C19RM Monthly Update to the Board

Report for August 2022
Publication Date: 28 September 2022
Geneva, Switzerland
Executive Summary for August Report

1 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 key data points and pivotal thematic updates on reinvesting C19RM funds and portfolio optimization. For previous Board reports, please visit this page.

2 Update on COVID-19 Epidemiological Situation: High Impact Asia remains the region with the highest confirmed cases followed by Southeast Asia. New cases have also been recorded in Eastern Europe and Central Asia with an increase of new registered cases in the last month. Whereas disruptions have considerably hindered progress in programs for the three diseases, program adaptations keep showing signs of recovery and resilience.

3 C19RM 2021 Awards: As of 5 September 2022, C19RM has awarded or recommended for Board approval US$3,458 million to 124 countries. In 2021, country demand was high with most of applications requesting an amount equivalent to 30% of their 2020-2022 allocation or more. With C19RM funding awarded and an evolving epidemiological context, countries are making reinvestment decisions for C19RM funds, submitting updated unfunded demand. An action plan for reinvesting C19RM funds and portfolio optimization is being implemented to boost C19RM funds impact and absorption.

4 Finance Update: 99% of C19RM 2021 awards are integrated into grants, 69% of the cumulative budget has been committed, and disbursements are at 55% of cumulative budget until 30 September 2022. In-country absorption based on June 2022 proximal financial data remains low at 25% due to lower-than-expected demand. An action plan for reinvesting C19RM funds and portfolio optimization is being implemented to boost C19RM funds impact and absorption.

5 Health Products: Health Products represent 67% of C19RM 2021 awards. Orders for US$819 million (US$799 million as of July) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US$614 million delivered (US$579 million as of July). Conversion of Non-PPM budget to purchase orders is stable at 23% of the QTD (quarter to date) budget or 20% of the three-year total with some significant procurements in the pipeline. Diagnostics represent 23.1% of awarded C19RM 2021 funds (US$799 million) and it is showing strong impact on testing with solid in-country delivery performance. Oxygen represents 16.5% of C19RM 2021 funds (US$666 million) including O2 production, storage and distribution and patient delivery and is one of the highest C19RM investment categories. Project BOXER addresses the need for technical capacity-building and support in the operation of PSA plants with TA provided to 43 countries (4 additional countries since July 2022). IPC/PPE represents 18% (US$616 million) of awarded C19RM 2021 funds, with US$493 million dedicated to PPE, US$ 84 million to supplies and consumables (mostly disinfectants) and US$39 million to IPC program strengthening.

6 Reinvesting C19RM Funds and portfolio optimization: The Global Fund has been supporting implementing countries to refocus C19RM investments and grants to maximize impact. To realign the awards to the changing context and needs, the Global Fund adopted a two-step process through 1) C19RM reinvestment and 2) C19RM portfolio optimization. 49 applicants have submitted unfunded demand of US$1.7 million, on average an amount equivalent to 25% of their 2020-2022 allocation. A combination of C19RM portfolio optimization and unawarded funds is expected to be between US$1.0 and $1.2 billion. These applicants have previously been awarded US$1.8 million, on average an amount equivalent to 27% of their 2020-2022 allocation. Assuming these countries are awarded an additional US$1.1Bn equally by demand, it would bring their average 2020-2022 allocation percentage average from 27% to 43%.
1 Progressive Development of C19RM Reporting
Development of C19RM Monthly Reporting

Last month’s report covered key detailed 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.

REPORT FOCUS

The last report provided 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

This report provides key data points 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 and portfolio optimization

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.
2 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.

UPDATE ON COVID-19 EPIDEMIOLOGICAL SITUATION

<table>
<thead>
<tr>
<th>Region</th>
<th>New cases since last Board report</th>
</tr>
</thead>
<tbody>
<tr>
<td>AELAC-SEA</td>
<td>332,357</td>
</tr>
<tr>
<td>AELAC-LAC</td>
<td>585,890</td>
</tr>
<tr>
<td>AELAC-EECA</td>
<td>1,695,179</td>
</tr>
<tr>
<td>AME-WA</td>
<td>2,255</td>
</tr>
<tr>
<td>AME-SEA</td>
<td>16,037</td>
</tr>
<tr>
<td>AME-MENA</td>
<td>23,413</td>
</tr>
<tr>
<td>AME-CA</td>
<td>2,353</td>
</tr>
<tr>
<td>HIAsia</td>
<td>1,472,042</td>
</tr>
<tr>
<td>HIA-2</td>
<td>15,693</td>
</tr>
<tr>
<td>HIA-1</td>
<td>5,433</td>
</tr>
</tbody>
</table>

SUMMARY*

- According to WHO, as of 31 August 2022, there have been 596.87 million confirmed cases of COVID-19, including 6.46 million deaths reported to WHO worldwide. Confirmed cases in the Global Fund portfolio are 161.48 million, while deaths are 2.19 million. High Impact Asia has a total of 75.1 million confirmed cases, with 1.47 million new cases in the last month. New cases have also been recorded in Eastern Europe and Central Asia with an increase of 1.7 million new cases in the last month.
- Confirmed cases in Latin America and Caribbean rises to 19.8 million while those in *High Impact Africa 2 stays at over 5.9 million and 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, Indonesia, Colombia and Ukraine.

*Some data corrections included.

Data Source: WHO
C19RM 2021: Awards
C19RM 2021 Awards: Highlights

C19RM 2021 Fast-track Awards

• The Global Fund has awarded US$735 million to 50 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 9.9 business days.

C19RM 2021 Full Funding Awards

• US$2,723 million awarded to 124 applicants, including funding recommended for Board approval, for a portfolio average of 21.2% of 2020-2022 allocation (excluding previously approved Fast-track applications).

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

• C19RM Board Priority Areas: US$3,458 million have 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 $3,458 million C19RM awards is directed towards ACT-A Gap Filling Activities.

C19RM 2021 portfolio optimization
US$1,701 million requested by 49 applicants, for a portfolio average of 25% of the countries’ 2020-2022 allocation.
C19RM 2021 Status of Awards Submissions and Pipeline

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 26.9% of the 2020-2022 allocation.

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 50 applicants.
47 unfunded demand submissions have been received, for a total of US$1,579 million.
Demand pipeline: US$13 million is projected for submission or resubmission.

### C19RM 2021 Awarded & Requested Amounts (US$ million)

- **Total requested amount**: $5,741
- **IC Decisions**: $4,027
  - $3,458 awarded or recommended
  - $569 for review, in screening and projected submissions
- **Pipeline***: $1,714
  - $1,701 awarded or recommended
  - $13 unfunded demand
- **Available Funds**: $3,834
- **Demand in excess of available funds**: $1,338

- **Activities not approved**
- **IC awarded**
- **Received submissions**
- **Projected submissions/resubmissions**

All values are in US$ million and rounded. For received submissions, incomplete submissions are also reported. The full submitted amount is considered.

*Pipeline includes: submissions under review, in screening and projected submissions.

- We have received 49 unfunded demand submissions for a total of US$1,701 million. No additional unfunded demand submissions are expected (DPRK is the last pending funding request outside of unfunded demand)
In 2021, country demand was high with a majority of applications requesting 30% of 2020-2022 allocation or more. With the funding already awarded and the epidemiological context changed, countries are now making progress in reinvesting already awarded funds and submitting updated unfunded demand. 47 submissions for unfunded demand have been received for a total of US$1,579 million.

**C19RM 2021 Awards**

<table>
<thead>
<tr>
<th>Region</th>
<th>Award (Fast &amp; Full)</th>
<th>Submitted (Fast &amp; Full)</th>
<th>Submitted (Unfunded Demand)</th>
<th>Projected submissions/resubmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Impact</td>
<td>$1,033</td>
<td>$852</td>
<td>$85</td>
<td>$204</td>
</tr>
<tr>
<td>Africa 1</td>
<td>$1,299</td>
<td>$650</td>
<td>$556</td>
<td>$367</td>
</tr>
<tr>
<td>Africa 2</td>
<td>$1,178</td>
<td>$326</td>
<td>$85</td>
<td>$204</td>
</tr>
<tr>
<td>High Impact Asia</td>
<td>$1,469</td>
<td>$436</td>
<td>$13</td>
<td>$204</td>
</tr>
<tr>
<td>AELAC</td>
<td>$3,458 (66.9%)</td>
<td>$1,701 (32.9%)</td>
<td>$13 (0.3%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$5,172</td>
<td></td>
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</tbody>
</table>

All values are in US$ million and rounded. For values in screening and under review only complete submissions are considered. Values under Full Funding request awards also include values recommended for Board approval.
C19RM 2021 Award by Priority Area

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

The first awards for portfolio optimization are expected for October 2022.
C19RM 2021 Investments in Mitigation

- Of the US$3,458 million awarded (including recommendations for Board approval), **US$406 million (12%)** is invested in mitigating the impact of COVID-19 on HIV, TB and malaria programs.
- Investments in mitigating the impact of COVID-19 are primarily covered within the core HIV, TB, and malaria grants (2020-2022 allocation); malaria grants (2020-2022 allocation) incorporated a significant amount of PPE needs for mass campaigns and community activities.

**C19RM 2021 Awards in Mitigation**

- **HIV/AIDS**: $136 (34%)
- **TB**: $164 (41%)
- **malaria**: $105 (26%)

All values are in US$ million and rounded.
C19RM 2021 Award by Health Products

Health product investments are more balanced across key Health Products. Approximately 65% of awards to date are expected to use wambo as the procurement channel.

C19RM 2021 Awards by Type

- Total awards (HP and non-HP): $3,458
- DX RDT: $323
- DX PCR: $477
- PPE: $493
- O2: $566
- TX other: $190
- Other HP*: $282
- Other non-HP**: $1,127

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

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

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

OVERVIEW: AWARDS AND SUBMISSIONS (as of 05 September 2022)
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 into 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.

OVERVIEW: AWARDS AND SUBMISSIONS

C19RM 2021 Award by WHO Pillars

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,458</td>
<td>$47</td>
<td>$56</td>
<td>$209</td>
<td>$896</td>
<td>$771</td>
<td>$852</td>
<td>$406</td>
<td>$130</td>
<td>$92</td>
</tr>
</tbody>
</table>
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$852 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.
Qualitative Adjustment (QA) Decisions Notification

**Background and Decision**

- The Global Fund approved an award of US$12,781,520 for Venezuela in April 2022, based on prior approval of Venezuela’s QA grouping ceiling from 30% (US$5,940,000) to 65% (US$12,781,520), with an increase of US$7 million.

- The decision was based on the vulnerability of Venezuela’s population, regional considerations, a high-risk programmatic disruption and limited domestic and other resources to support the COVID-19 response.

**Background and Decision**

- The Global Fund approved the activities and interventions of Mozambique's Supplementary funding request for a total amount of US$ 14,391,810 (1.92% of the 2020-2022 allocation), bringing Mozambique's total C19RM 2021 award to US$114,970,504 (15.3% of the country’s 2020-2022 allocation).

- The approval decision in July 2022 was based on the CT and reviewers’ recommendations to finance the HPs management related activities of the request through existing C19RM efficiencies under the grants, noting that country health products needs have changed since initial submission given the evolving context of the pandemic.

- To enable C19RM 2021 awards of US$114,970,504 million, the Global Fund approved the decrease of the QA ceiling from 25% to 15.3% (decrease of US$72,907,792) based on the expectation that significant savings will materialize from ongoing reinvesting efforts, noting the fast-evolving situation and the need for a conservative approach.

**Background and Decision**

- The Global Fund approved Egypt’s additional funding request for US$5,988,534 (113.6 % of the 2020-2022 allocation) in April 2022, bringing Egypt's total C19RM 2021 award to US$88,623,742, equivalent to 163.6% of the country’s 2020-2022 allocation.

- While Egypt was invited to submit an additional funding request up to the ceiling of US$263,521 (5% of its 2020-2022 allocation, as per additional funding request instructions shared with the countries) the Global Fund recognized the technical merits of the request and noted that maintaining an award within the 5% ceiling would fall considerably short in responding to testing gaps given the population size.

- To enable C19RM 2021 awards for US$9 million, Egypt’s QA ceiling increase from 50% to 163.6% (US$6 million increase) has been approved based on the urgent gap in Egypt’s COVID-19 testing needs for 2022, the large population at risk and good absorptive capacity.

*25 applicants that could exceed 30%: Albania, Algeria, Armenia, Belarus, Bolivia, Colombia, Costa Rica, Cuba, Ecuador, Egypt, Gabon, Honduras, Iran, Jamaica, Kazakhstan, Malaysia, Montenegro, Morocco, Nepal, Paraguay, Peru, Serbia, Sri Lanka, Tunisia, Multicountry Middle East Response (Iraq, Jordan, Lebanon, Palestine, Syrian Arab Republic and Yemen).
Finance Update
C19RM 2021: Strong performance on request of awards (99%+) but spend is slower than expected. Urgent targeted reprogramming and optimization of funds is underway to get back on track

As of 31 August 2022

Three-year cycle

<table>
<thead>
<tr>
<th>US$ million</th>
<th>Awards Approved by IC</th>
<th>Signed Budget</th>
<th>Grant Expenses</th>
<th>Disbursements</th>
<th>Proximal Expenditures (as of 30 June)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,458</td>
<td>3,454</td>
<td>611</td>
<td>2,619</td>
<td>1,815</td>
<td>1,430</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>451</td>
</tr>
<tr>
<td></td>
<td></td>
<td>55% of cum. bud. disbursed</td>
<td>55% of cum. bud. committed</td>
<td>69% of cum. bud. committed</td>
<td>69% of cum. bud. committed</td>
</tr>
</tbody>
</table>

- 69% 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$1,430 million on 31 Aug 2022, representing 79% of commitments, and 55% of the cumulative budget until 30 Sep 2022

- In-country absorption based on June 2022 proximal financial data remains low at 25% due to lower-than-expected demand

- The secretariat has developed an action plan to prioritize reinvesting and portfolio optimization of US$400 million to improve impact and absorption of C19RM and get back on track

- Focus for the next 16-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

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*Important Note: Proximal Expenditure is only available for High Impact/Core countries representing 92% of total awards. The pulse check compliance rate for Jun-22 is 92%. Consequently, the reported expenditure remains a representative execution rate triggering the action plan on reprogramming and optimization.
5

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

<table>
<thead>
<tr>
<th>Country Demand</th>
<th>Supply/Logistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • Low incremental demand in converting earlier awards into purchase orders (56% of PPM in PO or process of approval).  
• New demand anticipated in the context of reinvestment and portfolio optimization.  
• Slower progress (and less visibility) on non-PPM awards; some volumes being rechanneled to PPM (e.g., PSA plants). | • Limited manufacturing supply constraints.  
• Logistics challenges related to COVID-19 control measures are lessening—but there are continuing intermittent and recurring port congestion in some countries that may result in vessels being diverted to neighboring countries or waiting for substantive time to be offloaded. |
| **Diagnostics** |                  |
| • Lower demand (weak and decreasing) in some countries.  
• New demand anticipated in the context of reinvestment and portfolio optimization  
• Increasing focus on ‘bi-directional’ testing approaches.  
• Supporting development of ‘test & treat’ approaches in anticipation of oral antivirals.  
• Coordinated TA support through Project Stellar/ACT-A-Diagnostics. | • After some months, some recent country demand uptake of the much lower priced Ag-RDTs approved by Stringent Regulatory Authorities:  
  o Lowest prices per test (average between US$1-2).  
  o Self-tests available at US$1-5 per test with lead time of 1 to 4 weeks.  
  o Shelf-life extensions to 24 months. |
| **Infection Prevention and Control** |                  |
| • Demand weakening as COVID-19 control measures relaxed. | • High product availability despite manufacturing capacity reductions. |
| **Case Management/Therapeutics** |                  |
| **Oxygen**:  
• New demand anticipated in the context of reinvestment and portfolio optimization  
• Complex technical specifications of PSA plants results in lengthy award to orders to delivery.  
• Project BOXER is providing technical assistance to 43 countries (increasing by 4 countries since July), supported by and aligned with ACT-A & O2 Working Group.  
• 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.  
**Therapeutics**:  
| **Therapeutics**:  
• Initial demand requests for Molnupiravir and Paxlovid as part of the test and treat initiative. Alignment with WHO allocation team on-going  
• Demand being collated from reinvestment and portfolio optimization processes  
**Oxygen**:  
| **Oxygen**:  
• PSA plant manufacturing timings, global events, freight challenges and in-country site infrastructure requirements continue to impact supply to drive long lead-times for PSA plant orders.  
**Therapeutics**:  
• Paxlovid agreements expected to be signed soon, followed by wambo listing  
• Initial purchase order of Paxlovid planned to facilitate access for test and treat  
• Molnupiravir is listed on wambo and is available for procurement through UNICEF ahead of generic approval |
Orders for US$819 million* (US$799 million as of July) of COVID-19-related health products have been placed through PPM/wambo.org since 2020, with US$614 million delivered (US$579 million as of July).

- US$259 million products delivered through PPM with C19RM 2020 funds.
- US$355 million (US$320 million in July) products delivered through PPM with C19RM 2021 funds; US$205 million (US$220 million in July) products are being delivered.

Cumulative PPM Procurement Pipeline (US$)**

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

* 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
*** Production includes process through to importation clearance and pick-up for transfer to flight/vessel
**** Dollar value of deliveries by month may change slightly over time due to potential reporting lags as well as revisions over time
### Health Products Update | Non-PPM

**Non-PPM procurement reporting**: August 2022

Note: Countries/PR currently undergoing C19RM reinvestment and portfolio optimization discussions - likely to result in budget shifts across product categories and procurement channels.

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

(references implementation-focused HPMT where available)

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#### At grant level

<table>
<thead>
<tr>
<th>By Region</th>
<th>Expected report</th>
<th>Report received</th>
<th>% Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIA1</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>HIA2</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>HIA</td>
<td>16</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>AME</td>
<td>18</td>
<td>17</td>
<td>94%</td>
</tr>
<tr>
<td>AELAC</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>56</td>
<td>54</td>
<td>96%</td>
</tr>
</tbody>
</table>

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#### 3 years Budget

- **Non-PPM Budget QTD**: $619M (+$22M)
- **3 years Non-PPM Budget**: $542M (+$25M)
- **Reported PO Amount**: $46
- **Budget conversion rate QTD**: $123M (+$0.5M)

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### By Region

- **National**: $413 (18%)
- **UN Agencies**: $129 (23%)

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### By Product Category

- **Diagnostics**: $56 (34%)
- **PPE**: $327 (18%)
- **Oxygen**: $327 (18%)
- **Tx Other**: $42 (26%)

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### By Type of PR

- **National**: $413 (23%)
- **UN Agencies**: $129 (23%)

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#### Notes

1. Non-PPM reporting excludes any investments or subsequent purchase orders related to 'non-reportable items'; this includes disinfectants, scrubs and repurposed/existing medicines; external QC materials, general hospital equipment (e.g. patient beds, screens etc.); x-ray protection (lead apron, lead collar etc.) as per new guidelines, accounts for an additional US$99 million of current budgets. However, more than US$2 million of non-reportable items will appear in denominator because of disparate budgeting – attribute decrease in AME PO amount compared to earlier report.

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

3. 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.).

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**The Global Fund**
Conversion of Non-PPM budget to purchase orders is at 23% of the quarter-to-date (QTD) budget or 20% of the three-year total with still some significant procurements in the pipeline such as US$36 million in Pakistan for PSA plants and about US$16.3 million in Nigeria for PPE and oxygen.

The total of purchase orders (POs) reported in Aug 2022 for US$125 million is similar to what was reported in July 2022. Further POs are expected to be issued in Sep 2022. For example, (i) over US$5 million for both Vietnam and Myanmar for different HPs, such as PPE and (ii) US$3.8 million for PSA plants in Malawi.

Oxygen represents 51% total non-PPM budget; with PSA plants alone accounting for 40% 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 PPM to non-PPM channels (e.g., US$8 million for PSA plants, US$1 million for X-ray equipment for Ukraine) or non-PPM to PPM for Cambodia, Cameroon, Chad, Liberia, Namibia and Niger for various Health Products.

On-going exercise to realign C19RM investments with the changing pandemic context, national priorities and lessons learnt.
HEALTH PRODUCTS UPDATE | Diagnostics

Diagnostics

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 lower-middle 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 in diagnostics.
Technical assistance for medical oxygen, provided through Project BOXER, addresses the need for technical capacity-building and support in the operation of PSA plants. Technical assistance is provided to 43 countries (4 additional countries compared to July 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.
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 31 August 2022, the Global Fund has awarded US$616 million for IPC interventions to low- and lower middle-income countries through C19RM 2021, with US$493 million dedicated to PPE, US$ 84 to supplies and consumables (mostly disinfectants) and US$39 million to IPC program strengthening.
6 Reinvesting C19RM funds and portfolio optimization


C19RM reinvestment and portfolio optimization objectives
What we are trying to achieve as the COVID-19 pandemic evolves

The Global Fund has been supporting implementing countries to refocus C19RM investments and grants to maximize impact. To realign the awards to the changing context and needs, the Global Fund adopted a two-step process:

1. **C19RM reinvestment**
   
   Implementing countries were encouraged to urgently identify savings where the initial C19RM investments no longer respond to current and projected national needs and reinvest C19RM funds to scale-up impactful interventions within the scope of C19RM.

2. **C19RM portfolio optimization**

   Outstanding needs identified through C19RM reinvestment submitted through the unfunded demand request.

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**Status Update on Two-Step Process**

- The Global Fund completed the C19RM reinvestment exercise and received unfunded demand requests.
- The Global Fund supports investments for targeted prioritized interventions that ensure coverage of a wide array of activities that will result in comprehensive and system-wide long-term improvements.
- Considering the primary role played by in-country partners, GAC/CTAG is actively engaged in the C19RM portfolio optimization review. The process has applied lessons from C19RM that indicated that reviews needed differentiation. Therefore, additional time be given to review requests where less information was requested from applicants to ease their application burden.
- As we shift from emergency response to COVID-19 long-term management and systems strengthening, the Global Fund is fully supporting synergies with Pandemic Preparedness and Response (PPR).
### Strategic priority investment areas

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<th>C19RM Board</th>
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<td>Priority Area</td>
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| **1. Reinforce COVID-19 national response** | **Adapt COVID-19 responses to interventions to current context**  
  • Re-quantify COVID-19 diagnostics and PPE  
  • More attention to Infection Prevention & Control beyond PPE  
  • Scale-up Medical Oxygen & respiratory care  
  • Introduce Novel therapeutics; Test and Treat programs |
| **2. Mitigate COVID-19 impact on HIV, TB and malaria programs** | **Enable HIV, TB and malaria program integration & mitigation**  
  • Cover additional procurement and supply management (PSM) costs  
  • Bi-directional screening TB/COVID-19 integration  
  • Note: HIV, TB, and malaria commodities remain outside C19RM scope (except TB testing as part of integrated response) |
| **3. Urgent improvement to health and community systems** | **Enhance systems & infrastructure to boost responses**  
  • Pandemic preparedness  
  • Laboratory systems and Diagnostic networks  
  • Surveillance, Data Systems and Response  
  • Community health systems and responses, including community health workers  
  • Supply Chain and Waste Management Systems  
  • Bring forward RSSH plans |
C19RM portfolio optimization
Constraints and implications to consider

• 49 applicants have submitted unfunded demand of US$1,701m, on average an amount equivalent to 25% of their 2020-2022 allocation.
• A combination of Portfolio Optimization and unawarded funds is expected to be between US$1.0 and $1.2 billion.
• These applicants have previously been awarded US$1,814m, on average an amount equivalent to 27% of their 2020-2022 allocation.
• Assuming these countries are awarded an additional US$1.1Bn equally by demand, it would bring their average 2020-2022 allocation percentage average from 27% to 43%.

Considerations

• Focus on a limited and prioritized set of interventions and a comprehensive approach to ensure sustainable system-wide improvements.
• Limited timeframe for decisions and implementation given the end-date of C19RM.

Implications

• Not all countries will receive all the requested funds, however, some countries will receive disproportional amounts of C19RM portfolio optimization awards in relation to their 2020-2022 allocation.
• The allocation for C19RM portfolio optimization will not follow the HIV, TB and malaria methodology.
• Within the unfunded demand, interventions supporting the shift from emergency response towards pandemic preparedness and COVID-19 long-term management will be prioritized.
• Approving C19RM portfolio optimization will require Board engagement and Executive Director (ED) exceptional approval since many C19RM Unfunded Demand requests will reach the current threshold.*

*Refer to Board decision GF/B46/EDP06, The C19RM Secretariat will advise the Country Team of the threshold that applies at the relevant time.
C19RM portfolio optimization (1/2)
Identified risks and mitigations during decision-making and implementation

1. **Limited capacity** of Principal Recipients (PR’s) and Country Teams (CT’s), given implementation of current grants and C19RM and preparation for the next allocation period.
   - Since PR’s Program Management Units are stretched, there will be a need to strengthen the capacity of these units through C19RM portfolio optimization investments.

2. To ensure that **C19RM reinvestment and C19RM portfolio optimization** decisions are made with **sufficient time left** for in-country implementation and placing orders, the **decision-making processes have ambitious timelines** for country submissions and internal and external reviews. To minimize additional strain on PR capacity, **country submissions were streamlined**.
   - GAC/CTAG engaged on proposed involvement in C19RM portfolio optimization as part of the August and September monthly review meetings.
   - Responding to GAC/CTAG feedback, differentiated external review processes have been applied for Focused portfolios with requests below US$10 million, and increased time given for review to allow GAC/CTAG members the opportunity to engage in-country offices.
   - Through lessons learnt from C19RM, funding request reviews were improved through internal engagement between TAP and Country Teams for unfunded demand requests above US$10 million. This allowed alignment and the opportunity to clarify potential issues.
   - There are risks associated with the decision to perform lighter reviews and analysis of the 49 countries' requests received for US$1.7 billion due to time constraints which hinder a comprehensive review. C19RM Fast-track and Full Funding requests benefited from longer review timelines, even when operating in emergency mode.
3. Complexity of materially scaling up investment areas such as surveillance, “test and treat” and waste management.

4. As we shift from emergency response to systems strengthening, it will be critical to strike the right balance between maximizing C19RM reinvestments and ensuring countries have adequate inventory of PPE and Dx to respond to new waves of COVID-19 (in line with WHO guidelines).

   - Accept risks linked to tradeoff between under absorption and health products potentially expiring.

5. The largest awards will require Board engagement, as well as ED approval for countries where requested amounts are exceptionally high compared to their 2020-2022 allocation. The thresholds are as follows:

   - **Board approval** is required for any additional award of US$15 million or more or if cumulative C19RM 2021 awards (excluding Fast-track) amount to US$45 million.

   - **ED approval** is required where cumulative C19RM 2021 awards are more than US$5 million above 30% or 50%** of 2020-2022 allocation.

6. The identified risks will require close monitoring during implementation and an agile approach taking into account learnings and adaptations.

*Refer to Board decision GF/B46/EDP06, p. 2

**25 applicants for whom the 50% threshold applies: Albania, Algeria, Armenia, Belarus, Bolivia, Colombia, Costa Rica, Cuba, Ecuador, Egypt, Gabon, Honduras, Iran, Jamaica, Kazakhstan, Malaysia, Montenegro, Morocco, Nepal, Paraguay, Peru, Serbia, Sri Lanka, Tunisia, Multicountry Middle East Response (Iraq, Jordan, Lebanon, Palestine, Syrian Arab Republic and Yemen).