



COVID-19 RESPONSE MECHANISM

Updates on C19RM and Pandemic Preparedness

CRG Platform Webinar (EECA)

Date: 01.06.2023.

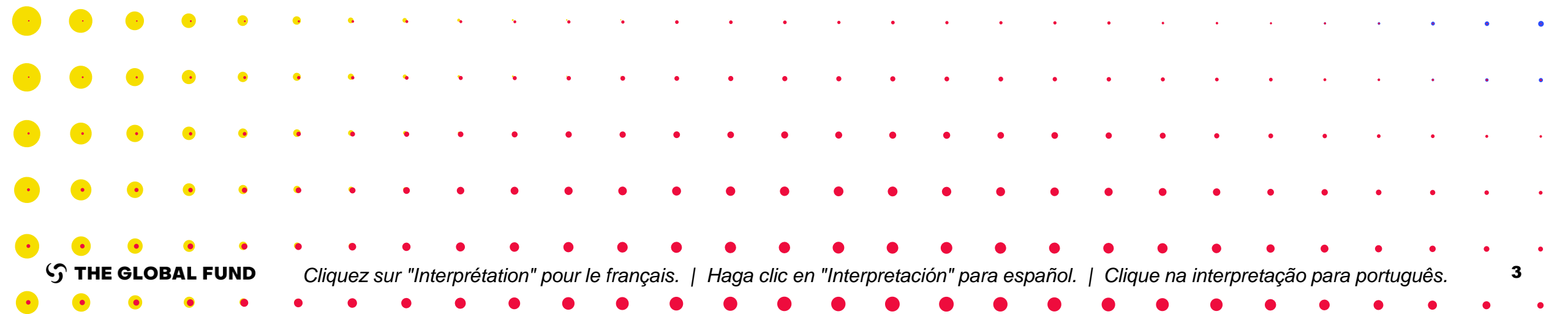
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| 2 The shift to pandemic preparedness | David Traynor Senior Technical Coordinator, Community Rights and Gender | <i>10 minutes</i> |
| 3 C19RM Technical Information Note and additional guidance | Olive Mumba Advisor, Community Rights and Gender | <i>10 minutes</i> |
| 4 How and when to engage | Raine Cortes Senior Program Officer, Community Rights and Gender | <i>10 minutes</i> |
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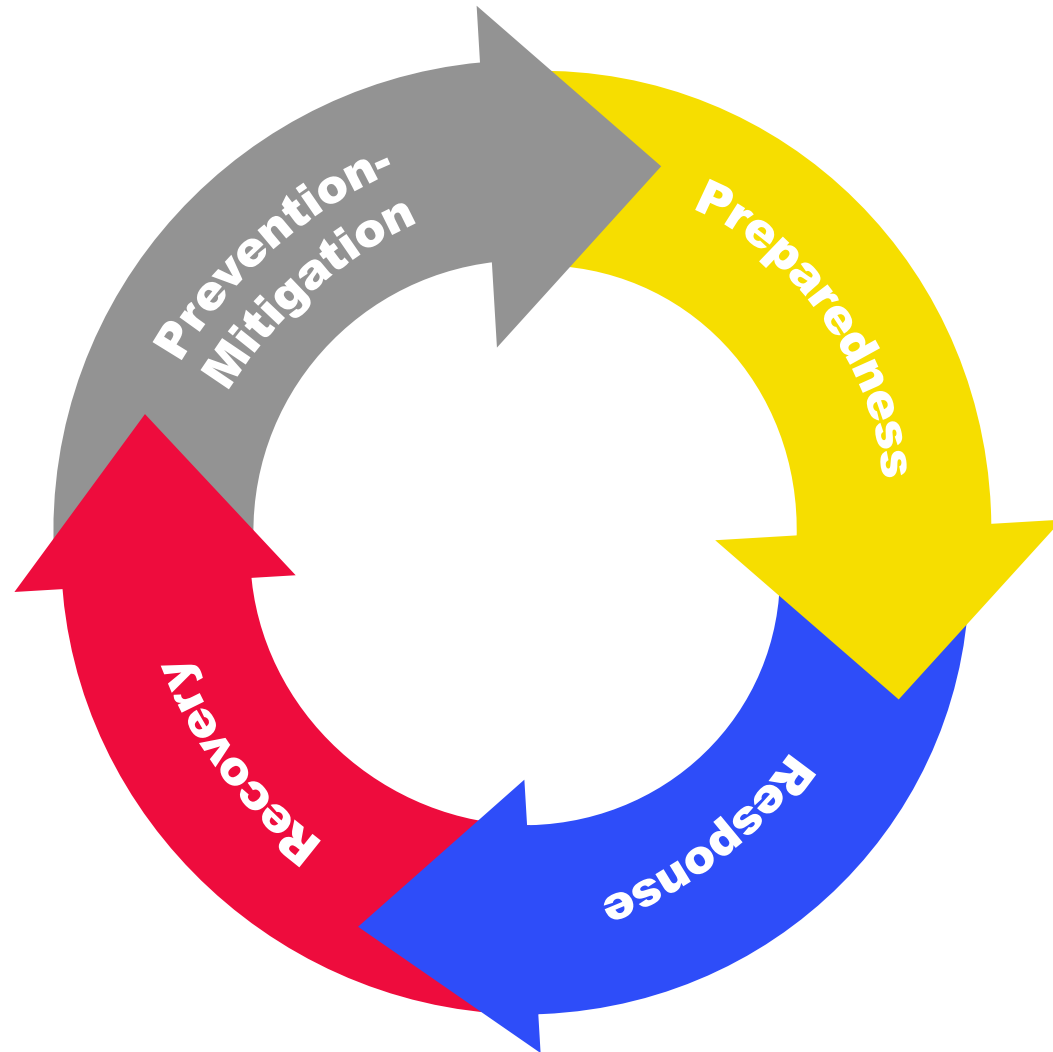


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The shift to pandemic preparedness



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



COVID-19

COVID-19 control and containment interventions.

TRANSITION PLANNING

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

PREPAREDNESS

Health and community systems and pandemic preparedness programmatic priorities.

Overview: COVID-19 Response Mechanism (C19RM)

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

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

C19RM remains flexible and agile given uncertainties about pandemic evolution.

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



C19RM Technical Information Note and additional guidance

Shift in countries needs informed C19RM guidance and priority areas for health and community systems and pandemic preparedness priorities



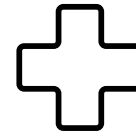
**Surveillance
system
strengthening**



**Laboratory
and
diagnostics**



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



**Medical
oxygen,
respiratory
care and
therapeutics**



**Health
product and
waste
management
systems**

HIV, TB and malaria COVID-19 mitigation measures are no longer a priority. Adaptations that remain relevant should be integrated into regular GC7 grants.

Human Resources for Health and Community Systems Strengthening

The Global Fund's HRH investments support

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

Critical approaches for investing in HRH

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

Intervention areas for HRH, CSS and Quality of Care

- HRH planning, management and governance, including CHWs.
- Education and production of new health workers, excluding CHWs.
- Remuneration and deployment of existing/new staff (non-CHWs).
- In-service training, excluding community health workers.
- Integrated supportive supervision for health workers (non-CHWs).
- Quality improvement and capacity building for quality of care.
- Community health workers: selection, pre-service training, certification.
- Community health workers: contracting, remuneration and retention.
- Community health workers: In-service training.
- Community health workers: Integrated supportive supervision.
- CSS: Community capacity building and leadership development
- CSS: Community-led monitoring
- CSS: Community-led advocacy and research
- CSS: Community engagement, linkages and coordination

Community systems strengthening – Community led and based organizations

Community systems strengthening (CSS)

- Community capacity building and leadership development
- Community-led monitoring
- Community-led advocacy and research
- Community engagement, linkages and coordination

Gender-based violence to strengthen health systems and capacities if/when a new pandemic occurs:

- Strengthen systems that report, respond and protect communities against GBV and IPV
- Based within communities with linkages/referrals to health centers
- Emergency planning systems to maintain service access for marginalized and/or criminalized communities,

Community-led monitoring for Pandemic Preparedness:

- Strengthen community led monitoring system capacities to adapt and respond to disease outbreaks; monitor human rights and gender related impacts.
- Strengthen health policy, resource decisions, and/or complaint and grievance mechanisms.
- System capacities to assess and mitigate for potential human rights, health equity and gender related implications



The intervention areas highlighted here are specific to system capacities and capabilities for community led and based organizations. Critical to note that gender and human rights related aspects of pandemic preparedness must be considered across all relevant system domains. For example – integrating into HRH/CHW training capacities on GBV and stigma and discrimination. Development of IPC strategies that are inclusive and respond to the needs of all health workers including peer outreach etc.

CSS Activities

Community capacity building and leadership development

- Strengthening community led organizational planning and leadership capacities to respond to disease outbreaks and emergencies
- Leadership, professional development, and resourcing to enable effective community representation in emergency response decision-making processes and platforms.
- Program management costs of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, community monitoring and advocacy, in line with the Global Fund Guidelines for Grant Budgeting

Community-led monitoring

- Activities that strengthen community led monitoring system capacities to adapt and respond to disease outbreaks and their impacts on service availability, accessibility, acceptability, and quality; monitor human rights and gender related impacts.
- Activities that strengthen community led monitoring of health policy, budget and resource decisions and development, health financing allocation decisions; and/or complaint and grievance mechanisms.
- Technical support, training and mentoring on community-led monitoring: collection, collation, cleaning, and analysis of data; and use of community data to inform programmatic decision making, policy development, and advocacy for social accountability.

Community-led advocacy and research

- Qualitative, quantitative, and operational community-led research on health system preparedness and resilience in the context of disease outbreaks including system capacities to assess and mitigate for potential human rights, health equity and gender related implications.
- Community-led mapping and analysis of legal, policy and other barriers that hinder/limit community led and based responses in disease outbreaks.
- Budget advocacy for domestic resource mobilization for health and community systems in pandemic preparedness and responses

Community engagement, linkages and coordination

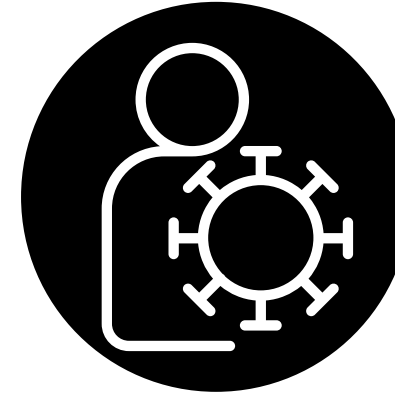
- Community engagement and representation in national policy processes, decision making and accountability mechanisms, and in the development of local, regional and national strategies and plans (including JEE & NAPHS, IARs, AARs, and SIMEX; country level platforms/WGs/mechanisms with a role in preparedness).
- Support and reinforce community mobilization initiatives and approaches as agile and adaptable in the context of sudden disease outbreaks and health emergencies.
- Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between community stakeholders and organizations and formal health systems in disease outbreak preparedness planning.

C19RM Funding Opportunities

To execute the strategic shift, the Global Fund is extending C19RM funding use until end of 2025, launching an additional wave of funding, and aligning with its core GC7 grants.



Deadline for countries to submit C19RM funding request 29 May 2023. Countries can continue to **implement C19RM-funded activities until 31 December 2025.**



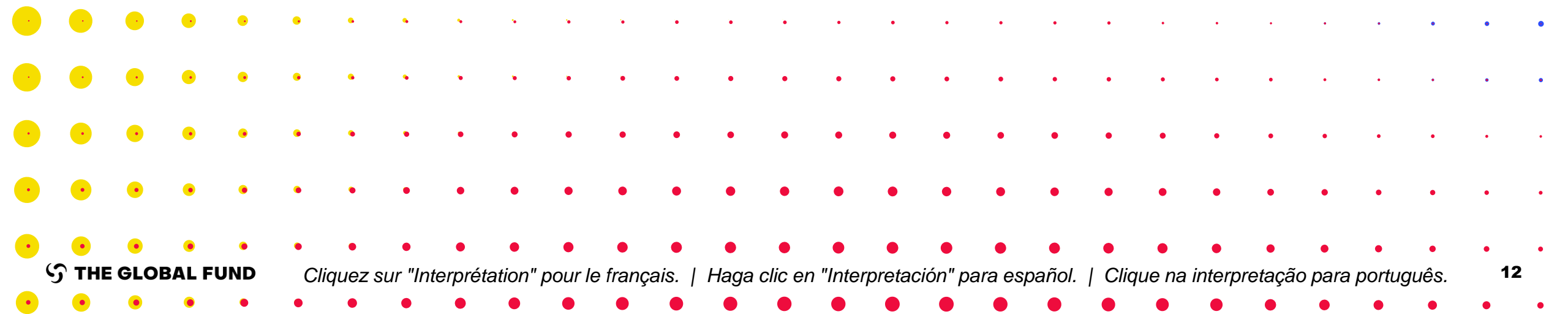
Current C19RM facilitates the shift towards longer term strengthening of RSSH and pandemic preparedness aligned to Grant Cycle 7 investments. Countries encouraged to reprogram C19RM grants up to 30 Nov 2023

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- C19RM does not provide country allocations as in regular grants. Eligible applicants submit proposals.
 - Eligible Global Fund countries can apply for C19RM funding and only those requests that fulfill the screening criteria will be reviewed and considered for funding.
 - Quality funding requests that do not get funded will be registered as “unfunded quality demand” in case of additional funding becoming available.



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How and when to engage



Why engage?

- In-country partners are encouraged to **build on health systems developed during COVID-19** and other public health emergencies to strengthen medium to longer-term preparedness.
- C19RM has shifted towards **strengthening systems for health and pandemic preparedness**.

Effective response requires **building community trust** and pandemic preparedness investments through holistic community engagement, including:

- Encouraging proactive gender equity-based solutions, as pandemic responses often exacerbate gender inequalities and should address in pandemic preparedness strategic and operational plans.
- Addressing barriers to health services.
- Solving human rights and gender-related barriers and inequities that limit access to PHC services, including at community level.



Strengthened pandemic preparedness can only be achieved by including communities in country governance structures and processes, planning, direct implementation and oversight roles.

Community engagement is encouraged in national and sub-national decision-making bodies to support health systems strengthening and pandemic preparedness and response.

How to engage

1

Communities and CS to **connect to in country CCM representatives, CCM secretariates and CT** to know the roadmap on C19RM reprogramming and opportunities for engaging

2

Know the current C19RM grant areas and implementers - PRs/SRs/SSRs

3

Communities and CS to provide available data that can inform the C19RM reprogramming to respond to the needs of key, vulnerable and marginalised populations, as well as build system capacities and capabilities to react to GBV, and human rights issues that arise as a result of disease outbreaks

CLM remains critical in community systems strengthening and pandemic preparedness

- COVID-19 has highlighted the **crucial role and value of engaging communities on the ground** in C19 (and other epidemic/pandemic) surveillance and/or monitoring and response.
 - Understanding the **impact of any epidemic/pandemic on availability, accessibility, acceptability and quality (AAAQ) of essential HIV, TB and malaria services** from the client's perspective.
 - Monitoring, assessing and mitigating potential **human rights, health equity and gender-related impact and implications**
- It is important to strengthen community systems for pandemic preparedness, by **establishing and investing in community-led mechanisms and interventions**, as they have direct access to communities / clients of HTM services most affected.
- Existing CLM mechanisms/systems in place (initially in response to disruptions due to C19) can be **reviewed, improved and adapted to be aligned and institutionalized** within national epidemic/pandemic preparedness programs/plans (initially started as C19 response programs/structures).
- Communities (through dialogues/consultations, CCMs and other governing bodies) can **advocate for CLM inclusion, funding and strengthening in C19RM and GC7 funding requests**. Various resource/guides on CLM are available online ([IAS](#), [C19RM FR](#), [CLM Hub](#), [Health GAP](#)).
 - There should be **complementarity of resources for CLM in both C19RM and GC7 grants** and strategic planning towards CLM sustainability and domestic funding.
 - Currently, CRG is offering **short-term CLM technical assistance (TA)** to countries to support setting-up, adaptation, strengthening, and implementation of **CLM programs funded in C19RM grants**, and aligned with pandemic preparedness strategies (until 2025).

Reference Documents and Support

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



Q&A

