

Electronic Report to the Board

Report of the COVID-19 Response Mechanism

GF/B50/ER02

Board Decision

Purpose of the paper: This document sets forth the Secretariat's recommendation on additional funding from the COVID-19 Response Mechanism for Board approval.

GF/B50/EDP02 Additional Funding from the COVID-19 Response Mechanism

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Decision

GF/B50/EDP02 Additional Funding from the COVID-19 Response Mechanism

The Board:

1. Notes its decision in GF/B48/DP03, which approves C19RM funds to be awarded through 30 June 2023, with opportunity for subsequent C19RM Portfolio Optimization awards and implemented through 31 December 2025;
2. Approves the additional funding recommended for each country listed in Table 1 of GF/B50/ER02 (“Table 1”); 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 previously approved principles under GF/B44/EDP18.

This decision does not have additional budgetary implications for operating expenses.

Executive Summary

Context and Input Received

The Secretariat recommends the approval of additional funding through the COVID-19 Response Mechanism (C19RM) for Burkina Faso, Ghana, Indonesia and South Sudan up to an amount of **US\$58,476,006** and **EUR 30,201,823**.

The country awards in Table 1 are recommended by the Secretariat following internal and external review processes, which included input from the COVID-19 Technical Advisory Group (CTAG) and Grant Approvals Committee (GAC) partners.

For each country C19RM Additional Funding Request, the Secretariat reviewed:

- (i) Visibility on reinvestments, the technical soundness of the request and capacity to provide the desired impact within the implementation period.
- (ii) Strategic focus of the investment and alignment with C19RM Technical Information Note and Guidelines.
- (iii) That the request demonstrates the required strategic shift.
- (iv) Engagement with health systems and pandemic preparedness and response coordination governance bodies and inclusion of community and civil society engagement has taken place.
- (v) Funding gap analysis.
- (vi) Operational feasibility: the feasibility and assumptions of proposed activities and the associated budget, including effective execution and utilization of existing C19RM funds.
- (vii) Complementarity/potential duplication with other available sources of funding including the HIV, Tuberculosis (TB) and malaria country allocation for Grant Cycle 7 (GC7)
- (viii) Appropriateness of procurement channels and evaluating sourcing implications of the health products requested.
- (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.
- (x) Value for money.

All relevant documents relating to the Secretariat's recommendation are accessible through [this link](#).

For each country, the following documents are provided to substantiate the Board decision:

- C19RM Additional Funding Request submission package.
- C19RM Portfolio Optimization Wave 2 Detailed Budget excluding reinvestments (as revised for final recommendation for Board approval, if applicable).
- C19RM Portfolio Optimization Wave 2 Health Product Management Template excluding reinvestments (HPMT).
- C19RM Consolidated Performance Framework (PF).

Input Sought

The Board is requested to approve decision point GF/B50/EDP02: Additional Funding from the COVID-19 Response Mechanism.

Table 1: Secretariat's Recommendation on Additional C19RM Funding

N	Applicant	Grant Name	Recommended Additional Funding per Grant	Recommended Additional Funding for Board Approval	Quality Demand Funded by Savings per Grant	Quality Demand Funded by Savings	Previously Approved C19RM funding ¹	Total C19RM Funding
1	Burkina Faso	BFA-M-PADS	EUR 30,201,823	EUR 30,201,823	EUR 1,440,941	EUR 1,440,941	EUR 78,895,078	EUR 109,096,901
2	Ghana	GHA-C-CHAG		US\$ 15,000,000		US\$ 5,284,019	US\$ 120,187,483	US\$ 135,187,483
		GHA-C-MOH	US\$ 15,000,000		US\$ 2,717,965			
		GHA-H-WAPCAS						
		GHA-A-AGAmal						
		GHA-M-MOH			US\$ 2,566,054			
3	Indonesia	IDN-H-MOH		US\$ 20,476,006		US\$ 5,469,166	US\$ 87,809,606	US\$ 108,285,612
		IDN-H-SPIRITI						
		IDN-M-MOH	US\$ 20,476,006		US\$ 5,469,166			
		IDN-M-PERDHAK						
		IDN-T-MOH						
		IDN-T-PBSTPI						
4	South Sudan	SSD-C-UNDP	US\$ 23,000,000	US\$ 23,000,000	US\$ 338,733	US\$ 338,733	US\$ 40,165,136	US\$ 63,165,136
		SSD-M-UNICEF						
Subtotal (US\$)			US\$ 91,787,453	US\$ 91,787,453	US\$ 12,681,220	US\$ 12,681,220	US\$ 335,413,141	US\$ 427,200,594

¹ This includes C19RM funds previously approved by the Secretariat in 2020 to 2023 as well as awards previously approved by the Board.

Summary of the Deliberations of the Secretariat's C19RM Investment Committee (IC) on Additional Funding Recommendations

Additional funding to finance prioritized demand from C19RM Portfolio Optimization requests

In November 2022, the Board approved award of C19RM funds through 30 June 2023, with opportunity for subsequent C19RM Portfolio Optimization, and implementation through 31 December 2025, across the 2020-2022 and 2023-2025 allocation periods. The Board acknowledged the shift in countries' priorities towards longer-term investments in health systems' infrastructure and capacities for pandemic preparedness and response and stressed the need to facilitate careful planning of such investments, including alignment with funding requests for the 2023-2025 allocation period.

The Board decision affirms that C19RM implementation will continue to cover needs for: (i) COVID-19 control and containment interventions; (ii) COVID-19 risk-related mitigation measures for programs to fight AIDS, TB and malaria; and (iii) expanded reinforcement of key aspects of health systems as necessary, but is expected to focus on shifting funds towards C19RM strategic priorities that underpin longer-term investments in health systems strengthening and pandemic preparedness and response.

C19RM additional funding of US\$58,476,006 and EUR 30,201,283 is recommended by the Secretariat to (i) operationalize the Audit and Finance Committee approval of an increase in the total C19RM sources of funds from US\$4.817 billion² to US\$4.981 billion;³ (ii) operationalize the extension of the timelines for the award and use of funds for C19RM in line with Board decision GF/48/DP03; and (iii) support reshaping of the C19RM portfolio to align investments with identified strategic priority areas for C19RM Reinvestments and Portfolio Optimization. These priority areas include: (a) surveillance system strengthening, (b) improvements to laboratory systems and diagnostics, (c) human resources for health and community strengthening, (d) medical oxygen, respiratory care and therapeutics, and (e) health product and waste management systems.

In this report, in line with thresholds requiring Board approval, the Secretariat recommends to the Board additional C19RM funding for immediate award to Burkina Faso, Ghana, Indonesia and South Sudan.

Making the Strategic Shift: Reinvesting C19RM available funds and investing funds that have become available for C19RM Portfolio Optimization

The Secretariat implemented five strategic actions to operationalize the shift including: (i) refining the C19RM Portfolio Optimization Framework to inform Wave 2 investment decisions; (ii) ensuring visibility of reinvestment landscape for each country; (iii) portfolio segmentation and differentiation, and optimization of country and Global Fund resources; (iv) identifying countries for increased or sustained significant Resilient and Sustainable Systems for Health (RSSH) investment to further prioritize for C19RM Portfolio Optimization Wave 2 Additional Funding; and (v) understanding what it will take to execute the shift at country and portfolio level, including rethinking implementation

² GF/AFC19/DP04

³ GF/AFC20/DP03

arrangements and technical assistance needs that can be covered through expansion and extension of centrally-managed limited investments (CMLIs).

The additional funding through C19RM Portfolio Optimization Wave 2 was awarded to 26 countries,⁴ for investments that support the shift to longer term systems strengthening and pandemic preparedness, including the four countries recommended here for Board approval.

Principles and criteria for C19RM Portfolio Optimization Wave 2

The C19RM Investment Committee (IC) acknowledged the need for refinement of the C19RM Portfolio Optimization Framework building on lessons learned from the Wave 1. The IC defined principles and criteria to guide C19RM Portfolio Optimization Wave 2 investment decisions considering the overall context of Global Fund Strategy of ending HIV, TB and malaria epidemics, reduce health inequities and support attainment of Sustainable Development Goals.

The prioritization for C19RM Portfolio Optimization Wave 2 refocused investments based on the following key principles including: (i) invest to maximize impact and use of available C19RM funds; (ii) concentrate investments and demonstrate the strategic shift to achieve impact – focusing on defined RSSH and pandemic preparedness strategic priorities; (iii) leverage C19RM to maximize synergies and complementarity with 2023-2025 allocation period RSSH investments in line with the mandate of C19RM and value proposition of extended implementation; (iv) optimize business processes and operations, with bolder push for efficiencies and value from Global Fund and country resources; “take work off the table” to streamline transaction costs and refocus resources on 2023-2025 allocation period impact; and (v) maintain urgency, agility and rapid deployment of funds to accelerate delivery of results, maximizing time for implementation where required.

Specifically, the IC made determinations of reinvestments and additional funding based on the overall goal of maximizing impact and use of funds, and in line with the following criteria:

- Quality of C19RM Portfolio Optimization Additional Funding Requests – robustness or maturity of program design, based on systematic Secretariat review and GAC/CTAG partner assurance.
- Additional technical and second-line reviews across Secretariat functions – to drive investments, ensure quality and drive results in the pre-defined programmatic priorities in systems strengthening and pandemic preparedness.
- Ensuring synergies and complementarity of C19RM and 2023-2025 allocation period funding streams.
- Maximizing impact and measurable results, with robust Performance Frameworks and Workplan Tracking Measures – to enhance monitoring and support implementation, track delivery of desired results within the implementation period.
- Understanding what is required to execute the shift – demonstrating what is operationally feasible within the implementation period, including implementation arrangements, capacity gaps and concerns related to technical and operational feasibility, risks and mitigation measures, as well as implementation support and technical assistance needs, leveraging CMLIs.

⁴ List of countries that received C19RM Portfolio Optimization Wave 2 Additional Funding Award: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Haiti, Indonesia, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Philippines, Senegal, Sierra Leone, South Sudan, Togo, Zambia, Zimbabwe. Details on awards by country and by strategic priority area have been shared with the Board through the [July-September 2023 Report to the Board](#).

- Financial review and in-depth understanding of current programmatic and grant financial position, outcome of reinvestment within C19RM grants and finance assurance on portfolio alignment with the strategic shift. Providing clear visibility on investment and reinvestment landscape – including utilization of funds already awarded/absorptive capacity, expenditure; projected liability, savings and funds available for reinvestment to finance the strategic shift.
- Demonstrated country need and health finance analysis to understand evolution of external funding landscape (including complementarity with World Bank and Pandemic Fund investments), availability of other sources of funding (including domestic financing of the health system), macro-economic context and potential sustainability of investments.
- Risk assurance modalities, including identification of strategic actions, including legal requirements and management actions.
- Engagement of key stakeholders including the Country Coordinating Mechanism (CCM), and with health systems and pandemic preparedness and response coordination governance bodies and inclusion of community and civil society engagement.

Visibility of reinvestment landscape

The Secretariat indicated that approximately US\$1,846 million was potentially available as of 30 June 2023 to enable the shift of investments from COVID-19 emergency response to longer term systems strengthening and pandemic preparedness. The Secretariat went through a financial analysis and modeling of in-country absorption, taking into account expenditure, advances and obligations. This provided benchmarks for country grants rebudgeting and reinvestment of existing C19RM grants to align to the strategic shift. Grant rebudgeting provides the IC with assurance on investment landscape, outcomes demonstrating the strategic shift, and the resulting scale-up on health system interventions. It also identifies savings, if any, for further reinvestment including in quality demand expressed through the C19RM Portfolio Optimization Wave 2 Additional Funding Request.

Portfolio Differentiation

The IC acknowledged that massive and rapid scale-up of key RSSH modules and implementation at the projected magnitude of US\$2.2 billion has not been done through Global Fund support. Ensuring success requires, among other actions, addressing multiple bottlenecks, including effectiveness of implementation arrangements, technical assistance to address capacity gaps, and routine reporting for hands-on monitoring and accountability. To determine need and approach to portfolio differentiation, the Secretariat conducted an analysis which took into account the potential to accelerate and deliver impact with available funds, but also the additional effort and transaction costs for countries and the Secretariat over an extended implementation period.

The Secretariat analysis showed that 42 countries accounted for 90% of modelled funds available for the strategic shift, where targeted support was needed to drive execution, maximize impact and use of C19RM funds. On the other hand, 82 portfolios accounted for 10% of funds with some projected to expend all grant funds by December 2023, with limited to no increase in funds utilization or impact beyond the existing 2020-2022 implementation period for the incremental effort. The IC also acknowledged the heavy workload on countries, Secretariat and Partners and potential opportunity costs – given competing priorities with 2023-2025 allocation period funding request development, review and grant-making; 2020-2022 implementation with 80% in the final year; and C19RM reinvestments, development and review of Portfolio Optimization Wave 2 Additional Funding and grant revisions.

The IC differentiated the portfolio into 42 full review and 82 streamlined portfolios in order to “follow the money” and optimize business processes and operations, with a bolder push for efficiencies and value from Global Fund and country resources. The portfolio differentiation follows an

integrated, streamlined approach for the 82 portfolios that reduced workload, streamlines transaction costs to refocus resources on 2023-2025 allocation period impact (primarily for Focus and Core portfolios). The approach encourages to upfront disbursement of funds and accelerate execution in line with the strategic shift in order to minimize incremental effort while maximizing impact.

Further prioritization of countries for increased or sustained significant RSSH investment

The IC acknowledged that with total demand across C19RM Portfolio Optimization Waves 1 and 2 of over US\$3 billion, needs for strengthening health and community systems remain substantial and are increasing. Rigorous prioritization of C19RM funding is therefore needed to step up impact in selected priority areas to avoid spreading the money too thinly across multiple priorities. To direct funding where it is most needed, the Secretariat identified countries where the level of RSSH investments and systems are weak, have a low level of maturity, and present an opportunity to directly contribute to strengthening key RSSH and pandemic preparedness capabilities. The Secretariat considered countries that are especially vulnerable to future pandemics that can generate disproportionate impact. In addition, countries with ongoing RSSH investments were also considered with the aim of improving quality, efficiency and effectiveness to improve system maturity such as shifting human resources for health salaries and ad-hoc trainings to more strategic/holistic investments.

Looking into complementarity with the 2023-2025 allocation period, the Global Fund went through the process of analyzing and understanding countries' needs to support coordination and program design for the strategic shift of C19RM investments. After this analysis, it was important to define strategic areas of C19RM investments to ensure these would complement RSSH needs in HIV, TB and malaria programs. Special technical assistance was deployed to support funding request development for C19RM additional funding to ensure that 2023-2025 allocation period and C19RM investments complemented each other and would not overlap. The organization ensured that funding request review had systems in place to assess the alignment between 2023-2025 allocation period and C19RM. A starting point is the Technical Review Panel (TRP) review of the 2023-2025 allocation period applications with additional mapping and in-depth analysis provided through the Secretariat Briefing Note to help understand the complementarity with C19RM. The C19RM IC then reviews reinvestments and additional funds to consider synergies with the 2023-2025 allocation period. As a next step, the Secretariat includes an explanation on complementarity during presentations at GAC for the 2023-2025 allocation period. GAC then looks at this aspect to complete a rigorous process of the complementarity analysis. In addition, monitoring and oversight, data analytics, rigorous review and alignment of the 2023-2025 allocation period and C19RM investments would continue through implementation. These steps support the analysis and planning of RSSH areas across the 2023-2025 allocation period grants and C19RM funding to be holistic, value-generating and complementary.

What it will take to execute the shift

Making the shift prioritizes new technical areas, new stakeholders, and new implementers. To implement the strategic shift, a multi-pronged approach will allow us to accelerate and deliver impact of C19RM investments. The Secretariat is working in a holistic and complementary way across C19RM and 2023-2025 allocation period investments, in the following strategic actions:

- Targeted approach. Maintain focus on the five strategic priority areas, differentiate and refocus on 42 full review countries that account for 90% of funds available for the shift. Provide intensive Secretariat and technical assistance support. Active use of dynamic portfolio management and leverage the forecast as a mechanism to incentivize reprogramming (reinvest to optimize opportunity within implementation period).

- Enhanced monitoring and oversight and accountability: use Performance Frameworks and Work Plan Tracking Measures, and CMLIs to monitor, support and incentivize implementation. Leverage local fund agents (LFAs) on programmatic assurance (e.g., supply chain).
- Strengthen implementation approaches. Addressing long-standing root causes of low RSSH absorption identified in in-depth analyses, based on country contexts including:
 - Engagement of RSSH-pandemic preparedness and response entities (e.g., National Public Health Institute, laboratories, community health and human resources directorates) to be sub-recipients and implementers and investments in national plans and coordination mechanisms beyond program management units.
 - Tracking implementation arrangements in priority countries as internal metrics.
 - Strengthening implementation capacities - expanding coverage of thematic technical assistance, including CMLI and strengthening Principal Recipient (PR)/sub-recipient/Project Management Unit via management TA for RSSH-PPR.

What we are learning from making the shift

The Secretariat notes that overall, delivering the shift needs implementation support, technical assistance tailored to needs, program monitoring and oversight, leveraging partnerships, and agility to adapt to evolving contexts and emerging issues.

- **Visibility of investment and reinvestment landscape.** The IC stressed the need for visibility on reinvestments to ensure oversight on prioritization and alignment with the shift in C19RM strategic priorities, and effective utilization of funds across the portfolio given the opportunity for use during the extended implementation period. The Secretariat found that the model applied during Finance review was an essential tool to:
 - Facilitate comprehensive understanding of current funds utilization, supporting countries' grants rebudgeting.
 - Ensure visibility on funds available for the shift to inform IC review and investment decisions.
 - Identify savings to reinvest in PO Wave 2 quality demand, reducing need for additional funding or incremental award.
 - Inform assessment of country capacity to utilize funds and feasibility of implementation.
- **Portfolio Differentiation:** Making the shift required heavy lifting from the Global Fund and implementing countries. The differentiation and prioritization approaches were critical, with 42 full review countries and 82 streamlined approval portfolios. It allowed the Secretariat to optimize business processes and operations, with a bolder push for efficiencies to “take work off the table” and streamline transaction costs. It was critical to refocus resources for impact.
- **Strategic shift and prioritization of countries for targeted RSSH investments** provided clarity on strategic focus, right investments and activities to scale-up. Identification of RSSH priority countries helped to define a targeted approach, with indicative demand acting as ‘soft allocation’ to guide development of ambitious, strategically focused and prioritized additional funding requests, and informed investment decision-making.
- **GAC/CTAG reviews, including TRP engagement in CTAG,** were effective and rigorous. The review confirmed extensive engagement of government and pandemic preparedness coordination bodies, relevant communities, and health systems governance structures relevant to the development of the funding requests. Overall, GAC/CTAG rated more than 80% of the funding requests to be excellent quality and with great potential to deliver strategically focused and technically sound program activities that are aligned with the C19RM priorities to strengthen systems for health and pandemic preparedness. The IC considered review outcomes, comments and recommendations to be of high quality to shape investments in

C19RM PO Wave 2 quality demand. We must now leverage GAC/CTAG partners for implementation success.

- **Introduction of Performance Frameworks and Workplan Tracking Measures (PF/WPTM), provides C19RM with metrics and tools to track measurable outcomes, and monitor the strategic shift.** As a new initiative, IC acknowledged that more work was needed to ensure quality and recommended follow up support and review during finalization of PF/WPTM in line with the C19RM Monitoring and Evaluation (M&E) Framework. C19RM PF/WPTM focus on indicators to monitor investments in the strategic priority areas to ensure that programs resulting from C19RM Portfolio Optimization awards can monitor progress, demonstrate measurable outcomes and report accordingly, while also linked to monitoring complementary RSSH investments in the 2023-2025 allocation period.
- **Managing scale-up and tracking complex procurement-related investments in strengthening systems.** The IC noted significant scale-up across all the strategic priority areas including in complex procurement and waste management systems. The IC highlighted the need to ensure visibility and pipeline management and requested a) keeping track of level of funding in procurement-related investments in systems strengthening; b) by strategic priority areas (including surveillance, lab systems, waste management systems, warehouses) and complex / health equipment implementation, installation and utilization; and c) how these reported usages can be translated into results, outcomes and impact.
- **Refocusing on implementation and what it takes execute the shift.** With making the shift, C19RM reinvestments and Portfolio Optimization Wave 2 additional funding awards completed, country and Global Fund will need to rapidly refocus efforts on implementation of targeted activities in the five strategic priorities. Countries will need to develop operational plans for and implement holistic RSSH and pandemic preparedness and response activities, while reinforcing the complementarity between C19RM and 2023-2025 allocation period grants. Investments into technical assistance/CMLI are also needed to execute the shift. The Global Fund encourages the development of implementation arrangements that are tailored to needs, has introduced PFs and WPTM to monitor execution, and has enhanced assurance on feasibility of execution and risk management, including through the use of management actions and legal requirements.
- **Program implementation, monitoring and oversight, and planning for sustainability:** Monitoring and oversight enables the Global Fund and country implementers to ensure delivery of results, which includes routine reporting through PF/WPTM in a cohort of countries. For example, investments in operations and recurrent costs for human resources for health/community health workers (CHWs) have increased significantly and will need to be monitored to ensure effective and efficient implementation, and to maximize impact. In addition, scale-up of infrastructure and complex health equipment (e.g., oxygen investments; digital x-rays; GeneXpert platform, waste management) will require systematic end-to-end support along the delivery pipeline, including capacity development, maintenance and warranties. It is also important for the Global Fund partnership to start planning for sustainability of C19RM-funded systems strengthening activities beyond 2025.

The Secretariat will continue monitoring implementation and provide additional analysis for tracking C19RM progress in making and execution of the shift, and delivery of results. With partner coordination and ensuring complementarity with GC7.

Summary of the Secretariat's C19RM IC Additional Funding Review and Recommendations

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

Background

Burkina Faso's security situation in many regions continues to pose significant challenges, including increased costs in the transportation of health products and implementation of activities. Since 2015, multiple attacks by armed groups have taken toll on the health system, with 211 health care facilities closed, depriving nearly 2.4 million people of access to care. While COVID-19 cases continue to be reported in Burkina Faso, epidemiological trends in case notification, morbidity and mortality have decreased and prompted the country to transition national COVID-19 responses into key response functions in health systems' resilience and pandemic preparedness.

The COVID-19 pandemic has exposed very weak capacities to manage public health emergencies. These shortcomings are largely due to the limited availability of staff trained to respond to a pandemic and the inadequacy of care platforms at emergency centers, including diagnostic devices, laboratories and X-ray units.

C19RM Funding Request

Burkina Faso approached C19RM reinvestments and the development of Portfolio Optimization Wave 2 additional funding request from a holistic perspective: defining the overall needs in RSSH and Pandemic Preparedness interventions and addressing them through various sources of available funds including C19RM, the 2023-2025 allocation and Pandemic Fund. This will ensure complementarity of these sources of funding in terms of scope, executability and implementation period.

The recommended C19RM additional funding of EUR 30,201,823 for Burkina Faso complements the previously approved C19RM awards of EUR 78,895,078 and brings the cumulative C19RM award to EUR 109,096,900. On top of this, EUR 1,440,941 was identified as savings funding PO Wave 2 Quality Demand and a further EUR 11,751,785 of existing grant funding was approved to be used in 2024-2025.

The objectives of this C19RM request are to strengthen the country's capacity for data collection, analysis and response so health threats can be detected early, investigated, verified and addressed. Proposed reinvestments complement the ongoing activities already implemented or planned under the current 2021 C19RM grant, the 2023-2025 allocation and Portfolio Optimization Wave 1. In this regard, overall funding aligns with the country's priorities to strengthen health system capacity and pandemic preparedness. This includes the delivery of priority disease programs, enhancing community health interventions, improving surveillance systems at all levels, upgrading laboratory capacities, strengthening health product management and supply systems, biomedical waste management and bolstering health care in relevant facilities.

The Secretariat recommended the following activities to be prioritized for reinvestment and immediate award in line with the C19RM strategic pillars as outlined below:

Surveillance system strengthening

- **Event-based surveillance:** The proposed activities aim to enhance the country's preparedness for a potential pandemic. Specifically, the investment will contribute to strengthening event-based surveillance, improving the health information management system at all levels, and strengthening the skills of human resources in surveillance, emergency preparedness, and public health risk management. Reinvestments and additional funding will be allocated to support the Department of Emergency Operations, community surveillance, and field epidemiology training.
- **Digitization of data during surveillance:** current C19RM funding is supporting the operation of call centers and internet connection to maximize monitoring of health events in the country. However, surveillance services and entry points remain insufficiently equipped in terms of infrastructure and equipment. Reinvestments aim to support the development of the Digital Health Strategy, including an inventory of platforms currently in place. The key factor for success of the digitization of data collected during surveillance activities at all levels, including at the community level, is the provision of a high-capacity data center that can host the various surveillance platforms. Part of the budget needed to implement comes from the 2022-2025 allocation. This new request is in line with other Global Fund financial interventions, and aims to fill the remaining financial gap.
- **Additional priorities include:** institutional capacity building, capacity building for health actors in public health emergency and risk management, verification and investigation of events, strengthening monitoring and coordination of surveillance, analysis and reporting, strengthening national health data storage capacity for decision-making, and capacity building for health workers.

Laboratories and diagnostics

- Burkina Faso's 2019-2023 strategic plan for medical biology laboratories prioritizes establishing an effective quality management system, a well-equipped laboratory supply system, robust laboratory data and information management systems, a reliable sample transport system, stringent biosafety and biosecurity controls, appropriate infrastructure and equipment and a skilled health workforce.
- Additional funding is being requested to strengthen the laboratory system, including through technical assistance at the regional level, rehabilitation of 21 molecular biology laboratories to improve quality and the safety of staff and samples, and training of technicians on elementary interventions on key lab equipment.
- Procurement of PCR supplies and serological kits for disease surveillance (such as viral hemorrhagic fevers, cholera, and antimicrobial resistance.) for national reference laboratories and national reference laboratories, also covering PSM costs.
- Additional priorities seek to strengthen existing health structures and capacities, including: (i) biosecurity, infrastructure, maintenance and metrology of critical equipment and materials; (ii) strengthening the quality management system for reference laboratories and intermediate and local level laboratories; (iii) continuing to strengthen laboratory information systems toward an integrated Laboratory Information System; (iv) technical capacity building for laboratory human resources on the surveillance of diseases with epidemic potential; (v) and optimizing laboratory systems and strengthening of the specimen dispatch and transport system.

Human resources for health and community systems

- COVID-19 civil society organizations: with strong focus on community-led monitoring to include upgrading community-based organizations' activity packages to better enable them to respond to outbreaks by building capacity for community monitoring.
- HRH: with emphasis on supporting CHWs.
- Infection prevention and control (IPC) and protection of the health workforce: investments support the draft hygiene strengthening plan, including IPC, aiming to strengthen IPC leadership and coordination at both the national and sub-national levels.

Medical oxygen, respiratory care and therapeutics

- PSA plants remain a national priority. Global Fund C19RM funding has supported the procurement of five medical oxygen production plants for three regions of Burkina Faso, with two additional ones yet to be installed.
- In addition, provisions have been made through reinvestments to support site preparation for the initially approved PSA plants for management of respiratory diseases including rehabilitation works and trainings.

Health Product Management Systems

- Supply chain continuity and strengthening are considered a national priority to make quality, safe and effective health products available and to improve the management of biomedical waste in health care facilities. This is covered by both reinvestments and the new additional funding.
- Strengthening storage conditions at the Central Medical Store warehouses including complementing the World Bank supported Warehouse in Box construction if additional information on budgeting are made available and approved after review by Supply Operations.⁵
- Improve stock management at Central Level by contributing to the implementation of new software for CAMEG and at district level by refurbishing 10 district warehouses. In addition, additional distribution costs have been approved as a result of increased insecurity which has made the supply of health products in some areas expensive and difficult, disrupting the normal distribution of health products and increasing the overall cost of procurement and movement of goods since air transport is being used.

Other Considerations

Funding Landscape

The protracted security and humanitarian crises have increased macroeconomic and fiscal risks for sustainable domestic financing of the programs and the health system. Total government expenditures are expected to shrink during the 2023-2025 allocation period (by 5% according to IMF projections), providing limited additional fiscal space for health in the medium-term, especially as security spending is expected to continue to increase the fiscal deficit. Escalating service delivery costs due to the insecurity and inaccessibility to large parts of the country are further constraining the fiscal space for essential health services.

⁵ A fire incident experienced by the central storage facility (CAMEG) in November 2021 has left a huge gap in storage capacity in addition to COVID-19 pandemic that has highlighted important weaknesses in storage capacity at all levels that need to be addressed.

Moreover, the country has consistently outperformed its regional and low-income country peers in terms of health prioritization (10-12% of general government expenditure) and the government is the dominant source of health financing (43%) since it introduced the free health care program in 2016 for pregnant women and children under 5. This demonstrates strong political will to carve out fiscal space for health, even in an extremely challenging context, and the government appears to be committing to maintain the relative share of health in the budget during GC7.

Overall, the Pandemic Fund and C19RM PO2 requests are seen as largely complementary. The Pandemic Fund allocation for Burkina Faso appears to focus on animal and environmental health, with strong focus on One Health AMR, genomics, data management and overall integrated systems investments. While it includes the same domain of activities (i.e. surveillance, laboratory, quality management, etc.), the deliberate emphasis on non-human health (i.e. animal & environmental) & One Health aspects) in the Pandemic Fund proposals reduces risk of overlap and will help bring investments to scale more rapidly, and advance commitments to One Health, AMR and genomics.

There will be an imperative need for strong coordination at central level to oversee joint implementation. The Secretariat developed a standard Pandemic Fund management action that requests the PRs to proactively coordinate and collaborate through joint work-planning in overlapping programmatic areas.

Implementation Arrangements

C19RM funding has been implemented since 2020 through the PR which is a Project Management Unit of the Ministry of Health (MoH), which is likely to be the implementing PR of the additional funding request. The MoH will put in place a coordination and M&E mechanism to address previously identified challenges and ensure better implementation by MoH entities. The proposed arrangements include all the relevant directorates of MoH, SRs from civil society and national programs for HIV, TB and malaria. CCM, partners and national public health institutions will have technical support and supervision roles. Procurement of health products will continue through PPM. The PR will sign agreements with each implementation structure and will conduct regular monitoring and reinvestment exercises.

Technical assistance (TA) is critical to ensure the implementation of C19RM activities. The budget includes a comprehensive TA support for labs, waste management and PSAs. In addition, the country is receiving support from the Global Fund through CMLIs: Project Boxer for PSA plants (through our partner BHI), Project Stellar for diagnosis and digitalization. Given the investments in community systems strengthening, Global Fund support through the BIRCH CMLI will continue until the end of 2025.⁶

Execution Risks and Mitigating Actions

Given the fragile political context and challenging operating environment, execution risks remain elevated. The Fiscal Agent and the LFA continue to provide assurance through a priori and a posteriori control. A management action has been included to ensure budgets are detailed and approved prior to implementation. The PR will continue to use the WAMBO platform for the great majority of procurement.

⁶ These are centrally managed limited investments (CMLIs) aimed at providing countries specific technical assistance and oversight.

GAC/CTAG Review and Recommendations

GAC/CTAG acknowledged a rigorous and inclusive C19RM Additional Funding Request development process involving representatives of Ministry of Health, impacted communities and civil society organizations. GAC/CTAG considered the funding request as technically sound and highlighted the following issues for Secretariat's consideration:

- Overall, GAC/CTAG reviewers assessed Burkina Faso's funding request as well-thought-through with clear and logical sub-components, key activities, and rationale for prioritization. The PO Wave 2 request builds on earlier investments in C19RM and in HIV, TB, and malaria mitigation. The request details the achievements of these previous investments. The PO Wave 2 funding request is tailored to fill in the gaps that still exist in the health system for improved pandemic preparedness and response capacity.
- GAC/CTAG noted multiple funding streams available to Burkina Faso recommending coordination to avoid inefficiencies in implementation, aligning all investments. Improving analysis and reporting would help address identified gaps. The Secretariat noted the need for monitoring investments from multiple funding streams to ensure synergies and avoid duplication. In this regard, the Secretariat requested an overview of the key activities in the National Health Security Action Plan (PANSS) 2018-2023 and how Global Fund investments contribute to filling those gaps.
- The Secretariat is also recommending combining all the laboratory investments under one strategy to be funded by C19RM. To address gaps in front-end information gathering that is used to identify gaps, the Secretariat is recommending EUR 5 million additional investment in lab equipment and management actions for data management systems and equipment.
- Other areas mentioned by GAC/CTAG reviewers were: 1) lack of details on how the marginalized groups were involved in the development of the funding request; and 2) logistical concerns around managing/coordinating 15,000 CHWs.
- The Secretariat took the following action to address these GAC/CTAG suggestions: 1) confirmed with the applicant about the coordination and submission of the funding request by the CCM. There is currently a newly elected CCM that consists of representatives from various constituencies, including marginalized groups who were involved in the development of the funding request; and 2) there is a strong community system strengthening component in C19RM and in GC7 investments to optimize the health workforce – both health facility staff and CHWs.

C19RM IC Review and Recommendations

- The IC acknowledged the overall robust investment request, well-coordinated review and strong business case.
- Overall, Burkina Faso is achieving the strategic shift from 38% funds in Health and Community System to 64% and from 46% of funds in COVID-19 Control and Containment to 19% post C19RM Portfolio Optimization Waves 1 and 2, through significant scale up in health product management systems, laboratory systems and surveillance systems activities.
- The IC noted the low cost of program management. They recommended increasing investments to ensure technical support needs are addressed and resources made available to ensure effective implementation and risk mitigation.
- The IC was satisfied with the change in implementation arrangements to facilitate program delivery. The Secretariat noted the flexibility of the PR to quickly contract local

non-government organizations and find transportation alternatives. The Secretariat underscored the need to support PR implementation given the context of a volatile political economy and recommended strong technical assistance support.

- In terms of ensuring robust oversight and accountability, the IC requested 1) additional detail around complementarity as it relates to building on activities from Portfolio Optimization Wave 1 to adjust the evolution of priorities, and 2) more robust workplan tracking measures.
- The technical review found this proposal to be sound. Of note is the challenge of sustainability, particularly regarding the remuneration of community-based pharmacists beyond 2025.
- The finance review deemed this proposal to be feasible. Should the reinvestments and additional awards be approved, the overall investment in COVID-19 Control and containment will decrease by nearly 20%, and health and community systems will increase. Significant scale-up will be required in health and community systems spending in order to achieve the in-country absorption targets. The financial review considers this target to be attainable.
- Supply Operations reviewers were in alignment with the proposal. The request captures funds associated with either (a) pending deliveries for orders already placed or (b) procurement previously approved under Portfolio Optimization Wave 1. Reviewers did not have sourcing concerns, and the proposed activities are relevant to address key in-country supply chain challenges, and have synergy with previous C19RM requests, 2020-2022 and 2023-2025 allocation period investments.

Ghana HIV, TB and Malaria Ministry of Health of the Republic of Ghana (GHA-C-MOH), Ministry of Health of the Republic of Ghana (GHA-M-MOH)

Background

Ghana has been experiencing macroeconomic challenges over the last years with high inflation (35% in 2022) and significant depreciation of the Ghanaian Cedi (50% in last 3 years). The poverty rate was estimated to be 25.5% in 2020.

Several recent outbreaks including yellow fever, measles, monkeypox, and Marburg virus disease highlight the critical need to support the country to strengthen its systems to respond to current and prepare for future pandemics. Ghana's response to the pandemic is being recognized for the multi-sectoral approach adopted which ensured swift action at the beginning of the pandemic to mitigate the impact on health and its economy.

As the threat posed by the COVID-19 pandemic has declined, the country is looking to strengthen its early warning surveillance system and oxygen and Health Product Management (HPM) capacities to prepare the country for future pandemics. Through C19RM funding, the country seeks to leverage the established structures and lessons learned over the past years to safeguard gains and improve health outcomes.

C19RM Funding Request

The C19RM Additional Funding Request seeks to support the strategic shift from HIV, TB and Malaria mitigation and COVID-19 Control and Containment to strengthening health systems, through improving surveillance capacity, strengthening laboratories, ensuring effective

utilization of oxygen investments, supply chain strengthening, and other critical areas required for effective pandemic preparedness. To avoid duplication and ensure coherence, this request builds on RSSH and pandemic preparedness interventions in C19RM and GC7 funding requests for complementarity and meaningful scale of activities.

The recommended C19RM additional funding of US\$ 15,000,000 for Ghana complements the previously approved C19RM awards of US\$ 120,187,483 and brings the cumulative C19RM award to US\$ 135,187,483. On top of this, US\$ 5,284,019 was identified as savings funding PO Wave 2 Quality Demand and a further US\$ 1,342,456 of existing grant funding was approved to be used in 2024-2025.

The CCM led the development of the GC7 and C19RM funding requests, engaging a wide range of stakeholders including government, private and civil society organizations (including community representatives, key and vulnerable populations, in addition to bilateral and international partners).

The Secretariat approved the prioritized reinvestments and recommended the following activities to be prioritized additional funding award in line with the C19RM strategic priorities as outlined below:

Surveillance system strengthening

- The current surveillance system has gaps in terms of its sensitivity and effectiveness for the timely detection of respiratory pathogens and is further limited by differences in geographical areas within the country. Expanding and strengthening of sentinel sites aim to fill these surveillance gaps. In addition, surveillance data is not received in a prompt manner for some reporting sites.
- The low coverage of the case-based surveillance affects tracking of screening, diagnosis, and patient management. To maximize benefits of using the case-based surveillance at the lower level, this funding will support the implementation of the early warning surveillance (EWaR) in prioritized districts and build capacity in different sectors to detect and report outbreaks.

Laboratories and diagnostics

- The laboratory component is funded by complementarity investments from GC7 and C19RM to support the establishment of an integrated national laboratory system (LIS), integrated specimen referral, and transport system.
- The C19RM additional funding will address the most critical gaps in laboratory systems and strengthen the capacity of laboratory systems to support early detection, not only within health facilities but also at the community level, and to improve surveillance of antimicrobial resistance, and the upgrading and expansion of the biosafety level of labs.

Human resources for health and community systems strengthening.

- Human resources for health and community systems strengthening activities to develop and operationalization of a CSS strategy (including community-based organization capacity building for integrated service delivery, community-led monitoring advocacy) were placed on the C19RM Unfunded Quality Demand (UQD) register – to be funded should additional funding become available.

Medical oxygen, respiratory care and therapeutics

- Ghana has a clear and robust strategy to address oxygen needs, and effectively operationalize oxygen equipment that has been acquired through various investments including the Global Fund C19RM investment and partners.
- The C19RM additional funding will support enhancing capacity in O2 production and improving access to O2 for small and remote health facilities where PSA plants cannot be installed. In addition, the funding will support the establishment of four regional medical oxygen production hubs, the equipment of five new regional hospitals with liquid oxygen infrastructure and provide financial support to these facilities to procure liquid oxygen and build a revolving fund to sustain liquid oxygen supply.
- This proposal builds on investments of previously awarded funding to significantly increase the impact of activities to strengthen the National Surveillance Department's capacity and to increase operation of oxygen production in order to expand Ghana's pandemic preparedness efforts.

Health Product and Waste Management Systems

- Investments in HPMWS will be supported by complimentary funding from GC7 and C19RM to support the establishment of a robust supply chain and waste management systems:
 - C19RM funding will support interoperability between GhiLMIS and other systems such as DHIS2, Tally, eTracker, etc.
 - GC7 investments focus on regional logistics support, establishment and operationalization of a logistics management unit, equipping regional warehouses, GhiLMIS utilization, data production and use.

Other Considerations

Funding Landscape

The country faces elevated public debt and financing needs, but limited access to international capital markets. In 2022, investors' concerns about the fiscal situation and the credibility of Ghana's medium term fiscal plans triggered successive credit rating downgrades and the country virtually lost market access. While the government's commitments to personnel costs in health budget execution provide some financial sustainability for human resources for health, it crowds out non-personnel operational spending for service delivery and essential commodities.

The Funding Gap Analysis provides an indication of the resource needs and other funding sources currently available, although it is understood that it has limitations and may not be a complete reflection of the funding landscape. Investments are coordinated with other partners to enhance community-level health care, aiming to maximize efficiencies and impact. As the funding gap is significant, the requested additional funds will be catalytic to leverage other donor resources. It is worth noting that Ghana's application to the Pandemic Fund in 2023 was not successful.

Implementation Arrangements

All additional funds will flow through one existing PR, the Ministry of Health. This will enable the leveraging of existing monitoring and reporting structures to govern this grant. Regarding Technical Assistance, the PR will rely on CMLI for surveillance; SI Technical Assistance for labs, planned Technical Assistance (TA) for 2024 for HRH / CHWs. TA through France

International has already provided important support to complete a RSSH gap analysis and inform planning for GC7 Funding Request, which has been harnessed for this additional funding request.

Execution Risks and Mitigating Actions

The approved funding includes mitigation actions and assurance activities to address the operational risks associated with this additional investment of funds. The sustainability of investment after the grant end date is planned, and when this is not possible, a phase-out strategy will be developed and communicated.

Support to project-based planning, procurement monitoring, risk-based evaluations, and outsourcing when appropriate are among the mitigating actions for the procurement of health and non-health products equipment and civil work.

Currency exchange rate fluctuations represent a fiduciary risk, especially if purchases are made in local currency; mitigating actions include direct payments to suppliers and the use of alternative payment methods. LFA assurance activities will continue throughout the implementation period.

GAC/CTAG Review and Recommendations

GAC/CTAG found Ghana's C19RM Additional Funding Request technically sound and aligned with the priority areas detailed in the C19RM Technical Information Note and highlighted the following issues for Secretariat's considerations:

- A need for a more robust PF with built-out indicators and methods of reliable data collection. The Secretariat has worked closely with the country to complete and revise the PF based on the approved amounts and strategic priorities.
- A lack of coordination mechanism to ensure the complementarity of funding streams has been identified by reviewers. The CCM had defined strong coordinating mechanisms and managed Country Dialogue processes informing the funding requests for GC7 and C19RM Portfolio Optimization Wave 1 and 2. The Global Fund also ensured that efforts, for example, to strengthen CHPs were elaborated with partners already working in this component to maximize efficiencies and position Global Fund investments to maximize impact.
- Additional justification was sought for health and community systems strengthening activities: the Sub-District Strengthening Initiative (SDSI) has been recommended as a top priority for funding. The health workforce health screening and health promotion activities are not prioritized for funding. The community-based surveillance strengthening activities are recommended to be maintained for UQD and the reviewers' comments regarding additional planning and details required before implementation are noted and agreed by the Secretariat.

IC Review and Recommendations

- IC acknowledged an overall robust investment case, well-coordinated review, good quality and strong business case; noting the need to trade-off between ambition and funding constraints.
- Overall, Ghana is achieving the strategic shift from 40% funds in Health and Community System to 58% and from 44% of funds in COVID-19 Control and

Containment to 27% post C19RM Portfolio Optimization Waves 1 and 2, through significant scale up in oxygen and surveillance systems activities.

- IC highlighted the need to focus on funding a few strategic areas to maximize impact, rather than spreading small amounts in multiple areas. In addition, IC proposed prioritization of investments in the programmatic areas where the country has a good track record on execution, building on comprehensive national plans.
- In this regard, IC recommended prioritization of the following strategic areas, with additional activities to be funded by savings / efficiencies.
 - Oxygen: given ambitious plan driven by the government with a robust request and strong implementation track record.
 - Surveillance systems: Ghana is a potential top high-impact story for the integration of early warning surveillance and response systems. Previously approved funds under Portfolio Optimization Wave 1 were limited for a pilot and additional funds would allow the scaling up of activities to achieve impact.
- The IC recommended the PR to submit a detailed implementation plan for procurement and installation of the oxygen equipment including PSA oxygen generator plants, including details of warranty and maintenance services and technical support.
- IC noted that investments seem sufficiently budgeted to ensure effective implementation, including provisions for installation, servicing, and maintenance, especially in looking in the performance of PSA plants funded through reinvestment that are already in progress).
- The IC approved activities to be registered as Unfunded Quality Demand to be funded should additional funding become available. These include activities for additional oxygen, Health Product Management and Waste Management Systems, laboratory, surveillance systems and HRH/CHW and community systems strengthening.

Indonesia Malaria Directorate General of Disease Prevention and Control, Ministry of Health of The Republic of Indonesia (IDN-M-MOH)

Background

COVID-19 has had a devastating impact on Indonesia. Since the beginning of the pandemic, the total number of reported cases has surpassed 6,738,225, with 160,941 recorded deaths. The country initiated a country-wide vaccination campaign, which successfully delivered 444,303,130 doses of vaccines across the country. With 204 million Indonesians receiving at least one dose, COVID-19 was no longer considered a primary public health threat in 2022. On 4 August 2023, the country's COVID-19 status has formally changed from pandemic to endemic.

Indonesia's COVID-19 response revealed significant gaps in its surveillance, early detection and response systems, laboratory networks capacities. Testing was delayed by three to seven days during the alpha wave. These issues have exposed areas for improvement in detection capability, laboratory networks and human resources for health.

C19RM Funding Request

Indonesia has crafted a transition strategy from pandemic response to preparedness to fortify its health system in line with the Ministry of Health's Strategic Plan 2020-2024 to support Health Resilience and Primary Health Care Transformation. The C19RM Additional Funding Request proposal aligns with this goal, emphasizing enhanced surveillance, advanced lab

capabilities, and robust health product management, all aiming to build a resilient health infrastructure catered to address the needs of all, especially vulnerable communities. It is also aligned with country's National Action Plan on Health Security which is supported by the Health Financing Assessment for Health Security. Some previous C19RM funds approved were redirected to the Biomedical and Genome Science Initiative.⁷

The recommended C19RM additional funding of US\$ 20,476,006 for Indonesia complements the previously approved C19RM awards of US\$ 87,809,606 and brings the cumulative C19RM award to US\$ 108,285,612. On top of this, US\$ 5,469,166 was identified as savings funding PO Wave 2 Quality Demand and a further US\$ 12,466,736 of existing grant funding was approved to be used in 2024-2025.

The C19RM Additional Funding Request was reviewed in the context of complementarity with GC7 to ensure synergies and prevent duplication. This funding request aims to build on existing programming to improve health and community systems in Indonesia. The C19RM funding request complements Indonesia's long-term commitment towards achieving a robust and resilient health system that is prepared to effectively prevent, detect and respond to future outbreaks. Because of success of the COVID-19 response funded by previous waves, the strategic shift is already underway.

The following activities present a holistic program including approved reinvestments and recommended additional funding in line with the C19RM strategic priorities:

Surveillance system strengthening

- The Secretariat recommended additional funding for strengthening early warning management and outbreaks response and for disease surveillance systems. It is expected that as a result of the proposed activities, Indonesia will conduct capacity building trainings on using Early Warning Alert and Response Systems in 38 provinces across the country. It is projected that by 2025, 75% of health facilities at district level and above 90% at national level will have capacity to respond to early warning alerts within a 24-hour timeframe.

Laboratories and diagnostics

- The Secretariat approved reinvestments proposed by the country to support funding the development of an integrated laboratory management information system (LMIS). This includes support for external quality assessment (EQA) of public laboratories to become ILI-SARI⁸ reference laboratories; specimen shipment, technical assistance, monitoring for ILI-SARI sentinel surveillance laboratories; creating genome sequencing hub to reach biosafety level 2; genome sequencing, consumables, reagents, technical assistance and roadmap development.
- The Secretariat recommended additional funding for strengthening laboratory-based sentinel surveillance of potential disease outbreaks; procurement of lab equipment/reagents; participation in (EQA) schemes (proficiency testing, mentoring and site supervision); strengthening laboratory capacity for ATM and antimicrobial resistance and more.

Human resources for health and community systems

- The Secretariat approved reinvestments to strengthen Indonesia's integrated community systems for health through provision of equipment for health volunteers;

⁷ BGSi is an effort to establish a network of whole genome sequencing facilities on all major islands of Indonesia, with eight hubs supporting more than 20 participating laboratories, along with a national biobank and registry.

⁸ influenza-like illness (ILI) and severe acute respiratory infections (SARI).

operational costs to support volunteers and coordinators; and costs associated with in-country distribution of procured health products.

- Furthermore, the Secretariat recommends proposed investment activities related to community systems strengthening through development of modules and delivery workshops to empower communities and community-led social mobilization at village level.

Health Product and Waste Management Systems

- The Secretariat recommended additional funding for proposed activities to strengthen the health product and waste management systems. This includes supporting the development of logistics monitoring information systems and strengthening laboratory systems' capacities for surveillance (ATM and AMR) that can be also useful for HIV, TB and malaria interventions.
- In addition, the funding will help to build Resilient and Sustainable Systems for Health through e-LMIS for medical commodities and laboratory supplies (SMILE).

Other Considerations

Funding Landscape

The Secretariat noted that proposed interventions are aligned with the Ministry of Health's 2020-2024 Strategic Plan to support Health Resilience and Primary Health Care Transformation. The Secretariat welcomed the Ministry of Health's commitment and aim to prioritize investments in surveillance system strengthening, laboratory and diagnostics and health product and waste management system. The country's proposal includes domestic and other donors funding.⁹ The Ministry of Health has identified gaps in financing the Strategic Plan and aims to strategically leverage investments not only from the Global Fund but also from other development partners. The Secretariat noted that Indonesia has a solid track record in public financing of health and our funding makes a very small portion of overall funding. There are no concerns for sustainability of proposed investments.

Implementation Arrangements

The C19RM Portfolio Optimization Wave 2 funding will be channeled through one existing, well-performing, PR, enabling them and their SRs to implement the new C19RM 2023 activities in addition to the C19RM 2021 activities.¹⁰

Execution Risks and Mitigating Actions

The Secretariat noted the risk of delays in delivery of health products and risks associated with procurement of complex health equipment highlighted in the C19RM Additional Funding Request. Mitigation actions include Ministry of Health plans to ensure robust procurement planning and lead-time monitoring.

Investment in e-LMIS and roll-over in 10,000 facilities is commendable and ambitious. However, close monitoring via work plan tracking measures, LFA spot checks on project milestones, and verification of alignment of the implementation arrangement to the national plan are all considered critical mitigation actions to assure completion of implementation by 2025.

GAC/CTAG Review and Recommendations

GAC/CTAG acknowledged a rigorous and inclusive C19RM Additional Funding Request development process involving representatives of Ministry of Health, impacted communities

⁹ Including JICA, DFAT, WHO, CDC and Red Cross Federation.

¹⁰ UNDP, MOH Directorate General of Public/Community Health and MOH Directorate General of Hospital Services.

and civil society organizations. GAC/CTAG considered the funding request as technically sound and highlighted the following issues for Secretariat's consideration:

- Ambitious funding request and country ownership: The country acknowledged colossal funding needs in the strategic priority areas with limited funding available from domestic and other sources. GAC/CTAG expressed concerns that significant funding from the Global Fund to these national priorities may undermine country ownership. The Secretariat noted this concern and addressed it through recommending activities to be funded in line with the country's proposed prioritization.
- Strong capacity building component on surveillance systems strengthening: GAC/CTAG review highlighted the compelling case made by the funding request for investments in wide range of capacity building interventions for health and surveillance professionals at community and national levels across the country.
- Cross-cutting approach to surveillance: TB remains a major public health concern in Indonesia. Through a cross-cutting multi-disease approach, the proposed investments aim to strengthen the existing infrastructure for TB case identification, notification and encourage close collaboration with disease surveillance teams, advancing TB prevention and control in the country.
- Linkages with global health agenda: The funding request prioritizes pandemic preparedness and response through early detection and surveillance. Aligned with the International Health Regulations and Joint External Evaluations outcomes, GAC/CTAG recommended to also incorporate lessons learned from the COVID-19 pandemic into strategic planning and implementation of the grant.

The C19RM IC Review and Recommendations

- The C19RM IC appreciated the balanced approach that the Indonesia CCM used in developing a funding request. It noted that the proposal included interventions relevant to the country context and is designed to improve health and community systems in the country and most activities are eligible and aligned with the strategic priorities outlined in the TIN.
- Overall, Indonesia is achieving the strategic shift from 27% funds in Health and Community System to 56% and from 43% of funds in COVID-19 Control and Containment to 28% following C19RM Portfolio Optimization, through significant scale-up in laboratories and diagnostics, health product management systems and surveillance systems.
- The IC noted the recommendation from GAC/CTAG on ambitious targets in the funding request and suggested to review implementation challenges. The most challenging aspect being the establishment of a point of care digital Logistics Management Information System. The difficulty is driven largely by the volume of health facilities to be included in the roll out. These challenges are mitigated to some extent by the implementer's (UNDP) experience in large-scale rollout of similar systems for immunization in the past two years in Indonesia.
- The IC noted the significant scale up and high level of travel-related costs due to program design in very complex geographical country context, consistent with approach to Global Fund investments in Indonesia and recommended close monitoring during implementation.¹¹
- The IC approved activities to be registered as Unfunded Quality Demand to be funded should additional funding become available. These include activities for strengthening

¹¹ These include travel plans, additional spot checks and alike.

surveillance and waste management systems, laboratories, diagnostics and health products.

South Sudan HIV & TB United Nations Development Programme (SSD-C-UNDP)

Background

As a challenging operating environment portfolio, South Sudan experiences operational constraints that hinder access to health services throughout the country. A severely weak infrastructure, sporadic inter-communal conflict, heavy rainfall and prolonged flooding result in constant migration of the South Sudanese population, exacerbating the issues in accessing health services even further. As a result, the country is prone to outbreaks including hemorrhagic fevers such as Ebola virus disease and Marburg as witnessed in the past two or three decades. In addition to being prone to disease outbreaks, South Sudan's health system remains fragile and weak mainly due to socio-political disturbances that the country is weaning itself of presently.

The COVID-19 pandemic has added to these country challenges. Although COVID-19 is no longer being considered an emergency in South Sudan, the threat of new COVID-19 variants and other pandemics remain and therefore the focus of the country is shifting to strengthening systems for health and pandemic preparedness, while continuing to implement measures to prevent the spread of the disease. COVID-19 response had significant knock-on effects on HIV, TB, and malaria programs, as such mitigation of the effects and putting in place recovery measures also remains a priority for the country. Effective and timely response to current and future pandemic necessitates that the country strengthens its system for health.

South Sudan is reliant on financial and technical support from donors to strengthen its health system and provide basic essential health services at national and sub-national levels. The country's biggest challenge is human resources for health due to a low density of the health workforce, a low production of health workers, remuneration challenges, and high attrition rates. These issues lead to inefficiencies and poor quality of care across South Sudan's health system.

C19RM Funding Request

The C19RM PO Wave 2 request was developed with engagement from national technical working groups focused on the COVID-19 response. They were consulted in the design of the request in February 2023, especially regarding HRH, PSM, surveillance, governance, laboratory systems, community health, and IPC. South Sudan's additional funding request¹² and reinvestments include interventions aiming to support the country's fragile health system and pandemic preparedness, while building on lessons learned from COVID-19.

The recommended C19RM additional funding of US\$ 23,000,000 for South Sudan complements the previously approved C19RM awards of US\$ 40,165,135 and brings the cumulative C19RM award to US\$ 63,165,135. On top of this, US\$ 338,733 was identified as savings funding PO Wave 2 Quality Demand and a further US\$ 10,469,498 of existing grant funding was approved to be used in 2024-2025.

¹² South Sudan has developed their C19RM Portfolio Wave 2 Additional Funding Request in collaboration with stakeholders, including the COVID-19 response national technical working groups, CCM, international and national consultants who also developed with the RSSH funding request for GC7.

The C19RM PO Wave 2 Additional Funding and Reinvestments request was developed in tandem with South Sudan's GC7 funding request. The proposed interventions within both funding requests complement each other, considering value for money dimensions and strengthening the country's efforts to bolster its health system and prepare for future pandemics. South Sudan developed the GC7 funding request and C19RM additional funding request together to avoid duplication.

The following activities present a holistic program, including approved reinvestments and recommended additional funding in line with the C19RM strategic priorities:

Surveillance system strengthening

- The Secretariat approved reinvestments proposed by the country for technical assistance and capacity building for the District Health Information System, and the Integrated Disease Surveillance and Response tools and processes.
- The Secretariat recommended additional funding is aligned with both the National Action Plan for Health Security and One Health Strategy to strengthen national capacities in health emergency prevention, pandemic preparedness and response. It highlights activities to stabilize the surveillance network and sustain the operation of the Rapid Response Team, aiming to improve early warning surveillance and response systems at the community level.
- To further strengthen points of entry into South Sudan, early warning signals and event-based surveillance activities in bordering counties (Yei, Nimule, Renk, Nadapal, Morobo) are prioritized in the request to limit future outbreaks.

Laboratories and diagnostics

- The laboratory network in South Sudan requires significant reinforcement. The Secretariat approved reinvestments proposed by the country to scale up laboratory capacities for detecting and diagnosing epidemic-prone diseases, while enhancing the laboratory system and diagnostic network.
- The Secretariat recommended additional funding will sustain and reinforce results achieved through the existing investments in reagents, consumables and blood transfusion services, specimen referral, diagnostic testing, biosafety and staff training.
- Interventions covered in C19RM will complement the bulk of activities addressed under GC7 such as governance, quality management systems, and strengthened integration of laboratory systems that address implementation of TB, HIV, and malaria responses. C19RM funding would mainly address cross-cutting activities in sample transport, linkages of laboratory with surveillance and strengthening pandemic preparedness and bio-safety.

Human resources for health and community systems

- The Secretariat approved reinvestments proposed by the country to scale up technical assistance to develop a national training manual on CLM and gender-based violence prevention.
- The Secretariat recommended additional funding for the country's proposed interventions related to strengthening human resources for health and community systems. To better address the associated sustainability challenges, the Secretariat recommends exploring technical assistance via Project BIRCH.¹³
- The South Sudan Ministry of Health seeks investments to counteract issues regarding human resources for health and access to health services by scaling up the work of

¹³ A centrally managed limited investment (CMLI).

CHWs.¹⁴ The capacity building investments under the Boma Health Initiative (BHI) will support 2,500 new CHWs, 200 supervisors and related training costs.

- To ensure complementarity, support for human resources for health and community health worker interventions are also referenced within South Sudan's 2023-2025 allocation period RSSH: HRH and Quality of Care.
- Interventions including CLM and institutional capacity strengthening for community-based organization complement existing investments in C19RM and 2023-2025 allocation period (GC7). Investments for BHI are strategically split between GC6 and GC7 grants include strategic and policy-related investments and additional C19RM funds include training and capacity building investments.

Medical oxygen, respiratory care and therapeutics

- The Secretariat recommended additional funding for country's requested activities for the installation and maintenance of oxygen plants, capacity building for biomedical technicians, procurement/distribution of medical oxygen cylinders, cannisters and external distribution systems to hospital sites. This request complements the GC7 RSSH funding request, which focuses on the sustainability of prior investments.

Health Product and Waste Management Systems

- The Secretariat recommended additional funding for the country's proposed investments that are in line with the priority areas of the country's pharmaceutical strategy (2022 – 2027) and address the key gaps in the areas of storage, distribution, LMIS, supply chain human resources capacity building and waste management. These complement existing GC6 investments and GC7 funding request for HIV, TB, malaria and RSSH.
- South Sudan's Ministry of Health prioritizes last mile delivery focusing on three regional warehouses, Wau, Malakal and Juba. Activities such as providing operational support to regional warehouses, development and roll-out of standard operating procedures, and capacity building are included in the request. While this request aligns with key country priorities and portfolio risks, the Global Fund Secretariat recommends that South Sudan conduct a detailed market assessment and revise the amount requested.
- To strengthen medical waste management, South Sudan proposes to roll out an Electronic Logistics Management Information System (eLMIS) in six states and 30 counties by 2026. This includes development of a user-friendly dashboard and strengthening its use via trainings, procurement of IT equipment and internet connectivity for 485 health facilities.

Other Considerations

Funding Landscape

South Sudan's political and economic instability has resulted in persistent low national budgetary allocation to the health sector. As a result, the Ministry of Health receives significant support from humanitarian and development partners to fund its health programs and strengthen its health system. The Global Fund is one of the country's main donors, however, the 2023-2025 allocation for RSSH funding could not accommodate the large financing gaps in South Sudan and therefore, a number of activities were integrated into the C19RM additional funding request.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) also provides investments in RSSH, focusing on technical assistance. Coordinated approaches also exist between South Sudan's Ministry of Health, the World Bank and the Health pooled Fund.

¹⁴ Including through: (1) developing a community health information system (CHIS) and integrating it into the country's District Health Information Software 2 (DHIS2); and (2) reviewing the training curriculum for community health workers under the Boma Health Initiative, building upon topics of pandemic preparedness, community surveillance, risk communication and community engagement.

The C19RM Portfolio Optimization Additional Funding and reinvestments aim to provide desperately needed health system and pandemic preparedness support to South Sudan. It fills gaps left by other funding streams which focus on direct service delivery at the facility and community levels, or which support the ongoing humanitarian response.

Implementation Arrangements

The activities under the additional funding request and reinvestments will be managed by an existing PR: UNDP, the current PR for HIV/TB/RSSH. The country's other PR, UNICEF, continues implementing the reinvestments in the existing C19RM activities under the GC6 malaria grant.

Both PRs have sufficient experience and contextual understanding of operations and will continue to implement the GC7 grant in the country. Sub-recipients are adequately represented at the community level. The Secretariat does not anticipate any challenges in implementing reinvestments.

Execution Risks and Mitigating Actions

South Sudan is a challenging operating environment portfolio with an additional safeguards policy in place. C19RM additional funding and reinvestments poses incremental operational risks. The Global Fund Secretariat developed mitigating actions to address operational risks.

Sustainability of most interventions is heavily dependent on the Global Fund and other partners' support. There are significant challenges in human resources for health and access to health services. C19RM investments in human resources for health, including CHWs complement GC7 grant activities. Medium-term sustainability for human resources for health and specifically CHW interventions is provided in the GC7 RSSH budget from 2026.

Risks to the procurement and deployment of health and non-health products and equipment exist due to in-country distribution challenges, particularly those related to security and access. To mitigate these risks, the Global Fund Secretariat recommends conducting LFA reviews of implementation plans, monitoring of execution and identifying synergies within current supply chain arrangements to improve cost-effectiveness and implementation efficiency.

GAC/CTAG Review and Recommendations

GAC/CTAG found South Sudan's C19RM Additional Funding Request technically sound and aligned with the priority areas detailed in the C19RM Technical Information Note and provide the following additional recommendations:

- Operational feasibility, risks and implementation support: South Sudan faces a myriad of implementation challenges, including a deficient road network, fragile institutions, political instability, persistent insecurity, and more. Partners noted that the request for additional funding adeptly identifies these general risks.¹⁵ Partners suggest that South Sudan provide specific risk mitigation measures within each intervention to improve overall effectiveness of its implementation strategy.
- Coordination of investments from domestic and other sources: The funding request highlights the various inter-partner coordination mechanisms, notably the Health Pooled Fund, World Bank and PEPFAR. However, it does not explain well how this grant will support increased government ownership over key aspects of the health system (e.g., Boma Health Initiative, e-LMIS, oxygen plant, last mile distribution).

¹⁵ However, the funding request does not consistently clarify the specific strategies to mitigate these risks within each intervention (i.e., pharmaceutical last mile distribution and eLMIS implementation).

However, Partners noted that the development of the funding request and reinvestments was done in tandem with the 2023-2025 allocation and grant-making exercise. Detailed analysis was done by the secretariat to ensure synergy across funding streams to remove duplications and ensure the resources are maximized.

IC Review and Recommendations

- The IC acknowledged overall robust investment case, well-coordinated review, good quality and makes strong business case; noting the trade-off between ambition and funding constraints.
- Overall, South Sudan is achieving the strategic shift from 23% funds in Health and Community System to 45% and from 60% of funds in COVID-19 Control and Containment to 37% post C19RM Portfolio Optimization Waves 1 and 2, through significant scale up in human resources for health and community systems strengthening and laboratory systems activities.
- The IC underlined the emphasis on CHW, noting that investments into South Sudan's BHI would strengthen the country's health system and ensure access to essential services.
- However, the IC recommended that South Sudan's Ministry of Health develop a sustainable finance plan for C19RM-funded community health and human resources for health (HRH) activities, to ensure a progressive transition to domestic financing. The Ministry of Health should also develop a harmonized HRH training plan, integrating best practices across disease programs and services.
- The IC acknowledged the significant constraints in South Sudan leading to a heavy dependence on donors in the public health sector. The government of South Sudan is currently putting in less than 2% of the budget into health. With the anticipation that the country will continue to have challenges in sustainability, it will be important for the Global Fund Secretariat to coordinate closely with other partners and work on an eight-to-ten-year sustainability plan.
- The IC recommended the PR or SR to seek support from Project BOXER on the BM Engineers training plans, essential for capacity building and sustainability of the PSA plants.
- The IC encouraged the country to document and leverage the results and learnings from the eLMIS pilot phase to guide the implementation plan (roll out) to the targeted 485 health facilities and put in place adequate asset management and control system for IT equipment. In addition, the IC recommended to carry out a market assessment to identify suitable private sector companies to provide Warehousing and last-mile delivery (LMD) services via a third-party logistics (3PL) operator.

Annex 1 – Relevant Past Decisions

Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting¹⁶, the following summary of relevant past decision points is submitted to contextualize the decision point proposed in Section 1, above.

Relevant past Decision Point	Summary and Impact
GF/B48/DP03: Extension of the COVID-19 Response Mechanism ¹⁷ November 2022	This decision point approved that: <ul style="list-style-type: none"> (i) C19RM funds may be awarded through 30 June 2023, with opportunity for subsequent C19RM Portfolio Optimization awards; (ii) C19RM funds may be implemented through 31 December 2025 to finance interventions across the Sixth and Seventh Replenishment periods; (iii) C19RM funding requests will continue to be developed through appropriate, multi-sectoral consultation and fully inclusive decision-making; (iv) Up to 4.5% of C19RM funds (an increase from the prior ceiling of 3%) may be used by the Secretariat to cover, additional management and operating costs related to the extension of C19RM; and (v) All other parameters of C19RM under GF/B46/EDP06 remain unchanged.
GF/AFC20/DP03: Approval of Available Sources of Funds for the COVID-19 Response Mechanism October 2022	The Audit and Finance Committee approved an additional amount of US\$164 million as available sources of funds for C19RM.
GF/AFC20/DP02: Approval of Available Sources of Funds for Optimization and Financing Unfunded Demand for the COVID-19 Response Mechanism October 2022	The Audit and Finance Committee approved US\$400 million of forecasted unutilized C19RM funds as available sources of funds and acknowledged that such amount will be used to award C19RM funds through 31 March 2023.
GF/B46/EDP06: Extension of the COVID-19 Response Mechanism and COVID-19 Operational Flexibility ¹⁸ December 2021	The Board approved a further extension of the timelines for the receipt and award of funds for the Global Fund COVID-19 Response Mechanism based on further modifications proposed by the Secretariat.

¹⁶ GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2 (<http://www.theglobalfund.org/Knowledge/Decisions/GF/B32/DP05/>)

¹⁷ <https://www.theglobalfund.org/kb/board-decisions/b48/b48-dp03/>

¹⁸ <https://www.theglobalfund.org/kb/board-decisions/b46/b46-edp06/>

Relevant past Decision Point	Summary and Impact
<p>GF/B48/DP03: Extension of the COVID-19 Response Mechanism¹⁷</p> <p>November 2022</p>	<p>This decision point approved that:</p> <ul style="list-style-type: none"> (i) C19RM funds may be awarded through 30 June 2023, with opportunity for subsequent C19RM Portfolio Optimization awards; (ii) C19RM funds may be implemented through 31 December 2025 to finance interventions across the Sixth and Seventh Replenishment periods; (iii) C19RM funding requests will continue to be developed through appropriate, multi-sectoral consultation and fully inclusive decision-making; (iv) Up to 4.5% of C19RM funds (an increase from the prior ceiling of 3%) may be used by the Secretariat to cover, additional management and operating costs related to the extension of C19RM; and (v) All other parameters of C19RM under GF/B46/EDP06 remain unchanged.
<p>GF/B44/EDP18: Second Extension of C19RM Timeline and Operational Flexibility for COVID-19¹⁹</p> <p>March 2021</p>	<p>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.</p>

¹⁹ <https://www.theglobalfund.org/kb/board-decisions/b44/b44-edp18/>