



UNITE FIGHT

C19RM Monthly Update to the Board

Report for April 2022

Publication Date: 12 May 2022

Geneva, Switzerland

Executive Summary for April Report

- 1 Development of C19RM Monthly Reporting
- **2** Update on COVID-19 Epidemiological Situation
- **3** C19RM 2021 Awards
- 4 Finance Update
- **5** Health Products Update

Development of C19RM Reporting.

C19RM Reporting continues to evolve. Monthly reports provide updates on awards, progress in absorption / funds utilization and procurement pipeline and quarterly reports provide a more detailed analysis as data becomes available. For previous versions of Board reports visit this page.

Update on COVID-19 Epidemiological Situation.

High Impact Asia remains the region with the highest confirm

High Impact Asia remains the region with the highest confirmed cases. Southeast Asia confirms the region trend with an increase in new registered cases. Whereas disruptions have considerably hindered progress in programs for the three diseases, program adaptations have started to show signs of recovery and resilience.

- C19RM 2021 Awards.
 As of 30 April 2022, C19RM has awarded or recommended for Board approval US\$3,429 million to 124 applicants, for a portfolio average of 26.7% of the 2020-2022 allocation with the following breakdown: 75% to reinforce national COVID-19 responses, 14% for urgent improvement to health and community systems, and 12% for HIV, TB and malaria mitigation.
- Finance Update.
 C19RM 2020 in-country implementation and utilization is at 57% (US\$ 563M) and on target to reach 63% 70% with expenditures currently under validation in the grant closures and forthcoming expenditure reports. C19RM 2021 disbursements (30 April 2022) amounts to US\$987 million, representing 72% of commitments, and 44% of the cumulative budget until 30 June 2022.
- Health Products Update.

Health Products represent 65% of C19RM 2021 awards, showing steady but slow progress in converting awards into purchase orders (PO). 54% of Pooled Procurement Mechanism (PPM) procurement has been confirmed as PO or is in process of approval. Non-PPM conversion to PO registers a slower progress. Of the total of US\$3,429 million awarded by 30 April:

- <u>Diagnostics</u> represent 23% of awarded C19RM 2021 funds (US\$791 million) showing steady progress in order conversion.
- Oxygen represents 16.4% of C19RM 2021 funds (US\$560M). US\$184 million has been invested in non-oxygen therapeutics. The Global Fund opened requests for proposals to secure equitable supply of treatments. WHO issued a strong recommendation for Paxlovid™. ACT-A "Test and Treat" guidance and tools are being developed.
- PPE represents 14.3% or US\$491 million with product price reductions of 60% since early 2020. Price increases forecasted for Q2 2022.

Executive Summary for April Report

- **6** Update on C19RM Reprogramming
- Secretariat Update on C19RM2021 OIG Audit
- 8 Country Case-Studies

6 C19RM Reprogramming

The C19RM Investment Committee approved changes to streamline the C19RM reprogramming process, increase flexibilities to countries and mitigate transaction costs, while maintaining risk assurance. Process improvements include, increasing revision thresholds which require Global Fund approval, revisiting baseline parameters by removing technical restrictions around diagnostics vs non-diagnostics revisions, and delegating approval authority for reinvestment into specific new interventions as approved by the Investment Committee. Existing risk assurance, monitoring and oversight remain in place.

Secretariat Update on C19RM 2021 OIG Audit

The OIG audit includes key achievements, as rapid pace in approving funding requests, improved inclusiveness and a well-designed Monitoring & Oversight framework. The report also spots challenges, as the variable quality of the external review, reporting rate and data quality issues, utilization of C19RM 2020 funding, and lessons learned since 2020 to inform and strengthen C19RM. The Secretariat is actively working on three Agreed Management Actions.

Countries Case-Studies
Nigoria was quick to adapt the

Nigeria was quick to adapt the program delivery and implement measures to mitigate the impact of COVID-19 on TB services, in addition to implementation of evidence-based strategies that were set in motion in 2018-2020. South Africa was the most impacted country in Southern Africa and Global Fund support to testing and adaptations were critical. In the LAC region, El Salvador has shown impressive recovery through innovative adaptative solutions through enhanced services for key populations and PLHIV, adaptation of TB activities, investments in surveillance systems supporting both COVID-19 and HTM and effective deployment of PPE in the pandemic response.

Development of C19RM Reporting

Development of C19RM Monthly Reporting

<u>In last month's report</u>, we covered key selected data points updates from financial and programmatic performance, COVID-19 program disruption, award and pipeline updates and health products overview. We will continue to update these sections on subsequent reports and provide additional analysis on emerging themes. Greater details on these core sections will be included as relevant data becomes available.

Last Report

Last Report provided updates on key data points:

- Update on the COVID-19 Epidemiological Situation
- C19RM 2021 Awards
- Financial Update
- Updates on Health Products Pipeline
 - Overview
 - Diagnostics
 - Oxygen
 - Therapeutics
 - ICP/PPE

This Report

Objectives of Current Report: hybrid approach with key data points, country case studies and pivotal thematic updates:

- Update on the COVID-19 Epidemiological Situation
- C19RM 2021 Awards
- Financial Update
- Key Messages across C19RM Control and Containment
 - Diagnostics
 - Oxygen
 - Therapeutics
 - Paxlovid/Test and Treat
 - ICP/PPE
- C19RM Reprogramming
- C19RM 2021 OIG Audit
- Case studies on countries implementation

Subsequent Reports...

Future reports will cover topics as relevant data become available

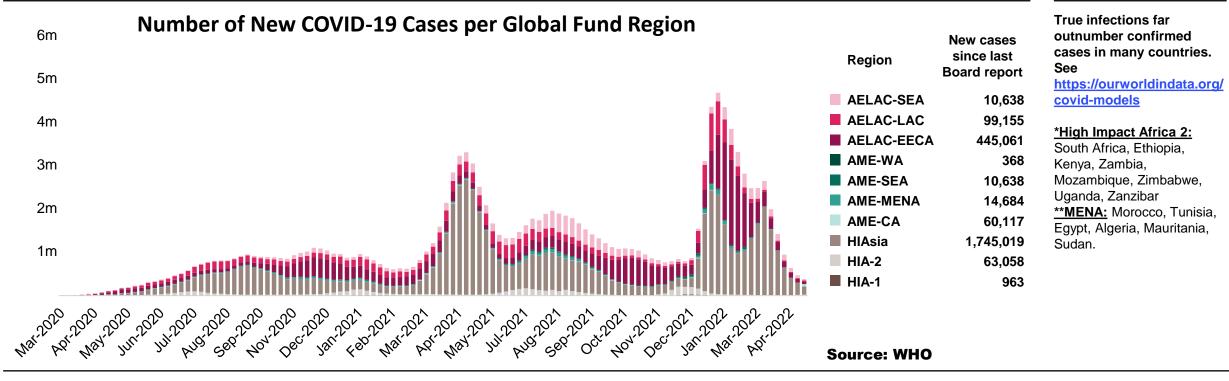
Based on C19RM Monthly Board Report differentiated approach, a more **detailed Quarterly Report** will be provided, including analysis on relevant thematic areas and data from Spot Checks and Pulse Checks:

- Quarterly Reports: focusing on programmatic data / results, findings and insights from Spot Checks and Pulse Checks, lessons learned, strategic actions taken to address challenges and bottlenecks and key issues and messages from operationalization of C19RM.
- Monthly Reports (Key data), including updates on awards, progress in absorption / funds utilization and procurement pipeline.

Update on COVID-19 Epidemiological Situation

COVID-19 Burden in the Regions We Support

High Impact Asia remains the region with the highest confirmed cases followed by Southern Asia. Whereas disruptions have considerably hindered progress in programs for the three diseases, program adaptations have started to show signs of recovery and resilience.



SUMMARY

- According to WHO, as of 2 May 2022, there have been 510,270,667 confirmed cases of COVID-19, including 6,233,526 deaths reported to WHO worldwide. Confirmed cases in the Global Fund portfolio are 149,058,010 while deaths are 2,513,637. High Impact Asia has 71,910,222 confirmed cases, an increase of more than 2 million in one month. New cases have also been recorded in Southeast Asia leading to a total of 31,946,317 million, with an increase of 15% in the last month.
- Confirmed cases in Latin America and Caribbean remain at over 17 million while those in *High Impact Africa 2 continue to rise to over 5.5 million while the **MENA region is at over 3 million. Overall new COVID-19 cases progression in the last month shows a trend downturn, which might be linked to COVID-19 seasonality. 9 Global Fund implementing countries are also among the top 25 countries in the world with the highest cumulative cases. These include India, Russian Federation, Vietnam, Iran, Colombia, Indonesia, Ukraine, Malaysia, Thailand.

C19RM 2021: Awards

OVERVIEW: AWARDS AND SUBMISSIONS

C19RM 2021 Awards: Executive Summary

C19RM 2021 Fast-track requests Awarded

- The Global Fund has awarded US\$723 million to 48 applicants via Fast-track. Applicants to Fast-track have requested an average of an amount equivalent to 7.4% of their 2020-2022 allocation.
- Notification Letters with confirmation of awards are sent to applicants in an average of 8.8 business days.
- In April, 2 additional funding requests have been approved for US\$60 million, including US\$15 million for Diagnostics and US\$21 million for Oxygen.

C19RM 2021 Full Funding Requests Awarded

- US\$2,707 million awarded to 124 applicants, including funding recommended for Board approval, for a portfolio average equivalent to 21.1% of 2020-2022 allocations (excluding previously approved Fast-track applications).
- An Unfunded Demand of US\$1,049 million registered from 73 applicants.

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

- C19RM Board Priority Areas: US\$3,429 million has been awarded or recommended for Board approval with the following breakdown: 75% to reinforce national COVID-19 responses, 14% for urgent improvement to health and community systems, and 12% for HIV, TB and malaria mitigation.
- WHO Pillars: C19RM awards are primarily directed towards Pillar 5: National laboratories (27%), Pillar 6: Infection prevention and control (22%) and Pillar 7: Case management (25%). The remaining investments are mostly awarded into Pillar 9: Maintaining essential health services and systems (12%).
- ACT-A Pillars: 84% of the \$3,429 million C19RM awards is directed towards ACT-A Gap Filling Activities.

(as of 30 April 2022)

OVERVIEW: AWARDS AND SUBMISSIONS (as of 30 April 2022)

C19RM 2021 Status of Awards Submissions and Pipeline



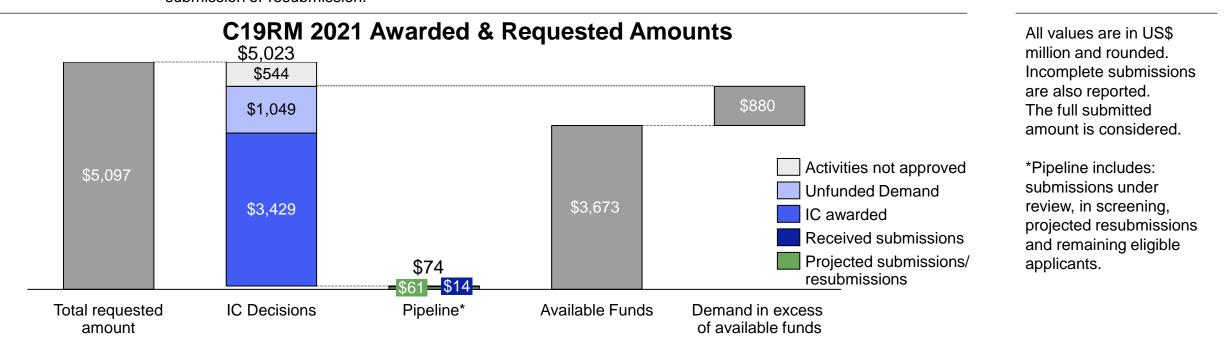
US\$3,429 million (93%) of C19RM 2021 funding is awarded or recommended for Board Approval to 124 applicants (either Fast-track or Full Funding) for a portfolio average equivalent to 26.7% of 2020-2022 allocations.

Full Funding requests: US\$2,707 million was awarded or recommended for Board approval to 124 applicants.

Fast-track requests: US\$723 million was awarded to 48 applicants.

Including Unfunded Demand of US\$1,049 million (registered from 73 applicants), the total of C19RM Investment Committee decisions is US\$5,023 million. This includes US\$544 million of activities not approved.

Demand pipeline: 0,04% or US\$14 million has been submitted or under review for potential C19RM 2021 funding. **US\$61 million** is projected for submission or resubmission.



- Available funds have increased to US\$3,673 million with a new pledge from the UK (US\$73.5 million) and additional pledges from Canada (US\$26 million) and Germany (US\$193 million). The Fast-track ceiling has also been increased by the AFC to US\$1,168 million.
- A total of 21 additional funding requests were submitted, of which 20 have been awarded, 1 is under review (US\$14 million). US\$61 million of requests is still projected to be submitted.

C19RM 2021 Overall Award: Submission Drill Down

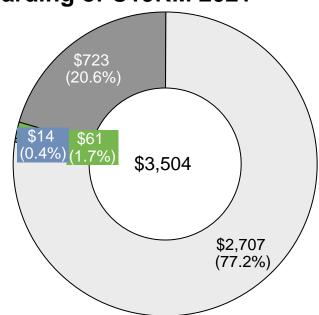


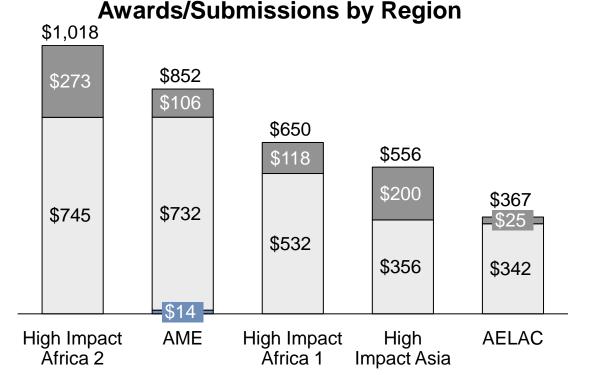
US\$3,429 million (93%) of C19RM 2021 funding is awarded or recommended for Board approval.

Demand pipeline is robust in funding requests received/in process showing demand exceeds supply of available funds:

- Country demand is high with the majority of applicants requesting an amount equivalent to 30% of their 2020-2022 allocation or more.
- Unfunded demand of US\$1,049 million is registered from 73 applicants.

Awarding of C19RM 2021





Award (Fast track) Award (Full Review) Submitted Fast track Submitted Full review Projected submissions/

resubmissions

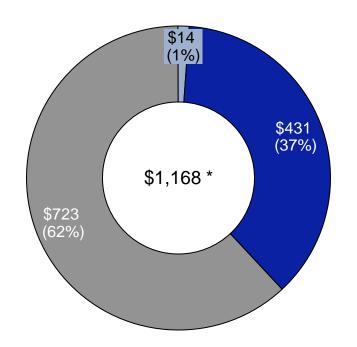
All values are in US\$ million and rounded.

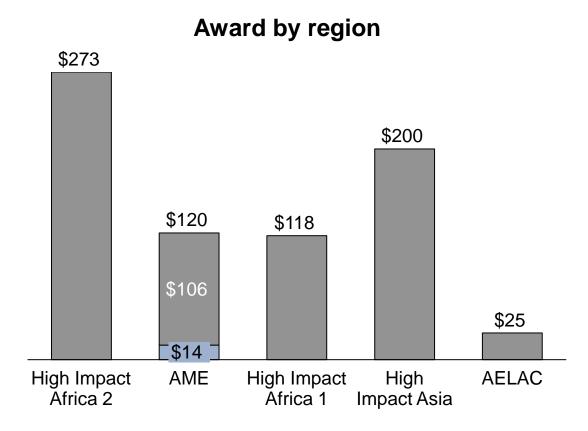
C19RM 2021 Fast-track Drill Down



- **US\$723 million is awarded** to 48 applicants via Fast-track (with an average of 7.4% of applicants 2020-2022 allocation). This represents 62%* of the total Fast-track ceiling.
- An additional US\$14 million or 1%* of the Fast-track ceiling is currently in screening/review.
- In total 61 Fast-track requests have been received, including 4 to be resubmitted due to incomplete
 documentation or withdrawn.







All values are in US\$ million and rounded.

For values in screening and under review only complete submissions are considered.

Already awarded

FT submitted

Remaining

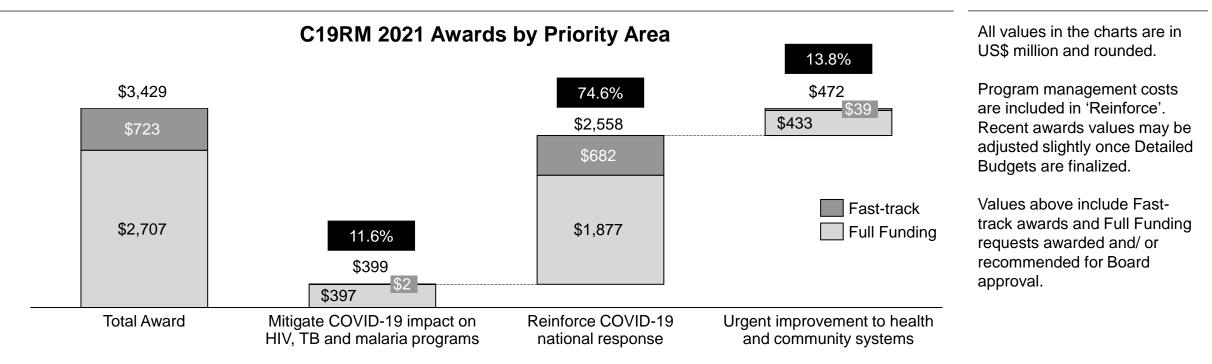
*The Fast-track ceiling has been increased by AFC on 30 March 2022. **OVERVIEW: AWARDS AND SUBMISSIONS**

C19RM 2021 Award by Priority Area

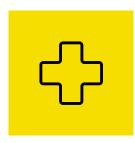


Award by priority area: Fast-track investments are mainly directed towards reinforcing COVID-19 national responses.

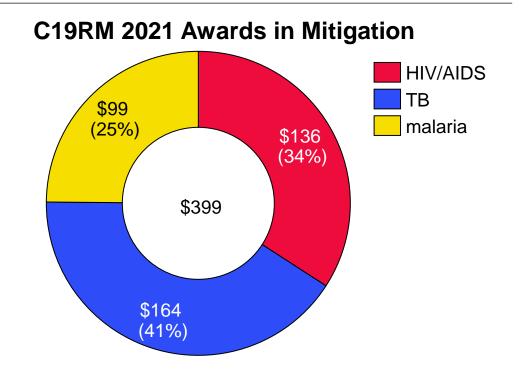
Out of the Full Funding requests **awarded or recommended for Board approval**, we continue to see a strong prioritization of reinforcing the COVID-19 national response, with more balanced awards to mitigate COVID-19 impact on HIV, TB and malaria programs and urgent improvement to health and community systems.



C19RM 2021 Investments in Mitigation



- Of the US\$3,429 million awarded (including recommendations for Board approval), **US\$399 million (12%)** is invested in mitigating the impact of COVID-19 on HIV, TB and malaria programs.
- Investments in mitigating the impact of COVID-19 are primarily covered within the core HIV, TB and malaria grants (2020-2022 allocation); malaria grants (2020-2022 allocation) incorporated a significant amount of PPE needs for mass campaigns and community activities.



OVERVIEW: AWARDS AND SUBMISSIONS

(as of 30 April 2022)

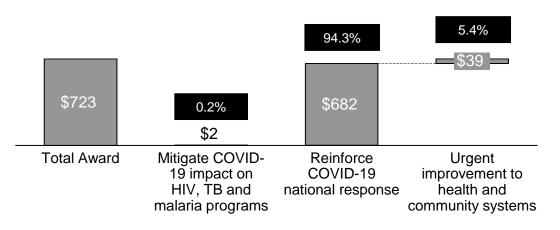
C19RM 2021 Award by Priority Area



Award by priority area: Fast-track investments are mainly directed towards reinforcing COVID-19 national response.

Full Funding investments show a more balanced picture across the three priority areas.

C19RM 2021 Fast-track Awards by Priority Area



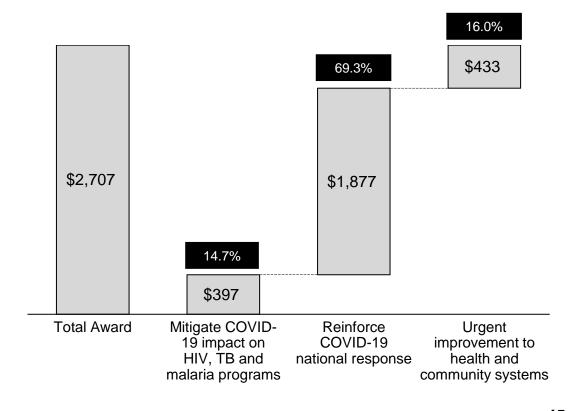
All values in the charts are in US\$ million and rounded.

Program management costs are included in Reinforce.

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

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

C19RM 2021 Full Funding Awards by Priority Area

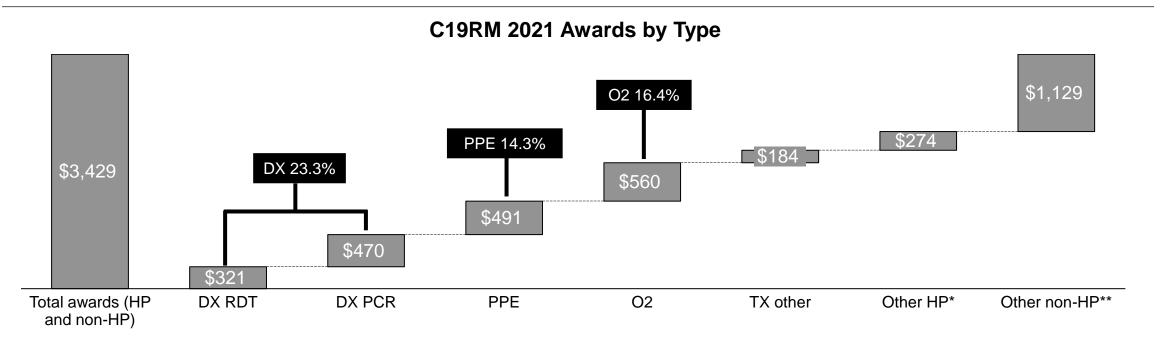


C19RM 2021 Award by Health Products



Health product investments are more balanced across key health products.

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



All values in the charts are in USD million and rounded. Recent awards values may be adjusted slightly once HPMTs are finalized. Note that these values exclude C19RM 2020 carryover amounts, which are removed, if found in 2021 HPMTs. Values above include Fast-track awards and Full Funding requests awarded and/or recommended for Board approval.

Differences in values between Global Fund defined health products are accounted for by a more limited set of products that are included under these categories.

^{*}Other Health Products include: non-PPE disinfectants, waste management and genomic sequencing.

^{**}Other non-Health Product investments include: most activities within "mitigating COVID-19 impact on HIV, TB and malaria" and "urgent improvements to health and community systems" as well as non-health product awards within "reinforce COVID-19 national response".

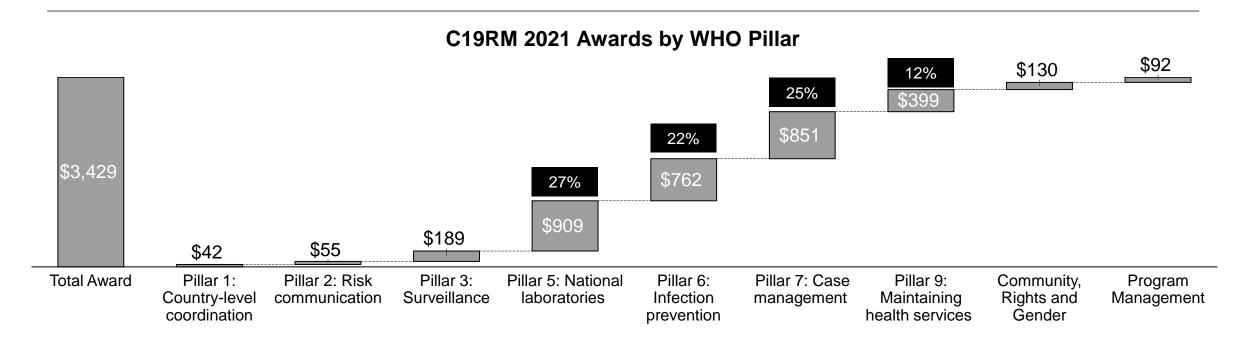
OVERVIEW: AWARDS AND SUBMISSIONS (as of 30 April 2022)

C19RM 2021 Award by WHO Pillars



C19RM investments are primarily directed towards Pillar 5: National laboratories (27%), Pillar 6: Infection prevention and control (22%) and Pillar 7: Case management (25%)

The remaining investments are mostly invested into Pillar 9: Maintaining essential health services and systems (12%).



All values in the charts are in USD million and rounded. Recent awards values may be adjusted slightly once Detailed Budgets are finalized.

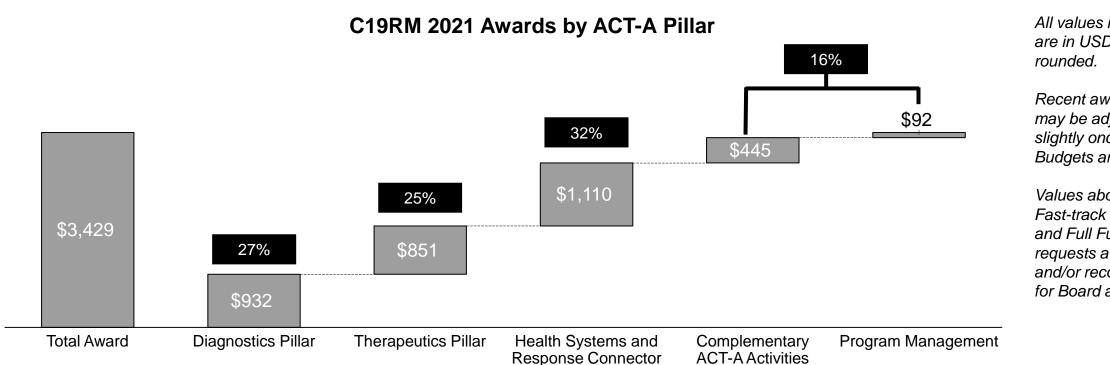
Values above include Fast-track awards, Full Funding requests awarded and/ or recommended for board approval.

C19RM 2021 Award by ACT-A Pillars



84% of US\$3,429 million of C19RM 2021 investments are directed towards ACT-A Gap Filling Activities given most awards to date are via Fast-track and Full Funding request prioritize reinforcing the COVID-19 response. These investments are split across the Diagnostics Pillar (US\$932 million or 27%), the Therapeutics Pillar (US\$851 million or 25%), and Health Systems and Response Connector (US\$1,110 million or 32%).

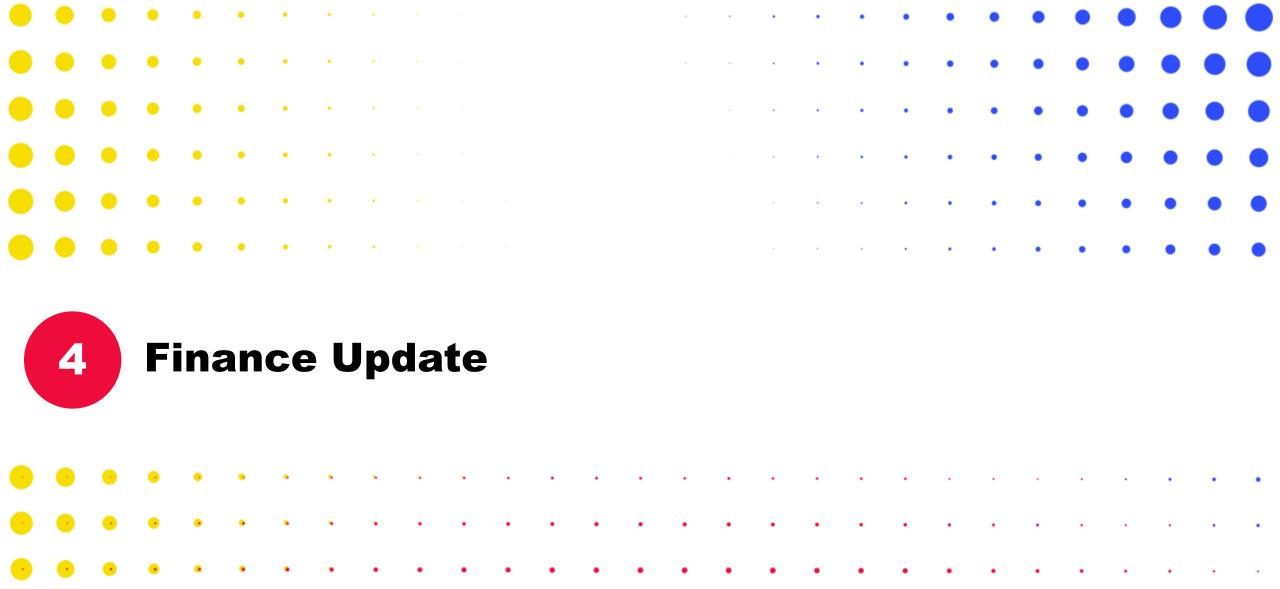
The share of complementary activities has increased with Full Funding requests forming the majority of awards.



All values in the charts are in USD million and rounded

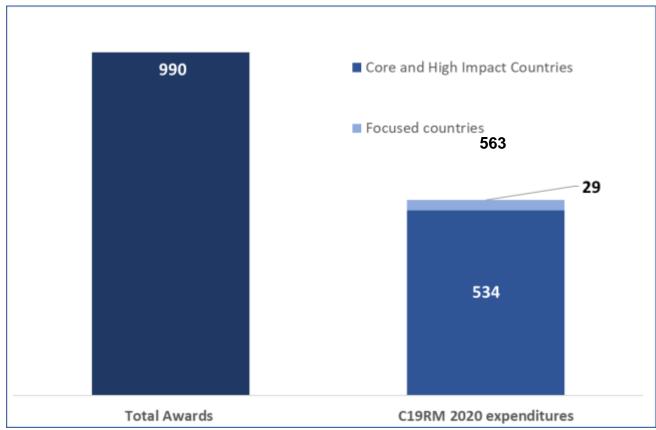
Recent awards values may be adjusted slightly once Detailed Budgets are finalized.

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



C19RM 2020 - Current in-country utilization of 60% for Core and High Impact based on validated expenditures, which is on track to reach the expected target of 63% - 70% once expenditure validation, including closure processes, is completed

Data as of 30 April 2022 - US\$ million

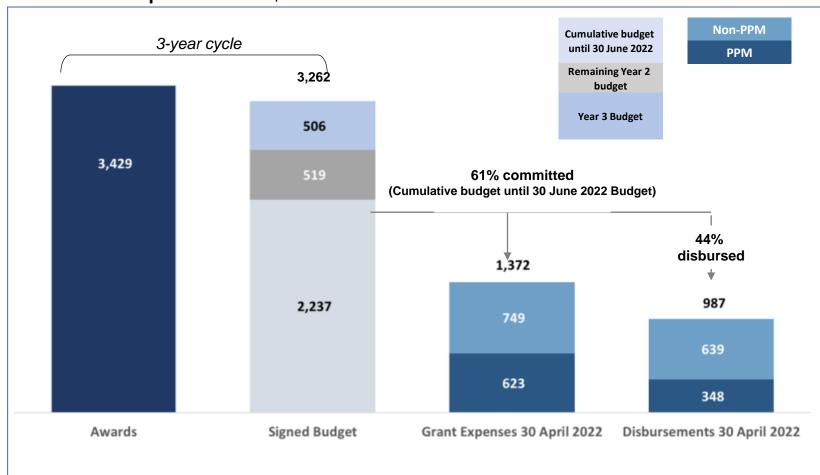


Figures are rounded

- C19RM 2020 in-country utilization is 60% for Core and High Impact (with a denominator of US\$ 895M), and on target to reach the expected utilization range of 63% 70% (estimate reported in AFC 17) with expenditures currently under validation in the grant closures & forthcoming expenditure reports.
- Unused C19RM 2020 allocation is not considered, as these are transferred to C19RM 2021 with a use by date of 31 December 2023.
- The in-country utilization, including Focused portfolios, is **57%**.

C19RM 2021 – 61% of cumulative budgets up to 30 June 2022 are already committed, and 44% disbursed on 30 April 2022

Data as of 30 April 2022 - US\$ million



- 95% of awards (US\$ 3.3B) already integrated in grants.
- 61% of cumulative budget up to 30 June 2022 has been committed.
- Total cumulative disbursements of US\$ 987m at 30 April 2022, representing 72% of commitments, and 44% of the cumulative budget until 30 June 2022.

Next Steps

Proposed course of action to reinforce implementation

Uses of funds - C19RM Enhancing focus on implementation post award phase			
Leverage	Next forecasting cycle (Q2/2022) to activate portfolio optimization and reallocation of unused (non-earmarked) funds to cover emerging country needs across the portfolio		
Accelerate	Disbursements and health product deliveries to PRs to enable execution and drive programmatic impact		
Focus	On timely procurement conversion and GOS funding decisions through a dedicated workstreams (Monitoring &Oversight/C19RM Investment Committee)		
Mitigate	Resolve supply-chain challenges by leveraging alternative shipping modalities, as appropriate, through strategic negotiations with airlines and freight service providers		

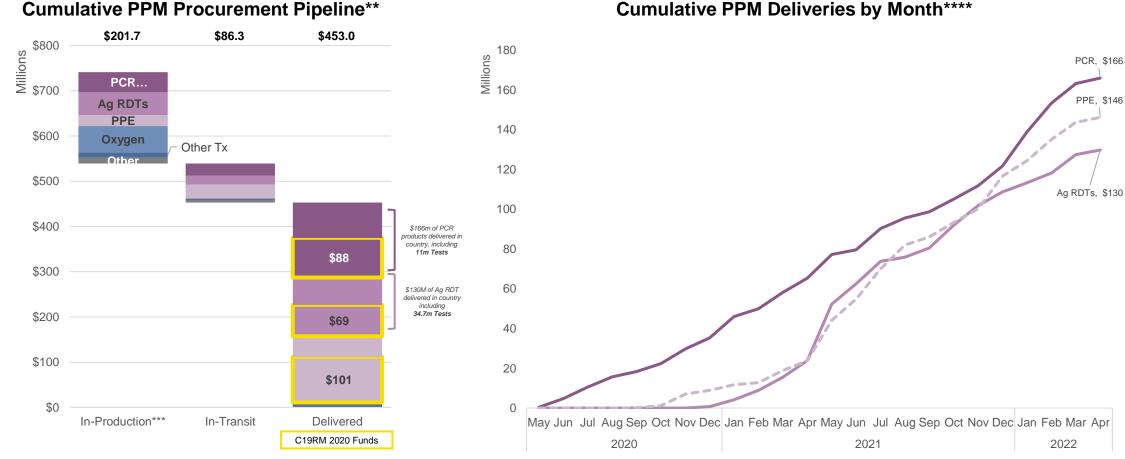
Health Products Update

Countries need support to convert approved funds into products to accelerate delivery and implementation in the evolving context of the pandemic

	Country Demand	Supply/Logistics
Overall	 Steady (if slow) progress in converting awards into PO (54% of PPM in PO or process of approval) Slower progress (and less visibility) on non-PPM awards. Some being switched to PPM (e.g., PSA) Opportunities for reprogramming reflecting price reductions, shifts in demand Some weakness in demand reflecting perceptions of status of COVID-19 pandemic 	 Continued price reductions (e.g., Dx) and fewer manufacturing supply constraints Logistics challenges including Scarce sea/air freight capacity Impact of changing COVID-19 controls measures, particularly in China (impacting malaria, PPE) Bottlenecks in country, particularly importation clearance
Diagnostics	 Steady progress in conversion of awards into confirmed orders Price reductions enable reprogramming to procure more Ag RDTs Pick-up in self testing following WHO guidance Increasing focus on 'bi-directional' testing approaches Supporting development of 'test & treat' approaches in anticipation of oral antivirals Demand weak (and weakening) in some countries due to perceptions about status of the pandemic Coordinated TA support through Project Stellar/ACTA-Dx 	Increasing supplier base of WHO-approved Ag RDTs including for self-testing
Infection Prevention and Control	 Slow conversion of awards into orders Demand weakening as COVID-19 control measures relaxed 	 Further 13% price reductions in Q1 2022 (now 60% down from early 2020) Price increases anticipated in Q2 2022 High product availability despite manufacturing capacity reductions
Case Management/ Therapeutics	 Oxvgen: Slow conversion of awards into orders due to technical complexity Shift of demand from non-PPM to PPM Continued TA support through Project Boxer/ACTA Tx O2 working group) Therapeutics: Strong WHO recommendations on Paxlovid (nirmatrelvir-ritonavir) issued on 22 April Updated conditional recommendation on remdesivir Bringing TA support to countries on Paxlovid deployment via ACTA-Tx/USAID 	 Oxygen PSA plants available through Wambo/PPM: lead-times will be long as complex projects including construction. Therapeutics In final negotiations with Pfizer on Paxlovid ACTA-Tx coordination on oral antiviral allocation/deployment Molnupiravir imminently available on Wambo/PPM (generic anticipated in the second half of 2022)

Orders for US\$741* million of COVID-19-related health products have been placed through the PPM/wambo.org since 2020, with US\$453 million delivered.

- US\$2.7 billion has been awarded since 2020 for the procurement of COVID-19 health products
 - o including through C19RM 2021 Dx: US\$782 million; PPE: US\$491 million; O2: US\$543 million
- US\$259 million products delivered through PPM with C19RM 2020 funds
- US\$194 million delivered through PPM with C19RM 2021 funds and another US\$288 million products are on their way



S THE GLOBAL FUND

^{*} Reporting on aggregate value of orders and split by category is being refined over time to reflect any savings achieved on completed orders and to exclude procurement of non-health products
** Based on Procurement Service Agent data as of 18 April 2022

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

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

Non-PPM Procurement¹ as of March 2022

For Top 45 Countries (only)

(In US\$M)

Observations

\$ 618 M

\$ 618 M	
Diagnostics, \$63	
PPE, \$113	
Oxygen, \$340	
Covid Tx, \$58	\$76M \$22
Other, \$44	\$23 \$24
Total 3-Year Budget	Total PO Reported

tal 3-Year	Budget	Total	PO	Reporte

(6 6 4)			
By Region	Total Non- PPM Budget ²	Total Reported PO Amount ²	Conversion
HIA1	46	12	26%
HIA2	182	18	10%
HIA	225	17	8%
AME	139	27	19%
AELAC	26	2	8%
Total	618	76	12%

By Product category	Total Non- PPM Budget ²	Total Reported PO Amount ²	Conversion
Diagnostics	63	22	35%
PPE	113	23	20%
Oxygen	340	24	7%
Covid Tx ³	58	5	9%
Other	44	2	5%
Total	618	76	12%

Type of PR	Total Non- PPM Budget ²	Total Reported PO Amount ²	Conversion
National	498	55	11%
Other Pooled Mechanisms	120	21	18%
Total	618	76	12%

- Conversion of Non-PPM budget to Purchase Order at 12% of three-year total (2021-2023). However, note an increasing volume of POs preliminarily reported for April and significant procurements in pipeline (i.e., Pakistan published \$37M RFP for PSA plants; Nigeria has PPE and oxygen procurements in process for \$21M).
- Reported conversion rate of 8% for AELAC driven in part to Ukraine waiver for C19RM reporting until 30 June 2022; Ukraine budget accounts for 72% of three-year total (2021-2023) for the region.
- Oxygen represents more than half of the total of non-PPM investments; with PSA plants alone accounting for 32% of this total. Globally, oxygen procurement and implementation has been slow- given the technical and complex nature of the procurement as well as in-country coordination, site assessments, and infrastructure needs.
- Changes in COVID-19 waves (with increasing vaccination rates) as well as lessening of restrictions has slowed needs and demand for Dx/PPE.
- Given changes to the global response to COVID-19 as well as shifting country demand, there is an opportunity to reprogram funds towards new interventions (e.g., antivirals), health systems strengthening / preparedness (e.g., bidirectional / multi-disease testing, Xray machines and associated systems, genomic sequencing, etc.), or other non-procurement related activities (e.g., country-level coordination, advocacy, risk communication, etc.).
- Ongoing efforts to re-channel funds where procurement has not progressed – either from wambo/PPM to non-PPM channels (i.e., \$8m X-ray equipment for Ukraine) or non-PPM to wambo/PPM (particularly as it relates to PSA plants; e.g., \$1m for Cambodia; \$1m for Liberia).

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

² Budgets as per aggregated C19RM 2021 HPMTs available 25 April 2022; reported PO Amount as per PR Procurement Progress Reporting templates submitted against 10 March deadline for procurement through February 2022

³ Covid Tx includes any procurement related to novel covid medicines as well as other supportive hospital equipment (e.g., x-ray, patient monitor, blood gas analyzer, etc.)

Diagnostics Overview: C19RM Investments include Testing, Genomic Surveillance and Lab Systems

The Global Fund is investing in COVID-19 diagnostics with the intent to drive more equitable access in the countries it supports.

Diagnostics represent 23% of C19RM 2021 funds (US\$791 million) equivalent to 170-200 million tests or more depending on the Ag-RDT/PCR mix.

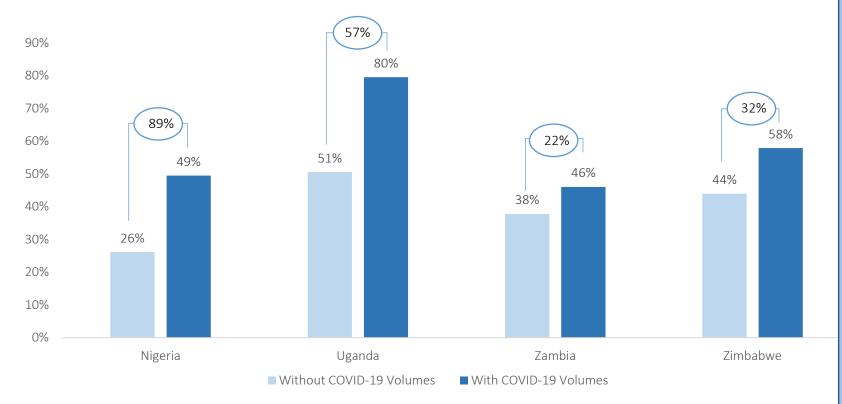
- Increase availability of key Dx commodities, and capacity for uptake and utilization via core systems strengthening; promote decentralization of COVID-19 testing at community level via integrated approaches.
- 2 Epidemiological surveillance, monitoring transmission hotspots and variants of concern to inform national public health and social measures (PHSM).



Country preparedness is a critical determinant of pace of implementation, including national strategies and policies, health worker capacity and lab capacity.

Ensuring value for money: Estimated automated capacity utilization of Molecular Dx increased by 22-89% following introduction of COVID-19 testing

Estimated PCR Capacity Utilization with and without COVID-19 testing volumes (Sept 21- Mar 22) {Credit CHAI}



Source: CHAI

Note: this demonstrates estimated utilization based on targets, instrument placements, and known PCR COVID-19 volumes, not actual observed utilization based on known testing volumes across the indicated timeframe

- Prior to COVID-19, utilization rates of connected diagnostic machines fell below optimal utility
- Dx integration and leveraging C19RM investments enabled greater levels of country readiness, driving success in response to COVID-19, with longer-term implications for Pandemic Preparedness

Country Insights:

- Nigeria: sites offering screening and treatment increased from 25 to >170, and trained staff from <100 to over 1,000
- Rwanda: District hospitals(DH)
 offering screening and treatment
 increased from 4 DH to 100
 hospitals

HEALTH PRODUCTS UPDATE | Diagnostics

Readiness for Adoption of COVID-19 Self Testing

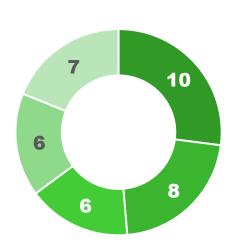
Global Fund Secretariat has published a survey on adoption of C19 Self Testing; data based on **65 respondents** from **37 countries**.

(as of 30 April 2022)

Preliminary Analysis

All responses below are based on 1 respondent per country

Countries reported varying levels of policy readiness for adoption of self testing...



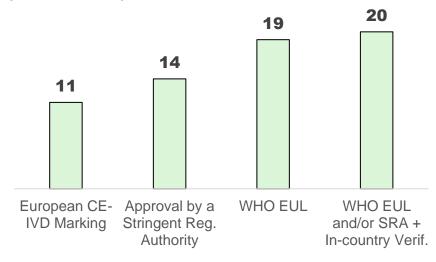
- No formal policy is in place, but pilots are ongoing
- No policy is in place. Self tests will not be used.
- Not yet, but a policy is in development
- Yes, a policy is in place to support their use
- Yes, however the current policy does not support use

And various **conditions which are required** to be met to introduce COVID-19 self testing:



Responses indicate that **policies and data reporting mechanisms** are critical obstacles to adoption.

Most respondents identified **Emergency Use listing** as the most relevant condition to proceed with procurement...

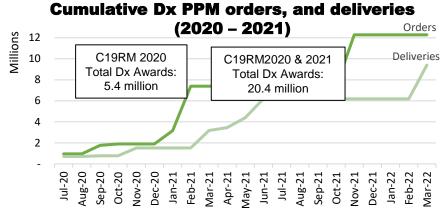


13 countries have reported regulatory processes are in place for introduction of COVID-19 Self Tests.

24 countries have reported that no regulatory process or criteria is in place for adoption of COVID-19 Self Tests.

TA demands by country include support for developing national guidelines, training on use and reporting, product introduction, QA and more.

Diagnostics: Country Case Study Cameroon

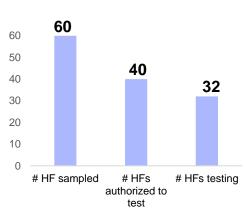


Awards cover the 3-year implementation cycle for PPM and other procurement channels; orders and deliveries are for PPM only; orders include the cost to get products into country, while deliveries reflect value of products delivered only.

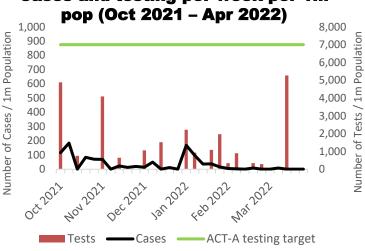
OSA for Dx



HFs authorized to test and actually testing



Cases and testing per week per 1m



Country Context and progress to date

- ~US\$5 million Dx ordered in 2021, represented a 32% conversion rate against the Dx budget for the implementation period 2021-2023.
- OSA for diagnostics is high compared to the regional average (65%) and there are also relatively high numbers of facilities authorized to test and, which are testing, compared to other countries in the Spot Check cohort.
- However, testing rates significantly below ACT-A recommended rates. Need to explore changes in demand, policy and human resources given that authorization of health facilities and OSA do not appear to be drivers.

Risks

- Lead times and international supply chain disruption for delivery of subsequent orders
- Incompleteness / periodicity and quality of reporting may limit proactive tracking of pandemic and national response.

Mitigating actions and assurances

- Tracking of Purchase Orders and deliveries through M&O and other forums
- Follow-up rounds of Spot Checks will provide insight into evolution of pandemic, testing strategies and national response.

Therapeutics Overview, including Oxygen

The Global Fund is supporting low- and middle-income countries with treatments that have been approved and recommended by the WHO for COVID-19:

- Medical oxygen has been the intervention with the most demand, despite slow initial uptake.
- C19RM scope has included all therapeutics in WHO clinical living guidelines.
- Limited non-O2 therapeutics health products were sought/approved under C19RM 2021. Over \$40M total, including steroids, anticoagulants, other respiratory/critical care medicines.
- Anticoagulants (e.g., enoxaparin), corticosteroids (e.g., dexamethasone), and an array of essential medicines used in critical and respiratory care have also been sought.
- During C19RM 2021 five novel Tx have been WHOrecommended (March 2022). In September 2021, the Global Fund supported Honduras to procure over 5,000 doses of Tocilizumab and some countries have indicated that C19RM funding would be used to respond to ACT-A/WHO allocation.

The Global Fund and ACT-Accelerator partners collaborate in realizing a holistic approach to WHO-approved and potential therapies.

Funding for WHO-recommended therapies within C19RM remain inclusive, as new therapies obtain WHO-recommendation and as different drug options may have country-specific relevance and utility.

Current activities include:

- ACT-A Tx Pillar/Allocation WG procurement/allocation/deployment of antivirals
- RFP for novel Tx, e.g., generic Molnupiravir
- ACT-A HSRC –clinical care pathways, "test and Tx", implementation/country readiness
- Operational Update (April 2022) inclusive of all of the above, linked to reprogramming opportunities.

COVID-19 Clinical Therapeutics: Paxlovid and 'Test and Treat'

New WHO Recommendations

The <u>C19RM Technical Information Note</u> that lists Global Fund eligible investments follows WHO clinical guidelines, being continuously updated and recommend the following treatments:

- Molnupiravir (conditional recommendation)
- Nirmatrelvir/ritonavir, known as Paxlovid [™] (conditional recommendation),
- IV interleukin-6 Blockers (IL6B's), such as tocilizumab, and oral antiinflammatory agents, such as bariticinib (strong recommendation),
- IV antiviral remdesivir, and monoclonal antibody (Ab) products such as IV sotrovimab or in IV combinations, such as Casirivimab and Imdevimab (weak or conditional recommendation).

Paxlovid ™

 On 22 April 2022, WHO issued a strong recommendation* for use of Paxlovid [™], in patients with non-severe illness at the highest risk of hospitalization.

WHO noted that "One obstacle for low- and middle-income countries is that the medicine can only be administered while the disease is at its early stages; prompt and accurate testing is therefore essential for a successful outcome with this therapy. Data collected by FIND show that the average daily testing rate in low-income countries is as low as one-eightieth the rate in high-income countries. Improving access to early testing and diagnosis in primary health care settings will be key for the global rollout of this treatment."

ACT-A and WHO Treatment Allocations

- The ACT-A Treatment Allocation Working Group is working on expression of interest surveys in countries for allocation of different treatments and in preparation for a potential Paxlovid allocation.
- Some implementing countries have expressed demand for therapeutics in consultation with Country Teams, leveraging allocation opportunities and C19RM funds.
- Principal Recipients of C19RM funding can opt to reprogram funds from their grants to include newly-approved therapeutics such as Paxlovid.

'Test and Treat'

ACT-A Health Systems Response Connector (HSRC) Activities on Implementation Guidance and Country Readiness

- The <u>ACT-A HSRC</u>, co-led by the Global Fund, WHO, UNICEF and the World Bank, is working on issuing a set of guidance and tools that implementing countries will be able to use to assess country readiness and accelerate "test and treat" strategies and service scale-up.
- We will continue to support implementing countries to accelerate the introduction of new products and services innovations as appropriate to country context, until the new guidance is available.



COVID-19 Clinical Therapeutics: Ensuring Early Access

Global Fund Agreements and Reprogramming Opportunities

Global Fund Agreements for COVID-19 Therapeutics

- In November 2021, the Global Fund launched a Request for Proposals to select suppliers and sign agreements to ensure access to WHO recommended COVID-19 therapeutics. These will cover all WHO-recommended therapeutics and suppliers can apply until the end of 2022. Products will only be procured subject to meeting the Global Fund's Quality Assurance (QA) Policy requirement with a focus on WHO Pre-Qualification and/or the Global Fund's Expert Review Panel (ERP) approvals.
- The Global Fund is also assigning funds from <u>C19RM Centrally-Managed</u> <u>Limited Investments (CMLI)</u> to secure early access to novel COVID-19 pharmaceutical products prior to known country-specific demand.
- These funds aim to provide an opportunity to implementing countries for timelier access to innovative and additional health products to support their COVID-19 responses.

Reprogramming Opportunities under C19RM

The end goal is to accelerate service-delivery and scale-up of novel treatments targeted to the most vulnerable and high-risk populations in high-burden settings with still-low vaccination coverage.

- Implementing countries can reprogram grant funds to introduce innovations and include interventions needed in grants to ensure rapid testing and results, for example for newly recommended novel therapeutics or scale-up of "test and treat", as per section 2.4. of the C19RM Guidelines.
- Human resource surge capacity, including decentralization of integrated testing models may also be included as part of the reprogramming.
- Implementing countries are also encouraged to seek US technical assistance "set-aside" from USAID, US CDC or PEPFAR country offices to seek support in identifying and addressing bottlenecks, addressing critical readiness gaps and supporting the development of best-practice care models.



Oxygen Update Increasing engagement for central PSA oxygen plant solutions complementing consumable solutions.

Oxygen Equipment and Consumables

- No supply issues anticipated; steady supply of all products.
- Increased need to identify remaining PR demand gaps in order to plan and assure supply.
- Improved procurement service solution being finalized, to drive more responsive performance with better quality data driving decision making.

Substantial country demand for O2

Over US\$500M requested for O2 products, including O2 production, storage and distribution, and patient delivery. One of the highest C19RM investment categories. Unprecedented investment in a neglected essential health service.



PSA* Oxygen Plants

Data shows **steady progress**

April 2022

- 13 countries re-channeling from local to central (PPM) procurement (up from 10 countries in March 2022).
- Funding amounting to ~US\$27.5m for ~55 plants (up from ~US\$18.0m and ~36 plants in March 2022) with PSA plant POs placed, anticipated installations completed in Q3 2022.
- A further 3 countries finalizing re-channeling.
- Technical assistance, provided through Project BOXER, supports equipment specification finalization across central procurement engaged countries and further TA to 17 countries.

^{*} Pressure Swing Adsorption plants

^{**} Orders in-transit and orders delivered are not depicted in this visual and account for the difference between orders – (orders in production)

IPC/PPE Update



C19RM launched in April 2020 with strong focus on PPE. C19RM upgraded and heightened emphasis on IPC/PPE investments via Fast-track

- Initially, Global PPE production capacity faced unprecedented challenges with increased global demand especially in both HIC and LMIC. Global supply chains also faced significant challenges from COVID-19 restrictions, high fuel costs, restricted market conditions (container availabilities for large volume commodities, vessel schedules etc.) and the incremental impact from global events.
- Generally, preliminary discussions with PRs indicate that the availability of PPE at country level is good, which is a result of the following factors: (1) support from C19RM in 2020 and 2021, (2) decrease in price, and (3) evolution of needs in the context of epidemic transition towards lower demand compared to what was anticipated

Price

- Further 13% price reductions in Q1 2022 with overall product price reductions of 60% since beginning of peak demand in early 2020
- Price increases forecasted for Q2 2022

C19RM Awards for PPE

- PPE represents around 14.3% of total awarded C19RM 2021 funds.
- A large proportion of approved budgets for procurement through PPM remains to be placed as requisitions by PRs; demand slowing with relaxation of COVID-19 control measures.
- US\$2.7 billion has been awarded since 2020 for the procurement of COVID-19 health products including through C19RM 2021, PPE: US\$491 million.

Procurement

- Significant variability across countries. Changes in COVID-19 waves, with increasing vaccination rates, as well as decreased PHSM and restrictions, has slowed needs and demand for PPE.
- M&O data suggest slow rate of PPE order initiation via PPM and other procurement channels with 41% approved funds reported as converted into orders*.
- High product availability despite manufacturing capacity reductions due to decreasing global demand through 2021 (including in high-income countries).

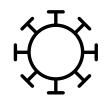
 $^{^{\}ast}$ price reductions of 60% 2022 vs. 2020 impact on this, meaning more can be procured with the same funds

C19RM Reprogramming Update

C19RM Reprogramming Opportunities

Context

Evolving pandemic with transition in some countries; new science, tools and technologies; need to enhance response and resilience across spectrum of potential epidemic scenarios; accelerate service delivery to reach most vulnerable and high-risk populations in high-burden settings; address remaining programmatic gaps within existing C19RM with scope for scale-up.



Invest in novel and existing approaches and interventions for fighting COVID-19: e.g., Test and Treat (new Therapeutics); accelerate service delivery







Protect mitigation efforts for HTM programs, including the additional PSM costs of getting products to people; bidirectional testing, leveraging opportunities to integrate COVID-19 response in disease platforms



Further enhance systems capabilities and resilience to boost immediate response and for pandemic preparedness – e.g.; labs, surveillance and testing capabilities when there is no immediate threat; HRH surge

Process Improvements to Streamline Reprogramming What will be simplified? What are the change/ improvement areas?

Updates to Resources to Support Reprogramming -

- **The C19RM Operational Guidelines** provide a structural overview of the C19RM reprogramming process
- **The C19RM Technical Information Note –** outlines interventions that countries could reprogram toward, reflecting a **menu** which describes specific reprogramming priorities identified as particularly compelling, given the current scientific evidence, public health objectives, epidemiological context, and potential for results and impact

Process Improvements Include:

Speed and Agility – Flexibility Thresholds

Increase thresholds for revisions that require CT approval following risk analysis; to allow flexibility and course correction:



Simplification -**Materiality**

Revised baseline parameters currently reprogramming limited to diagnostics vs. nondiagnostics revisions; defining materiality for process simplification



Delegate to Improve Efficiency and Reduce Transaction Costs; balanced against Risk

C19RM IC may delegate approval authority for specific interventions to Department Heads / **Regional Managers** with support expected from TAP, Supply Operations and Finance

KEY BENEFITS

- **Increased flexibility** to Principal Recipients.
- Efficiency gains, transaction costs mitigated for country teams given streamlined approval process (e.g., reinvestment within existing interventions & unfunded demand; IC delegation of authority for specific pre-approved new interventions etc.)
- Existing Risk Assurance, Monitoring and Oversight remaining in place; Reprogramming supported by key functions.

Secretariat Update on C19RM 2021 OIG Audit

C19RM 2021 - OIG Audit of C19RM 2021

Key Achievements and Challenges – Extract from Executive Summary (pp.3-4)

Key Achievements and Good Practices

C19RM 2021 maintained a rapid pace in approving requests

- C19RM 2020 had the highest and fastest rate of converting funding into approved grants compared to peer mechanisms in 2020.
- C19RM 2021 managed to process and approve funding at an even quicker rate in terms of absolute US\$ investments approved.

Improved inclusiveness through:

- increasing Country Coordinating Mechanism's budgets in 2021 to support improved engagement of Civil Society Organizations and Key and Vulnerable Populations.
- improvements to application materials and guidelines, including mandatory lists of communities' priorities in funding requests and
- increasing funding from Centrally Managed Limited Investment funds.

Well-designed Monitoring & Oversight (M&O) framework

 a clear positive evolution in terms of the monitoring and oversight of C19RM 2021 when comparing with C19RM 2020.

Key Issues

- Fast implementation has exposed challenges with external review processes with variable quality of GAC-CTAG reviews.
- Reporting rate and data quality issues in procurement reporting, due to reliance on manual tools & processes, such as Excel templates and labor-intensive manual processes to collate and analyze data.
- Sub-optimal utilization of C19RM 2020 funding, due to incountry Procurement & Supply Chain Management issues, three common problem areas: global production & supply challenges; poor in-country procurement capacity and processes; and regulatory and administrative bottlenecks.
- Lessons learned since 2020 can inform and strengthen C19RM and wider global processes beyond 2021. The main emphasis in 2021 was on approving funding requests. With the mechanism now transitioning to focus more on implementation, and with the benefit of hindsight, lessons learned can be applied to strengthen and improve the Global Fund going forward.

C19RM 2021 - OIG Audit of C19RM 2021

Agreed Management Actions and Next Steps

Agreed Management Actions		Secretariat Update
Agreed Management Action 1: Optimize and mature the role played by GAC/CTAG Deadline: 31 December 2022	Acknowledging the primary role played by in-country partners, the current implementation stage and the feedback from the OIG review, the Secretariat will review the external review process in order to further optimize and mature the role played by GAC/CTAG; consideration should be given to: (1) Refining the criteria or parameters for further differentiating between reviews, for example in terms of investment value, complexity and risk; (2) Reviewing the recommended time provided for the differentiated types of review, in conjunction with feedback from CTAG/GAC members.	Initial GAC/CTAG engagement planned for June
Agreed Management Action 2: Strengthen elements of the Monitoring & Oversight Framework Deadline: 30 June 2023	 In line with lessons learned from the implementation of the C19RM Monitoring and Oversight (M&O) framework and the Audit findings, the Secretariat will continue strengthening elements of the M&O framework through: (1) Defining a process to ensure minimum level of LFA assurances are included in LFA workplans and overseeing that the activities are conducted; (2) Tracking of health product budgets and progress of procurement to be strengthened by enhancing the process to collect and consolidate non-PPM procurement reporting; (3) Developing a process for tracking and monitoring of prioritized C19RM legal requirements and management actions for C19RM investments to be defined with clear escalation mechanisms for those conditions which become over-due. 	 Tools and Secretariat process revised and implementation in progress First update shared with C19RM Investment Committee on 14th April Secretariat working across departments to improve existing tracking and monitoring system to strengthen automation, include management actions and remain dynamic.
Agreed Management Action 3: Develop and operationalize a portfolio optimization framework Deadline: 31 December 2022	The Global Fund Secretariat will develop and operationalize a portfolio optimization framework for C19RM investments in line with the evolving nature of the COVID-19 pandemic; this will consider factors including absorption to date and the evolution of external funding landscape.	 C19RM Guidelines updated - Reprogramming. Technical guidance note on strategic investment opportunities updates underway. Communication to countries and Secretariat change management planned for May. Discussion initiated on C19RM PO framework





COVID-19 RESPONSE MECHANISM

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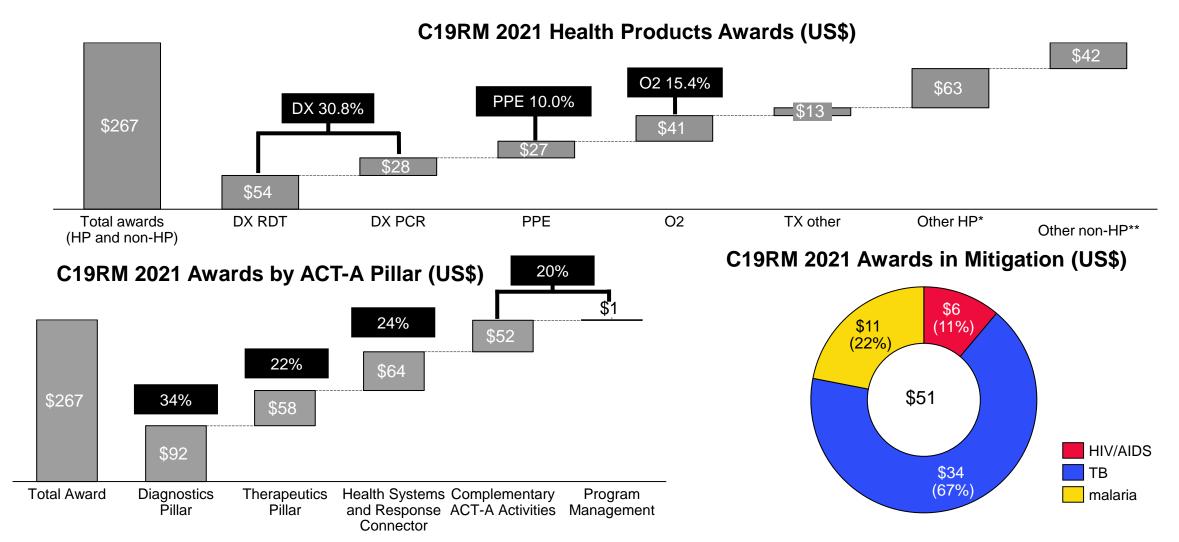
COUNTRY PROFILE

High-Impact Africa 1 Nigeria

COUNTRY CASE-STUDY: Nigeria (as of 30 April 2022)

Nigeria - C19RM Awards Overview

Nigeria has been awarded a Fast-track (US\$50m) and a Full Funding Request (US\$173m) in 2021 and more recently an Additional Fast-track (US\$45m) for O2 and TB Cartridges for bi-directional testing.



^{*}Other Health Products include: non-PPE disinfectants, waste management and genomic sequencing.

^{**}Other non-Health Product investments include: most activities within 'mitigation' and 'urgent' as well as non-health product awards within 'reinforce'.

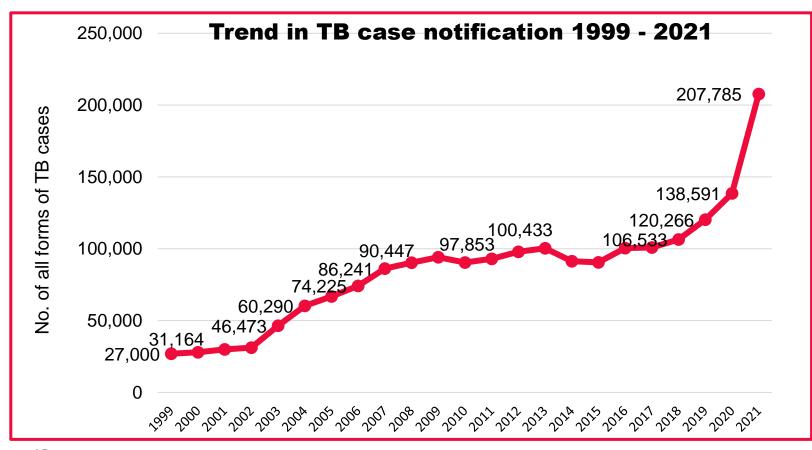
COUNTRY CASE-STUDY: Nigeria

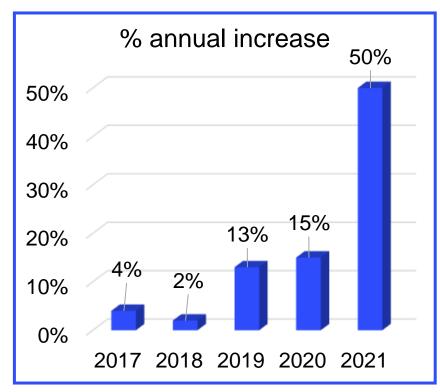
Nigeria TB Case Notification

Performance has steadily increased with a 13% increase from 2018 to 2019, 15% increase from 2019 to 2020 and 50% increase

from 2020 to 2021

General Context (as of Dec. 2021)		
Estimated TB incidence	219 (95% Confidence Interval 143-311) per 100,000	
Estimated annual TB burden	440,000 (DR TB 21,000)	
DR TB Prevalence	4.3% among new patients; 15% previously treated	





Significant increase in TB case

notification as a result of

(a) Implementation of evidence-base

- (a) Implementation of evidence-based and targeted strategies that were set in motion in the 2017-2019 cycle
- (b) Speedy roll out of programmatic adaptations during the pandemic

How did the country increase TB Case notification during the COVID-19 pandemic?

In addition to implementation of evidence-based strategies that were set in motion in 2018-2020, Nigeria was quick to adapt the program delivery and deploy measures to mitigate the impact of COVID-19 on the TB services.

Key Interventions Impacting Notifications Surge

- 1. Expansion of TB service delivery
- 2. Strong program leadership
- 3. Private sector notifications
- 4. GeneXpert Optimization
- 5. Community-based interventions



TB/COVID-19 Integration

- 1. Integrated outreach services
- 2. Upscale of community services
- 3. Social mobilization for TB & COVID-19
- 4. TA to target states & Partner support
- 5. NTBLCP & NCDC joint work
- 6. Bi-directional screening and diagnosis (12 states)



COVID-19 RESPONSE MECHANISM

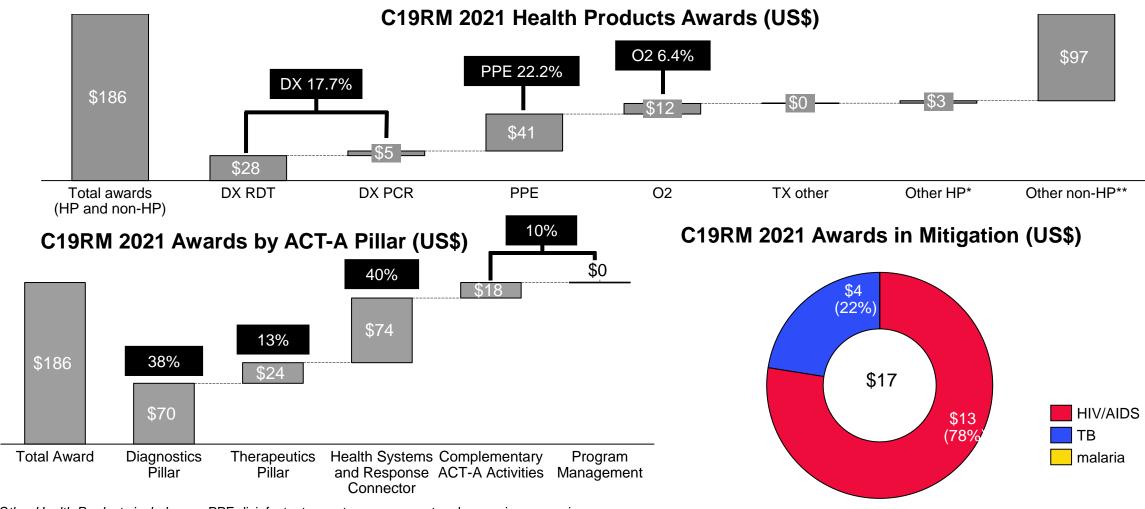
UNITE[®]FIGHT

COUNTRY PROFILE

High-Impact Africa 2 South Africa

South Africa - C19RM Awards Overview

South Africa has been awarded a Full Funding Request (US\$161m) in 2021 and more recently an Additional Fast-track (US\$25m) for additional Dx tests and O2 support.



^{*}Other Health Products include: non-PPE disinfectants, waste management and genomic sequencing.

^{**}Other non-Health Product investments include: most activities within 'mitigation' and 'urgent' as well as non-health product awards within 'reinforce'.

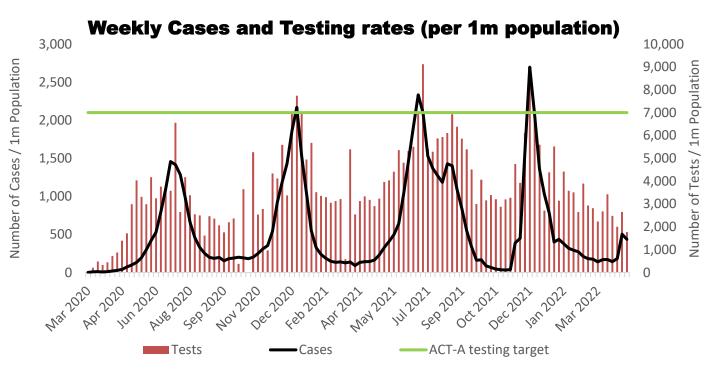
Reinforcing the National COVID-19 Response in South Africa

Highlights

- One of the most severely impacted countries within Africa, C19RM support has been critical and impactful to mitigate risk of program disruptions. Agility and flexibility of the mechanism supported the needed adaptations.
- Reinforcing rollout of South Africa's 2021 COVID-19 National Response Plan - bolstering containment and prevention interventions, including screening, testing and contact tracing, routine surveillance systems including environmental surveillance.
- Expanding innovative differentiated service delivery (DSD)
 models and community-based services, to ensure service delivery
 for key and vulnerable populations, and integrating TB/HIV and
 COVID-19 response.
- Supporting human rights and gender-based violence prevention/response through scale-up of communityled monitoring to track human rights violations, legal rights capacity building, community systems strengthening and advocacy, and social mobilization.
- Scale up **community testing and robust surveillance** systems for early detection of variants of concern.
- Critical investments in strengthening community health workforce and surge capacity in human resources for the COVID-19 response, service delivery and adaptation of HIV, TB, and malaria programs.
- **High absorption of grant funds**: 87% had been spent by June 2021.

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Testing Rates



Source: FIND

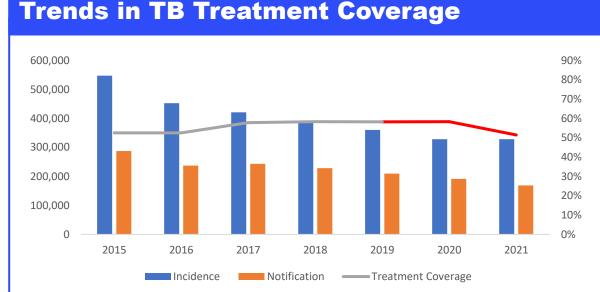
Current self-reported testing rates

- Average weekly # of cases per million (over last 10 weeks): 225 (FIND)
- Average weekly # of tests per million (over last 10 weeks): 2,762 (FIND)

Reinforcing the National COVID-19 Response in South Africa

Successes

- **Program adaptations:** rollout of digital platforms and solutions to support program adaptations. Virtual platforms became a model to reach the communities we serve during lockdown periods.
- Oxygen (O2): Investment in oxygen-related supplies and infrastructure, including installation and operationalization of 60 oxygen plants, to address urgent constraints to O2 supply and strengthen health system capacity.
- Personal Protective Equipment (PPE): Protecting thousands of frontline and essential health workers through provision of lifesaving PPE and infection prevention and control. PPE budget July 2021-March 2022: US\$45 million*, PPE orders US\$16million, deliveries 100%.
- **Diagnostics (Dx):** Supply of urgent PCR and RDTS diagnostics and consumables to expand testing.



Source: GF Programmatic Data

- The graph shows trends in TB Treatment Coverage by comparing TB cases notification to incidence.
- Disruption due to COVID-19 in TB
- Treatment Coverage (compared to 2019 data):

• 2020: - < -1%

• 2021: - 7%

Challenges

- •Due to strict lockdowns, significant decrease in the number of patients visiting facilities, being tested, and being initiated on treatment.
- •Slow start to the procurement and operationalization of oxygen plants, addressed via TA to assist with development of procurement plan and tender specifications.
- •Other challenges faced include the stringent national regulatory requirements for QA, which has further impacted pace of procurement of the PPE products.



COVID-19 RESPONSE MECHANISM

UNITE[®] FIGHT

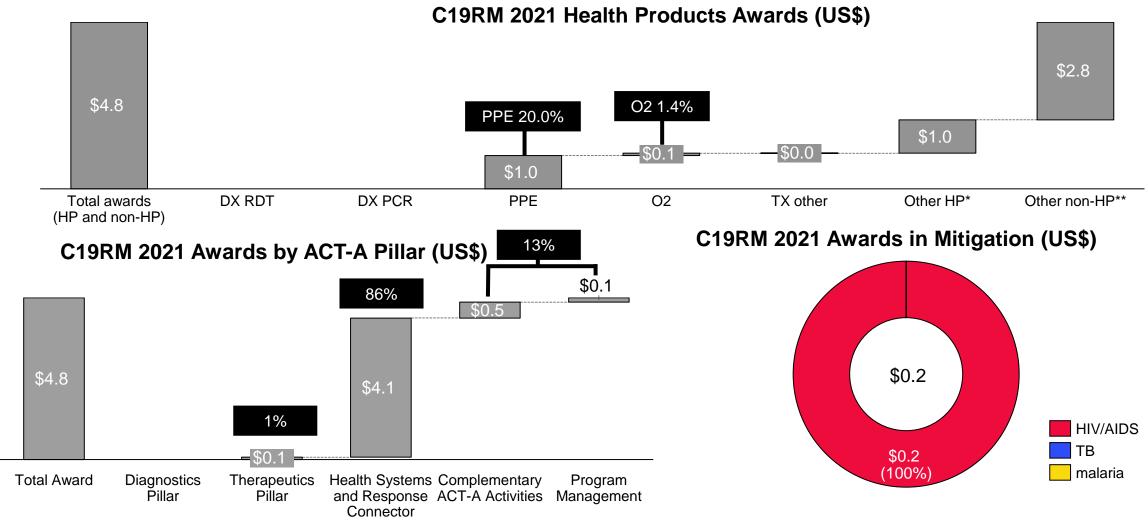
COUNTRY PROFILE

LAC region El Salvador

COUNTRY CASE-STUDY: El Salvador (as of 30 April 2022)

El Salvador - C19RM Awards Overview

El Salvador has been awarded a Full Funding Request (US\$4.8m) in 2021, mainly focusing on PPE (US\$1.0m), Disinfectants (US\$1.0m) and Surveillance Systems (US\$1.8m).



^{*}Other Health Products include: non-PPE disinfectants, waste management and genomic sequencing.

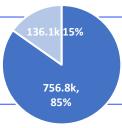
^{**}Other non-Health Product investments include: most activities within 'mitigation' and 'urgent' as well as non-health product awards within 'reinforce'.

COUNTRY CASE-STUDY: El Salvador

El Salvador

COVID-19 Investments – US\$

C19RM 2020 Investment: US\$892,559



C19RM 2021 Investment: US\$4,807,242



Key

2020-2022 HIV, TB allocation: \$19,256,872

Mitigating COVID-19 impact on HIV, TB, Malaria programs

Reinforcing national COVID-19 response

Challenges

Long lead times for delivery of diagnostics due to the health emergency and shortage of supplies due to closure of borders.

Lessons Learned

- Combination of passive testing and active case finding in communities through mobile units and involvement of community actors of different sectors
- Emergency from Covid 19 used to boost digitalization process of the health monitoring system.
- Integration of COVID19 Surveillance into existing platform (no duplication)

Good Practices

· The modernization of the health system and the technological improvements have been key in coping with the pandemic and they are expected to continue to be a fundamental strategy not only for the timely detection of COVID-19, but also for provision of health care for TB, HIV and Malaria (e.g., Remote DOTS through Zoom, Bidirectional screening for COVID and TB etc.).

- 40.90% reduction in HIV testing for MSM, 41.28% for TG, 41.69% for FSW, 21.46% for PPL in 2020 vs. 2019
- For the same period, 49.06% reduction in viral load testing
- Covid impact on TB (comparing 2019 versus 2020):32% reduction in TB cases notification

- Increased resources to recuperate lost to follow-up through mobile units and better coordination with CSOs
- Remote DOTS through Zoom
- Provision of food support with domestic resources and other external funding
- Specific gaps due to the pandemic have been also addressed in the interventions approved for the new HIV/TB grant started in January 2022
- Provision of psychological support to key populations and Covid 19 patients
- Build upon the results achieved with other programs the home delivery of HIV related drugs represents the expansion and continuation of an activity previously funded by PEPFAR and was also part of the UQD of the new HIV arant
- It is possible to review and tailor existing services to cope with the new circumstances – specific guidelines were published to adapt the provision of the TB services.

- · Impact of COVID-19 on Health System and Economy in general.
- Reduction/Redirection of MOH technical staff and health staff in general + infection of MOH staff.

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- Programmatic gaps and quantification of needs shared with all partners to ensure complementarity of support
- Provision of remote health care services, with focus on priority vulnerable groups
- Broad coordination with all actors intervening in the response
- PPE provision for CWs/outreach activities + key health personnel
- Importance of addressing human rights and gender related barriers to foster key populations access to HIV, TB and Covid 19 services - the intervention targeting violence prevention and support to GBV survivors was also related to an issue raised by the TRP in the review of the HIV funding request and part of the UQD 53

COUNTRY CASE-STUDY: El Salvador

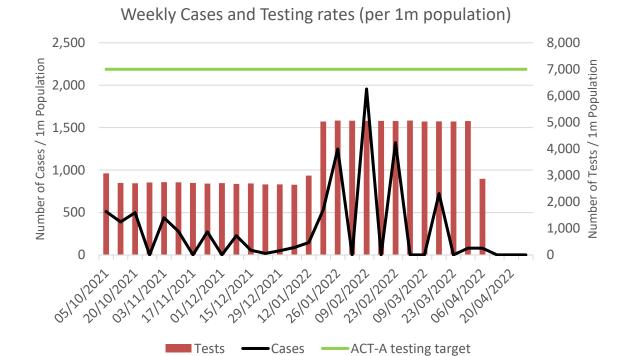
El Salvador

COVID-19 Impact and Testing Rates

COVID-19 impact on HIV and TB Services

- El Salvador had significant restrictive lockdowns, including a long period of boarder closures during 2020 which had a significant impact on HIV/AIDS and TB delivery.
- Significant Impact of COVID-19 on Health System and Economy in general.
- Reduction/Redirection of MOH technical staff and health staff in general + infection of MOH staff.
- The country saw, in 2020, a 40.90% reduction in HIV testing for MSM, 41.28% for TG, 41.69% for FSW, 21.46% for PPL in 2020 vs. 2019.
- For the same period, 49.06% reduction in viral load testing and for TB (comparing 2019 versus 2020): 32% reduction in TB cases notification

Testing Rates



Current self-reported testing rates

- Average weekly # of cases per million (over last 10 weeks): 219 (OWID)
- Average weekly # of tests per million (over last 10 weeks): 3,655 (OWID)

Diagnostics were not part of the C19RM 2021 award, meaning they are being financed through other means.

Source: Our World in Data

El Salvador

El Salvador has shown impressive recovery through innovative adaptative solutions:

Enhanced services for key populations and PLHIV:

- home delivery and multi-month dispensing
- increased resources for psychological support
- nutritional support for PLHIV (w/national resources)
- increased outreach support to key population organizations
- outreach through social media and global fund supported app "Match con tu Salud".

Adaptation of TB activities:

- remote DOTS
- bi-direction screening of TB and COVID
- increased resources to track lost to follow-up
- nutritional and other social support for TB patients

As well as:

- investments in surveillance systems supporting both COVID-19 and HIV and TB services.
- swift and effective deployment of PPE for health professionals and other stakeholders in the response.

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Getting back on track (Performance Framework targets)

