

COVID-19 Response Mechanism Guidelines

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Applicable Policies and Guidance¹

- [Global Fund Board Decision on Second Extension of C19RM and Operational Flexibilities \(GF/B44/EDP18\)](#)
 - [OPN and Operational Procedures on Make, Approve and Sign Grants](#)
 - [OPN on Risk Management](#)
 - [OPN on Annual Funding Decision and Disbursements](#)
 - [OPN on Grant Revisions](#)
 - [Guidelines for Grant Budgeting](#)
 - [OPN and Operational Procedures on Pooled Procurement Mechanism](#)
 - [OPN and Operational Procedures on Implementation Period Reconciliation and Grant Closure](#)
 - [Interim Quality Assurance Requirements for the Procurement of COVID-19 Diagnostic Products](#)
- [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.

Defined Terms

C19RM 2020	Refers to the first phase of C19RM launched with initial funding in 2020. Hence, “C19RM 2020 Award” is the C19RM funding approved under the first phase of C19RM.
C19RM 2021	Refers to the second phase of C19RM launched with additional funding in 2021. Hence, “C19RM 2021 Award” is the C19RM funding approved under the second phase of C19RM.
C19RM Base Allocation	Represents C19RM 2021 available funding equivalent to 15% of the eligible applicant's 2020-2022 disease/RSSH allocation amount. The amount is communicated through a C19RM Allocation Letter.
C19RM Above Base Allocation	Represents an amount equivalent to at least an additional 15% of the eligible applicant's 2020-2022 HIV, TB and malaria allocation amount. The amount is communicated through a C19RM Allocation Letter and serves as guidance for applicants to develop the Above Base Allocation request.
C19RM Fast-track Funding Request	Refers to the initial C19RM 2021 application. Applicants can submit on an accelerated basis to support urgent needs for COVID-19 health products (including PPE, diagnostics, and therapeutics as set out in the optimal category within the Health Product Segmentation Framework) and costs relating to the effective deployment of such health products, including technical assistance. The amount of C19RM Base Allocation to be used to secure urgent COVID-19 commodities through the Fast-track process will depend on individual country circumstances. As an indication, it is anticipated that at least 50% of the C19RM Base Allocation will be applied for through the Fast-track process, looking at the whole Global Fund portfolio. All C19RM Fast-track Funding Requests require full CCM endorsement as well as the endorsement by the national COVID-19 response coordinating body.
C19RM Full Funding Request	Refers to the full expression of demand for both C19RM Base Allocation and Above Base Allocation amounts (minus C19RM Fast-track Funding request awards already made) submitted by the applicant. In addition to the full CCM endorsement, COVID-19 control and containment interventions of the C19RM Full Funding Request must be endorsed by the national COVID-19 response coordinating body.
C19RM 2021 Unfunded Demand	Refers to the prioritized Above Base Allocation request, approved by the C19RM Investment Committee, that was not funded immediately but can be funded in the future if additional C19RM funds or savings become available.
CTAG	A COVID-19 technical advisory group comprised of ACT-Accelerator partners with technical COVID-19 expertise who will review C19RM Funding Requests, along with GAC partners, in parallel with the Secretariat's review. The C19RM Investment Committee will consider the GAC partners and CTAG's input in determining funding awards or recommendations.
Funding Request C19RM Budget	<p>Refers to the budget submitted as part of the C19RM Fast-track and Full Funding Requests to use the country/applicant's C19RM Base Allocation. The budget for the Full Funding Request also captures the C19RM Above Base Allocation request. A dedicated template (separate from the Regular Budget template) has been developed for this purpose which includes one C19RM module and 18 interventions.</p> <p>This budget is referred to in the C19RM Funding Request form as the “Consolidated C19RM Budget”.</p>
C19RM Assurance-Prioritized Portfolios	Portfolios with C19RM awards of over \$20 million for which the C19RM Investment Committee has approved heightened attention for enhanced reporting and assurances.
PR C19RM Budget	This is derived from the approved Funding Request C19RM Budget and captures the approved C19RM budget for each PR implementing C19RM activities.

Regular Budget	Refers to the grant Detailed and Summary Budget capturing funding from the (i) disease/RSSH allocation; (ii) C19RM 2020 Award used until 30 June 2021 (following the one module and two interventions approach); and (iii) other sources.
Regular Grant Funds	Refers to Grant Funds financed from the disease/RSSH allocation and other sources of funding (except C19RM).
Remaining C19RM 2020 Award	Refers to the estimated available uncommitted funds and financial obligations ² (such as orders pending delivery) from the C19RM 2020 Award <u>as at 30 June 2021</u> that is included in the Funding Request C19RM Budget of the C19RM Full Funding Request and approved by the C19RM Investment Committee.

1. General Guidance on C19RM

1.1 Purpose

The COVID-19 Response Mechanism (“C19RM”) Guidelines (the “C19RM Guidelines”) apply to Global Fund Country Teams, country and multicountry applicants and Principal Recipients and cover the end-to-end process for C19RM from funding request stage until grant closure.

The C19RM Guidelines supersede the C19RM Operational Procedures dated 8 June 2020 (and amended on 19 November 2020), with immediate effect.

Specific terms used in this document are defined in the preceding section³.

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, malaria and systems for health. The pandemic continues to have a devastating impact on global health systems, jeopardizing the fight against HIV, TB and malaria and progress towards the 2030 goals for the three diseases. Based on significant additional contributions from Global Fund donors, on 30 March 2021, the Global Fund Board approved an extension of C19RM and associated operational flexibilities.⁴ On 7 April 2021, the Global Fund launched the second phase of C19RM.

1.3 Deadlines

The deadline for the Global Fund to award C19RM funds is 31 March 2022. All awards under the second phase of C19RM (“C19RM 2021”) and any C19RM funds awarded to recipients in the first phase (“C19RM 2020”), must be used (i.e. goods and services must be delivered and paid for) by **31 December 2023**⁵. However, as C19RM funding is intended for urgent needs, it is expected that funds will be used well in advance of this deadline.

1.4 C19RM 2020 Awards

Principal Recipients are strongly encouraged to use C19RM 2020 Award by their original deadline of 30 June 2021. Where required and until submission of the C19RM Full Funding Request, Principal Recipients, following Country Team approval, can initiate procurement orders for delivery of health products after 30 June 2021 and/or continue implementation of delayed activities. Any Global Fund Pooled Procurement Mechanism (“PPM”) procurement orders initiated with an anticipated delivery date after 30 June 2021 need to use the grant identification selection of C19RM 2021. The Principal

² Financial Obligations are “current contractual obligations to pay an agreed amount of cash (i.e., as per signed contract and/or purchase order) to a third party for the provision of goods/services at a certain point of time in the future, i.e., the goods or services are yet to be received” (Section 2.1.1 of the [Global Fund Guidelines for Grant Budgeting](#)).

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/grantregulations>.

⁴ [GF/B44/EDP18](#) (Second Extension of C19RM Timeline and Operational Flexibility for COVID-19).

⁵ Countries with grants ending before this date that are not continuing should plan to use any C19RM funds before the relevant grant implementation period end date. Any extension of these grants should be guided by existing policy for transition countries, taking account of programmatic considerations, and not for the sole purpose of facilitating use of C19RM funds.

Recipient must ensure a clear segregation of expenditure incurred before and after 30 June 2021. All requests for reinvesting the C19RM 2020 Award must be done in accordance with [Section 2.4 on Reinvesting C19RM Savings/Funds](#).

Any estimated available uncommitted funds and financial obligations⁶ (such as orders pending delivery) from the C19RM 2020 Award as at 30 June 2021, must be included in the C19RM Full Funding Request as part of the Funding Request C19RM Budget for review and approval by the C19RM Investment Committee (“Remaining C19RM 2020 Award”).⁷

Following approval of the C19RM Full Funding Request, and as part of the integration of the C19RM 2021 Award into relevant grants, Principal Recipients are required to capture the Remaining C19RM 2020 Award in the PR C19RM Budget (see [Section 2.3 on Integration of C19RM Awards into Grants/IPs](#)).

Any variances between the estimated amounts and the actuals in the Remaining C19RM 2020 Award, based on validated actual expenditure, will be captured in either: (a) the Regular Budget for C19RM 2020 awards used before 30 June 2021; or (b) the PR C19RM Budget for the Remaining C19RM 2020 Award (as at 30 June 2021). Country Teams must inform the C19RM Secretariat of variances to the Remaining C19RM 2020 Award to enable recording of the final amount.

Use of the Remaining C19RM 2020 Award (including reinvestment of the award) after C19RM Investment Committee (or Global Fund Board) decision of the C19RM Full Funding Request, will be based on the approved Funding Request C19RM Budget.

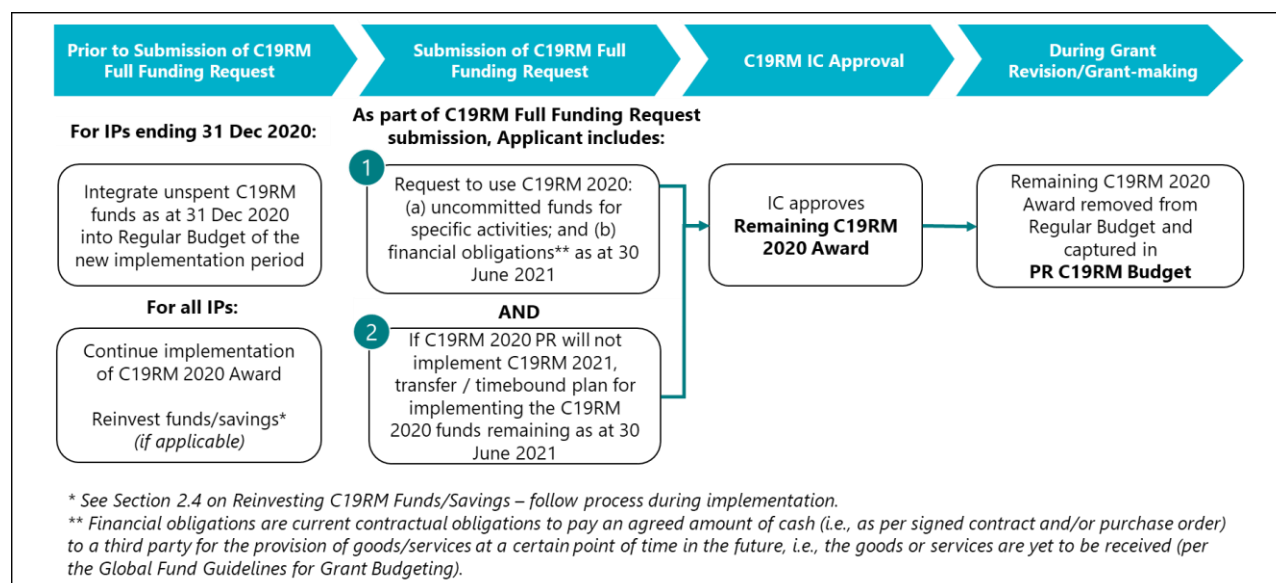
Change or transition of the Principal Recipient implementing the C19RM 2020 Award

If a Principal Recipient with C19RM 2020 Award funding remaining as at 30 June 2021 will not implement C19RM 2021 activities, the applicant must include a plan for implementing the Remaining C19RM 2020 Award (i.e. by immediately transferring implementation from the existing Principal Recipient to the C19RM 2021 Principal Recipient or proposing a timebound arrangement for use of the funds) in the C19RM Full Funding Request. In all cases, Remaining C19RM 2020 Awards must be moved to the PR C19RM Budget.

⁶ Financial obligations are *current contractual obligations to pay an agreed amount of cash (i.e., as per signed contract and/or purchase order) to a third party for the provision of goods/services at a certain point of time in the future, i.e., the goods or services are yet to be received* (per the [Global Fund Guidelines for Grant Budgeting](#)).

⁷ For the 2017-2019 allocation period grants still in implementation, the first-in first-out principle shall apply to the C19RM 2020 Award and the COVID-19 grant flexibilities funds in order to determine the estimated available uncommitted funds and financial obligations from the C19RM 2020 Award as at 30 June 2021. Accordingly, the Country Team operates on the basis that the COVID-19 grant flexibilities amounts have been used first, with the remaining C19RM expenditures financed from the C19RM 2020 Award. The use of any remaining C19RM 2020 funds (uncommitted and financial obligations) must be requested through the C19RM Full Funding Request.

Diagram 1. Remaining C19RM 2020 Award



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.⁸

1.6 Eligible Investments

C19RM is designed to assist eligible countries to respond to COVID-19 in three ways:

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

Applicants can request funding under a combination of the above categories.

In consultation with technical partners, the Global Fund Secretariat has developed technical guidance to define and illustrate eligible investments for C19RM funding. Please refer to the [C19RM Technical Information Note](#).

C19RM funds cannot support the procurement of vaccines, or primarily focus on vaccine deployment. The [C19RM Technical Information Note](#) provides further guidance on this. While the use of C19RM for the procurement of PPE and for some health systems interventions (such as

⁸ 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.

strengthening support to community health workers) may contribute to the implementation of country vaccine deployment plans, GAVI, the Vaccine Alliance and the World Bank are going to be the principal sources of external support to countries' vaccine deployment efforts.

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 Board.⁹

1.7 Allocation

The Global Fund sends each eligible country or regional/multicountry recipient a C19RM Allocation Letter confirming the potential C19RM amount available to them (the "C19RM Base Allocation"). The **C19RM Base Allocation** is in addition to and distinct from countries' 2017-2019 and 2020-2022 allocations and the C19RM 2020 awards. This amount is only a starting point for determining overall C19RM funding awards; applicants are also asked to submit **C19RM Above Base Allocation**¹⁰ Requests, which will be reviewed and if approved, may be funded immediately or registered as C19RM Unfunded Demand. Applicants are highly likely to receive at least a portion of their C19RM Above Base Allocation requests; therefore, it is extremely important that countries submit robust demand for both the C19RM Base Allocation and C19RM Above Base Allocation amounts.

Neither the C19RM Allocation Letter nor the C19RM Above Base Allocation request guarantees an award of C19RM funding. All complete C19RM funding requests ("C19RM Funding Requests") of appropriate quality, submitted by the communicated deadline in the C19RM Allocation Letter, will be reviewed and approved by the Global Fund before C19RM funding is awarded.

If the applicant decides not to request C19RM funding by the specified deadline(s), the funds will be reallocated to other countries.

The C19RM Base Allocation is a starting point for calculating C19RM funding awards. The Global Fund has flexibility to adjust these awards to reflect COVID-19-related needs and will take account of the following factors:

- COVID-19 considerations, such as current incidence, mortality and potential vulnerability;
- the extent of disruption of services in Global Fund-supported programs;
- the amounts of C19RM funding already awarded and progress in implementing these funds; and
- the availability of funding from other sources.

Countries that have been harder hit by COVID-19, with low C19RM Base Allocations relative to COVID-19 need, or where HIV, tuberculosis and malaria services have been particularly disrupted, may receive proportionately higher amounts of C19RM Above Base Allocation funding, as long as they submit ambitious C19RM Funding Requests of appropriate quality.

Any adjustments will be considered by the Global Fund at the time of making award decisions and will be considered contextually and qualitatively, taking each country's current situation into account while recognizing the limitations of COVID-19 burden data and the intrinsic difficulty of weighting the different factors.

⁹ See, in particular, Board decision points [GF/B42/EDP11](#) and [GF/B44/EDP18](#).

¹⁰ This represents an amount equivalent to an additional 15% of the eligible applicant's 2020-2022 HIV, TB and malaria allocation amount. The amount is communicated in the C19RM Allocation Letter and serves as guidance for applicants to develop the Above Base Allocation request.

1.8 C19RM Funding Request Submission

All C19RM 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 Allocation Letter will coordinate the C19RM Funding Request.

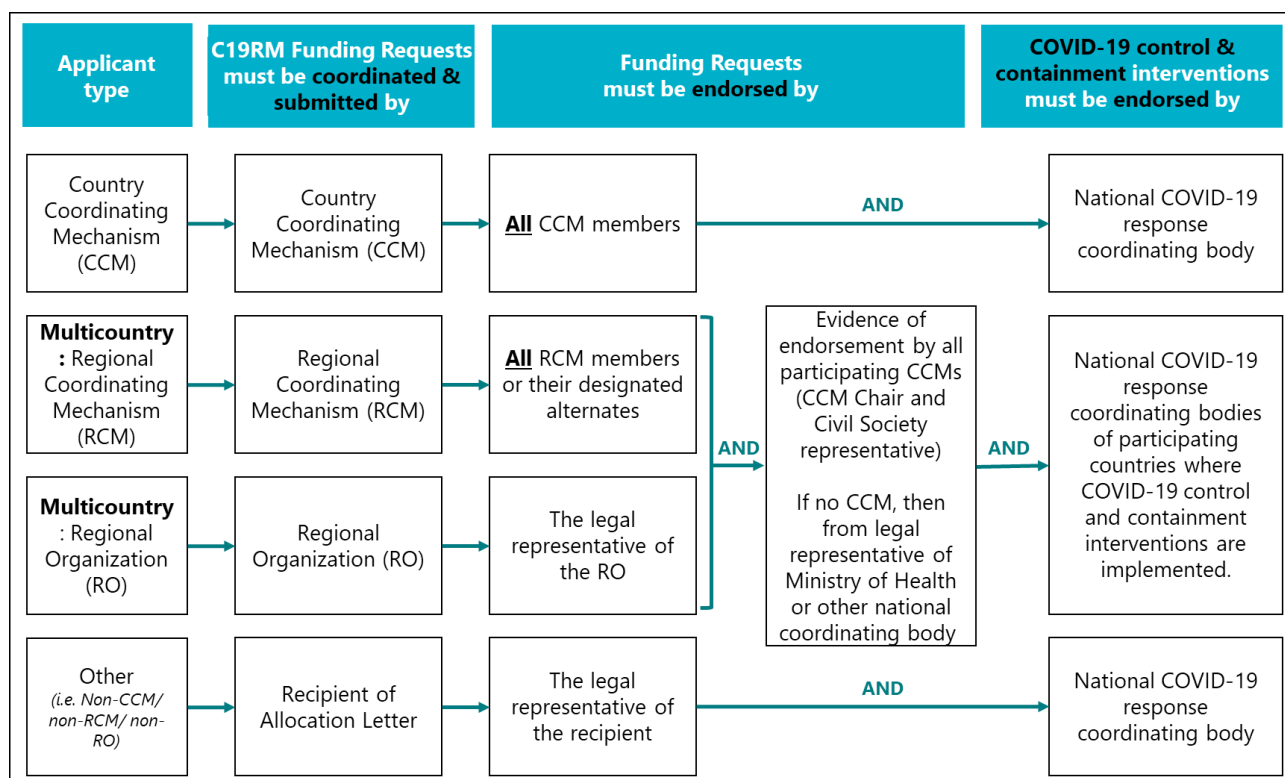
All CCM applications must be endorsed by all CCM members.

All multicountry applications must demonstrate how a C19RM Funding Request is complementary to national efforts and other existing regional grants. RCM C19RM Funding Requests must be endorsed by all RCM members or their designated alternates. RO C19RM 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 (Chair and Civil Society Representative) of all the participating countries of the multicountry 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 Ministry of Health or other national coordinating body.

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

In addition to the above, COVID-19 control and containment interventions need to be endorsed by the national COVID-19 response coordinating body in all cases. For multicountry applications, this only applies to the participating countries of the multicountry where these interventions will be implemented.

Diagram 2. Coordination and Endorsement of C19RM Fast-track and Full Funding Requests



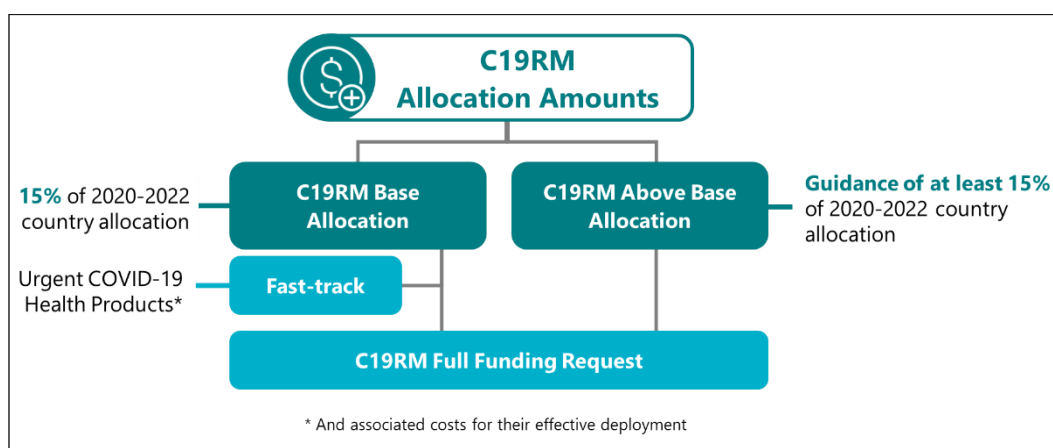
Applicants are required to ensure that all required documents and tools are submitted to the C19RM Secretariat in a timely manner. The Global Fund only reviews complete Funding Requests.

1.9 Two-stage Application Process

Applicants can request C19RM funding in two stages:

1. **C19RM Fast-track Funding Request:** Applicants can submit an initial C19RM application on an accelerated basis to support urgent needs for COVID-19 health products (including PPE, diagnostics, and therapeutics as set out in the optimal category within the [Health Product Segmentation Framework](#)) and costs relating to the effective deployment of such health products, including technical assistance¹¹. The amount of C19RM Base Allocation to be used to secure urgent COVID-19 commodities through the Fast-track process will depend on individual country circumstances. As an indication, it is anticipated that at least half of the C19RM Base Allocation will be applied for through this Fast-track process, looking at the whole Global Fund portfolio. *All C19RM Fast-track Funding Requests require full CCM endorsement¹² as well as the endorsement by the national COVID-19 response coordinating body, and*
2. **C19RM Full Funding Request:** Following a Fast-track submission, applicants can take further time to develop and submit the remainder of their C19RM Funding Request, which includes additional interventions as needed under the three eligible investment categories. *In addition to the full CCM endorsement,¹³ COVID-19 control and containment interventions of the C19RM Full Funding Request must be endorsed by the national COVID-19 response coordinating body.*

Diagram 3. Components of C19RM Funding Request



While the C19RM Fast-track Funding Request process is intended to minimize the delay in deploying critical and basic elements to countries for their COVID-19 responses, it is optional. Applicants can choose to apply for C19RM funding through the C19RM Full Funding Request only.

¹¹ Such costs include, but are not limited to, PSA fees, freight and insurance fees, QA/QC fees, custom clearance fees, in-country warehouse and storage costs, in-country distribution costs and other PSM-related costs.

¹² See [Section 1.8 C19RM Funding Request Submission](#) above for the endorsement requirements for multicountry or non-CCM/non-RCM/non-RO Funding Requests.

¹³ *Ibid.*

Applicants are requested to refer to the [C19RM Funding Request instructions](#) when completing the C19RM Funding Request form for C19RM Fast-track and Full Funding Requests. Set out below is the list of required documents for each submission type:

Document	C19RM Fast-track Funding Request	C19RM Full Funding Request
C19RM Funding Request Form *	✓	✓
Funding Request C19RM Budget	✓	✓ Including C19RM Above Base Allocation request
Quantification or needs assessment for COVID-19 health products (including contribution and projected pipeline from other sources of funding)	✓	✓
COVID-19 National Testing Strategy, where available	✓	✓
C19RM Health Products Management Template ("C19RM HPMT") per grant	✓	✓
C19RM Funding Landscape Table		✓ x not required for multicountry grants
CCM ¹⁴ Endorsement of C19RM Funding Request ¹⁵	✓	✓
Endorsement by the national COVID-19 response coordinating body	✓	✓ COVID-19 control and containment interventions of the funding request only
National Strategic Preparedness and Response Plan for COVID-19 and budget (ideally for 2021)	✓	✓
HIV, TB and Malaria mitigation plans, where available		✓
List of Civil Society suggestions for the inclusion in the C19RM Funding Request		✓

[*] denotes same document to be used for both requests.

1.10 C19RM Funding Request Development

In all cases (Fast-track and Full Funding Requests), the applicant must ensure that C19RM Funding Requests are developed in collaboration with the entities coordinating the national COVID-19 response, to ensure alignment with the National Strategic Preparedness and Response Plan for COVID-19 ("NSPRP") and robust information sharing on key data and existing and emerging investments. Ideally, this will include direct coordination with relevant national response Pillar working groups or related technical bodies with specific responsibilities for COVID-19 lab diagnostics, infection prevention and control, e.g. PPE and medical therapeutics.

For the C19RM Full Funding Request, effective community and civil society engagement are crucial for developing a robust response to the pandemic, including opportunities to support community-led initiatives, to both mitigate the impact on HIV, TB and malaria services, and strengthen the national COVID-19 response. Applicants must consult with, at minimum, the HIV, TB and malaria national control programs, civil society, key and vulnerable populations as well as communities, including those most severely affected by COVID-19. This includes CCM members and non-CCM representatives. Even if a country is experiencing significant disruption, CCMs are still expected to

¹⁴ See [Section 1.8 C19RM Funding Request Submission](#) above for the endorsement requirements for multicountry or non-CCM/non-RCM/non-RO Funding Requests.

¹⁵ <https://www.theglobalfund.org/en/funding-model/applying/materials/>.

make efforts to invite inputs from civil society, communities and key populations using virtual tools. Since some health systems investments may contribute to future pandemic preparedness, CCMs are also requested to ensure appropriate involvement of relevant actors (e.g. International Health Regulations focal points) and alignment with relevant plans where available (e.g. the National Action Plan for Health Security).¹⁶

In principle, Eligibility Requirement 1¹⁷ applies to all C19RM Funding Requests. Accordingly, Country Teams will support CCMs by discussing any barriers to inclusive country dialogue as early as possible.

Technical assistance for the development of the C19RM Funding Request is generally country and CCM-led via national COVID-19 structures, in-country technical partners or existing CCM funding resources¹⁸. Where additional funding is needed to support a meaningful country dialogue and an inclusive C19RM Funding Request, the applicant should note that CCMs already 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 the CCM's 2021 annual funding allocation) are available on request, to increase a CCM's capacity to support engagement and coordinate with the national response.¹⁹ On approval by the Global Fund, CCMs will be able to immediately use existing CCM funding in anticipation of this additional funding to conduct the activities. Please contact the CCM Hub (ccmhub@theglobalfund.org) for further details.

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

- [C19RM Technical Information Note](#);
- [HIV, TB and Malaria Mitigation Note](#);
- [C19RM Funding Request Instructions](#);
- [Instructions for Completing the C19RM Budget Template](#);
- [COVID-19 Information Note on Considerations for Community, Rights and Gender](#);
- [COVID-19 Information Note on Human Rights](#);
- Community, rights and gender considerations have also been integrated into [disease-specific guidance notes](#);
- [Guidance note on conducting inclusive country dialogues virtually](#);
- [Value for Money Technical Brief](#) to address efficiency and sustainability aspects of COVID-19 investment; and
- [Health Product Segmentation Framework](#).

1.11 Implementers

C19RM funding will be channeled through existing Principal Recipients and grants.²⁰ The applicant is strongly encouraged to identify the optimal existing implementation arrangements to facilitate the effective delivery of the C19RM interventions.

The Global Fund will consider new implementers (e.g. lead agencies for the national scale response) in exceptional circumstances, following a detailed capacity assessment and provided that the implementers have satisfactory assurance arrangements in place as well as an ability to implement

¹⁶ These requirements apply equally to RCM and RO applications.

¹⁷ 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."

¹⁸ Global Fund grant funds cannot be used to cover the costs for a consultant or technical assistance to draft or write a C19RM funding request.

¹⁹ Please note this support is available to CCMs and RCMs, but not to ROs or non-CCMs at this time.

²⁰ New implementers may be considered in exceptional circumstances, subject to satisfactory capacity assessments and assurance arrangements and ability to implement proposed interventions with speed.

the proposed interventions with speed. The Global Fund will also undertake a review to ensure compliance with Eligibility Requirement 2.²¹

Requests for new Sub-recipients

Where the applicant proposes a new implementer, the applicant is requested to consider having them implement as Sub-recipient first. The assessment of Sub-recipient capacities is normally 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](#)).²² The Country Team can also, in consultation with the CCM, request an LFA assessment of Sub-recipients (or other key implementers) in cases where the proposed Sub-recipient will be principal implementer of the C19RM activities or has 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 Funding Request.

Requests for new Principal Recipients

Any request for a new Principal Recipient, however, requires in principle approval by the C19RM Investment Committee before submission of the C19RM Funding Request. If the C19RM Investment Committee's in principle approval is received, the Country Team will immediately initiate a capacity assessment. Based on the capacity assessment and the Country Team's recommendation, the Regional Manager or Department Head (for High Impact countries), will decide to accept or reject the nominated Principal Recipient. This decision will be communicated to the C19RM Investment Committee at time of review of the C19RM Funding Request. If a nominated Principal Recipient is rejected, a request for the nomination of an alternative Principal Recipient will be made to the applicant and another capacity assessment will be conducted as required. The C19RM Funding Request will not be reviewed by the C19RM Investment Committee if the capacity assessment is not completed and the new Principal Recipient is not accepted by the Global Fund.

For existing Principal Recipients and Sub-recipients which will be implementing new activities for which their capacity has not been previously assessed, a capacity assessment is not required unless the Country Team takes the view that it is necessary (e.g. where the Country Team has concerns around the Principal Recipient's capacity to undertake or provide the necessary oversight of the proposed C19RM interventions).

1.12 C19RM Funding Request Review and Approval

Following confirmation by the C19RM Secretariat that the C19RM Funding Request is complete, the application package is shared for review and input by GAC partners and relevant ACT-Accelerator²³ partners with technical COVID-19 expertise ("CTAG") in parallel with the Secretariat's review. The period for input is limited to three days and partners are provided with criteria to tailor their reviews. The C19RM Investment Committee will consider the GAC partners and CTAG's input in determining funding awards or recommendations.

The C19RM Investment Committee reviews all C19RM Funding Requests. They approve: (1) all C19RM Fast-track Funding Requests; and (2) C19RM Full Funding Requests (including the C19RM Above Base Allocation request) up to US\$35 million.

²¹ 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".

²² Paragraph 19 of the [OPN on Make, Approve and Sign Grants](#).

²³ The Access to COVID-19 Tools (ACT) Accelerator is a global collaboration launched in April 2020 in order to "accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines" (<https://www.who.int/initiatives/act-accelerator>).

The C19RM Investment Committee recommends C19RM Full Funding Requests (including the C19RM Above Base Allocation request) awards of more than US\$35 million to the Global Fund Board for approval. This amount, measured in aggregate per country, does not include any funding awarded through the C19RM Fast-track process or C19RM 2020. The C19RM Investment Committee can also recommend awards under US\$35 million to the Global Fund Board for approval where the Committee determines that the non-health product components of an award are 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\$10 million, 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 on a country and grant-by-grant basis as follows:

1. **Immediate award:** Approved interventions, the funds for which can be immediately released for integration into grants. If there are conditions attached to the integration of funds, funds will be released for integration once the conditions are met.
2. **C19RM Unfunded Demand:** Approved interventions that can be funded if additional C19RM funds become available and/or efficiencies are identified during the revision (for C19RM Full Funding Requests only).
3. **Iteration:** Interventions that require iteration; a revised C19RM Funding Request is requested to be submitted by the applicant for review in due course.
4. **No award:** Interventions that have not been approved and will not receive C19RM funding.

The C19RM Investment Committee's decision for a given C19RM Funding Request can be a combination of immediate award, C19RM Unfunded Demand (for C19RM Full Funding Requests only), request for iteration and/or no award.

Following C19RM Investment Committee or Global Fund Board decision, the Global Fund sends a notification letter ("C19RM Notification Letter") informing the applicant of the: (1) final decision and approved amount per grant; (2) technical review outcomes of the C19RM Funding Request; (3) any requirements or conditions associated with the outcomes of the review (including integration and use conditions); and (4) outline of next steps. The final approved Funding Request C19RM Budget (including C19RM Unfunded Demand and the Remaining C19RM 2020 Award, where relevant) and the C19RM HPMT will be appended to the C19RM Notification Letter or be sent swiftly after.

2. C19RM Grant Lifecycle Guidance

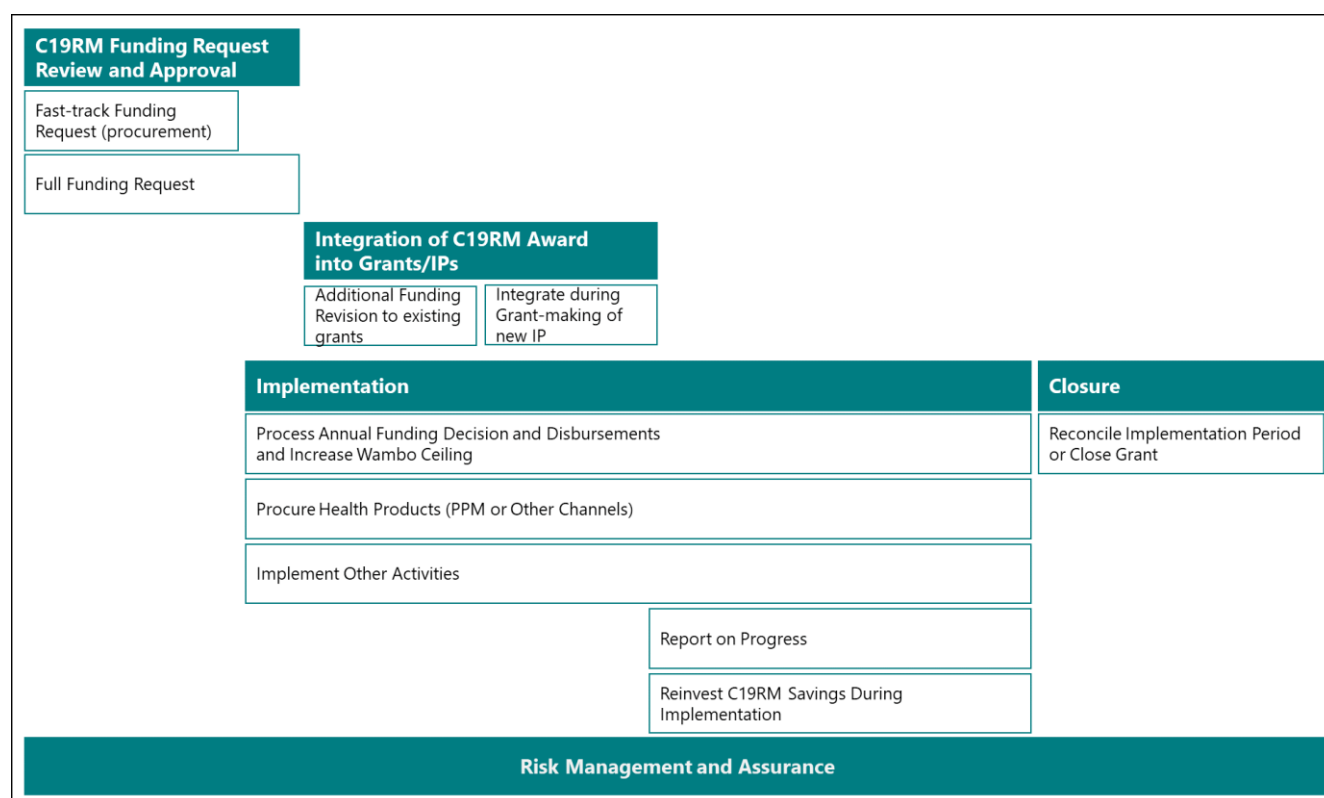
2.1 Process Overview and Critical Timelines

Diagram 4 provides an overview of the C19RM grant lifecycle processes from funding request stage to closure. Operational policy and procedural guidance are provided in subsequent sections.

As C19RM is an emergency response mechanism, it is critical that applicants, Principal Recipients and Country Teams work together to facilitate C19RM processes to ensure that planned emergency support is delivered as early as possible. The timelines provided in these Guidelines for specific tasks are indicative guidance to facilitate C19RM processes. However, there are critical timelines that must be adhered to and serve as key performance indicators (“KPIs”) for C19RM. Cases that are outside of these defined KPIs are reported to the Investment Committee:

- **KPI 3²⁴** – Additional Funding Revision is completed maximum two calendar months following issuance of the C19RM Notification Letter on the C19RM Full Funding Request²⁵ or two calendar weeks before current reporting end-date, whichever is earlier. In case a grant does not have sufficient uncommitted funds to initiate the C19RM activities, the additional funding revision must be completed immediately.

Diagram 4. C19RM Process Overview

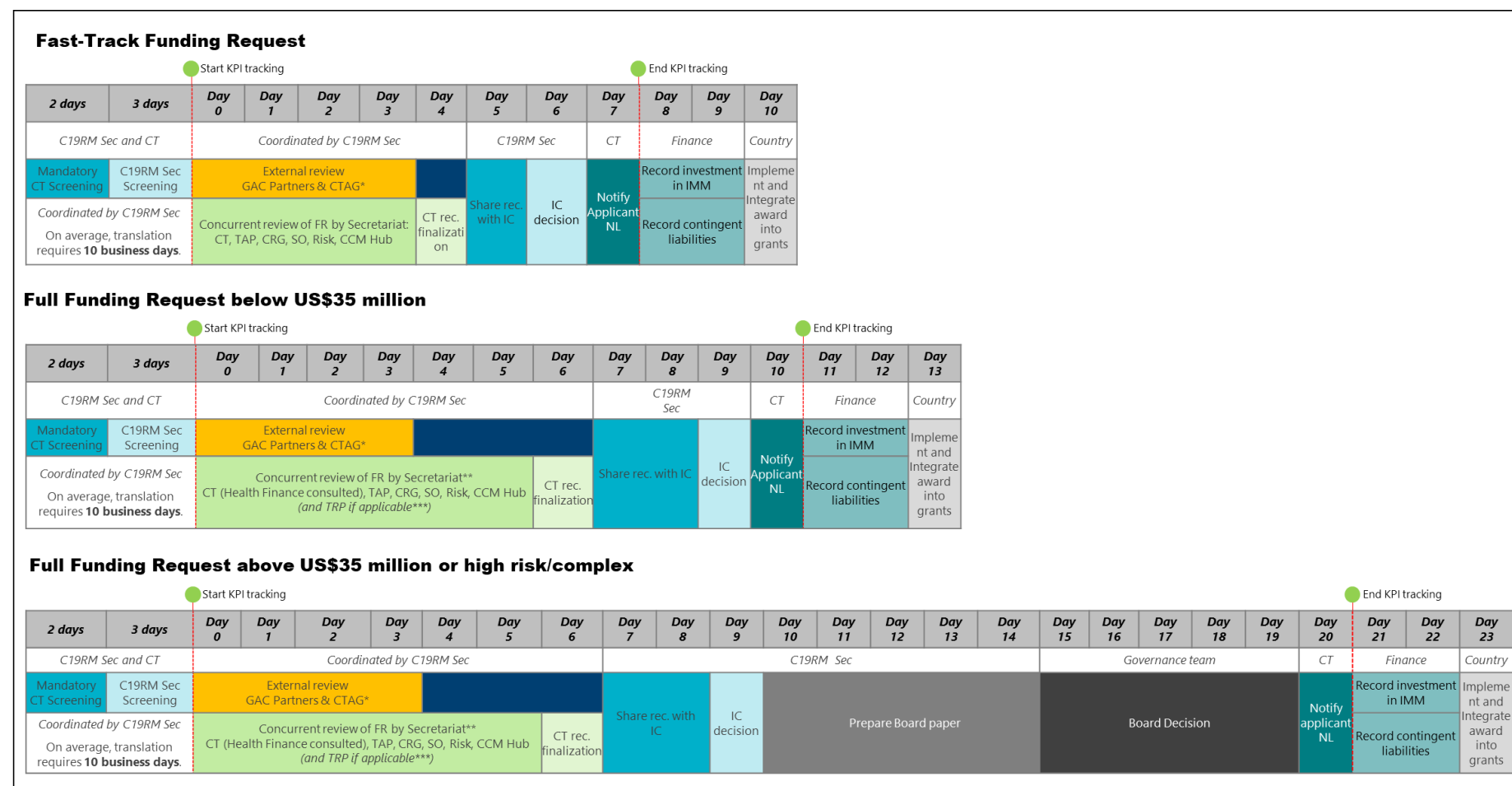


²⁴ This KPI only applies to C19RM Awards integrated into grants through additional funding revision. C19RM Awards integrated into grants during grant-making of the new IP follow the grant-making timelines.

²⁵ Or the C19RM Notification Letter on Fast-track Funding Request if the C19RM allocation is fully awarded through a Fast-track Funding Request.

2.2 C19RM Funding Request submission, review and approval

Diagram 5. C19RM Fast-track and C19RM Full Funding Request Processes and Timelines (in business days)



*GAC Partners and CTAG have 72 hours for the review.

** Internal discussion among the Secretariat reviewers on Day 3-4 of the C19RM Full Funding Request review. A discussion can be requested by the Country Team, other reviewers or C19RM Secretariat based on the nature of a request.

*** The Technical Review Panel ("TRP") reviews requests that trigger material reprogramming of the underlying HIV, TB and malaria grants into which the C19RM funds will be integrated.

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

Task	Timeline ²⁶	Responsibilities
C19RM Funding Request preparation and submission		
a. Preparation of C19RM Funding Request	a. Ongoing, until C19RM Funding Request is submitted.	CCMs (RCMs/ROs in multicountry contexts) or as indicated in the C19RM Allocation Letter for non-CCM/RCM/RO contexts. CTs support countries, in collaboration with other teams, including Finance, Technical Advice & Partnerships (“TAP”), Community, Rights and Gender (“CRG”), Supply Operations (“SO”) and Risk, as applicable, and well ahead of the anticipated submission date when possible. CTs may request LFAs to be involved as observers or to engage them in the early review of draft documents. CTs must notify the C19RM Secretariat immediately if the applicant is proposing a new Principal Recipient to implement the C19RM activities. The C19RM Investment Committee’s in principle approval of the proposal is required before submission of the C19RM Funding Request.
b. Submission of C19RM Funding Request to C19RM Secretariat (C19RM@theglobalfund.org), copying the relevant CT	b. Dates communicated in the C19RM Allocation Letter.	
C19RM Funding Request screening		
Mandatory Country Team screening, overall review of completeness of the C19RM Funding Request in line with the screening checklist (EN ES FR).	Within 2 days from C19RM Funding Request submission.	CTs conduct screening and overall review of the C19RM Funding Request for completeness in line with the screening checklist (EN ES FR). 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 Funding Request may be sent back to the applicant or the applicant is requested to provide clarifications/missing documents. CTs inform the C19RM Secretariat on the outcomes of the screening and confirm if the request can proceed with the review.
C19RM Secretariat screening, overall review of completeness of the C19RM Funding Request (including checking the CCM endorsement)	Within 3 days after CT screening.	Following CT confirmation, C19RM Secretariat conducts screening and overall review of the C19RM Funding Request for completeness. C19RM Secretariat, in consultation with other teams (e.g. CT, CCM Hub, CRG) , reviews completeness of CCM endorsement 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:

²⁶ All references to “days” in these procedures mean “business days”.

Task	Timeline ²⁶	Responsibilities
		<ul style="list-style-type: none"> i. Compliant: Where the applicant fully complies with the eligibility requirements and relevant indicators; ii. Compliant with Issues: Where some indicators are not fully met, but the applicant demonstrates credible intent to comply; iii. Indeterminate Compliant: Where further information is required to make an assessment; or iv. Non-Compliant: Where most or all the eligibility criteria indicators are not met. These cases will be escalated to the C19RM Investment Committee. <p>C19RM Secretariat will also review completeness of endorsement of national COVID-19 response coordinating bodies.</p> <p>Issues identified during the screening of ER1 (and ER2 where applicable) and endorsement of the national COVID-19 response coordinating bodies are escalated to the C19RM Investment Committee.</p>
<i>If applicable</i> , translation of the C19RM Funding Request	<i>If applicable</i> , C19RM Secretariat initiates translation of the final application package (Funding Request Form and HTM mitigation plans, where available) as soon as the final package is confirmed by the CT. <i>On average, translation requires 10 business days.</i>	Communications Department – Translations team arranges translation, If applicable.
<i>C19RM Funding Request review starts after completion of the screening of the application package, and translation of the C19RM Funding Request, if applicable.</i>		
C19RM Funding Request review		
<ul style="list-style-type: none"> a. C19RM Funding Request sent for concurrent review by all reviewers b. Application materials shared with the GAC partners and CTAG 	This step starts the clock for the C19RM Funding Request review Day 0	<p>C19RM Secretariat initiates review, after confirming with the CT.</p> <p><i>The review process starts only when the C19RM 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.</i></p>

Task	Timeline ²⁶	Responsibilities
GAC partners and CTAG review of the C19RM Funding Request	Fast-track and Full: Day 1-3 – concurrent with the Secretariat review	GAC partners and CTAG perform their review based on defined criteria within 72 hours..
Global Fund Secretariat concurrent review of the C19RM Funding Request	Fast-track: Day 1 - 3	<p>The following teams review the application package and capture individual review recommendations in the Review and Recommendation Form (“RRF”):</p> <ul style="list-style-type: none"> • CT reviews overall soundness of the request, feasibility and assumptions of proposed activities and associated budget, and complementarity/potential duplication with other available sources of funding (in consultation with Health Finance Department). 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. <ul style="list-style-type: none"> ○ The HPM Specialist confirms the Procurement Channel arrangements in line with the C19RM HPMT and reviews the C19RM HPMT for any C19RM requests with health products budgets over US\$1.25 million (total for the C19RM Base Allocation request and C19RM Above Base Allocation request). In case of top-ups, an additional US\$250,000 for health products requires HPM Specialist involvement. See Section 2.5.2 on Health Products Procurement below. ○ The Finance/PST Specialist reviews alignment of the Funding Request C19RM Budget with the Global Fund Guidelines for Grant Budgeting and the C19RM Guidelines, value for money 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. • TAP reviews alignment with WHO technical guidance, the C19RM Technical Information Note, the NSPRP and guidance from partners. • CRG reviews alignment with the principles of community engagement, gender equity and human rights. • SO advises on the technical issues, global availability and sourcing implication of the health products requested to be procured, especially related to supply-side aspects, including the availability of scarce products.
	Full: Day 1-5	

Task	Timeline ²⁶	Responsibilities
		<ul style="list-style-type: none"> Risk Department assesses if there are significant risks associated with implementation of the proposed activities and the associated mitigation and assurance plans. Refer to Section 2.6 Risk Management and Assurance across the C19RM lifecycle. <p><i>Refer to RRF for further details about review expectations. CTs may involve LFAs in the review of the documents. 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.</i></p>
	Fast-track: Day 4	CT 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).
	Full: Day 6	
TRP review of material reprogramming requests	Expedited review	<p>CT, in consultation with TAP advisors, determine if the C19RM Full Funding Request results in material reprogramming of the underlying HIV, TB and malaria grants into which the C19RM funds will be integrated.²⁷</p> <p>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.</p> <p>C19RM Secretariat coordinates with the TRP Secretariat, expedited TRP review of the material reprogramming request.</p>
C19RM Funding Request approval		
Preparation and sharing of the final recommendation and brief/dashboard with the C19RM Investment Committee	Fast-track: Day 5	C19RM Secretariat prepares the final recommendation/brief/dashboard based on reviewers' inputs and shares it along with the C19RM Funding Request package with the C19RM Investment Committee.
	Full: Day 7-8	
C19RM Investment Committee decision-making on the C19RM Funding Request	Fast-track: Day 6	C19RM Investment Committee reviews all C19RM Funding Requests in line with their Terms of Reference .
	Full: Day 9	

²⁷ Please refer to the Program revisions section of the [OPN on Grant Revisions](#) (paragraph 53) for the relevant material program revision thresholds.

Task	Timeline ²⁶	Responsibilities
		<ul style="list-style-type: none"> - C19RM Investment Committee approves (i) all C19RM Fast-track Funding Requests; and (ii) C19RM Full Funding Requests (including the C19RM Above Base Allocation request) up to US\$35 million.²⁸ - C19RM Investment Committee recommends to the Board for approval (i) all C19RM Full Funding Request (including the C19RM Above Allocation request) awards more than US\$35 million, and (ii) C19RM Full Funding Request awards under US\$35 million, where the C19RM Investment Committee's review suggests that the non-health product components of an award raise significant concerns about risk and complexity. - C19RM Secretariat documents C19RM Investment Committee outcomes, investment decisions and recommendations to the Board for approval, including explanation for Above Base Allocation and strategic actions that need to be addressed by the applicant. <p>A C19RM Advisory Group provides guidance to support decision-making for specific funding requests and when the C19RM Investment Committee requires it.</p>
Preparation of the C19RM Investment Committee recommendation to the Board (if applicable)	Full submission: Day 10-14	<p>C19RM Secretariat records the C19RM Investment Committee recommendation and prepares the C19RM Investment Committee Report to the Board with relevant supporting documents, requesting the Board's no-objection on C19RM Full Funding Requests requiring Board approval.</p> <p>Governance Team coordinates the Board review and approval process.</p>
Board decision (if applicable)	Day 15-19	Global Fund Board approves on a no-objection basis, any C19RM Full Funding Request awards over US\$35 million and any awards under US\$35 million where the C19RM Investment Committee's review suggests that the non-health product components of an award raise significant concerns about risk and complexity.
Notify applicant of the investment decision	Fast-track: Day 7	<p>HPM Specialist (or LFA for C19RM HPMTs where the health products budget is less than US\$1.25 million (total for the C19RM Base Allocation requested and C19RM Above Base Allocation Request) or top-ups up to US\$250,000) and the PR ensure that the C19RM HPMT is revised and validated to reflect approved products and quantities, based on the available submitted documents, prior to input into the HPMT aggregation tool.</p> <p>CT and the PR ensure that the Funding Request C19RM Budget is revised and validated to reflect approved activities and sends the final signed C19RM Notification Letter to the applicant</p>
	Full – awards under US\$35 million: Day 10	
	Full – awards over US\$35 million (and others requested for Board approval): Day 20	

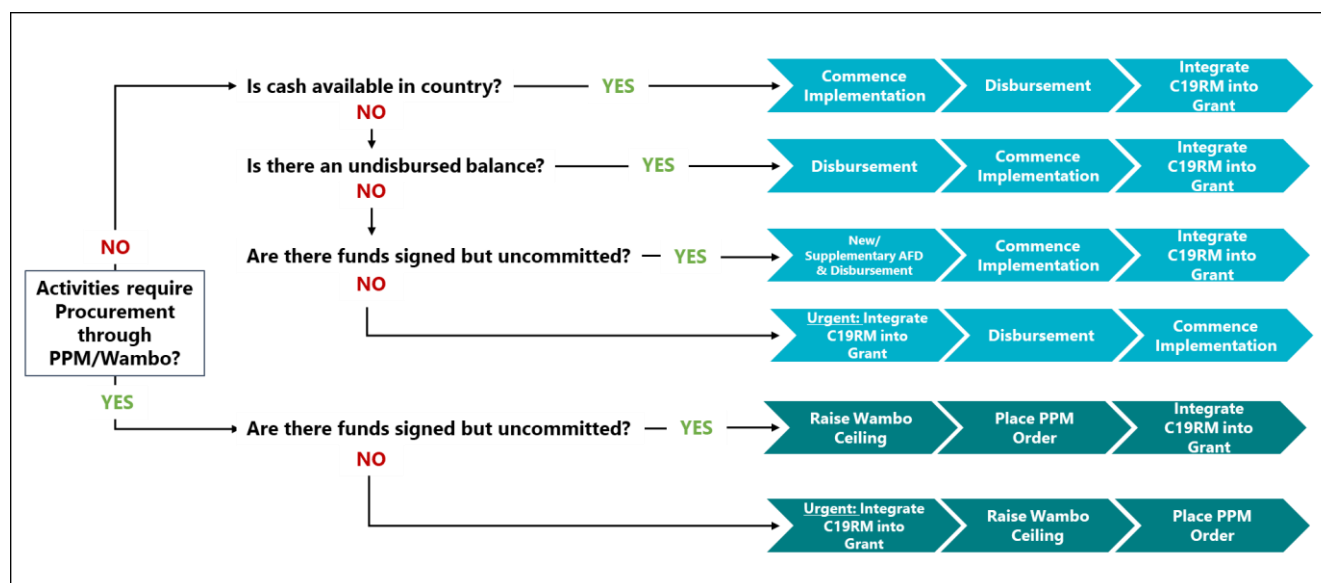
²⁸ The C19RM Investment Committee has authority to approve salary incentives (performance based or task-based incentives) proposed as part of the C19RM Funding Request.

Task	Timeline ²⁶	Responsibilities
		(draft prepared and signed off by the C19RM Secretariat). The C19RM Notification Letter confirms the award and encloses the approved Funding Request C19RM Budget and C19RM HPMT.
After approval of C19RM Funding Request awards		
Investment decision recorded in the Investment Management Module ("IMM") (GOS)	Day 2 after the C19RM Notification Letter is sent to the applicant	Financial Controlling Team inputs C19RM Award and approves based on segregation of duties principles.
Contingent Liabilities recorded in financial systems on a grant by grant basis	Day 2 after the C19RM Notification Letter is sent to the applicant	Financial Services team records Contingent Liabilities in financial system.
Board notified of C19RM Fast-track and awards under US\$35 million	As part of regular reporting to the Board	C19RM Secretariat reports on C19RM awards as part of regular reporting to the Board.

Following C19RM Investment Committee decision:

- the Country Team liaises with and agrees on the approach and timelines for the integration of the C19RM award into grants with the Grant Operations Team. (see [Section 2.3 - Integration of C19RM Award into Grants](#))
- 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 awards into the grant. For those awards requiring Global Fund Board approval, the PR can initiate health products orders and other limited urgent activities (as determined by the C19RM Investment Committee) pending Board approval of the award, upon receipt of written confirmation from the Country Team.

Diagram 6. Decision Tree to Initiate C19RM Implementation



2.3 Integration of C19RM Awards into Grants/IPs

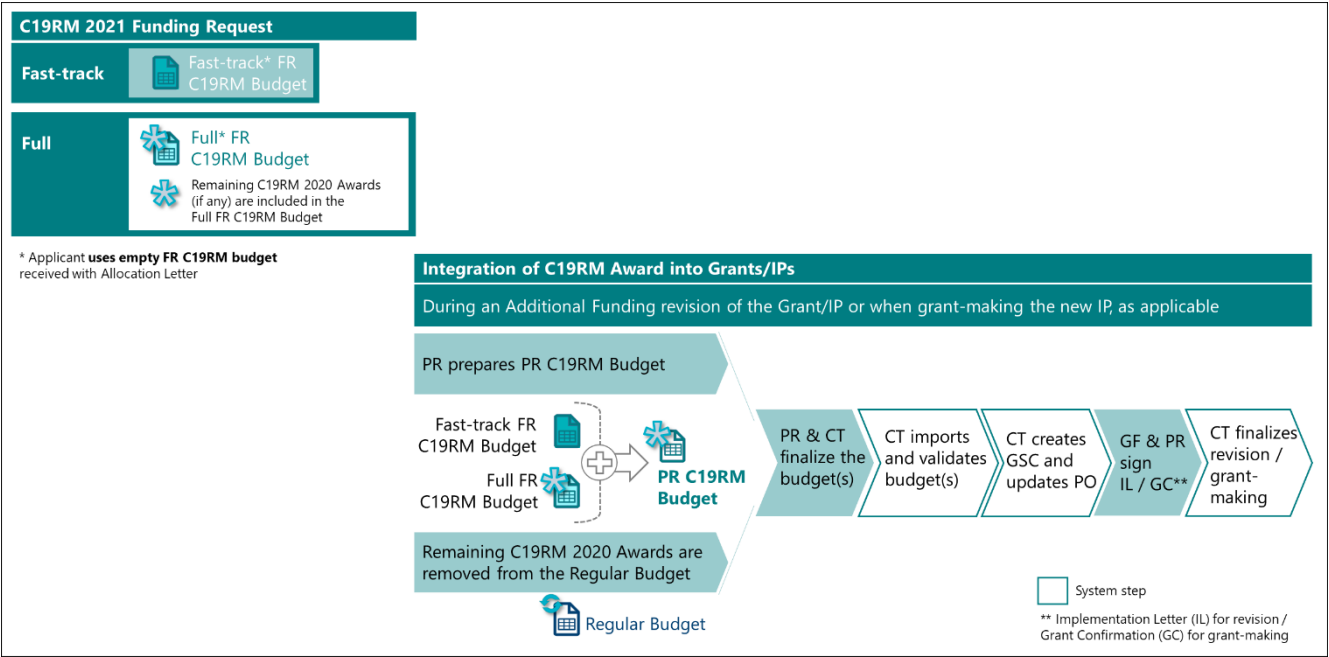
The integration of C19RM funding into a grant Implementation Period (IP) is undertaken through an additional funding revision or as part of ongoing grant-making for the new IP and is based on the following key principles:

- If C19RM 2021 awards from the C19RM Fast-track and Full Funding Requests (including Remaining C19RM 2020 Awards)²⁹ are to be implemented through the same PR/grant, their integration must be combined unless there is a strong rationale to complete this separately. This approach avoids unnecessarily high levels of effort from PRs, Country Teams and other parties to integrate C19RM funding in multiple phases.
- The integration through an additional funding revision needs to be completed maximum two calendar months after issuance of the C19RM Notification Letter on the C19RM Full Funding Request³⁰ award or two calendar months before the current reporting period end-date, whichever is earlier. In case a grant does not have sufficient uncommitted funds to initiate the C19RM activities, the additional funding revision must be completed immediately.
- The integration through grant-making follows the grant-making timelines for the new IP.
- C19RM 2021 awards and Remaining C19RM 2020 Awards must be captured in the PR C19RM Budget (which has one COVID-19 module with 18 interventions and 9 new cost inputs). Please refer to the [Guidance on COVID-19 Module and Interventions](#).

²⁹ This does not include the process required for Implementation Periods ending on 31 December 2020, where Country Teams are required to complete integration of unspent C19RM 2020 funds as at 31 December 2020 into the Regular Budget of the new IP per Guidance on C19RM 2020 awards roll-over process.

³⁰ Or the C19RM Notification Letter on Fast-track Funding Request if the C19RM allocation is fully awarded through a Fast-track Funding Request.

Diagram 7. Overview of Process for Integrating C19RM Funding into Grants



The table below provides guidance on the approach for integration of C19RM 2021 awards and Remaining C19RM 2020 Awards depending on the status of the grant/IP in which the C19RM funding will be integrated.

Scenarios/IP Status as at April 2021	Mechanism to integrate C19RM 2021 Awards	Mechanism to Integrate Remaining C19RM 2020 Award ³¹
2017-2019 allocation period grants with IPs ending in 2020		
<i>IP ended December 2020</i> (new IP started January 2021)	Integrate into the new IP through an additional funding revision.	<ul style="list-style-type: none"> Complete integration of unspent C19RM 2020 funds as at 31 December 2020 into the Regular Budget of the new IP per Guidance on C19RM 2020 awards roll-over process. As part of the additional funding revision to integrate C19RM 2021 Awards into the new IP, capture the Remaining C19RM 2020 Award in the PR C19RM Budget and at the same time remove from the Regular Budget.
2017-2019 allocation period grants with IPs ending in 2021		
<i>IP ended March 2021</i> (new IP started April 2021)	Integrate into the new IP through an additional funding revision.	<p>As part of the additional funding revision to integrate C19RM 2021 Awards in the new IP:</p> <ul style="list-style-type: none"> Integrate C19RM 2020 commitments until 30 June 2021 (captured in the Regular Budget). Integrate Remaining C19RM 2020 Award in the PR C19RM Budget.
<i>IP ending June 2021</i> (new IP starting July 2021)	<p>Integrate into the new IP as part of grant-making; or</p> <p>Integrate into the new IP once active through an additional funding revision.</p>	<p>As part of grant-making for the new IP:</p> <ul style="list-style-type: none"> Integrate Remaining C19RM 2020 Award together with C19RM 2021 Award in PR C19RM Budget; or <p>As part of the additional funding revision to integrate C19RM 2021 Awards in the new IP:</p> <ul style="list-style-type: none"> Integrate approved Remaining C19RM 2020 Award in PR C19RM Budget.

³¹Integration of remaining C19RM 2020 funds to the new IP needs to be accompanied by a decommitment from the previous IP.

Scenarios/IP Status as at April 2021	Mechanism to integrate C19RM 2021 Awards	Mechanism to Integrate Remaining C19RM 2020 Award ³¹
<i>IP ending September 2021</i> (new IP starting October 2021)	<p>Depending on country need - option to split C19RM 2021 Award between current and new IP:</p> <ul style="list-style-type: none"> • Integrate short-term C19RM activities and funding into current IP through an additional funding revision; and • Integrate remaining funds into new IP as part of grant-making. 	<p>As part of the additional funding revision to integrate C19RM 2021 Awards in the current IP:</p> <ul style="list-style-type: none"> • Capture Remaining C19RM 2020 Award in the PR C19RM Budget and remove from the Regular Budget for activities expected to be implemented by current IP end- date; and <p>As part of grant-making for the new IP:</p> <ul style="list-style-type: none"> • Integrate Remaining C19RM 2020 Award together with C19RM 2021 Award in PR C19RM Budget for activities expected to be implemented after current IP end-date.
<i>IP ending December 2021</i> (new IP starting January 2022)	<p>Depending on country need - option to split C19RM 2021 Award between current and new IP:</p> <ul style="list-style-type: none"> • Integrate short-term C19RM activities and funding into current IP through an additional funding revision; • Integrate remaining funds into new IP as part of grant-making; and • Early 2022, integrate any unspent C19RM funds as at 31 December 2021 from the current to the new IP through a revision. 	<p>As part of the additional funding revision to integrate C19RM 2021 Awards in the current IP:</p> <ul style="list-style-type: none"> • Capture Remaining C19RM 2020 Award in the PR C19RM Budget and remove from the Regular Budget for activities expected to be implemented by current IP end date; and <p>As part of grant-making for the new IP:</p> <ul style="list-style-type: none"> • Integrate Remaining C19RM 2020 Award together with C19RM 2021 Award in PR C19RM Budget for activities expected to be implemented after current IP end-date.
2017-2019 allocation period grants with IPs ending in 2022		
<i>IPs ending in 2022</i>	<p>Integrate C19RM 2021 Award into current IP through an additional funding revision.</p> <p>During grant-making of new IP, integrate any unspent C19RM funds as at the IP end date into the new IP.</p>	<p>As part of the additional funding revision to integrate C19RM 2021 Awards in the current IP:</p> <ul style="list-style-type: none"> • Capture Remaining C19RM 2020 Award in the PR C19RM Budget and remove from the Regular Budget.

2.3.1 Integration through Additional Funding Revision

Task	Timeline	Responsibilities				
<p>a. PR and CT finalize the PR C19RM Budget to capture C19RM 2021 Awards and Remaining C19RM 2020 Award.</p> <ul style="list-style-type: none">- The level of detail required is the same as the differentiated approach defined in the Guidelines for Grant Budgeting.- C19RM 2021 efficiencies identified during the finalization of the PR C19RM budget can be reinvested towards activities in the C19RM Unfunded Demand (see Section 2.4 on Reinvesting C19RM funds below).- For 2017-2019 allocation period grants: If applicable, approved COVID-19 grant flexibilities not yet reflected in the grant can also be combined through this additional funding revision process. COVID-19 grant flexibilities must be included in the Regular Budget. For COVID-19 grant flexibilities that require a budget revision only, prior CCM endorsement is not required. For COVID-19 grant flexibilities that require a program revision, CCM endorsement of the program revision (through email or other form of documentation) is required prior to issuance of the Implementation Letter.- Grant Revision Forms A and B are not required for C19RM and grant flexibilities revisions.	After issuance of the C19RM Notification Letter on Full submission award or C19RM Supplementary Funds (if applicable)	<p>CT and Grant Operations Team discuss and agree on approach and timelines for revision</p> <p>PO/FPA³² or Grant Operations Team (as agreed) initiates an additional funding revision. The following information needs to be selected:</p> <table><tr><td>Revision type:</td><td>Additional Funding Revision</td></tr><tr><td>GAC meeting:</td><td>C19RM</td></tr></table> <p>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.</p> <p>PR prepares and submits the PR C19RM budget (and updated Regular Budget if there are Remaining C19RM 2020 Award to be transferred to the PR C19RM budget)</p> <p>An estimate of the Remaining C19RM 2020 Award will already be captured in the Funding Request C19RM Budget and will need to be confirmed. To avoid duplicate information, as needed, the PR updates and submits the Regular Budget template, removing the lines related to the Remaining C19RM 2020 Award that are now moved to the PR C19RM Budget.</p> <p>Finance/PST Specialist reviews the PR C19RM budget (and updated Regular Budget if applicable) with inputs from CT and LFA (as required).</p> <p>FPM approves based on recommendations from Finance/PST Specialist.</p>	Revision type:	Additional Funding Revision	GAC meeting:	C19RM
Revision type:	Additional Funding Revision					
GAC meeting:	C19RM					
<p>b. CT or Grant Operations Team (as agreed) submits the PR C19RM Budget and updated Regular Budget (if applicable) for import in GOS.</p>	Immediately following CT approval of the PR C19RM Budget and	<p>PO/FPA or Grant Operations Team (as agreed) attaches the PR C19RM Budget (and updated Regular Budget if applicable) in the GOS Grant Revision module and submits for import in GOS.</p>				

³² Fund Portfolio Analyst in Focused Portfolios

Task	Timeline	Responsibilities
	updated Regular Budget (if applicable).	<p>Grant Operations Team does a data quality check and returns to CT in case there are missing data. Once final, creates the import ticket for IT to import the PR C19RM Budget (and updated Regular Budget if applicable) in GOS.</p> <p>IT imports the PR C19RM Budget (and updated Regular Budget if applicable) in GOS.</p> <p>Grant Operations Team confirms the data is completely and correctly imported and sends to CT for validation.</p> <p>Finance/PST Specialist validates the PR C19RM Budget (and updated Regular Budget if applicable) imported data in GOS.</p>
c. CT creates one combined Grant Signing Calculator ³³ in GOS incorporating additional funding from C19RM 2021 Award and approved Remaining C19RM 2020 Award (if applicable).	Immediately following CT approval of the PR C19RM Budget (and updated Regular Budget if applicable).	<p>Finance/PST Specialist prepares.</p> <p>Grant Finance Manager approves.</p>
d. CT updates grant Purchase Order in GFS (via GOS). - The grant Purchase Order cannot be submitted for approval until the Implementation Letter is fully signed.	Immediately following Grant Finance Manager approval of the Grant Signing Calculator.	<p>Finance/PST Specialist updates in GFS (via GOS).</p> <p>! CTs to note that when the grant's Purchase Order status is not approved (i.e. under revision), 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 PO revision in GOS.</p>
e. CT or Grant Operations Team (as agreed) generates the PDF version of the Summary Budget ³⁴ and the Grant	Immediately following Finance/PST Specialist	CT or Grant Operations Team (as agreed) generates the Summary Budget(s) in PDF and the Grant Confirmation table from GOS.

³³ In cases where C19RM 2020 remaining award needs to be transferred from the 2017-2019 allocation period IP to the 2020-2022 allocation period IP, 2 GSCs will be needed.

³⁴ The PDF version of the Summary Budget contains summary information of the PR C19RM Budget and Regular Budget.

Task	Timeline	Responsibilities
Confirmation table to be attached to the Implementation Letter.	update of the grant Purchase Order	! The Grant Confirmation Table cannot be generated before the grant Purchase Order is updated in Fusion
f. CT prepares Implementation Letter and sends for signature. - If the additional funding revision involves integration of the Remaining C19RM 2020 Award, CT uses a tailored C19RM Implementation Letter which reduces the Remaining C19RM 2020 Award from the 2017-2019 allocation period IP and adds it to the 2020-2022 allocation period IP. This applies to grants with IPs ending in 2021.	Immediately following Grant Finance Manager approval of the Grant Signing Calculator.	FPM/PO/FPA prepares the Implementation Letter. Legal Counsel reviews. CT follows standard signature process (see Delegation of Signatory Authority).
g. CT or Grant Operations Team (as agreed) shares fully signed Implementation Letter in GOS.	See above target (KPI 3) integration date at the latest (except if there are insufficient funds to initiate implementation).	FPM/PO/FPA shares fully signed and dated Implementation Letter with Grant Operations Team. Grant Operations Team attaches Implementation Letter in GOS.
h. Finance submits revised grant Purchase Order for approval, attaching the fully signed Implementation Letter in GFS.		Finance/PST Specialist submits. Grant Finance Manager approves revised Purchase Order.
i. Grant Operations Team registers the revision in GOS.		

2.3.2 Integration through grant-making for the New Implementation Period

The procedures for integrating C19RM funds during grant-making depends on whether the new IP has been submitted to the Grant Approvals Committee (GAC).

1. If the new IP has not been submitted to the GAC, the integration process is completed as part of the standard grant-making process (see [OPN and Operational Procedures on Make, Approve and Sign Grants](#)). This includes:
 - a. finalize the PR C19RM budget to capture the C19RM 2021 Award(s) and the Remaining C19RM 2020 Award (if applicable);
 - b. add the C19RM 2021 Award(s) and the Remaining C19RM 2020 Award (if applicable) into the combined Grant Signing Calculator, Purchase Order, and Grant Confirmation; and

- c. add C19RM-specific provisions in the Grant Confirmation.

The C19RM components do not need review and approval by the GAC and Board as they will have gone through the C19RM approval process prior to integration.

2. If the new IP has been submitted to the GAC, the CT contacts the Operational Efficiency team, A2F and C19RM Secretariat to jointly assess if an exceptional material roll-back of the impacted documents (Budget, Grant Signing Calculator and Grant Confirmation) is possible. This option requires rapid amendment and resubmission of grant documents to avoid significant delays in grant signature timelines for the new IP and can only be undertaken after a careful joint assessment.

Task	Timeline	Responsibilities
<p>a. PR and CT finalize the PR C19RM Budget to capture C19RM 2021 awards and the Remaining C19RM 2020 Award (if applicable).</p> <ul style="list-style-type: none"> - C19RM 2021 efficiencies identified during the finalization of the PR C19RM Budget can be reinvested towards activities in the C19RM 2021 Unfunded Demand (see Section 2.4 on Reinvesting C19RM Savings/Funds). 	<p>Immediately after issuance of the Notification Letter on C19RM Full Funding Request or C19RM Supplementary Funds (if applicable)</p>	<p>PR prepares and submits PR C19RM Budget.</p> <p>An estimate of the Remaining C19RM 2020 Award will already be captured in the Funding Request C19RM Budget and will need to be confirmed and updated as needed. To avoid duplicate information, as needed, the PR updates and submits the Regular Budget template, removing the lines from the Remaining C19RM 2020 Award that are now moved to the PR C19RM Budget.</p> <p>Finance/PST Specialist reviews the PR C19RM budget (and updated Regular Budget if there are Remaining C19RM 2020 Award to be transferred to the PR C19RM budget) with inputs from CT and LFA (as required).</p> <p>FPM approves based on recommendations from Finance/PST Specialist.</p> <p>PO/FPA imports PR C19RM budget.</p> <p>Finance/PST Specialist validates budget data in GOS.</p> <p>PO/FPA generates the updated Summary Budget in PDF from GOS.</p>
<p>b. CT updates the Grant Signing Calculator (GSC) to incorporate additional funding from C19RM 2021 award and Remaining C19RM 2020 Award (if applicable).</p>	<p>Immediately following updated Summary Budget generation in GOS</p>	<p>Finance/PST Specialist updates the GSC.</p> <p>Grant Finance Manager approves.</p>

Task	Timeline	Responsibilities
c. CT amends Purchase Order amount to include additional funding from C19RM 2021 Awards and Remaining C19RM 2020 Award (if applicable).	Immediately following updated GSC approval	Finance/PST Specialist updates Purchase Order in GFS.
d. CT amends the Grant Confirmation to include revised Purchase Order Amount and C19RM-specific requirements (ring-fencing and other relevant requirements on use of C19RM funds). - If an integration of Remaining C19RM 2020 Award is involved, CT prepares a tailored C19RM Implementation Letter which reduces C19RM funds from the 2017-2019 allocation period IP at the same time.	Immediately following updated GSC approval	Legal Counsel adds relevant C19RM requirements in GOS and refreshes and regenerates the Grant Confirmation from GOS.
e. CT attaches PDF versions of the approved amended documents in GOS.	Immediately following finalization of the amended Grant Confirmation	<p>PO/FPA generates PDF versions of the amended documents and attaches in GOS:</p> <ul style="list-style-type: none"> - PR C19RM Budget; - updated Regular Budget (if applicable); and - amended Grant Confirmation (including the Performance Framework and Summary Budget). <p>If the amendments were made before the final submission of the grant to the GAC, no re-approval is required.</p> <p>If the amendments were made after final submission of the grant to the GAC, this will constitute a material change and the CT and Regional Manager and Department Head re-approval are required. Please contact the Operational Efficiency, A2F and C19RM Secretariat to jointly assess if material roll-back of the impacted documents is to be executed.</p> <p>See Operational Procedures on Make, Approve and Sign Grants.</p>
f. CT generates and shares execution Grant Confirmation (including Performance Framework and Summary Budget) for signature.	After GAC recommendation of the grant	<p>Per normal grant-making processes and BCP flexibilities.</p> <p>See Operational Procedures on Make, Approve and Sign Grants.</p>
g. CT launches PO approval.	After Board approval of the grant	<p>Finance/PST Specialist launches PO approval process in GFS.</p> <p>GFM validates PO.</p> <p>Chief Financial Officer approves PO.</p>

2.4 Reinvesting C19RM Savings/Funds

Reinvestment of C19RM savings as set out in the table below, can happen during the following stages:

1. **Prior to submission of C19RM Full Funding Request:** reinvestment of C19RM 2020 savings is governed by the principles set out in this section.
2. **C19RM Full Funding Request stage:** As part of the C19RM Full Funding Request, applicants estimate the amount of Remaining C19RM 2020 Award and propose interventions and activities to be funded from this amount. The proposal is reviewed and approved together with the C19RM Full Funding Request (see [Section 1.4 on C19RM 2020 Awards](#));
3. **Integration of C19RM Awards into grants:** During finalization of the PR C19RM budget (to capture C19RM 2021 awards and Remaining C19RM 2020 Award), some efficiencies in the budget may be identified for reinvestment (see [Section 2.3 on Integration of C19RM Awards into Grants/IPs](#)); and
4. **Grant Implementation:** During the course of implementation, C19RM savings may be identified for reinvestment or there may be a need to re-allocate C19RM funds from one C19RM intervention to another.

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

1. C19RM funds must remain invested in C19RM eligible investments;
2. Savings/efficiencies from C19RM funds can be reinvested to scale up activities approved for immediate award or C19RM 2021 Unfunded Demand;
3. The reinvestment approach provides an opportunity to invest in new science and technology, where available; and
4. For the 2017-2019 allocation period grants only, grant savings used against C19RM Investment Committee-approved C19RM activities must follow the COVID-19 Grant Flexibilities process.

The approval authorities for reinvestment of funds are below:

1. Reinvestment of the Remaining C19RM 2020 Award during the C19RM Funding Request stage is approved by the C19RM Investment Committee through its review of the C19RM Full Funding Request.
2. Reinvestment of C19RM funds during integration and implementation stages are defined in the table below. Use of foreign exchange gains arising from the C19RM 2020 and 2021 Awards will be governed by the [Guidelines for Grant Budgeting](#).
3. Reinvestment of C19RM funds during implementation does not require an Implementation Letter unless new requirements (e.g. around the use of C19RM funds) or amendments to existing requirements in the Grant Confirmation are needed.

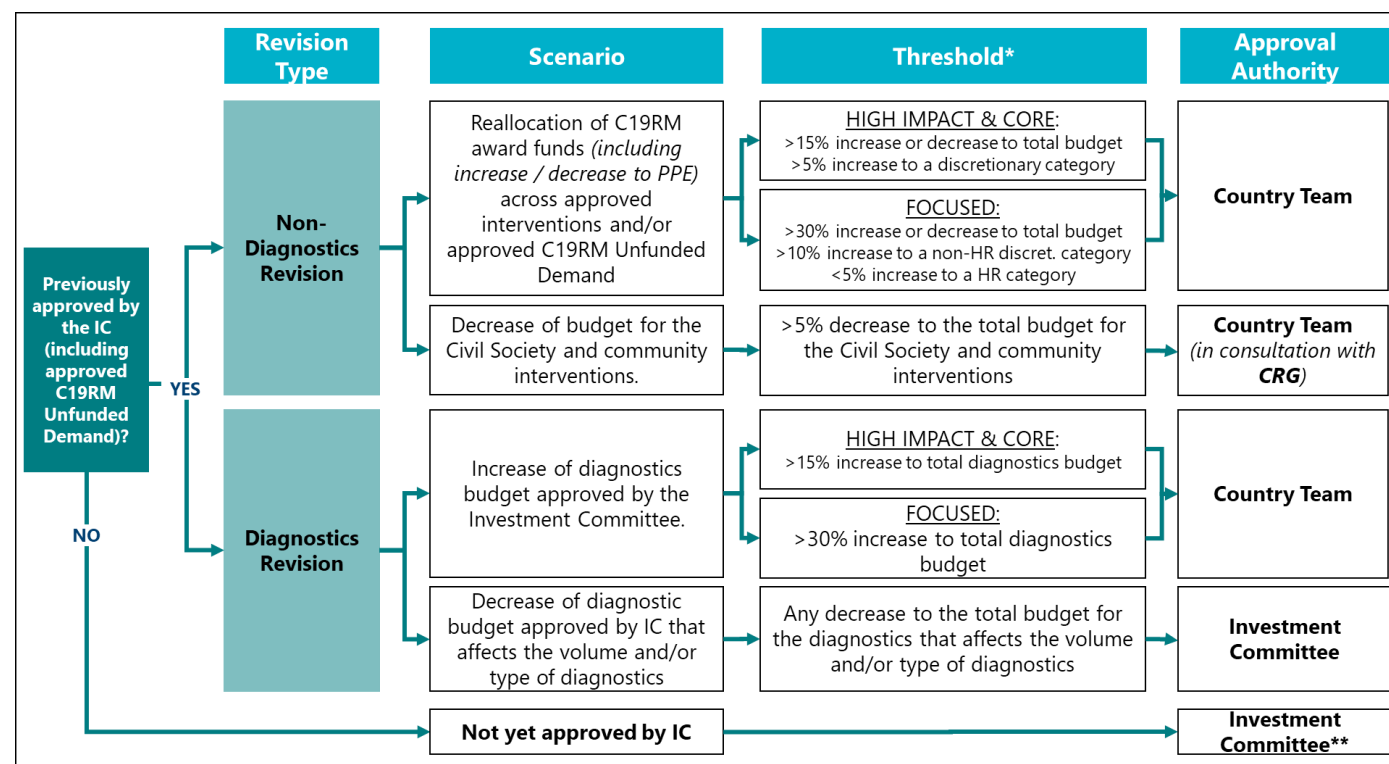
Type	Threshold	Approval Authority
Non-Diagnostics	Reallocation of C19RM award funds (including increase / decrease to PPE)	Country Team approves:

Type	Threshold	Approval Authority
revision	across interventions already approved by the C19RM Investment Committee, including interventions approved as C19RM Unfunded Demand.	<ul style="list-style-type: none"> - <u>Core and High Impact</u>: More than 15% increase/decrease to the total budget for any standard intervention and more than 5% increase to the total budget of any discretionary category. - <u>Focused</u>: More than 30% increase/decrease to the total budget for any standard intervention; more than 10% increase to the total budget for any discretionary cost category (other than human resources categories); and less than 5% increase to the total budget for human resources categories. <p>Any changes up to these thresholds can be undertaken by the Principal Recipient and do not require any prior written approval from the Country Team.</p>
	Decrease of budget for the Civil Society and community interventions.	<p>Country Team (in consultation with CRG) approves:</p> <ul style="list-style-type: none"> - More than 5% decrease to the total budget for the Civil Society and community interventions threshold. - Up to 5% decrease: Can be undertaken by the Principal Recipient do not require any prior written approval from the Country Team.
Diagnostics revision	Increase of diagnostics budget approved by the C19RM Investment Committee.	<p>Country Team approves:</p> <ul style="list-style-type: none"> - More than 15% increase for Core and High Impact countries and 30% increase for Focused countries - to the total budget for the diagnostics. - Up to 15% increase for Core and High Impact countries and 30% increase for Focused countries: can be undertaken by the Principal Recipient and does not require any prior written approval from the Country Team.
	Decrease of diagnostic budget approved by the C19RM Investment Committee that affects the volume and/or type of diagnostics	<p>C19RM Investment Committee approves:</p> <ul style="list-style-type: none"> - Any decrease to the total budget for the diagnostics that affects the volume and/or type of diagnostics.
Any interventions³⁵ not yet approved by the C19RM Investment Committee		<p>C19RM Investment Committee approves (based on CT, TAP, CRG, SO, Risk inputs), provided the proposed interventions are consistent with the C19RM Modular Framework.</p> <p>CCM Chair³⁶ and Civil Society representative sign the reinvestment request following discussion with the CCM. Additionally, COVID-19 control and containment interventions require endorsement by the National COVID-19 response coordinating bodies.</p>

³⁵ Prior to submission of the C19RM Full Funding Request, this should read as **activities** (rather than investments) for C19RM 2020 awards.

³⁶ In the absence of the CCM Chair, the Vice-Chair can sign the reinvestment request.

Diagram 8. Reinvesting C19RM Savings / Funds



* Any changes up to these thresholds can be undertaken by the Principal Recipient and do not require any prior written approval from the Country Team.

****C19RM Investment Committee** approves (based on CT, TAP, CRG, SO, Risk inputs), provided activities fall within existing C19RM interventions (See the C19RM Modular Framework). **CCM Chair³⁷ and Civil Society representative sign the reinvestment request following discussion with the CCM.** Additionally, COVID-19 control and containment interventions require **endorsement by the National COVID-19 response coordinating bodies.**

Set out below are the steps for reinvesting C19RM savings.

³⁷ In the absence of the CCM Chair, the Vice-Chair can sign the reinvestment request.

Task	Timeline	Responsibilities
Reinvesting Remaining C19RM 2020 Award during C19RM Funding Request stage	During preparation and review of C19RM Full Funding Request	As part of the C19RM Full Funding Request, Applicant captures proposed use of Remaining C19RM 2020 Award in the C19RM Full Funding Request (included in the Funding Request C19RM Budget). See Section 1.4 on C19RM 2020 Awards and Section 2.2 on Funding Request submission, review and approval
Reinvesting during Integration of C19RM Awards into Grants stage		
a. Determine efficiencies and proposed activities to be funded	During finalization of PR C19RM Budget	PR and CT identify available efficiencies for approved C19RM 2021 and Remaining 2020 Award and proposed activities to use these efficiencies.
b. Review and approve proposed reinvestment		CT reviews and 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.
c. Capture approved reinvestment in the PR C19RM Budget	Following approval of proposed reinvestment	PR captures approved activities in the PR C19RM Budget (and revised C19RM HPMT as relevant). CT reviews and approves revised PR C19RM Budget (and revised C19RM HPMT as relevant). CT proceeds with the revision process (see the Section 2.3 on Integration of C19RM Awards into Grants/IPs).
Reinvesting during C19RM Implementation stage through budget revision		
d. Determine efficiencies and proposed activities to be funded	As needed during C19RM implementation. Revision must be completed one month before next reporting period start date	PR and CT identify efficiencies or need for reallocation of C19RM funds. PO/FPA initiates a material budget revision in GOS and shares the latest PR C19RM Budget with PR. PR prepares revised PR C19RM Budget
e. Review and approve proposed reinvestment		CT reviews and approves if within its approval authority (refer to C19RM reinvestment approval authority table above).

Task	Timeline	Responsibilities
		If proposed reinvestment requires C19RM Investment Committee approval, CT coordinates with the C19RM Secretariat to request C19RM Investment Committee decision.
f. CT communicates a decision to the PR		<p>CT to send PR written notification (email or letter) confirming approval of reinvestment and revised PR C19RM Budget.</p> <p>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 PR C19RM Budget.</p>
g. CT submits the revised PR C19RM Budget for import in GOS	At least 1 month before reporting period end date	<p>PO/FPA attach revised PR C19RM Budget in GOS and submits for import.</p> <p>OE raises the ticket requesting IT to import the revised PR C19RM Budget.</p> <p>Finance/PST Specialist validates revised C19RM budget in GOS.</p>
h. OE registers the revision in GOS		<p>PO/FPA attaches written notification to PR.</p> <p>OE registers as completed in GOS.</p>

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 2021 awards, 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 6 on Decision Tree to initiate C19RM implementation](#)). The [OPN on Annual Funding Decision and Disbursement](#) and [OPN and Operational Procedures on Pooled Procurement Mechanism](#) (including allowable policy and procedural flexibilities during the COVID-19 period) will apply.

Advance Payment and Advance Procurement

Pending the grant-making process to integrate the C19RM award, it is possible to request advance procurement and advance payments to initiate implementation of approved C19RM activities (see [OPN on Make, Approve and Sign Grants](#) – Advance Payment section, or 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 Table 1 (for C19RM Fast-track Funding Requests) or Table 2 (for C19RM Full Funding Requests) in the RRF for 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 relevant 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 (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
- PR Services 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).

Task	Timeline	Responsibilities
<p>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.</p> <ul style="list-style-type: none"> - 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. 	<p>Following issuance of C19RM Notification Letter on Fast Track or Full Funding Request</p>	<p>PR to determine in-country cash balance.</p> <p>Finance/PST Specialist determines 'undisbursed' and 'signed but not committed' funds.</p> <p>! CTs to note that when the grant's Purchase Order status is not approved (i.e. under revision), 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 PO revision in GOS.</p>
If uncommitted funds are sufficient to initiate approved C19RM activities:		
<p>a. Use of in-country cash balance</p> <p>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).</p>	<p>Following issuance of the C19RM Notification Letter on Fast Track or Full Funding Request</p>	<p>FPM indicates to PR when in-country cash balance can be used to initiate implementation.</p>
<p>b. Disbursements and AFD</p> <ul style="list-style-type: none"> - 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. 	<p>Following issuance of the C19RM Notification Letter on Fast Track or Full Funding Request</p>	<p>FPM and Finance/PST Specialist process AFD and disbursement per OPN on AFD and Disbursements, including allowable operational policy and procedural flexibilities during the COVID period.</p> <p>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.</p>

Task	Timeline	Responsibilities
<p>c. Determine whether an increase in wambo.org ceiling is needed based on C19RM Investment Committee approved procurement of health products through PPM.</p> <p>Scenario 1. Wambo.org ceiling is sufficient. No increase needed.</p> <p>Scenario 2. 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.</p>	<p>Following issuance of the C19RM Notification Letter on Fast Track or Full Funding Request</p>	<p>Finance Specialist/PST Specialist, in consultation with FPM, increases wambo.org ceiling in GFS.</p> <p>See Operational Procedures on PPM.</p>
If uncommitted funds are insufficient to initiate the approved C19RM activities:		
<p>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 GFS.</p> <ul style="list-style-type: none"> - Procurement through PPM: PPM purchase orders cannot be placed until the wambo.org ceiling has been increased.³⁸ - Procurement outside of PPM: Pending the revision, the Global Fund Secretariat can issue a commitment letter³⁹ for the PR to initiate procurement activities outside PPM which require upfront commitment of funds if requested. <p>After the revision is completed and the grant Purchase Order ceiling in GFS is increased, the CT can process AFD and disbursements and increase the wambo.org ceiling.</p>	<p>See Section 2.3 on Integration of C19RM Awards into Grants/IPs</p>	<p>See Section on Revision above and Operational Procedures on PPM.</p>

³⁸ See [Section 2.5.1](#), for further information on order approval prior to wambo.org ceiling increase.

³⁹ 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

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 Board⁴⁰.

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 currently scarce on the global market.

The procurement channel arrangements must be clearly captured in the C19RM HPMT prior to the C19RM Investment Committee deliberations on the C19RM Fast-track and/or Full Funding Request.

As is detailed in the [C19RM Technical Information Note](#), 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 that are scarce on the global market where pooling of demand is essential to secure volumes so that they are not lost to high income markets;
- **Mainstream Health Products** are products where supply is tight or fragile and enhanced visibility of progress is needed; and
- **Local Sourcing Advised Health Products** are products which are generally low value bulky and/or hazardous products such as alcohol and bleach, or those for which contracting of a local contractor or supplier may be the only option, for example, for supply of some oxygen interventions.

⁴⁰ See, in particular, Board decision points [GF/B42/EDP11](#) and [GF/B44/EDP18](#).

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, in particular 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 priority⁴¹ :

- 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 monthly⁴² 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. monthly⁴³ 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. monthly⁴⁴ reporting on visibility from procurement to delivery.

⁴¹ The C19RM Investment Committee may consider alternative procurement channels proposed by the applicant, in exceptional circumstances only.

⁴² For Focused portfolios, reporting can be provided on a quarterly basis.

⁴³ For Focused portfolios, reporting can be provided on an annual basis.

⁴⁴ For Focused portfolios, reporting can be provided on a quarterly basis.

For Local Sourcing Advised 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 following Local Sourcing Advised Health Products require monthly⁴⁵ reporting on visibility from procurement to delivery:

- a. All oxygen products identified in Table 4 of the Health Product Segmentation Framework (*Case Management, Clinical Operations and Therapeutics: Medical Oxygen*),

(together, the “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 (quality assurance 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, supply availability status, reference prices, lead-times etc. are available [here](#).

Task	Timeline	Responsibilities
a. Procurement through PPM/wambo.org See PPM Operational Policy Note and PPM Operational Procedures	Following (i) issuance of the C19RM Notification Letter ⁴⁶ ; (ii) completion of wambo.org onboarding (if not already completed), and (iii) increase in wambo.org ceiling (if there are sufficient uncommitted funds)	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 form ⁴⁷), 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.

⁴⁵ For Focused portfolios, reporting can be provided on a quarterly basis.

⁴⁶ This applies to all C19RM Fast-track awards and C19RM Full Funding awards which do not require Board approval. If the C19RM Full Funding Request requires Board approval, health product procurement may be initiated following C19RM Investment Committee review and recommendation.

⁴⁷ See [Section 2.5](#) for further information on use of the offline form.

Task	Timeline	Responsibilities
b. Procurement through other channels	Following issuance of C19RM Notification Letter ⁴⁸	<p>PR manages this process.</p> <p>If funds are needed to initiate this process, PR can use in-country cash or request disbursement from the Global Fund.</p>

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:

Change post C19RM Investment Committee approval	Process
Change of product category in Health Product Segmentation Framework which impacts on default procurement channel	<p><u>Process to update Health Product Segmentation Framework</u></p> <p>Updates to the Health Product Segmentation Framework must be agreed by SO, GMD and TAP and notified to the C19RM Investment Committee.</p> <p>SO documents agreed change in the Health Product Segmentation Framework. SO 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).</p> <p><u>Impact on C19RM awards</u></p> <ul style="list-style-type: none"> - If the product switches from Mainstream / Strategic Health Product to Local Sourcing Advised Health Product (e.g. if product is not available on PPM), the PR must explore national sourcing channels if not previously approved by the C19RM Investment Committee. <p>Once the national sourcing channel has been identified, the CT must confirm that adequate assurance for the revised procurement channel is in place and request approval by email from the RM; GFM; HPM Manager; Senior Manager, PR Services; Manager, SO Risk</p>

⁴⁸ This applies to all C19RM Fast-track awards and C19RM Full Funding awards which do not require Board approval. If the C19RM Full Funding Request requires Board approval, health product procurement may be initiated following C19RM Investment Committee review and recommendation.

Change post C19RM Investment Committee approval	Process
	<p>and Head, TAP (“Core Procurement Channel Group”) (copying the C19RM Secretariat). Once approved, the CT will revise the C19RM HPMT to reflect the revised procurement channel and send with written confirmation to the PR.</p> <p>- If the product switches from Local Sourcing Advised Health Product to Mainstream / Strategic Health Product:</p> <p><u>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:</u></p> <ul style="list-style-type: none"> a. <u>If the PR elects to use PPM</u>, the CT will confirm with SO supply feasibility, revise the C19RM HPMT to reflect the revised procurement channel and send with written confirmation to the PR; 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 HPMT to reflect the revised procurement channel and send with written confirmation to the PR; and c. If the PR elects to maintain national procurement channels, the CT must confirm this by email with the Core Procurement Channel Group (copying the C19RM Secretariat) before reverting to the PR. <p><u>If the procurement has already been initiated</u>, no action needed.</p> <p>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.</p>
PR requests to change procurement channel (no changes to product category)	If the PR elects to change procurement channel from PPM to local / other pooled procurement channel , the CT must confirm the revised procurement channel by email with the Core Procurement Channel Group and Head, Supply Operations (copying the C19RM

Change post C19RM Investment Committee approval	Process
	<p>Secretariat). Once agreed, the CT will revise the C19RM HPMT to reflect the revised procurement channel and send it with written confirmation to the PR.</p> <p>If the PR elects to change procurement channel from local / other pooled procurement channel to PPM, the CT will confirm with SO supply feasibility, revise the C19RM HPMT to reflect the revised procurement channel and send it with written confirmation to the PR.</p> <p>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 on a regular basis.</p>

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:

- **Procurement reporting** for Strategic and Mainstream Health Products approved for procurement channels outside of PPM/wambo and Local Sourcing Advised Health Products with Enhanced Reporting (see [Section 2.5.2 on Procurement of Health Products](#));
- **Other interim reporting:** The Global Fund Secretariat will roll-out additional interim monitoring and reporting to enable insights-driven actions for more effective implementation of grants, including C19RM activities. These options will consider workload tradeoffs, competing priorities and data limitations. Further guidance will be provided in due course.

Task	Timeline	Responsibilities
1. PU/DRs		
a. PR reports on progress of implementation and use of C19RM funding in scheduled PU/DR.	According to the defined reporting schedule for the existing grant	Following PU/DR Guidelines .

Task	Timeline	Responsibilities
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.	According to the defined reporting schedule for the existing grant	LFA and CT reviews following the PU/DR Guidelines . CT approves report and FPM sends PR Performance Letter capturing results of review and required management actions (including C19RM-specific actions).
2. Procurement Reporting		
For Strategic and Mainstream Health Products outside of the PPM/wambo.org procurement channel (see Section 2.5.2 Procurement of Health Products above) and Local Sourcing Advised Health Products with Enhanced Reporting, transaction-level data is needed at product level 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 (<i>forthcoming</i>).	<p>Core and High Impact Portfolios: Monthly (every 10th day of the month – reporting on the preceding month's transactions)</p> <p>Focused Portfolios:</p> <ul style="list-style-type: none"> - Quarterly (every 10th day after each quarter) for UN / other pooled procurements - Yearly (at the end of each calendar year) for national sourcing channels 	<p>PR prepares procurement information as per the Global Fund C19RM Procurement Progress Reporting Template per the timelines included in the C19RM Notification Letter or the Grant Confirmation.</p> <p>The CT is responsible for following up with the PR if the report is not received within the required timeframes.</p> <p>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:</p> <ul style="list-style-type: none"> • CT reviews report to ensure completeness and consistency of the data with the template requirements. Where required (e.g. for Focused portfolios), the CT can delegate the review of the report to the LFA; and • The CT and/or LFA shares the reviewed reports with the Supply Operations C19RM Data Analyst, who in turn provides overall support 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. <p>Supply Operations consolidates reports and analyses the data.</p>

2.5.4 Implementation Period Reconciliation and Grant Closure

The deadline for use of C19RM funds is 31 December 2023, which coincides with the Implementation Period (IP) end date for most grants. The closure of C19RM activities is undertaken as part of the standard IP reconciliation and grant closure process (see [OPN and Operational Procedures on Implementation Period Reconciliation and Grant Closure](#)).

For the exceptional cases where existing grants have an IP end date earlier than 31 December 2023, remaining C19RM funds integrated to the next IP to be used until 31 December 2023. The integration of C19RM funds into the next IP must be undertaken per guidance defined in the [Section 2.3 on Integration of C19RM Awards into Grants/IP](#).

2.6 Risk Management and Assurance Across the C19RM Lifecycle

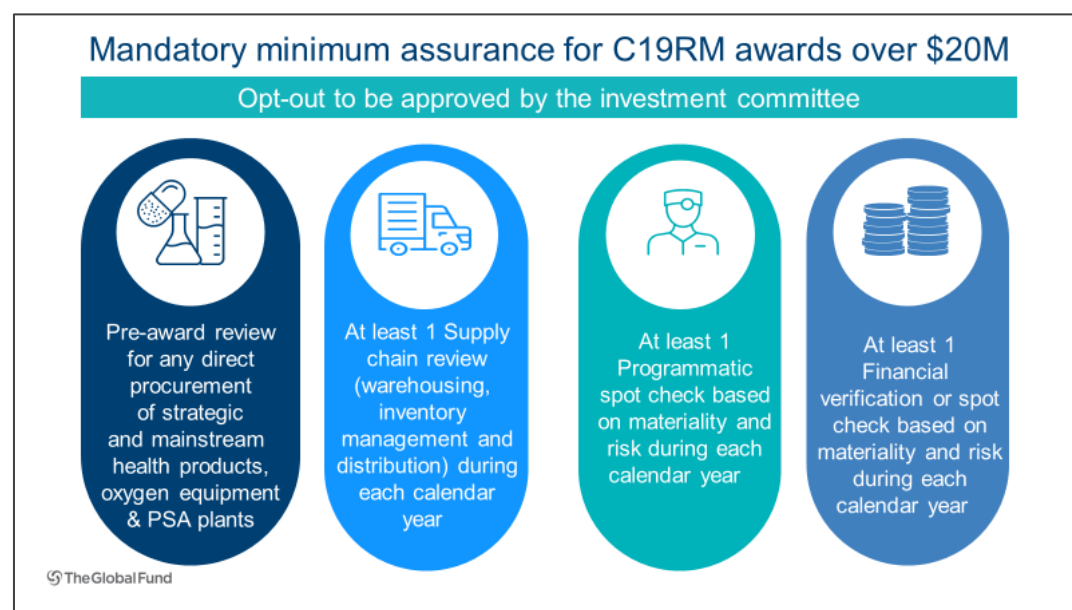
C19RM 2021 risk, mitigation and assurance activities must leverage the existing grant reporting and assurance structures. However, considering the significant increases in C19RM funding and Board expectations for robust monitoring and oversight, an enhanced approach has been designed.

Assurance planning for C19RM 2021 will be initiated for all portfolios (High Impact/Core/Focused) at C19RM Funding Request review stage to mitigate incremental risks identified based on planned implementation arrangements, capacity of implementers and systems, investment priorities, and program design.

While all portfolios should plan for tailored, risk-based LFA-led assurance activities to cover C19RM investments, the C19RM Investment Committee approved heightened attention on portfolios with C19RM awards of over \$20 million (“C19RM Assurance-Prioritized Portfolios”) (anticipated to account for 90% of C19RM investments) for enhanced reporting and assurances.

The C19RM Assurance-Prioritized Portfolios must undertake minimum assurance covering a) procurement, warehousing and in-country distribution of COVID-19 products; and b) targeted programmatic and/or financial assurances based on materiality and risk. Diagram 9 provides an overview of the mandatory minimum assurance for the C19RM Assurance-Prioritized Portfolios. Detailed assurance guidance is set out in [Annex 1](#) to these Guidelines.

Diagram 9. Mandatory minimum assurance for C19RM awards over US\$20 million



Assurance planning for C19RM will follow the process defined below:

- As part of their review of the C19RM Funding Request, the Country Team, Risk Department and other second line functions⁴⁹ 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 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 mandatory minimum assurance for the C19RM Assurance Prioritized Portfolios. For the mandatory assurance, any exceptions (opt-out) will require approval of the C19RM Investment Committee.
- The C19RM Secretariat will include these recommended 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 Team, and relevant second line functions will refine the LFA's ToRs for the assurance, tailor them to the risks identified, and include them into the LFA workplans. LFA workplans for C19RM assurance will be prepared following the regular LFA budgeting process.
- LFA work plans for the C19RM Assurance-Prioritized Portfolios will require additional review by the Head, Country Risk Management, Risk Department. Specific details will be incorporated in the annual LFA Budgeting Guidelines.
- Subsequent changes to the initially-agreed⁵⁰ assurance approach for the C19RM Assurance-Prioritized Portfolios will need to be agreed with the respective Department Head/Regional Manager, HPM Manager, Grant Finance Manager and the Head, Country Risk Management. The Fund Portfolio Manager, with the necessary support from the Country Team, is responsible for ensuring the approvals are obtained.

⁴⁹ 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.

⁵⁰ The methodology for documenting the assurance approach is currently being defined and will be shared with Country Teams, second line functions and LFA Coordination Team.

The table below captures the differentiated C19RM assurance for each stage of the grant lifecycle:

Stage	All Portfolios	C19RM Assurance Prioritized Portfolios (Additional Assurance)
Funding Request Review and Approval	<ul style="list-style-type: none"> GAC partners and CTAG inputs as well as the 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. 	<ul style="list-style-type: none"> Risk Department and second line functions determine mandatory minimum assurance in line with Diagram 9 .
Integrating C19RM Awards into Grants	<ul style="list-style-type: none"> The assurance mechanisms during grant revision and grant-making processes are applied as per regular practice. 	
Implementation	<ul style="list-style-type: none"> C19RM funding and activities are subject to the same internal controls and assurance planned for the existing grant, with C19RM-specific requirements defined during the C19RM Funding Request review and approval stage. For High Impact and Core portfolios, the Global Fund Secretariat will be introducing Pulse Checks to collect information on extent of grant, programmatic and service delivery disruptions (this would replace the COVID-19 disruption surveys), key financial performance indicators and select indicators to monitor delivery of HIV, TB and malaria services. 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) 	<ul style="list-style-type: none"> Implementation of mandatory assurance defined during the Funding Request review and approval stage.
Grant Closure	<ul style="list-style-type: none"> C19RM activities are subject to the standard reporting and assurance requirements per defined under the Grant Agreement (including Global Fund operational policies). 	
Monitoring and Oversight	<ul style="list-style-type: none"> 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.

Task	Timeline	Responsibilities
a. Regular notifications to the Global Fund Board of any awards made by the C19RM Investment Committee.	Regular	<p>The C19RM Secretariat drafts regular reports on notifications to the Global Fund Board.</p> <p>The C19RM Investment Committee approves the reports on C19RM award notifications to the Board.</p> <p>The C19RM Secretariat submits the reports to the Board.</p>
<p>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.</p> <p>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.</p> <p>The monthly reports will append the: (i) C19RM Funding Requests; and (ii) C19RM Notification Letters for awards made during the reporting period</p>	Monthly	<p>The C19RM Secretariat drafts monthly reports to the Global Fund Board.</p> <p>The C19RM Investment Committee approves the monthly reports to the Board before submission to the Board.</p> <p>The C19RM Secretariat submits the reports to the Board.</p>
c. Monthly GAC Partners and CTAG review meetings to discuss C19RM awards made, issues emerging from reviews of C19RM funding requests, and concerns and observations from partners.	Monthly	<p>The C19RM Secretariat convenes monthly review meetings for the relevant period.</p> <p>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.</p>
<p>d. Publication on the Global Fund COVID-19 website of:</p> <p>i. C19RM Unfunded Demand to facilitate resource mobilization efforts and provide visibility to the Board; and</p>	One month after the monthly Board reports are sent to the Board	<p>The C19RM Secretariat publishes the information on the Global Fund website.</p>

Task	Timeline	Responsibilities
ii. Core information from the monthly Board reports.		
e. Publication on the Global Fund COVID-19 website of C19RM Notification Letters, NSPRPs and C19RM Funding Requests	Three months after the monthly Board reports are sent to the Board	The C19RM Secretariat publishes the information on the Global Fund website.

Annex 1: C19RM 2021 End-to-End Assurance Guidance

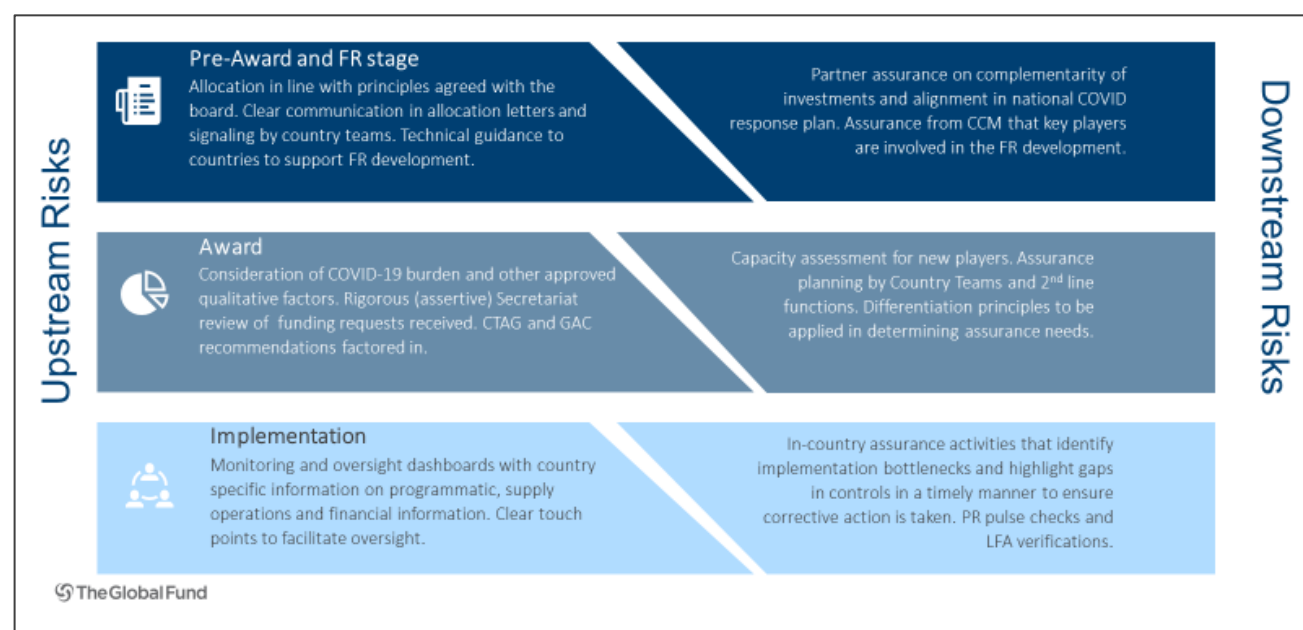
June 2021

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). The COVID-19 interventions are anticipated to be new and quite different from the regular grants, including engagement of new actors and geographically more dispersed.
4. Accordingly, the Secretariat developed 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, a distinction has been made between end-to-end assurance at the Secretariat level (**upstream assurance**) and assurance over country level operations (**downstream or in-country assurance**). Both types of assurance offer insights on progress made in implementing approved activities and interventions.

UPSTREAM AND DOWNSTREAM ASSURANCE

Diagram 10: Risk and control matrices across C19RM lifecycle



6. Upstream assurance refers to the approach for enterprise-wide risk identification, risk response and internal controls monitoring to facilitate efficient and agile C19RM investment decision-making.
7. Risk and control matrices (RCMs) have been developed to document the key upstream strategic and operational risks and mitigations. The RCMs will act as the organizational repository of design mitigations, process controls and reporting planned for key risks associated with the operationalization of C19RM.
8. Assurance is considered throughout the 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

9. 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.
10. 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.
11. 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 Line⁵¹ 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).
12. Country Teams are required to understand as early as possible in the process (ideally during C19RM 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. C19RM funding will be channeled through existing Principal Recipients and grants. Refer to [Section 1.11](#) of the C19RM Guidelines for further details on requirements for capacity assessments where new implementers are proposed.

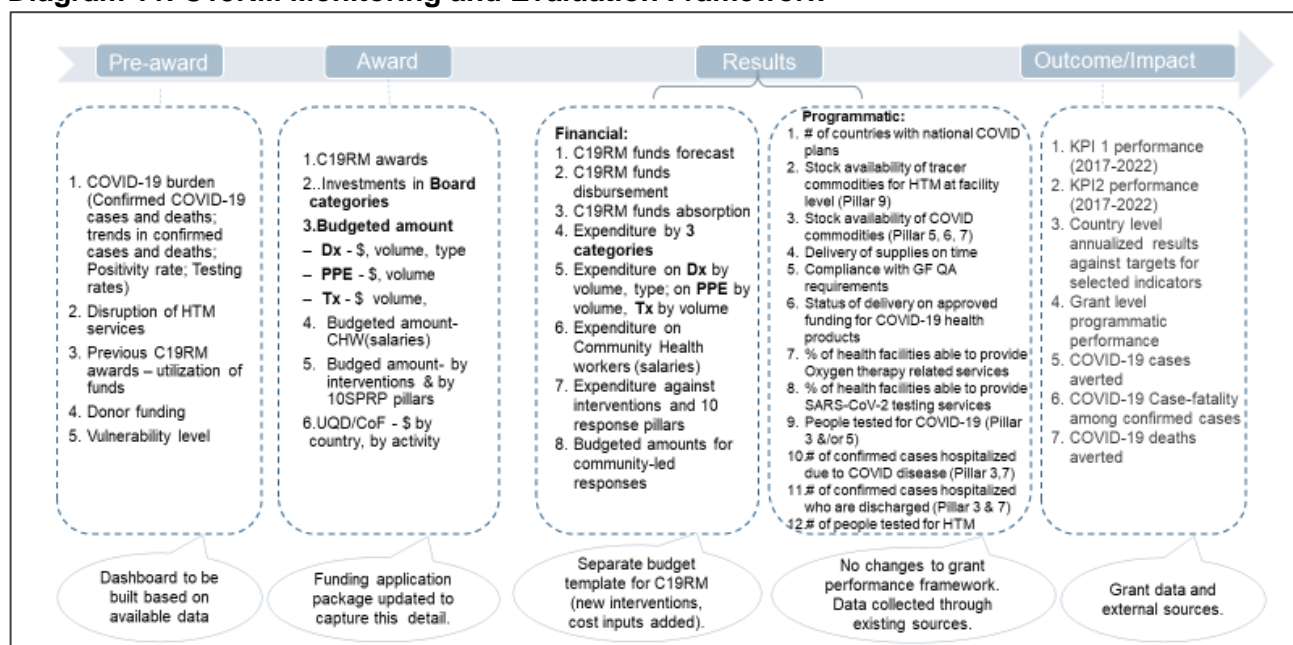
⁵¹ The Global Fund has adopted the 'Three Lines of Defense' risk and assurance model. In the Three Lines of Defense model, management control is the first line of defense in risk management, the various risk control and compliance oversight functions established by management are the second line of defense, 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.

13. The LFA may be requested to review C19RM Funding Request documents, such as the budget and/or Health Products Management Tool (HPMT), based on the risk context. The Country Team may also request the LFA to act as an observer at key meetings related to C19RM Funding Request development.

ASSURANCE APPROACH FOR C19RM

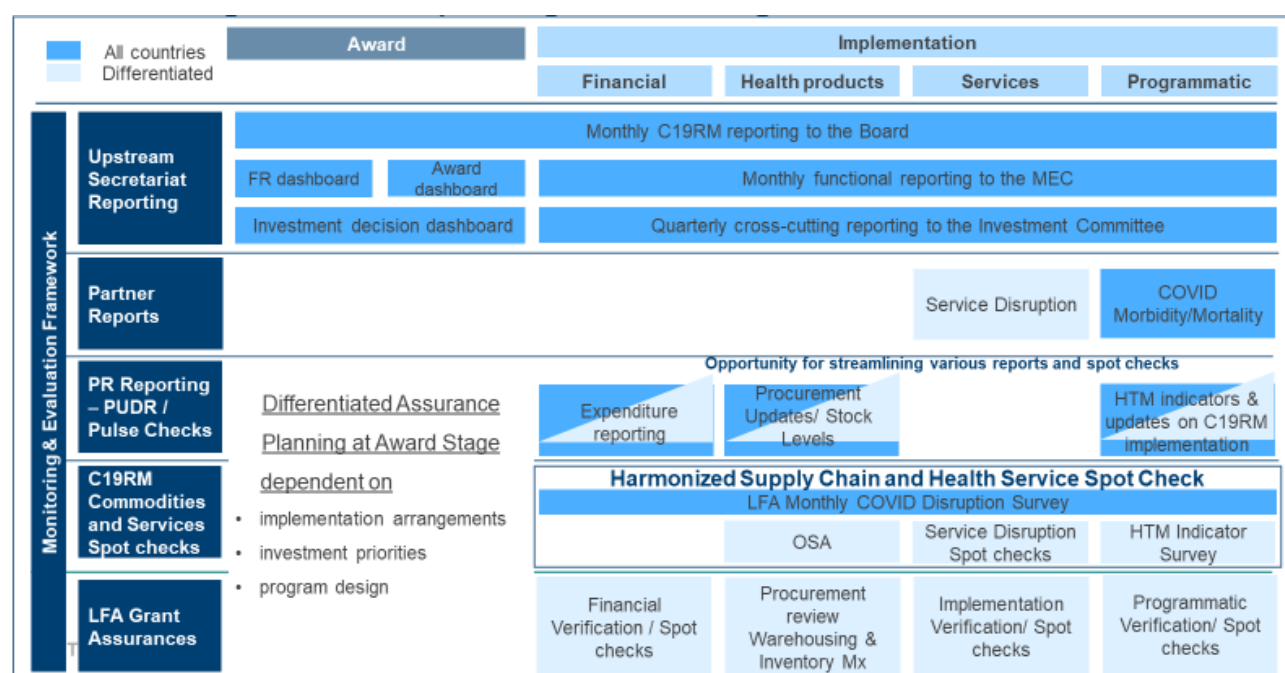
14. C19RM is a temporary, timebound mechanism established to address the COVID-19 pandemic. The Global Fund has articulated a detailed C19RM Monitoring and Evaluation Framework (see Schedule 1 for the C19RM Monitoring and Evaluation Framework) that provides an integrated approach to the measurement of 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).

Diagram 11. C19RM Monitoring and Evaluation Framework



15. No changes are proposed to the underlying grant performance framework and no grant targets will be set, given the evolving nature of the COVID-19 pandemic, limited understanding of the course of evolution of the disease and anticipated outcomes, and limited visibility and ability to forecast demand. This gap is anticipated to be compensated by robust monitoring of inputs and the proximate outputs. 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.
16. The overall outcome and impact of contributory effect of C19RM investments will be measured through modelled estimates and effectiveness and efficiency of the C19RM through a detailed evaluation (to be led by TERG).

Diagram 12. Overview of C19RM reporting, monitoring and assurance structure



17. 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
18. High-level assurance planning for C19RM 2021 will be initiated for all portfolios (High Impact/Core/Focused) at C19RM 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 C19RM Investment Committee (or Board) decision. (Refer to [Section 2.6](#) of the C19RM Guidelines).
19. C19RM-related risks, mitigations and assurance plans must also be captured in the Integrated Risk Management Module (“IRM”) for High Impact and Core Portfolios and updated during the course of grant implementation.
20. Building on the principles of differentiation, the C19RM Investment Committee approved heightened attention on C19RM Assurance-Prioritized Portfolios for enhanced reporting and assurances in order to obtain complete end-to-end visibility on C19RM investments (see Schedule 2 for the list of prioritized countries).
21. Quarterly Pulse Checks will be introduced to collect information on the extent of grant, programmatic and service delivery disruptions (this would replace the COVID-19 disruption surveys), key financial performance indicators and select indicators to monitor delivery of HIV, TB and malaria services.

22. Additionally, comprehensive Supply Chain and Health Services spot checks will be undertaken for the C19RM Assurance-Prioritized Portfolios to enable visibility on key supply chain indicators, including on-shelf availability (OSA) of tracer health products across the three diseases and COVID-19 products (PPE and diagnostics) and availability of COVID-19 diagnostic and oxygen services. The spot checks will also elicit information to measure the extent of disruptions in key services.
23. For the C19RM Assurance-Prioritized Portfolios, additional minimum assurances are recommended to cover a) procurement, warehousing, and in-country distribution of COVID-19 products; and b) targeted programmatic and c) financial assurances based on materiality and risk. Country Teams will determine the focus of these assurances and include them into the LFA workplans. (Refer to [Section 2.6 Risk Management and Assurance Across the C19RM Lifecycle](#) for further details). The rest of the portfolios shall plan and implement as per regular practice the risk-based LFA led assurance activities to cover C19RM investments.
24. Subsequent changes to the initially-agreed⁵² assurance approach for the C19RM Assurance-Prioritized Portfolios will need to be agreed with the respective Department Head/Regional Manager, HPM Manager, Grant Finance Manager and the Head, Country Risk Management. The Fund Portfolio Manager, with the necessary support from the Country Team, is responsible for ensuring the approvals are obtained.
25. The following sections provides a menu of potential C19RM assurance depending on risks. For the overview of all below-described C19RM assurance services can be found in Schedule 3.

C19RM PROGRAMMATIC ASSURANCE

26. 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 Funding Request and award stage

27. **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 1.11](#) of C19RM Guidelines for details.

Core Programmatic Assurance measures for C19RM investments during Implementation

28. **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 initiated the monitoring of few prioritized KPI2 related indicators or related proximate 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 C19RM Funding Request submissions.

⁵² The methodology for documenting the assurance approach is currently being defined and will be shared with Country Teams, second line functions and LFA Coordination Team.

Implementation: The PR reporting tool has been rolled out since Q4 2020 and collected monthly for HIV and malaria indicators and quarterly for TB indicators across nearly 38 countries. The approach for periodic collection on core HIV, TB and malaria indicators will be continued. These would be integrated into PR Pulse Checks across the High impact and Core portfolios.

Applicability: Emphasis on recency of data on core HIV, TB and malaria indicators to measure impact on COVID-19 disruptions on service delivery for High Impact and Core portfolios. Other portfolios will have an option to opt-in when the Pulse Checks are rolled out.

29. COVID-19 Programmatic Spot check

Purpose: Monitor HIV, TB and malaria service continuity at facilities and community sites; Assess the availability and stock delivery plans for the HIV, TB and malaria and COVID-19 tracer commodities; Assess gaps in HIV, TB and malaria service delivery; Examine adaptive measures.

Implementation: Standard ToRs are used for MECA/TAP centrally managed LFA spot check, every 6 months, in the C19RM Assurance-Prioritized Portfolios and covering around 15 purposively selected sentinel facilities; The first round of survey was undertaken in Q4 2020 and the second round is planned for Q2 2021. The results and findings from the first two rounds will be used to inform future plans.

Applicability: Tailored spot checks may be considered for specific programmatic components of C19RM awards. These could be considered for providing assurance on diagnostic or O2 deployment and/or assessing roll-out of various adaptations.

NOTE: To streamline assurances, the programmatic spot check will be integrated into the OSA surveys to facilitate a comprehensive **C19 Supply Chain and Health Service Spot Check** in the C19RM Assurance Prioritized Portfolios.

30. Community Based Monitoring (CBM)

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 \$20M and for all C19RM awards with significant investments in community-based activities.

Building on existing or planned assurance activities, the following Programmatic Assurance measures may also be considered by the Country Team and/or suggested by Second Line teams as appropriate:

31. Health Facility Assessment (HFA)

Purpose: Assessment of HIV, TB and malaria 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 (20-40 sites).

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 C19RM investments as well.

Applicability: May be considered for (a) C19RM awards where high risks are foreseen for planned facility level investments (i.e., 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 and the country significantly contributes to KPI2 2020 targets.

32. 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 (20-40 sites). The assessment is done using the WHO Data Quality Review Toolkit.

Implementation: If DQR is planned, ensure the assessment includes a review of the C19RM related interventions, surveillance, and M&E systems. Ensure selected indicators include those related to the C19RM investment (e.g., Automated PCR tests: suspect cases tested; positive COVID-19 cases diagnosed; Confirmed COVID-19 cases treated with specific therapeutics, etc.)

Applicability: (a) Countries that were already planning data quality reviews in NFM 3 (b) portfolios with high M&E portfolio risk rating for the grant.

33. Partner-led COVID-19-monitoring surveys

Purpose: To assess implementation of COVID-19 interventions. Implemented by partners, e.g., WHO HFA for Continuity of Essential Health Services (EHS).

Implementation: The assessments are usually coordinated by WHO or implementation is country-led with technical assistance from WHO. Country portfolios to note that data is collected via phone survey method and provides nationally representative results, although the results are not verified. Ensure the WHO EHS questionnaire is reviewed and adapted to include relevant items to assess specific C19RM investments.

Applicability: All portfolios (High Impact/Core/Focused) where the Country Team is aware that partner-led COVID-19 monitoring surveys are planned.

34. Program Reviews

Purpose: National program reviews constitute periodic assessments of program activities and achievements against national strategic objectives and targets. 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.

35. Country Evaluations (CE)

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

Implementation: If Country evaluation 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

36. To ensure visibility on global demand collation and to assist in the review of procurement requests, all portfolios are required to prepare HPMT as part of the C19RM Funding Request submissions. This is a notable change from HIV, TB and malaria grants where HPMT is not mandatory for focused portfolios at Funding Request and grant-making stage in HIV, TB and malaria grants. Please refer to [Section 2.2](#) of C19RM Guidelines.

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

37. **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 [Section 1.11](#) of C19RM Guidelines for details.
38. **Review of HPMT and supporting quantification:** As outlined in [Section 2.2](#) of the C19RM Guidelines, all C19RM 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

39. **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.
40. **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 assurance provider 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.
41. **On Shelf Availability (OSA):** Measuring availability of tracer health products at health facilities. It involves assessing availability of core medicines for HIV, TB and Malaria and of COVID-19 commodities (Pillar 5, 6, 7) Core PPE, Diagnostics and Therapeutics. This assurance will be centrally managed by the Supply Operations team for the C19RM Assurance-Prioritized Portfolios and Country Teams are expected to facilitate it.

NOTE: To streamline assurances, the OSA surveys and health facility spot checks will be integrated into a comprehensive **COVID-19 Supply Chain and Health Service Spot Check** in the C19RM Assurance-Prioritized Portfolios

42. **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\$1M** under C19RM should be prioritized for this assurance.

The following additional HPM/SO Assurance measures may also be considered by the Country Team and/or suggested by Second Line teams as appropriate during implementation

43. **Inventory 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.
44. **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.
45. **Medical and lab equipment deployment mapping, installation, calibration, maintenance** 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. With reference to C19RM, this assessment would include targeted assessments on installation of PSA oxygen generator plants, oxygen concentrators or building intensive care capacity.
46. **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.
47. **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

practices⁵³. 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.

48. **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 undergoes routine maintenance (including calibration) and that there is evidence of this (contract at central or peripheral level and existence of an up-to-date log book for each equipment⁵⁴). (d) Verify that COVID-19 related medicines are administered and used in accordance with the latest WHO treatment guidelines (e) Ensure PPE are adequately used by the populations they were intended to protect.

FINANCIAL ASSURANCE FOR C19RM

49. Finance reviews and verifications are aimed at ensuring that C19RM funding is 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 templates⁵⁵. This may include, for example, the verification during the PU/PUDR that C19RM funding is compliant with the budget and procurement processes. Where relevant for 2017-2019 allocation period grants, verification may extend to the compliance with timelines determined for COVID-19 grant flexibilities. 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

⁵³ The listed verifications steps are based on the LFA ToR [Supply Chain Management Review](#)

⁵⁴ 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](#)

⁵⁵ Please refer to the LFA guidelines and ToR available on the [Global Fund LFA website](#).

50. **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 1.11](#) of C19RM Guidelines for details.
51. **Budget Reviews** may be requested by Country Teams and involve 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.
52. At the award stage, financial assurance plans for each grant should be reviewed to ensure adequate assurance coverage for risks identified in the C19RM funding request. IRM should be updated with new/incremental risks and corresponding mitigation actions as necessary during grant implementation.
53. **Implementation of C19RM 2020 award** – With respect to the C19RM 2020 award, the LFA may be requested to perform an absorptive capacity analysis for some key portfolios in order to highlight potential absorption issues or bottlenecks for the implementation of the C19RM 2021 award, which will enable timely resolution of any issues. The LFA may also be requested to provide assurance on the estimated available uncommitted funds and financial obligations of the C19RM 2020 award as at 30 June 2021.
54. **In relation to the C19RM 2021 award**, 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 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

55. **PU/DR Reviews** - Verification during PU/DR reviews involves 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.
56. **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 2023, subject to materiality, which the external auditors will review as part of their opinion on the Financial Statements. A separate audit opinion on C19RM funds will not be sought. Additional guidance will be provided to Principal Recipients and external auditors regarding

considerations of materiality and required supplemental disclosures and management letter findings.

The following additional Financial Assurance measures may also be considered by the Country Team and/or suggested by Second line teams as appropriate

57. **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 2021 funding, 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.
58. **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. The Country Team should factor-in spot checks to verify the roll-over of C19RM 2020 funds into C19RM 2021. Applicability – CTs/Second Line teams may suggest special verifications if high proportions of funds are allocated to activities susceptible to misappropriation. Additional spot checks must be recommended to provide targeted assurance in the C19RM Assurance-Prioritized Portfolios.
59. **Value for money reviews and analysis** - Reviewing grant budgets to identify: (i) whether a fair price is paid for program activities financed under C19RM 2021 funding 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 VfM reviews if, concerns exist on the return of investments for material interventions
60. **Fraud specific reviews** - Verifications are performed following suspicions of instances of misappropriation or fraudulent use of grant funds, including C19RM 2021, at the level of implementers.
61. **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 2021 funding.

TIMING OF COVID-19 RELATED ASSURANCE

62. 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.
63. 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 the PR's or the agency managing the COVID-19

response distribution plans before they are being implemented and physical verifications (as much as the COVID-19 situation in the country allows) of distributions of PPEs/diagnostics, laboratory equipment or other products to health facilities.

METHODS OF ASSURANCE

64. 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 PPEs and diagnostics, usage of the 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).
65. 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

66. 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 (e.g. Supply Chain and Health Service Spot checks).
67. 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.
68. 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 (i.e. PSM, Lab, Finance and Programmatic/M&E experts) consult each other to ensure appropriate linkages and analysis.
69. 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

70. 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 Country Team.

71. 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](#)**.

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

- High Impact/Core/Prioritized Assurance 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/Non-Prioritized Assurance 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 only upon request.

INFORMATION SHARING

72. 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

73. LFA assurance activities related to C19RM 2020 and C19RM 2021 funding are managed differently. Whereas LFA services for C19RM 2020 were included in the regular LFA work plans using dedicated COVID-19 services names, LFA services related to C19RM 2021 will be recorded and managed in separate dedicated work plans and purchase orders marked as “C19RM”.

74. The **dedicated LFA C19RM work plans and purchase orders for C19RM 2021** related LFA services allow for clear ringfencing, traceability & reporting of the additional LFA C19RM budget, as required by the Board.
75. 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 2021 funding, they should record this service under “Procurement Transactions/Tender Review” in the LFA C19RM work plan.
76. In cases where C19RM 2021 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. 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.

Only LFA assurance activities directly related to C19RM 2021 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.

MONITORING AND OVERSIGHT OF C19RM

77. 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.
78. 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’**.
79. 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.
80. 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 Investment Committee.

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

M&O	Purpose
Quarterly Implementation Monitoring by the C19RM Investment Committee	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.
Ad hoc individual country follow-up by the C19RM Investment Committee	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.
Monthly reporting to the Board	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.

Conclusions

81. Due to the COVID-19 pandemic, the financial, operational, strategic, and reputational risks have significantly increased due to changes in context (COVID-19 and related programmatic and supply chain disruptions) and limitations to maintain and execute regular grant oversight by PRs, CCMs, LFAs and the Secretariat. The inherent risks related to fraud have also significantly increased. As a consequence, risk oversight, mitigation and assurance continue to be on top of the agenda. By proactively identifying and acknowledging the risks, risk assurance activities will facilitate the Secretariat to continue its grant operations with confidence by identifying, measuring and managing risk more effectively, and strengthen the organization's controls to preserve delivery to services to achieve the Global Fund mission and maintain the confidence of various stakeholders.

Schedule 1

C19RM Monitoring and Evaluation Framework

Schedule 2

Differentiated Assurance Planning: List of C19RM Assurance-Prioritized Portfolios

Angola	India	Rwanda
Bangladesh	Indonesia	Senegal
Benin	Kenya	Sierra Leone
Burkina Faso	Lesotho	Somalia
Burundi	Liberia	South Africa
Cambodia	Madagascar	South Sudan
Cameroon	Malawi	Sudan
Central African Republic	Mali	Tanzania (United Republic)
Chad	Mozambique	Thailand
Congo (Democratic Republic)	Myanmar	Togo
Côte d'Ivoire	Niger	Uganda
Ethiopia	Nigeria	Ukraine
Ghana	Pakistan	Viet Nam
Guinea	Papua New Guinea	Zambia
Haiti	Philippines	Zimbabwe

Schedule 3

C19RM 2021: Menu of Assurance Services

CHANGE HISTORY:

Version No.	Approved By	Changes	Approval Date
1	EGMC	Original document	7 April 2021
2	Chair, EGMC	<ul style="list-style-type: none"> Updated Section 2.6 and added Annex 1 on C19RM assurance guidance Updated Section 2.5.2 on enhanced reporting for locally sourced health products Minor updates to Section 3. Secretariat reporting 	15 June 2021
3	Chair, EGMC	<ul style="list-style-type: none"> Updated Sections 1.4 (C19RM 2020 Awards), Section 2.1 (Process overview and critical timelines), Section 2.2 (C19RM Funding Request submission, review and approval), Section 2.5.1 (Annual Funding Decision and Disbursements and increase in wambo.org ceiling), Section 2.5.2 (Procurement of health products), Section 2.5.3 (PR reporting) and Section 4 (Management of Exceptions) 	12 July 2021
4	Chair, EGMC	<ul style="list-style-type: none"> Updated Sections 1.4 (C19RM 2020 Awards) 2.2 (C19RM Funding Request submission, review and approval) and 2.3 (Integration of C19RM Awards into Grants) 	11 August 2021
5	Chair, EGMC	<ul style="list-style-type: none"> Updated Sections 2.5.2 (Procurement of Health Products) and Section 4 (Management of Exceptions) 	26 August 2021
6	Chair, EGMC	<ul style="list-style-type: none"> Updated Section 2.1 (Process Overview and Critical Timelines), Section 4 (Management of Exceptions) and Annex 1 C19RM 2021 End-to-end Assurance 	5 October 2021