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COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

May 2 to May 31, 2020



World Health
Organization



UNITED NATIONS
FOUNDATION



SWISS PHILANTHROPY
Foundation

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Executive Summary



Photo credit: Ahmed Mostafa/UNICEF

This second report of the COVID-19 Solidarity Response Fund for the World Health Organization (WHO) covers the period May 2 – May 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\$15.7 million in new contributions and firm pledges. From the Fund’s March 13, 2020 launch through May 31, 2020, leading companies and organizations and more than 439,000 individuals together contributed more than US\$217.5 million in fully flexible funding to support the WHO-led global response effort.

Between May 2 and May 31 at the direction of WHO, the Fund disbursed more than US\$43.2 million, as follows:

- US\$20 million to the World Food Programme (WFP) to scale up global logistics distribution systems so essential supplies can reach those most in need;
- More than US\$15.2 million to WHO to procure and distribute essential medical supplies, including personal protective equipment (PPE), testing kits and biomedical equipment, bringing total disbursements for supplies to more than US\$90 million;
- US\$5 million to WHO for the Africa Centres for Disease Control and Prevention (Africa CDC) to strengthen the continent’s response to the pandemic, including support for vulnerable women and girls;
- US\$3 million to WHO for its Unity Studies to enhance understanding of the characteristics of the virus and inform public health measures to limit its further spread.

Executive Summary

The report updates partners also on the use of funds disbursed in May to:

- WHO for essential medical supplies;
- 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;
- The Coalition for Epidemic Preparedness Innovations (CEPI), to support research programs on potential vaccines, including four that are now in Phase 1 clinical trials.

Introduction

By May 31, WHO had reported more than 5.9 million COVID-19 cases and more than 367,000 deaths in countries all around the world. Tragically, as many communities and countries are easing lockdown-like restrictions, outbreaks are escalating in many parts of the world.

A sustained global response is required to ensure efforts can continue at pace. In addition to the establishment of the [Access to COVID-19 Tools \(ACT\) Accelerator](#) in April and the subsequent May 4 European Commission-led pledging event, international delegates at the [73rd World Health Assembly](#) in May adopted a landmark resolution to bring the world together to fight the COVID-19 pandemic.

The COVID-19 Solidarity Response Fund for WHO 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.

In May, the China Population Welfare Foundation joined the Fund as its fiduciary partner in China, accepting contributions for the global response from Chinese companies and individuals. On May 27, the WHO Foundation was launched and joined the Fund as a new fiduciary partner. The WHO Foundation will work with non-traditional donors that seek to support all of WHO's work, guided by the organization's General Programme of Work.

[Leading companies and foundations](#) and more than 439,000 individuals from more than 100 countries have committed more than US\$217 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the life-saving work of WHO and its partners. US\$15.7 million was received during the reporting period.

In addition to providing cash donations to the Fund, many of the Fund's partners are running employee giving campaigns and engaging their customers by running campaigns donating a percentage of sales. Public mobilization and creative community engagement also continued in May, with proceeds from songs and videos being donated to the Fund and global streaming events benefiting the Fund (see *Annex 2: Resources, Public Mobilization and Creative Community Engagement and Stories*).

During May, the Fund continued with weekly disbursements to WHO and its partners, moving flexible funding quickly to where it is most needed. Between May 2 and May 31, the Fund disbursed more than US\$43.2 million to WHO and its partners, bringing total disbursements to US\$139 million (see *Annex 1: COVID-19 Solidarity Response Fund for WHO, Contributions and Disbursements*).

Fund disbursements are decided by a steering committee composed of WHO senior leadership based on health priority needs and in alignment with its [global strategy](#).

In May at the direction of WHO, the Fund made its first disbursement to WFP, the largest humanitarian organization with deep expertise in supply chain and logistics, to scale up global logistics distribution systems to support pandemic response.

The following pages illustrate the impact of flexible Fund contributions and how they are supporting the efforts of WHO and its partners to advance the strategy's three objectives.

COVID-19 Solidarity Response Fund Impact

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



A WFP-contracted Boeing 757 cargo flight being prepared to depart the newly-established Global Humanitarian Response Hub in Liège, Belgium carrying almost 16 metric tons of medical cargo and personal protective equipment such as masks and gloves on behalf of UNICEF and the ICRC destined for Burkina Faso and Ghana.

Photo credit: Pixel Prod/WFP

As of May 31: US\$20 million disbursed to support WFP's efforts to establish and operate global logistics distribution systems to ensure that health and humanitarian partners have access to services that enable them to sustain, augment and scale up their operations in response to the pandemic.

The COVID-19 pandemic continues to have vast repercussions on supply chains due to border closures, import/export and port restrictions, reduced commercial aviation and shipping operations, and restrictions on movement to/from and within countries. These supply chain disruptions put the continuation of health and humanitarian programmes at risk, and significantly complicate potential scale-up by limiting the movement of goods and humanitarian personnel, endangering the continuation of life-saving humanitarian programmes.

Contributions from the Fund are supporting the establishment and operation of WFP's global hub-and-spoke system for the delivery of essential health supplies and other humanitarian items. This delivery system is fully integrated in the COVID-19 supply chain system, which is overseen by the Supply Chain Task Force, co-chaired by WHO and WFP and including members of the wider humanitarian and health community to encourage collaboration and sharing of resources.

WFP has set up and operationalized three strategic consolidation hubs in Guangzhou (China), Liege (Belgium), Dubai (UAE) and five regional staging areas in Accra (Ghana), Addis Ababa (Ethiopia), Kuala Lumpur (Malaysia), Panama City (Panama) and Johannesburg (South Africa). This includes deployment of staff and equipment for the hubs, including capacity to handle medical items, dangerous goods cargo (such as lithium batteries in ventilators and chemical reagents for tests), and temperature-controlled items.

The highest percentage of cargo during May was transported from Liege, while Guangzhou is expecting to see a rapid scale up of activities in June as the large volumes of cargo currently in the pipeline begin to arrive in the hub.

In May, almost 1,700 cubic meters of health and humanitarian COVID-19-related cargo were dispatched through the hubs. These supplies, transported on behalf of 14 partners (United Nations agencies and non-governmental organizations as well as the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies), include ventilators, hospital equipment, pharmaceuticals and infrared thermometers as well as medical PPE, which constituted over 40% of the total cargo.

These figures are expected to increase rapidly as 43 organizations have logged requests in the WFP Emergency Service Marketplace for a total of over 9,000 cubic meters. In addition, the WHO COVID-19 Supply Portal has received 188 requests for essential medical items from 59 countries and WFP is expected to provide the logistics for the majority of these requests. Contributions from the Fund will help make ongoing dispatches possible.

Cargo transport from the hubs is being provided to all humanitarian organizations on a free-to-user basis. Road and sea options are also available where operating conditions allow. Requests are consolidated where possible and delivered directly to the main country entry points when there is sufficient cargo to do so; air assets are being identified and tasked accordingly. For smaller consignments, cargo is consolidated at the most appropriate regional staging area and dispatched from there to destination countries.

WHO Strategy Pillar 2: To support vulnerable countries and communities that need help most.



Frontline workers at a health care facility in Lebanon.

Photo credit: WHO

Between May 2 and May 31: US\$15.2 million disbursed to support WHO's procurement and rapid distribution of essential medical supplies to countries needing them most, bringing total disbursements from March 13 to May 31 to US\$90 million.¹

The Fund was the first contributor—and remains the largest—of flexible funding for the procurement and distribution of essential medical supplies. Fund contributions continue to fuel the COVID-19 revolving fund, optimizing the speed of procurement: monies in the revolving fund are used by WHO to purchase commodities, with countries being asked to pay WHO back for supplies they receive. For those who can repay, funding is redeployed for purchase of additional commodities. Funding may be redeployed several times over to purchase more commodities, significantly increasing their impact.

In May, in response to the surge in global demand for medical supplies for the COVID-19 pandemic, WHO scaled up a COVID-19 Supply Portal to facilitate and consolidate requests for PPE, diagnostics and biomedical equipment supplies from national authorities and their implementing partners. The portal allows users to view submitted requests and to see which partners are committing funds to pay for requested items, greatly increasing transparency in the COVID-19 supply chain.

Diagnostics

- 4 million manual polymerase chain reaction (PCR) diagnostic tests purchased by WHO with support of the Fund are in the process of being produced and packaged by suppliers. As of May 31, 610,000 tests were ready to ship.
- WHO has also procured 4.78 million sample collection kits. Of these, 26,000 have been shipped to six countries and a further 725,780 are ready for shipment.

¹ The previous Fund report reported on essential health commodities purchase under Pillar 1 of WHO's Strategy. It should have been reported under Pillar 2.

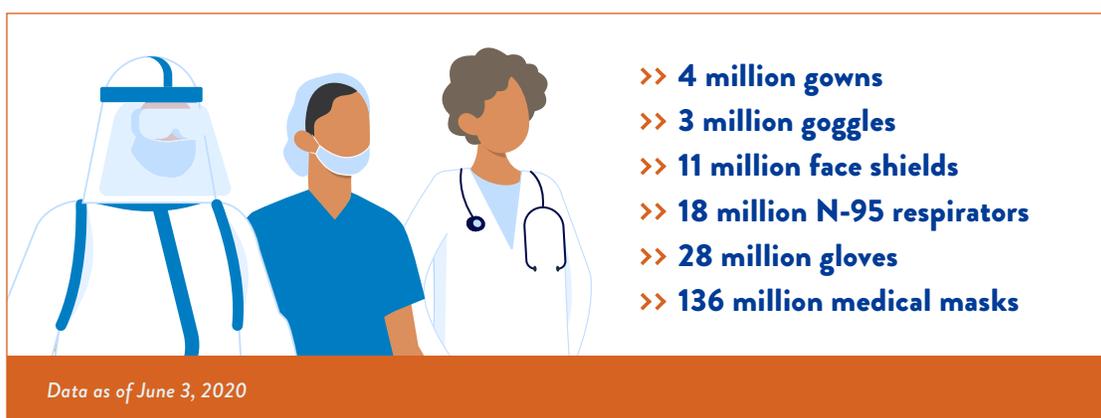
Biomedical Supplies

- Through the pooled procurement process facilitated by the COVID-19 Purchasing Consortium, WHO has procured 4,000 oxygen concentrators that provide medical-grade oxygen for treating COVID-19 patients. These are being allocated to 41 of the most vulnerable countries. The first 2,000 are in a WFP warehouse in Shenzhen awaiting customs clearance and shipping documentation.
- An additional 10,000 concentrators, 9,820 pulse oximeters and associated consumables (US\$10 million value) were purchased on May 29 and will be distributed to more than 120 countries.

PPE

- By May 31, WHO had procured more than 200 million pieces of PPE – surgical masks, N-95 respirators, gloves, face shields, goggles and gowns – for shipping to 135 countries. It is preparing for June shipments of 129 million pieces of PPE to 126 countries.

DISTRIBUTE PPE TO 135 COUNTRIES



Between May 2 and May 31: US\$5 million disbursed to WHO to support the Africa CDC, to strengthen the continent's response to the pandemic.

While Africa represented a small fraction of COVID-19 cases worldwide as of the end of May, the pace of the spread on the continent is quickening. Africa's baseline vulnerability is high, given the relative fragility of some countries' health systems, concurrent epidemics of vaccine-preventable and other infectious diseases, inadequate WASH infrastructure, population mobility, and susceptibility for pockets of social and political unrest during times of crisis.

The Fund's contribution to the Africa CDC, the specialized technical institution of the African Union, was made in recognition of this vulnerability, to strengthen the continent's response to the pandemic. The Africa CDC was established to support public health initiatives across Africa and to strengthen the capacity of the public health institutions to detect, prevent, control and respond quickly and effectively to disease threats. It is a key driver of the implementation of the continent-wide strategy for COVID-19 developed by the African Union, Africa CDC and WHO.

The flexible contribution is supporting activities to:

- **Prevent transmission:** including surveillance, laboratory, IPC and mobilization of rapid responders;
- **Prevent deaths:** including health care preparedness, case management, procurement of PPE for health care workers and frontline responders and access to diagnostics, therapeutics and eventually vaccines;
- **Prevent social harm:** including through countermeasures, risk communications and social engagement; and,
- **Support cross-cutting activities:** including supply chain management and coordination.

Africa CDC is working to prioritize the access to COVID-19 health services of the most vulnerable, including women and girls.

The next Fund report will share examples of the impact of the Fund's contribution.

In April, US\$10 million was disbursed 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.



UNICEF helps supply Sanitation and Personal Hygiene Kits to orphanages or child welfare institutions across Indonesia to help protect vulnerable children from COVID-19.

Photo credit: Dinda Veska/UNICEF

As of May 31, more than 22.6 million children and women have received essential health care services in UNICEF-supported facilities. UNICEF and partners have trained 1.9 million health care providers in detecting, referral and appropriate management of COVID-19 cases and more than 1.9 million health care facility staff and community workers have been trained in IPC.

More than 2.4 billion people have been reached with COVID-19 messaging, including in crisis-affected countries. A UNICEF COVID-19 Information Chatbot [U-Report](#) has been deployed and rapidly localized in 50 countries, engaging more than five million people. Users have accessed the platform 6.5 million times to seek life-saving information, report rumors, and share their COVID-19 experiences, enabling UNICEF and partners to understand the needs of affected populations and to better respond.

UNICEF has allocated funding from the COVID-19 Solidarity Response Fund to Albania, Democratic Republic of Congo, Ecuador, Egypt, El Salvador, India, Indonesia, Lebanon, Pakistan, Philippines, Romania, and Zimbabwe. Funding is supporting countries with access to evidence-based information, WASH and basic IPC measures, and access to care for vulnerable families and children. For example:

- **Egypt:** UNICEF, together with government officials and WHO, are implementing communications campaigns reaching more than 27 million people and engaging 900,000 with increasing messaging on psycho-social support. More than 43,300 adolescent girls and boys were reached and more than 1,000 were engaged through the social media site of the National Girls' Empowerment Initiative "Dawwie," raising awareness on gendered impacts of COVID-19 through human interest stories and facilitated digital peer-to-peer support. In partnership with the private sector, UNICEF procured and delivered to the Ministry of Health and Population warehouse 36,000 litres of chlorine, ensuring a sustainable and reliable supply of disinfectants to 2,200 primary health care centers nationwide.
- **Indonesia:** Working with government and UN partners, UNICEF supported the development of essential health and nutrition services continuity guidelines for children, disseminated by webinars to all 34 provinces and reaching 517 districts. UNICEF also assisted the Ministry of Health in designing a national COVID-19 dashboard to visualize COVID-19-related health system effects across hospitals and primary health care facilities. Interventions such as these have ensured the continuation of health and nutrition services for 740,000 children and mothers.
- **Pakistan:** UNICEF has rehabilitated and installed WASH facilities in 242 out of the 266 assessed health care facilities used by 200,000 people. UNICEF is disseminating hygiene messages through social mobilizers, community resource persons, education, and communication materials displayed on communal handwashing stations and Clean and Green Pakistan digital and social media platforms reaching out to over 5.6 million people across the four provinces. UNICEF supported the training of more than 3,500 sanitary and frontline workers on WASH/IPC in health care facilities and high-risk communities.

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

Between May 2 and May 31: US\$3 million disbursed to WHO for the Unity Studies.

The identification of any new pathogen is accompanied by many unknowns, particularly related to its ability to spread in the human population and its virulence. The [WHO Unity Studies](#), a globally coordinated effort to undertake serological studies and studies to evaluate environmental contamination of COVID-19, will enhance understanding of the characteristics of the COVID-19 virus and the disease it causes and will inform public health measures to limit further spread of the virus.

By the end of May, WHO had coordinated with 34 countries to start one of the currently available WHO studies; 40 more have expressed their intent to implement them. Around half of the countries involved are low- and middle-income countries, enhancing equity in seroepidemiological research.

The six currently available WHO Unity Study protocols are helping countries to understand:

- infection among contacts of cases in the general population;
- infection among contacts of cases in the household setting;
- infection among health care workers;
- the extent of infection in the population; and
- the presence of the virus on different surfaces and environments.

The study protocols are designed to rapidly and systematically collect and share data in a format that facilitates aggregation, tabulation and analysis across different settings globally.

The Fund contribution is supporting in-country research teams and health professionals with the implementation of the studies, to procure laboratory tests for study sites, and to assist with the analysis of the data generated by the studies. Initial results are expected to be made available in the coming month.

In April, US\$10 million was disbursed to the Coalition for Epidemic Preparedness Innovations (CEPI) for its mission-critical vaccine development work.

Vaccines are one of the most powerful public health tools and represent our best exit strategy from this pandemic. In the midst of this crisis, May also marked a significant anniversary in the world's fight against infectious diseases: on May 8, 2020, the world commemorated the 40th year since the eradication of smallpox. The disease that used to kill millions annually was ended by global collaboration and a successful vaccination campaign – the same critical tools that can also end this pandemic today.

CEPI's latest landscape analysis has identified 224 vaccine candidates being developed by pharmaceutical companies, biotech outlets and academic institutions around the world.

In response to the pandemic, the global alliance has now invested up to US\$446 million in nine programs to rapidly develop a safe, effective and globally accessible COVID-19 vaccine – with donations from the Fund supporting these investments. The Fund was one of the early investors in this space, allowing for work to begin quickly.



Manufacturing at AstraZeneca

Photo credit: AstraZeneca

CEPI is continuing to work around the clock with its partners to [develop COVID-19 vaccines at pandemic speed](#). In May, Novavax Inc. became the fourth CEPI-funded vaccine programme to enter Phase 1 clinical trials to test the safety of its vaccine candidate, joining Moderna, Inovio and the University of Oxford.

Moreover, CEPI made its single biggest investment to date in May, announcing up to an [additional US\\$384 million funding to Novavax](#) to advance both the development and manufacturing of its vaccine candidate, NVAX-CoV2373. Having first donated US\$4 million in March to test several promising options, NVAX-CoV2373 was in April identified by the company as a potential candidate after inducing a robust immune response in preclinical studies.

Through completing elements of the vaccine development in parallel, rather than the traditional sequential format, CEPI is taking a financial risk to speed up the development timeline.

Looking Forward

On May 21, UNHCR, the UN Refugee Agency, joined the Fund. In early June, the Fund disbursed US\$10 million to support UNHCR's work to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19. The next Fund report will provide an update on the early use of these funds.

On June 27, there will be an international pledging conference, presented by the European Commission and Global Citizen, together with the Bill & Melinda Gates Foundation, Wellcome Trust and Bloomberg Philanthropies. The Summit's goal is to galvanize new funding to the global COVID-19 response, especially focused on the research and development agenda for new vaccines, diagnostics and therapeutics. The Summit will be followed by a concert airing on broadcasters across the globe.



Photo credit: Mohamed Ragaa/UNICEF

Annex 1

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

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 and since May 2020, the newly-launched 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.

Fund Contributions May 2–May 31, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$13,984,618
Swiss Philanthropy Foundation (including TGE affiliates) ²	\$1,700,000
Japan Center for International Exchange	\$46,280
China Population Welfare Foundation	\$43,175
Total	\$15,774,073

* Includes funds received plus written pledges.

Cumulative Fund Contributions March 13–May 31, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$175,799,066
Swiss Philanthropy Foundation (including TGE affiliates)	\$24,100,000
Japan Center for International Exchange	\$7,637,289
China Population Welfare Foundation	\$43,175
Total **	\$217,579,530

* Includes funds received plus written pledges.

** Includes a US\$ 10 million contribution made in the name of the Fund directly to WHO.

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

Annex 1

Fund Disbursements By Beneficiary*	May 2–May 31, 2020	Cumulative Mar 13–May 31, 2020
Beneficiary	Disbursements in USD	Disbursements in USD
World Health Organization	\$23,260,685	\$99,074,628
World Food Programme	\$20,000,000	\$20,000,000
Coalition for Epidemic Preparedness Innovations		\$10,000,000
UNICEF		\$10,000,000
Total	\$43,260,685	\$139,074,628

* WHO has authorized the Fund to disburse US\$10 million to UNHCR, the UN Refugee Agency, and these funds were disbursed in early June 2020.

Cumulative Fund Disbursements March 13–May 31, 2020 by WHO Strategy Pillar

Beneficiary	Disbursements in USD
WHO Strategy Pillar 1: Ensure global and regional coordination of response efforts	\$20,000,000
WHO Strategy Pillar 2: Support vulnerable countries and communities that need help most	\$106,074,628
WHO Strategy Pillar 3: Accelerate work on vaccines, diagnostics and therapeutics	\$13,000,000
Total	\$139,074,628

Annex 2: Resources, Public Mobilization and Creative Community Engagement 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](#)
- [Swiss Philanthropy Foundation COVID-19 Fund webpage](#)

Public Mobilization and Creative Community Engagement

- [You Are the Champions](#): Queen and Adam Lambert record a new version of We Are the Champions in honor of people around the world who are doing amazing work to stop the spread of COVID-19 and keep the world operating during this time of crisis.
- [I'm Standing with You](#): More than 170 musical artists joined together to create a music video of Diane Warren's *I'm Standing With You* and to mobilize resources for the Fund.
- [SHEIN Together](#): A global streaming event benefiting the COVID-19 Solidarity Response Fund, featuring performances by Katy Perry, Lil Nas X, Rita Ora and Doja Cat.

Stories and Content

- [COVID-19 Solidarity Response Fund for the World Health Organization impact page](#)
- [How the World Health Organization is responding in countries](#)
- [Facing the Mental Health Fallout from the Coronavirus Pandemic](#)
- [Q&A with Dr. Peter Hotez: Behind the Scenes of COVID-19 Vaccine Research](#)
- [World Food Programme Insight](#)
- [One of the best defenses against coronavirus](#): How UNICEF is equipping families and communities with soap and clean water to protect themselves against COVID-19
- [COVID-19 warriors protect urban slums](#)



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