Terms of Reference for the End-term Evaluation of the Global Fund's Covid-19 Response Mechanism and its Contribution to the Strengthening of Sustainable Health Systems and Pandemic Preparedness

29 July 2025

This document contains the original text for the Terms of Reference of this evaluation as approved by the Independent Evaluation Panel (IEP). The document has been reformatted so it may be published to the Global Fund website

Table of Contents

1. Introduction

1. These Terms of Reference (ToR) are for the independent end-term evaluation of the COVID-19 Response Mechanism (C19RM). The evaluation aims at assessing the contribution of C19RM towards the strengthening of resilient and sustainable systems for health and pandemic preparedness and response. While balancing accountability and learning, the evaluation will focus on progress towards outcomes (effectiveness), coherence (internal and external) as well as sustainability. The detailed design, implementation and timeline of this evaluation are intended to complement and build on ongoing or planned reporting and documentation activities conducted by the Global Fund Secretariat.

2. The evaluation is part of the Global Fund Multi-Year Evaluation Calendar for the 2023-2028 Strategy Period approved by the Board. It will be managed by the Evaluation and Learning Office (ELO) of the Global Fund under the oversight of the Global Fund Independent Evaluation Panel (IEP).

3. This ToR outlines the background, purpose, objectives, key evaluation questions, audience, and expected use of the evaluation, as well as methodological considerations, timeline and deliverables, and the technical requirements the prospective evaluation team should meet.

4. The main audience of the evaluation are the Strategy Committee, Global Fund Board, and Secretariat, while also providing insights for key partners such as WHO, Gavi and national governments (e.g., Ministry of Health), Principal Recipients (PRs) and Sub recipients (SRs), Non-Governmental Organizations (NGOs) or civil society organizations, United Nations agencies or other international organizations.

5. Findings from this evaluation are expected to inform the implementation of the 2026–2028 Global Fund Grant Cycle (GC8) and the post-2028 Global Fund strategy. Further utility will be to share insights and evidence from the C19RM for future pandemic preparedness initiatives.

2. Background and context

6. C19RM was launched in 2020 as the Global Fund largest emergency response effort, aimed at mitigating the impact of COVID-19 on HIV, TB, and malaria programs (HTM) while strengthening health systems to improve pandemic preparedness and response (PPR).

7. The Global Fund was a founding partner of the Access to COVID-19 Tools Accelerator (ACT-A)[1]. ACT-A was a global collaboration launched in April 2020 to accelerate the development, production, and equitable access to COVID-19 diagnostics, therapeutics, vaccines, and health system support. Primarily active during the emergency response phase (see paragraph 10), it was spearheaded by the World Health Organization (WHO) and key global health partners. ACT-A was designed to ensure that low- and middle-income countries could access life-saving tools to combat

[1] https://www.who.int/initiatives/act-accelerator/faq/

the pandemic. It was structured around four pillars—vaccines (COVAX)[2], diagnostics, therapeutics, and the health systems connector—each co-led by specialized agencies and organizations[3].

8. The Global Fund mobilized and disbursed funds to help countries respond to the pandemic while maintaining essential HIV, TB, and malaria services. Since April 2020, the C19RM has provided US$5.1 billion to 120+ countries over four implementation phases (see paragraph 10 for details). The Global Fund's existing grant processes and partnerships enabled rapid deployment of resources, making it a key player in ACT-A's mission to promote equity and resilience in global health systems.

9. The C19RM is implemented by applying a structured and adaptable framework, supported by an Investment Committee (IC) that expedites decision-making. To streamline approvals, particularly for high-priority countries, the mechanism introduced differentiated and delegated review processes. As part of this, the Global Fund Secretariat has the authority to approve C19RM awards of up to USD 10 million, enabling faster and flexible responses[4]. Community-led responses and governance structures were also strengthened to ensure meaningful participation of civil society organizations and community representatives in decision-making. Over time, the funding allocation approach evolved from rapid initial disbursements to more strategic and targeted investments.

10. The allocation approach evolved over four different phases (see also Supplementary Information B) and transitioned from an emergency response mechanism to a long-term investment in Resilient and Sustainable Systems for Health (RSSH):

i. **Emergency Response phase (March 2020 – March 2022):** focus on rapid mobilization through grant flexibilities, acute response measures, fast-track, full funding, and additional financial support to nations in combating the pandemic and reducing its impact on health programs for HIV, tuberculosis, and malaria (HTM). The mechanism was structured to offer support in three key areas: (i) COVID-19 control and containment measures such as epidemiologic surveillance, contact tracing, testing, treatment, provision of personal protective equipment (PPE), and risk communication; (ii) activities aimed at minimizing disruptions to HTM programs; and (iii) the strengthening of essential health and community systems, including laboratory infrastructure and community engagement.

ii. **Pandemic Evolution and Uncertainty phase (April 2022 – April 2023):** This period also saw the extension of implementation timelines and the launch of a so-called C19RM Portfolio Optimization Wave. The focus included mitigating the impact of COVID-19 on existing programs, particularly in countries with high disease burdens and fragile health systems with more than $470 million and later, another $77 million awarded to 40 countries and one multi-

[2] This is a global initiative aimed at ensuring equitable access to COVID-19 vaccines for all countries, regardless of income level, by pooling resources to negotiate vaccine deals and distribute doses fairly, especially to low- and middle-income countries.

[3] The Global Fund to Fight AIDS, Tuberculosis and Malaria played a pivotal role in ACT-A, particularly in the Diagnostics and Health Systems Connector pillars. As a co-lead of the Diagnostics Pillar alongside FIND, the Global Fund facilitated the procurement and distribution of affordable, high-quality COVID-19 tests, including rapid diagnostic tests. In the Health Systems Connector, the Global Fund helped countries strengthen their health infrastructure, ensuring they had the capacity to deliver COVID-19 tools effectively. This included support for oxygen supply, personal protective equipment (PPE), data systems, and community health worker networks.

[4] Global Fund Board Decision GF/B44/EDP18

country grant in a strategic shift from immediate response to strengthening health systems. This wave aimed to stabilize health systems, address service disruptions and ensure the continuation of essential services for HIV, TB, and malaria. Priority RSSH components and pandemic preparedness included investments in oxygen and respiratory care, C19 diagnostics, infection prevention and control, lab systems including multi-disease diagnostic platforms, surveillance and data systems, supply chain strengthening, and support/training for healthcare personnel, including community health workers.

iii. **Systems Strengthening phase** (**May 2023 to June 2025):** transition to emphasis on long-term resilience through five strategic priorities. It includes reinforcing surveillance systems to improve disease detection and response, expanding laboratory and diagnostic capacities, and investing in human resources for health—particularly through strategic planning, training, and deployment of community health workers. Additionally, the focus extends to improving access to medical oxygen, respiratory care, and essential therapeutics, as well as enhancing systems for the procurement, distribution, and safe disposal of health products. These five Strategic Priorities (see Figure 1) are designed to complement Global Fund investments under GC7 and support countries in building resilient and sustainable systems for health. A multi-year planning approach was adopted to support effective implementation.

iv. **Winding Down (July 2025 – December 2026):** final phase to complete all C19RM activities by the end of 2026. The Secretariat will manage remaining investments using closure flexibilities while embedding sustainability. Key activities include finalizing implementation, planning for the handover of C19RM investments, executing grant closure processes by June 2026, and delivering a final report.

Figure 1: C19RM Strategic Priorities[5]

[5] https://resources.theglobalfund.org/media/14589/cr_c19rm_technical-briefing-note_en.pdf

2.1 The link between C19RM and Resilient and Sustainable Systems for Health (RSSH)

11. The C19RM and the Global Fund's RSSH[6] investments are closely aligned through their shared goal of building strong, inclusive, and sustainable health systems. C19RM not only intended to address urgent pandemic needs but also to serve as a major vehicle for RSSH investments[7]. This shift (explained in paragraph 10 iii.) enabled countries to reinvest C19RM funds into five RSSH strategic areas shown in Figure 1 as the change of the COVID epidemiology required a different response.

12. The C19RM strategic priorities are designed to contribute to the overarching outcomes of the Global Fund Strategy[8]: (1) maximizing people-centered integrated systems for health, (2) promoting health equity, gender equality, and human rights, (3) enhancing the engagement and leadership of most-affected communities, (4) mobilizing increased resources, and (5) contributing to pandemic preparedness and response. In parallel, the C19RM-specific outcomes focus on enabling countries to adapt HTM activities during pandemics, design innovative approaches to reach vulnerable populations, and ensure timely, equitable access to quality care. These outcomes are supported by intermediate results such as functional oxygen, surveillance, laboratory, and IPC systems, as well as capacitated health and community workforces.

13. The C19RM Theory of Change (ToC)[9] (see Supplementary Information C) reflects this evolution from emergency response to sustainable health system strengthening. The ToC is underpinned by critical assumptions (see Supplementary information D), including the availability of technical expertise, infrastructure readiness, supply chain reliability, and community acceptance. For example, achieving a functional oxygen system assumes reliable power supply, trained medical staff, and distribution mechanisms. By addressing these assumptions and leveraging the five strategic priorities, the ToC displays the links between the C19RM and the Global Fund mission of ending HTM as public health threats and achieving Sustainable Development Goal 3—ensuring health and well-being for all.

2.2 Priority countries

14. The C19RM funding has supported 124 country portfolios, encompassing both single-country and multi-country arrangements. In 2023, the Global Fund strategically prioritized countries with the largest investments in RSSH and PPR. This led to the identification of 42 (see Table 1 below) priority countries, with a majority (31) from Sub-Saharan Africa. The remaining 82 portfolios, representing about 10% of total C19RM funding, were managed through a simplified and differentiated approach to streamline review and closure processes.

15. This geographical prioritization allowed the Global Fund to concentrate oversight and resources where they may have the greatest impact. Within the 42 prioritized countries, a further selection process identified 17 "cohort" countries (see countries in bold in Table 1). They were

[6] https://www.theglobalfund.org/en/resilient-sustainable-systems-for-health/
[7] https://www.theglobalfund.org/media/12968/c19rm_portfolio-optimization-wave-2_presentation_en.pdf
[8] https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf
[9] Developed during the Evaluability Assessment commissioned by ELO

selected based on three guiding principles: targeting countries with the largest investments, addressing challenging implementation environments (where technical assistance is most needed), and maximizing potential for impact (focusing on countries with strong leadership and proven implementation capacity).

Table 1: C19RM Priority Countries

1**. Bangladesh**	10. Côte d'Ivoire	**19. Liberia**	28. Pakistan	37. Togo
2. Benin	**11. Ethiopia**	**20. Madagascar**	29. Philippines	38. Uganda
3**. Burkina Faso**	**12. Ghana**	**21. Malawi**	30. Rwanda	39. Ukraine
4. Burundi	**13. Guinea**	22. Mali	31. Senegal	40. Viet Nam
5. Cameroon	14. Guinea-Bissau	**23. Mozambique**	**32. Sierra Leone**	**41. Zambia**
6. Central African Republic	15. Haiti	24. Myanmar	33. South Africa	**42. Zimbabwe**
7. Chad	16. India	25. Namibia	34. South Sudan	
8. Congo	**17. Indonesia**	26. Niger	35. Sudan	
9. Congo (Democratic Rep.)	**18. Kenya**	**27. Nigeria**	**36. Tanzania**	

2.3 Reported progress

16. In a C19RM Update to the Board Report (July – October 2023)[10] period, it was reported that the Global Fund advanced the strategic shift of C19RM from emergency response to long-term systems strengthening and pandemic preparedness. Out of the modelled US$1.95 billion available for reinvestment and C19RM Portfolio Optimization Wave 2 (C19RM PO2), 97% (US$1.89 billion) had been reviewed by the C19RM Investment Committee by mid-November 2023. Of this, US$1.574 billion was reinvested and US$326 million awarded through PO2. Notably, 79% of these investments targeted RSSH and pandemic preparedness, while only 10% and 11% were allocated to COVID-19 containment and HIV/TB/malaria mitigation, respectively. Key programmatic areas included laboratory systems, surveillance, human resources for health, medical oxygen, and health product management. All countries demonstrated integrated planning across C19RM and GC7, with investments supporting areas such as Community Health Workers (CHW) scale-up, lab accreditation, and surveillance capacity.

17. Findings from the SR23[11], showed that the 2021 re-design of C19RM was largely effective, especially in mitigating the pandemic's impact on HIV, TB, and malaria (HTM) programs. Despite the challenging context and limitations of the Global Fund model - such as limited engagement with

[10] C19RM Update to the Board Report for July – October 2023 Publication Date: 30 November 2023 Geneva, Switzerland

[11] Global Fund to Fight AIDS, Tuberculosis and Malaria. *Strategic Review 2023 (SR2023): Final Report*. Geneva: The Global Fund, 2024. https://www.theglobalfund.org/media/14802/iep_gf-elo-2024-01_report_en.pdf

disaster response bodies and tight timelines for partner input, the redesign enabled critical program adaptations and innovations. Notably, regression analysis from SR2023 showed an association between C19RM spending and the maintenance of antiretroviral therapy (ART) provision, with TB programs showing strong recovery in 2022.

18. Implementation required significant coordination and technical assistance, especially in the 42 priority countries that accounted for 90% of the funds. Bottlenecks included delays in procurement (especially for complex items like PSA oxygen plants), low absorption in RSSH investments, and the need for tailored technical assistance. The Global Fund responded with enhanced Monitoring & Oversight (M&O), performance frameworks, and targeted support through Centrally Managed Limited Investments (CMLIs) like project STELLAR[12] which was created to support selected African countries maximize the impact of C19RM resources, to rapidly scale up COVID-19 testing and galvanize longer term strengthening of laboratory systems. An additional project was called BOXER[13] , a CMLI initiative to support the implementation of medical oxygen programs, particularly through the deployment oxygen plants in low-resource settings. However, according to the SR23, sustaining these gains beyond 2025 will require continued focus on execution, capacity building, and alignment with national systems and GC7 grants.

19. Findings from an evaluation[14] show that the C19RM made relevant investments aligned with its three overarching goals and core strengths, including pooled procurement, delivery of HIV, TB, and malaria (HTM) services, and support for critical health system components such as laboratories, surveillance, outreach workers, and community mobilization. The evaluation further reports that the Global Fund responded swiftly, with over 80% of funding requests processed within 10 working days, though downstream implementation faced challenges, with only 55% of the portfolio absorbed by mid-2021. These figures highlight the tension between rapid grant-making and the complexities of on-the-ground execution during a global emergency.

20. The evaluation also concluded that the ACT-A provided essential technical expertise in diagnostics, therapeutics, and oxygen—areas beyond the Fund's traditional scope—enhancing its credibility in the COVID-19 response. In turn, C19RM significantly supported ACT-A by mobilizing substantial funding, leveraging procurement systems, and serving as a core convener for key response pillars. Despite these mutual benefits, gaps in coordination, timely product delivery, and broader stakeholder engagement underscored the need for more inclusive and collaborative approaches in future global health emergencies.

21. Lastly, the OIG audit[15] (published in March 2022) found the C19RM design to be materially adequate for emergency response but only partially effective in ensuring timely delivery and use of funds and commodities. It also highlighted competing priorities and evolving implementation

[12] https://resources.theglobalfund.org/media/14619/cr_c19rm-project-stellar_technical-briefing-note_en.pdf
[13] https://resources.theglobalfund.org/media/0ubjpog0/cr_2023-02-06-c19rm-project-boxer-information-session_presentation_en.pdf
[14] The Global Fund to Fight AIDS, Tuberculosis and Malaria. Evaluation of the COVID-19 Response Mechanism (C19RM) 1.0: Final Report. Geneva: The Global Fund, May 26, 2022. https://archive.theglobalfund.org/media/13198/archive_terg-c19rm-evaluation_report_en.pdf
[15] https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf

structures as key barriers. Both the evaluation [16] and the OIG audit [17] underscore C19RM's adaptability over time and emphasize the importance of balancing speed with oversight, improving coordination, and strengthening national systems for future emergency responses. The audit also highlighted several challenges that hindered the full effectiveness of C19RM. These included trade-offs between speed and robustness, data quality issues due to reliance on manual processes, and significant procurement and supply chain bottlenecks that delayed fund utilization. Moreover, the mechanism's design was not well-suited for acute emergency response, and there were no established processes for cross-portfolio optimization or reprioritization based on evolving needs.

22. The internal Memorialization[18] report in 2024 confirmed common findings from across the above discussed OIG audit, Board and the two evaluation reports which highlight the evolution and progress of the C19RM. The Memorialization report described progress in strengthening surveillance and community systems, alongside the development of more structured monitoring and evaluation tools such as Performance Frameworks and Workplan Tracking Measures (WPTM). However, it also identified challenges, including delays in medical oxygen and respiratory care procurement, limited fund absorption due to administrative constraints, and coordination gaps between Country Coordinating Mechanisms (CCMs) and national COVID-19 response bodies.

23. In summary, C19RM has been commended for its rapid mobilization of funds, alignment with the Global Fund's strengths, and its strategic pivot from emergency response to long-term systems strengthening and pandemic preparedness while the need for more inclusive and flexible implementation approaches as well as limited absorption of funding were recurring concerns across assessments.

[16] https://archive.theglobalfund.org/media/13198/archive_terg-c19rm-evaluation_report_en.pdf
[17] https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf
[18] , Commissioned by ELO, not publicly available. The report will be made available to the contracted evaluation team.

3. Purpose, objectives and evaluation questions

24. The overall purpose of the evaluation is to assess the effectiveness, coherence, and sustainability of the contribution of C19RM in strengthening resilient health systems and pandemic preparedness, and to identify challenges and achievements to inform future pandemic responses and Global Fund investments. The detailed design, implementation and timeline of this evaluation are intended to complement and build on ongoing or planned reporting and documentation activities conducted by the Global Fund Secretariat.

25. The specific objectives are:

1. To summarize and assess the contribution of C19RM - alongside the roles of other partners - to the achievement of intended intermediate outcomes of the response mechanism (see ToC) with a focus on the five strategic priorities (effectiveness).
2. To assess the alignment and complementarity of C19RM with a specific focus on the collaboration with country governments, other partners, and Global Fund GC7 RSSH investments (external and internal coherence).
3. To assess the extent to which the C19RM contributed/is contributing to the transition, maintenance, adaptation and/or national integration of the supported interventions (differentiated by strategic priority) and thereby strengthened conditions for sustainability.

26. The period covered by this evaluation will include phases ii. to iv. (April 2022 until today, see paragraph #10) of C19RM implementation with a focus on the latter two and the five C19RM strategic priorities. This will allow the evaluation to reflect on the Global Fund strategic shift toward Resilient and Sustainable Systems for Health (RSSH) and Pandemic Preparedness and Response (PPR). Geographically, the evaluation will focus on a sub-set of the 42 countries listed in Table 1.

27. The evaluation will not explicitly focus on the design and implementation of the mechanism itself as this has partly been covered by previous evaluations and assessments (see paragraphs 17 and 19-22) and would significantly expand the scope. Therefore, the evaluation does not intend to assess the efficiency or adequacy of the C19RM as a stand-alone line of inquiry. However, the suitability of the mechanism will be explored when analyzing the C19RM contributions towards outcomes.

28. The evaluation is expected to answer the following evaluation questions (EQ, see Table 2) in order to conclude on each of the three evaluation objectives (listed in the first column in the table below). Sub-EQ, indicators, and data requirements will be specified during the inception phase of the evaluation.

29. As C19RM investments supported more integrated health system functions such as laboratory services and surveillance systems, this evaluation will cross-reference and coordinate with the planned evaluation of Integrated People-Centered Quality Services (IPCQS) managed by ELO to ensure that the two evaluations complement each other.

Table 2: Evaluation Objectives and Evaluation Questions

Evaluation Objective	Evaluation Question
1. To summarize and assess the contribution of C19RM, alongside the roles of other partners, to the achievement of intended outcomes with a focus on the five strategic priorities (effectiveness).	1. To what extent have the intended intermediate outcomes been achieved and what has been the C19RM's contribution? Have unintended outcomes been observed? 2. To what extent and how did the Global Fund's C19RM response contribute to countries' capabilities to carry out critical and timely pandemic preparedness and response activities (in line with WHO guidance and country requirements)? 3. What have been the most important barriers and enablers to achieving the outcomes of the C19RM and how does this compare with assumptions set out in the C19RM ToC? 4. How and to what extent has the C19RM integrated gender-responsive approaches and considered addressing human rights related barriers, including the engagement of civil society and key populations?
2. To assess the alignment and complementarity of C19RM with a specific focus on the collaboration with country governments, other partners, and Global Fund GC7 RSSH investments (external and internal coherence).	5. How well were C19RM investments aligned with national plans and priorities for RSSH and PPR? 6. To what extent did the Global Fund collaboration with partners and other agencies' support programs strengthen country-level responses, avoid duplication, and create synergies? 7. How and to what extent did C19RM complement other Global Fund investments, specifically for RSSH?
3. To assess the extent to which the C19RM contributed/is contributing to the transition, maintenance, adaptation and/or national integration of the supported interventions (differentiated by strategic priority) and thereby strengthened conditions for sustainability.	8. How and to what extent have efforts to support the sustainability of Global Fund C19RM investments been built into the grant design and are being supported during the Winding Down phase from July 2025? 9. How and to what extent have C19RM interventions been adapted to and/or integrated with public health functions and services? 10. Which capabilities and infrastructure under the five strategic priorities are likely to be transitioned to and maintained by national systems and how (prospective sustainability)?

30. Evaluation objectives and EQ are building on progress reports and previous evaluations and assessments referenced in Section 2.3. They also complement and build on ongoing or planned reporting and documentation activities conducted by the Global Fund Secretariat as well as the more recent consideration of sustainability:

- **Effectiveness**
  The progress reports and Strategy Review 2023 (SR23) highlight that C19RM investments were effective in mitigating the impact of COVID-19 on HIV, TB, and malaria (HTM) programs. This aligns directly with the evaluation's objective to assess the contribution of C19RM to intended intermediate outcomes, especially across the five strategic priorities (e.g., labs, surveillance, HRH, oxygen, and health product management). The regression analysis (part of SR23) linking C19RM spending to ART continuity and TB recovery supports this effectiveness criterion. However, these assessments have not covered the more recent investments and focus of C19RM.

- **Coherence (Internal and External)**
  Reports emphasize integrated planning between C19RM and GC7, collaboration with partners and integration into national systems as well as corresponding challenges of coordination and complementarity at different levels. Hence, the EQ were designed to comprehensively address coherence.

- **Sustainability**
  The shift from emergency response to systems strengthening, evident in the Portfolio Optimization Wave 2 and the focus on long-term investments, directly supports the evaluation's focus on transition, maintenance, and national integration of C19RM-supported interventions.

4. Methodological considerations

31. The evaluation approach is expected to be theory-based (Theory of Change (ToC) and utilization-focused to generate robust, actionable and relevant insights into the effectiveness, coherence and sustainability of the C19RM. It combines summative and formative elements to assess the achievement of outcomes across a sample of countries. The approach integrates mixed methods to explore causal pathways and identifies challenges and achievements to inform future pandemic responses and Global Fund investments. Methods that could possibly be applied include for example contribution analysis, context-mechanism-outcome (CMO) configurations, qualitative comparative analysis (QCA), systems mapping and outcome harvesting. The bidders are encouraged to suggest methods/tools that are the best fit to answer the evaluation questions.

32. Data collection and analysis tools that may be considered are secondary data analysis, desk review of key documents and reports, surveys, key informant interviews, focus group discussions, reflection workshops, case studies etc. The respondents will be from a wide range of stakeholders, including Global Fund staff, Principal and Sub-Recipients, Country Coordinating Mechanism (CCM) members, partners, technical experts, various government partners, community representatives and civil society organizations, and technical assistance organizations. The analysis may be supported by Machine Learning (ML) and Natural Language Processing (NLP) applications, to enable more efficient analysis of large datasets and less structured secondary and primary data. In case of application of ML/NLP, human validation is expected to be integrated at key steps in the process. The final set of tools will depend on the detailed design, evaluation questions and data requirements. As the implementation of the evaluation will be outsourced, bidders will be requested to suggest methodology and (innovative) tools during the selection process.

33. It is expected that the technical proposal for the evaluation is guided by the Global Fund's Evaluation and Learning Principles. These principles include the use of rigor and innovation in methodological approaches and data collection; independence in the execution of the evaluation to avoid bias and conflict of interest; ethical practice conforming to the 'do no harm' principle; transparency throughout the evaluation process. Additionally, the selected service providers will also be bound by the code of conduct for suppliers as described in the RFP document.

34. A more detailed design and methodology will be submitted as part of the technical proposal in response to the Request for Proposal (RfP) and finalized during the inception phase of the evaluation once the contract is awarded. It is expected that the justification for the evaluation design and methodology explains the fit for purpose and rationale to answer the evaluation questions and conclude on the evaluation objectives. The technical proposal must also describe the analysis approach and how information and data coming from different methods will be triangulated and will complement each other to ensure robust and rigorous findings and conclusions. Bidders are requested to summarize design and methodology in an evaluation framework that describes and justifies the data types and sources, methodological choices, data collection tools and analytical approaches in order to answer the evaluation questions.

35. The evaluation is expected to include a portfolio-wide review of all 120+ C19RM grants or a representative selection. For deeper country-level insights, a stratified purposive sample of ten countries representing approximately 25% of the 42 RSSH PPR priority countries listed in Table 1

will be selected for in-depth analysis. This sample is designed to capture a diversity of experiences, including countries with large C19RM investments, fragile health systems, and those demonstrating strong leadership, sound strategies, and effective implementation arrangements. The selection will also consider operational feasibility, including the evaluation's timeline and budget envelope.

36. Triangulation across data sources will enhance the validity of findings, while attention to gender, equity, and human rights analysis will ensure inclusive and context-sensitive insights. The evaluation will also account for the heterogeneity of country contexts, grants, and population groups (gender, ethnicity, age, disability), providing a nuanced understanding of C19RM's contributions.

37. Due to the evolving uncertainties in the global development funding arena and public health programming more specifically, the evaluation may not be able – for different reasons - to collect primary data from some or all potential respondents (whether face-to-face or virtual), especially those located in countries that are receiving C19RM funds. Hence, neither the number of country case studies nor the extent to which it is feasible and advisable to engage country stakeholders and partners is foreseeable now. In response, the evaluation may be implemented in a staged approach to allow for adjustments – starting with an assessment of available Global Fund data and information as well as secondary data analysis.

38. The proposed evaluation design is expected to address and consider the following:

a) The contributary nature of the Global Fund in the broader global public health architecture.

b) Reflection of the significant heterogeneity and diversity among countries, grants, and population groups, health systems and contexts.

c) Considering gender and human rights dimensions in the selection of methods and tools, data collection and analysis.

d) A possible staged approach as explained in paragraph 37, detailing pros, cons, risks and implications of such a modality.

39. The technical proposal is also expected to provide sufficient detail on the following:

a) A proposal how to select the 10 countries for case studies – based on criteria.

b) The expected limitations of the evaluation methods and any foreseen risks with a description of how these will be addressed.

c) The quality control mechanisms that will be applied at different stages of the evaluation process.

d) How the evaluation team will approach the collection of confidential information and how they intend to operationalize a do-no-harm approach during data collection and analysis considering the potential sensitivity of the topic.

e) The strength of evidence approach that will be used. The proposal is expected to explain how the strength and robustness of evidence will be assessed and documented (i.e., a ranking approach indicating the strength of evidence as major, moderate or limited could be included along with a detailed explanation for each category).

5. Evaluation Process

40. Once the evaluation team has been selected, the evaluation is structured in three main phases defined by accompanying activities as described below:

1. **Inception Phase (approx. six weeks)**

    - **Onboarding:** This will most likely occur in the week or so following the signature of the contract and will be conducted virtually. All evaluation team members will be requested to sign a Non-Disclosure Agreement which covers issues related to handling confidential information. A series of onboarding sessions will be organized by ELO with the evaluation team. The sessions will cover but are not limited to consultations on) the evaluation process, with its key milestones and deliverables. b) roles and responsibilities of major stakeholders in the evaluation management and oversight; c) guidance and templates for the evaluation deliverables; d) overview of the available data and documents for desk review; e) clarity on technical issues related to the subject matter and the Global Fund modus of operation; f) discussion of the Theory of Change, country, grant and stakeholder mapping for data collection.
    - ELO will establish a MS TEAMS Space and will give access to the evaluation team members. This space will be used throughout the evaluation to share a) all guidance materials, templates and documents referred to in the onboarding b) Global Fund data and documents identified in the inception phases c) progress updates and deliverables submitted by the evaluation team.
    - At the end of this phase an **Inception Report** will be submitted for review adhering to ELO guidance on the structure of the report. The report will contain a detailed/refined evaluation matrix linking evaluation criteria with specific questions/areas of inquiry and analytical frameworks/rubrics, and corresponding data sources and collection/analysis methods. Once approved by ELO the evaluation progresses to the next phase.

2. **Data Collection and Analysis Phase (approx.20-24 weeks)**

    - Independent collection and analysis of data and information as described in the approved Inception Report. The evaluation team and ELO will hold weekly meetings to review the progress of the evaluation and identify any areas where ELO can facilitate progress if required.
    - Around half-way through this phase there will be an Interim Report (structure, length and content tbc). Toward the end of this phase, there will be a virtual and/or in-person meeting between the Evaluation Team, ELO and key stakeholders in which the evaluation team will present and discuss preliminary findings. The Evaluation team will be requested to submit a slide deck presentation in advance of the meeting summarizing the main findings and conclusions.

3. **Reporting Phase (approx. eight weeks)**

- Adhering to ELO guidance on report structure and length, a draft Final Evaluation Report will be submitted at the start of this phase.
- Based on the draft report, a workshop will be held with the evaluation team and key stakeholders (co-chaired by ELO and IEP) to discuss the recommendations in the draft report. A brief presentation summarizing the conclusions and recommendations will be submitted beforehand.
- Written comments on the draft Final Evaluation Report will be compiled and forwarded to the evaluation team and a Final Evaluation Report is submitted that addresses the feedback received and is reflective of the discussions in the meeting/ workshop. Once the final report has been approved by ELO, an Evaluation Brief and a Summative Slide Deck are also to be submitted as part of the final deliverables.
- The Global Fund Independent Evaluation Function has developed a Quality Assurance Framework.[19] to guide the process of reviewing the final evaluation report. Potential bidders may find reviewing this document helpful in considering proposal submissions. The QAF is of particular importance at the report-writing stage of the evaluation process but given the centrality and importance of the final report, all evaluation activities should be framed and informed by the logic and content of the QAF.
- Upon ELO approval of the final evaluation report, the report will be assessed by the IEP using the QAF and the IEP will prepare a Commentary on the evaluation. The Global Fund Secretariat will prepare the Management Response. The intention is to publish the Final Evaluation Report alongside the IEP Commentary and Secretariat Management Response on the Global Fund website.[20.]

[19] The Global Fund Evaluation Function Quality Assurance Framework (https://www.theglobalfund.org/media/13794/iep_quality-assessment_framework_en.pdf)

6. Deliverables and expected timelines

41. A tentative time frame for evaluation is provided below. The entire evaluation process, from contract signing to the approval of the very final deliverables, is expected to take about 12 months.

42. The approximate time of expected submission of the evaluation's main deliverables to ELO is outlined below. Exact dates will be confirmed during inception. Payment will be made against deliverables once approved by ELO

Table 2: Evaluation Deliverables and Approximate Due Dates[21]

Key Deliverable	Due Date
High-Level Workplan	10 working days after contract signature
Final Inception Report	November 2025
Interim Report	March/April 2026
Preliminary Findings Presentation	July 2026
Draft Evaluation Report	August 2026
Summary Presentation of recommendations to be used in the Recommendations Workshop	September 2026
Final Evaluation Report	October 2026
Evaluation Brief and Summary Slide Deck	November 2026

7. Skills and experience required from the evaluation team

43. The Global Fund is looking for an evaluation team with extensive knowledge in global health and international institutions and expertise in conducting theory-based and utilization-focused evaluations as well as contribution analysis.

44. Required:

- Over 10 years of demonstrated experience in implementing and evaluating public health programs and interventions with a good understanding of country socio-economic contexts related to the impact of Covid-19 on disease programs, health systems, and/or pandemic preparedness and response.
- In-depth understanding of the Global Fund and its strategy, policy and processes including the conceptualization, implementation and impact of the C19RM – including RSSH (Resilient and Sustainable Systems for Health).[22]

[21] The exact date to be set is based on the date of the final contract signing.
[22] https://www.theglobalfund.org/en/resilient-sustainable-systems-for-health/

- Familiarity with evaluating the five strategic priority areas (see Figure 1).
- Expertise in conducting complex, mixed-methods evaluations. Advanced skills and experience in structured synthesis and analysis of data and information from a broad range of sources and country insights.
- The core team members should have advanced university degrees or comparable training in epidemiology, public health, health policy, evaluation, international development, and management or a related area.
- Professional proficiency in English.
- Project management expertise to efficiently manage the evaluation including scope, budget, timely deliverables, and quality assurance.

45. Highly desirable:

- Evaluation team lead and/or team members are already based in the Global South, with a record of high-quality evaluations in countries in these regions.
- Familiarity with the Global Fund and with Global Fund grant life cycle and program implementation at the country level.
- Professional proficiency in French and other languages spoken in the listed priority countries is an added advantage.

46. It should be noted that the evaluation team is expected to organize all activities during data collection, therefore the evaluation team should include appropriate project management and administrative support to the evaluation process.

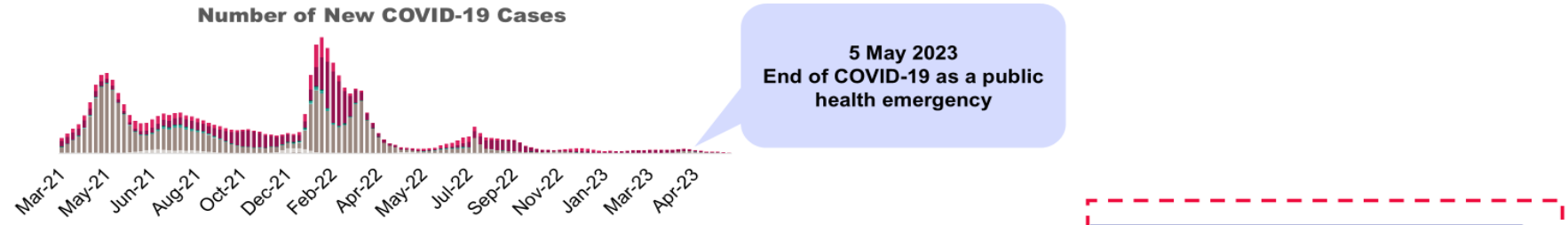
47. The technical proposal should clearly demonstrate how diversity has been considered in the composition of the team, with particular attention to gender and geographic representation. The proposal should specify the legal registration locations of the lead supplier and any sub-contractors, as well as the geographic locations of team members. Additionally, it should highlight other relevant aspects of diversity that pertain to the evaluation topic

8. Supplementary Information

A: List of acronyms and abbreviations

ACT-A	Access to COVID-19 Tools Accelerator
C19RM	COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CHW	Community Health Workers
ELO	Evaluation and Learning Office
Gavi	Gavi, the Vaccine Alliance
GC7	Global Fund Grant Cycle 7
GC8	Global Fund Grant Cycle 8
HTM	HIV, TB, and Malaria
IC	Investment Committee
IEP	Independent Evaluation Panel
KIIs	Key Informant Interviews
LLMICs	Low- and Lower-Middle-Income Countries
OIG	Office of the Inspector General (Global Fund)
PPR	Pandemic Preparedness and Response
PRs	Principal Recipients
QAF	Quality Assurance Framework
RfP	Request for Proposal
RSSH	Resilient and Sustainable Systems for Health
SR23	Strategy Review 2023
SRs	Sub Recipients
ToC	Theory of Change
ToR	Terms of Reference
UNICEF	United Nations International Children's Emergency Fund
US$	United States Dollar
WHO	World Health Organization

B: C19RM Implementation Phases



1. Emergency Response	2. Pandemic Evolution And Uncertainty	3. Transition to Systems Strengthening	4. Winding Down
In the beginning, **75% of C19RM investments** focused on COVID-19 control and containment. The Global Fund responded quickly to procurement needs based on a solid organizational infrastructure, also providing grant flexibilities. HTM mitigation and urgent improvement to systems for health were also prioritized.	**Investments landscape remained unchanged** – demand / orders for COVID-19 commodities dropped dramatically but countries did not want to risk reprogramming in case of future surges. Extreme uncertainty delayed continuation of investments by countries.	**Five strategic priorities:** Surveillance systems, laboratory systems, HRH and community systems, medical oxygen and respiratory care, health product and waste management. **Actions to drive the shift:** (i) visibility on reinvestment landscape; (ii) maintain urgency and agility in funds deployment; (iii) enhance monitoring and support implementation	The overall ambition is to accelerate the implementation and **complete execution of C19RM programs by 31 December 2025**, as we wind down and close out the C19RM mechanism. The Secretariat will manage projects requiring completion through **closure flexibilities** while embedding **sustainability** of C19RM investments.
March 2020 – March 2022	**April 2022 – April 2023**	**May 2023 – June 2025**	**July 2025 – December 2026**
• **Grant flexibilities** • **Acute response** • **Fast Track, Full Funding, Additional Funding**	• **Started the shift** • **Evolved strategic priorities: labs, surveillance, oxygen, supply chain and community health workers.** • **Extension of Implementation** • **Portfolio Optimization Wave 1**	• **Portfolio Optimization Wave 2** • **Reinvestment towards Strategic Priorities, planning holistically with GC7** • **Multi-prong approach for enabling effective implementation**	• **Activities completed by December 2025** • **Sustainability planning and handover of C19RM Investments** • **Grant Closure and Closure Flexibilities completed by 30 June 2026** • **C19RM Final Results Report** • **C19RM Independent Evaluation**

C: Theory of Change (TOC)

Please double-click on the object below to open the ToC

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D: Assumptions from the ToC

The following assumptions apply to the transition from **activities to system readiness/functionality – designated as intermediate outcomes in the ToC diagram** and categorized by functional area.

Surveillance Systems

- Global Fund, Principal Recipients (PRs), and in-country partners are **capable of rapidly procuring** and deploying surveillance tools, ensuring early detection of emerging health threats.
- National policies support **task-shifting** and the decentralization of surveillance activities, allowing for quicker response times at the local level.
- **Technical expertise** exists in-country to maintain and adapt surveillance platforms, reducing reliance on external consultants.
- **Infrastructure readiness**, including IT systems, lab functionality, sample transport, and biosafety measures, is adequate. The robustness of these systems determines how efficiently they can handle increased demand during health emergencies.
- **Cross-border surveillance** mechanisms are functional, ensuring that disease detection and response are coordinated at regional and global levels.
- **National emergency preparedness plans** integrate real-time data reporting to improve responsiveness during crises.
- **Community systems are capacitated** to fulfil their role in outbreak detection and response

Laboratory Systems

- Laboratories are **equitably distributed** and accessible across regions, with geographic disparities actively addressed.
- Adequate **budget lines exist** to ensure sustained laboratory operations, preventing funding gaps from disrupting testing services.
- **Supply chain and reagent availability** keep pace with demand, ensuring that diagnostic capabilities do not suffer from stockouts or delays.
- Power supply and **biosecurity measures** support high-functioning labs, including biosafety level compliance for handling dangerous pathogens.
- Human resources and **training programs** ensure staff proficiency in new diagnostic tools, reducing turnaround time for test results.

- **Multi-disease platforms** are integrated to maximize efficiency, allowing for cost-effective testing across multiple diseases.
- **Equipment maintenance and calibration systems** are in place to prevent frequent breakdowns that compromise diagnostics.
- Data from laboratory diagnostics is integrated into broader **disease surveillance systems**, enabling comprehensive tracking of disease trends.
- **Standardized data-sharing protocols** improve coordination between health systems and enhance outbreak prediction models.
- **Waste management systems** are established to safely dispose of biohazardous materials and minimize environmental risks.

Oxygen and Respiratory Systems

- PRs and technical partners are **capable of specifying and procuring** PSA plant inputs and infrastructure, ensuring high-quality installations.
- In-country **engineering expertise** is available for installation and ongoing maintenance, reducing reliance on external suppliers.
- Equipment supply chains can scale up **without significant delays**, preventing critical shortages during demand spikes.
- **Reliable power supply** available, including through solarization initiatives, preventing interruptions in availability.
- Governments and health authorities commit to **strategic oxygen resource distribution** (e.g., via hub-and-spoke models) to ensure equitable access in urban and rural areas.
- **Long-term financing mechanisms** are secured to sustain oxygen availability beyond the immediate crisis response phase.

Community Systems

- **Community health workers (CHWs)** receive the necessary training and resources to deliver health services in pandemic contexts, ensuring continued access to care for vulnerable populations.
- Policies support **mobile services** and **multi-month medicine dispensing** to reach remote areas and populations with mobility challenges.
- **Public communication strategies** counter misinformation and encourage service uptake, improving the effectiveness of community-level interventions.
- **Community-based surveillance** mechanisms are integrated with national health reporting systems to enhance early detection and outbreak control.
- **Equitable referral mechanisms** ensure vulnerable populations are reached.

Cross-Cutting Assumptions

- **Political commitment and governance structures** support sustainable implementation of system-strengthening interventions.
- **Financing mechanisms** are available to cover ongoing operational costs beyond the initial investment phase.
- **Public-private partnerships** enhance service delivery and technological innovation.
- **Regulatory frameworks** ensure compliance with international standards for safety, diagnostics, and patient care.
- **Disaster risk reduction plans** enable rapid responses to new public health emergencies with minimal disruptions.

Assumptions Between Intermediate Outcomes and Outcomes

The following assumptions apply to the transition from **system readiness (interim outcomes) to equitable patient access outcomes and ultimately health impact**. These assumptions ensure that well-functioning systems translate into effective and equitable patient access to prevention, diagnosis, treatment and care.

Surveillance Systems

- Surveillance data is **acted upon in real time** to inform public health responses, allowing for quicker containment measures.
- Political leaders and policymakers **use surveillance insights** to adapt interventions based on evidence rather than assumptions.
- **Community-level reporting structures** ensure cases are identified across all population groups, preventing outbreaks from going undetected.
- **Data-driven decision-making** is actively used at all levels to allocate resources efficiently and improve service coverage.
- **Integration with global health initiatives** ensures timely access to information on emerging threats beyond national borders.

Laboratory Systems

- Laboratories continue to function effectively due to **adequate maintenance, reagent supply, and human resources**, preventing service disruptions.
- Testing services remain **affordable and geographically accessible**, reducing barriers to timely diagnosis.
- **Equitable referral mechanisms** ensure timely access to advanced diagnostic services when needed.

Oxygen and Respiratory Systems

- Oxygen systems remain **functional due to regular maintenance and sustainable financing and sustainable power**, ensuring no facility runs out of supply.
- **Medical professionals are trained** to recognize when and how to administer oxygen therapy, improving patient outcomes.
- **Patients accept oxygen therapy** due to effective community education and outreach, reducing hesitancy or misconceptions about treatment.
- **Equitable access mechanisms** (e.g., subsidies, distribution networks) prevent financial barriers to oxygen use, ensuring all patients who need it can receive it.
- **Hub-and-spoke distribution models** ensure remote facilities have consistent access to oxygen supplies.

Community Systems

- **Community-based services are trusted and utilized** by marginalized and vulnerable populations, fostering inclusivity in healthcare access.
- **Digital and mobile health approaches** facilitate service access in remote areas, reducing logistical barriers.
- National policies **prioritize equity and inclusion**, ensuring no population is left behind, even in crisis situations.
- **Feedback loops between communities and health systems** are functional, allowing for continuous improvement in service delivery.

- **Financial sustainability measures** ensure continued availability of community-based interventions post-C19RM funding.

Cross-Cutting Assumptions

- **Political will remain strong**, ensuring continued funding and support for health interventions beyond immediate crises.
- Countries **maintain financial commitments** to sustain system investments beyond C19RM funding, avoiding service interruptions.
- **Technical partners provide timely normative guidance**, helping countries adapt to evolving health threats.
- **Disaster risk reduction plans exist**, enabling rapid responses to new public health emergencies with minimal disruptions.
- **Public-private partnerships** facilitate access to cutting-edge technology and innovation in health service delivery.

E: List of references

1. Audit of the COVID-19 Response Mechanism 2021 (GLOBAL FUND-OIG-22-007). https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf
2. Audit of the COVID-19 Response Mechanism 2021 (GLOBAL FUND-OIG-22-007). Geneva: Office of the Inspector General, March 30, 2022. https://www.theglobalfund.org/media/11878/oig_gf-oig-22-007_report_en.pdf
3. Board Decision B44-EDP18. https://www.theglobalfund.org/kb/board-decisions/b44/b44-edp18/
4. C19RM Portfolio Optimization Wave 2 Presentation. https://www.theglobalfund.org/media/12968/c19rm_portfolio-optimization-wave-2_presentation_en.pdf
5. C19RM Project Boxer Information Session Presentation. https://resources.theglobalfund.org/media/0ubjpog0/cr_2023-02-06-c19rm-project-boxer-information-session_presentation_en.pdf
6. C19RM Project Stellar Technical Briefing Note. https://resources.theglobalfund.org/media/14619/cr_c19rm-project-stellar_technical-briefing-note_en.pdf
7. C19RM Technical Briefing Note. https://resources.theglobalfund.org/media/14589/cr_c19rm_technical-briefing-note_en.pdf
8. C19RM Update to the Board Report for July – October 2023. Publication Date: 30 November 2023. Geneva, Switzerland.
9. COVID-19 Response Mechanism Information Note: Transition from the COVID-19 Response to Resilient and Sustainable Systems for Health, Community System Strengthening and Pandemic Preparedness. Geneva: The Global Fund, March 20, 2023.
10. Evaluation and Learning Principles. Geneva: The Global Fund, 2023. https://www.theglobalfund.org/media/14881/iep_evaluation-learning-principles_guide_en.pdf
11. Evaluation of the COVID-19 Response Mechanism (C19RM) 1.0: Final Report. Geneva: The Global Fund, May 26, 2022. https://archive.theglobalfund.org/media/13198/archive_terg-c19rm-evaluation_report_en.pdf
12. Global Fund Strategy 2023–2028 Narrative. https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

13. Global Fund to Fight AIDS, Tuberculosis and Malaria. Strategic Review 2023 (SR2023): Final Report. Geneva: The Global Fund, 2024. https://www.theglobalfund.org/media/14802/iep_gf-elo-2024-01_report_en.pdf
14. Resilient and Sustainable Systems for Health. https://www.theglobalfund.org/en/resilient-sustainable-systems-for-health/
15. The Global Fund Evaluation Function Quality Assurance Framework. https://www.theglobalfund.org/media/13794/iep_quality-assessment_framework_en.pdf
16. WHO ACT-Accelerator FAQ. https://www.who.int/initiatives/act-accelerator/faq/

F: Data Sources for C19RM Evaluation

Program Documentation

1. Global Fund SharePoint files - Comprehensive repository; permission structure access will need to be set up prior to the end of programme evaluation – ELO will facilitate access C19RM files without exposing confidential country data in the wider A2F SharePoint (within which C19RM is situated).
2. C19RM Theory of Change (ToC) - Critical foundation document developed during evaluability assessment; previously missing but essential for theory-based evaluation approaches such as contribution analysis.
3. C19RM Memorialisation reports and case studies - Important for understanding adaptation of implementation processes over time
4. C19RM Funding Requests (FRs) - Primary source for understanding country-level design and priorities, though quality varies significantly across countries and may not always reflect actual implementation.
5. C19RM 1.0 evaluation report (Pharos Consulting) - Provide historical context and baselines, especially relevant for understanding pre-Wave 2 experiences.
6. C19RM Country Scoping Mission Report - Conducted by Roy Mutandwa from the Global Fund Evaluation and Learning Office in March 2024; provides critical preliminary findings and identified evaluation themes that helped shape the evaluability assessment. The document explicitly maps proposed evaluation questions to themes identified in this report, indicating its importance as a foundational analytical source.
7. OIG reports on C19RM - Independent assessment of implementation and challenges; likely high reliability but focused on specific aspects of the program.
8. Internal slide decks - Useful for understanding Secretariat perspectives
9. Board documents - Critical for understanding rationale behind design changes and strategic pivots.

Monitoring & Evaluation Data

1. Quarterly reports on RSSH-PPR Implementation Acceleration - "the best/most timely data" for monitoring progress against interim outcomes; provides more current information than other sources that suffer from time lag issues.
2. C19RM results framework with programmatic indicators - Comprehensive with 85 indicators (52 priority indicators in 5 areas); covers 62% of programmatic measures but faces a significant 9-month time lag in reporting.
3. Performance framework data - Systematic but suffers from reporting delays; first results only became available in Q3 2024.
4. Workplan Tracking Measures - Useful for activity-level progress tracking rather than outcomes.

5. Country-level progress monitoring data - Variable quality and consistency across countries.

Financial Data

1. C19RM budgets and expenditure data
2. Burn rate analysis - Indicator of implementation efficiency.
3. Resource allocation data
4. Funding landscape analysis.

Sourcing & Supply Chain Data

1. Procurement data - Critical for assessing delivery effectiveness
2. Equipment inventory and operational status
3. Delivery timeframe data.
4. Records of infrastructure implementation - Useful for timeline analysis to identify successes, outliers, and implementation challenges.

External Assessments & Frameworks

1. WHO COVID-19 response indicators.
2. Joint External Evaluation (JEE) and SPAR data.
3. International Health Regulations metrics.
4. 7-1-7 assessments, After Action Reviews (AARs), or Simulation Exercises (SimEx).

Country-Level Documentation

1. Country COVID-19 response plans.
2. National Action Plans for Health Security - Critical reference documents for alignment of C19RM with country priorities.
3. RSSH gap analyses.
4. CCM documentation.

Comparison Data

1. Evaluations of other agencies' COVID-19 responses.[23]

[23] For example, see: i) Evaluation of Gavi's initial response to Covid-19 - Valuable for comparative approaches and methodologies; provides insights into another major global health funder's pandemic response strategies. ii) Gavi's COVAX Facility and COVAX AMC Evaluability Assessment and Evaluation Design Study - Particularly relevant as the COVAX mechanism was a key part of the global COVID-19 response architecture alongside C19RM.