



Photo credit: WHO

COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

March 13 to May 1, 2020



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Executive Summary



Photo credit: WHO

This inaugural report of the COVID-19 Solidarity Response Fund for the World Health Organization reports on the Fund's early impact on the global response to the COVID-19 pandemic. The first, fastest, and only way for companies, organizations and individuals to contribute directly to the World Health Organization (WHO)-led global response effort, the Fund received more than US\$201 million in fully flexible contributions and firm pledges from more than [140 leading companies and foundations](#) and more than 300,000 individuals in its first seven weeks of operation.

This report covers the period between the Fund's launch on March 13, 2020 to May 1, 2020. During this time at the direction of WHO, the Fund disbursed:

- More than US\$75 million to WHO to procure and distribute essential medical supplies, including personal protective equipment (PPE), and testing kits to 135 countries;
- US\$10 million to 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;
- US\$10 million to the Coalition for Epidemic Preparedness Innovations (CEPI), to support several research programs on potential vaccines, including three that are now in Phase 1 clinical trials.

Executive Summary

The outpouring of generosity, the flexible nature of the funding, and the agility and speed of Fund disbursements are hallmarks of the Fund and essential in the global response to the COVID-19 pandemic. Weekly fund disbursements since the third week of Fund operations have ensured that Fund contributions have been some of the very earliest to support the global response. Indeed, as of May 1, 2020, the Fund was the largest contributor to WHO's global response.

There is much more to do.

The Fund pledges to keep partners updated on the impact of your contributions, including through regular impact reports. We hope that partners will encourage others to join in supporting the COVID-19 Solidarity Response Fund for WHO.

The need for global solidarity has never been greater.

Introduction

The COVID-19 pandemic is impacting communities everywhere and can only be tackled through cooperation and coordination at all levels. By May 1, 2020, WHO had reported more than 3.1 million cases and more than 224,000 deaths in countries all around the world. Global cooperation is essential, and WHO is at the frontline of this effort.

On March 13, 2020, the United Nations Foundation (UNF), at the request of WHO and in partnership with the Swiss Philanthropy Foundation (SPF), established the COVID-19 Solidarity Response Fund for WHO. The Fund is the first and only way for companies, organizations and individuals to contribute to the essential work of WHO and its partners – including UNICEF and CEPI – to help countries prevent, detect and respond to the global pandemic.

This report on the Fund's first seven weeks of operation – March 13 to May 1, 2020 – showcases an unprecedented display of generosity and global solidarity, an extraordinary flexibility of funding and an exceptional speed of disbursement of funds to where they are needed most.

More than 140 leading companies and foundations and more than 300,000 individuals from around the world have committed more than US\$201 million in fully flexible funding to support the life-saving work of WHO and its partners.

By May 1, 2020, the Fund had disbursed more than US\$95 million to WHO, UNICEF and CEPI. (See *Annex 1: COVID-19 Solidarity Response Fund for WHO, Contributions and Disbursements, March 13 – May 1, 2020*). It made its first disbursement on April 3, 2020, just three weeks after launching and has been making weekly disbursements since then. As at May 1, 2020, the Fund was the largest contributor to WHO's global response.

Fund disbursements are decided by WHO senior management based on health priority needs and in alignment with its global strategy, an [update](#) for which was published in mid-April. The three pillars of its strategy include:

- Ensuring global and regional coordination of response efforts, including coordinating and getting essential supplies of PPE and other equipment to health workers.
- Supporting vulnerable countries and communities that need it most.
- Speeding up work on treatments, tests and vaccines and making them available to everyone who needs them.

The following pages of this report are designed to illustrate the impact of flexible Fund contributions and how they are supporting the efforts of WHO and its partners UNICEF and CEPI, to advance all three of these strategic objectives.

COVID-19 Solidarity Response Fund Impact

WHO Strategy Pillar 1: To ensure global and regional coordination of response efforts, including coordinating and getting essential supplies of medical equipment and testing kits to health workers.

As of May 1, 2020, US\$75.6 million from the COVID-19 Solidarity Response Fund allocated to support WHO's procurement and rapid distribution of essential medical supplies to countries needing them most.

The COVID-19 pandemic has led to an acute shortage of essential medical supplies, including PPE, diagnostics and biomedical equipment. In response, the United Nations, under the leadership of WHO and the World Food Programme (WFP), on April 8 convened a Supply Chain Task Force that established a new COVID-19 Supply Chain System to provide countries with the essential supplies they need.

Fund contributions have provided vital liquidity to WHO to allow it to put down funding guarantees for bulk orders of essential medical equipment.

135 low- and middle-income countries are relying on WHO to globally procure millions of pieces of PPE and other vital health commodities such as tests and testing supplies.

PILLAR 1 IMPACT HIGHLIGHTS



DISTRIBUTE PPE TO 135 COUNTRIES

- >> 4,200,000 surgical masks (145 million in pipeline)
- >> 166,950 N95 masks (50 million in pipeline)
- >> 2,900,000 gloves (26 million in pipeline)
- >> 265,459 gowns (4 million in pipeline)
- >> 40,167 goggles (3 million in pipeline)
- >> 170,586 face shields (10 million in pipeline)

STRENGTHEN LABORATORY CAPACITY

- >> Supplied 1.5 million diagnostic kits to 129 countries
- >> Additional shipments to 10 countries planned: Botswana, Comoros, Equatorial Guinea, Gambia, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania
- >> An order for an additional 30 million tests has been placed

ADDRESS MARKET SHORTAGES

- WHO has established
- >> PPE Consortium
 - >> Diagnostics Consortium
 - >> Clinical Care Consortium

Data as of 1 May 2020

As the lead in the UN Global Supply Chain Task Force, WHO is working with the private sector, financing institutions like the European Investment Bank, and UN partners like WFP and UNICEF, to establish an emergency supply chain for countries around the world.

By procuring centrally, enhancing transparency across the supply chain, creating a custom distribution chain through a global air bridge, and directing where those supplies are needed most, vital health commodities are reaching countries faster, saving lives and money.

A hub-and-spoke distribution chain forms the basis of the global logistics distribution chain. The system includes four strategic international consolidation hubs, including a sourcing hub in Shanghai, additional international consolidation hubs in Dubai, Atlanta, and Liege, and six regional staging areas located along

primary corridors serving all countries. Airlifts are moving cargo between international and regional hubs and onward to countries. These airlift services are a crucial contribution of the Task Force, given current disruptions to commercial operators and competing demand.

WHO is coordinating with other United Nations agencies, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, the World Bank, and other partners to implement new ways to secure critical supplies in a market overwhelmed by unprecedented global demand.

WHO and its partners are innovating to help countries with the most limited means to access vital medical supplies:

- Through a pooled procurement process, WHO, partner agencies and donors are negotiating collectively with manufacturers to address global market shortages.
- Resources from the Fund have been used by the diagnostics consortium to purchase 4 million manual polymerase chain reaction (PCR) tests that will be allocated and distributed to 135 countries in May. These initial purchases will serve as a catalyst for securing supplies for additional procurements, with payments from countries receiving these deliveries being used to procure additional supplies and equipment for allocation and delivery in the months to come.
- WHO is in discussions with suppliers to explore additional opportunities for pooled procurement of PPE, testing supplies, and biomedical equipment. Through a purchasing consortium for PPE, contracts have been secured with Chinese and Malaysian manufacturers for substantial volumes of masks, gloves, and other critical supplies to protect frontline healthcare workers. WHO is placing purchase orders for these supplies, while the consortium continues efforts to secure additional quantities of PPE.
- At WHO's request, the Fund has set aside US\$20 million for the establishment of WFP's COVID-19 Supply Chain System distribution operation. The operation launched on April 14, 2020 with the opening of a WFP humanitarian air hub at Bole International Airport in Addis Ababa, Ethiopia, where COVID-19 supplies are being transported from by air to destinations across Africa. The first "Solidarity Flight" out of Addis Ababa on April 14 delivered critical supplies to 51 African countries, and represents the largest single shipment of medical supplies from WHO since the start of the COVID-19 pandemic.



Solidarity Flight

Photo credit: WHO

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



On 20 March 2020, a girl washes her hands under running water during a coronavirus prevention campaign at the Baale Idi Araba Nwaigbos House in Mushin, Lagos State, Nigeria.

Photo credit: UNICEF/Ojo

As of May 1, 2020, US\$10 million from the COVID-19 Solidarity Response Fund allocated to UNICEF to support vulnerable countries with access to evidence-based information, WASH and basic IPC measures, and access to care for vulnerable families and children.

The new frontier of the pandemic is in low-resource countries and humanitarian settings, areas where UNICEF is well-positioned to support local populations. For this reason, WHO requested the Fund to disburse direct to UNICEF to aid in these vital efforts.

Adequate WASH services are essential to IPC. Good handwashing and hygiene practices are also necessary to reduce transmission and exposure to the coronavirus. However, across the world, 3 in 10 people, or 2.1 billion people, lack access to safe water at home, and 6 in 10 people, or 4.5 billion people, lack access to safely managed sanitation. The poor and vulnerable are disproportionately affected.

Public health measures such as social distancing to reduce COVID-19 transmission are also heightening protection risks and vulnerabilities for already at-risk groups, including children, women and crisis-affected families. Households with limited resources are bearing the full brunt of these measures.

Fund contributions are strengthening UNICEF's work with vulnerable communities to tackle these realities.

Since the start of the outbreak, UNICEF and partners have reached over 1.6 billion of the world's most vulnerable people with evidence-based COVID-19 messaging, to assist them in protecting themselves against the disease.

As the pandemic spreads, scaling up universal handwashing facilities in public spaces is a major WASH focus. UNICEF provided technical input to the [WHO recommendation on obligatory hand hygiene against transmission of COVID-19](#), and is working with WHO to disseminate basic hygiene messages and to scale up universal handwashing and facilities in public spaces. UNICEF is working with local markets and entrepreneurs to develop and implement local solutions, particularly in low-resource and humanitarian settings with high population density and limited access to water.

Some examples of UNICEF's health response in parts of the world that rely on it most:

- In the Latin America and the Caribbean Region, UNICEF, in partnership with the Stockholm International Water Institute (SIWI), mapped out WASH public policies being implemented by 13 governments in the region in response to COVID-19. Based on this mapping, a strategic note was produced for national WASH coordination platforms, government entities and international financing institutions, documenting good practices and recommendations, to ensure access to WASH services at scale.
- In Ecuador, UNICEF provided IPC support to 27 prioritized healthcare facilities, with focus on water disinfection through chlorine distribution. It provided emergency water trucking in peri-urban neighbourhoods, reaching 12,800 people – 6,200 of them children – an intervention complemented by door-to-door hygiene promotion activities. UNICEF will provide a top-up to existing cash-based intervention mechanisms by other UN agencies, aiming to reach 18,000 vulnerable migrants and refugees.
- In Haiti, UNICEF and partners have prioritized vulnerable groups in urban areas and communities along the Dominican Republic border for the dissemination of prevention messages on hygiene behaviours and hand washing, the installation of public hand-washing stations and the provision of safe drinking water in the most vulnerable areas. With UNICEF support, the national child protection system is ensuring that 754 residential institutions hosting more than 25,000 children have necessary hygiene supplies and information to prevent the spread of the virus.

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

As of May 1, 2020: US\$10 million from the COVID-19 Solidarity Response Fund allocated to support CEPI's mission-critical vaccine development work.

Scientific innovations – the development and deployment of vaccines, therapeutics and diagnostics – are the world's exit strategy from the global pandemic. CEPI is a global alliance to accelerate the development of vaccines against emerging infectious diseases that was launched in 2017 by the governments of Norway and India, the Bill & Melinda Gates Foundation, the Wellcome Trust and the World Economic Forum.

Fund contributions are supporting never-before-seen innovations in vaccine development.

CEPI's existing collaboration with its networks of partners allowed it to pivot quickly towards this new disease in January 2020, when it moved urgently to coordinate with WHO, health authorities, and partners to race to develop vaccine candidates.

Historically, vaccine development has been a long, risky, and costly endeavour. CEPI and its partners have an audacious ambition to develop safe, effective, and globally accessible COVID-19 vaccines within 12-18 months.

As of May 1, CEPI has deployed US\$39.3 million through nine partnerships: with Inovio Pharmaceuticals, the University of Queensland, CureVac, Moderna Inc., Novavax Inc., the University of Oxford, a consortium led by Institut Pasteur and including Themis Bioscience and the University of Pittsburgh, Clover Biopharmaceuticals and The University of Hong Kong.



Scientists at Queensland University, a vaccine development partner of CEPI, in their laboratory.

Photo credit: University of Queensland

These partnerships have resulted in a diverse portfolio of vaccine candidates based on a wide range of vaccine technologies—including novel platform technologies and other more established approaches—all moving forward in parallel, to optimize the chances of success.

In the space of three months, three of these partners — Moderna, Inovio and the University of Oxford — have already started Phase 1 clinical trials to assess the safety of their vaccine candidates. During Phase 1, small groups of healthy volunteers are being administered a vaccine candidate. Different volunteers receive different dosages to determine the strongest immune response at the lowest effective dose without serious side effects.

Another innovation has been GlaxoSmithKline providing its established pandemic vaccine adjuvant platform technology to CEPI partners to enhance the development of vaccines. Added to some vaccines to enhance the immune response, an adjuvant can create a stronger and longer-lasting immunity against infections than the vaccine alone. The use of an adjuvant is also of particular importance in a pandemic situation since it can reduce the amount of antigen required per dose, allowing more vaccine doses to be produced and made available to more people.



Photo credit: University of Queensland

CEPI's COVID-19 portfolio has been built on the principles of speed, scale, and access.

SPEED: CEPI's goal is to develop multiple vaccines against COVID-19, to make hundreds of millions of doses available within 12-18 months, by speeding up development by running development processes in parallel, (e.g. investing in multiple vaccine candidates to get more attempts at a viable option) and by taking financial risks as part of its “no regrets” approach.

SCALE: CEPI is working with manufacturers to engage in a broader approach to “scaling up” manufacturing capacity and “scaling out” across geographies so the eventual product is as close to various markets as possible. This is needed to develop the required vaccine quantities and to ensure geographical availability of the final products, since the attributes of some vaccines, including the temperature at which they need to be stored, make them difficult to transport.

ACCESS: The global nature of a pandemic means that any vaccine or medicine that is successfully developed will be needed immediately all over the world. This means that the challenge we face is not only one of research and development, but also one of manufacturing at scale, and of equitable access.

WHO and CEPI are two of the founding members of the [Access to COVID-19 Tools \(ACT\) Accelerator](#), a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. The ACT Accelerator was launched on April 24, 2020.

Looking Forward

The Fund pledges to keep partners updated on the impact of your contributions, including through regular impact reports. We hope that partners will encourage others to join in supporting the COVID-19 Solidarity Response Fund in support of WHO.

The need for global solidarity has never been greater.



Photo credit: UNICEF / Frank Dejongh

Annex 1

COVID-19 Solidarity Response Fund for the World Health Organization Contributions and Disbursements, March 13 – May 1, 2020

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

Fund Contributions March 13 – May 1, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$161,814,448
Swiss Philanthropy Foundation (including Transnational Giving Europe affiliates) ^[1]	\$22,400,000
Japan Center for International Exchange	\$7,519,092
Total **	\$201,733,540

* Includes funds received plus written pledges.

** Includes one contribution made in the name of the Fund directly to WHO.

Fund Disbursements March 13 – May 1, 2020

Beneficiary	Disbursements in USD*
World Health Organization	\$75,813,943
UNICEF	\$10,000,000
Coalition for Epidemic Preparedness Innovations	\$10,000,000
Total	\$95,813,943

* WHO has authorized the Fund to disburse \$20,000,000 to the World Food Programme (WFP). The disbursement is pending finalization of a grant agreement with WFP.

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

Annex 2: Resources and Stories

Resources

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

Stories

- [WHO in action: Global COVID-19 Response](#)
- [CEPI Races Two COVID-19 Vaccines to Human Trial](#)
- [One World: Together At Home Celebrates COVID-19 Frontline Workers](#)
- [Nearing \\$200 million in The Fight Against COVID-19](#)
- [How The World's Scientists, Doctors, and Nurses are Uniting to Fight COVID-19](#)
- [How WHO Connects The Links in the COVID-19 Supply Chain](#)
- [Tech Companies Fight COVID-19 and Misinformation](#)



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