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of the Global Fund

THE GLOBAL FUND CONTINUES TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA AMID COVID-19

The Secretariat provided the Board with a recap of actions taken by the Global Fund, as of 8 May 2020 in three main areas: protect the Secretariat staff while continuing to work; protect the Global Fund “Core Mission” to fight AIDS, tuberculosis (TB), and malaria; and respond to the COVID-19 pandemic.

Information for this article comes from a document prepared for the Board meeting held on 14-15 May 2020.

Protecting the Global Fund staff at the Secretariat

Since 16 March, all members of the Global Fund staff (as well as staff from other institutions housed in the Global Health Campus) have been working from home, following prevention measures taken by the Swiss government. This situation is likely to continue until at least early June. While only a few staff members have been ill, most are challenged by the demands to home-school, care for young children, and work from home. The pandemic has, therefore, reduced staff capacity. To help the staff cope with the new requirement to work from home, the Secretariat provides psychosocial support and IT services. The Secretariat continues to hold Senior Management, Team Leaders, and all-staff virtual meetings regularly.

The Secretariat has added three additional windows to submit funding requests, [offering a total of six windows](#), one per month between March and August 2020. The Technical Review Panel is currently remotely reviewing Wave 1 requests, which amount to \$4.6 billion of the allocation and \$2.3 billion in the prioritized above allocation (PAAR) category. (The latter refers to requests where costs are beyond the country's allocation. The Global Fund [may fund those requests from savings](#) that become available during the grant cycle).

The COVID-19 disrupted service delivery may reverse earlier gains

The consequences of COVID-19 and the mitigation measures – that include lockdowns, delays in the production and delivery of key commodities – hampered the ability of HIV, TB, and malaria programs to deliver services. Those delays also affected orders placed through the Global Fund's Pooled Procurement Mechanism (PPM) and wambo.org—the Global Fund's two purchase tools for health commodities. The Secretariat has asked principal recipients (PR) to develop mitigation plans and adapt lead times to minimize disruption. The Secretariat developed an online COVID-19 monitoring tool to monitor the level of risk and disruption to Global Fund-supported programs in 106 countries. Local fund agents are managing these tools.

Communities and civil society are an essential part of the response. They can help build trust in the COVID-19 response and in maintaining HIV, TB, and malaria programs. COVID-19 tends to spread faster among vulnerable populations who cannot afford to work from home or maintain the social distance required to reduce the spread of the disease at all times.

The Secretariat helps maintain the mass distribution of bed-nets to fight malaria

Modeling commissioned by the World Health Organization (WHO) and other partners found that disruptions by COVID-19 might [double the number of deaths due to malaria](#) in sub-Saharan Africa in 2020 compared to 2018.

According to the Board document, the Secretariat, working with other partners, assessed nearly 40 Global Fund-supported mass distribution campaigns that are scheduled for 2020. Those campaigns will distribute approximately 142 million long-lasting insecticide-treated nets (LLIN). Of these 40 scheduled LLINs mass distribution campaigns, 33 are on track and have adapted their national strategies and revised their dates as needed. The Secretariat expounded on the example of the Democratic Republic of Congo, which adapted its mass campaign to the COVID-19 context. The 2020 mass campaign in the DRC will help fight malaria and COVID-19. The campaign agents will receive personal protective equipment. They will provide COVID-19 and malaria information along with the distribution of the nets and instructions on social distancing. The agents will shift to door to door distribution for all campaigns to avoid gatherings. The Secretariat stated that it is working with the remaining seven countries to resolve bottlenecks to enable mass campaigns.

It would be important to know whether countries with high populations and high transmission of malaria are among those that delayed their mass LLIN distribution campaigns.

COVID-19 may reverse a decade of gains in fighting tuberculosis; HIV will also be affected

Modeling analyses predicted a dire impact of COVID-19 on TB and HIV in settings with high infection rates. The Stop TB Partnership published an analysis stating that stringent COVID-19 prevention measures and responses may lead to an additional 6.3 million TB cases, accompanied by an additional 1.4 million TB deaths between the years 2020-2025. These new infection and mortality levels will reverse gains made in the last decade. An Imperial College modeling suggested that COVID-19 might increase the risk of HIV infection, especially among key and vulnerable populations due to disruption in prevention,

service delivery, and access to antiretroviral (ARV) HIV drugs.

The Global Fund's grant flexibilities and COVID-19 Response Mechanism

On 4 March 2020, the Global Fund had allowed countries to use up to 5% of approved grant funding to support their response to COVID-19, making available up to \$500 million through grant flexibilities. By 8 May 2020, 75 countries and five multi-country grants had used the grant flexibilities, amounting to a total of \$113 million taken primarily from grant savings (>95%). The majority of the funds have focused on infection control, diagnostic activities, and products. The Board approved additional funding of up to \$500 million under the COVID-19 Response Mechanism (C19RM) on 9 April 2020. Countries have not requested funds as most have not exhausted their savings. The Secretariat has committed to respond to funding requests within ten days of submission. Thus, it created a dedicated team within the Access to Funding department called the C19RM Secretariat that will support the rapid review and approval of requests to use funds available through C19RM.

The Global Fund works with partners to obtain supplies

The document explained that the Secretariat is highly engaged in coordinating access to COVID-19 commodities, including diagnostics, laboratory commodities, and personal protective equipment. The Secretariat is also preparing for the eventual roll-out of additional diagnostics and new therapeutic regimens once these are effective against the virus. Such commodities may impact the production of HIV, TB, and malaria diagnostics. The Secretariat is working with partners on how to best engage companies and respond to COVID-19, while protecting the availability of existing diagnostics for disease programs.

The Secretariat is working with WHO, United Nations International Children's Emergency Fund (UNICEF), the Gates Foundation, and others. The WHO Diagnostics Consortium made efficient purchasing arrangements with major producers of COVID-19 diagnostics. The Global Fund supported the design of a WHO allocation model to allocate diagnostic tests for low- and middle-income countries, based on their population size and the vulnerability of each health system. Along with UNICEF, the Global Fund is negotiating prices and working to procure molecular diagnostic tests for COVID-19 on behalf of countries and partners to ensure equitable access to available supplies. The two organizations are also uniting their efforts to procure personal protective equipment requested by countries.

The WHO Diagnostics Consortium has agreed that the Global Fund would be the lead buyer for diagnostic tests from Cepheid and Abbott (both pharmaceutical companies with headquarters in the US), and UNICEF for Thermo Fisher and Roche (with headquarters in the US and Switzerland, respectively).

The first delivery of COVID-19 diagnostic tests, procured through PPM/WAMBO, financed through grant savings, was delivered to Uganda. The Ministry of Health in Uganda has received 15 000 COVID-19 test kits (Xpert® Xpress SARS-CoV-2). Anticipating further requests, the Secretariat has secured approximately two million diagnostic tests from Cepheid and Abbott, which have received emergency approval by the US Federal Drug Administration through volume agreements.

To minimize delays in product delivery due to COVID-19, [the Board has granted the Secretariat the authority to grant limited exceptions](#) to the Quality Assurance Policies' requirements for pre-shipment sampling and testing for some health commodities. Those are Expert Review Panel-approved products, vector control products, and condoms. So far, the Secretariat received six waiver requests related to three TB medicines. The Secretariat granted three waivers based on an urgent programmatic need combined with a history of all prior quality testing results for the pharmaceutical products being fully compliant with product specifications.

Preserving the gains of the Global Fund

All constituency statements to the Board accessed by Aidspace praised the early and appropriate response, especially the grant flexibility demonstrated during this time. (Aidspace has an agreement which grants access to constituency statements provided that the source is not revealed). Constituencies recommended that the Secretariat ensures civil society and community organizations are part of a COVID-19 response that respects human rights, and insisted that the Global Fund does not fight COVID-19 at the expense of the fight against HIV, TB, and malaria.

Board Document Background Document should be available shortly at <https://www.theglobalfund.org/en/board/meetings/43/>.

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