



Photo credit: UNICEF

COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

July 1 to September 30, 2020



World Health
Organization

UNITED NATIONS
FOUNDATION



SWISS PHILANTHROPY
Foundation

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UNICEF Egypt has delivered 809,000 essential medical supplies from masks to surgical gowns to the Ministry of Health and Population to support and protect Egyptian healthcare heroes who are fighting COVID-19 every day.

Photo credit: UNICEF

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Executive Summary



These steps are important because in the health zone, there are confirmed cases of Coronavirus and a follow-up of contact cases.

Photo credit: UNICEF

This fourth report of the COVID-19 Solidarity Response Fund for the World Health Organization (WHO) covers the period July 1 – September 30, 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\$12.1 million in new contributions and firm pledges. From the Fund’s March 13, 2020 launch through September 30, 2020, hundreds of leading companies and organizations and almost 620,000 individuals together committed more than US\$236.1 million in fully flexible funding to support the WHO-led global response effort.

Between July 1 and September 30 at the direction of WHO, the Fund disbursed more than US\$41 million to WHO and US\$5 million to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), bringing total disbursements to WHO and its partners to US\$219.7 million.

This report updates partners on the use of funds allocated by WHO since the Fund’s inception on March 13 to September 30. Allocations have been made to:

WHO Strategy Pillar 1

- World Food Programme (WFP) to scale up global logistics distribution systems so essential supplies can reach those most in need.

Executive Summary

WHO Strategy Pillar 2

- WHO to procure and distribute essential medical supplies, including personal protective equipment (PPE), testing kits and biomedical equipment;
- WHO to combat the rising “infodemic” of COVID-19 related misinformation; technical support to countries’ efforts to design and stand up essential contact tracing programs; and for support to the development and implementation of the medical evacuation framework for United Nations (UN) personnel and eligible dependents;
- WHO for the Africa Centres for Disease Control and Prevention (Africa CDC) to strengthen the continent’s response to the pandemic, including priority support for vulnerable women and children;
- UNHCR, the UN Refugee Agency, to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19;
- UNICEF for its COVID-19 work supporting vulnerable countries with access to evidence-based information, access to water, sanitation and hygiene (WASH) and basic infection prevention and control (IPC) measures, and access to care for vulnerable families and children; and
- UNRWA to support the agency’s emergency response to the pandemic in Gaza, the West Bank, Jordan, Lebanon and Syria.

WHO Strategy Pillar 3

- Coalition for Epidemic Preparedness Innovations (CEPI) for early support to research programs on potential vaccines, including eight that are now in clinical trials;
- WHO for its Global Research Roadmap and studies to enhance understanding of the characteristics of the virus and inform public health measures to limit its further spread.

Introduction

On September 30, the world passed a grim milestone when WHO reported that the number of people who had lost their lives to COVID-19 topped 1 million. By the end of September, more than 33 million COVID-19 cases had been reported to WHO and the number of cases was increasing by 2 million per week. Ten countries accounted for 70% of all reported cases and deaths; three countries accounted for half.

The COVID-19 pandemic has clearly demonstrated that highly infectious pathogens cannot be contained by any single sovereign state, that they can only be confronted by working together. As WHO, together with partners, continues to support countries in their response to the pandemic, it is also accelerating work to develop, manufacture and equitably distribute COVID-19 vaccines, therapeutics and diagnostics globally, under the auspices of the [Access to COVID-19 Tools \(ACT\) Accelerator](#).

The Fund remains the foremost way for companies, organizations and individuals to contribute to the essential work of WHO and its partners to help countries prevent, detect and respond to the global pandemic. By September 30, [leading companies and foundations](#) and more than 620,000 individuals from more than 190 countries had committed more than US\$236.1 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the life-saving work of WHO and its partners. More than US\$12.1 million was received during the reporting period.

Between July 1 and September 30, the Fund continued to move flexible funding quickly to where it is most needed. During this period, the Fund disbursed more than US\$46 million, bringing total disbursements to US\$219.7 million.

The nature of the COVID-19 Solidarity Response Fund is to be catalytic and fast, in light of the rapidly changing needs of a global pandemic. This has allowed the Fund to stimulate new lines of work as noted above, optimizing the speed of response. When earmarked or time-bound funding has arrived at WHO, predominantly from its Member States, the Fund's resources have been able to redeploy to new urgent needs. We expect to put these redployable funds to future use in the next reporting period (October 1-December 31).

The following pages illustrate the impact of flexible Fund contributions.

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.



The first UNICEF flight from China to Yemen, loading in Shanghai.

Photo credit: WFP

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

Between July 1 and September 30, as the pandemic accelerated, WFP faced increasing demand for its logistics services. In July, for example, following the intensification of the outbreak in Latin America, WFP's hub in Panama was reinforced to receive cargo destined for countries in Latin America.

The peak for deliveries was reached in August, when WFP dispatched more than 17,000 cubic meters of health and humanitarian cargo, up 40% from July (one cubic meter of PPE is equivalent to 32,500 clinical masks or 1,800 face shields or 1,600 safety goggles or 30,000 gloves).

As of September 30, more than 57,000 cubic meters of COVID-19 related items had been dispatched via free-to-user services to 158 countries, with 53,000 cubic meters having reached their destination. PPE represented the bulk – 78% – of essential COVID-19 supplies transported, followed by diagnostics and clinical care equipment.

While WHO and UNICEF remain the main users of WFP services, supplies have been transported on behalf of 42 organizations, including many non-governmental organizations (NGOs). The WFP's hub-and-spoke system facilitates the movement of multiple small shipments to multiple locations, greatly driving down costs for smaller organizations.

WFP has also started to process sea transport requests, which by end-September totalled more than 10,000 cubic meters of essential cargo to be strategically pre-positioned for planning and preparedness purposes.

WFP is expecting to wind down its operations by the end of 2020, though factors such as cargo readiness, destination countries, overall operating conditions and the outcomes of partner consultations will determine the actual phase-out timeline.

Of note: On October 9, the 2020 Nobel Peace Prize was awarded to WFP for its efforts to combat hunger, for its contribution to bettering conditions for peace in conflict-affected areas and for acting as a driving force in efforts to prevent the use of hunger as a weapon of war and conflict.

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

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



PERSONAL PROTECTIVE EQUIPMENT SHIPPED TO 173 COUNTRIES:

- >> **174,763,043 medical masks**
- >> **17,002,085 respirators**
- >> **7,699,579 face shields**
- >> **6,600,379 gowns**
- >> **13,743,900 gloves**
- >> **1,122,258 goggles**

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

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

PPE

Between July 1 and September 30, WHO deliveries of PPE – comprising medical masks, respirators, goggles, face shields, gowns, and gloves – increased from 5.5 million pieces to more than 220 million pieces, to 173 countries.

Diagnostics

Through the diagnostics consortium, WHO and partners have procured and shipped 15.5 million polymerase chain reaction (PCR) tests and 4.1 million sample collection kits to 152 countries.

Biomedical Supplies

Global demand for medical oxygen continues to exceed production capacity. Through negotiations with key vendors, WHO has procured 14,000 oxygen concentrators, 9,720 pulse oximeters, 2,729 patient monitors and other critical clinical care supplies for shipment to countries.

Essential medical equipment supply chains remain vulnerable due to high demand, potential further industrial/transport shutdowns, export restrictions and border closures. Matching supply and demand during this global health emergency will require continued careful coordination to ensure acquisition, equitable allocation, and transport of critical items. This challenge extends to the delivery of key therapeutics and vaccines for routine immunization and will extend to delivery of approved COVID-19 vaccines as they become available for distribution.

US\$5 million allocated to WHO to combat the “infodemic” of COVID-19-related misinformation.

An infodemic is an overabundance of information – some accurate and some not – that occurs during an epidemic. In a similar manner to an epidemic, information spreads rapidly between humans via digital and physical information systems. It makes it hard for people to find trustworthy sources and reliable guidance when they need it, so they can modify their behavior and protect themselves, their families, and their communities against infection.

An infodemic cannot be eliminated, but it can be managed.
To this end, WHO is:

- **Developing a global framework on how to manage the COVID-19 infodemic:** WHO has issued 50 calls to action to manage the infodemic, including those to counter misinformation and disinformation;
- **Building the scientific foundation:** In July, WHO hosted the first WHO infodemiology conference, which brought together world experts from a number of scientific disciplines to build knowledge and practice on how to build the scientific foundation to effectively manage infodemics. This ongoing work will result in a research agenda;
- **Developing partnerships for community empowerment:** The WHO Information Network for Epidemics (EPI-WIN) acts as a convener, amplifies and channels evidence-based information about COVID-19 to target audiences, and tracks and responds to misinformation, myths, and rumours. It forges sustainable partnerships with trusted sectors and pillars of society – such as faith-based organizations, youth associations, employers, health workers, cities and mayors, the private sector, governments, and others – to share and adapt information.



US\$4 million allocated to accelerate support to countries' contact tracing work.

Contact tracing is central to a comprehensive preparedness and response to the COVID-19 pandemic and should be a key component of all national COVID-19 control strategies. Fund contributions are fueling an acceleration of the work of [WHO's Global Outbreak and Alert Response Network \(GOARN\)](#) to support to countries' essential contact tracing work.

GOARN is a 250 institution-strong international public health network for outbreak response including UN agencies, international and national NGOs, public health institutions, academia and specialist networks. As a unique asset to global health security and coordination, GOARN has and continues to deliver support where needed, ensuring that the right expertise is made available at the right time.

Contact tracing requires detection and testing of suspected cases, treatment and isolation of confirmed cases, investigation of cases and listing of close contacts, reaching out to and ensuring quarantine of close contacts, monitoring contacts' outcomes and testing and providing treatment if necessary. Implementing contact tracing successfully requires close and consistent engagement with local communities.

WHO and GOARN partners are supporting 60 countries and territories to support the roll-out and implementation of Go.Data, an outbreak investigation and contract tracing software tool and smartphone application. They recently launched a Go.Data [community of practice](#), an online community of public health professionals and others using the Go.Data tool.

WHO is working with GOARN partners, particularly Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), a global network of Field Epidemiology Training Programs (FETPs), to reach 73 training programmes worldwide, supporting 4,770 current trainees, and 14,000 graduates/alumni. FETPs play a critical role in improving global health security by strengthening country capacity to detect and respond to disease outbreaks and other public health threats.

As of September 30, WHO was reviewing proposals for enhanced contact tracing in priority countries from five of the six WHO regions. The next Fund report will provide an update on this work.

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

To protect the health of UN personnel, the UN Secretary-General called for the development of a COVID-19 Medical Evacuation (MEDEVAC) Framework covering all UN personnel and their eligible dependents. Patients with severe critical COVID-19 symptoms may require evacuation when local medical resources can no longer support their clinical needs. MEDEVACs are conducted on a case-by-case basis for COVID-19 confirmed patients in accordance with exiting and receiving country public health regulations.

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

Since the activation of the COVID-19 MEDEVAC System in May, the MCU has processed 103 MEDEVAC cases and medically evacuated patients from 32 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.

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

The African Union and the Africa CDC on August 20 announced the launch of the Saving Lives, Economies and Livelihoods campaign, which is facilitating the development of a harmonized strategy to protect borders, travellers, economies, livelihoods, and schools in Africa from the risk of increased COVID-19 transmission as countries re-open their borders. The campaign's objectives are to:

- Minimize the spread of infection within and across borders by creating a unified public health corridor for safe travel within the continent;
- Curtail the impact of COVID-19 on economies and livelihoods through the mutual recognition and acceptance of health information and data across Member States;
- Ensure that schools are reopened safely through the establishment and engagement of a multi-sectoral committee to develop a school opening safety plan.

As several African countries continue to expand COVID-19 testing, WHO and the Africa CDC on September 10 launched a network of laboratories to reinforce genome sequencing of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, in Africa. Twelve specialized and regional reference laboratories in the network will provide sequencing, data analysis, and other technical support services to the countries where they are located and to neighbouring countries. Being able to track the evolution of the pandemic on the continent and assess the possible mutation of the virus is crucial to mounting an effective response. The new network will contribute to vaccine development and treatments tailored to the African continent.

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

UNHCR is mandated to provide protection, assistance and solutions for refugees, asylum-seekers, returnees, stateless persons, and internally displaced people, of whom there were 86.5 million at the end of 2019. UNHCR continues to deliver its protection mandate and is responding to the pandemic with support from the Fund, including by:

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

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

Uganda: On-going improvements and expansions to 21 quarantine centers and 109 health centers in refugee-hosting areas means UNHCR and partners can better accommodate the increasing COVID-19 caseload.

Afghanistan: Within three weeks, an intensive care unit (ICU) facility in Kabul (known as IQARUS) was set up and is now functional, featuring two ICU beds, eight isolation wards and COVID-19 testing for staff members.

Pakistan: As part of an effort to distribute emergency support to vulnerable refugee families, more than 38,000 Afghan refugee families have been identified to receive UNHCR's emergency cash assistance through Urgent Money Orders issued by the Pakistan Post.

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

UNICEF continues to scale up and deliver across sectors to address the needs created by the COVID-19 pandemic, with special attention to refugees, migrants, and people in conflict-affected situations. Worldwide, through UNICEF's work, 2.75 billion people have been reached with COVID-19 messaging, 3 million health care facility staff and community health workers have been trained in IPC, and almost 34 million children and women have received essential health care services in UNICEF-supported facilities.

Highlights from country program responses include:

Democratic Republic of the Congo: During July and August, a COVID-19 hotline successfully managed more than 45,000 calls (an average of more than 3,000 calls per day). The majority of the calls were from individuals requesting general information on COVID-19. As of the end of August, 359 radio stations and 65 TV channels in 15 affected provinces had broadcast messages on COVID-19. 30 million people were reached through mass media with key messages on how to prevent COVID-19 and 70 media professionals were trained on prevention measures against COVID-19.

Ecuador: More than 900 social health workers and community tracers were trained to implement health community surveillance strategies, including identification of cases and referral to health centers. Trained social workers also provided emotional support to families with children when a member of the family is diagnosed with COVID-19. UNICEF Ecuador has used the U-Report tool to ask adolescents and young people how they have felt during the lockdown and what kind of recommendations would be useful to them. "Recommendations to take care of your mental health in times of pandemic" was published on the U-Report Ecuador website.

Indonesia: WASH supplies were distributed to 2.6 million people in six provinces through health facilities, schools, public places, and households. UNICEF also supported 70 WASH and IPC training sessions at health care centers, reaching more than 1,000 health facility staff.

Pakistan: UNICEF has engaged and mobilized more than 286,000 religious leaders to emphasize the importance of physical distancing and promote key public health messages. More than 1.7 million people have benefitted from the continuity of primary health care services at UNICEF-supported health facilities.

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

UNRWA provides health services to 5.6 million Palestine refugees across its five fields of operation. As of September 30, more than 9,000 Palestine refugees were confirmed to be infected with COVID-19. Fund contributions are supporting primary health care service delivery by more than 3,000 health workers at 141 UNRWA health centers in Gaza, the West Bank, Jordan, Lebanon, and Syria. During the reporting period, 1.8 million health consultations were provided.

Gaza: 22 health centers across the Gaza strip provided essential primary health care, operating under new health and safety measures. 22 new triage systems for patients with respiratory symptoms were opened in UNRWA school buildings, to minimize patient exposure to the virus. All 1,072 UNRWA health care workers were provided with PPE and trained on its correct use. UNRWA extended some essential primary health care services to non-refugee populations, who otherwise receive care through public hospitals temporarily closed due to redeployment of public health staff to quarantine centers.

West Bank: UNRWA provided continuous access to primary health care to Palestine refugees. All 636 health care workers at 43 health centres and Qalqilia hospital received PPE and training on IPC.

Jordan: In order to protect the health and safety of frontline workers, UNRWA provided PPE (masks, gloves, face shields, eye goggles and gowns) to 680 health care workers during the reporting period. The Fund enabled the provision of primary health care, including home delivery of medications and support to vulnerable patients by community volunteers and the Jordan Medical Association.

Lebanon: Triage systems to safely screen patients with respiratory symptoms were established in all 27 health centers and more than 300 health care workers were provided with PPE. Incinerators were installed to treat the increased volume of medical waste and ensure appropriate infection prevention control management.

Syria: As part of preparedness and preventive measures, 435 health care workers at health centers in Syria were provided with PPE. The centers were also equipped with liquid soap and alcohol-based hand rub and with enhanced cleaning and disinfection services. From July to September, an average of 2,500 medical consultations were provided through 24 health centers each day.

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



Photo credit: University of Queensland

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

This spring, WHO, CEPI and Gavi, the Vaccine Alliance launched COVAX to develop, manufacture and equitably deliver 2 billion doses of COVID-19 vaccine by the end of 2021. As of September 30, 165 economies around the world, representing two-thirds of the world's population, have signed up to secure doses of vaccine not only for their own populations, but also for priority groups around the world. COVAX is one of the four pillars of the WHO-coordinated [ACT Accelerator](#).

A full list of countries who have now signed agreements to participate in COVAX is available [here](#). Additional higher-income economies are expected to join by mid-October.

These agreements enable countries to buy into a share of CEPI's diversified COVID-19 vaccine portfolio. Built on the principles of speed, scale, and access, eight of CEPI's nine COVID-19 vaccine candidates have entered the clinical trials stage, with encouraging data from pre-clinical and early-stage trials. Of those in clinical testing, three vaccine candidates – developed by University of Oxford and AstraZeneca, Novavax, and Moderna – have entered late-stage clinical trials to understand how well they can protect against the disease. CEPI's aim is to see at least three safe and effective vaccines be made available to the countries participating in COVAX.

By pooling buying power, vital funding will now be available to provide volume guarantees across CEPI's COVID-19 vaccine portfolio so that at-risk manufacturing investments can be made. This will enable doses of a vaccine to be available without delay, should a candidate vaccine be proven safe and effective in clinical testing. The allocation of vaccines (once licensed and approved) for the most vulnerable populations will be guided by [WHO's Allocation Framework](#).

Never before has humankind come together in this way to ensure global access to life-saving medical technology. Through COVAX, we are on our way to setting an important precedent for the world.

Equitable access is at the core of COVAX and the larger ACT Accelerator, which also focuses on therapeutics and diagnostics. Equity isn't just the right thing to do, it's in all of our interests. Recent modelling data found that if rich countries were to buy up the first 2 billion doses of vaccine instead of making sure they are distributed in proportion to the global population, almost twice as many people could die from COVID-19.



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

WHO's Global Research Roadmap unites the global community around a common research agenda and common ambition to accelerate timely, adequate, affordable, and equitable access to any innovation and medical countermeasures. The Roadmap, originally developed just a few weeks into the pandemic, has guided the work of, and enabled efficient coordination among academics, private sector researchers, WHO scientists, and others on priority research questions.

On July 1-2 WHO held its second [COVID-19 Research and Innovation Forum](#), virtually bringing together more than 1,200 participants from 100 countries – including experts leading the Therapeutics Solidarity Trial and the imminent launch of the Vaccine Solidarity Trial – to take stock of progress, discuss new research questions and knowledge gaps, and define research for the remainder of the year and beyond.

Therapeutics Solidarity Trial

Following its launch on March 18 to fast-track research on effective COVID-19 treatments, by mid-September, the Therapeutics Solidarity Trial had surpassed 11,000 patients enrolled from 450 hospitals in 29 countries. With another 15 countries ready to start enrolling more patients, the Trial is quickly becoming one of the largest ever implemented on a global scale.

The Trial's implementation embraces:

- Speed (simplified clinical trial protocol, paperless information system, and adaptive study design);
- Scale (patients being enrolled from hospitals worldwide);
- Access (ensuring that any country can join and receive WHO technical and financial support).

The Trial has helped uncover critical evidence on the effectiveness of existing treatments in slowing disease progression, improving survival and reducing hospital stays. By August, the Trial arms for Chloroquine/Hydroxychloroquine (antiviral treatment for malaria) and Lopinavir/Ritonavir (antiviral treatments for HIV) were discontinued after showing little or no reduction in the mortality of hospitalized COVID-19 patients when compared to standard of care. The focus on Remdesivir (antiviral treatment for Ebola) and Interferon continued. A revised clinical trial study protocol was released that included an additional treatment arm for an immunomodulator (Acalabrutinib). A monoclonal antibody treatment is expected to be added before the end of the year.

Vaccine Solidarity Trial

WHO is preparing for the imminent launch of a Vaccine Solidarity Trial, including by:

- Landscaping and mapping candidate vaccines from around the world and developing specific criteria to help prioritize them for Phase 2b/3 clinical trials;
- Establishing independent expert groups, including one that is prioritizing candidate vaccines for inclusion in the Vaccine Solidarity Trial and one on COVID-19 viruses, reagents and immune assays;
- Developing a core trial protocol for a globally coordinated randomized controlled clinical trial;
- Working with more than 100 vaccine trial sites around the world to get them prepared and ready to start the trial.

US\$3.21 million allocated to WHO for the Unity Studies.

The WHO Unity Studies are a globally coordinated effort to undertake seroepidemiological (blood-based) and environment sampling studies to better characterize the global epidemiology of COVID-19 and understand key aspects of transmission. The results will help countries to understand the spread, severity, and spectrum of disease, identify risk factors for transmission and for severe illness, and provide insights into the 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.

From July to the beginning of September, a further four countries commenced one of the studies, bringing to 50 the number of countries implementing at least one of the WHO Unity Studies. An additional 51 countries have expressed their intent to implement a study.

Since July, close to 47,000 laboratory tests have been distributed to countries for use in these studies, bringing the total number of tests to over 82,800. These tests are being distributed to 22 low- and middle-income countries. The use of the same test across studies is important to enable comparison across sites.

As of September, 16 countries had reported results from one of the studies either publicly or directly to Ministries of Health and WHO, with more countries expected to provide results in the coming months.

Looking Forward

The next Fund report will be published in early 2021, covering the period from the Fund's March 13, 2020 inception to December 31, 2020. It will include updates also on three recent WHO funding allocations, for:

- An initiative to strengthen civil society engagement in the COVID-19 response at national and local levels;
- Support to Lebanese emergency medical teams' clinical management of COVID-19 through a twinning of private and public hospitals;
- Strengthening of WHO's training response to COVID-19.



Photo credit: University of Queensland

Annex 1

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

The COVID-19 Solidarity Response Fund for WHO was created at the request of WHO by the United Nations Foundation, in partnership with the Swiss Philanthropy Foundation. Transnational Giving Europe (TGE) Network, of which the Swiss Philanthropy Foundation is the Swiss representative, facilitates contributions from Europe, the UK and Canada. Other Fund fiduciary partners are the Japan Center for International Exchange, UNICEF, the WHO Foundation, and the China Population Welfare Foundation. WHO can receive contributions made in the name of the Fund directly from non-governmental organizations and foundations.

Fund Contributions | July 1 – September 30, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$5,087,187
Swiss Philanthropy Foundation (including TGE affiliates) ¹	\$6,870,484
Japan Center for International Exchange	\$31,657
UNICEF	\$0
China Population Welfare Foundation	\$86,729
World Health Organization	\$86,497
Total	\$12,162,554

* Includes funds received plus written pledges.

Cumulative Fund Contributions | March 13 – September 30, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$185,472,719
Swiss Philanthropy Foundation (including TGE affiliates) ¹	\$31,559,933
Japan Center for International Exchange	\$7,712,080
UNICEF	\$1,000,000
China Population Welfare Foundation	\$360,771
World Health Organization	\$10,086,497
Total	\$236,192,001

* Includes funds received plus written pledges.

¹Transnational Giving Europe Network includes: in Austria, Stiftung Philanthropie Österreich; Belgium, King Baudouin Foundation; Bulgaria, Bcause; Croatia, Europska zaklada za filantropiju i drustveni; Estonia, SA Avatud Eesti Fond; Germany, Stiftung Maecenata; Greece, HIGGS; Hungary, Kárpátok Alapítvány-Magyarország; Italy, Fondazione Lang Europe Onlus; Luxembourg, Fondation de Luxembourg; Romania, Fundatia Comunitara din Odorheiu Secuiesc; Slovenia, Skupnost Privatnih Zavodov; Spain, Fundación Empresa y Sociedad; and United Kingdom, Charities Aid Foundation. In Canada, Transnational Giving Europe has extended collaboration to KBF Canada.

Annex 1

Fund Disbursements By Beneficiary*	By Month	Cumulative
	Jul 1 – Sept 30, 2020	Mar 13 – Sept 30, 2020
Beneficiary	Disbursements in USD	Disbursements in USD
World Health Organization	\$41,090,321	\$164,755,393
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 (UNRWA)	\$4,993,683	\$4,993,683
Total	\$46,084,004	\$219,749,076

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

Cumulative WHO Allocations | March 13 – September 30, 2020 by WHO Strategy Pillar*

WHO Strategy Pillar	Allocations 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	\$162,920,000
WHO Strategy Pillar 3: Accelerate work on vaccines, diagnostics and therapeutics	\$18,210,000
Total	\$201,130,000

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

Annex 2: Resources and Stories

Resources

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

Stories

- [Q&A: Behind the Scenes of Vaccine Development with CEPI's Dr Melanie Saville](#)
- [Tracking COVID-19: Contact Tracing in the Digital Age](#)
- [A Radio Talk-Show Host in Uganda Broadcasts Lifesaving COVID-19 Tips](#)
- [Refugee, Pharmacist, Instagram Star: Jordan's Unusual COVID-19 Hero](#)
- [Immunizing the Public Against Misinformation](#)
- [Inside WHO: The Realities of Managing the Global COVID-19 Pandemic](#)
- [South African Hospital Thinks Outside the Box to Boost COVID-19 Testing](#)
- [Children Take Over Indonesia's COVID-19 Task Force on International Children's Day](#)
- [Video by Pakistan's six-year-old Hareem Nouman on the need to abide by preventive behaviors](#)
- UNICEF tips and guidance for families around COVID-19:
 - [How to talk to your child about coronavirus](#)
 - [Everything you need to know about washing your hands](#)
 - [How teenagers can protect their mental health during COVID-19](#)



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