

# Operational Update:

## Scaling up Ag RDT Use, Updated C19RM Guidelines on Assurance, C19RM Procurement Progress Reporting Template

18 June 2021

[Ag RDT Testing](#) | [C19RM Guidelines: Assurance](#) | [C19RM Procurement Progress Reporting Template](#)

Dear colleagues,

Effective testing for SARS-COV-2 remains a vital part of a national strategy to suppress virus transmission and save lives. Boosting testing through higher and more effective Ag RDT use as part of this strategy is strongly encouraged.

Following the update we sent you on 20 May on [scaling up COVID-19 diagnostics using Ag RDTs](#), we would like to share additional information that WHO has recently circulated to partners and WHO Regional Offices:

- **Ag RDT testing can be carried out by trained individuals, including community health workers.** WHO recommends the use of Ag RDTs, which can be used outside of health facility and laboratory settings, including in communities. Ag RDTs should be administered by trained individuals, that can include community health care workers and many others, following national laws and regulations supporting task-shifting/task-sharing and decentralization of health services to maximize access and facilitate infection prevention and control. [A training package is available on the WHO website](#), with versions in English, French, Spanish, Russian, and Portuguese.
- **Ag RDT results do not require routine confirmation by PCR**, if testing is carried out by trained individuals according to manufacturer's instructions. In settings with limited transmission or individuals with low risk of infection being tested, such as asymptomatic individuals without exposure to a known case, there is an increased likelihood that some infections will be missed due to low sensitivity. This is likely to result in many positive RDT results that are false-positives (low positive predictive value). In such settings and when test results

are in doubt, confirmation by repeat testing – ideally by PCR – is recommended.

- For more information on the different types of tests available and use cases for Ag RDT see these WHO Infographics: [Diagnostic Testing for SARS-CoV-2 infection](#) and [Use of antigen-detection rapid diagnostic testing](#).

**We strongly encourage C19RM applicants** to consider the above information when developing their C19RM funding requests, in order to optimize access to high quality, cost-effective (US\$3 per Ag RDT vs. US\$20 per XPert SARS CoV-2 cartridge), and decentralized COVID-19 testing within national responses.

WHO is updating its Ag RDT guidance as well as preparing interim guidance on Recommendations for National SARS-CoV-2 Testing Strategies and Diagnostic Capacities. The new guidance is expected in the coming weeks.

If you have any questions, please do not hesitate to reach out to your Country Team.

Best regards,  
The Global Fund

## **1. Updated C19RM Guidelines: New Assurance Section**

We are pleased to share with you the updated [C19RM Guidelines](#), which cover the end-to-end process of C19RM from funding request stage until grant closure, and apply to all applicants and Principal Recipients. The document has been updated to include a differentiated **C19RM assurance framework** (Section 2.6 and Annex 1).

As COVID-19 interventions are anticipated to be new and quite different from those of regular grants, greater visibility and oversight across the C19RM lifecycle is required. The new section in the guidelines explains the assurance approach to address incremental programmatic, financial and supply chain-related risks arising from proposed C19RM investments. The updated guidelines will assist in tailoring the required assurance activities to the risks from funding request preparation and screening, award and implementation, to the data monitoring and reporting.

The Global Fund has approved heightened attention on portfolios with C19RM awards of over US\$20 million (C19RM Assurance-Prioritized Portfolios). For these countries, the Global Fund will request enhanced reporting from the Principal Recipients and the LFA will undertake mandatory minimum assurance which will be communicated in the notification letters. The rest of the portfolios will undertake risk

based assurance activities, as per regular practice, and tailored to C19RM investments.

While these guidelines leverage existing grant structures, emphasis from an assurance standpoint will be towards measuring **inputs** such as the scale-up of diagnostics, PPE, and treatment and **outputs** such as timely availability of commodities through in-country assurance of service delivery.

The C19RM Guidelines have also been updated to include additional reporting requirements for certain Local Sourcing Advised Health Products (currently oxygen products set out at Table 4 of the Health Product Segmentation Framework).

## **2. C19RM Procurement Progress Reporting Template**

The [C19RM Procurement Progress Reporting Template](#) is designed to enable Principal Recipients to report information to the Global Fund Secretariat on: a) Strategic; b) Mainstream; and c) Local Sourcing Advised with Enhanced reporting health products financed with C19RM funds and procured outside the Global Fund's Pooled Procurement Mechanism.

The new template captures information on award of contracts by implementers and fulfillment of delivery by suppliers under the approved purchased orders, which will help in consolidated reporting to the Global Fund Board.

The template can be used by Principal Recipients to centralize information on key C19RM-financed procurements and to monitor delivery timelines to ensure the timely supply of health products to the countries to help in their national COVID-19 responses.

The template has four worksheets with necessary instructions, scope of product required for reporting, a filled example and the template to be filled and submitted to the Global Fund by the designated dates.

The reporting timelines for these products are set out in the [C19RM Guidelines](#).