Annex 6: Refocusing C19RM Investments to Maximize Impact

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Introduction

The COVID-19 pandemic is evolving and implementing countries are strongly encouraged to rethink how C19RM funds need to be adapted to countries’ needs in a very dynamic pandemic context. Whereas the COVID-19 pandemic is not yet over and investments in this area are still needed, C19RM funds provide an opportunity to invest in building health systems’ capabilities across a spectrum of potential epidemic scenarios, strengthen resilience and prepare for the next pandemic.

This annex contains programmatic and process information to optimize C19RM investments and outlines strategic priorities for implementing countries to consider when making reinvestment decisions. The annex will be progressively updated to include new areas like “test and treat” strategies or novel therapeutics, that PRs will also be able to consider when revisiting their programs.

Section 2.4 of the C19RM Guidelines (English | French | Spanish) sets out the process for reinvesting C19RM savings or funds projected to remain unutilized as needs change. **C19RM funds must remain invested in C19RM eligible interventions.** For reinvestments of HIV, TB and/or malaria funding from regular grants, the Global Fund Operational Policy Note on Grant Revisions and the Global Fund Guidelines for Grant Budgeting continue to apply. Details on C19RM eligible investments can be found in section 1.6 of the C19RM Guidelines (English | French | Spanish).
Guiding Principles

Some guiding principles for decision making to refocus C19RM investments for impact:

- An important opportunity for countries to bring forward RSSH and Pandemic Preparedness plans for execution under C19RM, especially to expand the scope and scale of initiatives already underway, including further strengthening community systems and Community Health Workers, supply chain, laboratories, surveillance, data systems and inter-operability, waste management and other areas within the C19RM scope. C19RM can cover a first execution phase of health system plans, with later phases potentially part of country funding requests for future Global Fund investment cycles.

- While implementation of C19RM and core grants remains a priority, implementing countries are encouraged to take time to review, analyze and identify reinvestment priorities based on specific country context.

- Any refocusing or prioritization of C19RM interventions for reinvestment should be done based on Principal Recipients’ regular engagement with Country Coordinating Mechanisms and national COVID-19 response and pandemic preparedness authorities.

- Investment decisions need to be evidence-based and consider COVID-19 response gaps. They should also consider any C19RM Unfunded Demand, available funding from other sources, capacity needs and risks associated with the new programmatic areas of work.

- Countries should have a high level of implementation readiness in new areas of work, including linking to resilience and sustainability, and preparedness for future pandemics. Focused reinvestments would ensure activities are completed by the end of 2023 which is the end date for utilization of C19RM funds.
Key Priority Areas

Three key areas have been identified as high value reinvestment opportunities. Countries are strongly encouraged to revisit readiness opportunities within existing C19RM scope to scale up programs and fill any existing gaps:

1. **COVID-19 Control and Containment Interventions**: Diagnostics, Therapeutics (including Oxygen), IPC/PPE
   Investor in both new COVID-19 responses, including novel therapeutics and self-testing, as well as existing interventions such as decentralized COVID-19 testing (next section), and IPC packages within the broad scope of C19RM.

2. **COVID-19-related Risk Mitigation Measures for Programs to Fight HIV, TB and Malaria**
   Including additional freight, warehousing, and distribution costs of getting health products to people.

3. **Expanded Reinforcement of Key Aspects of Health Systems**
   Reinforcement of health systems and infrastructure (including data systems, laboratory strengthening and integration, supply chain and waste management) to boost the COVID-19 response, HIV, TB and malaria interventions and preparedness across a spectrum of epidemic scenarios.
The following sections are under progressive development, the Global Fund will inform PRs when new information is published – 19 May 2022

1. COVID-19 Control and Containment Interventions

1.1 Invest in New Approaches and Interventions Test & Treat, Self-Testing

Amid the evolving scientific understanding of the virus and the pioneering of new treatments, there are a range of new options for fighting COVID-19 that can be promising reinvesting opportunities.

- **Scale-up novel treatments, scale-up ‘Test & Treat’.** Establish a pathway for early diagnosis and treatment of COVID-19.

- **Accelerate service-delivery innovation and scale-up of novel therapeutics** in line with country readiness (policy, regulatory, operational guidance and others) and supporting most at risk populations.

- **Accelerate new product introduction and phase implementation in select countries,** through developing clinical care pathways for the most vulnerable populations, including novel oral antivirals and with appropriate pharmacovigilance.

- **The Global Fund will provide regular updates on novel therapeutics covering:** WHO guidance, Global Fund’s positioning on procurement and market shaping, and expected operational challenges.

(a) Self-testing

Expand the use of self-testing kits to identify COVID-19

- **C19RM can serve as the primary funder and procurer of self-tests** for countries that are ready or advancing to readiness.

- **Support development of national technical and implementation protocols** for appropriate use of self-tests.

- The Global Fund currently working with FIND, WHO and other partners on developing implementation guidance, including operational updates for PRs to drive uptake of self-tests.

(b) C19RM Investment Priorities for Diagnostic Network Strengthening

As COVID-19 case numbers are declining across the globe, most countries are scaling down their emergency responses to the pandemic. Countries are reassessing the changing epidemiological risks of SARS-CoV2 infection, relaxing their public health social measures (PHSM), and considering longer term strategies to integrate COVID-19 into case management and surveillance strategies for respiratory pathogens. During
this important phase of emergency recovery to control and sustainability, countries are encouraged to maximize the value of C19RM investments, through re-orienting interventions to strengthen key components of integrated national laboratory systems, diagnostic networks, and integrated surveillance system. Recommended approaches for reinvesting C19RM funds / savings across integration of services and surveillance are set out below:

- **Include COVID-19 testing within the package of essential diagnostics and promote access via self-testing and linkages to care and treatment.** Interventions should focus on increasing both private sector availability of COVID-19 self-tests (via pharmacies), and public sector distribution to high-risk populations (for example, via programs targeting people living with HIV, hypertension, diabetes or TB outreach programs). Individuals with respiratory symptoms coming to the health facilities for care provide a good entry point for distribution of self-test kits for their family members and contacts. Continued interventions to ensure widespread access to professional-use tests at health facilities and surge capacity remain important. Consolidating and institutionalizing strategies for the quality assurance of Ag RDTs delivered in non–laboratory testing sites are important to address within the overall framework of quality management systems and can be applied to additional non-COVID-19 RDTs used at community level. In addition, countries should consider strengthening the lab-clinic interface to enable appropriate differential diagnosis, clinical care and initiation of treatment, as required. Test and treat interventions benefit high risk populations, which include individuals with at least one risk factor for progression to severe disease (e.g., the elderly, people with immune-deficiencies, cardiovascular disease, hypertension, diabetes, or other chronic ailments).

- **Promote integration of COVID-19 testing into routine care cascade for HIV, TB and malaria and febrile and respiratory illnesses.** Countries should consider revising/updating testing algorithms for integrated community case management (iCCM), acute respiratory infection management, and adoption of novel Point of Care (POC) and multi-disease testing platforms. Decentralization of diagnostics service delivery is increasingly feasible at community level but requires careful coordination and potential health financing reforms across disease programs.

- **Strengthen integration of laboratory systems leveraging COVID-19 system improvements.** Investments in system integration may include cross-program coordination in human resource management, integrated quality management systems (e.g., proficiency testing panels, site supervision and mentoring), and robust integrated Sample Referral and Result Return Systems. Investments in geospatial mapping of diagnostic networks and developing capacity for systematic cost-efficiency and route optimization exercises are encouraged, to inform plans for infrastructure and equipment procurement, and maximize efficient utilization of available infrastructure.
Establish or strengthen community level diagnostics data systems and interoperability with national HMIS. Digital innovations to improve data reporting at community level will enhance surveillance capacity to rapidly detect resurgence of incident cases and as an early warning to inform response measures. Furthermore, investing in planning and preparatory work to establish national central data repositories and integrated laboratory information management systems capable of HMIS inter-operability will have a sustained impact beyond the pandemic and support other disease programs.

- **Integration of SARS-CoV2 detection into routine syndromic surveillance for acute respiratory infections (e.g., Influenza-like Illness (ILI) or Severe Acute Respiratory Infections (SARI)) or acute febrile illnesses.** Adapting and expanding existing sentinel syndromic surveillance systems are an essential component of pandemic preparedness and are critical to maintain the ability to monitor prevalence of symptomatic COVID-19 cases and detection of potential emergence of COVID-19 variants of concern (VoC). This requires investing in the development of systems to link routine specimen collection at peripheral sites to national genomic surveillance and next generation sequencing.

- **Establish platforms for sero-epidemiological monitoring of population immunity to SARS CoV2.** Making data-driven decisions on how much resources to allocate towards supporting COVID-19 vaccine delivery services and other continued response efforts requires better tools to understand transmission. Representative cross-sectional serosurveys can provide aggregate ‘snapshots’ of infection history and immunity, however countries are strongly encouraged to design integrated platforms for sero-surveillance with a longer-term vision beyond COVID-19, to generate capacity for ‘precision public health’ to monitor additional major diseases and provide insights into how disease occurrence is interrelated with other health risk factors. Countries are encouraged to invest in establishing and maintaining blood banks and/or programs that use residual bloods from health care facilities for routine, systematic, age-stratified determinations of COVID-19 immunity, that can also support broader immunization program goals. In effect ensure availability of centralized serological testing capacity to help streamline cost-effective laboratory processing and promote multi-analyte testing.

- **Establish Environmental Surveillance (ES) for detection of SARS-CoV2 from wastewater samples.** Programs to pilot or expand existing environmental surveillance programs are strongly encouraged, to complement classical case-based surveillance systems. ES provides highly efficient methods for early warning of novel disease outbreaks and enables monitoring trends in population level transmission that is independent of shifts in health seeking behavior and access to clinical testing services. Furthermore, ES applications may be easily adapted to address additional applications (e.g., endemic and emerging pathogens, antimicrobial resistance determinants) and provides a clear path forward for building laboratory capacities related to pandemic preparedness.
Countries should consider establishing surveillance testing at the human and animal interface, since animals are demonstrated to be major coronavirus reservoirs.

- **Enhance capacity for genomic sequencing**, in conjunction with sustained support to routine case-based surveillance, environmental surveillance, and surveillance at the animal-human interface.

- **Integrate molecular testing platforms into routine use for other priority pathogens** by leveraging diagnostic/sequencing/laboratory capacity developed throughout the pandemic for strengthening broader epidemic/pandemic preparedness.

- **Strengthen infrastructure and capacities for Healthcare Waste Management (HCWM)**. The COVID-19 pandemic has generated a massive increase in volumes of plastic and laboratory waste, due to the unprecedented increase in testing, single-use face masks and shields discarded every day. Countries are encouraged to develop policies and incentives across diseases (for example, extended producer responsibility, polluter pays principle, and formalized waste collection value chain) that support the following: (1) to develop systems for safe disposal of reagent and chemical waste e.g. high temperature incinerators for GeneXpert cartridges; and (2) avoid and reduce waste from disposable PPE made from plastics, and to promote countries to manufacture products for reuse (circular economies) by recycling and safe disposal of PPE and other healthcare waste streams.

- **Support strengthening of governance structures and national laboratory directorates**. Countries should consider dedicating resources to the following: (1) to develop/revise national lab policies and lab preparedness and response plans in light of COVID-19 lessons learnt; (2) to improve the governance and management of more integrated lab networks, empowering lab directorates; (3) to conduct lab systems after-action reviews; (4) to develop cross-border testing strategies (e.g. testing for travel and Point of Entry); and (5) to improve new diagnostics selection, validation, procurement and delivery mechanisms through fast-track procedures and strengthened regulatory authorities.
(c) Take opportunities within existing C19RM scope for scale-up and filling gaps in Diagnostics, Therapeutics and IPC

Leverage reinvesting for scale-up, to address gaps and bottlenecks based on the evolving national COVID-19 response priorities and lessons learnt from implementation.

Community and decentralized testing

- **Scale-up and decentralize integrated testing** through investing in human resources surge capacity, enhancing data systems at community level, integrated sample transfer systems and digital connectivity.

- **Community-level and led outreach mobilization campaigns**, designed to scale-up testing rates for COVID-19 in conjunction with active case finding and outreach mobilization for HIV, TB and malaria and other endemic notifiable diseases.

- Consider underlying system strengthening needs (for example **data systems or human resources**) to effectively scale up such approaches and invest accordingly.

- Important to ensure **COVID-19 testing capability** (even if positivity and mortality are falling at the moment) to enable effective use of new COVID-19 therapeutics including Test and Treat, scaling-up community testing, and scaling up routine COVID-19 surveillance integrated into national surveillance and diagnostic strategies.

Disease Surveillance

- **Facilitate country-appropriate shifts from epidemic to endemic syndromic surveillance systems**, digital health information systems and standards-based tools enabling data interoperability and case / indicator-based surveillance for new and re-emerging diseases.

- Expand early warning and response capacity via **field epidemiology (and laboratory) training programs**.

- **Population-based sero-surveillance** to guide national responses, high through-put sero-surveillance platforms, biobanking.

- **Next-generation sequencing** from clinical and environmental samples.

- **Waste water based surveillance**.

Medical oxygen support

- Targeting gaps in oxygen supply, distribution and delivery-related health products identified by in-country assessments and operational plans.
• Including liquid O2 (considering ACT-A O2 TF market shaping initiatives) and other bulk O2 production equipment.

1.2 Infection Prevention and Control and Protection of the Health Workforce

Supply of Personal Protective Equipment (PPE) for healthcare workers was a well-known worldwide challenge in the early stages of the COVID-19 pandemic. It resulted in unnecessary risk to healthcare workers, patients and visitors and disrupted essential health services. The Global Fund played a leading role in supporting implementing countries by facilitating access to PPE and other IPC commodities in the context of global shortages, lockdowns, and high prices.

IPC is a specialized program that is much more than PPE itself. It includes protocols, training, environmental controls (infrastructure), and ways to monitor the correct use and disposal of PPE and other healthcare supplies. Investing in the system results in greater value for money and more sustainable impact than the single provision of PPE, especially at a time when the acute shortage of PPE is no longer as challenging as it was at the start of the pandemic.

Refocusing C19RM investments brings the opportunity for implementing countries to strengthen systems to be able to better respond to the current pandemic and prepare for future ones. For example, countries can consider to further develop IPC infrastructure at the national and healthcare facility levels and improve the safety of routine healthcare.

There is a range of possible interventions that implementing countries can consider, depending on countries’ IPC programs maturity, their COVID-19 epidemiological situation, and other contextual elements, as described below. The Global Fund can provide further technical advice on these technical areas and Principal Recipients can contact their Global Fund Country Teams should they have any questions.

1. Ensure adequate supplies of necessary health products (PPE, disinfectants, and others) for a new surge of COVID-19 or other airborne pathogens

   • Identify the amount of PPE and other health products used in the worst wave of COVID-19 for the country (Delta or Omicron) and ensure that a corresponding amount of PPE and other health products are available in central warehouses ready to be distributed.
   • Identify and close gaps in external (outside of the country) or internal supply chains so that a ready supply of PPE is available and can be distributed to healthcare facilities and community health workers.

2. Strengthen national and sub-national IPC programs according to the WHO minimum requirements for IPC as referenced on this C19RM Technical Information Note.
• Consult with Principal Recipients to identify IPC experts in the country that can assess current status of IPC national programs and identify gaps.
• Use WHO IPCAT-2 tool to assess national IPC programs and identify gaps that can be strategically filled in one year.
• Encourage PRs and MOHs to use the WHO Interim practical manual: supporting national implementation of the WHO guidelines on core components of infection prevention and control programmes.

3. Strengthen IPC at key healthcare facilities

• Consult with Principal Recipients to identify IPC experts that can assess the current status of IPC programs at the regional referral hospital level (also review status at district level hospitals or other primary healthcare centers if funds allow).
• Use the WHO IPCAF tool, the WHO Infection prevention and control health-care facility response for COVID-19 tool, the CDC Facility Infection Prevention and Control (IPC) Assessment for Coronavirus Disease (COVID-19) tool or other tools developed by the Ministries of Health that are appropriate for the country’s context to identify gaps in IPC that can be addressed within one year.
2. COVID-19-related Risk Mitigation Measures for Programs to Fight HIV, TB and Malaria

C19RM does not cover core HIV, TB and malaria commodities, including through reprogramming (only TB molecular tests are eligible).

HIV mitigation

- Critical HIV program adaptations, including covering additional service and management costs related to pandemic disruptions and protection of high-risk groups. For example, covering additional costs to enable community level HIV services (ART re-fill) that reduce congestion at secondary and tertiary facilities.

TB mitigation

- **TB/COVID integrated testing** (including TB cartridges) given the similarity of TB and COVID-19 in symptoms. Integrated testing for COVID-19 and TB can improve the detection of both diseases, help reduce the gap in diagnosis, and optimize the use of testing resources. TB testing should be increased to make up the loss due to COVID-19 and reach targets.

- **Diagnostic equipment** scale-up for multi-pathogen use such as imaging equipment (digital chest X-ray with CAD/AI), O2 and others.

Malaria mitigation

- **Campaign adaptations**: LLIN, SMC, IRS (including freight/PSM) if higher costs due to COVID-19.

Across three diseases

- **Increased freight, distribution and/or warehouse costs** due to impact of COVID-19 on global supply chains; can cover additional procurement and supply chain costs both in-country and to the country.

- **HRH surge capacity** for HIV, TB and malaria adaptations to maintain service delivery in the COVID-19 context.

- **Community mobilization** and increasing capacity of CHWs and CLO/informal community health cadre for COVID-19 response and other HIV, TB and malaria purposes including stigma reduction.

- **Multi disease tools for TB, HIV, malaria or COVID-19**: such as chest x-ray, pulse oximeter and patient monitoring tools

- **PR capacity**: additional enabling capacity, including human resource costs and technical assistance, to plan, manage and oversee the C19RM interventions, especially in new and re-focused areas
3. Expanded Reinforcement of Key Aspects of Health Systems

Leverage reinvesting for scale-up, to address gaps and bottlenecks based on the evolving national COVID-19 response priorities, lessons learnt from implementation and the maturity of health and community systems.

Ensuring alignment with relevant technical frameworks including the International Health Regulations (IHR), the Global Health Security Agenda/Joint External Evaluations, WHO Benchmarks for IHR Capacities, and, where available, National Action Plans for Health Security (NAPHS).

RSSH: Support Systems and Infrastructure to Enable COVID-19 Responses and Pandemic Preparedness

- **Surveillance and Data Systems**: Facilitate country-appropriate shifts from epidemic to endemic syndromic surveillance systems e.g. IDSR, ILI/SARI; digital health information systems and standards-based tools enabling data interoperability and case / indicator-based and clinical surveillance for existing, new and re-emerging diseases. Improve data system (including e-reporting) to address data gaps and improve use of data for decision making.

- **Lab-based surveillance**: continue supporting structural improvements in lab systems, including long-term investments in workforce, and improving laboratory information systems (e.g., e-reporting), optimization and strengthening in the context of PP.

- **HRH**: focus on enabling HR surge capacity, lab technicians/specialist and specialized training in early warning and response capacity via field epidemiology training programs, including for community health workers linked to event- and community-based surveillance capacity.

- **Support to vaccine delivery services**: Cross-cutting support to monitoring & evaluation, community engagement and risk communication info-demic management (vaccine hesitancy, demand creation), and workforce surge capacity (via training).

- **Community engagement and leadership**: Support for community and CS engagement in national PP/COVID coordination and decision-making platforms and processes. Investment in capabilities required to meaningfully contribute and consult with community stakeholders most impacted.

- **Community systems**: Investment in community systems including for relevant research and advocacy; program design, development, management, monitoring and evaluation; community-led monitoring, community mobilization.
• **Gender based violence**: strengthening integration/scale up of GBV related prevention and referral pathways into care, support and treatment within existing programs and activities (eg: peer outreach, CHW, RCCE). Consider whether needs of specific communities are adequately met through existing programs (eg: refugees, IDPs, key populations).

• **Community-led monitoring**: increase scale/scope of community led monitoring related programs and interventions.

• **Supply chains**: improve storage capacity at central and peripheral levels; stocks and deliveries monitoring; in-country distribution to address bottlenecks and reach last mile, especially for IPC/PPE products.

• **Health Product Waste Management**: mitigate the increased waste volumes due to covid-related response (e.g. PPE, diverse health care waste, diagnostics, sharps from vaccination campaigns) through investments in waste management infrastructure & planning; green procurement.