# COVID-19 SOLIDARITY Response Fund

## Collective Action for a Safer World: Final Report

World Health Organization

WHO Foundation

UNITED NATIONS FOUNDATION

SWISS PHILANTHROPY Foundation

**“COVID-19 is an unprecedented pandemic requiring extraordinary global solidarity to urgently respond.”**

*Dr Tedros Adhanom Ghebreyesus, World Health Organization (WHO) Director-General, April 2020*

**“Communities everywhere are affected by COVID-19, and people want to contribute. This new fund creates space for people everywhere, together, to fight this virus.”**

*Elizabeth Cousens, United Nations Foundation President and CEO, March 2020*


WHO / Blink Media - Natalie Naccache

# Contents



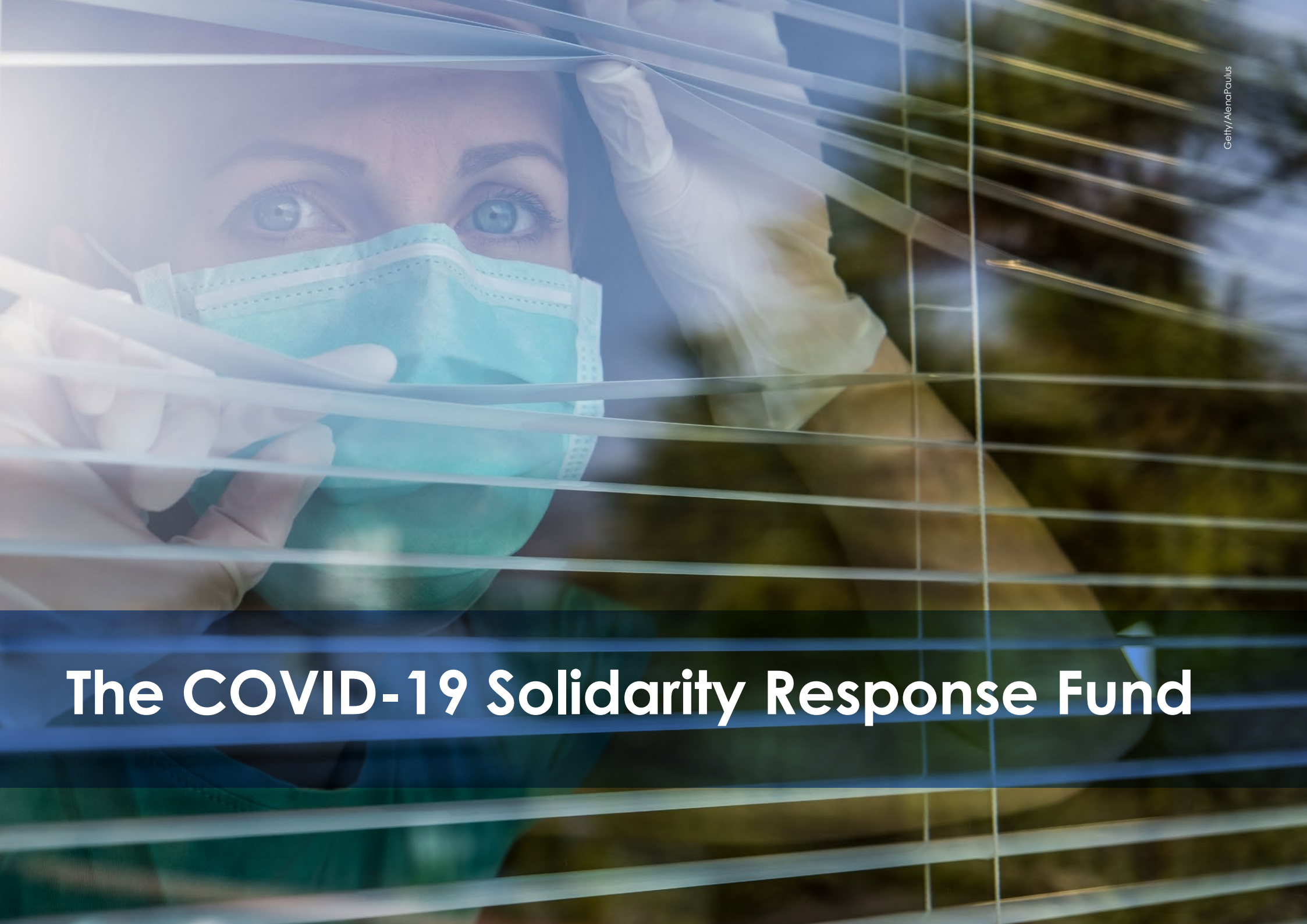
Front cover: WHO / Blink Media - Mustafa Saeed

# Abbreviations

| | |
|---|---|
| **Africa CDC** | Africa Centres for Disease Control and Prevention |
| **AI** | artificial intelligence |
| **CEPI** | The Coalition for Epidemic Preparedness Innovations |
| **CPWF** | China Population Welfare Foundation |
| **CHED** | Child Health in Emergencies Digital platform |
| **EARS** | Early AI-supported Response with Social Listening |
| **EIOS** | Epidemic Intelligence from Open Sources |
| **EMT** | Emergency Medical Teams |
| **FENSA** | WHO Framework of Engagement with Non-State Actors |
| **FIFA** | Fédération Internationale de Football Association |

| | |
|---|---|
| **GOARN** | Global Outbreak Alert and Response Network |
| **GYM** | Global Youth Mobilization |
| **IFRC** | International Federation of Red Cross and Red Crescent Societies |
| **IPC** | infection prevention and control |
| **JCIE** | Japan Center for International Exchange |
| **MEDEVAC** | UN COVID-19 Medical Evacuations Mechanism |
| **NBA** | National Basketball Association |
| **PPE** | personal protective equipment |
| **SPRP** | Strategic Preparedness and Response Plan |
| **SRF** | COVID-19 Solidarity Response Fund |

| | |
|---|---|
| **STEM** | science, technology, engineering, and mathematics |
| **UNHCR** | The UN Refugee Agency |
| **UNICEF** | United Nations Children's Fund |
| **UNRWA** | United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| **WOSM** | World Organization of the Scout Movement |
| **WASH** | water, sanitation, and hygiene |
| **WFP** | World Food Programme |
| **WHO** | World Health Organization |
| **YMCA** | Young Men's Christian Association |
| **YWCA** | Young Women's Christian Association |




# The COVID-19 Solidarity Response Fund

WHO/Christopher Black

**WHO Director General Dr Tedros Adhanom Ghebreyesus**

## About This Report

This report outlines the scale, agility, and achievements of the COVID-19 Solidarity Response Fund (SRF) for the period 13 March 2020 to 31 December 2021. It describes how this ground-breaking initiative strengthened local and global responses to the largest global health challenge for a century. And it highlights how the SRF can provide a blueprint for future funding for health.

## Collective Global Effort

On 30 January 2020, WHO declared COVID-19 a global public health emergency. This new virus was spreading at astonishing speed, quickly overwhelming local, national, and global health systems. All at once, governments and health agencies had to learn how this virus worked, track infections, implement public health measures, and acquire critical personal protective equipment (PPE) and respirators.

> To save lives worldwide, WHO had to act quickly, flexibly, and boldly.

Within six weeks, on 13 March 2020, the COVID-19 Solidarity Response Fund was launched as a unique way for individuals and businesses to support global efforts to address the pandemic.

Just two weeks later, the Fund, coordinated and led by WHO, had raised US$100 million. Over the following two years, the Fund raised more than **US$256 million**[1] from more than **675 000 contributors** and helped change the outcome of the pandemic.

1 Full amount raised: US$256 195 799.31

As the pandemic evolved, so did the Fund's activities. In the early phase, it gave WHO and other implementing partners the means to assist countries through training, guidance, research and resources to prevent and treat infections. Later, the Fund contributed to initiatives that delivered vaccines to low-income countries that would otherwise have missed out. Throughout the pandemic, the Fund supported up-to-date and accurate COVID-19 information to counter misinformation and disinformation.

Through rapid coordination, strong public-private partnerships, and widespread public support, the Fund exceeded expectations. It attracted and distributed significant, flexible funding that enabled WHO and its partners to mount a multi-year, agile and global response that prevented illness and saved countless people's lives.

When it declared COVID-19 a global public health emergency, WHO had no mechanism to allow non-traditional donors to contribute directly to its efforts. The WHO Foundation, which was to assume this responsibility, was yet to be operational. Thanks to the organizational power of the UN Foundation and the Swiss Philanthropy Foundation, the COVID-19 Solidarity Fund and a network of fiduciary partners was able to provide the first and only way for individuals, corporates, foundations, and other organizations to directly contribute to WHO and its partners' response efforts and get resources to where they were critically needed.

The Fund ceased fundraising on 31 December 2021. The final, comprehensive fund assessment was commissioned by WHO and UN Foundation, and published by the independent evaluators IOD Parc in December 2021.

WHO / Blink Media ñ Fabeha Monir

# Purpose

The Fund was designed to do two things quickly: mobilize private funding on a global scale to stay ahead of the threat and provide a nimble, responsive way to direct resources where they were needed most.

From March 2020 to March 2021, the UN Foundation acted as the primary fiduciary partner and main marketing and partnership-building engine for the Fund, in close collaboration with the Swiss Philanthropy Foundation and more than a dozen other fiduciary partners around the world. From March 2021 to December 2021, the WHO Foundation acted as the primary fiduciary partner of the COVID-19 Solidarity Response Fund. When the Fund ceased active fundraising at the end of 2021, the WHO Foundation took over the role of raising flexible funding from non-traditional donors to support WHO's global health efforts, including its ongoing work to tackle COVID-19.

# Objectives and Values

**The Fund's values:**

- International solidarity
- Transparency
- Accountability

**The Fund's objectives:**

The Fund's primary objective was to channel flexible financial support to priority public health interventions under WHO's Strategic Preparedness and Response Plan (SPRP), by filling critical gaps, addressing unmet needs and balancing the sometimes inequitable allocation of resources across populations.

The Fund wholly supported the the strategic objectives of the SPRP:

- **Suppress transmission of COVID-19** → detect and test cases, trace and quarantine contacts, shield high-risk groups
- **Manage the infodemic** → fight disinformation and misinformation
- **Protect vulnerable people** → maximize vaccine acceptance and deployment in all countries, including via a vaccination campaign
- **Save lives and reduce illness** → ensure quality care, train the health workforce, and give access to essential commodities.
- **Accelerate equitable access to new COVID-19 tools** → vaccines, diagnostics, and therapeutics in all countries

# Key Attributes of the Fund

- An agile platform that allowed a wide diversity of ways to give
- Fast disbursements of flexible funds that allowed WHO and partners to stay ahead of the response
- Partners that leveraged their mutual strength and comparative advantage to extend efficiency and effectiveness of the Fund
- Mutual accountability systems and common business practices that fostered alignment across all partners
- Allocation decisions by a Steering Committee led by WHO's Executive Director for Health Emergencies that ensured adherence to WHO's SPRP's highest priority needs
- Regular reporting to increase transparency to donors and accountability to impact.

# Independent Evaluation

In its independent evaluation of the COVID-19 Solidarity Response Fund, covering the period March 2020 to June 2021, the assessors IOD Parc found the Fund had significantly exceeded expectations in raising funds, and in its operational effectiveness and efficiency.

Assessors described the COVID-19 Solidarity Response Fund as being **highly relevant** in response to COVID-19, due to its close alignment with the WHO COVID-19 SPRP.

"The predominant niche and value add is the Fund's early initiation, clear targeting, flexible nature and the ability to fund activities quickly, focus on innovations and where gaps in funding were identified. Priority needs were addressed systematically." — UN Foundation-WHO | COVID-19 Solidarity Response Fund Joint Evaluation

The evaluation found that the Solidarity Response Fund was **highly effective** in terms of the Fund's overall resource mobilization, effective in delivery against its key performance indicators (KPIs), and **highly efficient** in terms of its management and function.

It identified factors that contributed to the Fund's success:

- Speed of initiation and implementation, flexibility, and responsiveness to need
- Structures and processes for funding decision-making established early
- A comprehensive Playbook including specific guidelines, guidance, and criteria
- Fostering strategic partnerships that complemented the respective strengths of the organizations and businesses involved
- Careful planning and execution of adaptive management, and ensuring that surge capacity was made available early in the emergency funding cycle.

Evaluators also recommended that future funds should apply a gender, equity and human rights lens from the outset, and establish a theory of change to measure the success of outcomes during and beyond the life cycle of the grant.

For more information see: IOD PARC (2021) *UN Foundation-WHO COVID-19 Solidarity Response Fund Joint Evaluation*

WHO / Blink Media - Hannah Reyes Morales

# Solidarity Partners

## Many Parts and One Purpose

WHO / Ismail Taxta

This section of the report outlines how organizations, businesses, and other influencers supported the Fund. Widespread support helped to broaden and deepen the Fund's global reach and impact.

## WHO's Role

Together with its convening power in leading the fight against COVID-19, WHO determined the allocation of funds. The WHO Director-General appointed a WHO Steering Committee composed of members of WHO senior leadership to make allocation decisions regularly, based on health priority needs, in alignment with the SPRP.

WHO acted as a **beneficiary partner**, receiving funds from fiduciary partners, and as a **fiduciary partner** for select philanthropic foundations and NGOs wanting to contribute to the Fund's objectives. It remained responsible for managing donations from traditional contributors, such as Member States, philanthropic foundations, NGOs, and multilateral financial institutions that can donate directly to WHO. WHO also provided grants to other beneficiary partners.

## Implementing Organizations (Beneficiary Partners)

Beneficiary partners implemented projects in their respective areas of expertise and were accountable for the funds they received.

- Africa Centres for Disease Control and Prevention (Africa CDC)
- Coalition for Epidemic Preparedness Innovations (CEPI)
- UNHCR
- UNICEF
- UNRWA
- WFP
- World Organization of the Scout Movement on behalf of the Global Youth Movement (GYM), representing the Big6 Youth Organizations (Scouts, YMCA, Girl Guides, YWCA, IRFC and the Duke of Edinburgh's Award)

## Fiduciary Partners

A network of fiduciary partners was responsible for fundraising, and a legal agreement with WHO defined the rules for fundraising. Major contributors had a legal agreement with fiduciary partners to process their donations.

The UN Foundation designed the COVID-19 Solidarity Response Fund's overall approach, key messages, and business functions. In its formative pre-launch and immediate post-launch phase, the Fund's day-to-day operational planning and decision-making were carried out jointly between WHO and the UN Foundation, with the support of the Swiss Philanthropy Foundation.

**United Nations Foundation** primary fiduciary partner

**Swiss Philanthropy Foundation** primary fiduciary partner, including Transnational Giving Europe Network[2]

**China Population Welfare Foundation** (CPWF)

**Japan Center for International Exchange** (JCIE)

**World Health Organization**

**WHO Foundation** (primary fiduciary partner March to December 2021)

2 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, Fundația 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.

WHO / Blink Media - Uma Bista


## Amplifiers

Several organizations raised awareness about the Fund and key public health guidance through their channels and networks. These advocates included:

- Existing WHO partners such as the Fédération Internationale de Football Association (FIFA) and Global Citizen (including its celebrity ambassadors), as well as beneficiary partners, UNICEF, and UNHCR
- Media companies such as Facebook, WhatsApp, Now This, Vice, and Upworthy
- International business associations, including the World Economic Forum, the International Chamber of Commerce, the International Organization of Employers, the UN Global Compact, and the Connecting Business Initiative
- Athletes via sporting associations such as FIFA and the National Basketball Association (NBA), and Gen-Z influencers through platforms like Twitch, YouTube, and TikTok.

A broad range of engagement approaches helped to mobilize resources for the Fund:

- Amplifier events, such as Twitch Stream Aid, the One World: Together at Home concert and SHEIN Together: A global streaming event benefiting the COVID-19 Solidarity Response Fund, featuring Katy Perry, Lil Nas X, Rita Ora and Doja Cat
- Content featuring online influencers
- Online giving campaigns, such as Facebook Giving, Tencent Public Welfare, and via online gaming platforms.

## Donation Platforms

The Fund actively sought to partner with several donation platforms, each linked to a fiduciary partner, to increase its visibility and reach. Donation platforms included: Facebook Fundraisers, Tiltify (well known for in-app donations for the gaming community and other digital companies), Benevity (a common vendor that manages employee giving programs), Google Pay, Amazon Pay, and Text to Give.

## Corporate Support

Some businesses created pathways for individuals to contribute to the Fund.

- Target Giving Circle allowed customers to add donations when making online purchases
- Adidas, Ralph Lauren, and Spotify donated a percentage of sales or proceeds to the Fund
- More than 50 companies ran employee-giving campaigns to support the Fund, with many matching their employees' contributions. The marketing and promotion of these initiatives helped to raise awareness of the Fund, likely leading to additional indirect donations.


WHO / Billy Miaron


# The Fund's Milestones

# Key Events and Fund Milestones

2020

**30 January:**

WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern.

**13 March:**

WHO, UN Foundation and Swiss Philanthropy Foundation officially launched the COVID-19 Solidarity Response Fund.

**18 March:**

WHO and partners launched the Solidarity Trial, an international clinical trial to find the most effective treatments for COVID-19.

**27 March:**

The Fund surpassed US$100 million in donations, thanks to support from more than 200,000 donors — including individuals, companies, and philanthropies.

**8 April:**

COVID-19 Supply Chain Task Force launched.

The Fund made its first allocation — US$114.9 milion — to distribute vital supplies, strengthen healthcare, and accelerate vaccine research and development.

**14 April:**

With support from the Fund, the first Solidarity Flight took off for Africa, delivering supplies to protect health workers and treat more than 30 000 patients.

**mid-April:**

The Fund made its first weekly disbursement. The frequent cadence helped rapidly meet evolving needs.

# 2020

**18 April:**

The Fund hit a new milestone: over US$200 million raised through donations from 270,000 individuals and more than 100 companies and organizations.

**27 May:**

The WHO Foundation launched, becoming a Fund fiduciary partner in June.

**7 July:**

The Fund disbursed US$4.9 million to address the global infodemic.

**28 September:**

WHO and its partners collaborated to make 120 million COVID-19 rapid tests available for low- and middle-income countries.

**20 November:**

By this date, the Fund had allocated US$219 million to initiatives, including infodemic management, medical coordination, vaccine acceleration and vital equipment.

**15 December:**

The early AI-supported Response with Social Listening (EARS) project launched to track online COVID-19-related discussions in 30 countries and help counter the infodemic.

# 2021

**March:**

OpenWHO published 26 national language courses for low- and middle-income countries so that people could access free, life-saving information.

**13 March:**

The Fund marked its first anniversary. Also on this day, WHO Foundation became the primary fiduciary partner of the Fund.

**29 March:**

29 million diagnostic tests and 10.6 million sample collection kits were shipped to 161 countries across all WHO regions.

**31 March:**

In just over a year, the Fund hit a new milestone – more than US$243 million raised from over 662,000 donors, including companies, organizations, and individuals.

**30 April:**

The Emergency Medical Team Regional Training Center was launched, focusing on East Africa. Over 800 health personnel in Ethiopia completed webinar training.

# 2021

**23-25 April:**

With support from the COVID-19 Soldarity Response Fund, the virtual Global Youth Movement convened a Global Youth Summit to discuss the needs of young people in the context of COVID-19. More than 150 countries were represented.

**11 August:**

WHO announced the Solidarity PLUS Trial to test three new drugs to treat COVID-19 in 52 countries.

**1 September:**

The WHO Hub for Pandemic and Epidemic Intelligence launched, to better detect and respond to future health emergencies.

**30 December:**

By this date, 18 countries had received support from Emergency Medical Team partners, and nearly 5 000 healthcare personnel had been trained in managing severe and critical COVID-19 cases.

**31 December:**

The COVID-19 Solidarity Response Fund officially ceased fundraising.

# 2022

**3 February:**

WHO UNITY Studies Collaborator Group published the largest-ever systematic review of SARS-CoV-2 seroprevalence studies. It showed infections of COVID-19 globally far exceeded reported cases.


# Many Initiatives, One Aim

The Fund enabled WHO and its partners to save lives by addressing multiple aspects of the COVID-19 pandemic, from coordinating responses, dispatching essential supplies, and bolstering medical research to protecting vulnerable groups and countering misinformation.

### Pillar 1. Coordination, Planning, Financing, and Monitoring

- Enhance the technical skills of Emergency Medical Teams, especially in Africa, to care for critically ill patients
- Provide support to Lebanon Emergency Medical Teams
- Develop guidelines on the Management of Child Health and Development in Humanitarian Settings affected by COVID-19
- Provide support to countries in managing mass gatherings during COVID-19
- Scale-up global logistics distribution systems so essential supplies can reach those most in need.

### Pillar 2. Risk Communication, Community Engagement, and Infodemic Management

- Procure and distribute essential medical supplies, including PPE, testing kits and biomedical equipment
- Combat the rising infodemic of COVID-19-related misinformation


WHO / Ajay Maharjan


WHO / Blink Media - Nadège Mazars

- Provide technical support to countries' efforts to design and stand up essential contact tracing programs
- Aid high-risk groups in quitting tobacco use during the pandemic
- Support the implementation of the medical evacuation framework for United Nations personnel and eligible dependents
- Strengthen the African continent's response to the pandemic, including priority support for women and children
- Provide open-source technical training via the Open WHO platform
- Support COVID-19 chatbots
- Enhance civil society engagement in the COVID-19 response
- Mobilize communities and drive COVID-19 vaccine uptake
- Support engaging government lawyers and judicial officers on fundamental rights in the context of COVID-19
- Help ensure that forcibly displaced people access the services they need to stay safe from COVID-19

- Support 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

- Support the emergency response to the pandemic in Gaza, the West Bank, Jordan, Lebanon, and Syria

- Support youth engagement during the pandemic.

### Pillar 3. Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health and Social Measures

- Support Unity Studies designed to better characterize the global epidemiology of COVID-19, and to understand modes of transmission

- Undertake a 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

- Build and strengthen public health intelligence capacity in Member States through Epidemic Intelligence from Open Sources (EIOS) adoption and automated threat detection

- Produce an R&D blueprint including vaccine solidarity trials


WHO / Blink Media - Chiara Luxardo

- Support health workforce intelligence for policy and investment decisions
- The WHO Oxygen Scale Up project to bring oxygen therapy to patients in need
- Early support to research programs on potential vaccines.

### Pillar 5. Laboratories and Diagnostics

- Global System for Sharing Biological Materials with Epidemic or Pandemic Potential via the WHO BioHub.

### Pillar 9. Maintaining Essential Health Services and Systems

- Support the delivery of mental health support during the COVID-19 pandemic.

### Pillar 10. Supporting the Vaccine Rollout

- Including in low-capacity and humanitarian contexts.


WHO / Blink Media - Saiyna Bashir

# Spotlight on Solidarity Responses

## A Selection of Impact Stories and Insights

WHO / Blink Media - Hannah Reyes Morales

# PLANNING FOR SOLIDARITY

*Pillar 1 (Coordination, Planning, Financing, and Monitoring)*

## Protecting the Protectors

> "We have seen time and again our health workers fall victim to infectious diseases as they work in hospitals and sometimes pass away. This is unacceptable."
>
> *Dr Matshidiso Moeti, WHO Regional Director for Africa*[3]

Global supply chains collapsed as trade restrictions, border closures, hoarding of medical supplies, and export bans took effect. This left health workers short of protective equipment, diagnostics, and basic infection control measures at a time when global demand was unprecedented.

The Fund enabled WHO and World Food Programme to supply member states with Personal Protective Equipment (PPE) and biomedical, diagnostic, and therapeutic equipment as members of the UN's COVID-19 Supply Chain Task Force. On 14 April 2020, the first COVID-19 Solidarity Flight transported vital medical cargo to countries on the African continent, where supplies were in great demand, especially in densely populated camps for displaced people.

3 African Union/WHO/WFP News Release February 2020

The cargo included 1 million face masks, gloves, goggles, gowns, and medical aprons – enough to protect the health workers treating more than 30 000 COVID-19 patients. The overall supply chain was managed from response hubs in Guangzhou (China), Liege (Belgium), Dubai (United Arab Emirates), and five regional staging areas in Accra (Ghana), Addis Ababa (Ethiopia), Kuala Lumpur (Malaysia), Panama City (Panama), and Johannesburg (South Africa).

**WHO** acted as technical lead and gave expert purchasing advice on the effectiveness of diagnostic tests and other protective and medical equipment.

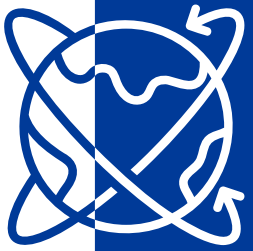
**WFP** coordinated logistics, including establishing air routes and global distribution hubs and chartering aircraft, to distribute:

- 203 192 426 medical masks
- 29 151 765 respirators
- 9 884 879 gowns
- 9 102 511 face shields
- 77 646 940 gloves
- 1 816 527 goggles

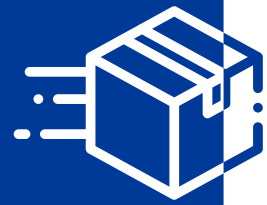
The supply chain initiative began as an innovative solution to an emergency; it has since been adopted as a permanent supply chain system, demonstrating the robustness and sustainability of the initiative.

## Emergency Reinforcements

Overwhelmingly high numbers of patients and high levels of staff sickness put hospitals and other health services worldwide under enormous strain during the pandemic.



**By December 2021, at the close of the Fund, WHO had procured over US$578 million of essential supplies, and WFP had shipped them to 170 countries**



**In low- and middle-income countries, 50% of PPE and diagnostics came from the UN's COVID-19 Supply Chain Task Force, primarily funded by the COVID-19 Solidarity Response Fund**


WHO / Booming - Carlos Cesar

To reinforce healthcare provision, WHO established the Emergency Medical Teams (EMT) Regional Training and Simulation Center in Addis Ababa, Ethiopia, to train EMT members and other healthcare workers to manage severely ill COVID-19 patients from all over Africa without placing additional burdens on national health systems.

These health professionals, which include doctors, nurses, and paramedics, treat patients affected by an emergency or natural disaster. Assembled from governments, charities, NGOs, militaries, and international organizations, these teams work to comply with the minimum standards WHO and its partners set out. They are trained to care for sudden disease outbreaks, including cholera, Ebola, and COVID-19.

By June 2021, 120 international and 1000 national EMTs had been deployed.

## Containing the Spread of the Virus

Before the development of effective treatments and vaccines, containing the spread of COVID-19 was the best way to limit harm and save lives.

**Contact tracing** – rapidly identifying people exposed to COVID-19 and urging them to self-isolate – was effective when the transmission was low, combined with timely testing and early quarantine. This formed a core part of WHO's guidance to national governments and WHO's efforts to support populations at exceptionally high risk of COVID-19.

Most countries were not equipped to control COVID-19 effectively and needed to scale up contact tracing operations at an unprecedented rate. Through the Fund, WHO supported 27 countries or territories with:

- Support for COVID-19 disease surveillance
- Data management tools, including *Go.Data*, a digital tool to collect data in the field that enables speedier coordination of health information
- Involving community members (including young people) in the contract-tracing workforce and in selecting contact-tracing methodologies
- Engaging networks to adapt practical materials, create awareness via media, train contact tracers, and conduct 'training of trainers'.

WHO's Global Outbreak Alert and Response Network (GOARN) tailored contact-tracing packages to the needs of specific countries, and exchanged learnings every two weeks.

In the Americas, a website shared all relevant contact-tracing materials, and an epidemiological dashboard helped countries share their disease surveillance and contact-tracing systems – generating invaluable data for decision-making.

In the European and Eastern Mediterranean regions, case studies on contact tracing in selected priority countries helped shed light on the experience of contact tracing that would benefit other countries.


WHO / Booming - Carlos Cesar


WHO / Natalie Naccache

## Sharing Medical Expertise in Lebanon

To support COVID-19 care at public hospitals in Lebanon, donations from the Fund helped establish a private/public hospital twinning project. By 2021, the country faced a quadruple crisis: hosting around 1 million people displaced by the war in Syria; a socio-economic and monetary crisis; the COVID-19 outbreak; and the Beirut port explosion on 4 August 2020 that destroyed public infrastructure. The project enabled public hospitals to benefit from additional critical care capacity in their intensive care units, provided by doctors from private university hospitals.

## Managing Risks for Safer Gatherings

Events that bring crowds together, such as football matches, concerts, elections, and religious festivals, have the potential to amplify the spread of COVID-19. To support Member States with evidence-based guidance, WHO established the COVID-19 Mass Gatherings Cell within its Health Emergencies Program, which in turn relied on advice from international experts.

Tasks included monitoring the global implementation of mass gathering events in collaboration with the Johns Hopkins Bloomberg School of Public Health. With Fund support, safety recommendations focused on a risk-based approach were published as WHO guidance and widely disseminated. Based on the latest information, 164 out of 194 WHO Member States adopted the risk-based approach to large events.

A series of products supported by the Fund to inform policies and decision-makers included policy briefs, technical documents, risk assessment tools, Q&As, online courses, infographics, research reviews, and case studies.

General guidance was refined and adapted to sporting, religious, social and other gatherings.

## Medical Support for Children in Crisis Settings

COVID-19 disrupted health systems across the world, putting treatments at risk. Support from the Fund enabled WHO to work with partners to adapt recommendations for managing child health during COVID-19, particularly for children in humanitarian crisis settings.

As a result of a series of consultations on improving clinical decision-making, the EmCare digital platform (previously referred to as the Child Health in Emergencies Digital platform – CHED) was developed. Its purpose was to give frontline health workers current WHO guidance and best practice recommendations for managing childhood illness, wherever and whenever they care for vulnerable and sick children.

## Balancing the Protection of Public Health and Human Rights

The pandemic saw many governments restricting personal freedoms to curb COVID-19 transmission. These measures were increasingly challenged on behalf of people in vulnerable situations because they violated fundamental rights. WHO's work with lawyers and judicial officers resulted in the launch of an open-access COVID-19 litigation database in December 2021.

The database (https://www.covid19litigation.org/) produced by the Faculty of Law at the University of Trento, Italy, includes summaries of 500 court decisions concerning legal challenges to public health interventions and is an invaluable guide to legal precedents that balance public health with the protection of rights.


WHO / Ismail Taxta


WHO / Blink Media - Nadège Mazars

## SOLIDARITY THROUGH ENGAGEMENT

*Pillar 2 (Risk Communication, Community Engagement, and Infodemic Management)*

### Tackling the Infodemic

> "We're not just battling the virus. We're also battling the trolls and conspiracy theorists that push misinformation and undermine the outbreak response."
>
> *WHO Director-General*
> *Dr Tedros Adhanom Ghebreyesus*[4]

As fear circulated, so too did rumors, mis- and disinformation. The infodemic, the global circulation of complex, often conflicting advice about the pandemic, fueled mistrust in treatments, official guidance and vaccines. In Iran, for example, hundreds of people died after drinking methanol that they mistakenly believed could cure COVID-19.

To inform timely and targeted approaches to tackle the infodemic, with Fund support, WHO built **Early AI-supported Response with Social Listening** (EARS), a platform to analyze real-time online discussions and content relating to COVID-19.

> EARS analyzed 1.6 million pieces of online COVID-19-related information on a weekly basis to help target messaging and counter misinformation.

4 WHO Media Briefing, February 2020

Alongside this, WHO worked with more than 50 online platforms, including Google, WhatsApp, TikTok, YouTube, and Viber, to ensure that search results gave priority ranking to accurate health messages, or to support chatbots to answer common questions accurately. These **chatbots** reached over 20 million people in 26 languages.

Facebook Free Basics alone reached more than 1.5 million people without an internet connection.

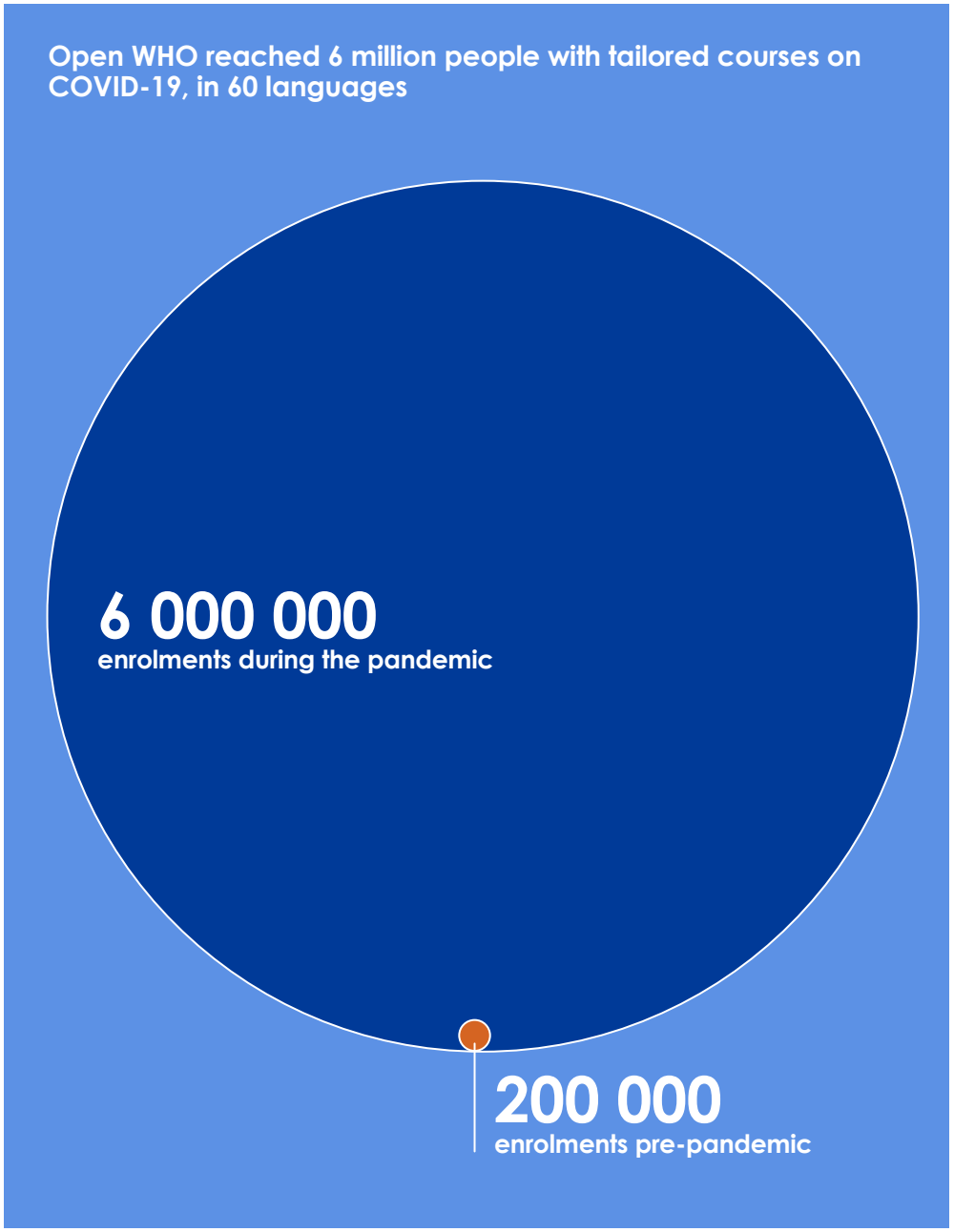
In addition, two global infodemic training sessions in 2021 provided critical skills development to 772 participants from 123 countries across all six WHO regions.

## Open Learning

To broaden understanding of COVID-19 and counter harmful misinformation, WHO expanded its free, global online learning platform, **OpenWHO**.

With fewer than 200 000 course enrolments on OpenWHO before the pandemic, support from the Fund enabled up to 6 million enrolments in 60 languages.

OpenWHO courses are available in low-bandwidth and offline formats to make their content easy to use. In 2021, 51% of OpenWHO users were women, and approximately 15% were over 70 or under 20 years old. Many small island states, including Guam, Montserrat, Niue, and Tokelau, had the highest proportion of learners per capita using the platform.



WHO's AI Bot Florence supported smoking cessation initiatives

## Tackling Risk Factors

Smokers are at higher risk from COVID-19. WHO's artificial intelligence (AI) bot Florence helped people to stop smoking by providing accurate information in multiple languages, and signposting to local services. This was particularly important when face-to-face services were cancelled.

WHO also launched Quit Challenge Chatbots (six months of text messaging programs) on Viber, WhatsApp and Facebook Messenger, available 24/7 in Arabic, Chinese, English, French, Portuguese, Russian, and Spanish to help people quit and remain tobacco-free. Each program has attracted between 50 000 and 100 000 users.

Contributions from the COVID-19 Solidarity Response Fund supported six priority countries (China, India, Jordan, Mexico, the Philippines, and Timor-Leste) and several others to establish and strengthen their tobacco cessation services. Ethiopia, Iran, Jordan, Kenya, Mexico, and Timor-Leste have turned existing telephone helplines into national toll-free quit lines. China and the Philippines launched national mCessation projects. Ethiopia, Jordan, India, Iran, and Timor-Leste scaled up tobacco cessation support in their health systems.

In addition, funding was used to develop methodologies and practical guidance for promoting the health and economic benefits of tobacco cessation at the national level. The Fund also supported the Tobacco Cessation Apps Assessment Framework, a process through which WHO certifies the effectiveness of cessation apps.

## Strengthening Response on the African Continent

As COVID-19 was a new disease, frontline responders required real-time training on managing severe cases. The Fund supported Africa CDC to step up laboratory testing capacities, increase health worker knowledge, construct health facilities and diagnostics production, and protect borders, travellers, economies, livelihoods, and schools in Africa from the risk of increased COVID-19 transmission as countries reopened their borders.

It also facilitated a risk communication champions program in 10 countries, and supported COVID-19-related clinical and operational research in Africa.

> At the start of 2020, only two African countries had COVID-19 lab testing capacities. All 54 countries had testing capacities by mid-year, thanks to support from the Fund.


WHO / Ismail Taxta

WHO / Ismail Taxta

## Burkina Faso: A Case Study

The Fund enabled WHO to tackle COVID-19 in some of the world's most challenging contexts, where its interventions were most needed. This included Burkina Faso, a country facing a complex humanitarian crisis, increasing violence, and an underdeveloped healthcare system.

> "WHO's guidance and assistance has been instrumental since the beginning of the health emergency," said Alimata J Diarra-Nama, WHO's technical healthcare lead in Burkina Faso. "We helped prepare the country… by ensuring that preparedness and response plans were finalized and implemented. Anytime there was a problem or a lack of supplies, they knew they could count on WHO, 24 hours a day."

Early in the pandemic, WHO helped to strengthen the country's capacity to tackle the pandemic in various ways, including financial assistance and on-the-ground support from more than 60 WHO staff members.

In April 2020, WHO supported training of over 550 health workers on best practices in treating COVID-19, coordinated donated medical supplies and supported a delegation of Chinese experts to share lessons from their early experience. In June, WHO supported the construction of 13 health triage centers across the country, to help protect health workers and patients from infection.

## Civil Society on the Frontline

With help from the Fund, WHO worked in more than 60 frontline civil society organizations in 40 priority countries representing hard-to-reach, often marginalized people, and serving as first responders in their communities.

This included, among others:

- People with disabilities
- Refugees
- Social and ethnic minorities
- Elderly and stateless people
- Informal domestic workers
- Indigenous populations.

Civil society partners focused on their efforts on risk communication, community-based infection prevention and control, and case management, as well as community-based vaccination efforts.

This program reached over 80 million hard-to-reach and marginalized people in vulnerable communities in 40 priority countries worldwide.

New participatory community structures were built in: Bangladesh, Cameroon, Gabon, Guatemala, Guyana, India, Israel, Kenya, Kyrgyzstan, Nepal, North Macedonia, Sri Lanka, Ukraine, and Zimbabwe.

As a COVID-19 Solidarity Response Fund implementing organization, UNRWA delivered primary healthcare through 140 health centers in **Jordan, Lebanon, Syria, Gaza and the West Bank**. To reduce the patient load in health centers in Gaza, almost 5 000 patients daily received remote healthcare/telemedicine.

WHO / Ain Media

## UNICEF: Communicating Risk and Engaging Communities

Implementing partner UNICEF engaged more than 425 million people through risk communication and community engagement actions in 120 countries. UNICEF additionally focused on key countries – including the Democratic Republic of the Congo, Ecuador, El Salvador, Egypt, India, Indonesia, Lebanon, the Philippines, Romania, and Zimbabwe – to benefit from sanitation measures, including supplies, infection control advice, and health and social support for mothers and children.

WHO / Blink media - Uma Bista

## THE FUND ENABLED UNICEF TO ENGAGE COMMUNITIES AT SCALE IN 120 COUNTRIES

**3 billion**
people reached with COVID-19 messaging information

**106 million**
people received hygiene items and services

**2.4 million**
healthcare providers trained to detect and manage COVID-19 cases

**3.4 million**
healthcare providers trained in infection prevention and control

## Medical Evacuations

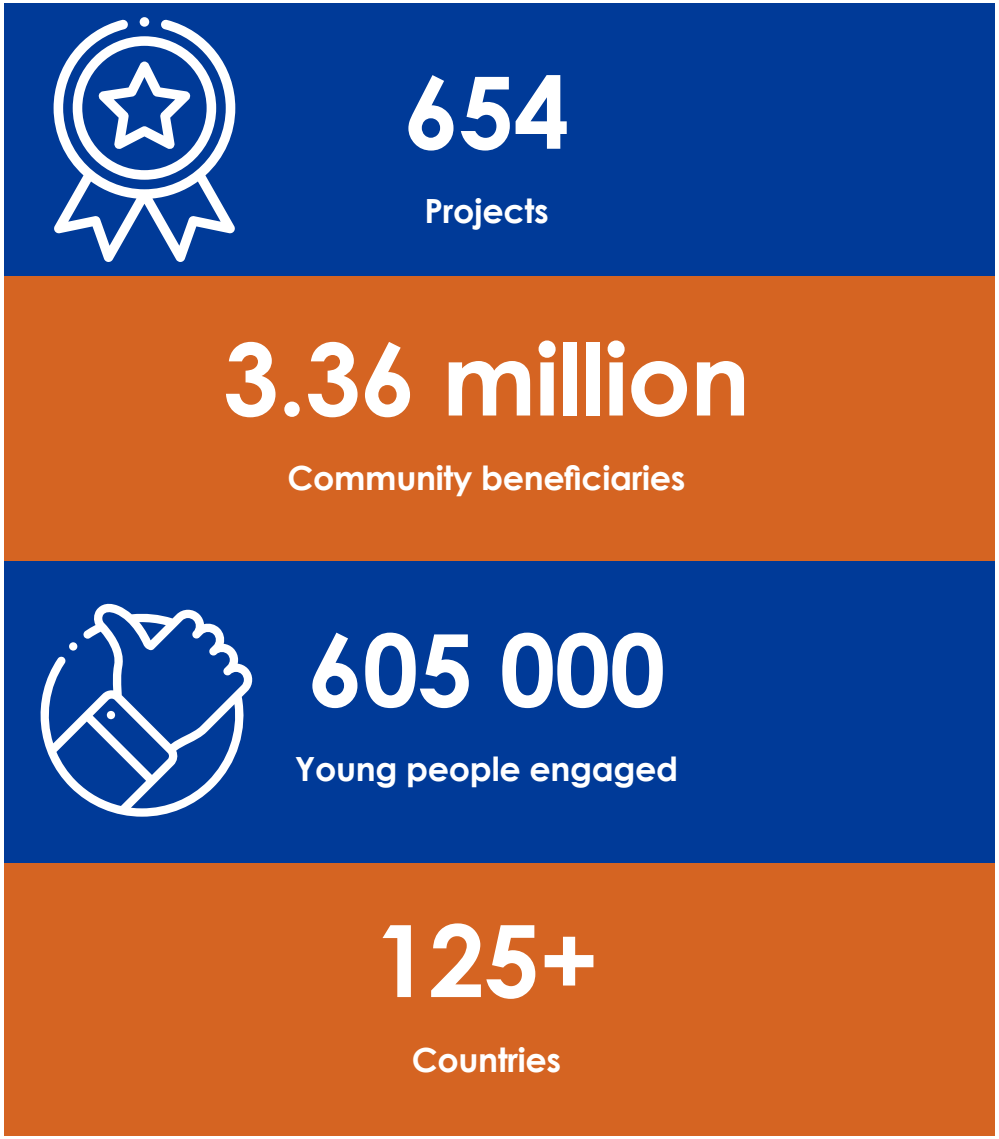
The UN COVID-19 Medical Evacuations Mechanism (MEDEVAC) served as an example of a successful One UN partnership between numerous entities to design, resource, and implement a system-wide framework in the face of the unprecedented circumstances of the COVID-19 pandemic. The COVID-19 MEDEVACs provided life-saving support for COVID-19 patients who required a level of care not available at their location, and ensured that UN personnel and partners could stay and deliver their mandates during the pandemic. Through a WHO-led Medical Coordination Unit, the COVID-19 MEDEVAC platform evacuated 356 patients from 44 agencies and 69 originating countries in all six of WHO's regions to higher-level medical facilities. MEDEVAC destinations included dedicated hubs in Ghana, Kenya, and Costa Rica, as well as ad hoc destinations around the globe in over 20 countries.

## Global Youth Mobilization

More than 1 billion young people were affected by school closures during the pandemic, and an estimated one in six young people became unemployed.

The Fund supported the Big 6 Youth Organizations (Scouts, YMCA, Girl Guides, YWCA, IFRC and the Duke of Edinburgh's Award) to set up national projects focused on COVID-19 recovery and response efforts, and provide non-formal education and learning through community engagement and social action. In February 2022, the Big Six launched a report outlining the impact of global youth-led projects, and highlighting policy recommendations to address young people's and future generations' needs.

# IN NUMBERS




**The Global Youth Movement's network addressed COVID-19's impact on young people.**

## By Young People, for Young People

The Global Youth Movement helped to ensure that young people were at the center of the response to COVID-19 and could advocate for, and design solutions to, the many ways in which it impacted them. Engagement was impressive, as illustrated by the breadth of participation in the Global Youth Summit, the level of engagement of young people, and the range and geographical spread of creative projects that addressed both COVID-19 and its negative impact on their education, mental health, community, and future prospects.

## Youth-led Projects

An open call was made to all young people, regardless of background or location, to submit their solutions to challenges facing young people themselves and their communities.

## Project Snapshots

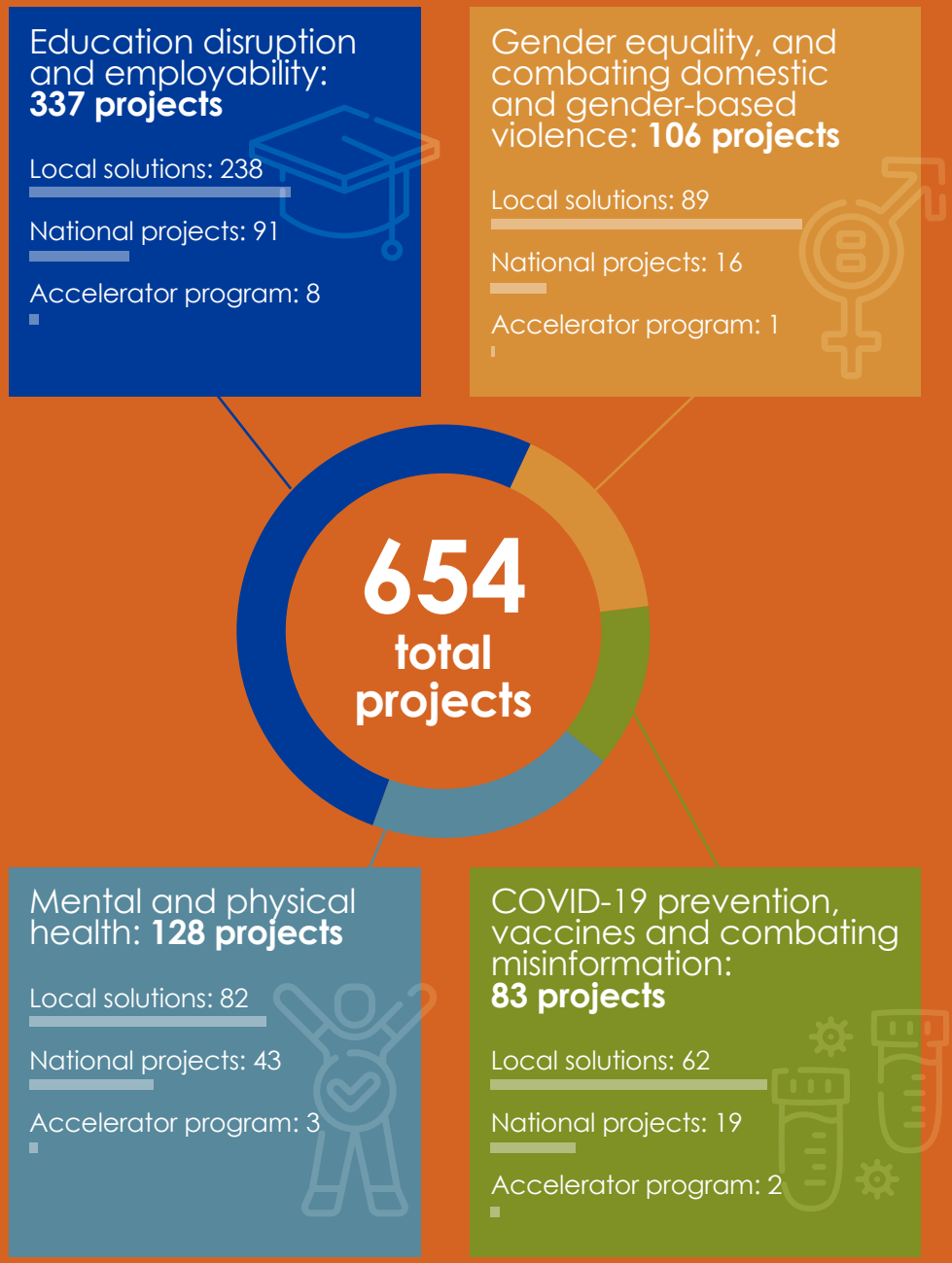
**Mozambique:** WOSM mobilized young people to encourage COVID-19 vaccine uptake and adopt health measures. In particular, they reached out to communities that may have missed official vaccination drives.

**Scotland:** During the pandemic, this project — led by the World YMCA — helped socially excluded young people improve their digital literacy skills and gain access to expanded opportunities in science, technology, engineering, and mathematics (STEM). Participants went on to further education or gained experience in tech companies.

**Thailand:** In 2019, Thailand saw a rise in suicides and over 10 000 incoming calls from young people to mental health support hotlines. This problem was intensified during the COVID-19 pandemic. Recognizing the need for accessible mental health resources, the YouDee project, meaning "well-being" in Thai, created a self-help support booklet, "Me, Myself", to help young people with mental health support.

**Togo:** When COVID-19 arrived in Togo, it spread rapidly. Young girls and women, particularly in less prosperous rural communities, were identified as being particularly vulnerable to its health, social and economic effects. YWCA Togo offered workshops, and training in vocational skills such as cookery and fashion, to help women and girls to earn a living.

> "In these challenging times exacerbated by the COVID-19, this funding has brought us … an untold joy, a great excitement, and hope."
>
> *YWCA participant, Togo*



WHO / NOOR / Tanya Habjouqa

## SCIENCE FOR SOLIDARITY

*Pillar 3 (Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health and Social Measures)*

Fundamental to WHO's convening role as lead partner in the global response to the COVID-19 pandemic, a *Research & Development Blueprint* was activated to accelerate diagnostics, vaccines, and therapeutics, improve coordination between scientists and global health professionals, and develop new norms and standards to learn from and improve upon the global response.

### Vaccine Solidarity

> "This vaccine introduction program is unlike any before in any country worldwide. There is no program like this in its speed, dimension, and worldwide, simultaneous nature."[5]
>
> *Dr Katherine O'Brien, WHO Director, Department of Immunization, Vaccines and Biologicals*

Throughout the COVID-19 pandemic, WHO has been at the center of the world's largest global vaccine drive. In addition to funding vaccine research and approving vaccines, WHO guided countries through vaccine supply, distribution, and delivery challenges.

5 WHO Feature Story, February 2021

## Vaccine Trials

In 2020, the race to produce a vaccine effective against COVID-19 was of the highest global urgency. Within months of its launch, the groundbreaking Solidarity Vaccine Trials, large-scale randomized clinical trials managed by CEPI and funded by the Solidarity Response Fund, helped evaluate multiple COVID-19 vaccines to identify the most effective and safe options.

The candidates included the Oxford AstraZeneca vaccine and the Moderna vaccine, which received funding from CEPI and became among the first COVID-19 vaccines to be successfully approved and rolled out.

It became one of the most extensive clinical trials for COVID-19, spanning more than 30 countries, 14 000 patients, and nearly 500 hospitals.

## Vaccine Equity

In the COVID-19 pandemic, as health leaders frequently advised, none of us is safe until everyone is safe. To drive vaccine equity, WHO, the global vaccine alliance Gavi, and CEPI jointly established COVAX, a mechanism to deliver vaccines to low- and middle-income countries.

The Fund contributed to the COVAX initiative by supporting an inter-agency working group that modeled the health workforce requirements needed to deliver vaccine doses, and developed a technical document that scoped the financial and human resources required at country-level to meet vaccine equity ambitions.

WHO / Dinu Bubulici


WHO / Neil Nuria

## Therapeutics Solidarity Trial

The Fund supported the Therapeutics Solidarity Trial, a search for effective treatment for people suffering from severe COVID-19 illness. It quickly became one of the most extensive global trials ever implemented. Thousands of blood samples from 500 hospitals in 30 countries were tested for antibodies and mutations, each bringing scientists closer to answers on which treatments were effective and which, like chloroquine, were not.

The 'Solidarity PLUS' therapeutics trial tested three potential treatments for severe COVID-19 – artesunate, imatinib, and infliximab. This trial was the largest-ever collaboration between WHO Member States, attracting the involvement of more than 600 hospitals in 52 countries.

## Unity Studies

WHO mounted a global initiative to support countries to assess the transmissibility of SARS-CoV-2, the virus that causes COVID-19. As coordinator, WHO trained staff, provided technical support, and procured and delivered blood antibody tests (serological assays) to 48 Member States. Through the standardized testing of blood antibodies (sero-epidemiological studies), scientists could estimate how susceptible its population was to infection, and help to target interventions at population groups in need. The studies also looked at pregnancy outcomes for women with COVID-19, and measured the effectiveness of COVID-19 vaccines.

As of 31 December 2021, at least one Unity Study was being implemented in over half of all WHO Member

States in all six WHO regions, with around two thirds of the studies taking place in low- or middle-income countries.

By enabling the rapid collection of robust and comparable data, the Fund-supported Unity Studies aided national, regional, and global risk assessment, and provided an evidence base for a response.

## Protecting Health Workers

Health workers are at exceptionally high risk of COVID-19 infection, while working under intense pressure in profoundly challenging circumstances. Due to inconsistencies in data collection globally, the number of health workers falling seriously ill or dying from COVID-19 has been underestimated.

To quantify and better understand the impact of the pandemic on health workers, WHO's series of analyses ascertained a more accurate picture of the number of health workers dying from COVID-19, as well as the impact of stigma, discrimination, violence, lack of PPE, strikes, quarantine and self-isolation, and other difficult working conditions.

## Sharing Biological Materials Globally

The pandemic underscored the importance of scientists worldwide being willing and able to share their data about pathogens to boost disease and surveillance, diagnosis, and health measures. WHO established the WHO BioHub Facility, where Member States can voluntarily send their biological materials with epidemic or pandemic potential. With the Fund's support, the first BioHub Facility at the Spiez Laboratory in Switzerland was established in consultation with Swiss authorities.


WHO / Blink Media - Nadège Mazars


WHO / Blink Media - Fabeha Monir

## Epidemic Intelligence from Open Sources

Recognizing the need to detect public health threats more rapidly, WHO established an initiative to quickly analyze information from publicly available sources, such as newspapers, radio and TV programs and internet activity. Based in Berlin, Germany, the WHO-led Epidemic Intelligence from Open Sources (EIOS) initiative is the hub for this activity. It speeds up the detection of potential threats through training and access to the EIOS system and global network.

Training support was provided to several countries, including: Afghanistan, Brazil, Cameroon, Cote d'Ivoire, Guatamala, Guinea, Haiti, Liberia, Rwanda, Senegal, Sierra Leone, South Africa and Sudan, and made progress toward expansion in Argentina, Egypt, Iraq, India, Indonesida, Oman, Maldives, Morocco, Nepal and Somaliland.

## Supplying Emergency Oxygen

Oxygen therapy, in addition to corticosteroids, remains the cornerstone of treatments for severe and critical COVID-19 and saves lives. With the Fund's support, the oxygen scale-up project provided technical assistance for rapid oxygen assessment and developing oxygen scale-up solutions in 127 countries. The Fund additionally supported 18 countries globally to set up plants for medical oxygen.

## Mental Health Support

The COVID-19 pandemic severely impacted mental health and mental health services. According to WHO, cases of depression and anxiety rose by an estimated 25% in the first year of the pandemic.

With the Fund's support, WHO developed two interventions for global audiences. Step-by-Step is a WHO digital self-help intervention based on evidence, designed for adults and youth. Understanding the potential harm that pandemic uncertainty and fear could cause children, WHO and multiple partners produced a storybook, "My Hero is You," for children aged 6–11, explaining how they can protect themselves and manage their anxieties. Specific efforts were made to reach children with disabilities and those living in humanitarian settings.


**My Hero Is You**

**143**
translations

**50+**
multimedia and accessible formats,
including audio, Braille, and easy-to-read versions

**Animated film**

**Child-friendly advice helped children and young people**


WHO / Blink Media - Nana Kofi Acquah

# Regional Spotlights

WHO / Blink Media - Bart Verweij

## Global Endeavors

Thanks to the global nature of the pandemic response, all initiatives supported by the Fund, directly or indirectly, benefited multiple countries and large populations. This included, but was not restricted to, the dissemination of PPE and medical equipment, vaccine and therapeutics equity trials, EMT training, tobacco cessation support, support for Africa CDC, civil society initiatives, OpenWHO, oxygen scale-up projects, global youth initiatives, and training for epidemic intelligence from open sources.

Activities in the countries listed overleaf were mentioned in monthly, quarterly, and annual progress reports during the Fund's lifetime.

This list omits activities mentioned earlier in the report. It is not an exhaustive list of activities in all countries. Instead, it is a guide to the enormous diversity and scope of the activities enabled during the lifetime of the Fund, and beyond.

## Mapping the Response: African Region

**Algeria:** launched a national COVID-19, doctor-led telephone advice service; vulnerable households were targeted with information, masks, and sanitizers.

**Burkina Faso:** desert health clinics were set up to serve more than 3 million displaced persons in conflict areas; the Red Cross was supported to prevent attacks on healthcare.

**Cameroon:** projects addressed the effects of COVID-19 on young people, and care workers' mental health needs.

**Côte D'Ivoire:** medical experts were trained to lead the pandemic response, and local health workers to follow best practice.

**Chad:** health facilities were supplied with medical oxygen systems.

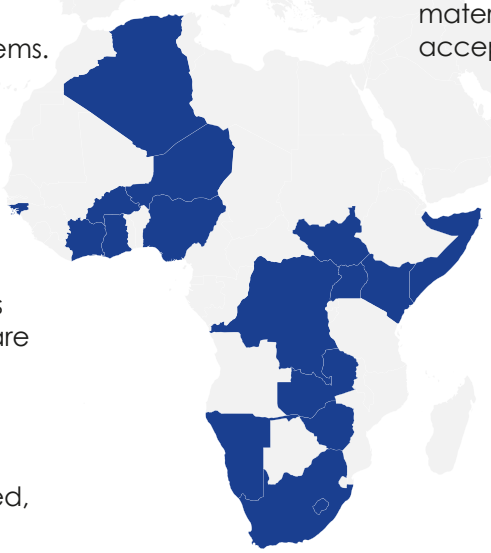
**Democratic Republic of the Congo:** protective kits were supplied for contact tracing teams; local leaders were trained during a twin Ebola-COVID-19 outbreak, including scaling up oxygen supplies and a telephone information hotline.

**Ghana:** critical medical supplies such as oxygen concentrators and patient monitors were distributed. More than 360 healthcare workers were trained in COVID-19 management.

**Ethiopia:** EMT training for health staff was carried out.

**Guinea Bissau:** medical oxygen systems were assessed, repaired, and renewed.

**Kenya:** health staff in refugee settlements were trained, and public health information was targeted at young people. Hard-to-reach communities, such as people with disabilities and prisoners, received mental health and vaccination support.



**Lesotho:** 80 oxygen concentrators were provided along with equipment to run them.

**Namibia:** 80 oxygen concentrators and six months' worth of consumables were supplied.

**Niger:** contact-tracer teams were supported with infection prevention and control kits.

**Nigeria:** vaccination awareness campaigns were conducted in schools; in **North-East Nigeria**, the Red Cross was supported with training on preventing attacks on healthcare.

**South Africa:** contact-tracer teams received infection prevention and control kits. Children's meals and education materials were organized during school closures and a vaccine acceptance campaign was conducted.

**South Sudan:** quarantine and hygiene facilities were established for refugees near the border with Democratic Republic of the Congo, Ethiopia, and Sudan. Antigen testing training of trainers was organized.

**Uganda:** medical supplies, PPE, food and psychological support were provided for displaced people. Medical oxygen concentrators were also supplied.

**Zambia:** a COVID-19 vaccine acceptance campaign encouraged uptake and countered misinformation.

**Zimbabwe:** digital media support was provided to help young people to share information about COVID-19.

## Mapping the Response: Eastern Mediterranean Region

**Afghanistan:** 12 new COVID-19 testing laboratories were equipped and technicians were trained; an intensive care facility, isolation wards and COVID-19 testing for staff members were established.

Emergency cash assistance was organized for for more than 38 000 Afghan refugee families.

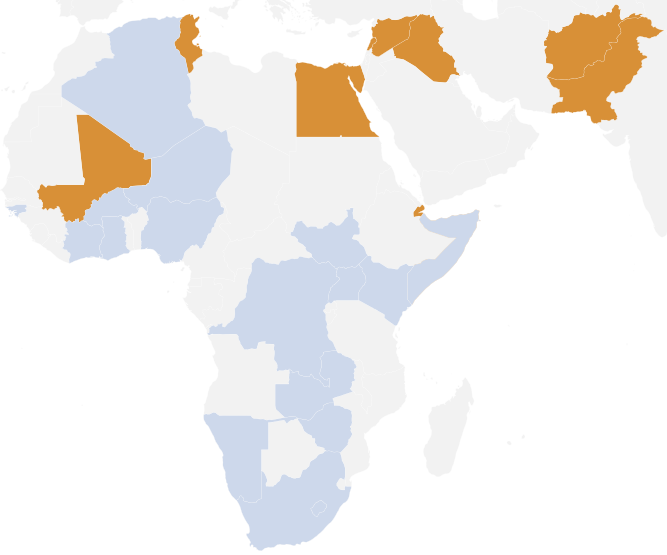
**Djibouti:** UNHCR advised on the vaccination needs of refugee communities.

**Egypt:** COVID-19 communications campaigns reached 27 million people; a safe schools campaign attracted 175 000 digital users; medical and paramedical students were given training in mental health care; religious leaders were supported to give information about public health measures and vaccinations.

**Iraq:** 60 000 internally displaced persons were supported with community-based prevention and care; hospital isolation facilities were set up.

**Lebanon:** the government health ministry was supported to conduct COVID-19 testing; health services were bolstered during staff shortages; refugees were trained to make protective masks.

**Mali:** national standard operating procedures to protect health workers were developed and were replicated in other countries.



**Somalia:** solar-powered medical oxygen plants to mitigate the effect of frequent power cuts were supplied.

**Tunisia:** benefited from medical oxygen equipment; training was provided for Tunisian Scouts to act as contact tracers in hard-to-reach areas.

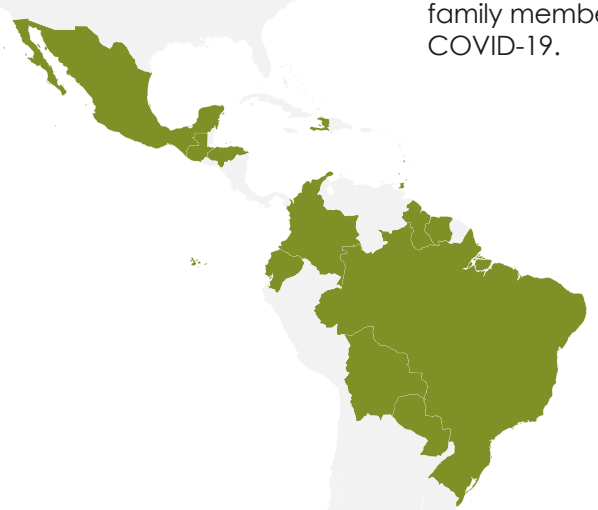
**Pakistan:** volunteers were trained in infection control contacted women and children who lacked mobile phones or media access. More than 400 000 religious leaders were engaged in communicating health information.

**Syria:** telemedicine was provided for Palestinian refugees; telephone helplines were established; health workers were equipped with IPC supplies and PPE; in **North-West Syria**, a call center referred COVID-19 patients to health facilities in Idlib, West Aleppo, and North Aleppo.

## Mapping the Response: Region of the Americas

**Bolivia:** radio programs about contact tracing and COVID-19 prevention measures were broadcast across 10 stations in the Chaco region, targeting indigenous communities.

**Brazil:** WHO scaled up support as a COVID-19 wave threatened oxygen supplies. UNHCR supplied medical equipment and temporary housing for refugees.



**Colombia:** social media materials and radio broadcasts emphasized the importance of contact tracing.

**Ecuador:** public health messages on the country's only indigenous radio station reached around 100 000 people, and communities learned to produce soap to help control the spread of infection.

**Ecuador:** health workers and community tracers were trained to identify and refer COVID-19 cases to health centers, and families with children were supported when a family member was diagnosed with COVID-19.

**Grenada and Saint Lucia:** several activities were launched in order to combat the COVID-19 infodemic, including the provision of communications infrastructure.

**Guatemala:** WHO facilitated contact-tracing studies and discussions on integrating the needs of people with disabilities into emergency management plans.

**Guyana:** a consortium of youth groups was trained to support measures on compliance with infection prevention and control.

**Haiti:** vulnerable groups in urban areas and along the Dominican Republic border were supplied with hygiene information, hand-washing, and safe drinking points.

**Honduras:** a risk perception survey was carried out in four of the country's departments.

**Paraguay:** journalists and community leaders were trained on the importance of contact tracing; supply of an oxygen plant benefitted more than 200 000 people.

**Mexico:** a national COVID-19 telephone hotline was converted to a toll-free tobacco information line to support tobacco users wishing to quit.

**Suriname:** healthcare workers were supported to access up-to-date information about COVID-19 on the OpenWHO platform.

**Trinidad and Tobago:** health workers were trained to prepare to vaccinate the population by means of government-organized simulation exercises.

## Mapping the Response: European Region

**Albania:** COVID-19 sanitation and infection control advice was given as well as additional support for mothers and children.

**Germany:** training in Epidemic Intelligence from Open Sources was delivered to participants from the country's national public health institute.

**Israel:** religious leaders were supported to advise on infection prevention and control measures, as well as COVID-19 vaccination uptake.

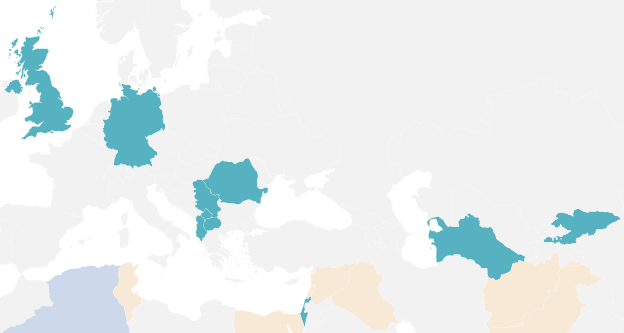
**Kosovo:** a comprehensive case study on COVID-19 contact tracing; training for health experts; and risk communication material was developed and printed in the local language.

**Kyrgyzstan:** a COVID-19 contact tracing case study was produced. A training of trainers course for senior epidemiologists was delivered.

**North Macedonia:** an orientation for journalists was held to encourage the transparent communication of information about COVID-19 and contact tracing.

**Romania:** UNICEF and Red Cross Romania distributed 1 million leaflets to rural households to inform children and families how to remain safe during the pandemic.

**Serbia:** civil society organizations supported migrants, refugees, and internally displaced persons with information on treatments, vaccination, and legal and health rights.



**Turkmenistan:** training for contact tracers was conducted.

**UK:** training to support the early detection, verification, assessment, and communication of public health threats was delivered as part of the EIOS initiative and was provided to participants from the health security agency.

## Mapping the Response: South East Asia and Western Pacific Regions

**Bangladesh:** training of hundreds of volunteers in contact tracing in Cox's Bazar, home to 850 000 refugees; religious leaders broadcast infection protection advice.

**Bhutan:** technical and financial support helped vaccinate more than 93% of those eligible in less than two weeks.

**India:** essential supplies reached 26 states and territories within days of arrival; 70 000 migrants were assisted with healthcare and vaccination services.

**Indonesia:** webinars on essential health and nutrition guidelines for children helped to secure services for 740 000 children and mothers.

**Myanmar:** communities were engaged in an effort to prevent COVID-19 transmission, report cases and trace contacts.

**Nepal:** training for more than 11 000 healthcare professionals nationwide to care for patients with severe COVID-19 was provided; 86 000 people with disabilities were vaccinated or supported to take part in national or local COVID-19 response plans; outpatient services for people with mental health needs in hard-to-reach locations were set up.

**Philippines:** Davao Medical School Foundation, Inc, Institute of Primary Health Care, trained local health emergency workers on COVID-19 risk communication and community engagement. Support was given to mining communities to improve health reporting and contact tracing data gaps among hard-to-reach communities, and sanitation and infection control advice was offered.

**Thailand:** WHO South-East Asia Region developed EARS for the Bahasa and Thai local languages, to track health content in the public domain in Indonesia and Thailand.

**Timor-Leste:** for the first time, a COVID-19 course was produced in Tetum, an official language of Timor Leste. It included critical concepts such as 'contact tracing' for which there was no direct translation.


WHO / Blink Media - Nadège Mazars

# Financial Overview

Contributions to the COVID-19 Solidarity Response Fund were some of the earliest to support the global response to the COVID-19 pandemic. The Fund adopted a policy of making weekly disbursements starting from its third week of operation. A steering committee comprising WHO senior leadership was responsible for allocating disbursed Fund contributions, and two thirds of the Fund's firm pledges, facilitating a faster pandemic response.

The UN Foundation and Swiss Philanthropy Foundation acted as the Fund's primary fiduciary partners from its launch in March 2020 until March 2021. The UN Foundation co-designed the overall approach, key messages, and business functions of the Fund. Swiss Philanthropy Association channeled donations from European donors to the Fund in partnership with Transnational Giving Europe. From March to December 2021, the WHO Foundation assumed the role of primary fiduciary partner of the COVID-19 Solidarity Response Fund.

The total amount raised was US$ 256 195 799.31.

## Support That Saved Lives

Thank you to the thousands of companies, foundations and individuals who contributed to this work by supporting the Fund. Each of you has contributed to saving lives.

The impact of the COVID-19 pandemic is ongoing, and so is the work to tackle the widespread health inequities that it exposed.

WHO and its partners are supported by the WHO Foundation, the final steward of the COVID-19 Solidarity Response Fund and an important WHO funding partner.

## HOW FUNDING WAS ALLOCATED

**$256 million**
raised from 675 700 donors

**$182.4 million**
allocated to WHO for its own and partnership work*

**$5.05 million**
African Union/Africa CDC

**$10 million**
Coalition for Epidemic Preparedness Innovations

**$10 million**
UNICEF

**$10 million**
UNHCR

**$5 million**
UNRWA**

**$5.15 million**
WOSM

**$20 million**
WFP

*This figure represents funding pledged under the COVID-19 Solidarity Response Fund and transferred to WHO between March 2020 and April 2022. Donations received by the WHO Foundation for COVID-19 and transferred to WHO after this date were allocated to ongoing WHO COVID-19 response work.

**$4 993 683. Source; COVID-19 Solidarity Fund Impact Report, June 2021

All figures in US dollars

# Further Information

**WHO Publications**

COVID-19 Solidarity Response Fund - Playbook

A comprehensive overview of the workings of the COVID-19 Solidarity Fund, including a full list of beneficiaries, allocation arrangements, due diligence, and governance arrangements.

COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)

WHO's Strategic Preparedness and Response Plan Mid-Year Report 2021

WHO's Response to COVID-19 Mid-Year Report 2022

**COVID-19 Solidarity Response Fund Quarterly Reports**

First report of the COVID-19 Solidarity Response Fund

Second report of the COVID-19 Solidarity Response Fund

Third report of the COVID-19 Solidarity Response Fund

Fourth report of the COVID-19 Solidarity Response Fund

Fifth report of the COVID-19 Solidarity Response Fund

Sixth report of the COVID-19 Solidarity Response Fund

Seventh report of the COVID-19 Solidarity Response Fund

Eighth Report of the COVID-19 Solidarity Response Fund

UN Foundation one-year overview

**Independent Evaluation of the COVID-19 Solidarity Response Fund**

UN Foundation-WHO | COVID-19 Solidarity Response Fund Joint Evaluation

**Websites**

WHO COVID-19

WFP and COVID-19

UNICEF COVID-19 Response

COVAX CEPI's Response to COVID-19

UNHCR Public Health During COVID-19

Global Youth Mobilization

UNWRA's Response to the COVID-19 Pandemic

Swiss Philanthropy Association on the COVID-19 Solidarity Response Fund

UN Foundation on the COVID-19 Solidarity Response Fund

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World Health Organization

WHO Foundation

UNITED NATIONS FOUNDATION

SWISS PHILANTHROPY Foundation