



**UNITE** FIGHT

# C19RM Monthly Update to the Board

Report for July 2022

Publication Date: 18 August 2022

Geneva, Switzerland

## **Executive Summary for July Report**

- Development of C19RM Reporting: C19RM reporting continues to evolve. Monthly reports provide updates on awards, progress in absorption/funds utilization and procurement pipeline. This edition provides detailed updates on relevant thematic areas and latest available data, particularly from spot-checks, including delivery status of C19RM. For previous Board reports, please visit this page.
- Update on COVID-19 Epidemiological Situation: High Impact Asia portfolios have the highest number of confirmed cases. Southeast Asia confirms the trend with an increase in new registered cases. Whereas disruptions have considerably hindered progress in programs for the three diseases, program adaptations keep showing signs of recovery and resilience.
- C19RM 2021 Awards: As of 29 July 2022, C19RM has awarded or recommended for Board approval US\$3,458 million to 124 countries, which represents 26.9% of the 2020-2022 allocation, with the following breakdown: 76% to reinforce national COVID-19 responses, 13% for urgent improvements to health and community systems, and 12% for HIV, TB and malaria mitigation.
- Finance Update: C19RM 2020 funds utilization is at 62% (US\$559 million) for High Impact and Core portfolios, and on target to reach 63%-70% with expenditures currently under validation in grant closures and expenditure reports. 98% of C19RM 2021 awards are integrated into grants, 65% of the cumulative budget has been committed, and disbursements are at 51% of cumulative budget until 30 September 2022. In-country absorption (March-22 Pulse Check data) remains low at 26% due to lower-than-expected demand. An action plan for reinvesting C19RM funds and portfolio optimization (US\$800 million) is being implemented to boost C19RM funds impact and absorption.
- Health Products Update: Health Products represent 67% of C19RM 2021 awards. Orders for US\$799 million (US\$781 million as of June) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$579 million delivered (US\$545 million as of June). Conversion of Non-PPM budget to purchase orders is at 23% of the QTD (quarter to date) budget or 20% of the three-year total (compared to 22% of QTD budget or 20% of the three-year total from previous report).
- 6 Delivery of C19RM
  - <u>Diagnostics</u> represents 23.1% of awarded C19RM 2021 funds (US\$799 million) and it is showing strong impact on testing with solid in-country delivery performance. The Global Fund continues to support countries to maximize system level responsiveness through <u>Project STELLAR</u>, with 12 countries having completed a workplan or going through implementation. New <u>Test and Treat CMLI</u> (US\$5 million) aims to develop and implement new outpatient COVID-19 test and treat models that will facilitate the rapid uptake of Global Fund-funded therapies at national and regional levels.
  - Oxygen represents 16.5% of C19RM 2021 funds (US\$566 million) with short-term and medium-term Global Fund investment to complement the emergency response for oxygen investments from partners. US\$190 million has been invested in non-oxygen therapeutics. Project BOXER addresses the need for technical capacity-building and support in the operation of PSA plants with TA provided to 39 countries (4 additional countries since June 2022).

### **Executive Summary for July Report**

- Novel Therapeutics were introduced and WHO approved at the end of 2021/early 2022 for mild and moderate forms of COVID-19, mostly antivirals and monoclonal antibodies.
- <u>IPC/PPE</u> represents 18% (US\$ 616 million) of awarded C19RM 2021 funds, with US\$39 million dedicated to IPC program strengthening. Overall product availability has increased from the previous round of spot checks. The Global Fund has negotiated significant reductions in the pricing of quality PPE, helping sustain the response to COVID-19 and protect health system performance, mitigating the impact on HIV, TB and malaria.
- RSSH investments (US\$ 307 million), such as expansion of laboratory capacity, development of surveillance systems, building of medical oxygen capabilities, reinforcing infection prevention and control systems, strengthening human resources for health in key areas, and improving waste management, enabling COVID-19 responses and mitigating the impact on HIV, TB, malaria and other essential lifesaving services with a positive knock-on effect in preparing for future pandemics.
   US\$130 million investment has been allocated towards community systems and human rights and gender-related interventions.

<u>COVID-19 Mitigation Measures for HIV, TB and Malaria</u> (US\$406 million for C19RM 2021) proved critical to protect gains made by the Global Fund partnership over the last two decades and keep momentum to deliver global 2030 targets, with programs that successfully mitigated the impact of COVID-19 focused on the following activities:

- HIV programs registered an acceleration for multimonth dispensing (MMD) of ARVs, HIV treatment remained on track, and core products were available.
- <u>TB programs</u> mitigation measures proved to be key in stemming the reversal of hard-won progress, mitigate the impact of COVID-19 on drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB) while monitoring key populations.
- <u>Malaria program</u> mitigation measures included prioritizing maintenance of critical routine services and ensuring implementation of key prevention campaigns for insecticide-treated nets (ITNs), indoor residual spraying (IRS) and seasonal malaria chemoprevention (SMC) deployment.
- Reinvesting C19RM Funds: As the pandemic evolves, the Global Fund has been working to address challenges along the way, responding in a swift manner and working with countries to adapt C19RM responses to specific country contexts. The operationalization of reinvesting C19RM funds is ongoing and ontrack: guidance on strategic priorities to optimize C19RM investments have been shared with countries, internal and external information sessions held and all documents on C19RM reinvestments are available on the Global Fund website.
- Risk Assurance, Monitoring and Oversight: While data is currently being analyzed, Round 3 spot checks started in July with data expected by October / November 2022. The third C19RM M&O review cycle has been running since end June 2022. The focus of the next review cycle is leveraging data on implementation progress and challenges to inform discussions on reinvestment.
- Country Case Studies: C19RM investments supported Cameroon to focus on scaling up testing and to achieve one of the highest rates of COVID-19 testing in the region in 2021, mitigating the impact of COVID-19 on TB programs. Within High Impact Asia, Philippines provided a remarkable example of a country investing in diagnostics, laboratory systems, intensive care expansion, and case management to respond to the devastating wave of the Delta variant that swept the country. Philippines was also able to successfully mitigate the significant COVID-19 impact on TB through its adaptive program to ensure continuity and innovation for testing and treating TB patients.

# **Progressive Development of C19RM Reporting**

### **Development of C19RM Monthly Reporting**

<u>Last month's report</u> covered key selected data points updates from financial and programmatic performance, COVID-19 program disruption, award and pipeline summary updates, key messages across C19RM control and containment, reinvesting C19RM funds, and country case studies. These sections will continue to be updated in subsequent reports and provide additional analysis on emerging themes.

#### **Last Report**

The last report provided updates on key data points, country case studies and pivotal thematic updates - hybrid approach:

- Update on the COVID-19 Epidemiological Situation
- C19RM 2021 Awards Summary
- Finance Update
- Updates on Health Products Pipeline
  - Overview
  - Diagnostics
  - Oxygen
  - ICP/PPE
- Reinvesting C19RM Funds
- Case studies on country-implementation

#### **This Report**

This report provides detailed updates on relevant thematic areas and latest available data with detailed information on delivery status of C19RM.

- Update on the COVID-19 Epidemiological Situation
- C19RM 2021 Awards
- Finance Update
- Updates on Health Products Pipeline
- Delivery of C19RM:
  - Reinforcing COVID-19 Response
  - Mitigating the Impact on HIV, TB and Malaria
- Reinvesting C19RM Funds
- Risk Assurance, Monitoring and Oversight (M&O)
- Case studies on country-implementation

#### **Subsequent Reports...**

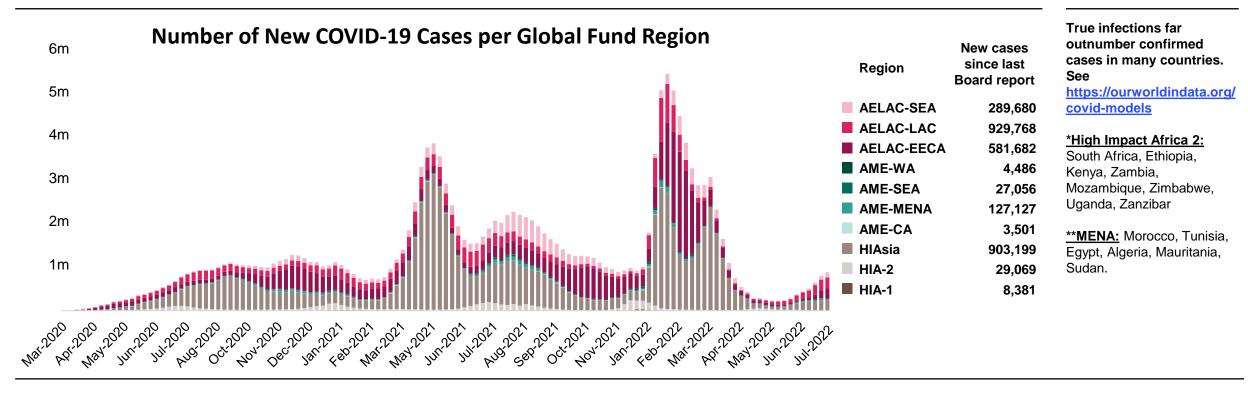
# Future reports will maintain a differentiated approach:

- Monthly Reports (key data), including updates on awards, progress in absorption/ funds utilization and procurement pipeline.
- 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.

# **Update on COVID-19 Epidemiological Situation**

## **COVID-19 Burden in Regions the Global Fund Supports**

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



#### **SUMMARY\***

- According to WHO, as of 30 July 2022, there have been 574.8 million confirmed cases of COVID-19, including 6.4 million deaths reported to WHO worldwide. Confirmed cases in the Global Fund portfolio are 155.6 million, while deaths are 2.5 million. High Impact Asia has a total of 73.6 million confirmed cases, with 0.9 million new cases in the last month. New cases have also been recorded in Southeast Asia leading to a total of 15.2 million with an increase of 2% in the last month.
- Confirmed cases in Latin America and Caribbean remain at 19.2 million while those in \*High Impact Africa 2 continue to rise to over 5.9 million while the \*\*MENA region is at over 3.3 million. Overall new COVID-19 progression in the last month shows that cases are on the rise, mainly driven by the Latin American and Caribbean region. Seven 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 and Ukraine.

7

# **C19RM 2021: Awards**

OVERVIEW: AWARDS AND SUBMISSIONS

#### C19RM 2021 Awards: Highlights

#### C19RM 2021 Fast-track requests Awarded

- The Global Fund has awarded US\$735 million to 49 applicants via Fast-track. Applicants to Fast-track have requested on average an amount equivalent to 7.3% of their 2020-2022 allocation.
- Notification Letters with confirmation of awards are sent to applicants in an average of 9.8 business days.

#### **C19RM 2021 Full Funding Requests Awarded**

- US\$2,723 million awarded to 124 applicants, including funding recommended for Board approval, for a portfolio on average an amount equivalent to 21.2% of 2020-2022 allocation (excluding previously approved Fast-track applications).
- An Unfunded Demand of US\$1,066 million in demand pipeline registered from 75 applicants.

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

- C19RM Board Priority Areas: US\$3,458 million has been awarded or recommended for Board approval with the following breakdown: 76% to reinforce national COVID-19 responses, 13% 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 (26%), 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 US\$3,458 million C19RM awards is directed towards ACT-A Gap Filling Activities.

OVERVIEW: AWARDS AND SUBMISSIONS (as of 29 July 2022)

# C19RM 2021 Status of Awards Submissions and Pipeline



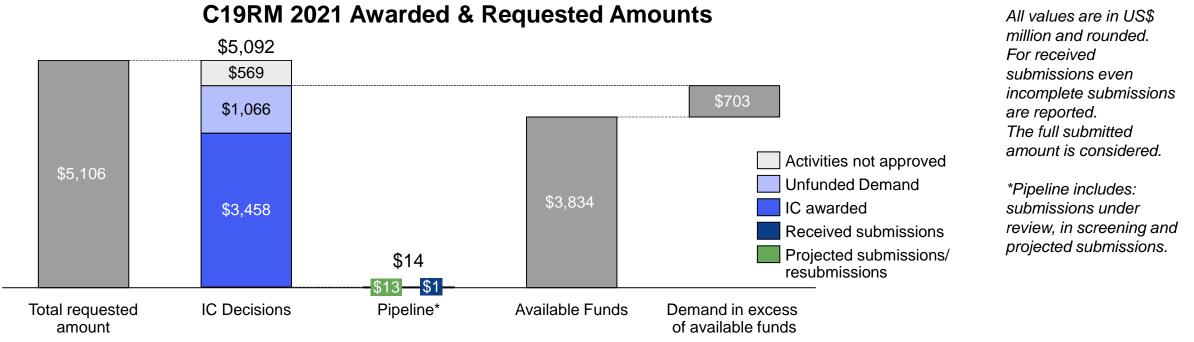
<u>US\$3,458 million (90%) of C19RM 2021 funding is awarded or recommended for Board Approval to 124 applicants (either Fast-track or Full Funding request) for a portfolio average of an amount equivalent to 26.9% of 2020-2022 allocation.</u>

**Full Funding requests:** US\$2,723 million was awarded or recommended for Board approval to 124 applicants.

Fast-track requests: US\$735 million was awarded to 49 applicants.

Including Unfunded Demand of US\$1,066 million (registered from 75 applicants), the total of IC Decisions is up to US\$5,092 million. This includes US\$569 million of activities not approved.

**Demand pipeline: US\$0.6 million** has been submitted or under review for potential C19RM 2021 funding. **US\$13 million** is projected for submission or resubmission.



- **21 additional funding requests** have been approved in March-May for **US\$210 million**, including US\$63 million for Diagnostics and US\$59 million for Oxygen.
- 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**.
- One supplementary FR (Mozambique) has been approved for **US\$14 million**. Zanzibar FR in screening for US\$0.6 million and DPRK is still projected for US\$13.2 million.

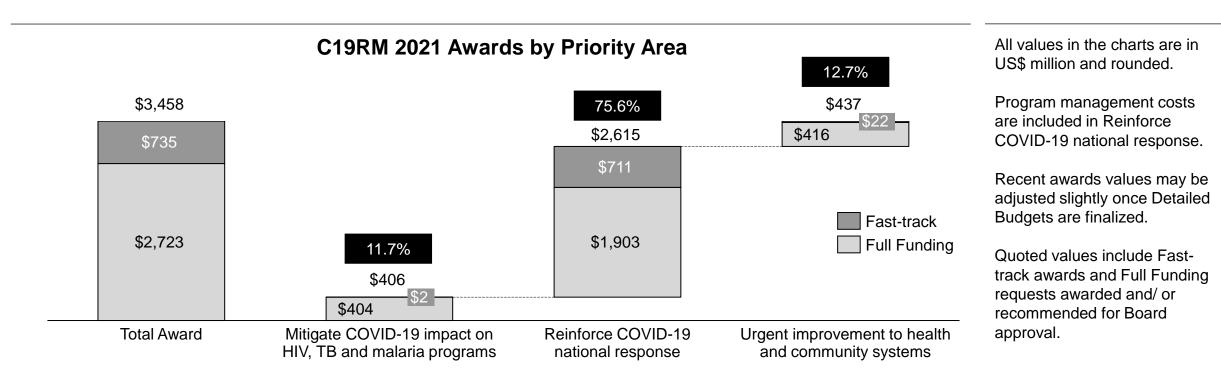
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# C19RM 2021 Award by Priority Area



Award by priority area: Investments are still mainly directed towards reinforcing COVID-19 national response.

The split between priority areas is likely to be impacted by the current ongoing reinvestment exercise. We will report on the new split once a representative number of applicants have confirmed their updated numbers.

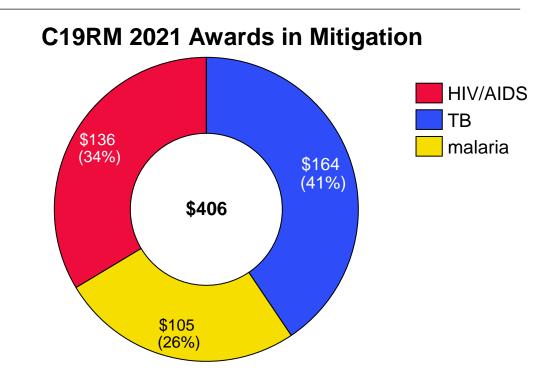


C19RM 2021: AWARDS (as of 29 July 2022)

# C19RM 2021 Investments in Mitigation



- Of the US\$3,458 million awarded (including recommendations for Board approval), **US\$406 million** (11.7%) 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 from the 2020-2022 allocation also incorporated a significant amount of PPE needs for mass campaigns and community activities.

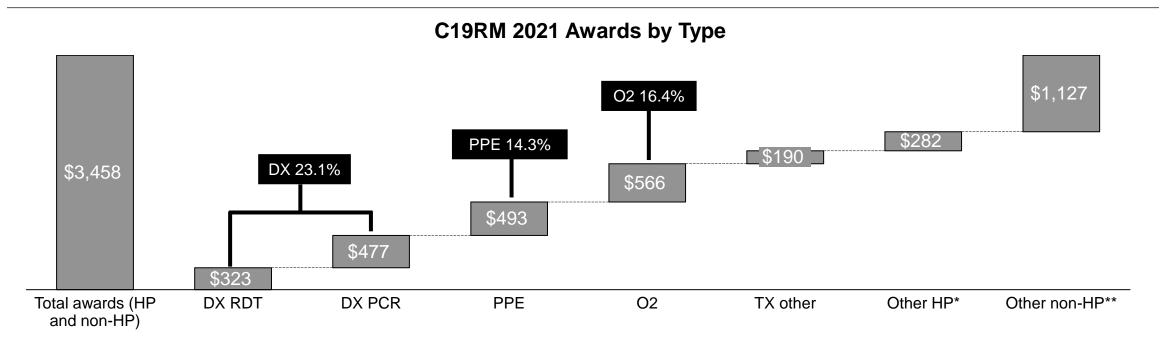


# C19RM 2021 Award by Health Products



Health product investments are more balanced across key health products.

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



All values in the charts are in US\$ million and rounded. Recent awards values may be adjusted slightly once HPMTs are finalized. Values exclude C19RM 2020 carryover amounts. Quoted values include Fast-track awards, Full Funding Requests awarded and/ or recommended for Board approval.

<sup>\*</sup>Other Health Products include: non-PPE disinfectants, waste management and genomic sequencing.

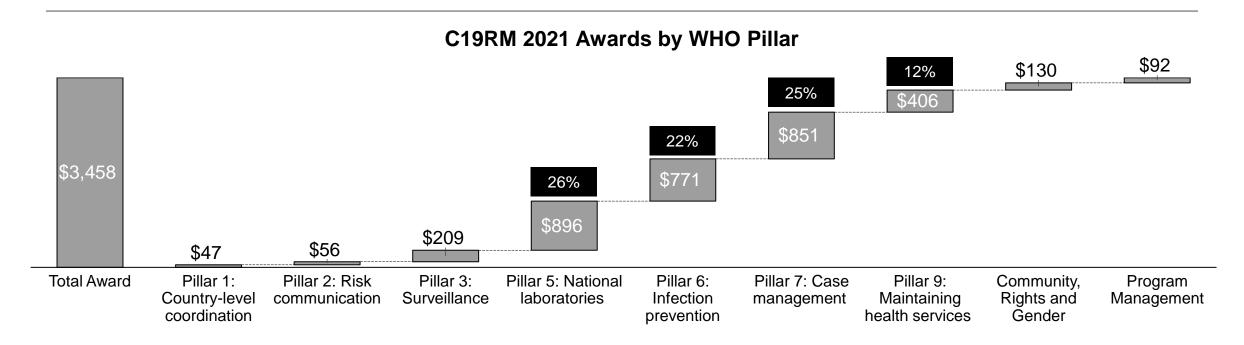
<sup>\*\*</sup>Other non-Health Product investments include: most activities within "Mitigating COVID-19 impact on HIV, TB and malaria" and "Urgent improvements to health and community systems" as well as non-health product awards within "Reinforce COVID-19 national response".

# C19RM 2021 Award by WHO Pillars



C19RM investments are primarily directed towards Pillar 5: National laboratories (26%), Pillar 6: Infection prevention and control (22%) and Pillar 7: Case management (25%)

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



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

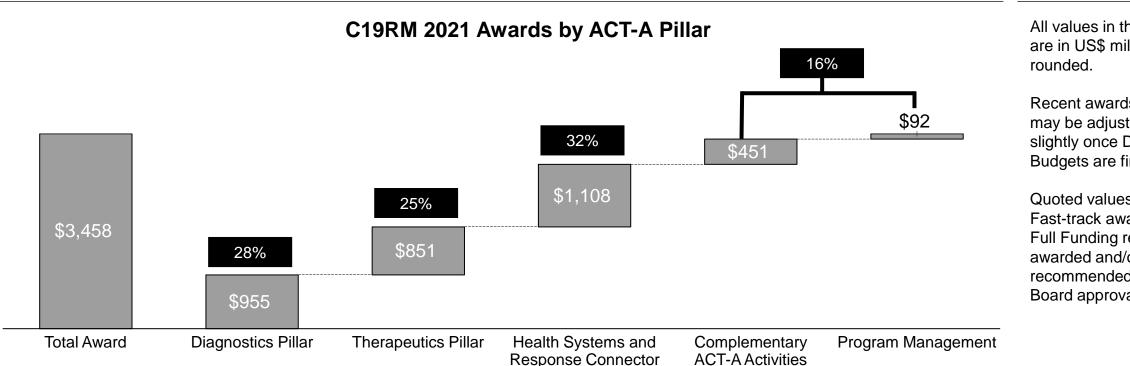
Quoted values include Fast-track awards, Full Funding requests awarded and/or recommended for Board approval.

# C19RM 2021 Award by ACT-A Pillars



84% of US\$3,458 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 requests which prioritized reinforcing the COVID-19 response. These investments are split across the **Diagnostics Pillar (US\$955 million or 28%)**, the Therapeutics Pillar (US\$851 million or 25%), and Health Systems and Response Connector (US\$1,108 million or 32%).

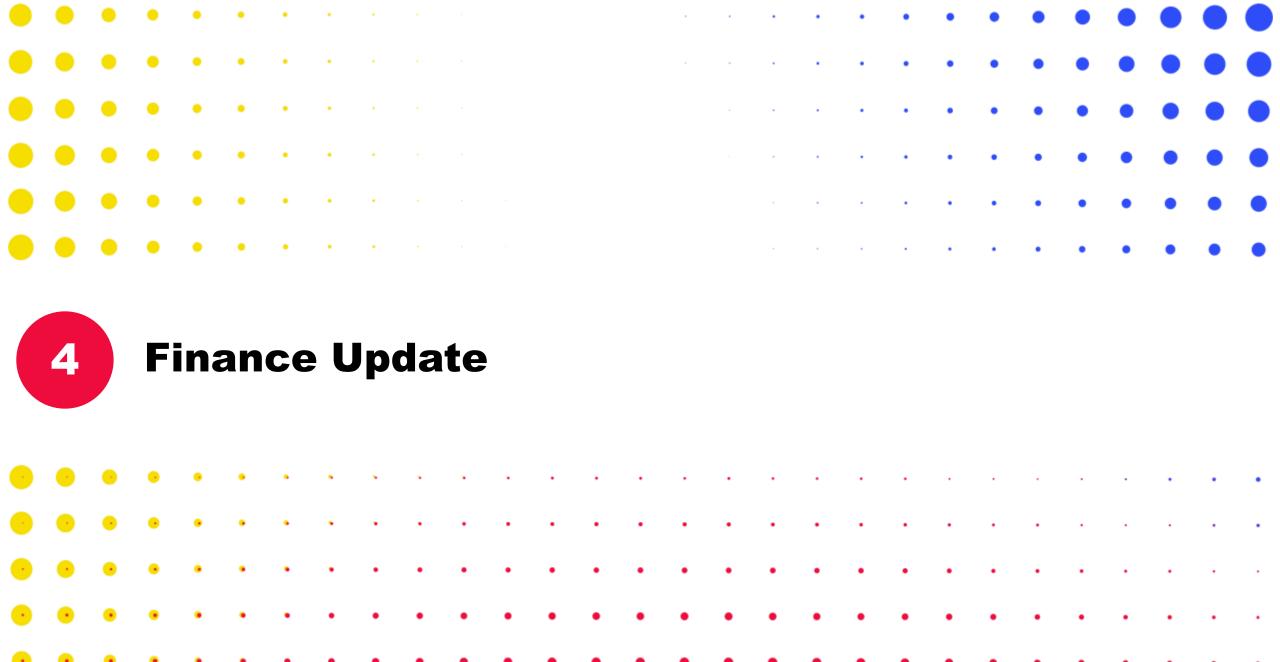
The share of complementary activities has increased with Full Funding Requests forming the majority of awards.



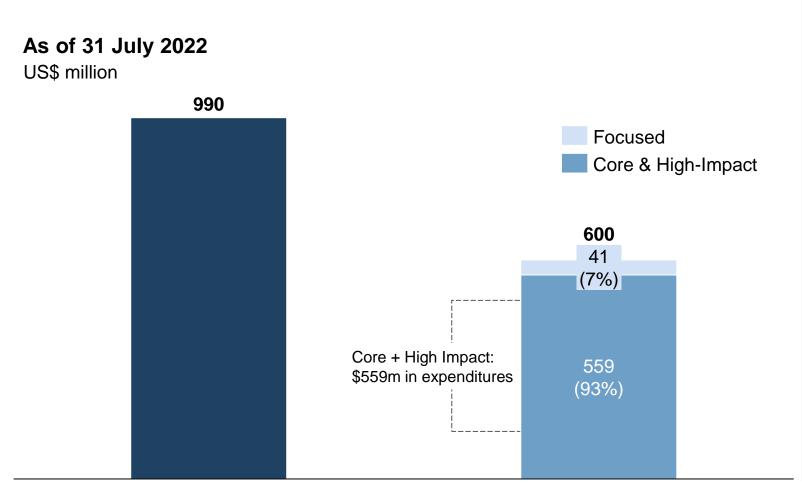
All values in the charts are in US\$ million and

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

Quoted values include Fast-track awards, Full Funding requests awarded and/or recommended for Board approval.



C19RM 2020: Current in-country funds utilization is 62% for High Impact and Core portfolios based on validated expenditures – on track to reach the expected target of 63%-70%



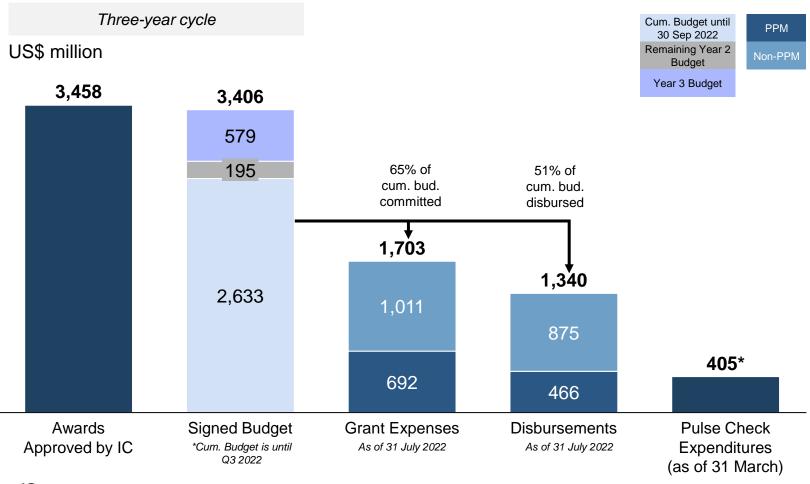
- C19RM 2020 in-country absorption is 62% for High Impact and Core (with a denominator of US\$895 million) and on target to reach the expected utilization range of 63%-70% with expenditures currently under validation in the grant closures & forthcoming expenditure reports.
- Unused C19RM 2020 funds are transferred to C19RM 2021 with a use by date of 31 December 2023.
- The in-country absorption including for Focused portfolios is 61%.

C19RM 2020 Total Awards

C19RM 2020 Expenditures

C19RM 2021: Strong performance on the upstream awards (98%+), but downstream is slower than expected & urgent targeted reprogramming & optimization of funds is underway

#### As of 31 July 2022



- 98% of awards (US\$ 3,406 million) are integrated into grants.
- 65% of the cumulative budget until 30 Sep 2022 has been committed, including orders placed in wambo.org, the Global Fund's online procurement platform.
- Total cumulative disbursements of US\$1,340 million on 31 July 2022, representing 79% of commitments, and **51%** of the cumulative budget until 30 September 2022.
- In-Country Absorption based on the March-22 Pulse data remains low at 26% due to lower-than-expected demand.
- The Secretariat has developed an action plan to prioritize reinvestment and portfolio optimization of US\$800 million to improve impact and absorption of C19RM and get back on track.
- Focus for the next 17 months remains to mitigate the impact of the pandemic on HIV, TB and malaria and the overall health system by accelerating targeted investments in key priority areas.



# Support to countries to reinvest C19RM funds allows for accelerated delivery and to improve impact in an evolving pandemic context.

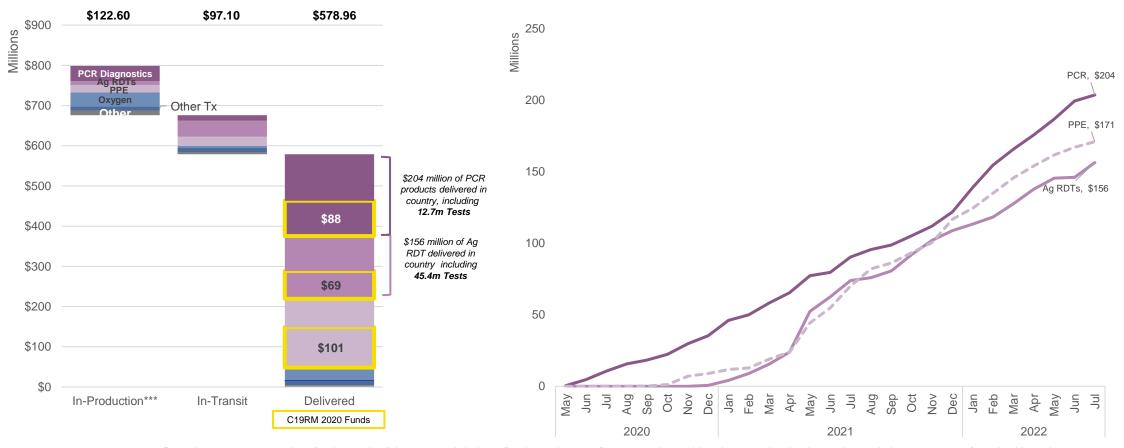
•	Country Demand	Supply/Logistics		
Overall	<ul> <li>Very low incremental demand in converting awards into Purchase Orders (PO) - (55% of PPM in PO or process of approval).</li> <li>Slower progress (and less visibility) on non-PPM awards; some volumes being rechanneled to PPM (e.g., PSA).</li> <li>Reinvestment opportunities linked to shifts in demand and changing perceptions of the COVID-19 pandemic.</li> </ul>	<ul> <li>Limited manufacturing supply constraints.</li> <li>Logistics challenges related to COVID-19 controls measures are lessening— but there are continuing intermittent and recurring port congestion in some countries that may results in vessels being diverted to neighboring countries or waiting for substantive time to be offloaded.</li> </ul>		
Diagnostics	<ul> <li>Lower demand weak (and decreasing) in some countries.</li> <li>Increasing focus on 'bi-directional' testing approaches.</li> <li>Supporting development of 'test &amp; treat' approaches in anticipation of oral antivirals.</li> <li>Coordinated TA support through Project Stellar/ACT-A-Diagnostics.</li> </ul>	<ul> <li>After some months, some recent country demand uptake of the much lower priced Ag-RDTs approved by Stringent Regulatory Authorities:         <ul> <li>Lowest prices per test (average between US\$1-2).</li> <li>Self-tests available at US\$1-5 per test with lead time of 1 to 4 weeks</li> <li>Shelf-life extensions to 24 months.</li> </ul> </li> </ul>		
Infection Prevention and Control	Demand weakening as COVID-19 control measures relaxed.	High product availability despite manufacturing capacity reductions.		
Case Management/ Therapeutics	<ul> <li>Oxygen: <ul> <li>Complex technical specifications of PSA plants results in lengthy award to orders to delivery.</li> <li>Project BOXER is providing technical assistance to 39 countries (increasing by 4 countries since June), supported by and aligned with ACT-A &amp; O2 Working Group.</li> <li>Project BOXER's focus is evolving to also include on-site preparedness and installation of PSA plants, as part of the original scope of work.</li> </ul> </li> <li>Therapeutics: <ul> <li>WHO allocation proposal for nirmatrelvir-ritonavir shared with countries who confirmed participation. Fourteen countries have accepted the allocated volumes from the exercise, none of whom are considering GF funding.</li> <li>PRS will also reach out to countries who have expressed interested through the Global Fund procurement channel.</li> </ul> </li> </ul>	Oxygen PSA plant manufacturing timings, global events, freight challenges and in-country site infrastructure requirements are impacting supply to drive long lead-times for PSA plant orders.  Therapeutics Approval memo is currently under review for feedback/concurrence on contractual clauses with Pfizer.		

# Orders for US\$799 million\* (US\$781 million as of June) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US\$579 million delivered (US\$545 million as of June).

- US\$2.8 billion has been awarded since 2020 for the procurement of COVID-19 health products, including through C19RM 2021. Dx: US\$799 million (April US\$782 million);
   PPE: US\$493 million (US\$491 million in April); O2: US\$566 million (US\$ 543 million in April).
- US\$259 million products delivered through PPM with C19RM 2020 funds.
- US\$320 million (US\$286 million in June) products delivered through PPM with C19RM 2021 funds; US\$220 million (US\$236 million in June) products are being delivered.

#### **Cumulative PPM Procurement Pipeline (US\$)\*\***

#### Cumulative PPM Deliveries by Month (US\$)\*\*\*\*



S THE GLOBAL FUND

<sup>\*</sup> 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 1 August 2022

<sup>\*\*\*</sup> Production includes process through to importation clearance and pick-up for transfer to flight/vessel

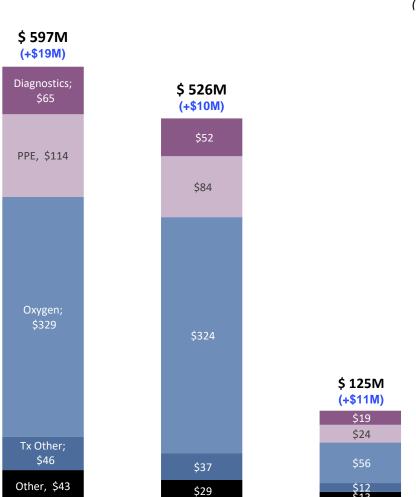
<sup>\*\*\*\*</sup> Dollar value of deliveries by month may change slightly over time due to potential reporting lags as well as revisions over time

# Non-PPM procurement reporting<sup>1</sup>: July 2022

Note: Countries/PR currently undergoing C19 reinvestment and portfolio optimization discussions - likely to result in budget shifts across product categories and procurement channels.

#### Top 45 countries only (in \$M)

(reflects implementation-focused HPMT where available)



#### **Reporting Rate**

Region	Expected report (at grant level)	Report received (at grant level)	% Reporting	
HIA1	7 7		100%	
HIA2	7	7	100%	
HIA	19	19	100%	
AME	28	28	100%	
AELAC 5		5	100%	
Total	66	66	100%	

#### **Budget Conversion**

	Non-PPM Budget QTD	3 years Non-PPM Budget <sup>2</sup>	Reported PO Amount <sup>2</sup>	Budget conversion rate QTD	3 years budget conversion rate
By Region					
HIA1	40	43	26	66%	62%
HIA2	174	179	29	17%	16%
HIA	184	202	25	14%	13%
AME	111	147	37	33%	25%
AELAC	15	26	7	47%	26%
By Product Category					
Diagnostics	52	65	19	37%	30%
PPE	84	114	24	29%	21%
Oxygen	324	329	56	17%	16%
Tx Other <sup>3</sup>	37	46	12	33%	26%
Other	29	43	13	47%	32%
By Type of PR					
National	445	475	94	21%	19%
UN Agencies <sup>4</sup>	79	122	30	38%	25%
Total	526	597	125	23%	20%

3 years Budget

S THE GLOBAL FUND

Total PO reported

<sup>&</sup>lt;sup>1</sup> Non-PPM reporting excludes any investments or subsequent purchase orders related to 'non-reportable items'; this includes disinfectants. scrubs. repurposed/existing medicines; external QC materials for diagnostics, general hospital equipment (e.g., patient beds 22 screens, etc.), x-ray protection (lead apron, lead collar etc.) as per the latest guidelines; this accounts for an additional US\$99 million of current budgets. ~US\$ 1 million of non-reportable items may still appear in budgets because of disparate budgeting.

<sup>2</sup> Budgets as per aggregated C19RM 2021 HPMTs available and uploaded into the aggregate too at 18 Jul 2022 reported PO Amount as per PR Procurement Progress Reporting templates submitted against 10 July deadline for procurement through end of June

<sup>&</sup>lt;sup>3</sup> COVID-19 Tx includes any procurement related to novel COVID-19 medicines as well as other supportive hospital equipment (e.g., x-ray, patient monitor, blood gas analyzer, etc.) <sup>4</sup> UN agencies inclusive of UNDP, UNOPS, and UNICEF

# Non-PPM Procurement Reporting: July 2022

Top 45 countries only (in US\$M)

# **Summary Points**

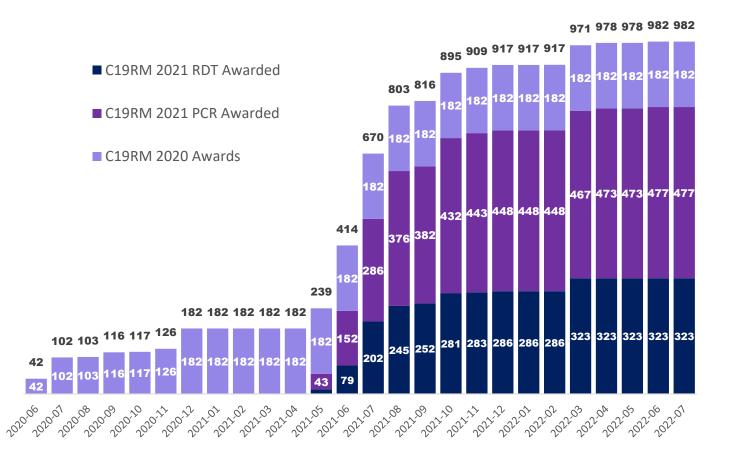
- Conversion of Non-PPM budget to purchase orders is at 23% of the QTD (quarter to date) budget or 20% of the threeyear total (compared to 22% of QTD budget or 20% of the three-year total from previous report).
- Upcoming procurements are in the pipeline including: US\$36 million for PSA plants in Pakistan, US\$21 million for PPE and oxygen in Nigeria, US\$20 million for Whole Genome Sequencing (WGS) for Indonesia, US\$3.8 million for PSA plants in Malawi.
  - It is expected that by the end of 2022 the % conversion of non-PPM health products budgets to POs will see a positive trend.
- The total of purchase orders reported in July 2022 for **US\$125 million** is an increase of US\$11 million from the last reporting in June.
- **Oxygen** represents 60% total non-PPM budget; with PSA plants alone accounting for 47% of this total budget. 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.
- Ongoing efforts to re-channel funds where procurement has not progressed either from wambo.org/PPM to non-PPM channels (i.e., US\$8 million (particularly as it relates to PSA plants, e.g., US\$1 million for Cambodia, US\$1 million for X-ray equipment for Ukraine) or non-PPM to wambo.org/PPM for Cambodia, Cameroon, Chad, Liberia, Namibia and Niger.
- Ongoing exercise to realign **C19RM investments** with the changing pandemic context, national priorities and lessons learnt.



# **Diagnostics**



# Cumulative Diagnostics Awards in C19RM 2021 (US\$ million)



#### **Current awards include:**

- Awards for diagnostics amount to US\$799 million, representing 23.2% of the C19RM 2021 total funds awarded.
- These include US\$323 million for Ag-RDTs and US\$477 million for PCR tests.
- In the context of C19RM 2021, this is estimated to translate into a total number of **tests** between **165 and 200 million**, depending on the final procured mix of PCR tests and Ag-RDTs.
- Aligned to the allocation methodology, > 80% of the diagnostics investment awards were for low- and lowermiddle income countries in Africa and sourced through the Global Fund PPM.
- Across the entire portfolio, 87% of all diagnostics procurement is planned through the PPM.

#### Impact of diagnostics funding on country testing

In most Global Fund-supported countries, **COVID-19 testing rates** substantially **increased over** successive **waves** of pandemic transmission. Although it is not possible to attribute the increase in testing to Global Fund awards directly, the **Global Fund** has **invested significantly** to **diagnostics**.

# **Project Stellar - Update**

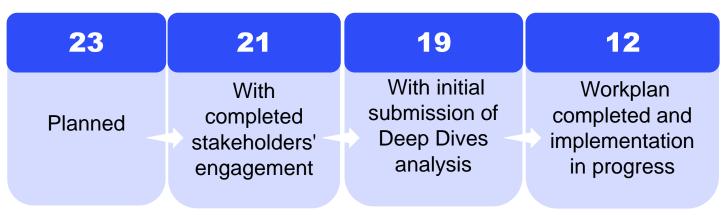
Centrally-Managed Limited Investment in technical assistance is supporting countries to adapt C19RM investments to maximize system-level responsiveness.

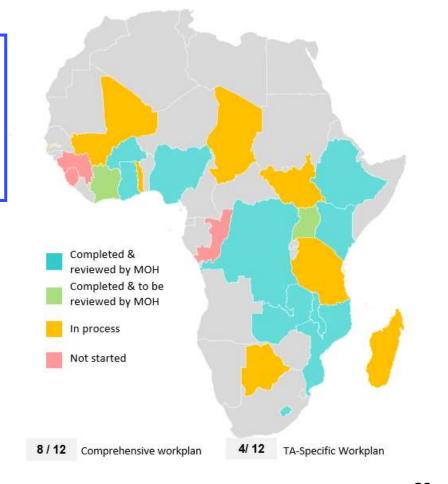
Invest in development of national capacities



- 1. Improve national Dx governance.
- 2. Scale up / increase testing and surveillance coverage.
- 3. Strengthen data management.
- 4. Galvanize long-term strengthening of laboratory systems.

#### **Countries**





Sierra Leone not moving ahead

**26** 

# STELLAR Project: Flexibilities to Accommodate Changing Needs

Technical assistance for C19RM activities (countries = 22)

Invest in development of national capacities

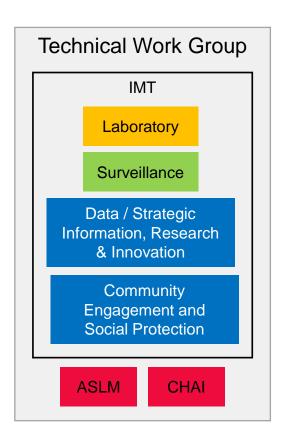
Technical area	Priorities	Work plans	Main indicators		
Policy and Governance	Laboratory system guidance updates	16	<ul><li>All countries in scope:</li><li>Implemented national testing strategy.</li><li>Have policies for community testing.</li></ul>		
Access to Testing	Decentralize testing	16	<ul><li>50% increase:</li><li>in testing sites activated.</li><li>in sites certified to standards.</li></ul>		
Surveillance	Integrate COVID-19 into respiratory disease surveillance	13	<ul> <li># countries w/ COVID-19 testing in ILI/SARI programs</li> <li># countries with approved WWBS protocol</li> </ul>		
Data Management	Expand data systems to all sites		All countries in scope reported disaggregated COVID-19 results to central level.		
Procurement and Supply Chain	Integrate PSM across disease pillars	7	<ul> <li># countries with developed and implemented accountability framework</li> <li># staff trained on forecasting and quantification</li> </ul>		
Systems Strengthening	Integration of sample referral networks	12	All countries in scope reported integration of C19 into existing HIV, TB and malaria sample transport networks.		

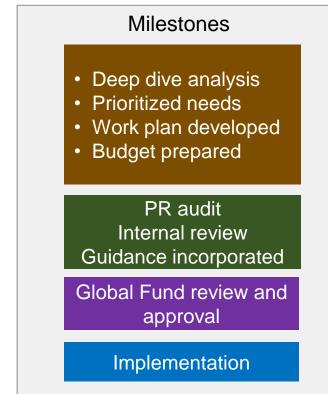
# STELLAR Project: Uganda Case Study

Technical assistance from Project STELLAR to enhance coordination and impact of C19RM investments

- Strong interest and willingness in conducting a formal needs assessment
- Comprehensively evaluated laboratory response and prioritized interventions
- ✓ Strong MoH leadership and increased awareness of available C19RM funding.

# Process Prioritization Needs





May 30

June 13

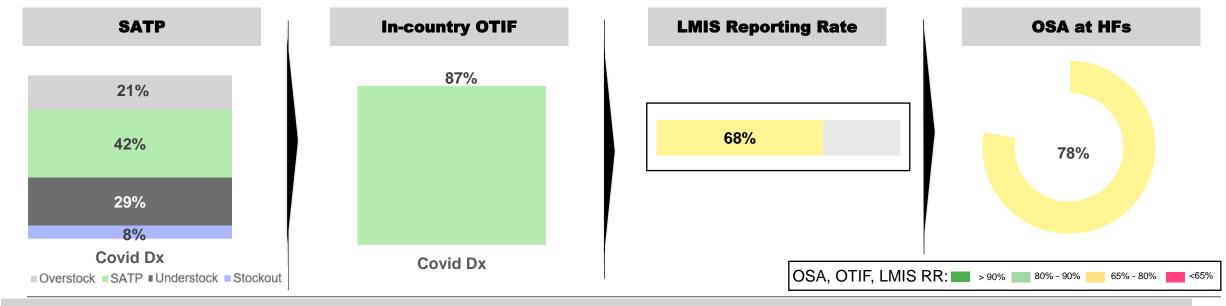
Early July

Late July

- Uganda on-boarding on the STELLAR Project finalized.
- Workplan and budget developed.
- Next step is to identify the funding to support implementation through C19RM reinvestment.

# **COVID-19 Diagnostics: In-country Supply Chain Capacity**

Are there bottlenecks in the end-to-end supply chain that may be leading to product disruption, stock-outs, expiries etc.? OTIF (On Time In Full), SATP (Stocked According to Plan), OSA (On Shelf Availability)

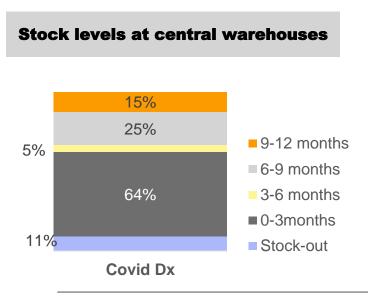


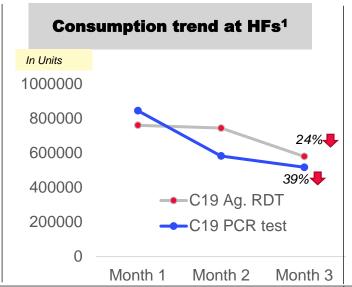
#### Key Highlights (leverage pulse check inputs)

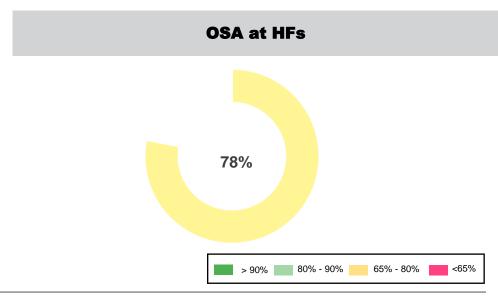
- Overall product availability has increased from the previous round (R1), from 67% to 78%, although it remains below the target of 80%. OSA performance is in line with in-country OTIF. In most cases, registered stockouts are caused by poor order fill rate, late deliveries and unexpected increase in consumption.
- Overall delivery performance in country is strong (beyond the target), with in-country OTIF for COVID-19 diagnostics standing at 87%. Observed cases of poor OTIF stem from insufficient stock at Central Medical Stores (CMS), incorrectly planned/placed replenishment order quantity & unrealistic delivery timelines.
- COVID-19 diagnostics were stocked according to plan 42% of the time. Major reasons for registered stock imbalances (overstock, understock and stock outs) include fluctuating demand/consumption, late deliveries of orders to CMS and variability in lead times.

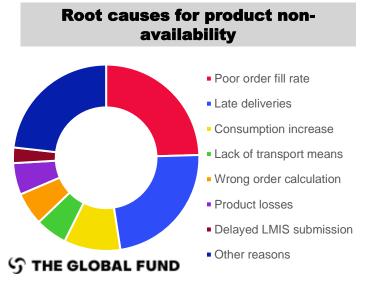
# **COVID-19 Diagnostics – Stock Levels**

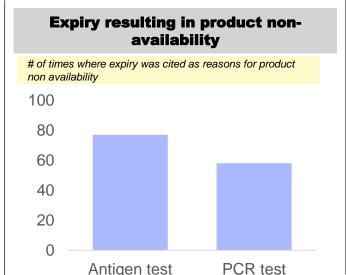
Are stock levels sufficient to meet surges in demand? (SATP, OSA)











#### **Key takeaways**

Close coordination required for ongoing procurement of COVID-19 diagnostics to expedite deliveries and ensure supply continuity given > 60% of products have less than 3 months of stock availability at central storage facilities.

Supply continuity risk is reduced due to decreasing trend in demand for COVID-19 Ag-RDT and PCR tests as seen from previous 3 months of consumption at health facilities surveyed.

Strengthening of in-country inventory management and distribution systems is critical to address the underlying causes of stockouts, such as poor order fill rate, late deliveries and unexpected increase in consumption.

# **Test and Treat Centrally Managed Limited Investment**



Test and Treat Centrally Managed Limited Investment (CMLI) is a new US\$5 million investment.

Intervention	Summary Activities	Deliverable/ Expected Outcome	Geography	Estimated Budget (US\$)	Implementer
1. On-demand multicountry TA to support rapid NPI / implementation	<ul> <li>Country-level baseline gap analysis/assessments.</li> <li>Development of costed plans for implementation of test and treat models.</li> <li>Informing/linking to reprogramming of C19RM resources to support sustainable test and treat programs.</li> </ul>	Efficient and effective deployment of C19RM resources to test and treat programs across LMICs.	• 10 to 12 countries	US\$ 3 million	Clinton Health Access Initiative
2. Accelerated NPI/ implementation in three early adopter countries	<ul> <li>Installation of test and treat models at early adopter sites.</li> <li>Rapid product introduction with originator supply.</li> <li>Decentralization/optimization of test and treat models.</li> <li>Transition to low-cost quality assured generic equivalents.</li> </ul>	Nationwide access to optimal, life-saving COVID-19 oral antivirals across target countries with data/lessons learned applicable to LMIC scale of test and treat programs.	<ul><li>Nigeria</li><li>Zambia</li><li>South Africa</li></ul>	US\$ 2 million	(CHAI)

# **O**xygen



#### **The Global Fund Response**

- By June 2021, as the delta variant was triggering a high demand for oxygen, C19RM started to award funds for medical oxygen in coordination with ACT-Accelerator Therapeutic Pillar partners and CCMs.
- The Global Fund's intent for investments consisted of:
  - Reducing mortality.
  - Responding to substantial country demand for oxygen.
  - Supporting the strengthening of existing limited experience in this technical area.
  - Procuring COVID-19 oxygen health products and equipment to treat severely critical COVID-19 patients and patients suffering from other respiratory illnesses.



**Partnerships:** the Global Fund's C19RM builds on its partnership model to deliver and support on oxygen investments, including through the COVID-19 Oxygen Emergency Taskforce, part of the Therapeutics Pillar of the ACT-Accelerator, ACT-Accelerator Oxygen Task Force and WHE Biomedical Consortium; CTAG-GAC; LFAs; and BHI.

 To complement immediate emergency responses for oxygen investments from partners, C19RM focused on the following investments:

#### **Short-Term**



#### **Medium-Term**

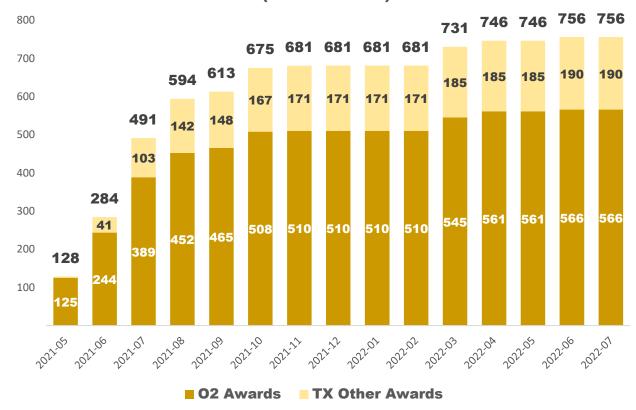
Oxygen equipment and consumables procurement, such as oxygen concentrators and ventilators to assist in the delivery of oxygen to patients. Oxygen equipment products were made available on wambo.org from August 2020, and a more comprehensive list of oxygen products, including PSA plants, was published in February 2021.

**PSA plants** to address a gap in response to country demand. The initial value for money assessment was challenging, but together with partners, the Global Fund developed a tool (risk framework) to allow for a more systematic assessment of the impact investments and to identify countries most in need of central procurement support. Forward looking approach: countries will have built capabilities to support other respiratory infections and be better prepared for future pandemics.

# **O**xygen



# Cumulative Therapeutics Awards in C19RM 2021 (US\$ million)



Substantial country demand for O2

Over US\$560 million requested for O2 products, including O2 production, storage and distribution and patient delivery. One of the highest C19RM investment categories.

#### **Current awards include:**

- Awards for oxygen and clinical health products amount to US\$756 million representing 22% of the C19RM 2021 total funds awarded.
- US\$566 million requested for O2 products and US\$190 million for other therapeutics.

#### **PSA\* Oxygen Plants**

Data shows steady progress

#### **July 2022**

- Technical assistance for medical oxygen, provided through Project BOXER, addresses the need for technical capacitybuilding and support in the operation of PSA plants.
   Technical assistance is provided to 39 countries (4 additional countries compared to June 2022), supported by and aligned with ACT-A and O2 Working Group.
- The project supports LMIC to address technical challenges of building medical oxygen capabilities.
- Oxygen is a lifesaving intervention for COVID-19 but also maternal health. Ensuring greater access to medical oxygen is a big step forward to strengthen acute clinical care and reinforce countries preparedness for future pandemics.

# **Novel Therapeutics**



#### **Initial Supply**

- The Global Fund supports all COVID-19 therapeutics for LMICs as approved by WHO.
- The C19RM Technical Information Note lists Global Fund-eligible investments that can be funded under C19RM, following WHO clinical guidelines published in 2020, including those recently approved by WHO.
- C19RM investments consist of:
  - Therapeutics health products.
  - Other therapeutics equipment.
  - Seven WHO-recommended novel therapeutics (as of April 2022).

- Limited therapeutics health products: > US\$40 million invested, including steroids, anticoagulants and other respiratory/critical care medicines, such as dexamethasone.
- In September 2021, Honduras was the first country to receive approved Global Fund funding and support with procuring the first novel COVID-19 therapeutics (~5,000 doses of **tocilizumab**).
- Other therapeutics equipment: ~US\$140 million, including X-ray equipment, patient monitors, infusion pumps, ultrasounds, blood gas analyzers and others.
- **Molnupiravir** was supplied through PPM/wambo.org, with differentiated timelines for the introduction of originator or generics antiviral products.
- Three million doses with a shelf life of 13 to 17 months were made available as of April 2022 by MSD through a contract managed by UNICEF.
- There are 104 Global Fund-supported countries covered by the low- and lower middle-income country licensing agreement, with the 25 Global Fund-supported countries not covered having the option to enter bilateral supply negotiations directly with the supplier.

# **Novel Therapeutics**



#### **Allocation**

The Global Fund Response

As founding member and co-conveyor of the ACT-Accelerator Therapeutics Pillar, the Global Fund has played a pivotal role
alongside global partners in coordinating the procurement, allocation and deployment of COVID-19 therapeutics in LMICs,
particularly of antiviral treatments.

#### Results

- Collaboration with UNICEF for market interventions and the procurement of novel and repurposed therapeutics. In this setup, UNICEF acts as the distribution channel while the direct funding comes from the Global Fund.
- The Global Fund is engaged as part of the **Health Systems and Response Connector (HSRC)**, developing clinical care pathways, funding test-and-treat initiatives and providing support to implementation and country readiness activities.



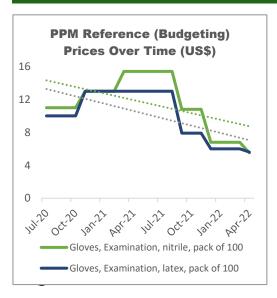
# **IPC/PPE**

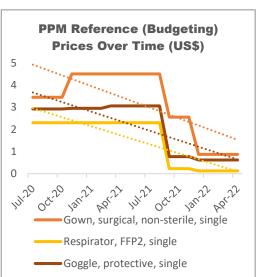


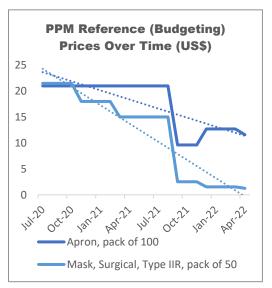
#### The Global Fund Response

- Intent of investments:
  - Rapidly scale up PPE availability to ensure effective use and protect health care workers, including community health workers.
  - Maintain existing and enable adapted health programs and services at facility and community levels in the COVID-19 context.
  - Address underlying problems that affected the supply and quality of PPE to sustain the response to COVID-19 and to strengthen preparedness for future pandemics.
- C19RM has enabled applicants to **procure high-quality PPE at a reasonable cost** by leveraging one of the Global Fund's strengths: procurement of health products.
- The **omicron variant** brought on a **fresh wave of infections** and of **demand for PPE**. Manufacturing **bottlenecks** had been largely **resolved**, leaving **distribution and access** problems as the **most common barriers** to PPE availability in health care settings.

#### Reducing prices and increasing availability



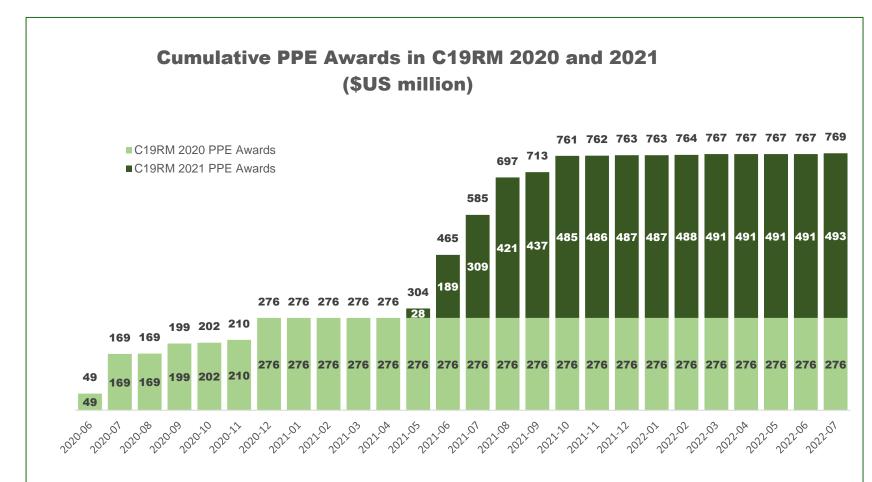




- With the demand for PPE peaking in 2020, C19RM worked quickly to address the global need.
- In 2021, production and supply chains improved, leading to better forecasting of necessary volumes for PPE.
- Global Fund successfully negotiated significant reductions in the pricing of quality PPE.
- Provision of quality PPE has helped sustain the response to COVID-19 and protect health system performance, which in turn mitigated the impact on HIV, TB and malaria programs.





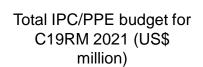


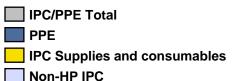
#### **Key Facts**

- Through its investments as part of the ACT-Accelerator partnership, the Global Fund has made an important difference to health and community health workers and health systems in the countries it supports.
- A critical investment, the IPC/PPE intervention represents about 17.8% of the total C19RM 2021 funds awarded.
- As of 29 July 2022, the Global Fund has awarded US\$616 million for IPC/PPE interventions to low- and lower middle-income countries through C19RM 2021.

# IPC/PPE investments represent 17.8% of the total of C19RM 2021, 93.7% of which is budgeted for health products.

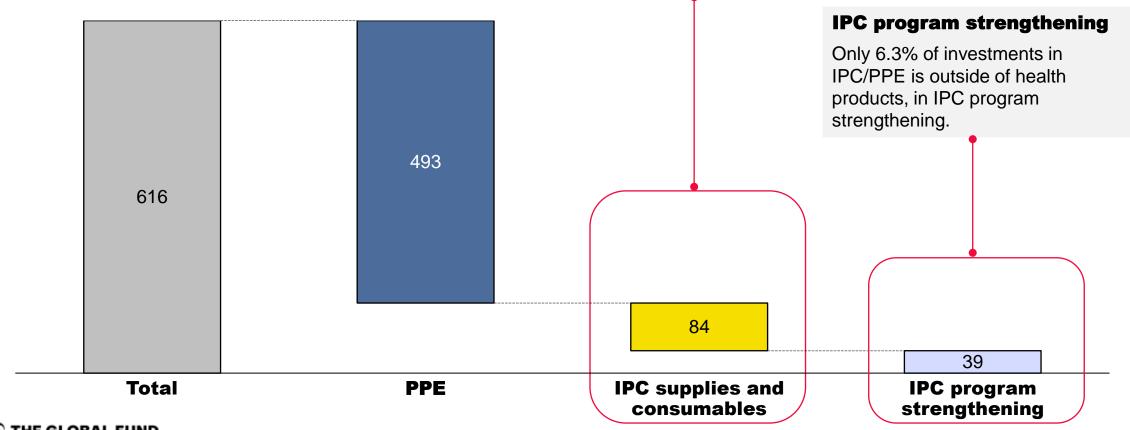




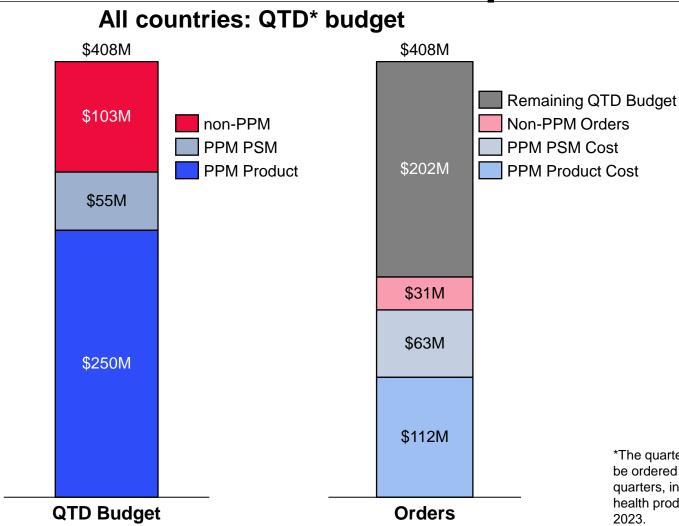


#### **Supplies/consumables**

Supplies and consumables are procured locally. PRs are not required to report on order placement and deliveries for supplies and consumables. Consequently, there is no order placement data for 13.6% of IPC/PPE investments.



# US\$206 million (out of US\$408 million of quarter-to-date budget) in PPE orders has been reported as placed with lower budget conversion for non-PPM compared to PPM.



#### **Budget conversion**

PPM budget conversion against the quarter-to-date (QTD) budget is 57% compared to 30% for non-PPM\*\*, based on reported data.

Challenges with the quality and timeliness of non-PPM reporting make data for this channel less reliable.

The quarter-to-date budget that has not been used is US\$202 million\*\*, though falling PPE prices has led to many countries ordering larger quantities for smaller financial amounts than initially budgeted.

#### **PSM** costs

PSM costs represent a much larger percentage of the orders placed (36%) than initially budgeted (18%), due to falling PPE prices and increasing freight costs.

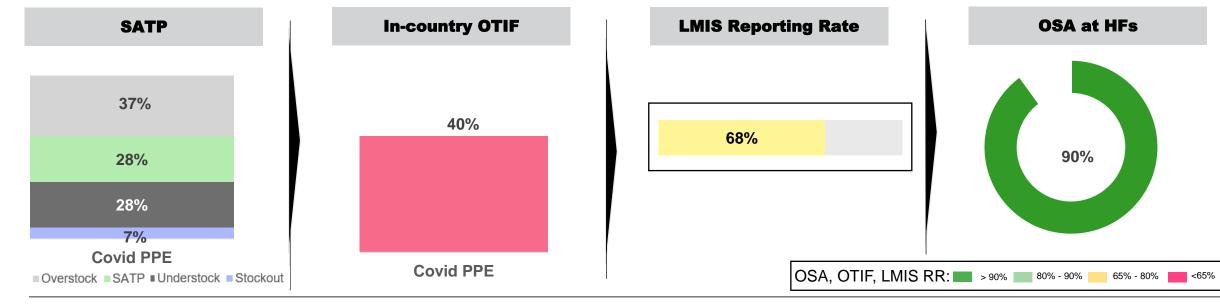
\*The quarter-to-date (QTD) budget refers to the US\$ amount budgeted for health products to be ordered by the end of that quarter. As a cumulative metric, it sums up all previous quarters, including the current quarter. This representation is used for analysis purposes as the health products budget is for a three-year implementation period from January 2021 to December 2023

\*\*QTD budget is available only for the top-45 countries, representing 86% of the portfolio. An extrapolation is done to obtain the QTD including the remaining countries.

Total PPE budget inclusive of product costs, PSA fees and freight costs. In-country procurement and supply management (PSM) costs are not included (note figures on slide 14 do include all PSM costs.)

# **COVID-19 PPE – Supply Chain Capacity**

Are there bottlenecks in the end-to-end supply chain that may be leading to product disruption, stock-outs, expiries etc.? OTIF (On Time In Full), SATP (Stocked According to Plan), OSA (On Shelf Availability)

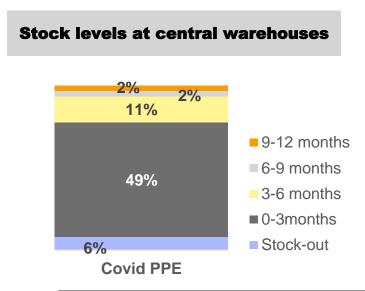


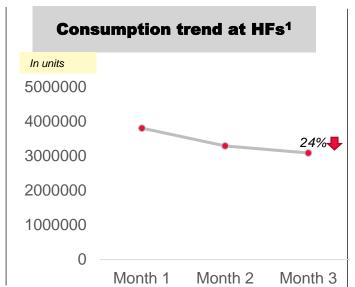
#### Key Highlights (leverage pulse check inputs)

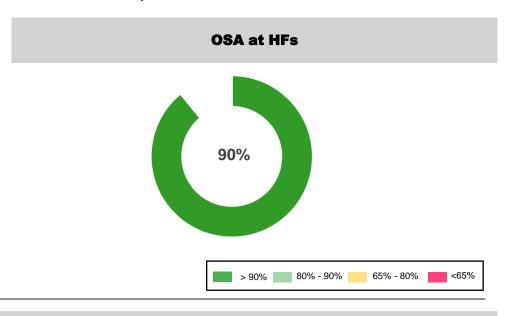
- Overall product availability has significantly increased from the previous round (R1), from 62% to 90%. In most cases, registered stockouts are essentially caused by poor order fill rate, late deliveries and unexpected increase in consumption.
- Overall delivery performance in country (OTIF standing at 40%) points to the need to strengthen distribution systems. Observed cases of poor OTIF stem from insufficient stock at Central Medical Stores (CMS), , with deliveries more often in time compared to in full.
- COVID-19 PPE were stocked according to plan ~28% of the time. Major reasons for registered stock imbalances (overstock, understock and stock outs) include fluctuating demand/consumption, late deliveries of orders to CMS and variability in lead times.

# **COVID-19 PPE – Stock Levels**

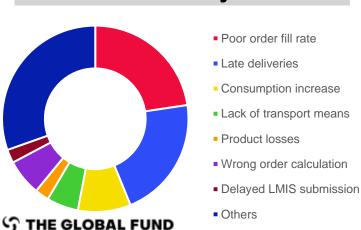
Are stock levels sufficient to meet surges in demand? (SATP, OSA)







#### Root causes for product nonavailability



# # of times where expiry was cited as reasons for product non availability 14



#### **Key takeaways**

Close coordination required for incoming deliveries to ensure supply continuity given >45% of products have less than 3 months of stock availability at central level storage facilities

Supply continuity risk is reduced given the decreasing trend in demand as seen from last 3 months of consumption at health facilities surveyed.

Expiries were not frequently reported at health facilities as reasons for stock outs. Need to further investigate magnitude & occurrence of expiries.

Strengthening in-country distribution systems would be essential for sustaining high levels of product availability at health facilities since poor order fill rates and late deliveries were the top two reasons identified resulting in stockout at health facilities.

# Resilient and Sustainable Systems for Health



#### The Global Fund Response

- The Global Fund encouraged countries applying for C19RM funding to prioritize activities to support resilient and sustainable systems for health (RSSH), to enable COVID-19 responses and mitigate impacts on HIV, TB, malaria and other essential lifesaving services with a positive knock-on effect in preparing for future pandemics.
- RSSH includes investments to expand laboratory capacity, develop surveillance systems, building medical oxygen capabilities, reinforcing infection prevention and control systems, strengthening human resources for health in key areas and improving waste management.
- Given the critical role **community systems** play in fighting any infectious disease and the importance of addressing the **human rights and gender dimensions** of the pandemic, the Global Fund has put a particular focus on supporting initiatives in these areas.

#### Focusing on:

#### Strengthening laboratories' diagnostic capacity

- To increase diagnostics in implementing countries.
- The Global Fund engaged early with country laboratory directorates and other stakeholders to encourage the development of testing strategies that included a combination of PCR tests and Ag-RDTs and decentralization of COVID-19 testing.

## Strengthening information systems

- Bolstered data infrastructure, reporting and integration of diagnostics data solutions across to obtain greater visibility of testing coverage.
- Investments in digital solutions to improve tracking of logistics and supply chain information and to promote more efficient and accurate health product management and incountry distribution systems.
- Additional investments included DHIS2 tracking modules to support aggregated and automated reporting of clinical diagnostic data to central repositories.

## Health products and waste management

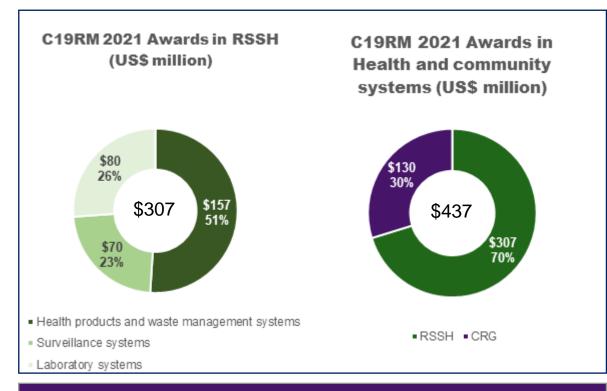
- Investments upstream and downstream waste management and the necessary health products for the endeavor, including:
  - Supply chain investments that indirectly contribute to waste management through avoidance.
  - Products, policies and system-level improvements that directly ensure proper handling of the waste stream (disposal, treatment, decontamination and removal).

## Communities, rights and gender dimensions

- The pandemic has caused serious problems to human rights, gender-based violence and exploitation and community tensions.
- COVID-19 threatened the health and security of key and vulnerable populations, including young women and girls, people living with HIV, sex workers or people living in prisons or other closed settings, who are already most at risk of AIDS, TB and malaria.

# Resilient and Sustainable Systems for Health





#### Focus on community rights and gender

- The Global Fund invested **US\$130 million** in programs delivering **community**, rights and gender interventions linked to the **COVID-19 response**.
- Building on existing community networks, C19RM supported six interventions across 95 countries and 12 multi-country grants, across a variety of programs, such as those aimed at preventing gender-based violence or supporting survivors of intimate partner violence, or the rights of people living with HIV in the pandemic response.
- **Meaningful community engagement** in C19RM funding in 2021 and 2022. All C19RM funding requests must demonstrate community participation and must show that the requests integrate inclusive community priorities.

#### **RSSH Investments Overview**

- In 2021, LMICs have invested C19RM funds to strengthening many aspects of their systems for health in response to COVID-19.
- Of US\$437 million in awards under C19RM in 2021 categorized as being directed toward health and community systems, US\$70 million has been allocated for disease surveillance, US\$80 million for laboratory systems, US\$130 million for community systems and human rights and gender-related interventions and US\$157 million for health products and waste management systems.
- The US\$437 million only captures part of the investment in systems for health through C19RM, since significant proportions of the investments in diagnostics, therapeutics and PPE, or in the investments to mitigate the impact on HIV, TB and malaria services, also contribute to health systems strengthening.
- For example, C19RM investments in the infrastructure (PSA plants) and skills (TA) to deliver medical oxygen represent a significant enhancement in health system capabilities. Taking account of these contributions, about US\$1.231 million of total C19RM 2021 awards contribute to health system strengthening.
- The largest RSSH investment was targeted to strengthen procurement of health products and waste management systems to over 75 countries and multicountry grants, representing an investment of US \$157 million.

# **Update on RSSH – Success Stories**



#### Highlights – RSSH interventions and activities funded by C19RM

#### **Sierra Leone**

- Reinforced the institutional capacity of the Integrated Health Project Administration Unit (IHPAU) to manage the COVID-19 response.
- Strengthened collaborative efforts among the Ministry of Health and Sanitation, the National COVID-19 Emergency Response Centre and other government ministries and health development partners during implementation phase.
- Conducted joint monitoring and supervision for government reporting on implementation.

#### **Ethiopia**

- Improved COVID-19 response coordination, planning and monitoring through orientation and review meetings.
- Conducted national and regional interaction review for COVID-19 preparedness and response.
- Organized training on private sector engagement on the national and regional COVID-19 response.
- Supervised and assessed national-level ministerial offices for the implementation of COVID-19 measures.
- Improved community-based surveillance.
- Strengthened community health worker program and delivered field epidemiology training program, supported by the Centers for Disease Control and Prevention (CDC), through awards for national testing strategy and strengthening health and community systems activities.

#### Malawi

- Invested in laboratory and surveillance systems, including in-country sequencing.
- Strong engagement with laboratory directorate and surveillance systems through support for the national testing strategy. .

#### **Tanzania**

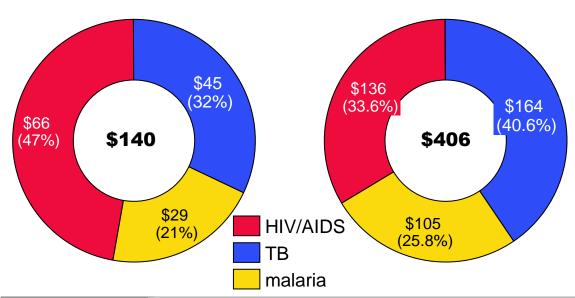
- Strengthened community health worker programs to enhance the COVID-19 response, including expanded capabilities among community health workers on gender-based violence related prevention and referral into treatment, care and support. .
- •In Sudan, following active in-country community engagement, US\$4.6 million to support CRG activities, specifically gender-based violence interventions.
- •In **Ukraine**, earmarked US\$0.8 million for the emerging issues that **women living with HIV** had highlighted during consultations.
- •In **Indonesia**, an analysis of the final C19RM funding request by key and **vulnerable populations** concluded that up to two-thirds of the recommendations made by 81 community organizations were included in the funding request.



# **COVID-19 Mitigation Measures for Programs to Fight HIV, TB and Malaria**

An effective COVID-19 response to mitigate the impact on HIV, TB and malaria programs is critical to protect the gains made by the Global Fund partnership over the last two decades and keep momentum on the scale-up to deliver the 2030 Global Goals.

#### C19RM 2020\* and 2021 Awards in Mitigation (US\$ million)



- THE GLOBAL FUND
  - From 2020 to 2021, C19RM mitigation funding increased threefold.
  - C19RM funding for mitigation activities is still a fraction of the total of non-C19RM funding, as C19RM is intended to be supplementary.

#### **Key Facts**

- From the start of the pandemic in most countries, Global Fund-supported programs against HIV, TB and malaria were under threat.
- Health workers and community health workers falling ill or diverted to deal with the COVID-19 emergency,
- Most members of civil society working toward fighting HIV,
   TB and malaria had to stay at home.
- Supply chain crisis that affected COVID-19 procurement also risked the procurement of products to respond to HIV, TB and malaria.
- Routine interventions, such as the dispensing of antiretroviral drugs, sputum analysis or seasonal malaria chemoprevention were all at risk.
- The **Global Fund**, working with the national programs for the three diseases, **funded mitigation measures**:
  - **Directly:** specific interventions;
  - Indirectly: procurement of PPE and the strengthening of health and community systems.

# **Update on HIV Mitigation**



#### **HIV MITIGATION**

\$

· C19RM 2020: US\$66 million

• C19RM 2021: US\$136 million (34% of approved HIV, TB and malaria mitigation)

The Global Fund Response

**Mitigation Measures** 

• Enable service continuity and reduce risks to people seeking HIV services and to the frontline workers (both community and facility levels).

- Prioritize critical service adaptations to lower frequency of health venue visits and brought services and health products closer to patients
- The "5 must-haves" for HIV mitigation:
  - Multimonth dispensing (MMD) of prevention, care and treatment products.
  - 2. Out-of-facility dispensing of prevention, care and treatment products.
  - **3. Virtual service delivery** through telephone or online platforms.
  - 4. Differentiated HIV testing, including through self-testing and out-of-facility models.
  - 5. Adapted prevention services for key populations and adolescent girls and young women.



# **Update on HIV Mitigation – Key Results**

#### **MMD**

# MMD of antiretroviral drugs (ARVs) accelerated

- C19RM resources
   effectively leveraged and
   complemented grants and
   investments of
   governments and
   partners (e.g., PEPFAR) to
   expand key mitigation
   activities supporting
   continuity of HIV
   services.
- Significant global progress and rapid expansion of multimonth dispensing of ARVs as a result of the pandemic conditions.

#### **HIV Treatment**

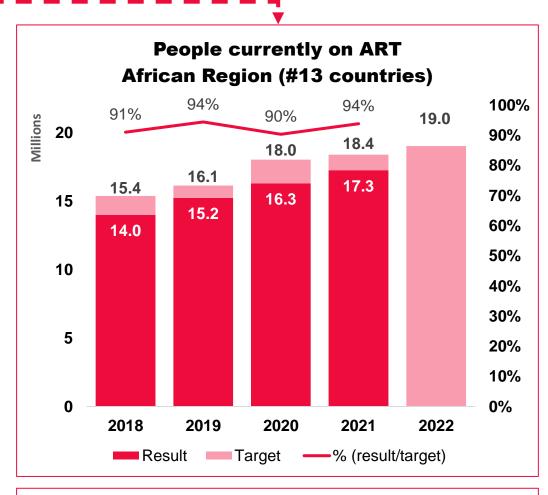
#### **Remains on track**

- Resilient HIV treatments during the pandemic: global increase in the number of people on ART: from 2019 (25.4 million) to 2020 (27.8 million) with 28.2 million as of 30 June 2021 (UNAIDS reports).
- Global Fund programmatic results reflect this increase in HIV treatments.
- Reports from PRs: strong levels of confidence in implementation progress, with 89% of grants reporting treatment modules as being on track, or off-track with only minor issues.

#### **Core Products**

## HIV products are available

- HIV products were largely not interrupted.
- On-shelf availability for HIV products was above the target of 75% for both diagnostics and first-line drugs on the second half of 2021, which aligns with findings on continuity of service for ART.
- On-time, in-full distribution for HIV products was however lower at 53% and 61%, respectively, but given onshelf availability this has been likely due to the delivery timeliness to health facilities.



Sourced from Performance Framework data gathered from HIV grants in the following countries: Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Mozambique, Malawi, Nigeria, Tanzania, Uganda, South Africa, Zambia and Zimbabwe.



# **Update on HIV Mitigation – Success Stories**

Continued implementation of the adaptations will further strengthen services, improve access and increase efficiencies. The key area at risk due to COVID-19 is HIV prevention, especially for key populations and adolescent girls and young women.

#### **Countries Success Stories**

Liberia

Liberia responded to COVID-19-related disruptions of prevention services (a 63% decrease between January and June 2020) by adapting service delivery to key populations. A pilot project of HIV self-testing targeting female sex workers led to over 8,700 of them using OraQuick and yielded a positivity rate of 3.4% (OraQuick identified nearly 300 women and referred them for treatment).

Cameroon

Cameroon succeeded in minimizing COVID-19 disruptions on HIV service delivery and successfully increased its ART cohort by nearly 39,000 between 2019 and 2020. This was done through the early roll-out and scale-up of differentiated service delivery methods such as multimonth dispensation of ARVs, community delivery of ARV through patient groups, and closer patient monitoring with psychosocial agents and community mediators.

Other

Many countries **adapted service delivery modalities**, for example going **door-to-door** in **South Africa** and **moving services to the community** in **Malawi, Peru** and **Ukraine**.

# **Update on TB mitigation**



#### **TB MITIGATION**



- C19RM 2020: US\$45 million
- C19RM 2021: US\$164 million (41% of approved HIV, TB and malaria mitigation)

# The Global Fund Response

# Mitigation Measures

· Key objectives for TB Mitigation:

- 1. Mitigate the impact of COVID-19 on DS-TB and DR-TB while monitoring key populations.
- 2. Catch up on the loss and adapt TB programs to the COVID-19 context with new delivery modalities.
- **3. Optimize TB screening and testing** through investments in digital X-rays and other equipment for both TB and COVID-19, to contribute to pandemic preparedness and response (PPR).
- The Global Fund supported interventions that prioritized innovation, made use of bi-directional testing (testing for COVID-19 and TB at the same time), invested in new tools and strengthened primary and community health care.

The Global Fund's investments in the fight against TB have proven key in stemming the reversal of hardwon progress, mitigate the impact of COVID-19 on drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB) while monitoring key populations.

# **Update on TB Mitigation – Key Results**



Even though 2020 saw a dramatic drop in TB testing and treatment, C19RM mitigation measures have proved vital in reversing that trend in 2021 and 2022.

# **Evolving** Response

- Ensuring that TB resources and facilities are maintained and access to TB/DR-TB services are improved, including through implementation of active case finding.
- Procurement of additional screening/diagnostic tests.
- · Risk communication.
- · Community and private sector engagement.

# TB Programs Adaptation

- Encouraging countries to maintain the targets set in their National Strategic Plans and grants, and **strive** to **achieve higher** to **make up for the loss**.
- Supporting countries to **adapt** their reprogramming and implement **peoplecentered approaches** for diagnosis and treatment and **Improving surveillance**.
- These efforts contributed to a quick recovery on case notification in some countries.

# Optimizing Screening and Testing

• Procurement of digital X-rays and molecular diagnostic tests that support both the COVID-19 and TB responses, strengthen the health system and contribute to pandemic preparedness.

#### **Countries Success Stories**

- Bangladesh have demonstrated a quick recovery in TB notification and achieved their highest-ever TB treatment coverage in 2021 despite the challenges of the pandemic.
- Nigeria is one of few countries that achieved even higher TB notification during the pandemic by improving access to TB services in public, private and community levels.
- India, the Philippines, Viet Nam and Nigeria have implemented dual (bidirectional) screening and testing for COVID-19 and TB, which contributed to increased notifications.



# **Update on Malaria Mitigation**



#### **MALARIA MITIGATION**

\$

**Measures** 

Mitigation

· C19RM 2020: US\$29 million

· C19RM 2021: US\$105 million

The Global Fund Response

## nets (ITNs), indoor residual spraying (IRS) and seasonal malaria chemoprevention (SMC) deployment.

- Key investments focused on:
  - Procuring PPE for frontline health workers.
  - Adapting operations to ensure that routine services, most critically the prevention campaigns, could take place despite (and in line with) COVID-19 restrictions.

Priority to maintain critical routine service and ensure implementation key prevention campaigns insecticide-treated

- Emphasizing waste management for both case management and campaigns.
- Investing in community sensitization and messaging to support access to services and encourage the sick to seek care.
- Financing of monitoring and surveillance through community-led monitoring.
- PPE for frontline health workers and campaigns has been key to mitigate the impact of COVID-19 on malaria programs. The Global Fund continues to work with national programs and partners to identify PPE gaps, with an immediate focus on 2022 campaigns and frontline health workers.

# **Update on Malaria Mitigation – Key Results**



#### **Malaria Diagnostics & Treatment**

#### Malaria **Suspected Cases**

#### **Malaria Campaigns**

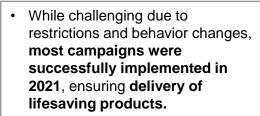
# **On Target**

#### **Slight Increment**

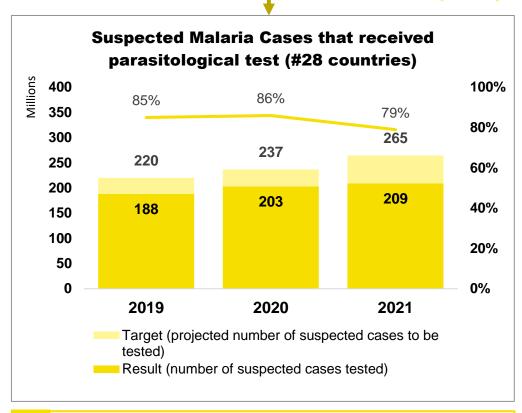
#### **Remains on Track**



- · On-shelf availability for malaria diagnostics and malaria first-line drugs across all reporting countries is 76% and 75%, respectively - at or above the 75% target rate.
- Malaria treatment service showed a **significant** increase along the seasonal patterns.
- Slight increment from 2019 to 2020 in the total number of suspected malaria cases tested, with results varying widely across Global Fund regions.
  - Given the overlap in symptoms, and the need to test suspected cases for both diseases, it is unsurprising that the expected number of suspected cases needing malaria testing, and the testing itself, increased in areas with COVID-19 burden.



- Close planning with national authorities and partners.
- SMC campaigns: Number of reached children increased each vear. In 2021, highest ever number of children protected (20 million in 2019 to 35 million in 2021).
- **ITN campaigns:** In 2020, 19 of 28 campaigns completed with nine partially delayed into the following vear. In 2021, 27 of 32 campaigns completed with five delayed.
- **IRS campaigns:** Of 21 countries, four delayed - three due to the COVID-19 impact, one due to unrelated factors to COVID-19.



Bolivia: PPE for malaria brigades/volunteers doubled-up as COVID-19 response teams.

Nigeria: Campaign adaptations put in place to ensure successful completion, together with a robust evaluation to understand, document and share experiences on usefulness and costs.

Burundi: Effective cross-partner collaboration in support of campaign digitalization to help implementation of the campaign during COVID-19, leveraging support for other cross-disease interventions.

Malaria implementation activities were less impacted than TB and HIV. Only 14% of modules were at risk or off-track with major issues in Q3 2021, often due to delays in delivery, particularly for ITNs for vector control, alongside health care worker shortages.

# **Reinvesting C19RM Funds**

## **C19RM Reinvestment**

As the pandemic evolves, the Global Fund has been addressing challenges along the way, responding in a swift manner and working with countries to adapt C19RM responses to specific country contexts.



The Global Fund is supporting implementing countries to refocus C19RM investments and grants to maximize impact

#### **Opportunities and Tools**

- C19RM funds can be invested to **build health systems' capabilities** across a spectrum of potential epidemic scenarios, including medical oxygen, integrated testing for COVID-19, HIV/TB and other diseases, community systems and integrated community-based interventions.
- New activities can also be added, such as novel therapeutics and test-and-treat.
- Countries are encouraged to further scale up what is already working with C19RM funding and cover additional COVID-19-related costs for HIV, TB and malaria programs, including warehousing and distribution, maintaining targets for core HIV, TB and malaria investments.
   C19RM funds must remain invested in C19RM-eligible interventions. A combination of existing tools will be leveraged: C19RM reinvestment and portfolio optimization.
- Adaptations are being introduced to processes to streamline while maintaining appropriate levels of oversight and controls.
- As operational bottlenecks that negatively impact implementation progress are identified, the Global Fund will continue to work with countries to identify appropriate partner support.

# Three key areas identified as high value C19RM reinvestment opportunities

Revisit readiness of opportunities within existing C19RM scope for scale-up and filling gaps



Adapt COVID-19 responses and interventions to current context



Enable HIV, TB and malaria program integration and mitigation



Enhance systems and infrastructure to boost responses

# **Country Demand for Reinvestment in Priority areas**

C19RM Board Priority Area

**Strategic Priority Investment Areas** 

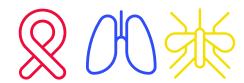
1. Reinforce COVID-19 national response

- Re-quantify COVID-19 diagnostics and PPE
- Infection prevention and control
- Ramp up Oxygen investments\*
- Novel therapeutics; Test & Treat and Self-Test programs



2. Mitigate COVID-19 impact on HIV, TB and malaria programs

- Cover additional costs of procurement and supply management (PSM) of health products
- Bi-directional screening TB/COVID-19 integration
- HIV, TB, and malaria commodities remain outside C19RM scope



3. Urgent improvement to health and community systems

- Pandemic preparedness
- Laboratory systems strengthening, including lab and medical equipment\*\*
- Surveillance, data systems and response
- Community health workers
- Supply chain and waste management
- Bring forward RSSH plans



- \* It will also help improving 3) Urgent improvement to health and community system.
- \*\* It will also help improving 2) Mitigate COVID-19 Impact.



# **Key documents on C19RM Reinvestment are available on the Global Fund website**

- COVID-19 updates on Urgent C19RM Reinvestments available on the <u>Global Fund website</u>.
- Presentations from the July/August 2022 information sessions for CCMs and PRs on C19RM reinvesting are available in <a href="English">English</a> and <a href="French">French</a>.
- Operational Update sent to PRs and CCMs in July: <u>English</u> <u>French Spanish</u>
- Annex 6: Guidance for C19RM Reinvestment Planning (July 2022 update) of the C19RM Technical Information Note details areas of reinvestment to consider prioritizing based on country and partner feedback and best practices. French version to follow shortly.
- <u>Updated guidance documents from Supply Operations</u> providing procurement advice to inform reinvestment decision-making.
- <u>C19RM Guidelines</u> (August 2022 update) provide a structural overview of the C19RM reinvestment process. <u>French</u> and <u>Spanish</u> version available.





## The M&O framework has been operationalized.

The Secretariat continues to focus on the use of data analytics and its continuous improvement, leveraging feedback and lessons learned to strengthen data collection tools and analytical output.



Phase / Focus

#### **Award**

#### **Implementation**

#### Services

#### **Programmatic**

**Indicators** 

- FR pipeline
- Funds approved and committed
- Investment in Board categories, interventions and pillars
- Unfunded demand

Disbursement forecast

**Financial** 

- Actual disbursement
- Expenditure

- Order placement
- In-country central delivery

**Health Products** 

- Delivery at facility / testing site level
- On-shelf availability

- Service availability: testing and oxygen therapy
- Service disruption at health facility and community sites
- Implementation progress (PR evaluation)
- Tracer indicators for HIV, TB and Malaria Programmatic performance at country and portfolio level

**Pulse Checks** 

Q2-2022 reporting period closed on 4 August 2022 for a cohort of 55 HI/Core portfolios. 93% had been reported by 11 August.



**Supply Chain & Health Services Spot Checks** 

Round 2 Spot Checks started on 9 May 2022. Data collection is completed in 39 countries out of a revised cohort of 41 countries for this round. The Round 3 Spot Checks cycle started on 25 July 2022 with data expected by Oct / Nov 2022.



**Strengthened Processes** for Monitoring & Oversight Second cross-cutting review held in June with a focus on *using* data from recently established mechanisms to identify issues and support problem solving.



**Assurance Activity** 

Minimum mandatory assurance activities continue to be implemented in line with 60

C19RM Guidelines.



# While Round 2 Supply Chain & Health Services Spot Checks data is being analyzed, the Round 3 is launched

#### **Round 3 Progress Update**

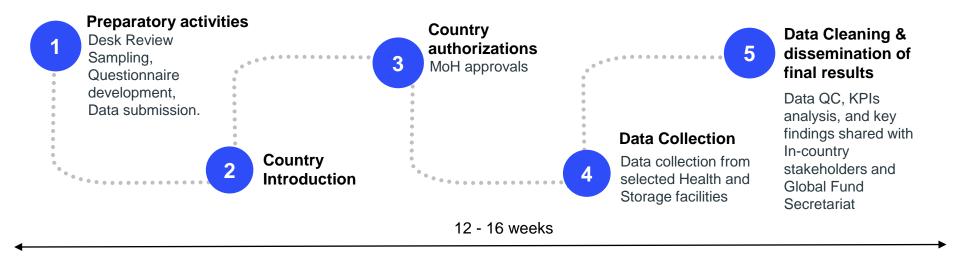


Round 2 allowed for stabilization of Spot Checks tools and processes and drove improvements in quality of data submitted. The Spot Checks results submission dates are aligned with Pulse Checks timelines.



Round 2 data is being analyzed, comprehensive dashboards are built and a joint story line is developed bringing together Spot Checks data with multiple other data sources, to strengthen the level of analysis for M&O review and make the data useful for investment re-allocation for more impact.

# **Project Methodology**

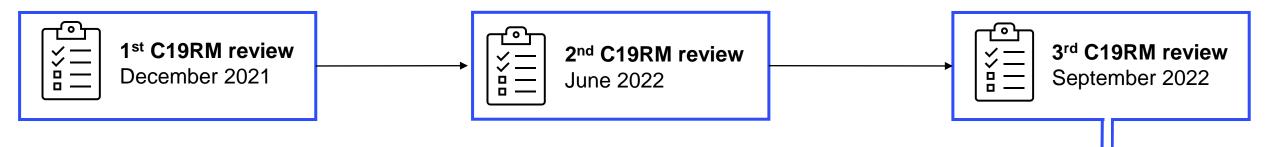


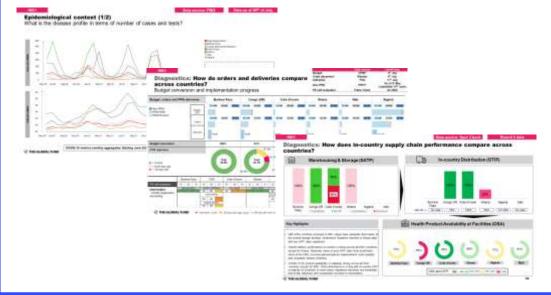




# Cross-cutting quarterly reviews are ongoing, tailored to key issues. IC focus in Sept/Oct is reinvestment.

The third C19RM M&O review cycle has been running since end of June 2022. The focus of the next review cycle is leveraging data on implementation progress and challenges to inform discussions on reinvestment.





# Focus of analysis to support reinvestment, portfolio optimization discussions and review by Investment Committee:

- Epidemiological context disease profile, testing rates and vaccine coverage.
- In-country absorption.
- Conversion of health product budgets into orders and deliveries.
- Supply chain performance and health product availability at facility level.
- Health systems resilience, including lab systems, availability of functional oxygen and waste management.
- PR confidence levels in grant implementation.

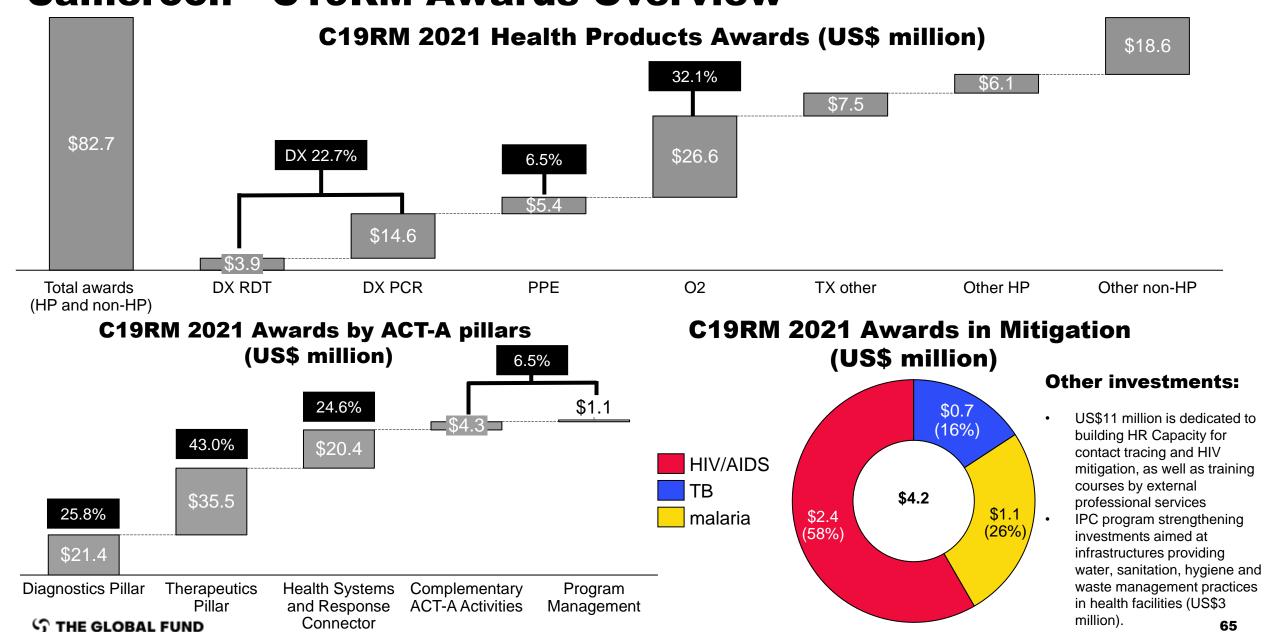
# **C19RM Country Case Studies**

### **COUNTRY PROFILE**

- Central Africa
- Cameroon



### **Cameroon - C19RM Awards Overview**



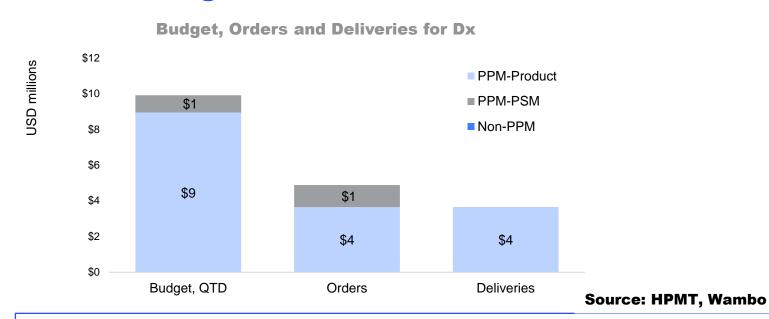
# **Cameroon: Boosting COVID-19 Testing Rates**

#### **Highlights**

- With the Global Fund's support, Cameroon was able to focus on investing in and scaling up testing and to achieve one of the highest rates of COVID-19 testing in the region in 2021.
- C19RM investment in mitigating the impact of COVID-19 on TB programs has:
  - Supported bidirectional screening training in diagnostic and treatment centers.
  - Increased use of molecular technology (GeneXpert) as first-line means of TB diagnosis.
  - Facilitated service delivery adaptations to enable community health workers with greater role in case findings and contact-tracing.
- As a result, TB case notifications have started to rebound.

#### S THE GLOBAL FUND

#### **Focus on Diagnostics**



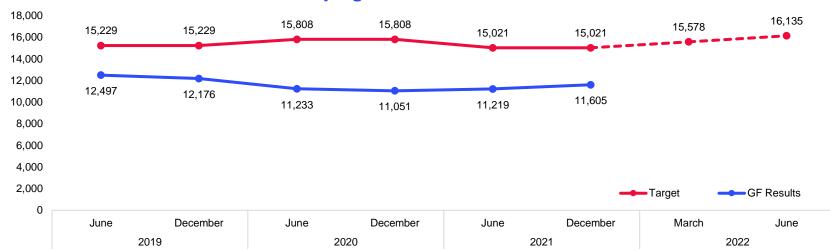
- Since 2021, **US\$4.9 million of orders for diagnostics placed** and **delivered**. Additional **US\$5.7 million in the pipeline**.
- Data from 60 health facilities visits (as part of Supply Chain and Health Services Spot Checks) showed a good level of service provision with more than 50% of health facilities providing testing services.
- C19RM funds enabled Cameroon to rapidly decentralize COVID-19 testing by "multi-plexing" or leveraging existing diagnostic platforms. As result, testing capacity increased in many reference laboratories outside the capital, and Cameroon achieved one of the highest level of COVID-19 testing rates in the region in 2021.

# Mitigating the Impact of COVID-19 on TB Programs

#### **Focus on PPE**

- US\$3 million was budgeted for investment in PPE through the end of Q2 2022, which has now been ordered and is to be delivered in country and deployed to health facilities between mid-June to early-August.
- The primary goal of investments in PPE is to ensure safety and protection of outreach workers and vulnerable population groups.

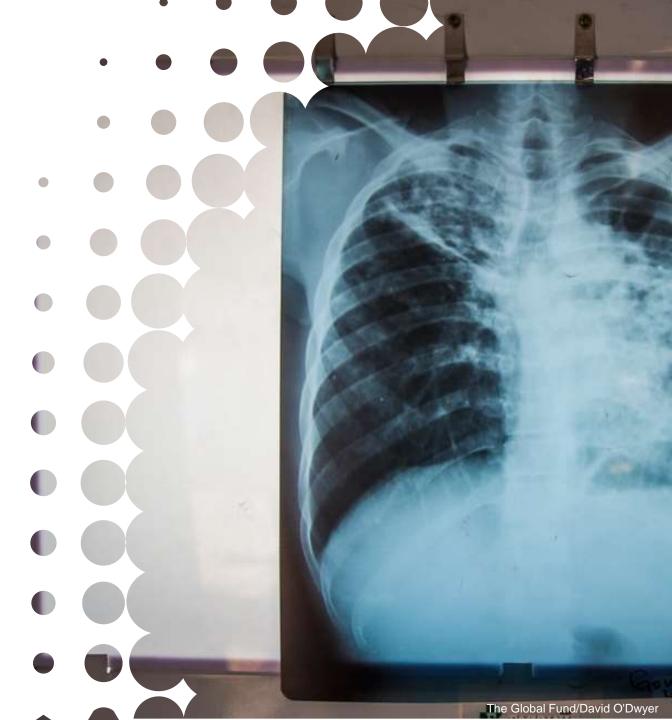




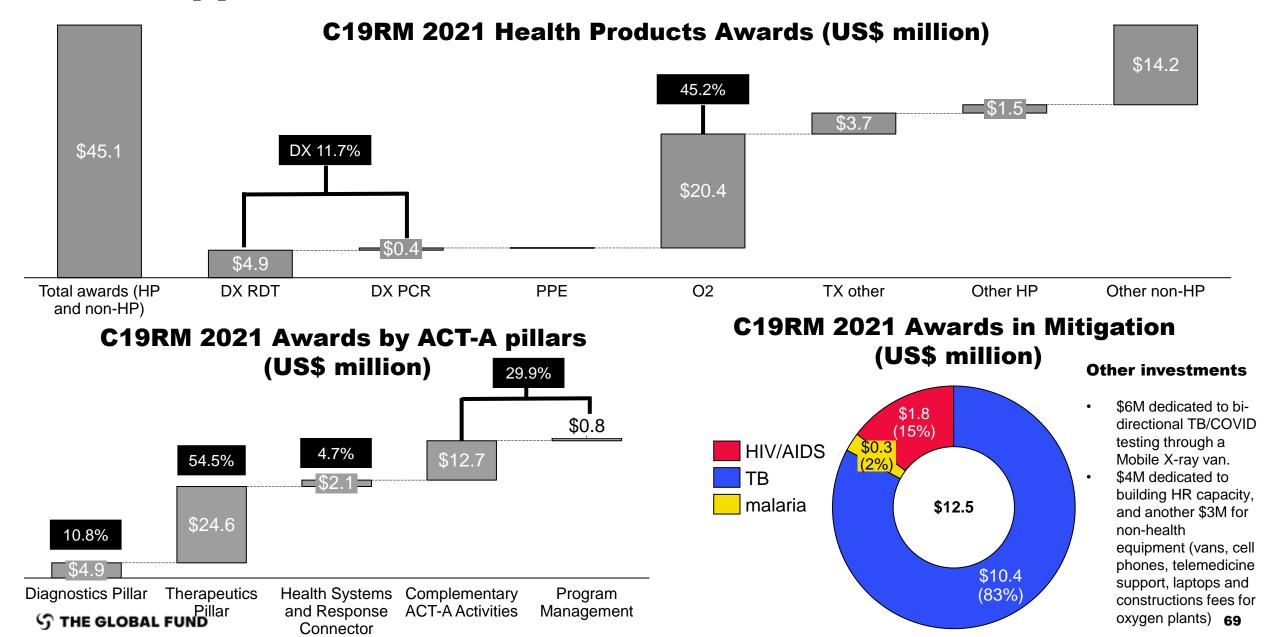
- Program adaptations: **TB**: Training 520 staff in diagnostic and treatment centers on bidirectional screening, enhanced use of molecular technology (GeneXpert) as first line means of TB diagnostics and adapting service delivery for greater roles of community health workers in case findings and contact-tracing. Rates of TB case notifications have been rebounding as a result of this line of investment, although continued monitoring in this area is still required to reach pre-COVID-19/TB notification rates and meet 2022 targets. **HIV**: Prioritization of early roll-out and scale-up of differentiated service delivery methods, including multi-month ARVs dispensing and their community delivery through patient groups, patient monitoring with psycho-social agents and community mediators successfully minimized the impact of COVID-19 disruptions on HIV service delivery. **Malaria**: Investment in Seasonal Malaria Chemoprevention (SMC) through PPE procurement and funding adaptions for an SMC campaign in 2021.
- Community Engagement, Human Rights and Gender: Capacity building efforts focused on prevention, screening and continuum of care for COVID-19 at the community level. Community health workers have also worked to strengthen the contact tracing interventions, including rapid testing, isolation, and treatment of patients. C19RM investments have created possibilities to focus on decentralized diagnostics/treatment and the need of community contact tracing to respond to future pandemics.
- System Strengthening: Investment enabled Cameroon to strengthen COVID-19 laboratory network, provide PPE to health workers and reinforce the community response to the pandemic.

#### **COUNTRY PROFILE**

- High Impact Asia
- Philippines



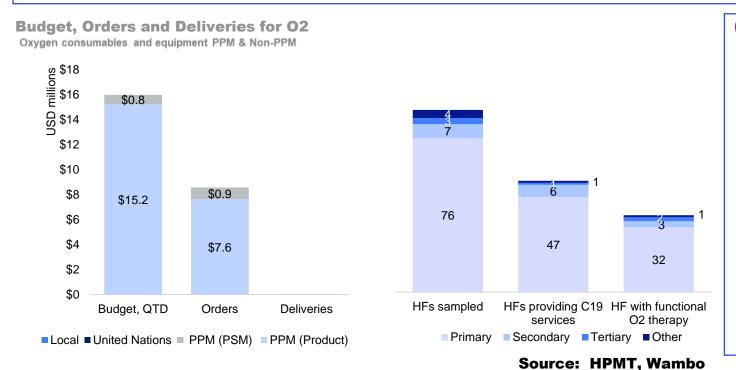
# The Philippines - C19RM Awards Overview



# Philippines: Key Investments in Oxygen

#### **Highlights**

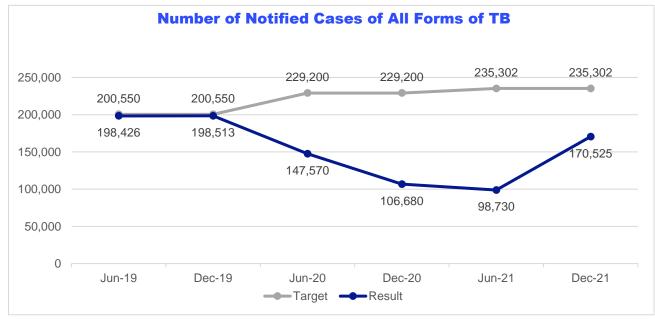
- Global Fund investment through C19RM has helped the Philippines procure essential quality PPE allowing hospitals and health facilities, as well as community health workers, to receive protection from infection.
- In 2021, investments in diagnostics, laboratory systems, intensive care expansion and case management played a key role in supporting the country to respond to the devastating wave of Delta variant that swept the country.
- C19RM funding has also been key in funding the **Philippines' TB adaptive program**, which enabled the **National Tuberculosis Control Program (NTP)** to **ensure program continuity** and innovation for testing and treating TB patients.
- Innovations supported by C19RM investment included bi-directional testing, Digital Adherence Technology to help patients adhere to their medicine, TB case finding, sputum transport networks and telemedicine. As a result of these adaptations, **lost ground is starting to be regained**.



#### Oxygen

- From 2021 onwards, U\$\$8.5 million in orders for oxygen consumables and equipment have been ordered through the Global Fund pooled procurement mechanism (PPM) to support ICU capacity expansion, including installation of critical equipment such as mechanical ventilators, patient vital signs monitors and oxygen support equipment in hospitals across the country.
- The Philippines focus on intensive care expansion and case management is reflected in the data coming from 90 health facilities visited as part of the first round of Supply Chain and Health Services Spot Checks, which points to good levels of availability of functional oxygen therapy at the primary care level.

# **Ensuring TB program continuity**



#### **Focus on TB**

- The Philippines was one of the first countries to implement a TB
   Adaptation Plan: between March and May 2020, the National
   Tuberculosis Control Program (NTP), the World Health Organization, the
   Philippines Business for Social Progress (PBSP), Access TB Project,
   USAID and other partners came together to develop the National TB
   Adaptive Plan to ensure continued TB prevention, testing, and
   treatment for patients.
- Investment through C19RM was key in supporting implementation of the plan, enabling the Philippines to innovate in using bi-directional testing, Digital Adherence Technology to help patients adhere to their medicine, TB case finding, sputum transport networks and telemedicine.

Source: data taken from PUDR (not LFA verified for December 2021)

#### HIV

**HIV:** Supported by C19RM, investment have included HIV differentiated services including virtual outreach, mobile vans, support for mental health and distribution of health products to patients.

#### Malaria

**Malaria:** Strengthening the local health workforce in remote areas to conduct integrated COVID-19 and malaria activities, including social and behavior change communication (SBCC), case management, distribution of health products and information and testing services.

- Community Engagement, Human Rights and Gender: C19RM funding has supported the Philippines' case management strategy, its intensive care capacity expansion, as well as upgrading and expansion of its laboratory system including ancillary equipment for 35 sites and strengthening RT-PCR sites by equipping three priority sites with automated extraction machines.
- System Strengthening: Investments include strengthening community-based organizations in their fight against COVID-19 and HIV, TB and malaria, supporting differentiated service delivery (DSD) in HIV and assisting community needs including support for mental health initiatives, programs against gender-based violence and provision of mobile clinics.