

COVID-19 Response Mechanism Guidelines

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Approved by: Executive Grant Management Committee

Process Owner: C19RM Secretariat

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Applicable Policies and Guidance¹

- [Global Fund Board Decision on Third Extension of C19RM \(GF/B48/DP03\)](#)
- [OPN and Operational Procedures on Make, Approve and Sign Grants](#)
- [OPN on Risk Management](#)
- [OPN on Annual Funding Decision and Disbursements](#)
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- [OPN and Operational Procedures on Pooled Procurement Mechanism](#)
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- [Interim Quality Assurance Requirements for the Procurement of COVID-19 Diagnostic Products](#)
- [Interim Quality Assurance Requirements for the Procurement of COVID-19 Medical Devices](#)
- [Interim Quality Assurance Requirements for the Procurement of COVID-19 Pharmaceutical Products](#)
- [Information Note on Quality Assurance Requirements for the Procurement of Masks and Respirators](#)
- [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#)

¹ In case of inconsistency between the C19RM Guidelines and OPNs and guidelines outlined in this section, the C19RM Guidelines shall prevail in respect of C19RM Funds.

Applicants, PRs and CTs can refer to the table below for an overview and easy access to all sections of the C19RM Guidelines.

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	Annual Funding Decision and Disbursements
	Procurement of Health Products
	PR Reporting
	C19RM Closure

Part 1: General Guidance on C19RM

1. Purpose

These guidelines (C19RM Guidelines) apply to Global Fund CTs (CTs), applicants and PRs (PRs) and provide guidance on the processes for the C19RM Additional Funding Requests, integration of the approved C19RM Additional Funds into grants, reinvestment, and implementation, following the Global Fund Board approval of the third C19RM extension.²

The C19RM Guidelines supersede those dated 7 April 2021 (and amended on 9 July 2024), with immediate effect. The [Internal Guidance on Business Contingency Planning Policy and Procedural Flexibilities](#) has been discontinued and is no longer applicable to C19RM.

Specific terms used in this document are defined in the [Annex 1](#).³

2. Background

In April 2020, the Global Fund established C19RM to support countries to respond to COVID-19 and mitigate its impact on programs to fight HIV, TB and malaria and support systems for health. As the pandemic continues to evolve, recipient country priorities are shifting towards longer-term investments in health systems' infrastructure and capacities for pandemic preparedness and response. To reflect this shift, the Global Fund Board, on 16 November 2022,⁴ approved an additional extension of C19RM for the award and utilization of the C19RM Funds.

3. Deadlines

The deadline for the Global Fund to award the C19RM Additional Funds is 30 June 2023. There may be subsequent opportunities for applicants to submit funding requests for portfolio optimization beyond this date.⁵ Each grant with C19RM Funds will have a specifically approved C19RM Implementation End Date (i.e., the date by which C19RM-funded goods and services, including procurement of health products, must be delivered).⁶

² [GF/B48/DP03](#).

³ Unless defined in the C19RM Guidelines, all capitalized terms have the meaning set out in the Global Fund Grant Regulations (2014) available at: https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf

⁴ [GF/B48/DP03](#) (Third Extension of C19RM Timeline), [GF/B44/EDP18](#) (Second Extension of C19RM Timeline and Operational Flexibility for COVID-19) and [GF/B46/EDP06](#) (Extension of C19RM and COVID-19 Operational Flexibility).

⁵ [GF/B48/DP03](#) (Global Fund Board Decision on Extension of C19RM).

⁶ The Global Fund Board approved C19RM Funds to be implemented through 31 December 2025 at the latest. [GF/B48/DP03](#) (Third Extension of C19RM Timeline).

4. Key principles for third C19RM extension

1. Eligible Grants for C19RM Extension. Recipients are expected to integrate and implement C19RM Funds through GC6 grants. The Grant Agreement of any GC6 grant that has obtained Global Fund approval to use the C19RM Funds beyond the grant IP end date captures two implementation end dates: (1) the Regular Grant Implementation Period (IP) end date (for the non-C19RM component of the grant); and (2) the C19RM Implementation End Date. C19RM Funds can be used by the C19RM implementation end date stipulated in the Grant Agreement, 31 December 2025 being the latest possible date.

2. Timeline. The use of the C19RM Funds, beyond 31 December 2023 and up until 31 December 2025, must be formally approved by the Global Fund and communicated to the relevant Principal Recipient (PR) in writing.

3. Reinvestment of the C19RM 2021 Funds. By no later than 30 November 2023, PRs must show a reinvestment of the C19RM 2021 Funds towards, as the context requires, C19RM strategic priorities that underpin longer-term investments in health systems strengthening and pandemic preparedness and response. Reinvestment modalities are described in [Part 3](#), Section 14 on Reinvesting the C19RM Funds.

4. Consolidating multiple C19RM grants. Within each country, PRs and CTs may consolidate the C19RM Funds into fewer grants through a revision process, where it is efficient and programmatically reasonable.⁷

5. PR reporting. PRs must continue to report on C19RM procurement, expenditure, financial and programmatic progress, including for HIV, TB and malaria where relevant, through the existing PR reporting mechanisms (Procurement Progress Reporting Templates, PU/DRs, and Pulse Checks, see [Part 3](#), Section 15 on PR Reporting). Financial reporting remains on a quarterly basis and programmatic reporting will be in line with the agreed C19RM Grant Performance Framework. Adapted reporting approaches for 2024 onwards are currently being explored and will be duly communicated to PRs as soon as defined.

5. Eligible Applicants

All countries, including regional/multicountry recipients, that are currently receiving funding from the Global Fund are eligible to receive C19RM funding.⁸ All recipients with GC6 grants are eligible to request Global Fund approval to use the C19RM Funds beyond 31 December 2023.

⁷ PRs contact the respective CT for detailed guidance as needed.

⁸ This includes countries receiving funding during the 2017-2019 and/or 2020-2022 allocation periods, including through the approach for non-eligible countries in crisis.

6. Eligible Investments

C19RM was designed to support countries across three broad categories: (i) COVID-19 control and containment interventions; (ii) activities to mitigate the effects of the pandemic on HIV, tuberculosis and malaria programs; and (iii) expanded reinforcement of key aspects of health and community systems.

Due to the evolution of COVID-19, the Global Fund approved the extension of C19RM to support countries to reinvest and implement longer-term investments in components of Resilient and Sustainable Systems for Health (RSSH) that reinforce pandemic preparedness, therefore focusing reinvestments and C19RM Additional Funds in the third category, while keeping the ability to reinvest in the other two categories.

Applications should therefore prioritize investments as described in the [C19RM Technical Information Note](#). These include surveillance system strengthening; laboratory and diagnostics; human resources for health and community systems strengthening; medical oxygen, respiratory care and therapeutics; and health product and waste management systems.⁹

Health products procured with the C19RM Funds must meet Global Fund quality assurance requirements, as defined in Global Fund Quality Assurance Policies in the [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#), the [interim Quality Assurance requirements for COVID-19 products](#), or as approved by the Global Fund Board.¹⁰

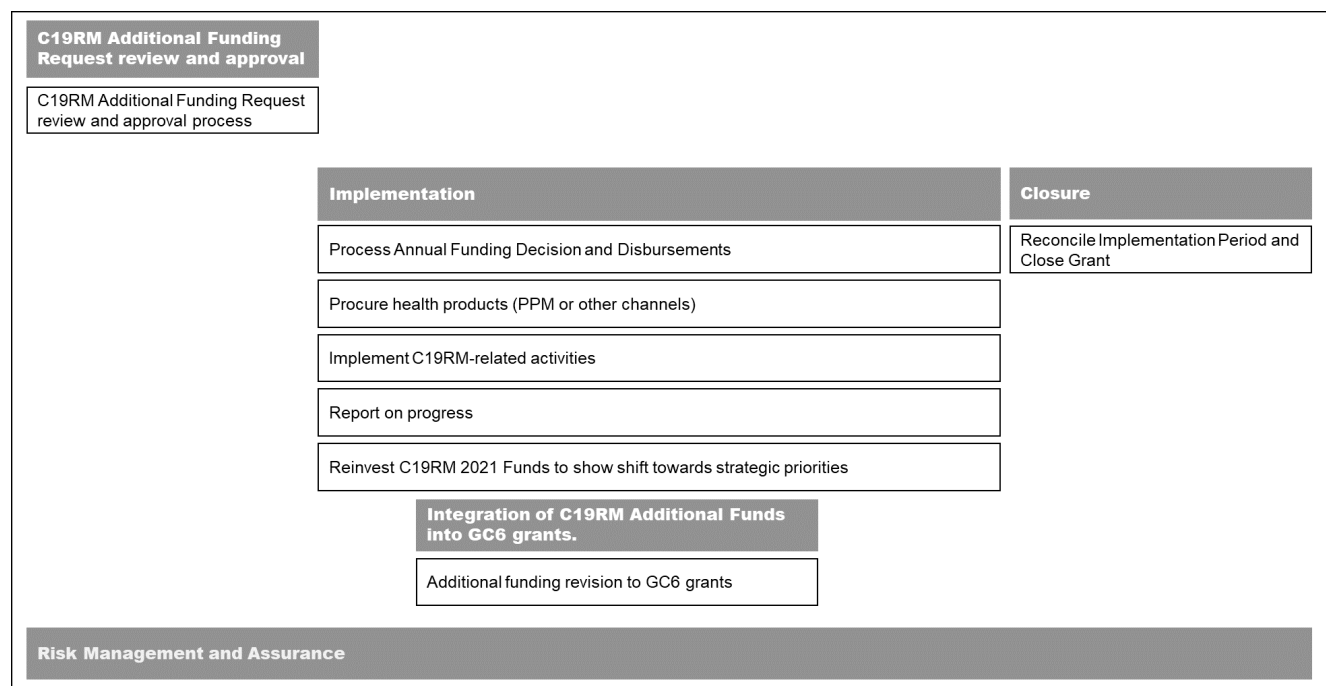
⁹ Following the strategic shift to longer-term investments in RSSH and pandemic preparedness, there are some interventions originally included in the C19RM 2021 Technical Information Note that still appear in the [C19RM 2023 Modular Framework](#), but that are no longer included as priority investments in the updated [Technical Information Note](#) (for example, HIV, TB and malaria mitigation). Applicants should discuss with their Global Fund CTs before these areas are included in the C19RM Additional Funding Request, depending on country context and need.

¹⁰ See, in particular, Board decision points [GF/B42/EDP11](#) and [GF/B44/EDP18](#).

7. C19RM Grant Life Cycle Guidance Process Overview

Diagram 1 provides an overview of C19RM grant life cycle processes from C19RM Additional Funding Request stage through to implementation and closure. Operational policy and procedural guidance are provided in subsequent sections.

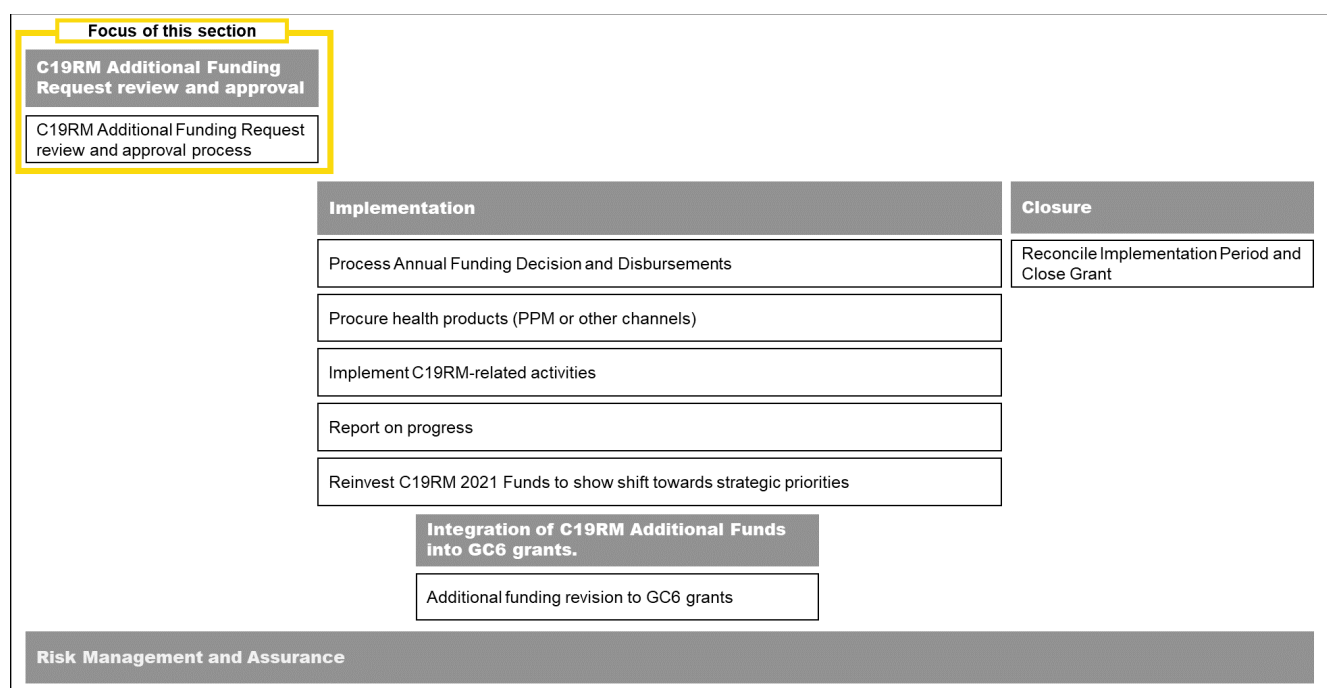
Diagram 1. C19RM Process Overview



Part 2: C19RM Funding Request Submission Review and Approval

The below diagram offers a visual representation of the C19RM grant life cycle processes and highlights the focus of this section of the C19RM Guidelines.

Diagram 2. Focus of C19RM Guidelines, Part 2



Applicants, PRs and CTs are reminded of the key C19RM extension principles, which can be found [here](#).

8. C19RM Additional Funding Request Submission

All the C19RM Additional Funding Requests must be coordinated and submitted by the Country Coordinating Mechanism (CCM) (or the Regional Coordinating Mechanism (RCM) or Regional Organization (RO), as appropriate). For non-CCM/non-RCM/non-RO applicants, the recipient of the C19RM Funding and Reinvestment Letter will coordinate the C19RM Additional Funding Request.

Endorsement requirements

1. CCM countries/applicants

All C19RM Additional Funding Requests must be endorsed by the CCM Chair¹¹ and CCM Representative.¹²

In addition to the above, C19RM Additional Funding Requests must be endorsed by:

- The national epidemic and pandemic preparedness coordinating body (e.g., national public health institutes, where relevant) or national International Health Regulations (IHR) focal points; and/or demonstrate evidence of alignment with the relevant health systems governance structures e.g., Epidemiologic Surveillance, Laboratory, Supply Chain and/or HRH-Community Health Directorates; and
- The national COVID-19 response coordinating body, e.g., Case Management working group, *if* the C19RM Additional Funding Request includes interventions/activities related to COVID-19 control and containment (e.g., COVID-19 test and treat, including oral antivirals). In the absence of the national COVID-19 response coordinating body, endorsement can alternatively be provided by the body responsible for the specific intervention.¹³

2. Multicountry applicants

All multicountry C19RM Additional Funding Requests must demonstrate how the requested funds will enable regional pandemic preparedness and RSSH.

RCM C19RM Additional Funding Requests must be endorsed by the RCM Chair¹⁴ and Vice-Chair.

RO C19RM Additional Funding Requests must be endorsed by the legal representative of the RO.

Additionally, all RCM and RO applicants must provide evidence of endorsement from the CCMs (as described above) of all the participating countries of the multicountry request and regardless of where the C19RM interventions will be implemented. Where a country does not have a CCM, endorsement is required from the legal representative of the relevant representative of the Ministry of Health or other relevant national coordinating body.

For multicountry applications, each participating country of the multicountry must provide endorsement by the national epidemic and pandemic preparedness coordinating body e.g.,

¹¹ In the absence of the CCM Chair, endorsement by the Vice Chair is acceptable if in line with the CCM's governing documents.

¹² Endorsement must be provided by the civil society representative if the CCM Chair is the representative of the Government, or the representative of the Government if the CCM Chair is a civil society representative.

¹³ If the body responsible for the specific intervention coincides with a relevant national epidemic and pandemic preparedness coordinating body, endorsement by the latter suffices in addition to the others defined above.

¹⁴ With respect to endorsement by the RCM Chair, in the absence of the RCM Chair, endorsement by the other authorized representative is acceptable if in line with the RCM's governing documents.

national public health institutes, where relevant, national International Health Regulations (IHR) focal points; and/or evidence of alignment with the relevant health systems governance structures e.g., Epidemiologic Surveillance, Laboratory and/or HRH-Community Health Directorates.

In addition, each participating country of the multicountry where interventions/activities related to COVID-19 control and containment (e.g., COVID-19 test and treat including oral antivirals) will be implemented, should provide endorsement by the national COVID-19 response coordinating body or the body responsible for the specific intervention, e.g., case management working group.

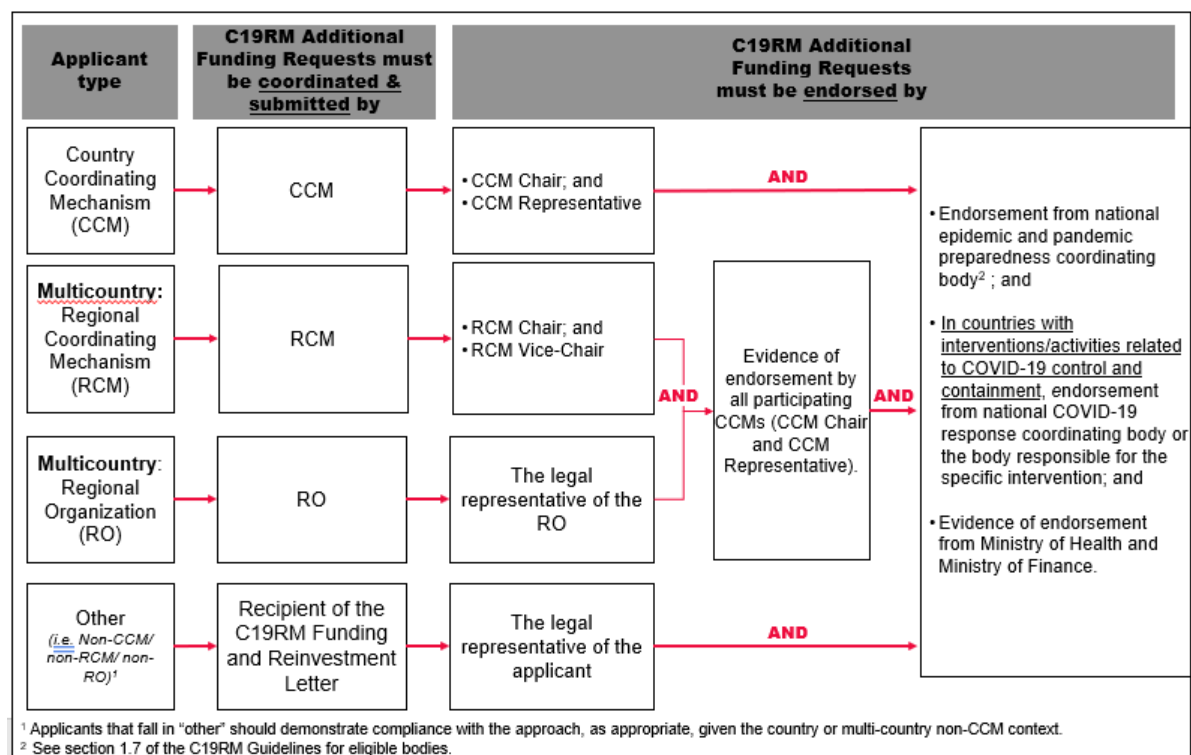
3. Non CCM/non-RCM/non-RO applicants

All non-CCM/non-RCM/non-RO applications must be endorsed by the legal representative of the applicant.

Additional endorsements for all applicants

It is assumed that in meeting the above criteria all categories of applicants listed above will have provided evidence of endorsement from a representative of the Ministry of Health and the Ministry of Finance. If this is not the case, applicants should provide separate evidence of this endorsement in addition to the above.

Diagram 3. Coordination and Endorsement of C19RM Additional Funding Requests



Applicants are required to ensure that all required documents and tools are submitted to the C19RM Secretariat in a timely manner. The Global Fund only reviews complete C19RM Additional Funding Requests.

Consistent with its distinct mandate, C19RM aims to enable countries to leverage C19RM investments to complement and ensure synergies with relevant GC7 investments in RSSH and pandemic preparedness. Applicants are required to coordinate in-country discussions with CCM constituencies and relevant in-country stakeholders to ensure visibility of both C19RM and GC7 funding sources and coordinated development and submission of the C19RM Additional Funding Requests and GC7 funding request(s).

9. Application Process

Applicants can submit C19RM Additional Funding Requests on a rolling basis until 29 May 2023. As part of the C19RM Additional Funding Request, applicants are advised to include a proposal to reinvest C19RM Funds in health systems strengthening and pandemic preparedness (see [Part 3](#), Section 14 on Reinvesting the C19RM Funds). Along with the completed C19RM Additional Funding Request form, the following documents must be submitted:

1. **C19RM Funding Request Budget.**¹⁵ To complete the Budget, refer to the [C19RM Instructions for Completing the C19RM Detailed Budget Template](#). The C19RM Funding Request Budget template and will be provided by the Global Fund CT.
2. **Funding Gap Analysis.** For the interventions requested, applicants indicate available financing from domestic resources, Global Fund grants, other donor financing and/or other resources.
3. **C19RM Funding Request Performance Framework.**¹⁶ The C19RM Funding Request Performance Framework is required to be submitted with the C19RM Additional Funding Request by the grants receiving cumulatively, more than or equal to US\$ 20 million of the C19RM Funds¹⁷. A single C19RM Funding Request Performance Framework is completed for all relevant PRs and grants covered by the C19RM Additional Funding Request and includes indicators required for tracking progress and assessing performance of interventions. A separate C19RM Grant Performance Framework will be developed for each relevant grant at the time of grant revision (see [Part 3](#), Section 13 on Integration of the C19RM Funds into Grants).
4. **C19RM Funding Request Health Product Management Template (HPMT).** The C19RM Funding Request [HPMT](#) captures information about the procurement and supply management of health products and comprises of the C19RM Incremental Funding HPMT, reflecting costs proposed to be financed with the C19RM Additional Funds, and the C19RM Reinvestment HPMT. It includes quantities, unit costs and associated procurement and supply chain management costs, such as freight and insurance. It also comprises of procurement channels, timing for order placement as well as cash flow schedules all of which feed into the C19RM Grant Budget. The C19RM Funding Request HPMT must be accompanied by documents that support selection and quantification of the health products. For procurement through the Global Fund's Pooled Procurement Mechanism (PPM), applicants should refer to indicative reference costs for budgeting and [wambo.org](#). For more information on how to fill in C19RM Funding Request HPMT, please refer to the instructions tab within the template and [User Guidelines for C19RM HPMT](#).¹⁸
5. **List of funding priorities from civil society and communities signed by a CCM civil society representative.** (See template [here](#)).
6. **CCM endorsement** (RCMs/ROs in multicountry contexts).¹⁹
7. **Endorsement by the Ministry of Health and Ministry of Finance.**
8. **Endorsement by the national epidemic and pandemic preparedness coordinating body or International Health Regulations (IHR) focal points; and in additional, where relevant, by the national COVID-19 response coordinating body.**²⁰
9. Where available, the following information should also be submitted with the C19RM Additional Funding Request:

¹⁵ Please email Grant Ops Team (grantops@theglobalfund.org) for a copy of the budget template.

¹⁶ The Funding Request C19RM Performance Framework template is available [here](#), and guidance for completion is available in the tab "Instructions".

¹⁷ In line with the C19RM Assurance Section (see web update on [C19RM Guidelines: New Assurance Section](#)).

¹⁸ Once approved, the C19RM Funding Request HPMT must be consolidated into one C19RM Grant HPMT.

¹⁹ See [Part 2](#) Section 8 above for detailed endorsement requirements.

²⁰ *Ibid.*

- a. National COVID-19 transition and sustainability plans and budget.
- b. Copies of national/regional strategies and plans referenced in the C19RM Additional Funding Request, such as National Action Planning for Health Security, implementation roadmaps, National Bridging Workshops.
- c. Latest Joint External Evaluation, State Party Self-Assessment, and other internationally known assessments (7-1-7, Simulation Exercises, After Action Reviews, etc.).

10. C19RM Additional Funding Request Development

Effective multi-stakeholder engagement is critical for developing a robust C19RM Additional Funding Request. Applicants are therefore expected to show engagement with the following stakeholders as part of the C19RM Additional Funding Request:

1. **CCM Engagement.** Applicants must outline in their C19RM Additional Funding Request how the engagement among appropriate CCM constituencies is organized and overseen.
2. **Engagement of relevant government and pandemic preparedness coordination bodies.** Given the increased emphasis on strengthening systems for health and pandemic preparedness, the updated C19RM Additional Funding Request requires information on how applicants have engaged with relevant government and pandemic preparedness coordination bodies in the development of their C19RM Additional Funding Request. This includes engagement with appropriate national COVID-19 response structures and/or relevant health systems bodies and focal points, such as epidemiologic surveillance and laboratory directorates, epidemic and pandemic preparedness coordination bodies, national public health institutes, National IHR Focal Points, community health/human resources for health units.
3. **Engagement of communities, civil society and non-state actors.** Applicants must outline in the development and decision-making of the C19RM Additional Funding Request stakeholder engagement with communities, including key, vulnerable and marginalized populations, civil society and non-state actors. This may require engagement beyond CCMs and representatives of technical pandemic preparedness coordination bodies to include non-CCM community representatives.

In principle, [Eligibility Requirement 1](#)²¹ applies to all the C19RM Additional Funding Requests. Accordingly, CTs must support CCMs by discussing any barriers to inclusive country dialogue as early as possible.

²¹ Per the Global Fund Country Coordinating Mechanism Policy (GF/B39/DP09), [Eligibility Requirement 1](#) provides that “[t]he Global Fund requires all CCMs to: i. Coordinate the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders, including CCM members and non-members, in the solicitation and the review of activities to be included in the funding request; and ii. Clearly document efforts to engage Key Populations in the development of funding requests.”

Technical assistance for the development of the C19RM Additional Funding Request is generally country-led and coordinated by CCMs.²² Where additional funding is needed to support a meaningful country dialogue and an inclusive C19RM Additional Funding Request development, the applicant should note that CCMs²³ have a minimum of 15% of their CCM budget allocated for civil society organization engagement and costed workplans can be realigned with C19RM consultation priorities, as needed. In addition, supplementary resources (up to an additional 25% of a CCM's 2023 funding amount) are available on request, to increase a CCM's capacity to support the engagement and coordination required to submit a C19RM Additional Funding Request. On approval by the Global Fund, CCMs will be able to immediately use existing CCM funding in anticipation of this additional technical support.²⁴ Additional technical support is available for the C19RM Additional Funding Requests and grant implementation. [Reach out to CCM support team](#) for further details.

Applicants are requested to review the following relevant additional COVID-19 Global Fund guidance when completing the C19RM Additional Funding Request:

- [C19RM Technical Information Note](#).
- [C19RM Modular Framework Handbook](#).
- [Health Product Segmentation Framework](#).
- [CCM Guidance Note](#).
- [Instructions for Completing the C19RM Budget Template](#).
- [User Guidelines for C19RM Health Product Management Template](#).
- [Technical Information Note on Community Systems and Responses](#).
- [Briefing Note: Project STELLAR Overview](#).
- Community, rights and gender considerations have also been integrated into [disease-specific guidance notes](#).
- Health Product Management Systems of the C19RM Technical Information Note, complemented by the [Technical Brief: Procurement and Supply Chain Management](#).
- [Value for Money Technical Brief](#) to address efficiency and sustainability aspects of COVID-19 investment.

11. Implementers

The C19RM Additional Funds are channeled through the existing PRs implementing GC6 grants.

Requests for new implementers

In the exceptional event that a new PR is requested as a C19RM implementer, C19RM Investment Committee approval, a detailed capacity assessment, satisfactory assurance arrangements, proven

²² Global Fund grant funds cannot be used to cover the costs for a consultant or technical assistance to draft or write a C19RM Additional Funding Request.

²³ Please note this support is available to CCMs and RCMs but not to ROs currently.

²⁴ Please note this support is available to CCMs and RCMs, but not to ROs or non-CCMs currently.

ability to implement the proposed interventions with speed and compliance with Eligibility Requirement 2²⁵ will be required.

The assessment of new Sub-recipient capacities is the responsibility of the PR. The Global Fund, however, reserves the right to undertake such capacity assessments in unique circumstances (see [OPN on Additional Safeguards Policy](#)).²⁶ The Country Team (CT) can also, in consultation with the CCM, request an LFA assessment of Sub-recipients (or other key implementers) in certain cases e.g., where the proposed Sub-recipient will be principal implementer of the C19RM activities or in the event of known capacity issues. New implementers proposed as Sub-recipients by the CCM will be reviewed by the C19RM Investment Committee after the applicant has submitted the C19RM Additional Funding Request.

12. C19RM Additional Funding Request Review and Approval

Following confirmation by the C19RM Secretariat that the C19RM Additional Funding Request is complete and compliant, the application package is shared for review and input of external reviewers, comprised of GAC partners and the CTAG (identified TRP members with expertise in RSSH and pandemic preparedness participate in CTAG external review of C19RM additional funding requests) in parallel with the Secretariat's review. The period for input is limited to five working days with flexibility on a case-by-case basis, and external reviewers provide input through a tailored review form. The C19RM Investment Committee will consider the external reviewers' input in determining funding awards and/or recommendations.

The C19RM Investment Committee: (i) reviews all C19RM Additional Funding Requests; and (ii) approves C19RM Additional Funding Requests up to US\$45 million.²⁷

The C19RM Investment Committee recommends C19RM Additional Funding Requests of more than US\$45 million²⁸ to the Global Fund Board for approval. This amount, measured in aggregate per country, includes C19RM Additional Funds and C19RM 2021 Funds. The C19RM Investment Committee can also recommend any awards to the Global Fund Board for approval where it determines that the award is of a nature and scale which raise significant concerns about risk and complexity.

Following any Global Fund Board-approved C19RM awards, the C19RM Investment Committee can approve additional/subsequent awards of up to US\$15 million,²⁹ provided the award is to be used

²⁵ Per the Global Fund Country Coordinating Mechanism Policy (GF/B39/DP09), [Eligibility Requirement 2](#) provides, *inter alia*, that the Global Fund requires all CCMs to: "ii. Document a transparent process for the nomination of all new and continuing PR(s) based on clearly defined and objective criteria; and iii. Document the management of any conflicts of interest that may affect the PR(s) nomination process".

²⁶ See [OPN on Make, Approve and Sign Grants](#).

²⁷ Pursuant to Board decision [GF/B46/EDP06](#), will increase to US\$55 million if more than US\$1 billion of additional funding for C19RM is made available to the Global Fund. The C19RM Secretariat will advise the CT of the threshold that applies at the relevant time.

²⁸ *Ibid.*

²⁹ *Ibid.*

for the scale-up of interventions previously approved by the Board. The C19RM Investment Committee will notify any such approvals to the Board.

The C19RM Investment Committee award decisions are made as follows:

1. **Immediate awards** are for approved interventions for which funds can be released to integrate into grants, pending satisfaction of any applicable conditions that are attached to the integration of the C19RM Funds into grants.
2. **Iterations** are proposed interventions included in the C19RM Additional Funding Request that the C19RM Investment Committee requires the applicant to revise and resubmit for consideration.
3. **No award** is the outcome when the requested C19RM intervention(s)/activities have not been approved and will not receive C19RM Additional Funds.

The C19RM Investment Committee's decision for a given C19RM Additional Funding Request can be a combination of any or all the above.

Following the C19RM Investment Committee or the Global Fund Board decision, the Global Fund sends the C19RM Notification Letter informing the applicant of the: (1) final award decision; (2) technical review outcomes of the C19RM Additional Funding Request; (3) any recommendations, requirements or conditions associated with the award (including integration and use of funds conditions); and (4) next steps. Approved versions of the following documents (each prepared by the applicant) will be appended to the C19RM Notification Letter: (i) the C19RM Grant Budget (including C19RM Unfunded Quality Demand); (ii) the C19RM Incremental Funding HPMT and (iii) the C19RM Funding Request Performance Framework. In exceptional circumstances, the C19RM Secretariat may approve that these supporting documents are finalized swiftly after the C19RM Notification Letter has been shared with the applicant.

Once the C19RM Notification Letter is sent to the applicant:

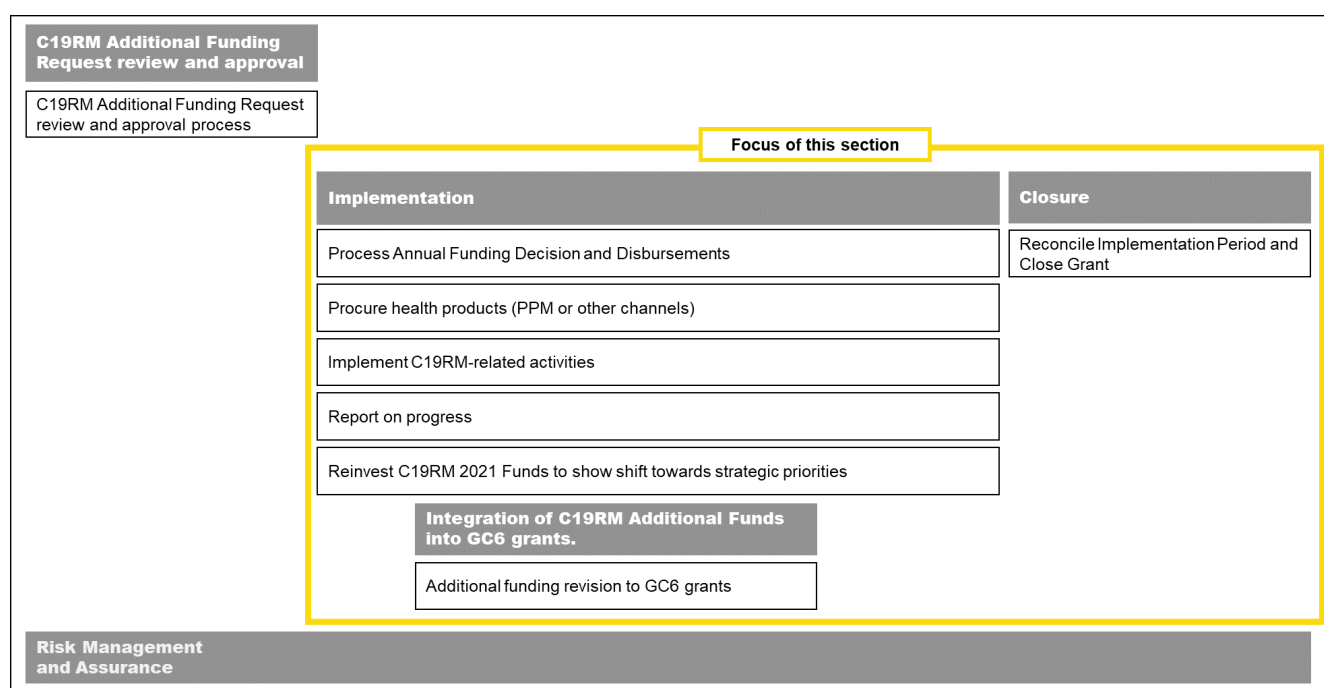
- The CT liaises with and agrees on the approach and timelines for the integration of the C19RM Additional Funds into grants with the Grant Operations (Grant Ops) Team. (See [Part 3 on Integration of C19RM Additional Funds into Grants](#)).
- The PR consolidates the C19RM Incremental Funding HPMT and C19RM Reinvestment HPMT into one single C19RM Grant HPMT and submits it to the Global Fund as part of the process to integrate C19RM Additional Funds into grants (See [Part 3 on Integration of C19RM Additional Funds into Grants](#)), which must be completed by **30 November 2023** at the latest; and
- The CT and PR work together to initiate implementation of approved C19RM activities using available uncommitted funds under the grant, pending integration of C19RM Funds into the grant. For those awards requiring Global Fund Board approval, the PR can initiate health products orders pending Board approval of the award, upon receipt of written confirmation from the CT.

[Annex 2](#) provides procedural guidance on the C19RM Funding Request submission, review and approval.

Part 3: C19RM Integration, Reinvestment, Implementation and Closure

The below diagram offers a visual representation of the C19RM grant life cycle processes and highlights the focus of this section of the C19RM Guidelines.

Diagram 4. Focus of C19RM Guidelines, Part 3



Applicants, PRs (PRs) and CTs (CTs) are reminded of the key C19RM extension principles, which can be found [here](#).

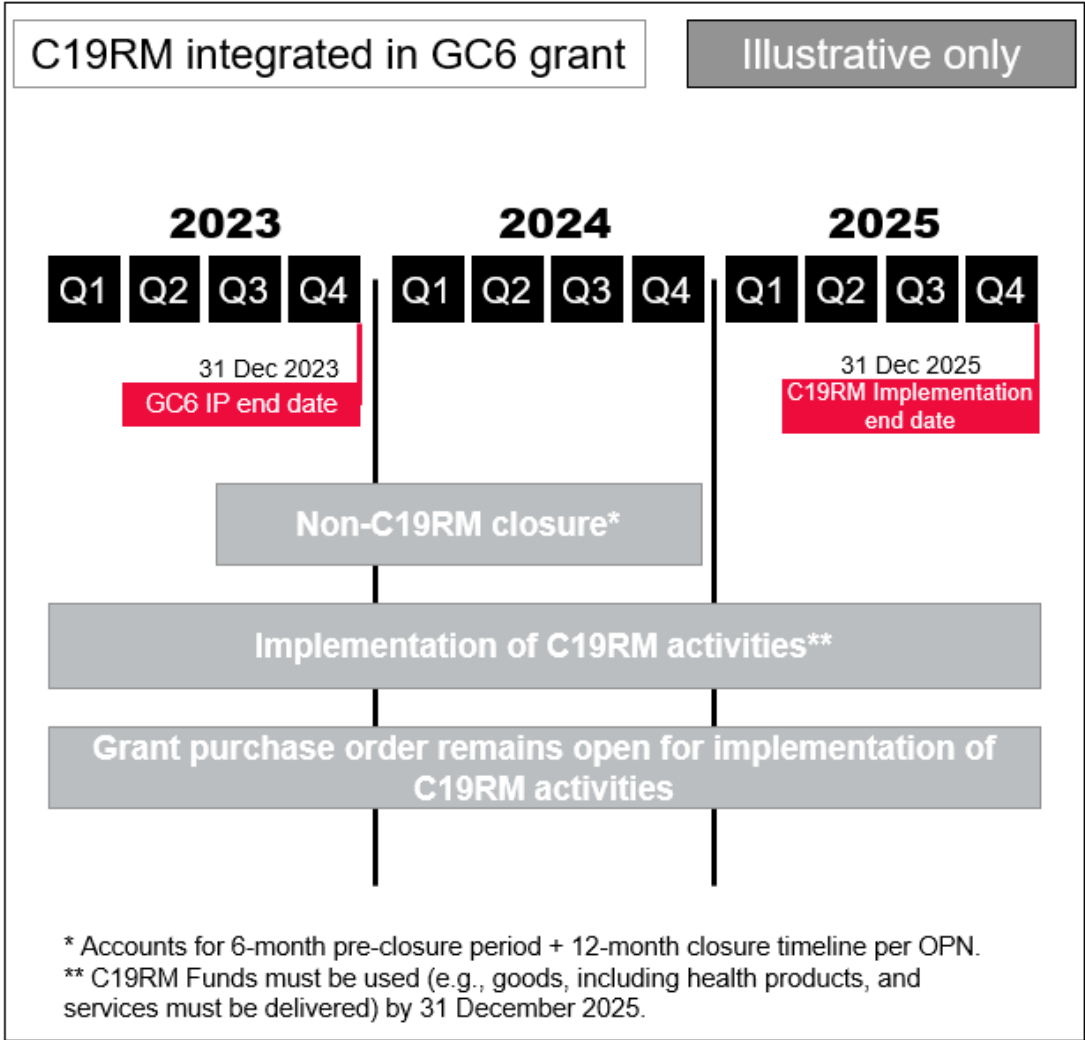
The Grant Agreement of any Grant Cycle 6 (GC6) grant that has obtained Global Fund approval to use the C19RM Funds beyond the regular grant IP End Date captures two implementation end dates:

1. the regular grant IP End Date (for the non-C19RM component of the grant); and
2. the C19RM Implementation End Date (i.e., the date by which C19RM-funded goods, services and activities, including procurement of Health Products, must be delivered).

Recipients can utilize C19RM Funds provided those funds are integrated into GC6 grants. C19RM Funds can be used by the C19RM Implementation End Date stipulated in the Grant Agreement, 31 December 2025 being the latest possible C19RM Implementation End Date.

The below diagram describes the high-level activities of a grant with a C19RM Implementation End Date that is different from the regular grant IP End Date. This graphic is illustrative only and may differ for each grant depending on the relevant regular grant IP End Date and the approved C19RM Implementation End Date.

Diagram 5. Grant activities when the C19RM Implementation End Date differs from the regular grant IP End Date



13. Integrate C19RM Additional Funds into Grants

The integration of C19RM Additional Funds into a GC6 grant is undertaken through an Additional Funding Revision:

- PRs and CTs are strongly encouraged to process a C19RM Additional Funding Revision immediately, especially for grants that have limited uncommitted funds to initiate approved C19RM activities³⁰.
- The C19RM Performance Framework (if applicable) and C19RM Reinvestment HPMT (if applicable) are amended to reflect the additional funding. CTs and PRs prepare and submit a C19RM Incremental Budget³¹ to cover the additional funding only.
- Since CCM endorsement is required for the C19RM Additional Funding Request (see [Part 2](#)), the CCM does not need to endorse the C19RM Additional Funding Revision.

[Annex 3](#) provides procedures for C19RM Additional Funding Revisions.

14. Reinvestments and Revisions in 2024-2025 (Post Strategic Shift)

This section provides guidance on principles and requirements that apply to the reinvestment of C19RM Funds. Specifically, this section covers the following:

- Key reinvestment principles
- C19RM revision types
 - C19RM Budget Revision
 - C19RM Programmatic Revision
 - C19RM End-date Revision
 - C19RM Administrative Revision
- C19RM foreign exchange management

Key reinvestment principles

PRs may pursue reinvestment opportunities to allow for C19RM activities approved to be implemented in 2024 and/or 2025 to be adjusted to changing contexts and requirements. This is to ensure continued and effective use of C19RM Funds to achieve maximum impact in line with the Board-approved strategic shift. The following C19RM reinvestment principles apply:

- **Eligibility of Funds:**
 - Reinvestments of C19RM Grant Budgets for the 2024-2025 period follow the thresholds and approval authorities defined per C19RM revision type below.

³⁰ Pending completion of the C19RM Additional Funding Revision, CTs and PRs may work together to initiate implementation of approved C19RM activities using any available uncommitted funds under the relevant grant.

³¹ The C19RM Incremental Budget template and related system functionality are expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Budget. CTs agree with the Finance/PST Specialist on the most efficient way to capture such budgetary changes while waiting for the release of the new functionalities. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

- Reinvestment of C19RM Funds that are not part of the approved C19RM Grant Budget for 2024-2025 (i.e., C19RM 2023 or previous years budget) require approval from the C19RM Investment Committee or delegated approval authority (i) C19RM Funds available for reinvestment; and (ii) activities to be reinvested into. Once activities are approved by the relevant approval authority, the applicable C19RM revision type is followed and no additional approval is required.
- C19RM Funds cannot be reinvested into activities that do not fall into the Board-approved strategic areas.
- **Alignment with Global Fund Strategy and synergies with GC7:** Proposed reinvestments must align with the Board-approved strategic shift to RSSH/PPR as outlined in the Technical Information Note (TIN). In addition to items previously approved as C19RM UQD, C19RM Funds are eligible to be reinvested into related RSSH/PPR activities/interventions on the GC7 Unfunded Quality Demand (UQD)³² register.
- **Approval of New Interventions:** Any new interventions outside of the existing scope require approval from the C19RM Investment Committee.
- **Feasibility:** Proposed reinvestments must be feasible and executable by the grant's C19RM Implementation End Date. Consultation with Supply Operations and TAP is required to ensure feasibility for procurement and delivery of health products by the C19RM Implementation End Date. Consultation with Supply Operations and TAP must be documented in writing. It is the CT's responsibility to store and retain such evidence for audit trail purposes.

C19RM Revision Types

A **C19RM Budget Revision** involves the reallocation of approved C19RM Funds across modules, interventions and cost categories (without changes to the approved C19RM Funds ceiling, the C19RM Implementation End Date or, where applicable, the C19RM Grant Performance Framework). C19RM Budget Revisions are approved according to the thresholds set out in the table below. The thresholds are applicable to all portfolio categories.

Revision type	Threshold	Approval authority
C19RM Non-material Budget Revision	Any increase / decrease of less than 25% and up to US\$5 million per intervention AND Increase of less than 10% in discretionary cost category ³³	PRs through the online Budget Adjustment Form ³⁴ . PRs inform CTs of approved reinvestments ³⁵ .
C19RM Material Budget Revision	Any increase / decrease equal to or greater than 25% and up to US\$10 million per intervention OR	CT Fund Portfolio Manager and Finance/PST Specialist ³⁶ .

³²If C19RM funding is used to fund items listed on the UQD Register, CTs are asked to update the interventions in the UQD interface in GOS and indicate the funded amounts under the Non-grant External Funding column, noting "Funded through C19RM" in comments. CTs can refer to step 3.3 in the [UQD User Guidance](#).

³³ Definition of discretionary cost category in the [Budgeting Guidelines](#) (section 2.5.3) applies.

³⁴ The online Budget Adjustment Form is expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Grant Budget. CTs agree with the Finance/PST Specialist on the most efficient way to capture such budgetary changes while waiting for the release of the new functionalities. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

³⁵ It is the PR's and Country Team's responsibility to track and retain such approvals for audit trail purposes.

³⁶ The approval must be documented in writing. It is the CT's responsibility to store and retain such approvals for audit trail purposes.

Revision type	Threshold	Approval authority
	Increase equal to or greater than 10% in discretionary cost category	CRG no-objection required ³⁷ for any decrease of budget for civil society and community interventions.
	Any increase / decrease equal to or greater than 25% and greater than US\$10 million and up to US\$20 million per intervention OR Increase of equal to or greater than 10% in discretionary cost category	GMD Department Head (DH), and Grant Finance Manager (GFM) and Head of TAP CRG no-objection required ³⁸ for any decrease of budget for the civil society and community interventions. Head, Supply Operations approval required ³⁹ for procurement of health products involved in the reinvestment.
	Any increase / decrease equal or greater than 25% and greater than US\$20 million per intervention OR Increase of equal or greater than 10% in discretionary cost category Reinvestment into new interventions not previously approved by the C19RM Investment Committee (that excludes the interventions included in the GC7 UQD list)	C19RM Investment Committee

C19RM Non-material and Material Budget Revisions are calculated from the C19RM Grant Budget at intervention level for 2024-2025. The C19RM Budget Revisions are calculated for both the “increasing” intervention (which receives the funds) and the “decreasing” intervention (where the funds are reduced from).

Similarly, C19RM Budget Revisions for a discretionary cost category are calculated from the cost grouping budget for 2024-2025, and not on the cost input budget of a given year.

As such, C19RM Material Budget Revisions can be triggered by cumulative Non-material Budget Revisions⁴⁰. Through the online Budget Adjustment Form⁴¹, CTs and PRs track and ensure that cumulative C19RM Non-material Budget Revisions do not constitute a material budget revision without the prior approval of the Global Fund throughout the C19RM implementation period.

³⁷ Within 3 working days of receipt of the request.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ This applies to budget revisions in 2024-2025.

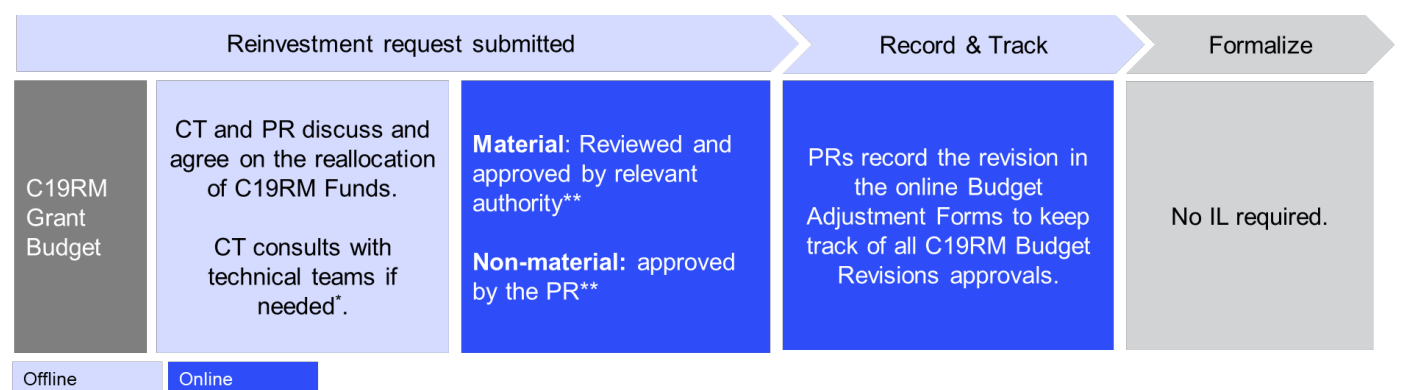
⁴¹ The online Budget Adjustment Form is expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Grant Budget. CTs agree with the Finance/PST Specialist on the most efficient way to capture such budgetary changes while waiting for the release of the new functionalities. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

PRs are required to inform CTs of their approval of C19RM Non-material Budget Revisions. The approval of both C19RM Material and Non-material Budget revisions must be documented in writing. It is the CT's responsibility to store and retain such approval for audit purposes.

PRs are expected to inform the CCM of C19RM Material Budget Revisions prior to submitting them for approval by the Global Fund.

The C19RM Grant Budget is not amended as part of the C19RM Budget Revision. The issuance of an Implementation Letter to formalize the C19RM Budget Revision is not required. Refer to diagram 6 for a high-level overview of the C19RM Budget Revision review process.

Diagram 6. C19RM Budget Revision review process



* Technical teams are TAP (e.g. O2 working group and labs), MECA/RSSH-PPR, and/or SO, consulted by CTs at their discretion depending on the scope of the reinvestment.

** The approval must be documented in writing. It is the CT's responsibility to store and retain such approval for audit purposes.

Depending on the scope of the budgetary reinvestment, CTs may consult Global Fund technical teams⁴² to provide their inputs on the proposed reinvestment (such as to align with strategic RSSH priorities, ensure feasibility of health product procurement, delivery and payment by the relevant C19RM Implementation End Date). Technical teams are required to revert within 3 working days with requested inputs.

Annex 3 provides procedural guidance on C19RM Budget revisions.

A **C19RM Programmatic Revision** involves changes to modules, interventions and/or targets in the C19RM Grant Performance Framework (without changes to the approved C19RM Funds ceiling and C19RM Implementation End Date). They are processed as C19RM Programmatic Revisions and approved according to the thresholds set out in the table below. The thresholds are applicable to all portfolio categories.

⁴² TAP (e.g. O2 working group and labs), MECA/RSSH-PPR, and/or SO.

Revision type	Threshold	Approval authority
C19RM Non-material Programmatic Revision	Introducing new interventions to incorporate activities approved under the C19RM/GC7 UQD ⁴³	GMD Department Head
	Increasing or decreasing targets for existing indicators and adding missing targets to the C19RM Grant Performance Framework	GMD Department Head
	Scaling-up existing interventions and innovative approaches, introducing new health products and removing health products to incorporate activities in the C19RM/GC7 UQD register, provided it does not add or remove existing modules and interventions in the C19RM Grant Performance Framework.	GMD Department Head
C19RM Material Programmatic Revision	Reinvestment into new interventions not previously approved by the IC	C19RM Investment Committee

The C19RM Grant Performance Framework and C19RM Reinvestment HPMT (where applicable) are amended to reflect the programmatic changes. The C19RM Grant Budget is not amended as part of the C19RM Programmatic revision. PRs use the online Budget Adjustment Form⁴⁴ to capture budget changes related to the C19RM Programmatic Revision. All C19RM Programmatic revisions are formalized through an Implementation Letter to be issued immediately.

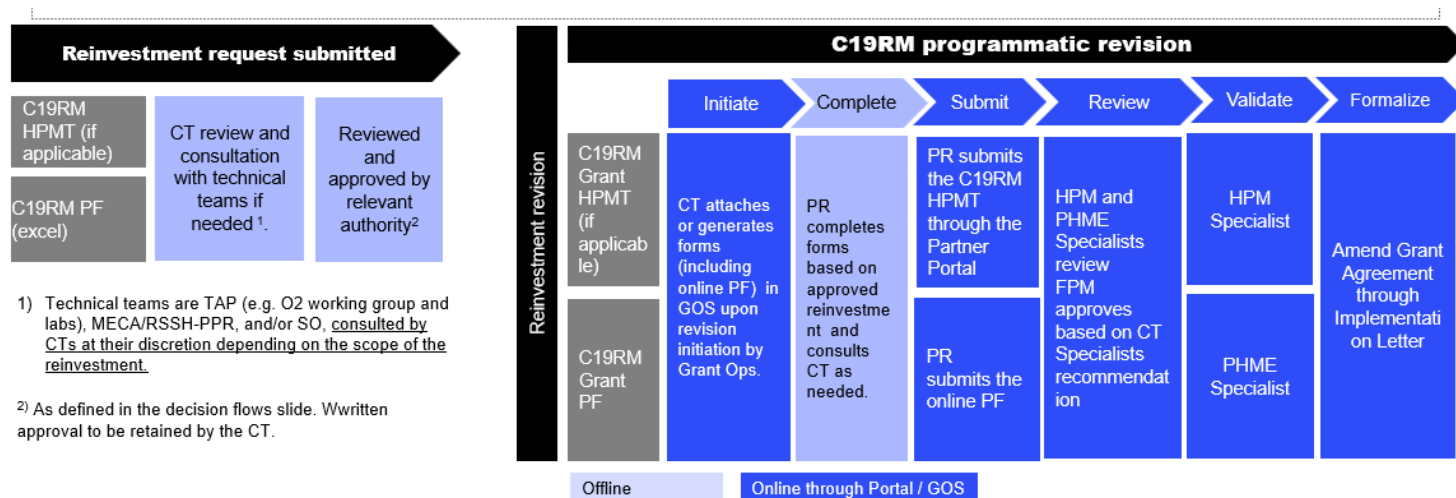
If the changes to the C19RM Grant Performance Framework are time-sensitive with implications to the performance rating and results rating (such as increasing or decreasing targets or adding missing targets) and the Implementation Letter will take time to complete, a Notification Email can be issued to capture PR and Global Fund agreement and enable such updates in the Global Fund system while waiting for the IL completion.

Refer to diagram 7 for a high-level overview of the C19RM Programmatic Revision review process.

⁴³ If C19RM funding is used to fund items listed on the UQD Register, Country Teams are asked to update the interventions in the UQD interface in GOS and indicate the funded amounts under the Non-grant External Funding column, noting "Funded through C19RM" in comments. Country Teams can refer to step 3.3 in the [UQD User Guidance](#).

⁴⁴ The online Budget Adjustment Form is expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Grant Budget. CTs agree with the Finance/PST Specialist on the most efficient way to capture such budgetary changes while waiting for the release of the new functionalities. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

Diagram 7. C19RM Programmatic Revision review process



Depending on the scope of the programmatic reinvestment, CTs may consult Global Fund Technical teams⁴⁵ to provide their inputs on the proposed reinvestment (such as to align with strategic RSSH priorities, ensure feasibility of health product procurement and delivery by C19RM Implementation End Date). Technical teams are required to revert within 3 working days with the requested inputs.

C19RM Material and Non-material Programmatic Revisions require endorsement from the CCM⁴⁶. Endorsement must be provided by (i) the CCM Chair and (ii) the civil society representative if the CCM Chair is the representative of the Government, or the representative of the Government if the CCM Chair is the representative of civil society. The CCM endorsement is captured through a letter, email or other form of written documentation.

If the C19RM Programmatic Revision solely incorporates activities in the C19RM UQD/GC7 UQD previously endorsed by the CCM, an additional CCM endorsement for the revision is not required. In this case, the PR informs the CCM before processing a C19RM Programmatic Revision.

C19RM End-date Revision. In exceptional cases, extensions to the C19RM Implementation End Date can be requested to complete discrete and approved programmatic activities that have already been substantially started (such as the completion of PSA plants). All C19RM Implementation End Date extensions must be supported by a strong justification and cannot go beyond 31 December 2025.

⁴⁵ TAP (e.g. O2 working group and labs), MECA/RSSH-PPR, and/or SO.

⁴⁶ In the absence of a CCM or an alternative coordinating platform in the country, the CT must seek endorsement from the Regional Manager (or for High Impact departments, relevant Department Head), after consulting with the Manager of the Monitoring, Evaluation & Country Analysis (MECA). Instances where the CCM endorsement is not received are escalated to the Compliance Review Panel (CRP) for guidance. However, if the CRP has already provided steer on the CCM endorsement requirements for the regular, non-C19RM component of the grant, the same guidance applies. Team, the Head of the Technical Advice & Partnerships Team, and to the extent possible, in-country partners.

- All C19RM Implementation End Date extensions are approved by the C19RM Investment Committee and must be coordinated with the C19RM Secretariat.
- Following approval from the C19RM Investment Committee, the extension is processed via a C19RM End-date revision in the Global Fund's systems. The C19RM Performance Framework (if applicable) and C19RM Reinvestment HPMT (if applicable) are amended to reflect the extension. The PR and CT prepare and submit a C19RM Incremental Budget⁴⁷ to cover the extension period only.
- PRs follow this guidance regarding CCM endorsement of C19RM End-date Revisions:
 - C19RM End-date Revisions that do not include new interventions (i.e. the revision only extends the C19RM Implementation End Date for approved interventions) do not require formal CCM endorsement. In such cases, PRs inform the CCM of C19RM End-date Revision prior to submitting them to the Global Fund.
 - C19RM End-date Revisions that include new interventions require endorsement from the CCM⁴⁸. Endorsement must be provided by (i) the CCM Chair and (ii) the civil society representative if the CCM Chair is the representative of the Government, or the representative of the Government if the CCM Chair is the representative of civil society. The CCM endorsement is captured through a letter, email or other form of written documentation.
- The Implementation Letter to formalize the C19RM End-date revision amends the C19RM Implementation End Date, which requires amending the Grant Confirmation table.

C19RM Administrative Revision captures changes to the C19RM component that are purely of an administrative nature such as administrative changes to the C19RM Performance Framework and/or to the C19RM Grant Budget.

Administrative changes to the C19RM Grant Performance Framework include:

- Revising the reporting schedule without impacting targets;
- Updating or adding missing baselines which do not impact targets;
- Corrections/clarifications of custom indicator names, comments fields, cumulation type without any change to targets, realignment of the targets according to the cumulation type, geographic coverage or scope of targets.

Administrative changes to the C19RM Grant Budget include:

- Change the Sub-recipients (SRs) names in cases where SRs were not identified during the C19RM Additional Funding Request or when there is a change in the official name of SRs during C19RM implementation.
- Correct any error or omission in the descriptive information of the C19RM Grant Budget.

Administrative changes to the C19RM Grant Budget are allowed if:

⁴⁷ The C19RM Incremental Budget template and related system functionality are expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Budget. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

⁴⁸ In the absence of a CCM or an alternative coordinating platform in the country, the CT must seek endorsement from the Regional Manager (or for High Impact departments, relevant Department Head), after consulting with the Manager of the Monitoring, Evaluation & Country Analysis (MECA). Instances where the CCM endorsement is not received are escalated to the Compliance Review Panel (CRP) for guidance. However, if the CRP has already provided steer on the CCM endorsement requirements for the regular, non-C19RM component of the grant, the same guidance applies. Team, the Head of the Technical Advice & Partnerships Team, and to the extent possible, in-country partners.

- They do not change the latest approved budget amounts at module, intervention, cost input and/or implementer level;
- They do not change the C19RM Grant Budget by replacing budget amounts with actual expenditures from past periods; and
- They affect more than 10%⁴⁹ of the total C19RM Grant Budget.

C19RM Administrative Revisions are approved by the CT Fund Portfolio Manager⁵⁰ and formalized through an Implementation Letter.

For C19RM Administrative Revisions that involve time-sensitive changes to the C19RM Grant Performance Framework with implications to the performance rating and results rating, if the Implementation Letter will take time to complete, a Notification Email can be issued to capture PR and Global Fund agreement on the C19RM Grant Performance Framework changes and enable such updates in the Global Fund system. The C19RM Grant Performance Framework changes agreed by Notification Email must be formalized with an Implementation Letter, which can be issued at a later stage. It is therefore the CT's responsibility to track these Notification Emails and integrate the changes in the grant via Implementation Letter.

C19RM Administrative Revisions do not require CCM endorsement.

Reinvestment of C19RM foreign exchange gains

Use of **foreign exchange gains** arising from approved C19RM Funds follow the same reinvestment principles outlined above. C19RM foreign exchange gains can be reinvested towards C19RM UQD and/or towards GC7 UQD aligned to the Board-approved strategic shift to RSSH/PPR as outlined in the Technical Information Note (TIN). The use of foreign exchange gains is subject to the additional approval thresholds set out below:

Amount of Net Foreign Exchange Gain	Approval Authority (GMD)	Approval Authority (Finance)
Less than US\$5 million	Regional Manager / Department Head (for High Impact)	Grant Finance Manager
Equal or greater than US\$5 million and less than US\$10 million	Head of Grant Management Division	Head of Grant Finance Management
Equal or greater than US\$10 million	C19RM Investment Committee	

⁴⁹ If less than 10% of the total IP budget is impacted (for example, errors relate to less than 10% of the C19RM Grant Budget, SR is implementing less than 10% of the C19RM Grant Budget), CTs and PRs wait until the >10% threshold is reached to initiate administrative changes to the C19RM Grant Budget or this can be combined with another revision type, whichever is earlier.

⁵⁰ In consultation with relevant technical teams as needed, depending on the scope of the reinvestment.

Any C19RM foreign exchange gains that are reinvested outside the C19RM UQD and/or GC7 UQD must be approved by the C19RM Investment Committee.

15. Implement C19RM investments

15.1 Initiate Implementation

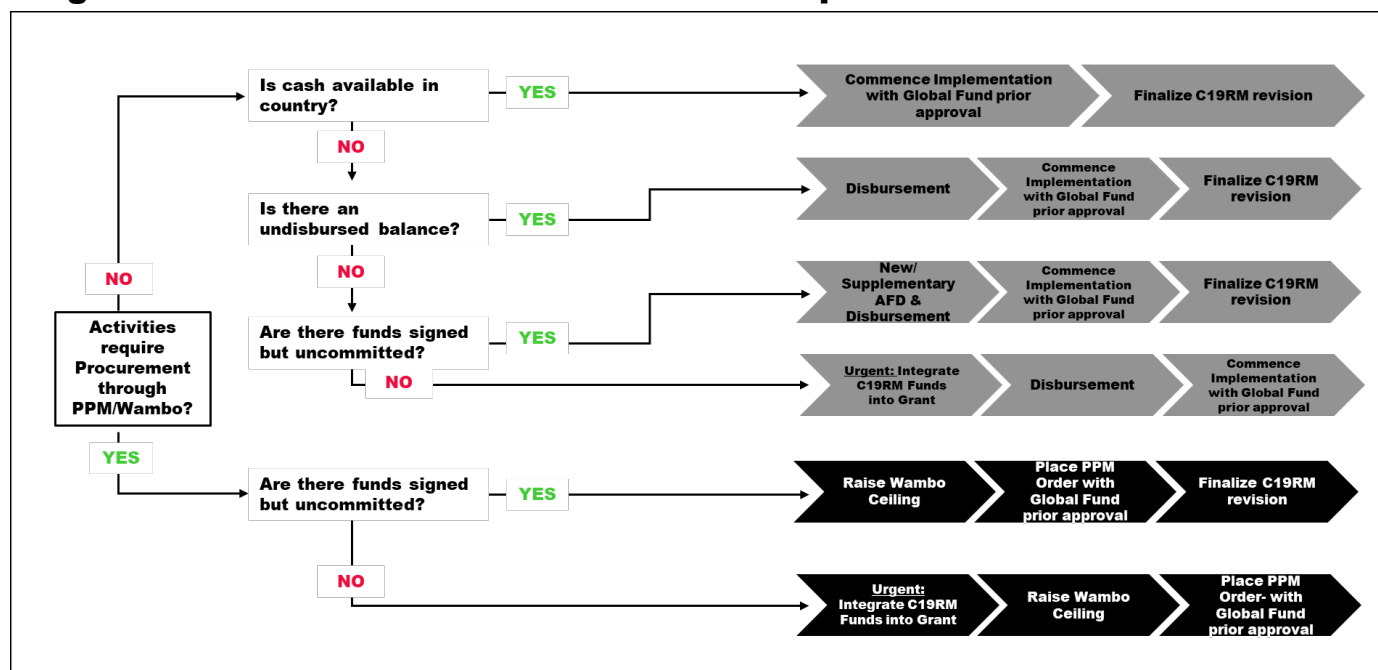
It is possible to use in-country cash balance, undisbursed funds from existing annual funding decision (AFD), unutilized Wambo ceiling and signed but not committed funds to initiate approved C19RM activities and procurement of health products through PPM/wambo.org or other channels pending completion of a C19RM revision (see *diagram below on Decision Tree to initiate C19RM implementation*). The use of funds is limited to the extent of the C19RM Grant Budget remaining undisbursed.

In order to do so, the CT must submit to the applicable approval authority (as defined in section 2 above) for formal written approval:

- i. An updated C19RM Grant Budget covering the period up to the relevant grant's approved C19RM Implementation End Date; and
- ii. Details of the requested activity/health products, indicative date for delivery, target date of grant revision completion, available uncommitted funds and value of orders.

If the request to initiate implementation is approved, the CT sends a written confirmation to the PR outlining the risks and actions to be taken by the Global Fund in case a grant revision is not finalized and notifying the PR that by initiating activities based on the Global Fund's approval, the PR is deemed to accept the terms and conditions of the reinvestment.

Diagram 9. Decision Tree to initiate C19RM implementation



Advance Procurement

Where a grant has insufficient uncommitted funds to initiate implementation, and pending a C19RM Additional Funding revision, it is possible to request advance procurement and advance payments to initiate implementation of approved C19RM activities (see [OPN and Operational Procedures on Pooled Procurement Mechanism](#)). Instead of completing an advance payment or procurement memorandum, the CT completes the Advance Payment/Procurement Table 2 in the RRF for the C19RM Investment Committee review and approval at the same time as their review of the C19RM Additional Funding Request. The CT is responsible for ensuring that the following individuals have reviewed the table in the RRF prior to C19RM Investment Committee consideration of the request:

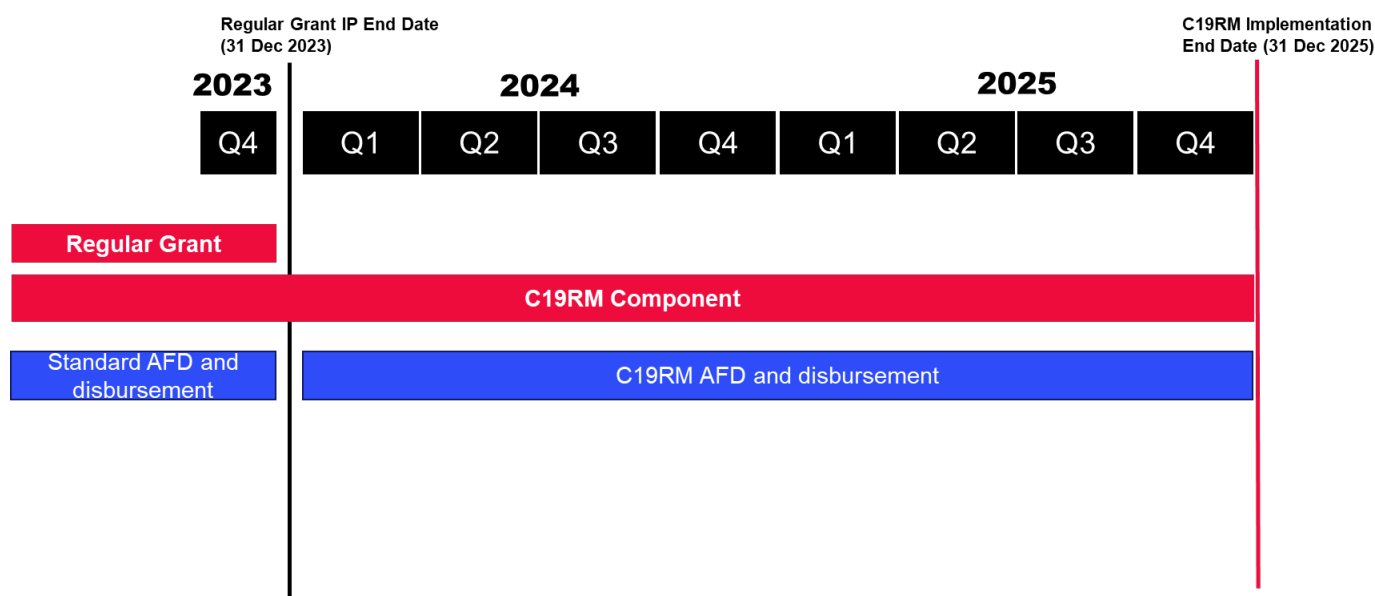
- **Manager, Health Product Management** for: (1) health products (and quantities) to be procured immediately; (2) estimated amount for procurement of the health products; and (3) procurement channel (as relevant).
- **GMD Regional Manager/Department Head** (for High Impact), for the full contents of the table.
- **Grant Finance Manager** for the full contents of the table.
- **Strategic Sourcing Senior Manager, Supply Operations** for: (1) health products (and quantities) to be procured immediately; (2) estimated amount for procurement of the health products; (3) procurement channel; and (4) health product payment due date (as relevant); and
- **Planning and Procurement Transaction Management, Head, Supply Operations** for: (1) health products (and quantities) to be procured immediately; (2) estimated dollar amount for procurement of the health products; (3) procurement channel; and (4) health product payment due date (as relevant).

15.2 Annual Funding Decision and Disbursements

Once C19RM Additional Funds are integrated into a grant through a grant revision, annual funding decisions and disbursements (AFD and disbursement) for the C19RM Funds are undertaken as follows:

- Scenario 1: For grants with C19RM Implementation End Date before or the same as the Regular Grant IP End Date, standard AFD and disbursements covering the regular grant and C19RM are processed per the [OPN on Annual Funding Decision and Disbursement](#).
- Scenario 2: For grants with C19RM Implementation End Date after the Regular Grant IP End Date, C19RM AFD and disbursements are processed through an AFD and disbursement covering the period until the C19RM Implementation End Date, per the [OPN on Annual Funding Decision and Disbursement](#) (refer to diagram 10 for an illustrative example). The C19RM AFD and disbursement can also be used to process an AFD or to disburse funds more than 6 months after the Regular Grant IP End Date to liquidate financial liabilities under the GC6 allocation⁵¹. This is allowed in the exceptional circumstance where the CT has to simultaneously process a C19RM AFD and disbursement *and* a standard AFD and disbursement more than 6 months after the Regular Grant IP End Date⁵².

Diagram 10. Illustrative example of C19RM AFD and disbursement after Regular Grant IP End Date of 31 December 2023



The following additional guidance applies to C19RM AFD and disbursements:

⁵¹ A Final Payment Letter is required. See [OPN on Annual Funding Decision and Disbursement](#).

⁵² If a GC6 grant does not have C19RM funding, any AFD and disbursement more than 6 months after Regular Grant IP End Date is processed through a supplementary funding decision and disbursement, per [OPN on Annual Funding Decision and Disbursement](#).

C19RM Annual Funding Decision (AFD) period. There is no buffer period for the C19RM AFD. The period covered by the C19RM AFD is defined by CTs: this period must start from the Regular Grant IP End Date plus one day and cannot exceed the C19RM Implementation End Date.

Multiple C19RM AFDs and disbursements. It is possible to process multiple AFDs and disbursements for C19RM funding. This may be required, for example, if a grant's C19RM Implementation End Date is extended.

Centralized payments for PPM / Wambo. C19RM AFD and disbursements do not cover commitments for centralized payments to third parties for the procurement of health products through the Pooled Procurement Mechanism (PPM) / Wambo-related transactions⁵³.

Exceptions. The standard AFD and disbursement exceptions and corresponding approval authorities⁵⁴ described in the [OPN on Annual Funding Decision and Disbursement](#) apply to C19RM AFD and disbursements with the following key changes:

Exception level	Standard AFD and disbursement exception	Key changes applicable to C19RM AFD and disbursement
Level 1 – AFD	<i>AFD covers a period of longer than 18 months with prior approval of aligned AUPs by GAC</i>	CTs can process C19RM AFD that covers a period longer than 18 months, provided that the C19RM Implementation End Date is not exceeded. Therefore, this exception does not apply.
	<i>The Grant Agreement has reached the Implementation Period end-date plus the 6 months closure period to liquidate financial liabilities.</i>	For C19RM AFD and disbursements the exception reads as follows: <i>The Grant Agreement has reached the C19RM Implementation End Date plus the 6 months C19RM Financial Closure Period to liquidate financial liabilities.</i>
Level 1 – Disbursement	<i>Disbursement more than 18 months after the start of the AFD Period</i>	CTs can process C19RM disbursements of more than 18 months after the start of the C19RM AFD, provided that the C19RM Implementation End Date is not exceeded. Therefore, this exception does not apply.

⁵³ Refer to [OPN](#) and [Operational Procedures](#) on Pooled Procurement Mechanism.

⁵⁴ Refer to the [OPN on Annual Funding Decision and Disbursement](#).

15.3 Procurement of Health Products

Timelines for procurement of Health Products

The Global Fund directly notifies each country of the applicable C19RM Implementation End Date for C19RM funded activities (i.e. the date by which goods and services, including procurement of Health Products, must be delivered). Nevertheless, for complex health equipment, PRs are advised to place all orders swiftly in 2023, to allow sufficient time for delivery and installation.

Procurement process

Procurement of health products financed from C19RM can be done through either the Global Fund's Pooled Procurement Mechanism (PPM)/wambo.org or other procurement channels as described below.

- For procurement through PPM/wambo.org, the [OPN and Operational Procedures on Pooled Procurement Mechanism](#) apply with some flexibilities as defined in this document.
- For procurement through other channels, the PR undertakes the procurement following the terms of the Grant Agreement, including any additional grant requirements as defined below.

Regardless of the procurement channel, health products procured with C19RM Funds must meet Global Fund Quality Assurance requirements, as defined in [Global Fund Quality Assurance Policies](#) in the [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#), the [interim Quality Assurance requirements for COVID-19 products](#), or as approved by the Global Fund Board.

PRs are strongly encouraged to use PPM/wambo.org, where the terms of the relevant Grant Agreement permit. This will allow for countries to benefit from negotiated terms and pricing, while simplifying orders especially for those products that are currently scarce on the global market (e.g., antiviral medicines).

For C19RM Additional Funding Requests, the procurement channel arrangements must be clearly captured in the C19RM Funding Request HPMT prior to the C19RM Investment Committee deliberations on the C19RM Additional Funding Request.

A three-category framework for health products has been developed that describes the sourcing of products with different dynamics, including those products which are scarce or for which supply may be tight on the global market and where pooling or enhanced visibility of progress is needed to assure that key products are secured and delivered when needed for impact:

- **Strategic Health Products** where supply dynamics and constraints necessitate pooling of demand to attain better market outcomes (such as lower prices or improved lead times).
- **Mainstream Health Products** where supply may be tight or fragile and enhanced visibility of progress is needed; and
- **Local Sourcing Advised/Possible Health Products** which are generally low value, bulky and/or hazardous products, such as alcohol, bleach, disposable waste boxes, etc., where freight costs are high compared to the product cost, or more complex diagnostic and/or health

equipment where existing contractual agreements can be leveraged for acquisition, installation and maintenance.

As described in Section 2 of the [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#), where pooling of demand can attain better market outcomes, the PR must use its best efforts to use PPM or other regional and global procurement services or agents acceptable to the Global Fund. The use of PPM/wambo.org may be mandated by the Global Fund, to ensure equitable access to COVID-19 products based on coordinated allocation models with partners or where there are documented procurement capacity gaps. Such situations will be analyzed and managed on a case-by-case basis.

For Strategic Health Products, the following procurement channels are available in order of priority⁵⁵ :

- a. the Global Fund's PPM/ wambo.org; or
- b. existing UN entity procurement channel where the UN entity is also PR, provided the PR agrees to provide monthly⁵⁶ reporting on visibility from procurement to delivery.

For Mainstream Health Products, PRs are generally expected to use PPM/wambo.org.

If a PR elects not to use PPM/wambo.org (unless mandated), they can request to procure the Mainstream Health Products through:

- a. national sourcing channels, provided the PR demonstrates adequate procurement capacity that meets the requirements in the Grant Agreement and agrees to provide to the Global Fund:
 - i. procurement performance assurance (including on quality, speed, volume, price and overall risk); and
 - ii. monthly⁵⁷ reporting on visibility from procurement to delivery.
- b. existing pooled procurement channels for the grant (GDF, PAHO, UNICEF, UNDP etc.). In such cases, the Global Fund works with the PR to obtain:
 - i. procurement performance assurance (including on quality, speed, volume, price and overall risk); and
 - ii. monthly⁵⁸ reporting on visibility from procurement to delivery.

For Local Sourcing Advised/Possible Health Products, PPM/wambo.org may be mandated by the Global Fund as above or elected by the PR if no sources are available at the country or sub-regional level. The C19RM Health Product Segmentation Framework sets out which Local Sourcing Advised/Possible Health Products require monthly⁵⁹ reporting on visibility from procurement to delivery. Together, these are referred to as "Local Sourcing Advised Health Products with Enhanced Reporting".

⁵⁵ The C19RM Investment Committee may consider alternative procurement channels proposed by the applicant, in exceptional circumstances only.

⁵⁶ For Focused portfolios, reporting can be provided on a quarterly basis.

⁵⁷ For Focused portfolios, reporting can be provided on an annual basis.

⁵⁸ For Focused portfolios, reporting can be provided on a quarterly basis.

⁵⁹ For Focused portfolios, reporting can be provided on an annual basis.

If a PR selects not to use PPM/wambo.org for Strategic and Mainstream Health Products, the CT must confirm to the C19RM Investment Committee that there is confidence in terms of procurement performance assurance (quality assurance compliance, speed, volume, price and overall risk). The procurement channels, reporting and other requirements for the three product categories (as relevant) must be approved by the C19RM Investment Committee, communicated to the applicant in the C19RM Notification Letter and incorporated into the Grant Agreement with the relevant PR.

Further details on which products fall into each category can be found [here](#).

Further information including product category information, reference prices, lead-times etc. are available [here](#).

15.4 Construction/renovation works and waste management

Implementers are expected to ensure that C19RM Eligible Investments relating to construction, engineering and/or civil works (e.g., warehouse construction, refurbishment, renovation works, waste management, PSA plants etc.) are implemented with due consideration of environmental, social and climate-related risks and applying, where relevant, good international industry practices⁶⁰ and any other applicable standards.

15.5 PR Reporting

For grants with a C19RM Implementation End Date before or the same as the Regular Grant IP End Date, PR reporting on progress of implementation and financial performance of C19RM Funds received are integrated into the scheduled Pulse Checks⁶¹ and Progress Update and/or Disbursement Requests (PU/DR) for the GC6 grants. For grants with a C19RM Implementation End Date after the Regular Grant IP End Date, PR reporting on progress of implementation and financial performance of C19RM Funds received follows the process per the OPN on Implementation Oversight and Monitor Performance, through dedicated GC6 C19RM Pulse Checks and PU/DRs.

The above reports are supplemented with **Procurement reporting** for Strategic and Mainstream Health Products approved for procurement channels outside of PPM/wambo and Local Sourcing Advised/Possible Health Products with Enhanced Reporting (see [Part 3 on Procurement of Health Products above](#) and the [Health Product Segmentation Framework](#)).

[Annex 3](#) Section 6 provides procedural guidance on PR reporting and Procurement reporting in the context of C19RM.

⁶⁰ Good international industry practice refers to the exercise of professional skill, diligence, prudence, and foresight that would reasonably be expected from skilled and experienced professionals engaged in the same type of undertaking under the same or similar circumstances globally or regionally.

⁶¹ Pulse Checks are required for grants in High Impact and Core portfolios.

16. C19RM Closure

The closure process for C19RM Funds and activities must adhere to the following guiding principles:

- Approved C19RM Funds continue to be implemented through the relevant GC6 grant irrespective of the Regular Grant IP End Date.
- Unless exceptionally approved for continued implementation during the C19RM Financial Closure Period, implementation of C19RM Eligible Investments and delivery of C19RM-funded goods and services (including Health Products procured through PPM/Wambo.org) must be completed by the C19RM Implementation End Date.
- The non-C19RM component of a grant closes at the relevant Regular Grant IP End Date and follows the standard grant closure or IP reconciliation process⁶².

For grants with a C19RM Implementation End Date before or the same as the Regular Grant IP End Date, closure of the C19RM and the non-C19RM components are undertaken together and follow the standard grant closure or IP reconciliation process, including timelines and requirements⁶³.

For grants with a C19RM Implementation End Date after the Regular Grant IP End Date, the C19RM component ends at the stipulated C19RM Implementation End Date and follows the rules described below (refer to diagram 10 for an illustrative example):

- If the C19RM Implementation End Date is up to 3 months after the Regular Grant IP End Date, then the two closure processes are undertaken together and the non-C19RM closure period is exceptionally extended with approval⁶⁴.
- If the C19RM Implementation End Date is more than 3 months after the Regular Grant IP End Date, then a separate C19RM closure process is undertaken. The C19RM closure process generally follows the standard closure process⁶⁵ with the following C19RM-specific guidance.

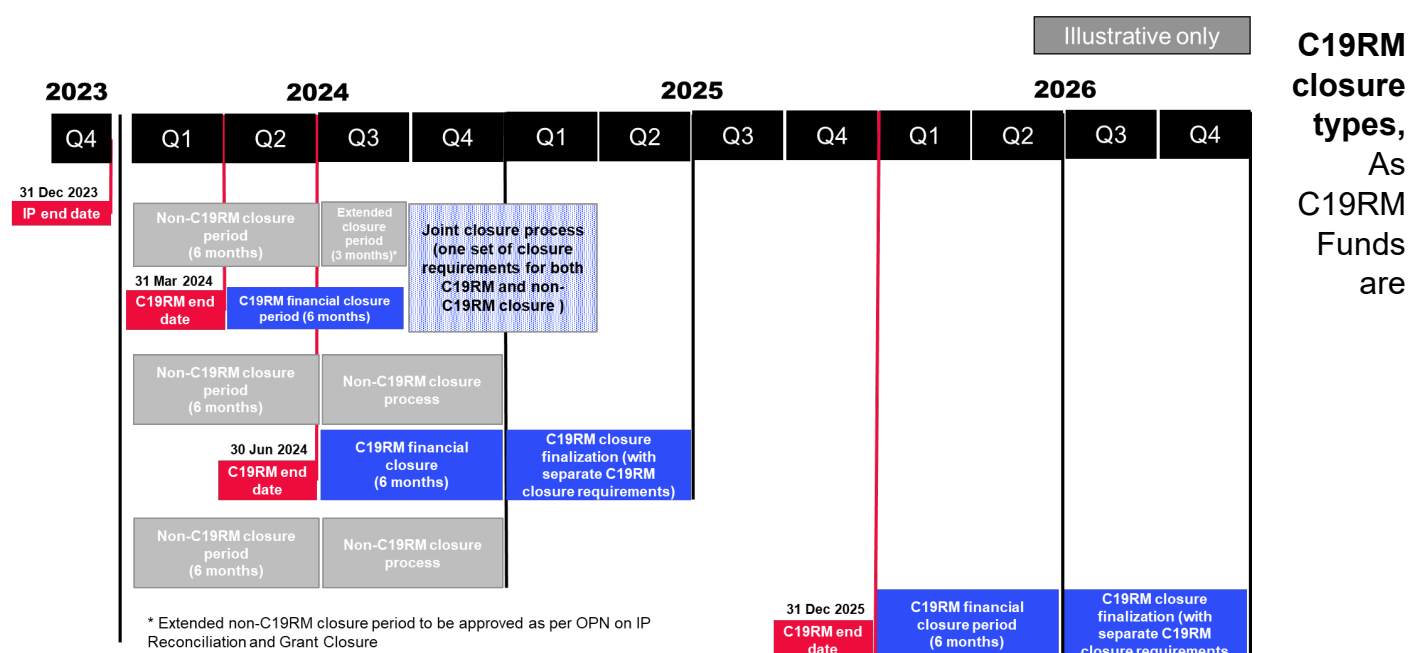
⁶² As per the [OPN](#) and [Operational Procedures](#) on IP Reconciliation and Grant Closure. Also refer to the Closure Guidance Letters saved [here](#) and sent to PRs in July 2023 for grants with Country Allocation IP End Date of 31 December 2023.

⁶³ Ibid.

⁶⁴ Refer to Managing Exceptions section of the IP Reconciliation and Grant Closure OPN.

⁶⁵ Ibid.

Diagram 10. C19RM and non-C19RM closure when C19RM Implementation End Date is up to or more than 3 months after the relevant Regular Grant IP End Date



integrated into GC6 grants, the closure type for the non-C19RM component of the GC6 grant determines the corresponding C19RM closure type in the Global Fund's systems. For example, if the non-C19RM component closes using the IP reconciliation closure type, the C19RM component will follow the same closure type.

C19RM closure period. Each grant has up to 12-months from the C19RM Implementation End Date to finalize C19RM closures. This comprises (i) a financial closure period of 6 months from the C19RM Implementation End Date (the “C19RM Financial Closure Period”); and (ii) an additional 6 months to finalize closure. For example, the C19RM closure period is until 31 December 2026 when the C19RM Implementation End Date is 31 December 2025.

In exceptional cases, the C19RM Financial Closure Period may be used to finalize implementation of discrete and time-bound activities that have already substantially started⁶⁶ subject to the following conditions:

- All requests to exceptionally use the C19RM Financial Closure Period to complete implementation of defined activities (including delivery and payments of goods and services) must be reviewed and approved by the Regional Manager or Department Head and Grant Finance Manager. CTs must consult with SO through the C19RM Coordinator for exceptional delivery and payment of health products procured through PPM/wambo.org. C19RM Secretariat must be copied on all requests and will maintain a register of approvals.
- No scale-up or initiation of new programmatic activities is permitted.
- Implementation must be completed during the six-month C19RM Financial Closure Period. PRs are required to finalize the C19RM closure within 12 months of the C19RM Implementation End Date.

⁶⁶ These include procurement and infrastructure-related activities such as the delivery and installation of PSA plants and incinerators. They do not include travel-related costs.

- The C19RM Closure Plan and C19RM Closure Budget outline all closure activities (including any programmatic activities to be completed) that have been approved by the Global Fund and formalized through an Implementation Letter. When the C19RM Closure Plan and C19RM Closure Budget are not required or have already been approved, the list of programmatic activities (and related budget) to be completed during the C19RM Financial Closure Period is approved via an Implementation Letter.
- Availability of Funds: The Grant Finance Manager has to confirm availability of funds to complete the programmatic activities during the C19RM Financial Closure Period.

C19RM Assets and Receivables. When closing the C19RM component of a GC6 grant, PR and the CT, with oversight from the CCM, must ensure that C19RM funded assets and receivables continue to be used to: (i) fight the three diseases that represent the core mandate of the Global Fund; and/or (ii) for RSSH and Pandemic Preparedness and Response. In instances where the existing/incoming PR or SRs are not the appropriate entities or do not have capacity to manage the C19RM assets, the assets and receivables may be transferred to another entity with approval of the Regional Manager or Department Head⁶⁷ and Grant Finance Manager. The CT seeks input from TAP advisors as necessary⁶⁸.

C19RM financial commitments. All C19RM financial commitments that are outstanding at the C19RM Implementation End Date must be settled within the C19RM Financial Closure Period. Unless an exception is granted (see above), all C19RM-related goods and services must be delivered by the C19RM Implementation End Date in order to be eligible for payments over the 6-month C19RM Financial Closure Period.

C19RM closure requirements. PRs are required to submit/complete the following:

C19RM Closure Requirement	Timeline
C19RM Closure Plan and C19RM Closure Budget ⁶⁹	No later than 3 months before the C19RM Implementation End Date
List of Program Assets and Receivables and Transfer Plan for C19RM funded assets and receivables	
C19RM final Progress Update (PU), inclusive of Tax report and C19RM Financial Closure Report (FCR)	C19RM PU (with Tax report covering the last year of C19RM implementation⁷⁰): Within 2 months from the C19RM Implementation End Date. C19RM FCR (with Tax report covering the 6-month C19RM Financial Closure Period⁷¹): Within 7.5 months from the C19RM Implementation End Date.

⁶⁷ For High Impact portfolios.

⁶⁸ Such as when transferring specialized assets like oxygen plants.

⁶⁹ If a PR is continuing to implement Global Fund activities in GC7, it is the CT's responsibility to determine whether a C19RM Closure Plan and Closure Budget are required (for example, to account for C19RM-specific program management units that will not be operating under GC7) or if instead, the closure activities will be catered for under the GC7 grant.

⁷⁰ In case of extension to the C19RM Implementation End Date, the tax report covers the last reporting period.

⁷¹ The final tax report for C19RM Eligible Investments is integrated into the FCR template.

Audit Report covering the use of C19RM funds between the Regular Grant IP End Date and the C19RM Implementation End Date	Within 6 months from the C19RM Implementation End Date.
C19RM Evidence of Asset Transfer	
Address C19RM financial commitments	
Address non-compliant expenditures and recoveries (if applicable)	

C19RM Funds remaining and not otherwise budgeted for under the C19RM Grant Closure Plan and Budget nine months after the C19RM Implementation End Date are automatically decommitted and the GC6 Purchase Order (PO) will be closed. If the CT anticipates any delays beyond nine months to fulfil financial commitments, the CT must request to keep the GC6 PO open. Such requests are reviewed and authorized by the Chief Finance Officer.

Formalizing C19RM closure. Following completion of the C19RM closure requirements to the satisfaction of the Global Fund and no later than 12 months from the C19RM Implementation End Date, a C19RM Closure Notification Letter must be sent to the PR to confirm closure of the C19RM component of the GC6 grant.

Closure of the GC6 grant is considered complete when both the C19RM and non-C19RM components are closed.

Part 4: C19RM Risk Management and Assurance

17. Risk Management Assurance across the C19RM Life Cycle

C19RM risk mitigation and assurance activities must leverage the existing grant reporting and assurance structures. However, considering the significant increases in C19RM funding and Board expectations for robust monitoring and oversight, an enhanced approach has been designed.

Assurance planning for C19RM is an ongoing process which starts for all countries/portfolios at the C19RM Additional Funding Request review stage and is done to mitigate incremental risks identified based on C19RM implementation arrangements, capacity of implementers and systems, investment priorities, and program design.

All portfolios shall plan and implement as per the regular practice, risk-based, investment-driven LFA assurance activities across the updated C19RM investment priorities:

- i. Risk based: e.g., procurement / asset management / fraud and fiduciary / programmatic / implementation risks; and
- ii. Investment-driven: C19RM Additional Funds and/or reinvestments of US\$ 5 million or more approved towards strategic priorities.

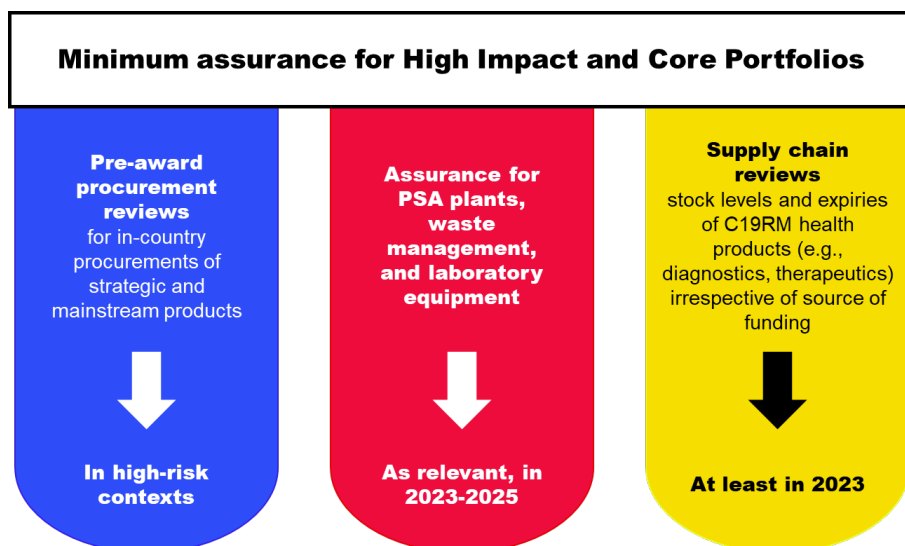
In addition, the following minimum assurances for High Impact/Core portfolios apply:

- i. **for high-risk contexts:**⁷² pre-award procurement reviews for in-country procurement of strategic and mainstream health products.
- ii. **as relevant (based on C19RM investment areas) in 2023 – 2025:** assurance for PSA plants, waste management, and laboratory equipment.
- iii. **at least in 2023:** supply chain reviews to review stock levels and expiries of health products used to implement C19RM activities (e.g., diagnostics/ therapeutics) irrespective of source of funding.

Additional assurances for specific portfolios may be included in the relevant C19RM Notification Letters.

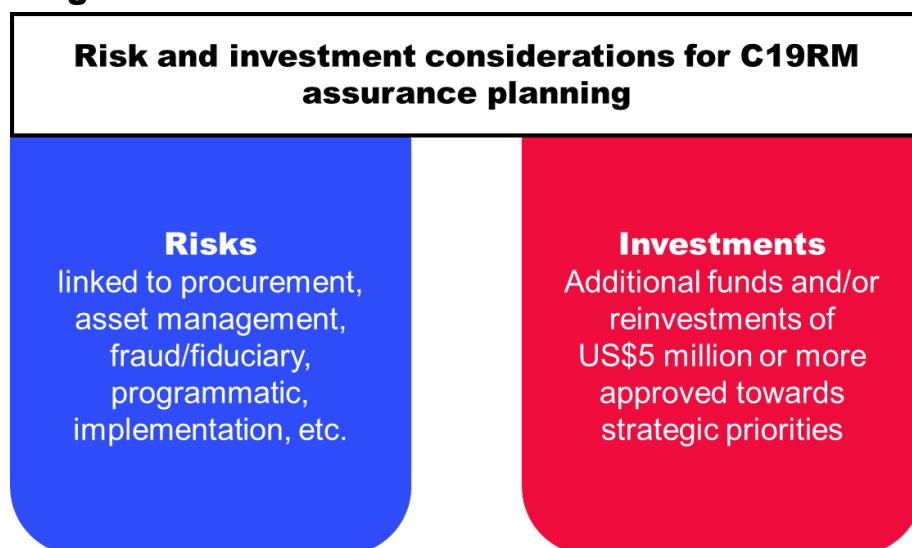
Diagram 11. Minimum assurance for High Impact and Core portfolios

⁷² Where the procurement and fraud risks are considered to be high or very high.



The scope of any assurance activities will be driven by risk and materiality considerations.

Diagram 12. Risk and investment considerations for C19RM assurance planning



Detailed guidance on assurance services is set out in the [C19RM Assurance Guidelines](#).

Assurance planning for C19RM will follow the process defined below:

As part of their review of the C19RM Additional Funding Request, the CT, Risk Department and other second line functions⁷³ define mitigation actions and assurance activities based on identified risks related to the proposed C19RM investments. These are captured in the cross-functional Secretariat review section of the Review and Recommendation Form (RRF).

⁷³ Global Fund has adopted the 'Three Lines of Defense' risk and assurance model. In the Three Lines of Defense model, management control is the first line of defense in risk management, the various risk control and compliance oversight functions established by management are the second line of defense, and independent assurance is the third. At the Global Fund, the CTs execute the first line of defense function and are responsible for management control of grant portfolios. The Risk Team along with the TAP, CRG, MECA, SO, HPM managers and Finance perform the Second line assurance function and responsible for setting policies, framework, guidelines and developing tools, advisory role and for monitoring and oversight. The OIG performs the role of independent assurance.

- Mitigating actions and assurance activities recommended by the Risk Department and other second line functions are generally for the CT's consideration except for the defined minimum assurances for High Impact and Core portfolios.
- The C19RM Secretariat will include the recommended assurance actions in the presentation to the C19RM Investment Committee at award stage. The C19RM Investment Committee may then recommend that mitigation actions and assurance activities are included in the C19RM Notification Letter for the CCM and PRs' attention. C19RM related risks, mitigation actions and assurance activities for High Impact and Core Portfolios will be captured in the Integrated Risk Management Module (IRM) and updated throughout grant implementation.
- CTs, in consultation with the LFA, and relevant second line functions define the scope of the LFA assurance services, tailor them to the risks identified, and include them into the annual LFA C19RM workplans. LFA workplans for C19RM assurance are prepared by following the regular annual LFA budgeting process.
- LFA work plans for High Impact and Core portfolios require additional review by the Head, Country Risk Management, Risk Department. Specific details are incorporated in the annual LFA Budgeting Guidelines

Monitoring and Oversight of C19RM

1. To ensure efficiency in the delivery of C19RM investments, create transparency and assurance along the end-to-end process a robust Monitoring and Oversight model is being put in place for C19RM.
2. The C19RM M&E Framework and the Assurance framework identify **'what'** data is needed for monitoring, evaluation, and assurance. However, to fully operationalize strengthened monitoring and oversight for C19RM, this workstream will offer clarity on the **'how'**.
3. Cross-cutting analysis and reporting: Data will be collected from various sources (as per the Monitoring Framework) and respective functional and data owners will facilitate collation, analysis, consolidation and framing of the M&O outputs for the Investment Committee. The cross-Secretariat functional group supported by the C19RM Secretariat and Risk Department shall also support tracking of implementation of key decisions agreed to and report periodically to the senior management and Board to achieve desired outcomes.
4. There are four primary sub-processes and corresponding reports planned under the monitoring and oversight workstream to facilitate ongoing cross-functional analysis, operational monitoring, oversight of implementation and reporting:
 - i. Quarterly implementation monitoring by the C19RM Investment Committee.
 - ii. Biannual updates on key LFA C19RM assurance findings
 - iii. Ad-hoc individual country follow-up by the C19RM Investment Committee; and
 - iv. Monthly reporting to the Board.

M&O	Purpose
Quarterly Implementation Monitoring by the C19RM Investment Committee	To provide the C19RM Investment Committee with a holistic overview of the implementation of C19RM investments, at an aggregate and regional level, as well as to identify country outliers or 'red flags' in terms of flow of funds, commodities and service delivery, and the impact on HIV, TB and malaria programmatic performance. These would in turn facilitate a targeted follow-up discussion with a CT would be beneficial.
Biannual update by LFA Coordination Team, Risk and technical hubs on key findings and results from the C19RM assurance activities for the M&O group and Investment Committee	To provide key insights on findings and red flags reported through LFA C19RM assurance services.
Ad-hoc individual country follow-up by the C19RM Investment Committee	To enable the C19RM Investment Committee discussions with CTs to problem solving on implementation challenges and bottlenecks, engaging technical experts as needed, and inform requests for grant revisions.
Monthly reporting to the Board	To provide the Board with visibility of C19RM awards, and the contribution of investments through C19RM, including in relation to the capacity of countries to test for COVID-19, to protect front line health and other essential workers with PPE, to provide treatment that can reduce deaths from COVID-19, and to mitigate the impact on HIV, TB and malaria programs.

The table below captures the C19RM assurance approach for each stage of the grant life cycle:

Stage	All Portfolios
C19RM Additional Funding Request Review and Approval; and Updates to C19RM Expression of Demand (as needed)	• GAC partners and CTAG inputs as well as the C19RM Investment Committee and Board decision-making process provides the necessary assurance on due diligence performed at the review and award stage. • Tailored capacity assessments may be requested where the CT has concerns around the PR's capacity to undertake or provide the necessary oversight of the proposed C19RM interventions. • CT, Risk Department and second line functions review risks and define the mitigating actions and assurance mechanisms during implementation per defined assurance planning process above.
Integrating C19RM Additional Funds into Grants	• The assurance mechanisms during grant revision and grant-making processes are applied as per regular practice.
Implementation	• C19RM funding and activities are subject to the same internal controls and assurance planned for the regular grant, with C19RM-specific requirements defined during the C19RM Additional Funding Request review and approval stage. • For High Impact and Core portfolios, information on extent of grant, programmatic and service delivery disruptions, key programmatic and financial performance indicators, supply chain performance metrics and select indicators to monitor progress in line with the strategic shift / investments in strategic priority areas in RSSH/PPR and, as applicable, delivery of HIV, TB and malaria services is collected through Pulse Checks Spot Checks or related supply chain information systems, and other relevant sources of data (for example data from CMLIs and Technical Partners). • Depending on the procurement channel for health products financed from C19RM, procurement reporting will be required (see Part 3, Section 15)
Monitoring and Oversight	• Per the defined C19RM Monitoring and Oversight approach, quarterly, monthly and ad hoc reports will be provided to the C19RM Investment Committee to facilitate operational monitoring and oversight of implementation.

Annexes

Annex 1. Defined Terms

General

C19RM	COVID-19 Response Mechanism
C19RM 2021	Refers to the phase of C19RM launched with additional C19RM funding in 2021 ¹ .
C19RM Additional Funding Request	The expression of demand for the C19RM Additional Funds submitted by an applicant.
Regular Grant Implementation Period (IP) end date	The period in which non-C19RM grant activities are scheduled to be implemented and completed.
C19RM Implementation End Date	The deadline stipulated in a grant by which C19RM activities are completed and goods and services have been delivered to be eligible for payments with C19RM Funds.
C19RM Unfunded Quality Demand	An applicant's prioritized request, approved by the C19RM Investment Committee, which can be funded in the future if C19RM Additional Funds, savings, or other eligible sources of funding become available.
C19RM Notification Letter	The notification letter informing an applicant of the Global Fund's decision on the relevant C19RM Additional Funding Request.
C19RM Closure Notification Letter	The notification letter confirming to the PR closure of the C19RM component of the GC6 grant.
CTAG	A COVID-19 technical advisory group comprised of ACT-Accelerator partners with technical COVID-19 expertise who will review the C19RM Additional Funding Requests, along with the Grant Approvals Committee (GAC) partners, in parallel with the Secretariat's review. The C19RM Investment Committee considers the GAC partners and the CTAG's input in determining funding awards and/or recommendations.
GC6	Refers to the cycle of grants implemented using country allocation and/or catalytic investment funding received from the 1 January 2020 to 31 December 2022 allocation period.
GC7	Refers to the cycle of grants implemented using country allocation and/or catalytic investment funding received from the 1 January 2023 to 31 December 2025 allocation period.

Funding

C19RM 2021 Funds	Funding previously awarded for utilization under C19RM 2021.
C19RM Additional Funds	Funding awarded under C19RM in addition to the C19RM 2021 Funds.
C19RM Funds	Refers to the C19RM Additional Funds and the C19RM 2021 Funds.
C19RM Funding and Reinvestment Letter	The letter sent to CCMs/other eligible applicants in January 2023 setting out the details and process for accessing the C19RM Additional Funds and reinvestment opportunities.
Regular Grant Funds	Grant funds financed from the HIV, TB, malaria/RSSH allocation and other non-C19RM sources of funding.

Budget

C19RM Funding Request Budget	A budget submitted as part of the C19RM Additional Funding Request. This budget covers the entire amount requested by the applicant in the C19RM Additional Funding Request, as well as any previously awarded C19RM 2021 Funds and is set out per grant.
C19RM Grant Budget	A budget derived from the approved C19RM Funding Request Budget, which captures the approved amounts for C19RM activities for each relevant grant as well as any amount not awarded but deemed the C19RM Unfunded Quality Demand. The C19RM Grant Budget also: • Includes previously awarded C19RM 2021 Funds and reinvested C19RM Funds • Is attached to the C19RM Notification Letter and to the Implementation Letter (during C19RM Revisions and Reinvestments).
C19RM Incremental Budget	A budget submitted as part of C19RM End-date and/or C19RM Additional Funding Revision to cover for the additional funding and/or extension period only.
Budget Adjustment Form	A new online form where PRs can capture C19RM-related budgetary adjustments, for review and validation by the Global Fund.

Performance Framework

C19RM Funding Request Performance Framework	A country-level, C19RM-specific performance framework submitted as part of the C19RM Additional Funding Request, which sets out C19RM targets for 2023 (semester 2), 2024 and 2025.
C19RM Grant Performance Framework	A grant-specific performance framework setting out targets for the C19RM Funds integrated into the relevant grant for 2023, 2024 and 2025 that will form part of the relevant grant agreement.

Health Product Management Template (HPMT)

C19RM Funding Request HPMT	Comprises the C19RM Incremental Funding HPMT and the C19RM Reinvestment HPMT.
C19RM Grant HPMT	A C19RM-specific health product management document capturing, for each relevant grant, health products (and associated health

	product management costs) combined from the approved (i) the C19RM Incremental Funding HPMT and (ii) the C19RM Reinvestment HPMT.
C19RM Incremental Funding HPMT	A C19RM-specific health product management template submitted as part of the C19RM Additional Funding Request, capturing for each relevant grant, health products and associated health product management costs proposed to be financed with the C19RM Additional Funds.
C19RM Reinvestment HPMT	A C19RM-specific health product management template submitted as part of the C19RM Additional Funding Request, capturing for each relevant grant, health products and associated health product management costs, for which (i) procurement is ongoing (e.g., ordered before 2023 but not yet fully delivered by end of 2022); and/or (ii) planned procurements in 2023 and beyond, in each case using C19RM 2021 funds.

Annex 2. C19RM Additional Funding Request Submission, Review and Approval

Set out below is the step-by-step process for the C19RM Additional Funding Request submission, review and approval process:

Task	Timeline ⁷⁴	Responsibilities
C19RM Additional Funding Request preparation and submission		
a. Preparation of C19RM Additional Funding Request 1. CTs obtain the C19RM Funding Request Budget template from Grant Ops and share with the applicant. 2. Applicants obtain/prepare other C19RM Additional Funding Request supporting documentation (see Part 2). b. Submission of C19RM Additional Funding Request to C19RM Secretariat copying the relevant CT.	a. Ongoing, until the C19RM Additional Funding Request is submitted. b. No later than 29 May 2023.	CCMs (RCMs/ROs in multicountry contexts) , and for non-CCM/RCM/RO contexts, the recipient of the C19RM Funding and Reinvestment Letter. CTs support countries, in collaboration with other teams, including Finance, Technical Advice & Partnerships (TAP), Community, Rights and Gender (CRG), Supply Operations (SO) and Risk, as applicable, and well ahead of the anticipated submission date when possible. CTs may request LFAs to be involved as observers or to engage them in the early review of draft documents.
C19RM Additional Funding Request screening		
Mandatory CT screening, overall review of completeness of the C19RM Additional Funding Request.	From the C19RM Additional Funding Request submission. (Up to 2 days)	CTs conduct screening and overall review of the C19RM Additional Funding Request for completeness. In case of major quality issues (e.g., request falls outside the scope of C19RM, request is inconsistent with funding instructions or incomplete submissions), the C19RM Additional Funding Request may be sent back to the applicant, or the applicant will be requested to provide clarifications/missing documents. CTs inform C19RM Secretariat on the outcomes of the screening and confirm if the request can proceed for the review.
c. C19RM Secretariat screening, overall review of completeness of the C19RM Additional Funding Request (including checking the CCM endorsement)	After CT screening is complete. (Up to 3 days)	Following CT confirmation, C19RM Secretariat conducts screening and overall review of the C19RM Additional Funding Request for completeness. C19RM Secretariat, in consultation with other teams (e.g. CT, CCM Hub, TAP, CRG) , reviews completeness of the required endorsements (see Part 2)

⁷⁴ All references to 'days' in these procedures mean business days.

Task	Timeline ⁷⁴	Responsibilities
		and compliance with Eligibility Requirement 1 (and Eligibility Requirement 2 if a new PR is nominated and exceptionally approved by the Global Fund). Following the eligibility assessment, CCMs may be considered in one of the following categories: • Compliant: Where the applicant fully complies with the eligibility requirements and relevant indicators. • Compliant with Issues: Where some indicators are not fully met, but the applicant demonstrates credible intent to comply. • Indeterminate Compliant: Where further information is required to make an assessment; or • Non-Compliant: Where most or all the eligibility criteria indicators are not met. These cases will be escalated to the Compliance Review Panel for recommendation to the C19RM Investment Committee. C19RM Secretariat will also review completeness of endorsement of the national epidemic and pandemic preparedness coordinating body or national International Health Regulations (IHR) focal points; and/or demonstrate evidence of alignment with the relevant health systems governance structures of national COVID-19 response coordinating bodies⁷⁵. Issues with endorsement of the national COVID-19 response coordinating bodies are escalated to the C19RM Investment Committee.
d. <i>If applicable</i> , translation of the C19RM Additional Funding Request	<i>If applicable</i> , C19RM Secretariat initiates translation of the final application package C19RM Additional Funding Request Form as soon as the final package is confirmed by the CT. <i>On average</i> ,	Communications Department – Translations team arranges translation, If applicable.

⁷⁵ For more details on endorsements, please refer to the [Part 2](#).

Task	Timeline ⁷⁴	Responsibilities
	<i>translation requires 10 business days.</i>	
<i>The C19RM Additional Funding Request review starts after completion of the screening of the application package, and translation of the C19RM Additional Funding Request, if applicable.</i>		
C19RM Additional Funding Request review		
a. Prepare the C19RM Review and Recommendation Form (RRF).	Following the initial screening of the C19RM Additional Funding Request by C19RM Secretariat	C19RM Secretariat initiates review, after confirming with the CT and prepares the RRF.
b. The C19RM Additional Funding Request sent for concurrent review by all reviewers.		<i>The review process starts only when the C19RM Additional Funding Request submission is complete. In case of only minor issues, the review can start, and any final or missing documents will be obtained in parallel.</i>
c. Application materials shared with the GAC partners and CTAG for external review.		
d. The GAC partners and CTAG review of the C19RM Additional Funding Request	Concurrent with the Secretariat review (up to 5 days)	GAC partners and CTAG (with participation of identified TRP members) perform their review based on defined criteria and tailored review form within 5 days.
e. Global Fund Secretariat concurrent review of the C19RM Additional Funding Request	Concurrent with GAC partners and CTAG review (up to 5 days)	The following teams (internal reviewers) review the application package and document individual review recommendations in RRF: • CT reviews overall soundness of the request aligned with the strategic priorities for the C19RM Extension, operational feasibility, potential to deliver desired results within the IP; proposed recommendations and actions to improve quality of investments; and assumptions of proposed activities and associated budget. The CT comments on the risk and proposes mitigating and assurance measures to ensure that funds are used for intended purposes, including recommending any relevant conditions to integration or use of funds. The CT also comments on reinvestments of existing funds to ensure IC visibility, as well as complementarity with GC7. ○ The HPM Specialist reviews all health products and laboratory system related proposed activities in the C19RM Additional Funding Request and where procurement has been proposed, confirms the procurement channel arrangements in the C19RM Funding Request HPMT for any C19RM requests with health products budgets over US\$1.25 million. See Part 3. ○ The Finance/PST Specialist reviews alignment of the C19RM Funding Request Budget with the Global Fund Guidelines for Grant Budgeting

Task	Timeline ⁷⁴	Responsibilities
		and the C19RM Guidelines, including visibility on reinvestments, value for money (in consultation with Health Finance team) and associated fiduciary risks related to implementation arrangements and/or interventions. Final recommendation is signed off by the Grant Finance Manager before the recommendation is presented to the C19RM Investment Committee for approval. • Health Finance Department reviews the complementarity/potential duplication with other available sources of funding and value for money of the proposal. • TAP reviews alignment with WHO technical guidance, the C19RM Technical Information Note, relevant national plans and guidance from partners. • CRG conducts reviews including but not limited to community and civil society engagement requirements, alignment with the Global Fund principles on gender equality and human rights, as well as technical assessment of CSS interventions (eg: CLM) and system capabilities in response to GBV, focus on key and vulnerable populations, gender etc. • SO advises on the technical issues, global availability, budget sufficiency, and sourcing implication of the health products requested to be procured, especially related to supply-side aspects, including the availability of scarce products. On PSM systems strengthening, SO reviews alignment with the national PSM master plan, the C19RM Technical Information Note, the Technical Brief: Procurement and Supply Chain Management and guidance from partners. • Risk Department assesses if there are significant risks associated with implementation of the proposed activities and the associated mitigation and assurance plans. Refer to Part 4 on Risk Management and Assurance across C19RM life cycle. • Finance Controlling Team assesses the financial soundness of the request and capacity for the absorption of the funds. All internal reviewers are responsible for completing the relevant RRF sections and ensuring that any risks are reported to the C19RM Investment Committee's attention, and that all management actions and legal requirements are clearly outlined, where applicable.

Task	Timeline ⁷⁴	Responsibilities
		Refer to RRF for further details about review expectations. If CT is requesting either: (a) advance payment / procurement; or (b) to place order of urgent health product procurements in advance of increasing the Wambo.org ceiling, please refer to Part 3.
f. Finalize RRF	Following completion of internal (e) and external (d) reviews (up to 2 days)	CT finalizes review of the documents and prepares a final recommendation to the C19RM Investment Committee (to be captured in the Review and Recommendation Form, CT recommendation section). CT provides response to GAC/CTAG comments and highlights relevant recommendations or strategic actions to be addressed by the applicant.
g. TRP review of revisions that trigger a material program revision of the core HIV/TB/RSSH/malaria grant	Expedited review	CT, in consultation with TAP advisors, determines if the C19RM Additional Funding Request results in material program revision of the underlying RSSH, HIV, TB and/or malaria grants resulting from the integration of C19RM Additional Funds⁷⁶. CT immediately alerts the C19RM Secretariat if the materiality threshold is triggered. C19RM Secretariat may refer such cases to the C19RM Investment Committee for guidance. C19RM Secretariat coordinates with the TRP Secretariat, expedited TRP review of the material reprogramming request.
The C19RM Additional Funding Request approval		
a. Preparation and sharing of the final recommendation and brief/dashboard with the C19RM Investment Committee	Following C19RM Additional Funding Request review and finalized RRF. (Up to 3 days)	C19RM Secretariat prepares the final recommendation/brief/dashboard based on reviewers' inputs and shares it along with the C19RM Additional Funding Request package with the C19RM Investment Committee ahead of Investment Committee meeting.
b. The C19RM Investment Committee decision-making on the C19RM Additional Funding Request	Following the C19RM Additional Funding	C19RM Investment Committee reviews all C19RM Additional Funding Requests in line with their Terms of Reference .

⁷⁶ Please refer to the Program revisions section of the [OPN on Grant Revisions](#) (paragraph 53) for the relevant material program revision thresholds.

Task	Timeline ⁷⁴	Responsibilities
	Request completed review (1 day)	• C19RM Investment Committee approves all C19RM Additional Funding Requests awards up to US\$45 million⁷⁷. • If required, C19RM Investment Committee grants the advanced procurement order placement while waiting for the funds to be incorporated into the grant. • C19RM Investment Committee recommends to the Board for approval (i) all C19RM Additional Funding Request awards of more than US\$45 million⁷⁸, and (ii) C19RM Additional Funding Request awards – above US\$45 million⁷⁹, where the C19RM Investment Committee's review suggests that the non-health product components of an award raise significant concerns about risk and complexity. • C19RM Secretariat documents C19RM Investment Committee outcomes, investment decisions and recommendations to the Board for approval, including strategic actions that need to be addressed by the applicant. A C19RM Advisory Group provides guidance to support decision-making for specific C19RM Additional Funding Requests and when the C19RM Investment Committee requires it.
c. Preparation of the C19RM Investment Committee recommendation to the Board (if applicable)	Following C19RM review by the C19RM Investment Committee (Up to 5 days)	C19RM Secretariat records the C19RM Investment Committee recommendations and prepares the C19RM Investment Committee Report to the Board with relevant supporting documents (C19RM Grant Budget and C19RM Funding Request HPMT) that are updated and provided by the CT, requesting the Board's no-objection on C19RM Additional Funding Requests requiring Board approval. Governance Team coordinates the Board review and approval process.
d. Board decision (if applicable)	Following C19RM Investment Committee recommendation (5 working days)	Global Fund Board approves on a no-objection basis, any C19RM Additional Funding Request awards over US\$45 million⁸⁰ and any awards where the C19RM Investment Committee's review suggests that the non-health product components of an award raise significant concerns about risk and complexity.

⁷⁷ Pursuant to Board decision [GF/B46/EDP06](#), the threshold will increase to US\$55 million if more than US\$1 billion of additional funding for C19RM is made available to the Global Fund. The C19RM Investment Committee has authority to approve salary incentives (performance based or task-based incentives) proposed as part of the C19RM Additional Funding Request.

⁷⁸ Pursuant to Board decision [GF/B46/EDP06](#), the threshold will increase to US\$55 million if more than US\$1 billion of additional funding for C19RM is made available to the Global Fund.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

Task	Timeline ⁷⁴	Responsibilities
e. Notify applicant of the investment decision via C19RM Notification Letter	Up to 2 days.	HPM Specialist (or LFA for C19RM Funding Request HPMTs where the health products budget is less than US\$1.25 million) and PR ensure that the C19RM Incremental Funding HPMT (reinvestment HPMT, if required) is revised and validated to reflect approved products and quantities, based on the available submitted documents. CT and PR ensure that the C19RM Funding Request Budget is revised by flagging the activities that were approved to be financed with the C19RM Additional Funds and those that should be included in the Unfunded Quality Demand register. C19RM Secretariat prepares the draft additional C19RM Notification Letter. CT reviews and finalizes the C19RM Notification Letter, ensuring the following: - Department Head / Regional Manager overall sign off. - Grant Finance Manager signs off the C19RM Grant Budget(s) and the C19RM Notification Letter. - HPM Manager clears the updated C19RM Incremental Funding HPMT, C19RM Reinvestment HPMT and the C19RM Notification Letter. - PHME Specialist clears the C19RM Funding Request Performance Framework(s), where applicable. - CT Legal Counsel clears the C19RM Notification Letter. - Senior FPM, Cluster Lead, if applicable⁸¹/Regional Manager /Department Head (for High Impact) sign off on the C19RM Notification Letter. C19RM Secretariat clears the finalized C19RM Notification Letter and supporting documents and confirms the award. CT coordinates the Head, Grant Management Division's sign off and sends the final signed C19RM Notification Letter to the applicant, enclosing the updated C19RM Grant Budget(s), updated C19RM Incremental Funding HPMT and C19RM Reinvestment HPMT, C19RM Funding Request Performance Framework (where applicable) and the C19RM Procurement Progress Reporting Template.

⁸¹ Sign-off authority delegated to Senior FPM, Cluster Leads is with respect to Focused portfolios, including multicountry grants, in officially designated department clusters. Regional Managers retain approval authority for all portfolios directly managed by Senior FPM, Cluster Leads.

Task	Timeline ⁷⁴	Responsibilities
After approval of C19RM Additional Funding Request awards		
f. CTs and technical teams, as applicable, are expected to engage and align early on grant document changes to communicate to the PR.	After confirmation email of the C19RM Investment Committee decision is shared (up to 1 day)	CTs and technical teams to reach out to each other to ensure alignment on changes to communicate to the PRs. RSSH-PPR team in coordination with other technical teams as needed to ensure early review and alignment of C19RM Grant Performance Framework WPTMs and indicators ⁸² .
g. Investment Committee decision is recorded in the Investment Management Module (IMM) (GOS)	After the C19RM Investment Committee meeting decision confirmation email is shared (Up to 1 day)	C19RM Secretariat will share an email confirming the C19RM Additional Funds decisions (including the dashboard) with the C19RM Investment Committee and other teams. Financial Controlling Team inputs C19RM Additional Funds and approves based on segregation of duties principles.
h. Contingent Liabilities recorded in financial system (Fusion) on a grant-by-grant basis	After the C19RM Investment Committee meeting decision confirmation email is shared. (Up to 1 day)	Financial Services team records Contingent Liabilities in financial system as per dashboard shared along with the email confirming the C19RM Additional Funds decisions.
i. Board notified of C19RM awards up to US\$45 million.	As part of regular reporting to the Board	C19RM Secretariat reports on the C19RM Additional Funds as part of regular reporting to the Board.

⁸² DH and Head of TAP are accountable for the timely and quality review of C19RM Grant PFs and that C19RM Grant PFs will collectively enable monitoring of implementation and help tell the results story on the C19RM Grant PF.

Annex 3: Procedures for C19RM Revisions, Implementation and Closure

C19RM Revisions

Set out below is the step-by-step guidance to process C19RM revisions:

- **C19RM End-date revision:** to exceptionally extend the C19RM Implementation End Date (until 31 December 2025 latest) and to process any approved reinvestments submitted as part of the extension request.
- **C19RM Additional Funding Revision:** to integrate C19RM Additional Funds (and any approved reinvestments) into GC6 grants or transfer C19RM Funds from one GC6 grant to another GC6 grant.
- **C19RM Programmatic Revision (Material or Non-material):** to process agreed C19RM programmatic reinvestments that require changes to the C19RM Grant Performance Framework.
- **C19RM Budget Revision (Material or Non-material):** to process agreed budgetary reinvestment of C19RM Funds.
- **C19RM Administrative Revision:** to process administrative changes to the C19RM component such as administrative changes to the C19RM Grant Performance Framework and/or to the C19RM Grant Budget or to decommit C19RM Funds.

Grant Revision Request Forms A and B are not required for C19RM revisions.

Refer to [Part 3](#) for the policy requirements related to C19RM revisions.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non-material Budget Revision	C19RM Administrative Revision
a. PR and CT prepare the revision requirements b. CCM endorse the revision request	C19RM End-date: As soon as there is agreement to pursue an exceptional extension of C19RM Implementation End Date	PR and CT discuss the reinvestment and/or revision	✓	✓	✓	✓
		CCM endorse the revision request via email, letter or other form of written documentation	✓ ⁸³	✓ ⁸⁴		
		Upon CT determination based on scope of reinvestment, technical teams ⁸⁵ review and provide inputs within 3 working days of receipt of request from CT.	✓	✓	✓ ⁸⁶	
	C19RM Additional Funding: After issuance of the C19RM Notification Letter	CT and Grant Ops discuss and agree on approach and timelines for revision.	✓	✓		✓
		Grant Ops initiates the revision in GOS: - For C19RM End-date / C19RM Additional Funding Revision ⁸⁷ . The following information needs to be selected: GAC meeting = C19RM IC meeting	✓	✓		✓

⁸³ Required only for C19RM End-date Revisions that include new interventions. CCM endorsement not required for C19RM Additional Funding Revisions and C19RM End-date Revisions that only extend the C19RM Implementation End Date for approved interventions.

⁸⁴ If the C19RM Programmatic Revision solely incorporates activities in the C19RM/GC7 UQD previously endorsed by the CCM, an additional CCM endorsement for the revision is not required. In this case, the Principal Recipients informs the CCM before processing a C19RM Programmatic Revision

⁸⁵ TAP, MECA, CRG, Supply Operations and Grant Finance Management

⁸⁶ Material Budget revision only

⁸⁷ Or "End-date Revision" if this is being done at the same time as Additional Funding Revision

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non-material Budget Revision	C19RM Administrative Revision
		Note: GAC review is not required for C19RM revision but the field 'GAC meeting' is mandatory to select for an End-date / Additional Funding Revision type in GOS.				
	C19RM Material/Non-Material Programmatic: As soon as the reinvestment is determined	Grant Ops generates the C19RM Grant Budget and attaches in GOS, as needed.	✓			
		Grant Ops activates the online C19RM Performance Framework, as applicable.	✓	✓		
	C19RM Material/Non-material Budget: As soon as the reinvestment is determined.	CT reviews documents attached by Grant Ops, attaches additional documents as needed and shares with PR through GOS.				
	C19RM Administrative: As soon as the administrative	For C19RM End-date and Additional Funding Revision: - C19RM Incremental Budget⁸⁸ - C19RM Grant Performance Framework (if applicable) - C19RM Reinvestment HPMT (if applicable) For C19RM Material/Non-material Programmatic Revision:	✓	✓		

⁸⁸ The C19RM Incremental Budget template and related system functionality are expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Budget. CTs agree with the Finance/PST Specialist on the most efficient way to capture such budgetary changes while waiting for the release of the new functionalities. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non-material Budget Revision	C19RM Administrative Revision
	changes have been identified .	- C19RM Grant Performance Framework - C19RM Grant HPMT (if applicable)				
		PR accesses the attached templates, prepares and submits the revised revision documents and populates the C19RM Grant Performance Framework online when applicable through the Global Fund Partner Portal (Partner Portal).	✓	✓		
		PRs submit the budget changes related to the C19RM Programmatic and/or Budget Revision request through the online Budget Adjustment Form ⁸⁹		✓	✓	
		With inputs from CT and LFA (as required) ⁹⁰ : a. Finance/PST Specialist reviews the C19RM Incremental or Grant Budget	✓			✓ ⁹¹
		b.Finance/PST Specialist reviews the changes captured through the Budget Adjustment Form		✓	✓	
		c. HPM Specialist reviews the C19RM Reinvestment HPMT (if applicable)	✓	✓		

⁸⁹ The online Budget Adjustment Form is expected to be released in Q1 2025. Prior to the release, PRs and CTs will continue to follow the existing process for changing the C19RM Grant Budget. CTs agree with the Finance/PST Specialist on the most efficient way to capture such budgetary changes while waiting for the release of the new functionalities. PRs and CTs will be notified about the availability of the C19RM Incremental Budget and system functionality in due course.

⁹⁰ In case of disagreement between the CT and the technical teams, rapid escalation to managers are expected to ensure prompt resolution.

⁹¹ Only applicable to C19RM Administrative Revisions triggered by administrative changes to the C19RM Grant Budget.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non-material Budget Revision	C19RM Administrative Revision
		d. PHME Specialist⁹² review the online C19RM Grant Performance Framework	✓	✓		✓ ⁹³
		FPM (and DFM ⁹⁴ , if applicable) approves based on recommendations from CT Specialists	✓	✓		
c. Approve reinvestment proposal, as applicable	Following CT review	Per authorities defined in <u>Part 3</u>. <u>For C19RM End-date and C19RM Additional Funding Revisions only:</u> Where initiation of approved C19RM activities and procurement of health products through PPM/wambo.org or other channels needs to happen before revision completion, Grant Ops to communicate to Supply Operations (Procurement Transaction Management Team) that the C19RM Grant Budget is final and validated in GOS so that wambo requisitions can be processed and sent to Finance/PST Specialist for approval and release. Requests for approval of orders/requisitions through PPM/wambo or other channels to be processed in the absence of a validated budget and ahead of revision	✓	✓	✓	✓

⁹² In coordination with other technical teams as needed to ensure early review and alignment of C19RM Grant Performance framework and WPTMs and indicators.

⁹³ Only applicable to C19RM Administrative Revisions triggered by administrative changes to the C19RM Grant Performance Framework.

⁹⁴ DFM is currently applicable to Nigeria, Democratic Republic of Congo and India portfolios. The DFM undertakes initial review and recommends to the Senior FPM.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non-material Budget Revision	C19RM Administrative Revision
		completion must be escalated to the C19RM Investment Committee for review and approval.				
d. CT validates the revised grant documents		PO or FPM/FPA (Focused) attaches revised documents after PR submission and submits for CT validation in GOS	✓	✓		
		Finance/PST Specialist validates the attached C19RM Incremental Budget in GOS	✓			
		PHME Specialist validates the online C19RM Grant Performance Framework	✓	✓		
		HPM Specialist validates offline and then uploads the C19RM Reinvestment HPMT in HPMT aggregation tool	✓	✓		
		When submitted by the PR, the C19RM Budget is auto-imported and the online C19RM Performance Framework is automatically displayed through the Partner Portal ⁹⁵	✓	✓		
		Grant Ops performs post-import quality check, generates the Summary Budget and/or C19RM Performance Framework in PDF from GOS and confirms the data is completely and correctly imported	✓	✓		

⁹⁵ When the revision documents are not submitted by the PR through the Partner Portal or if there are import issues, **Grant Ops** verifies the C19RM Grant Budget and C19RM Performance Framework data quality and returns to CT in case there are any issues to be resolved. Once final, Grant Ops submits for import in GOS which creates the ticket for IT to import the C19RM Grant Budget in GOS.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non- material Budget Revision	C19RM Administrative Revision
		Grant Ops informs the CT that the Grant Signing Calculator and Purchase Order update can be processed further	✓			
e. CT creates Grant Signing Calculator in GOS incorporating C19RM Additional Funds	Immediately following CT validation of the revised documents	Finance/PST Specialist prepares Grant Signing Calculator Grant Finance Manager approves	✓			
f. Grant Purchase Order is updated in Fusion (via GOS). • The grant Purchase Order cannot be submitted for approval until the Implementation Letter is fully signed and uploaded under revisions section in GOS.	Immediately following Grant Finance Manager approval of the Grant Signing Calculator.	The Purchase Order is automatically submitted to Fusion for update (via GOS) if the following conditions are met: - Validation of imported budget - Grant / IP integrated with Fusion - PR details available in Fusion - Grant Signing Calculator is approved by GFM ! CTs to note that when the grant's Purchase Order status is not approved (i.e., requires reapproval), Wambo purchase requisitions cannot be completed. CTs need to coordinate with Supply Operations (Procurement Transaction Management Team) and complete the requisition approval process before initiating the Purchase Order revision in GOS.	✓			

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non-material Budget Revision	C19RM Administrative Revision
g. CT prepares Implementation Letter and facilitates signature	C19RM End-date & C19RM Additional Funding: Following Grant Finance Manager approval of the Grant Signing Calculator and grant Purchase Order update. C19RM Material/Non-material Programmatic: Following CT Specialists validation of the C19RM Grant Performance Framework and / or approval of the reinvestment	Grant Ops generates the Grant Confirmation table from GOS ! The Grant Confirmation Table cannot be generated before the grant Purchase Order is updated in Fusion.	✓			
		PO or FPM/FPA (Focused) and CT Legal Counsel review and finalize the Implementation Letter, which includes: For End-date and Additional Funding Revisions: - C19RM Grant Budget - C19RM Grant Performance Framework (if applicable) - C19RM Reinvestment HPMT (if applicable) - Amended Grant Confirmation Table For Material and Non-material Programmatic Revisions: - C19RM Grant Performance Framework - C19RM Reinvestment HPMT (if applicable) For Administrative Revisions: - C19RM Grant Performance Framework⁹⁶	✓	✓		✓

⁹⁶ If the C19RM Administrative Revision is triggered by administrative changes to the C19RM Grant Performance Framework.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non- material Budget Revision	C19RM Administrative Revision
	proposal as applicable. C19RM Administrative: Immediately after Global Fund approval to use C19RM Funds during the closure period.	- C19RM Grant Budget⁹⁷ FPM (and DFM, if applicable) reviews completeness and readiness for signature Global Fund signs the Implementation Letter according to the <u>Delegations of Signature Authority Procedures</u>. Grant Ops attaches Global Fund-signed Implementation Letter and shares with PR through GOS PR signs the Implementation Letter and submits to the Global Fund for final signature through the Partner Portal <u>Note: If the revision involves time-sensitive changes to the C19RM Performance Framework with implications to results and performance rating and the CT foresees a delay in the IL process, then PO or FPM/FPA (Focused) prepares Notification Email. The Notification Letter will be used to make changes to the C19RM Performance Framework in GOS while waiting for the IL.</u>				

⁹⁷ If the C19RM Administrative Revision is triggered by administrative changes to the C19RM Grant Budget.

Task	Timeline	Responsibilities	Steps applicable to			
			C19RM End-date & Additional Funding Revision	C19RM Material / Non-material Programmatic Revision	C19RM Material /Non- material Budget Revision	C19RM Administrative Revision
		Grant Ops updates grant requirements in GOS Revisions module as needed and updates the status of those that are complete / have been satisfied	✓	✓		✓
	Immediately following the signature of the Implementation Letter by the PR and the Global Fund (in accordance with the <u>Delegations of Signature Authority</u>).	PO or FPM/FPA (Focused) attaches the approved Grant Signing Calculator PDF in GOS	✓			
		Grant Ops attaches the fully signed and dated Implementation Letter in GOS	✓	✓		✓
h. Finance approves revised grant Purchase Order		Submission for approval happens automatically when the criteria is met Grant Finance Manager approves revised grant Purchase Order	✓			
i. Grant Ops registers the revision in GOS as complete.		Grant Ops verifies that the Purchase Order is reflected as Approved in GOS	✓			
		Grant Ops completes revision registration steps in GOS and notifies CT	✓	✓		✓

Initiating Implementation

Set out below are the steps for initiating implementation after approval by applicable authority⁹⁸ of reinvestment proposal/ C19RM Additional Funds.

Task	Timeline	Responsibilities
Determine uncommitted funds. PR and CT identify uncommitted funds from the existing grant to cover PR cash needs and increases in the wambo.org ceiling pending the revision. - To increase wambo.org ceiling (for PPM orders), 'signed but not committed' funds can be used. - To meet PR cash needs for C19RM activity implementation, in-country cash, undisbursed funds from existing AFDs, and 'signed but not committed' funds can be used.	During CT review of C19RM Additional Funding Request	PR to determine in-country cash balance. Finance/PST Specialist determines 'undisbursed' and 'signed but not committed' funds. ! CTs to note that when the grant's Purchase Order status is not approved (e.g., requires reapproval), Wambo purchase requisitions cannot be completed. CTs would need to coordinate with Supply Operations (Procurement Transaction Management Team) and complete the requisition approval process before initiating the Purchase Order revision in GOS.
If uncommitted funds are sufficient to initiate approved C19RM activities:		
a. Use of in-country cash balance If there is available in-country cash balance, the PR can use this to initiate implementation of approved C19RM activities (excluding wambo.org / PPM orders).	Following approval by the applicable approval authority ⁹⁹ of the C19RM Grant Budget	FPM (and DFM if applicable) indicates to PR when in-country cash balance can be used to initiate implementation.

⁹⁸ See [Part 3](#) Section 2.

⁹⁹ See [Part 3](#) Section 2.

Task	Timeline	Responsibilities
b. Disbursements and AFD - If there is insufficient in-country cash but there are sufficient undisbursed funds from the existing AFD or 'signed but not committed' funds, the CT can process disbursements and/or AFD (supplementary or new within the existing grant ceiling) to initiate implementation of approved C19RM activities (see below process for wambo.org/PPM orders). - Disbursements can be processed without requiring cash balance report for the first 12 months following C19RM award. - At the request of the PR, direct disbursements to third party organizations engaged by the PR can be processed.	Following approval by the applicable approval authority¹⁰⁰ of the C19RM Grant Budget	FPM (and DFM, if applicable) and Finance/PST Specialist process AFD and disbursement per OPN on AFD and Disbursements. CTs to note that C19RM disbursements must be distinguished from Regular Grant Funds in the scheduled disbursements. In the Disbursement Form, a dropdown will be available on the disbursement line to indicate C19RM disbursements.
c. Determine whether an increase in wambo.org ceiling is needed based on C19RM Investment Committee approved procurement of health products through PPM. Scenario one. Wambo.org ceiling is sufficient. No increase needed. Scenario two. Wambo.org ceiling is insufficient but there are 'signed but not committed' funds available within the grant. CT to use these funds to increase wambo.org ceiling.	During CT review of C19RM Additional Funding Request. PPM procurements can be progressed following approval by the applicable approval authority¹⁰¹ of the C19RM Grant Budget.	Finance Specialist/PST Specialist, in consultation with FPM (and DFM, if applicable), increases wambo.org ceiling in Fusion. See Operational Procedures on PPM. See section 5 (Procurement of health products) below for further details on the procurement process.
If uncommitted funds are insufficient to initiate the approved C19RM activities:		
a. CT and PR prioritize the additional funding revision process to allow for an increase of the grant signed amount and grant Purchase Order ceiling in Fusion; or b. If urgent C19RM activities need to be initiated prior to finalization of the revision, then the following options are available:	See Part 3, Section 1 on Integration of C19RM Additional Funds into Grants.	See Section on Revision above and Operational Procedures on PPM.

¹⁰⁰ See [Part 3](#), Section 2.

¹⁰¹ See [Part 3](#), Section 2.

Task	Timeline	Responsibilities
- At the C19RM Additional Funding Request stage: the CT completes Table 2 in the RRF to request advance payment / procurement. - At any other stage: a) Procurement of health products through PPM: See section 5 below. b) Procurement of health products outside of PPM: See section 5 below. c) For all other approved C19RM activities, pending the revision, the Global Fund Secretariat can issue a commitment letter¹⁰² for the PR to initiate procurement activities outside PPM which require upfront commitment of funds if requested. After the revision is completed and the grant Purchase Order ceiling in Fusion is increased, the CT can process AFD and disbursements and increase the wambo.org ceiling.		

Annual Funding Decision and Disbursements

The Annual Funding decision and disbursement for C19RM Funds follow the standard [Annual Funding Decision and Disbursement Operational Procedures](#).

Procurement of Health Products

Set out below are the steps for the procurement of health products through PPM/wambo.org or other channels following or ahead of C19RM additional funding / reinvestment revision. Request for approval of orders/requisitions through PPM/wambo.org or other channels to be

¹⁰² CT to consult with Legal Counsel and Finance Specialist in the first instance about issuing a commitment letter.

processed in the absence of a validated C19RM Grant Budget and ahead of revision completion must be escalated to the C19RM Investment Committee for review and approval.

Task	Timeline	Responsibilities
a. Procurement through PPM/wambo.org following completion of C19RM additional funding / reinvestment revision See Operational Policy Note and Operational Procedures on PPM.	Following (i) fully signed Implementation Letter issuance and revision registration in Global Fund systems, (ii) completion of wambo.org onboarding (if not already completed), and (iii) increase in wambo.org ceiling (if there are sufficient uncommitted funds)	PR initiates the procurement in wambo.org and selects “C19RM 2021” for grant budget identification. The request must set out the critical activities/health products to be initiated and the total amount for the activities/health products. HPM Specialist confirms that funding is approved for these health products in the wambo.org approval chain, (or offline form¹⁰³), based on the C19RM Grant Budget and confirms that the correct grant budget identification has been selected. Finance/PST Specialist confirms that funding is available. CT ensure that all pending requisitions and new orders under completed revisions with delivery beyond 31 December 2023 are: i. Aligned to the reinvestments of funds and strategic shift principle (refer to C19RM Technical Information Note here). ii. Aligned to the completed grant revision evidenced by a signed implementation letter.
b. Procurement through PPM/wambo.org prior to completing a C19RM reinvestment/additional funding revision	Following (i) finalization of the C19RM Grant Budget, as approved by the applicable reinvestment revision approval authority¹⁰⁴ pending revision completion, (ii) completion of wambo.org onboarding (if not already completed), and (iii) increase in wambo.org ceiling (if there are sufficient uncommitted funds)	CT seeks formal approval by the applicable reinvestment approval authority (as defined in Part 3, Section 2) to start the requested activities. Once approved, CT send written notification to the PR informing that by initiating the activity/ies or progressing the health product order: 1) activities are initiated/health products orders placed prior to the grant’s IP end date (where a revision to extend a grant’s C19RM Implementation End Date beyond 31 December 2023 is pending); and 2) the reinvestment/additional funding revision must be completed before the the grant IP end-date. PR initiates the procurement in wambo.org and selects “C19RM 2021” for grant budget identification. The request must set out the critical

¹⁰³ See Annex 5 for further information on use of the offline form.

¹⁰⁴ See [Part 3](#), Section 2.

Task	Timeline	Responsibilities
		activities/health products to be initiated and the total amount required to initiate the requested activities/health products. HPM Specialist confirms that funding is approved for these health products in the wambo.org approval chain, (or offline form ¹⁰⁵), based on the C19RM Grant Budget and confirms that the correct grant budget identification has been selected. Finance/PST Specialist confirms that funding is available. <u>In addition, the following must be taken into consideration:</u> <u>a. For approved orders:</u> CT reviews all approved requisitions to ensure that approved purchase orders remain align with the reinvestments of funds with the strategic shift (refer to C19RM Technical Information Note) or support continued pandemic preparedness and routine surveillance. <u>b. For pending requisitions:</u> CT ensure that the <i>delivery dates</i> for PPM/wambo orders must respect the approved C19RM Implementation End Date. See Part 3 for requirements for procurement of health products through PPM/wambo for delivery beyond 31 December 2023.
c. Procurement through other channels following completion of a C19RM additional funding/reinvestment revision	Following finalization of the C19RM Grant Budget, as approved by the applicable reinvestment revision approval authority. ¹⁰⁶	PR manages this process. If funds are needed to initiate this process, PR can use in-country cash or request disbursement from the Global Fund.
d. Procurement through other channels prior to completing a	Following finalization of the C19RM Grant Budget, as approved by the applicable reinvestment revision approval authority. ¹⁰⁷	See Part 3 for requirements for initiating procurement for delivery/use beyond 31 December 2023 prior to completing a revision to extend the C19RM Implementation End Date.

¹⁰⁵ See Annex 5 for further information on use of the offline form.

¹⁰⁶ See [Part 3](#) Section 2.

¹⁰⁷ See [Part 3](#) Section 2.

Task	Timeline	Responsibilities
revision to extend the C19RM Implementation End Date		

If, during implementation, either the health product category changes in the Health Product Segmentation Framework or the PR elects to change the procurement channel previously approved by the C19RM Investment Committee, the following process applies:

Change post C19RM Investment Committee approval	Process
Change of product category in Health Product Segmentation Framework which impacts on default procurement channel	<u>Process to update Health Product Segmentation Framework</u> Updates to the Health Product Segmentation Framework must be agreed by SO, GMD and TAP and notified to the C19RM Investment Committee. SO documents agreed change in the Health Product Segmentation Framework. SO coordinates with C19RM Secretariat to communicate changes to CTs, CCMs and PRs on the first and fifteenth of each month (or sooner, depending on impact of the change, e.g. if product is not available on PPM). <u>Impact on C19RM awards</u> If the product switches from Mainstream/Strategic Health Product to Local Sourcing Advised/Possible Health Product (e.g., if product is not available on PPM; or other procurement channel provides better value for money procurement for bulky, low-value health products), the PR explores other sourcing channels if not previously approved by the C19RM Investment Committee. Once the alternate sourcing channel has been identified, the CT must confirm that adequate procurement performance assurance and commitment to the required enhanced reporting for the revised procurement channel is in place and request approval by email from the Department Head¹⁰⁸ (copying the C19RM Secretariat).

¹⁰⁸ DH can delegate to RMs while retaining overall accountability.

Change post C19RM Investment Committee approval	Process
	Once approved, the CT will revise the C19RM Grant HPMT to reflect the revised procurement channel and send with written confirmation to the PR and upload into the HPMT aggregation tool. The CT is responsible for ensuring that a post-procurement review of the outcomes of the procurement in terms of price, lead-time and QA compliance is carried out as part of standard procurement reviews conducted by the LFA and communicated to the Department Head. • If the product switches from Local Sourcing Advised/Possible Health Product to Mainstream/Strategic Health Product: <u>If the procurement is not initiated (e.g., if the tender is not yet published, or the order has not been placed), the PR must explore alternative procurement channels in accordance with the requirements for Mainstream and Strategic Health Products as provided in section 2.5.2 above:</u> <u>If the PR elects to use PPM</u>, the CT will confirm with SO supply feasibility, revise the C19RM Grant HPMT to reflect the revised procurement channel and send with written confirmation to the PR. - If the PR elects to use other pooled procurement channels, the PR must agree to provide procurement performance assurance and regular reporting on visibility from procurement to delivery (as set out above). The CT will revise the C19RM Grant HPMT to reflect the revised procurement channel and send with written confirmation to the PR; and - If the PR elects to maintain national procurement channels, the CT must confirm this by email with the Core Procurement Channel Group¹⁰⁹ (copying the C19RM Secretariat) before reverting to the PR. <u>If the procurement has already been initiated</u>, no action needed.

¹⁰⁹ "Core Procurement Channel Group" is composed of the DH/RM; GFM; HPM Manager; Head of Planning and Procurement Transaction Management; Manager, SO Risk and Program Finance; the Head TAP will be consulted for advice as needed.

Change post C19RM Investment Committee approval	Process
	In all cases, if there is a change to the procurement channel previously approved by the C19RM Investment Committee, the CT must also notify the C19RM Secretariat of the approved change for onward reporting to the C19RM Investment Committee.
PR requests to change procurement channel (no changes to product category)	• If the PR elects to change procurement channel from PPM to local/other pooled procurement channel, Global Fund prior approval is required. The approval authority for the change depends on the following criteria: a) Department Head ¹¹⁰if (i) the total budgeted value of the health products is under US\$100,000 (excluding freight costs); and (ii) the health products being procured are subject to unique eligibility requirements such as differentiated access pricing by some manufacturers or import restrictions due to national legislation (regulatory, hazard or safety); and/or (iii) the PPM freight estimate in wambo.org (based on recent purchases) is more than 40% of the health product value (higher than the ocean 75th percentile as per PPM freight cost reference); or b) Head of Supply Operations after concurrence with the Core Procurement Channel Group in all other circumstances. In all such cases, the CT, must confirm to the relevant approval authority that there is adequate procurement performance assurance and commitment to the required enhanced reporting for the revised procurement channel. The procurement risk rating of the grant as per the IRM for High Impact and Core portfolios shall be taken into consideration. Where procurement risk is high or very high, pre-award procurement reviews must be implemented. If the request is approved, the CT will revise the C19RM Grant HPMT to reflect the revised procurement channel and send it with written confirmation to the PR and upload into the HPMT aggregation tool. The CT is responsible for ensuring that a post-procurement review of the outcomes of the procurement in terms of price, lead-

¹¹⁰ DH can delegate to RMs while retaining overall accountability.

Change post C19RM Investment Committee approval	Process
	time and QA compliance is carried out as part of the standard procurement reviews conducted by the LFA. If the PR elects to change procurement channel from local/other pooled procurement channel to PPM, the CT will confirm with SO supply feasibility, revise the C19RM Grant HPMT to reflect the revised procurement channel and send it with written confirmation to the PR. In all cases, if there is a change to the procurement channel previously approved by the C19RM Investment Committee, the CT must also notify the C19RM Secretariat of the approved change for onward reporting to the C19RM Investment Committee on a regular basis.

PR Reporting

Set out below are the steps for PR reporting and Procurement reporting in the context of C19RM.

Task	Timeline	Responsibilities
1. PU/DRs¹¹¹		
a. PR reports on progress of implementation and use of C19RM Funds in scheduled PU/DR.	According to the defined reporting schedule for the existing grant	Following the PU/DR Form Instructions and Operational Procedures on Oversee Grants
b. CT (supported by LFA as required) reviews progress of implementation and use of C19RM funding as part of the standard review of the PU/DR for the grant.	According to the defined reporting schedule for the existing grant	LFA (if applicable) and CT reviews following the PU/DR Form Instructions . CT approves report and FPM (and DFM, if applicable) sends PR Performance Letter capturing results of review and required management actions (including C19RM-specific actions).
2. Pulse Checks (High Impact and Core portfolios only)	First and third quarter of each IP year (35 days from the end of the last reporting period)	Following the Guide for PRs on Completing and Submitting Pulse Checks and Operational Procedures on Oversee Implementation and Monitor Performance .
3. Procurement Reporting		
For Strategic and Mainstream Health Products outside of the PPM/wambo.org procurement channel (see Part 3) and Local Sourcing Advised/Possible Health Products with Enhanced Reporting, transaction-level data is needed at product level for key procurement and supply chain milestones on the following: (a) purchase order issued date; (b) promised delivery date; (c) product dispatched from manufacturer date; and (d) delivery	<u>Core and High Impact Portfolios:</u> Monthly (every 10th day of the month – reporting on the preceding month's transactions)	PR prepares procurement information as per the Global Fund C19RM Procurement Progress Reporting Template per the timelines included in the C19RM Notification Letter or the Grant Confirmation. The review, collation and reporting of procurement data will be done by the Global Fund in accordance with Standard Operating Procedures on non-PPM reporting. The key steps and responsibilities are as follows:

¹¹¹ See the [OPN and Operational Procedures on Implementation Oversight and Monitor Performance](#).

Task	Timeline	Responsibilities
receipt date. The data will need to be submitted per the standard Global Fund template.	Focused Portfolios: - Quarterly (every 10th day after each quarter) for UN / other pooled procurements - Yearly (10th day after the end of each calendar year) for national sourcing channels	The CT is responsible for following up with the PR if the report is not received within the required timeframes. Within 5 days of receipt of each monthly Procurement Progress Report or 10 days of receipt of each quarterly / annual Procurement Progress Report from the PR: CT reviews report to ensure completeness and consistency of the data with the template requirements and against the review checklist developed as part of the Standard Operating Procedures on non-PPM reporting. Where required (e.g., for Focused portfolios), the CT can delegate the review of the report to the LFA; and - The CT shares the reviewed reports with the Supply Operations C19RM Data Analyst, who in turn provides secondary review on correct use of the reporting template, leads on the analytics on submitted data, and points out outlier data-points to the CT to improve the quality of PR reporting. Supply Operations consolidates reports for analysis and use of the data.

C19RM Closure

For procedural guidance on closure of C19RM component of GC6 grants approved to utilize C19RM funds beyond the Regular Grant IP End Date, please refer to the C19RM closure requirements defined in Part 3 of the C19RM Guidelines and [Operational Procedures on IP Reconciliation and Grant Closure](#).

Change History

No.	Approved by	Change Description	Issue Date
1	EGMC	Original version	7 April 2021
2	EGMC Chair	Section 1.4 – C19RM 2020 Awards: changes to reflect the IC approved approach regarding use of C19RM 2020 funding after 30 June 2021, pending submission of the C19RM Full Funding Request. Section 2.1 – Process Overview and Critical Timelines: changes to KPI for issuance of the C19RM Notification Letter (from 17 to 20 business days of C19RM Full Funding Request start date to reflect changes to Board paper timeline). Section 2.2 - C19RM Funding Request submission, review and approval: (a) Timelines for screening the C19RM Funding Request have now been formalized; (b) Preparation of Board paper timelines have been extended to 5 working days; and (c) The process for changes to C19RM HPMT and Budget after IC decision has been amended. Changes to C19RM HPMT are processed by HPM Specialist and PR; changes to the C19RM Budget are processed by CT and the PR. Section 2.5.1 – Annual Funding Decision and Disbursements and increase in wambo.org ceiling: changes to reflect that the standard advance payment or procurement process of approving through memo is replaced with completion of Table 1 (for C19RM Fast-track Funding Requests) or Table 2 (for C19RM Full Funding Requests) in the RRF (attached); reviewers aligned with the IC-endorsed review and approval process on exceptions to initiate orders prior to increase in wambo ceiling. Section 2.5.2 – Procurement of health products: included definition of relevant approval authority for changes to procurement channels. Section 2.5.3 – PR reporting: included definition of detailed responsibilities for review of the PR health product reports, as agreed with HPM Managers and SO. HPM managers have noted for	13 July 2021

		completeness that given this is new reporting and additional reviews required by CT/LFA and SO, a slight error margin on the PR's oversights will need to be improved as the reporting progresses. Section 4 – Management of Exceptions: (i) Funding Request submission, review and approval: Flexibility to allow CT and PR to submit: HPMT with C19RM Above Base Allocation at category level prior to IC review; and two HPMTs (one for Base and one for Above Base). CTs also have additional options to submit final HPMT and Budget after issuance of NL. (ii) Approval of orders prior to wambo.org ceiling increase allowing the Global Fund to release the payment pending the grant revision completion.	
3	EGMC Chair	Section 2.1 – Process Overview and Critical Timelines: changes to KPI3 (additional funding revision timelines) to capture (i) adjustments to standard timelines, and (ii) timelines to integrate C19RM Supplementary Funds for selected countries. Section 4 – Management of Exceptions: strengthen the exception process related to KPI3 on additional funding revision timelines given implications to PPM payments, implementation of C19RM activities reporting on C19RM. Annex 1 – C19RM 2021 End-to-end Assurance Guidance: minor changes to provide guidance on the LFA C19RM 2021 executive summary	04 October 2021
4	EGMC Chair	Section 1.4 – C19RM 2020: included clarifications for countries which have received C19RM 2020 funds but have not submitted C19RM 2021 funding request so that C19RM 2020 funds are to be retained in the Regular Budget until IP end date. Section 1.12 – C19RM Funding Request Review and Approval: included updates to reflect the Board decision of December 2023 increasing the threshold for Board review of C19RM funding request and extending timelines for award. Section 2.1 – C19RM Process Overview and Critical Timelines: included changes to C19RM KPIs and revision timelines to capture adjustments to standard timelines and updated timelines to integrate C19RM Supplementary and Additional Funding Requests for selected countries. Section 2.3 – Integration of C19RM Awards into Grants/Ips: changes to reflect (i) case of applicants receiving C19RM Supplementary and Additional Funding awards and updated revision timelines; and (ii) the revisions process steps undertaken by the Grant Ops team.	19 May 2022

		Section 2.4 – Reinvesting C19RM Savings/Funds: included (i) changes to reflect further streamlining C19RM reinvestment process, as approved by the C19RM Investment Committed on April 2021; (ii) changes to the parameters for use of the forex gains identified in relation to C19RM investments; (iii) simplified tracking process for non-material budget revisions; (iv) clarification on the PR process for effecting non-material C19RM budget revisions; (v) clarification on the fact that C19RM funding must remain in C19RM eligible investments and cannot be reallocated to HTM modules and interventions. Section 2.5.2 – Procurement of Health Products: included (i) amendments to approval authority for certain changes to the procurement channel post-IC decision (internal version only); (ii) revisions to the categorization of Locally Sourced Advised health products; and (iii) revisions to include reference to the SoPs for HP reporting (internal version only). Section 2.5.3 – PR Reporting: included Pulse Checks as supplemental information for the scheduled Progress Update / Disbursement Requests (PU/DRs). Section 2.6 – Risk management and assurance across the C19RM life cycle: changes to align with approach taken by the Risk team on Minimum Mandatory Assurance Guidelines. Annex 1 – C19RM 2021 End-to-end Assurance Guidance: changes to ensure alignment modifications in the above-mentioned sections.	
5	C19RM Secretariat (with Legal and OE)	Minor changes to ensure consistency with changes to Annex 1 approved on 19 May 2022 and a few typos correction.	09 August 2022
6	EGMC Chair	The guidelines have been updated to reflect the key operating principles of the C19RM extension as approved by the Global Fund Board on 16 November 2022. Namely to capture the following key changes: • Extension of the deadline to : (i) award C19RM funds to 30 June 2023 and (ii) use C19RM funds to 31 December 2025 • Updated Defined Terms to cover new definitions of the C19RM budgets, included definitions of the C19RM Performance Frameworks and C19RM Health Products Management Templates (HPMTs) • Updated the C19RM Additional Funding Request submission, development, review and approval processes to capture changes in the (i) endorsement and stakeholder engagement	24 May 2023

		requirements, (ii) C19RM Additional Funding Request submission requirements, and (iii) C19RM Additional Funding Request review and approval step-by-step guidance. • Updated guidance on integration of the C19RM Additional Funds into GC6 grants to reflect requirements and timelines for integration through the grant revision process. • Changed guidance on reinvestments of C19RM Funds to focus on modalities through which countries can demonstrate the shift towards C19RM strategic priorities. • Minor changes to the Implementation section to align with the new extension principles. • Updated the section on Risk Management Assurance and Annex 1 to ensure alignment modifications in the above-mentioned sections. The following sections of the C19RM Guidelines dated 7 April 2021 (superseded by the version approved on 24 May 2023) have been removed due to their inapplicability to the new C19RM extension: - C19RM 2020 Awards - Allocation - Two-stage application process - Critical timelines (mention of Key Performance Indicators – and associated exception in Management of Exceptions section) - Integration through Grant-making for the New Implementation Period - Implementation Period Reconciliation and Closure	
7	EGMC Chair	• Part 1: Expanded principle #1 to capture the concept of two implementation end dates (country allocation IP end date & C19RM Implementation End Date) • Part 3: ○ Captured requirement to process a non-material programmatic revision to incorporate the C19RM Performance Framework if the integration process was finalized before 21 September 2023 (when the online C19RM PF functionality was released). ○ Specified that the IL to formalize the additional funding revision refers to the two above mentioned implementation end dates. ○ Added policy guidance on reinvestments beyond 2023 in light of the C19RM Investment Committee and Executive Director decisions on 1 and 13 September 2023 respectively. ○ Specified terminology to refer to country allocation IP end-date vs. C19RM implementation End Date, the grant's IP end date including both.	26 October 2023

		○ Added paragraph 3.4 on Construction / renovation works and waste management to stress that C19RM investments need to be implemented with consideration of environmental, social and climate-related risks. ○ Outlined the approach for initiation of approved C19RM activities and procurement of health products through PPM/wambo.org or other channels pending completion of a C19RM revision. ○ Added key closure guidance to reflect that: ▪ The non-C19RM component of the grant closes at the grant's IP end date and follows the standard closure process. ▪ For grants with a C19RM implementation end date which differs from the grant's IP end date, the Grant Agreement's terms are extended to cover the period up until the C19RM implementation end date. • Annex 1: Added definition of C19RM Implementation End Date • Annex 3: ○ Captured comprehensive procedures for C19RM revisions to a) integrate C19RM Additional Funds into Grants and b) process reinvestments of C19RM Funds to be used beyond 31 December 2023 including online C19RM Performance Framework, document sharing and submission through the Partner Portal, including IL processing and signature. ○ Outlined the approach for initiation of approved C19RM activities and procurement of health products through PPM/wambo.org or other channels pending completion of a C19RM revision.	
8	EGMC Chair	• New revisions deadline of 15 December 2023 (extended from 30 November). For reinvestments, the 30 November 2023 deadline continues to apply. • Part 3 (C19RM Integration, Reinvestment, Implementation and Closure) and Annex 3 (Procedures for Integration, Implementation and Closure of C19RM Investments): ○ Added functional teams review of the C19RM reinvestment revisions and the contributing role of Grant Ops in the preparation and issuance of Implementation Letters. • Annex 1 (Defined Terms): added definition of "Country allocation implementation period end-date".	10 November 2023

		Annex 2 (Funding Request procedures): specified early engagement of CTs and technical teams on changes to grant documents, post-IC decision.	
9	EGMC Chair	- Revised approach on C19RM reporting: to start C19RM PR Reporting against 2024 performance framework targets and the accompanying following minor adjustments to Annex 1 and Part 3 to remove references to the C19RM PF covering the period starting from July 2023. - Annex 3 clarifies the use of Additional Funding and Material Budget revisions in the context of C19RM decommitments within GC6.	28 November 2023
10	EGMC Chair	- Part 4 Section 17 updated to include guidance on 'Monitoring and Oversight of C19RM' which was previously in Part 4 Section 18. - Part 4 Section 18 removed and replaced by a separate document (Excel) called 'LFA C19RM Assurance Guidelines.'	18 March 2024
11	EGMC Chair	- Part 3 (C19RM Integration, Reinvestment, Implementation and Closure): - Minor update to section 15.2. on Annual Funding Decision and Disbursement to clarify that disbursements of C19RM Funds after the Country Allocation IP End Date are processed as supplementary to the last annual funding decision. - Minor update on section 15.5 on PR Reporting to align with approved OPN on Oversee Implementation and Monitor Performance. - Updated Section 4 on C19RM Closure: this includes the C19RM closure guidance to operationalize the IC decision of 21 March 2024. - Annex 1 – Defined Terms: - Updated the definition of “C19RM Implementation End Date” in line with steer received from IC that this is the date by which C19RM goods and services must be delivered by to be eligible for payments. All references throughout the C19RM Guidelines have been adjusted accordingly. - Added the definition of “C19RM Closure Notification Letter”. - Annex 3 (Procedures on C19RM Revisions, Implementation and Closures) - Minor update on implementation procedures to correct frequency of Pulse Checks to align with approved IO OPN.	9 July 2024

		Minor update to closure section. As the general steer from IC is to follow the regular closure process, the Operational Procedures on IP Reconciliation and Grant Closure will apply.	
12	EGMC Chair	- Part 3 (C19RM Integration, Reinvestment, Implementation and Closure): - Updated section 15.2 to capture guidance on the processing of C19RM AFD and disbursement for grants with C19RM component that continue implementation after the GC6 Allocation IP End Date. - Annex 1 and throughout the document: - Replaced “Country Allocation Implementation Period End Date” with “Regular Grant Implementation Period End Date.”	16 October 2024
13	EGMC Chair	- Part 3 (C19RM Integration, Reinvestment, Implementation and Closure): - Updated section on Integration to capture and new budgeting approach and CCM endorsement requirements for C19RM Additional Funding Revisions - Updated guidance on Reinvestment and Revision (post-strategic shift) to: - Capture latest IC decisions on C19RM budgetary and programmatic reinvestments, including alignment with regular revisions approach in terms of changes to the C19RM Grant Budget (i.e. use of C19RM Incremental Budget, use of Budget Adjustment Form). - Capture delegated approval authorities for C19RM reinvestments of 2023 savings. - Add exceptional cases of extension of C19RM Implementation End Date to complete approved activities; and - Add guidance on C19RM Administrative Revisions. - Annex 1 – Defined Terms: - Added definitions of “C19RM Incremental Budget” and “Budget Adjustment Form”. - Revised definition of “C19RM Grant Budget” to also cover the fact that this is attached to the Implementation Letter during C19RM Revisions and Reinvestment. - Revised definition of “C19RM Reinvestment HPMT” to specify this is the HPMT template to be used during C19RM Revisions and Reinvestments. - Annex 3 – Procedures on C19RM Revisions, Implementation and Closures): - Updated procedural guidance on C19RM revisions to align with regular revision approach (i.e. no IL required to formalize C19RM Budget Revisions, use of C19RM	6 December 2024

		Incremental Budget, use of Budget Adjustment Form). Added exceptional C19RM End-date Revisions and C19RM Administrative Revisions. • Annex 4 - Management of Exceptions: ○ Added exceptions on (1) changing the C19RM Grant Budget for C19RM Revisions and (2) processing C19RM revisions outside of the Global Fund systems.	
14	EGMC Chair	• Part 3, Section 16 – C19RM Closure ○ Introduced a Closure Flexibility Framework outlining conditions under which high-value, discrete, or near-complete activities could be finalized during the C19RM Financial Closure Period. ○ Confirmed that only delivery and payments for already initiated activities were allowed; no new programmatic activities could be launched during the closure period. ○ Required all implementation activities to be completed within the six-month Financial Closure Period, ensuring full closure within 12 months of the C19RM Implementation End Date. ○ Established that all requests had to be reviewed and approved by the Regional Manager or Department Head and the Grant Finance Manager; input from the SO C19RM Coordinator was required for exceptional PPM-related cases. ○ Required all programmatic activities and related budgets to be documented in the C19RM Closure Plan and Budget or formalized through an Implementation Letter. ○ Stipulated that the Grant Finance Manager had to confirm the availability of funds for any activity executed under this flexibility.	2 May 2025