



PHOTO CREDIT: MARY-SANYU OSIRE/UNHCR

COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

January 1 – March 31, 2021



World Health
Organization



Table of Contents



Ike, a health worker in North Jakarta, hangs a poster outlining preventive measures to stem the spread of COVID-19 in a community-level health post in Warakas sub-district, North Jakarta, Indonesia.

PHOTO CREDIT: UNICEF

EXECUTIVE SUMMARY	2
INTRODUCTION	4
IMPACT	5
Global COVID-19 Strategy Pillar 1: To ensure global and regional coordination of response efforts, including coordinated global supply chain management.	5
Global COVID-19 Strategy Pillar 2: To support vulnerable countries and communities that need help most.	9
Global COVID-19 Strategy Pillar 3: To accelerate work on vaccines, diagnostics and therapeutics.	20
Annex 1 COVID-19 Solidarity Response Fund for the World Health Organization Contributions, Disbursements, and Allocations	27
Annex 2 Resources and Stories	29

Executive Summary



UNRWA health staff at El Shaboura health center check the beneficiaries' temperatures before entering the center to ensure the health of staff and others.

PHOTO CREDIT: UNRWA

This sixth report of the COVID-19 Solidarity Response Fund for the World Health Organization (WHO) covers the period January 1 – March 31, 2021 and reports on the Fund's impact on the global response to the COVID-19 pandemic. During this time, the Fund received more than US\$3.8 million in new contributions. Since the Fund's launch on March 13, 2020 through March 31, 2021, more than 662,000 leading companies, organizations and individuals committed over US\$243.1 million in flexible funding to support the WHO-led global response effort.

Between January 1 and March 31, at the direction of WHO, the Fund disbursed more than US\$3.45 million to WHO, and US\$2.55 million to the World Organization for the Scout Movement (WOSM), bringing total disbursements for the reporting period to WHO and its partners to US\$6,006,921. This report updates partners on the use of resources allocated by the Fund.

Since the inception of the Fund, allocations have been made to:

Global COVID-19 Strategy Pillar 1

- WHO to enhance technical skills of Emergency Medical Teams, especially in Africa, to care for critically ill patients;
- WHO to provide support to Lebanon Emergency Medical Teams;
- WHO to develop guidelines on the Management of Child Health and Development in Humanitarian Settings affected by COVID-19;
- WHO to provide support to countries on managing mass gatherings during COVID-19; and
- World Food Programme (WFP) to scale up global logistics distribution systems so essential supplies can reach those most in need.

Executive Summary

Global COVID-19 Strategy Pillar 2

- WHO to procure and distribute essential medical supplies, including personal protective equipment (PPE), testing kits and biomedical equipment;
- WHO to combat the rising “infodemic” of COVID-19-related misinformation;
- WHO to provide technical support to countries’ efforts to design and stand up essential contact tracing programs;
- WHO to aid high-risk groups in quitting tobacco use during the pandemic;
- WHO to support implementation of the medical evacuation framework for United Nations (UN) personnel and eligible dependents;
- WHO for the Africa Centres for Disease Control and Prevention (Africa CDC) to strengthen the continent’s response to the pandemic, including priority support for women and children;
- WHO to provide open-source technical training via the “Open WHO” platform;
- WHO to support COVID-19 chatbots;
- WHO to enhance civil society engagement in the COVID-19 response;
- WHO to mobilize communities and drive COVID-19 vaccine uptake;
- WHO to support engaging Government Lawyers and Judicial Officers on Fundamental Rights in the context of COVID-19;
- The UN Refugee Agency (UNHCR) to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19;
- UNICEF for its COVID-19 work supporting vulnerable countries with access to evidence-based information, access to water, sanitation and hygiene (WASH) and basic infection prevention and control (IPC) measures, and access to care for vulnerable families and children;
- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to support the agency’s emergency response to the pandemic in Gaza, the West Bank, Jordan, Lebanon and Syria; and
- World Organization of the Scout Movement (WOSM) to support youth engagement during the pandemic.

Global COVID-19 Strategy Pillar 3

- WHO to support unity studies designed to better characterize the global epidemiology of COVID-19 and to understand modes of transmission;
- WHO for its Global Research Roadmap and studies to enhance understanding of the characteristics of the virus and inform public health measures to limit its further spread; including therapeutic and vaccine solidarity trials;
- WHO to support health workforce intelligence for policy and investment decisions;
- WHO to support oxygen scale up project; and
- Coalition for Epidemic Preparedness Innovations (CEPI) for early support to research programs on potential vaccines.

Introduction

While progress was made, the COVID-19 pandemic continued to rage on with global cases topping 127 million during the reporting period. Surges were particularly high in the US, Brazil, India, Mexico and the UK. Studies also continue to assess the impact of new variants of the virus, including three particular variants of concern: B.1.1.7; B.1.351 and P.1.

The COVID-19 pandemic has clearly demonstrated that solidarity remains critical to stopping the spread of the virus. During the reporting period, the first doses of COVID-19 vaccines arrived in many low- and middle-income countries via the COVAX Facility. As rollout of COVID-19 vaccines continues, WHO, together with partners, continues to accelerate efforts to manufacture and equitably distribute COVID-19 vaccines, therapeutics and diagnostics globally, under the [Access to COVID-19 Tools \(ACT\) Accelerator](#).

The Fund remains the foremost way for companies, organizations and individuals to contribute to the essential work of WHO and its partners to help countries prevent, detect and respond to the global pandemic. By March 31, more than 662,000 [leading companies, foundations](#) and individuals from more than 190 countries had committed more than US\$242 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the lifesaving work of WHO and its partners. More than US\$3.35 million was received during the reporting period.

Between January 1 and March 31, the Fund continued to move flexible funding quickly to where it was most needed. During this period, the Fund allocated a total of \$14,712,980 to support urgent needs around the world.

The nature of the COVID-19 Solidarity Response Fund is to be catalytic, in light of the rapidly changing needs of a global pandemic. This has allowed the Fund to stimulate new lines of work as noted above, optimizing the speed of response. When earmarked or time-bound funding has arrived at WHO, predominantly from its Member States, the Fund's resources have been able to redeploy to new urgent needs.

The following pages illustrate the impact of flexible Fund contributions. Annex 1 provides details on allocation decisions and where Fund resources have been deployed for urgent needs.

On March 13, the one-year anniversary of the COVID-19 Solidarity Response Fund, the WHO Foundation joined the Fund as leading fiduciary partner. With the support of the WHO Foundation, the Solidarity Response Fund will now move into a new phase to help support COVID-19 response and recovery. The UN Foundation and other funding partners will remain engaged as fiduciary partners and will continue to support the Fund's important work.

COVID-19 Solidarity Response Fund Impact

Global COVID-19 Strategy Pillar 1: To ensure global and regional coordination of response efforts, including coordinated global supply chain management.



World Food Programme staff prepare shipments of gloves and other PPE.

PHOTO CREDIT: WORLD FOOD PROGRAMME

US\$2.6 million allocated for WHO's efforts to enhance the technical skills of Emergency Medical Teams that care for severely ill COVID-19 patients.

Frontline responders continue to require real-time training on how best to manage severe cases. The Emergency Medical Teams Regional Training and Simulation Center was established in Addis Ababa, Ethiopia to enhance the technical skills of Emergency Medical Team (EMT) members, and other clinical care management personnel, in the management of severely ill COVID-19 patients. This effort is also intended to enhance the capacity of national health systems in leading the activation and coordination of responses. This will also strengthen countries in the Africa region to support one another's emergency response when needed and foster knowledge sharing.

Three training courses were conducted during the reporting period. Building on the first EMT training, conducted in December 2020, these training sessions consolidated and strengthened a pool of qualified EMT personnel available for emergency deployment. The second training on Mass Casualty Management took place in February 2021, where clinical practitioners' skills were further honed. While the second training focused on clinical management, the group also aimed to establish overall coordination and referral mechanisms in the event of a mass casualty incident. In total, 87 participants from the Ethiopian Federal Ministry of Health and hospitals participated. An additional EMT Coordination Cell Training is planned for April 2021.

The center has also started putting infrastructure in place to allow frontline workers from selected countries throughout the African region to access simulation-based training, enabling longer-lasting skills acquisition and retention. Different training packages are being developed to cover various topics based on the experience gained within the EMT Network and gaps identified at the regional level. A series of country consultations will be conducted ahead of delivering the different simulation-based training models. These efforts have also helped accelerate broader surge capacity in the region.

US\$1.5 million allocated to WHO to support Lebanon Emergency Medical Teams.

Lebanon suffers from a quadruple crisis: hosting around 1 million displaced Syrians; socio-economic and monetary crisis starting end of the year 2019; the COVID-19 outbreak beginning in February 2020; and the Beirut port explosion on August 4, 2020 that destroyed substantial public infrastructure. The Ministry of Public Health initiated the case management of severe COVID-19 cases in public hospitals, quickly expanding from a few ICU beds in February 2020 to more than 275 ICU beds as of February 5, 2021.

In September 2020, and as part of strengthening COVID-19 care at public hospitals, support from the Fund helped establish a private/public twinning project, in close cooperation with the Ministry of Public Health (MOPH) and the Mediterranean Academy for Learning Health Systems (MEDALS). Eight university hospitals with COVID-19 ICU case management experience have started deploying ICU teams to eight of eleven enrolled public hospitals for a period of six months to strengthen quality of care. During the flare-up of the COVID-19 outbreak between January and February, and the series of roadblocks during the first two weeks of March, many of the university hospitals participating in the program had to be creative as they could not physically go and do bedside coaching in the public hospitals. Smart solutions were identified to continue transferring knowledge to public hospitals. This is a novel and innovative approach with national transfer of knowledge between private and public actors in the health sector. It is foreseen that the twinning project can serve as a catalyst to strengthen collaboration between private and public during crises.

US\$214,000 allocated for WHO's efforts to support the Management of Child Health and Development in Humanitarian Settings affected by COVID-19.

WHO has continued working with partners to adapt recommendations for managing child health during COVID-19, particularly for children living in humanitarian crisis settings. The Child Health in Emergencies Digital platform (CHED) project has continued to make progress over this reporting period. With support from the Fund, a clinical reference group has been established to review existing recommendations and tools for integrated management of childhood illness (IMCI), malnutrition, and newborn care.

During the reporting period, a series of consultations were also held with key partners to learn lessons from existing initiatives and digital solutions that provide clinical decision support in child health. These have informed the development of two open requests for proposals (RFPs), which have been launched to invite bids from vendors to develop the CHED digital platform and reference application.

Key milestones in the next period include finalization of the recommendations from the clinical reference group; selection of vendors from the high-level RFPs; and the launch of a change management strategy to engage with WHO and partners.

US\$791,000 allocated to WHO to provide guidance on managing mass gatherings during COVID-19.

Mass gatherings of any type have the potential to amplify the spread of COVID-19. In February 2020, WHO established the COVID-19 Mass Gatherings Cell within its Health Emergencies Programme. A review of mass gatherings data has indicated that while in the earliest phases of the pandemic most events were canceled, many are now proceeding based on a dedicated risk assessment. This follows the adoption by most Member States of the WHO recommendations. With Fund support, the technical recommendations of this expert group are now being translated into information products that can be widely used. In addition, tailored guidance and engagement efforts aimed at religious, social and other gatherings are being developed and shared widely.



World Health Organization staff visit at fixed COVID-19 testing site with Ministry of Health personnel in Jordan.

PHOTO CREDIT: WORLD HEALTH ORGANIZATION

US\$20 million allocated for the scale-up of WFP's global logistics distribution systems so essential supplies can reach those most in need.

WFP continued its vital work of delivering essential health and humanitarian supplies on a global scale, despite major supply chain disruptions caused by the pandemic. As of March 31, working with global partners, WFP dispatched 131,579 cubic meters of COVID-19 related items, particularly urgently needed PPE, to 162 countries.

In addition to supporting WHO and UNICEF on the delivery of vital supplies, WFP also facilitated transport on behalf of 72 other organizations, including non-governmental organizations (NGOs) and the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC).

As part of phase-out plans initiated during the previous reporting period, WFP accepted cargo movement requests through the [Emergency Services Marketplace](#) until October 31. As of March 31, the entirety of this cargo has been accounted for. All but two shipments have reached their final destination, with the final shipments to UNICEF and UNFPA/Yemen estimated to arrive in April 2021.

The review of the COVID-19 Supply Chain System (CSCS), commissioned by WHO as Co-Chair of the Supply Chain Task Force, has determined that more than half of over 4,500 deliveries and more than 60% of volumes transported were managed via the WFP hub and spoke system designed for the CSCS. The WFP transport service for cargo and passengers was noted by NGOs as a “game changer,” and they would not have been able to continue their programs without this support. Despite declining funding, WFP continues to try and accommodate partner requests for this vital logistical support to the best of its ability.

Global COVID-19 Strategy Pillar 2: To support vulnerable countries and communities that need help most.

US\$ 112.35 million allocated for the procurement and rapid distribution of essential medical supplies to countries needing them most.

PERSONAL PROTECTIVE EQUIPMENT (PPE) SHIPPED TO 154 COUNTRIES*

>> 198,747,426 medical masks	>> 6,970,179 gowns
>> 20,070,365 respirators	>> 38,580,340 gloves
>> 8,659,511 face shields	>> 1,566,287 goggles

** As of March 25, 2021. WHO has revised this figure from previous reports.*

The COVID-19 Supply Chain System (CSCS) continues to streamline supply requests at the country level, consolidating procurement efforts and delivering supplies globally through a single logistics network. Established by WHO and partners to manage the unprecedented global demand for medical supplies, the CSCS comprises a host of UN agencies, NGOs, and donor partners.

Through a WHO-coordinated procurement process, three purchasing consortia have procured PPE, diagnostics, and biomedical equipment for allocation to low- and middle-income countries facing the greatest challenges accessing markets for these essential healthcare supplies.

PPE

As of March 25, WHO deliveries of PPE – comprising medical masks, respirators, goggles, face shields, gowns and gloves – increased to more than 275.5 million pieces delivered to 154 countries.

Diagnostics

As of March 29, WHO has procured 34.5 million PCR tests and 13.5 million sample collection kits through the Diagnostics Consortium. Of these, 29 million diagnostic tests and 10.6 million sample collection kits have been shipped to 161 countries across all WHO regions. During the reporting period, a [Procurement for COVID-19 Diagnostics](#) guidance document was also developed to help countries make decisions about purchases of key diagnostic equipment.

Biomedical Supplies

Global demand for biomedical equipment remains steady. Through negotiations with key vendors, WHO has procured 16,573 oxygen concentrators, 29,151 pulse oximeters, 2,965 invasive and non-invasive patient ventilators, 4,649 patient monitors and other critical clinical care supplies for shipment to 120 countries.

During the reporting period, the biomedical equipment market was able to increase the production of oxygen therapy supplies including oxygen plants, patient ventilators, oxygen concentrators, oxygen cannula, pulse oximeters and other critical items for clinical care. However, long lead times for manufacturing continue to pose constraints on the market.

COVID-19 Supply Chain

While markets for PPE, PCR tests and medical oxygen equipment have begun to recover, supply chains remain vulnerable to potential manufacturing and transport shutdowns and restrictions. The COVID-19 supply chain network continues to face constraints in the availability of containers and ships, and continued international coordination and collaboration are critical to maintaining operations and delivering critical supplies.

Maintaining the CSCS has taken on an added dimension of complexity in 2021, given the emergence of first-generation COVID-19 vaccines that require cold-chain operation from production facilities to points of vaccine administration. UNICEF will be the lead UN agency coordinating the global shipment of vaccines for COVAX.

US\$4.87 million allocated to WHO to combat the “infodemic” of COVID-19-related misinformation.

- Infodemics, in digital and offline information environments, make it increasingly difficult to ensure that communities have accurate information about COVID-19. WHO’s **Epidemic and Pandemic Information for Communities Platform** under pilot development, is designed to facilitate information sharing and communication during epidemics and other high-impact public health events.
- WHO’s infodemic management team has also [worked to develop analytical approaches](#) to help identify narratives that are catching people’s attention in online conversations. As part of this work, WHO built a platform called [EARS, or the Early AI-supported Response with Social listening](#) tool, which aims to support health decision-makers with a real-time analysis of narratives happening in public online forums in multiple countries and languages.
- WHO is also working with partners to launch the Infodemic Observatory for COVID-19, currently in pilot development phase, to better understand the impact of an infodemic at global scale. Based on artificial intelligence techniques, data science and network science, the Observatory aims to provide a unique lens on the current status of misinformation and disinformation diffusing on Twitter.

US\$5 million allocated to WHO to accelerate contact tracing efforts around the world.

Contact tracing is central to preparedness and response to the COVID-19 pandemic. With Fund support, WHO has begun supporting implementation of enhanced contact tracing activities in multiple countries around the world.

- In the Americas, a Contact Tracing Knowledge Hub available on PAHO’s website is being developed to share all technical documents, training, communications materials and upcoming events related to contact tracing. A regional epidemiological dashboard is also being developed to help countries connect their surveillance and contact tracing systems in a consistent manner – generating invaluable data for decision making.
- In the European and the Eastern Mediterranean regions, case studies on contact tracing are being conducted in selected priority countries to better understand and document country-specific experiences with contact tracing. Sharing lessons learned, as well as tools and materials, will benefit other countries.

The project also recognizes that community engagement and ownership remain at the heart of a successful public health response, including contact tracing activities. With Fund support, many regions were able to make significant progress in this area, including:

- **Africa:** In partnership with the International Rescue Committee, WHO's Côte d'Ivoire office is preparing training sessions for the Abidjan region – where 95% of the country's COVID-19 cases are found. In Uganda, training tailored to decentralized health systems will be launched in eight health regions, representing 80 districts and 140 health sub-districts.
- **Americas:** The first workshop for contact tracing was organized in the Americas in February 2021. This workshop provided technical insights into analysis of contact tracing indicators and advanced epidemiological methods. The workshop was very well received by the countries and will be replicated in the next month.
- **Eastern Mediterranean region:** WHO regional office developed a comprehensive two-day training package focused on community-centred contact tracing for community health workers which will be adapted to the needs of individual countries. Afghanistan and Tunisia have submitted proposals to be part of the project, and other countries have shown interest as well (including Jordan, Lebanon, and Libya). The project is also working to strengthen youth commitment to the COVID-19 response involving organisations such as Scouts, Youth-Peer, and IFMSA. In an effort to strengthen country capacity, EMRO has signed a Memorandum of Understanding with the Ministry of Health of Jordan to enhance contact tracing activities which started in February 2021.
- **Europe:** WHO regional office developed a comprehensive training of trainers course to further leverage local capacity as core teams of trainers are then able to cascade training to others, including a training of 15 senior epidemiologists in Kyrgyzstan. Further training sessions are planned in Turkmenistan, Kazakhstan, Azerbaijan and in the Balkan countries.
- **South-East Asia:** WHO's Myanmar country office is developing community engagement materials for different transmission scenarios as well as TV/radio messaging designed for COVID-19 prevention, including contact tracing and self-reporting.

US\$1.9 million allocated to WHO to assist high-risk populations to quit tobacco use during the pandemic.

During the reporting period, the WHO Tobacco Control Team, in collaboration with the UN Interagency Task Force on NCDs and PATH (with support from the Coalition for Access to NCD Medicines and Products), established the Access Initiative for Quitting Tobacco (AIQT), providing rapid support to countries to help them deliver comprehensive tobacco cessation services during the COVID-19 pandemic. Fund contributions are currently supporting six priority countries (China, India, Jordan, Mexico, Philippines, and Timor-Leste).

Key results include:

- **China and Philippines:** mCessation projects in China and Philippines have reached the final stage of testing and are scheduled to launch in April or May 2021. India is also planning to relaunch and scale-up their mCessation project.
- **Jordan, India and Philippines:** supporting 15,000 smokers, including frontline health workers, people living with non-communicable diseases and refugees, to quit smoking. With Fund support, 30 cessation clinics with trained health professionals have started to distribute donated nicotine replacement therapies to people in need.

- **Mexico:** converting a national COVID-19 hotline into a toll-free tobacco quit line to support tobacco users. The quit line started to take calls from tobacco users for quitting beginning the first week of April. Five other countries (Jordan, Ethiopia, Nigeria, Iran and Timor-Leste) are taking actions to establish or strengthen their own national toll-free quit lines;
- **Timor-Leste:** started to establish three tobacco cessation clinics to serve as multi-functional tobacco cessation resource centers for the country;

The theme of WHO's year-long global campaign for World No Tobacco Day 2021 is Commit to Quit. The goal of the campaign is to provide 100 million people with quit support and have 7 million people successfully quit tobacco by the end of the year. Funds have been allocated to support 25 focus countries with communications materials for local, regional and national call-to-action campaigns.

Florence, the digital tobacco cessation support, continues to provide advice and online quit support. National quit lines are now available 24/7 in English, Spanish and French. Chinese, Russian, and Arabic versions will follow shortly.

US\$1.15 million allocated to WHO to support the UN COVID-19 Medical Evacuation Framework.

To protect the health of UN personnel, the UN Secretary-General called for the development of a COVID-19 Medical Evacuation (MEDEVAC) Framework covering all UN personnel and their eligible dependents. Since the activation of the COVID-19 MEDEVAC System in May, the MCU has processed 270 cases and evacuated patients from 33 UN agencies and 52 countries in WHO's African, Eastern Mediterranean, and South-East Asian regions. Patients have been evacuated to countries with higher-level facilities in South America, Africa, and Europe. This includes a new field hospital in Ghana with the capacity of 34 beds, and a new ward at Nairobi Hospital in Kenya to accept UN COVID-19 MEDEVAC patients. Between January and March 2021, the MCU received 108 MEDEVAC case requests and monitored 166 alerts.

US\$5.05 million allocated to WHO to support the Africa CDC, to strengthen the continent's response to the pandemic.

To protect the health of UN personnel, the UN Secretary-General called for the development of a COVID-19 Medical Evacuation (MEDEVAC) Framework covering all UN personnel and their eligible dependents. Since the activation of the COVID-19 MEDEVAC System in May, the MCU has processed 270 cases and evacuated patients from 33 UN agencies and 52 countries in WHO's African, Eastern Mediterranean, and South-East Asian regions. Patients have been evacuated to countries with higher-level facilities in South America, Africa, and Europe. This includes a new field hospital in Ghana with the capacity of 34 beds, and a new ward at Nairobi Hospital in Kenya to accept UN COVID-19 MEDEVAC patients. Between January and March 2021, the MCU received 108 MEDEVAC case requests and monitored 166 alerts.

Key results during the reporting period include:

- With support from partners, supplied 19.3 million antigen test kits to African countries;
- Published guidance on Safe Vaccination Administration in the Context of COVID-19 in Africa and trained trainers in collaboration with Project HOPE;

- Continued to support 17 countries with the implementation of serosurveys;
- Supporting development and implementation of the Trusted Travel Portal as part of the Saving Lives, Economies and Livelihoods Campaign. The portal is already being used by countries; and
- Conducted a training of trainers workshop on antigen testing for SARS-CoV-2 in coordination with the National Public Health Institute in Juba, South Sudan. To date, a total of 7,600 people have been trained on antigen testing across 17 African countries.

A no-cost extension was granted until the end of April 2021 to enable Africa CDC to implement remaining activities, including procurement of vital laboratory equipment for manufacturing of COVID-19 diagnostics; facilitating a risk communication champions program in 10 countries and supporting COVID-19-related clinical and operational research in Africa.



US\$3 million allocated to WHO to support the OpenWHO.org information sharing platform.

The OpenWHO.org platform is grounded in the principles of open access and equity. Courses are free, self-paced, accessible in low-bandwidth and offline formats, and available in national and local languages for easy use by frontline responders and the public in health emergencies. By the end of the reporting period, the platform reached 5.1 million enrollments and produced:

- 30 topical courses on COVID-19 based on WHO technical guidance;
- Courses in 50 different languages, for a total of 152 COVID-19 courses; and
- 8 scientific [peer-reviewed papers and posters](#) to further advance the science of learning and training during health emergencies.

Currently, translation into 13 additional languages is underway to reach the target of 60 languages on the platform by the end of 2021. In March alone, a total of 26 national language courses for low- and middle-income countries were translated and published so that the most disadvantaged and at-risk communities could access lifesaving information to protect themselves and their loved ones. The project is also on track to reach 6 million enrolments in 2021.

With support from the Fund, WHO also launched virtual interactive classes and virtual learning labs to train an initial cohort of 30 staff on leadership in emergencies. These tools are updated frequently to ensure access to the latest available information. A webinar series on COVID-19 response was launched earlier this year recording 4,500 participants in just the first three #LearningSavesLives webinars. New technologies have been introduced to build capacity for massive training responses during health threats like COVID-19, including a 360-degree virtual space, automated voice-overs and transcription for online courses.

Support from the Fund is enabling WHO's OpenWHO platform to ramp up real-time learning to the world's most vulnerable communities. Early in the reporting period, WHO launched an interactive webinar series that attracted 4,500 participants in just the first three #LearningSavesLives webinars.

\$435,000 allocated to WHO to support COVID-19 chatbots.

Many people are relying on their electronic devices to get up-to-date, lifesaving information on COVID-19. Since the pandemic began, WHO launched four platforms to help people access timely information in more than 26 languages, including in some of the most fragile countries. WHO has now reached over 18 million unique users to help protect themselves and their families from COVID-19 and vaccines.

Facebook Free Basics alone has reached more than 1.5 million people that aren't connected to the internet; helping WHO bring health information to hard-to-reach populations that need it most. The WHO WhatsApp service has now reached more than 14 million and expanded at the end of last year with a mental health information tool to support the increasing burden of mental health problems stemming from the pandemic. In March, the project launched a Quit Tobacco Challenge, as smoking puts people at higher risk for severe COVID-19.

The COVID-19 Viber and Facebook Messenger chatbots include the latest statistics and notifications that direct users to the latest news. A Viber community was launched to share further public health information and has now grown to over 600,000.

US\$5 million allocated to WHO to strengthen the engagement of civil society organizations in the COVID-19 response at national and local level.

Meaningful engagement with civil society as partners and decision-makers is imperative for ensuring readiness for health emergencies at the community level. With Fund support, WHO is collaborating with more than 60 frontline civil society organizations (CSOs) across all WHO regions and in 34 priority countries, to engage, enable, and empower CSOs in decision-making processes on COVID-19 response and mitigation at the community level, and to promote local ownership and global solidarity. The selected CSOs represent hard-to-reach and marginalized communities including children in distress, indigenous populations, persons with disabilities, informal domestic workers, women's and youth groups, migrants, refugees, social and ethnic minority groups, the elderly, stateless and undocumented people.

During the reporting period, supported CSO partners have focused on their efforts on risk communication, community-based infection prevention and control and case management, as well as community-based vaccination. An interactive learning and knowledge-sharing platform is under design in collaboration with the Open WHO. Mapping of CSOs is on-going in focus countries to enhance networking and alliances at local, national, and regional levels and to promote a harmonized approach to strengthening community-led readiness for emergencies.

WHO has also been collaborating with two regional CSOs, RIADIS, representing persons with disabilities in Latin America, and CADMEF, the association of deans of medical faculties of French-speaking African countries, to share lessons and strategies to best serve these communities.

Further implementation aims at promoting mechanisms of meaningful CSO engagement in decision-making, planning, monitoring, and accountability processes to strengthen community readiness and resilience in emergencies.

US\$7.5 million allocated to WHO to help mobilize communities and drive uptake of COVID-19 vaccines.

To increase acceptance and uptake of COVID-19 vaccination, WHO, UNICEF and IFRC, are working across a range of coordinated strategies centered on risk communications, community engagement (RCCE), and other behaviorally-informed strategies.

Important groundwork was laid during the first weeks of the reporting period, led by a global coordination team from IFRC, UNICEF, and WHO. In preparation to support the vaccine rollout, a package of [implementation guidance was published](#) in February 2021 (covering planning, data for action, community engagement, digital listening), and the [Collective Service RCCE knowledge hub](#) was recently launched. A document outlining the [10 steps to community readiness](#) was also published. All serve as key references to guide the work ahead, to ensure evidence-informed approaches, and to contribute to documenting and sharing learning and best practices. A particular focus has been to create the necessary linkages between community health platforms and humanitarian actors for delivery of vaccination.

The coordination team will continue to meet regularly to oversee the project, and updates on the scale-up of implementation will be outlined in the next report. It is expected that this will include initial findings from data-gathering activities, documentation of community engagement activities in priority countries, and publication of a toolkit to help increase vaccine uptake in health workers.

\$1 million to WHO to engage government lawyers and judicial officers on fundamental rights in the context of COVID-19.

The pandemic, and public health interventions to address it, have had profound implications for vulnerable groups. Successful and sustained collective action depends on an effective balancing of the rights and duties of government to protect health as compared to the rights of those affected by public health interventions.

In March 2021, WHO began developing a database of legal disputes in which public health interventions have been challenged on grounds that they violate fundamental rights. Building on this, WHO will support training of government lawyers, judges, and other groups. This will enhance uptake of WHO guidance, improve protection of vulnerable populations, and support proportionate public health interventions.

The project will improve decision making with regards to protection of vulnerable and at-risk populations to help limit marginalization, further promote social solidarity, and support positive community engagement and mobilization.

US\$10 million allocated to UNHCR to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19.

According to UNHCR’s Mid-Year Trends¹, more than 50 million individuals have been forcibly displaced within their countries’ borders. UNHCR, and other aid agencies have enhanced and diversified collaboration to improve basic services for as many people as possible across both host communities and displaced populations. UNHCR will continue to support the inclusion of people of concern into national health services and response plans and strategies—including COVID-19 vaccination plans—ensuring that the multi-faceted and far-reaching effects of the pandemic are addressed.

As the world continues to battle the pandemic, UNHCR is stepping up activities to protect refugees and displaced people by working with governments leading the COVID-19 response to ensure that people forced to flee are included in preparation and response plans.

UNHCR continues to deliver its protection mandate and is responding to the pandemic with support from the Fund, including by:

- Supporting national systems’ delivery of assistance to vulnerable communities;
- Providing mental health and psychological support to persons of concern;
- Delivering, adapting, and continuing protection and assistance for the most vulnerable;
- Prioritizing interventions that prevent infections through access to services and materials; and
- Advocating for the inclusion of refugees, internally displaced people, and other marginalized groups in national public health and other emergency responses.

UNHCR’s [response and interventions](#) in various countries around the globe offer a snapshot of how Fund contributions are being used to provide immediate support in emergency humanitarian field operations. UNHCR is also continuing to respond to long-term protection needs in these countries. Examples include:

Americas: UNHCR adopted a two-fold strategy aimed at providing immediate assistance for basic needs and protection, as well as promoting greater inclusion of vulnerable populations in the medium-to-long term. In January, with support from the Fund, UNHCR supported Brazil’s national health response by renovating infrastructure, distributing medical equipment and providing temporary housing structures for refugees living in crowded conditions. Overall, 128 temporary housing structures were provided to assist hospitals, clinics, UNHCR-supported shelters and local health authorities.

Djibouti: In Djibouti, UNHCR joined a national committee that will help identify populations eligible to receive the COVID-19 vaccine. With Fund support, UNHCR is working with government and local partners to advise on the needs of refugee communities, including vulnerable groups that should receive priority for vaccination.

¹<https://www.unhcr.org/news/press/2020/12/5f94a04/forced-displacement-passes-80-million-mid-2020-covid-19-tests-refugee-protection.html>

Jordan: Jordan has become one of the first countries to offer COVID-19 vaccines to refugees. Following the launch of the national COVID-19 vaccination campaign by the Jordanian Ministry of Health, UNHCR developed and has started to implement vaccination plans in Za'atari and Azraq camps to monitor vaccination activities and ensure fair and equitable access.

Kenya: COVID-19 sensitization campaigns took place in Kakuma camp and the Kalobeyei settlement where UNHCR WASH partners installed 35 billboards with messages on prevention of COVID-19 targeting camps and the host community. Eight facilitators from the Kalobeyei settlement were trained on community-led sanitation efforts, COVID-19 transmission and prevention, and sanitation and hygiene. House-to-house visits were conducted to sensitize and educate the community on construction, use, and maintenance of latrines, handwashing, and COVID-19 transmission and prevention.

Lebanon: With Fund support, 197 hospital beds and 67 intensive care unit (ICU) beds were installed and operational as of January 2021. UNHCR Lebanon is now working to fast-track the deployment of the remaining hospital/ICU beds to support hospital expansion plans.



A volunteer demonstrates of washing hands to Shifa, a community member outside a community toilet as part of the Flush The Virus (FTV) program during COVID-19 in M-East ward-Chembur, Mumbai, India.

PHOTO CREDIT: DHIRAJ SING / UNICEF

US\$10 million allocated to UNICEF for its COVID-19 work supporting vulnerable countries with access to evidence-based information, access to WASH and basic IPC measures, and access to care for vulnerable families and children.

Worldwide, through UNICEF's work, over 3 billion people (including approximately 1.53 billion women and girls and 810 million children) have been reached with COVID-19 messaging, while more than 425 million people have been engaged through risk communication and community engagement actions, and more than 106 million people have been reached with critical WASH supplies (including hygiene items) and services in 120 countries.

Throughout the pandemic, UNICEF and partners have also worked to improve IPC efforts through: training of frontline health workers in 75 countries – benefitting 4 million healthcare staff; provision of PPE and IPC supplies for health centers; and providing access to WASH services and supplies in public spaces where children and their families congregate.

Highlights from country program responses include:

Indonesia: UNICEF support helped operationalize new national COVID-19 protocols for WASH and IPC through training in six provinces, reaching 2,075 health care staff, community workers, and provincial and district officers.

Pakistan: With Fund support, staff and volunteers in Sindh province, Pakistan were trained on IPC and WASH to reduce transmission of COVID-19. Following this training, staff and volunteers rolled out RCCE interventions targeting women and children without access to mobile phones or media.

Romania: Half of the country's children live in rural areas where access to internet and mobile phones are extremely limited. When the pandemic hit, these children and their families had little access to information on how to remain healthy and safe. UNICEF developed and distributed risk prevention materials for children and parents across the country. With Fund support, UNICEF and the Romanian Post Office launched a partnership to provide information to vulnerable children and their families in Bacau and Brasov counties. Over one million leaflets, designed together with the Red Cross Romania, were disseminated since the start of the pandemic.

US\$5 million allocated to UNRWA to support COVID-19 response in Gaza, the West Bank, Jordan, Lebanon, and Syria.

During the reporting period, COVID-19 cases continued to increase in all UNRWA-supported areas. Jordan and Lebanon experienced a significant spike in cases during the first quarter of 2021, with cases doubling compared to the cumulative number of cases for all of 2020. With Fund support, UNRWA continued direct service provision of primary health care with 237,830 medical consultations provided through 140 UNRWA health centers in Jordan, Lebanon, Syria, Gaza and the West Bank.

As Fund support to UNRWA winds down, remaining funds were used to provide targeted support to Jordan and Lebanon:

Jordan: The Fund enabled UNRWA Jordan field office to employ additional staff to support the COVID-19 response and ensure that COVID-19 vaccines reach Palestinian refugees.

Lebanon: During the reporting period, 6,682 Palestine refugees living in Lebanon contracted COVID-19. With Fund support, UNRWA was able to support hospitalization costs for 66 refugees with severe COVID-19 cases. Cleaning materials such as sodium hypochlorite and PPE were procured to enhance IPC measures in UNRWA-supported health centers in Lebanon, and with technical support from WHO/EMRO, 224 frontline health workers and cleaners were trained in IPC.

US\$5.1 million allocated to WOSM, on behalf of Big Six Youth Organizations, to alleviate the pandemic's negative impacts on youth development and reinforce the positive contributions of young people in the pandemic response.

The Global Youth Mobilization is a groundbreaking initiative led by the Alliance of the Big Six Youth Organizations and the World Health Organization. The initiative is designed to enable youth organizations and partners to help alleviate the pandemic's negative impact on youth development and reinforce the positive contributions of young people in response to the pandemic.

Since January 2021, the Global Youth Mobilization has developed concrete strategies for engaging young people to alleviate negative impacts of the COVID-19 pandemic. These strategies include:

- **Grassroots activation for local solutions:** an open call to all young people to submit their solutions to the health and societal COVID-19 challenges. More than US\$2 million is available through small funding opportunities for young people and youth-led organizations to scale up the most effective ideas. The platform was launched at the Global Youth Summit in April 2021;
- **Driving national change:** activation of national networks of the Big 6 in response to the impact of COVID-19 on young people and their local community;
- **Global Youth Summit:** The Summit, designed to advocate for young people's needs and inspire young people to take an active part in pandemic recovery, enabled more than half a million young people to join through live broadcast via YouTube. It offered over 70 thematic sessions. The outcomes of the Summit will form the advocacy basis for the group's mobilization efforts, including national and regional editions of the Summit; and
- **Championing young people:** contributing to the personal and professional development of young people where formal and non-formal educational channels have been disrupted.

The project has also established partnerships with 40-plus partners to date to support the delivery of the Global Youth Summit but also to promote the call for local solutions. Partners include various UN agencies as well as NGOs ranging from global to local, grassroots levels. The Mobilization has been re-branded since its launch, with a [new website](#), and developed communications strategy, and in particular, social media strategy.

The Big Six have also initiated outreach to their national organizations to support their COVID-19 response activities (focused on community service) and re-activated the delivery of vital non-formal education programs to young people. The first projects are expected to be funded in the second quarter of 2021.

WHO Strategy Pillar 3: To accelerate work on vaccines, diagnostics, and therapeutics.



WHO staff look at current oxygen supply systems at a health center.

PHOTO CREDIT: WORLD HEALTH ORGANIZATION

US\$5 million allocated to WHO for its Global Research Roadmap.

WHO's Global Research Roadmap unites the global community around a common research agenda and a shared ambition to accelerate timely, adequate, affordable, and equitable access to any innovation and medical countermeasures for COVID-19. The initial rollout of limited quantities of unlicensed vaccines granted Emergency Use Authorization is providing hope that vaccination will soon contribute to controlling the pandemic; however, meeting global demand requires accelerating research and clinical trials on a wider set of promising vaccine candidates.

Vaccine Solidarity Trial

In support of the ACT Accelerator, the WHO-led Solidarity Vaccine Trial is helping to speed up the identification of additional and second generation COVID-19 vaccines to ensure equitable access worldwide. The trial aims to efficiently and rapidly (within 3–6 months of each vaccine's introduction into the study) evaluate the efficacy of multiple vaccines, helping to ensure that only effective vaccines are deployed. The ability to assess multiple vaccine candidates at once also helps determine whether particular vaccines have adverse effects not shared by other vaccines and facilitates regulatory and deployment decisions, including through the ACT Accelerator and COVAX facility.

As of April 2021, four vaccines have been selected for evaluation by the independent vaccine prioritization working group that is mandated to make recommendations to WHO on what candidate products to evaluate. While these candidate vaccines have yet to be formally announced, and agreements are still being negotiated between WHO and the manufacturers, everything is in place to start in two countries with at least 15 trial sites, and an anticipated enrolment rate of 200 patients per site per week.

Therapeutics Solidarity Trial

During the first quarter of 2021, the WHO Solidarity Therapeutics Trial prepared to rapidly evaluate new treatment options in Phase 2 clinical trials. After careful review, four new treatments have been recommended including Artesunate – a treatment used for severe malaria.

Future treatments in 2021 will involve the use of multiple agents, with some combinations targeting specific aspects of infection. The scale of this trial platform ensures that specific patient populations can be studied – a key goal is to identify what therapy works for which patient at which stage of the disease. Phase 2 of the therapeutics trial is expected to begin in April/May with an initial set of 30 countries that joined during Phase 1.

US\$3.21 million allocated to WHO for Unity Studies to characterize the global epidemiology of COVID-19.

The WHO Unity Studies are a globally coordinated effort to better characterize the global epidemiology of COVID-19. The results will help countries to understand the spread, severity, and spectrum of disease, identify risk factors for infection. The WHO Unity Studies can be adapted to local settings and implemented rapidly to collect robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

From December 2020 to end of March 2021, 15 more countries joined the Unity Studies, bringing the total number of countries implementing at least one study to 82. In total, 119 countries have expressed their intent to implement one of the studies, and over 185,000 tests are being distributed to 49 countries for use in these studies.

Technical and financial assistance to conduct Unity Studies supports low- and middle-income countries as they aim to collect robust data and offers an extended overview of the situation – allowing more effective public health and social measures to be put in place at all levels.

Key results include:

- Unity Study protocols were cited in multiple, peer-reviewed journals, indicating their usefulness. A total of 32 studies across low-, middle-, and high-income countries cited the Unity Study protocols in their scientific papers.
- On March 9, 2021, the first population-based SARS-CoV-2 prevalence study (using the Unity Study protocol) was published in Africa.
- In March 2021, WHO published a first-of-its kind, generic protocol to address new scientific questions, including vaccine effectiveness.

WHO is also supporting low- and middle-income study partners to publish their findings for wider sharing with the global community. Since January 2021, three additional scientific writing workshops took place across three regions, building on a first workshop in the European region during the previous reporting period. Due to high demand, additional workshops are being planned in AFRO and SEARO.

\$ 1.6 million allocated to WHO for health workforce intelligence to support policy and investment decisions.

This year marks the International Year of Health and Care Workers, recognizing the dedication and sacrifice of frontline health workers, and the profound impact the pandemic has had on health and care workers' lives and livelihoods. Increasing demands for services, and health workers' needs to rapidly adapt to new roles and tasks, must be accompanied by strong and dedicated efforts to protect and invest in the health workforce.

During the reporting period, a holistic framework on assessment of COVID-19 impact on health and care workers was published in the [Weekly Epidemiological Update](#) on March 30, 2021. It includes recent evidence on impact to health and care workers from stigma, discrimination, violence, lack of PPE, strikes, quarantine and self-isolation, and other difficult working conditions. WHO is also working to estimate the number of infections and deaths among health and care workers over the past year. WHO, working together with partners from government, academia, and civil society, is applying a scientific approach to protect and invest in health workers.

During the reporting period, WHO:

- Launched the pilot phase of the Workforce Intelligence from Open Sources (WIOS), building upon existing infrastructure and engaging Nanyang Technological University, Singapore, to apply best practice automated intelligence to evaluate global data;
- Convened the inaugural Steering Committee for the International Year of Health and Care Workers, bringing together diverse stakeholders to promote the Vaccine Equity Campaign and leverage stakeholder influence and networks to amplify the objectives reflected in the theme *Protect. Invest. Together*;
- The Data, Evidence and Knowledge team modeled health workforce requirements to deliver the 1.092 billion doses allocated to 90 countries covered by COVAX to assist the COVAX initiative and partner organizations like UNICEF in rollout planning. An estimated additional 218,000 health workers will need to be recruited, at a cost of US\$1.4 billion;
- In coordination with UNICEF and other partners, developed an evidence guide on the role of community health workers in vaccine rollout; and
- Nearing completion of Phase 1 data collection for case studies in close to 30 countries to assess the impact of COVID-19 on the health workforce, analyze countries' policy responses, and draw key lessons to inform policy makers. Phase 2 planning is underway for national workshops to present and validate the results, followed by broader experience sharing and documentation across 31 countries.

\$ 4.2 million allocated to WHO for oxygen scale-up project.

The COVID-19 pandemic has highlighted the lack of availability and accessibility of medical oxygen around the world, particularly in regions with limited resources and weak health systems. Oxygen therapy, in addition to corticosteroids, remains the cornerstone of treatments for severe and critical COVID-19, and saves lives. With Fund support, the oxygen scale-up project is providing technical assistance for rapid oxygen assessment and development of oxygen scale-up solutions in Benin, Cameroon, Chad, Eswatini, Guinea Bissau and South Sudan.

Support is being provided both remotely and in-person by a multidisciplinary team, and a series of technical webinars have been launched at regional levels focused on applying a step-by-step approach to oxygen scale-up. The oxygen scale-up project is also collaborating with the recently convened Emergency Oxygen Task Force and is leading the country support workstream that facilitates partner coordination. This work is also helping to set the standard for holistic scale-up of implementation at a global scale.

As part of emergency response, Fund support was also used to procure 80 urgently needed concentrators along with six months' worth of consumables for Ghana, Lesotho, Malawi and Namibia.



World Health Organization staff conduct a field contact tracing visit in Jordan.

PHOTO CREDIT: WORLD HEALTH ORGANIZATION

US\$10 million allocated to CEPI for vaccine development.

With the emergence of new, highly transmissible strains of COVID-19, it is vital that the global community continues to scale-up and scale-out production of successful vaccines to ensure that they are made available globally and equitably, without delay.

CEPI has accelerated the development and production of vaccines through investments in a broad portfolio that currently includes 11 candidates across four technology platforms. COVAX has enabled the [first deliveries](#) of vaccines to low- and middle-income countries within 12 weeks of their introduction in high-income countries and is on track to deliver at least 2 billion doses in 2021. As of March 29, COVAX had shipped over 32 million COVID-19 vaccines to 63 countries.

The unprecedented scaling up of vaccine manufacturing, from zero to billions of doses in record time, has led to shortages that are impacting the entire vaccine supply chain. In the past months [concerns about potential shortages, bottlenecks, and export bans](#) have become prominent, as they could hit the COVID-19 vaccine rollout, as well as supplies of other vaccines and medical products worldwide. In that context, with its COVAX partners, CEPI convened a Global [COVID-19 Vaccine Supply Chain & Manufacturing Summit](#) on March 8-9. The meeting aimed to kick start the dialogue to identify, understand, and discuss potential solutions for these supply chain challenges. All stakeholders agreed there is a need to expand capacity in a way that promotes equitable access and leaves no one behind.

With support from the Fund, CEPI has also expanded several important vaccine partnerships to develop additional vaccine candidates and expand manufacturing capacity around the world:

- [CEPI and University of Hong Kong](#) expanded their partnership to develop an intranasal COVID-19 vaccine candidate. This partnership builds on [CEPI's initial investment of \\$620,000](#) in March 2020, which supported preclinical testing of the vaccine candidate. Under the expanded partnership, CEPI will invest an additional US\$4.8 million to fund the production of clinical trial materials, as well as the investigation of mucosal immune responses during a Phase 1 trial of the vaccine candidate, which is being supported by the Government of Hong Kong.
- [CEPI and SK Bioscience](#) expanded their partnership to develop a vaccine against COVID-19 variants. Up to US\$14.2 million in funding will support development of a vaccine against COVID-19 variants of concern. The expanded partnership will also include up to an additional US\$12.5 million to scale-up manufacturing to hundreds of millions of doses.
- [CEPI and VBI Vaccines](#) now collaborate to advance vaccine candidates against COVID-19 variants. Up to US\$33 million in funding will support development of VBI's enveloped virus-like particle (eVLP) vaccine candidates against COVID-19 variants of concern.
- [CEPI and Dynavax Technologies Corporation](#) announced an agreement to support the supply of Dynavax's CpG 1018 vaccine adjuvant in 2021 for CEPI-funded COVID-19 vaccine development programs.

CEPI also launched a [five-year plan to tackle epidemics and pandemics](#), which includes an urgent program of vaccine research and development to strengthen our defenses against COVID-19. The focused research and development agenda aims to optimize our current vaccines, address variants of concern, and develop next-generation COVID-19 vaccines which are differentiated from those already in advanced development, which could therefore help to fight COVID-19 in the longer term. At a [launch event](#), support for the plan was expressed by the governments of Germany, Norway and Ethiopia; major philanthropies Wellcome Trust and the Bill and Melinda Gates Foundation; the World Economic Forum; global health institutions such as WHO, Gavi, and UNICEF; and industry partners.

The world must continue to invest in vaccine research and development—specifically next-generation vaccine candidates—to ensure we have the tools to meet the needs of all segments of all populations in all countries for the long term.

Looking Forward

With Fund support, WHO will support two new critical projects:

Global System for Sharing Biological Materials with Epidemic or Pandemic Potential: The WHO BioHub

The pandemic has underscored the importance of rapid and broad sharing of pathogen data for effective surveillance and timely development of response tools, including diagnostics and medical countermeasures. Currently a great deal of pathogen sharing is done bilaterally and on an ad hoc basis. Ideally, all pathogens with epidemic or pandemic potential should be rapidly shared with a trusted and transparent, global end-to-end system that works across laboratories and partners to quickly characterize, sequence, and carry out necessary and useful public health risk assessments. WHO proposes to establish such a system, including establishment of a WHO BioHub Facility, where Member States (MS) can voluntarily send their biological materials with epidemic or pandemic potential.

To date, progress was achieved in the areas of operationalization of the BioHub and MS engagement. With Fund support, discussions with Swiss authorities led to the signing of a Memorandum of Understanding to host the BioHub Facility at Spiez Laboratory with key activities planned for 2021. Other documents such as a Standard Material Transfer Agreement for non-commercial purposes and Terms of Reference for laboratories are in advanced draft form. One MS briefing took place and another one is being planned to be held on April 16. Bilateral engagements were also held with representatives of the United Kingdom, Italy, and the United States of America.

Delivering mental health support during the COVID-19 pandemic

The COVID-19 pandemic continues to have a severe impact on mental health. With Fund support, WHO is supporting two interventions: Step-by-Step and My Hero is You for global audiences. Step-by-Step is an evidence-based, WHO digital self-help intervention for adults and youth. The project will adapt Step-by-Step and develop an open-source digital platform for global use. In 2020, WHO and partners [released](#) My Hero is You, a storybook for 6–11-year-olds, explaining how to cope with stressors during COVID-19. It is available in 137 languages and [multiple formats](#). As COVID-19-related worries are changing, the project will create and promote a second, 2021 edition of this book. The project will involve international organizations, civil society organizations, and others in development of these interventions.

Updated Strategic Preparedness and Response Plan for COVID-19

As the pandemic has evolved, WHO has recently updated its global Strategic Preparedness and Response Plan (SPRP) to guide response efforts throughout 2021. Despite progress, much work remains. Contributions to the SRF continue to support emerging partnerships to scale up vaccination plans in the most vulnerable countries, the delivery of lifesaving supplies, and the guarantee of better infection prevention, strengthening surveillance systems and building trust within communities.

Key elements of the new SPRP include:

- **Suppressing transmission** through the implementation of effective and evidence-based public health and social measures;

- **Reducing exposure** by managing the infodemic, fighting disinformation and misinformation, and communicating with, engaging, and empowering communities to adopt risk-reducing behaviours and practice infection prevention and control;
- **Countering misinformation and disinformation** by building resilience through managing the infodemic, communicating with, engaging, and empowering communities, and by communicate risk and distilling science in a way that is accessible and appropriate to every community;
- **Protecting the most vulnerable** through vaccination by building vaccine acceptance; ensuring vaccine deployment readiness in all countries; and by communicating, implementing, and monitoring COVID-19 vaccination campaigns;
- **Reducing mortality and morbidity from all causes** by ensuring that COVID-19 cases are diagnosed early and given quality care; that clinical pathways are managed to ensure all patients receive quality care;
- **Accelerating equitable access to new COVID-19 tools** including vaccines, diagnostics and therapeutics, and supporting safe and rational allocation and implementation in all countries.

Future Fund reporting will align with the strategic pillars of the revised 2021 SPRP.

Annex 1

COVID-19 Solidarity Response Fund for the World Health Organization Contributions, Disbursements and Allocations

The COVID-19 Solidarity Response Fund for WHO was created at the request of WHO by the United Nations Foundation, in partnership with the Swiss Philanthropy Foundation. During its first phase, Transnational Giving Europe (TGE) Network, of which the Swiss Philanthropy Foundation is the Swiss representative, facilitated contributions from Europe, the UK and Canada. Other Fund fiduciary partners are the Japan Center for International Exchange, UNICEF, the WHO Foundation, and the China Population Welfare Foundation. WHO can receive contributions made in the name of the Fund directly from non-governmental organizations and foundations. In mid-March 2021, the WHO Foundation took over management of the Fund, and UNF transitioned to serving as a US-based fiduciary partner.

Funds Mobilized | January 1 – March 31, 2021

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$2,770,760
Swiss Philanthropy Foundation (including TGE affiliates) ²	\$1,128,704
Japan Center for International Exchange	\$65,269
UNICEF	\$0
China Population Welfare Foundation	\$26,867
World Health Organization	\$0
World Health Organization Foundation	\$96,334
Total	\$4,087,934

* Includes funds received

Cumulative Funds Mobilized | March 13 – March 31, 2021

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$190,392,988
Swiss Philanthropy Foundation (including TGE affiliates)	\$33,468,260
Japan Center for International Exchange	\$7,787,153
UNICEF	\$1,000,000
China Population Welfare Foundation	\$503,558.33
World Health Organization	\$10,086,497
World Health Organization Foundation	\$96,334
Total	\$243,334,791

* Includes funds received

²Transnational Giving Europe Network includes: in Austria, Stiftung Philanthropie Österreich; Belgium, King Baudouin Foundation; Bulgaria, Bcause; Croatia, Europska zaklada za filantropiju i društveni; Estonia, SA Avatud Eesti Fond; Germany, Stiftung Maecenata; Greece, HIGGS; Hungary, Kárpátok Alapítvány-Magyarország; Italy, Fondazione Lang Europe Onlus; Luxembourg, Fondation de Luxembourg; Romania, Fundatia Comunitara din Odorheiu Secuiesc; Slovenia, Skupnost Privatnih Zavodov; Spain, Fundación Empresa y Sociedad; and United Kingdom, Charities Aid Foundation. In Canada, Transnational Giving Europe has extended collaboration to KBF Canada.

Annex 1

Fund Disbursements By Beneficiary*

Beneficiary	By Month	Cumulative
	Jan 1 – Mar 31, 2021	Mar 13 – Mar 31, 2021
	Disbursements in USD	Disbursements in USD
World Health Organization	\$3,456,921	\$170,342,686
UNHCR, the UN Refugee Agency	\$0	\$10,000,000
World Food Programme	\$0	\$20,000,000
Coalition for Epidemic Preparedness Innovations	\$0	\$10,000,000
UNICEF	\$0	\$10,000,000
United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA)	\$0	\$4,993,683
World Organization of the Scout Movement	\$2,550,000	\$5,150,000
Total	\$6,006,921	\$230,486,368

* Disbursements represent funds transferred from Fund fiduciary partners to WHO and its partners.

Cumulative WHO Allocations March 13 – March 31, 2021 by WHO Strategy Pillar*

WHO Strategy Pillar	Allocations in USD
WHO Strategy Pillar 1: Ensure global and regional coordination of response efforts	\$25,104,988
WHO Strategy Pillar 2: Support vulnerable countries and communities that need help most	\$177,464,140
WHO Strategy Pillar 3: Accelerate work on vaccines, diagnostics and therapeutics	\$26,134,200
Total	\$228,703,328

* Allocations represent Fund disbursements plus 2/3 of firm pledges. WHO's Financial Rules and Regulations permit WHO to allocate funding based on both disbursements and 2/3 of firm pledges. WHO allocations are decided by a steering committee composed of WHO senior leadership based on health priority needs and in alignment with WHO's [global strategy](#).

Annex 2: Resources and Stories

Resources

- [COVID 19-Solidarity Response Fund for the World Health Organization](#)
- [World Health Organization COVID-19 webpage](#)
- [World Food Programme COVID-19 website](#)
- [UNICEF COVID-19 information centre](#)
- [Coalition for Epidemic Preparedness Innovations website](#)
- [UNHCR COVID-19 website](#)
- [UNWRA COVID-19 website](#)
- [Swiss Philanthropy Foundation COVID-19 Fund website](#)
- [UN Foundation COVID-19 Fund website](#)
- [World Organization of the Scout Movement COVID-19 website](#)

Stories

- [The COVID-19 Solidarity Response Fund Story](#)
- [COVID-19 and Conflict: A Deadly Combination](#)
- [UNICEF Supports Egypt's battle against COVID-19](#)
- [He was East Nusa Tenggara's first COVID-19 patient. Now he's a champion for immunization.](#)
- [In East Java, ventilators keep patients breathing as they fight COVID-19](#)
- [On the road: UNICEF Lebanon's Accelerated Immunization Activities targeting preventable diseases](#)
- [A Virus that Respects No Borders: Protecting Refugees and Migrants during COVID-19](#)
- [Inside the Mammoth Undertaking of Global Vaccine Distribution](#)
- [A Stitch in Time Saves Lives in Lebanon](#)
- [In COVID-19 Hot Spot, Iran, WHO Walks the Talk](#)
- [Syrian Refugees Build COVID-19 Quarantine Site in Jordan Camp](#)



Published by the United Nations Foundation on behalf of the
COVID-19 Solidarity Response Fund for the World Health Organization.