



UNITE^{TO} FIGHT

COVID-19 RESPONSE MECHANISM

C19RM Monthly Update to the Board

Report for January – February 2022

Publication Date: 21 February 2022

Geneva, Switzerland

Executive Summary for January Report

1 Progressive Development of C19RM Monthly Reporting

2 Update on COVID-19 Epidemiological Situation

3 C19RM 2021 Awards

4 Finance Update

5 Health Products Overview

6 Delivering on C19RM

- Reinforcing COVID-19 Response
- Mitigating the Impact on HIV, TB and Malaria.

7 Risk Assurance, Monitoring and Oversight

1 [Progressive Development of C19RM Reporting.](#)

This report includes regular updates on awards, health products and how we are delivering on C19RM by addressing challenges in the three pillars of the response: reinforcing COVID-19 interventions, mitigating the impact in the three diseases and strengthening urgent investments in resilient and sustainable systems for health (RSSH) and community, rights and gender (CRG). The last topic will be covered in detail in the next report. For previous versions of Board reports visit [this page](#).

2 [Update on COVID-19 Epidemiological Situation.](#)

High Impact Asia remains the region with the highest confirmed cases. Whereas disruptions have considerably hindered progress in programs for the three diseases, program adaptations have started to show signs of recovery and resilience. We will still need to do more to catch up on lost ground due to COVID-19.

3 [C19RM 2021 Awards.](#)

As of 7 February 2022, C19RM has awarded or recommended for Board approval US\$3,232 million to over 123 applicants, for a portfolio average of 25% of the 2020-2022 allocation with the following breakdown: 75% to reinforce national COVID-19 responses, 14% for urgent improvement to health and community systems, and 11% for HIV, TB and malaria mitigation.

4 [Finance Update.](#)

Based on the analysis of 54 High Impact and Core countries, representing 90% of total C19RM 2020 investments, C19RM 2020 in-country implementation and utilization is estimated at 63%-70% after an average implementation period of 6-8 months on validated US\$430 million of expenditures. Mitigating measures to accelerate implementation are also included.

5 [Health Products Overview.](#)

Approximately 66% of awards are allocated to health products. As of 25 January, 46% of total C19RM 2021 procurement planned through the Pooled Procurement Mechanism (PPM) with confirmed purchase orders for US\$624 million and in process of approval for US\$1,344 million. Of the total of US\$3,232 million awarded by 7 February:

- [Diagnostics](#) remain a priority, representing around US\$728 million or 22.5% of awarded C19RM 2021 funds and should enable the supply of more than 145 million tests.
- US\$508 million for [Oxygen](#) and clinical care-related products representing 15.7% of total awards. Out of the US\$172 million invested in [non-oxygen therapeutics](#), over US\$37 million were for evidence-based pharmacotherapies that have demonstrated benefits in reducing COVID-19 mortality.
- US\$488 million for Personal Protective Equipment ([PPE](#)) and due to recent changes in product cost, savings of about 30% are expected, which can be reinvested.

Executive Summary for January Report

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6 **Delivery of C19RM**

Reinforcing the COVID-19 Response. Diagnostics. Steady progress has been noted on the conversion of approved budgets for diagnostics into orders. Joint efforts with partners continue through Project Stellar to support countries reach WHO and ACT-A recommended testing levels. **PPE** investment analysis is underway to identify implementation risks for IPC/PPE interventions – preliminary results detail distribution of health product/non-health product spend. Priority actions include supporting countries to convert approved budgets into health products, accelerate delivery and implementation, and address bottlenecks in supply chains. **Oxygen.** O2 technical working group continues to prioritize countries requiring technical assistance. Project BOXER is providing implementation assistance to 17 countries. In addition to existing procurement channels such as national procurement and some UN-agencies, the Global Fund secretariat has established a centralized procurement solution as an option through PPM/wambo.org.

Mitigating the Impact on HIV, TB and Malaria This report covers examples of programs that are demonstrating resilience and adaptation in responding to COVID-19. Nigeria's **HIV** program maintained a steady upward trend in enrollment on ART achieving 85% coverage in 2020. High Impact Asia reversed the down-trend of **TB** notifications, making 2022 implementation key. COVID-19 impacted notification in 2020, bringing the rate back to 2015 low levels. However, the 2021 Q3-based trend reversal appears solid, making good half of the loss with a coverage of 64%. C19RM funding enabled on-track implementation of most **malaria** campaigns in 2021 with higher than ever deliveries of life saving products.

7 **Risk Assurance, Monitoring and Oversight.**

The Monitoring and Oversight framework is now operationalized with the first round of data collected. While data completeness and quality are being reviewed for future rounds, we have included a preliminary analysis in different sections of this report. The first round of **Pulse Checks** has closed in November 2021 for Q3 data and the second one for Q4 data on 9 February. Additional, **Supply Chain & Health Services Spot Checks** data was collected across 38 countries, with some gaps. Planning is underway for the next round. Notably we have **strengthened processes for monitoring and oversight** and held the first cross-cutting review in December with a focus on testing the process and increasing awareness and understanding of the data.

8 **C19RM Country Examples.**

Nigeria HIV. Nigeria HIV program maintained a steady upward trend in enrollment on ART achieving 85% coverage. The country also implemented rapid multi-month dispensing scale-up for treatment.

DRC Malaria. Program adaptations led to successful ITN campaign distribution and stable case management.

Contents

- 1 Progressive Development of C19RM Monthly Reporting

- 2 Update on COVID-19 Epidemiological Situation

- 3 C19RM 2021 Awards

- 4 Finance Update

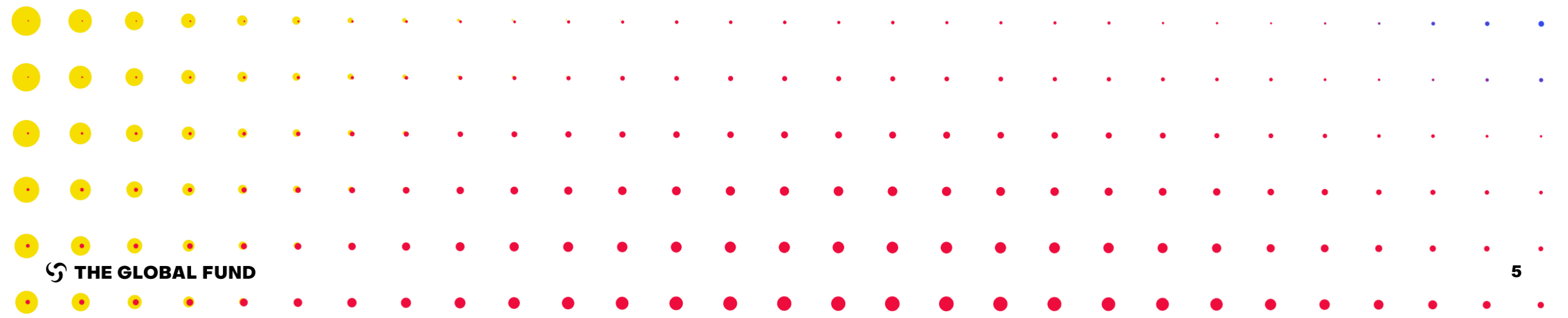
- 5 Health Products Overview

- 6 Delivering on C19RM
 Reinforcing COVID-19 Response
Mitigating the Impact on HIV, TB and Malaria

- 7 Risk Assurance, Monitoring and Oversight



1 Progressive Development of C19RM Reporting



Progressive Development of C19RM Monthly Reporting

In last month's report, we covered COVID-19 program disruption, award and pipeline updates, lessons learned and case studies. We will continue to update these sections on subsequent reports and provide additional analysis on emerging themes. Greater details on these core sections will be included as relevant data becomes available.



Last Report

This Report

Subsequent Reports...

Last Report

- **C19RM 2020 interim update** including 2020 absorption.
- **COVID-19 and HIV, TB and malaria disruption** update with Q2 estimates.
- **C19RM 2021 Awards and Pipeline** update.
- **Update on the Monitoring and Oversight framework.**
- **Health Products Overview** including PPE, oxygen and non-oxygen therapeutics.
- **Integrated Testing for TB and SARS-CoV-2**
- **Case Study** on country implementation.

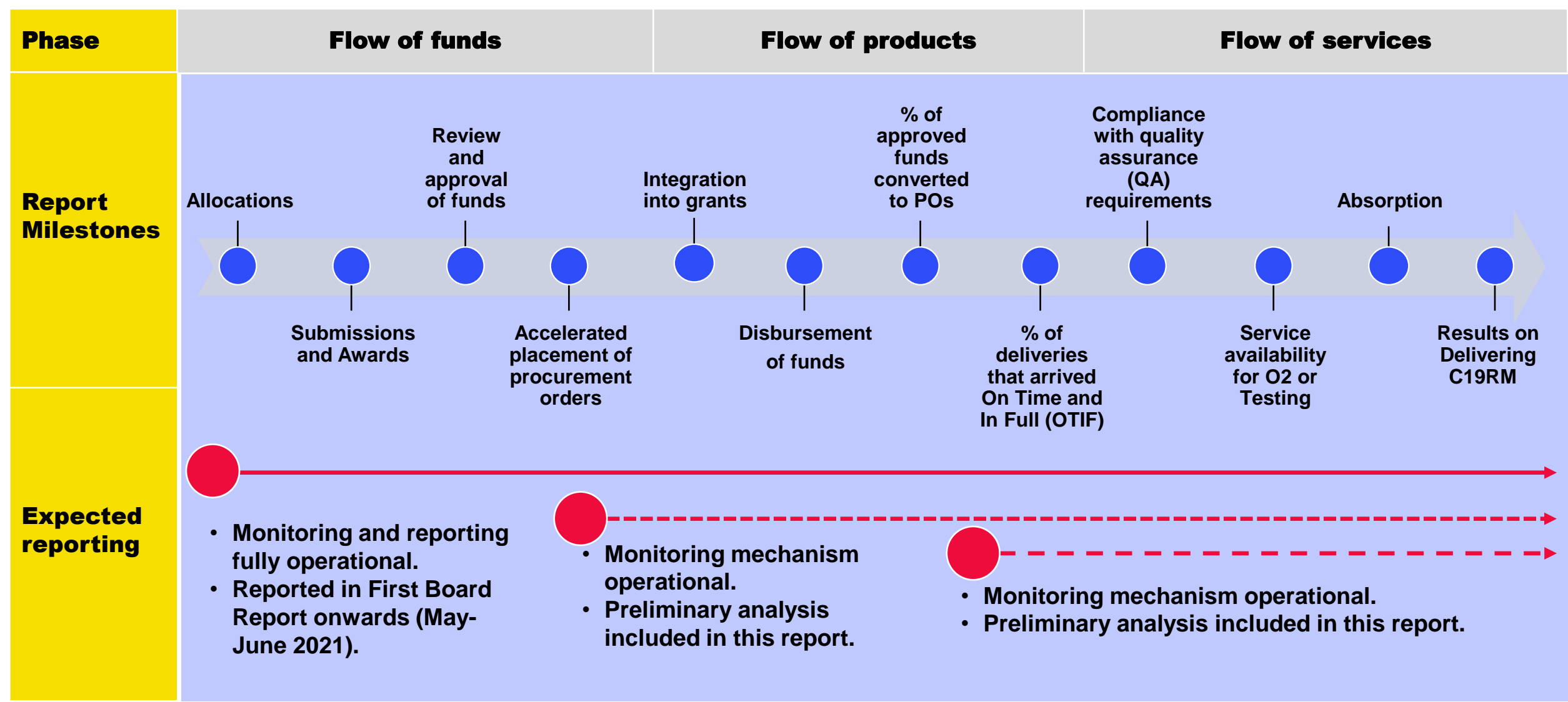
Current Report

- **Update on the COVID-19 Epidemiological Situation.**
- **C19RM 2021 Awards**
- **Finance Update** with estimated expenditure until June 2021.
- **Health Products Overview.**
- **Delivering on C19RM** includes examples the three key areas of investment:
 - **Reinforcing COVID-19 Response**, including strengthening diagnostics, therapeutics and PPE.
 - **Mitigating the Impact on HIV, TB and Malaria**, including examples of programs that have demonstrated resilience and adaptation.
- **Risk Assurance, Monitoring and Oversight framework** with further details on Spot Checks and Pulse Checks and lessons learnt. LFA C19RM Assurance is also included.

Future reports will cover different topics as relevant data becomes available.

- **C19RM 2020 update** including 2020 distribution & delivery of health products and absorption.
- **C19RM 2021 Programmatic data** including how C19RM investments are addressing challenges, what results we are seeing as and progressive reporting on financial data.
- **COVID-19 and HIV, TB and malaria disruption** update.
- **C19RM 2021 Awards and Pipeline.**
- **Health Products Overview** including order placement and delivery.
- **Delivering on C19RM: Adding - Urgent Investments** in RSSH and CRG.
- **Overview of thematic areas:** topics based on issues highlighted in reviews, GAC/CTAG, etc.
- Assurance Monitoring and Oversight framework and update.
- **Case Studies:** on emerging lessons/ successes relevant to thematic areas.

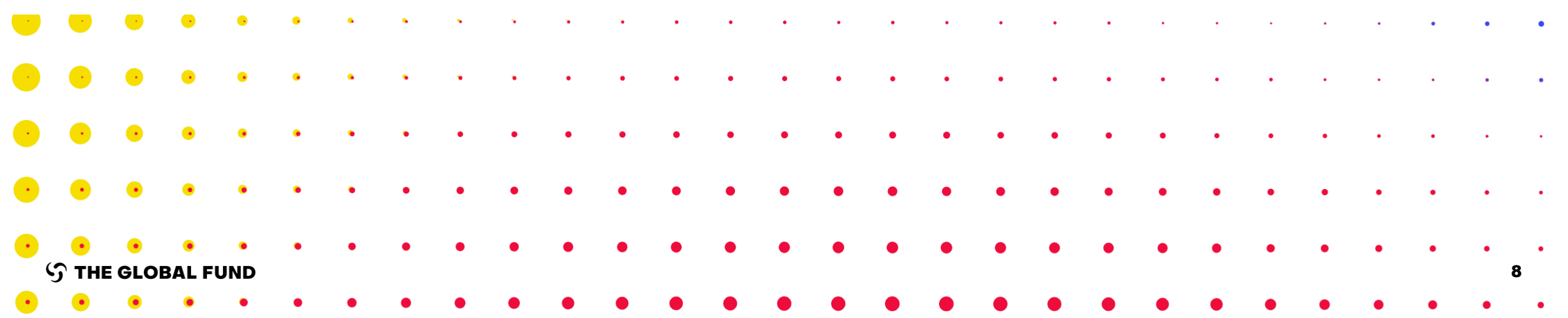
Progressive Development of C19RM Monthly Reporting





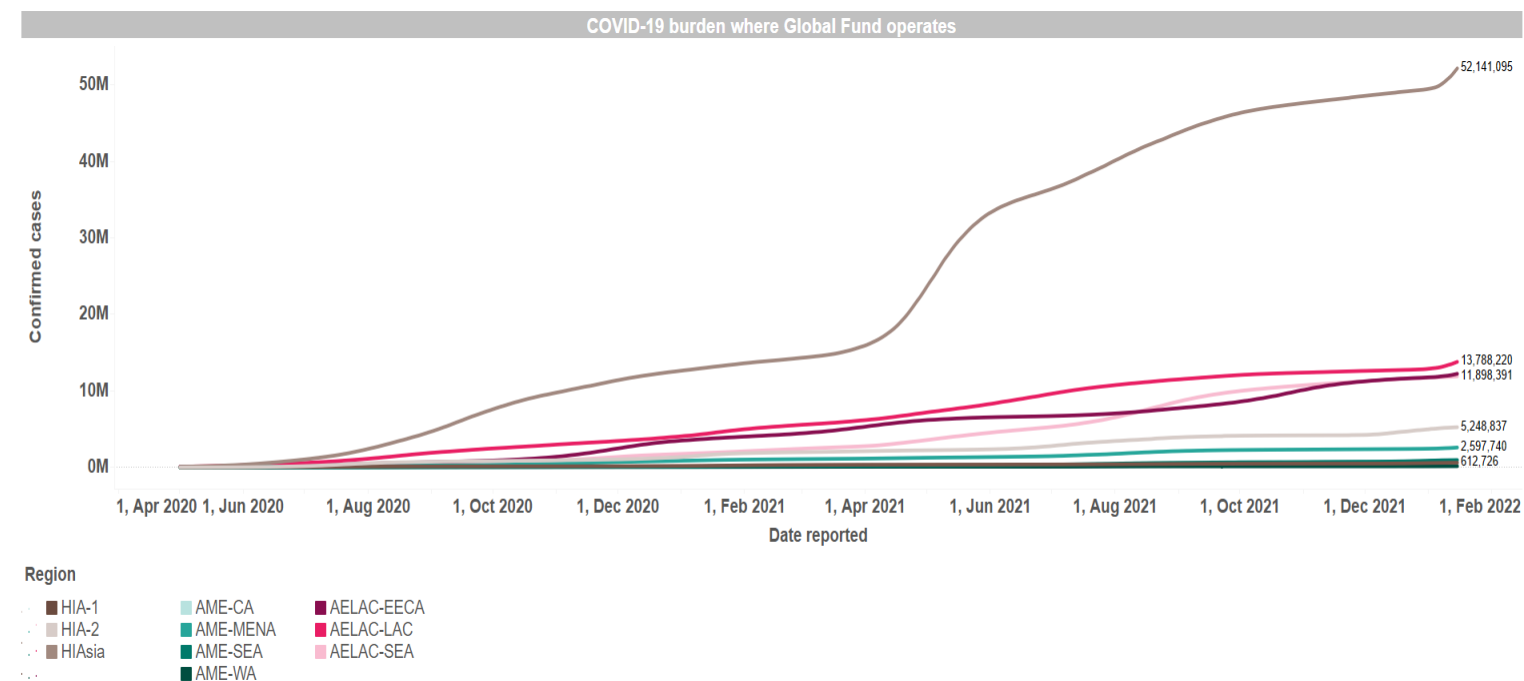
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Update on COVID-19 Epidemiological Situation



COVID-19 Burden in the Regions We Support

High Impact Asia remains the region with the highest confirmed cases. Whereas disruptions have considerably hindered progress in programs for the three diseases, program adaptations have started to show signs of recovery and resilience. We will still need to do more to catch-up on lost ground due to COVID-19.



As of 1 February	As of 1 December
58,016,696	48,549,206

15,779,024	12,606,617
13,856,859	11,248,456
12,482,002	11,259,983
5,345,150	4,244,904
2,904,832	2,375,801

SUMMARY

- According to WHO, as of 1 February 2022, there have been 376,478,335 confirmed cases of COVID-19, including 5,666,064 deaths reported to WHO worldwide. Confirmed cases in the global fund portfolio are 110,504,651 while deaths are 2,008,615. High Impact Asia has **58,016,696 confirmed cases, an increase of more than 1 million in less than three months.** New cases have also been recorded in Southeast Asia leading to a total of 12,482,002 million.
- Confirmed cases in Latin America and Caribbean remain at over 15 million while those in *High Impact Africa 2 continue to rise to over 5 million while the **MENA region is at over 2 million. **Over 10 Global Fund implementing countries are also among the top 25 countries in the world with the highest cumulative cases.** These include India, Indonesia, Philippines, Thailand, Iran, Colombia, Peru, Ukraine, South Africa, Vietnam.

True infections far outnumber confirmed cases in many countries.

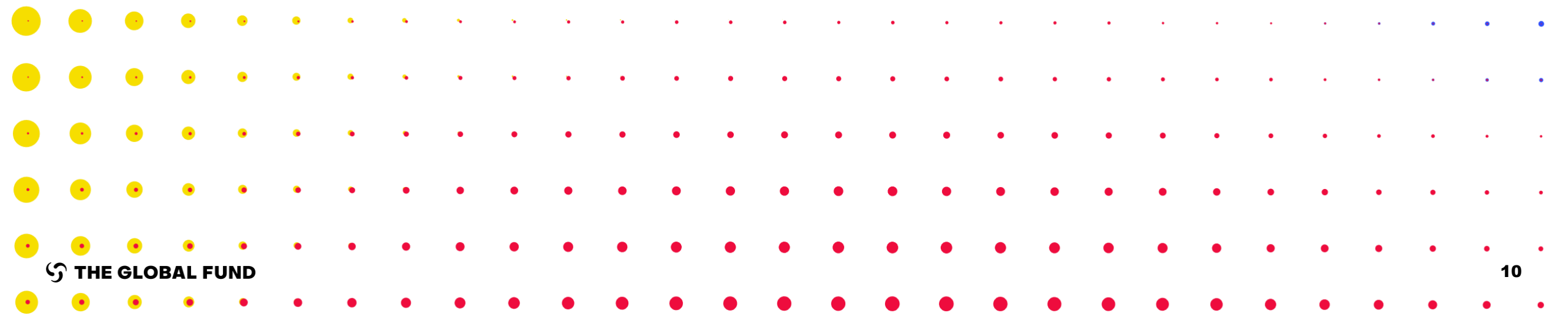
See <https://ourworldindata.org/covid-models>

***High Impact Africa 2:** South Africa, Ethiopia, Kenya, Zambia, Mozambique, Zimbabwe, Uganda, Zanzibar

****MENA:** Morocco, Tunisia, Egypt, Algeria, Mauritania, Sudan.



C19RM 2021: Awards



C19RM 2021 Awards: Highlights

C19RM 2021 Fast-track requests Awarded

- The Global Fund has awarded US\$591 million to 36 applicants via Fast-track, who have requested an average of 7% of their 2020-2022 allocation.
 - Notification Letters with confirmation of awards are sent to applicants in an average of 7.3 business days.
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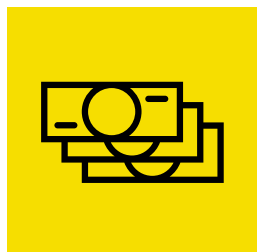
C19RM 2021 Full Funding Requests Awarded

- US\$2,640 million awarded to 123 applicants, including funding recommended for Board approval, for a portfolio average of 21% of 2020-2022 allocation (excluding previously approved Fast-track applications).
- An Unfunded Demand of US\$1,027 million in demand pipeline is registered from 73 applicants.

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

- **C19RM Board Priority Areas:** US\$3,232 million have been awarded or recommended for Board approval with the following breakdown: 75% to reinforce national COVID-19 responses, 14% for urgent improvement to health and community systems, and 11% 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 (23%)** and **Pillar 7: Case management (24%)**. The remaining investments are mostly awarded to **Pillar 9: Maintaining essential health services and systems (11%)**.
- **ACT-A Pillars:** 85% of the US\$ 3,232 million C19RM awards is directed towards **ACT-A Gap Filling Activities**.

C19RM 2021 Status of Awards Submissions and Pipeline



US\$3,232 million (95%) of C19RM 2021 funding is awarded or recommended for Board Approval to 123 applicants (either Fast-track or Full Funding request) for a portfolio average of 25.2% of the HIV, TB and malaria allocation.

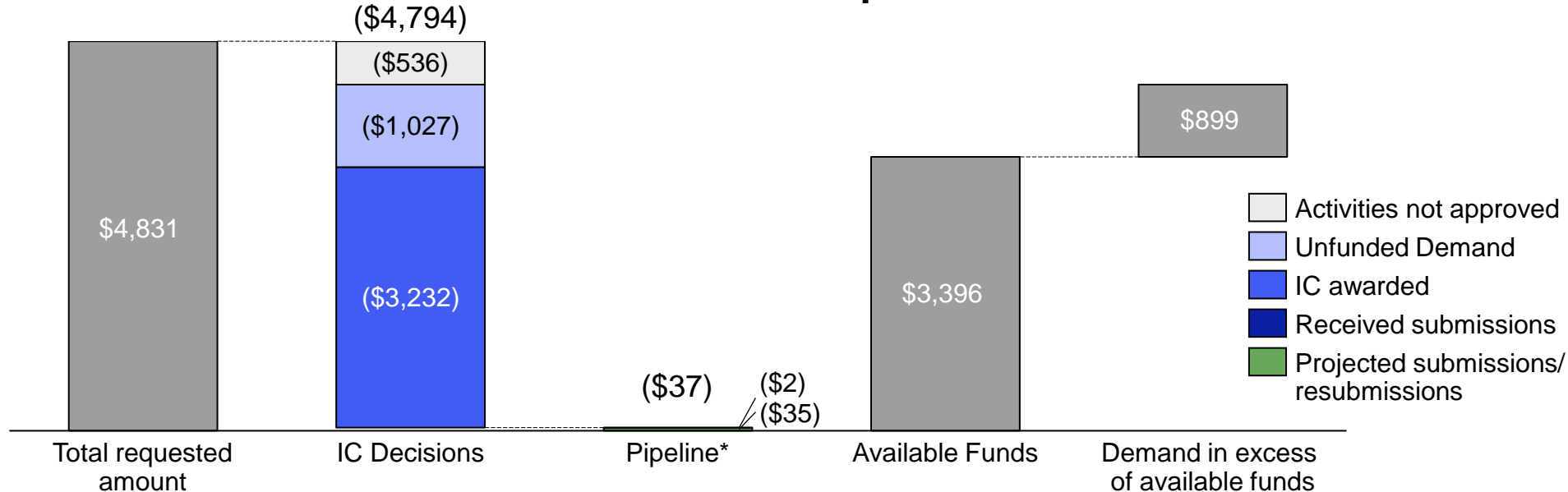
Full Funding requests: US\$2,640 million was awarded or recommended for Board approval to 123 applicants.

Fast-track requests: US\$591 million was awarded to 36 applicants.

Including Unfunded Demand of US\$1,027 million (registered from 73 applicants), the total of IC decisions is up to US\$4,794 million. This includes US\$536 million of activities not approved.

Demand pipeline: US\$2 million has been submitted or under review for potential C19RM 2021 funding. **US\$35 million** is projected for submission or resubmission.

C19RM 2021 Awarded & Requested Amounts

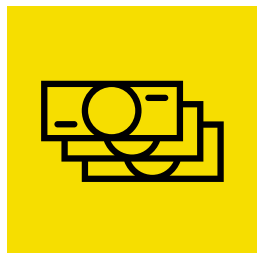


All values are in US\$ million and rounded. Incomplete submissions are also included in reporting. The full submitted amount is considered.

*Pipeline includes: submissions under review, in screening, projected resubmissions and remaining eligible applicants.

- Since the November-December Monthly Update to the Board, India Full FR has been approved for US\$38 million and Liberia (Supplementary) has been approved by the Board.
- Available funds have increased by US\$47 million with new pledges from Luxembourg and Norway. Provisional funds are expected for a total of US\$100 million.

C19RM 2021 Overall Award: Submission Drill Down

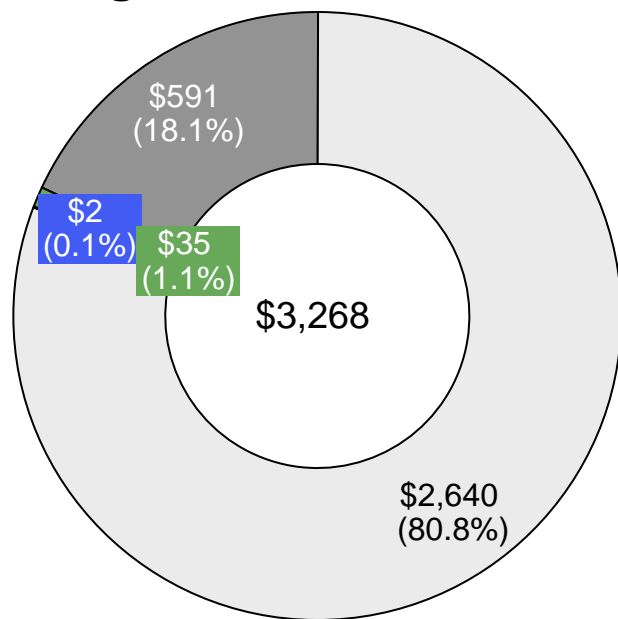


US\$3,232 million (95%) of C19RM 2021 funding is awarded or recommended for Board approval.

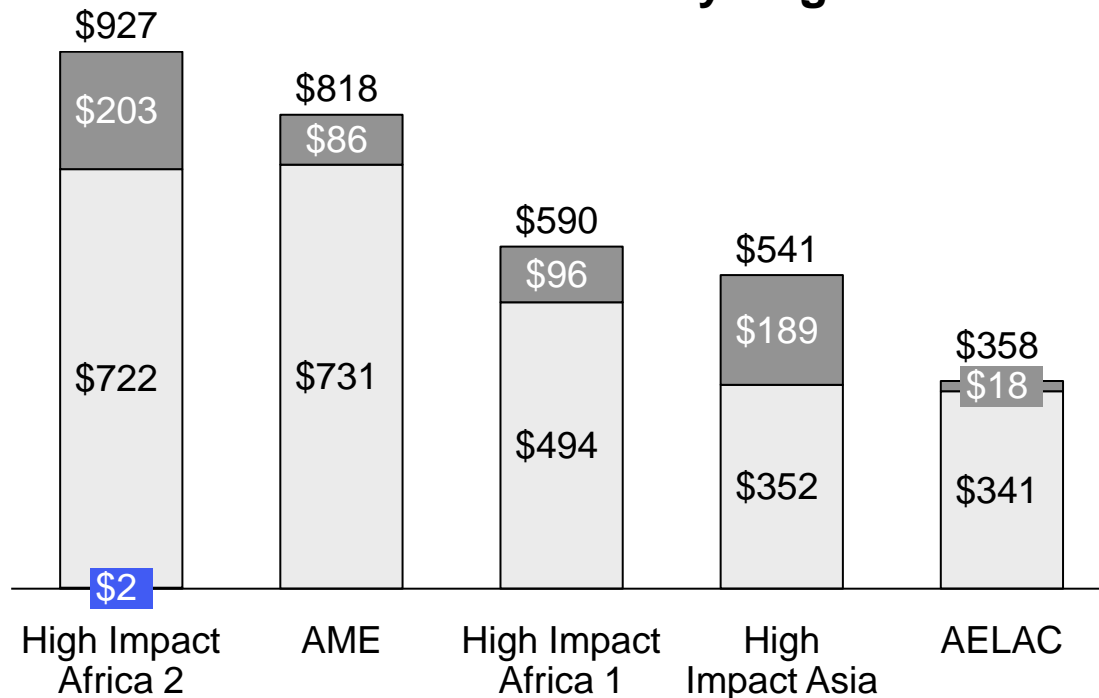
Demand pipeline is robust in funding requests received/in process showing demand exceeds supply of available funds:

- Country demand is high, with the **majority of applications requesting 30% or more.**
- **Unfunded demand of US\$1,027 million** is registered from **73 applicants.**

Awarding of C19RM 2021



Awards/Submissions by Region



Award (Fast-track)
 Award (Full Funding)
 Submitted Fast-track
 Submitted Full Funding
 Projected submissions/resubmissions

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

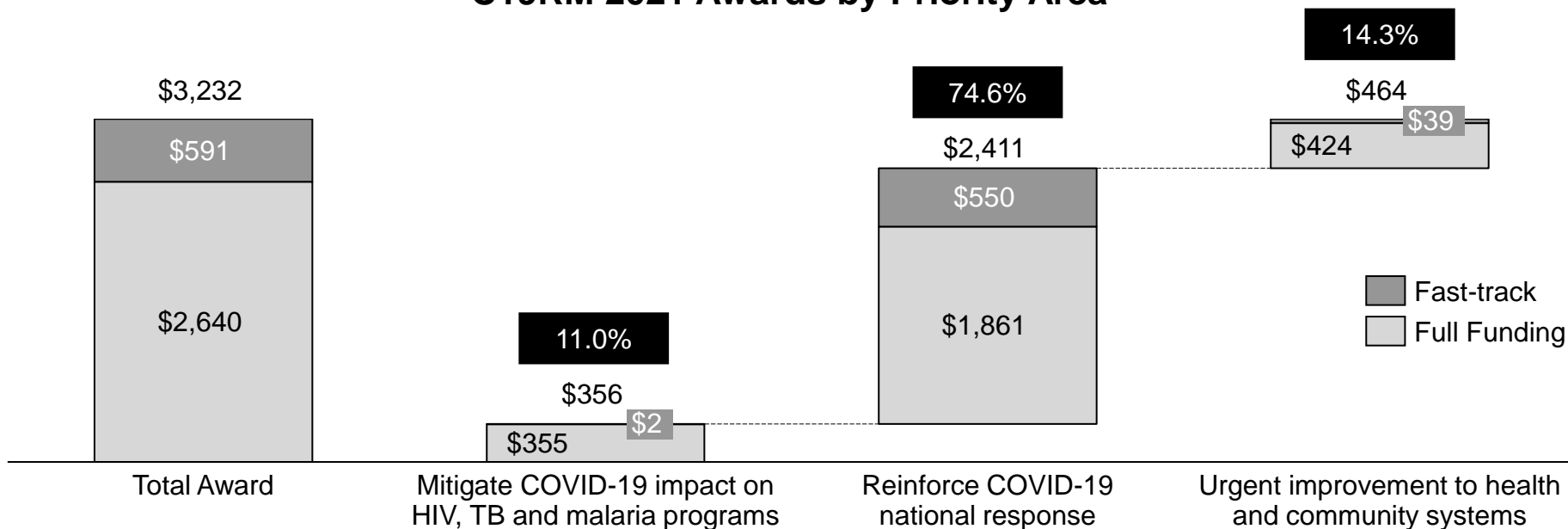
C19RM 2021 Award by Priority Area



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

Out of the Full Funding requests **awarded or recommended for Board approval**, we continue to see prioritization of reinforcing the COVID-19 national response.

C19RM 2021 Awards by Priority Area

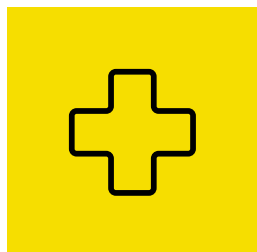


All values in the charts are in US\$ million and rounded.

Program management costs are included in Reinforce. Recent awards values may be adjusted slightly once Detailed Budgets are finalized.

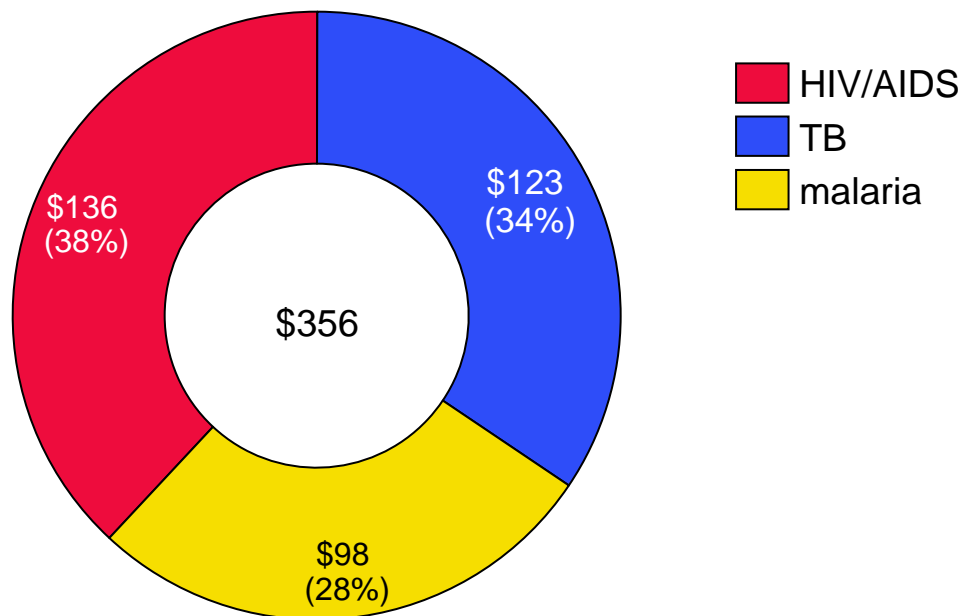
Values above include Fast-track awards and Full Funding requests awarded and/ or recommended for Board approval

C19RM 2021 Investments in Mitigation



- Of the US\$3,232 million awarded (including recommendations for Board approval), **US\$356 million (11%) 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, 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

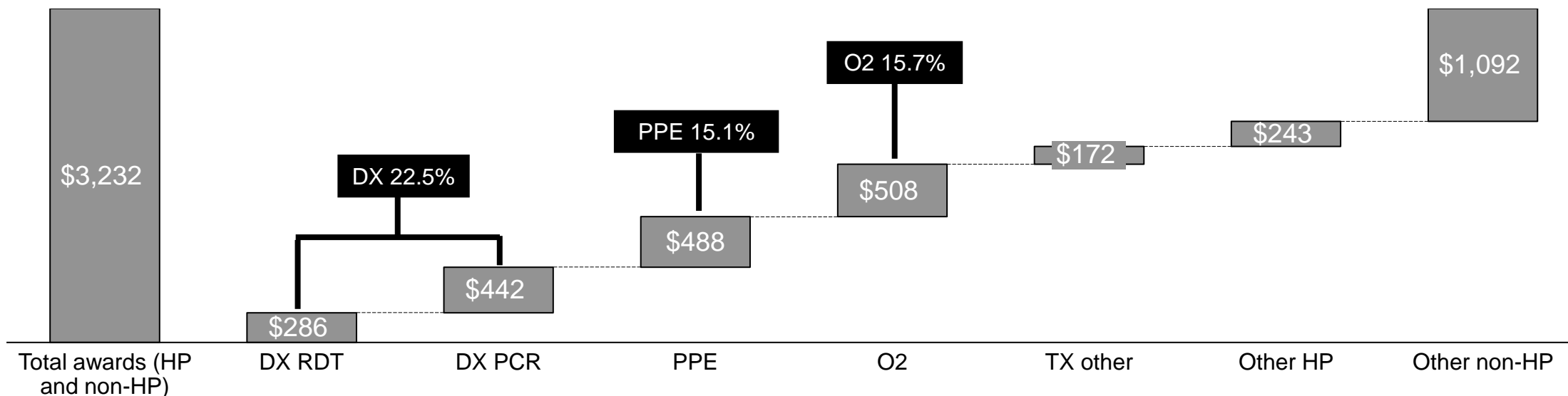


C19RM 2021 Award by Health Products



Approximately **66% of awards to date** are expected to use **wambo.org** as the procurement channel.

C19RM 2021 Awards by Type



All values in the charts are in USD million and rounded. Recent awards values may be adjusted slightly once HPMTs are finalized. Note that these values exclude C19RM 2020 carryover amounts, which are removed, if found in 2021 HPMTs. Values above include Fast-track awards, Full Funding requests awarded and/ or recommended for board approval. Differences in values between Global Fund defined health products are accounted for by a more limited set of products that are included under these categories.

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

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

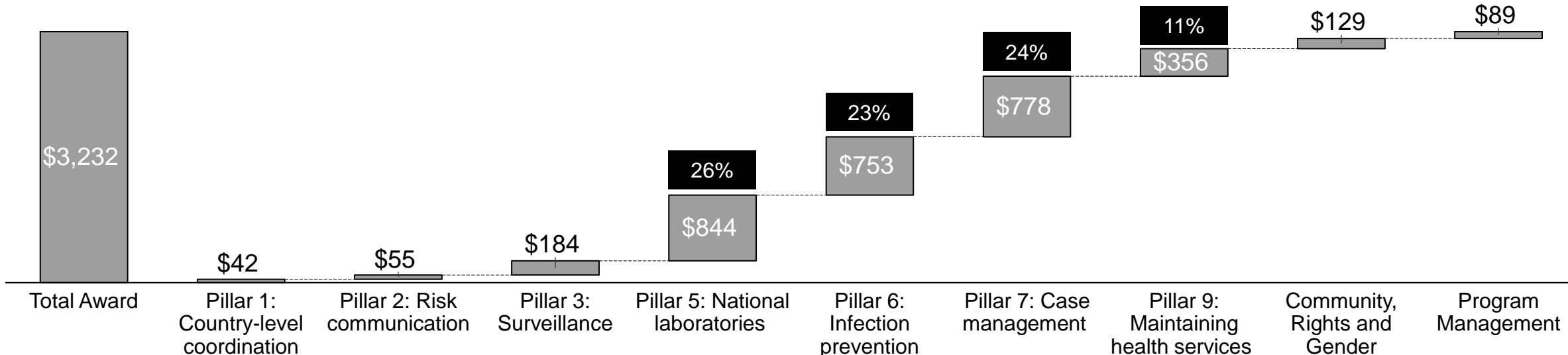
C19RM 2021 Award by WHO Pillars



C19RM investments are primarily directed towards **Pillar 5: National laboratories (26%)**, **Pillar 6: Infection prevention and control (23%)** and **Pillar 7: Case management (24%)**

The remaining investments are directed towards **Pillar 9: Maintaining essential health services and systems (11%)**.

C19RM 2021 Awards by WHO Pillar



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

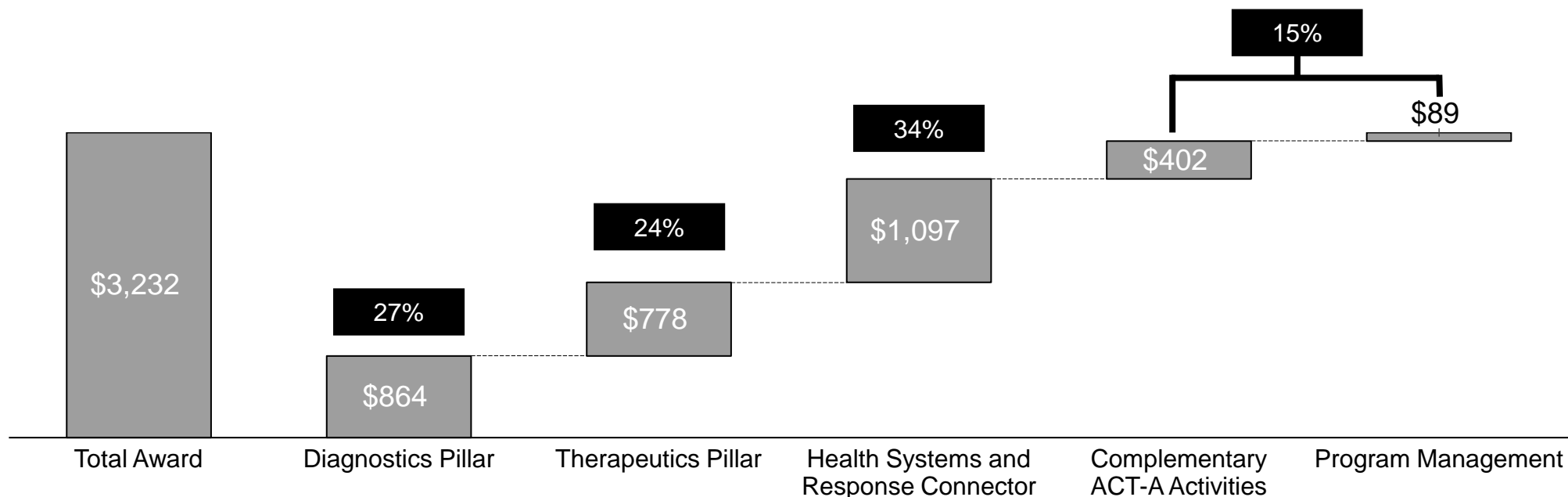
Values above include Fast-track awards, Full Funding requests awarded and/ or recommended for board approval.

C19RM 2021 Award by ACT-A Pillars



85% of US\$3,232 million of C19RM 2021 investments are directed towards ACT-A Gap Filling Activities since most awards to date are via Fast-track. Full Funding requests prioritize reinforcing the COVID-19 response. These investments are split across the **Diagnostics Pillar (\$864 million or 27%)**, the **Therapeutics Pillar (\$778 million or 24%)**, and **Health Systems and Response Connector (\$1,097 million or 34%)**.

C19RM 2021 Awards by ACT-A Pillar



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

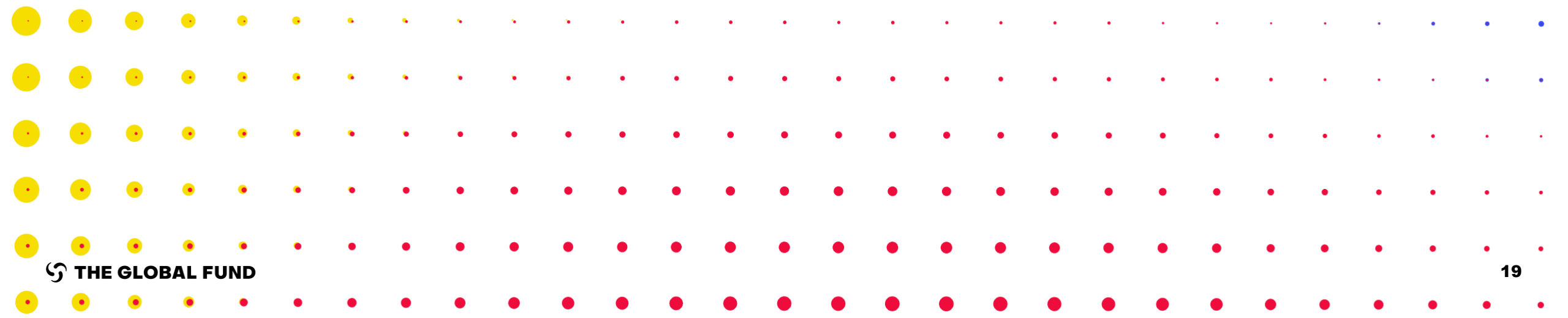
Recent awards values may be adjusted slightly once Detailed Budgets are finalized.

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



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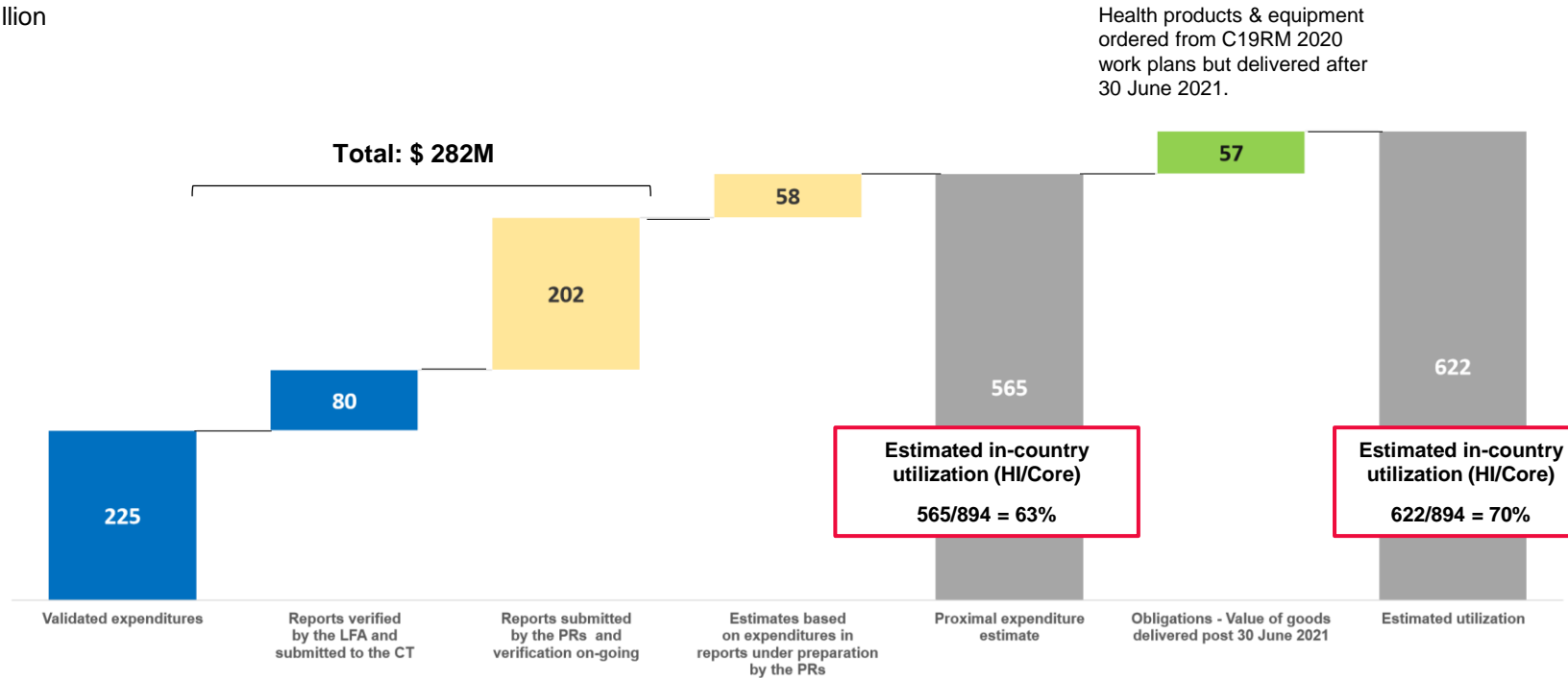
Finance Update



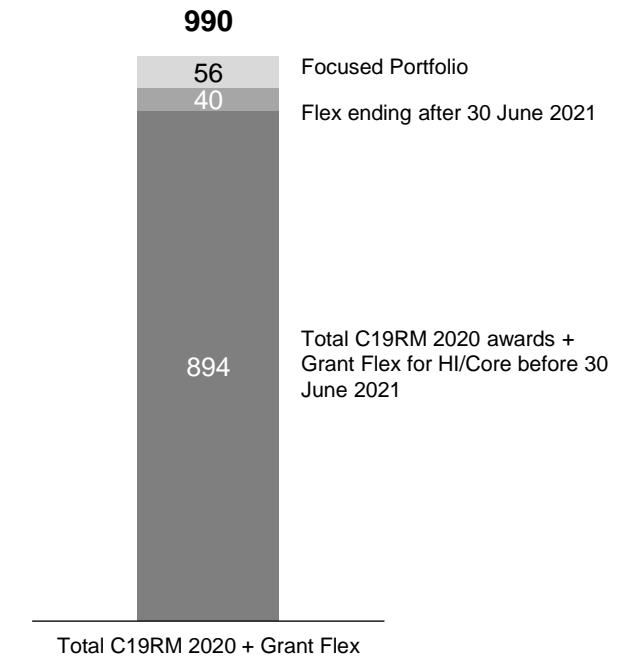
C19RM 2020 in-country execution and utilization is estimated at 63%-70% after an average implementation period of 6-8 months.

Estimated expenditure for HI/Core countries as at 30 June 2021

in US\$ million



C19RM 2020 + Grant Flex



- This analysis focuses on 54 High Impact and Core portfolios, representing 90% of total C19RM 2020 investments.
- The Secretariat has validated US\$430 million of expenditures thus far.
- Delays in the submission of PR reports impacts timely expenditures validation.

Measures to Accelerate C19RM Use of Funds and In-Country Absorption

In addition to measures listed in subsequent slides (23, 25) to accelerate procurement of health products, below are some additional mitigating measures:

Targeted plan to accelerate fund utilization in top-20 countries, under oversight of the CFO.

Accelerate disbursements to PRs to enable execution. In parallel, advance implementation at country level through TA support from partners and focused C19RM CMLI initiatives (Project BOXER (for O2 PSA plants) and Project STELLAR (for Dx/Lab strengthening)).

Support PRs to submit timely and quality in-country data information on C19RM execution through the Financial Closure Reports, Pulse Checks and Progress Update and Disbursement Request reporting over the next 12-18 months.

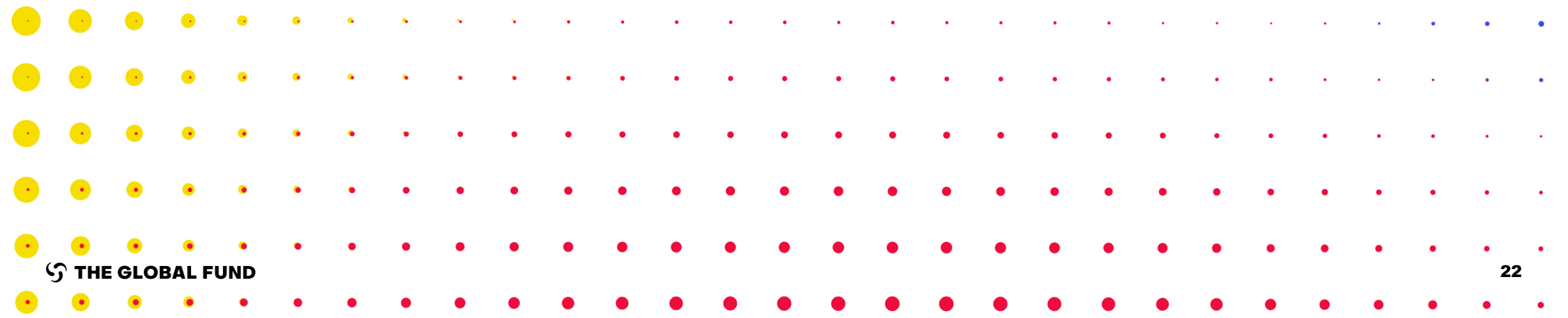
Prioritize Country Team and Secretariat missions to support countries in removing operational barriers at country level and provide any additional resources required by PRs and CCMs as part of the acceleration plans.

Leverage the next forecasting cycle (Q2/2022) to activate portfolio optimization and reallocation of unused funds to cover emerging country needs across the portfolio.



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Health Products Overview



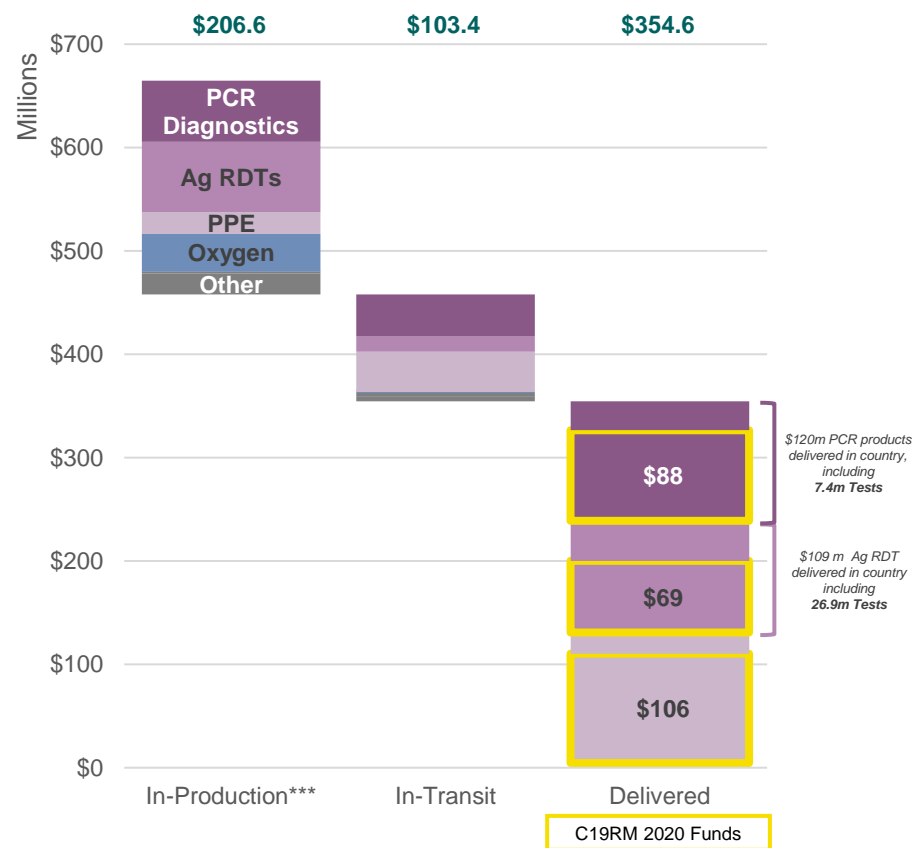
We are supporting countries to convert approved funds into products.

Health Product Demand	Health Product Sourcing and Supply
<p>General</p> <ul style="list-style-type: none"> Approximately 66% of awards are allocated to health products. As of 25 January, 46% of total C19RM 2021 procurement is planned through the Pooled Procurement Mechanism (PPM) with confirmed purchase orders or those in process of approval (\$624M / \$1,344). To accelerate implementation, support to PRs will need to be intensified to convert approved funding into planned deliveries for 2022-2023. 	<ul style="list-style-type: none"> Scarcity of air and sea freight capacity for some routes remains a challenge, as well as port congestion and sporadic short-notice COVID-19 control measures at origin and/or destination. Closely following-up on national importation clearance bottlenecks and some country level supply chain congestion to enable smooth flow of products as some shipments can wait several weeks for such clearances.
<p>Diagnostics</p> <ul style="list-style-type: none"> Diagnostics represent around 23% of awarded C19RM 2021 funds (US\$728 million) that can supply more than 145 million tests. There is steady progress on the conversion of approved budgets for diagnostics into orders. Cross-secretariat and partner efforts continue through Project Stellar to support countries reaching recommended testing levels. 	<ul style="list-style-type: none"> As a result of the Omicron variant, lead-times for some diagnostics have increased by 5-6 weeks related to the surge in demand as well as impact of some manufacturer workforce absences. There is an increasing supplier base of QA-approved Ag RDTs and manual PCR tests that can support countries to accelerate their testing coverage through lower pricing and to strengthen supply security. <ul style="list-style-type: none"> Four additional stringent regulatory authority approved suppliers¹ have submitted offers for Ag-RDTs with substantively lower pricing in the \$1-2 per test range (or less). To achieve this, some validation and regulatory uptake activities at the national level are needed.
<p>Infection Prevention and Control</p> <ul style="list-style-type: none"> Personal protective equipment (PPE) represents around 15.1% of total awarded C19RM 2021 funds. There have also been significant price decreases, a large proportion of approved budgets remain to be placed by PRs as requisitions. 	<ul style="list-style-type: none"> Investment analysis is underway to identify implementation risks for IPC/PPE interventions – preliminary results detail distribution of health product/non-health product spend. Early results from Spot Check data suggests varying compliance with proper PPE usage in health facilities and potential PPE procurement challenges in certain countries.
<p>Case Management</p> <p><u>Oxygen:</u></p> <ul style="list-style-type: none"> 15.7% of awarded C19RM 2021 funds being allocated for oxygen interventions. Utilization is slow due to the complexity associated with PSA plants. <p><u>Therapeutics:</u></p> <ul style="list-style-type: none"> Gearing up for new product introduction and demand generation for antivirals in anticipation of a WHO recommendation and allocation. Working with countries on technical support for country readiness and demand generation. 	<p><u>Oxygen</u></p> <ul style="list-style-type: none"> PSA plant solutions are available through PPM/wambo.org with suppliers' capacity mapped to potential demand. O2 technical working group supporting countries with the procurement and implementation. <p><u>Therapeutics</u></p> <ul style="list-style-type: none"> Tenders ongoing with manufacturers to secure supply capacity for LMIC served by the Global Fund. Centrally-managed limited investments set aside US\$50M to ensure early access to selected novel therapeutic products.

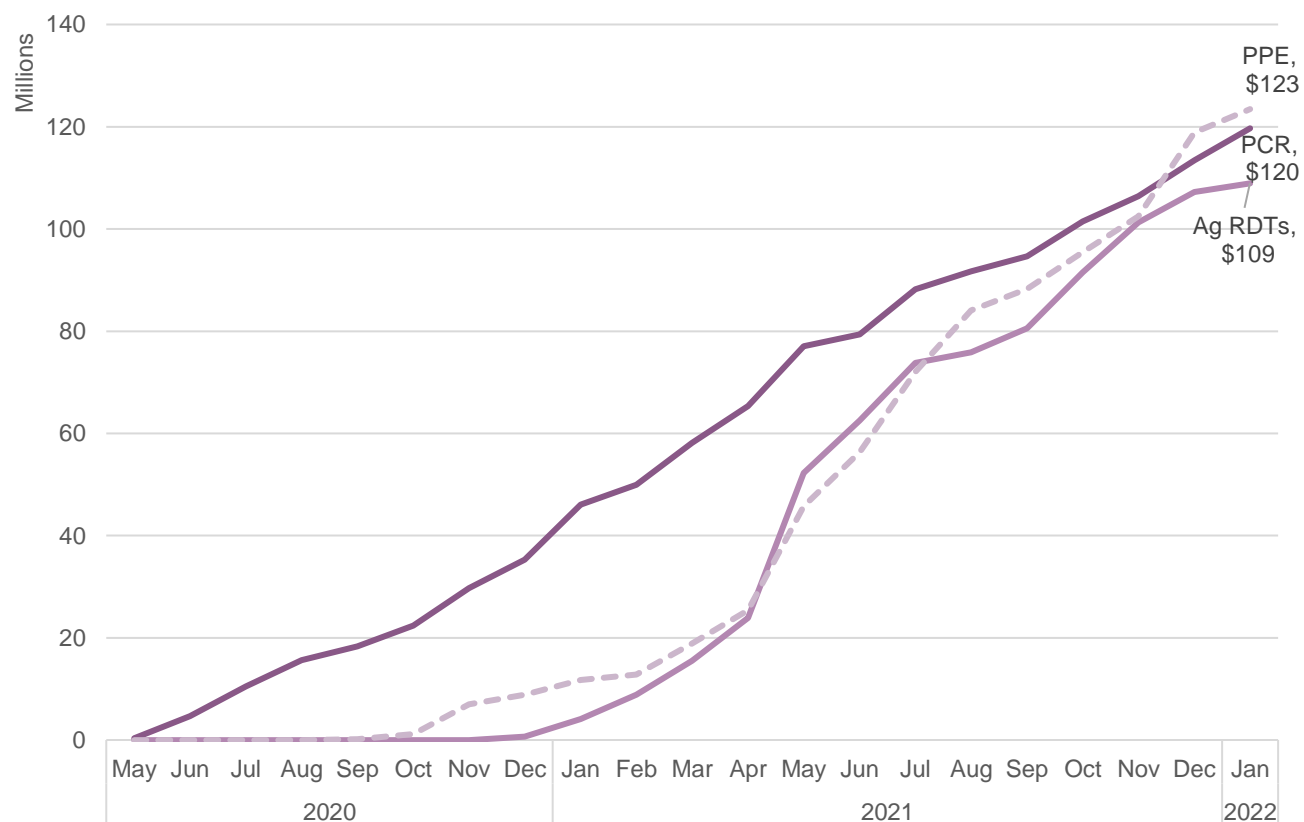
Orders for US\$665 million of COVID-19 related health products have been placed through PPM/wambo.org since 2020, US\$355 million in products have been delivered.

US\$263 million with C19RM 2020 funds, US\$92 million with C19RM 2021 funds, and US\$310 million of products on the way.

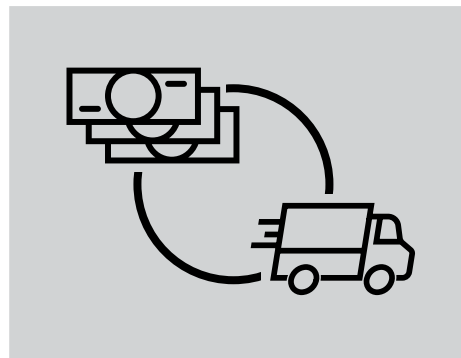
Cumulative PPM Procurement Pipeline**



Cumulative PPM Deliveries by Month



Accelerate Delivery and Implementation Supporting Countries to Convert Approved Funds into Health Products



Approved funding for procurement of COVID-19-related health products: US\$2.6 billion since June 2020.

- 2020: US\$470 million
- 2021: US\$2.14 billion

PPM health product funds yet to be converted into orders:

US\$750 million of approved budgets for health products are yet to be converted into purchase orders expected through PPM for delivery in 2022 and 2023.

Priority actions for Global Fund and Partners' support to countries to accelerate conversion of approved budget into health products:

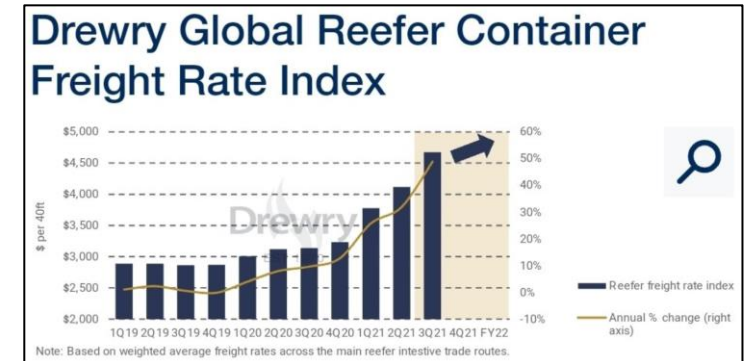
- **Plan deliveries and place orders now for 2022 (and bring forward 2023 demand):** review supply plans, place orders to ensure more robust COVID-19 response and surge preparedness and optimize the supply pipeline through 2022/23 (especially for PPE, Dx & O2).
- **Understand and de-bottleneck supply chain constraints at the national level:** understand country level challenges and de-bottlenecking, timely issuing of importation waivers and foreseeing in-country supply chain/ storage capacity constraints that are emerging in some countries.
- **Be ready to rapidly adopt new game-changing tools such as antivirals and test-and-treat:** reduce the time-lags between WHO and national guideline adoption, regulatory approvals and readiness for roll-out.

Mitigating disruption caused by international freight challenges related to COVID-19 and control measures

The impact on supply chains of COVID-19 products is increasing with 16% orders delayed by 30 days or more – heading towards the levels seen for HIV, TB and malaria products (23% delayed by 30 days or more*).

At the end of January

- Around one quarter of overall delays relate to production of Ag-RDTs, PCR tests and associated lab reagents were impacted by Omicron, resulting in extended lead-times of 4-6 weeks. Some short-term workforce availability issues are impacting some Ag-RDT and PCR manufacturers.
- Around three-quarters of the delays are related to freight capacity constraints, prerequisite importation waivers, and other in-country supply chain constraints, including some requests to delay deliveries due to storage space constraints.



Ocean-freight rates expected to remain high through 2022 in this delicate dynamic market; influenced by COVID-19 restrictions and constraints in capacity, equipment and scheduling.

- Mitigate delays while looking for ways to accelerate deliveries through ongoing coordination and intervention across the Secretariat, PRs and PPM Procurement Services Agents/UN entities.
- Monitor and manage freight budgets and costs to ensure products can be delivered for program implementation.

* These analyses were undertaken by PPM and GDF.



Delivering on C19RM

Reinforcing COVID-19 Response
Mitigating the Impact on HIV, TB and Malaria

Update on COVID-19 Diagnostics

Diagnostics represent 23% of C19RM 2021 funds (US\$728 million) equivalent to about 145 million tests.

Planned Project Stellar

Cross-secretariat and partner efforts continue through Project Stellar to support countries reach recommended testing levels.

Challenges

- As a result of Omicron, lead-times for delivery of some diagnostics have increased by 5-6 weeks, due to surge in demand and the impact of some manufacturer workforce absences.
- Spot Check data indicates that in a sample of 17 countries in Africa, 77% of facilities are not authorized to conduct COVID-19 testing. We are currently verifying these findings and exploring implications for national testing strategies.
- Absence of WHO guidelines on self-testing (expected in March).
- Low testing demand in many countries, and a lack of efficient scale-up due to lack of diagnostics policies and strategies that are restrictive, for example not allowing decentralization or community-based testing of Ag RDTs; as well as HRH challenges, e.g., numbers trained .
- According to AU CDC data, of the 55 African member states only 33% (n=18) are reporting data on number of Ag-RDT tests done due to lack of data collection tools.
- **Spot-checks are providing critical baseline data** for broader lab implementation support efforts, refine target countries and priority interventions for Project Stellar and drive higher levels of testing.

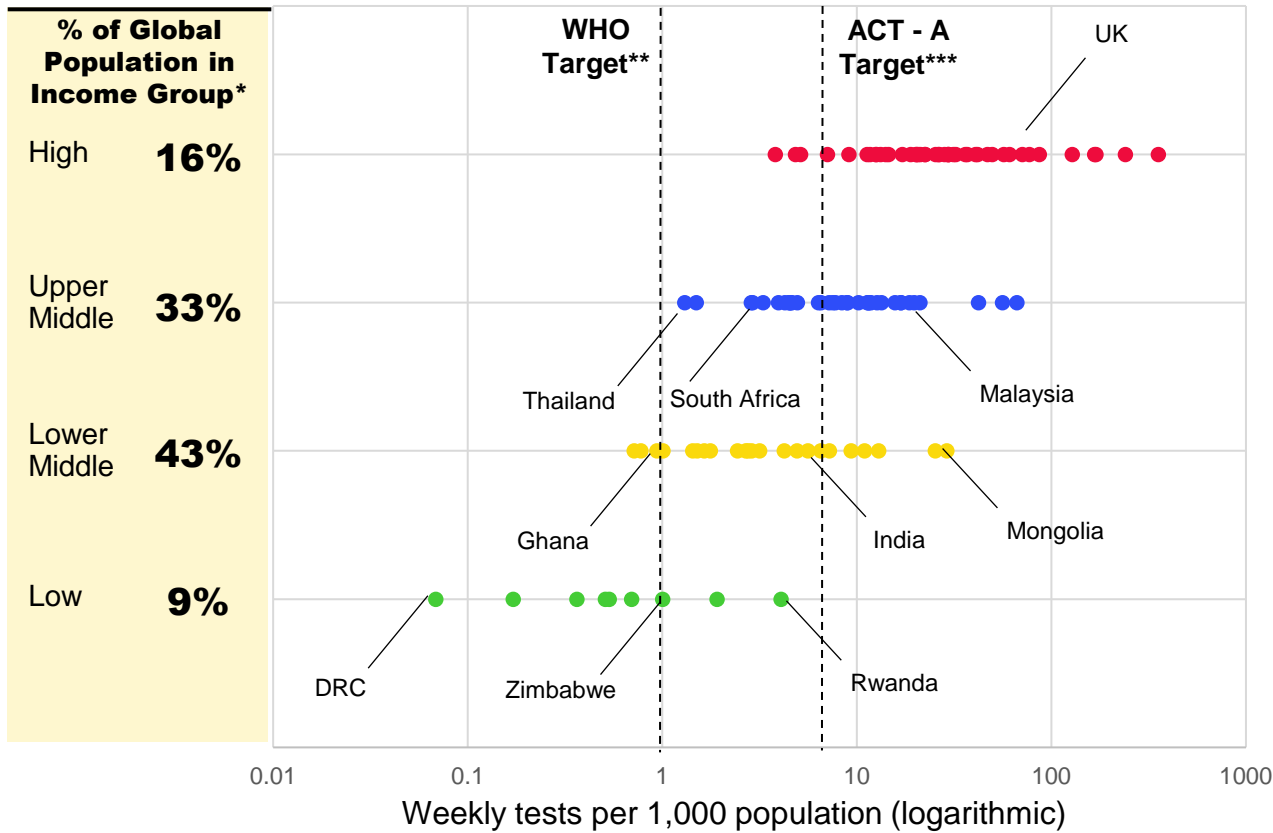
Updates on Ag-RDTs since the last report

- There is an increasing supplier base of QA-approved Ag-RDTs and manual PCR tests that can support countries to accelerate their testing coverage through lower pricing and to strengthen supply security.
- Four additional stringent regulatory authority approved suppliers have submitted offers for Ag-RDTs with substantively lower pricing of around US\$1-2 per test.
- To achieve this, some validation and regulatory uptake activities at the national level are needed.

Diagnostics and Testing Rates

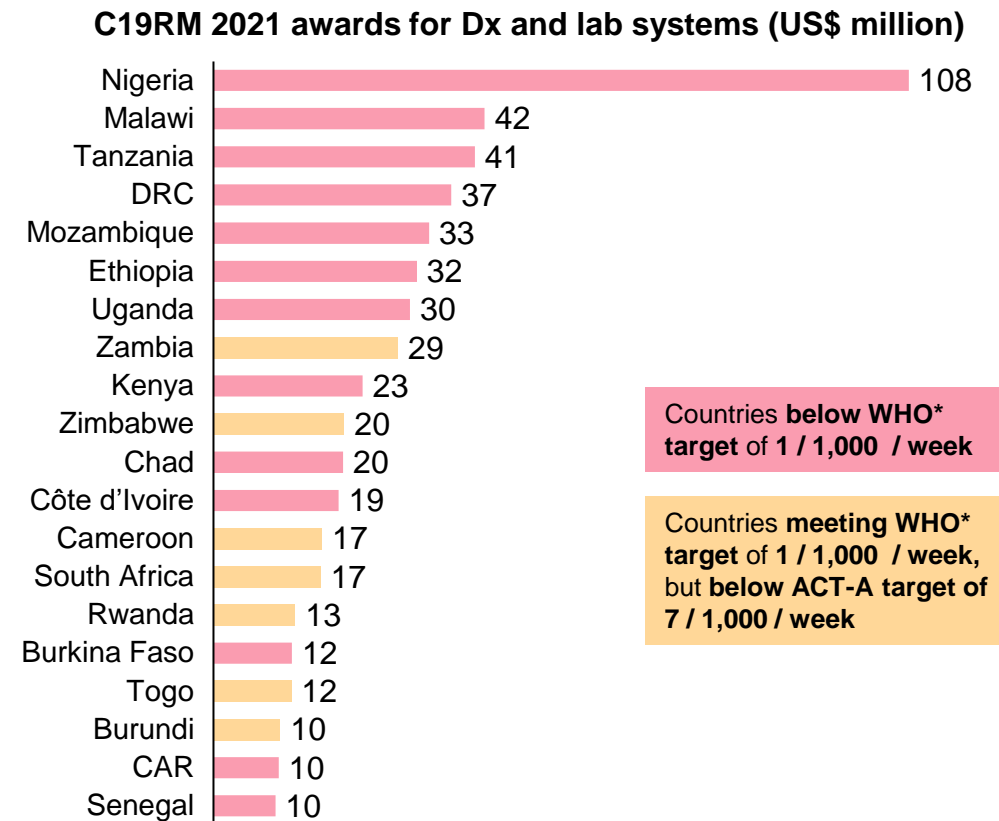
Despite large investments in procurement, testing rates across the African region continue to lag behind global testing targets.

Weekly COVID-19 Testing Volumes by Income Group (2021) [credit: CHAI]



*World Bank Income classifications from the "Population, total- 2020"
 **WHO Target: 1 test per 1,000 population per week as per interim guidance in "Considerations for implementing and adjusting public health and social measures in the context of COVID-19"
 ***ACT-A Target: 7 tests per 1,000 population per week

Top 20 African countries by C19RM 2021 Dx and lab systems awards, representing ~70% of total C19RM 2021 awards



Countries below WHO* target of 1 / 1,000 / week

Countries meeting WHO* target of 1 / 1,000 / week, but below ACT-A target of 7 / 1,000 / week

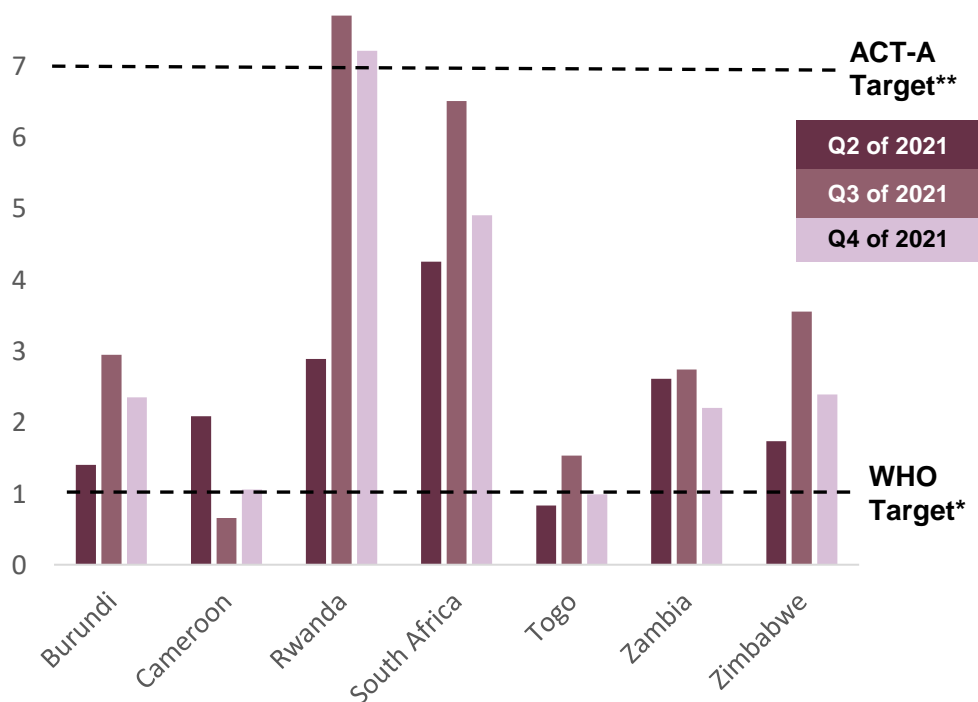
Source: FIND testing data reported from 01/01/2021 to 31/12/2021
 Awards data is based on C19RM 2021 budget data for the interventions of "Laboratory systems" and "COVID Diagnostics and testing", as of February 4th.

Diagnosics and Testing Rates

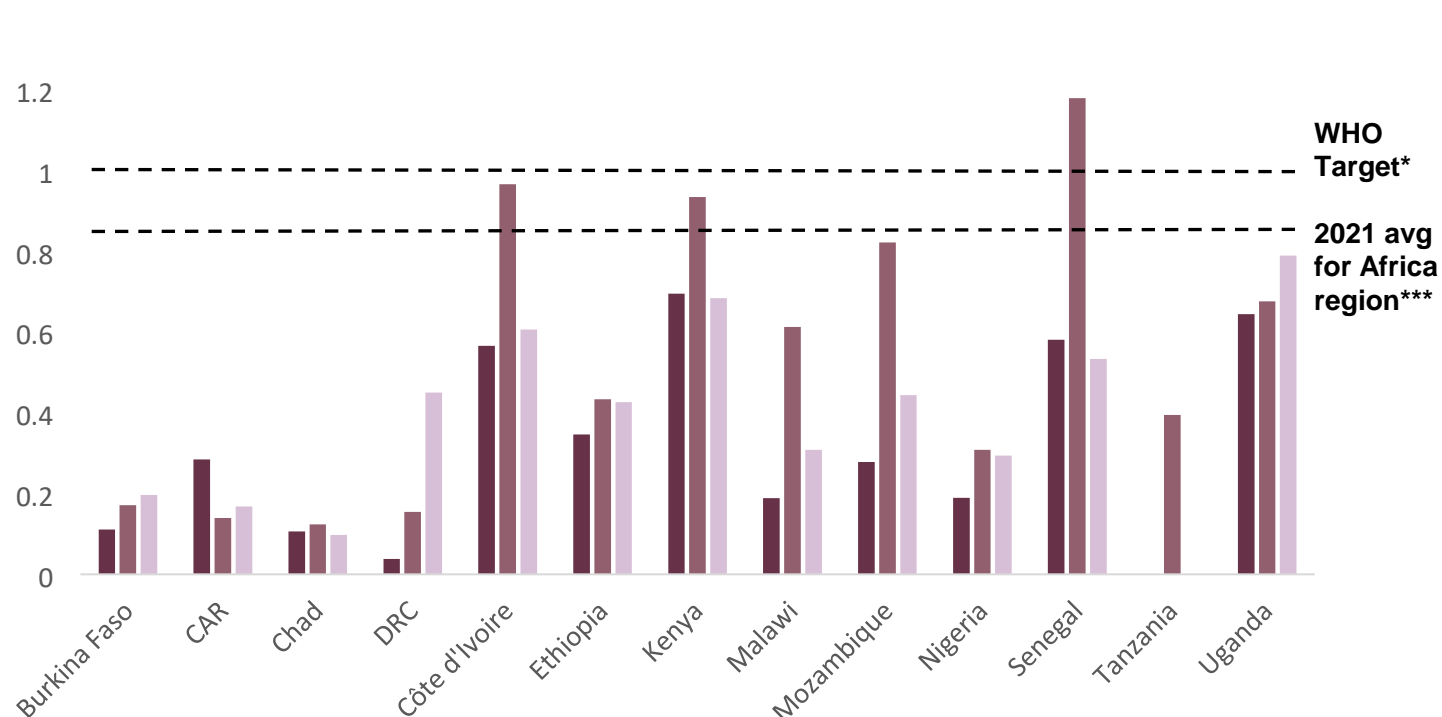
Progress towards improving testing rates is ongoing among the top 20 African countries with C19RM 2021 Dx and lab systems awards. Case surges, organized events and stock-outs have an impact in driving testing rates.

Weekly average COVID-19 testing rates per 1,000 population per week

Countries meeting WHO targets (Q2-Q4 of 2021)



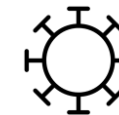
Countries not yet consistently meeting WHO targets (Q2-Q4 of 2021)



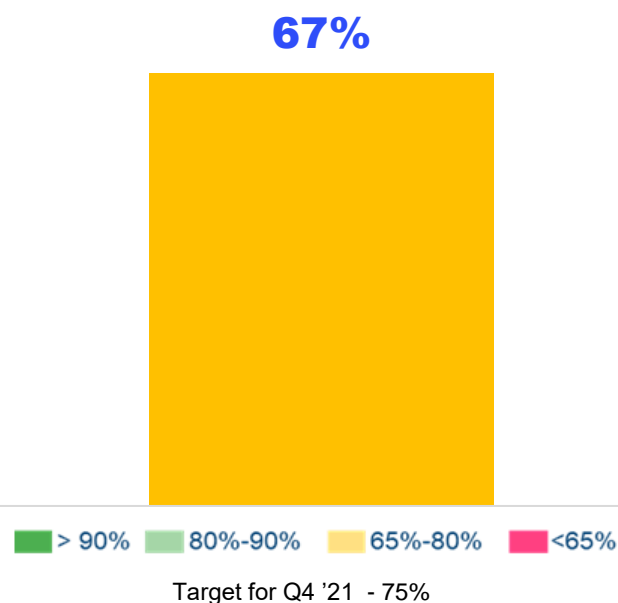
- These countries have demonstrated that they can achieve WHO target levels of testing.
- Rwanda has sustained a level of ACT-A testing for two quarters.
- Cameroon had higher levels of testing in Q2 as they were hosts of the Africa Cup.

- Of these countries, DRC, Côte d'Ivoire, Mozambique, Senegal and Togo have shown the most significant progress through 2021, but a lot of work is still to be done. Project Stellar focuses on these countries in order to support the use of testing kits that will be provided by the Global Fund.
- For Tanzania we only have data from Q3.

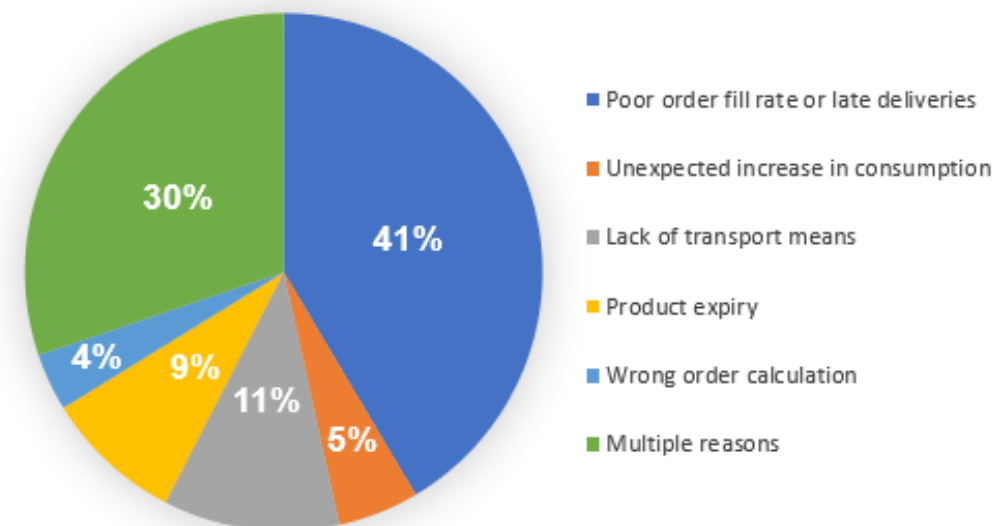
Health Product Supply Chain Indicator for COVID-19 Dx



On-Shelf Availability – OSA scores in % for Q4 2021



COVID-19 Dx - Reasons for no on-shelf availability



- **Overall, on-shelf availability (OSA)** for COVID-19 diagnostics across all reporting countries is **67%**.
- Key drivers of performance are primarily related to low fill rate of orders from health facilities and transportation challenges. Added to this is the low visibility on data for COVID-19 supply chain which limits the countries' ability to better respond to the continually evolving demand for COVID-19 diagnostics.

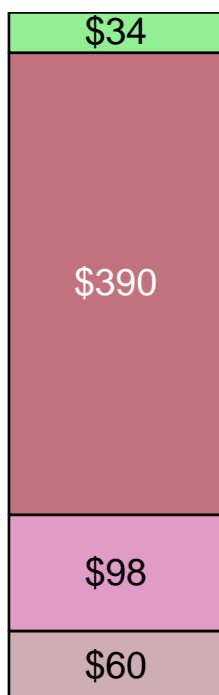
Note: OSA score provided for following countries (see previous slide):

Burkina Faso, Chad, Congo (Democratic Republic of), Cote d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Nigeria, Tanzania (United Republic), Togo, Uganda, Zambia
Data coverage - # of countries not reporting OSA data - 35, # of HF's reporting reasons for no OSA – 1,504

Update on IPC/PPE

Overview of C19RM 2021 Investments in IPC / PPE: US\$582 million

Total IPC / PPE awards for C19RM 2021*



Health products (IPC & PPE)

~\$548M** (95% of total spend)

Various PPE and IPC commodities span across the following categories:

- **US\$390m for Core PPE:** aprons, gloves, face shields, masks, respirators, gowns, scrubs.
- **US\$98m for Specialized PPE:** coveralls, rubber boots, boot covers, surgical caps, heavy-duty gear
- **US\$60m for IPC supplies and consumables:** alcohol hand rubs, soap, sanitizers, safety boxes, chlorine, chlorhexidine.

Non-health products (IPC)

~\$34M (5% of total spend)

Non-commodity investments aimed at strengthening IPC programs:

- **Leadership and coordination at national / sub-national level** through developing strategic plans based on country needs, establishment of standards and coordination teams.
- **Developing IPC protocols and guidelines.**
- **Building HR capacity** for facility-level IPC, through additional resourcing and training of current staff.
- **Developing facility-level IPC infrastructure** e.g., clean water, ventilation, waste management.
- **Standing-up administrative controls** such as M&O mechanisms to report compliance to health authorities

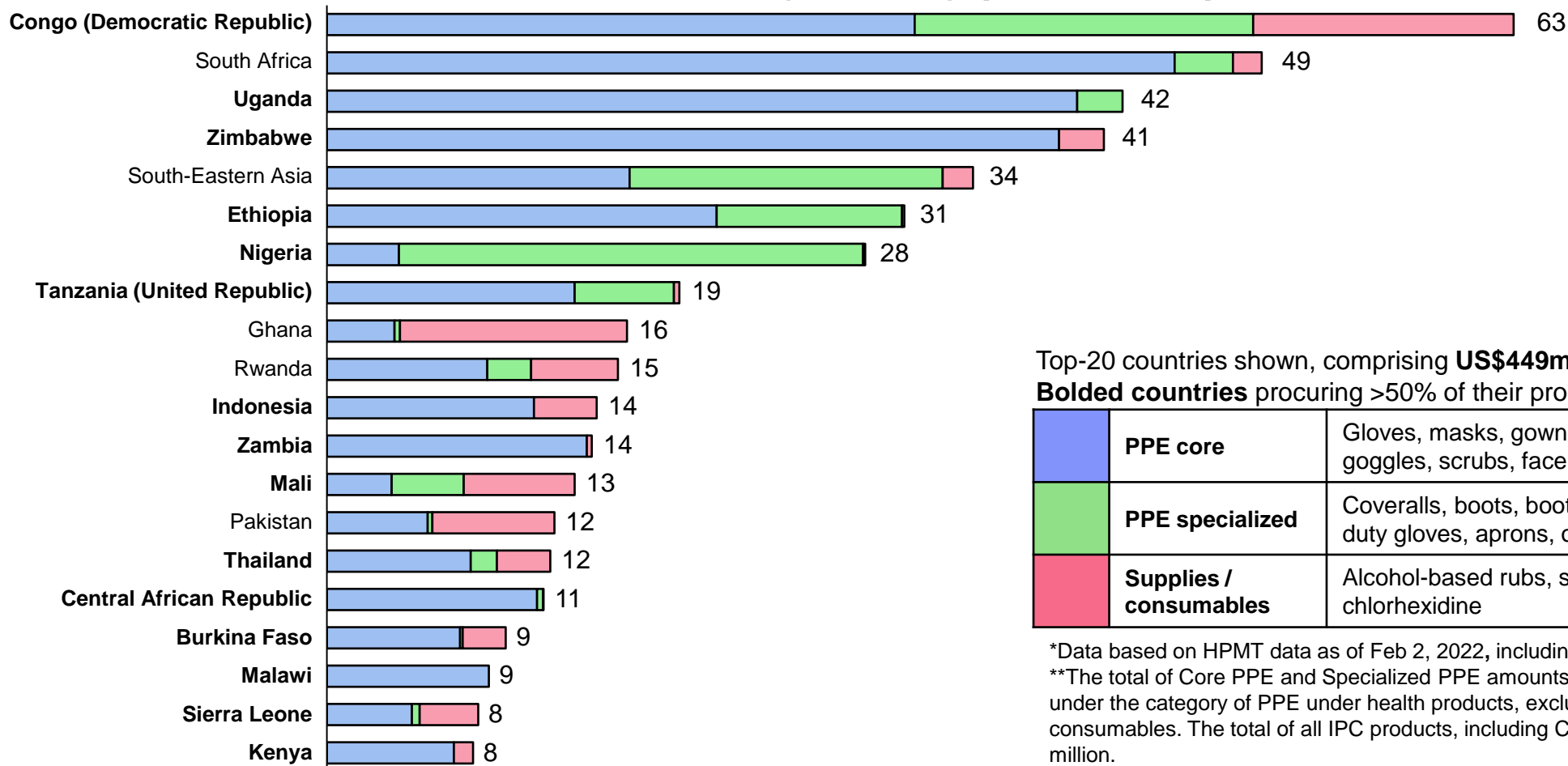
*In US\$ Millions, based on a combination of C19RM 2021 Detailed Budget and HPMT data as of Feb 2, 2022, excluding C19RM 2020 rollovers.

**The total of Core PPE and Specialized PPE amounts to US\$488 million, which is what is reported under the category of PPE under health products, excluding IPC supplies and consumables.

Secretariat Analysis of IPC/PPE

Health product investment breakdown by a subset of countries

C19RM Health Product PPE/IPC Award by Country (US\$ million)*



Top-20 countries shown, comprising **US\$449m PPE award** (~75% total**) **Bolded countries** procuring >50% of their products through PPM

■	PPE core	Gloves, masks, gowns, respirators, aprons, goggles, scrubs, face shield
■	PPE specialized	Coveralls, boots, bootcovers, surgical caps, heavy-duty gloves, aprons, other consumables
■	Supplies / consumables	Alcohol-based rubs, soap, chlorine, hand wash, chlorhexidine

*Data based on HPMT data as of Feb 2, 2022, including C19RM 2020 rollovers.

**The total of Core PPE and Specialized PPE amounts to US\$488 million, reported under the category of PPE under health products, excluding IPC supplies and consumables. The total of all IPC products, including C19RM 2020 rollover is US\$615 million.

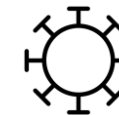
Supporting effective implementation of PPE Investments:

Personal protective equipment (PPE): represents around 15.3% (US\$488 million) of total awarded C19RM 2021 funds.

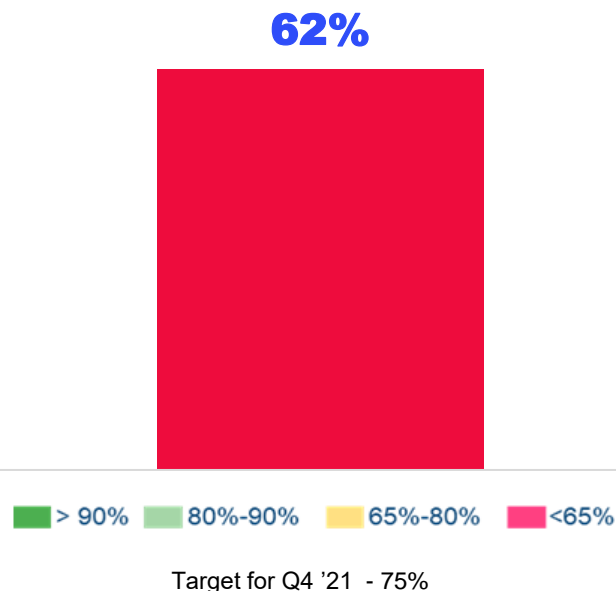
Sub-intervention	Spend	Description	Potential procurement / implementation support
Health products PPE / IPC	Core PPE	\$390M Gloves, masks, gowns, respirators, aprons, goggles, scrubs, face shield	<ul style="list-style-type: none"> • Procurement – timely placement of orders, selection of suppliers, and shipment to PRs (esp. if non-PPM) • Deployment – timely storage, and distribution of commodities, given ongoing supply chain challenges • Quality – goods from non-PPM channels or local manufacturing sources meet established standards • Use – products are used in accordance with global and national standards, incl. adequate waste management procedures • Monitoring and oversight – robust mechanisms in place to track compliance on the above (esp. if non-PPM)
	Specialized PPE	\$98M Coveralls, boots, boot covers, surgical caps, heavy-duty gloves, aprons, other consumables	
	IPC supplies and consumables	\$60M Alcohol hand rubs, soap, other cleansers and disinfectants	
Non-health products IPC	Infrastructure, HR staffing, protocols, national leadership, etc. \$34M	Ensuring robust implementation of various IPC programs, projects, and initiatives	<i>Few challenges expected for these interventions; select countries may require specialized technical assistance or support</i>

The Secretariat will continue to support countries to **accelerate implementation and to convert approved budgets into products**; ongoing analyses aim to understand and address country-level procurement challenges.

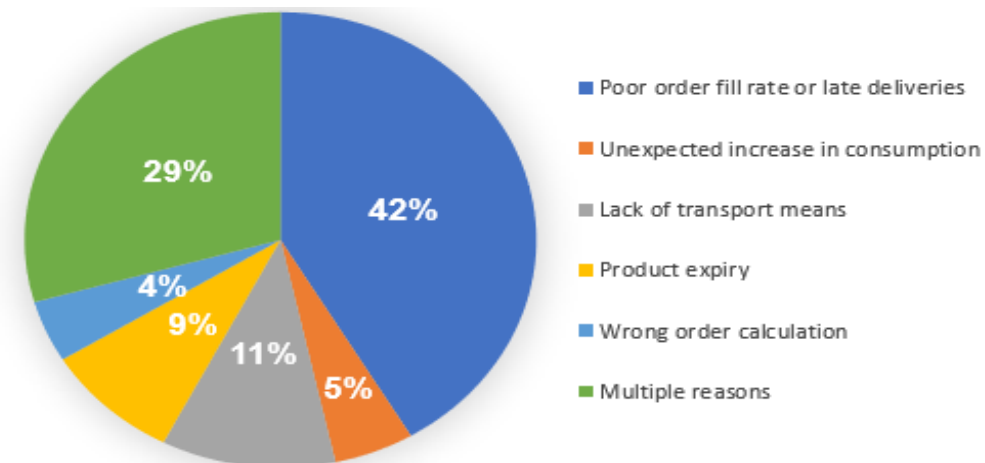
Health Product Supply Chain Indicator for PPE



On-Shelf Availability – OSA scores in % for Q4 2021



COVID-19 PPE - Reasons for no on-shelf availability



- **Overall, on-shelf availability (OSA)** for COVID-19 PPE across all 38 reporting countries is **62%**. This ranges from 47% in HIA1 to as high as 73% in HIA2. HIA1 low OSA performance is mainly driven by the very low availability of COVID-19 PPE in two of the reporting countries sampled, at 27% and 25% respectively.
- Key drivers of performance are primarily related to low fill rate of orders from health facilities and transportation challenges.

Note: OSA score provided for following countries (see previous slide)

Burkina Faso, Central African Republic, Congo (Democratic Republic), Ethiopia, Ghana, Indonesia, Kenya, Malawi, Mali, Nigeria, Pakistan, Sierra Leone, Tanzania (United Republic), Uganda, Zambia, Zimbabwe. For "South Eastern Asia" we included Bangladesh, Philippines and Vietnam. Not included - South Africa, Thailand and Rwanda, not part of Q4 2021 Spot Checks data collection

Data coverage - # of countries not reporting OSA data - 38, # of HFs reporting reasons for no OSA – 1,645

Update on Oxygen Investments

C19RM awards for oxygen stand at US\$508 million (15.7% of C19RM 2021).

Addressing O2 Challenges

- O2 technical working group continues to **focus support on countries requiring assistance.**
- **Project BOXER** is providing implementation assistance defining the needs, supporting local and central procurement, installation and implementation to **17 countries** to date.
- **The Secretariat set up a centralized procurement solution through PPM/wambo.org**, in addition to existing procurement channels such as national procurement and some UN-agencies.

Areas that will need further support

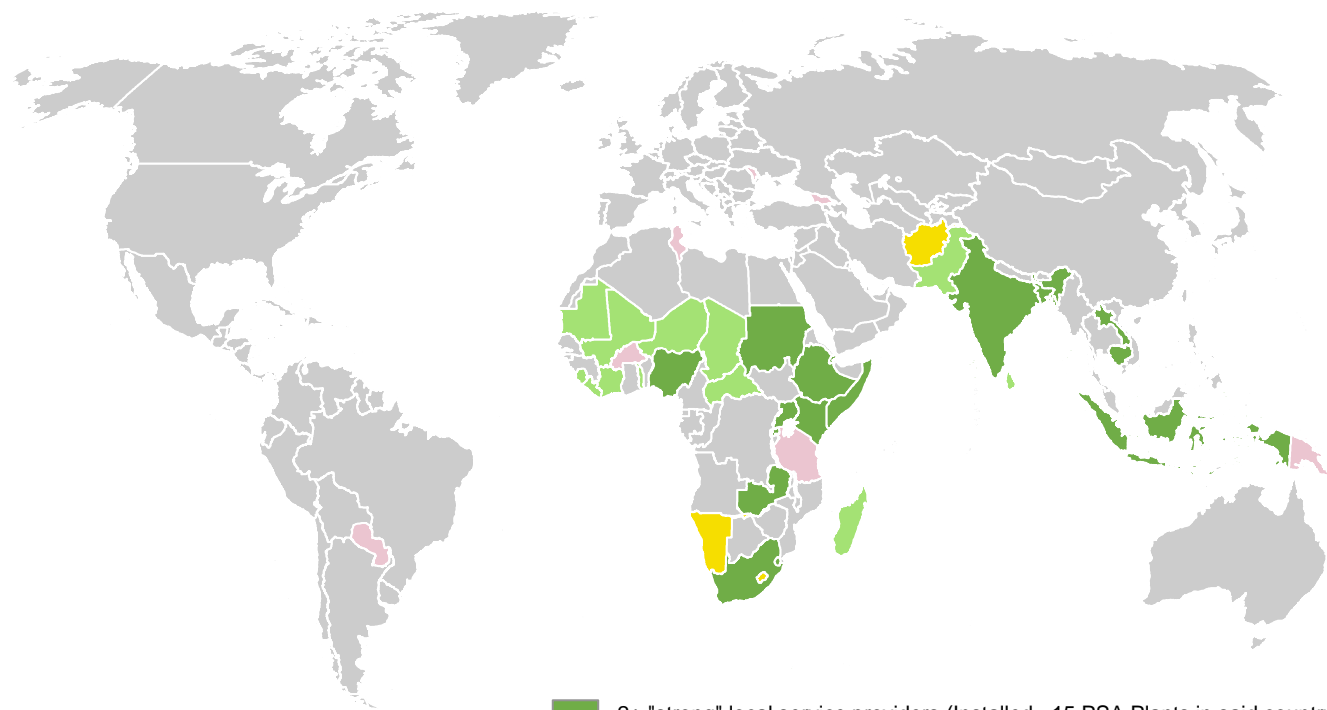
- Utilization of funds is slower than anticipated due to the significant complexity and contextual specificity associated with procurement and implementation of oxygen investments.
- There is variable presence and capacity of in-country technical partners to support countries with the assessment, procurement, and implementation of oxygen investments.

Project BOXER Countries supported as of 18 February 2022 (17)	
	Mauritania
Central African Republic	Namibia
Côte d'Ivoire	Papua New Guinea
Eswatini	Paraguay
Ethiopia	South Africa
Guinea	Syria
Indonesia	Tunisia
Lesotho	Uganda
Liberia	Zanzibar

Pressure Swing Adsorption (PSA) Plant Supply, Demand and Orders Status

Delivering oxygen consumables/equipment while progressing complex PSA plant orders

Country-by-country demand aligns to supplying service providers



- 2+ "strong" local service providers (Installed >15 PSA Plants in said country)
- 1 "strong" or 2+ "moderate" local service providers
- 1 "moderate" local service provider (Installed 5-14 PSA Plants in said country)
- Only "limited" experienced service provider(s) (Installed 1-4 PSA Plants in said country)

Wave 1 orders progress

Eight countries have agreed to re-channel to the centralized procurement solution, including:

- Submitting wambo.org orders and finalizing quotes.
- Finalizing specifications and submitting pre-orders.
- Discussing technical assistance.

Local procurement progress:

- One country initiated and order and another issued a local tender.

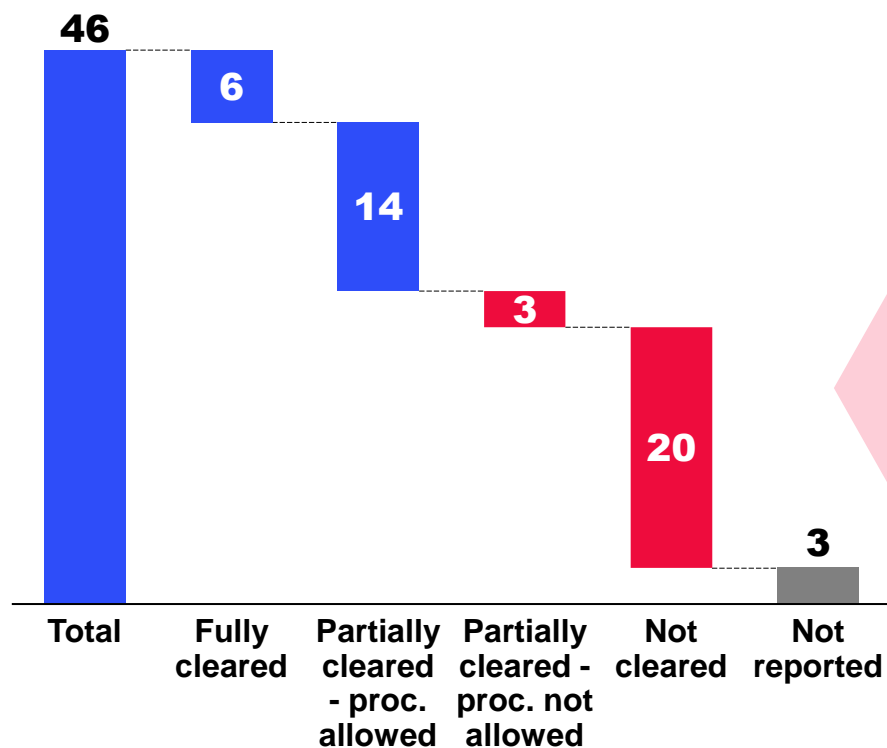
To accelerate delivery of Pressure Swing Adsorption (PSA) plants, the Global Fund has developed a risk framework to identify countries most in need of central procurement support.

Procurement risk		General country characteristics subject to CT input	Potential actions	# of PSA plants Under current tier list
Tier 1	Significant risk Major procurement issues with potential failure risk.	<ul style="list-style-type: none"> • HIV and malaria Pooled Procurement Mechanism (PPM) countries <u>without</u> mitigating circumstances (see Tier 3). • Countries that cited significant procurement challenges in survey. • Countries where Country Teams expressed interest in central procurement. 	Eight countries (32 plants) are re-channeling to PPM; orders being placed or deep-dive assessments underway.	90 plants (12% of all plants) 32 plants agreed to re-channel
Tier 2	Potential risk May require dedicated central support.	<ul style="list-style-type: none"> • HIV and malaria PPM countries <u>with</u> mitigating circumstances (e.g., UN procurement agent, partner support, significant progress already made). • Non- HIV and malaria PPM countries that did not cite significant procurement challenges. 	Information re-engagement sessions planned for March 2022.	172 plants (24% of all plants)
Tier 3	Low risk Not expected to experience challenges.	<ul style="list-style-type: none"> • Countries with UNDP-led procurement (regardless of criteria above). • Non- HIV and malaria PPM countries that have made significant procurement progress. 	Continue proactive monitoring Information re-engagement sessions planned for April 2022.	460 plants (64% of all plants)

Supporting Procurement of O2 PSA plants and Managing Potential Risks

Due to substantial downstream risks, the Global Fund Secretariat requested implementers to address a series of issues (Management Actions (MA**), concurrently providing technical assistance to meet these requests.

of MAs per status



Countries not yet ready for procurement (MAs not cleared)

Region	Country	MA status	Support
AME	Senegal	Not cleared	YES - Partner
	Chad	Not cleared	NO - Country/Grant TA
	Liberia	Not cleared	YES - TBD
	Namibia	Not cleared (2 MAs)	YES - BHI
	Guinea	Not cleared (2 MAs)	YES - BHI*
	Lesotho	Not cleared	YES - BHI*
	CAR	Not cleared	YES - BHI*
	Cameroon	Not cleared	YES - BHI
	Eswatini	Not cleared (2 MAs)	YES - BHI
HI Africa 1	Mali	Not cleared	YES - BHI
	Cote d'Ivoire	Not cleared (2 MAs)	YES - BHI*
	DRC	Not cleared	YES - BHI
HI Africa 2	Ethiopia	Not cleared	YES - Partner
	Zambia	Not cleared	NO - Country/Grant TA
	Zimbabwe	Not cleared	NO - Country/Grant TA
HI ASIA	South Africa	Not cleared	YES - BHI
	Indonesia	Partially cleared - proc. not allowed	YES - Partner
	Bangladesh	Partially cleared - proc. not allowed	NO - Country/Grant TA
	Pakistan	Partially cleared - proc. not allowed	YES - Partner

50% MAs

- 43% of Management Actions are cleared: PRs can proceed with procurement
- 50% of Management Actions are pending clearance with TA support (BHI is supporting in 12 out of 23 countries)
- No data available for Burkina Faso & Ghana (HIA 1), and Rwanda (AME)

*Support is already ongoing

** Example of Management Action: requirement to submit a detailed implementation plan for the procurement and installation of oxygen equipment and PSA plants.

Update on COVID-19 Therapies

Current Landscape

WHO approved Baricitinib and Sotrovimab on 13 January 2022

Population

This recommendation applies only to people with these characteristics:



Disease severity	
Non-severe	Severe
Absence of signs of severe or critical disease	Oxygen saturation <90% on room air Signs of pneumonia Signs of severe respiratory distress
	Requires life sustaining treatment Acute respiratory distress syndrome Sepsis Septic shock
	Corticosteroids
	IL-6 receptor blockers or Baricitinib
Casirivimab and imdevimab For those with highest risk of hospital admission	Casirivimab and imdevimab For those with seronegative status for SARS-CoV-2 antibodies
Sotrovimab For those with highest risk of hospital admission	

Interventions

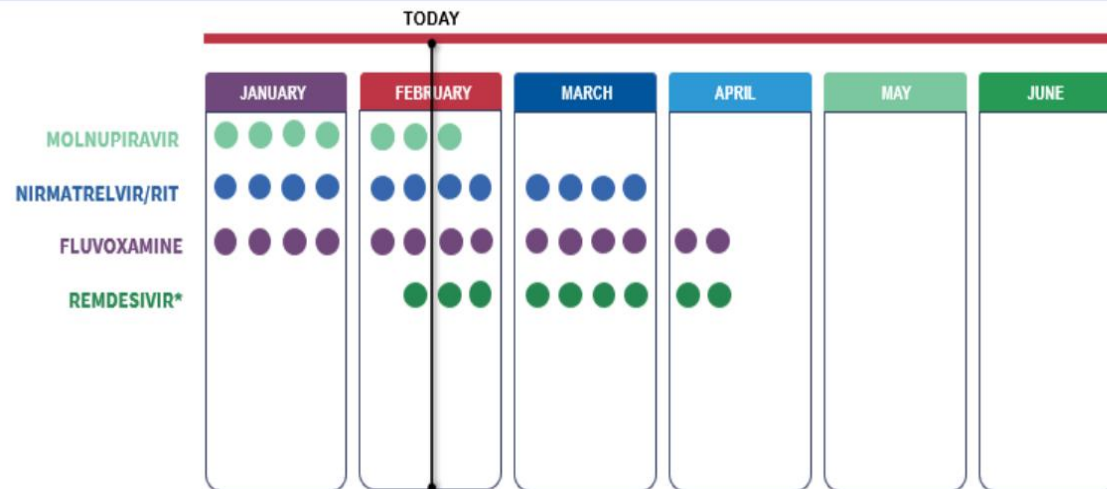
Strong recommendations in favour

Weak or conditional recommendations in favour

Timeline for four COVID-19 Tx currently under assessment by WHO

COVID-19 Therapeutics under assessment

12 February 2022



CONSIDERATIONS:

For molecules to be considered by the WHO Therapeutic Steering Committee there must be sufficient data available to be shared.

Timeline from initial data sharing to publishing of guideline is on average 8-10 weeks.

* Indicates a previously assessed molecule under review given new clinical trial data

Securing Early Access to Novel COVID-19 Therapeutics

Due to limited initial supply of novel COVID-19 Pharmaceutical Products, there is heightened risk of inequitable access for LMICs. In many of these countries, Stringent Regulatory Approval has been received but WHO recommendation is still required to update national guidelines. While waiting for WHO recommendation, the Global Fund Secretariat is setting aside US\$ 50 million through a CMLI* to secure initial supply capacity for Global Fund-supported countries while mitigating risks to an acceptable level.

Approach

- Use up to US\$ 50 million of CMLI to proceed with potential advanced procurement commitment contingent to WHO recommendation and prior to country-specific demand through existing pooled procurement mechanisms.
- This approach has been endorsed by the C19RM Investment Committee and consulted with GAC/CTAG.
- It will feed into Secretariat thinking on flexible funding mechanisms to accelerate new health product introductions across HIV, tuberculosis and malaria. Future state could enable use of funding mechanisms when needed under specific circumstances, for advanced procurements ahead of country-specific demand.

Key Risks and Mitigations

Through this approach, the Secretariat will seek to mitigate downstream risks, including (a) timing and specifics of WHO recommendations and (b) the level of country demand and readiness, which are acceptable by implementing levers such as:

1. Limit approach to products with strong initial evidence under review by WHO, in consultation with ACT-A Therapeutics Pillar partners.
2. Mobilize Global Fund and partner support for country adaptation of WHO recommendations.
3. Commitment with manufacturer to include flexibilities for product supply to align with country demand and readiness.

Next Steps

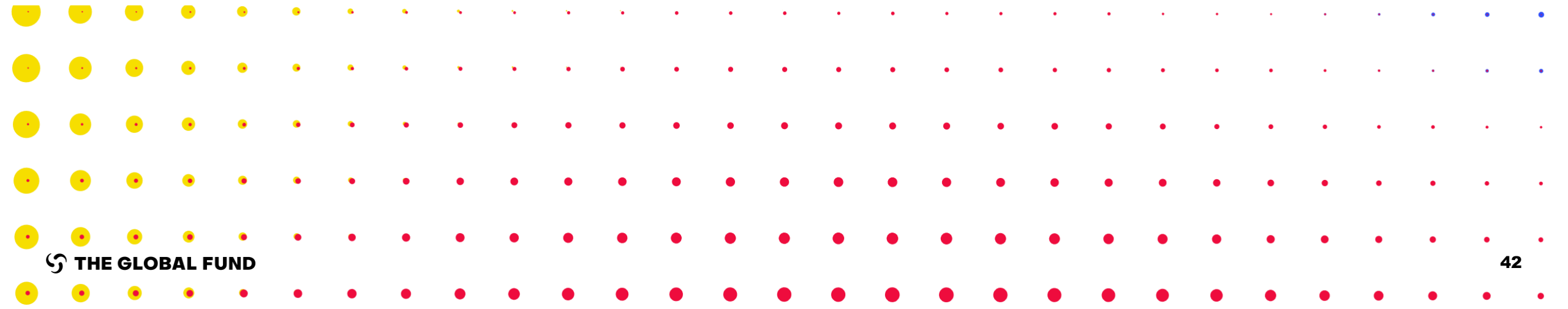
1. Work with WHO's Allocation Working Group and prepare to support countries to quantify their demand and enable country preparedness efforts.
2. Work with UNICEF and ACT-A partners to secure supply and coordinate country implementation.
3. GAC/CTAG to provide technical assistance to countries to enable implementation of Test and Treat.
4. Explore investing in test and treat pilots in select countries.



6

Delivering on C19RM

Reinforcing COVID-19 Response
Mitigating the Impact on HIV, TB and Malaria





Update on HIV mitigation.

Data from the first round of Pulse Checks and Spot Checks speaks to ART service resilience, but challenges on prevention continue.

- Preliminary analysis of the data from the first round of Pulse Checks and Supply Chain & Health Services Spot Checks highlights that **HIV treatment has not been significantly impacted by the pandemic with a year-on-year increase in the # of people on ART.** This is supported by programmatic results coming from Pulse Checks. An upward trend in the results coming from Spot Checks on service delivery and relatively strong levels of PR confidence in implementation progress, with 89% of grants reporting treatment modules as being on track, or off-track with minor issues. However, some countries still fell behind.
- **In contrast, prevention services have been negatively impacted by the pandemic.** This is evidenced by relatively poor programmatic results for testing for Key Populations and the downward trend in delivery of testing services. PR confidence in implementation progress for testing is high at 88% but lower for prevention and PMTCT with only 80% and 75% of PRs respectively reporting higher confidence levels. **Reasons reported for these lower confidence levels are primarily restrictions on movement.**
- **On-shelf availability for HIV products is sitting above the target of 75% for both diagnostics and first line drugs,** which aligns with findings on continuity of service for ART. Product availability has not been identified as a driver of under-performance for testing. On time in full distribution (OTIF) for HIV products is however lower at 53% and 61% respectively but given on-shelf availability this is likely due to the delivery timeliness to health facilities.

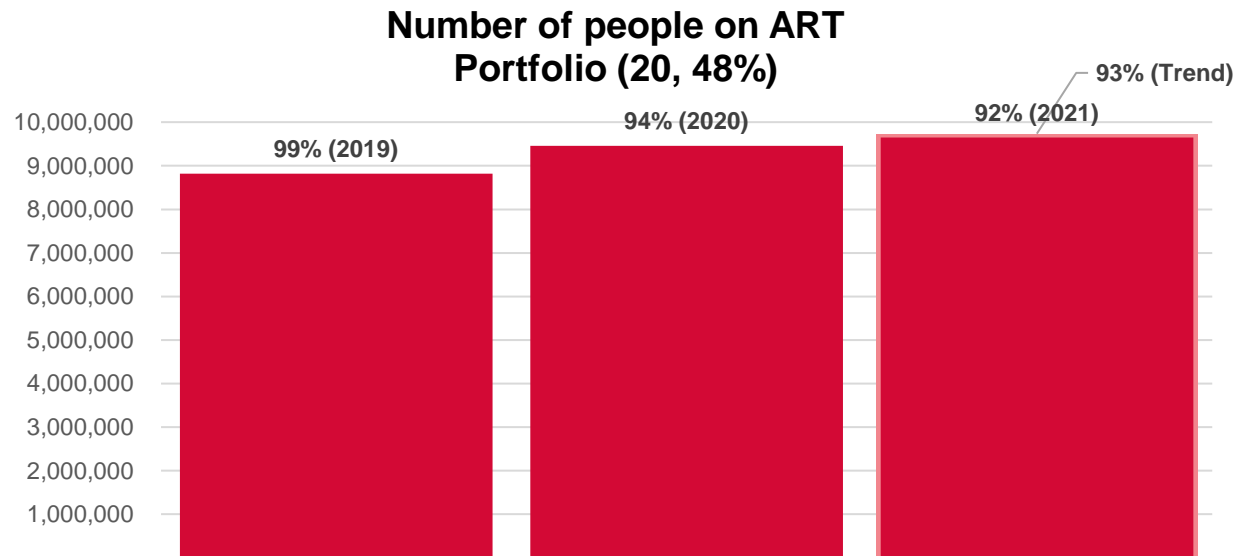
Areas that require attention

- Programmatic results for prevention programs and whether under-performance continues into the next quarter and beyond.
- Monitoring trends on people currently on ART and return to care with scale-up of multi-month dispensing.
- PR confidence levels in prevention programs and whether there is any change.

HIV



Number of People on ART



*Data labels represent % of target achieved per year.

*The number of countries contributing to the analysis is provided in parenthesis. Also, the target share of the Global Fund portfolio is provided as a reference (i.e. the total target of the countries contributing towards the analysis is divided by the total target of the Global Fund portfolio).

2021: Cumulative results up to Q3 - performance calculated as cumulative results up to Q3 divided by the annual target.

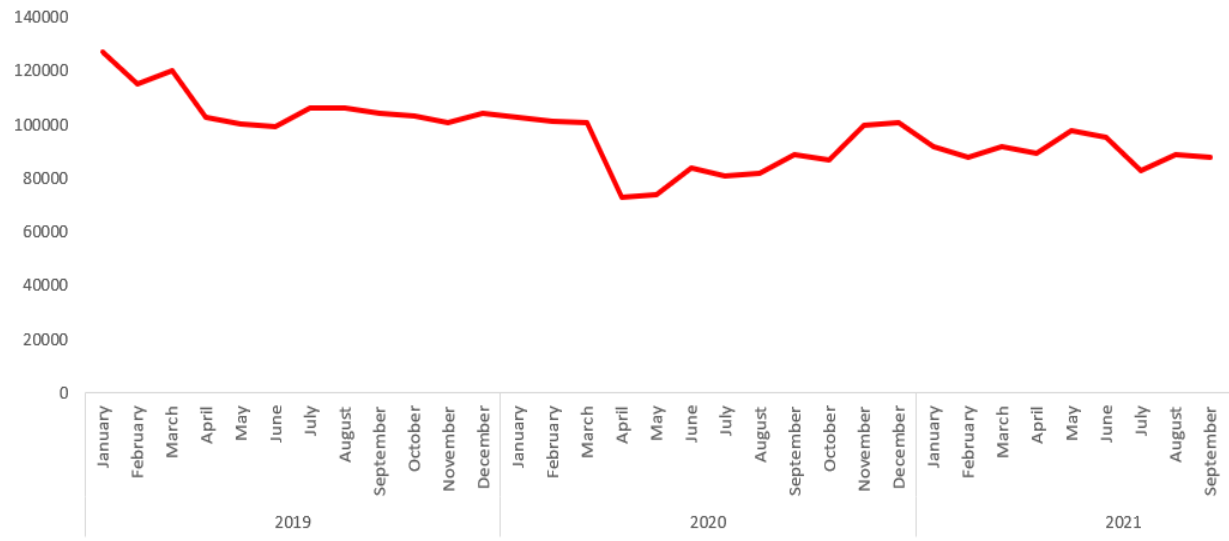
2019 and 2020: End of year results - end of year performance calculated as end of year results divided by annual target.

- **ART program performance has shown resilience throughout the pandemic** with a year-on-year increase in the number of people on ART (20 countries).
- Results from Spot Checks support a similar conclusion with a 6% increase in ART service delivery for Q3 2021 compared with the same period in 2019.
- Nonetheless **the curve also appears to be flattening with a smaller increase in absolute numbers between 2020 and 2021 (compared with 2019 to 2020)** and a projection of 93% performance against the 2021 annual target (compared with 94% in 2020 and 99% in 2019).
- **This pattern seems stable across Global Fund regions.**

Service Disruption & Availability



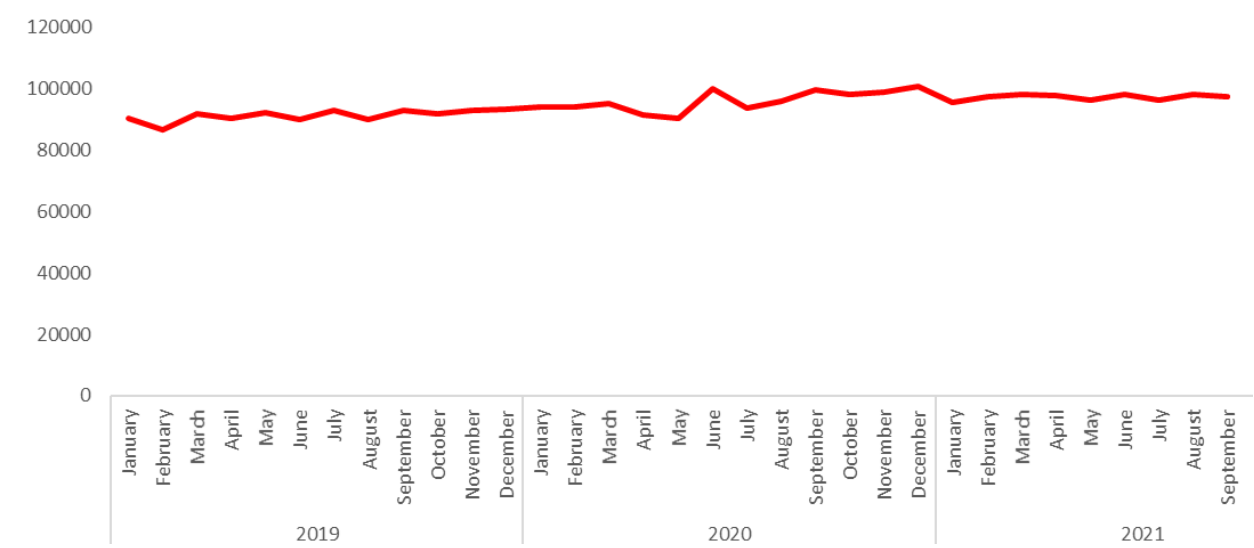
HIV Testing Service



No. of Countries: 38
No. of Facilities: 699

Q3 '21 vs Q3 '19: -19%

Treatment/prescription of Anti-Retroviral Therapy (ART)



No. of Countries: 37
No. of Facilities: 465

Q3 '21 vs Q3 '19: +6%

In sampled facilities with data, HIV testing services fluctuated with a downward trend; ART services were largely maintained with slight increases.

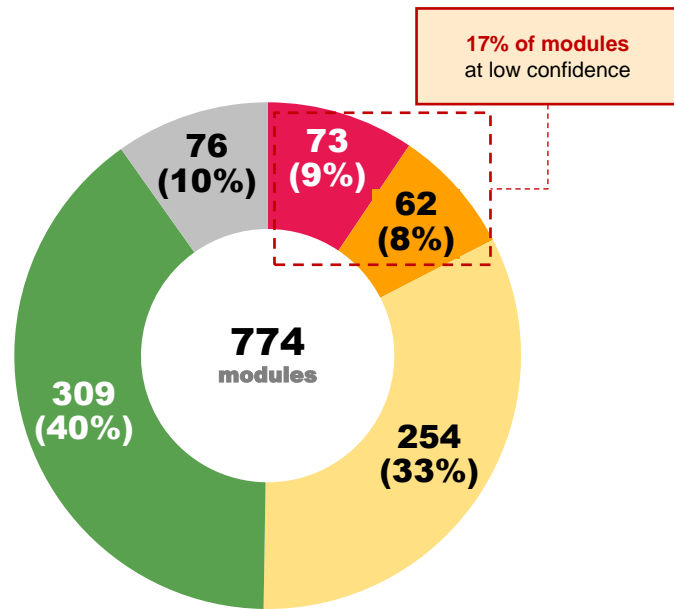
HIV: PR Self-assessment for HIV Implementation



HIV implementation activities have proved resilient with 17% of low confidence modules* in Q3 2021.

*modules at risk or off-track with major issues

Share of modules by implementation progress status



- Module at risk
- Off-track with major issues
- Off-track with minor issues
- On track
- No response given

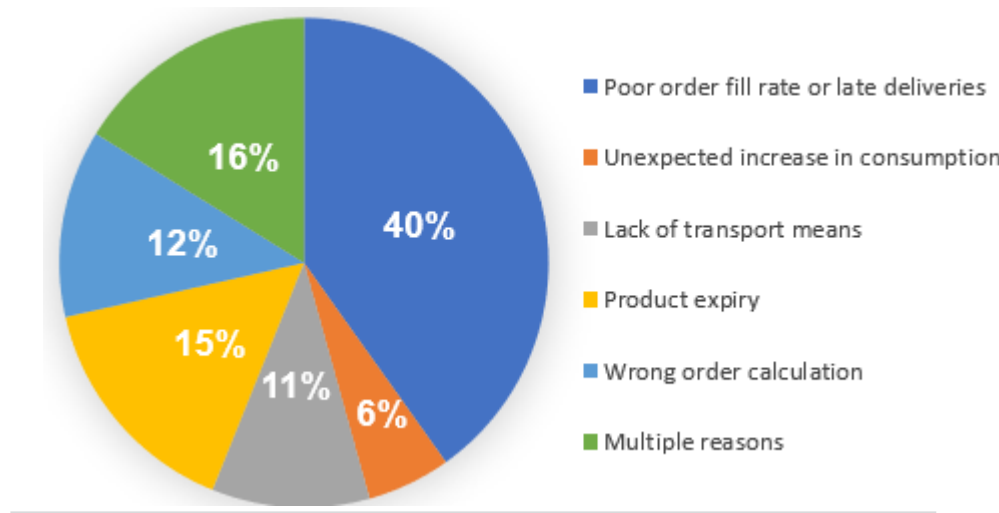
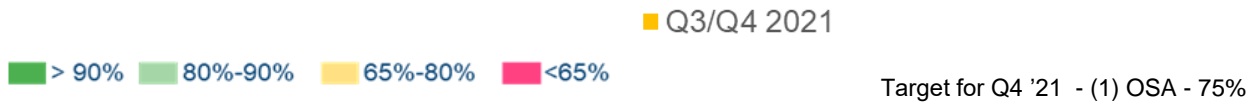
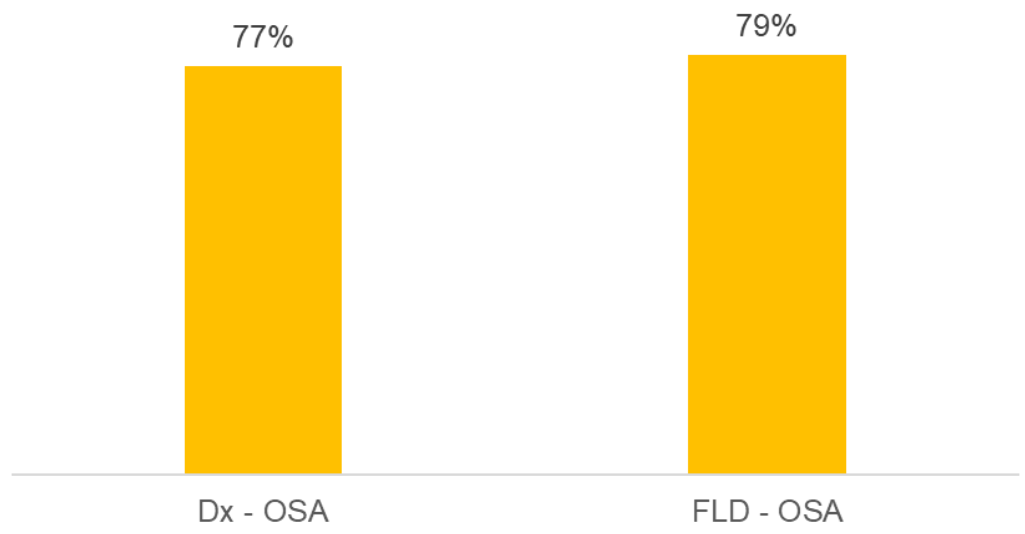
Note: Figures include all RSSH modules within HIV and HIV/TB grants

Share of low confidence by module – Q3 2021

Module	Total module budget in current IP	Number of grants implementing	% share of low confidence
Prevention	\$734M	86	20%
Testing	\$320M	84	12%
Treatment, care and support	\$3.0B	80	11%
PMTCT	\$136M	64	25%
TB/HIV	\$71M	104	12%
RSSH <i>Multiple modules</i>	\$539M	85	20%

- Overall, main drivers putting implementation at risk included: **COVID-19 disruption, implementation readiness, and general implementation challenges.**
- **Treatment, care and support** reported the **lowest implementation risk** (US\$3bn).
- **On PMTCT** lower enrolment of pregnant women on ART was reported due to **fewer pregnant women visiting health facilities due to COVID-19-related restrictions and concerns.**
- For **Prevention**, **COVID-19-related restrictions on movement and gatherings** also impacted service delivery to **Key Populations.**
- RSSH modules in HIV grants were also substantially affected by COVID-19 related restrictions.

Adequate stock levels of **HIV** health products and reporting are supporting continuous service availability.



Reasons for no On-Shelf Availability

- **Overall on-shelf availability (OSA)** scores for HIV tracer products (38 countries* reporting) across all countries is **78%**. Key drivers of OSA rates include expiries at health facilities, distribution transportation challenges and occasionally in selected countries, low order fill rates.
- **The on-time in-full (OTIF) distribution** for HIV tracer products is **57%** (34 countries* reporting). Given stock levels, timely distribution appears to be a lowering performance of this metric. Further root-cause analysis will be needed in subsequent data collection cycles.
- **LMIS Reporting Rates** are generally high at **94%** indicating that orders for HIV products are being effectively captured and tracked. While reporting rates remain strong, timeliness of reporting and completeness of reports appear to be an area for further improvement.

Data coverage - # of countries not reporting OSA data - 38, # of HFs reporting reasons for no OSA – 1,355

Update on TB Mitigation

Data from the first round of Pulse Checks and Spot Checks speaks to slow recovery of TB cases notified.



- **COVID-19 restrictions on movement and large gatherings** severely limited TB screening activities and enrolment of TB patients on treatment in many countries. In some cases, **TB treatment facilities were repurposed to prioritize testing and treatment for COVID-19.**
- Preliminary analysis of the data from the first round of Pulse Checks and Supply Chain & Health Services Spot Checks highlights that in the sampled facilities with data, TB services were maintained and treatment services were still impacted with fluctuating trends.
- In contrast, prevention services have been negatively impacted by the pandemic. This is evidenced by relatively low programmatic results for testing for Key Populations and the downward trend in delivery of testing services. PRs cited patients **fear of visiting health facilities due to COVID-19**, as well as **diagnostic challenges.**
- **On-shelf availability** for TB diagnostics and TB First Line Drug (FLD) across all reporting countries is **52%** and **62%**, respectively. TB Dx OSA is highest in HIA (**73%**) and lowest in HIA2 (**44%**). AELAC scored the highest OSA for TB FLD (**82%**) compared to the other regions including HIA which scored the lowest OSA (**46%**).

Areas that require attention

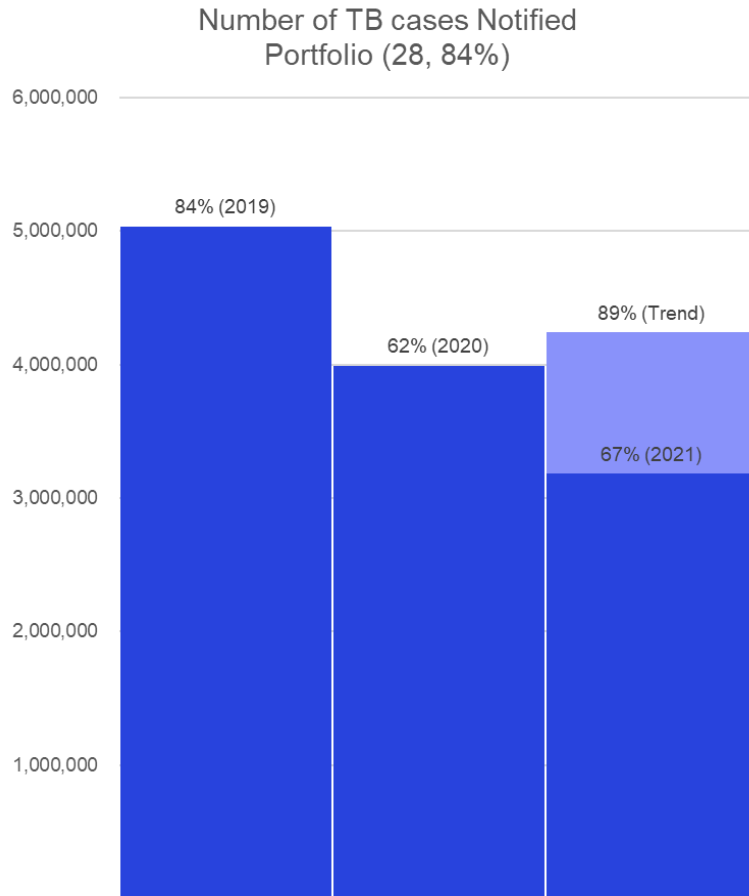
- TB implementation activities highlighted a high number of issues; all modules except TB/HIV had 20% or more responses at risk or off-track.
- PRs cited patients fear of visiting health facilities due to COVID-19, as well as diagnostic challenges.
- Based on Pulse Check data, key drivers of performance are primarily related to low fill rate of orders from health facilities and transportation challenges.

Supporting Countries

- Focusing on implementation in 2022, especially in the portfolios self-rated high risk or off track.
- Addressing low fill rate of orders from health facilities and transportation challenges.

TB

Number of TB Cases Notified



- The **overall trend continues to show slower progress** in annual targets in the 23 countries analyzed.
- However, if the same Q3 results are obtained in Q4 we can anticipate progress to reach a target of 89%.

**Data labels represent % of target achieved per year.*

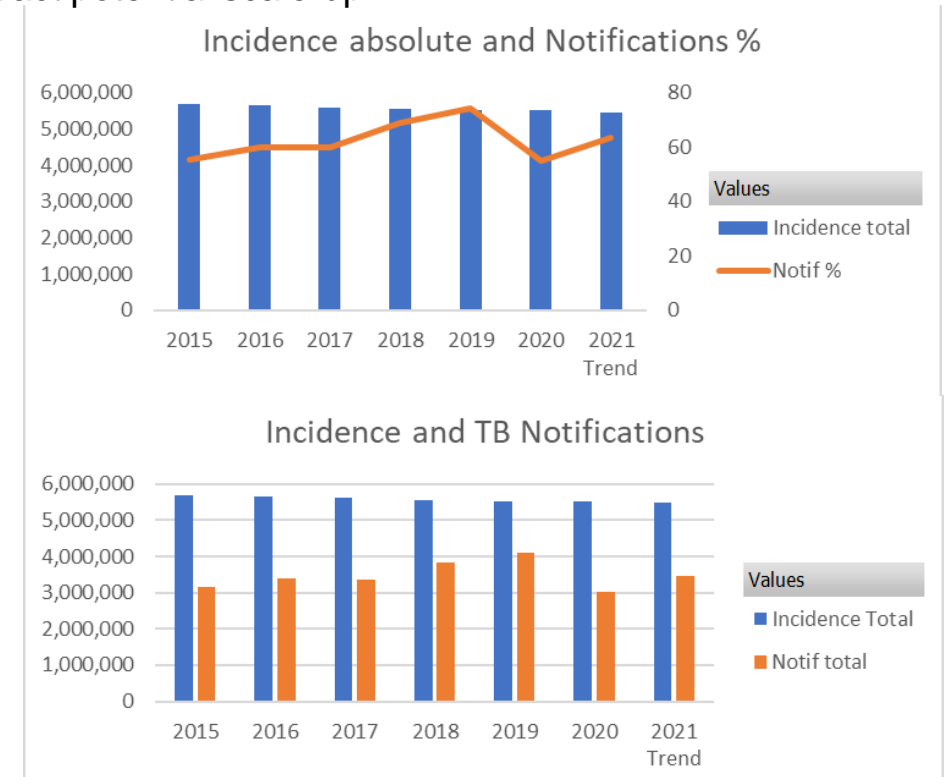
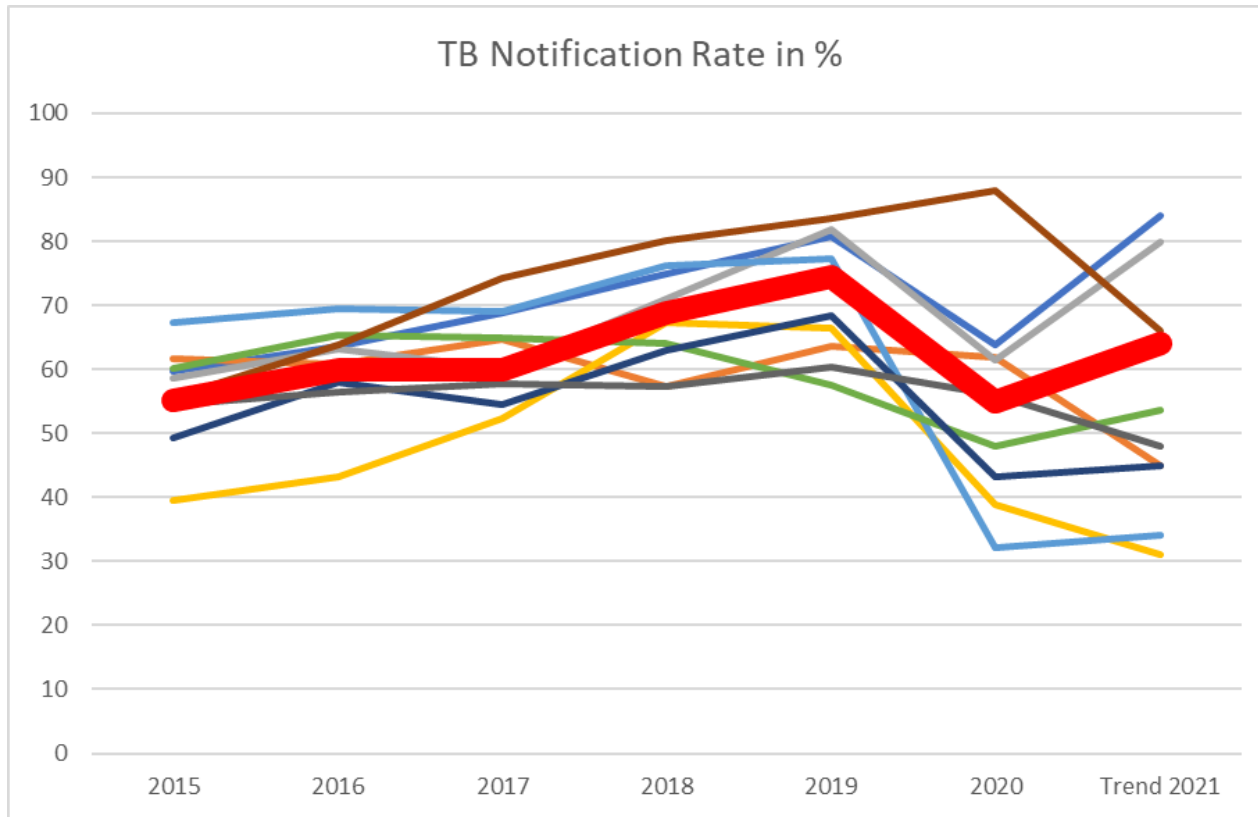
**The number of countries contributing to the analysis is provided in parenthesis. Also, the target share of the GF portfolio is provided as a reference (i.e. the total target of the countries contributing towards the analysis is divided by the total target of the GF portfolio).*

High Impact Asia reversed the downward trend of TB notifications, but 2022 implementation remains the key.



Increasing treatment coverage is key. High Impact Asia showed excellent results in 2019, compared to the 2015 baseline. Annually, one million additional patients were found and treated at the end of this period, bringing coverage from 55% to 75% of incidence. The 90% gold standard appeared to be within reach.

- COVID-19 seriously impacted notification in 2020, bringing the rate back to 2015 levels. Programs were adapted during 2021. The Q3-based trend reversal appears solid, making for half of the loss, with a coverage of 64%.
- In 2022, focus on implementation is key. The goal is to catch-up on targets to then scale-up. New variants would negatively impact potential scale-up.

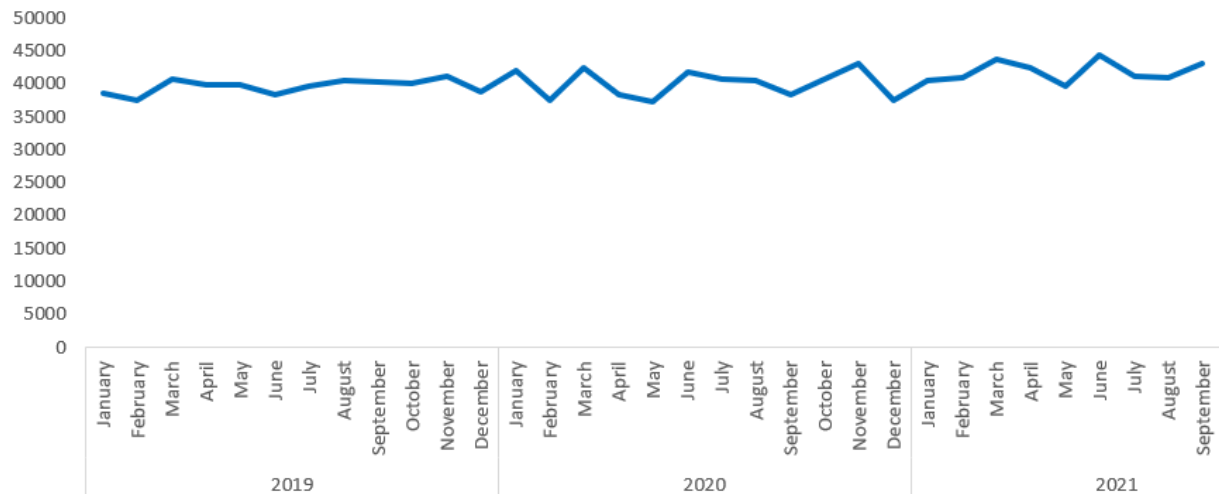


TB

Screening services and patients enrolled on treatment.



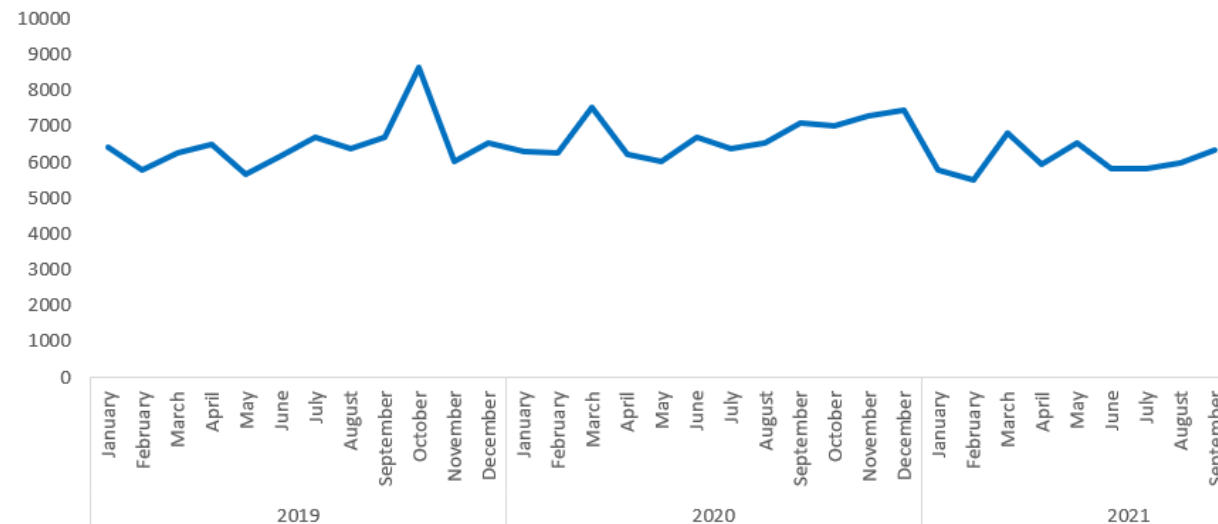
TB Screening Services



No. of Countries: 38
No. of Facilities: 506

Q3 '21 vs Q3 '19: +4%

Enrolled TB Patients on Treatment (Total)



No. of Countries: 38
No. of Facilities: 526

Q3 '21 vs Q3 '19: -7%

In the sampled facilities with data, TB services were maintained with slight increases; TB treatment services are still impacted with fluctuating trends.

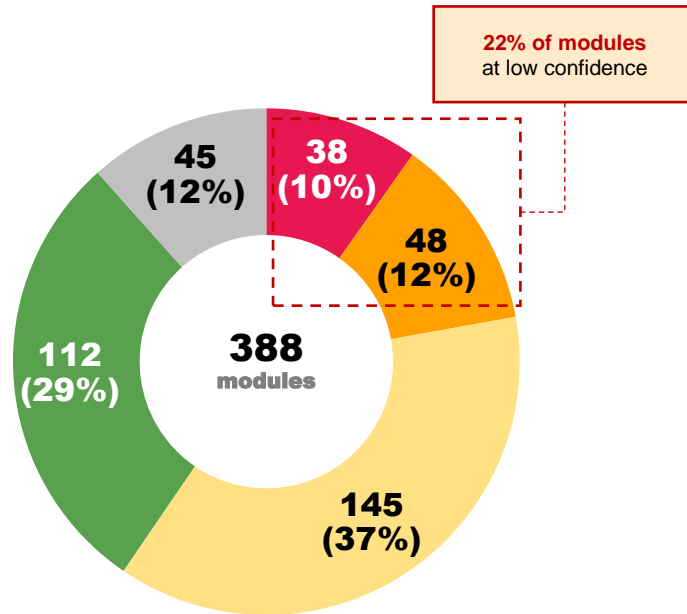
TB Activity Implementation

TB implementation activities were most at risk compared to HIV and malaria, with 22% of low confidence modules* in Q3 2021.



*modules at risk or off-track with major issues

Share of modules by implementation progress status



- Module at risk
- Off-track with major issues
- Off-track with minor issues
- On track
- No response given

Share of low confidence by module – Q3 2021

	Total module budget in current IP	Number of grants implementing	% share of modules at low confidence
TB care and prevention	\$1.1B	79	20%
MDR TB	\$473M	70	27%
TB/HIV	\$71M	104	12%
RSSH <i>Multiple modules</i>	\$115M	35	29%

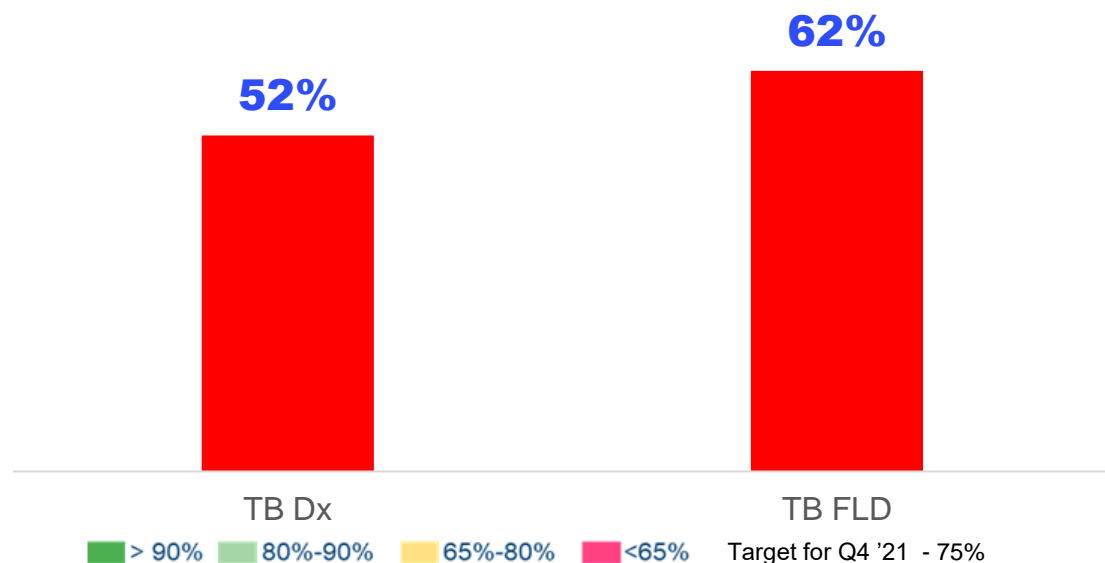
Note: Figures include all TB/HIV modules and RSSH modules within TB grants

Commentary

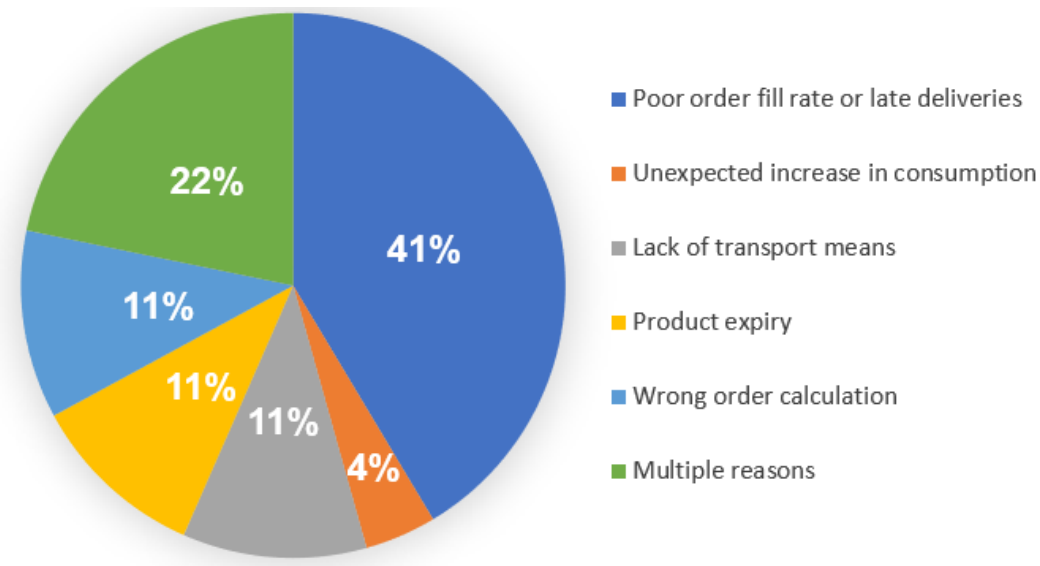
- TB implementation activities had the highest number of issues; **all modules except TB/HIV had 20% or more responses at risk or off-track with major issues.**
- **COVID-19 restrictions on movement and large gatherings** severely limited TB screening activities and enrolment of DS TB patients on treatment in many countries. In some cases, **TB treatment facilities were repurposed to prioritize testing and treatment for COVID-19.**
- Effect on **MDR TB was even higher compared to DS TB**, a challenge even prior to Covid. PRs cited patients **fear of visiting health facilities due to COVID-19**, as well as **diagnostic challenges.**
- Same as for HIV grants, **RSSH modules were also substantially affected** by Covid related restrictions.

Health Product Supply Chain Indicator for TB (Dx & FLD)

On-Shelf Availability – OSA scores in % for Q4 2021



TB - Reasons for no on-shelf availability



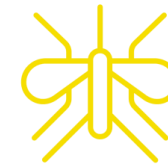
- **On-shelf availability (OSA)** for TB diagnostics and TB First Line across all reporting countries is **52%** and **62%**, respectively.
- TB Dx OSA is highest in HIA (**73%**) and lowest in HIA2 (**44%**). AELAC scored the highest OSA for TB FLD (**82%**) compared to the other regions including HIA which scored the lowest OSA (**46%**)
- Key drivers of performance are primarily related to poor fill rate of orders from health facilities and transportation challenges.

Note: OSA score provided for following countries – Angola, Burundi, Central African Republic, Congo (Democratic Republic), Côte d'Ivoire, Ethiopia, Guinea, Haiti, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mozambique, Papua New Guinea, Sierra Leone, South Sudan, Tanzania (United Republic), Togo, Zambia, Zimbabwe, Bangladesh, Niger, Pakistan, Senegal, Benin, Cameroon, Chad

Data coverage - # of countries not reporting OSA data - 38, # of HFs reporting reasons for no OSA – 1,622

Update on Malaria Mitigation

Data from various sources pointed out that campaigns helped the continuity of malaria services.



- While the **overall transition from 2019 to 2020 saw an increment in the total number of suspected malaria cases tested**, the results varied widely across Global Fund regions. This variability is now becoming stabilized at low levels of progress (57% of the annual target in Q1-3).
- In the sampled facilities with data, **Malaria diagnosis maintained with slight increases**, while **malaria treatment service showed a significant increase along the seasonal patterns**.
- Effective malaria prevention is heavily dependent on large campaigns. While it is very challenging to implement in the context of COVID-19, including restrictions and population behavior changes, **most campaigns were successfully implemented in 2021**, with significant support from C19RM funding for personal protective equipment (PPE) and operational adaptations.
- **On-shelf availability (OSA)** for Malaria diagnostics and Malaria First Line Drug (FLD) across all reporting countries is **76%** and **75%**, respectively. Malaria Dx OSA is highest in **AELAC (88%)** and lowest in **HIA (63%)**. Malaria FLD OSA ranges from **68%** to **78%** across all the GF regions, close to the average.
- **Despite the COVID-19 pandemic the number of children reached with SMC has increased each year**, with the highest ever number of children protected in 2021.

Areas that require attention

- Malaria treatment service showed a significant increase along the seasonal patterns. However, **if the progress continues at the same rate, we can anticipate an annual performance of 73%**.
- Based on the **pulse check data key drivers of performance are primarily related to poor fill rate of orders to health facilities** and transportation challenges getting orders delivered on time.

Update on Malaria Mitigation



C19RM funding enabled on-track implementation of most malaria campaigns in 2021 with higher than ever deliveries of life-saving products.

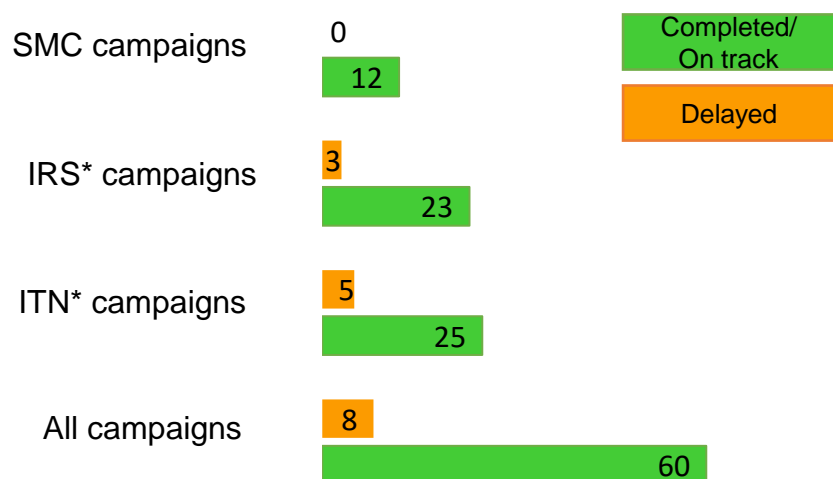
- Effective malaria prevention is heavily dependent on large campaigns.
- While it is very challenging to implement in the context of COVID-19, including restrictions and population behavior changes, most campaigns were successfully implemented in 2021, with significant support from C19RM funding for personal protective equipment (PPE) and operational adaptations.

- The 2020 and 2021 experiences have been [documented](#) and summarized to further support planning of 2022 campaigns. In 2022, supply chain challenges for key products are one of the main risks.

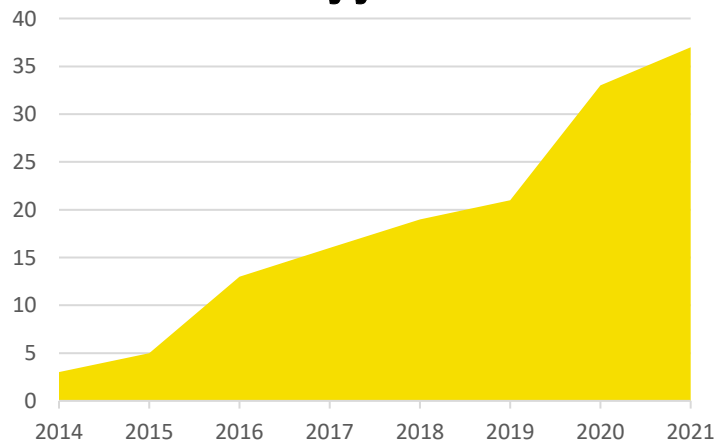
Example of Seasonal Malaria Chemoprevention (SMC)

- Despite the COVID-19 pandemic the number of children reached with SMC has increased each year, with the highest ever number of children protected in 2021.
- All 13 SMC implementing countries received funding to ensure SMC campaigns could take place.

Campaign Status for 2021 Campaigns



Children (millions) reached with SMC by year



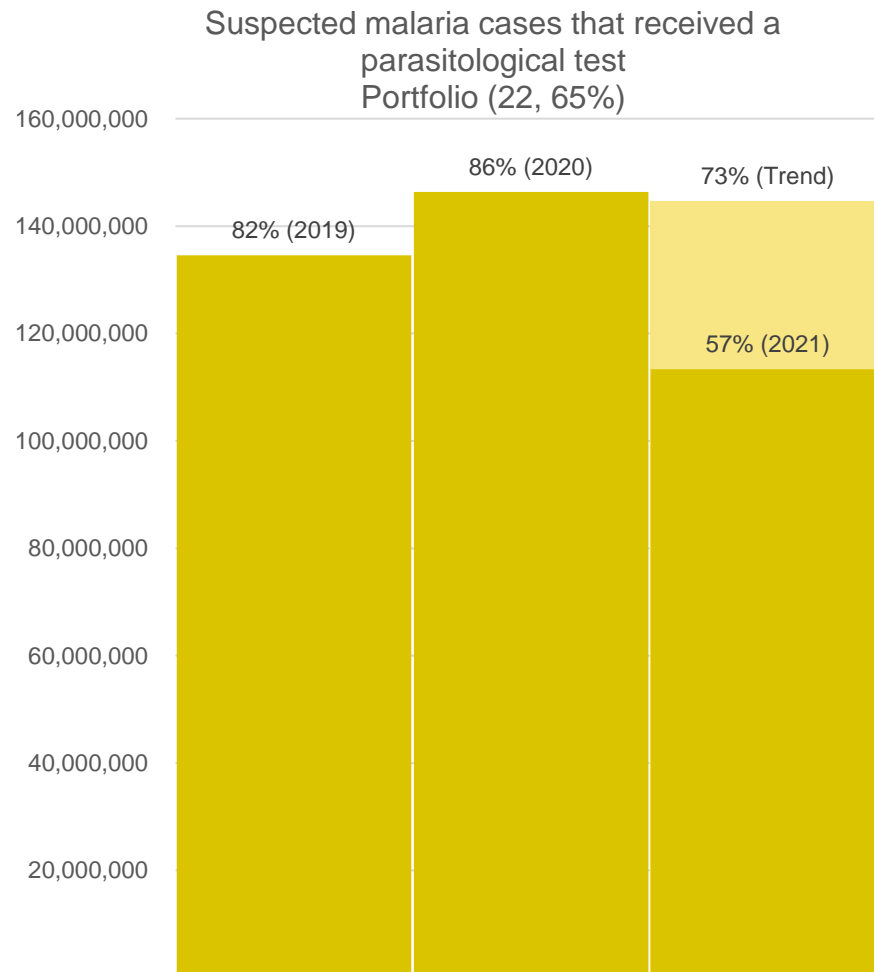
C19RM (or, in 1 case, the 2020-2022 allocation period) has financed, or contributed to PPE and adaptations for all 2021 SMC campaigns.

PMI have also been an important financier in the countries they support. **

Country	PPE	Adaptations
Nigeria	C19RM	C19RM
Ghana	C19RM	C19RM
Niger	C19RM	C19RM
Burkina Faso	NFM2 + PMI	NFM2
Chad	C19RM	C19RM
Cameroon	C19RM	C19RM (small %)
Guinea	C19RM	C19RM
Senegal	C19RM + PMI	NFM2 + PMI
Togo	C19RM	C19RM
Mali	C19RM	C19RM
Benin	NFM2 + govt	C19RM
Gambia	C19RM	C19RM
Guinea Bissau	C19RM	NFM2

Malaria

Suspected malaria cases that received a parasitological test



- While the overall transition from 2019 to 2020 saw an increment in the total number of suspected malaria cases tested, the results varied widely across Global Fund regions.
- This variability is now becoming stabilized at low levels of progress (57% of the annual target in Q1-3).
- However, if the progress continues at the same rate, we can anticipate an annual performance of 73%.

**Data labels represent % of target achieved per year.*

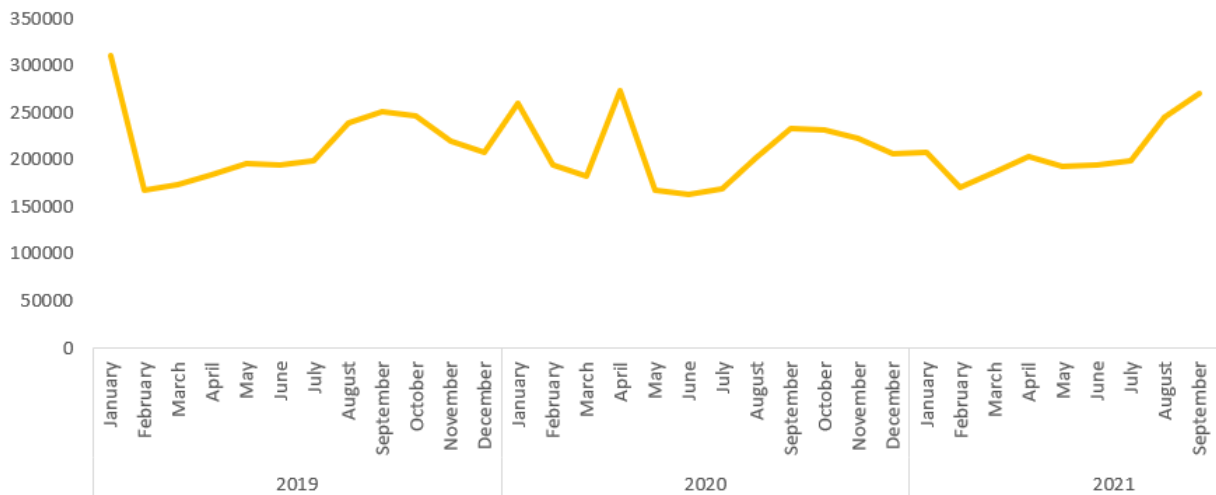
**The number of countries contributing to the analysis is provided in parenthesis. Also, the target share of the GF portfolio is provided as a reference (i.e. the total target of the countries contributing towards the analysis is divided by the total target of the GF portfolio).*

Malaria

Diagnosis and Treatment



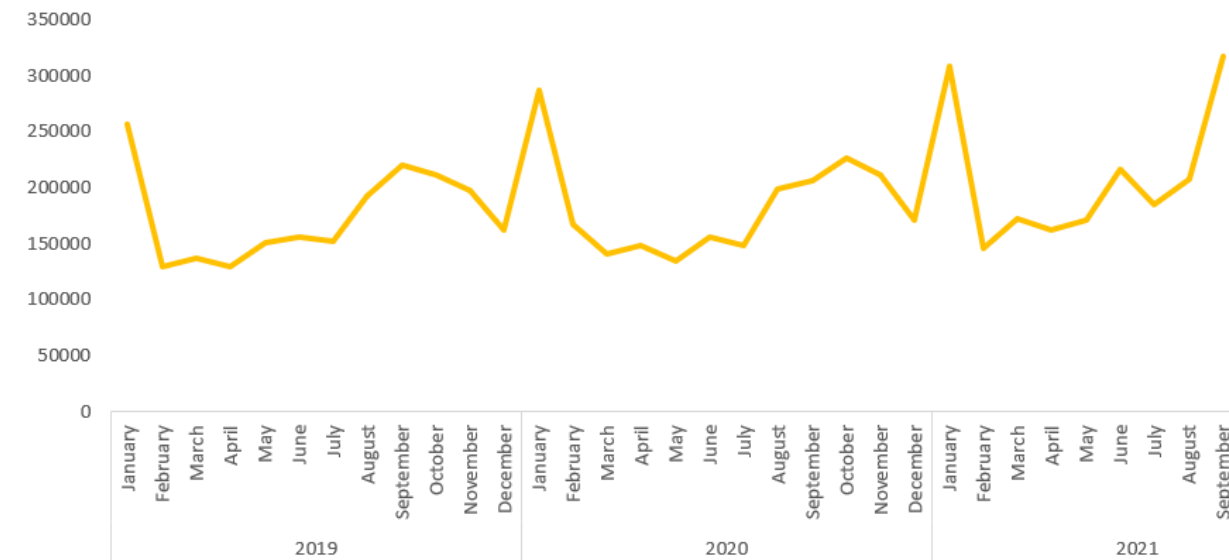
Malaria Diagnosis



No. of Countries: 37
No. of Facilities: 805

Q3 '21 vs Q3 '19: **+4%**

Malaria Treatment



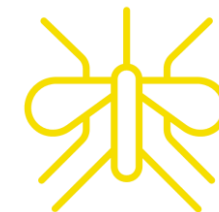
No. of Countries: 36
No. of Facilities: 778

Q3 '21 vs Q3 '19: **+26%**

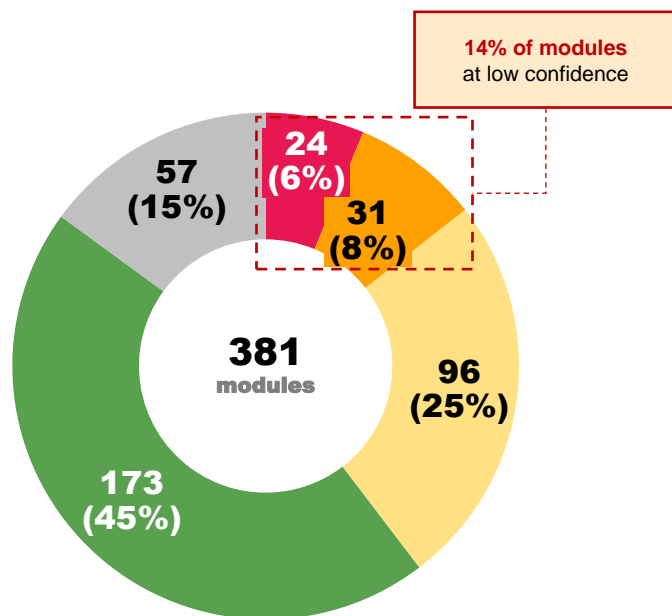
In the sampled facilities with data, Malaria diagnosis maintained with slight increases, while malaria treatment service showed a significant increase along the seasonal patterns.

Malaria Activity Implementation

Malaria implementation activities were less impacted than TB and HIV, with only 14% of low confidence modules (modules at risk or off-track with major issues) in Q3 2021.



Share of modules by implementation progress status



- Module at risk
- Off-track with major issues
- Off-track with minor issues
- On track
- No response given

Share of low confidence by module – Q3 2021

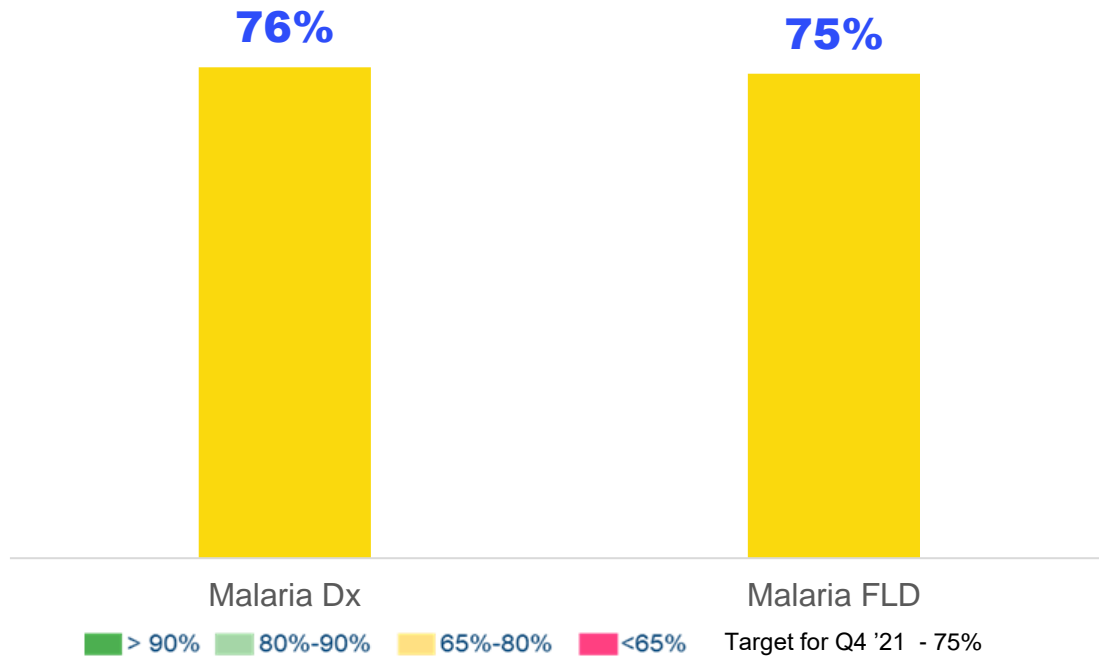
	Total module budget in current IP	Number of grants implementing	% share of low confidence
Vector control	\$1.7B	63	22%
Case management	\$824M	59	10%
Specific prevention interventions	\$280M	45	18%
RSSH <i>Multiple modules</i>	\$407M	55	13%

Commentary

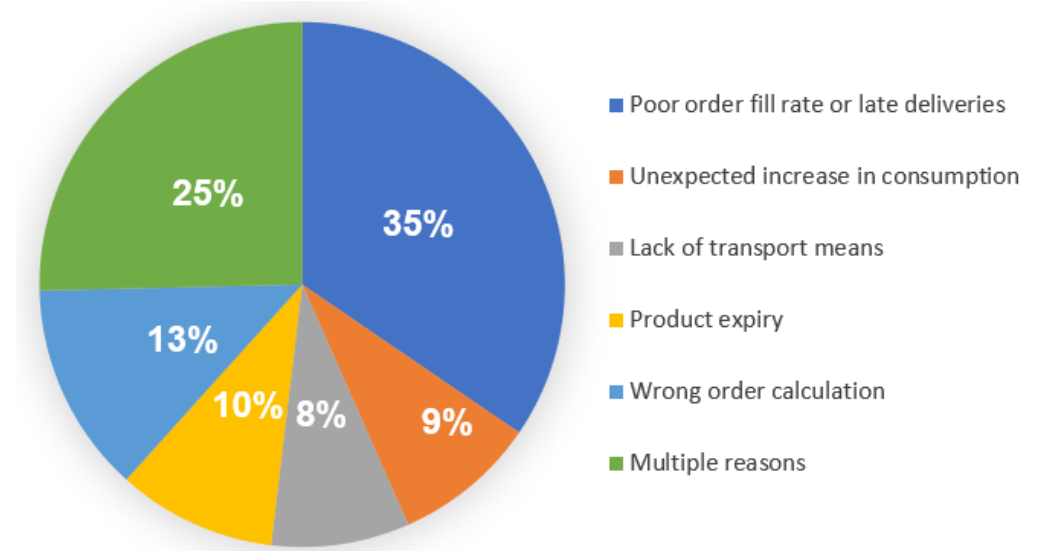
- **Vector control** reported the highest share (22%) of modules “at risk” or “off-track with major issues”. The most frequently cited reason was **delays in delivery of long-lasting insecticidal nets due to COVID-19 disruptions in the global supply chain.**
- In the case of **Specific Prevention Interventions**, non-COVID related implementation challenges were cited by many PRs, including **supply issues impacting delivery of key medication, reporting issues and shortages in availability of health care workers.**

Health Product Supply Chain Indicator for Malaria (Dx & FLD)

On-Shelf Availability – OSA scores in % for Q4 2021



Malaria - Reasons for no on-shelf availability



- **On-shelf availability (OSA)** for Malaria Dx and Malaria FLD across all reporting countries is **76%** and **75%**, respectively.
- Malaria Dx OSA is highest in **AELAC (88%)** and lowest in **HIA (63%)**. Malaria FLD OSA ranges from **68%** to **78%** across all the GF regions, close to the average.
- Key drivers of performance are primarily related to poor fill rate of orders from health facilities and transportation challenges.

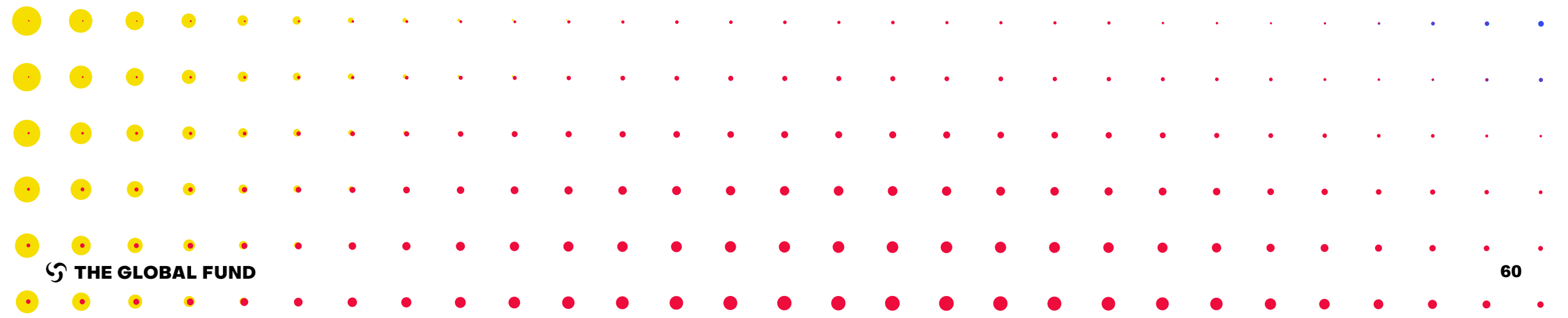
Note: OSA score provided for following countries – Angola , Burkina Faso, Burundi, Cambodia, Central African Republic, Congo (Democratic Republic), Côte d'Ivoire, Ethiopia, Ghana, Guinea, Haiti, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Papua New Guinea, Philippines, Sierra Leone, Somalia, South Sudan, Tanzania (United Republic), Togo, Uganda, Zambia, Zimbabwe, Bangladesh, Niger, Pakistan, Viet Nam, Senegal, Benin, Cameroon, Chad

Data coverage - # of countries not reporting OSA data - 37, # of HFs reporting reasons for no OSA – 1,300

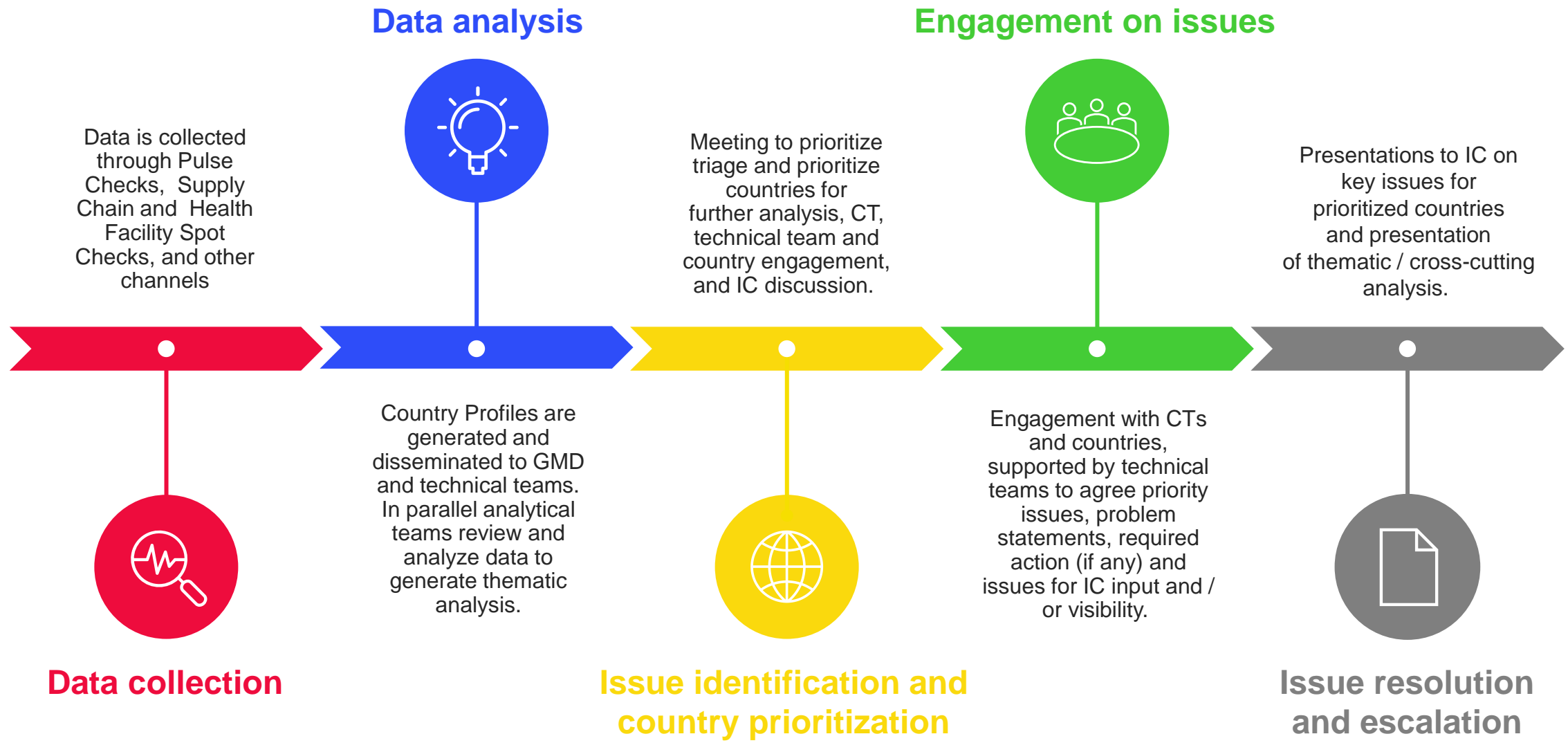


7

Risk Assurance, Monitoring and Oversight

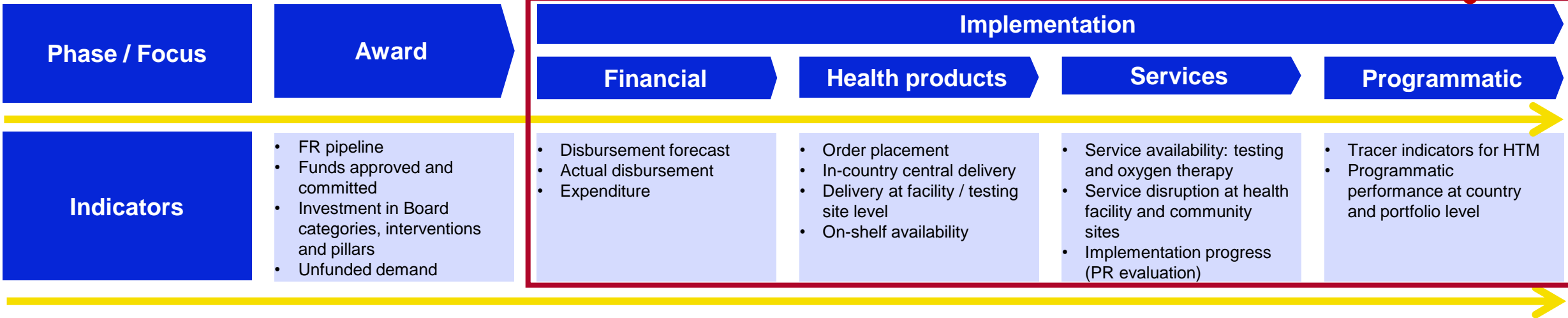
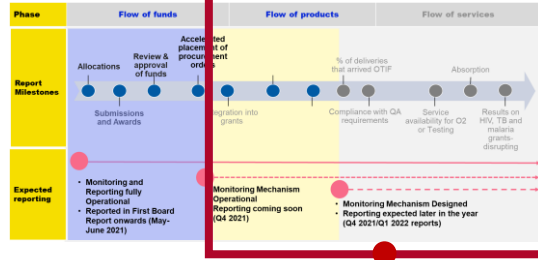


There are five phases in each M&O quarterly period.



The M&O framework has been operationalized.

First round of data collected and initial results of preliminary analysis are shared in this report. The Secretariat will continue to focus on data analytics and use – completeness, quality, results and action. We will provide quarterly updates as information becomes available.



Pulse Checks

Second round of Pulse Checks closed on 9 February, for a cohort of 56 HI/Core portfolios.



Supply Chain & Health Services Spot Checks

First round of data collection complete, with data collected across 38 countries (out of 45), with some gaps. Preliminary analysis is a combination of Q3 and Q4 data. Planning for next round is underway.



Strengthened processes for monitoring and oversight





First cross-cutting review held in December with a focus on testing the process and increasing awareness and understanding of the data.

Preliminary results presented in aggregate or thematic analysis, while we continue to work on data quality and completeness.

The Secretariat is working on understanding root causes of issues faced with completeness and quality of data.

Pulse Checks: Project Methodology and Update on Progress

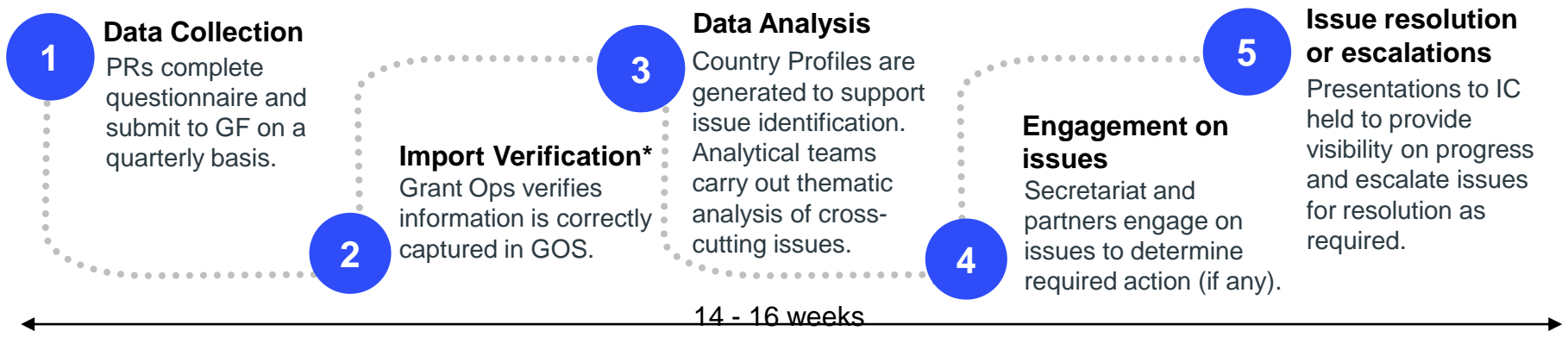
Update on Progress**

-  Q3 pulse check preliminary data results analyzed and shared (round 2) from 56 HI/Core countries.
-  Deadline for submissions for Q4 results was on 9 February.
-  180 out of 197 **Pulse Checks have been submitted (91%)**.
-  174 **successfully verified** by the Grant Operations Team in the GMD Division.

High level lessons learned

- Calculation logic** Business rules and agreement on calculation logic is needed to ensure consistent and accurate data analysis.
- Data collection** Timely submissions allows for enhanced analysis. A buffer has been added into the timeline to allow for late submissions.
- Automation** Manual processes in data management and analysis extend the timeframe to identify and resolve issues. Further automation will aid in reducing this timeframe.

Project Methodology



** As of 17 February at 12:00

* Additional data verification process steps and corresponding system functionality will be rolled out in 2022

Supply Chain & Health Services Spot Checks:

Project Methodology and Progress Update

Progress Update



Data collection completed in **38 countries (out of 45 collected).**



Data analyzed for **Supply Chain, system resilience and disruption KPIs**, and data completeness, quality and assurance being checked



38 reports are now available for CTs to spur in-depth discussions over findings

High level lessons learned

Sampling

Refinement might be needed to adapt scope of Spot Checks to institutional HTM data needs

Data quality

Work with service providers to improve dataflow between the digital tool and GF IT warehouse to streamline analysis

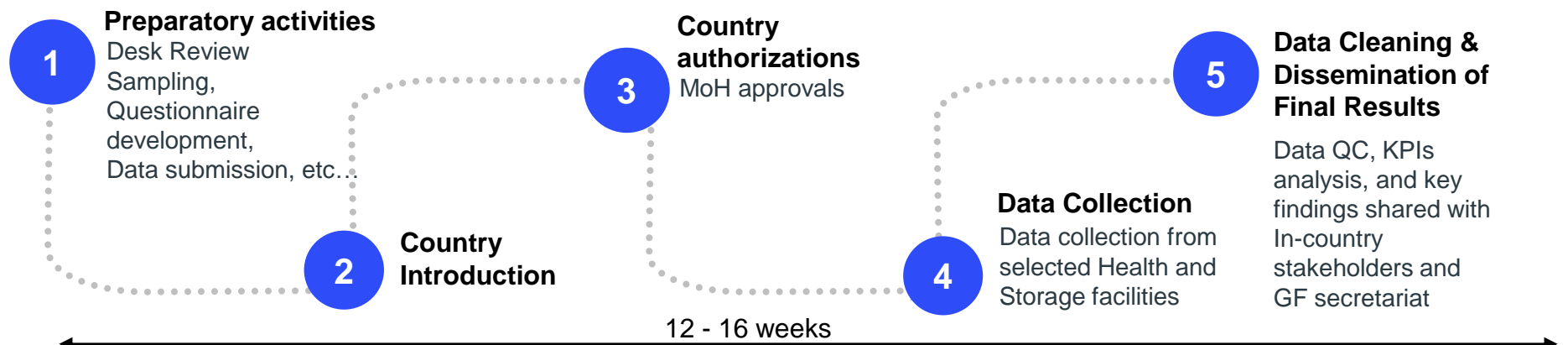
Digitalizing the process

Further automation needed of data ingestion to reduce data production timelines and manual quality reviews

Data Use

Interrogate and leverage this data for program management with CTs, CCMs, PRs and Partners

Project Methodology



Lessons Learned

While Spot Checks and Pulse Checks data collection and analytics have been successfully operationalized, the demanding timelines set by the Secretariat turned out to be too ambitious.

Lessons learned / observations

- The Secretariat set up ambitious timelines to ensure timely use of data. However, MoH approvals, data collection, cleaning, review and interpretation took longer than envisaged, particularly for the first quarter.
Timely use of data remains a core objective while balancing the need for Secretariat teams to have sufficient time to scrutinize and interpret the data.
- There has been significant manual data processing and visualization, which has taken additional time and introduces increased risk of human error.
- The Secretariat will continue to review the operational burden these data tools are causing to minimize disruption for internal teams, while still requiring Country Teams to engage to provide country context that informs analysis.

Action taken / planned

- Clearer timelines developed for 2022 for data collection, analysis and reporting to enable teams to better plan based on the round 1 learnings.
- Work is underway to automate data processing and enable time for analysis; to develop a suite of data visualization tools to support CTs and technical teams, including identification of potential implementation challenges. This tool will also support routine reporting on results and performance to the Committees and the Board.
- Processes will be kept under review in discussion with GMD and other teams to facilitate prioritization of potential issues.

Significant additional controls are introduced to manage assurance for C19RM funds.

C19RM LFA costs	<ul style="list-style-type: none">• Significant funds were allocated by the Secretariat for LFA assurance relating to COVID-19. Total LFA COVID-19 related assurance costs in 2020-2021 amounted to \$13.2mIn (<i>for comparison average LFA costs for regular grants amount to \$46mIn per year</i>).• Despite delays with approvals of additional C19RM 2021 funding, the start of the implementation and a low level of actual disbursements as well as the fact that initial C19RM LFA budget was optimistic, close to 80% of the additional LFA C19RM budget was utilized.• LFA C19RM budget execution with respect to the targeted risk-based Programmatic / Financial / HPM assurance is expected to increase in 2022 as C19RM 2021 disbursement level and implementation of the relevant activities by the PRs increases.
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Findings from C19RM assurance	<ul style="list-style-type: none">• Mix of LFA services for C19RM 2020 was heavily focused on upstream activities such as procurement and financial verification. As activities shift towards delivery, more assurance focus is needed on supply chain management and service delivery.• Based on LFA findings for C19RM 2020, procurement was identified as top area of concern, followed by expenditure compliance and supply chain and storage related issues.• In terms of products / services, heightened assurance focus on PPE is required as most major issues, uncovered during LFA verifications for C19RM 2020, related to PPE.• Changes were made for C19RM 2021 with respect to procurement channel where the recommendation is to use PPM/WMABO for mainstream and strategic products unless specifically approved otherwise.
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C19RM assurance approach	<ul style="list-style-type: none">• Based on findings and lessons learnt from C19RM 2020, the assurance approach and internal oversight significantly strengthened for C19RM 2021.
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Lessons learned from C19RM 2020 assurance approach and LFA findings informed adjustments made for C19RM 2021.

C19RM 2020

Assurance approach:

Assurance approach mostly relied on the Country Team's judgement as to the assurance needs.

Use of the assurance findings:

In C19RM 2020 LFA findings, local procurement, especially for PPE, was identified as a key area of concern.

Although LFA key findings were collected through a centrally managed tool (in addition to the detailed reports submitted to CTs), more needs to be done to develop/initiate actions to address the identified issues.

C19RM LFA costs management:

Managing C19RM related LFA assurance costs within regular LFA budgets provided limited visibility over the assurance costs allocation.

C19RM 2021

- Mixed top-down and bottom-up assurance approach is applied for prioritized portfolios.
- In addition to targeted risk-based assurance, mandatory minimum assurance for 45 priority countries (with C19RM awards of over \$20M) is introduced covering procurement, warehousing and in-country distribution of C19 products and risk-based prioritized programmatic and financial assurance for C19RM interventions.
- Assurance planning for C19RM 2021 is initiated for all portfolios at C19RM Funding Request review stage.
- Additional layer of review of C19RM LFA country budgets by 2nd Line Functions is embedded in the LFA costs management process.
- Quarterly Pulse Checks completed by PRs (HI and Core) and quarterly comprehensive Supply Chain and Health Services spot checks undertaken by dedicated service providers for priority countries.

- Changes were made for C19RM 2021 with respect to procurement channel where the recommendation is to use PPM/WMABO for mainstream and strategic products unless specifically approved otherwise. For such products produced nationally it is recommended for an LFA undertake a pre-award procurement reviews to ensure price, quality and timeliness.
- Key findings and results from the C19RM LFA assurance activities as well as actions taken in response to the identified issues will be summarised quarterly for the M&O group and the Investment Committee.

- Additional C19RM 2021 LFA budget is managed in dedicated LFA work plans.
- The level of detail is similar as for regular LFA costs, i.e., with breakdown by services as needed.
- Semi-annual updates on C19RM LFA workplans execution will be provided to the Investment Committee.

Lessons Learned

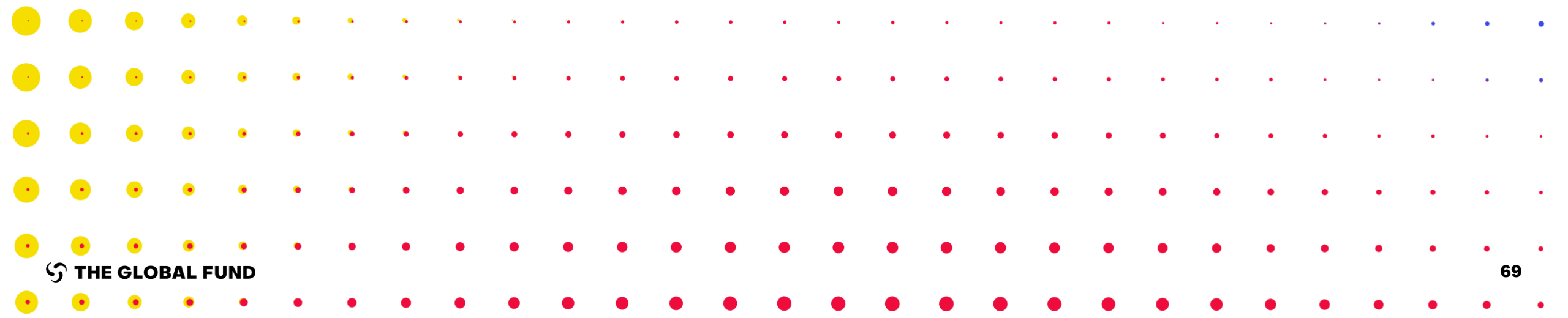
End to end C19RM M&E framework and data collection tools (Pulse Checks and Spot Checks) identified critical areas for attention and follow-up.

Lessons learned / observations	Action taken / planned
<p>Programs continue to be disrupted due to COVID-19</p> <ul style="list-style-type: none"> • Programs have demonstrated resilience (ART, Malaria campaigns) with early indications of reversal in trends. However, the systems and disease programs continue to be impacted with each wave of C19. Positive learning from early program adaptations. • Prevention programs, outreach services and programs targeting women and children (PMTCT/ART) adversely impacted • High level of PR confidence on implementation progress across various modules 	<ul style="list-style-type: none"> • Need for consistent implementation of program adaptations to scale. Prioritized portfolios identified and joint engagement with partners to support national strategies and adaptations. • Use of programmatic results and monitoring implementation progress to flag risks and implement corrective measures
<p>Demand and supply side challenges impacting scale-up of diagnostics, availability of PPE and implementation of Oxygen investments</p> <ul style="list-style-type: none"> • C19 diagnostic scale-up impeded by gaps in national COVID-19 testing strategies, centralization of testing services, and upstream supply chain delays (order conversion to deliveries) • Complexity and delays in implementation of Oxygen related investments • Wide variations in on-shelf availability of PPE based on available data from Spot Checks 	<ul style="list-style-type: none"> • Country support through Project Stellar to scale-up testing • Country support through Project Boxer to facilitate implementation for Oxygen related investments • Closer monitoring of order placement, procurement pipelines, deliveries and supply chain metrics under M&O for course correction
<p>Early challenges in operationalizing M&O</p> <ul style="list-style-type: none"> • Continued use of Pulse Check and Spot Check Results under M&O (acknowledging some of the caveats in data completeness/ quality/measurement of indices/ interpretation of results) • Despite delays in implementation of approved activities under C19RM 2021 funding, LFA assurances executed through 2020/21 (reports from 42 portfolios) indicate emerging risks (procurement, warehousing and distribution) and implementation challenges 	<ul style="list-style-type: none"> • Ongoing efforts to streamline and strengthen quality of data and reporting of results as part of M&O • Quarterly review of outcomes of LFA assurances by IC • Secretariat processes will be continuously reviewed and adapted in discussion with GMD and other teams to facilitate prioritization of potential issues.

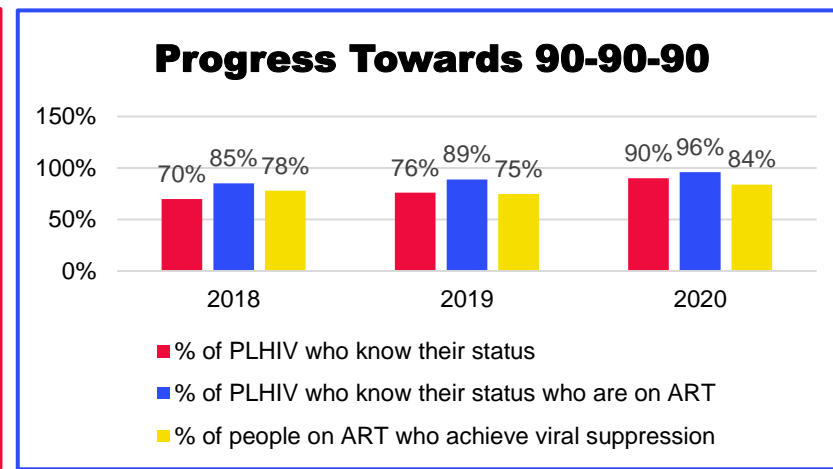
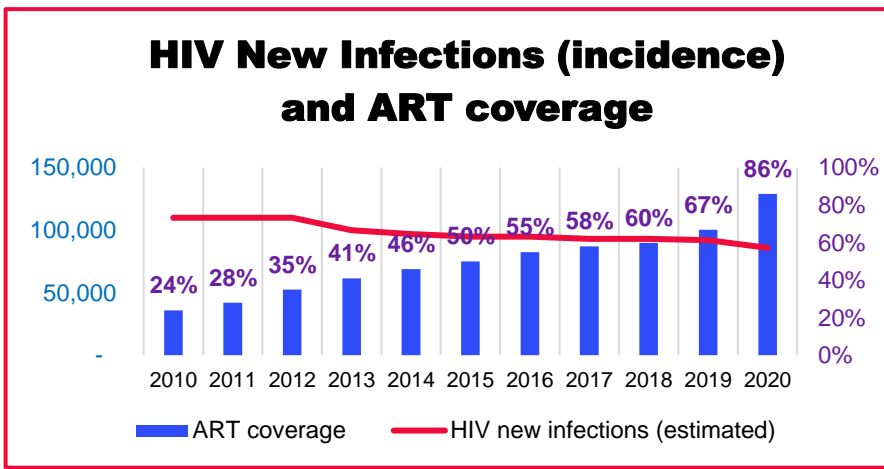
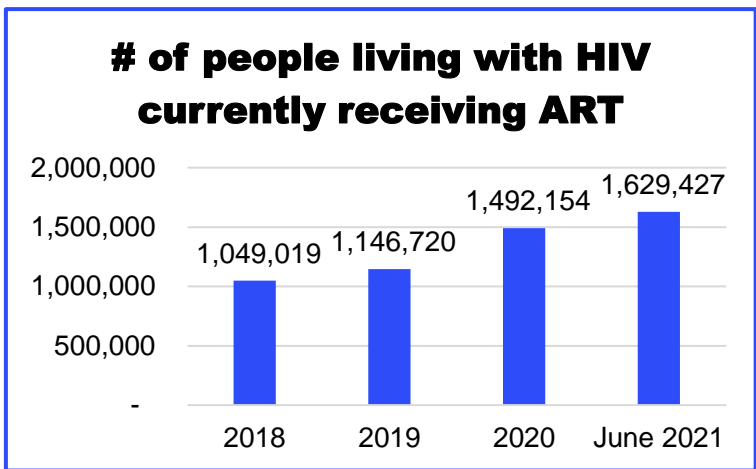


8

C19RM Country Case Studies: Nigeria and DRC



Nigeria HIV program maintained a steady upward trend in enrollment on ART achieving 85% coverage.



How did Nigeria scale up ART coverage at the height of the COVID-19 pandemic?

- 1) Availability of reliable estimates of disease burden and service coverage guided programming between high burden/low coverage states (red states), and lower burden/high coverage states (green states).
- 2) Intensifying community-based testing and expanding ART distribution through community refill sites and pop-up pharmacies/
- 3) Rapidly expanding multi-month dispensing for PLHIV established in HIV care.
- 4) The COVID-19 response (using grant flexibilities and C19RM 2020) that helped reduce impact on HIV services.

➔ **Vibrant partnership with PEPFAR and GoN that prioritized joint data-driven planning**

➔ **Implementation of program adaptations and mitigation tailored to the country context**

Rapid MMD Scale-up in Nigeria

Swift implementation of programmatic adaptations coupled with a robust operating infrastructure anchored on the community.

Must-Have Priority Interventions

1. Out of facility dispensing

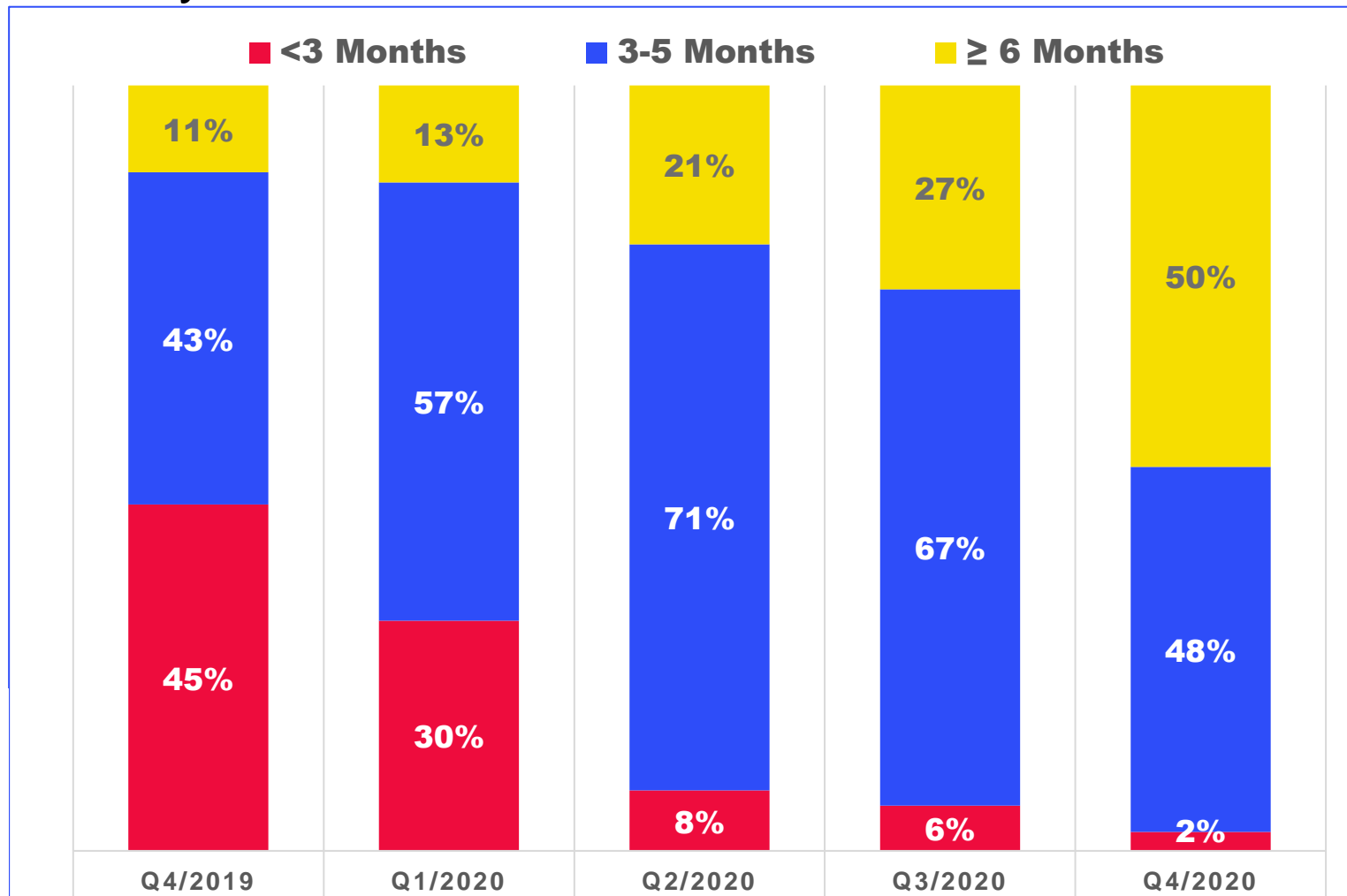
2. Virtual Service delivery

3. Differentiated HIV testing

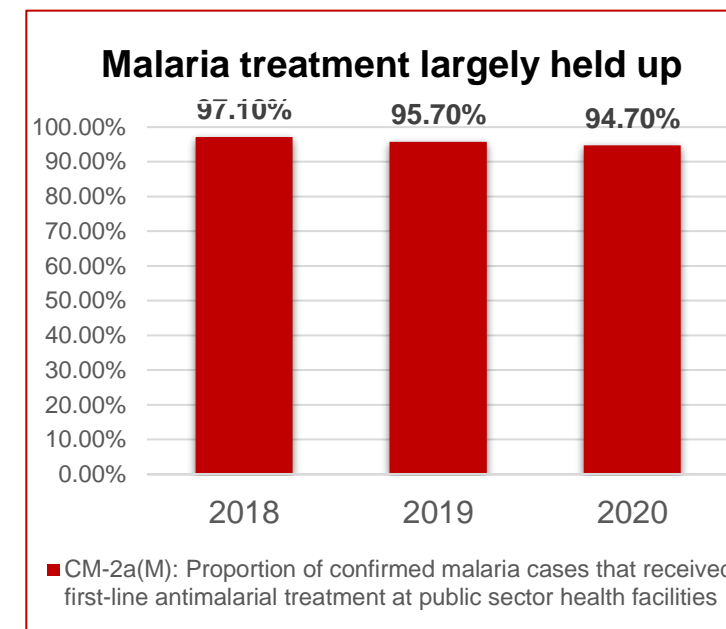
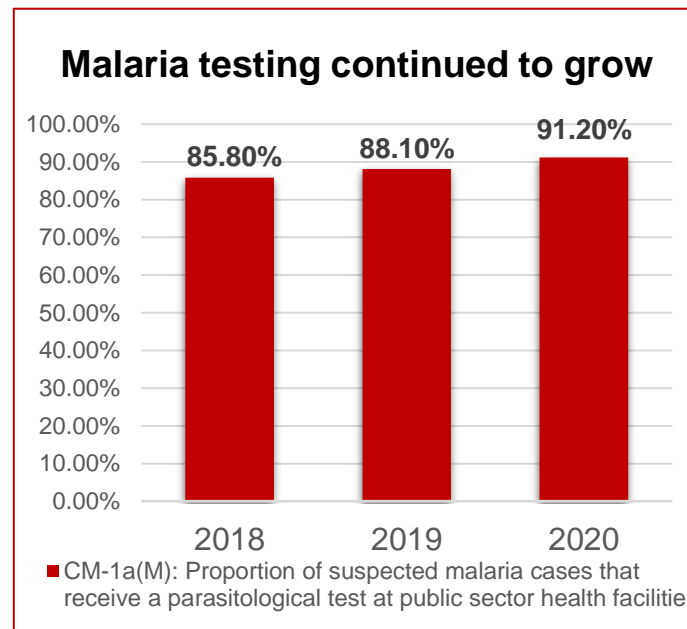
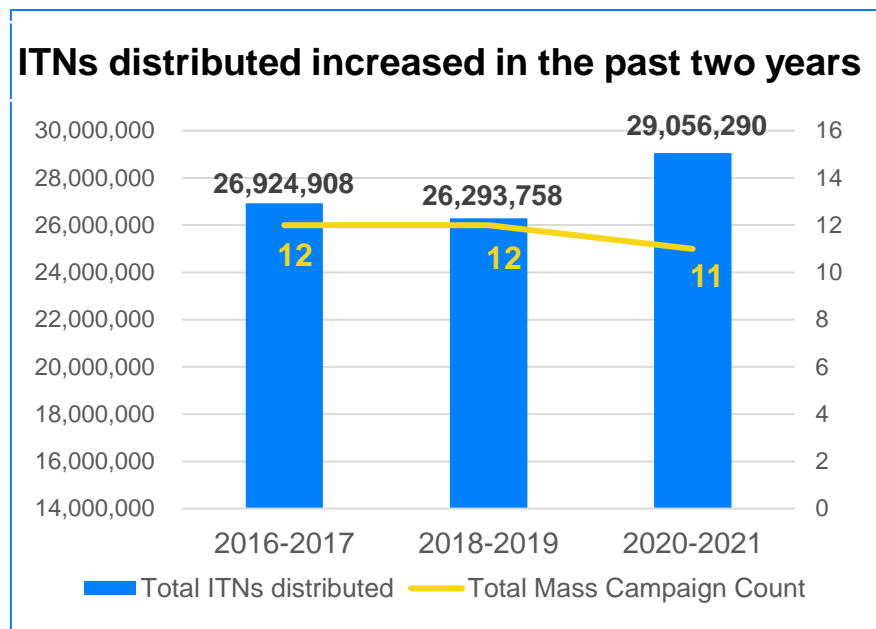
4. KP/AGYW adaptations

5. Multi-month dispensing

Strong focus on implementation in 2022 to sustain gains and address PMTCT, KP and other programming challenges.



DRC Malaria Program Adaptations led to successful ITN campaign distribution and stable case management.



Quick programmatic response for mass campaigns

1. Strong partnership coordination and mobilization
2. Program adaptations quickly adopted and implemented
3. Financial resources accessibility and flexibility
4. First ITN mass distribution as early as June 2020 in Sud Ubangi

HSS Investments supporting resilient response

1. Community systems and platforms for delivery
2. Expansion of private sector case management
3. Supply chain investments
4. DHIS2 investments