

Electronic Report to the Board

Secretariat's Recommendations on Funding from the COVID-19 Response Mechanism

GF/B45/ER06

Board Decision

Purpose of the paper: This document proposes the following decision point:

GF/B45/EDP06: Approval of the Secretariat's Recommendation on Funding from the 2021 COVID-19 Response Mechanism¹

Document Classification: Internal.

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¹ The Secretariat recommends the approval of funding from the 2021 COVID-19 Response Mechanism for Ethiopia up to an amount of US\$80,454,418 and for Malawi up to an amount of US\$73,113,941.

Decision

Decision Point: GF/B45/EDP06: Approval of the Secretariat's Recommendation on Funding from the COVID-19 Response Mechanism

The Board:

1. Notes its decision in GF/B44/EDP18, which requires the Secretariat to recommend to the Board, for its approval, any COVID-19 Response Mechanism ("C19RM") awards exceeding USD 35 million, as measured in aggregate by country (not including any funding awarded for COVID-19 commodities through fast-track investments or C19RM funding awarded in 2020);
2. Approves the funding recommended for each country, as listed in Table 1 of GF/B44/ER06; and
3. Delegates to the Secretariat authority to redistribute the overall upper ceiling of funding available for each country among its constituent grants in accordance with the previously approved principles under GF/B44/EDP18.

This decision does not raise new, material budgetary implications for operating expenses.

Executive Summary

Context and Input Received

Secretariat's Recommendation on Funding from the COVID-19 Response Mechanism (C19RM)

The Secretariat recommends the approval of funding from C19RM for Ethiopia, up to an amount of US\$80,454,416, and for Malawi, up to an amount of US\$73,113,943.

The country awards in Table 1 are recommended by the Secretariat following internal review processes, which included input from a COVID-19 Technical Advisory Group of relevant ACT-Accelerator partners (CTAG) and GAC partners.

For each country funding request, the Secretariat reviewed (i) the strategic focus of the investment; (ii) alignment with WHO technical guidance, the C19RM Technical Information Note, the National Strategic Preparedness and Response Plan for COVID-19 and guidance from partners on alignment with the HIV, TB and malaria mitigation plans in the country; (iii) linkages with underlying grants and service disruption for HIV, TB and malaria; (iv) alignment with principles of stakeholder and community engagement, gender equity and human rights; (v) availability of appropriate procurement channels (global availability and sourcing implication of the health products requested to be procured), especially related to supply-side aspects, including the availability of scarce products; (vi) The technical soundness of the request and expected outcomes; (vii) the feasibility and assumptions of proposed activities and the associated budget, including performance and absorption of C19RM 2020 awards; (viii) complementarity/potential duplication with other available sources of funding; (ix) residual risks, including associated fiduciary risks related to implementation arrangements and/or interventions, and mitigating and assurance measures to ensure that funds are used for intended purposes; and (x) value for money.

A list of documents per country to substantiate the Board decision is provided below.

- C19RM Funding Request;
- C19RM budget (as revised based on final recommendation for Board approval, if applicable);
- List of health products (as revised, if applicable);
- National Strategic Preparedness and Response Plan for COVID-19 and budget; and
- Other essential support documents of the C19RM Funding Request:
 - Quantification or needs assessment for COVID-19 health products;
 - COVID-19 National Testing Strategy (where available);
 - C19RM Health Product Management Template (HPMT);
 - C19RM Funding Landscape Table;
 - HIV, TB and malaria program mitigation plans (where relevant);
 - Civil Society suggestions for inclusion in the C19RM Full Funding Request.

All relevant documents containing the Secretariat's reasons for its recommendation to the Board have been made available on the Governance Extranet and are accessible through these links for [Ethiopia](#) and [Malawi](#).

Input Sought

The Board is requested to review the Secretariat recommendation and approve, on a 'no objection' basis, the decision point GF/B45/EDP06.

Table 1: Secretariat's Recommendation on Funding from C19RM²

Please note that each country name is [linked](#) to the extranet site where relevant supporting documents are available for review.

Country/ Multicountry	Grant name	Currency	C19RM 2020 carry-over amount ³	Previously approved C19RM 2021 award ⁴	C19RM 2021 recommended amount for Board approval	Total C19RM 2021 funding	% of 2020- 2022 allocation	Total C19RM 2021 funding plus C19RM 2020 carry-over	C19RM Unfunded Demand
Ethiopia	ETH-H-HAPCO	US\$	0	23,458,855	62,192,867	111,137,969	25.0%	111,137,969	91,819,154
	ETH-S-FMOH	US\$	0	7,224,698	18,261,549				
Malawi	MWI-M-MOH	US\$	5,735,622	29,441,661	73,113,943	102,555,604	20.0%	108,291,226	32,053,153

² The C19RM Investment Committee recommends C19RM Full Funding awards of more than US\$35 million to the Global Fund Board for approval. This amount, measured in aggregate per country, does not include any funding awarded through the C19RM Fast-track process or through C19RM in 2020. The C19RM Investment Committee may also recommend awards under US\$35 million to the Global Fund Board for approval where it determines that the non-health product components of an award are of a nature and scale which raise significant concerns about risk and complexity.

³ Estimated funds remaining from C19RM 2020 awards previously approved by the C19RM Investment Committee and carried over to this new award.

⁴ This includes Secretariat approved Fast-track and Full Funding Request awards, as well as awards previously approved by the Board.

Summary of the Secretariat's Funding Recommendations

The C19RM Investment Committee provided additional guidance or made specific observations to inform the investment decisions:

i. Ethiopia: Federal HIV/AIDS Prevention and Control Office (ETH-H-HAPCO), Ministry of Health (ETH-S-FMOH)

1.1 Background and context⁵

The first cases of COVID-19 infection in Ethiopia were detected in March 2020. On 16 May 2021 national data indicated 266,264 COVID-19 cases with a 1.5 percent mortality rate, likely to be under-estimated as testing has been limited due to the shortage of critical reagents. Ethiopia has been facing rapid increase in COVID-19 cases, with test positivity rate increasing from 8.2 percent in January 2021 to 23 percent in April 2021; and severe COVID-19 cases exceeding available ICU beds and mechanical ventilators. The country has faced significant health services delivery impacts including disruption of supply of essential drugs and medical equipment, as well as closure of essential services at many health facilities. The HIV program was unable to provide critical preventive interventions such as awareness creation, community engagement and peer-to-peer education at facilities, while the restrictions on transportation and movement affected HIV testing services at community and health facility level. The TB program faced disruption of the sample referral system, community referrals, contact investigation, decreased health seeking behavior and closure of several GeneXpert sites. Some multi-drug resistant TB treatment sites were shifted to COVID-19 treatment sites. COVID-19 also severely disrupted interventions to prevent and control malaria in many districts where the restriction of movement and disruption of supplies led to missing the critical programming timelines for indoor residual spraying (IRS), as well as delays or cancellations of distribution of insecticidal treated nets (ITNs).

C19RM 2020 Awards. Ethiopia received US\$39,903,751 C19RM 2020 award of which US\$ 11,506,627 was integrated into the RSSH grant and US\$28,397,124 was integrated into the HIV grant. C19RM 2020 investment supported strengthening the national response for the containment and control of the COVID-19 pandemic, enabling the government to enhance the capacities of treatment centers by accessing essential COVID-19 health products, strengthening monitoring and supervision, as well as improving human resources. The C19RM 2020 funding utilization (expenditure, commitments, and open advances) is expected to reach 100 percent by the end of June 2021.

Funding landscape. Ethiopia's Full Funding Request was based on the National Emergency Preparedness and Response Plan for COVID-19 of May 2021. The MoH has developed a 6-month pandemic response plan with an estimated budget of US\$293,881,751 which is expected to be covered from government allocations, with the support of development partners (DFID, World Bank, USAID, EU, GiZ, UNICEF, GAVI) and private sectors contributions. The MoH has been able to mobilize around US\$22.3 million from the government and development partners, leaving the budget gap of estimated US\$271,555,415. This gap is expected to be filled by mobilizing resources from the government treasury, private donors, development partners and donors, including the Global Fund.

1.2 Strategic focus and prioritization of C19RM 2021

Ethiopia's C19RM 2021 full funding request supports the country's National Emergency Preparedness and Response Plan for COVID-19 (EPRP). Proposed interventions will contribute to the efforts containing the increasing spread of the COVID-19 as well as to mitigate disruptions of HIV, TB and malaria programs, including for communities and key populations and to expected outcomes outlined in the EPRP including – reduction in COVID-19 infection rates among the general population; reduction in COVID-19 infection rates among health workers; increased TB case notification and increased HIV treatment coverage. Ethiopia also received

⁵ Data and statistics from Ethiopia's C19RM 2021 Full Funding Request.

US\$30,683,553 C19RM Fast-track award which was focused primarily on urgent procurement and deployment of SARS-CoV-2 antigen (Ag) rapid tests and SARS-CoV-2 PCR tests; as well as Infection Prevention and Control / PPEs; as well as the ICU essential medicines, oxygen plants and cylinders. The Full Funding Request builds on further expanding COVID-19 health products already funded, therefore, the Secretariat recommends the following activities to be prioritized for immediate award, based on GAC and CTAG Partner inputs, and in line with the three Board categories as outlined below:

a. Mitigating the impact of COVID-19 on HIV, TB and malaria programs:

- Mitigation for HIV program: ensuring continuity of delivery of HIV services in the context of the COVID-19 pandemic for health care workers at health facility level; enhancing integrated supportive supervision of program implementation and provision of supply bags for the Health Extension program for the safe handling of ARV drugs for home-to-home distribution; as well as enhanced virtual follow-up and support of essential health services at all levels of the health system through virtual communication.
- Mitigation for TB program: increased TB/DR-TB case finding in the context of pandemic through implementing active case finding strategies in 260 low cases notified districts of Ethiopia (woredas); and use of integrated TB/COVID-19 advocacy to fight stigma and discrimination of people with TB.
- Mitigation for malaria program: pandemic-adapted house-to-house malaria fever test and treatment campaign in high-risk malaria districts; and deployment of temporary health care workers in development corridors for additional malaria treatment and care.

b. Reinforcing the COVID-19 national response:

- Strengthening country-level coordination and planning, risk communication, surveillance, epidemiological investigation and contact tracing.
- Enhanced diagnostics and testing, including the procurement of SARS-CoV-2 antigen (Ag) rapid tests, SARS-CoV-2 molecular assays and masks; developing quality assurance mechanisms for testing methodology: provision of EQA-PT to Ag rapid and PCR Testing sites; procurement of 5 low throughput SARS-CoV-2 molecular assays; procurement of ancillary equipment related to molecular testing (heat block, vortex mixer, pipettes, biosafety cabinet, microcentrifuge, plate centrifuge, freezer, refrigerator); and procurement of reagents and supplies for COVID-19 sequencing.
- Infection prevention and control and protection of the health workforce, including the provision of Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) commodities at health facilities, as well as IPC training.
- Case management, clinical operations, and therapeutics, including increased oxygen production, therapy, and maintenance of oxygen-related medical devices, installed oxygen plants, equipment of health facilities with oxygen concentrators, medical cylinders, and pulse oximeters, established maintenance of oxygen related medical devices and training of biomedical professionals.

c. Urgent improvement to health and community systems:

- Enhanced surveillance and laboratory systems: expand the pay-for-performance program for Rapid Diagnostic Tests (Ag RDT) and PCR testers at selected health facilities, sample transportation (augmenting integrated sample transportation), lab equipment and other supplies procurement to strengthen laboratories for COVID-19 and other essential services, health product management and waste management systems.
- Response to human rights and gender related barriers to services: strengthening human resource capacities at Internally Displaced Persons (IDP) sites; rapid assessment of the extent of Gender Based Violence (GBV) as result of COVID-19 restrictions and conflicts in the country; established temporary isolation and treatment centres in the most populous IDP sites in Tigray; provision of national and regional training for GBV focal points on GBV prevention and treating victims; re-mapping survey of key and vulnerable populations in urban congregate settings; and assessment on COVID-19 treatment & isolation centre for inclusiveness for people with disability.
- Community-led monitoring, community-led advocacy and research, and social mobilization interventions.

Implementation arrangements. In the proposed C19RM 2021 award, the implementation of the interventions and activities at national and subnational level will be coordinated by the COVID-19 Taskforce at the MoH in collaboration with Federal HIV/AIDS Prevention and Control Office (FHAPCO) at national, regional, and subregional levels. The taskforce will also monitor implementation of both programmatic and financial performances of all Sub-recipients.

C19RM Assurance and Risk Mitigation. The C19RM Investment Committee recommended standard management actions for storage capacity and logistics management information systems, spot checks, global reporting and enhanced assurance activities related to data quality. The C19RM Investment Committee has further recommended financial reviews and spot checks by the LFA to reduce value for money risks. Use of funds for private health facility engagement, incentive payments, salary top-ups, construction costs, support supervision, oxygen maintenance and similar activities will be subject to necessary prerequisites, including approval by relevant government authorities. The funding will be subject to the conditions of rigorous monitoring of construction costs, incentives payments to health workers, oxygen maintenance facility, supportive supervision, and exchange rate fluctuation. Absorptive capacity of the RSSH grant will be closely monitored through regular reporting and Local Fund Agent (LFA) engagement. In addition, contextual aspects like elections or conflict in Tigray region will remain closely followed and the funding recommendation will be revised, if necessary, in case of urgent need to adjust the activities to the country context.

1.3 C19RM Investment Committee review and recommendations

- GAC and CTAG Partners found the Ethiopia Full Funding Request sound and aligned to the National Strategic Preparedness and Response Plan (NSPRP) and WHO guidance. Partners also noted the effective engagement of the civil society, communities as well as the national COVID-19 coordinating body in the preparation of the request.
- The C19RM Investment Committee assured that this funding request was developed in a holistic manner and with the right balance to mitigate HIV, TB, and malaria program disruption, considering the investments made by C19RM 2020 funding, as well as the C19RM 2021 Fast-track award and existing 2020-2022 allocation grants.
- Partners highlighted potential COVID-19 impacts and need for ensuring adaptations of HIV interventions to health facilities, the Secretariat clarified that sufficient stock of HIV self-test kits was procured from C19RM 2020 funding. In addition, GAC and CTAG Partners' recommended prioritization of additional PPEs and integrated HIV-TB-COVID-19 testing to be funded within the immediate award, and these recommendations have been addressed within the proposed award recommended for Board approval.
- The C19RM Investment Committee highlighted the need to ensure equity of access to C19RM supported services across the country, including within the Tigray region and for the IDPs. The Secretariat noted the coordinated effort to map the accessible territories and ensure emergency funding where possible with active engagement of the Ethiopian government together with other partners, including ICRC, WHO and UNICEF. Supported activities include establishment of treatment facilities and provision of PPEs and diagnostics for more than 700,000 IDPs.
- The Investment Committee supported GAC/CTAG assessment that C19RM investments need to reinforce the long-term sustainability of Ethiopia's health system and explained that the human resources interventions related to hiring health workers to conduct house to house visits would include cooperation between community health workers and health extension workers, as well as adding the support of contact tracers to the community health workers where needed.
- Partners agreed that the funding request supported and addressed clear gaps and highest priority interventions to the communities and key populations (KPs) and requested a specific implementation plan for meaningful incorporation of community feedback and ideas. The Secretariat explained that multiple strategies of broader community engagement were considered, and a plan is being developed, including improving the capacities of frontline workers supported by community health workers or volunteers, and engaging religious organizations and CSOs.
- Partners considered implementation arrangements to be adequate and noted that for new PSA plants, maintenance, installation, and training by supplier(s) should be included in contracting. The Secretariat provided details on the 36 months warranty during which the supplier would cover all the costs, as well as on the in-house Biomedical Engineering department which would take over the management afterwards, including maintenance and training activities

ii. Malawi: Ministry of Health (MWI-M-MOH)

2.1 Background and context⁶

As of 25 June 2021, Malawi has confirmed 35,115 cases of COVID-19 with a case fatality ratio of 3.4 percent⁷. The first wave of the COVID-19 epidemic started in April 2020 following the first cases detected on 2 April 2020 and lasted until the end of September 2020. While the current COVID-19 situation in Malawi has improved from the peak of the second wave of COVID-19 in January 2021, Malawi is still at risk of a third wave from new variants. In addition to the direct morbidity and mortality of COVID-19, Malawi has faced significant health services delivery disruptions causing excess morbidity and mortality including from the three diseases. In line with COVID-19 movement restrictions, community TB control activities that require healthcare workers and volunteers' movement were suspended. As a result, TB notification has declined by 10 percent in 2020 with a further 35 percent decline in presumptive TB patients. To prevent further transmission of COVID-19 among health workers and the general population and to provide more resources to the COVID-19 pandemic response, some non-essential HIV services were suspended, or their coverage reduced. As a result, HIV testing declined by 35 percent between the first and second quarter of 2020, whereas the blood unit and viral load samples dropped by 23 percent and 5 percent, respectively. COVID-19 has also adversely affected malaria service delivery due to lockdowns, as well as regarding malaria services for pregnant women and under-five children due to the disruptions in the antenatal care services and distribution of net campaign for newborns.

C19RM 2020 Awards. Under the Global Fund's C19RM 2020 awards, Malawi received US\$30,776,345 funding. The C19RM 2020 award was primarily invested in procurement of COVID-19 health products and supplies, including diagnostics, PPE and infection prevention products, building Malawi's oxygen capacity, recruitment of health care workers and capacity building towards COVID-19 response at national and district level, as well as public awareness and communication campaign(s). The funding enhanced Malawi's COVID-19 coordination and response preparedness. The funding utilization as of 31 December 2021 (expenditure, commitments, and open advances) was at 78 percent and was expected to reach 93 percent by the end of June 2021.

Funding landscape. Malawi's Full Funding Request was based on the National Strategy for Preparedness and Response to COVID-19: July 2021 – June 2022. This updated plan shows the funding gap of US\$175 million of which only 30 percent was available from domestic resources and partner funding. Malawi government was still in negotiations with the World Bank at the time when this funding request was submitted. The C19RM funding would add approximately 19 percent of needed resources leaving the remaining gap at 51 percent. Funding need includes human resource and operational costs of health systems (coordination, planning, financing, and monitoring), as well as costs of vaccine procurement and distribution. The total need as well as contributions from domestic and other external resources beyond 2021 is not known at this stage, as the reporting has not yet been finalized.

2.2 Strategic focus and prioritization of C19RM 2021

Malawi's C19RM 2021 full funding request highlights critical interventions and procurements as COVID-19 health products of the national response to COVID-19. These interventions will contribute to the efforts containing the increasing spread of the COVID-19 as well as to mitigate disruptions of HIV, TB and malaria programs, including for communities and key populations. On 19 May 2021, the C19RM Investment Committee approved the C19RM Fast-track award for Malawi for an amount of US\$25,587,781 which balanced and strategically focused across investments in urgent deployment of SARS-CoV-2 antigen (Ag) rapid tests and SARS-CoV-2 PCR tests; as well as Infection Prevention and Control / PPEs. Following CTAG partner consultation and development of assessment tool for C19RM requests for oxygen support, further Secretariat analysis and due diligence, as well as iteration with the country for additional information, on 18 June 2021 the C19RM Investment Committee approved the amount of US\$3,853,880 for three medical gas plants (PSA plants) from Malawi's Fast-track request. The Full Funding request was subsequently developed and reviewed in full

⁶ Data and statistics from Malawi's C19RM 2021 Full Funding request.

⁷ [WHO COVID-19 Malawi Situation Dashboard, 25 June 2021, https://covid19.who.int/region/afro/country/mw](https://covid19.who.int/region/afro/country/mw)

coordination with the oxygen investments made through the Fast-track award. The Secretariat recommends the following activities to be prioritized for immediate award in line with the three Board categories as outlined below:

a. Mitigating the impact of COVID-19 on HIV, TB and malaria programs:

- The investments will contribute to the mitigation of COVID-19 impact on the HIV program by enhancing nationwide differentiated HIV service delivery, roll out point-of-care CD4 testing as a gateway for advanced HIV disease investigation and roll-out of ScanForm technology (which will enable efficient, non-disruptive extraction and transmission of electronic, client-level HIV testing data from all 750 facilities and from all community testing activities over the course of grant period), mitigate physical barriers to facility-based HIV services through an immediate implementation of mobile integrated clinics (HIV, TB, Family Planning, ambulatory patients) for underserved populations in all districts and support for district level integrated supportive supervision.
- Bidirectional COVID-19 and TB screening will be expanded, and the diagnostic techniques and use of digital platforms for case detection enhanced. It will also strengthen the capacity for TB and COVID-19 case detection in the community and fully implement the use of oral regimens and provision of multi-month medicines to TB patients to help ensure treatment adherence and reduce treatment interruption.
- Ensure COVID-19-control protocols adapted malaria insecticidal treated nets (ITN) mass campaign implementation in 2021, while implementing social and behavioral change communication interventions for positive health seeking behavior for people with malaria symptoms.

b. Reinforcing the COVID-19 national response:

- Strengthening country-level coordination and planning, risk communication, surveillance, epidemiological investigation and contact tracing.
- Enhanced diagnostics and testing, including the procurement of SARS-CoV-2 antigen (Ag) rapid tests, SARS-CoV-2 molecular assays; procurement of other health equipment, portable X-rays, GeneXpert platforms to support diagnosis and procurement of reagents and supplies for COVID-19 sequencing.
- Infection prevention and control and protection of the health workforce, including the provision of Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) commodities at health facilities, as well as IPC training.
- Case management, clinical operations, and therapeutics, including increased oxygen production, therapy, and maintenance of oxygen-related medical devices, installed oxygen plants, equipment of health facilities with oxygen concentrators, medical cylinders, and pulse oximeters, established maintenance of oxygen related medical devices and training of biomedical professionals.
- Strengthening the COVID-19 response by hiring temporary health workers for four field hospitals during COVID-19 peak periods. As well, recruit health workers (various cadres) to partly address the general shortage of health care workers.
- Improve COVID-19 management at health facilities and community level by the renovation of district hospital isolation wards, creation of infectious disease wards at referral hospitals, as well as creation of new health posts.

c. Urgent improvement to health and community systems:

- Enhance the capacity for national pandemic preparedness through strengthening of the Public Health Institute.
- Strengthening Malawi's laboratory and surveillance system including: the adaptation and strengthening of existing specimen transport networks to integrate COVID-19 samples; renovation of the molecular laboratory for SARS-CoV-2 sequencing; and training of laboratory health care workers on biosafety and biosecurity.
- Response to human rights and gender related barriers to services: revamping of the hospital ombudsman platform to increase oversight in management of COVID-19 cases in health facilities; interface meeting with community leaders on potential rights-violations in the context of COVID-19 against key and vulnerable populations; orientation of the judiciary, army, police, immigration and prison officers on law enforcement, including responding to and addressing intimate partner and gender-based violence; and update and dissemination of Gender Based Violence Policy.
- Community-led monitoring, community-led advocacy and research, and social mobilization interventions.

Implementation arrangements. Malawi C19RM 2021 award implementation will follow the C19RM 2020 arrangements, and the Ministry of Health will continue to be the principal recipient through the malaria grant. The Ministry of Health will manage the requested COVID-19 health products, including the PPE requests for civil society organizations (CSOs) through the C19RM award Sub-recipient Action AID Malawi.

C19RM Assurance and Risk Mitigation. There are risk mitigation measures in place at the Ministry of Health for Global Fund support. There is a fully dedicated program implementation unit, as well as a fiscal agent overseeing all fiduciary arrangements. Procurement of health and other commodities is planned through the Global Fund pooled procurement mechanism (PPM). Under this request, the use of a construction management firm to oversee renovations and independent review of bills of quantities will be undertaken. The assurance mechanism of the LFA is also available and will be used.

2.3 C19RM Investment Committee review and recommendations

- GAC and CTAG partners found the Malawi Full Funding Request sound and aligned to NSPRP and WHO guidance. Partners also strongly commended the involvement of civil society, communities as well as the national COVID-19 coordinating body in the preparation of the request.
- Partners generally agreed that the request well described the extent of COVID-19 disruption to HIV, TB and malaria services, in particular for key populations (KP), and thoroughly explained how proposed approaches aim to mitigate risks of current and future disruptions. Partners called attention to the need for more focus on mitigation of disruption to TB services, including providing more detail on the implementation of these activities. Partners also requested some clarifications about the expected increase in TB testing volume on the procured GeneXpert machines, as well as on the budgeting of tests and expected outcome for case finding efforts, including on leveraging bi-directional testing opportunities. The Secretariat explained to the C19RM Investment Committee that the recommendation of the immediate award takes into consideration these suggestions.
- The C19RM Investment Committee sought the prioritization of the most impactful and critical interventions in the Malawi C19RM 2021 investment portfolio, requesting due diligence against activities funded by 2020-2022 HTM allocations as well as evaluating both short-and long-term perspectives in its discussions. In this regard, the C19RM Investment Committee requested further scrutiny, rationalization and efficiencies to be found in travel related costs, human resource costs, heavy investments in infrastructure and vehicles. The Investment Committee recommended streamlining of high implementation risk investments and alignment of prioritized interventions with the broader strategy of urgent COVID-19 response and mitigation of HIV, TB and malaria program disruptions. The outcome of Secretariat due diligence and in consultation with the CCM, travel related, human resource and infrastructure costs were rationalized and reduced; identified de-prioritized activities were not approved and a portion of laboratory reagents as well as refurbishment of 5 hospital isolation wards registered under unfunded demand.
- The C19RM Investment Committee was provided further details on the overall approach to investing C19RM funds, including Malawi's needs for an effective response to COVID-19 and mitigation of HIV, TB and malaria programs disruption, as well as the need for the longer-term sustainability of Malawi's health system, which requires a comprehensive approach. Building a robust and resilient health system with improved capacity for pandemic preparedness entailed prioritization of both the upgrade of existing health clinics and the focus on more decentralized or mobile infrastructure to meet the needs of the Malawi population. The Secretariat also elaborated that numerous activities were not included in the existing HIV or TB grants because of the latter's early Board approval for Malawi's core grants in 2020, and had to be included in this funding request, taking into account the costs of programmatic adaptations for COVID-19 control that have led to significant budget increases for those activities. The Secretariat further clarified that concerns raised on GeneXpert network optimization were covered under 2020 TRP clarifications which will continue to be addressed during TB grant implementation.
- Following the guidance of the C19RM Investment Committee and after close consultations with the CCM, the outcomes presented for Board approval recommend an award that balances the immediate needs of COVID-19 control with long-term goal of pandemic preparedness in the C19RM 2021 portfolio. The Investment Committee's recommendation considers inputs from GAC and CTAG partners assessment highlighting that the requested funding will reinforce the sustainability of Malawi's health system and contribute to longer-term outcomes, including epidemic preparedness and national health security.
- GAC and CTAG Partners noted the heavy reliance on volunteer work and urged Malawi to consider moving some of the funds to adequately compensate for community-based work. The Secretariat informed the Investment Committee that planned interventions aim to reduce gaps in human resources for health and

strengthening the capacity of community-based organizations. Given human resource and health system constraints, Partners encouraged Malawi to leverage better use the opportunities for integrated interventions (for example for TB and HIV) and service delivery, seeking a more comprehensive approach. The Secretariat confirmed that planned investments in refurbishment of health posts are also intended for integrated services.

- GAC and CTAG Partners requested more information about the level of coordination with development partners and other donors to ensure the complementarity of funding and to avoid duplication, while making sure that Malawi's diagnostic and testing costs are covered. The Secretariat elaborated that Malawi's government has so far completed six rounds of resource mapping with the Clinton Health Access Initiative's support, and that the health donor group has actively updated its own resource mapping to complement this effort and avoid duplication, especially for COVID-19 related interventions.

Table 2: Budget distribution by priority area

Country/ Multicountry	Mitigate COVID-19 impact on HIV, TB and malaria programs		Reinforce COVID-19 national response		Urgent improvement to health and community systems				Total
	Amount	%	Amount	%	Community, Gender and Rights		RSSH Investments		
	Amount	%	Amount	%	Amount	%	Amount	%	Amount
Ethiopia	US\$2,710,345	3%	US\$73,783,468	92%	US\$2,548,016	3%	US\$1,412,587	2%	US\$80,454,416
Malawi	US\$12,245,244	17%	US\$49,489,357	68%	US\$7,374,580	10%	US\$4,004,762	5%	US\$73,113,943

Table 3: COVID-19 Health Product Categories distribution by investment type

Country ⁸	Diagnostics RDT	Diagnostics PCR	PPE	Therapeutics O2	Therapeutics other	Other
Ethiopia	US\$9,799,962	US\$8,641,616	US\$23,715,782	US\$18,525,546	US\$1,802,930	US\$17,968,579
Malawi ⁹	US\$4,524,443	US\$18,542,561	US\$2,987,011	US\$0	US\$5,373,743	US\$41,686,184

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⁸ Excluding roll-over amounts from C19RM awards in 2020.

⁹ On 18 June 2021 the C19RM Investment Committee approved the amount of US\$3,853,880 for three medical gas plants (PSA plants) from Malawi's Fast-track request.

Annex 1 – Past Decisions

Pursuant to the Governance Plan for Impact as approved at the 32 Board Meeting,¹⁰ the following summary of relevant past decision points is submitted to contextualize the decision point proposed in this paper.

Relevant past Decision Point	Summary and Impact
Decision Point: GF/B45/EDP06: Secretariat's Recommendations on Funding from the COVID-19 Response Mechanism	The Board approved the Secretariat's Recommendations on Funding from the COVID-19 Response Mechanism for Uganda, up to an amount of US\$126,862,493.
Decision Point: GF/B44/EDP18: Second Extension of C19RM Timeline and Operational Flexibility for COVID-19 March 2021¹¹	The Board approved a further extension of the timelines for the receipt, award, and use of funds for the Global Fund COVID-19 Response Mechanism based on further modifications proposed by the Secretariat.
Decision Point: GF/B43/EDP12: Extension of C19RM Timeline and Operational Flexibility for COVID-19 September 2020¹²	The Board approved an extension of the time limit for the award of funds from the Global Fund COVID-19 Response Mechanism.
GF/B42/EDP11: Additional Support for Country Responses to COVID-19 April 2020¹³	The Board approved operational flexibilities and additional support to countries, including the COVID-19 Response Mechanism, to enable the Global Fund and countries to effectively respond to the negative impact of the COVID-19 pandemic.

¹⁰ <https://www.theglobalfund.org/board-decisions/b32-dp05/>

¹¹ <https://www.theglobalfund.org/board-decisions/b44-edp18/>

¹² <https://www.theglobalfund.org/board-decisions/b43-edp12/>

¹³ <https://www.theglobalfund.org/board-decisions/b42-edp11/>