INNOVATIVE TECHNICAL SUPPORT TO STRENGTHEN COUNTRIES' COVID-19 MITIGATION PROPOSALS TO THE GLOBAL FUND

In 2021, the Joint United Nations Programme for HIV/AIDS (UNAIDS) set up an innovative technical assistance (TA) model to support countries to prepare applications for the second phase of the COVID-19 Response Mechanism (C19RM). This model comprised in-country support to proposal development, an online Virtual Support Desk Mechanism and virtual peer reviews of draft applications, as well as a helpdesk to provide countries with tailored technical support on request. UNAIDS considered the experiences learnt in assisting countries to prepare their 2020-2022 Global Fund Funding Requests and first applications to C19RM in the previous year, 2020, when designing this TA model.

The main purpose of the virtual technical support was: (i) to ensure better attention to communities, human rights and gender (CRG) considerations; as well as (ii) mitigating the impact of COVID-19 on HIV programs and developing interventions to bring HIV programs back on track and even expand their reach, tailored to the pandemic context in each country. However, support was also available for other aspects of proposal development, including tuberculosis (TB) and malaria program mitigation as well as areas related to strengthening health systems.

This article, one of several on countries' experiences of developing C19RM applications, support for proposal development and grant implementation, describes the C19RM virtual help launched in May 2021 by the UNAIDS Technical Support Mechanism (TSM), which is funded by a grant from the United States Agency for International Development through the office of the Global AIDS Coordinator. In the next article in this series, we will look at the success of this approach and the lessons learnt to assist countries applying under Window 6 in September 2021 and beyond. A further article will explore implications for

technical assistance in the time of COVID-19.

The Global Fund's response to COVID-19

Since early 2020, many HIV, TB and malaria programs have faced significant disruption due to COVID-19 related public health measures, supply chain challenges, impediments to health service attendance, and impact on health care systems. In many countries, national COVID-19 responses have negatively impacted HIV prevention programs, especially for key and vulnerable populations (KVPs), and adolescent girls and young women and their partners. Services such as antenatal care, HIV testing and early infant diagnosis, and treatment initiation/adherence, have all been affected. The pandemic has also highlighted the central role of communities, community-led organizations, and community health workers in the response. Another key impact, which became apparent even in the very early stages of the pandemic in 2020, has been the significant rise in gender-based violence (GBV) and human rights abuses, including increased stigma and discrimination.

In 2020, in response to the pandemic, the Global Fund introduced grant flexibilities and the C19RM to help countries fight COVID-19, mitigate its impacts on lifesaving HIV, TB and malaria programs, ensuring the availability of critical health commodities to deal with priority diseases, and prevent fragile health systems from being overwhelmed. To date, the Global Fund disbursed more than $759 million.

In 2021, the Global Fund raised an additional amount of almost $3.7 billion to fight COVID-19, thanks in particular to an emergency fund of $3.5 billion provided by the United States Government and a contribution of €140 million from the German Government. As a result, the Global Fund was able to accelerate its response to the pandemic and continue its support through C19RM in 2021.

Allocating extra funds to tackle program disruptions

Under C19RM 2021, the Global Fund places a stronger focus on strengthening partners' and communities' engagement. Eligible investments include: (1) actions to reinforce national responses to COVID-19; (2) COVID-19 related adaptation of HIV, TB and malaria programs; and (3) strengthening health and community systems. The Global Fund also stressed that these three areas 'should also incorporate cross-cutting activities that bolster community responses to COVID-19'.

All countries currently receiving funding from the Global Fund, including regional/multi-country recipients, are eligible to receive C19RM funding in addition to their 2020-2022 allocation.

Allocations are through a Base Allocation or/and an Above Base Allocation

The Base Allocation represents an amount equivalent to 15% of the applicant's 2020-2022 country allocation that, in principle, all countries can expect to receive if they submit quality requests. The Above Base Allocation enables countries to access additional funds ? initial guidance is that this can be an amount equivalent to an additional 15% of the 2020-2022 country allocation but could ultimately be more or less than this ? for prioritized programmatic needs. Subject to quality, ambitious and prioritized requests, in principle, all countries should expect to receive above base allocation funding. The size of the above allocation award takes account of the adjustment factors, including:

- the country's COVID-19 burden
- the extent of service disruption in Global Fund-supported programs
- the amounts of C19RM funding previously awarded and progress in implementing these funds
- the availability of funding from other sources.

Applicants can request funding through a Full Funding Request and an optional Fast-track Funding Request.

Eligible countries were invited to request their C19RM Full Funding Request during four submission windows in May and June 2021, as well as to submit a Fast-track Funding Request on a rolling basis from April 2021. Subsequently, the Global Fund announced two more windows for July and September.

Approaches to be used and materials for developing C19RM Full Funding Requests are very similar to those required for regular Global Fund HIV, TB, malaria and resilient and sustainable systems for health (RSSH) applications, e.g., meaningful stakeholder engagement (especially civil society and KVPs), and submission of a Funding Request Form and key annexes such as the Funding Landscape and the Detailed Budget: all documents to be endorsed by the Country Coordinating Mechanism (CCM).

However, there are also some new aspects. It is expected that, based on the World Health Organization's guidelines for the COVID-19 Strategic Preparedness and Response Plan (SPRP) for 2021, countries will have prepared their own national plan (NSPRP) and thus their proposed activities must also be in line with the plan's pillars. As well as submitting the NSPRP, other differences include endorsement of the C19RM application by the national COVID-19 response coordinating body as well as the CCM, and the introduction of a new Modular Framework. Moreover, C19RM applications do not require Programmatic Gap Tables or Performance Frameworks and, instead of going to the Global Fund's independent Technical Review Panel for approval, they go to the C19 Investment Committee for recommendation.

One other major factor impacts the development and submission of C19RM funding applications. The turnaround time, from receipt of the Allocation Letter to proposal submission, is between four to eight weeks.

UNAIDS C19RM technical support

In 2020 and early 2021, UNAIDS' TSM had provided extensive support to countries developing their 2020-2022 Global Fund Funding Requests and had also already assisted several countries with their first C19RM applications. The 2021 C19RM virtual support model was therefore built on experiences and lessons learnt with the Global Fund proposals developed under the New Funding Model and early experiences with the first round of the C19RM.

During the same period, TSM also supported technical assignments for HIV mitigation, adaption and scale-up. Some of these were COVID-related (e.g., information on impact and responses; innovative models; support to national task teams and community-led systems responses), or had a partial COVID focus (e.g., service access plan; combination prevention innovations; social protection). UNAIDS also supported non-COVID assignments such as enhancing the resilience and recovery of national HIV responses in the times of COVID (e.g., differentiated HIV service delivery, community-led responses (CLR) and monitoring (CLM), and other innovations).

In 2021, TSM provided in-country assistance to four countries' C19RM applications (Botswana, El Salvador, Kenya, Zimbabwe) and one country (Cabo Verde) through virtual support.

UNAIDS C19RM Virtual Support Desk Mechanism

UNAIDS and its TSM partners (Oxford Policy Management and Genesis Analytics) have established an online support mechanism for countries preparing their C19RM 2021 Full Funding Requests to the Global Fund. The support is virtual, not only given COVID-19 travel restrictions but also because these have led to new ways of working through online mechanisms, which also result in savings and increased efficiency.

The aim is to support countries to access additional funding from the Global Fund and submit quality C19RM applications, focusing on HIV impact mitigation and enhanced attention to CRG considerations.

This Virtual Support Desk Mechanism is depicted in Figure 1.

Figure 1. Virtual Help Desk for C19RM V 2.0 funding requests with special focus on HIV impact mitigation and community systems

It comprises three components: (i) remote peer reviews of funding applications and technical clarifications (helpdesk); (ii) establishing a Community of Practice; and (iii) holding Virtual Clinics on topics relevant to C19RM proposal development. The Virtual Community of Practice is shown in Figure 2 below; each hexagon around the Community illustrates one of the many components of the application for which TA can be provided.

Figure 2. Virtual Community of Practice

Countries could receive virtual support from specialists on HIV, COVID-19, CRG and community health systems. Specialists could conduct virtual desk reviews of draft C19 applications or clarify technical questions. Consultants and those drafting proposals could access and share the latest guidelines and examples of COVID-19 adaptations and cross-cutting considerations for human rights and gender equality. Those interested could also participate in the regular Virtual Clinics (webinars) on specific topics such as CRG, GBV, HIV mitigation, prevention and service delivery through virtual innovations.

UNAIDS C19RM Virtual technical support provided to date

In a similar way as the reviews conducted for Global Fund funding requests last year, remote desk peer reviews of draft C19RM applications in English or French were conducted by a team of TSM consultants and experts from the UN Joint Programme. In total, 17 draft applications were submitted for peer review

and of these four resubmitted their proposals for a second peer review. Applications came from Botswana, Central African Republic, Chad, Congo, Cote d'Ivoire, Gambia, Kenya, Liberia, Madagascar, Namibia, Nigeria, Senegal, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe. The corresponding Base Allocation amounts to just over $624 million.

The virtual helpdesk has been used on multiple occasions by CCMs, writing teams, consultants, communities and UNAIDS Country Offices to answer technical questions or provide advice on all aspects of the narrative application form, detailed budget, quantification of health products and other key annexes.

The Virtual Community of Practice website has been established and enriched with a repository of background information where any interested party can access and/or share the latest guidelines, technical notes, examples of COVID-19 adaptations for HIV services, country experiences, cross-cutting tools and thematic reports on human rights and gender, among other issues.

Virtual clinics (Table 1) have been conducted regularly since May 2021, covering key topics of interest to countries, technical assistance providers, the Global Fund colleagues and partners working on C19RM applications, which are also available as recordings.

Table 1. Virtual Clinic Topics

	Overview of the C19RM application and support available
Clinic 1	Virtual platforms for KVP programs (and their costing)
	Country experiences: Uganda
	Community-led responses
	Community-led interventions: Eligible interventions
Clinic 2	Community and civil society (CS) contributions to C19RM applications
	CLR checklist
	Country experiences: Kenya
	Continuation of HIV services and innovations and adaptations
Clinic 3	HIV testing and treatment services under C19, including innovations and adaptations

	<u>GBV</u>
	How to prioritize GBV interventions for C19 times
	Responding to GBV through C19RM applications
	<u>Country experience:</u> Dominican Republic
Clinic 4	<u>Peer Reviews:</u> Lessons learned from first round of peer reviews
	<u>Social protection services for C19RM applications</u>
	Country experiences (Bangladesh, eSwatini) and examples from East and Southern Africa, Latin America and the Caribbean, and West and Central Africa
	<u>Update on C19RM status</u>
	<u>Humanitarian emergencies checklist for C19RM applications</u>
Clinic 5	<u>Challenging Operating Environments: Emerging themes from rapid assessments of CS and communities in the context of C19 – Central African Republic</u>
	<u>Experiences and themes from a social dialogue with CS and communities – Somalia</u>

Conclusion

The huge interest in and growing audiences for the virtual clinics, and the improved C19RM applications as a result of peer review and online/virtual technical support, indicate that the UNAIDS Virtual Support Mechanism has had some promising results. The virtual support mechanism continues until the end of September 2021 and may even go beyond this date if the Global Fund access additional funding and opens new C19RM application windows.

The third article in this series will discuss the lessons learnt from this first round of peer reviewed C19RM applications.

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