



Independent observer
of the Global Fund

COVID-19 DISRUPTS IMPLEMENTATION OF GLOBAL FUND GRANTS AND DEVELOPMENT OF FUNDING REQUESTS

The coronavirus disease 2019 (COVID-19) pandemic has disrupted service delivery for HIV, tuberculosis (TB), and malaria programs, according to [recent survey results](#) of Global Fund-supported programs across 106 countries published on 17 June 2020. Disruptions have affected approximately three-quarters of HIV, TB, and malaria programs. Countries in Latin America, and the Caribbean, as well as those with a high burden of the three diseases in Africa, reported the highest levels of disruptions to implementation.

These findings have been corroborated by a recent survey conducted by the [Eastern Africa National Networks of AIDS and Health Service Organizations](#) (EANNASO), which showed that the pandemic had disrupted services of the three disease programs across Anglophone Africa. Furthermore, the EANNASO survey showed that the pandemic had adversely affected the ongoing Global Fund funding request development process.

EANNASO currently hosts the Global Fund's [Community, Rights and Gender](#) (CRG) [Anglophone Africa Coordination and Communication Platform](#). The platform aims to strengthen the engagement of civil society and community groups in Global Fund in-country processes.

Objectives and methodology

The Global Fund survey is the latest bi-weekly online survey completed by country-based local fund agents, who monitor the progress of grant implementation on behalf of the Global Fund. The bi-weekly surveys assess risks and disruptions to programs in the wake of COVID-19. A total of 106 countries completed this latest one.

The EANNASO survey assessed the continuity of HIV, TB and malaria services, and community engagement in the funding request development process. It also assessed the involvement and needs of HIV, TB, and malaria communities and civil society in in-country COVID-19 responses. It also assessed and documented human rights violations related to COVID-19 responses within the community. A total of 96 respondents from across 19 Anglophone African countries completed the survey. The majority (75%) of them were engaged in Global Fund processes as either members of the Country Coordinating Mechanisms (CCMs), principal recipients, and sub-(sub-)recipients.

In this article, we summarize the key findings of the two surveys.

COVID-19 has disrupted access to HIV, TB, and malaria services

The two surveys found that the COVID-19 pandemic adversely affected the delivery of HIV, TB and malaria services. Findings from both surveys seem to agree that HIV services were the most affected, followed by TB, then malaria. According to the Global Fund's survey, 85% of HIV programs, 78% of TB programs, and 73% of malaria programs reported disruptions of service delivery. Twenty percent of HIV and TB lab services are experiencing high or very high disruption. In the EANNASO survey, 96% of the respondents said that HIV services had been disrupted, compared with 86% for TB services and 77% for malaria services.

The Global Fund survey indicated challenges to HIV prevention; HIV, TB and malaria testing; and TB case finding. Prevention activities were cancelled or delayed, and medical and laboratory staff were being reassigned to the COVID-19 response. The EANNASO survey had noted similar challenges in most of these services. The Global Fund survey suggests that supply chains are mostly functional. However, 10% of HIV, 9% of TB and 6% of malaria programs reported a shortage of key medical supplies and treatment. More countries are also reporting disruptions to their routine reporting systems.

Both surveys attributed these disruptions, in part, to measures taken by countries to limit the spread of the virus, including lockdowns, restrictions on gatherings of people, and transport stoppages. The Global Fund survey also cited other causes such as COVID-related stigma and the reluctance of health workers to attend to people suspected of having TB or malaria – which have many of the same initial symptoms as COVID-19. Clients are also not seeking health services due to fear of contracting the virus, as well as economic hardships caused by the pandemic.

Other findings from the EANNASO survey

Some communities lack access to regular and reliable information on COVID-19

The survey sought to determine whether communities have access to accurate, updated and readily available information on prevention, testing, and management of COVID-19. Slightly less than two-thirds of the respondents acknowledged that the communities in their constituencies accessed regular and reliable information, either from the government or other sources. Reasons for the lack or limited access to information include:

- the failure to translate available information into national and local languages
- poor access to digital information due to a lack of resources such as computers, internet-enabled phones, and data bundles
- a lack of specific information targeting certain communities, such as people living with HIV (PLHIV), sex workers, and men who have sex with men (MSM).

No clear strategy to mitigate the negative impact on community-led interventions

The survey shows that Global Fund implementers and partners have grappled with ensuring the continuation of services in the wake of the pandemic. Most of the respondents acknowledged that the

COVID-19 pandemic had disrupted Global Fund grant implementation. They indicated that implementers and partners have worked from home through online webinars, calls, social media and emails, conducted radio talk shows, and reprogrammed funds to the COVID-19 response. However, some of the respondents indicated that there was no clearly laid-out strategy to mitigate the negative impact of COVID-19 on community-led interventions.

Information on reprogramming of Global Fund grants savings not accessible to all

The survey also sought to determine how useful the information provided by the Global Fund has been regarding reprogramming grant savings towards the COVID-19 response. Slightly more than one-third of the respondents reported that they had not received this information from the Global Fund. The rest had received the information and found it useful. The implementers plan to use the information to revise their work plans and budgets and redirect grant savings to the COVID-19 response, incorporate COVID-19 awareness into programming, adopt a people-centered approach to the COVID-19 response, and contextualize all activities to the pandemic.

When asked about the involvement of civil society and community groups in the reprogramming of funds towards the COVID-19 response, the majority of the respondents (53%) indicated that these groups had not been engaged. Only about a third of the respondents, most of whom were sub-recipients, were involved in the reprogramming. About half of the respondents were not aware of how their countries were using funds redirected to COVID-19. The lack of knowledge could be an indication of a lack of transparency or a breakdown in communication where the civil society and community groups are unable to access this information.

Impact on the ongoing funding request development process

Slightly more than half of the respondents were involved in the funding request development process in their country. Most of the respondents acknowledged that the pandemic had adversely affected the funding request development process. However, a small proportion said that the process had not been affected. This observation was mainly from countries, such as Nigeria, Uganda and Malawi, that had already submitted their funding request in Window 1 (23 March 2020), or countries where stringent restrictions on movement and public gatherings had not been instituted, such as Burundi and Tanzania.

Civil society and community groups have put measures in place to continue engaging in the funding request development process. These measures include virtual engagement with stakeholders, including their constituencies, CCMs, and technical assistance providers, and physical meetings at district level in line with government COVID-19 guidelines.

Most of the respondents from countries that were yet to submit their funding requests were pessimistic or unsure about being able to submit the funding request on time. The report called on the countries to make use of the Global Fund's flexibilities in the submission timelines. In addition, the respondents encouraged civil society and community groups to utilize the existing innovations to continue constituency engagement and the use of existing technical assistance opportunities.

Conclusion and recommendations

Disruptions to service delivery could have a catastrophic effect on the fight against HIV, TB, and malaria. In fact, the Global Fund survey noted that deaths from these diseases could double in the coming years as a result of this pandemic. The survey called for the provision of training, resources, and protective equipment to health care workers to enable them to continue their work safely.

The Global Fund has availed resources to the value of \$1 billion – either through reprogramming of grant savings or the [COVID-19 Response Mechanism](#) – to help countries fight COVID-19 and mitigate its

impact on the three disease programs. The Global Fund has also introduced flexibilities in the submission of funding requests. The surveys called on countries to use these additional resources and flexibilities.

Countries will also need to design innovative approaches that allow grant activities to continue. For instance, examples of innovations cited by the Global Fund survey include monitoring of TB treatment via smartphones and dispensing multiple months' worth of treatment to people with HIV and TB. Key populations and other marginalized groups must not be left behind, according to the EANNASO survey.

Further reading:

- The Global Fund Survey: [Majority of HIV, TB and malaria programs face disruptions as a result of COVID-19](#), 17 June 2020
- The EANNASO survey: HIV, TB and malaria needs of civil society and communities in the face of COVID-19 in Anglophone Africa. The report is on file with the author of this article.

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