



Dot Zimbabwe, vaccinating youth community champions, April 2021 (Photo WHO AFRO)

COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

1 April - 30 June 2021



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Awareness session on COVID-19 vaccination in West Bank, Ariha town, Palestinian Medical Relief Society, 6 April 2021 (Photo WHO EMRO)

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Abbreviations and Acronyms

ACT Accelerator	Access to COVID-19 Tools (ACT) Accelerator
AFRO	WHO Regional Office for Africa
AI	Artificial intelligence
AMRO	WHO Regional Office of the Americas
ASLM	African Society for Laboratory Medicine
BAAC	Brindisi Air Ambulance Cell
BMEPP	Biological Materials with Epidemic or Pandemic Potential
CADMEF	Congress of Association of Deans of Medical Faculties
CDC	Centres for Disease Control and Prevention
CHED	Child Health in Emergencies Digital platform
CIT	Crisis Insights Team
COVAX	COVID-19 Vaccines Global Access
CRC	Clinical Review Committee
DAK	Digital Adaptation Kit
EARS	Early AI-supported Response with Social listening
EBS	Event Based Surveillance
ECDC	European Centre for Disease Control
EMT	Emergency Medical Team
EMTCC	EMT Coordination Cell
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization
GOARN	Global Outbreak Alert and Response Network
GYM	Global Youth Mobilization
GYS	Global Youth Summit
HCD	Human Centered Design
HIM	Health Emergency Information and Risk Assessment
IEC	Information, Education, and Communication
IFRC	International Federation of the Red Cross
IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention and Control
IRD	Institut de Recherche pour le Développement
ITU	International Telecommunication Union
MEDALS	Mediterranean Academy for Learning Health Systems
MEDEVAC	Medical Evacuation
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
PAHO	Pan-American Health Organization
PGI	Africa Pathogen Genomics Initiative
PMRS	Palestinian Medical Relief Society
PPE	Personal Protective Equipment
PSA	Pressure-Swing Absorption
RCCE	Risk Communication and Community Engagement
SEARO	WHO South-East Asia Region
SPRP	Strategic Preparedness and Response Plan
SRF	Solidarity Response Fund
TGE	Transnational Giving Europe
TIP	Tailoring Immunization Programs
UEFA	Union of European Football Associations
UN	United Nations
UNGP	UN Global Pulse
UNICEF	United Nations Children's Fund
VSN	Vaccine Safety Net
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Programme
WIOS	Workforce Intelligence from Open Sources
WNTD	World No Tobacco Day
WPRO	WHO Western Pacific Region

Executive Summary



Dhaka, Bangladesh, COVID-19 IPC bike miking, Association of Development Agencies of Bangladesh, April 2021 (Photo WHO SEARO)

This seventh report, covering 1 April - 30 June 2021, provides a written account on the COVID-19 Solidarity Response Fund's impact on the global response to the COVID-19 pandemic.

The COVID-19 Solidarity Response Fund (the Fund), providing the first and only way for individuals, corporates, foundations, and other organizations to directly contribute to WHO and its partners' global response efforts, is also the fastest way to get resources where they are critically needed. Donations to the Fund support World Health Organization's (WHO) work to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity, and accelerate equitable access to new COVID-19 tools. Since its launch in March 2020, the Fund has raised over US\$253 million to counter the COVID-19 pandemic.

During this reporting period:

- The Fund received more than US\$10 480 930 million in new contributions. More than 10 700 individuals, corporates, foundations, and other organizations committed funding to support the WHO-led global response effort.
- The Fund was newly powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners, to support WHO's vital work by funding high-impact initiatives to improve world health and the global health ecosystem.

For the reporting period, the impact of the global COVID-19 response is illustrated by activities and projects falling under three strategic pillars, as described in the first Strategic Preparedness and Response Plan (SPRP). This guides coordinated action at the national, regional, and global levels to overcome ongoing challenges in response to COVID-19, addresses inequities, and charts the course out of the pandemic.

Allocations during this reporting period supported:

Global COVID-19 Strategy Pillar 1

- WHO's efforts to enhance the technical skills of Emergency Medical Teams that care for severely ill COVID-19 patients.

- WHO's efforts to support the Management of Child Health and Development in Humanitarian Settings affected by COVID-19.
- WHO, to provide guidance on managing mass gatherings during COVID-19.
- The scale-up of World Food Programme's global logistics distribution systems, so essential supplies can reach those most in need.

Global COVID-19 Strategy Pillar 2

- WHO, to procure and distribute essential medical supplies (PPE), diagnostic tests, and clinical care equipment.
- WHO, to support the Africa Centres for Disease Control and Prevention, to strengthen the continent's response to the pandemic.
- WHO's Medical Evacuation System for UN personnel and eligible dependents.
- WHO, to accelerate contact tracing efforts around the world.
- WHO, to assist high-risk populations to quit tobacco use during the pandemic.
- WHO, to combat the "infodemic" of COVID-19-related misinformation.
- The World Organization of the Scout Movement, to support youth engagement during the pandemic.
- US\$1.5 million allocated to WHO, to support Lebanon Emergency Medical Teams.
- WHO, to support the "OpenWHO.org" information sharing platform.
- WHO, to strengthen the engagement of civil society organizations in the COVID-19 response nationally and locally.
- WHO, to support COVID-19 chatbots.
- WHO, to engage government lawyers and judicial officers on fundamental rights in the context of COVID-19.
- WHO, to mobilize communities and drive COVID-19 vaccine uptake.
- WHO, to support the delivery of mental health support during the COVID-19 pandemic.

Global COVID-19 Strategy Pillar 3

- WHO, to support unity studies to better characterize the global epidemiology of COVID-19 and modes of transmission.
- WHO, for a R&D blueprint including vaccine solidarity trials.
- WHO, to build and strengthen public health intelligence capacity in Member States through EIOS adoption and automated threat detection.
- The WHO Oxygen Scale Up project bringing oxygen therapy to patients in need.
- WHO, for Health workforce knowledge to action.
- WHO, for Global System for Sharing Biological Materials with Epidemic or Pandemic Potential via the WHO BioHub.

Introduction

During the reporting period, the COVID-19 pandemic continued to affect communities all over the world in extraordinary and challenging ways. Many regions experienced increased transmission with third and fourth waves. No continents were spared, with over 53 million global cases reported from April to the end of June 2021.

The South-East Asia region was hit particularly hard, with dramatic consequences in India and Bangladesh. In India, daily new cases rose to 400 000, overwhelming hospital capacity with a devastating toll on the population. In addition, the Delta variant (B.1.617.2), identified in May 2021 by WHO of high concern due to increased transmissivity, spread to 96 countries by the end of June, with several countries attributing surges in infections and hospitalizations.

Countries have moved in and out of restrictions of varying stringency over the past 18 months. Now, many face considerable pressure to lift remaining public health and social measures. The easing of social mixing and mobility must ensure robust assessments of transmission risks and careful planning. The number of gatherings—from small-scale groups of friends and family to large sporting or religious events—could increase opportunities for the virus and its variants to thrive.

In the race to curb the impact and end the pandemic, the promising tool of COVID-19 vaccines faces the challenges of inequitable distribution. While over 2.65 billion doses have been administered, most have been in a few high-income countries. Although the gap in vaccine administration between high- and low-income countries is reducing, thanks to the COVID-19 Vaccines Global Access (COVAX) facility, the majority of the world's population remains unprotected.

This pandemic demonstrates that solidarity remains critical to stopping the spread of the virus and building back strengthened health systems. Together with partners, WHO continues to accelerate efforts to develop and equitably distribute COVID-19 vaccines, therapeutics, and diagnostics globally under the Access to COVID-19 Tools (ACT) Accelerator.

COVID-19 Solidarity Response Fund Impact

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

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

WHO channeled funding to enhance the capacity and technical skills of Emergency Medical Team (EMT) members to care for the affected populations of COVID-19. These health professionals, which include doctors, nurses, and paramedics, treat patients affected by an emergency or natural disaster. Assembled from governments, charities, and non-governmental organizations (NGOs), militaries, and international organizations, these teams work to comply with the minimum standards set out by WHO and its partners and are trained to care for sudden disease outbreaks including cholera, Ebola, and COVID-19. Prepared and self-sufficient, EMTs do not burden the national system.

In April 2021, an EMT Coordination Cell (EMTCC) Training took place, which aimed to establish the overall coordination and referral mechanisms in the event of a mass casualty incident. In May, an EMTCC and a Mass Casualty Management simulation exercise was conducted at the main referral hospital of Addis Ababa. A total of 111 participants from the central Ministry of Health (MoH) and federal/regional health bureaus attended.

The EMT Regional Training Center officially launched in April 2021. While the initial phase focused on Ethiopian healthcare personnel, it created a broader awareness of the EMT Initiative in the region. More than 800 MoH and partner personnel completed a webinar series on the initiative's activities. The number of requests for assistance in case management and capacity building for COVID-19 at country levels has increased. To date, 18 countries have received support from 10 EMT network partners, and 4 927 healthcare personnel have been trained on the management of severe and critical COVID-19 cases.

The establishment of the training center includes a host of components that must be simultaneously implemented. The procurement of the center's supplies and materials was initiated by the WHO Country Office in Ethiopia. In collaboration with WHO Africa, the recruitment of a Project Management Unit to provide training center oversight during its establishment and subsequent daily operations, has started. A Project Coordinator will be selected in August 2021.

It was previously reported that partners were engaged to design and deliver different training packages at the center. As of this report, training packages for Operations Support and Logistics, Water, Sanitation and Hygiene (WASH), Rehabilitation, Surgery, and Reproductive Maternal and Child Health are in the final development stages; in consultation with EMT Technical Consultants and network partners.

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

The "Child Health in Emergencies Digital platform" (CHED) project has a vision to improve health outcomes in emergencies beyond children and newborns and to make WHO's established clinical guidelines readily available. To reflect the full scope of this vision and mission, during the reporting period, the project was renamed "Em Care" (short for "Emergency Care").

A Clinical Review Committee (CRC) meeting took place from 28-30 April 2021, to review the adaptations for managing child health during emergency settings for Integrated Management of Childhood Illness (IMCI), newborn, and malnutrition. A second CRC meeting, to address adaptations required in complex scenarios (where referral is delayed or not possible), will take place in July.

With support from the Fund, work has started on the core components of the Digital Adaptation Kit (DAK), with a reference group to provide additional strategic oversight to the project. To prepare for the mobile App pilot in early 2022, a first meeting with WHO focal points in the WHO Africa (AFRO) and Eastern Mediterranean (EMRO) regions was held at the end of June.

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

Mass gatherings have the potential to amplify the spread of COVID-19; the larger the number of attendees, the higher the risk of overwhelming the response capacities of the health system. With support from the Fund, WHO is documenting the planning of mass gatherings globally, monitoring their implementation, assessing the associated risk, and translating evidence into technical recommendations and informational products that can be used widely to make events safer. Activities carried out include:

- The development of graphics, guidance, and tools to help advise decision-makers on the evaluation, management, and communication of COVID-19 associated risks during gatherings. These include religious ceremonies, elections, sports, and other in-person events (e.g., small family or holiday gatherings).
- The design of case studies to document and share lessons around how different types of mass gatherings are being planned in the context of COVID-19, what safety measures are in place, what works well, and what does not in terms of preventing transmission of the virus.
- Documenting the social, economic, and psychological impact of COVID-19 on communities around the world, to identify consequences that must be managed in the long-term, and to prepare for the impacts of future pandemics.
- The monitoring and evaluation of mass gatherings, including routine screening, compilation, and analysis of key global information on mass gatherings and COVID-19.

In the reporting period, WHO channeled funding to support the following activities:

- An [updated interim guidance](#) on safe Ramadan practices, to make religious and social events linked to Ramadan safer during COVID-19, was released on April 7, 2021. It is available in Arabic, English, and French.

- An aide-mémoire: [*use of medical and non-medical/fabric masks for community outreach activities during the COVID-19 pandemic*](#) was released on 31 May 2021. This product was developed in collaboration with the malaria, neglected tropical diseases, tuberculosis, HIV/AIDS and vaccine-preventable diseases programmes and communities. It details requirements for the different types of professionals involved in large-scale health interventions comparable to mass gatherings, based on their level of risk of potential exposure to COVID-19. The document is available in English, French, Spanish, and Portuguese.
- Two case studies on mass gatherings events were completed:
 - The impact of COVID-19 on grassroot sports events in Australia, India, South Africa, and Spain: a [*multicentric case-study in collaboration with the International Centre for Sport Security \(ICSS\)*](#) and how they reacted and adapted
 - Formula One auto racing events: carried out in collaboration with FIFA, the study documented the COVID-19 safety measures implemented in the context of high-level sports events
- Other case studies on mass gatherings have been initiated, covering: the elections in Ukraine, religious events in France, and sports events in the Western Pacific. This includes a “*Social Legacy*” investigation of the COVID-19 pandemic, carried out in collaboration with the WHO Collaborating Centre for Research on Health and Humanitarian Policies and Practices, Institut de Recherche pour le Développement (IRD)/University of Paris, which aims at collecting information on and documenting the social and psychological impact of COVID-19 on religious and sports communities in Europe and in North America. Data collection and analysis is currently ongoing, and is expected to be completed by 31 December 2021.
- A new indicator, template, and mechanism to monitor the mass gatherings occurring worldwide was finalized on 11 May 2021, and included in the [*COVID-19 strategic preparedness and response plan: monitoring and evaluation framework*](#).
- A literature review on mass gatherings and COVID-19 is compiled on a weekly basis and circulated to WHO Regional Offices and external experts. In collaboration with WHO’s Science Division, a scoping review on mass gatherings was conducted in June 2021, with the aim of identifying the risk factors associated with mass gatherings (e.g. duration, indoor location, etc.) through the extraction of this information from peer-reviewed papers.
- Work is ongoing on the development of a number of products, with an expected release in Q3-Q4 2021, namely: *Safe Eid al Adha practices in the context of COVID-19* (update of Version 1, which was released on July 25, 2020); *Key planning recommendations for mass gatherings in the context of the current COVID-19 outbreak* (update of Version 1 released on May 29, 2020); a policy brief on *Holding gatherings during the COVID-19 pandemic*; *WHO Mass Gatherings COVID-19 Risk Assessment Tools* (generic events, sports events and religious events; updates of Version 2 released on 10 July 2020).

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

When COVID-19 began to spread around the world in early 2020, global supply chains and transport markets were severely impacted. This created immense challenges for humanitarian and health partners responding to the direct public health and indirect immediate humanitarian consequences of the pandemic. There was an unprecedented call for all humanitarian agencies and organizations to work together and cooperate in innovative ways.

Thanks to a generous contribution received from the Fund, the World Food Programme (WFP), working closely with WHO, the UN system, the NGO community, and governments, quickly stepped up to lead the delivery of COVID-19 relief items. By activating its extensive logistics network of 8 global humanitarian response hubs, the movement of critical cargo and passengers on a free-to-user basis could be facilitated on behalf of all humanitarian organizations.

Since the launch of operations on 30 April 2020 - 31 March 2021¹, WFP transported 131 579 m³ of essential COVID-19 items to 162 countries, on behalf of 48 humanitarian organizations. During the reporting period, two remaining shipments reached their destinations in April, to support WHO and UN agencies with essential COVID-19 items: UNFPA received 39 m³ for Yemen and UNICEF's 1 651 m³ shipment arrived after the temporary closure of the Suez Canal.

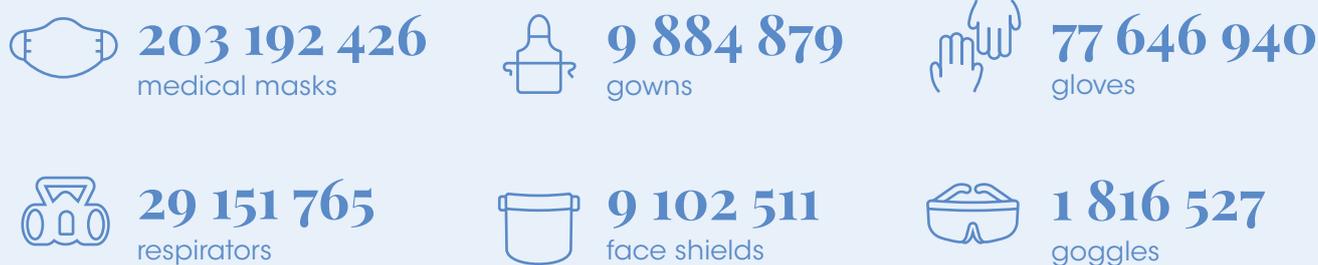


1. The grant was extended until 30 June, to allow for the outstanding commitments to be actualized as invoices for the services rendered until 31 March 2021 were received and processed. In fact, while the cargo service that WFP has been providing to support partners' needs came to completion by the end of March 2021, two shipments (1690 m³) were still en route and arrived at destination after 31 March 2021. Thus, the no cost extension allowed for the additional time required to reconcile invoices for cargo shipments.

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

US\$112.35 million allocated for the procurement and rapid distribution of essential medical supplies – PPE, diagnostic tests, and clinical care equipment – to support COVID-19 response efforts in 156 countries.

Personal Protective Equipment (PPE) shipped to 156 countries (as of 30 June 2021):



COVID-19 Supply Chain

The COVID-19 Supply Chain System (CSCS) has leveraged the expertise and assets of WHO and UN partner agencies in response to the collapse of supply chains resulting from the unprecedented global demand for medical supplies due to COVID-19.

Shortages of vaccines, oxygen, and other critical items continue to present key challenges in supporting the COVID-19 response in the worst-hit countries. Compounded by longer lead times for procuring medical oxygen equipment and limited technical capacities in many countries facing the highest number of cases, these challenges underscore the need for continued collaboration and support from the international community to assist countries in accessing and procuring medical oxygen equipment.

PPE

As of 30 June 2021, WHO has delivered over 332 million PPE items (valued at US\$123.6 million), including medical masks, respirator masks, goggles, face shields, gowns, and examination gloves, to support 156 countries.

Diagnostics

As of 28 June 2021, WHO procured a total of 117.2 million diagnostic products through the Diagnostics Consortium. Of these, 34.6 million PCR tests and 16.9 million sample collection kits have been shipped to countries across all WHO regions.

Biomedical Supplies

The WHO supply mechanism has seen strong demand for biomedical equipment since May, particularly for oxygen concentrators from countries experiencing high rates of COVID-19 transmission, including India, Nepal, Myanmar, and Indonesia.

As of 30 June 2021, WHO has shipped US\$61 million of biomedical equipment to support clinical care for COVID-19 in 120 countries, including 4 041 oxygen concentrators to India in May. Preparations are underway to deliver 2 000 concentrators to Nepal, 700 to Indonesia, and 300 to Myanmar.

Biomedical Consortium members (UNDP, UNOPS, WHO, UNICEF, World Bank, and the Pan-American Health Organization) meet regularly to discuss operational issues, including requests and procurement updates, technical support needs, market obstacles, and bottlenecks, and when necessary, allocation of purchasing responsibilities.

US\$5.05 million allocated to WHO, to support the Africa Centres for Disease Control and Prevention, to strengthen the continent's response to the pandemic.

During the reporting period, funds to the Africa Centres for Disease Control and Prevention (Africa CDC) served to procure laboratory equipment for manufacturing of COVID-19 diagnostics, facilitate an Africa COVID-19 Champion Leaders Program in 10 countries on risk communication, and to support clinical and operational research in Africa around COVID-19.

Laboratory Capacity

- A process is underway to procure laboratory equipment, reagents, and for the manufacturing of COVID-19 diagnostics and the request for proposals has been published.
 - Africa CDC, through the Africa Pathogen Genomics Initiative (Africa PGI), is collaborating with the African Society for Laboratory Medicine (ASLM), WHO Regional Office for Africa, and Africa Centers of Excellence in Genomics and Bioinformatics, to train a network of national public health laboratories in the generation and analyses of COVID-19 genomic data. The comprehensive, hands-on training aims to strengthen Member States' capacity to track the emergence and spread of COVID-19 variants of concern. It also serves to build a skilled workforce that can provide rapid and representative genomic data to inform the continental COVID-19 pandemic response. A total of 17 candidates from 12 African Union Member States are attending the training.

Supporting COVID-19 Related Clinical and Operational Research in Africa

- Planning is underway, in advanced stages, for the implementation of the serosurvey (testing of blood serum to monitor trends in prevalence of COVID-19) for the following countries: Malawi, Zambia, Cameroun, Congo Brazzaville, and Madagascar.

Risk Communication

- An Africa COVID-19 Champion Leaders Program is being led in 10 countries to strengthen risk communication.

- Terms of Reference and Calls for Proposals have been finalized to hire a consultant to implement the proposed Africa COVID Champion Leaders Program.
- The plans to conduct in-country trainings to promote vaccine roll-out in the community and to increase uptake across countries has been delayed due to the third wave of infections in many Member States.

Further areas of collaboration:

- Ongoing Risk Communication and Community Engagement (RCCE) partnership activities with WHO Africa and Eastern Mediterranean regions, including vaccine communication and the RCCE community of practice through weekly coordination meetings
- Africa CDC and WHO AFRO organized RCCE refresher training in May 2021, with 350-400 RCCE focal points and other PH expert as participants
- Jointly host monthly webinars for RCCE Focal Points across 4 regions focusing on key topics/issues arising as the pandemic evolves daily
- A joint Vaccine Acceptability Campaign with WHO AFRO is ongoing in South Africa and Zambia, the next step to be launched in Nigeria in the coming weeks, using M&C Saatchi as implementing partner

1.15 US\$ million allocated to the WHO COVID-19 Medical Evacuation System for UN personnel and eligible dependents.

The UN Medical Evacuation (MEDEVAC) System is an example of a successful partnership between numerous entities to design, resource, and implement a system-wide medical evacuation framework in the face of the unprecedented circumstances due to the COVID-19 pandemic. Complementing “first line of defense” activities, COVID-19 MEDEVAC provides life-saving support for severely ill COVID-19 UN personnel, partners, and their dependents, when local medical resources can no longer support their clinical needs.

The UN COVID-19 MEDEVAC Medical Coordination Unit (MCU) operates 24 hours a day, seven days a week, and oversees the clinical and operational management of evacuations. MEDEVACs are conducted on a case-by-case basis for COVID-19 confirmed patients in accordance with exiting and receiving country public health regulations. For each case, the MCU identifies the receiving hospital and country, coordinates ground and air ambulances with the Brindisi Air Ambulance Cell (BAAC), and oversees the clinical status of the patient. The MCU also provides training to over 200 COVID-19 Coordinators in-country, and develops agreements and standard operating procedures with receiving hospitals and countries.

Since the activation of the COVID-19 MEDEVAC System in May 2020, the MCU has processed 355 cases. It has evacuated patients from 44 UN agencies and implementing partner NGOs from 62 countries in WHO’s African, Eastern Mediterranean, and South-East Asian regions. Patients have been evacuated to countries with higher-level facilities in South America, Africa, and Europe. This includes a newly dedicated COVID-19 field hospital in Ghana and a new ward at the Nairobi Hospital in Kenya.

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

With renewed surges of COVID-19 cases across the world, enhanced contact tracing activities are still needed to reduce transmission. WHO has conducted critical work in countries throughout the second quarter of 2021 to strengthen contract tracing capacity, including:

- **In the European and Eastern Mediterranean regions:** The first of a series of case studies on COVID-19 contact tracing was conducted in Kosovo². The case study presents methods, training, human resources, data management, communication, and the ethical aspects of contact tracing. Similar case studies are being developed in Oman and in Tunisia to build on lessons learned.
- **In the Americas:** A [Contact Tracing Knowledge Hub](#) was launched in May 2021 on the Pan-American Health Organization (PAHO) website. The well-received platform includes an enhanced epidemiological dashboard library that was developed to help countries with case investigation, contact tracing, and visualization of chains of transmission data. Countries can freely share and access these resources.

All regions continue to highlight the crucial role of local communities as part of the COVID-19 response. With support from the Fund, many regions were able to make significant progress in this area, including:

- **Eastern Mediterranean Region:** Afghanistan's Country Office is collaborating with the Ministry of Public Health to develop Information, Education, and Communication (IEC) materials. Coordinators are being recruited and trained in various districts, with the aim to implement a community-centered approach to promote contact tracing. In Tunisia, an agreement with the Scout organization has been renewed, which supports contact tracing at the community level. Recruiting and training commenced in June. RCCE activities, focused on enhancing impact in hard-to-reach areas near to the borders, will be completed through the Scout's well-established access to the community.
- **South-East Asia:** The Myanmar Country Office has worked with the Food and Agriculture Organization (FAO) to deliver 6 000 pieces of COVID-19 RCCE materials, to raise awareness of prevention practices to the Rakhine population in FAO project sites. In addition, almost 70 000 pieces of COVID-19 RCCE materials were provided to Save The Children for their project sites across six states/regions.
- **Americas:** In Bolivia, the first four radio programs about contact tracing and COVID-19 prevention measures were broadcast across ten stations in the Chaco region, targeting indigenous communities. Several trainings on the importance of contact tracing were organized for journalists and community leaders in Paraguay, and social media materials around contact tracing are being produced in Colombia.

WHO continues efforts to build the capacity of contact tracers across all regions:

- **Eastern Mediterranean Region:** Contact tracing coordinators at national and/or sub-national levels were recruited in Afghanistan and Lebanon.
- **African Region:** Contact tracers from areas with high numbers of cases have been equipped with phones and trained in Uganda and the Republic of Congo. The rollout of Go.Data for contact tracing is underway in Uganda.
- **Europe:** An agreement with the National Institute for Public Health in North Macedonia was signed to implement contact tracing activities. Training in contact tracing and RCEE continues in North Macedonia, Turkmenistan, and Kosovo².

2. All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 1999

- **South-East Asia:** The Nepal Country Office is developing a training curriculum for contact tracing facilitators based on identified training needs, which plans to start in July 2021. In the meantime, contact tracing-related courses and training resources are being mapped out and the Coursera contact tracing course is being translated into ten dialect languages.

At the global level, since the Global Consultation on Contact Tracing in 2020, WHO has held fortnightly teleconferences/webinars with Global Outbreak Alert and Response (GOARN) partners, along with key stakeholders, to share practical experience and challenges on building and implementing contact tracing capacity. A second round of conferences/webinars will restart in September 2021.

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

A WHO year-long global campaign, “Commit to Quit”, serves to build awareness and calls-to-action for World No Tobacco Day (WNTD) on 31 May 2021. The campaign aims to support 100 million people to make quit attempts by the end of the year.

The Fund supports 35 focus countries with communications material, and the development, design, and implementation of local, regional, and national campaigns (traditional and social media) to raise awareness about the linkage between smoking and COVID-19, inform about existing cessation services, and empower tobacco users to make successful quit attempts. The campaign includes social influencers, youth groups, and quit networks on social platforms. So far, over 4 billion people have been reached; greatly exceeding previous years. All 35 countries involved conducted national and traditional or social media campaigns to help reach billions of target audiences.

During the reporting period, the WHO Tobacco Control Team, in collaboration with the UN, provided rapid support to countries to help them deliver comprehensive tobacco cessation services during the COVID-19 pandemic. The Fund supports six priority countries (India, Jordan, Philippines, Mexico, China, and Timor-Leste).

Key achievements:

- India ran a series of radio campaigns in 10 local languages in 15 states.
- Ministries of Health of China, Ethiopia, Indonesia, Bangladesh, Morocco, and Uzbekistan hosted national events to celebrate WNTD.
- Mexico, Kenya, Iran, and Jordan have expanded their existing COVID-19 or other health lines to national toll-free quit lines and scaled up tobacco cessation support in the health system.
- Timor-Leste expanded tobacco cessation clinics, to serve as multi-functional tobacco cessation resource centers for the country.
- China launched a WeChat mCessation project and an online training course on brief tobacco interventions on May 26, 2021. The Philippines launched their mCessation project on 25 June.
- India is planning to relaunch and scale up their mCessation project.
- Four countries (Jordan, India, Philippines, and Timor-Leste) received nicotine replacement therapy (NRT) products to support COVID-19 frontline health workers and other at-risk groups for COVID-19 to quit smoking.

- Florence, a WHO artificial intelligence health worker, who provides brief advice on tobacco cessation and channels people to online quit support and national quit lines, is now available 24/7 in five UN languages: English, Spanish, French, Chinese, and Russian (Arabic following shortly).
- WHO launched six-month text messaging programs on Viber, WhatsApp, and Facebook Messenger to help people quit and remain tobacco-free. Each of these programs serves more than 50-100,000 users.

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

Infodemics, in digital and offline information environments, make it increasingly difficult to ensure that communities have accurate information about COVID-19. The Fund supports tools and training to monitor narratives and provide information to tackle vaccine concerns. In particular, WHO's work has focused on the launch of infodemic listening artificial intelligence (AI) tools, infodemic manager training, and vaccine safety information.

Key achievements include:

- Deploying infodemic social listening tools: WHO has produced weekly COVID-19 infodemic listening insights, with content tracked in English and French to report shifts in narratives. WHO also launched the Early AI-Supported Response with Social Listening Tool (EARS), to track trends on COVID-19 vaccine narratives. WHO South-East Asia Region developed EARS for Bahasa and Thai local languages, to conduct content tracking in Indonesia and Thailand.
- Conducting infodemic manager training: In June 2021, WHO conducted the second Global Infodemic Management Training Program in partnership with the US CDC, the European Centre for Disease Control (ECDC), and UNICEF for 254 new trainees. The program was run in two languages, with 198 participants in the English cohort, and 56 in the French. Trainees included 20% WHO staff, with 80% coming from a range of other sectors and partners, including ministries of health, epidemiologists, health care workers, risk communication experts, behavioral scientists, journalists, and more.
- Promoting vaccine safety: The Vaccine Safety Net (VSN), partnered with the Be Healthy, Be Mobile unit. It also co-funded the WHO's Facebook Messenger Health Bot, a tool the public can access to get answers to vaccine safety concerns. The platform has hosted 1.3m+ users and handled over 11.5m messages in 16 languages. WHO also launched a website package to enhance availability of high-quality vaccine safety information, including COVID-19 vaccine safety.
- Developing priority data analytics: The Crisis Insights Team (CIT) within UN Global Pulse (UNGP) supports the UN System with rapid implementation and integration of priority data analytics. Two key projects were created under this objective:
 - Project 1: Radio Mining for Infodemic Monitoring - UNGP created the first iteration of a scalable data engineering pipeline, which ingests online radio stations and transcribes radio speech into text using artificial intelligence. During the project's next phase, the refined prototypes will be piloted in a number of African countries with WHO infodemic management officers. Testing will take place in Nigeria, South Africa, Uganda, and Mali.

- Project 2: Social Media, and Media Monitoring in Africa - Building on their social media analysis and WHO brand perception work, UNGP has partnered with the Golub Capital Social Impact Lab at Stanford University on a research project using Facebook to determine the most effective messaging and format to combat misinformation. Under the guidance of WHO, this testing has been used in South Africa to help determine what online methods can be used to diminish vaccine hesitancy and promote the sharing of true information.
- M-Health for Infodemic Response: The International Telecommunication Union (ITU) is the United Nations specialized agency for information and communication technologies. Together with WHO, ITU launched several activities to combat the infodemic around COVID-19, including the development and deployment of infrastructure in the Caribbean region to support sustainable communication campaigns, with specific support to St. Lucia and Grenada; a long-term agreement with Digicel (a major regional telecom operator), to secure preferential conditions for content delivery to people's mobile devices; consultations to develop a chatbot; and the collection of feedback on national approaches to using digital technology to tackle the COVID-19 pandemic.

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

The [Global Youth Mobilization](#) (GYM) is a movement of young people taking action to improve their lives now and in a post-COVID-19 world. Thanks to the Fund, the GYM was able to host a Global Youth Summit (GYS) on health and wellbeing, education, work, and diversity and inclusion, and how the COVID-19 pandemic has affected young people across a variety of topics. The summit reached 14,000 people through the GYM website.

Summit highlights:

- More than 150 countries were represented at the summit, with 70+ hours of quality content delivered for young people in five languages (English, Spanish, French, Arabic, and Russian), along with 50+ partners engaged in session delivery (ranging from UN agencies all the way to local, grassroots organizations).
- Participants had the opportunity to connect with experts and their peers, and exchange ideas on how to engage in their local communities to support response and recovery efforts in light of the pandemic.
- More than 100 pieces of media coverage was produced, with a majority being online content, along with coverage from a few TV and radio stations.
- Of those that attended, 83% now feel motivated to support their local community and 74% felt inspired to ask their local government to address local youth issues in their community.

Further achievements:

A ground-breaking, new model for funding youth-led solutions was launched ([Global Fund for Local Solutions](#)). To date, the GYM has received more than 500 applications for micro-grants (ranging from USD

500 to 5 000) for local initiatives by young people and youth-led community groups eager to improve the situation in their local communities.

- The GYM granted funds to national projects of the Big Six Youth Organizations in close to 50 countries focused on engaging young people in COVID-19 recovery in their communities.

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

Lebanon had its peak of COVID-19 during the first quarter of 2021, inundating hospital emergency rooms with severe COVID-19 cases. The outbreak receded after a national lockdown was instituted between January and February, returning to a Level 2 outbreak in April, then to a Level 1 outbreak by end of May. The private/public twinning project, whereby private hospitals partner with public hospitals to on upgrade the quality of care for COVID patients in ICU, established by the Fund, continued its learning activities during the outbreak, with different adaptation measures:

- One private hospital initiated training during virtual meetings with its paired public hospital.
- Another private hospital continued to receive nurses for capacity building on inhalation therapy while sending a multi-disciplinary team for bedside coaching to improve case management of severe cases, level of infection prevention and control, and pharmaceutical management.
- Paired private/public hospitals developed and implemented protocols for proning, ventilation, and sedation.

Thanks to the Fund, the project team sought innovative approaches and solutions:

- Periodic assessments were established by the Mediterranean Academy for Learning Health Systems (MEDALS), with the support of WHO and in close collaboration with the Ministry of Public Health. This included updating the benchmark indicators for the public hospitals, the plan of support, and steering committee meetings to review challenges and find practical solutions.

Based on these assessments, strengthening areas were identified, and a central training series is under development, targeting quality systems development, and basic and advanced life support.

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

The [OpenWHO.org](https://openwho.org) platform is grounded in the principles of open access and equity. Courses are free, self-paced, accessible in low-bandwidth and offline formats, and available in national and local languages for easy use by frontline responders and the public in health emergencies. By the end of the reporting period, the platform had reached 5.4 million enrolments and had produced:

- 36 topical courses on COVID-19 based on WHO technical guidance
- Courses spread across in 55 different languages

- 10 scientific peer-reviewed papers and posters to further advance the science of learning and training during health emergencies

A new “Serving Countries” portal was launched in June for countries to easily access courses in their official languages, to support their response to the ongoing COVID-19 emergency and other health threats. In total, 9.8 million words have been translated so that communities can access life-saving information in their mother tongues, to protect themselves and their loved ones. The platform is on track to reach 6 million enrollments in 2021.

Two webinar series on the COVID-19 response were launched, with select sessions available in the six official UN languages as well as Portuguese. Between April and June, a total of 16 232 participants from around the world attended eight webinars and nearly 48 000 registered to attend.

New technologies have been introduced to build capacity for massive training responses during health threats like COVID-19, including a 360-degree virtual space, automated voice-overs, and transcription for online courses.

Support from the Fund is enabling WHO’s “[Open WHO.org](#)” platform to ramp up real-time learning to the world’s most vulnerable communities. These tools are updated frequently to ensure access to the latest available information.

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

Thanks to the Fund, a civil society engagement program supports 54 front-line Civil Society Organizations (CSOs), serving as first responders at community levels. This program reaches out to over 80 million hard to reach and marginalized people in vulnerable communities in 40 priority countries around the world.

Facilitating access to services in humanitarian and non-humanitarian settings, a strong focus has been placed on protecting health workers and front-line care providers.

Key activities:

- **Cote d’Ivoire and Mali:** WHO supported the Congress of Association of Deans of Medical Faculties (CADMEF) in training experts to lead the current response.
- **Burkina Faso and North-East Nigeria:** The Red Cross was supported with training on preventing attacks on health care.
- **Egypt:** International Federation of Medical Students Association and Egyptian Novice Nurses Students’ Scientific Association worked with WHO to address issues of mental health of medical and para-medical students.
- **Palestine:** Palestinian Medical Relief Society (PMRS) connected communities to services and organized IPC training to care-providers.
- **Philippines:** Davao Medical School Foundation, Inc, Institute of Primary Health Care, trained local health emergency workers on COVID-19 RCCE.

WHO facilitated the alignment of COVID-19 response actions with the selected CSOs via national and local response plans.

Support from the Fund enabled activities that reach out directly to communities in need, including:

- **Indigenous communities:** In Ecuador, the country's only indigenous radio station, 'La Voz de la CONFENIAE', was supported, reaching out to 1 500 indigenous communities of around 100 000 people. In addition, soap production, organized by Fundación Pachamama in Achuar and Shuar communities, empowered local women in health promotion beyond COVID-19-related issues.
- **Migrants, refugees, internally displaced people:** In India, the Disha Foundation reached 15 000 internal migrants with Infection Prevention and Control (IPC) and referral support. In Iraq, Heevie supported referrals and community-based prevention and care in six refugee camps sheltering a total of 60 000 people. Red Cross National Society Health in Burkina Faso supported desert health clinics with RCCE, serving over three million displaced people. In North-West Syria, a call center was supported to refer COVID-19 patients and suspected cases to health facilities in Idlib, West Aleppo, and North Aleppo.
- **People with disabilities:** In Nepal, the National Federation of Disabled Nepal promoted self-help empowerment programs for people with disabilities, and KOSHISH set up outpatient services for people with mental health conditions in hard-to-reach locations. In Guatemala, RIADIS³ helped to connect people with disabilities to services, and WHO facilitated ongoing evidence-based discussions between RIADIS and the government on an integrated approach to disabilities in emergency management plans.
- **Religious leaders:** In Israel, religious leaders were supported in issuing religious rulings on complying with IPC measures and on COVID-19 vaccine uptake, and, in Bangladesh, over 80 mosque mikings, along with hundreds of bike mikings, were organized to call for compliance with IPC measures.
- **Youth organizations:** The Organization of African Youth in Kenya and Dot Zimbabwe were supported in developing innovative methods of reaching out to young people on COVID-19 IPC, including digital animations, community radio skits, and digital posters. The World Organization for Scout Movement Arab Scout Region has been engaged in Egypt, Lebanon, and Libya to raise awareness and support preparedness, prevention, and response to COVID-19. In Algeria, the International Union of Muslim Scouts reached out to more than 800 vulnerable households with IPC information and provided masks and hand sanitizers to communities. In Guyana, youth groups formed a consortium and were trained to support national and local authorities in measures on compliance with IPC.

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

WHO developed a health alert chatbot to fight COVID-19 and associated misinformation. The Initiative can be accessed via WhatsApp, Facebook Messenger, Facebook Free Basics, and Viber. Its users utilize the chatbot to find answers to common questions about vaccines, other prevention measures, and treatments, to understand the facts and news related to the disease, and to contribute to preventing its spread. The WHO chatbots have reached more than 20 million people.

3. Latin American network of people with disabilities

WHO launched a new feature on chatbots allowing users to subscribe for weekly push notifications, covering new content and the most sought-after information that week. In five months, more than 30 thousand people across the world have subscribed to this service, and the number continues to increase week-on-week.

In June 2021, WHO added two new languages – Hindi and Portuguese – to its Facebook Free Basics site, enabling people with limited access to the Internet to access lifesaving health information on COVID-19. This is part of WHO’s efforts to democratize health information and empower those most vulnerable to make informed decisions for their health and the health of their loved ones.

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

In March 2021, WHO began a new project to engage government lawyers and judicial officers on protecting fundamental rights in the context of COVID-19. The project seeks to promote effective balancing of the rights and duties of governments to protect health, as compared to the rights of those affected by public health interventions. Public health interventions to control COVID-19 have had profound implications for vulnerable groups. As the pandemic continues, such interventions are increasingly being challenged before the courts, including on grounds that they violate fundamental rights.

The cases call on government lawyers and courts to balance competing interests and evaluate the proportionality, rationality, and reasonableness of public health interventions in a context where successful collective action depends on the effective balancing of rights.

WHO’s work to engage lawyers and judicial officers on this issue has two pillars. The first involves identifying and summarizing judicial decisions from around the world. To undertake this task, WHO launched a collaboration with the Faculty of Law at University of Trento. The faculty coordinates an international network of researchers and judicial officers to identify relevant case law for an open access online database with cases addressed before the courts around the globe. It is anticipated that the database will be online early in Quarter 3, 2021, and that summaries of up to 2 500 cases will be included in the database before the end of 2021. Case law included in the database will be searchable and grouped by jurisdiction, as well as by reference to the rights invoked. This will enable a clearer picture of how the balancing of rights has been undertaken in different jurisdictions, as well as how specific rights have been addressed before the courts around the globe. Most importantly, making case summaries available in this way will permit cross-country learning.

The second pillar of this project will see WHO and other external collaborators train lawyers and judicial officers on the effective balancing of rights in public health interventions that respond to COVID-19. Currently under development, this training will draw upon the case law included in the database to share relevant developments in the law. Participants will also be trained on the substantive rights in question as well as how to evaluate evidence underpinning decision-making.

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

WHO, UNICEF, and the International Federation of the Red Cross (IFRC) continued to scale up work on the acceptance and uptake of COVID-19 vaccination across a range of coordinated RCCE, data-driven, and behaviorally-informed strategies. The Fund has been supporting initiatives to strengthen community engagement and feedback systems and to further amplify the sharing of information through trusted sources.

Key achievements include:

- Orientations on technical guidance for priority countries from IFRC, to improve the quality and consistency of RCCE approaches and accountability towards standardized tools, trainings, and guidelines
- A regional UNICEF and WHO capacity-building workshop on Human Centered Design (HCD) and Tailoring Immunization Programs (TIP), which included 141 participants, national program managers, and implementing partners from across East and South Asia; Piloting of an IFRC rapid training package with National Societies across all regions: How to ensure an inclusive and community-centered COVID-19 vaccines rollout
- Engagement of youth through UNICEF to promote trust in vaccines in Indonesia
- Outreach to vulnerable populations such as internally displaced people and refugees, through UNICEF, using a mix of communication channels in South Sudan
- Engagement with religious leaders in promoting COVID-19 preventive behaviors and vaccines in Egypt with UNICEF

All regions continue to expand social listening interventions, variously supported by UNICEF and WHO. Three UNICEF Regional Offices (the Western and Central Africa Regional Office; Eastern and Southern African Regional Office; and Eastern and Central Asia Office) are using interventions to respond to misinformation. Further, UNICEF's Regional Office for Eastern and Central Asia is developing a rumor tracking system for monitoring over time. In Pakistan, a mapping of existing social listening platforms has been conducted to inform the development of a road map on the same topic. Two WHO offices (Africa and South-East Asia) have recruited RCCE specialists to bolster regional Collective Services coordination, undertake social data and social media analysis, and work to strengthen capacities to monitor and respond to misinformation.



Kharkiv city, Ukraine. Ukrainian Red Cross supporting low-income families, the elderly and people with disabilities with 519 food kits and information prevention campaign. (Photo: Ilya Pshenichny for Ukrainian Red Cross)

SPOTLIGHT: US\$963 000 to WHO to support the delivery of mental health support during the COVID-19 pandemic.

The COVID-19 pandemic continues to have a severe impact on mental health. With support from the Fund, WHO has been working with partners to establish an expert team from WHO, UNICEF, IFRC, MHPSS Collaborative, and CBM⁴, to develop the children’s storybook 2021 edition. During the reporting period, a series of global activities were conducted to ensure that the latest edition is based on the current COVID-19 related stressors and worries of children worldwide.

In April 2021, open-ended questionnaires for children, teachers, parents, and caregivers were disseminated across selected countries and populations, including Brazil, Greece, Indonesia, Japan, Mozambique, Nigeria, Portugal, Singapore, Syria, and the United Kingdom.

Specific efforts were made to reach children with disabilities and children living in humanitarian settings, to help these individuals to cope with pandemic-related stress. Global surveys were developed in nine languages and widely disseminated across Inter-Agency Standing Committee Reference Group members, and *My Hero is You* 2020 readers around the world. To date, close to 2000 children, teachers, parents, and other caregivers have helped during the development process.



During the reporting period, the *My Hero is You* 2020 edition continued its global success, and the book was released in additional languages. The 2020 edition is now available in [143 translations](#) and [50+ multimedia and accessible formats](#).

To additionally support mental health during the pandemic, an evidence-based, WHO digital self-help intervention called Step-by-Step was developed. Targeting adults and youth experiencing depression, WHO is working with a technology development company to update Step-by-Step for a global audience, using a human-centered design approach. Work to date has included developing and testing initial designs for the mobile version and early concept illustrations. Work is underway developing the backend technology platform for running the intervention.

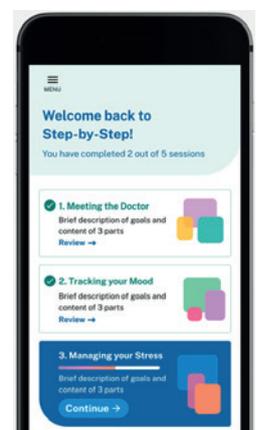


Image of the Step-by-Step mental health digital intervention.

4. Formerly known as The Christoffel-Blindenmission (“Christian Blind Mission”).

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

US\$2.36 million allocated to WHO for Unity Studies, to better characterize the global epidemiology of COVID-19.

The [WHO Unity Studies](#) are a globally-coordinated effort to undertake sero-epidemiological and environment sampling studies, to better characterize the global epidemiology of COVID-19, and to understand key aspects of transmission. The results will help countries understand the spread, severity, and spectrum of disease, identify risk factors for transmission and severe illness, and provide insights into the immune response following infection. The studies will provide important information on understanding the impact of the pandemic on communities and on informing public health measures to limit further spread of the virus. Three new protocols have been established:

- [A study investigating maternal, pregnancy, and neonatal outcomes for women and neonates infected with COVID-19, \(published December 2020\)](#). These studies will provide data on risk factors and their severity on this vulnerable population and further help inform public health measures and recommendations on surveillance, management, and counselling in the context of the COVID-19 pandemic.
- [A study is being conducted to measure COVID-19 vaccine effectiveness among health workers, \(published March 2021\)](#).
- [A study to estimate COVID-19 vaccine effectiveness against severe acute respiratory infections was \(published May 2021\)](#). Amid the backdrop of continued global efforts to vaccinate citizens, these will help inform estimates of vaccine effectiveness against COVID-19 in people of all ages.

The main focus for this quarter is to continue support to existing studies for quality data production and public sharing, in order to inform evidence-based pandemic responses at country and global levels.

Key achievements include:

- Africa's first quality population-based investigation results were published in a peer-reviewed journal: "*Prevalence of COVID-19 in six districts in Zambia in July 2020: a cross-sectional cluster sample survey.*" A manuscript was submitted in June 2021 for the Unity Studies initiative *Early epidemiological investigations: WHO UNITY protocols provide a standardized and timely international investigation framework during the COVID-19 pandemic*. This was submitted to the WHO Bulletin, with acknowledgement to the Fund.
- *Review of SARS-CoV-2 seroprevalence: meta-analysis of WHO standardized population-based aged-stratified sero-epidemiological investigations / Unity Studies by WHO regions and globally*, in partnership with SeroTracker and University of Calgary, Canada. This is due to be submitted as a WHO report and/or as in a peer-review journal in October 2021.
- Ongoing data collection for a *Systematic review and meta-analysis of COVID-19 in household and First Few X case transmission investigations aligned with WHO's UNITY guidance* in partnership with University of Melbourne, Australia. This is planned to be ready for submission in October 2021.

- Work is also underway to adapt most of the Unity Protocols for any emerging respiratory pathogens and publish them subsequently to support future epidemics and pandemic preparedness and readiness work.

WHO Unity continues to support low- and middle-income country study partners to publish their findings for wider sharing with the global community. In collaboration with partners like SeroTracker and the University of Melbourne, WHO have expanded their country support workshops to include additional topics such as Data Management and Data Analysis in addition to Scientific Writing.

US\$5 million allocated to WHO R&D Blueprint, including the vaccine solidarity trials.

As part of WHO's response, the R&D Blueprint was activated to accelerate diagnostics, vaccines, and therapeutics for COVID-19. The Blueprint aims to improve coordination between scientists and global health professionals, accelerate the research and development process, and develop new norms and standards to learn from and improve upon the global response. The WHO Solidarity Trials for Vaccine is helping to speed up the identification of additional and second-generation COVID-19 vaccines and promising treatments, and ensure their equitable access worldwide.

In this reporting period, WHO signed agreements with Ministries of Health of three countries and four vaccine manufacturers to begin the trial, and the Secretariat is in negotiations with more companies based on the candidates selected by the independent vaccine prioritization working group. The trial is set to launch in August 2021, with an anticipated enrolment rate of 200 patients per trial site per week.

Any WHO Member State can participate in the Solidarity Vaccine Trial. As trial sponsor, WHO will provide:

- Trial vaccines.
- Equipment and supplies for laboratory, cold chain, PPE, syringes, etc.
- Technical support, including training on GCP and all aspects of the trial.
- Funding to support local implementation as required.
- Trial insurance.

Participating national governments will be responsible for:

- Nominating a national Principal Investigator.
- Identifying clinical sites that will participate based on epidemiological evidence.
- Ensuring clinical site readiness for laboratory studies, safety monitoring, cold chain and logistics, community engagement, and risk communication and management.
- Obtaining national ethics and regulatory approval for the core trial protocol.
- Obtaining import permits.
- Implementing the trial according to GCP.

To enhance global coordination and collaboration, WHO has established an independent governance structure comprising an International Steering Committee, an Executive Group, a Global Data and Safety Monitoring Committee, a Vaccine Prioritization Working Group, and a Trial Secretariat. At this juncture in the pandemic, rapid availability and deployment of effective vaccines against COVID-19 will be critical. The organization of large, international, multi-site randomized controlled clinical trials will enable the international community to identify and deploy effective vaccines to combat the virus.

US\$2.03 million allocated to WHO, to build and strengthen public health intelligence capacity through EIOS adoption and automated threat detection.

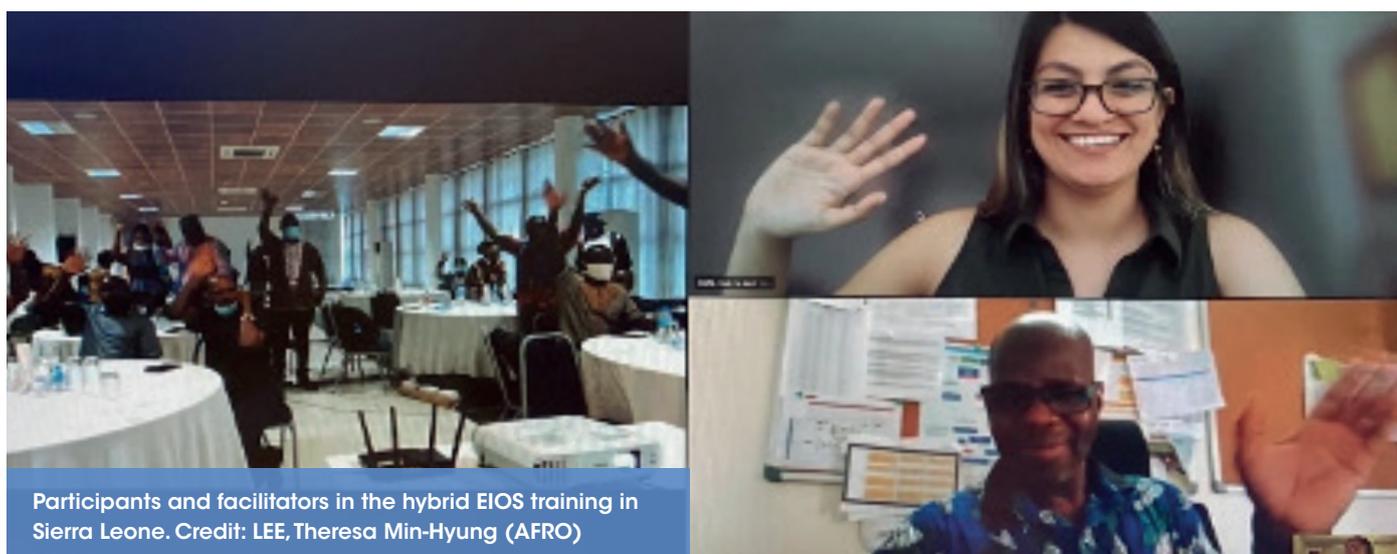
Member States have identified a need for strengthening their public health intelligence capacity and the implementation of rapid threat detection and alerting mechanisms. The use and analysis of publicly available information for actionable intelligence is the specific purpose and domain of the WHO-led Epidemic Intelligence from Open Sources (EIOS) initiative. The Fund is enabling WHO to address Member State EIOS requirements and to accelerate detection efforts in 2021 through training, access to the EIOS system and global network, and further research and development work to help automate anomaly detection and alerting within the scope of COVID-19. Significant progress has already been achieved in supporting capacity at the Member State level through close collaborations with WHO's regional offices.

Key achievements include:

- **Eastern Mediterranean:** EIOS activities were scaled up. This included 6 training workshops for 90 officers from multiple Member States, the hiring of new personnel to add local, publicly available information to the EIOS system, support to Member States for system updates, the development of standard operating procedures (SOPs), and orientation sessions with representatives from the Occupied Palestinian territory and Iraq. In Afghanistan, newly developed EIOS SOPs were incorporated into their Event Based Surveillance (EBS) guidelines and endorsed by the Minister of Health. In Sudan, a Ministerial decree includes EIOS for a structured Emergency Operations Centre "watch mode" team.
- **Africa:** EIOS was significantly expanded to Member States to support EBS strengthening for COVID-19 and other acute public health events. The WHO AFRO EIOS team hired two consultants to support expansion efforts, translate training materials into French, and complete multiple training sessions. In Sierra Leone, a hybrid EIOS training took place on using internet-based sources, the EIOS system, the importance of EIOS for supporting One Health initiatives, and how EIOS is used for media scanning. A virtual training took place for the WHO AFRO health emergencies team in the Dakar Hub, as the team sought to use EIOS for the first time in the Sahel region to strengthen EBS by monitoring for deliberate events, including chemical, biological, radiological, and nuclear threats, and events. Remote training was held for new participants from the Uganda National Public Health Operations Center. Lastly, a three-day hybrid EIOS training in Guinea was held for National Agency for Health Security of Guinea and the WHO country office participants.
- **Europe:** The WHO EURO Health Emergency Information and Risk Assessment (HIM) team continued to develop and implement epidemic intelligence best practices and innovative methodologies, with

a focus on the use of the EIOS system. This included routine media monitoring activities using the EIOS system for COVID-19 epidemic intelligence and response. A total of 39 800 media reports were screened, and 1 066 signals of interest were detected (94% through EIOS) from 1 April to 30 June 2021. WHO EURO HIM team's EBS strategy was further developed and enhanced for the Union of European Football Associations (UEFA) EURO 2020 football tournament from June to July 2021. Unique approaches to using the EIOS system for this mass gathering event were tested and implemented. Enhanced EBS was carried out before, during, and after the event – with 15 308 total media articles screened, generating 12 signals of public health concern, 74 signals of general interest, and resulting in two follow-ups through formal IHR channels. Tournament lessons learned were reviewed with WHO teams involved with monitoring the Copa América football tournament and the Tokyo Olympics.

- **Americas:** The Regional Office for the Americas (AMRO) and the PAHO continued to support Member States in the strengthening of epidemic intelligence in the region, with notable progress made in Brazil. Highlights include the virtual training of eight groups from the subnational levels of the Brazil MoH on EIOS by the PAHO/WHO Country Office, discussions to explore an Application Programming Interface (API) to connect and automate workflow between EIOS and the Brazil MoH surveillance system for early warning and response, the review of current sources for EIOS for the region, and the addition of new sources to the system.



US\$4.28 million allocated to the WHO Oxygen Scale Up project bringing oxygen therapy to patients in need.

During this reporting period, the focus of the Oxygen Scale Up effort has been on country-level assessments and technical assistance through remote engagement, online training, alongside advancing global technical guidance to address the ongoing oxygen emergency response during the COVID-19 pandemic.

This period has seen the completion of two rapid national oxygen assessments in Guinea Bissau, from 13-23 March 2021, and in Benin, from 24 May - 7 June 2021. These resulted in technical visit reports and detailed guidance.

Support from the Fund has been used for strategic activities related to the [Oxygen Access Scale Up Initiative](#), including graphic design and editorial efforts. One [oxygen-focused global webinar](#) was conducted on 4 May 2021, with international partners, to standardize the assessment approach, oxygen solution design, and implementation framework.

During this reporting quarter, the initiative invested in human resources to strengthen the technical team to bolster ongoing country support efforts.



The remaining part of the award will be implemented during Q3 for support to four countries, which have reached the phase of procurement and implementation. Specifically:

- In **Guinea Bissau**, the repair of five existing Pressure-swing absorption (PSA) plants and the procurement of a new PSA system;
- In **Chad, Democratic Republic of Congo, and Tunisia**, to scale oxygen production and distribution, PSA systems have been designated and procured for identified health facilities.

US\$1.6 million allocated to WHO for health workforce knowledge to action.

The year 2021, designated The International Year of Health and Care Workers, recognizes the dedication and sacrifice of health and care workers in addressing COVID-19, the profound impact the virus has had on their lives and livelihoods, and the essential need for action to address health worker challenges. Ensuring a well-prepared and well-supported health workforce for both a responsive and sustainable health system requires prioritizing policy and investment decisions based on rigorous observation and assessment of the pandemic's lessons, and the application of evidence to prevent its tragedies in future. WHO, together with partners from government, academia, and civil society, is working to apply this scientific approach to protect and invest in health and care workers.

Key results include:

- The Health Workforce and COVID-19 Action Series: Time to Protect. Invest. Together. Three thematic webinars addressed identifying, sharing, and learning from country and regional adaptations and experiences, to promote an overall vision for sustainable health workforce investment, in line with Global Program of Work and Sustainable Development Goals (including Universal Health Coverage) priorities, and to catalyze political commitment and action to protect and invest in health workers.
- WHO completed the pilot phase of the Workforce Intelligence from Open Sources (WIOS), building upon existing EIOS data monitoring and collection.
- WHO conducted a series of analysis of data on deaths from COVID-19, which showed that a large underreporting exists for the number of deaths among health and care workers. This work was conducted with support from the emergency team gathering case report forms sent by Member States to WHO, as well as additional analytical pieces, and triangulation with other sources required to adjust for gaps in the reporting. A complete draft for publication has been developed.
- WHO Director General twice convened the Steering Committee for the International Year of Health and Care Workers, bringing together health professional associations, UN partners, CSOs, and key stakeholders to move forward the vaccine equity campaign, unify support to contribute to Member State data collection and reporting, and leverage stakeholder influence and networks to amplify the objectives reflected in the theme of Protect. Invest. Together.
- Contributions to the COVAX initiative, in collaboration with partner organizations like UNICEF, the data, evidence, and knowledge management team has modeled health workforce requirements to deliver the vaccine doses allocated to countries covered by COVAX. The new analyses are embedded in the development of the WHO Global Vaccination strategy.
- WHO finalizing case studies in 29 countries to assess the impact of COVID-19 on the health workforce, analyze countries' policy responses, and draw key lessons to inform policy makers.

SPOTLIGHT: US\$2.01 million allocated to WHO for Global System for Sharing Biological Materials with Epidemic or Pandemic Potential - the WHO BioHub.

A functional, trusted, readily scalable system that enables the rapid sharing of biological materials with epidemic or pandemic potential (BMEPP) is needed to ensure greater preparedness and readiness in the face of emergent pathogens that could cause havoc if they are not rapidly contained. To ensure that such a system is consistent with other global instruments that WHO Member States (MS) are implementing, and to avoid legal barriers and sharing delays, this sharing mechanism needs to be negotiated, tested, and agreed upon in a global forum.

Through the new, voluntary system – the WHO BioHub System – under development, Member States will be able to share BMEPP with WHO as soon as possible after their detection through laboratories pre-designated by WHO as WHO BioHub Facilities. The vision is that each region will have at least one WHO BioHub Facility, operating under agreed Guiding Principles and working in a transparent and trusted manner for a safer world.

With support from the Fund, WHO is currently undertaking a pilot phase – using COVID-19 and its variants as BMEPP – to test the feasibility and operational arrangements for sharing such materials with a WHO BioHub Facility. This will support the sharing of new, emerging COVID-19 variants of this virus, enable needed research in this space, and also help to bring a quicker end to the pandemic.

WHO and Member States are working to develop the WHO BioHub System by following a two-stream approach: 1) to design the system, and 2) to put it into action.

Key achievements in system design:

- Three Member State Briefings were organized, to update all Member States on the progress and to seek guidance on the best ways to structure future engagements.
- Definition of principles to govern the initiative were defined.
- Non-state actors, including other biorepositories, have been engaged, to ensure sharing of information on the initiative and to capture best practices.

Preliminary technical work in defining a potential package of benefits has been started to facilitate Member State sessions.

Key achievements in operations:

- The first BioHub facility was established at the Spiez Laboratory in Switzerland, which is capable of receiving, characterizing, storing, and responding to requests for non-commercial sharing.
- WHO has engaged with the Member States that have volunteered to share BMEPP to advance the development of Standard Material Transfer Agreements for sharing into and out of the WHO BioHub Facility for non-commercial use.
- The development of tools to facilitate operations was advanced, including a dedicated webpage for the initiative as well as tracking tools to enable transparent and real-time monitoring of BMEPP movements and availability.

Looking Forward

More than a year into the pandemic, the Fund has enabled incredible innovative projects to be realized through the deployment of 30 targeted grants. These were awarded by the Steering Committee appointed by Dr Tedros.

The initial mechanism of awarding projects within WHO and outside the organization has led to the critical delivery of lifesaving health interventions that are vital to the populations they have reached. These interventions would not have been possible without the rapid response and strategic allocation of this mechanism. More than a year on, the needs are still of an unpredictable nature, but there is one certainty: the Global Strategic Preparedness and Response Plan,—WHO’s strategy aimed at guiding the coordinated action to overcome COVID-19,—is far from being fully funded. Each gap in this budget could have dramatic consequences not only on the health of people dependent on a country’s measure but, without support, could rapidly become a threat for us all. The spread of variants has proven that no one is safe on the planet until everyone is safe. There cannot be a missing link in the chain of prevention, detection, and response.

Pillar Update

As the pandemic’s needs have evolved and changed, WHO presented the [SPRP 2021](#), reflecting a new framework for the organization’s response. Going forward, the Fund will be allocated to the new pillars defined by the SPRP 2021. This new framework builds on what we have learned about the virus and our collective response throughout 2021 and focuses on the new challenges that have come to light over the last year, allowing WHO to mitigate the risks of variants and to ensure we are building towards a future of safe, equitable, and effective diagnostics and vaccines. The next impact report will follow the SPRP 2021 structure, shedding light on each pillar detailed in the plan.



Pillar 1

Coordination, planning, financing, and monitoring



Pillar 2

Risk communication, community engagement and infodemic management



Pillar 3

Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures



Pillar 4

Points of entry, international travel and transport, and mass gatherings



Pillar 5

Laboratories and diagnostics



Pillar 6

Infection prevention and control, and protection of the health workforce



Pillar 7

Case management, clinical operations, and therapeutics



Pillar 8

Operational support and logistics, and supply chains



Pillar 9

Maintaining essential health services and systems



Pillar 10

Vaccination

The SPRP 2021 presents opportunities for individuals and corporations to have a real, measurable impact, and respond to pressing needs by donating through the Fund. There are key strategic objectives across SPRP 2021 to reach the goal of ending COVID-19 and provide the foundation on which the world can build an effective, equitable response to the pandemic.

COVID-19 Solidarity Fund Annual Report

The COVID-19 Solidarity Fund Annual Report will be published in October 2021 and will provide a retrospective narrative of action for a challenging year for communities and for the world's health ecosystem as a whole. The year has triggered unprecedented initiatives, of which the creation and roll-out of the Fund can proudly be counted. The report will focus on some of the key projects that have been enabled by the generosity of 10 706 donors committed to put an end to the pandemic.

Annex 1

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

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

Funds Mobilized | 1 April - 30 June 2021

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$3 160,492.28
Swiss Philanthropy Foundation	\$316 034.00
Japan Center for International Exchange	\$12 556.88
UNICEF	\$0
China Population Welfare Foundation	\$2 978.71
World Health Organization	\$0
WHO Foundation	\$4 552 988.00
KBF Canada	\$32 617.92
Total	\$8 072 679.79

*Includes funds received.

Cumulative Funds Mobilized | 13 March 2020 - 30 June 2021

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$193 553 480.28
Swiss Philanthropy Foundation	\$33 784 294.00
Japan Center for International Exchange	\$7 799 709.88
UNICEF	\$1 000 000.00
China Population Welfare Foundation	\$506 537.04
World Health Organization	\$10 086 497.00
WHO Foundation	\$4 649 322.00
KBF Canada	\$27 629.92
Total	\$251 407 470.12

*Includes funds received.

Fund Disbursements by Beneficiary*

Beneficiary	By month 1 April - 30 June	Cumulative 13 March 2020 - 30 June 2020
World Health Organization	\$0	\$173 799 607
UNHCR, the UN Refugee Agency	\$0	\$10 000 000
World Food Programme	\$0	\$20 000 000
Coalition for Epidemic Preparedness Innovations	\$0	\$10 000 000
UNICEF	\$0	\$10 000 000
United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA)	\$0	\$4 993 683
World Organization of the Scout Movement	\$0	\$7 700 000
Total		\$236 493 290

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

Cumulative WHO Allocations 1 April - 30 June 2021, by WHO Strategy Pillar*

Beneficiary	Allocations in USD
WHO Strategy Pillar 1: Ensure global and regional coordination of response efforts	\$0
WHO Strategy Pillar 2: Support vulnerable countries and communities that need help most	\$0
WHO Strategy Pillar 3: Accelerate work on vaccines, diagnostics, and therapeutics	\$2 368 900
Support to laboratories and diagnostics	\$2 015 880
Total	\$4 384 780

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

Annex 2

Resources

COVID-19 Solidarity Response Fund:
<https://covid19responsefund.org/en>

World Health Organization - The Coronavirus Disease (COVID-19) Pandemic:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

COVID-19 Strategic Preparedness and Response Plan (SPRP 2021):
<https://www.who.int/publications/i/item/WHO-WHE-2021.02>

International Committee of the Red Cross:
<https://www.icrc.org/>

United Nations Children's Fund:
<https://www.unicef.org/>

United Nations Foundation
<https://unfoundation.org/>



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