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**Date Created:** 6 April 2021

**Date Updated:** 12 May 2021

## Summary Information

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| **Country (or multicountry)** | Zambia | | |
| **Principal Recipient(s), grant name(s) and Implementation Period(s)** | 1. Ministry of Health 2. Churches Health Association of Zambia 3. Implementation period: 1 July 2021 to 31 December 2023 | | |
| **Planned start and end dates of the C19RM activities by grant** | Start Date:1 July 2021  End date: 31 December 2023 | | |
| **Currency** | Unites States Dollars | | |
| **C19RM Base Allocation amount** | **Submission type** | **Amount (US$/EUR)** | **Submission date** |
| C19RM Fast-track Funding Request[[1]](#footnote-2) | US$ 44,113,897 | 12 May 2021 |
| C19RM Full Funding Request | US$ 47,286,705 | 30 June 2021 |
| **Total:** |  |  |
| **C19RM Above Base Allocation amount[[2]](#footnote-3)** | **Submission type** | **Amount (US$/EUR)** | **Submission date** |
| C19RM Full Funding Request | US$ 47,286,705 | 30 June 2021 |
| **Total:** |  |  |

# Section 1. C19RM Fast-track Funding Request (PPE, diagnostics and therapeutics[[3]](#footnote-4) and costs relating to the effective deployment of such health products, including technical assistance)

## Funding priorities

Provide a brief rationale for the proposed key interventions and activities.

1. Confirm that Global Fund investments are consistent with C19RM Technical Information Notes and Guidelines[[4]](#footnote-5) and applicable WHO guidance (including on COVID-19), and support and align with the intervention categories (i.e. Pillars) within the National Strategic Preparedness and Response Plan for COVID-19 (NSPRP)[[5]](#footnote-6).
2. Indicate the extent to which the national COVID-19 response coordinating bodies, HIV, TB and malaria programs, central medical stores (or equivalent), and laboratory programs were consulted to ensure consistency of the C19RM Fast-track Funding Request with the NSPRP and updated operational and financial gaps, needs and priorities.

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| [Applicant response]  This funding request is consistent with C19RM Technical Information Notes and Guidelines and applicable WHO guidance (including on COVID-19), and supports and aligns with the intervention categories (i.e. Pillars) within the COVID-19 National Multi-sectorial Contingency and Response Plan (NMRCP). The prioritization of the funding priorities for this funding request was done through a consultative process based on the National Covid-19 Contingency plan. The Government of the Republic of Zambia has prepared the COVID-19 National Multi-sectorial Contingency and Response Plan (NMRCP) whose implementation is anchored on the Disaster Management Act No. 13 of 2010 headed by Zambia National Public Health Institute with support of collaborating partners. The basis of the plan is the WHO planning tool. Once developed the plan was taken to Cabinet office for approval.  The consultative process included consultations with Civil Society Organizations (Copperbelt, Eastern and Lusaka provinces). C19RM Focus Group dialogues included Key Populations such as MSM, Trans-Genders, FSWs, and Prison Inmates. Others consulted were AGYW, PWDs, Women and Youths and the DHO-Kitwe, Chipata and Lusaka), and Community Based Organizations (including SSRs implementing C19RM under CHAZ such as DAPP and CHEP), Cooperating partners including the UN system, USG/PEPFAR agencies, INGOs, Bilaterals (UKDFID), ZNPHI (national COVID-19 coordination body, ZAMSSA (formerly Medical Stores), and ZAMRA.  **Priority 1**  The priority areas in this Fast –track Funding Request: are 1) Personal Protective Equipment (PPE), 2) Diagnostics and 3) Therapeutics.  **1) PPE**  The request prioritises the procurement of PPEs for frontline Lab staff, Health Care Workers, Immigration Personnel, Police Officers, Prison Duty Officers, Contact Tracing and surveillance Officers, Community Health Workers and other essential public workers e.g. social services personnel. Being frontline workers, they are often over-exposed and at the same time under-protected due to shortages of PPEs. Failing to protect front liners has the potential to negatively impact on their health, the health of the general populations they attend to, and the gains we have achieved in the implementation of programs such as HIV, TB, Covid-19, and Malaria.  The proposed budget for this priority area is **US$ 11,917,285**  **2) Diagnostics**  In line with the WHO Guidelines on COVID-19, Zambia has adopted molecular and antigen rapid diagnostic tests to aid the diagnosis of SARS-CoV-2. Antibody based tests are currently not recommended for screening of active COVID-19 infections but only in surveillance.  From the onset of the COVID-19 Pandemic in Zambia to date, the country has been processing all the tests using a total of twenty-five (25) COVID-19 testing laboratories, of which, nineteen (19) are public laboratories and six (6) private laboratories.  The country has adopted several molecular platforms to aid in the diagnosis of COVID-19, which are all housed in the nineteen (19) public laboratoris. These include; eight (8) Hologic Panther machines, two (2) Cobas 6800, five (5) Applied Biosystems QuantStudio 5, five (5) ABI 7500, two (2) Biorad CFX96, two (2) LC480, one (1) Abbott m2000rt and currently ten (10) Gene Xpert machines.  Antigen Rapid testing is being rolled out countrywide to all facilities; currently Antigen Rapid testing is being done in >100 public health facilities and seven (7) private hospitals.  Based on machine footprint (See table below) and respective capacity the country has apportioned tests as follows 9% (GeneXpert), 13% (Cobas 6800), Hologic Panther 34%and 44% (ABI 7500). This is what has informed the allocation of tests.  Province Real time Cobas 6800 Hologic Panther Gene Xpert IV  Lusaka 10 1 2 2  Eastern 0 0 0 3  Luapula 0 0 1 1  Muchinga 1 0 0 2  Northern 0 0 1 0  Northwestern 1 0 1 0  Central 0 0 1 0  Copperbelt 2 1 0 0  Southern 1 0 1 2  Western 0 0 1 0  Total 15 2 8 10  Testing Capacity 4500 1300 3500 960 10260  Percent Distribution 44% 13% 34% 9%  However, over the past months, the country has struggled to access Gene Xpert cartridges. The main stay of testing has been Real-Time PCR (RT-PCR). Hologic Panther, Gene Xpert cartridges and Cobas 6800 reagents and consumables frequently stock out. The country seeks to prioritize RT-PCR and Hologic Panther and Cobas 6800 whose reagents and consumables are said to be easily accessed compared to Gene Xpert at the moment.  The current request is for the following;  Expand Laboratory Testing capacity:  1. Procure additional laboratory reagents and consumables for SARS-CoV-2 Molecular Assays ( Hologic Panther reagents, GeneXpert cartridges, RT PCR reagents, Cobas 6800 and Ichroma reagents and controls)  2. Procure Antigen SARS-CoV-2 testing kits  3. Procure accessories and consumables  The proposed budget for this priory area is **US$11,199,946**  **3) Therapeutics**  Therapeutics for the treatment of COVID-19 patients will include:   * Enoxaparin * Oxygen and accompanying accessories * Ringers Lactate * Dexamethasone * Paracetamol   The above commodities are justified by the fact that despite a reduction in the number of COVID-19 cases diagnosed in the past four weeks, COVID-19 treatment facilities continue to attend to severely ill patients who require oxygen administration and other critical care therapies. For example, out of 83 patients admitted to all the Covid-19 treatment facilities in the country on the morning of March 31, 2021, Seventy-five (75) of these were on Oxygen therapy, thirteen of these were reported as critical while 6 had died in the preceding 24 hours due to Covid-19 related complications. This pattern has been seen over the past weeks. The therapeutics are needed more so as the country anticipates a third Covid-19 wave  Note that there are other therapeutics which are required for patient care which have not been included in the request but can hopefully be considered for the full request. This includes Remdesivir.  The proposed budget for this priority area is **US$3,324,474**   1. **Oxygen**   Procurement of Oxygen, Oxygen cylinders, delivery systems and accompanying accessories is also proposed with a budget of **US$ 9,534,970** |
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## 1.2.Program implementation arrangements

1.2.1 Describe the following:

**Implementation Arrangement:** Entities (Principal Recipients, Sub-recipients and other implementing entities) responsible for managing the components requested under the Fast-track Funding Request.

Measures put in place to ensure **efficient program delivery**.

1. **Health products management:** planned mechanisms for the procurement of COVID-19 health products. Describe entities responsible for forecasting/quantification, procurement, storage and distribution and monitoring of supply availability and delivery of COVID-19-specific health products to beneficiaries and service delivery sites (and clarify if these are different from current service delivery points for HIV, TB and malaria). Please include a summary of any foreseen in-country supply chain risks, including any regulatory barriers.

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| **Implementation arrangements**  The grant funds in this request will be managed by the two exiting PRs, Ministry of Health (MoH) and Churches Health Association of Zambia (CHAZ) and their Sub-Recipients. The Ministry of Health (MOH) will work through the 10 Provincial Medical Offices (PMOs) and one hundred sixteen (116) District Health Offices as Sub Recipients (SRs) for disbursement and implementation of grant-funded activities at sub national level to the 2,777 facilities countrywide. The Churches Health Association of Zambia will work with hundred and twenty two (122) health facilities, both mission and private, and Sub-Recipients (FBOs and CSOs) located in all the 10 provinces. Procurement, storage and distribution of COVID-19 supplies will utilise the above country existing systems for managing health products. Quantification of needs is a national exercise led by the Ministry of Health. In addition, MOH has identified the National AIDS Council (NAC), ZAMSSA (formerly Medical Stores Limited), and Zambia Medicines Regulatory Authority (ZAMRA) to implement very specific areas of the grant.  Procurement will be undertaken by both MOH-PMU and CHAZ.  **Coordination, Planning, Implementation and Monitoring the of Measures on COVID-19**  The coordination of the Multi-sectoral COVID-19 response is led by the National Disaster Management Council of Ministers chaired by the Vice President. Communication on the overall multi-sectoral COVID-19 response is led by the Chief Government spokesperson, the Minister of Information and Broadcasting. The Committee of Permanent Secretaries on Epidemic Preparedness and Response, chaired by the Secretary to the Cabinet will provide policy recommendations to the Council of Ministers while the National Coordinator (DMMU) working with all the Permanent Secretaries in Line Ministries will lead the implementation of the response at technical level.  The sectoral clusters will be chaired by selected Ministries in charge of the requisite mandate and superintended by a selected institution either from the Non-State actors or from the UN System.  The Permanent Secretary (Technical Services) under the Ministry of Health is charged with the responsibility of supervising the health response activities while the Zambia National Public Health Institute (ZNPHI) through the Public Health Emergency Operations Centre (PHEOC) will coordinate all the technical activities of the response through the incident management system (IMS) in line with the provisions of the Zambia National Public Health Act No. 19 of 2020; The National Coordinator for DMMU will coordinate participation of the other sectors.  As part of the IMS for the COVID-19 response, daily high command meetings are held every morning at the Ministry of Health, chaired by the Permanent Secretary – (TS) and occasionally graced by the Minister of Health. The ZNPHI Director-General is the technical lead for the high command IMS meeting that is attended by technical staff from ZNPHI, MoH Directorates, Provincial Health and District Offices, Hospitals and relevant Parastatal bodies. The meeting discusses updates on the response activities, reviews daily progress, and provides policy as well as technical guidance for all the levels and areas of care.  **Health Products Management**  The PSCM system functions in Zambia are spread across several MoH directorates, Zambia Medical Supplies Limited (ZAMMSA), the Churches Health Association of Zambia (CHAZ), and Zambia medicines Regulatory Authority (ZAMRA).  In March 2021, the Minister signed the commencement order that saw MSL transform into ZAMMSA. This entity now has responsibility for procurement, storage and distribution. However, the MOH-PMU retains responsibility for GF funded procurement, using the local public procurement systems as guided by the Zambia Public Procurement Act of 2020 and the Global Fund Pooled Procurement Mechanism (PPM)/Wambo. When sufficient capacity is built up in ZAMMSA, they will assume responsibly for procurement. CHAZ also plays a role in procurement, storage and distribution, based on its capacity and infrastructure. The CHAZ system has proved to be a useful complementary and back-up system to the one at MSL cum ZAMMSA.  Storage and distribution is carried out by either MoH/ZAMMSA or CHAZ, according to agreements between MOH, CHAZ and ZAMMSA. Quantification of needs is a national exercises led by the Ministry of Health and supported by partners. All systems are supported by a reporting system that is supported by USAID, through John Snow Health Zambia. This project is transforming the eLMIS system into a more comprehensive eSCMIS. |

## 1.3.Attachments supporting the C19RM Fast-track Funding Request

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|  | C19RM Funding Request Form |
|  | C19RM Consolidated Budget |
|  | Quantification or needs assessment for COVID-19 health products (including contribution and projected pipeline from domestic and other sources of funding) (any format suitable to the applicant) |
|  | COVID-19 National Testing Strategy, where available |
| X☐ | C19RM Health Products Management Template (HPMT) per grant |
|  | CCM Endorsement of the C19RM Fast-track Funding Request[[6]](#footnote-7) |
|  | Endorsement of fast-track submission by the national COVID-19 response coordinating body |
|  | National Strategic Preparedness and Response Plan for COVID-19 and budget (ideally for 2021) |

# Section 2. C19RM Full Funding Request

## 2.1 Context

* + 1. Briefly describe the critical elements of the **country context** that informed the development of this funding request by summarizing the:

1. current COVID-19 epidemiological context and its evolution;
2. impact of COVID-19 on the overall health system, and specifically on HIV, TB and malaria;
3. role of civil society in the country’s overall COVID-19 response; and
4. challenges encountered in the COVID-19 response to date.

Reference and attach the following:

1. National Strategic Preparedness and Response Plan for COVID-19 (NSPRP);
2. HIV, TB and malaria mitigation plans; and
3. any other relevant documents.

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| Current Covid-19 Epidemiologic Context and Evolution  Zambia recorded its first Covid - 19 case in March of 2020. During the first wave, Government put in place a multi-sectoral preparedness and response plan to mitigate the impacts of COVID-19 pandemic which has guided the response for the last one year. The Preparedness and Response Plan provided a framework for a Multi- sectoral approach to the fight against the pandemic. Further, the plan outlined the activities to be undertaken during the pandemic and the resource requirement for the implementation of the activities and measures. As at 6 May 2021 Zambia had recorded 91,946 cumulative cases and 1,256 total deaths.  Impact of COVID-19 on the overall health system, and specifically on HIV, TB and malaria  The continued spread of the COVID-19 virus in Zambia has negatively impacted on the provisions of health services as focus, resources and efforts shift towards controlling its spread. Health personnel, medical equipment, infrastructure and budgets are overstretched as cases continue to rise, compounded by an already high burden of infectious diseases such as TB, HIV and Malaria. Measures limiting movement of populations have also negatively impacted on HIV, TB and Malaria outreach programmes. If this scenario continues, the country is likely to experience a surge in these diseases – severely reversing gains made in tackling them. As the numbers of COVID-19 patients continue to surge, the available public hospitals, isolation centres are getting overwhelmed by the huge numbers of patients which means most healthcare facilities will not be able to provide sufficient health care for services related to the three disease entities among others. Furthermore, the spread of the virus has negatively impacted the number of patients visiting health facilities not to mention the stigma associated with Covid 19.  Reports indicate that many patients avoid visiting health care facilities and prefer to remain at home for fear of either being tested for Covid 19 or contracting the virus. A six-month disruption of antiretroviral therapy may lead to more deaths from illnesses related to HIV and deaths from malaria could significantly increase. The restriction in movements due to COVID-19 would impact negatively on case findings through index testing as well as follow up and commencement of treatment resulting in an increase in new HIV infections. A disruption in access to drugs that prevent HIV positive pregnant women from passing the infection to their babies in utero could increase HIV infections in children. Each person with TB can spread the disease to another 15 individuals over a year, sharply raising the possibility of people infected. The prospect is especially worrisome in densely populated places with high rates of TB, such as some of the townships in Lusaka, not to mention congregate settings such as prisons. In addition, the on-going pandemic and mitigating measures, may have an impact on mental health of many citizens due to prolonged social isolation and stresses related to the impact of COVID-19. The Covid-19 pandemic not only undermines and threatens the efforts made in tackling HIV, TB and Malaria but also threatens to weaken health systems at all levels. This, if not addressed, will result in the Covid-19 pandemic becoming uncontrollable and a decline in the overall performance of the health sector resulting in increased morbidity and mortality due to all other causes.  The pandemic has hindered the availability of drugs for HIV, TB and malaria in some parts of the world by interrupting supply chain. This applies to Zambia which has seen delays in production and delivery of medicines and medical products ordered especially from outside the country. This has been mitigated by good pipeline management which so far has had steady supply of drugs and tests although low stocks and stock outs have and are being experienced. |

## 2.4 Implementation arrangements

* + 1. Describe the proposed **implementation arrangements** and how these will ensure efficient program delivery. Please elaborate on:

1. **Health products management:** planned mechanisms for the procurement of COVID-19 health products. Describe entities responsible for forecasting/quantification, procurement, storage and distribution and monitoring of supply availability and delivery of COVID-19 specific health products to beneficiaries and service delivery sites (and clarify if these are different from current service delivery points for HIV, TB and malaria. Please include a summary of any foreseen in-country supply chain risks, including any regulatory barriers.

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| The current institutional arrangement is shown in the diagram below.  **Procurement and supply chain system**  The PSCM system functions in Zambia are spread across several MoH directors, Medical Stores Limited (MSL), the Churches Health Association of Zambia (CHAZ), and Zambia medicines Regulatory Authority (ZAMRA). Under the GF 2021-23 grants, Ministry of Health is building capacity for end to end responsibility for all PSCM functions.  In March 2021, the Minister signed the commencement order that saw MSL transform into ZAMMSA. This entity now has responsibility for procurement, storage and distribution. However, the MOH-PMU retains responsibility for GF funded procurement, using the local public procurement systems as guided by the Zambia Public Procurement Act of 2020 and the Global Fund organised Pooled Procurement Mechanism (PPM)/Wambo. When sufficient capacity is built up in ZAMMSA, they will assume responsibly for procurement. CHAZ also plays a role in procurement, storage and distribution, based on its capacity and infrastructure. The CHAZ system has proved to be a useful complementary and back-up system to the one at MSL cum ZAMMSA.  Procurement, storage and distribution of COVID-19 supplies will utilise the above country existing systems for managing health products. Quantification of needs is a national exercises led by the Ministry of Health. Procurement will be undertaken by MOH-PMU and CHAZ. Storage and distribution is carried out by ZAMMSA and CHAZ. All systems are supported by a reporting system that is supported by USAID, through John Snow Health Zambia. This project is transforming the eLMIS system into a more comprehensive eSCMIS.  *Figure 1: Zambia Procurement and Supply Chain Management System* |

1. PPE, diagnostics and therapeutics and costs relating to the effective deployment of such health products. [↑](#footnote-ref-2)
2. This is only relevant for the full submission. [↑](#footnote-ref-3)
3. As set out in the optimal category within the Health Product Segmentation Framework (link forthcoming). [↑](#footnote-ref-4)
4. Link forthcoming [↑](#footnote-ref-5)
5. The NSPRP is expected to be available in all countries and ideally updated for 2021. [↑](#footnote-ref-6)
6. <https://www.theglobalfund.org/en/funding-model/applying/materials/>. [↑](#footnote-ref-7)