



COVID-19 RESPONSE MECHANISM

C19RM Portfolio Optimization Wave 2

5 April 2023

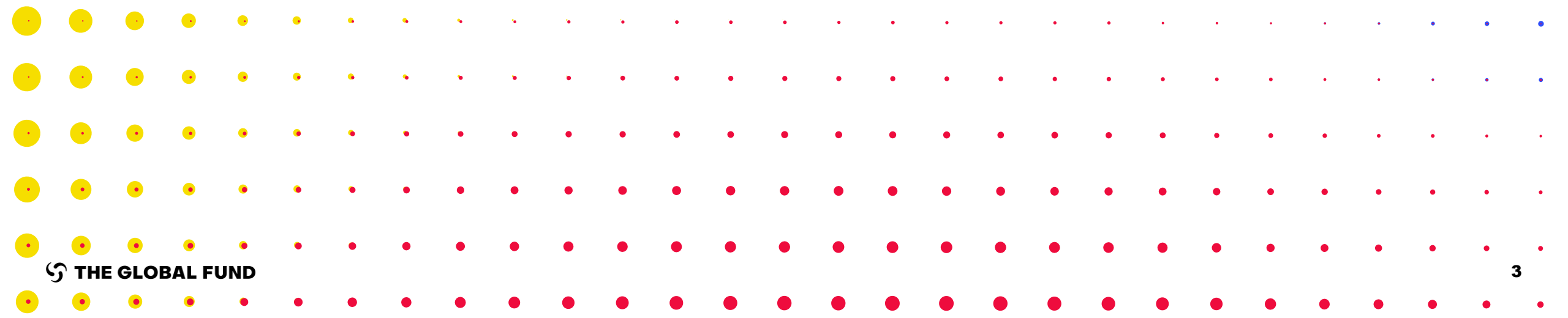
Content

Topic	Presenter	Time
1 C19RM PO Wave 2 Overview	Jacqueline Bataringaya Senior Manager, C19RM Secretariat	<i>15 minutes</i>
2 C19RM Technical Information Note	David Lowrance Senior Advisor, Technical Advice and Partnerships	<i>10 minutes</i>
3 Performance Framework + M&E	Suman Jain Senior Specialist, Monitoring, Evaluation and Country Analysis	<i>10 minutes</i>
4 Application Form	Ani Gabrielyan Operations Officer, Access to Funding	<i>10 minutes</i>
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C19RM PO Wave 2 overview



Overview: C19RM Portfolio Optimization Wave 2

C19RM was designed as a funding stream to cover three main areas of investment.

1. reinforcing the COVID-19 response.
2. mitigation of the impact of COVID-19 on HIV, TB, and malaria programs
3. urgent improvement to health and community systems.

C19RM remains flexible and agile given uncertainties about pandemic evolution.

Country priorities have shifted from acute pandemic response to strengthening systems for health and pandemic preparedness, and recovery of HIV, TB and malaria programs.

C19RM funding awards have been extended to 30 June 2023 and countries can continue to implement C19RM-funded activities until 31 December 2025.

C19RM Portfolio Optimization (PO) Wave 2 facilitates the shift towards longer term strengthening of RSSH and pandemic preparedness aligned to Grant Cycle 7 investments.

Other portfolio optimization waves will potentially continue after June 2023.



New endorsement requirements: In addition to endorsement by CCM, endorsement by the **national epidemic and pandemic preparedness coordinating body** + Ministry of Health and Ministry of Finance

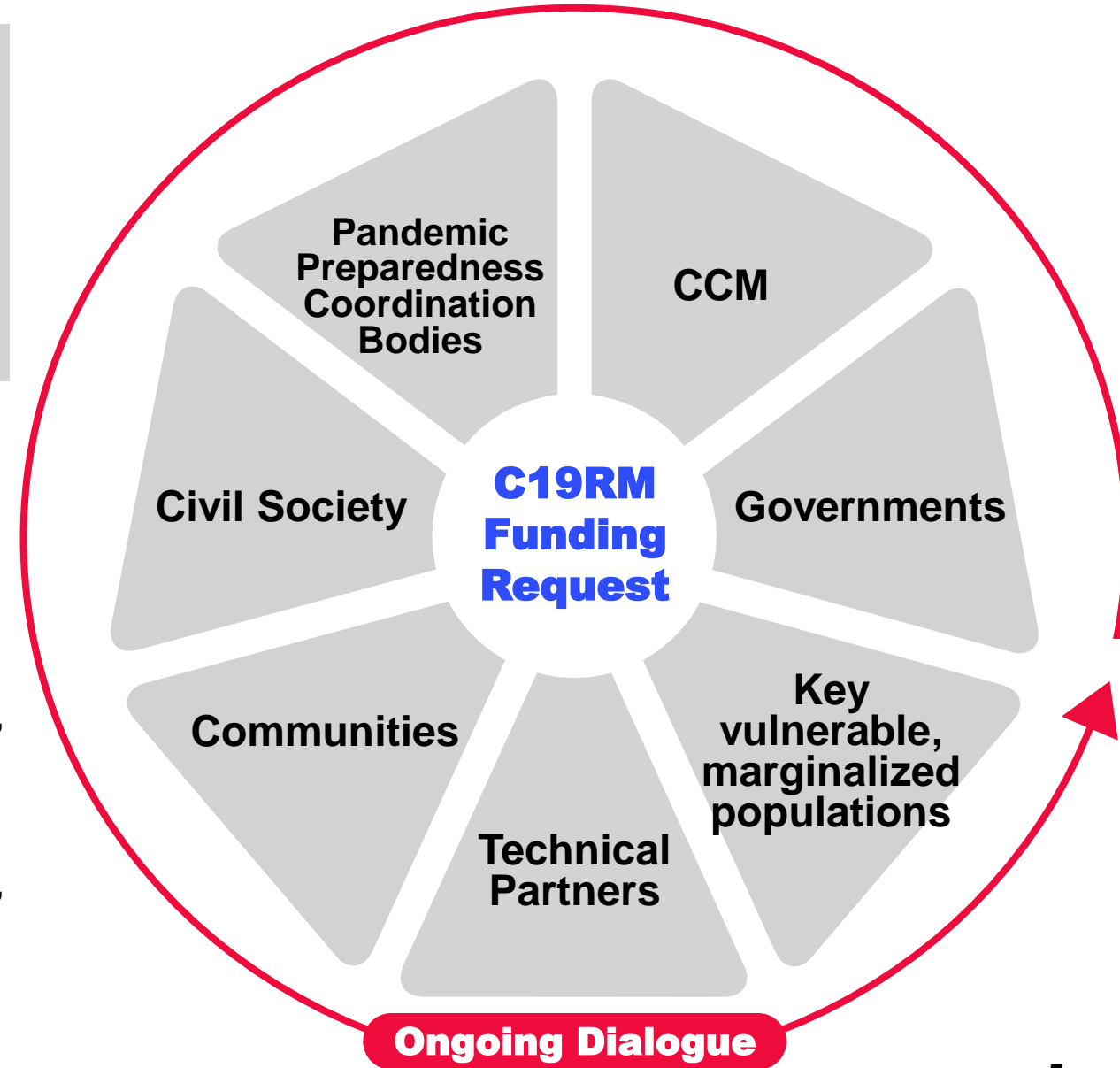
Technical Guidance & Partner Engagement

- Updated **technical guidance** and application materials and communications
- **Partners are engaged in-country** during the preparation of funding requests through CCMs.
- **Regional and global coordination** is continued with partners across a range of forums.

Important note: Engagement is required by **relevant government and pandemic preparedness coordination bodies**.

This could include appropriate national COVID-19 response structures and/or relevant health systems bodies, such as:

- Epidemic and pandemic preparedness coordination bodies, such as national public health institutes (NPHIs).
- National IHR Focal Points
- Epidemiologic surveillance and laboratory directorates, and/or
- Community health/human resources for health units.



CCM Coordination & Engagement

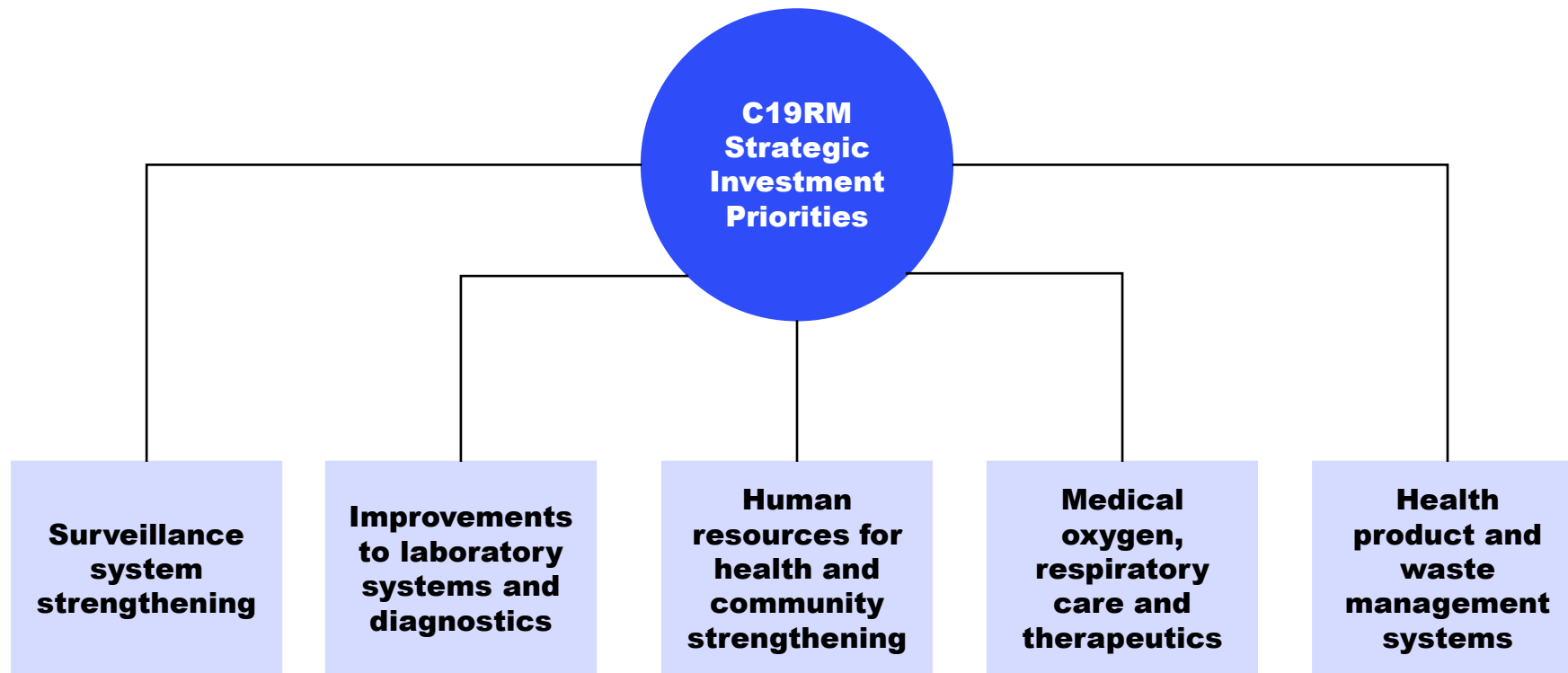
CCM Funding

- **Additional CCM funding (up to 25% of CCM's annual budget and subject to need)** available, to support engagement of key stakeholders/communities and coordinate with national COVID-19 response bodies or equivalent bodies for RSSH and pandemic preparedness.

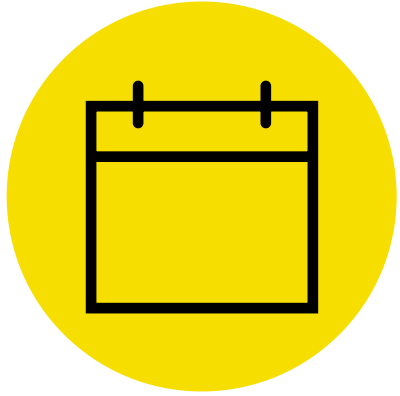
COVID-19 Response Mechanism

Due to the evolution of the pandemic, implementing countries can reinvest C19RM funding from the COVID-19 response to **longer-term systems for health investments and pandemic preparedness.**

Timelines	
30 Jun 2023	Award C19RM Funding
31 Dec 2025	C19RM Implementation



C19RM Portfolio Optimization Wave 2 - timelines



Updated deadline: 12 May 2023

This updated timeline supports better coordination of funding streams and support timely awards and implementation through:

- Increased complementarity with GC7 applications.
- Integration and coordination with Pandemic Fund (proposals due 19 May)
- Defining programmatic gaps and maximizing potential for countries to develop proposals to register Unfunded Demand for future additional funding opportunities – including Pandemic Fund and C19RM.
- Analysis of budgets, prioritization, reinvestments / re-budgeting, and preparation of Performance Frameworks.
- Resource mapping across national, regional and global funding mechanisms

The Global Fund Secretariat will **review and approve C19RM applications on a rolling basis** - to ensure rapid deployment of funds, maximize implementation time and optimize fund utilization through 31 December 2025.

Integrated planning for GC7 and C19RM grants

Step 1: Define and prioritize RSSH needs

RSSH Gap Analysis

- Prioritization of RSSH areas for each of HTM programs
- Prioritization across the HTM programs
- Funding gap analysis



Additional RSSH-PP Analyses

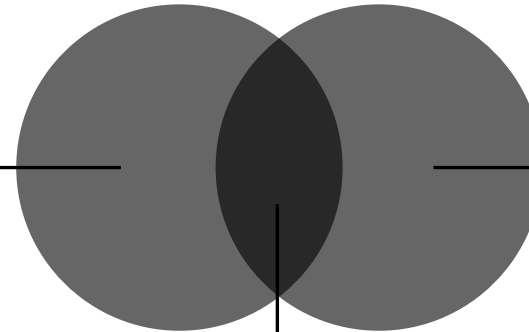
- Prioritization of systems gaps for Integrated people-centered quality services and pandemic preparedness
- Costing of additional RSSH-PP priority need

Step 2: Translate them into requests for GC7 and C19RM – enhancing synergies and avoiding duplication

GC7 priorities

Ensure funds from GC7

- M&E systems (HMIS, etc.)
- Health finance
- Integrated services



Overlapping priorities

Use both GC7 and C19RM in mutually complementary way

- CHW-HRH/CBO & CLO
- Laboratory systems
- Supply chain (limited scope for C19RM)
- Other (Waste management, IPC/AMR)

C19RM priorities

Use C19RM while securing post-2025 funding

- Early warning surveillance (incl. surveillance data)
- Oxygen system

Coordination and Complementarity: C19RM and Pandemic Fund

Allowing countries to maximize alignment and synergies across pandemic preparedness funding streams.

C19RM Portfolio Optimization

Wave 1
US\$547 million
awarded to 40
countries

Wave 2
Additional
US\$323
million

Open to Global Fund eligible countries

Application materials and timelines for C19RM extension period are available on the Global Fund [website](#).

For C19RM programmatic priorities including:

- 1) **surveillance system strengthening;**
- 2) **laboratory and diagnostics;**
- 3) **human resources for health and community systems strengthening;**
- 4) **medical oxygen, respiratory care and therapeutics; and**
- 5) **health product and waste management systems.**

Pandemic Fund

New Funding
~US\$300
million

For Pandemic Fund priority areas:
1) comprehensive disease surveillance and early warning;
2) laboratory systems; and
3) human resources/workforce strengthening

Open to all IDA/ IBRD countries eligible

Countries can indicate interest in applying for Pandemic Fund resources in collaboration with the Global Fund (see [Operational Update](#)). Countries can also choose to work with any approved Implementing Entity.

The basis on which the Global Fund is able and willing to act as an “Implementing Entity” has yet to be determined by the Global Fund Board.

Important Note: Coordination is needed at the country level to avoid duplication and integrate PPR investments into building resilient national healthcare systems, including national pandemic preparedness coordination bodies.

Using the Global Fund as an Implementing Entity

Coordination and integration into existing operations.

- The Global Fund is one of the 13 approved entities for the Pandemic Fund's first call for Proposals.
- A streamlined and integrated funding request (C19RM and Pandemic Fund) allows Countries to indicate in their funding request (first page) whether they are interested in having unfunded needs from their proposal considered as part of a proposal from the Global Fund to the Pandemic Fund.
- The funding request design ensures essential information is provided with no additional burdens generated or need for more information to be provided by the country to be considered.
- Countries may opt to be considered for the Global Fund proposal to the Pandemic Fund without applying for C19RM PO wave 2.

THE GLOBAL FUND

COVID-19 RESPONSE MECHANISM

Additional Funding Request Form

Date Created: 20 March 2023

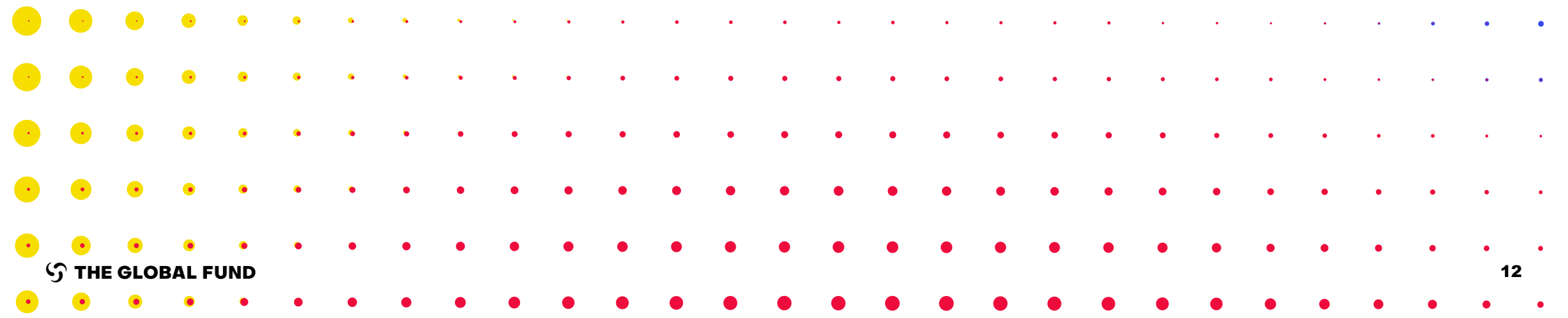
Pandemic Fund interest.
To be considered for the Pandemic Fund, funding requests must cover one or more of the three priority areas of the Pandemic Fund's first Call for Proposals (surveillance, laboratory systems, or human resources/workforce strengthening)

[Please indicate (Yes or No) whether the applicant would like to also be considered for funding through the Pandemic Fund with the Global Fund as an Implementing Entity. Approved, unfunded demand from this C19RM Additional Funding Request may be considered as part of a proposal from the Global Fund to the Pandemic Fund.]

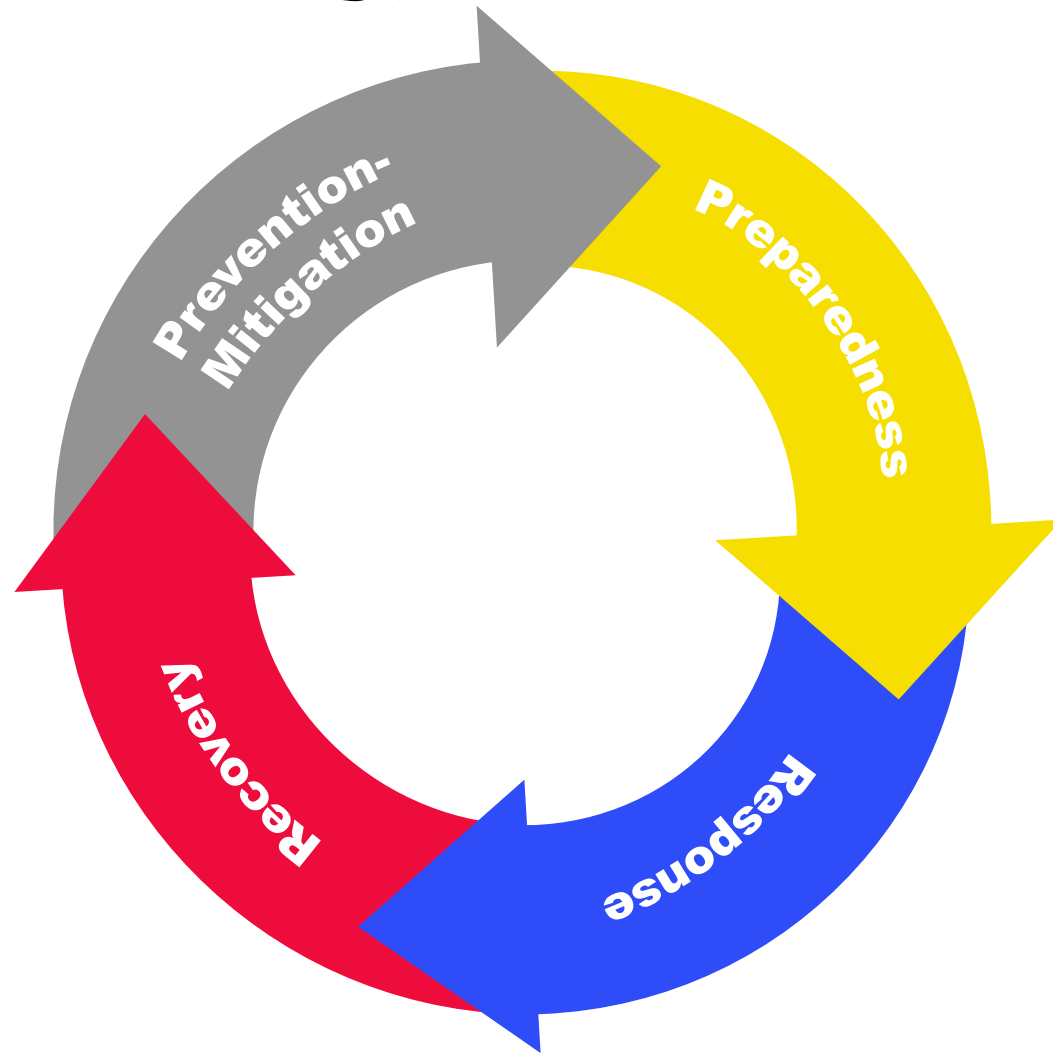


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C19RM Technical Information Note



Transition from COVID-19 Response to Recovery, Prevention and Preparedness



C19RM

- COVID-19 control and containment interventions.
- Activities to mitigate the effects of the pandemic on HIV, TB and malaria programs.
- Expanded reinforcement of key aspects of health and community systems.

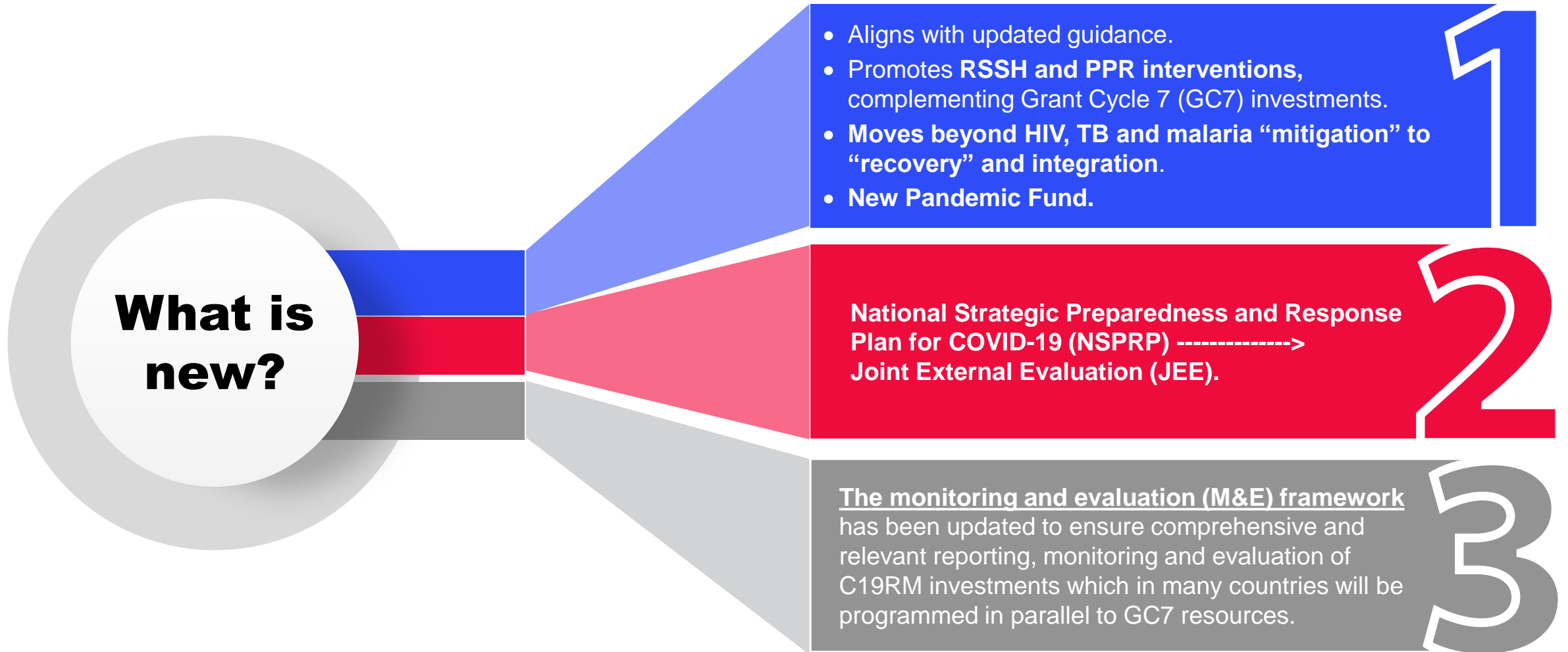
TRANSITION PLANNING

Increased focus on integration of key response functions, and health systems' resilience and pandemic preparedness has been consistently emphasized.

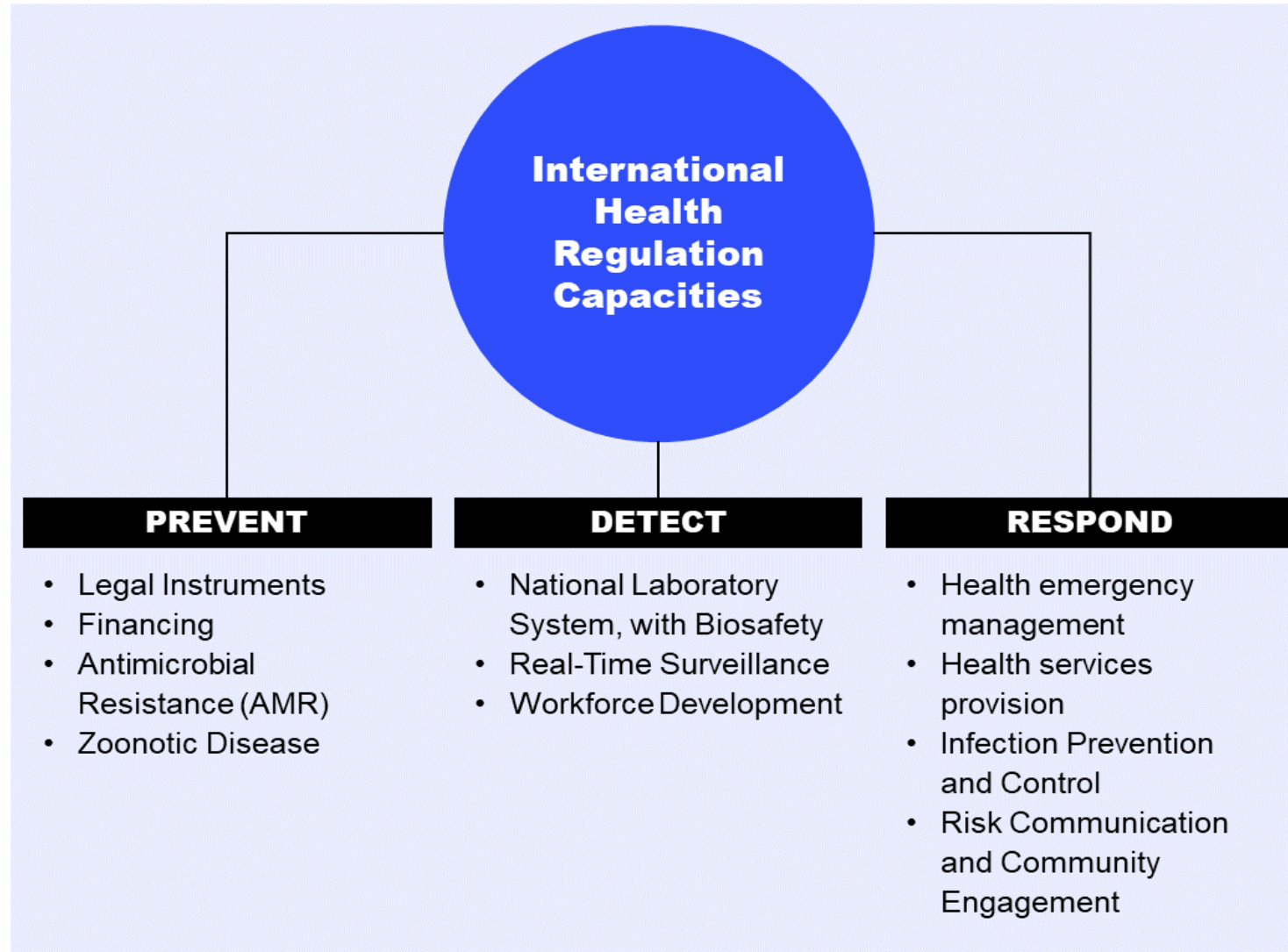
PREPAREDNESS

Health and community systems and pandemic preparedness programmatic priorities.

Key Changes



Health System Resilience and Pandemic Preparedness Domains in WHO Joint External Evaluation Framework



Health and Community Systems and Pandemic Preparedness Programmatic Priorities



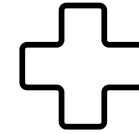
**Surveillance
system
strengthening**



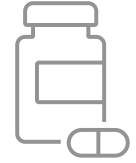
**Laboratory
and
diagnostics**



**Human
resources for
health and
community
system
strengthening**



**Medical
oxygen,
respiratory
care and
therapeutics**



**Health
product and
waste
management
systems**

Programmatic Priority 1

Surveillance System Strengthening

Focus on Early Warning Surveillance - a system to detect and notify public health authorities of a possible infectious disease threat or patterns that will trigger further investigation and/or response.

Recommended activities

- Event-based surveillance
- Indicator-based surveillance e.g., sentinel, community-based
- Integration of SARS-CoV-2 surveillance into routine systems
- National guidelines, standard operating procedures (SOPs), training materials
- Joint external evaluations (JEE)
- National Action Plan for Health Security (NAPHS), operational planning
- Intra & /after-action reviews (7-1-7), and simulation exercises
- Capacity building support
- Support to civil society and community organizations

Cross-cutting elements

- Facility and community health services
- Laboratory
- Data systems, analysis and use
- Workforce
- Response management

Specific surveillance activities

- Assessment of existing surveillance systems or laboratory capacities
- National coordinating center, e.g., national public health institute, public health emergency operations center/situation room
- Strengthening national healthcare associated infection surveillance
- Dissemination of reports relating to priority measures and outputs of the surveillance system
- Development and implementation of a National Action Plan to address AMR (in line with the Global Action Plan on AMR)

Programmatic Priority 2

Laboratory System Strengthening

Test results are critical for diagnosing diseases, guiding treatment, determining drug resistance, and identifying diseases of public health significance through surveillance. A functional, integrated, tiered laboratory system with level-appropriate diagnostic testing is necessary to address these health system requirements.

Lab Module of the [Modular Framework](#) covers eight intervention packages:

A COVID-19 national testing transition strategy should include a clear structure and defined internal governance on integration/coordination of testing and how collaboration with stakeholders (including communities) is organized.

National laboratory governance and management structures

Laboratory-based surveillance

Quality management systems and accreditation

Laboratory supply chain systems

Laboratory information systems

Specimen referral and transport system

Network optimization and geospatial analysis

Biosafety and biosecurity, infrastructure, and equipment

Programmatic Priority 2

Sample Key Activities

- The use of multipathogen testing instruments is encouraged as per the WHO information note (2017) [Considerations for Adoption and Use Of Multi-disease Testing Devices](#) moving towards integrated laboratory diagnostic networks that use common laboratory equipment to support multiple testing streams. Focus on integration of COVID-19 testing into existing national essential diagnostics services is recommended.
- Laboratory surge capacity planning (infrastructure, staffing and operations) as part of pandemic preparedness allowing for large-scale testing.
- Integrated specimen transport networks, quality management systems, laboratory information systems, infrastructure, equipment, laboratory supply chain management systems and human resource capacity.
- Laboratory-based surveillance which could include genomic, AMR and zoonotic disease surveillance activities, multipathogen testing.
- Capabilities of laboratories to test and return results of specimens from outbreak and epidemic prone diseases, including investments that include electronic reporting from community level to national level.
- Biosafety and biosecurity practices, and waste management.

For a complete list of programmatic activities, refer to C19RM Technical Information Note.

Programmatic Priority 3

Human Resources for Health and Community Health Workers

The Global Fund's HRH investments support

- Optimization of the health workforce to ensure equitable access to and scale up integrated, people-centered health services.
- Improvement of HRH performance and quality of care via evidence-based innovative interventions.
- Strengthening of PHC and community level integrated service delivery, and pandemic preparedness.

Critical approaches for investing in HRH

- More effective interventions to improve HRH performance.
- Catalytic support for integrated HRH strategic planning supporting country workforce development, including CHWs.
- Enhance system readiness to scale CHWs aligned with WHO guidance.

Intervention areas for HRH and Quality of Care

- HRH planning, management and governance, including CHWs.
- Education and production of new health workers, excluding CHWs.
- Remuneration and deployment of existing/new staff, excluding CHWs.
- In-service training, excluding community health workers.
- Integrated supportive supervision for health workers, excluding CHWs.
- Quality improvement and capacity building for quality of care.
- Community health workers: selection, pre-service training and certification.
- Community health workers: contracting, remuneration and retention.
- Community health workers: In-service training.
- Community health workers: Integrated supportive supervision.

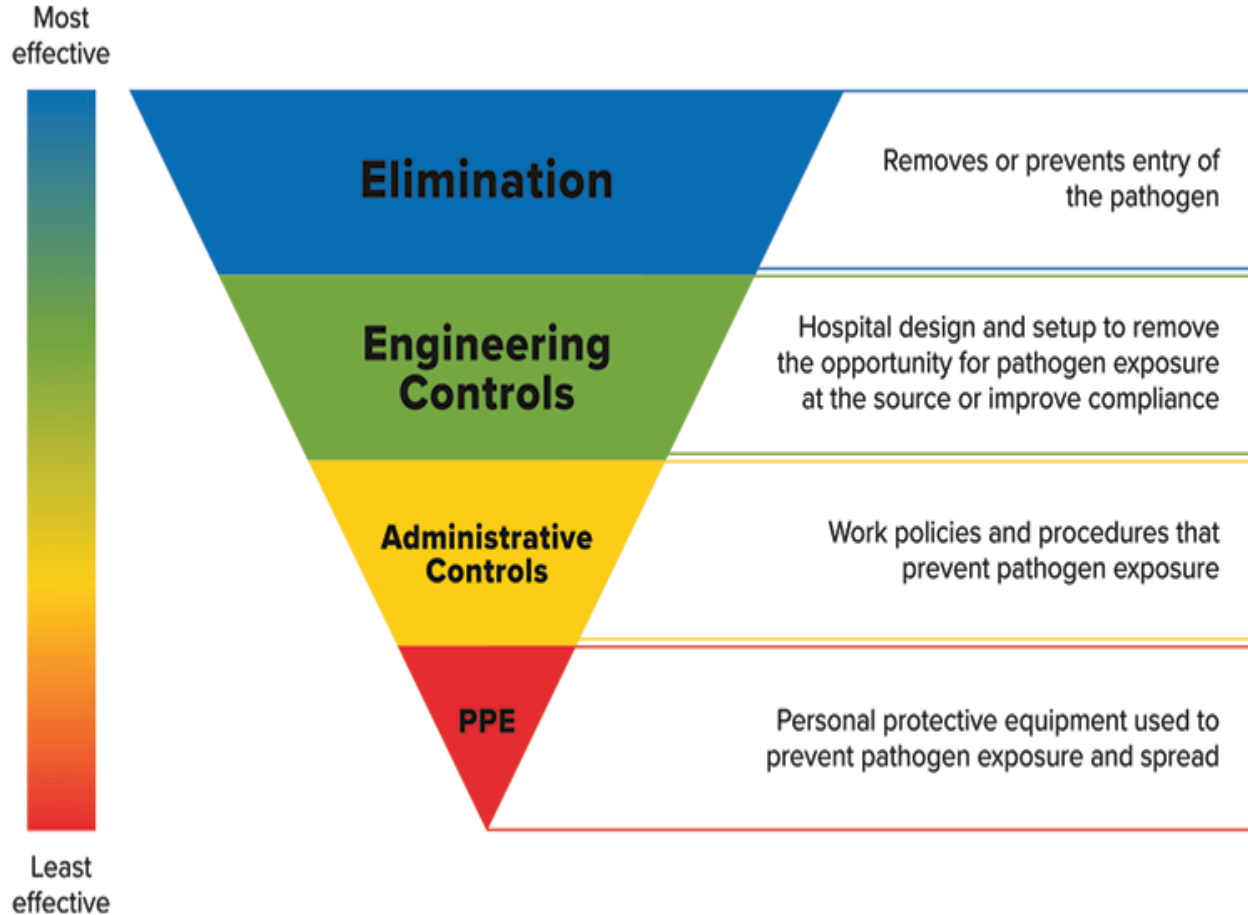
Programmatic Priority 3

Sample Key Activities

- HRH policy or strategic planning, such as development and monitoring of a national HRH strategy.
- Strategic framework to nationally prioritize resources and investments in One Health workforce development.
- National Field Epidemiology Training Programs including Frontline, Intermediate and Advanced Programs.
- Rapid responses for public health events, including surge preparedness.
- Rapid workforce planning exercises/ analysis to inform workforce skills optimization and re-deployment.
- Pre-service education, including curriculum development and review.

For a complete list of programmatic activities, refer to C19RM Technical Information Note.

Infection Prevention and Control and Protection of Health Workers Beyond PPE



Hierarchy of IPC controls:

- PPE is the least effective IPC control.
- IPC programs implement the whole pyramid.

Infection Prevention and Control: Activities

Priority activities

- Strengthening national, sub-national, or facility-based IPC programs.
- Development/revision and implementation of a national IPC strategy including guidelines, standards, and policies.
- Development of a national M&E systems for IPC, including key indicators.
- Strengthening systems for outbreak detection and response, including AMR
- Training and supportive supervision of health workers (pre- or in-service)

Additional activities and programs

- Supporting implementation of strategies for health care associated infection or AMR surveillance to link with public health notification in line with national efforts for surveillance.
- Patient screening, triage and isolation to rapidly identify people with suspected infectious diseases including COVID-19 and TB.
- Ensuring sufficient water/ sanitation infrastructure and supplies for hand hygiene.

For a complete list of programmatic activities, refer to C19RM Technical Information Note.

Programmatic Priority 4

Medical Oxygen, Respiratory Care and Therapeutics

Appropriate surge planning to:

- Ensure prior C19RM O2 investments are well supported to ensure successful implementation and impact.
- Transition from COVID-19-specific case management to more integrated approaches, health facility and community staff should be trained on the case definitions of suspected COVID-19 and other notifiable infectious diseases, including respiratory pathogens such as influenza.
- Develop, disseminate and train on updated surge plans based on requirements for COVID-19 and other notifiable infectious diseases; e.g. via Simulation exercises
- Apply test and treat approaches and ensure capacity to rapidly deploy and scale integrated services focusing on high-risk groups with mild/moderate forms of COVID-19.

Activities which can be supported include:

- Monitor performance indicators at patient level to assess whether processes of care are improved.
- Evaluate implementation and effectiveness of case management procedures and protocols.
- Medical oxygen and respiratory care interventions that are eligible for Global Fund support include Bulk oxygen supply, Oxygen distribution and storage, Oxygen delivery and respiratory care, Oxygen support systems.

For a complete list of programmatic activities, refer to C19RM Technical Information Note.

Health Product Management Systems

Quality Assurance

- Pre- and post-market surveillance activities of health products.
- Monitoring activities.
- Budget support to address both pre- and post-market surveillance requirements.
- Regulatory strengthening.

Supply Chain

- Flexible Capacity for Efficient Surge Management.
- Accelerating agility using data.
- Effective Supply Chain System Governance.

Maintenance of health equipment

- Regular preventive maintenance all medical equipment, including laboratory diagnostic platforms, oxygen.

Programmatic Priority 5

Medical and Laboratory Waste Management Systems

Priority activities

- Disease programs are strongly encouraged to consider waste management as a part of core grants to address waste generated by these programs.
- C19RM is not intended to address routine waste issues from HIV, TB, or malaria programs.
- Right technical in-country stakeholders (e.g., IPC and WASH focal points, Ministry of Environment) need to be actively engaged in the proposal development that it is aligned with a national waste management strategy.

Examples of activities

- Systematic assessment of health care waste and needs.
- Support of national waste management programs and engagement of key stakeholders including IPC, WASH, Environment, and communities.
- Maintenance and servicing of waste treatment technologies.

For a complete list of programmatic activities, refer to C19RM Technical Information Note.

Human Rights, Gender, Community Systems and Community-led Responses

1

Respond to human rights and gender related barriers to services

2

Community-led monitoring

3

Community-led advocacy and research

4

Social mobilization, building community linkages and coordination

5

Institutional capacity building, planning and leadership development

6

Gender-based violence (GBV) prevention and care

TA support for funding request development and more

Surveillance system strengthening	<ul style="list-style-type: none">• Surveillance CMLI: Extensive technical support from the Task Force for Global Health (TFGH) for up to 9 countries for early warning surveillance• RTSL Support: BGMF-funded virtual support led by Resolve to Save Lives to 7 countries for funding request development for early warning surveillance and country intensive TA for 4 countries
Laboratory and diagnostics	Project STELLAR: CHAI, ASLM and APHL support TA in 23 countries for lab diagnostics and systems strengthening investment, including Wastewater-Based Surveillance and genomic sequencing in 6 countries.
Multiple areas incl. Lab and Surveillance	USG set-aside: USAID and US CDC via various partners incl. FHI360, ICAP, JHPIEGO, Georgetown for various RSSH-PPR technical areas including labs, surveillance, IPC in 34 countries.
Human resources for health and community system strengthening	<ul style="list-style-type: none">• Project BIRCH: Last Mile Health support via various partners (MUSO, Living Goods, Financing Alliance for Health, Community Health Impact Coalition, UNICEF and more and working with Africa CDC) for CHW programs in at least 11 countries incl. support to FR development and to accompany grant implementation• CRG's CLM CMLI: On-demand short-term technical assistance for setting-up CLM mechanisms and adaptations to C19, and support CLM implementation in C19RM grants. Provided 22 TA support in 13 countries.
Medical oxygen, respiratory care and therapeutics	Project BOXER: BHI (Build Health International) support in 51 countries for PSA plants for bulk oxygen production
Test & Treat	Project TNT: CHAI support for COVID-19 Test and Treat in 3 countries

Key Considerations in Pandemic Preparedness and Response

Key principles to guide the convening, consultation and integrated planning for technically robust, operationally and financially aligned pandemic preparedness funding requests:

1

Strengthen pandemic preparedness through implementation of the International Health Regulations.

2

Finance pandemic preparedness national strategies and work in partnership with National Public Health Institutes, or equivalent governance bodies.

3

Employ standardized, tested pandemic preparedness strategies and monitoring tools, tailored to the country context.

4

Build on systems developed during COVID-19 and other public health emergencies.

5

Consider One Health approaches entailing multi-sectoral engagement e.g., animal, environment.

6

Support complementary frontline capabilities, including human resources, at the primary health care and community levels.

7

Adapt, modify and/or extend CCM governance model to support the effective coordination, planning and oversight of pandemic preparedness programs.

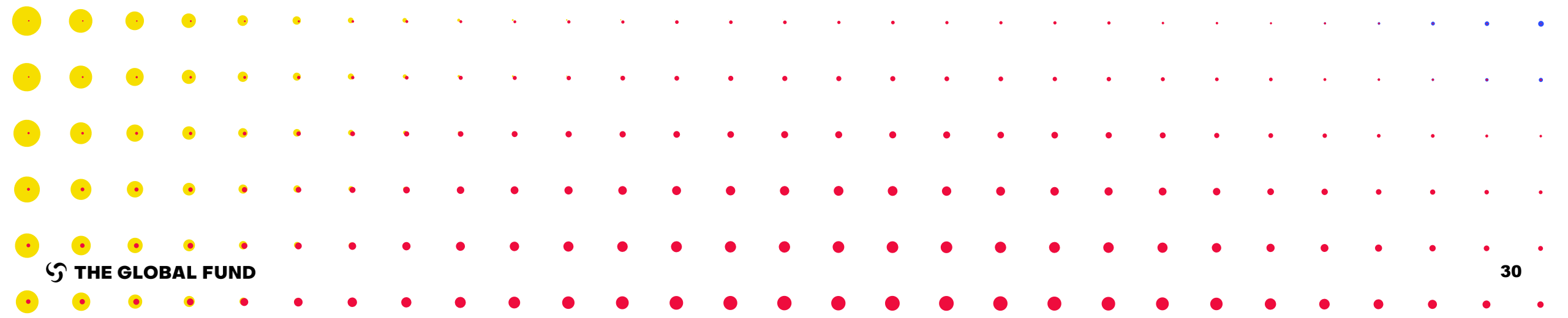
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Effective response requires community trust and pandemic preparedness investments should focus on building trust through holistic and continuous community engagement.



5

Performance Framework and M&E



Revised M&E Framework

Focus on five priorities for C19RM extension across RSSH-PP, which includes:

- indicators for Medical O2, CHWs, Laboratory systems, Surveillance systems, HPM and waste management systems, Infection Prevention and Control.
- a smaller set of indicators for remaining C19RM interventions.

1. Based on logical framework-measuring inputs, outputs, outcomes

- A. Input:** Investments in C19RM supported activities, monitored through grant budgets and expenditures.
- B. Process:** monitored through **Workplan Tracking Measures** to monitor implementation of key activities
- C. Programmatic results (Output/Coverage/Outcome):** Measures immediate results of Global Fund investments such as availability of commodities, health facilities equipped and functional, etc.

2. Reporting

Data will be collected through various sources in country and reported through various channels, for example, Global Fund grant documents (budgets and performance frameworks), on-site assessments, country reports, partner data/reports, etc.

3. Data analysis, dissemination and use

Data will be available for decision-making, including for identifying implementation bottlenecks and timely action.

Summary of indicators

Total 85 programmatic indicators; Focus on 52 indicators across five priorities

- Reporting through performance framework will begin in 2024 and results will be available during or after Q3 (semester or annual reporting)
- Data from WHO available each year, based on the previous year's results
- Indicators are assigned to the interventions in the current C19RM modular framework.

M&E Framework includes indicators for all interventions including the five priorities for PO

52 indicators in 5 priority areas in TIN (spread across 8 interventions in the Modular Framework) represent 62% of a total of 85 programmatic indicators across all interventions.

52 programmatic indicators, derived from **4 main data sources**, reported **semi-annually or annually**.

22 indicators to be included in performance frameworks to be reported through program records and/or routine systems

Some will be reported through on-site assessments (14) and some from WHO reporting (17)

Elaboration of suggested list of Workplan Tracking Measures (to provide progress updates on key activities)

Distribution of Performance Framework indicators across priority interventions

Priority	# programmatic indicators by intervention	# programmatic indicators reported through PF
1. Surveillance Systems	8	3
2. Laboratory Systems	9	4
3. Human Resources for Health		
• Community-level Service Delivery (CHW)	2	0
• Infection Prevention and Control, and Protection of the Health Workforce	8	6
4. Case Management		
• General	3	0
• Medical Oxygen	4	3
• Test and Treat	1	0
5. Health products and waste management systems	17	2
Total	52	18

Performance Framework Reporting will be complemented by

Indicators reported or collected through other mechanisms
+
Workplan Tracking Measures

Three additional indicators are available for reporting through the Performance Framework but these do not relate to priority interventions.

Mapping Priority Areas to C19RM Interventions

C19RM 2023 TIN	C19RM 2023 Modular Framework Interventions
Surveillance System Strengthening	Surveillance Systems
Laboratory and Diagnostics	Laboratory Systems
Human Resources for Health and Community Systems Strengthening	Community Health Workers: Selection, Pre-service Training, and Certifications (NEW)
	Community Health Workers: In-service Training (NEW)
	Community Health Workers: Integrated Supportive Supervision (NEW)
	COVID-19 CSS: Community-Based Organizations Institutional Capacity Building
	COVID-19 CSS: Community-Led Monitoring
	COVID-19 CSS: Community-Led Advocacy and Research
	COVID-19 CSS: Social Mobilization
Medical Oxygen, Respiratory Care, and Therapeutics	Infection Prevention and Control and Protection of Health Workforce Case Management, Clinical Operations, and Therapeutics
Health Product Management Systems	Health Products and Waste Management Systems

Eligibility and requirement for developing a Performance Framework

- Grants receiving C19RM funds will require a Performance Framework (PF) based on a threshold and opt-out criteria agreed by the Investment Committee.
- Grants that receive more than or equal to US\$10 million will need to develop and report against a PF.
- The list of grants meeting this criteria will be shared shortly. This includes 87 out of total of 224 grants and 63 out of 124 countries and represents 90% of the C19RM investment envelope.
- The focused country grants included in the list have the possibility to opt out.
- A simplified PF template has been developed for C19RM. Impact and outcome indicators and disaggregation are not required. Instruction tab provides information on filling the form. List of interventions and indicators is included in the drop-down lists.

For the funding request stage	A single, consolidated PF per country should be submitted. The template will allow countries to identify the “responsible PR” for each indicator.
At the grant revision stage	A separate PF per PR should be developed.

Indicator Selection through Performance Framework

The Performance Framework (PF) includes 22 indicators in a drop-down list, across 8 interventions. These indicators reflect the C19RM extension priorities as per the C19RM Technical Information Note and are intended for tracking Global Fund investments in these areas.

- Indicators should be aligned with the program priorities described in the funding request and interventions supported by the grants.
- Select indicators related to the interventions with relatively big budget allocation as well as their relevance and importance in monitoring the grant and expected results.
- Indicators should be selected from the drop-down lists provided in the form as applicable to the interventions supported by the Global Fund.
- Custom indicators should not be included.
- Work Plan Tracking Measures (WPTMs) can be included to track key activities and milestones.
- Some of these indicators are reported through established routine systems (e.g., HMIS, LMIS, LIS, etc.). Some indicators are new and PR may need to set up appropriate channels for collecting data.
 - Some indicators may also be included in other GC7 grant(s) PF(s), and if funded by C19RM funds, should also be included in the C19RM PF. In this case it can have the same targets if targets and results cannot be attributed to one or the other funding.
- Assurance mechanisms will be put in place to monitor the quality of self-reported data from program records.

Risk Assurance for M&E

Objective

on-site verification of reported results to identify implementation gaps and inform quality improvement.

- LFA verification at least once a year
- Verification if reporting system is in place from operational to national level
- Sample check of received vs reported results
- Purposefully selected sample of sites (up to 20) based on volume of results and/or other risk factors in relation to oxygen/HTM as determined by the LFA

Reference Documents and Support

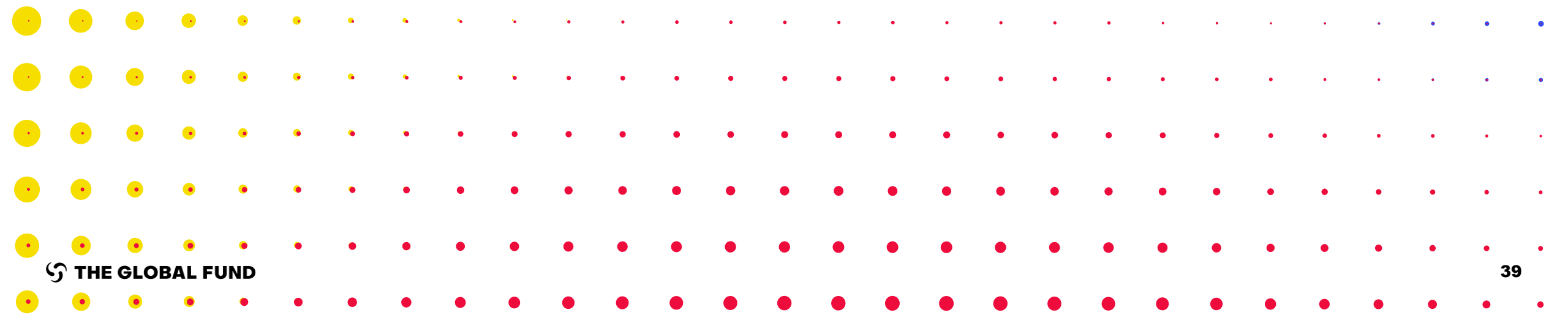
1. [C19RM Modular Framework](#) - includes list of interventions and sub-set of indicators required for grant PF
2. **C19RM Indicator Guidance Sheets** - includes indicator description and measurement guidance on indicators in the MF – link forthcoming
3. [C19RM M&E Framework](#) - includes full list of indicators that will be used for tracking progress and reporting on C19RM investments. It includes financial, procurement and programmatic indicators across all 22 interventions.
4. [C19RM Technical Information Note](#) - describes the new focus on health system resilience and related pandemic preparedness interventions and related activities that could be supported by GF grants during C19RM extension period.
5. Overall guidance on [operationalizing C19RM extension](#) is available on Global Fund Website.

In addition to the above, RSSH advisors **will support CTs** during PF negotiation **in indicator selection and target setting and finalization of PF.**



4

Application form



Additional Funding Request Application Package

Funding Request Form



COVID-19 RESPONSE MECHANISM

Additional Funding Request Form

Date Created: 20 March 2023

Summary Information

Country(ies)	<i>[Country or list of countries (if multicountry request) making the C19RM Additional Funding Request]</i>
Principal Recipient(s) Grant name(s) ² Implementation Period start date Implementation Period end date	<i>[C19RM additional funding will be channelled through existing PR(s) and Grant Cycle 6 grant(s).³ If C19RM additional funding is intended to be incorporated into several grants, please indicate Implementation Period for each grant: [PR1 name], [grant name] – [IP start date] to [IP end date] [PR2 name], [grant name] – [IP start date] to [IP end date]</i>
Priority areas to be covered by the request as outlined in the C19RM Technical Information Note	<i>The Global Fund will prioritize funding requests that address the priority areas specified in the C19RM Technical Information Note. Please check all areas the funding request covers:</i> <ul style="list-style-type: none"><input type="checkbox"/> Surveillance system strengthening<input type="checkbox"/> Laboratory and diagnostics<input type="checkbox"/> Human resources for health and community systems strengthening (including IPC and workforce protection)<input type="checkbox"/> Medical oxygen, respiratory care and therapeutics<input type="checkbox"/> Health product and waste management systems
Currency	<i>[Grant currency. Indicate EUR or US\$.]</i>
C19RM Additional Funding Request amount	<i>[The amount requested by the applicant. The amount entered in this section should be consistent across all application documents.]</i>
Pandemic Fund interest. To be considered for the Pandemic Fund, funding requests must cover one or more of the three priority areas of the Pandemic Fund's first Call for Proposals (surveillance, laboratory systems, or human resources/workforce strengthening)	<i>[Please indicate (Yes or No) whether the applicant would like to also be considered for funding through the Pandemic Fund with the Global Fund as an Implementing Entity. Approved, unfunded demand from this C19RM Additional Funding Request may be considered as part of a proposal from the Global Fund to the Pandemic Fund.]</i>

¹ Referred to as "applicant" in the rest of the funding request.

² Where there are multiple C19RM Implementation Periods, it is recommended to consolidate these as part of the revision/extension process to reduce duplication, reporting and revision efforts, unless there are programmatic (or efficiency) reasons not to do so.

³ New implementers may be considered in exceptional circumstances, subject to satisfactory assurance arrangements and the ability to start implementing proposed interventions after award confirmation. Applicants should contact the relevant Global Fund Country Team as soon as possible if new implementers are being considered. Please refer to the COVID-19 Response Mechanism Guidelines for further details.

Sections of the Funding Request Form

Section 1: Summary of Objectives

Section 2: Investment Prioritization and Rationale

Section 3: Engagement

Section 4: Implementation

Annex 1: Technical Areas to Strengthen Core Pandemic Preparedness Capacities

Annex 2: Document Checklist

Resources

C19RM application materials are available on the Global Fund website: <https://www.theglobalfund.org/en/covid-19/response-mechanism/how-to-apply/>

Additional Funding Request

1. Summary of Objectives

Elaborate on the objectives and outcomes expected to be achieved with the additional funding.

- A. Describe how the requested additional funding, in addition to existing C19RM reinvestments, supports the transition from the acute COVID-19 response to resilient and sustainable systems for health (RSSH) and preparedness for future pandemics.
- B. Explain how the request complements the RSSH and pandemic preparedness investments in the 2023–2025 allocation period grants (Grant Cycle 7 (GC7)).
- C. Describe how the proposed investments consider gender equality, human rights, health equity and the most vulnerable communities. If the additional funding does not include explicit interventions in these areas, please include details on how these are being separately addressed.

For applicants that will still need to develop their GC7 Funding Request at the time of C19RM Additional Funding Request submission, please provide an answer based on the most up-to-date information from in-country discussions and strategic priorities.

Additional Funding Request Form

Section 2. Investment Prioritization and Rationale

Prioritized request	Provide information on the requested funding. Align requests with the interventions described in the C19RM Modular Framework.
Context	Describe the country's context to justify the request for additional funding in the prioritized areas, including summaries of the country's epidemiological context, current COVID-19 burden and specific conditions.
Rationale and alignment with IHR and national plans	Describe the overall approach for this additional funding, ensuring activities adhere to value for money principles. Summarize challenges and gaps, prioritization and internal health regulations.
Status of the current program, lessons learned, and priority areas	<ul style="list-style-type: none">• Indicate current C19RM funding.• Summarize how C19RM reinvestments respond to the pandemic evolution and shifting country needs.• Summarize main challenges and lessons learned from the C19RM-funded interventions.
Funding landscape and sustainability	Describe major challenges to the sustainability of investments prioritized in this funding request, indicate available financing for the specific interventions being requested, remaining gaps for said interventions and ways to secure funding, and relevant political commitments.

Additional Funding Request Form

Section 3. Engagement

CCM Engagement

Outline how routine coordination between appropriate CCM constituencies, representatives of pandemic preparedness governance and technical bodies and the national disease programs and partners involved in HIV, TB and malaria programming is organized and overseen.

Engagement of relevant government and pandemic preparedness coordination bodies

Provide a summary of multi-sectoral stakeholder engagement in the development and decision-making of the additional funding request. Including engagement with appropriate national COVID-19 response structures and/or relevant health systems bodies.

Engagement of communities, civil society and non-state actors

Provide a summary of stakeholder engagement with communities, including key, vulnerable and marginalized populations, civil society and non-state actors in the development and decision-making of the additional funding request.

Additional Funding Request Form

Section 4. Implementation

Implementation arrangements

- Describe implementation arrangements and how these will ensure efficient program delivery.
- Indicate the implementation leadership of the country and its pandemic preparedness and response coordination bodies and related RSSH entities.
- Describe involvement from community-led and –based organizations.
- Describe continued partner coordination through implementation, monitoring and oversight.

Risks and mitigation measures

- Describe key programmatic and financial risks.
- Describe any other key issues that could pose a risk to achieving the desired impact.

Additional Funding Request Form

Annex 1. Technical Areas to Strengthen Core Pandemic Preparedness Capacities


Table: Technical areas to strengthen core pandemic preparedness capacities

C19RM Modular Framework Interventions with related JEE Domain(s)⁸ <i>Check all relevant priority areas among the applicable JEE 3rd Edition indicators that the funding request aims to support</i>	Relevant section(s) and/or page(s) in NAPHS where the prioritized intervention is described (as applicable)	As applicable, provide link or reference to other relevant policies/ plans/ strategies/ roadmaps (specifying page number)
Surveillance Systems/Surveillance == Epidemiological investigation and contact tracing and surveillance systems <input type="checkbox"/> JEE D2.1 Early warning surveillance function <input type="checkbox"/> JEE D2.2 Event verification and investigation <input type="checkbox"/> JEE D2.3 Analysis and information sharing <input type="checkbox"/> JEE P4.2 Surveillance of AMR <input type="checkbox"/> JEE P5.1 Surveillance of zoonotic disease <input type="checkbox"/> JEE R4.2 Health Care Acquired Infection (HCAI) surveillance		
Laboratory systems <input type="checkbox"/> JEE D1.1 Specimen referral and transport system <input type="checkbox"/> JEE D1.2 Laboratory quality system <input type="checkbox"/> JEE D1.3 Laboratory testing capacity modalities <input type="checkbox"/> JEE D1.4 Effective national diagnostic network <input type="checkbox"/> JEE P7.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture <u>facilities</u> <input type="checkbox"/> JEE P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, <u>animal</u> and agriculture)		
Community health workers: Integrated supportive supervision/in-service training/ selection, pre-service training and certification <input type="checkbox"/> JEE D3.1 Multisectoral workforce strategy		


Additional Funding Request Application Package

Annex 2. Required Documents

List of Required Documents

- Additional Funding Request Form 
 - C19RM grant budget
 - Funding Gap Analysis
 - Performance Framework, if applicable
 - Health Product Management Template
 - Funding Priorities from Civil Society and Communities
 - CCM Endorsement of the Additional Funding Request
 - Endorsement by the Ministry of Health and Ministry of Finance, and if applicable, other relevant ministries, including summary of in-kind contribution
 - Endorsement by the national epidemic and pandemic preparedness coordinating body e.g., National Public Health Institute, where relevant, National IHR Focal Point, and/or evidence of alignment with the relevant health systems governance structures e.g., Epidemiologic Surveillance, Laboratory and/or HRH-Community Health Directorates.
-

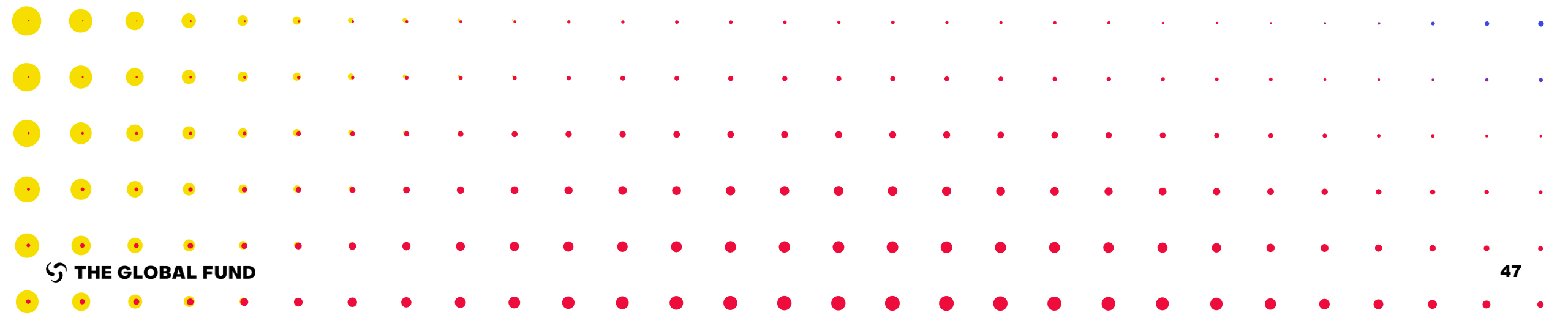
List of Required Documents, if available

- National COVID-19 transition and sustainability plans and budget 
 - Copies of national/regional policies, strategies and plans referenced in this funding request, such as NAPHS, implementation roadmaps, National Bridging Workshops
 - Enclose latest JEE, SPAR, and other internationally known assessments (7 - 1- 7, SimEx, AAR, etc.)
-



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Q&A



Thank you!

Merci !

¡Gracias!

Obrigado!



The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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