PHOTO CREDIT: FAUZAN IJAZAH/UNICEF

COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

October 1 – December 31, 2020

World Health Organization

UNITED NATIONS FOUNDATION

SWISS PHILANTHROPY Foundation

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A consignment of PPE arrives in Kakuma, Kenya via the WFP-managed United Nations Humanitarian Air Service.

PHOTO CREDIT: WORLD FOOD PROGRAMME

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UNRWA heath 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 fifth report of the COVID-19 Solidarity Response Fund for the World Health Organization (WHO) covers the period October 1 – December 31, 2020 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$3.1 million in new contributions and firm pledges. From the Fund's March 13, 2020 launch through December 31, 2020, more than 650,000 leading companies, organizations and individuals committed over US$239.2 million in flexible funding to support the WHO-led global response effort.

Between October 1 and December 31, at the direction of WHO, the Fund disbursed more than US$2.1 million to WHO, and US$2.6 million to the World Organization for the Scout Movement (WOSM), bringing total disbursements for the reporting period to WHO and its partners to US$4,765,933 million.

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 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;

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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; technical support to countries' efforts to design and stand up essential contact tracing programs; and for support to the development and 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 support medical evacuation (MEDEVAC) medical coordination and transport for COVID-19 patients;
- WHO to aid high-risk groups in quitting tobacco use during the pandemic;
- WHO to provide support to Lebanon Emergency Medical Teams;
- WHO to provide people open-source technical training to around the world with accessible information about COVID-19 and how to protect themselves - via the "Open WHO" platform;
- WHO to enhance civil society engagement in the COVID-19 response;
- 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 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;
- WHO to support therapeutic and vaccine solidarity trials;
- WHO to support unity studies designed to better characterize the global epidemiology of COVID-19 and to understand modes of transmission;
- WHO to convene analysis, discussions and training focused on addressing the spread of misinformation and disinformation around the COVID-19 pandemic and related medical advances; and
- Coalition for Epidemic Preparedness Innovations (CEPI) for early support to research programs on potential vaccines, including funding to support 11 COVID-19 vaccine candidates, with 10 in active development and 8 in clinical trials.

Introduction

The COVID-19 pandemic continued to rage on with global cases topping 50 million during the reporting period. Countries in all regions saw surges in cases, demonstrating that no country is safe until all are safe.

The COVID-19 pandemic has clearly demonstrated that solidarity will be the fastest tool to arrest the spread of the virus. Late in the reporting period, unprecedented scientific collaboration led to the emergency use authorization of the first safe and effective vaccine candidates for COVID-19. As roll-out of these vaccines begins, WHO, together with partners, continues to accelerate efforts to manufacture and equitably distribute COVID-19 vaccines, therapeutics and diagnostics globally, under the auspices of 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 December 31, more than 653,000 leading companies, foundations and individuals from more than 190 countries had committed more than US$239 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 million was received during the reporting period.

Between October 1 and December 31, the Fund continued to move flexible funding quickly to where it is most needed. During this period, the Fund allocated a total of $18,210,000 to support urgent needs around the world.

The nature of the COVID-19 Solidarity Response Fund is to be catalytic and fast, 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 able to be redeployed for additional urgent needs.

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.

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.

As COVID-19 is a new disease, front-line responders 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.

The first EMT training was conducted in Addis Ababa, Ethiopia in December 2020. The training helped consolidate and strengthen a pool of qualified EMT personnel available for emergency deployment. The course took a holistic approach covering effective team functioning, adaptation of health emergency practices and standard operating procedures for field settings, operational support, team welfare, safety and security. Additional training sessions are planned to take place over the coming months.

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. These recommendations will soon be made available to health workers that are managing COVID-19 and routine child health issues in humanitarian crisis settings via a user-friendly digital platform and mobile app. The new digital tools will allow WHO to rapidly disseminate the most recent guidance on children and COVID-19 to health workers, to deliver the most appropriate COVID-relevant care and to communicate accurate health messages to families and communities.

After the initial round of adaptations, the materials will all be available on an open-source platform and a mobile application. A prototype of these digital tools is expected to be ready for field testing by the end of 2021.

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. With Fund support, the technical recommendations of this expert group are now being translated into information products that can be widely used, including:

- Development of graphics, guidelines and other tools to help advise decision-makers on the management of COVID-19 during holiday gatherings, elections, and other in-person events;
- Design of case studies to document and share lessons around how different types of mass gatherings are being planned in the context of COVID-19, what safety measures are in place, what works well and what does not in terms of preventing transmission of the virus;
- Documenting the social, economic and psychological impact of COVID-19 on communities around the world to identify consequences that must be managed in the long-term and to prepare for the impacts of future pandemics; and
- Monitoring and evaluation of mass gatherings, including routine screening, compilation and analysis of key global information on mass gatherings in the context of COVID-19.

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

As part of strengthening COVID-19 care at public hospitals, the WHO Lebanon Country Office, has set in place a private/public twinning project in close cooperation with the Ministry of Public Health and the Mediterranean Academy for Learning Health Systems. The project was launched because of a critical shortage of intensive care unit (ICU) beds and the Ministry sought to more than double ICU bed capacity and improve quality of care.

During the reporting period, important partnerships were established with university hospital partners. Over the next six months, eight university hospitals with COVID-19 ICU case management experience will deploy ICU teams to strengthen quality of care at 11 public hospitals. For each public hospital, a specific plan will be developed including direct coaching, bed side training, and other targeted interventions to improve skills and capacities for ICU clinical care. 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.

In November 2020, after setting the framework of the project, six twinning pairs (one university hospital with one public hospital) have so far initiated their collaboration with technical support from WHO. A steering committee has been established, and experiences, obstacles, and successes throughout the project will be documented in a scientific manner to enable further development of similar projects globally in the future.

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 of work of delivering essential health and humanitarian supplies on a global scale, despite major supply chain disruptions caused by the pandemic. As of December 18, working with global partners, WFP dispatched 109,152 cubic meters of COVID-19 related items, particularly urgently needed PPE, to 160 countries.

In addition to supporting WHO and UNICEF on the delivery of vital supplies, WFP also facilitated transport on behalf of 48 other organizations, including non-governmental organizations (NGOs) and the International Committee of the Red Cross (ICRC) 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. These deadlines resulted in a significant increase in cargo requests in the month of October, approximately three times more than average as well as an increase in the volume of cargo, with over 25,000 cubic meters of supplies dispatched globally in November alone. The highest volume previously registered was approximately 18,000 cubic meters in August.

WFP expects that the last deliveries supported by the Fund will be completed in January 2021. The fluidity of the situation, as well as the need for additional funding, are hampering WFP's ability to meet the needs of partners. Some of the cargo essential for the response, while procured months ago, has only become available now due to market and logistics constraints faced globally. Governments and organizations that procured items at the height of the response did so with the understanding that transport would be provided by WFP free-to-user cargo services, and therefore, did not budget for transport costs.

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 152 COUNTRIES*

- **191,315,980** *medical masks*
- **18,932,965** *respirators*
- **8,429,631** *face shields*
- **5,270,679** *gowns*
- **30,800,125** *gloves*
- **1,408,007** *goggles*

** As of December 14, 2020. 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 pooled 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 health care supplies.

PPE

Between October 1 and December 31, WHO deliveries of PPE – comprising medical masks, respirators, goggles, face shields, gowns and gloves – increased to more than 250 million pieces delivered to 152 countries.

Diagnostics

Through the Diagnostics Consortium, WHO has procured (as of December 14) 27.9 million PCR tests and 13.1 million sample collection kits. Of these, 18.6 million PCR tests and 7.1 sample collection kits have been shipped to 162 countries across all WHO regions. As some suppliers are prioritizing demand from high-income countries, WHO and partners continue working to ensure that all countries have access to critical diagnostics.

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, 4,649 patient monitors and other critical clinical care supplies for shipment to 115 countries. During the reporting period, the biomedical equipment market was able to increase the production of oxygen therapy supplies including 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.

Matching supply and demand during this global health emergency requires continued coordination to ensure acquisition, equitable allocation, and transport of critical items. This challenge extends to the delivery of key therapeutics and vaccines for routine immunization and has extended to the initial delivery of approved COVID-19 vaccines.

COVID-19 Supply Chain

While the COVID-19 supply chain system has improved considerably since the early months of the pandemic, supply chains remain vulnerable to potential industrial and transport shutdowns, export restrictions and border closures in the face of continued high demand. The air transport market has regained some balance as more airlines resume network flights, convert passenger routes into cargo routes, and as more destinations come back online. WHO is working with countries to encourage longer-term viability of global response mechanisms to mitigate the impact of COVID-19 and future disease outbreaks on global supply chains.

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

The ways that information is shared rapidly across borders determines how we perceive information, share it with others, use it, give advice and ultimately how we behave to protect ourselves. Infodemics, in digital and offline information environments, make it increasingly difficulty to ensure that communities have accurate information about COVID-19.

During the reporting period, WHO convened six stakeholder discussions that brought together health authorities, scientists, media, technology partners, civil society, UN agencies and others to develop solutions to fight the infodemic. WHO also took additional steps to tackle the infodemic, including by:

- Collaborating with partners to develop open source COVID-19 misinformation fact checking tools engaging more than 200 active COVID-19 fact checking groups in over 40 languages;
- Launching the first WHO Design Lab where young leaders (doctors, nurses, graphic designers, students, communication specialists, animators, singers and others) from around the world are helping to transform WHO's technical guidance into innovative and engaging communication content, to reach audiences of different affiliations, geographies and languages; and
- Kicking off an Infodemic Management Training program for 270 trainees in November. Successful trainees will join an international roster of infodemic management experts that can be deployed globally.

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 and should be a key component of all national COVID-19 control strategies. It is particularly effective when implemented in early stages or low levels of transmission and within a framework of timely testing and early quarantine. Most countries were not prepared for the magnitude of cases and reaction speed required to effectively control COVID-19 early. The development and scaling-up of contact tracing operations has had to happen at unprecedented speed and magnitude and has been a widespread challenge. With Fund support, WHO is assisting countries with contact tracing packages, support for risk communication and community engagement and capacity building.

During the reporting period, WHO supported 27 countries or territories to strengthen contact tracing by:

- Providing support for COVID-19 surveillance, by deploying data management tools, including Go.Data, an outbreak investigation tool for field data collection during public health emergencies;
- Ensuring broad sensitization and community involvement in the planning and selection of contact tracing methodologies and as part of the contact tracing workforce; and

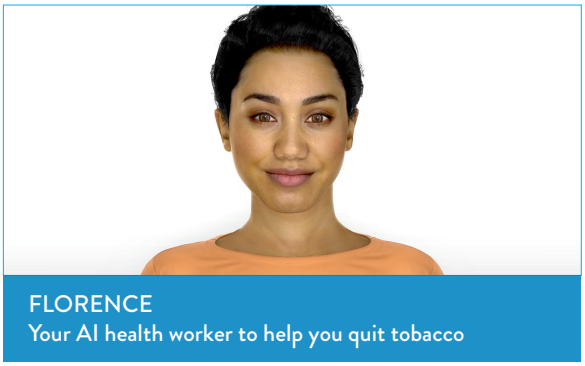
- Developing and updating tools, engaging training networks and programmes in adapting practical materials and the delivery of training to all people involved in contact tracing activities.

WHO is also leveraging the Global Outbreak Alert and Response Network (GOARN) to tailor contact tracing packages to the needs of specific countries and to exchange learnings on a bi-weekly basis.

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

Tobacco users are at higher risk of developing severe COVID-19, and many are trying to quit during the pandemic. However, the COVID-19 pandemic has disrupted the delivery of tobacco cessation support, including supplies of tobacco cessation medications in the majority of countries. Currently, around 780 million tobacco users globally want to quit; but due to COVID-19 related disruptions, only 30 percent have access to quality tobacco cessation services.

During the reporting period, the WHO Tobacco Control Team, in collaboration with the UN Interagency Task Force on Non-Communicable Diseases 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 through scaling up access to national toll-free quit lines, nicotine replacement therapy (NRT) and personalized digital support to those wanting to quit. Fund contributions are currently supporting six priority countries (China, India, Jordan, Mexico, Philippines, and Timor-Leste).



To help countries overcome disruptions, WHO also launched Florence, an AI health worker who is available 24/7 via video and text to help people freely access advice on how to quit and further access available tobacco cessation support in their country. Florence is available in all six UN languages and will be rolled out in 2021 to reach millions of tobacco users.

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. Patients with severe critical COVID-19 symptoms may require evacuation when local medical resources can no longer support their clinical needs. MEDEVACs are conducted on a case-by-case basis for COVID-19 confirmed patients in accordance with exiting and receiving country public health regulations.

The UN COVID-19 MEDEVAC Medical Coordination Unit (MCU) operates 24 hours a day, seven days a week and oversees the clinical and operational management of evacuations, identifies the receiving hospital, and coordinates ground and air ambulances with the Strategic Air Operations Centre (SAOC) Joint Aviation Team in Brindisi, Italy.

Since the activation of the COVID-19 MEDEVAC System in May, the MCU has evacuated patients from 28 UN agencies and 41 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 October and November 2020, the MCU provided 37 medical evacuations.

MEDEVAC flight preparation in Uganda.

PHOTO CREDIT: DR. DESTA TEFERI/WHO

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

To increase testing and reduce COVID-19 transmission throughout Africa, the African Union and the Africa CDC, in collaboration with UNICEF, are procuring and distributing infection prevention and control supplies, lab diagnostics and critical care equipment to support all African Union Member States.

In preparation for the roll-out of the COVID-19 vaccine in Africa, the Africa CDC also recently developed COVID-19 Vaccine Delivery Implementation Guidance.

The Africa CDC joined WHO's recently launched new alliance, the Africa Infodemic Response Alliance (AIRA), to coordinate actions and pool resources in combating misinformation around COVID-19 pandemic and other health emergencies in Africa. The network is the first initiative of its kind and it brings together 13 international and regional organizations and fact-checking groups, with expertise in data and behavioral science, epidemiology, research, digital health, and communications to detect, disrupt and counter damaging misinformation on public health issues in Africa.

The Africa CDC, in collaboration with the WHO Regional Office for Africa, also compiles regional input on a monthly basis to the COVID-19 Scientific and Public Health Policy Update, a preliminary summary of information detailing the latest developments in scientific knowledge and public health policy from around the world.

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 front-line responders and the public in health emergencies. In 2020, the platform reached 4.7 million enrollments and produced:

- 22 topical courses on COVID-19 based on WHO technical guidance;
- Courses in 44 different languages, for a total of 146 COVID-19 courses; and
- 6 scientific peer-reviewed papers and posters to further advance the science of learning and training during health emergencies

The online content is now available in 23 national languages so that the most disadvantaged communities can access lifesaving information to protect themselves and their loved ones from COVID-19.

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. The programme uses the OpenWHO platform and video conferencing technology so that participants can share learning with each other, access reference documents, and attend online classes with guest facilitators.

For the first time, real-time learning is a core element of the response to a health emergency. Support from the Fund is enabling WHO's OpenWHO platform to ramp up real-time learning to the world's most vulnerable communities.

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 diverse, front-line civil society organizations (CSOs) across all WHO regions and in 25 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.

During the reporting period, calls for proposals were announced to begin the process of selecting CSO partners. The project is designed to support CSOs in their efforts to strengthen community readiness and resilience for health emergencies, conduct community-based surveillance; facilitate contact tracing and home-based care; build trust and overcome vaccine hesitancy; leverage trusted community resources, such as primary care facilities, local authorities, influencers and religious leaders; address supply challenges; provide access to testing facilities; provide referral mechanisms for treatment centers; develop and disseminate materials on potential hazards and promote awareness and protective behaviors.

The project is being implemented in the priority countries of the WHO regions in close collaboration with UNICEF and IFRC, as well as major youth organizations such as chapters of the World Organization of the Scout Movement in the Middle East, and the network of persons with disabilities RIADIS in Latin America. The proposal is aligned with the Global Action Plan for Healthy Lives and Well-being for All to accelerate progress on the health-related SDG targets and UHC2030. Global, regional, and country

networks are being strengthened to promote partnerships and leverage other sources for capacity building on community readiness and resilience for health emergencies. More updates as the project continues implementation will be forthcoming in the next report.

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 Trends[1] , the number of people forcibly displaced around the world crossed the 80 million mark by mid-2020, with more than 50 million individuals forcibly displaced within their countries' borders. So far, governments, UNHCR, and other aid agencies have helped keep coronavirus transmission rates among refugees at similar levels as those in host communities.

As the world battles another wave of 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 to the most vulnerable;
- Prioritizing immediate interventions to 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:

Ethiopia Emergency/East Sudan: The ongoing conflict in Ethiopia has led to a humanitarian crisis, including for the Eritrean refugees who reside there, and with the arrival of some 50,000 Ethiopian refugees to Sudan in the last month. Efforts are being made to include COVID-19 precautions in the response to this new emergency such as temperature screenings at the entry point in Hamdayet. UNHCR also conducted awareness-raising sessions on COVID-19 prevention measures in Hamdayet, as well as safe water chain and food handling, and distributed informative leaflets in Tigrayan.

Europe: As countries prepare plans for vaccine rollouts in the coming weeks and months, UNHCR is advocating with governments across the region to ensure the equitable inclusion of refugees in national vaccination plans. The Greek Ministry of Health, for instance, has confirmed to UNHCR that displaced people will be included in COVID-19 vaccination campaigns once a vaccine is available.

[1] https://www.unhcr.org/news/press/2020/12/5fcf94a04/forced-displacement-passes-80-million-mid-2020-covid-19-tests-refugee-protection.html

Islamic Republic of Iran: In line with UNHCR's continued efforts to support the government of the Islamic Republic of Iran to strengthen the national health systems to which refugees have access, 13 portable ventilators (in addition to 66 ventilators which were previously procured) were imported and recently handed over to the government. These ventilators will be used in medical centers and hospitals in refugee-hosting provinces. This equipment is part of over 100 tons of medical equipment imported into the country by UNHCR since the beginning of the pandemic. Hygiene and sanitary kits were also provided.

UNICEF is supporting the Ministry of Health in Indonesia to develop guidance on delivering essential nutrition services for young children, adolescents, and mothers like Dini and her baby Abdullah, during the COVID-19 pandemic.

PHOTO CREDIT: FAUZAN IJAZAH/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 3.1 billion people have been reached with COVID-19 messaging, over 252 million people have been engaged on COVID-19 through risk communication and community engagement actions, and 92 million people have been reached with critical WASH supplies (including hygiene items) and services. UNICEF and partners trained 2.4 million health care providers in the detection, referral, and appropriate management of COVID-19 cases, and over 3.4 million health care facility staff and community health workers have been trained in IPC, including in schools. Highlights from country program responses include:

Democratic Republic of the Congo: In November, UNICEF provided critical WASH supplies (including hygiene items) and services to 208,835 people and personal protective equipment to 293 health care workers within health facilities and communities in Kinshasa and other affected provinces. UNICEF supported the training of 1,206 health care workers and community health workers on infection prevention and control and provided 53 new health facilities with essential WASH services.

Egypt: On October 2, the Ministry of Health and Population (MoHP) launched the Safe Re-opening of Schools campaign, jointly with the Ministry of Education and Technical Education (MoETE) in partnership with UNICEF and WHO. The campaign has four public service announcements (PSAs) that have been posted on UNICEF Egypt's digital platforms, reaching 4.6 million users and engaging with more than 176,000 users.

India: UNICEF developed streamlined e-modules and a digital application that reached 33 districts to train teachers on critical COVID-19 and WASH behaviors and help them benchmark their respective school's access to WASH facilities ahead of the annual WASH in Schools programming.

Indonesia: UNICEF has also collaborated with the Ministry of Health to roll out a series of Risk Communication and Community Engagement workshops to prepare 18,008 health staff for the COVID-19 vaccine introduction. In terms of youth engagement, the digital campaign #COVID19Diaries has provided a platform for young people to share their experience during COVID-19 and mobilize others to take action through stories, photos, videos, drawings, etc. So far, the campaign has reached 186 million people and engaged 5.6 million on social media through 1,490 submissions shared by young people.

Pakistan: Through existing alliances established to address polio and other efforts of the country's national health service, 410,881 religious leaders have been engaged and mobilized to promote the risk perception of the coronavirus, emphasize the importance of handwashing, use of masks and physical distancing as well as sensitizing religious leaders to the risks of COVID-19. The religious leaders use the information provided to talk to their followers during the Friday sermons and to make announcements in mosques with key preventive messages on COVID-19. During the reporting period a total of 410,881 mosque announcements were made. The religious leaders have been engaged in increasing risk perception related to COVID-19 and to promote both the polio immunization campaigns and Essential Immunization (EI).

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 spiked in all UNRWA-supported areas. By the end of December 2020, a total of 658,591 cases were reported across all UNRWA fields of operation. Of those, 35,103 cases were among Palestinian refugees. Prior to the pandemic, Palestine refugees were already amongst the most vulnerable communities in the Middle East, with many facing multifaceted crises. The surge in cases exacerbates the vulnerability of this group. Fund resources have played a major role in supporting UNRWA's COVID-19 response for 5.6 million Palestinian refugees.

With the support from the Fund, UNRWA managed to continue the direct service provision of primary health care delivered by 3,134 health workers at 141 health centers. From October to December 2020, a total of over 1.7 million medical consultations were provided through UNRWA health centers, directly serving more than 500,000 patients monthly. This includes lifesaving health care for 280,000 Palestine refugees with diabetes and hypertension, and 90,00 pregnant women for their antenatal care. Examples include:

Jordan: Primary health care continued to be available through 25 health centers. In light of surging cases in the country, UNRWA provided IPC training to its front-line health workers, with support from WHO and its Regional Office for the Eastern Mediterranean (EMRO), to enable staff to adhere to IPC measures and protect themselves and patients. PPE, hand washing supplies, and cleaning materials were provided throughout the reporting period to safely provide primary health care services and limiting infections.

Lebanon: 27 health centers continued to operate with 311 health workers. UNRWA was able to maintain these health services by hiring temporary staff to prevent complete health center closures in the event staff is found to be infected.

Syria: Telemedicine and helplines were established for medical consultations and other inquiries from Palestine refugees. Community awareness campaigns were also conducted through helplines by health workers to increase awareness about COVID-19 and reduce false information and myths about the pandemic.

Gaza: Telemedicine in Gaza benefits almost 5,000 patients daily, reducing the patient load physically present in the health centers while still maintaining primary health care services. In addition, health workers conduct home visits for patients who are vulnerable and cannot visit the centers.

West Bank: UNRWA maintained health services in 43 health centres while increasing ICP measures. All health workers at these facilities were provided with PPE and other IPC support. UNRWA also implemented and manage a rotation system for health staff to ensure continuity of services. Additionally, 112 daily paid health staff were recruited to continue vital health services.

US$2.6 million allocated to WOSM 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 for Generation Disrupted 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. In particular, the initiative also aims to shift the narrative from seeing young people as an obstacle in fighting COVID-19, to seeing them as allies that are using their talents, creativity and connectedness to make a positive difference. The initiative offers a unique opportunity to engage young people directly in implementing, scaling and replicating solutions to health and societal COVID-19 related challenges.

Since the inception of the initiative in October 2020, the Big Six have worked together with WHO to develop a detailed project proposal, outlining project activities and key deliverables, including:

- A call for solutions to the health and societal challenges arising from COVID-19, accompanied by a micro-grants scheme to support them and an accelerator program to further develop solutions that are scalable and replicable;
- A series of digital events dedicated to recognizing and celebrating the contributions that young people are making in response to COVID-19 and to inspire them to take further action;
- Launch of a global mobilization at national level for Big Six organizations, inspiring young people to support their local communities in COVID-19 response efforts through voluntary service; and
- A digital platform with relevant resources to advance young people's personal and professional development and support their efforts to advocate for the needs of young people in relation to COVID-19 response and recovery plans at local, national, regional and global level.

A Coordination Team has been established to manage the project, as well as a Project Board to provide strategic oversight and guidance (where WHO and UNF are members in observer capacity). Details about the project can be found on the Big Six website. The official launch took place on 14 December 2020, at a WHO press conference, after which it received endorsement from various United Nations agencies, as well as a number of high-profile global partners, brands and influencers. In the coming months, the project will initiate the call for local solutions, develop the global mobilization campaign for national organizations of the Big Six and will begin preparations for a Global Youth Summit.

Global COVID-19 Strategy Pillar 3: To accelerate work on vaccines, diagnostics and therapeutics.

PHOTO CREDIT: UNIVERSITY OF QUEENSLAND/CEPI

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 common ambition to accelerate timely, adequate, affordable, and equitable access to any innovation and medical countermeasures for COVID-19.

Therapeutics Solidarity Trial

In December, the interim results of the Therapeutics Solidarity Trial were released indicating that Remdesivir, Hydroxychloroquine, Lopinavir/Ritonavir and Interferon treatment regimens had little or no effect on 28-day mortality or the in-hospital course of COVID-19 among hospitalized patients. The full findings were published in the New England Journal of Medicine (NEJM) for 30 countries. The Solidarity Trial looked at the effects of these treatments on overall mortality, initiation of ventilation, and duration of hospital stay in hospitalized patients. Other uses of the drugs, for example in treatment of patients in the community or for prevention, were examined using different trials.

In January 2021, the global platform of the Solidarity Trial is getting ready to rapidly evaluate new treatment options. After careful considerations of newer antiviral drugs, immunomodulators and anti-SARS COV-2 monoclonal antibodies, Artesunate has been recommended as the next arm to include – a treatment used for severe malaria.

The progress achieved by the Solidarity Therapeutics Trial shows that large international trials are possible, even during a pandemic, and offers the promise of quickly and reliably answering critical public health questions concerning therapeutics.

Vaccine Solidarity Trial

Despite encouraging announcements of several vaccines with high short-term efficacy being granted Emergency Use Authorization in a growing number of high-income nations, the widespread availability of safe and effective vaccines with long-term protection against COVID-19 remains far from assured.

In response, WHO is supporting the WHO Solidarity Vaccines Trial, a global, multi-vaccine placebo-controlled [2] trial to rapidly evaluate the efficacy and safety of multiple vaccine candidates (within three to six months of each vaccine's introduction into the study). High enrollment rates facilitated by flexible trial design and hundreds of study sites in high-incidence locations will yield results on short-term efficacy for each vaccine within just a few months of including that vaccine. The assessments of safety in multi-vaccine trials can determine directly whether particular vaccines have adverse effects not shared by other vaccines. Lastly, the evaluation of multiple COVID-19 vaccines with standardised methodology will facilitate regulatory and deployment decisions including through the ACT Accelerator and COVAX facility.

Important groundwork was laid during the reporting period, including:

- Establishing a governance framework with three independent expert groups: a steering committee, a global data and safety monitoring committee, and a vaccine prioritization working group that decides on the selection of vaccines to include into the trial;
- Establishing a global implementation team that will operationalize the trial;
- Developing the core trial protocol, a handbook of standard operating procedures, training materials and field operational guides;
- Developing and testing technologies to provide the information systems needed for the trial;
- Selecting trial sites in the first two countries and supporting them to implement the trial safely and effectively; and
- Procuring essential equipment needed for trial sites.

In January 2021, everything will be in place to start at least 15 trial sites in two countries should begin with an anticipated enrollment rate of 200 patients per site per week. WHO is currently in discussions with an additional eight countries that are interested in participating.

[2] Placebo-Controlled Trials of Covid-19 Vaccines — Why We Still Need Them. WHO Ad Hoc Expert Group on the Next Steps for Covid-19 Vaccine Evaluation. New England Journal of Medicine. Perspective. December 2, 2020 DOI: 10.1056/NEJMp2033538.

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 transmission and for severe illness, and provide insights into the human body's immune response following infection.

From October to the beginning of December 2020, 17 more countries joined the Unity Studies, bringing the total number of countries implementing at least one study to 67. In total, 116 countries have expressed their intent to implement a WHO Unity Study. Over 181,530 tests are being distributed to 47 countries for use in these studies.

As of December 2020, 29 countries have reported results from one of the studies either publicly or directly to Ministries of Health and WHO, with more countries expected to provide results in the coming months. Initial results from the first population-based seroepidemiological studies conducted in low- and middle-income countries resulted in robust data and offered an extended overview of the situation in the respective countries. A more complete picture of SARS-CoV-2 infections at a population level across different regions provides a more accurate picture when compared with existing surveillance systems. A more complete picture enables more effective public health and social measures to be implemented at all levels.

WHO is also providing support to help countries publish their findings in a globally accessible manner. During the reporting period, a first workshop took place in the European region, and additional regional convenings are planned to start in January 2021.

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

On November 28, the Solidarity Response Fund allocated resources to help mobilize communities and drive uptake of COVID-19 vaccines. The project was jointly developed by WHO, UNICEF and IFRC. Funds are being used to support risk communication and community engagement (RCCE) strategies. In supported countries, these strategies are being implemented jointly by immunization focal points and RCCE focal points through a new partnership between WHO, UNICEF and IFRC called the Collective Service. The Collective Service aims to strengthen RCCE coordination and quality of practice during public health and other complex emergencies. Activities will also equip health professionals with communication strategies and information resources to support better conversations about vaccination.

The objectives and activities planned draw on evidence from adult and child vaccination programs, with a focus on strategies known to lead to high coverage and resilient programming. Underpinning the approach is the need to ensure equitable vaccination uptake and to place appropriate focus on underserved and marginalized groups. Many marginalized communities face complex challenges, including limited access to immunization services, health literacy and hampered interactions with health services more broadly.

US$10 million allocated to CEPI for vaccine development.

The level of progress in COVID-19 vaccine development is an extraordinary moment in the history of vaccinology and in public health more generally. In light of the emergence of new strains of COVID-19 with increased transmissibility, 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.

In less than 12 months since identification of the genetic sequence of SARS-CoV-2, the virus behind COVID-19, multiple vaccines—including University of Oxford/ AstraZeneca and Moderna vaccines which received funding from CEPI, as well as the Pfizer BioNTech vaccine—have been authorized for emergency use by Stringent Regulatory Authorities around the world. It is hoped that similar determinations for these vaccine candidates will be made by other regulatory authorities and for WHO Prequalification in the days and weeks ahead.

To date, CEPI has now provided funding to support multiple COVID-19 vaccine candidates, with 10 in active development and eight in clinical trials. New collaborations with Biological E Limited (based in India) and SK bioscience (based in South Korea) are now underway to develop additional vaccine candidates and manufacture capacity.

In December, COVAX—the global initiative co-led by CEPI, Gavi, the Vaccine Alliance, and WHO to ensure rapid and equitable access to COVID-19 vaccines for all countries, regardless of income level—announced that it had arrangements in place to access nearly two billion doses of COVID-19 vaccine candidates on behalf of 190 participating economies for populations at greatest risk. In addition to the new agreements, COVAX also has first right of refusal in 2021 to access potentially more than one billion doses of CEPI-supported COVID-19 vaccine candidates, subject to their clinical trial success and regulatory approval. The arrangements will enable all participating economies to have access to doses in the first half of 2021, with first deliveries anticipated to begin in the first quarter of 2021, contingent upon regulatory approvals and countries' readiness for delivery.

CEPI has also established a new taskforce with the Global Initiative on Sharing All Influenza Data (GISAID) Initiative, Public Health England, and the National Institute for Biological Standards and Control to further strengthen real-time global tracking and testing of SARS-CoV-2 sequences to evaluate their impact on vaccine candidates in development.

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. Despite the devastating crisis, this era in history will also be remembered for the incredible advances in vaccine technology, becoming one of the critical tools to bring the acute phase of the pandemic to an end.

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. Transnational Giving Europe (TGE) Network, of which the Swiss Philanthropy Foundation is the Swiss representative, facilitates 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.

Funds Mobilized | October 1 – December 31, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	$2,157,097.93
Swiss Philanthropy Foundation (including TGE affiliates)[3]	$779,623
Japan Center for International Exchange	$9,804
UNICEF	$0
China Population Welfare Foundation	$115,920
World Health Organization	$0
Total	**$3,062,446**

** Includes funds received plus written pledges during the time period specified.*

Cumulative Funds Mobilized | March 13 – December 31, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	$187,622,228
Swiss Philanthropy Foundation (including TGE affiliates)	$32,339,556
Japan Center for International Exchange	$7,721,885
UNICEF	$1,000,000
China Population Welfare Foundation	$476,692
World Health Organization	$10,086,497
Total	**$239,246,857**

** Includes funds received plus written pledges during the time period specified.*

[3] *Transnational Giving Europe Network includes: in Austria, Stiftung Philanthropie Österreich; Belgium, King Baudouin Foundation; Bulgaria, Bcause; Croatia, Europska zaklada za filantropiju i drustveni; 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*	By Month Oct 1 – Dec 31, 2020	Cumulative Mar 13 – Dec 31, 2020
Beneficiary	**Disbursements in USD**	**Disbursements in USD**
World Health Organization	$2,165,933	$166,921,326
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	$2,600,000	$2,600,000
Total	**$4,765,933**	**$224,515,009**

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

Cumulative WHO Allocations March 13 – December 31, 2020 by WHO Strategy Pillar*

WHO Strategy Pillar	Allocations in USD
WHO Strategy Pillar 1: Ensure global and regional coordination of response efforts	$23,604,988
WHO Strategy Pillar 2: Support vulnerable countries and communities that need help most	$175,223,140
WHO Strategy Pillar 3: Accelerate work on vaccines, diagnostics and therapeutics	$15,210,000
Total	**$214,038,128**

* 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
- World Organization of the Scout Movement COVID-19 website

Stories

- In COVID-19 hot spot, Iran, WHO walks the talk
- Syrian refugees build COVID-19 quarantine site in Jordan camp
- Expectant refugee mothers find solace in continued maternal health services during COVID-19
- Lessons learned from polio energize COVID-19 response in Pakistan
- Young refugees in South Sudan sing awareness about COVID-19
- WHO Director-General Dr. Tedros' Thank You to donors
- Kids' video diaries about life during COVID-19
- Child Poverty and COVID-19 in high income countries
- Collecting behavioral insights into COVID-19 in Pakistan
- Blue soap in Burundi helps millions protect themselves against COVID-19
- In Cote d'Ivoire, protecting children and young people on the move during COVID-19

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