

Electronic Report to the Board

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

GF/B45/ER20

Board Decision

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

GF/B45/EDP24: Approval of the Secretariat's Recommendation on Funding from the 2021 COVID-19 Response Mechanism¹

Document Classification: Internal.

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¹ The Secretariat recommends the approval of funding from the 2021 COVID-19 Response Mechanism for Cameroon, up to an amount of EUR 62,498,974, and Democratic Republic of Congo, up to US\$138,016,774.

Decision

Decision Point: GF/B45/EDP24: 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/B45/ER20; 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 Cameroon, up to an amount of EUR 62,498,974, and Democratic Republic of Congo (DRC), up to an amount of US\$138,016,774.

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 [Cameroon](#) and [DRC](#).

Input Sought

The Board is requested to review the Secretariat recommendation and approve, on a 'no objection' basis, the decision point GF/B45/EDP24.

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
Cameroon	CMR-H-MOH	EUR	7,279,956	0	62,498,974	62,498,974	25.00%	69,778,930	3,980,915
Congo (Democratic Republic)	COD-C- CORDAID	US\$	3,404,352	12,759,451	19,929,962	161,233,947	25.00%	186,741,962	7,932,919
	COD-H-MOH	US\$	0	0	2,008,925				
	COD-M-MOH	US\$	1,557,067	0	14,984,746				
	COD-M-SANRU	US\$	20,546,597	10,457,721	93,362,403				
	COD-S-MOH	US\$	0	0	7,647,686				
	COD-T-MOH	US\$	0	0	83,052				

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. Cameroon: Ministry of Public Health of the Republic of Cameroon (CMR-H-MOH)

1.1 Background and context⁵

The first COVID-19 case in Cameroon was detected on 5 March 2020. The epidemic has since evolved in three waves, including the latest wave that started on 4 August 2021. As of 26 September 2021, Cameroon had a cumulative total of 88,183 confirmed COVID-19 cases and 1,411 cumulative deaths. As of 15 September 2021, 109,071 people or 0.8 percent of the population have been fully vaccinated. Despite the HIV services adaptations, COVID-19 caused disruption to service provision, in particular to community testing, prevention of mother-to-child transmission and multi-month dispensation of antiretroviral therapy. 10.4 percent reduction in HIV testing in the general population was registered in the first half of 2020 compared to the same period of 2019. There was a reduced demand in HIV voluntary counselling and testing from 8,223 in 2019 to 3,896 in 2020, antenatal care from 980 to 623 and of the patients on antiretroviral therapy from 23,471 to 17,412. COVID-19 had a strong impact on the National TB program's performance. The program reported a 9 percent decline in the notification of both drug-sensitive tuberculosis in 2020 compared to 2019, 22,284 cases and 24,673 cases respectively. 178 cases of multi-drug resistant tuberculosis were registered in 2020 compared to 198 cases in 2019. The National Malaria Control Program reported 20,969 fewer pregnant women receiving at least 3 doses of sulfadoxine–pyrimethamine for the prevention of malaria in 2020 in comparison to 2019. The program also reported a lower performance in malaria testing in public health facilities with close to 26,000 cases reported in 2020 compared to 2019 representing a 1 percent decrease. 50 percent less malaria fever cases were reported in the second quarter of 2020 compared to the same period of 2019 in the context of community-directed interventions. The implementation of the mass distribution campaign of long-lasting insecticidal nets was delayed by three months in 11 of the 24 districts of the Littoral region and by nine months in the 19 districts of the North-West region. Seasonal malaria chemoprevention (SCP) activities also faced time lags in the North and Far North Regions.

Other C19RM Awards. Cameroon was granted EUR 14,988,477 as C19RM 2020 award that was invested in strengthening the COVID-19 laboratory network, providing Personal Protective Equipment (PPE) to health workers and strengthening the community response to the pandemic. Projected absorption of the C19RM 2020 award on 30 June 2021 is 51 percent mostly due to late orders by UNOPS. Cameroon requested to roll-over EUR 7,279,956 from the C19RM 2020 award.

Funding landscape.⁶ The National COVID-19 response plan (NSPRP) is focused on health needs for 2021 and is costed at USD 126,378,073. The elaboration of a multi-sectoral COVID-19 response covering 2022 and 2023 is part of the C19RM 2021 Full Funding Request, aiming to complete the September 2021 strategic plan for Oxygen. The main contributors to Cameroon's COVID-19 response are the Islamic Development Bank, the World Bank, the Central African Development Bank, the PEPFAR program, the Government of Cameroon, and GAVI for the immunization. The development of the C19RM 2021 request involved close coordination with other donors to avoid any duplication of funding and ensure synergies. The Government of Cameroon has placed a significant order for PPE to cover national needs.

1.2 Strategic focus and prioritization of C19RM 2021

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

⁶ Data from Cameroon's C19RM 2021 full funding request.

Cameroon's Full Funding Request is building on other Global Fund investments, including the C19RM 2020 award and 2020-2022 Global Fund grants, and complements the contributions of the government and development partners. This request is mainly focused on COVID-19 case management; diagnostic and testing; and infection control and protection of the health workforce. Cameroon did not submit a C19RM 2021 Fast-track Request. 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:

- HIV investments will enable follow-up of patients by the community workers to strengthen adherence to treatment, as well as the audit of the patients on antiretroviral treatment cohort. The key and vulnerable population affected by COVID-19 will also receive financial support through the program managed by UNAIDS.
- TB investments will focus on the training of 520 staff of diagnostic and treatment centers on the bi-directional TB/COVID-19 screening and diagnostic.
- Malaria investments will provide the funding for the COVID-19 adapted 2022-2023 long-lasting insecticidal nets door-to-door distribution campaign through the procurement of PPE, supported logistics costs and the adaptation of malaria case management interventions.

b. Reinforcing the COVID-19 national response:

- Procurement of liquid oxygen, 3 PSA plants, filling station, transport, installation and related equipment, medical oxygen and related equipment.
- Procurement of COVID-19 pharmaceuticals, antigen rapid diagnostic tests (Ag RDTs), reagents, consumables, health equipment for surveillance, as well as PPE.
- Establishment of 158 boreholes in health facilities to improve the water and sanitation network (WASH) services and interrupt transmission of COVID-19 as well as to further decentralize the care for COVID-19 patients and the protection of the health workforce.

c. Urgent improvement to health and community systems:

- Procurement of health equipment, field epidemiology training, salaries for the lab technician, data manager and psychologist, strengthening the PR's capacities, as well as the performance-based incentives to peer educators.
- Operationalization of a logistic management and information system, as well as the development of a waste management plan and interventions.
- Community support investments will support activities of 25 community-based organizations as well as enable community-led monitoring.

Implementation arrangements. Cameroon's Ministry of Public Health is the Principal Recipient (PR) for the Global Fund's HIV, Tuberculosis and Malaria grants, and will be maintained as the PR. The PR will use Pooled Procurement Mechanism (PPM)/Wambo.org for the Mainstream Health Product and UNOPS for some equipment/health products that are not listed in PPM/Wambo.org. Technical assistance will be provided through UNAIDS-ICI Santé.

C19RM Assurance and Risk Mitigation. The PR will contract a fiscal agent to mitigate the Sub-recipient (SR) fiduciary risks and accompany the SR during the implementation of community activities. The PR will expedite the contracts with service providers and SR to avoid negative impact on effective implementation and absorption of the award. Detailed implementation plans will be submitted prior to award implementation for the investments of oxygen equipment, PSA plants and filling stations; procurement of vehicles; implementation of training and supervisions. Bills of Quantities and detailed costing will be submitted before the boreholes' drilling. Detailed budgets and workplans are requested for activities included as lump sums in the budget.

1.3 C19RM Investment Committee review and recommendations

- GAC and CTAG partners (Partners) found the Cameroon Full Funding Request sound and aligned with the NSPRP and WHO guidance.
- Partners highlighted the need for more detailed data on the impact of COVID-19 on key and vulnerable population services and suggested prioritizing institutional capacity building for key and vulnerable populations and community-based organizations. The Secretariat assured partners that available options will be explored together with development partners for the roll-out of a comprehensive surveillance system, including the extension of the DHIS2 HIV tracker to community-based prevention services. The Secretariat also confirmed that technical assistance for community-based organizations was included in the request.
- Partners recommended prioritizing the TB mitigation efforts proposed in the C19RM Full Funding Request as they were concerned that the initial Cameroon's request did not include high impact interventions of integrated contact investigations for TB and COVID-19. The Secretariat confirmed that funds for training on bidirectional screening and diagnostic have been prioritized. With support of its long-term USAID-funded technical assistance, the National Tuberculosis Programme will develop a specific algorithm for bidirectional screening on TB/COVID-19.
- The C19RM Investment Committee sought more information about Cameroon's testing strategy and in particular on the requirement to confirm all Ag RDT positive results with an additional PCR test which was not corresponding with the WHO guidance. The C19RM Investment Committee was assured that the Country Team was following up with the country to understand the country's rationale and with the support of technical partners to ensure that the current testing algorithm aligns with global guidance.
- The Secretariat noted partners' suggestion to strengthen the role of communities in human rights and gender activities, especially those related to gender-based violence prevention and post-violence interventions. The Secretariat assured partners that it will work with in-country development partners to broaden the scope of activities included in the C19RM 2021 Full Funding Request. The Secretariat also drew partners attention to the activities included in the CMR-C-CMF grant that include capacity building for community members on gender-based violence, psychosocial support, awareness raising, support to survivors in emergency situations in the context of COVID-19, as well as the development of tools to monitor gender-based violence and manage referral pathways into care and support for survivors.
- The C19RM Investment Committee noted the strength and clear health-product focus of Cameroon's Full Funding Request acknowledging strong prioritization and good integration of lessons learned from the C19RM 2020 award. The C19RM Investment Committee pointed out that the success of this award will strongly depend on implementation given the scale up of COVID-19 response investments and encouraged the country to maintain the focus needed for this next stage.

ii. **Democratic Republic of Congo: Ministry of Health and Population of the Democratic Republic of Congo (COD-H-MOH, COD-M-MOH, COD-S-MOH, COD-T-MOH), Stichting Cordaid (COD-C-CORDAID), Santé Rurale (SANRU)(COD-M-SANRU)**

2.1 Background and context⁷

The Democratic Republic of Congo (DRC) public health authorities announced the onset of the third wave of COVID-19 in the country on 3 June 2021, with Kinshasa as its epicenter. As of 23 September 2021, the DRC has recorded a total of 56,861 confirmed cases reported and 1,084 cumulative deaths with significant decrease

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

of case fatality rate the last five weeks. 88,406 people have also been vaccinated with the first dose of COVID-19 vaccine and 35,523 people with the second dose. The COVID-19 pandemic did not have a significant impact on HIV, TB and malaria services due to early implementation of adaptive measures such as implementation of door-to-door campaigns for malaria, multi-drug dispensation of antiretroviral drugs for HIV program as well as an increased involvement of community actors to deliver outreach prevention and treatment services to patients. Nonetheless, some services were disrupted. For HIV, there was a decrease on retention of antiretroviral therapy (from 84.2 percent in 2019 to 80 percent in 2020) and a decrease in the number of key populations reached by prevention programs (more than 4,000 men who have sex with men and 10,000 sex workers were not reached by prevention program and testing in December 2020 compared to December 2019). For TB, there was an increasing gap on multi-drug resistant TB case finding (a reduction of 7 points in performance from 52 percent in 2019 to 45 percent in 2020); and for malaria a gap on malaria case management and prevention interventions, especially in Kinshasa the epicenter of the COVID-19 pandemic where the testing coverage in 2020 was lower with 74 percent compared to the national target of 80 percent.

C19RM 2020 Award. DRC received a US\$55,056,852 C19RM 2020 award with absorption estimated at 54 percent. An amount of US\$25,508,016 is being rolled over to the C19RM 2021 award, out of which US\$17,809,344 will be used for health products ordered with the C19RM 2020 award but not delivered by 30 June 2021 and US\$1,242,571 are open advances at the DRC's Ministry of Health for activities that have taken place but for which supporting documents have not yet been validated. Once these amounts are classified as spent, absorption will be at 88 percent.

Funding landscape.⁸ The COVID-19 funding needs calculations are based on the costed 2021 NSPRP and are estimated at US\$370 million for the 2021-2023 period. This amount includes vaccination costs of US\$60 million. Beyond government revenues, domestic resources also include a World Bank loan, and cover 30 percent of funding needs, while external sources and Global Fund funds respectively represent 46 percent and 37 percent of funding needs. However, as resources needs have been underreported, the country is currently revising its costing. Based on the latest update with the country, needs are now projected at around US\$500 million for the 3-year period.

2.2 Strategic focus and prioritization of C19RM 2021

DRC's Full Funding Request is based on the NSPRP and is focused on strengthening coordination of the COVID-19 responses, civil society and private sector inclusion, infection prevention and control measures, increasing diagnostic capacity and treatment, contact tracing, and in laboratory, supply chain and surveillance systems strengthening. The Full Funding request also covers the gaps identified in the HIV, TB and malaria programs. The Full Funding Request complements the investments of DRC's US\$23,217,173 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:

- HIV investments will enable the expansion of community-level antiretroviral therapy home dispensation and self-testing, testing through community outreach to key and vulnerable populations, use of virtual platforms to reach people living with HIV and to address the decrease of antiretroviral therapy retention, differentiated service delivery, as well as multi-month dispensing at health facility level.
- TB interventions include bidirectional TB/COVID-19 testing through the mapping and placement of GeneXpert machines, and sample transfers. Investments will allow the introduction of early warning outbreak recognition systems through integrated approach with COVID-19 active case finding. The funding will enable decentralized multi-drug resistant TB management process for treatment initiation, as well as multi-month dispensing at health facility level.

⁸ Data from DRC's C19RM 2021 full funding request.

- Malaria investments will provide funding for the adaptations for long-lasting insecticidal nets distribution campaign to a door-to-door distribution, as well as the use of digital tools in malaria campaigns. The activities will also ensure the quantification and procurement of PPE needed for those campaigns.

b. Reinforcing the COVID-19 national response:

- Testing decentralization strategy and the scale up of the national testing capacities, including the procurement of COVID-19 diagnostics that will cover DRC's full Ag RDT and the molecular and open platform testing annual needs.
- Protection of frontline health workers and community health workers through the procurement of PPE and routine screening, including for the HIV, TB, and malaria services in priority health zones of 16 provinces.
- Active COVID-19 testing among priority groups including people deprived of liberty, people working in mines, TB suspect cases, people with comorbidities, people over 55 years old, health workers, HIV key and vulnerable populations.

c. Urgent improvement to health and community systems:

- Strengthening surveillance systems – capacity building, information system and genomic sequencing, including technical assistance, training and equipment.
- Community-led monitoring, social mobilization, risk communication campaign as well as the response to human rights and gender-related barriers to services through integrated approaches.
- Strengthening laboratory systems through partnership with French Cooperation Agency (AFD) developing a laboratory management information system.

Implementation arrangements. The C19RM 2021 Full Funding award will be implemented by three existing PRs for COVID-19 response activities: Ministry of Health and Population of the Democratic Republic of Congo, Stichtung Cordaid (CORDAID), and Santé Rurale (SANRU). The procurement will be done through PPM/Wambo.org except the items for which local procurement is advised as per the C19RM Health Product Segmentation Framework. If Pressure Swing Adsorption (PSA) units become available in the PPM/Wambo.org catalog, the PR would use this option.

C19RM Assurance and Risk Mitigation. To avoid delays in implementation, technical assistance will be provided to reinforce the capacity of COVID-19 Technical Secretariat, in particular related to the development of testing strategy. The lump sums amounting to US\$23,000,000, which includes PPE items for training and other programs' routine activities, are conditioned to the submission and the Global Fund's approval of detailed assumptions for such activities. Human resources capacity will be increased both for the three PRs and the fiscal agent. Regular reporting and monitoring mechanisms will be set up. Clear mapping of support between different development partners will be updated to show synergy between actors and interventions. The coordination of oxygen investments will be undertaken with the World Bank and other partners providing support for the HIV, TB and malaria services in the COVID-19 context, including PEPFAR, PMI, DFID and the EU. The PRs and COVID-19 Technical Secretariat will elaborate a technical assistance, supervision and training plan to ensure coordination with other training and supervision activities.

2.3 C19RM Investment Committee review and recommendations

- Partners confirmed that DRC's C19RM 2021 Full Funding Request described the extent of COVID-19 disruption and explained how proposed approaches aim to mitigate risks of current and prevent future disruptions. Partners also acknowledged that the request development included key and vulnerable populations and that the proposed interventions strengthen community rights and gender.

- Partners sought more information on DRC's COVID-19 testing strategy and pointed out that training would need to accompany the investments in diagnostics. The Secretariat explained that DRC's testing strategy will aim to scale up the decentralization approach keeping both passive testing approach at the health facilities level for suspect cases and the active testing targeting priority and vulnerable populations. The Secretariat confirmed that the operationalization of the COVID-19 testing strategy and deployment of procured Ag RDTs will be supported by necessary technical assistance.
- The C19RM Investment Committee recognized a particularly challenging operating environment in DRC and highlighted that the main challenges related to the request are not related to its strategic focus but rather to its implementation. At the same time, the C19RM Investment Committee acknowledged that historic absorption rates of the Global Fund grants in DRC were good and pointed out that the risks of operating in DRC were well known and needed a clear set of targeted risk mitigation actions.
- The C19RM Investment Committee took note that the travel-related costs represent 17 percent of the proposed C19RM 2021 Full Funding Request and that these activities will be implemented by the PRs SANRU and CORDAID that have already proven good absorption rate in previous grants. 40 percent of these activities are focused on the COVID-19 cascade training, including the training on the use of Ag RDT to implement DRC's testing decentralization strategy which is also aimed at addressing the very low testing rates and on expanding community testing. In addition, 60 percent of the training activities will aim to mitigate COVID-19 impact on HIV, TB, and malaria, in particular working on adaptation of malaria campaign, HIV key populations' outreach and preparation of community actors. The C19RM Investment Committee was informed that the training materials are already developed, and trainers are already trained. The C19RM Investment Committee considered that the travel-related costs were also directly linked to the delivery of an effective and impactful C19RM program, as well as the deployment of the equipment that will be procured through the C19RM 2021 funding. The C19RM Investment Committee considerations were assured by the programmatic and technical rationale provided by the technical review teams who confirmed the strategic relevance and prioritization of various interventions driving the training and travel-related costs.
- The C19RM Investment Committee stressed that DRC's testing strategy needs to focus on operationalization to ensure effective decentralization and use of Ag RDTs given the existing low Ag RDT testing rates and proposed C19RM 2021 investments to scale up the national testing capacities, including the procurement of COVID-19 diagnostics that will cover DRC's full Ag RDT and the molecular and open platform testing annual needs. The C19RM Investment Committee also acknowledged that while the genomic sequencing investments were not financially significant, their addition was coordinated with other funding sources and could play an important role in supplementing the testing information as well as providing surveillance data needed to obtain a clearer epidemiological picture in DRC.
- The C19RM Investment Committee noted that the investments in GeneXpert machines will be deployed according to the operational plan and will aim to fill in the gaps in the existing GeneXpert machine network while making sure that the procurement contracts are accompanied by the necessary maintenance and service contracts. The C19RM Investment Committee highlighted the importance of timely development and dissemination of guidance supporting the implementation of bidirectional TB/COVID-19 screening and testing and integrated contact tracing. The C19RM Investment Committee suggested to closely monitor the engagement with private pharmacies for active search and referral of presumptive TB cases, in particular attention regarding the remuneration for each case diagnosed, and to link such activities to the existing community health workers' network. The C19RM Investment Committee further underscored that the proposed investments to strengthen DRC's epidemic surveillance system, such as the Demographic and Health Survey, will contribute to the medium- to longer- term goals of strengthening the DRC pandemic preparedness and response.

- The C19RM Investment Committee highlighted that while most of the oxygen investments in DRC are covered by the World Bank, some significant gaps have been identified through the cooperation with the World Bank and other in-country partners and have been prioritized for financing through the C19RM award.
- The C19RM Investment Committee also noted that DRC is pandemic prone and has battled pathogens of concern including Ebola. The C19RM Investment Committee stressed the need to invest C19RM funds in the right mix of interventions with a longer-term horizon, leading to medium to longer term sustainable systems and strengthening the country's pandemic preparedness and response capabilities. The C19RM Investment Committee noted the strategic priorities that contribute to strengthening pandemic preparedness and response in DRC are already addressed in the proposed award, including the epidemiologic surveillance investments, improved community-level monitoring and reporting, expansion of primary health care package including the three diseases, as well as activities for integrated supervision and improved quality of care, and the inclusion of private sector care at the community level. The C19RM Investment Committee further noted that there remains opportunity to prioritize further investments in surveillance, including through reprogramming. The C19RM Investment Committee further highlighted the importance of this C19RM 2021 award in the mobilization of existing development partnerships in DRC and stressed its high expectations that this award would act as a catalyst for other partners' investments, including those related to the technical assistance necessary for the effective operationalization to maximize impact of the Global Fund investments.
- The C19RM Investment Committee noted that operational risks remain high, and assurances need to be much more targeted while also acknowledging that despite the very high-risk environment, the Global Fund would continue to operate as per the risk appetite. Noting the challenging operating and pandemic prone environment, as well as the issues highlighted in the discussion, the IC requested close monitoring and reporting back on the progress of implementation within six months and early escalation where required for management risk trade-off decisions.

Table 2: Budget distribution by priority area

Country/ Multicountry	Mitigate COVID-19 impact on HIV, TB and malaria programs		Reinforce COVID-19 national response		Urgent improvement to health and community systems				Total
	Amount	%	Amount	%	Community, Gender and Rights		RSSH Investments		
	Amount	%	Amount	%	Amount	%	Amount	%	Amount
Cameroon	EUR 3,365,877	5.4%	EUR 50,040,707	80.1%	EUR 1,437,312	2.3%	EUR 7,655,078	12.2%	EUR 62,498,974
Congo (Democratic Republic)	US\$19,246,197	13.9%	US\$97,022,080	70.3%	US\$2,703,333	2.0%	US\$19,045,164	13.8%	US\$138,016,774

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

Country ⁹	Diagnostics RDT	Diagnostics PCR	PPE	Therapeutics O2	Therapeutics other	Other ¹⁰
Cameroon	EUR 3,528,602	EUR 10,000,523	EUR 4,866,804	EUR 4,182,118	EUR 18,232,814	EUR 21,688,113
Congo (Democratic Republic)	US\$12,314,126	US\$6,330,522	US\$29,513,101	US\$6,616,434	US\$3,635,354	US\$79,607,237

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.

Document Classification: Internal.

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

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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/B44/EDP18: Second Extension of C19RM Timeline and Operational Flexibility for COVID-19¹² 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-19¹³ 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-19¹⁴ 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/>