19RM additional funding requests) in parallel with the Secretariat’s review. The period for input is limited to five working days with flexibility on a case-by-case basis, and external reviewers provide input through a tailored review form. The C19RM Investment Committee will consider the external reviewers’ input in determining funding awards and/or recommendations.

The C19RM Investment Committee: (i) reviews all C19RM Additional Funding Requests; and (ii) approves C19RM Additional Funding Requests up to US$45 million.

The C19RM Investment Committee recommends C19RM Additional Funding Requests of more than US$45 million to the Global Fund Board for approval. This amount, measured in aggregate per country, includes C19RM Additional Funds and C19RM 2021 Funds. The C19RM Investment Committee can also recommend any awards to the Global Fund Board.

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24 Per the Global Fund Country Coordinating Mechanism Policy (GF/B39/DP09), Eligibility Requirement 2 provides, inter alia, that the Global Fund requires all CCMs to: “ii. Document a transparent process for the nomination of all new and continuing PR(s) based on clearly defined and objective criteria; and iii. Document the management of any conflicts of interest that may affect the PR(s) nomination process”.

25 See OPN on Make, Approve and Sign Grants (p.49).

26 Pursuant to Board decision GF/B46/EDP08, will increase to US$55 million if more than US$1 billion of additional funding for C19RM is made available to the Global Fund. The C19RM Secretariat will advise the Country Team of the threshold that applies at the relevant time.

27 Ibid.
for approval where it determines that the award is of a nature and scale which raise significant concerns about risk and complexity.

Following any Global Fund Board-approved C19RM awards, the C19RM Investment Committee can approve additional/subsequent awards of up to US$15 million28, provided the award is to be used for the scale-up of interventions previously approved by the Board. The C19RM Investment Committee will notify any such approvals to the Board.

The C19RM Investment Committee award decisions are made as follows:

1. **Immediate awards** are for approved interventions for which funds can be released to integrate into grants, pending satisfaction of any applicable conditions that are attached to the integration of the C19RM Funds into grants.

2. **Iterations** are proposed interventions included in the C19RM Additional Funding Request that the C19RM Investment Committee requires the applicant to revise and resubmit for consideration.

3. **No award** is the outcome when the requested C19RM intervention(s)/activities have not been approved and will not receive C19RM Additional Funds.

The C19RM Investment Committee’s decision for a given C19RM Additional Funding Request can be a combination of any or all the above.

Following the C19RM Investment Committee or the Global Fund Board decision, the Global Fund sends the C19RM Notification Letter informing the applicant of the: (1) final award decision; (2) technical review outcomes of the C19RM Additional Funding Request; (3) any recommendations, requirements or conditions associated with the award (including integration and use of funds conditions); and (4) next steps. Approved versions of the following documents (each prepared by the applicant) will be appended to the C19RM Notification Letter: (i) the C19RM Grant Budget (including C19RM Unfunded Quality Demand); (ii) the C19RM Incremental Funding HPMT and (iii) the C19RM Funding Request Performance Framework. In exceptional circumstances, the C19RM Secretariat may approve that these supporting documents are finalized swiftly after the C19RM Notification Letter has been shared with the applicant.

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2. C19RM Grant Lifecycle Guidance

2.1 Process Overview

Diagram 2 provides an overview of C19RM grant lifecycle processes from C19RM Additional Funding Request stage through to implementation. Operational policy and procedural guidance are provided in subsequent sections.

### Diagram 2. C19RM Process Overview

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<td>C19RM Additional Funding Request review process</td>
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<th>Implementation</th>
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<td>Process Annual Funding Decision and Disbursements and increase wambo.org ceiling</td>
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<tr>
<td>Procure health products (PPM or other channels)</td>
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<tr>
<td>Implement C19RM-related activities</td>
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<td>Report on progress</td>
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<td>Reinvest C19RM 2021 Funds to show shift towards strategic priorities</td>
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<td>Additional funding revision to GC6 grants</td>
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<th>Risk Management and Assurance</th>
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2.2 **C19RM Additional Funding Request Submission, Review and Approval**

Set out below is the step-by-step process for the C19RM Additional Funding Request submission, review and approval process:

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<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
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<tr>
<td><strong>C19RM Additional Funding Request preparation and submission</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Preparation of C19RM Additional Funding Request</td>
<td>a. Ongoing, until the C19RM Additional Funding Request is submitted.</td>
<td>CCMs (RCMs/ROs in multicountry contexts), and for non-CCM/RCM/RO contexts, the recipient of the C19RM Funding and Reinvestment Letter.</td>
</tr>
<tr>
<td>1. CTs obtain the C19RM Funding Request Budget template from Grant Ops and share with the applicant.</td>
<td></td>
<td>CTs support countries, in collaboration with other teams, including Finance, Technical Advice &amp; Partnerships (TAP), Community, Rights and Gender (CRG), Supply Operations (SO) and Risk, as applicable, and well ahead of the anticipated submission date when possible.</td>
</tr>
<tr>
<td>2. Applicants obtain/prepare other C19RM Additional Funding Request supporting documentation (see Section 1.8 above).</td>
<td></td>
<td>CTs may request LFAs to be involved as observers or to engage them in the early review of draft documents.</td>
</tr>
<tr>
<td>b. Submission of C19RM Additional Funding Request to the C19RM Secretariat copying the relevant CT.</td>
<td>b. No later than 29 May 2023.</td>
<td></td>
</tr>
<tr>
<td><strong>C19RM Additional Funding Request screening</strong></td>
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<tr>
<td>Mandatory CT screening, overall review of completeness of the C19RM Additional Funding Request.</td>
<td>From the C19RM Additional Funding Request submission. (Up to 2 days)</td>
<td>CTs conduct screening and overall review of the C19RM Additional Funding Request for completeness. In case of major quality issues (e.g., request falls outside the scope of C19RM, request is inconsistent with funding instructions or incomplete submissions), the C19RM Additional Funding Request may be sent back to the applicant, or the applicant will be requested to provide clarifications/missing documents. CTs inform C19RM Secretariat on the outcomes of the screening and confirm if the request can proceed for the review.</td>
</tr>
<tr>
<td>c. C19RM Secretariat screening, overall review of completeness of the C19RM Additional Funding Request (including checking the CCM endorsement)</td>
<td>After CT screening is complete. (Up to 3 days)</td>
<td>Following CT confirmation, <strong>C19RM Secretariat</strong> conducts screening and overall review of the C19RM Additional Funding Request for completeness.</td>
</tr>
</tbody>
</table>

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29 All references to ‘days’ in these procedures mean business days.
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<tr>
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<th>Responsibilities</th>
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</table>
| **d. If applicable, translation of the C19RM Additional Funding Request** | **If applicable, C19RM Secretariat initiates translation of the final application package C19RM Additional** | **C19RM Secretariat, in consultation with other teams (e.g. CT, CCM Hub, TAP, CRG), reviews completeness of the required endorsements (see section 1.7 above) and compliance with Eligibility Requirement 1 (and Eligibility Requirement 2 if a new Principal Recipient is nominated and exceptionally approved by the Global Fund).**  
Following the eligibility assessment, CCMs may be considered in one of the following categories:  
- **Compliant:** Where the applicant fully complies with the eligibility requirements and relevant indicators.  
- **Compliant with Issues:** Where some indicators are not fully met, but the applicant demonstrates credible intent to comply.  
- **Indeterminate Compliant:** Where further information is required to make an assessment; or  
- **Non-Compliant:** Where most or all the eligibility criteria indicators are not met. These cases will be escalated to the Compliance Review Panel for recommendation to the C19RM Investment Committee.  
C19RM Secretariat will also review completeness of endorsement of the national epidemic and pandemic preparedness coordinating body or national International Health Regulations (IHR) focal points; and/or demonstrate evidence of alignment with the relevant health systems governance structures of national COVID-19 response coordinating bodies.  
**Issues with endorsement of the national COVID-19 response coordinating bodies are escalated to the C19RM Investment Committee.**  
Communications Department – Translations team arranges translation, If applicable. |

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30 For more details, please refer to the section 1.7 endorsement sub-section.
### Task | Timeline | Responsibilities
--- | --- | ---
| Funding Request Form as soon as the final package is confirmed by the CT. On average, translation requires 10 business days. | | 

**The C19RM Additional Funding Request review starts after completion of the screening of the application package, and translation of the C19RM Additional Funding Request, if applicable.**

**C19RM Additional Funding Request review**

| a. Prepare the C19RM Review and Recommendation Form (RRF). | Following the initial screening of the C19RM Additional Funding Request by C19RM Secretariat | C19RM Secretariat initiates review, after confirming with the CT and prepares the RRF. 

*The review process starts only when the C19RM Additional Funding Request submission is complete. In case of only minor issues, the review can start, and any final or missing documents will be obtained in parallel.*

| b. The C19RM Additional Funding Request sent for concurrent review by all reviewers. | | 

| c. Application materials shared with the GAC partners and CTAG for external review. | Concurrent with the Secretariat review (up to 5 days) | GAC partners and CTAG (with participation of identified TRP members) perform their review based on defined criteria and tailored review form within 5 days. 

| d. The GAC partners and CTAG review of the C19RM Additional Funding Request | | 

| e. Global Fund Secretariat concurrent review of the C19RM Additional Funding Request | Concurrent with GAC partners and CTAG review (up to 5 days) | The following teams (internal reviewers) review the application package and document individual review recommendations in RRF:

- **CT** reviews overall soundness of the request aligned with the strategic priorities for the C19RM Extension, operational feasibility, potential to deliver desired results within the implementation period; proposed recommendations and actions to improve quality of investments; and assumptions of proposed activities and associated budget. The CT comments on the risk and proposes mitigating and assurance measures to ensure that funds are used for intended purposes, including recommending any relevant conditions to integration or use of funds. The CT also comments on reinvestments of existing funds to ensure IC visibility, as well as complementarity with GC7. 

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</table>
|      |            | o The HPM Specialist reviews all health products and laboratory system related proposed activities in the C19RM Additional Funding Request and where procurement has been proposed, confirms the procurement channel arrangements in the C19RM Funding Request HPMT for any C19RM requests with health products budgets over US$1.25 million. See Section 2.5.2 on Health Products Procurement below.  
<p>|      |            | o The Finance/PST Specialist reviews alignment of the C19RM Funding Request Budget with the Global Fund Guidelines for Grant Budgeting and the C19RM Guidelines, including visibility on reinvestments, value for money (in consultation with Health Finance team) and associated fiduciary risks related to implementation arrangements and/or interventions. Final recommendation is signed off by the Grant Finance Manager before the recommendation is presented to the C19RM Investment Committee for approval. |
|      |            | • Health Finance Department reviews the complementarity/potential duplication with other available sources of funding and value for money of the proposal. |
|      |            | • TAP reviews alignment with WHO technical guidance, the C19RM Technical Information Note, relevant national plans and guidance from partners. |
|      |            | • CRG conducts reviews including but not limited to community and civil society engagement requirements, alignment with the Global Fund principles on gender equality and human rights, as well as technical assessment of CSS interventions (eg: OLM) and system capabilities in response to GBV, focus on key and vulnerable populations, gender etc. |
|      |            | • SO advises on the technical issues, global availability, budget sufficiency, and sourcing implication of the health products requested to be procured, especially related to supply-side aspects, including the availability of scarce products. On PSM systems strengthening, SO reviews alignment with the national PSM master plan, the C19RM Technical Information Note, the Technical Brief: Procurement and Supply Chain Management and guidance from partners. |
|      |            | • Risk Department assesses if there are significant risks associated with implementation of the proposed activities and the associated mitigation and |</p>
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<th>Task</th>
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<th>Responsibilities</th>
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<td>assurance plans. Refer to <a href="#">Risk Management and Assurance across C19RM lifecycle</a>.</td>
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<td></td>
<td>• <strong>Finance Controlling Team</strong> assesses the financial soundness of the request and capacity for the absorption of the funds.</td>
</tr>
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<td></td>
<td></td>
<td><strong>All internal reviewers</strong> are responsible for completing the relevant RRF sections and ensuring that any <strong>risks are reported</strong> to the C19RM Investment Committee’s attention, and that all <strong>management actions and legal requirements are clearly outlined</strong>, where applicable.</td>
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<td></td>
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<td>Refer to RRF for further details about review expectations.</td>
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<td>If CT is requesting either: (a) advance payment / procurement; or (b) to place order of urgent health product procurements in advance of increasing the Wambo.org ceiling, please refer to sections Section 2.5.1 or Section 4 below.</td>
</tr>
<tr>
<td>f. Finalize RRF</td>
<td>Following completion of internal (e) and external (d) reviews (up to 2 days)</td>
<td><strong>CT</strong> finalizes review of the documents and prepares a final recommendation to the C19RM Investment Committee (to be captured in the Review and Recommendation Form, CT recommendation section).</td>
</tr>
<tr>
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<td><strong>CT</strong> provides response to GAC/CTAG comments and highlights relevant recommendations or strategic actions to be addressed by the applicant.</td>
</tr>
<tr>
<td>g. TRP review of revisions that trigger a material program revision of the core HIV/TB/RSSH/malaria grant</td>
<td>Expedited review</td>
<td><strong>CT</strong>, in consultation with TAP advisors, determines if the C19RM Additional Funding Request results in material program revision of the underlying RSSH,</td>
</tr>
<tr>
<td>Task</td>
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<tr>
<td>HIV, TB and/or malaria grants resulting from the integration of C19RM Additional Funds</td>
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<tr>
<td>CT immediately alerts the C19RM Secretariat if the materiality threshold is triggered. C19RM Secretariat may refer such cases to the C19RM Investment Committee for guidance.</td>
<td></td>
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<tr>
<td>C19RM Secretariat coordinates with the TRP Secretariat, expedited TRP review of the material reprogramming request.</td>
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</table>

### The C19RM Additional Funding Request approval

**a. Preparation and sharing of the final recommendation and brief/dashboard with the C19RM Investment Committee**

- **Following C19RM Additional Funding Request review and finalized RRF.** *(Up to 3 days)*
- **C19RM Secretariat** prepares the final recommendation/brief/dashboard based on reviewers’ inputs and shares it along with the C19RM Additional Funding Request package with the C19RM Investment Committee ahead of Investment Committee meeting.

**b. The C19RM Investment Committee decision-making on the C19RM Additional Funding Request**

- **Following the C19RM Additional Funding Request completed review (1 day)**
- **C19RM Investment Committee** reviews all C19RM Additional Funding Requests in line with their Terms of Reference.
  - **C19RM Investment Committee approves** all C19RM Additional Funding Requests awards up to US$45 million<sup>32</sup>.
  - If required, **C19RM Investment Committee** grants the advanced procurement order placement while waiting for the funds to be incorporated into the grant.
  - **C19RM Investment Committee** recommends to the Board for approval (i) all C19RM Additional Funding Request awards of more than US$45 million<sup>33</sup>, and (ii) C19RM Additional Funding Request awards – above

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<sup>31</sup> Please refer to the Program revisions section of the [OPN on Grant Revisions](#) (paragraph 53) for the relevant material program revision thresholds.

<sup>32</sup> Pursuant to Board decision [GF/B46/EDP06](#), the threshold will increase to US$55 million if more than US$1 billion of additional funding for C19RM is made available to the Global Fund. The C19RM Investment Committee has authority to approve salary incentives (performance based or task-based incentives) proposed as part of the C19RM Additional Funding Request.

<sup>33</sup> Pursuant to Board decision [GF/B46/EDP06](#), the threshold will increase to US$55 million if more than US$1 billion of additional funding for C19RM is made available to the Global Fund.
<table>
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<th>Task</th>
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<td>US$45 million(^{34}), where the C19RM Investment Committee’s review suggests that the non-health product components of an award raise significant concerns about risk and complexity.</td>
</tr>
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<td></td>
<td><strong>C19RM Secretariat</strong> documents C19RM Investment Committee outcomes, investment decisions and recommendations to the Board for approval, including strategic actions that need to be addressed by the applicant.</td>
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<td>A C19RM Advisory Group provides guidance to support decision-making for specific C19RM Additional Funding Requests and when the C19RM Investment Committee requires it.</td>
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<tr>
<td></td>
<td></td>
<td><strong>C19RM Secretariat</strong> records the C19RM Investment Committee recommendations and prepares the C19RM Investment Committee Report to the Board with relevant supporting documents (C19RM Grant Budget and C19RM Funding Request HPMT) that are updated and provided by the CT, requesting the Board’s no-objection on C19RM Additional Funding Requests requiring Board approval.</td>
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<td><strong>Governance Team</strong> coordinates the Board review and approval process.</td>
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<td><strong>Global Fund Board</strong> approves on a no-objection basis, any C19RM Additional Funding Request awards over US$45 million(^{35}) and any awards where the C19RM Investment Committee’s review suggests that the non-health product components of an award raise significant concerns about risk and complexity.</td>
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<td></td>
<td></td>
<td><strong>HPM Specialist</strong> (or LFA for C19RM Funding Request HPMTs where the health products budget is less than US$1.25 million) and <strong>PR</strong> ensure that the C19RM Incremental Funding HPMT (reinvestment HPMT, if required) is revised and validated to reflect approved products and quantities, based on the available submitted documents.</td>
</tr>
<tr>
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<td><strong>CT and PR</strong> ensure that the C19RM Funding Request Budget is revised by flagging the activities that were approved to be financed with the C19RM</td>
</tr>
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\(^{34}\)Ibid.  
\(^{35}\)Ibid.
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<th>Task</th>
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<td>Additional Funds and those that should be included in the Unfunded Quality Demand register.</td>
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<td><strong>C19RM Secretariat</strong> prepares the draft additional C19RM Notification Letter.</td>
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<td><strong>CT</strong> reviews and finalizes the C19RM Notification Letter, ensuring the following:</td>
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<td>- <strong>Department Head / Regional Manager</strong> overall sign off.</td>
</tr>
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<td>- <strong>Grant Finance Manager</strong> signs off the C19RM Grant Budget(s) and the C19RM Notification Letter.</td>
</tr>
<tr>
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<td></td>
<td>- <strong>HPM Manager</strong> clears the updated C19RM Incremental Funding HPMT, C19RM Reinvestment HPMT and the C19RM Notification Letter.</td>
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<td>- <strong>PHME Specialist</strong> clears the C19RM Funding Request Performance Framework(s), where applicable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- <strong>CT Legal Counsel</strong> clears the C19RM Notification Letter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- <strong>Senior FPM, Cluster Lead, if applicable</strong> / <strong>Regional Manager / Department Head</strong> (for High Impact) sign off on the C19RM Notification Letter.</td>
</tr>
<tr>
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<td></td>
<td><strong>C19RM Secretariat</strong> clears the finalized C19RM Notification Letter and supporting documents and confirms the award.</td>
</tr>
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<td></td>
<td></td>
<td><strong>CT</strong> coordinates the Head, Grant Management Division’s sign off and sends the final signed C19RM Notification Letter to the applicant, enclosing the updated C19RM Grant Budget(s), updated C19RM Incremental Funding HPMT and C19RM Reinvestment HPMT, C19RM Funding Request Performance Framework (where applicable) and the C19RM Procurement Progress Reporting Template.</td>
</tr>
</tbody>
</table>

**After approval of C19RM Additional Funding Request awards**

| f. Investmen | After the C19RM Investment Committee meeting | C19RM Secretariat will share an email confirming the C19RM Additional Funds decisions (including the dashboard) with the C19RM Investment Committee and other teams. |

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36 Sign-off authority delegated to Senior FPM, Cluster Leads is with respect to Focused portfolios, including multicountry grants, in officially designated department clusters. Regional Managers retain approval authority for all portfolios directly managed by Senior FPM, Cluster Leads.
<table>
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<th><strong>Timeline</strong></th>
<th><strong>Responsibilities</strong></th>
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<tbody>
<tr>
<td></td>
<td>decision confirmation email is shared (Up to 1 day)</td>
<td>Financial Controlling Team inputs C19RM Additional Funds and approves based on segregation of duties principles.</td>
</tr>
<tr>
<td>g. Contingent Liabilities recorded in financial system (Fusion) on a grant-by-grant basis</td>
<td>After the C19RM Investment Committee meeting decision confirmation email is shared. (Up to 1 day)</td>
<td>Financial Services team records Contingent Liabilities in financial system as per dashboard shared along with the email confirming the C19RM Additional Funds decisions.</td>
</tr>
<tr>
<td>h. Board notified of C19RM awards up to US$45 million.</td>
<td>As part of regular reporting to the Board</td>
<td>C19RM Secretariat reports on the C19RM Additional Funds as part of regular reporting to the Board.</td>
</tr>
</tbody>
</table>

Once the C19RM Notification Letter is sent to the applicant:

- The Country Team liaises with and agrees on the approach and timelines for the integration of the C19RM Additional Funds into grants with the Grant Operations (Grant Ops) Team. (See Section 2.3 on Integration of C19RM Additional Funds into Grants).

- The PR consolidates the C19RM Incremental Funding HPMT and C19RM Reinvestment HPMT into one single C19RM Grant HPMT and submits it to the Global Fund as part of the process to integrate C19RM Additional Funds into grants (See Section 2.3 on Integration of C19RM Additional Funds into Grants), which must be completed by 30 November 2023 at the latest; and

- The Country Team and PR work together to initiate implementation of approved C19RM activities using available uncommitted funds under the grant, pending integration of C19RM Funds into the grant. For those awards requiring Global Fund Board approval, the PR can initiate health products orders pending Board approval of the award, upon receipt of written confirmation from the Country Team.
Diagram 3. Decision tree to initiate C19RM implementation.

Activities require Procurement through PPM/Wambo?

- YES
  - Are there funds signed but uncommitted?
    - NO
      - Integrates C19RM into Grant
    - YES
      - Raise Wambo Ceiling
  - NO
    - Raise Wambo Ceiling

- NO
  - Is there an undisbursed balance?
    - NO
      - Commence Implementation
    - YES
      - Commence Implementation
  - NO
    - Disbursement
  - YES
    - Commence Implementation

Disbursement

Integrate C19RM into Grant
2.3 Integration of C19RM Additional Funds into Grants

The integration of C19RM Additional Funds into a grant IP is undertaken through an additional funding revision and is based on the following key principles:

- Principal Recipients are strongly encouraged to process an additional funding revision immediately, where possible. If a grant is required to submit a C19RM Grant Performance Framework (see Section 1.8 on Application Process), a subsequent revision will be required from mid-2023\(^{37}\) to incorporate the C19RM Grant Performance Framework\(^{38}\) (which should cover the period starting from July 2023) into the grant. The Global Fund will provide detailed guidance on how to process the subsequent revision in due course.

- If a grant is required to submit a C19RM Grant Performance Framework and has sufficient uncommitted funds to initiate the approved C19RM activities, Principal Recipients may also decide to wait until mid-2023\(^{39}\) to integrate the C19RM Additional Funds to process one revision only. Pending this integration, Principal Recipients can start implementing Global Fund approved C19RM activities provided there are sufficient uncommitted funds in the grant.

- In all cases, revisions to integrate C19RM Funds must be completed by **30 November 2023** at the latest.

Set out below are the steps for the integration of C19RM Funds into grants:

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<tr>
<th>Task</th>
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<tbody>
<tr>
<td>a. PR and CT finalize the following documents, as applicable, to capture the C19RM Additional Funds per Implementation Period:</td>
<td>After issuance of the C19RM Notification Letter</td>
<td><strong>CT and Grant Ops Team</strong> discuss and agree on approach and timelines for revision. <strong>Grant Ops Team</strong> initiates an additional funding revision. The following information needs to be selected:</td>
</tr>
<tr>
<td>- C19RM Grant Budget</td>
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<tr>
<td>- C19RM Grant HPMT</td>
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\(^{37}\) When the C19RM Performance Framework template and related online functionalities are expected to be released.

\(^{38}\) The C19RM Grant Performance Framework template is expected to be finalized in mid-2023. It is therefore not required for revisions processed prior to mid-2023. The Global Fund will notify each Principal Recipient of the timeline for its submission, along with relevant guidance.

\(^{39}\) When the C19RM Performance Framework template and related online functionalities are expected to be released.
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| The level of detail required for the C19RM Grant Budget is the same as the differentiated approach defined in the Guidelines for Grant Budgeting. | | Revision type: Additional funding revision<sup>40</sup>  
GAC meeting: C19RM |
| C19RM efficiencies identified during the finalization of the C19RM Grant Budget can be reinvested towards activities in the C19RM Unfunded Quality Demand. | | Note: GAC review is not required for C19RM revision but the field ‘GAC meeting’ is mandatory to select for an Additional Funding revision type in GOS. |
| Grant Revision Request Forms A and B are not required for C19RM revisions. | | PR prepares and submits the C19RM Grant Budget and C19RM Grant HPMT.  
With inputs from CT and LFA (as required):  
- Finance/PST Specialist reviews the C19RM Grant Budget  
- HPM Specialist reviews the C19RM Grant HPMT  
- FPM (and DFM<sup>41</sup>, if applicable) approves based on recommendations from CT Specialists. |
| **b.** CT attaches the C19RM Grant Budget and submits for Finance/PST Specialist validation in GOS.  
**c.** HPM Specialist uploads the C19RM Grant HPMT in HPMT aggregation tool. | **b.** Immediately following CT approval of the C19RM Grant Budget.  
**c.** Immediately following CT approval of the C19RM Grant HPMT. | PO/FPA attaches the C19RM Grant Budget in the Grant Revision module and submits for CT validation in GOS.  
Finance/PST Specialist validates the attached C19RM Grant Budget in GOS.  
HPM Specialist validates the C19RM Grant HPMT in HPMT aggregation tool.  
Grant Ops Team verifies data quality and returns to CT in case there are any issues to be resolved. Once final, submits for import in GOS which creates the ticket for IT to import the C19RM Grant Budget in GOS. |

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<sup>40</sup> Or “End-date revision” if this is being done at the same time as additional funding revision.  
<sup>41</sup> DFM is currently applicable to Nigeria, Democratic Republic of Congo and India portfolios. The DFM undertakes initial review and recommends to the Senior FPM.
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<tr>
<td>d. CT creates Grant Signing Calculator in GOS incorporating C19RM Funds.</td>
<td>Immediately following CT approval of the C19RM Grant Budget successful import of the C19RM Grant Budget and CT approval of the C19RM Grant HPMT.</td>
<td>Finance/PST Specialist prepares. Grant Finance Manager approves.</td>
</tr>
<tr>
<td>e. Grant Purchase Order is updated in Fusion (via GOS).</td>
<td>The Purchase Order is automatically submitted to Fusion for update (via GOS) if the following conditions are met:</td>
<td>Grant Ops Team generates the PDF version of the Summary Budget, and the Grant Confirmation table to be attached to the Implementation Letter.</td>
</tr>
<tr>
<td>• The grant Purchase Order cannot be submitted for approval until the Implementation Letter is fully signed and uploaded under revisions section in GOS.</td>
<td>- Validation of imported budget&lt;br&gt; - Grant / IP integrated with Fusion&lt;br&gt; - PR details available in Fusion&lt;br&gt; - Grant Signing Calculator is approved by GFM</td>
<td>Grant Ops Team generates the Summary Budget in PDF and the Grant Confirmation table from GOS.</td>
</tr>
<tr>
<td>f. Grant Ops Team generates the PDF version of the Summary Budget, and the Grant Confirmation table to be attached to the Implementation Letter.</td>
<td>Immediately following the update of the grant</td>
<td>! CTS to note that when the grant’s Purchase Order status is not approved (i.e., requires reapproval), Wambo purchase requisitions cannot be completed. CTS need to coordinate with Supply Operations (Principal Recipient Services Team) and complete the requisition approval process before initiating the Purchase Order revision in GOS.</td>
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42 The PDF version of the Summary Budget contains summary information of the C19RM Grant Budget and the detailed budget for grant funds for the disease/RSSH allocation.
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<th>Task</th>
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<tr>
<td>g.</td>
<td>CT prepares Implementation Letter and sends for signature.</td>
<td>Following Grant Finance Manager approval of the Grant Signing Calculator and grant the Purchase Order update! The Grant Confirmation Table cannot be generated before the grant Purchase Order is updated in Fusion.</td>
</tr>
<tr>
<td></td>
<td>PO or FPM/FPA (Focused) prepares the Implementation Letter. CT Legal Counsel reviews. FPM (and DFM, if applicable) reviews completeness and readiness for signature. CT follows standard signature process (see Delegation of Signatory Authority).</td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>In GOS, CT captures any new or amended grant requirements included in the Implementation Letter</td>
<td>Following signature of Implementation Letter by PR: PO or FPM/FPA (Focused) updates grant requirements in GOS as needed and updates the status of those that are complete / have been satisfied.</td>
</tr>
<tr>
<td>i.</td>
<td>Grant Ops Team attaches fully signed Implementation Letter in GOS.</td>
<td>Immediately following the signature of the Implementation Letter by the PR and the Global Fund (in accordance with the Delegations of Signature Authority). ! No later than 30 November 2023: PO or FPM/FPA (Focused) shares fully signed and dated Implementation Letter with Grant Ops Team. Grant Ops Team attaches Implementation Letter in GOS.</td>
</tr>
<tr>
<td>j.</td>
<td>Revised grant Purchase Order is forwarded for approval when the criteria are met.</td>
<td>Submission for approval happened automatically when the criteria is met. Grant Finance Manager approves revised Purchase Order.</td>
</tr>
<tr>
<td>k.</td>
<td>Grant Ops Team registers the revision in GOS as complete.</td>
<td>Grant Ops Team, after verifying that the Purchase Order is reflected as Approved in GOS, completes registration steps in GOS and notifies CT.</td>
</tr>
</tbody>
</table>
2.4 Reinvesting C19RM Funds

Key principles

Reinvestment of the C19RM Funds must adhere to the following guiding principles:

1. C19RM Funds must remain invested in the C19RM eligible investments.

2. Efficiencies from C19RM Funds can be reinvested towards C19RM strategic priorities that underpin longer-term investments in health systems strengthening and pandemic preparedness or reinvested in the C19RM Unfunded Quality Demand.

3. The reinvestment approach provides an opportunity to invest in new science and technology, where available.

Opportunities for reinvestment

Applicants/Principal Recipients must demonstrate a shift toward longer-term investments in health systems strengthening and pandemic preparedness by completing a reinvestment exercise.

1. Reinvestment proposals to use C19RM Funds by December 2023

Principal Recipients proposing to use C19RM Funds by 31 December 2023, may undertake the reinvestment exercise through a budget revision following the guidance set out in Annex 3 for reinvesting C19RM Funds. The C19RM Investment Committee reviews and approves any proposed reinvestments into new C19RM interventions, that were not previously approved by the C19RM Investment Committee.

2. Reinvestment proposals to use C19RM Funds beyond December 2023

- Reinvestment proposals submitted during the C19RM Additional Funding Request stage will be reviewed and approved by the C19RM Investment Committee. As part of the C19RM Additional Funding Request, applicants indicate the priority areas to be

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43 C19RM Funds must be used (e.g., goods, including health products, and services must be delivered and paid for) by 31 December 2023
covered and describe how the requested funding, in addition to the C19RM 2021 Funds, supports the transition from the emergency COVID-19 response to identified strategic RSSH priorities (in line with the C19RM Technical Information Note) and preparedness for future pandemics (see Section 1.8 on Application Process).

- Guidance on how to process reinvestments at any other stage not covered above, will follow in due course.

TRP visibility of C19RM reinvestment requests during the GC7 funding request stage

As part of TRP submission requirements, Principal Recipients should provide visibility of existing C19RM Funds to ensure complementarity and synergies between the proposed C19RM investments/reinvestments and the relevant GC7 investments in RSSH and pandemic preparedness. Documents submitted to the TRP by the C19RM Secretariat should include the following where available:

a. C19RM Additional Funding Request package, including a revised C19RM Funding Request Budget, C19RM Funding Request Performance Framework (where applicable) and C19RM Funding Request HPMTs, showing the shift towards the strategic priorities.

b. Summary of C19RM Investment Committee review outcomes.

c. GC7 Secretariat Briefing Note.

Reinvestment of the foreign exchange gains

Use of foreign exchange gains arising from existing the C19RM Funds can be reinvested towards C19RM interventions in the following priority:

- first, towards activities in the C19RM Unfunded Quality Demand; and

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44 As outlined in the C19RM Technical Information Note.
45 For High Impact and Core Portfolios (optional for Focused)
thereafter, for the scale up of C19RM interventions previously approved by the C19RM Investment Committee/the Board, and which align with the updated C19RM strategic priorities.

The use of foreign exchange gains will be governed by the Guidelines for Grant Budgeting subject to the approval thresholds set out below:

<table>
<thead>
<tr>
<th>Amount of Net Foreign Exchange Gain</th>
<th>Approval Authority (GMD)</th>
<th>Approval Authority (Finance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than US$5 million</td>
<td>Regional Manager / Department Head (for High Impact)</td>
<td>Grant Finance Manager</td>
</tr>
<tr>
<td>Equal or greater than US$5 million and less than US$10 million</td>
<td>Head of Grant Management Division</td>
<td>Head of Grant Finance Management</td>
</tr>
<tr>
<td>Equal or greater than US$10 million</td>
<td>C19RM Investment Committee</td>
<td></td>
</tr>
</tbody>
</table>

The request to use foreign exchange gains arising from previously awarded C19RM Funds can be submitted at the same time as a reinvestment request per the table above where the approval authority is the same.
Set out below are the steps for reinvesting the C19RM Funds:

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate planned reinvestment of existing C19RM Award during C19RM Additional Funding Request stage</td>
<td>During preparation and review of C19RM Additional Funding Request</td>
<td>As part of the C19RM Additional Funding Request, applicant outlines proposed use of C19RM Funds in the C19RM Additional Funding Request (including the C19RM Funding Request Budget, the C19RM Funding Request Performance Framework (where applicable) and the C19RM Funding Request HPMT).</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>See Section 2.2 on Additional Funding Request submission, review and approval</strong></td>
</tr>
<tr>
<td>Reinvesting during GC7 funding request stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Determine efficiencies and proposed complimentary activities between C19RM reinvestment and relevant GC7 investments to be funded in line with the updated C19RM strategic priorities.</td>
<td>During GC7 funding request</td>
<td><strong>PR and CT</strong> identify available efficiencies and proposed complimentary activities to use these efficiencies in line with the updated C19RM strategic priorities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>PR</strong> updates the C19RM Grant Budget (GC6), the C19RM Grant HPMT (GC6) and the (GC6) C19RM Grant Performance Framework (where applicable) based on the above.</td>
</tr>
<tr>
<td>b. Visibility of the proposed reinvestment</td>
<td>TRP Submission</td>
<td><strong>C19RM secretariat</strong> submits documentation for TRP visibility (as detailed above).</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TRP</strong> reviews and provides recommendations.</td>
</tr>
<tr>
<td>c. Capture reinvestment in the (GC6) C19RM Grant Budget, the (GC6) C19RM Grant HPMT and the (GC6) C19RM Grant Performance Framework (where applicable)</td>
<td>Following TRP review</td>
<td>Following TRP review, PRs follow guidance on reinvestment outlined above.</td>
</tr>
</tbody>
</table>
2.5 Implementation

2.5.1 Annual Funding Decision and Disbursements and Increase in Wambo.org Ceiling

Pending the additional funding revision process to integrate the C19RM Additional Funds, it is possible to use uncommitted grant funds (in-country cash balance, undisbursed funds from existing annual funding decision (AFD) and signed but not committed funds) to initiate approved C19RM activities and procurement of health products through PPM/wambo.org or other channels (see Diagram 3 on Decision Tree to initiate C19RM implementation). The OPN on Annual Funding Decision and Disbursement and OPN and Operational Procedures on Pooled Procurement Mechanism will apply.

Advance Procurement

Pending the grant revision process to integrate the C19RM Additional Funds, it is possible to request advance procurement and advance payments to initiate implementation of approved C19RM activities (see OPN and Operational Procedures on Pooled Procurement Mechanism). Instead of completing an advance payment or procurement memorandum, the Country Team is requested to complete the Advance Payment/Procurement Table 2 in the RRF for the C19RM Investment Committee review and approval at the same time as the C19RM award. The Country Team is responsible for ensuring that the following individuals have reviewed the table in the RRF prior to C19RM Investment Committee consideration of the request:

- Health Product Management, Manager, of: (1) health products (and quantities) to be procured immediately; (2) estimated amount for procurement of the health products; and (3) procurement channel (as relevant).
- Grant Management Regional Manager/Department Head (for High Impact), of the full contents of the table.
- Grant Finance Manager, Grant Finance Team, of the full contents of the table.
- Strategic Sourcing Senior Manager, Supply Operations of: (1) health products (and quantities) to be procured immediately; (2) estimated amount for procurement of the health products; (3) procurement channel; and (4) health product payment due date (as relevant); and
- Planning and Procurement Transaction Management, Head, Supply Operations of: (1) health products (and quantities) to be procured immediately; (2) estimated dollar amount for procurement of the health products; (3) procurement channel; and (4) health product payment due date (as relevant).
Set out below are the steps for initiating implementation after notification of a C19RM Additional Funds. This is also depicted in Diagram 3 above.

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Determine uncommitted funds. PR and CT identify uncommitted funds from the existing grant to cover PR cash needs and increases in the wambo.org ceiling pending the revision.  
- To increase wambo.org ceiling (for PPM orders), signed but not committed' funds can be used.  
- To meet PR cash needs for C19RM activity implementation, in-country cash, undisbursed funds from existing AFDs, and 'signed but not committed' funds can be used. | Following issuance of C19RM Notification Letter | PR to determine in-country cash balance.  
Finance/PST Specialist determines 'undisbursed' and 'signed but not committed' funds.  
CTs to note that when the grant's Purchase Order status is not approved (e.g., requires reapproval), Wambo purchase requisitions cannot be completed. CTs would need to coordinate with Supply Operations (Principal Recipient Services Team) and complete the requisition approval process before initiating the Purchase Order revision in GOS. |

If uncommitted funds are sufficient to initiate approved C19RM activities:

<table>
<thead>
<tr>
<th>Use of in-country cash balance</th>
<th>Following issuance of the C19RM Notification Letter</th>
<th>FPM (and DFM if applicable) indicates to PR when in-country cash balance can be used to initiate implementation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there is available in-country cash balance, the PR can use this to initiate implementation of approved C19RM activities (excluding wambo.org / PPM orders).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Disbursements and AFD  
- If there is insufficient in-country cash but there are sufficient undisbursed funds from the existing AFD or 'signed but not committed' funds, the CT can process disbursements and/or AFD (supplementary or new within the existing grant ceiling) to initiate implementation of approved C19RM activities (see below process for wambo.org/PPM orders).  
- Disbursements can be processed without requiring cash balance report for the first 12 months following C19RM award.  
- At the request of the PR, direct disbursements to third party organizations engaged by the PR can be processed.  
- Disbursements can be processed without requiring cash balance report for the first 12 months following C19RM award.  
- At the request of the PR, direct disbursements to third party organizations engaged by the PR can be processed.  
- Disbursements can be processed without requiring cash balance report for the first 12 months following C19RM award.  
- At the request of the PR, direct disbursements to third party organizations engaged by the PR can be processed.  
- Disbursements can be processed without requiring cash balance report for the first 12 months following C19RM award.  
- At the request of the PR, direct disbursements to third party organizations engaged by the PR can be processed.  
| Following issuance of the C19RM Notification Letter | FPM (and DFM, if applicable) and Finance/PST Specialist process AFD and disbursement per OPN on AFD and Disbursements.  
CTs to note that C19RM disbursements must be distinguished from Regular Grant Funds in the scheduled disbursements. In the Disbursement Form, a dropdown will be available on the disbursement line to indicate C19RM disbursements. |
<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. <strong>Determine whether an increase in wambo.org ceiling is needed</strong> based on C19RM Investment Committee approved procurement of health products through PPM.</td>
</tr>
</tbody>
</table>

**Scenario one.** Wambo.org ceiling is sufficient. No increase needed.  
**Scenario two.** Wambo.org ceiling is insufficient but there are ‘signed but not committed’ funds available within the grant. CT to use these funds to increase wambo.org ceiling.

<table>
<thead>
<tr>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following issuance of the C19RM Notification Letter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Finance Specialist/PST Specialist, in consultation with FPM (and DFM, if applicable), increases wambo.org ceiling in Fusion.  
See [Operational Procedures on PPM](#). |

<table>
<thead>
<tr>
<th>If uncommitted funds are insufficient to initiate the approved C19RM activities:</th>
</tr>
</thead>
</table>
| a. CT and PR prioritize the additional funding revision process to allow for an increase of the grant signed amount and grant Purchase Order ceiling in Fusion.  
- **Procurement through PPM:** PPM purchase orders cannot be placed until the wambo.org ceiling has been increased.  
- **Procurement outside of PPM:** Pending the revision, the Global Fund Secretariat can issue a commitment letter for the PR to initiate procurement activities outside PPM which require upfront commitment of funds if requested. |

After the revision is completed and the grant Purchase Order ceiling in Fusion is increased, the CT can process AFD and disbursements and increase the wambo.org ceiling.

| See Section 2.3 on Integration of C19RM Additional Funds into Grants |

| See Section on Revision above and [Operational Procedures on PPM](#). |

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46 See [Section 2.5.1](#) for further information on order approval prior to wambo.org ceiling increase.  
47 CT to consult with Legal Counsel and Finance Specialist in the first instance about issuing a commitment letter.
2.5.2 Procurement of Health Products

Timelines for procurement of Health Products

For most Principal Recipients, C19RM funds must be used (e.g., goods and services, including Health Products, must be delivered and paid for) by 31 December 2025\(^{48}\). Nevertheless, for complex health equipment, Principal Recipients are advised to place all orders swiftly in 2023, to allow sufficient time for installation and handover after delivery.

Procurement process

Procurement of health products financed from C19RM can be done through either the Global Fund’s Pooled Procurement Mechanism (PPM)/wambo.org or other procurement channels as described below.

- For procurement through PPM/wambo.org, the OPN and Operational Procedures on Pooled Procurement Mechanism apply with some flexibilities as defined in this document.
- For procurement through other channels, the Principal Recipient undertakes the procurement following the terms of the Grant Agreement, including any additional grant requirements as defined below.

Regardless of the procurement channel, health products procured with C19RM funding must meet Global Fund Quality Assurance requirements, as defined in Global Fund Quality Assurance Policies and in the Guide to Global Fund Policies on Procurement and Supply Management of Health Products, or as approved by the Global Fund’s Board\(^{49}\).

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\(^{48}\) C19RM Funds will continue to be implemented through GC6 grants. Countries with grants ending before 31 December 2025 need to plan an extension for the use of C19RM Funds only (see Principle 1 in Section 1.4). The Global Fund will provide additional details in due course.

\(^{49}\) See, in particular, Board decision points GF/B42/EDP11 and GF/B44/EDP18.
Principal Recipients are strongly encouraged to use PPM/wambo.org, where the terms of the relevant Grant Agreement permit. This will allow for countries to benefit from negotiated terms and pricing, while simplifying orders especially for those products that are currently scarce on the global market (e.g., antiviral medicines).

The procurement channel arrangements must be clearly captured in the C19RM Funding Request HPMT prior to the C19RM Investment Committee deliberations on the C19RM Additional Funding Request.

A three-category framework for health products has been developed that describes the sourcing of products with different dynamics, including those products which are scarce or for which supply may be tight on the global market and where pooling or enhanced visibility of progress is needed to have assurances that key products are secured and delivered when needed for impact:

- **Strategic Health Products** are products where supply dynamics and constraints necessitate pooling of demand to attain better market outcomes (such as lower prices or improved lead times).
- **Mainstream Health Products** are products where supply may be tight or fragile and enhanced visibility of progress is needed; and
- **Local Sourcing Advised/Possible Health Products** are products which are generally low value, bulky and/or hazardous products, such as alcohol, bleach, disposable waste boxes, etc., where freight costs are high compared to the product cost, or more complex diagnostic and/or health equipment where existing contractual agreements can be leveraged for acquisition, installation and maintenance.

As described in Section 2 of the Guide to Global Fund Policies on Procurement and Supply Management of Health Products, where pooling of demand can attain better market outcomes, the Principal Recipient must use its best efforts to use PPM or other regional and global procurement services or agents acceptable to the Global Fund. The use of PPM/wambo.org may be mandated by the Global Fund, to ensure equitable access to COVID-19 products based on coordinated allocation models with partners or where there are documented procurement capacity gaps. Such situations will be analyzed and managed on a case-by-case basis.

For **Strategic Health Products**, the following procurement channels are available in order of priority:\footnote{The C19RM Investment Committee may consider alternative procurement channels proposed by the applicant, in exceptional circumstances only.}:

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\footnote{The C19RM Investment Committee may consider alternative procurement channels proposed by the applicant, in exceptional circumstances only.}
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\(^{51}\) reporting on visibility from procurement to delivery.

**For Mainstream Health Products**, Principal Recipients are generally expected to use PPM/wambo.org.

If a Principal Recipient elects not to use PPM/wambo.org (unless mandated), they can request to procure the Mainstream Health Products through:

a. national sourcing channels, provided the Principal Recipient demonstrates adequate procurement capacity that meets the requirements in the Grant Agreement and agrees to provide to the Global Fund:
   i. procurement performance assurance (including on quality, speed, volume, price and overall risk); and
   ii. monthly\(^{52}\) 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:
   i. procurement performance assurance (including on quality, speed, volume, price and overall risk); and
   ii. monthly\(^{53}\) reporting on visibility from procurement to delivery.

**For Local Sourcing Advised/Possible Health Products**, PPM/wambo.org may be mandated by the Global Fund as above or elected by the Principal Recipient if no sources are available at the country or sub-regional level. The C19RM Health Product Segmentation Framework sets out which Local Sourcing Advised/Possible Health Products require monthly\(^{54}\) reporting on visibility from procurement to delivery. Together, these are referred to as “Local Sourcing Advised Health Products with Enhanced Reporting”.

If a Principal Recipient elects not to use PPM/wambo.org for Strategic and Mainstream Health Products, the Country Team must confirm to the C19RM Investment Committee that there is confidence in terms of procurement performance assurance

\(^{51}\) For Focused portfolios, reporting can be provided on a quarterly basis.
\(^{52}\) For Focused portfolios, reporting can be provided on an annual basis.
\(^{53}\) For Focused portfolios, reporting can be provided on a quarterly basis.
\(^{54}\) For Focused portfolios, reporting can be provided on an annual basis.
compliance, speed, volume, price and overall risk). The procurement channels, reporting and other requirements for the three product categories (as relevant) must be approved by the C19RM Investment Committee, communicated to the applicant in the C19RM Notification Letter and incorporated into the Grant Agreement with the relevant Principal Recipient.

Further details on which products fall into each category can be found here.

Further information including product category information, reference prices, lead-times etc. are available here.

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Procurement through PPM/wambo.org</td>
<td>Following (i) issuance of the C19RM Notification Letter; (ii) completion of wambo.org onboarding (if not already completed), and (iii) increase in wambo.org ceiling (if there are sufficient uncommitted funds)</td>
<td>PR initiates the procurement in wambo.org and selects “C19RM 2021” for grant budget identification. HPM Specialist confirms that funding is approved for these health products in the wambo.org approval chain, (or offline form55), based on the C19RM Notification Letter and confirms that the correct grant budget identification has been selected. Finance/PST Specialist confirms that funding is available.</td>
</tr>
<tr>
<td>b. Procurement through other channels</td>
<td>Following issuance of C19RM Notification Letter</td>
<td>PR manages this process. If funds are needed to initiate this process, PR can use in-country cash or request disbursement from the Global Fund.</td>
</tr>
</tbody>
</table>

If, during implementation, either the health product category changes in the Health Product Segmentation Framework or the PR elects to change the procurement channel previously approved by the C19RM Investment Committee, the following process applies:

55 See Section 2.5 for further information on use of the offline form.
Change of **product category** in Health Product Segmentation Framework which impacts on default procurement channel.

<table>
<thead>
<tr>
<th>Change post C19RM Investment Committee approval</th>
<th>Process to update Health Product Segmentation Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updates to the Health Product Segmentation Framework must be agreed by <strong>SO</strong>, <strong>GMD</strong> and <strong>TAP</strong> and notified to the C19RM Investment Committee.</td>
<td></td>
</tr>
<tr>
<td><strong>SO</strong> documents agreed change in the Health Product Segmentation Framework. <strong>SO</strong> coordinates with C19RM Secretariat to communicate changes to CTs, CCMs and PRs on the first and fifteenth of each month (or sooner, depending on impact of the change, e.g. if product is not available on PPM).</td>
<td></td>
</tr>
</tbody>
</table>

**Impact on C19RM awards**

- If the product switches from **Mainstream/Strategic Health Product to Local Sourcing Advised/Possible Health Product** (e.g., if product is not available on PPM; or other procurement channel provides better value for money procurement for bulky, low-value health products), the PR explores other sourcing channels if not previously approved by the C19RM Investment Committee.

Once the alternate sourcing channel has been identified, the CT must confirm that adequate procurement performance assurance and commitment to the required enhanced reporting for the revised procurement channel is in place and request approval by email from the Department Head\(^\text{56}\) (copying the C19RM Secretariat). Once approved, the CT will revise the C19RM Grant HPMT to reflect the revised procurement channel and send with written confirmation to the PR and upload into the HPMT aggregation tool. The CT is responsible for ensuring that a post-procurement review of the outcomes of the procurement in terms of price, lead-time and QA compliance is carried out as part of standard procurement reviews conducted by the LFA and communicated to the Department Head.

\(^{56}\) DH can delegate to RMs while retaining overall accountability.
<table>
<thead>
<tr>
<th>Change post C19RM Investment Committee approval</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the product switches from Local Sourcing Advised/Possible Health Product to Mainstream/Strategic Health Product;</td>
<td></td>
</tr>
<tr>
<td>If the procurement is not initiated (e.g., if the tender is not yet published, or the order has not been placed), the PR must explore alternative procurement channels in accordance with the requirements for Mainstream and Strategic Health Products as provided in section 2.5.2 above:</td>
<td></td>
</tr>
<tr>
<td>a) If the PR elects to use PPM, the CT will confirm with SO supply feasibility, revise the C19RM Grant HPMT to reflect the revised procurement channel and send with written confirmation to the PR.</td>
<td></td>
</tr>
<tr>
<td>b) If the PR elects to use other pooled procurement channels, the PR must agree to provide procurement performance assurance and regular reporting on visibility from procurement to delivery (as set out above). The CT will revise the C19RM Grant HPMT to reflect the revised procurement channel and send with written confirmation to the PR; and</td>
<td></td>
</tr>
<tr>
<td>c) If the PR elects to maintain national procurement channels, the CT must confirm this by email with the Core Procurement Channel Group57 (copying the C19RM Secretariat) before reverting to the PR.</td>
<td></td>
</tr>
<tr>
<td>If the procurement has already been initiated, no action needed.</td>
<td></td>
</tr>
</tbody>
</table>

In all cases, if there is a change to the procurement channel previously approved by the C19RM Investment Committee, the CT must also notify the C19RM Secretariat of the approved change for onward reporting to the C19RM Investment Committee.

57 “Core Procurement Channel Group” is composed of the DH/RM; GFM; HPM Manager; Head of Planning and Procurement Transaction Management; Manager, SO Risk and Program Finance; the Head TAP will be consulted for advice as needed.
<table>
<thead>
<tr>
<th>Change post C19RM Investment Committee approval</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR requests to <strong>change procurement channel</strong> (no changes to product category)</td>
<td>• If the PR elects to change procurement channel from <strong>PPM to local/other pooled procurement channel</strong>, Global Fund prior approval is required. The approval authority for the change depends on the following criteria:</td>
</tr>
</tbody>
</table>

  a) **Department Head**[^58] if (i) the total budgeted value of the health products is under US$100,000 (excluding freight costs); and (ii) the health products being procured are subject to unique eligibility requirements such as differentiated access pricing by some manufacturers or import restrictions due to national legislation (regulatory, hazard or safety); and/or (iii) the PPM freight estimate in wambo.org (based on recent purchases) is more than 40% of the health product value (higher than the ocean 75th percentile as per PPM freight cost reference); or

  b) **Head of Supply Operations** after concurrence with the **Core Procurement Channel Group** in all other circumstances.

*In all such cases,* the CT, must confirm to the relevant approval authority that there is adequate procurement performance assurance and commitment to the required enhanced reporting for the revised procurement channel. The procurement risk rating of the grant as per the IRM for High Impact and Core portfolios shall be taken into consideration. Where procurement risk is high or very high, pre-award procurement reviews must be implemented.

If the request is approved, the CT will revise the C19RM Grant HPMT to reflect the revised procurement channel and send it with written confirmation to the PR and upload into the HPMT aggregation tool. The CT is responsible for ensuring that a post-procurement review of the outcomes of the procurement in terms of price, lead-time

[^58]: DH can delegate to RMs while retaining overall accountability.
2.5.3 PR Reporting

As C19RM investments are integrated into regular grants, PR reporting on progress of implementation and financial performance of C19RM awards is mainly provided as part of the scheduled Progress Update and/or Disbursement Requests (PU/DR) for these grants.

The scheduled PU/DRs will be supplemented with additional information as follows:

- **Pulse Checks** which collect more frequent and timely insights to enable swift and fact-based decision-making and action as needed, increasing the agility of implementation. These are required for grants in High Impact and Core portfolios; and

- **Procurement reporting** for Strategic and Mainstream Health Products approved for procurement channels outside of PPM/wambo and Local Sourcing Advised/Possible Health Products with Enhanced Reporting (see Section 2.5.2 on Procurement of Health Products).
<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PU/DRs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. PR reports on progress of implementation and use of C19RM Funds in scheduled PU/DR.</td>
<td>According to the defined reporting schedule for the existing grant</td>
<td>Following the <a href="#">PU/DR Form Instructions</a>.</td>
</tr>
<tr>
<td>b. CT (supported by LFA as required) reviews progress of implementation and use of C19RM funding as part of the standard review of the PU/DR for the grant.</td>
<td>According to the defined reporting schedule for the existing grant</td>
<td>LFA and CT reviews following the <a href="#">PU/DR Form Instructions</a>. CT approves report and FPM (and DFM, if applicable) sends PR Performance Letter capturing results of review and required management actions (including C19RM-specific actions).</td>
</tr>
<tr>
<td><strong>2. Pulse Checks (High Impact and Core portfolios only)</strong></td>
<td>Quarterly (35 days from the end of the last reporting period)</td>
<td>Following the <a href="#">Guide for PRs on Completing and Submitting Pulse Checks</a>.</td>
</tr>
<tr>
<td><strong>3. Procurement Reporting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Strategic and Mainstream Health Products outside of the PPM/wambo.org procurement channel (see <a href="#">Section 2.5.2 Procurement of Health Products</a> above) and Local Sourcing Advised/Possible Health Products with Enhanced Reporting, transaction-level data is needed at <strong>product level</strong> for key procurement and supply chain milestones on the following: (a) purchase order issued date; (b) promised delivery date; (c) product dispatched from manufacturer date; and (d) delivery receipt date. The data will need to be submitted per the standard Global Fund template.</td>
<td>Core and High Impact Portfolios: Monthly (every 10th day of the month – reporting on the preceding month’s transactions) Focused Portfolios: - Quarterly (every 10th day after each quarter) for UN / other pooled procurements</td>
<td>PR prepares procurement information as per the Global Fund <a href="#">C19RM Procurement Progress Reporting Template</a> per the timelines included in the C19RM Notification Letter or the Grant Confirmation. The review, collation and reporting of procurement data will be done by the Global Fund in accordance with Standard Operating Procedures on non-PPM reporting. The key steps and responsibilities are as follows: The CT is responsible for following up with the PR if the report is not received within the required timeframes. Within 5 days of receipt of each monthly Procurement Progress Report or 10 days of receipt of each quarterly / annual Procurement Progress Report from the PR:</td>
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<tr>
<td>Task</td>
<td>Timeline</td>
<td>Responsibilities</td>
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|      | Yearly (10th day after the end of each calendar year) for national sourcing channels | • CT reviews report to ensure completeness and consistency of the data with the template requirements and against the review checklist developed as part of the Standard Operating Procedures on non-PPM reporting. Where required (e.g., for Focused portfolios), the CT can delegate the review of the report to the LFA; and  
• The CT shares the reviewed reports with the **Supply Operations C19RM Data Analyst**, who in turn provides secondary review on correct use of the reporting template, leads on the analytics on submitted data, and points out outlier data-points to the CT to improve the quality of PR reporting.  
**Supply Operations** consolidates reports for analysis and use of the data. |


2.6 Risk Management Assurance across the C19RM Life Cycle

C19RM risk mitigation and assurance activities must leverage the existing grant reporting and assurance structures. However, considering the significant increases in C19RM funding and Board expectations for robust monitoring and oversight, an enhanced approach has been designed.

Assurance planning for C19RM is an ongoing process which starts for all countries/portfolios at the C19RM Additional Funding Request review stage and is done to mitigate incremental risks identified based on C19RM implementation arrangements, capacity of implementers and systems, investment priorities, and program design.

All portfolios shall plan and implement as per the regular practice, risk-based, investment-driven LFA assurance activities across the updated C19RM investment priorities:

i. **Risk based**: e.g., procurement / asset management / fraud and fiduciary / programmatic / implementation risks; and

ii. **Investment-driven**: C19RM Additional Funds and/or reinvestments of US$ 5 million or more approved towards strategic priorities.

In addition, the following minimum assurances for High Impact/Core portfolios apply:

i. **for high-risk contexts**: pre-award procurement reviews for in-country procurement of strategic and mainstream health products.

ii. **as relevant (based on C19RM investment areas) in 2023 – 2025**: assurance for PSA plants, waste management, and laboratory equipment.

iii. **at least in 2023**: supply chain reviews to review stock levels and expiries of health products used to implement C19RM activities (e.g., diagnostics/PPC/therapeutics) irrespective of source of funding.

Additional assurances for specific portfolios may be included in the relevant C19RM Notification Letters.

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59 Where the procurement and fraud risks are considered to be high or very high.
The scope of any assurance activities will be driven by risk and materiality considerations.

**Diagram 4a. Minimum assurance for High Impact and Core portfolios**

- **Pre-awarded procurement reviews** for in-country procurements of strategic and mainstream products
  - In high-risk contexts

- **Assurance** for PSA plants, waste management and laboratory equipment
  - As relevant, in 2023-2025

- **Supply chain reviews** of stock levels and expiries of C19RM health products (e.g. diagnostics, PPC, therapeutics) irrespective of source of funding
  - At least in 2023

Detailed guidance on assurance services is set out in [Annex 1](#) to these Guidelines.

Assurance planning for C19RM will follow the process defined below:
As part of their review of the C19RM Additional Funding Request, the Country Team, Risk Department and other second line functions define mitigation actions and assurance activities based on identified risks related to the proposed C19RM investments. These are captured in the cross-functional Secretariat review section of the Review and Recommendation Form (RRF).

- Mitigating actions and assurance activities recommended by the Risk Department and other second line functions are generally for the Country Team’s consideration except for defined the minimum assurances for High Impact and Core portfolios.

- The C19RM Secretariat will include the recommended assurance actions in the presentation to the C19RM Investment Committee at award stage. The C19RM Investment Committee may then recommend that mitigation actions and assurance activities are included in the C19RM Notification Letter for the CCM and PRs’ attention. C19RM related risks, mitigation actions and assurance activities for High Impact and Core Portfolios will be captured in the Integrated Risk Management Module (IRM) and updated throughout grant implementation.

- Country Teams, in consultation with the LFA, and relevant second line functions define the scope of the LFA assurance services, tailor them to the risks identified, and include them into the annual LFA C19RM workplans. LFA workplans for C19RM assurance are prepared by following the regular annual LFA budgeting process.

- LFA work plans for High Impact and Core portfolios require additional review by the Head, Country Risk Management, Risk Department. Specific details are incorporated in the annual LFA Budgeting Guidelines.

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Global Fund has adopted the 'Three Lines of Defense' risk and assurance model. In the Three Lines of Defense model, management control is the first line of defense in risk management, the various risk control and compliance oversight functions established by management are the second line of defense, and independent assurance is the third. At the Global Fund, the Country Teams execute the first line of defense function and are responsible for management control of grant portfolios. The Risk Team along with the TAP, CRG, MECA, SO, HPM managers and Finance perform the Second line assurance function and responsible for setting policies, framework, guidelines and developing tools, advisory role and for monitoring and oversight. The OIG performs the role of independent assurance.
The table below captures the C19RM assurance approach for each stage of the grant lifecycle:

<table>
<thead>
<tr>
<th>Stage</th>
<th>All Portfolios</th>
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| C19RM Additional Funding Request Review and Approval                | • GAC partners and CTAG inputs as well as the C19RM Investment Committee and Board decision-making process provides the necessary assurance on due diligence performed at the review and award stage.  
• Tailored capacity assessments may be requested where the Country Team has concerns around the Principal Recipient’s capacity to undertake or provide the necessary oversight of the proposed C19RM interventions.  
• Country Team, Risk Department and second line functions review risks and define the mitigating actions and assurance mechanisms during implementation per defined assurance planning process above. |
| Integrating C19RM Additional Funds into Grants                       | • The assurance mechanisms during grant revision and grant-making processes are applied as per regular practice.                                                                                                                                                                                                                                |
| Implementation                                                       | • C19RM funding and activities are subject to the same internal controls and assurance planned for the regular grant, with C19RM-specific requirements defined during the C19RM Additional Funding Request review and approval stage.  
• For High Impact and Core portfolios, information on extent of grant, programmatic and service delivery disruptions, key financial performance indicators, supply chain performance metrics and select indicators to monitor delivery of HIV, TB and malaria services is collected through quarterly Pulse Checks.  
• Depending on the procurement channel for health products financed from C19RM, procurement reporting will be required (see Section 2.5.2 on Procurement of Health Products). |
| Monitoring and Oversight                                             | • Per the defined C19RM Monitoring and Oversight approach, quarterly, monthly and ad hoc reports will be provided to the C19RM Investment Committee to facilitate operational monitoring and oversight of implementation.                                                                                                                                                     |
3. Secretariat Reporting

Pursuant to Board decision GF/B44/EDP18, the C19RM Secretariat is responsible for providing reports to the Board on approved C19RM awards and making certain C19RM information available on the Global Fund’s website.

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>a. Regular notifications to the Global Fund Board of any awards made by the C19RM Investment Committee.</td>
<td>Regular</td>
<td>The C19RM Secretariat drafts regular reports on notifications to the Global Fund Board. The C19RM Investment Committee approves the reports on C19RM award notifications to the Board. The C19RM Secretariat submits the reports to the Board.</td>
</tr>
<tr>
<td>b. Monthly reports to the Global Fund Board that will include: (i) cumulative awards (whether approved by the Board / Secretariat through delegated authority) categorized by country, regional and global level and priority area; and (ii) disaggregated data on types of investments for awards made during the reporting period. The monthly reports may also capture cross-cutting/thematic issues observed by the Global Fund Secretariat and informed by the monthly GAC Partners and CTAG review meetings at (c) below. The monthly reports will append the: (i) C19RM Additional Funding Requests; and (ii) C19RM Notification Letters for awards made during the reporting period.</td>
<td>Monthly</td>
<td>The C19RM Secretariat drafts monthly reports to the Global Fund Board. The C19RM Investment Committee approves the monthly reports to the Board before submission to the Board. The C19RM Secretariat submits the reports to the Board.</td>
</tr>
<tr>
<td>c. Monthly GAC Partners and CTAG review meetings to discuss C19RM awards made, issues emerging from</td>
<td>Monthly</td>
<td>The C19RM Secretariat convenes monthly review meetings for the relevant period.</td>
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THE GLOBAL FUND
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<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
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<tr>
<td>reviews of C19RM Additional Funding Requests, and concerns and observations from partners.</td>
<td></td>
<td>Approach detailing scope, agenda and structure of the C19RM GAC/CTAG Partners' monthly review meetings to be developed and approved by the C19RM Investment Committee, in consultation with GAC.</td>
</tr>
<tr>
<td>d. Publication on the Global Fund COVID-19 website of: i. C19RM Unfunded Quality Demand to facilitate resource mobilization efforts and provide visibility to the Board; and ii. Core information from the monthly Board reports.</td>
<td>One month after the monthly Board reports are sent to the Board</td>
<td>The C19RM Secretariat publishes the information on the Global Fund website.</td>
</tr>
<tr>
<td>e. Publication on the Global Fund COVID-19 website of C19RM awards.</td>
<td>Three months after the monthly Board reports are sent to the Board.</td>
<td>The C19RM Secretariat publishes the information on the Global Fund website.</td>
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Annex 1. C19RM Assurance Guidance

Background

1. Assurance is an integral part of Global Fund grant management, both at country and Global Fund Secretariat levels, and provides confidence to donors, technical partners, and beneficiaries that investments are made strategically, efficiently and effectively.

2. In its decision GF/B44/EDP18, the Board agreed that C19RM should leverage existing Global Fund processes, controls and frameworks. The Board also acknowledged that modifications may be necessary to ensure the level of speed and agility necessary for an emergency response.

3. COVID-19 has increased the inherent risks across several risk categories (programmatic, financial and supply chain related).

4. Accordingly, the Secretariat uses a tailored C19RM assurance framework to ensure that end-to-end visibility and high standards of due diligence and oversight are maintained to meet the expectations of the Global Fund Board and its Committees.

5. For the purposes of this Annex, the focus is on assurance over country level operations (downstream or in-country assurance) to offer insights on progress made in implementing approved activities and interventions.

Upstream and Downstream Assurance

6. Assurance is considered throughout C19RM lifecycle stages from pre-award to closure. The sections below detail the principles and the tools available to strengthen in-country assurances.
Key Principles

7. Downstream assurance verifies the pace of implementation, checks whether controls are executed as planned and, through triangulation against performance reports, offers key management information on exceptions (or outliers) for early intervention.

8. Assurance activities should be:
   - proportionate to the nature of investments, level of risk involved, and value of information obtained compared to the cost incurred in obtaining the assurance.
   - tailored to the country context and needs considering the grant budget drivers, type of implementer and risk profile; and
   - the most effective given the context, lessons learnt, best practices and within the Global Fund’s span of control and/or influence.

9. LFAs are the primary provider of downstream assurance services. Global Fund also leverages and uses partner data and reports where available, more specifically on COVID-19 burden and delivery of services. First Line (Country Teams) and Second Line61 functions may also decide to engage alternative providers who may be better positioned to provide specific assurance services. C19RM assurance leverages services planned for HIV, TB and malaria and should be adapted to incorporate C19RM as appropriate. In most cases this will involve changes in the scope and Level of Effort (LOE) of LFA assurance activities already planned. For non-LFA led assurance, this may also require that terms of reference (ToRs) are adapted to include oversight on C19RM interventions (e.g., Audit Terms of Reference).

10. For portfolios submitting the C19RM Additional Funding Requests, Country Teams are required to understand as early as possible in the process (ideally during C19RM Additional Funding Request development) which entities/actors will be responsible for the main C19RM interventions, and which systems and implementation arrangements the PR will be using. The C19RM funding will be channeled through existing Principal Recipients and GC6 grants. Refer to Section 1.10 of the C19RM Guidelines for further details on requirements for capacity assessments where new implementers are proposed.

61 The Global Fund has adopted the ‘Three Lines of Defense’ risk and assurance model. In the Three Lines of Defense model, management control is the first line of defense in risk management, the various risk control and compliance oversight functions established by management are the second line of defense, and independent assurance is the third. At the Global Fund, the Country Teams execute the first line of defense function and are responsible for management control of grant portfolios. The Risk Department, along with the TAP, CRG, MECA, SO, HPM managers and Finance, perform the second line assurance function and are responsible for setting policies, frameworks and guidelines, developing tools, performing an advisory role and monitoring and oversight. The OIG performs the role of independent assurance.
11. The LFA may be requested to review the C19RM Additional Funding Request documents, such as the C19RM Grant Budget, the C19RM Grant Performance Framework (where applicable) and/or C19RM HPMT (Health Product Management Template), based on the risk context. The Country Team may also request the LFA to act as an observer at key meetings related to C19RM Additional Funding Request development.

Assurance Approach For C19RM

12. C19RM is a temporary, timebound mechanism established to address the COVID-19 pandemic. The Global Fund has articulated a revised C19RM Monitoring and Evaluation Framework (see Schedule 1 for the C19RM Monitoring and Evaluation Framework) that provides an integrated approach to the measurement of Global Fund investments. The C19RM Monitoring and Evaluation Framework provides end-to-end visibility from inputs to outputs/outcomes along the C19RM lifecycle (pre-award, award and implementation stages).

13. In addition to the robust monitoring of inputs, outputs and outcomes through various channels, indicators will be reported through the grant performance frameworks. Data will be sourced from routine reporting systems, on-site assessments, technical partners, and program records maintained by the PRs. To facilitate visibility on implementation progress, assurance of delivery of planned interventions and an enhanced Secretariat-led monitoring and oversight function will play a significant role in providing end-to-end oversight of C19RM activities at country (grant) level.

14. Given the shift in the nature of the pandemic, the approach and scope of C19RM supply chain and health services spot checks are being revised. The new approach will take into consideration the need for continuous assurance of C19RM investments and will be communicated in due course to all stakeholders, including PRs.

15. C19RM leverages the existing grant reporting and assurance structures (PR reporting, grant assurances, including audits and LFA assurances) including preparation of detailed activity-based budgets and the HPMT. The Global Fund relies on multiple sources of data (as outlined in the C19RM Monitoring and Evaluation Framework) to provide end-to-end visibility of execution of C19RM, coupled with targeted risk-based assurance activities. HIV, TB and malaria
16. Assurance planning is an ongoing process which all portfolios (High Impact/Core/Focused) initiate at C19RM Additional Funding Request review stage to mitigate incremental risks identified based on planned implementation arrangements, capacity of implementers and systems (procurement capacity, knowledge of risks related to supply chain systems; mechanisms to process the funds, e.g., cash payments, etc.), investments priorities and program design. These recommendations are captured under the cross-functional Secretariat reviews in the RRF and may be communicated to the country as requirements in the C19RM Notification Letters following the C19RM Investment Committee (or Board) decision. (Refer to Section 2.6 of the C19RM Guidelines). C19RM-related risks, mitigations and assurance plans must be captured in the Integrated Risk Management Module (IRM) for High Impact and Core Portfolios and updated during the course of grant implementation.

17. Quarterly Pulse Checks collect information on the extent of grant, programmatic and service delivery disruptions, key financial and supply chain performance indicators and select indicators to monitor delivery of HIV, TB and malaria services.

18. All portfolios shall plan and implement as per the regular practice, risk-based, investment-driven LFA assurance activities across the updated C19RM investment priorities:
   i. **Risk based**: e.g., procurement / asset management / fraud and fiduciary / programmatic / implementation risks; and
   ii. **Investment-driven**: the C19RM Additional Funds and/or reinvestments of US$ 5 million or more approved towards strategic priorities.

19. In addition, the following minimum assurances for High Impact/Core portfolios apply:
   i. **for high-risk contexts**\(^{62}\): pre-award procurement reviews for in-country procurement of strategic and mainstream health products.
   ii. **as relevant (based on C19RM investment areas) in 2023 – 2025**: assurance for PSA plants, waste management, and laboratory equipment.
   iii. **at least in 2023**: supply chain reviews to review stock levels and expiries of health products used to implement C19RM activities (e.g., diagnostics/PPC/therapeutics) irrespective of source of funding.

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\(^{62}\) Where the procurement and fraud risks are considered to be high or very high.
Additional assurances for specific portfolios may be included in the relevant the C19RM Notification Letters.

(Refer to Risk Management and Assurance Across the C19RM Lifecycle for further details).

20. The following sections provide a menu of potential C19RM assurance services depending on risks. Additional guidance on LFA assurance for C19RM implementation can be found in Schedule 2. This document provides guidance on leveraging LFA assurance on programmatic components funded via C19RM, in particular with regards to health systems and pandemic preparedness investments.

**C19RM Programmatic Assurance**

21. Programmatic assurance planning should be tailored to ensure new activities in the COVID-19 response 10 Pillar framework that have not been implemented in the past are scoped for review as appropriate. The assurance services available for consideration are highlighted below.

Programmatic Assurance measures for C19RM investments at C19RM Additional Funding Request and award stage

22. **Tailored Programmatic Capacity Assessments** may be requested where the Country Team has concerns around the Principal Recipient’s capacity to undertake or provide the necessary oversight of the proposed C19RM interventions. Please refer to Section 1.10 of C19RM Guidelines for details.

Core Programmatic Assurance measures for C19RM investments during Implementation. Please refer also to Schedule 2 for a guide on LFA assurance by programmatic area.

23. **COVID-19 HIV, TB and malaria indicator reporting and analysis.**
**Purpose:** To facilitate close monitoring of the impact of COVID-19 on HIV, TB and malaria programs, the Secretariat prioritizes reporting on a small set of indicators to monitor HIV, TB and malaria service continuity. The emphasis is on recency of data reported by PRs to understand program disruptions and initiate dialogue on program adaptations and catch-up plans and inform the C19RM Additional Funding Request submissions.

**Implementation:** The data is being collected through quarterly PR Pulse Checks across the High impact and Core portfolios.

24. **LFA verification of C19RM results reporting**

**Purpose:** On-site verification of reported results by the LFA to verify data quality, identify implementation bottlenecks and inform quality improvement. It includes assessing systems/mechanisms for reporting from operational to national level, compliance to measurement guidance provided in the Indicator Guidance Sheets, sample check of actual vs reported results, and recommended mitigation measures to improve program and data quality.

**Implementation:** Standard TORs developed by MECA/TAP. Implemented at least once a year, in a sample of up to 20 sites purposefully selected based on volume of results and/or other risk factors in relation to oxygen/HTM as determined by the LFA/Country Team.

25. **Community Led Monitoring (CLM)**

**Purpose:** This is a process by which service users or local communities gather and use information on local conditions impacting on effective service provision, to improve the responsiveness, equity and quality of services and hold providers to account.

**Implementation:** As per guidance from CRG, the Secretariat will support scaling-up of CBM in coordination with civil society and technical partners such as Stop TB Partnership and UNAIDS.

**Applicability:** To be considered for C19RM awards over US$ 20 million and for all C19RM awards with significant investments in community-based activities.
Health Facility Assessment (HFA)

**Purpose:** Assessment of HIV, TB, malaria and pandemic preparedness/COVID-19 service availability, readiness, quality of care and management in health facilities. Provides the status of the country’s health facility services, using a nationally representative sample of facilities or a targeted sample.

**Implementation:** If an HFA is planned, ensure the selected HFA tool is fit for purpose. An appropriate tool for monitoring COVID-19 related interventions should be selected, in addition to HIV, TB and malaria services, to ensure that it covers the C19RM investments as well.

**Applicability:** May be considered for (a) C19RM awards where high risks are foreseen for planned facility level investments (e.g., Oxygen, PPE, Waste management, Automated PCR tests, Ag RDT, Therapeutics, etc.) and data systems are considered weak or (b) if an HFA is already planned in the country.

26. Data Quality Reviews (DQR)

**Purpose:** DQR assesses the quality of data reported through the national HMIS, using a nationally representative sample of facilities or a targeted sample of 20-40 sites (targeted DQR). The assessment is done using/adapting the WHO Data Quality Review Toolkit.

**Implementation:** If DQR is planned, ensure the assessment includes a review of C19RM related interventions, surveillance, and M&E systems. Ensure selected indicators include those related to the C19RM investment.

**Applicability:** (a) Countries that are already planning data quality reviews in in GC7 (b) portfolios with high M&E portfolio risk rating for the grant.

27. Program Reviews

**Purpose:** National program reviews constitute periodic assessments of program activities and achievements against national strategic objectives and targets. They inform the development and updating of national disease program strategic plans, which in turn, form the basis for resource.
Implementation: If a program review is planned, the country portfolio should consider including the interventions to support the COVID-19 response, including mitigation actions or adaptations to ensure continuity of service delivery for the three diseases.

Applicability: All portfolios (High Impact/Core/Focused) where the Country Team is aware that Program reviews are planned.

28. Country Evaluations (CE)
   Purpose: CEs may be done to understand the effectiveness and impact of the C19RM investments, what is working and not working and to adjust the program accordingly.

   Implementation: If CE for HIV, TB and malaria is planned, incorporate C19RM interventions into reviews or evaluations to be conducted by national authority or partners.

   Applicability: All portfolios (High Impact/Core/Focused) where CT is aware that a country evaluation is planned.

Health Products Assurance Activities for C19RM

29. To ensure visibility on global demand collation and to assist in the review of procurement requests, portfolios submitting the C19RM Additional Funding Request are required to prepare the C19RM HPMT as part of their submission. Please refer to Section 2.2 of C19RM Guidelines.

Assurance measures for C19RM investments during C19RM Additional Funding Request review and award stage

30. Tailored HPM Capacity Assessments may be conducted, where the Country Team has concerns around the Principal Recipient’s capacity to undertake or provide the necessary oversight of the proposed C19RM interventions, including procurement, warehousing and distribution of COVID-19 products. Please refer to of the C19RM Guidelines for details.

31. Review of HPMT and supporting quantification: As outlined in Section 2.2 of the C19RM Guidelines, all the C19RM Additional Funding Requests must include a detailed HPMT. These would be reviewed by the HPM specialists and/or LFAs to inform awards. In addition, before large-scale orders of PPEs, diagnostics, lab equipment and supplies are placed, the assurance provider may be requested to review
the quantification with the aim to avoid an over- or undersupply of the respective products. To the extent possible, this should include reviewing how the quantification was validated and coordinated among national authorities and partners supplying the same commodities before orders are placed. This review may be requested irrespective of the procurement channel.

Assurance measures for C19RM investments during Implementation Please refer also to Schedule 2 for a brief guide on LFA assurance by programmatic area, including Laboratory and diagnostics, medical oxygen, waste management, supply chain and health product/equipment procurement.

32. **Procurement reviews for locally procured health products and services.** Using the LFA Procurement Review Tool (tailored to specific country situation), the LFA verifies that the procurement is following approved grant or national procurement regulations and guidelines. Procurement reviews may also be applied when significant procurement of services is anticipated, for instance related to additional storage space or distribution services. PRs opting for direct procurement of strategic and mainstream health products should be prioritized for assurance.

33. **PU/DR Reviews** – (1) Verification of procurement transaction reporting in the PQR database. The verification ensures that reporting of procurement transactions for core health products is complete and accurate. The LFA checks the PQR and assesses the extent to which the PRs achieved benchmark prices in their procurement processes. It also facilitates verification of compliance with Global Fund Quality Assurance policies for various categories of health products. (2) The LFA assesses the risk of stock-out or expiry of key health products for the next reporting period based on the most up-to-date stock situation, at the central level at minimum.

34. **On Shelf Availability (OSA):** Measuring availability of tracer health products at health facilities. It involves assessing availability of core tracer products for HIV, TB and malaria and of COVID-19 commodities including Core PPE, Diagnostics and Therapeutics. This assurance will be centrally managed by the Supply Operations team for key portfolios and Country Teams are expected to facilitate it.

**Note:** To streamline various assurance mechanisms, the data collection mechanism for supply chain metrics may be revised. A final decision on this will be communicated to all relevant stakeholders in due course.
35. **Review of waste management arrangements**: Verify whether provisions are made that appropriate waste management policies and procedures (collection, storage, transportation, treatment, disposal) for used, expired or damaged health products (e.g., PPE, cartridges etc.) and biomedical samples are in place, including adherence to occupational health and safety standards for waste handlers. Countries with health products waste management interventions above US$1 million under C19RM should be prioritized for this assurance. Please refer to the LFA ToR for more details.

36. **Inventory and expires monitoring/ Verification of Inventory level** - Provides visibility of the national inventory position and the likelihood of stock-outs and/or expiry of products. Verification is based on inventory stock status reports and LMIS data, and physical verification on a sample basis to enable analysis of inventory position for core products. The verification would include an assessment on the status of expiries (i) health products that have been expired over the last 12 months and (ii) health products at risk of expiry in the coming 6 months.

37. **Verification of quality assurance of health products** - The focus of assurance should be on whether health products procured with funds are quality assured and whether the quality is maintained along the in-country supply chain. Health products must comply with the Guide to Global Fund Policies on Procurement and Supply Management of Health Products (as revised to include requirements applicable to COVID-19 related products). Quality standards for different COVID-19 related products can be found in the WHO COVID-19 Disease Commodity Package. Diagnostic products procured as part of the COVID-19 response must comply with the Interim Quality Assurance Requirements for the Procurement of COVID-19 Diagnostic Products (approved 8 May 2020). The LFA may be requested to review the development of the Quality Assurance plan and implementation of Quality monitoring activities, including Quality Control testing for health products at country level as required under the Global Fund Quality Assurance Policies. In addition, LFAs may be requested to verify that the products procured (as reflected on the invoice e.g., INN, batch number, manufacturer) are the products received – through physical inspection and availability of a valid Certificate of Analysis (CoA), where applicable.

38. **Medical and lab equipment deployment mapping, installation, calibration, maintenance, including review of PSA oxygen generating plants** - review is carried out to check testing coverage gaps, standardization of test platforms, installation, calibration, maintenance, utilization of installed testing capacity and functionality of equipment. This could include targeted assessments on the installation of PSA oxygen generating plants, oxygen concentrators or building intensive care capacity. Please refer to the LFA ToR for more details.
39. **Laboratory related supply chain review** - Done to assess the adequacy of the supply chain management systems for lab commodities to ensure continuous availability of functional equipment and consumables. It also reviews the utilization and maintenance activities of equipment. For more details, please refer to the LFA ToR for Laboratory Services and Related Supply Chain Review.

40. **Review of health products storage and supply chain management** during implementation should determine if existing systems and controls, such as storage facilities and distribution channels, are adequate and meet internationally recognized standards for storage and distribution practices. It includes: (a) Review of controls for receiving of goods, stock placement and location, inventory control and records management, order processing, inventory counts, order release and dispatch, equipment management, etc. (b) Verification at the central warehouse and selected service delivery points that goods are received, stored, and managed in accordance with Good Storage Practices as applicable (c) In cases where the goods procured with C19RM funding are stored as part of the country’s central pool of COVID-19 products, review how this is managed and confirm the storage and distribution according to the Covid-19 response plan of the PR’s or the agency managing the response. (d) Review if there are adequate systems and controls in place to minimize the risk of stock-outs, over-stock and expiry. The specific ToR for the required services should follow the below and build on relevant elements of the ToR Supply Chain Management Review.

41. **Review of Health Product related Service Delivery** - The review and verification should determine if the procured goods and equipment are adequately used, maintained and administered. The specific ToR for the required services should build on relevant elements of the ToR for Laboratory Services and Related Supply Chain Review and (a) Verify that COVID-19 laboratory services and equipment are available and being used effectively. This includes checking whether the equipment was delivered in line with the contract, installed by a qualified engineer at a laboratory where adequate biosafety levels are maintained; (b) Check the transportation of samples; adherence to biosafety measures and availability of all items for testing (e.g. sufficient number of machines and reagents for testing, labs should have water, electricity, sample collection swabs/media and PPE amongst others); (c) Verify that the equipment has a current service contract, undergoes routine maintenance (including calibration) and that there is evidence of this (contract at central or peripheral level and existence of an up-

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63 The listed verifications steps are based on the LFA ToR Supply Chain Management Review
to-date log book for each equipment\(^6\); (d) Verify that COVID-19 related medicines are administered and used in accordance with the latest WHO treatment guidelines; and (e) Ensure PPE are adequately used by the populations they were intended to protect.

**Financial Assurance for C19RM**

42. Finance reviews and verifications are aimed at ensuring that C19RM funds are adequately budgeted and used. As much as possible, these verifications should be undertaken as part of ongoing budget, expenditure reviews and/or risk-based spot checks and follow the existing LFA guidelines and templates\(^6\). This may include, for example, the verification during the PU/PUDR that C19RM funding is compliant with the budget and procurement processes. As required, based on considerations of materiality and risks, including new risks to existing financial systems, the Country Team may request additional reviews. The specific ToR for the required services should build on relevant elements of the available [LFA Finance Guidelines and ToR](#).

**Funding request review and award stage**

43. **Tailored Financial Capacity Assessments** may be conducted, where the Country Team has concerns on flow of funds and/or financial management capacity of the Principal Recipient and key implementers to undertake or provide the necessary oversight of the proposed C19RM interventions. Please refer to [Section 1.10](#) of the C19RM Guidelines for details.

44. **Budget Reviews** may be requested by Country Teams during the C19RM Additional Funding Request stage. This may include a review of the C19RM grant budget for relevance of proposed activities, reasonableness of budgeting assumptions used as well as identification on cost efficiencies. In the case of the Focused portfolio, the default differentiated budget review for focused grants managed by Portfolio Service Team (PST) will be applicable, which requires LFA review and completion of budget financial triggers/checklist at award stage.

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\(^6\) For further information on verification steps, please refer to LFA ToR [Joint Programmatic / Monitoring and Evaluation (M&E) and Procurement and Supply Management (PSM) Laboratory Services and Related Supply Chain Review](#).

\(^6\) Please refer to the LFA guidelines and ToR available on the [Global Fund LFA website](#).
45. At the funding award stage, financial assurance plans for each grant should be reviewed to ensure adequate assurance coverage for risks identified in the C19RM Additional Funding Request. IRM should be updated with new/incremental risks and corresponding mitigation actions as necessary during grant implementation.

46. **In relation to the award of C19RM Additional Funds**, the LFA may be requested to review available funding from domestic resources and donor grants for the COVID-19 response as described in the C19RM Additional Funding Request in order to indicate how the funding application does not duplicate funding received from other sources.

**Financial assurance measures for C19RM investments during Implementation**

47. **PU/DR Reviews** - Verification during PU/DR reviews involve tracing PR reported expenditures for C19RM Funds to approved budget lines/activities and to source documents (checking invoices and other supporting documents) justifying the use of funds. It also involves compliance checks that assess the implementer’s adherence to local laws and regulations relating to expenditures or to specific requirements in the Grant Agreement. The review of the PU/PUDR may be expanded to cover the PR’s compliance with key controls identified in the assurance plans and on verifying whether or not the activities leading to the recognition of the expenditures indeed occurred.

48. **Annual Financial Audits** - An external auditor plans and performs the audit to obtain reasonable assurance, that the financial statements are prepared in accordance with an applicable financial reporting framework. The scope of the annual financial audits and the audit opinion will cover both, core HIV, TB and malaria funding and C19RM Funds, including internal control findings in the management letter. In relation to C19RM Funds, Principal Recipients will be expected to provide supplementary disclosures and notes to the financial statements, starting from financial year 2021 through financial year 2025, subject to materiality, which the external auditors will review as part of their opinion on the Financial Statements. Additional guidance will be provided to Principal Recipients and external auditors regarding considerations of materiality and required supplemental disclosures and management letter findings.

49. **Internal Audit/ Internal Control Reviews** - Provide assurance that controls are designed and operating effectively, and Global Fund resources are not lost as a result of lack of (i) well designed and effective control at entity; (ii) compliance with policies, procedures and applicable law; and (iii) safeguarding of assets. A risk-based approach should be adopted, focusing on instances where there has been a
significant scale up or expansion in coverage for C19RM Additional Funds, significant changes in modalities of delivery of service or changes in the risk profile of the implementer. Such changes should be documented in IRM and the Country Team should use this information to reflect adjustment to risk ratings. Please refer for more details to the LFA ToRs.

50. **Financial Spot Checks** - Enhanced financial verifications done at high-risk implementers or for high-risk activities or interventions that are susceptible to misuse whether due to fraud or misappropriation. **Applicability** – CTs/Second Line teams may suggest special verifications if high proportions of funds are allocated to activities susceptible to misappropriation.

51. **Value for money reviews and analysis** - Reviewing grant budgets to identify: (i) whether a fair price is paid for C19RM program activities as compared to local market conditions and funds are not misused; and (ii) whether funding is allocated effectively and efficiently to reach the targets. **Applicability** – CTs/2nd line teams may suggest value for money reviews if concerns exist on the return of investments for material interventions.

52. **Fraud specific reviews** - Verifications are performed following suspicions of instances of misappropriation or fraudulent use of funds.

53. **Financial Data Quality Reviews** - Financial data quality review is to provide assurance on the completeness, accuracy, and reasonableness of cash/stock/assets reconciliation, expenditure forecast, and cash flow forecast in relation to C19RM funding.

**Timing of COVID-19 Related Assurance**

54. Preference for **ex ante versus post factum verifications**: as much as possible, Country Teams should plan and time key COVID-19 related assurance activities with their LFAs to have real-time as opposed to post-factum verifications. This is particularly relevant for significant interventions to ensure that the Global Fund obtains insights into potential bottlenecks, delays or risks as the PR plans and starts to implement such interventions.
55. The aim of having early alerts to issues is to allow the Country Team to take timely rectifying actions. These verifications could include a review of distribution plans before they are being implemented and physical verifications of distributions of PPEs/diagnostics, laboratory equipment or other products to health facilities.

**Methods of Assurance**

56. Preferably, the assurance activities should be based on physical verifications on a sample basis, such as site visits to health facilities to verify the storage and management of health products (diagnostics, therapeutics and oxygen), usage of laboratory equipment; interviews with health care providers to check their satisfaction with the supply of such products and availability of products, etc. Prior to the start of the verification, the Global Fund Country Team and the LFA should agree on the geographic areas to be covered and the sampling methodology (how many sites and locations; sample size of health care providers to be interviewed; period of time being reviewed; etc.).

57. Due to certain travel restrictions in some countries, physical verifications may not always be possible. In such cases, the LFAs should agree with their Global Fund Country Teams alternative verification methods, for example, telephone interviews with health care providers.

**Assurance Service Delivery**

58. The LFAs will be the primary provider of assurance services. In addition, the Secretariat and/or Country Teams may use other potential providers to provide some specific assurance services.

59. Although the Global Fund still legally retains access rights to assure appropriate use of funds, the circumstances should be specifically assessed to determine the best and most cost-effective method of obtaining assurance over the funds, if at high risk and material, such as relying on the national auditor, external auditors, donor auditors or other measures.
60. All assurance tasks related to the procurement and management of health products should be led by a PSM Expert who is accountable for the technical content of the reports. S/he can be supported, as needed, by other assurance team members in the planning and during the verification, especially if the PSM Expert cannot travel to the country. All finance related assurance activities should be led by a Finance Professional. It is key that the various assurance team experts (e.g., PSM, Lab, Finance and Programmatic/M&E experts) consult each other to ensure appropriate linkages and analysis.

61. The level of effort (LoE) of the services, including for report writing, depends on the scope of the assurance tasks and the number and location of service delivery sites included in the review, and should be agreed in writing between the Country Team and the assurance provider prior to the start of the service.

**Output/Deliverables**

62. For the services where the Global Fund has a specific template for LFA findings and recommendations (e.g., PUDR), LFAs should continue using these templates. In other cases, the assurance provider should prepare a report that addresses each of the points selected for review as agreed between the Country Team and the assurance provider and be supplemented with other relevant information, as appropriate. The report should include without limitation:

a) A description and analysis of issues/risks identified. The assurance provider should comment on the context and potential root causes of the issues identified, providing background information as necessary and prioritize the list of issues according to their significance.

b) Recommendations for addressing issues identified. Recommendations should be:
   • Concise but with all the relevant information included.
   • Specific and contextualized.
   • Time-bound.
   • Prioritized based on the level of risk; and
   • Identifying the main entity responsible for implementation.
c) The main findings from the review/verification should be discussed with the PR/implementer during a de-brief meeting. Relevant observations from the de-brief should be included in the final report to the County Team.

63. After the LFA has provided a C19RM assurance service and submitted a detailed report together with an executive summary to the Country Team, the LFA is requested to **replicate the final version of the executive summary in an online survey tool**. This requirement is applicable for all C19RM LFA services which have a minimum total LoE of 2 days^{66} with the exception of the following services, which do not require an executive summary submission:

- COVID-19 Funding Request-related (e.g., review of C19RM Grant Budget, Health Product Management tool) – *Note*: executive summary for implementer capacity assessment (CAT) is required.
- Grant-making, review of reprogramming; review of extensions.
- Budget review.
- PU/PUDR.
- Financial Closure Report.
- CCM/Partner related (meetings, etc.).
- Global Fund country visits (FPM/CT); and
- Others, such as ongoing monitoring, meeting attendance, calls etc., where no specific report is prepared by the LFA for the Global Fund.

**Note**: differentiated requirements for submitting the detailed LFA report to the Country Team:

- **High Impact, Core portfolios**: the LFA must submit the detailed report and the executive summary to the Country Team prior to submitting the final executive summary online.
- **Focused portfolios**: the LFA must submit the executive summary to the Country Team prior to submitting it online; the detailed report should be submitted to the Country Team if it was agreed between the Country Team and the LFA that a detailed report will be required.

^{66} If the same service is split into multiple smaller services within the same reporting period and the total number of days exceeds 2 days, then an Executive Summary is still required.
Information Sharing

64. As per the normal practice and the provisions in the LFA Communication Protocol, the LFA reports related to these services are confidential and for internal Global Fund use only. However, there may be occasions when the Global Fund may choose to disseminate some aggregate (rather than country-specific) data with external parties. Disclosure of country-level information which could be linked to a specific LFA is not in principle allowed without prior written LFA consent and must be coordinated with the LFA Coordination team.

Management Of C19RM Assurance Activities in the LFA Work Plans

65. LFA services related to C19RM are recorded and managed in separate dedicated LFA work plans and purchase orders marked as “C19RM”.

66. The dedicated LFA C19RM work plans and purchase orders for C19RM related LFA services allow for clear ringfencing, traceability & reporting of the LFA C19RM budget, as required by the Global Fund Board.

67. In these dedicated LFA C19RM work plans, the CTs/LFAs should use regular LFA service names that best describe the nature of the service. For example, if the LFA will conduct a procurement review in relation to C19RM funding, they should record this service under “Procurement Transactions/Tender Review” in the LFA C19RM work plan.

68. In cases where C19RM-related verifications are embedded in planned services related to HIV, TB and Malaria grant activities, the LFA LoE should be split between the regular LFA work plan and the LFA C19RM work plan as much as possible. For example, if a planned spot check was expanded to include a C19RM component, the service should be split into two parts with the part relating to the C19RM component being recorded in the LFA C19RM work plan and the part relating to HIV, TB and Malaria grants being recorded in the regular LFA work plan. The exception is the PU/PUDR review with respect to C19RM, which should be recorded as one service “PU (without DR)” or “PUDR” in the regular LFA work plan. The same applies to LFA reviews of Financial Closure Reports (FCRs) which may include C19RM expenditures. The FCRs should be recorded in their entirety in the regular LFA work plans.
Only LFA assurance activities directly related to C19RM should be recorded in the dedicated LFA C19RM work plan. This is to ensure that spending for COVID-19 related assurance activities can be accurately tracked and reported.

Schedule 1

https://www.theglobalfund.org/media/12858/covid19_c19rm-monitoring-evaluation_framework_en.xlsx

C19RM Monitoring and Evaluation Framework

Schedule 2

Brief guidance on LFA assurance for C19RM implementation

Purpose: This brief guidance is intended to help Country Teams leverage LFA assurance on programmatic components funded via C19RM, in particular with regards to health systems and pandemic preparedness investments in portfolios with significant levels of C19RM investments.
Key programmatic areas:

<table>
<thead>
<tr>
<th>Programmatic area</th>
<th>Areas for assessment</th>
<th>Potential challenges</th>
</tr>
</thead>
</table>
| Surveillance system strengthening | • Public health authorities at national, subnational, or facility level are actively engaged in planning and implementation.  
   • Early Warning surveillance guidelines, training materials and tools are available, and stakeholders have received training/refresher training the past year.  
   • National authorities are actively engaging multiple sectors including private health facilities, animal and human health sectors and socially connected communities for event reporting | • No national guidance, training materials or training plan for early warning surveillance  
   • Insufficient or fragmented investments in surveillance  
   • Authorities involved in surveillance may be unaware of Global Fund’s processes and funding opportunities.  
   • Inadequate communication/coordination across the different sectors for early warning surveillance  
   • Siloed investments in disease reporting systems |
| Laboratory and diagnostics | • National diagnostic governance: Coordinated lab activities at national and district level, including anticipated increase of lab workload due to COVID-19.  
   • COVID-19 testing and surveillance, including sufficient and trained staff to ensure full testing coverage.  
   • Data management including Laboratory Information Management System (LIMS) – LFA ToR  
   • Functional and integrated sample transportations  
   • Functional lab equipment and reagents, including e.g., GeneXpert (including software) and cartridges, X-ray.  
   • LFA ToR – GeneXpert Deployment Review  
   • Lab related supply chain review | • No effective laboratory leadership and governance structure  
   • No laboratory policy/strategic plan and/or not costed or implemented.  
   • No review of diagnostic network conducted to inform optimized network and gaps in the network to be addressed.  
   • Testing and clinical guidelines not updated.  
   • Lack or limited availability or equipment and consumables or not available from manufacturers or suppliers.  
   • Delayed installation of equipment or some machines procured were not installed or non-functional or not maintained.  
   • No specific guidelines or implementation plans for sample transportation.  
   • No or inadequate data management policy and systems. Or available and not integrated or interoperable (e.g., LMIS and M Supply with DHIS2) |
<table>
<thead>
<tr>
<th>Programmatic area</th>
<th>Areas for assessment</th>
<th>Potential challenges</th>
</tr>
</thead>
</table>
| Human resources for health and community system strengthening                      | • Availability of sufficient and trained health staff  
• Adequate training on COVID-19 management and pandemic preparedness  
• Community outreach services  
• Coordination and streamlining of different approaches for community led monitoring and community surveillance, clearly define the roles and responsibility of each actor at community level and increase visibility on the activities to be implemented by each Principal Recipient. | • Insufficient human resources  
• No or inadequate HR policy or not inclusive of all cadres  
• Staff not adequately trained (e.g., on COVID-19 management)  
• Poor administration of the training events  
• Lack of community outreach services                                                                                              |
| Medical oxygen, respiratory care and therapeutics                                 | • Medical oxygen needs assessment and gap analysis (please include national assessment of the existing oxygen ecosystem from bulk oxygen supply including PSA plant end to end procurement and installation, LOX (Liquid Oxygen), gaseous oxygen supply and private sector share and financial viability of including distribution, delivery, maturity of oxygen systems e.g., Human Resources for Health (HRH) (management, plant operators and technicians, logistics) and capacity of providers to measure hypoxemia and use oxygen rationally, before funds are approved and orders are placed  
• Details of supplier-led training and capacity building for end-to-end oxygen supply and use. Warranty and maintenance, spare parts, piping, civil, architectural and electrical infrastructure and technical support available from all partners through to the end of the grant | • Inadequate availability of oxygen and/or oxygen delivery equipment  
• Absence of warranty, maintenance, piping or technical assistance  
• (See also health product/equipment procurement section)                                                                                  |
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<thead>
<tr>
<th>Programmatic area</th>
<th>Areas for assessment</th>
<th>Potential challenges</th>
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</thead>
</table>
| **Waste management** | • Waste management plans are aligned with national, subnational, or local strategies, and governmental authorities are engaged.  
• Waste management technologies are functional, appropriate for the healthcare context, and in-line with global standards.  
• Appropriate waste management policies and procedures (collection, storage, transportation, treatment, disposal) are in place at facility level and supported by proper training of healthcare staff.  
• Please refer to [LFA ToR](#) for more guidance | • Appropriate authorities for waste management are not engaged with implementation plans.  
• No waste management policies or guidelines in place  
• Healthcare staff not trained or received guidance on proper waste management.  
• Lack of waste management equipment or equipment non-functional |
| **Supply chain and health product/equipment procurement** | • Tracking of health products e.g., ensure that deliveries of PPE are staggered to minimize pressure on available storage space.  
• Periodic reviews to monitor warehousing/storage, distribution, inventory management, installation usage and maintenance of COVID-19 products (The scope of the reviews may be extended to specific supply chains such as cold chain, and laboratory supply chain.)  
• Level of stock and expiries: tracking on-shelf availability of HIV, tuberculosis, and malaria tracer commodities in | • Inadequate procurement processes, tendering procedures and contract awards, including non-compliance to procurement planning/procedures/guidelines or lack thereof.  
• Goods not distributed according to plan (quantity, type of products, quality, frequency of receipt)  
• Poor or inadequate storage facilities and inadequate distribution networks  
• Lack of value for money of the procurement  
• Equipment procured not installed or non-functional. |
<table>
<thead>
<tr>
<th>Programmatic area</th>
<th>Areas for assessment</th>
<th>Potential challenges</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>a sample of facilities, as well as availability PPE, COVID-19 diagnostics and oxygen services.</td>
<td>• Absence of warranty, maintenance or technical assistance&lt;br&gt;• No adequately trained staff available to manipulate the equipment.</td>
</tr>
<tr>
<td></td>
<td>• LFA ToR:&lt;br&gt;- <strong>Procurement Review</strong>&lt;br&gt;- <strong>Supply Chain Management Review</strong>&lt;br&gt;- Supply chain and health services spot checks to assess key supply chain performance indicators.</td>
<td>• Incorrect use of the product by the end users/beneficiaries.&lt;br&gt;• Inadequate stock of (HIV, Tuberculosis and Malaria treatment) products.&lt;br&gt;• Inadequate quantification leading to risk of under- or over-supply.&lt;br&gt;• Equipment unavailable&lt;br&gt;• Delayed or incomplete expenditure&lt;br&gt;• In country procurement: review of health products and related support services (including technical support and warranty and maintenance services) procured through national sourcing channels using C19RM Funds to ensure that the health products and services procured are value for money, and that the procurements will be conducted in accordance with Article 5 of the Global Fund Grant Regulations (2014).</td>
</tr>
<tr>
<td>Infection Prevention and Control (including PPE)</td>
<td>• IPC authorities at national, subnational, or facility level are actively engaged in planning and implementation.&lt;br&gt;• Stock-outs of PPE are not occurring at facility level.&lt;br&gt;• IPC policies and guidelines are present in facilities and all health workers have received training on them in the past year.</td>
<td>• No IPC policy and guidelines or implementation plans&lt;br&gt;• Inadequate systems/LMIS and controls to minimize the risk of stock-outs, over-stocks and expiry or loss/diversion/damage.&lt;br&gt;• PPEs supplied not received by the lower-level entities or end-users.&lt;br&gt;• Expertise for IPC/PPE readiness has not been, or only minimally engaged, as a key partner in country to build on PPE delivery successes.</td>
</tr>
<tr>
<td>Monitoring and reporting</td>
<td>• Monitoring of C19RM workplan and determine the progress of implementation.</td>
<td>• Non-compliance with the PR monitoring plan&lt;br&gt;• Poor timeliness of submission of HTM and COVID-19 reports from the facility to the next reporting level.&lt;br&gt;• Insufficient or lack of data management solutions&lt;br&gt;• No M&amp;E indicators or framework</td>
</tr>
</tbody>
</table>
### Programmatic areas

<table>
<thead>
<tr>
<th>Areas for assessment</th>
<th>Potential challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workplan available and on track</td>
<td>• No M&amp;E trained personnel</td>
</tr>
<tr>
<td>• Efficient delivery of services to beneficiaries and progress in implementing</td>
<td>• Significant delays in the implementation of the C19RM work plan.</td>
</tr>
<tr>
<td>activities (such as ambulances, Travel Related Costs, IT/Computers and other high</td>
<td>• Poor absorption, e.g. due to lack of understanding by lab leaders of existing PR-SR</td>
</tr>
<tr>
<td>budget value activities), in order to ensure that there is adequate assurance</td>
<td>procedures.</td>
</tr>
<tr>
<td>coverage of implementation risks</td>
<td>• Particular challenges for management and M&amp;E under co-financing arrangements</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
</tr>
</tbody>
</table>

### Monitoring and Oversight of C19RM

69. To ensure efficiency in the delivery of C19RM investments, create transparency and assurance along the end-to-end process a robust Monitoring and Oversight model is being put in place for C19RM.

70. The C19RM M&E Framework and the Assurance framework identify ‘what’ data is needed for monitoring, evaluation, and assurance. However, to fully operationalize strengthened monitoring and oversight for C19RM, this workstream will offer clarity on the ‘how’.

71. Cross-cutting analysis and reporting: Data will be collected from various sources (as per the Monitoring Framework) and respective functional and data owners will facilitate collation, analysis, consolidation and framing of the M&O outputs for the Investment Committee. The cross-Secretariat functional group supported by the C19RM Secretariat and Risk Department shall also support tracking of implementation of key decisions agreed to and report periodically to the senior management and Board to achieve desired outcomes.

72. There are three primary sub-processes and corresponding reports planned under the monitoring and oversight workstream to facilitate ongoing cross-functional analysis, operational monitoring, oversight of implementation and reporting:

   i. Quarterly implementation monitoring by the C19RM Investment Committee.
ii. Ad-hoc individual country follow-up by the C19RM Investment Committee; and
iii. Monthly reporting to the Board.

<table>
<thead>
<tr>
<th>M&amp;O</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Implementation Monitoring by the C19RM Investment Committee</td>
<td>To provide the C19RM Investment Committee with a holistic overview of the implementation of C19RM investments, at an aggregate and regional level, as well as to identify country outliers or ‘red flags’ in terms of flow of funds, commodities and service delivery, and the impact on HIV, TB and malaria programmatic performance. These would in turn facilitate a targeted follow-up discussion with a Country Team would be beneficial.</td>
</tr>
<tr>
<td>Ad-hoc individual country follow-up by the C19RM Investment Committee</td>
<td>To enable the C19RM Investment Committee discussions with Country Teams to problem solving on implementation challenges and bottlenecks, engaging technical experts as needed, and inform requests for grant revisions.</td>
</tr>
<tr>
<td>Monthly reporting to the Board</td>
<td>To provide the Board with visibility of C19RM awards, and the contribution of investments through C19RM, including in relation to the capacity of countries to test for COVID-19, to protect front line health and other essential workers with PPE, to provide treatment that can reduce deaths from COVID-19, and to mitigate the impact on HIV, TB and malaria programs.</td>
</tr>
</tbody>
</table>
## Annex 2. Defined Terms

### General

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>C19RM</td>
<td>COVID-19 Response Mechanism</td>
</tr>
<tr>
<td>C19RM 2021</td>
<td>Refers to the phase of C19RM launched with additional C19RM funding in 2021(^{67}).</td>
</tr>
<tr>
<td>C19RM Additional Funding Request</td>
<td>The expression of demand for the C19RM Additional Funds submitted by an applicant.</td>
</tr>
<tr>
<td>C19RM Unfunded Quality Demand</td>
<td>An applicant’s prioritized request, approved by the C19RM Investment Committee, which can be funded in the future if the additional C19RM Funds, savings, or other eligible sources of funding become available.</td>
</tr>
<tr>
<td>C19RM Notification Letter</td>
<td>The notification letter informing an applicant of the Global Fund’s decision on the relevant C19RM Additional Funding Request.</td>
</tr>
<tr>
<td>CTAG</td>
<td>A COVID-19 technical advisory group comprised of ACT-Accelerator partners with technical COVID-19 expertise who will review the C19RM Additional Funding Requests, along with the Grant Approvals Committee (GAC) partners, in parallel with the Secretariat’s review. The C19RM Investment Committee considers the GAC partners and the CTAG’s input in determining funding awards and/or recommendations.</td>
</tr>
<tr>
<td>GC6</td>
<td>Refers to the cycle of grants implemented using country allocation and/or catalytic investment funding received from the 1 January 2020 to 31 December 2022 allocation period.</td>
</tr>
<tr>
<td>GC7</td>
<td>Refers to the cycle of grants implemented using country allocation and/or catalytic investment funding received from the 1 January 2023 to 31 December 2025 allocation period.</td>
</tr>
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\(^{67}\) GF/B44/EDP18
### Funding

<table>
<thead>
<tr>
<th><strong>C19RM 2021 Funds</strong></th>
<th>Funding previously awarded for utilization under C19RM 2021.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C19RM Additional Funds</strong></td>
<td>Funding awarded under C19RM in addition to the C19RM 2021 Funds</td>
</tr>
<tr>
<td><strong>C19RM Funds</strong></td>
<td>Refers to the C19RM Additional Funds and the C19RM 2021 Funds.</td>
</tr>
<tr>
<td><strong>C19RM Funding and Reinvestment Letter</strong></td>
<td>The letter sent to CCMs/other eligible applicants in January 2023 setting out the details and process for accessing the C19RM Additional Funds and reinvestment opportunities.</td>
</tr>
<tr>
<td><strong>Regular Grant Funds</strong></td>
<td>Grant funds financed from the HIV, TB, malaria/RSSH allocation and other non-C19RM sources of funding.</td>
</tr>
</tbody>
</table>

### Budget

<table>
<thead>
<tr>
<th><strong>C19RM Funding Request Budget</strong></th>
<th>A budget submitted as part of the C19RM Additional Funding Request. This budget covers the entire amount requested by the applicant in the C19RM Additional Funding Request, as well as any previously awarded C19RM 2021 Funds and is set out per grant.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C19RM Grant Budget</strong></td>
<td>A budget derived from the approved C19RM Funding Request Budget, which captures the approved amounts for C19RM activities for each relevant grant as well as any amount not awarded but deemed the C19RM Unfunded Quality Demand. The C19RM Grant Budget also includes previously awarded C19RM 2021 Funds and reinvested the C19RM Funds. The C19RM Grant Budget is attached to the C19RM Notification Letter.</td>
</tr>
</tbody>
</table>
### Performance Framework

<table>
<thead>
<tr>
<th>C19RM Funding Request Performance Framework</th>
<th>A country-level, C19RM-specific performance framework submitted as part of the C19RM Additional Funding Request, which sets out C19RM targets for 2023 (semester 2), 2024 and 2025.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C19RM Grant Performance Framework</td>
<td>A grant-specific performance framework setting out targets for the C19RM Funds integrated into the relevant grant for 2023 (semester 2), 2024 and 2025 that will form part of the relevant grant agreement.</td>
</tr>
</tbody>
</table>

### Health Product Management Template (HPMT)

<table>
<thead>
<tr>
<th>C19RM Funding Request HPMT</th>
<th>Comprises the C19RM Incremental Funding HPMT and the C19RM Reinvestment HPMT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C19RM Grant HPMT</td>
<td>A C19RM-specific health product management template, capturing, for each relevant grant, health products (and associated health product management costs) approved from (i) the C19RM Incremental Funding HPMT and (ii) the C19RM Reinvestment HPMT.</td>
</tr>
<tr>
<td>C19RM Incremental Funding HPMT</td>
<td>A C19RM-specific health product management template submitted as part of the C19RM Additional Funding Request, capturing for each relevant grant, health products and associated health product management costs proposed to be financed with the C19RM Additional Funds.</td>
</tr>
<tr>
<td>C19RM Reinvestment HPMT</td>
<td>A C19RM-specific health product management template submitted as part of the C19RM Additional Funding Request, capturing for each relevant grant, health products and associated health product management costs, for which (i) procurement is ongoing (e.g., ordered before 2023 but not yet fully delivered by end of 2022); and/or (ii) planned procurements in 2023 and beyond, in each case using C19RM 2021 funds.</td>
</tr>
</tbody>
</table>
Annex 3. Guidance for reinvestment of C19RM Funds which will be used by 31 December 2023

Reinvestment proposals for utilization of C19RM Funds before 31 December 2023 are approved according to the thresholds set out in the table below:

<table>
<thead>
<tr>
<th>Type</th>
<th>Category</th>
<th>Threshold and Approval Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>C19RM Non-material budget revision</td>
<td>Any budget revision below the material budget revision thresholds defined below</td>
<td>Any changes up to the material thresholds can be undertaken by the PR and do not require any prior written approval from the CT.</td>
</tr>
<tr>
<td>C19RM Material budget revision</td>
<td>Budget revision for High Impact and Core portfolios with C19RM Grant Budget over US$15 million</td>
<td>CT approves any:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• increase/decrease of more than 25% to the total budget for any intervention in the C19RM Grant Budget; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• increase of more than 10% for any discretionary cost category in the C19RM Grant Budget.</td>
</tr>
<tr>
<td></td>
<td>Budget revision for High Impact and Core portfolios with C19RM Grant Budget up to US$15 million</td>
<td>CT approves any:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• increase/decrease of more than 30% to the total budget for any module in the C19RM Grant Budget; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• increase of more than 10% for any discretionary cost category in the C19RM Grant Budget.</td>
</tr>
<tr>
<td></td>
<td>Budget revision for Focused portfolios</td>
<td>CT approves any:</td>
</tr>
</tbody>
</table>

68 C19RM Funds must be used (e.g., goods, including health products, and services must be delivered and paid for) by 31 December 2023.

69 As defined in the Global Fund Guidelines for Grant Budgeting or the Grant Agreement.

70 There are two modules per the modular framework: COVID-19 and Project Management.

71 As defined in the Global Fund Guidelines for Grant Budgeting or the Grant Agreement.
• increase/decrease of more than 30% to the total budget for any module\textsuperscript{72} in the C19RM Grant Budget.
• increase of more than 10% for any discretionary cost category (other than human resources categories) in the C19RM Grant Budget; and
• increase of more than 5% for any human resources category in the C19RM Grant Budget.

| Decrease of budget for the civil society and community interventions | CT (in consultation with CRG) approves any decrease of more than 10% to the total budget for any civil society and community interventions in the C19RM Grant Budget. |
| Any interventions not yet approved by the C19RM Investment Committee for immediate award/C19RM Unfunded Demand | C19RM Investment Committee approves (based on CT, TAP, CRG, SO, Risk inputs), provided the proposed interventions are consistent with the C19RM Modular Framework. The C19RM Investment Committee may delegate approval authority for specific interventions to the Regional Manager (for Focused and Core portfolios)/Department Head (for High Impact portfolios) and Grant Finance Manager (in consultation with TAP and CRG as relevant)\textsuperscript{73}. All reinvestment requests must be endorsed by the CCM/RCM/RO, as applicable, in line with endorsement requirements at the C19RM Additional Funding Request stage (see Section 1.7). For non-CCM/non-RCM/non-RO, the recipient of the C19RM Funding and Reinvestment Letter will endorse. |

Non-material and material budget revisions are calculated on the C19RM Grant Budget at intervention level for the full implementation period and not on the budget at intervention level of a given year. The budget revisions are calculated on both the “increasing” intervention (which receives the funds) and the “decreasing” intervention (where the funds are taken from).

Similarly, budget revisions for a discretionary cost category are calculated on the cost grouping budget for the full implementation period, and not on the cost input budget of a given year.

\textsuperscript{72} There are two modules per the modular framework: COVID-19 and Project Management.
\textsuperscript{73} The C19RM Secretariat will communicate the list of pre-approved interventions to the Secretariat on an on-going basis. Any reinvestment decisions made through IC delegated authority shall be reported to the IC by the C19RM Secretariat.
As such, C19RM material budget revisions can be triggered by cumulative non-material budget revisions. Consequently, Principal Recipients need to put in place mechanisms to track and ensure that cumulative non-material budget revisions do not constitute a material budget revision without the prior approval of the Global Fund throughout the implementation period.

Diagram 5. Reinvesting C19RM Funds

*C19RM Investment Committee or Department Head/Regional Manager + Grant Finance Manager approve (based on Country Team, TAP, CRG, SO, Risk inputs). C19RM Funds must remain invested in the C19RM eligible investments. All reinvestment requests must be endorsed by the CCM/RCM/RO, as applicable, in line with endorsement requirements at the C19RM Additional Funding Request stage (see Section 1.7). For non-CCM/non-RCM/non-RO, the recipient of the C19RM Funding and Reinvestment Letter will endorse.
Set out below are the steps for reinvestment proposals to utilize C19RM Funds by 31 December 2023:

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reinvestment proposal to use C19RM Funds by 31 December 2023 through material budget revision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Determine efficiencies and proposed activities to be funded.</td>
<td>As soon as possible and before 30 November 2023</td>
<td>PR and CT identify efficiencies or need for reallocation of C19RM Funds. PO/FPA fills out a <a href="#">Revision Initiation Request</a>. Grant Ops Team initiates a material budget revision in GOS. PO/FPA shares the C19RM Grant Budget and C19RM Grant HPMT with PR. PR prepares revised C19RM Grant Budget and C19RM Grant HPMT</td>
</tr>
<tr>
<td>b. Review and approve proposed reinvestment</td>
<td>With inputs from CT and LFA (as required):</td>
<td>- Finance/PST Specialist reviews the C19RM Grant Budget - HPM Specialist reviews the C19RM Grant HPMT - FPM (and DFM(^{74}), if applicable) approves based on recommendations from CT Specialists. CT approves if within its approval authority (refer to C19RM reinvestment approval authority table above). If proposed reinvestment requires C19RM Investment Committee approval, CT coordinates with the C19RM Secretariat to request C19RM Investment Committee decision.</td>
</tr>
<tr>
<td>c. CT communicates a decision to the PR</td>
<td>CT to send PR written notification (email or letter) confirming approval of reinvestment and revised C19RM Grant Budget and C19RM Grant HPMT.</td>
<td></td>
</tr>
</tbody>
</table>

\(^{74}\) DFM is currently applicable to Nigeria, Democratic Republic of Congo and India portfolios. The DFM undertakes initial review and recommends to the Senior FPM.
<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. CT attaches the revised C19RM Grant Budget and submits for Finance / PST Specialist validation in GOS.</td>
<td>If new requirements / amendments to existing requirements in the Grant Confirmation are needed, CT to issue an IL. IL to include new / revised requirements and attach approved C19RM Grant Budget and C19RM Grant HPMT.</td>
<td></td>
</tr>
<tr>
<td>e. HPM Specialist uploads the C19RM Grant HPMT in HPMT aggregation tool.</td>
<td>PO/FPA attaches the C19RM Grant Budget in the GOS Grant Revision module and submits for CT validation in GOS.</td>
<td></td>
</tr>
<tr>
<td>f. Grant Ops Team registers the revision in GOS</td>
<td>Finance/PST Specialist validates the attached C19RM Grant Budget in GOS. HPM Specialist validates the revised C19RM Grant HPMT. Grant Ops Team verifies data quality and returns to the CT in case there is missing data. Once final, Grant Ops Team submits for import in GOS which creates the ticket for IT to import the C19RM Grant Budget in GOS. IT imports the C19RM Grant Budget in GOS. Grant Ops Team confirms the data is completely and correctly imported and informs the CT that the Grant Signing Calculator and Purchase Order update can proceed (when applicable).</td>
<td></td>
</tr>
<tr>
<td>Reinvestment proposal to use C19RM Funds by 31 December 2023 through non-material budget revision</td>
<td>PO/FPA attaches written notification (email or letter)/IL to PR and updates grant requirements in GOS as needed. Grant Ops Team registers revision in GOS and informs CT.</td>
<td></td>
</tr>
<tr>
<td>a. Determine efficiencies and proposed activities to be funded.</td>
<td>PR identifies efficiencies or need for reallocation of C19RM funds within the thresholds for non-material budget revisions identified above. PR must follow their internal procedures for budget modification and obtain an explanatory note and formal approval from the relevant authority at the PR level. The Global Fund may request copies of the explanatory note and</td>
<td></td>
</tr>
<tr>
<td>b. Review and approve proposed reinvestment</td>
<td></td>
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</table>

**THE GLOBAL FUND**
formal approval, which will serve as a basis for verification by the Global Fund and/or one of its agents (such as the Fiscal Agent or Local Fund Agent). If no formal advance written approval is made available to the Global Fund, expenditures may be classified as non-compliant by the Global Fund.

**PR** must ensure that appropriate mechanisms are put in place to track and ensure that cumulative non-material budget revisions do not constitute a material budget revision without the prior approval of the Global Fund throughout the implementation period.
## CHANGE HISTORY:

<table>
<thead>
<tr>
<th>No.</th>
<th>Approved by</th>
<th>Change Description</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EGMC</td>
<td>Original version</td>
<td>7 April 2021</td>
</tr>
<tr>
<td>2</td>
<td>EGMC Chair</td>
<td>Section 1.4 – C19RM 2020 Awards: changes to reflect the IC approved approach regarding use of C19RM 2020 funding after 30 June 2021, pending submission of the C19RM Full Funding Request. Section 2.1 – Process Overview and Critical Timelines: changes to KPI for issuance of the C19RM Notification Letter (from 17 to 20 business days of C19RM Full Funding Request start date to reflect changes to Board paper timeline). Section 2.2 - C19RM Funding Request submission, review and approval: (a) Timelines for screening the C19RM Funding Request have now been formalized; (b) Preparation of Board paper timelines have been extended to 5 working days; and (c) The process for changes to C19RM HPMT and Budget after IC decision has been amended. Changes to C19RM HPMT are processed by HPM Specialist and PR; changes to the C19RM Budget are processed by CT and the PR. Section 2.5.1 – Annual Funding Decision and Disbursements and increase in wambo.org ceiling: changes to reflect that the standard advance payment or procurement process of approving through memo is replaced with completion of Table 1 (for C19RM Fast-track Funding Requests) or Table 2 (for C19RM Full Funding Requests) in the RRF (attached); reviewers aligned with the IC-endorsed review and approval process on exceptions to initiate orders prior to increase in wambo ceiling. Section 2.5.2 – Procurement of health products: included definition of relevant approval authority for changes to procurement channels. Section 2.5.3 – PR reporting: included definition of detailed responsibilities for review of the PR health product reports, as agreed with HPM Managers and SO. HPM managers have noted for completeness</td>
<td>13 July 2021</td>
</tr>
</tbody>
</table>
that given this is new reporting and additional reviews required by CT/LFA and SO, a slight error margin on the PR’s oversights will need to be improved as the reporting progresses.

Section 4 – Management of Exceptions: (i) Funding Request submission, review and approval; Flexibility to allow Country Team and PR to submit; HPMT with C19RM Above Base Allocation at category level prior to IC review; and two HPMTs (one for Base and one for Above Base). Country Teams also have additional options to submit final HPMT and Budget after issuance of NL. (ii) Approval of orders prior to wambo.org ceiling increase allowing the Global Fund to release the payment pending the grant revision completion.

<p>| | | |</p>
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<tbody>
<tr>
<td>3</td>
<td>EGMC Chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Section 2.1 – Process Overview and Critical Timelines: changes to KPI3 (additional funding revision timelines) to capture (i) adjustments to standard timelines, and (ii) timelines to integrate C19RM Supplementary Funds for selected countries.</td>
<td>04 October 2021</td>
</tr>
<tr>
<td></td>
<td>Section 4 – Management of Exceptions: strengthen the exception process related to KPI3 on additional funding revision timelines given implications to PPM payments, implementation of C19RM activities reporting on C19RM.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annex 1 – C19RM 2021 End-to-end Assurance Guidance: minor changes to provide guidance on the LFA C19RM 2021 executive summary</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>EGMC Chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Section 1.4 – C19RM 2020: included clarifications for countries which have received C19RM 2020 funds but have not submitted C19RM 2021 funding request so that C19RM 2020 funds are to be retained in the Regular Budget until IP end date.</td>
<td>19 May 2022</td>
</tr>
<tr>
<td></td>
<td>Section 1.12 – C19RM Funding Request Review and Approval: included updates to reflect the Board decision of December 2023 increasing the threshold for Board review of C19RM funding request and extending timelines for award.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Section 2.1 – C19RM Process Overview and Critical Timelines: included changes to C19RM KPIs and revision timelines to capture adjustments to standard timelines and updated timelines to integrate C19RM Supplementary and Additional Funding Requests for selected countries.</td>
<td></td>
</tr>
</tbody>
</table>
Section 2.3 – Integration of C19RM Awards into Grants/Ips: changes to reflect (i) case of applicants receiving C19RM Supplementary and Additional Funding awards and updated revision timelines; and (ii) the revisions process steps undertaken by the Grant Ops team.

Section 2.4 – Reinvesting C19RM Savings/Funds: included (i) changes to reflect further streamlining C19RM reinvestment process, as approved by the C19RM Investment Committed on April 2021; (ii) changes to the parameters for use of the forex gains identified in relation to C19RM investments; (iii) simplified tracking process for non-material budget revisions; (iv) clarification on the PR process for effecting non-material C19RM budget revisions; (v) clarification on the fact that C19RM funding must remain in C19RM eligible investments and cannot be reallocated to HTM modules and interventions.

Section 2.5.2 – Procurement of Health Products: included (i) amendments to approval authority for certain changes to the procurement channel post-IC decision (internal version only); (ii) revisions to the categorization of Locally Sourced Advised health products; and (iii) revisions to include reference to the SoPs for HP reporting (internal version only).

Section 2.5.3 – PR Reporting: included Pulse Checks as supplemental information for the scheduled Progress Update / Disbursement Requests (PU/DRs).

Section 2.6 – Risk management and assurance across the C19RM Lifecycle: changes to align with approach taken by the Risk team on Minimum Mandatory Assurance Guidelines.

Annex 1 – C19RM 2021 End-to-end Assurance Guidance: changes to ensure alignment modifications in the above-mentioned sections.

<table>
<thead>
<tr>
<th></th>
<th>C19RM Secretariat (with Legal and OE)</th>
<th>Minor changes to ensure consistency with changes to Annex 1 approved on 19 May 2022 and a few typos correction.</th>
<th>09 August 2022</th>
</tr>
</thead>
</table>
| 5 | EGMC Chair | The guidelines have been updated to reflect the key operating principles of the C19RM extension as approved by the Global Fund Board on 16 November 2022. Namely to capture the following key changes:  
- Extension of the deadline to: (i) award C19RM funds to 30 June 2023 and (ii) use C19RM funds to 31 December 2025 | 24 May 2023 |
- Updated Defined Terms to cover new definitions of the C19RM budgets, included definitions of the C19RM Performance Frameworks and C19RM Health Products Management Templates (HPMTs)
- Updated the C19RM Additional Funding Request submission, development, review and approval processes to capture changes in the (i) endorsement and stakeholder engagement requirements, (ii) C19RM Additional Funding Request submission requirements, and (iii) C19RM Additional Funding Request review and approval step-by-step guidance.
- Updated guidance on integration of the C19RM Additional Funds into GC6 grants to reflect requirements and timelines for integration through the grant revision process.
- Changed guidance on reinvestments of C19RM Funds to focus on modalities through which countries can demonstrate the shift towards C19RM strategic priorities.
- Minor changes to the Implementation section to align with the new extension principles.
- Updated the section on Risk Management Assurance and Annex 1 to ensure alignment modifications in the above-mentioned sections.

The following sections of the C19RM Guidelines dated 7 April 2021 (superseded by the version approved on 24 May 2023) have been removed due to their inapplicability to the new C19RM extension:

- C19RM 2020 Awards
- Allocation
- Two-stage application process
- Critical timelines (mention of Key Performance Indicators – and associated exception in Management of Exceptions section)
- Integration through Grant-making for the New Implementation Period
- Implementation Period Reconciliation and Closure