

Electronic Report to the Board

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

GF/B45/ER12

Board Decision

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

GF/B45/EDP13: Approval of the Secretariat's Recommendation on Funding from the 2021 COVID-19 Response Mechanism¹

Document Classification: Internal.

Document Circulation: Board Members, Alternate Board Members, Constituency Focal Points and Committee Members.

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¹ The Secretariat recommends the approval of funding from the 2021 COVID-19 Response Mechanism for Burkina Faso, up to an amount of EUR 48,375,147, Côte d'Ivoire, up to an amount of EUR 49,946,651, and Rwanda, up to an amount of US\$ 36,210,536.

Decision

Decision Point: GF/B45/EDP13: 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 US\$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/ER10; 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 Burkina Faso, up to an amount of EUR 48,375,147, Côte d'Ivoire, up to an amount of EUR 49,946,651, and Rwanda, up to an amount of US\$ 36,210,536.

The country awards in Table 1 are recommended by the Secretariat following internal review processes, which included input from a C19RM 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 human immunodeficiency virus (HIV), tuberculosis (TB) and malaria programs; (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 for 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 [Burkina Faso](#), [Côte d'Ivoire](#) and [Rwanda](#).

Input Sought

The Board is requested to review the Secretariat recommendation and approve, on a 'no objection' basis, the decision point GF/B45/EDP11.

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
Burkina Faso	BFA-M-PADS	EUR	3,170,700	0	48,375,147	48,375,147	24.0%	51,545,847	11,435,261
Côte d'Ivoire	CIV-C-ACI	EUR	589,579	0	5,155,591	49,946,651	21.6%	53,599,092	8,812,733
	CIV-H-MOH	EUR	0	0	426,651				
	CIV-M-MOH	EUR	1,514,767	0	643,427				
	CIV-M-SCI	EUR	1,548,095	0	5,915,327				
	CIV-S-MOH	EUR	0	0	35,894,735				
	CIV-T-MOH	EUR	0	0	1,910,919				
Rwanda	RWA-C-MOH	US\$	8,449,550	11,329,802	36,210,536	47,540,337	25.0%	55,989,887	7,995,201

² The C19RM Investment Committee recommends C19RM Full Funding Requests 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 awards, as well as awards previously approved by the Board.

Summary of the Secretariat's Funding Recommendations

i. Burkina Faso: Programme d'Appui au Développement Sanitaire (BFA-M-PADS)

1.1 Background and context⁵

Since the beginning of the pandemic, Burkina Faso has faced two waves of COVID-19 in July/August 2020 and January/February 2021. As of 15 July 2021, the country confirmed 13,527 COVID-19 cases and 169 deaths in 68 out of 70 districts. The testing rate remains low: WHO reported 14 confirmed cases and no deaths in the week of 6-12 July 2021, with only 2,825 tests administered that week and with a positivity rate of 1.20 percent. The epidemic is concentrated in the larger cities with Ouagadougou and Bobo-Dioulasso being the most affected. As of 13 July 2021, a total of 33,960 vaccine doses have been administered. COVID-19 has had a significant impact on Burkina Faso's health system. HIV prevention services, such as awareness-raising activities for key and vulnerable populations, could not be carried out because of the restrictions and other public health measures. HIV testing activities have been severely impacted due to the shortages of testing supplies, reluctance among the population, the reduction of community testing activities and awareness-raising activities as resources have been switched to COVID-19. HIV medical care services have been hit by the interruption of the development process for tools and training, shortages of antiretroviral drugs (ARVs) due to delays in the delivery of orders, as well as difficulties in resupplying patients as a result of movement restrictions. The number of viral load tests taken reduced from 24,538 in 2019 to 17,112 in 2020. There was also a decline in pregnant women being tested for HIV from 70 percent in 2019 to 66 percent in 2020. The roll-out of differentiated HIV testing and care approaches, as well as co-infected patient enrollment, has been slowed down by the COVID-19 pandemic. While the total number of TB notifications remained stable, the notification rate decreased from 28.3 per 100,000 people in 2019 to 27.9 in 2020. The scale of staff mobilization has disrupted the operation of TB programs, including the mobilization for the COVID-19 response of the staff that were previously dedicated to the medical management of TB, such as respiratory specialists and TB treatment center personnel. TB treatment center premises have been requisitioned to care for COVID-19 patients. The previous TB treatment success between 2018 and 2019 (84 percent) showed a drop in 2020 for the 2019 cohort (78 percent). The disruptions in the malaria program were mitigated by the provision of Personal Protective Equipment (PPE) to all participating community health workers and the shift of the campaign to door-to-door mode that prevented crowding. The continuity of routine malaria services has gradually resumed after an initial decline in supply and use.

C19RM 2020 Awards. Burkina Faso received EUR 12,089,493 from C19RM in August 2020 and a total of EUR 3,223,125 in Global Fund grant flexibilities. The activities targeted capacity building among public and community actors in the areas of surveillance, the management of public health emergencies and communication for attitudinal and behavioral change. Investments supported the improvement of technical facilities and the availability of tests. They also strengthened diagnosis, surveillance, treatment and follow-up of cases and contacts. Investments also supported a decentralization approach and accelerated the scale-up of testing. As of July 2021, EUR 11,489,243.12 has been spent achieving a 95.03 percent absorption rate. An external evaluation by an international consulting firm is underway to analyze objective data on the outcomes of these interventions.

Funding landscape.⁶ The 2021-2023 funding needs were estimated based on the National Prevention and Response Plan for the COVID-19 Pandemic 2020-2022 (NSPRP). The total needs for the implementation of the plan are EUR 240.7 million, including EUR 139.9 million for 2020, EUR 72.4 million for 2021 and EUR 28.3

⁵ Data and statistics from Burkina Faso's C19RM 2021 full funding request and from the WHO.

⁶ Data from Burkina Faso's C19RM 2021 full funding request

million for 2022. The country has recently extended the plan to also cover 2023. The investments of the C19RM 2021 award will help to reduce gaps in the most important areas. For 2021-2023, the funding projections are low compared to the needs as well as to the 2020 level of domestic and external funding. There is little information about how the 55 percent funding gap will be addressed. The government of Burkina Faso expects to attract more resources from external partners, in particular GAVI and the World Bank, as well as from the private sector.

1.2 Strategic focus and prioritization of C19RM 2021

Burkina Faso's C19RM 2021 full funding request is technically sound and based on an inclusive in-country process with relevant stakeholders. Implementing C19RM 2021–2023 activities will help to build on the C19RM 2020 investments and other Global Fund grants. The funding will focus on the decentralization process of the COVID-19 response through the procurement of reagents and medical technical equipment, strengthening the health system, particularly the laboratory system and technical facilities in hospitals, institutionalizing and strengthening the community system and interventions, reducing the impact of COVID-19 on priority disease and health system programs, and improving national monitoring, coordination and documentation of the COVID-19 response. Burkina Faso did not request a C19RM 2021 fast-track award. The Secretariat recommended 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 proposed HIV interventions include the COVID-19 communication campaign, training and awareness raising among health and community workers, providing PPE and hygiene equipment for HIV services in healthcare facilities and in the community, as well as adapting services provision to the pandemic situation, including multi-month dispensing, managing renewal appointments and distribution of antiretroviral drugs in the community. Interventions will also strengthen remote monitoring of adherence and provide social support to the most vulnerable patients by paying emergency health costs, transport for care, food kits, and others.
- The proposed TB interventions will enable COVID-19 training for all actors involved in TB control activities, as well as awareness raising at community level. The investments will expand active case finding interventions aiming to catch-up on case notification, provide bidirectional TB/COVID-19 screening and sample transportation. They will also expand digital solutions to improve the management of TB patients in the community, provide living support to TB patients, as well as cover integrated TB/COVID-19 services in prisons.
- The proposed malaria interventions will focus on awareness raising in communities through community health workers and the community radio network, as well as on training community health workers and focal points of women's groups. The investments will ensure the continuity of malaria control services at the community level during the COVID-19 pandemic, and increase the use of health care services, including through the integrated health mobile platform.

b. Reinforcing the COVID-19 national response:

The proposed investments will:

- allow the procurement of necessary antigen rapid tests (Ag RDTs) and Polymerase Chain Reaction (PCR) tests, as well as the GeneXpert equipment for the zones that are facing security issues;
- support case management, clinical operations and treatment, including the provision of oxygen equipment and oxygen production;
- allow the procurement of necessary PPE and infection prevention and control measures, including hand-washing machine stations, cleaning gel and thermometers;
- support COVID-19 case finding, contact tracing and epidemiological investigation activities; and
- reinforce country-level coordination and planning and risk communication, as well as support program management to mitigate implementation risks.

c. Urgent improvement to health and community systems:

The proposed investments will:

- support the integration of COVID-19 surveillance into the health management information system, as well as strengthen local capacities for epidemic preparedness and field epidemiology and laboratory systems;
- reinforce the approaches for integrated community-led monitoring, social mobilization, as well as institution building capacity for the community-based organizations; and
- strengthen health product and waste management systems.

Implementation arrangements. The C19RM Immediate Award will be allocated to one Principal Recipient (PR) - Programme d'Appui au Développement Sanitaire (PADS), taking advantage of existing implementation arrangements and a well-established coordination mechanism with national programs, laboratory network and logistic and procurement units. The budget includes the support for additional staff at the PR's office, at the logistics management unit (LMU) and at laboratory-level to monitor the implementation of activities, as well as for the reinforcement of the product supply management team. The procurement of health products will be done in accordance with the Global Fund Health Product Segmentation Framework, with the majority of health products procured through PPM / wambo.org. The storage and distribution channel will be the same used in the current implementation framework with the central medical store, CAMEG, ensuring distribution to districts where health facilities will take over. In low security zones, the distribution will be ensured by the army, or by the World Food Programme. Information management will be managed through SAGE 1000, which is CAMEG's warehouse management system (WMS), as well as through NETSIGL, which is the logistics management information system.

C19RM Assurance and Risk Mitigation. Prior to the use of funds, a detailed description of many activities, as well as the detailed implementation plans of infrastructure, vehicles or digitalization investments, will be submitted for the Global Fund's approval. The Local Fund Agent (LFA) will be closely involved in the operationalization of such plans. The LFA will also undertake a systems' review of warehousing, inventory management and distribution of COVID-19 products and targeted programmatic and financial spot checks based on identified risks and materiality. The LFA may undertake a pre-award review of health products and related support services procured through national sourcing channels.

1.3 C19RM Investment Committee review and recommendations

- Grant Approvals Committee (GAC) and COVID-19 Technical Advisory Group (CTAG) Partners found the Burkina Faso full funding request sound. They commended the quality of description of the extent of COVID-19 disruption and the proposed approaches to mitigate risks in COVID-19 control and HIV, TB and malaria services as well as to prevent future programmatic disruptions.
- Partners were supportive of the implementation arrangements of the proposed investments, including the proposed bidirectional screening for TB and COVID-19 contact tracing. Partners also commended the complementarity of proposed investments with the existing grants and previous funding, however, they noted that additional PPE and case management activities would be needed to continue malaria prevention and control interventions such as mosquito net distribution campaign. Following partners recommendations, the PPE needs were reviewed to include PPE to all health workers, including community health workers.
- Partners appreciated the decentralization of the COVID-19 testing strategy proposed in Burkina Faso's NSPRP noting that for the procurement of genome sequencers, the sequencing strategy would need to exist or be developed. The Secretariat assured that the assumptions for diagnostic tests in the request were reviewed and amended to align with WHO recommendations.
- Partners were also supportive of the investments for HIV program disruption mitigation, however, pointed out the importance of obtaining further information about their scale, geographical scope and targeted

population. The Secretariat assured that a detailed intervention plan as well as the expected scale-up plan would be submitted to and approved by the Global Fund before the distribution of funds.

- The C19RM Investment Committee considered the totality of travel-related costs in the request, including in conjunction with the existing HIV, TB and malaria grants and noted that a requirement would be included in the Grant Confirmation requiring the PR to provide a detailed plan setting out the eligibility of *per diem* costs at approved rates as well as the rationalization of training locations. The C19RM Investment Committee expected more optimization in this area as the detailed plans are submitted for the Global Fund's approval before the use of funds.
- The C19RM Investment Committee took note of the work done in terms of digitalization of surveillance systems, including the ongoing cooperation with development and funding partners in this area. The C19RM Investment Committee appreciated the assurance taken around the procurement of tablets and their further use.
- The C19RM Investment Committee also noted the heightened risk in conflict affected regions and appreciated that all equipment requested for areas with security issues was conditioned to the assessment of health services and access issues being conducted by WHO.
- The C19RM Investment Committee appreciated the strategic direction and the prioritization of investments in the request, as well as the inclusion of certain novel initiatives, such as health clubs (which are venues in local communities where information sessions, prevention activities and activities relating to the promotion of health and well-being are provided to residents), noting the importance of community focus of such activities that will need to be combined with the necessary due diligence measures.

ii. Côte d'Ivoire: Ministry of Health, Public Hygiene and Universal Health Coverage (CIV-H-MOH, CIV-T-MOH, CIV-M-MOH, CIV-S-MOH), Alliance - Côte d'Ivoire (CIV-C-ACI), Save The Children (CIV-M-SCI)

2.1 Background and context⁷

Côte d'Ivoire recorded its first case of COVID-19 on 11 March 2020 and has gone through two pandemic waves in July 2020 and in the first quarter of 2021, with 95 percent of cases located in Abidjan. As of 12 July 2021, Côte d'Ivoire had a cumulative total of 48,776 confirmed COVID-19 cases and 318 deaths according to data published by the WHO. While the country has started its vaccination program on 1 March 2021, the vaccination rates remain low and further pandemic waves remain possible. Although the general availability of health services in Côte d'Ivoire has been maintained during the pandemic, the population's use of these services declined by 11 percent in the first half of 2020 compared to 2019, leading to a reduction in the number of notified cases of all forms of TB by 7 percent and in the percentage of pregnant women who know their HIV status by 6 percent. The proportion of suspected malaria cases that receive a parasitological test in public health facilities dropped by 9 percent and the proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities has reduced by 11 percent. The disruption in malaria services was more notable at the community level resulting in a 27 percent reduction in the number of suspected malaria cases tested and 29 percent in the number of malaria cases treated in the community in the geographical areas covered with Global Fund funding. The number of people living with HIV who were on antiretroviral treatment increased by a modest 4 percent as compared to the targeted 14 percent increase. In April 2020, the Government of Côte d'Ivoire adopted a National Strategic Plan for the COVID-19 Response focused on adaptations for medical staff and service delivery at public health facilities. This plan and the national COVID-19 testing strategy require an update to incorporate strategies for strengthened community surveillance and response, decentralization of COVID-19 testing and uptake of Ag RDTs technologies, improved laboratory quality assurance and improved case management and infection prevention and control measures.

⁷ Data and statistics from Côte d'Ivoire's C19RM 2021 full funding request.

C19RM 2020 Awards. Côte d'Ivoire received a EUR 10,767,423 C19RM 2020 award that had a 56 percent absorption rate by June 30, 2021. The reasons for non-absorption of remaining funds included the timing when funds were made available (fourth quarter of 2020) and subsequent price-reductions in the unit prices for PPE that occurred after the time of budgeting. The country has also received a total of EUR 3,082,175 in grant flexibilities. In 2020 the national response plan focused on adaptations for medical staff and did not include consideration of community health cadres at all levels. The C19RM 2020 award filled the gap in strengthening the community response to the pandemic, by financing PPE and ensuring continuity of services at the community level as well as outreach for prevention and services to key populations. The investments also helped ensure successful implementation of the national multi-product insecticide treated nets campaign in the second quarter of 2021.

Funding landscape.⁸ Côte d'Ivoire has not yet prepared a costed operational COVID-19 response plan for 2021-2023. However, there is a matrix of actions for 2021 that has been costed at EUR 321.8 million, which is 3 percent higher than the amount of resources mobilized in 2020. Total resources mobilized in 2020 amounted to EUR 312,8 million, of which EUR 178 million were domestic resources, including loans, and EUR 131,8 million were external resources, mainly from the African Development Bank and the World Bank, which is contributing to the vaccination efforts. Despite the increased mobilization of resources from the government budget (EUR 83,8 million agreed for 2021, compared to EUR 63,6 million in 2020), the overall funding gap is therefore significant for 2021, estimated at EUR 60,3 million. The national coordinating entity under the Prime Minister's Office has established an online platform to track donor contributions to the COVID-19 national response that the Global Fund Country Team and Country Coordinating Mechanism have been provided access to and will monitor it throughout the lifecycle of the grant.

2.2 Strategic focus and prioritization of C19RM 2021

Côte d'Ivoire C19RM 2021 full funding request is technically sound and is based on an inclusive in-country process with relevant stakeholders. The focus of the request is aligned with the eight strategic pillars of the existing National COVID-19 Response Plan. Compared to the C19RM 2020 award, it also includes new interventions that strengthen the community response, surveillance and monitoring to the pandemic, as well as measures addressing human rights and gender-based barriers. Côte d'Ivoire did not apply for a C19RM 2021 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 proposed HIV interventions include providing beneficiaries with information on COVID-19, training and raising awareness among health and community workers, providing PPE and hygiene equipment for the HIV services in healthcare facilities and delivered by civil society and community-based organizations. Investments in service adaptation include support to expand HIV self-testing and differentiated service delivery approaches for multi-month dispensing, managing renewal appointments and distributing antiretroviral drugs in the community. Interventions will also strengthen remote monitoring of adherence and provide living support to the patients most affected by the COVID-19 context, by financing emergency health costs, transport for care and food kits.
- The proposed TB interventions will enable the training of all actors mobilized in TB control activities on COVID-19, as well as on awareness training at community level, safe use and provision of TB services. The investments will expand active case finding interventions aiming to catch-up on case notification, provide bidirectional TB/COVID-19 screening and sample transportation, including in prison settings. They will also expand digital solutions to improve the management of TB patients in the community and provide living support to TB patients most affected by the COVID-19 context to improve adherence to treatment and treatment success.

⁸ Data from Côte d'Ivoire's C19RM 2021 full funding request.

- The proposed malaria interventions will focus on awareness raising in communities through community health workers and the community radio networks, as well as on training community health workers and focal points of women's groups. The investments will ensure the continuity of malaria control services at the community level during the pandemic, and increase the use of health care services, including through the integrated health mobile platform.

b. Reinforcing the COVID-19 national response:

- The funding for COVID-19 diagnostics and testing will allow the procurement and deployment of necessary Ag RDTs and PCR tests, as well as additional GeneXpert equipment. Updated national COVID-19 testing strategy will inform increased investments to decentralize testing and increased the use of Ag RDTs testing to primary health care facilities and community level.
- The interventions will support case management, clinical operations and treatment, including the provision of oxygen equipment and increasing oxygen production capacities in the country. The funding will allow the procurement of necessary PPE and infection and prevention control measures for frontline health care staff at all levels as well as various community actors engaged in service delivery in the community and for key and vulnerable populations. The investments will also support COVID-19 case finding, contact tracing and epidemiological investigation activities.
- The interventions will reinforce country-level coordination and planning and risk communication, as well as support program management to mitigate implementation risks. The award will support an integrated approach to communication, including messaging on vaccine demand generation.

c. Urgent improvement to health and community systems:

- The funding will support the integration of COVID-19 surveillance into the national health management information system, as well as strengthen local capacities for epidemic preparedness, field epidemiology and laboratory systems.
- Stronger community engagement is a key focus of this award. The investments will reinforce the approaches for integrated community-led monitoring, social mobilization and gender responsive programming, including through the training of 8,500 community health workers and focal points of 20,440 women's groups, and delivery of a package of COVID-19 prevention and care services and sensitization at community level.
- Proposed interventions will strengthen health product and waste management system to cover remaining gaps and catalyse the effect of cross-cutting system strengthening investments through the ongoing Health Systems Strengthening grant.

Implementation arrangements. The C19RM 2021 full funding award implementation arrangements will be integrated into the six ongoing grants in the implementation period 2021-2023 with the Ministry of Health, Alliance Côte d'Ivoire and Save the Children as the PRs. The procurement of health products will follow the Global Fund Health Product Segmentation Framework and will be done through the Pooled Procurement Mechanism (PPM)/Wambo.org for all items that can be sourced through this procurement channel. Medicines will be procured through the national procurement channel which is compliant with the Health Product Segmentation Framework. For Pressure Swing Adsorption (PSA) plants and other mainstream oxygen equipment which is not procured through the Pooled Procurement Mechanism (PPM)/ Wambo.org, procurement will be done through the chosen United Nations agency which will be selected prior to implementation. Procurement of disinfectants will be conducted locally in the same manner as for the C19RM 2020 award, via one PR on behalf of all beneficiary grants. The storage and distribution of COVID-19 related health commodities will integrate the existing arrangement for storage and distribution of HIV, TB and malaria health commodities at La Pharmacie de la Santé Publique (Public Health Pharmacy) Côte d'Ivoire (NPSP-CI) at the central level and health district stores at intermediate level. These commodities are however not integrated in the logistics management information systems and will be noted as a management action for the PR to address.

C19RM Assurance and Risk Mitigation. A core requirement for this award is the completion of an updated National COVID-19 Strategic Response Plan which should include an update of infection prevention and control activities as well as an integrated approach to community level surveillance activities. It will also require an updated COVID-19 testing strategy and operational plan, including for decentralizing testing at lower levels of the health system. An update of infection control Standard Operating Procedures and operational plan, mapping of emergency preparedness and coordination activities at the health district level, as well as an integrated training plan across all grants financed by the Global Fund, will be required prior to the use of funds budgeted for these activities. LFA services will be designed to mitigate risks related to travel related costs. The funding conditions also include the submission of the integrated plan for community level surveillance and monitoring, as well as the visibility of COVID-19 health products across all sites and institutions and monitoring of tracer items through strengthening of the existing logistics management system. The procurement of diagnostic and testing products in 2022 will be subject to submission of an updated national COVID-19 quantification, based on an updated testing strategy. Procurement of oxygen equipment and PSA plants and waste management systems will be subject to a needs assessment and costed operational plan. Additionally, an external quality assurance plan for COVID-19 testing will be required. Lastly, living support, including food, transport, hygienic kits, for TB and HIV patients will be subject to review of criteria and implementation arrangements. All these assurance and risk mitigation requirements are supported through funding for technical assistance in this award.

2.3 C19RM Investment Committee review and recommendations

- GAC and CTAG Partners found the Côte d'Ivoire full funding request sound and commended the quality of the description of the extent of COVID-19 disruption and the proposed approaches to mitigate the risks of current COVID-19 disruptions and prevent future ones in HIV, TB and malaria services. The partners commended Côte d'Ivoire's integrated approach to risk communication which is also expected to address vaccine hesitancy. The Secretariat noted the importance it attached to the integrated approach to strengthen communication, including messaging to support vaccine demand generation.
- The partners also remarked that the absence of the budgeted 2021-2023 operational COVID-19 response plan makes it difficult to fully assess the prioritization of investments, while noting that there does not appear to be any overlap between funding sources. The Secretariat agreed with this concern and noted that the C19RM 2021 funding will be subject to the update of Côte d'Ivoire's national COVID-19 response plan, informed by a robust epidemic modelling and projection exercise. The Secretariat further elaborated that the country has requested technical assistance to assess infection prevention and control measures in facilities and home/community-based care approaches and to conduct a rapid assessment of the use of PPE in health care facilities and at the community level. The Secretariat recommended the findings and recommendations from these technical assistance activities be used to inform enhanced infection prevention and control activities to be included in the updated national COVID-19 response plan.
- The partners generally agreed on the prioritization of investments. However, they have also pointed out the absence of a clear COVID-19 testing strategy, including the use of SARS-COV-2 Ag RDTs as well as the importance of serological studies, in order to achieve the desired testing outcomes. The Secretariat agreed with this recommendation and noted that the funding will be subject to the revision of the national COVID-19 testing strategy and its operationalization, which will be supported with C19RM 2021 funding. The Secretariat further informed the partners that the updated testing strategy will inform the 2022 quantification and balance across investments in COVID-19 Ag RDTs and PCR tests.
- The partners noted the strong engagement of key and vulnerable populations in the preparation of the request and considered that the proposed interventions strengthened programming related to community rights and gender. They further suggested looking at a more integrated approach of community work across HIV, TB, malaria and COVID-19. The Secretariat informed that the updated National COVID-19 Response Plan for 2021-2023 shall outline the approaches for COVID-19 surveillance and response at health facility and community levels, including strengthened contact tracing, follow-up and sensitization. Roles and responsibilities of community actors, including the community health workers within the formal health

system, will be reviewed to avoid gaps and overlaps. Detailed operational plans will clarify the roles and responsibilities of actors in community-led monitoring activities, community surveillance and the activities of the community monitoring committees.

- The C19RM Investment Committee appreciated the clarifications on the proposed investments for laboratory support which will be aligned with the recommendations from the ongoing Comprehensive National Laboratory System Assessment to inform the development of the National Laboratory Strategic Plan, 2021-2025, with funding and close support of the existing Global Fund's stand-alone Health Systems Strengthening grant. The C19RM Investment Committee also recommended additional activities, including technical assistance and further cost savings and efficiencies to support and strengthen laboratory systems.

iii. Rwanda: Ministry of Health (RWA-C-MOH)

3.1 Background and context⁹

Rwanda is currently experiencing a third and most significant wave in the COVID-19 pandemic. Since the first case of COVID-19 was detected on 9 March 2020, Rwanda has seen a total of 49,808 confirmed cases and 598 deaths. Of these, 14,790, or 30 percent, have occurred between 14 June and 12 July 2021 along with 34 percent of total deaths (206). The pandemic has strongly impacted Rwanda's health system but the general continuity of health services has been ensured. Rwanda encountered disruptions in the implementation of HIV, TB and malaria programs and was able to partially mitigate these in 2020 and 2021. Disrupted HIV services include the prevention campaign, HIV treatment services and clinical monitoring of people living with HIV. Rwanda optimized the service delivery platforms to mitigate the impact of COVID-19, for example, by relocating people living with HIV to nearby antiretroviral therapy clinics and restructuring antiretroviral therapy appointments through multi-month dispensing to minimize visits and patient congestion. A decrease of 5 percent in TB notifications was observed in the 2019-2020 fiscal year compared to the previous year as a result of COVID-19 restrictive measures with a higher decline experienced in the first quarter of 2021. TB management was approached in a similar manner to HIV, by adopting the necessary TB control approaches and cooperating with community health workers to provide patients with multiple weeks of TB medication. PPE were distributed to community health workers working with TB patients to protect them from COVID-19. The malaria program witnessed some delays in the 2020 mass long-lasting insecticidal nets distribution campaign due to the disruption of procurement, delivery and quality control procedures. The usual on-site mass nets distribution campaign was not possible and required house-to-house distribution by community health workers. Indoor residual spraying had to be postponed in two districts due to the lockdowns and demanded additional budget for prevention measures for operators.

C19RM 2020 Awards. Rwanda received US\$5,510,002 under HIV grant flexibilities and US\$11,416,517 under C19RM in 2020, thereby totaling US\$16,926,519. To date, 91 percent has been spent or committed through ongoing tenders for the procurement of COVID-19 health products as well as medical and laboratory equipment. As of 30 June 2021, all the planned activities to be funded from the C19RM 2020 award have either been completed, substantially completed, or started but not paid for. The commitments and obligations amount to US\$8.4 million and include US\$3.8 million for a prefabricated mobile treatment center which was approved in April 2021. The initial award of US\$5.1 million was allocated for procurement of COVID-19 health products, medical and laboratory equipment, health commodities and reagents, as well as for investments in PPE provision for health professionals and community health workers, laboratory capacity upgrading, including PCR testing for 11 testing sites and Ag RDTs for health centers, as well as for setting up a mobile treatment center to support severe COVID-19 case management. The C19RM 2020 funding also supported COVID-19 response and management activities and operational costs for contact tracing and field response teams. The investments covered numerous community risk engagement interventions, including community awareness raising on COVID-19 and monitoring of prevention system and services delivery with involvement of key civil society

⁹ Data and statistics from Rwanda's C19RM 2021 full funding request.

organizations as well as awareness activities on prevention of COVID-19 transmission among specific high risk and vulnerable groups.

Funding landscape.¹⁰ The 2021 National Response Plan is costed at US\$373.8 million for the year, including US\$65 million earmarked for vaccines. As of June 2021, a total of US\$151.7 million has been secured through bilateral grants, multilateral grants and loans, as well as government contributions, leaving a 53 percent funding gap. Approximately US\$58.8 million of the secured funding is for Rwanda's vaccination program. Besides the Global Fund, major contributors include the World Bank, European Investment Bank, USAID, Rockefeller Foundation and, most recently, the French Development Agency. The remaining funding gap of US\$222.1 million consists of costs of laboratories and diagnostics, case management, clinical operations, and therapeutics, infection prevention and control, protection of the health workforce, and maintenance of essential health services and systems. Those programmatic areas are largely reflected in the full funding request with investments coordinated with other donors and development partners, including the World Bank, USAID, French Development Agency (AfD) and the Clinton Health Access Initiative (CHAI), as well as the Government of Rwanda's own investments. This is particularly the case for oxygen distribution systems for hospitals and smoke-free incinerators. The Ministry of Health has indicated that it currently has no confirmed alternative funding sources to the C19RM for PPE and diagnostics.

3.2 Strategic focus and prioritization of C19RM 2021

Rwanda's C19RM 2021 full funding request highlights critical interventions and procurements as essential components of the national response to COVID-19. These interventions will contribute to the efforts to contain the increasing spread of COVID-19 as well as to mitigate disruptions of HIV, TB and malaria programs, including for communities, and key and vulnerable populations. The funding request is aligned with Rwanda's 2021 COVID-19 National Response Plan and is building on the decentralization measures of the COVID-19 2020 response. Rwanda received a US\$11,329,802 C19RM 2021 fast-track award which responded to immediate PPE and diagnostics needs, as well as essential health products in anticipation of escalation of critical and severe cases, including the installation and maintenance of oxygen piping and distribution systems in 14 district hospitals. The full funding request complements the fast-track award, C19RM 2020 award, and other funding sources and includes procurement of Ag RDTs and PCR tests to expand diagnostics and cover testing capacity in preparation for the third wave. The Secretariat recommended 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 proposed HIV interventions include enhanced training to peer educators from Key Populations groups to identify clients in need of support, as well as to enable home visits by healthcare providers and peer educators. They will also act as liaisons between health facilities and key and vulnerable populations, aided by the education, information and campaign materials produced and adapted to be used with communities. The C19RM 2021 funding will improve commodity supply planning, enhance inventory management and monitoring of shipments to ensure uninterrupted testing services. Additional short-term staff will be recruited to maintain HIV services delivery during the pandemic. Proposed interventions also include the training and capacity development of religious leaders and volunteers on COVID-19 and HIV as a means of mitigating the impacts of COVID-19 on communications and messaging around HIV.
- Given that TB notification decreased by 5 percent in 2020 compared to 2019 as a direct result of the disruptions caused by the COVID-19 pandemic, efforts will be made to undertake targeted active case-finding and contacts tracing in order to catch-up on the identification of missing cases. The proposed TB interventions will enable contact tracing among TB cases through outreach including by community health workers, the procurement of mobile X-ray machines to support case finding among vulnerable groups, and the maintenance of connectivity systems between the laboratory system and e-TB system to ensure up to date and accurate TB record keeping. Furthermore, two portable X-Ray systems are to

¹⁰ Data from Rwanda's C19RM 2021 full funding request.

be allocated to support active case-finding and early diagnosis amongst people in detention settings / the prison population to increase TB and COVID-19 case detection and access to care while reducing the burden on hospitals.

- The proposed malaria interventions address COVID-19 challenges through the provision of PPE, hand sanitizers, thermo flashes for 30,000 community health workers, and additional transport of sprayer operators adapted to the context of the pandemic. Investments will provide COVID-19 testing for people participating in indoor residual spraying campaigns and COVID-19 prevention measures for the insecticidal net distribution campaign, as well as rapid tests for people involved in the net physical inspection. Interventions will help absorb the increased transport and *per diem* costs of house-to-house net distribution by community health workers and will support the vector control campaign in 2022 through the implementation of effective COVID-19 prevention measures.

b. Reinforcing the COVID-19 national response:

- COVID-19 diagnostics and testing investments will allow the procurement of necessary laboratory equipment, including one high throughput sequencing equipment for the National Reference Laboratory, BIORAD CFX96 (Ag RDTs and PCR) equipment at two sites, PCR safety cabinet at five laboratories and upgrade of twelve other sites. This is to be complemented through the procurement of three vehicles to support sample transport from Ag RDTs sites to PCR sites.
- COVID-19 case management, clinical operation and therapeutics interventions will focus on strengthening of four provincial epidemics and infectious disease centres (staff, equipment, renovation), as well as procurement of intensive care unit (ICU) medical equipment and health products, oxygen piping in three public hospitals, procurement of two oxygen plants in East and Western provinces, as well as other hospital equipment.
- Risk communication interventions will include the disability-friendly community mobilization, including home-based services, as well as reproduction of COVID-19 communication tools for people with disabilities.

c. Urgent improvement to health and community systems:

- The funding will focus on strengthening civil society organizations' capacity to document, monitor, manage the data, report and engage in data driven advocacy to inform programmatic decision making, including monitoring and reporting on the impact of COVID-19 at the community level and following it up with evidence-based advocacy.
- The investments will allow for the acquisition of new waste management system technology for eight district hospitals that will prevent the exposure of staff to COVID-19 and will be more environmentally friendly.
- Proposed interventions include provision of counselling and referral services for survivors of gender-based violence including for teenage and young mothers living with HIV for whom supervision and mentorship support will be made available during COVID-19. Dialogues and educational sessions will be organized on the rights of key populations for public institutions, parliamentarians, law and policy makers, to ensure that key and vulnerable populations have access to quality healthcare services during the pandemic. The funding will also provide PPE to peer educators.

Implementation arrangements. The C19RM 2020 implementation arrangement will continue with the Ministry of Health (MoH) as the Principal Recipient (PR) and the Rwanda Biomedical Center as the lead sub recipient. The procurement of diagnostics will be done through the wambo.org platform to benefit from a pooled procurement mechanism, while other commodities and equipment will be procured through the national system. Once in the country, all health products will be stored in Rwanda Medical Supply Ltd. warehouses. Equipment

will be distributed and delivered by the medical technology/equipment teams, and the end users will pick-up the requested PPE and lab commodities from the Rwanda Medical Supply Ltd. warehouses. Supply chain monitoring will be done through Electronic Logistics Management Information System.

C19RM Assurance and Risk Mitigation. The investments for locally-sourced products and equipment will require procurement reviews and needs assessments, as well as regular monitoring with support from the LFA and the Office of the Auditor General of State Finances. This award will also be subject to the same reporting requirements as other Global Fund portfolios, including for local procurement. The needs assessments will be undertaken by the LFA before the procurement of mobile digital X-ray machines, smoke-free waste management systems, portable ultrasound machines, Intensive Care Unit (ICU) equipment and vehicles takes place. Price and quality reporting obligations will have to be met during the implementation of the award.

3.3 C19RM Investment Committee review and recommendations

- GAC and CTAG Partners found the Rwanda full funding request sound, aligned to the National Response Plan and WHO guidance and considered it an excellent summary of PPE, oxygen and testing needs with propositions that will strengthen the health system and communities. The partners also commended the coordination with the investments of other funding sources and development partners.
- Following the recommendation of GAC and CTAG Partners, the Secretariat confirmed that scrub suits and cordless electrostatic sprayers were removed from the base allocation request and the specifications for medical masks for health workers amended to be Type II instead of Type I in the PPE core request.
- While there was a wide recognition among partners that the request strengthened community rights and gender related interventions and engaged key populations, partners sought additional information about interventions proposed to specifically target key populations. The Secretariat drew partners' attention to the inclusion of enhanced training to peer educators from key populations groups, as well as to home visits conducted by nurses, social workers and peer educators to address needs in terms of antiretroviral therapy adherence and retention counselling and partner notification.
- The C19RM Investment Committee complimented the comprehensive approach taken in the development of Rwanda's request and the strong inclusion of stakeholders and key populations, as well as due diligence taken on key implementation risks.
- The Investment Committee noted Rwanda's strong grant implementation record, including all C19RM 2020 funding being either invested or committed. However, the lockdown where the prefabricated mobile treatment center for Rwanda is being produced, caused a one-month delay in its delivery, while the site for this center has already been prepared. The full installation of the clinic is expected to be completed by 25 September 2021. The C19RM Investment Committee observed some important lessons to be learned from such situations in determination of investments in infrastructure projects with long lead times in the context of an emergency response, including the need to ensure that tendering and procurement timelines are set in a realistic manner to allow for better planning, and taking into account possible supply chain disruptions caused by COVID-19 pandemic lockdowns, as well as more robust and systematic monitoring of implementation.
- The C19RM Investment Committee acknowledged that detailed information on investments in infrastructure was not available at the time of the request, but recommended the investments on the basis of strategic and technical soundness, with the requirement that due diligence continue and that the required level of detail be provided before implementation. In particular, the C19RM funds for identified procurements will be clearly ring-fenced for the purposes stipulated in the funding request and the requirement for necessary reporting requirements will be added, including for local procurement. Prior to release of funds, the Principal Recipient will be required to provide the C19RM Procurement Monitoring Plan, as well as needs assessments by the LFA for mobile digital X-ray machines, smoke-free waste management systems,

portable ultrasound machines, ICU equipment and vehicles. The Bills of Quantities¹¹ will be reviewed by the LFA for four provincial epidemics surveillance centers and the construction of permanent hand-washing facilities in health centers.

- The C19RM Investment Committee also drew attention to the fact that the targeted sample volume for genetic sequencing might be too large. The C19RM Investment Committee considered options to reduce such costs, including the possibility of cooperation with neighboring countries, while acknowledging that such alternatives might not be effective or feasible considering the context of the region.

¹¹ A bill of quantities is a document used in tendering in the construction industry in which materials, parts, and labor (and their costs) are itemized.

Table 2: Budget distribution by priority area

Country/ Multicou ntry	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
Burkina Faso	EUR 6,678,396	13.8%	EUR 26,880,764	55.6%	EUR 3,990,429	8.2%	EUR 10,825,558	22.4%	EUR 48,375,147
Côte d'Ivoire	EUR 7,209,698	14.4%	EUR 35,910,210	71.9%	EUR 1,567,822	3.1%	EUR 5,258,921	10.5%	EUR 49,946,651
Rwanda	US\$ 675,652	1.9%	US\$ 31,289,042	86.4%	US\$ 657,113	1.8%	US\$ 3,588,729	9.9%	US\$ 36,210,536

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

Country ¹²	Diagnostics RDT	Diagnostics PCR	PPE	Therapeutics O2	Therapeutics other	Other ¹³
Burkina Faso	EUR 5,084,133	EUR 8,830,137	EUR 6,521,094	EUR 4,438,965	EUR 3,174,107	EUR 20,326,711
Côte d'Ivoire	EUR 2,369,781	EUR 12,937,114	EUR 3,641,814	EUR 6,705,737	EUR 3,915,561	EUR 20,376,644
Rwanda	US\$ 4,962,223	US\$ 3,051,176	US\$ 7,901,783	US\$ 5,326,363	US\$ 3,279,357	US\$ 11,689,634

¹² Excluding roll-over amounts from C19RM awards in 2020.

¹³ This category includes all Health Products that do not fall into any of the five specific categories, as well as any other non-Health Product interventions.

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Annex 1 – Past Decisions

Pursuant to the Governance Plan for Impact as approved at the 32nd Board Meeting,¹⁴ 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/B44/EDP18: Second Extension of C19RM Timeline and Operational Flexibility for COVID-19 March 2021 ¹⁵	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 2020 ¹⁶	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 2020 ¹⁷	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.

¹⁴ <https://www.theglobalfund.org/board-decisions/b32-dp05/>

¹⁵ <https://www.theglobalfund.org/board-decisions/b44-edp18/>

¹⁶ <https://www.theglobalfund.org/board-decisions/b43-edp12/>

¹⁷ <https://www.theglobalfund.org/board-decisions/b42-edp11/>