

Electronic Report to the Board

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

GF/B45/ER08

Board Decision

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

GF/B45/EDP09: 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 Sudan up to an amount of US\$43,712,046 and for Tanzania up to an amount of US\$73,078,995.

Decision

Decision Point: GF/B45/EDP09: 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/ER08; 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 Sudan, up to an amount of US\$43,712,046, and for Tanzania, up to an amount of US\$73,078,995.

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 [Sudan](#) and [Tanzania](#).

Input Sought

The Board is requested to review the Secretariat recommendation and approve, on a 'no objection' basis, the decision point GF/B45/EDP09.

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
Sudan	SDN-H-UNDP	US\$	2,658,913	N/A	43,712,046	43,712,046	30.00%	46,370,959	N/A
Tanzania	TZA-C-AMREF	US\$	N/A	N/A	5,409,818	112,916,548	19.23%	112,916,548	82,922,633
	TZA-H-MOF	US\$	N/A	N/A	2,696,355				
	TZA-M-MOFP	US\$	N/A	39,837,553	63,432,090				
	TZA-T-MOF	US\$	N/A	N/A	1,540,732				

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. Sudan: United Nations Development Programme (SDN-H-UNDP)

1.1 Background and context⁵

From January 2020 to 6 July 2021, Sudan confirmed 36,799 cases of COVID-19 and 2,760 deaths. As of 26 June 2021, a total of 677,957 vaccine doses have been administered. Lockdowns and national curfews disrupted the availability of health products at the supplier level and throughout the supply chain to the last mile. There were closures of health facilities due to their reconversion to isolation centers and/or shortage in Personal Protective Equipment (PPE), reporting delays due to a dysfunctional surveillance system, as well as suspension of laboratory external quality assessment. The supply chain for HIV, TB and malaria health products was affected, and several deliveries to the country were delayed, including HIV testing kits, GeneXpert testing panels, Personal Protective Equipment (PPE) and TB pediatrics formulae. Moreover, strict movement restrictions hindered health services accessibility leading to a 13 percent decline in TB case notification, a 35 percent decline in HIV testing, a 10 percent decline in linkage to care for people living with HIV, and a 30 percent decline in outpatient attendance as compared to 2019 Ministry of Health data. Sudan's initial control of the pandemic led to suspension of all outreach activities impacting HIV prevention activities targeting key and vulnerable populations. The malaria program encountered major delays in campaigns for distribution of insecticidal nets and the immunizations program.

C19RM 2020 Awards. Sudan was awarded HIV, TB and malaria grant flexibilities of US\$1.6 million that were invested in SARS-CoV-2 testing kits and Personal Protective Equipment (PPE) for health workers and was fully absorbed. Through C19RM 2020, Sudan received a US\$8,719,675 award that focused on the procurement of Personal Protective Equipment (PPE), antigen rapid diagnostic tests (Ag RDTs), Cepheid and other SARS-CoV-2 tests, autoclaves to support Personal Protective Equipment (PPE) waste management, biosafety cabinets and nasopharyngeal swabs. Even with the global logistics challenges, 98 percent of the C19RM 2020 award was committed by 30 June 2021, as projected by the Principal Recipient.

Funding landscape.⁶ Sudan COVID-19 resource needs are based on the costed May – December 2021 National COVID-19 Preparedness and Response Plan. Overall funding needs and gaps are focused on estimates for 2021 and 2022. A number of donors have contributed to the COVID-19 response, including bilateral and multilateral partners (i.e. European Union/European Commission), as well as development banks (i.e. The World Bank, African Development Bank, Qatar Development Fund). On 29 June 2021, the Government of Sudan and the World Bank signed a US\$100 million grant agreement to boost the COVID-19 response and expand vaccination coverage. This is the first grant from International Development Assistance (IDA) following the clearance of arrears in March 2021, and nearly 30 years of disengagement with IDA.

1.2 Strategic focus and prioritization of C19RM 2021

The C19RM funding request is aligned with Sudan health policy strategies and National COVID-19 Preparedness and Response Plan issued on May 2021, to support revitalization and resilience of the health sector that has been affected by the COVID-19 pandemic and disrupted services and supply chain. Sudan's COVID-19 response objectives include the control of COVID-19 transmission, as well as the reduction of exposure, illness, and deaths. Priority interventions aim to ensure equity in service provision by extending access to essential primary health care services, as well as adapting and strengthening the health system, including communities, and to ensure continuity of services. Sudan did not request C19RM 2021 fast-track

⁵ Data and statistics from Sudan's C19RM 2021 full funding request.

⁶ Data from Sudan's C19RM 2021 full funding request

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 are focused on ensuring access to integrated HIV prevention for key populations and to address the negative impacts of COVID-19 on these services. The peer-to-peer mobile outreach interventions will deliver integrated HIV prevention packages. Key populations and vulnerable groups will be better included in the uptake of HIV testing and HIV case-detection through the deployment and integration of HIV testing services within existing mobile clinics while also strengthening active referral to care. The investments will enhance treatment adherence support for people living with HIV and address lost to follow-up and attrition cases that were exacerbated by COVID-19 through differentiation in services delivery approaches, multi-month dispensing, replication of the search and rescue approaches in different states, activation of early tracking of patients lost to follow-up and deployment of the mobile treatment team.
- The proposed TB interventions will improve TB case identification through the introduction of TB screening at the triage points, increased community awareness, and a telemedicine platform enhancing services accessibility during the pandemic. The investments will allow for the upgrades of laboratory infrastructure and equipment, including a solar system and long-lasting batteries to ensure continuous service provision as well as of the health information system to ensure monitoring and evaluation of activities. The activities provided by community health workers and volunteers in TB care will be scaled-up and focus on urban slums and other vulnerable groups, including prisoners, internally displaced people and refugees.
- The proposed malaria interventions build upon C19RM 2020 investments and will continue to ensure provision of essential supplies and Personal Protective Equipment (PPE) needed for the implementation of campaigns during the pandemic. The investment will allow review of the forecasting and quantification of malaria commodities to address the impact of COVID-19.

b. Reinforcing the COVID-19 national response:

- The C19RM investments will enable adaptation of the service delivery models to address inequitable access to care and insufficient COVID-19 containment measures through mobile clinics and isolation centers. The mobile clinics equipped and prepared to triage and manage cases of COVID-19 will operate in remote and underserved communities and will be linked to the upgraded isolation centers. This will be coupled with increased availability of antigen rapid diagnostic tests (Ag RDTs).
- The investments will ensure the procurement of ten Pressure Swing Adsorption (PSA) Oxygen Generator Plants to serve regional supply needs and ensure that all 18 states are covered. The investments will fill also gaps in Dexamethasone provision.
- The investments will enable civil society organizations to contribute to the development and distribution of risk communications and information materials about COVID-19 and treatment protocols relevant to people living with HIV as part of their routine activities in the ten targeted states.

c. Urgent improvement to health and community systems:

- The funding will support cross-cutting strengthening of laboratories, procurement and supply management as well as health information by expanding laboratory capacity, preventing supply chain disruption and improving data availability and quality. The country will digitize the laboratory and supply chain information system, including the procurement of software and IT equipment. Sudan will also invest in a geographic information system to optimize the impact, efficiency, and equity of the national COVID-19 response. The investments will also allow the country to map populations of special concern and update the master list of health facilities to support microplanning to improve COVID-19 service delivery and HIV, TB and malaria services.
- The investments will strengthen community systems by ensuring training to 14 non-governmental organizations, civil society organizations and community-based organizations working in the areas of human rights, gender-based violence, HIV, TB and malaria, building up their capacity to implement information campaigns, and build COVID-19 response at community levels.

Implementation arrangements. The C19RM 2021 funding will be integrated under the HIV grant ending on 31 December 2023 with UNDP as the Principal Recipient. All procurement will be done through the UN system. Warehousing and distribution will be done through National Medical Supplies Fund, with the World Food Program providing back-up solutions if necessary.

C19RM Assurance and Risk Mitigation. Frequent reviews will be conducted by the Global Fund and the Local Fund Agent (LFA) to monitor workplan execution, financial absorption, downstream implementation arrangements, and emerging risks. Over 70 percent of procurements will be done through the UN procurement system. A data quality review will be conducted by the Local Fund Agent (LFA) during implementation. An asset register will be maintained by UNDP and the main subrecipient, the Federal Ministry of Health (FMOH). Comprehensive asset verifications and spot-checks will be carried out by UNDP during supervision visits. The Local Fund Agent (LFA) will also conduct periodic physical verifications of assets.

1.3 C19RM Investment Committee review and recommendations

- GAC and CTAG Partners found the Sudan full funding request sound and strategically focused, aligned to the National Strategic Preparedness and Response Plan and WHO guidance. Partners also noted the involvement of civil society, communities as well as the national COVID-19 coordinating body in the preparation of the request.
- Partners recommended integrating the approaches to better address key populations' needs and reinforce community-based services in the long term, mainly to support antiretroviral therapy retention. The Secretariat confirmed that the implementation of mobile HIV testing, which will also be supported by UNAIDS, will be aligned with outreach prevention activities to ensure a full range of services.
- Partners recommended distributing the Personal Protective Equipment (PPE) procured through C19RM investments to staff working on HIV, TB and malaria programs. Partners also sought clarification whether some of the HIV and TB mitigation interventions were included in the request as the cross-cutting interventions. The Secretariat confirmed that numerous interventions proposed in the request were indeed cross-cutting, including the investments aiming to strengthen laboratories, procurement system and supply chain management, health information and community surveillance systems and to support the overall health system, while preventing supply chain disruption and increasing data availability and quality.
- The C19RM Investment Committee noted that several budgeted items require additional information or detail prior to implementation. The C19RM Investment Committee approved certain conceptually sound strategic interventions, including non-health equipment such as mobile clinics, solar panels and incinerators, subject to further details to be promptly provided by the Principal Recipient and reviewed by the Global Fund prior to disbursement and/or commencement of these activities. The C19RM Investment Committee further noted that asset management was also a risk in Sudan considering the high investments on fixed assets but noted that previous work with UNDP evidenced their ability to adequately manage and track assets, including the existing asset register.
- The C19RM Investment Committee also recommended to further coordinate proposed gender-based violence-related activities and interventions with other relevant in-country actors, including among UN agencies.

ii. Tanzania: Ministry of Finance and Planning (TZA-M-MOFP, TZA-T-MOFP, TZA-H-MOFP) and African Medical and Research Foundation (AMREF, TZA-C-AMREF)

2.1 Background and context⁷

Tanzania Mainland notified the first case of COVID-19 on 16 March 2020 to the World Health Organization (WHO). 509 COVID-19 cases and 21 deaths were reported until 29 April 2020 after which the Government of Tanzania ceased the reporting on the scope of the pandemic to WHO. The situation reversed in April 2021 when the new Tanzania's administration announced shifts in the COVID-19 policy, including the acceptance of the COVID-19 WHO guidelines, joining COVAX, updating the national COVID-19 response plans and appointing a Special Committee to advise on the COVID-19 response. With this shift in policy, the country has since indicated its readiness to adopt WHO recommendations on COVID-19, including resumption of reporting COVID-19 data to WHO, especially driven by the current ongoing third COVID-19 wave in the country. Despite this commitment, official reporting is yet to commence, and the Global Fund and partners are working with the Government of Tanzania to realize this commitment. Tanzania reported service disruption at community and health facility levels particularly between March 2020 and April 2021 when COVID-19 was first announced in the country. HIV testing service uptake declined with HIV positives tests falling from 88,000 in October/December 2019 to 62,000 in the same period in 2020. Voluntary medical male circumcision rate dropped from 180,000 per quarter to 50,000, and new initiations on antiretroviral therapy fell from around 55,000 to 15,000 during the same period. Compared to the pre-COVID-19 rates, reach of key populations services dropped by 85 percent from April 2020 to June 2020, and by 69 percent in October 2020 - December 2020. TB case notification was on the upward trajectory between 2019 and 2020 but dropped rather steeply in March – April 2020 from 8,724 cases reported in March 2020 to 6,264 cases in April 2020 (2 percent decline), against the same levels notified in 2019. Following this plummet however, notification started to increase but has not reached the levels of 8,724 cases in March 2020. Moreover, the effect on service disruptions was heterogenous with Dar es Salaam suffering the greatest disruption of up to 7 percent decline. Malaria cases declined from 125 to 106 per 1,000 population in 2019 and 2020 respectively, with an increase in reported malaria deaths in 2020 after the trend of reduction between 2016-2019. Malaria positivity rate in pregnant women attending antenatal clinics also increased from 6.4 percent in 2019 to 7.8 percent in 2020 after a declining trend of the last four years.

C19RM 2020 Awards. Tanzania did not receive C19RM 2020 awards.

Funding landscape⁸. The funding landscape to determine the fiscal space for COVID-19 support was informed by contributions from the Government of Tanzania and partner funding, the latter having been captured in the Tanzania Development Partner COVID-19 Financial Tracker that is regularly updated to inform investments. The funding to support the National Strategic Preparedness and Response Plan for COVID-19 (NSPRP) June 2021- June 2022 is budgeted at US\$208 million. The government committed up to US\$37 million supported mainly through loans, government revenues and social health insurance which will boost its co-financing contributions. Development partners' contributions of US\$16 million to support different pillars of the NSPRP, government support, PEPFAR support of US\$22.5 million through the American Rescue Plan Act (ARPA) for COVID-19 and funding amounts of US\$39 million approved under fast track leave a gap of US\$154 million. The approval of the additional US\$73 million requested through this full funding request will further reduce the gap to just 20% of the NSPRP need. The funding request was aligned to partner and government investments to complement and leverage funding and avoid duplication of investments and optimize efficiencies.

2.2 Strategic focus and prioritization of C19RM 2021

The overall strategic goal of Tanzania's investments is to ensure low mortality and morbidity from COVID-19 and other diseases and subsequently safeguard the investments made to date in HIV, TB, malaria and the

⁷ Data and statistics from Tanzania's C19RM 2021 full funding request.

⁸ Data from Tanzania's C19RM 2021 full funding request

health system, by minimizing service disruptions due to COVID-19. Additionally, the investments aim to enhance a responsive health system to respond to service demand created through extensive community engagement. Given the previous policy on COVID-19 with widespread misinformation among the general population and health workers, it will be essential to create population awareness and acceptance of the existence of COVID-19 to have successful adoption and operationalization of WHO recommendations, including among the health workers and communities. As Tanzania commences its adoption of WHO recommendations for its COVID-19 response, the C19RM 2021 full funding request strongly focuses on the crucial aspect of awareness raising, sensitizing and demand creation for COVID-19 services through capacity building of health and community workers to identify, manage and refer COVID-19 patients. The program intends to reach majority of health facility workers in health facilities, communities and households. Investments at the community level focus on contact tracing in synergy with current grant investments for community activities such as TB contact tracing, peer led activities, promotion of Infection prevention and control activities which imply a program of greater scope that goes beyond that of the current grants. The full funding request builds and expands on the investments of Tanzania's C19RM 2021 fast-track award of US\$39,837,553 received in May 2021 which focused on oxygen generation, SARS-CoV-2 diagnostics and Personal Protective Equipment (PPE). 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 will support service delivery, including differentiated service delivery, as well as increase the uptake and retention on ART through the support to prevention of mother-to-child-transmission through Tanzania's Mother Mentors approach, increased capacity of community health workers to support community level activities, the support to key populations and the review of service delivery for antiretroviral therapy.
- The proposed TB interventions will ensure increased access to TB diagnosis and maintenance of treatment adherence, specifically for multidrug-resistant and drug-resistant TB by supporting fifteen high-burden districts affected by COVID-19. The investments will allow for increased frequency and coverage of mobile services for key populations, including the integration of TB and COVID-19 testing and diagnosis.
- The proposed malaria interventions will strengthen and expand malaria services at the community level through enhanced community malaria identification, treatment and referral to health facilities for severe and complicated cases through the roll out of community case management. Investments will enable accredited drug dispensing outlets to support malaria services.

b. Reinforcing the COVID-19 national response:

- The largest amount of proposed C19RM 2021 investments will focus on the procurement of health products, risk communication and capacity building of community health workers to effectively support community-level services. The activities will target majority of health facility workers in 3,400 out of 7,000 health facilities, as well as the communities and households and to address behaviors and practices entrenched from the previous restrictive policy on COVID-19 with widespread misinformation among the general population and health workers.
- Investments at the community level will provide the procurement and supply chain management support through the purchase of Personal Protective Equipment (PPE), test kits, oxygen, water, sanitation and hygiene products, and other health equipment, including Intensive Care Unit beds, renovation of facilities, outfitting of mobile vans to increase outreach, including to key populations like miners, and fishermen.
- Investments in SARS-CoV-2 diagnostics and laboratory systems to decentralize testing forms another core area of focus. To increase access, testing will be available at lower level health facilities through availability of antigen rapid diagnostic tests (Ag RDTs) and samples referred for Polymerase Chain Reaction (PCR) where necessary. Additionally, building capabilities of health workers to undertake testing is core to the COVID-19 testing strategy.
- As part of strengthening epidemic preparedness and response, investments have been prioritized for surveillance systems and surveillance in general particularly supporting electronic data collection,

processing and reporting at health facilities, strengthening Public Health Emergency Operations Centers at national and sub-national levels and strengthening Integrated Disease Surveillance and Reporting.

- COVID-19 related risk communication interventions will include the production and distribution of information, education and communication materials, including materials in Braille, audio and large prints, as well as mass media messaging through multiple channels.
- c. Urgent improvement to health and community systems:**
- The investments will prepare the community network systems and its workers with the needed skills, including strengthening the capacity of civil society organizations on psychological first aid, social and human rights issues, gender-based violence and mental health to support communities. The request will ensure support to 7,000 community health workers in the areas of risk communication, health education, contact tracing and others.

Implementation arrangements. Implementation will be through two current Principal Recipients (PR) - Ministry of Finance and Planning and the Civil Society PR, AMREF, using existing systems at the national and sub-national levels. The civil society organization PR oversees implementation of activities at community level especially for those implemented by civil society organizations and will utilize the current implementation arrangements but with expansion of scope to include COVID-19 activities. The Office of the Chief Pharmacist and the Diagnostic Service will be responsible for monitoring the utilization and reporting of all COVID-19 procurement. Tanzania Medicines and Medical Devices Authority will be responsible for quality assurance and the Medical Stores Department for the storage and distribution to health facilities.

C19RM Assurance and Risk Mitigation. Diagnostics and Personal Protective Equipment (PPE) will be procured using the Global Fund Pooled Procurement Mechanism (PPM), while for local procurements (oxygen-related equipment, x-rays, as well as infection prevention and control materials) will be supported through the Medical Stores Department. The risks identified around local procurement process for oxygen plants and x-ray equipment to be undertaken by the country will be addressed through tailored reviews by the Local Fund Agent (LFA), including needs assessments for non-health equipment, procurement processes for health commodities, review of incentives and contracts relating to infrastructure activities; these have been included in the C19RM Local Fund Agent (LFA) Budget. Moreover, periodic spot checks for programmatic and fiduciary activities will be undertaken by the Local Fund Agent (LFA). Continuous reviews will provide assurance on the risks around storage capacity given the increase in commodities that the country will receive. All C19RM related assurance activities will be reflected in a separate C19RM Local Fund Agent (LFA) Budget for a more effective monitoring of funds and implementation progress.

2.3 C19RM Investment Committee review and recommendations

- GAC and CTAG Partners found the Tanzania's full funding request sound and well-coordinated with other funding sources and development partners to avoid duplication and build upon investments of funds available from other sources. Partners also agreed that the request strengthened community rights and gender-related interventions and engaged key populations.
- Partners highlighted the need for better information of COVID-19 case load and burden in Tanzania. The Secretariat explained that the country has made commitments to daily situation reporting on the evolution of COVID-19 in line with WHO guidelines. The Global Fund and partners will continue to work with the Government to ensure realization of this commitment, and this matter has been discussed at the Development Partners for Health meetings and tabled before the COVID Technical Coordinating Committee.
- Partners also suggested the inclusion of Personal Protective Equipment (PPE) for malaria-related activities as well as addressing the artemisinin-based combination therapy gap and prioritizing funding for bi-directional TB and COVID-19 testing for community health workers. The Secretariat assured partners that the request includes increased investments in testing and Personal Protective Equipment (PPE) to cover the needs at facility and community levels and that such investments will cover the support for HIV, TB and malaria mitigation activities. The Secretariat further explained that after the approval of the Community

Health Strategy, CHWs were considered an extension of the health system, providing support at the community level, complementing the work of community-based organizations and peers and that the request included investments for training of community health workers; and that the needs for PPE have been considered for the activities to be undertaken by these community groups.

- Partners suggested that the quantification of oxygen plants and ambulances might benefit a revision. The Secretariat elaborated that the oxygen needs of Tanzania were informed by the WHO-led assessment undertaken in early 2020 and some funding towards the gaps identified was approved under Tanzania's fast track request. While the additional funding in the C19RM full funding request further contributes to gap reduction, considerable oxygen support needs will remain unfunded. The Secretariat further explained that the lessons on oxygen implementation and maintenance were drawn from the World Bank investments to provide further information for design, prioritization and investment decisions made. Regarding ambulances, the expected increase in diagnostics and testing is expected to increase case load and the need for emergency care, particularly for oxygen. This will therefore increase the need for referral of patients to higher levels of care with ambulances being critical in the patient referral system.
- The C19RM Investment Committee noted the significant amounts proposed for the planned training interventions and the high travel-related costs. However, following Secretariat scrutiny, rigorous review and due diligence with significant reductions, the C19RM Investment Committee considered recommended budgeted amounts for training and travel-related costs justified for the following reasons: 2021 was the first request from Tanzania for funding to comprehensively respond to COVID-19 and therefore the country would need to develop guidelines, train health and community workers to ensure adequate and effective community engagement, strengthen health and community systems to create and respond to demand for services while adopting mitigation strategies for HIV, TB and Malaria. The C19RM Investment Committee also considered the community focus of the proposed interventions in the context of the previous COVID-19 response policies, which entrenched risky behaviors and denial of existence of COVID-19 and expected that the proposed investments would re-energize and revitalize Tanzania's COVID-19 response and would focus on COVID-19 awareness raising at all levels including within the communities and families up to household level, while at the same time building the capabilities of health workers to identify, manage and refer COVID-19 patients. The C19RM Investment Committee noted that the investments would also aim to build the capacity for monitoring and surveillance through enhancing surveillance and information systems.
- Building on GAC/CTAG partner review and based on additional input from Secretariat disease advisors and review functions, the C19RM Investment Committee concluded that the proposed interventions recommended for Board approval of the full funding request were appropriately prioritized and provided the most effective way to reinforce the national COVID-19 response and mitigate impact on the disease programs, especially at the community level. The disease advisors further provided assurance to the C19RM Investment Committee and confirmed that their technical review outcomes were taken into account in the prioritization of base and above base allocation activities proposed in the full funding request and that they viewed the resulting overall strategy and programmatic interventions as optimal considering the country context. The C19RM Investment Committee noted the need to continue monitoring of C19RM program implementation to ensure value for money.
- The C19RM Investment Committee also noted the need to maintain an updated asset register for vehicles to be procured with C19RM funds.

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
					Community, Gender and Rights		RSSH Investments		
	Amount	%	Amount	%	Amount	%	Amount	%	Amount
Sudan	US\$3,332,609	7.6%	US\$31,078,162	71.1%	US\$4,604,987	10.5%	US\$4,696,287	10.7%	US\$43,712,046
Tanzania	US\$5,609,116	7.7%	US\$54,911,464	75.1%	US\$3,421,919	4.7%	US\$9,136,496	12.5%	US\$73,078,995

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

Country ⁹	Diagnostics RDT	Diagnostics PCR	PPE	Therapeutics O2	Therapeutics other	Other ¹⁰
Sudan	US\$3,296,430	US\$ 1,826,254	US\$5,211,129	US\$7,554,927	US\$454,392	US\$25,368,913
Tanzania	US\$ 14,814,863	US\$ 7,870,565	US\$6,903,598	US\$6,453,105	US\$3,478,707	US\$33,558,157

⁹ Excluding roll-over amounts from C19RM awards in 2020.

¹⁰ 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,¹¹ 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/EDP08: Secretariat's Recommendations on Funding from the COVID-19 Response Mechanism July 2021	The Board approved the Secretariat's Recommendations on funding from the COVID-19 Response Mechanism for Ghana, up to an amount of US\$39,032,779, and for Kenya, up to an amount of US\$71,123,060.
Decision Point: GF/B45/EDP06: Secretariat's Recommendations on Funding from the COVID-19 Response Mechanism July 2021	The Board approved the Secretariat's Recommendations on funding from the COVID-19 Response Mechanism for Ethiopia, up to an amount of US\$80,454,416, and for Malawi, up to an amount of US\$73,113,943.
Decision Point: GF/B45/EDP04: Secretariat's Recommendations on Funding from the COVID-19 Response Mechanism July 2021	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 ¹² March 2021	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 ¹³ September 2020	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 ¹⁴ April 2020	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.

¹¹ <https://www.theglobalfund.org/board-decisions/b32-dp05/>

¹² <https://www.theglobalfund.org/board-decisions/b44-edp18/>

¹³ <https://www.theglobalfund.org/board-decisions/b43-edp12/>

¹⁴ <https://www.theglobalfund.org/board-decisions/b42-edp11/>