



A health worker prepares to administer a COVID-19 vaccine in Luanda, Angola. ©WHO AFRO

COVID-19 Solidarity Response Fund for the World Health Organization

Impact Report

1 July – 31 December 2021

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A doctor prepares to attend to COVID-19 ICU patients in Manila, Philippines. ©WHO SEARO

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Abbreviations and Acronyms

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

Executive Summary



A COVID-19 vaccine being administered in Angola. ©WHO AFRO

Powered since March 2021 by the WHO Foundation, and prior to that by the UN Foundation, along with a global network of partners, the COVID-19 Solidarity Response Fund (the Fund) has provided the first and only way for individuals, corporates, foundations, and other organizations to directly contribute to WHO and its partners' response efforts and get resources to where they are critically needed.

Donations to the Fund support World Health Organization's (WHO) activities to:

- Suppress transmission through public health and social measures, including detecting and testing cases, tracing and quarantining contacts, shielding high-risk groups
- Managing the infodemic and fighting disinformation and misinformation
- Protect the most vulnerable by building vaccine acceptance, ensuring vaccine deployment in all countries, and carrying out vaccination campaigns
- Reduce mortality and morbidity and save lives by ensuring quality care, training of health workforce, and access to essential commodities
- Accelerate equitable access to new COVID-19 tools, including vaccines, diagnostics, and therapeutics in all countries

For this report, covering 1 July - 31 December 2021, the COVID-19 response followed the 2021 Strategic Preparedness and Response Plan. This updated framework guides coordinated action at the national, regional, and global level to overcome ongoing challenges in response to COVID-19. It addresses inequalities and builds upon what we have learned about the virus, our collective response, and the new challenges that have come to light.

The SPRP 2021 Framework has 10 Pillars:

- 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

During this reporting period, allocations were made to the following pillars and projects:

Global COVID-19 Strategy Pillar 1: Coordination, Planning, Financing, and Monitoring

- 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

Global COVID-19 Strategy Pillar 2: Risk Communication, Community Engagement, and Infodemic Management

- 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
- 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

Global COVID-19 Strategy Pillar 3: Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health and Social Measures

- 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

Global COVID-19 Strategy Pillar 5: Laboratories and Diagnostics

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

Global COVID-19 Strategy Pillar 9: Maintaining Essential Health Services and Systems

- WHO, to Support the Delivery of Mental Health Support During the COVID-19 Pandemic

Overall Impact

Through COVID-19, the world is facing an unprecedented challenge. Since its launch in March 2020, the Fund has raised over US\$256 million to counter the COVID-19 pandemic, providing funds to help suppress transmission, reduce exposure, protect the vulnerable, and save lives.

This report, covering 1 July - 31 December 2021, provides a written account on the COVID-19 Solidarity Response Fund's impact on the global response to the COVID-19 pandemic. During this reporting period, the Fund received more than US\$ 5.4 million in new contributions. More than 10,000 individuals, corporates, foundations, and other organizations committed funding to support the WHO-led global response effort.

The Fund ceased active fundraising on 31 December 2021. Thank you to all donors and partners who have responded with generosity and solidarity by supporting the Fund, directly contributing to WHO and its partners' global response efforts, and helping to get resources to where they are critically needed.

Introduction

During the reporting period, the COVID-19 pandemic continued to affect communities around the globe. From July to the end of December 2021, just under 105 million cases were reported. In response, lifesaving COVID-19 vaccines, tests, and treatments continued their rollout.

The World Health Organization continued a coordinated and sustained response on a scale without historical precedent. In October, it launched a strategy to Achieve Global COVID-19 Vaccination by mid-2022, aiming to vaccinate 40 percent of people in all countries by the end of the year, and 70 percent by mid-2022.

As of 16 November 2021, 2.6 percent of people in low-income countries were fully vaccinated against COVID-19, compared to 66.6 percent in high-income countries. By the end of December 2021, more than 9 billion COVID-19 vaccine doses had been administered globally, with 48% of the global population receiving the primary vaccination series. However, many remain susceptible to infection, especially vulnerable populations in lower-income countries, highlighting the profound global inequities in vaccine access and coverage.

Variants continue to emerge with the potential to impact the rate of transmission and the effectiveness of response interventions. In November, the variant Omicron proved to be considerably more infectious than the Delta variant, spreading rapidly, even in countries with high levels of population immunity.

On top of inequities in vaccines and a more-transmissible variant, inconsistent implementation of public health and social measures, along with health care systems, health workers, and global supply chains for essential commodities under continued pressure, the global situation remained highly dynamic and unstable.

This report summarizes the Fund's activities from 1 July – 31 December 2021 in response to the COVID-19 pandemic.

PILLAR 1: Coordination, Planning, Financing, and Monitoring

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

Funding was channeled to enhance the capacity and technical skills of Emergency Medical Team (EMT) members to care for the affected populations of COVID-19. Health professionals, including doctors, nurses, and paramedics, treat patients affected by an emergency or natural disaster and work to comply with the minimum standards set out by WHO and its partners. Prepared and self-sufficient, EMTs do not burden the national health system.

During the reporting period:

- A national Training of Trainers course was held for Ugandan and Namibian EMT personnel.
- More than 1 000 Ministry of Health (MoH) and partner personnel completed a webinar series on the EMT Initiative's activities.

The number of requests for assistance in case management and capacity building for COVID at the country level has increased. A total of 23 countries received support from EMT network partners, and 5 135 healthcare personnel were trained on the management of severe and critical COVID-19 cases.

The interventions were individually negotiated with the MoHs of all countries involved, ensuring a highly-tailored approach, suited to the needs of health staff and patients. This allows MoHs greater control over the intervention and increases the likelihood that gains from deployment and technical support are sustained.

There is increased interest in investing in developing and strengthening rapid response capacities. A coordination system is documented by the official request received from 14 countries to be included in the project.

The first EMT training to consolidate and strengthen the pool of qualified EMT personnel for emergency deployment for Francophone countries is planned during the first quarter in Senegal with the presence of five countries, followed by a simulation exercise.

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) serves to improve health outcomes in emergencies beyond children and newborns and to make WHO’s established clinical guidelines readily available.

During the reporting period, the Fund supported the costs of a supplier (Swiss TPH) in the mapping of the WS2 Digital Adaptation Kit (DAK) outputs into the Fast Healthcare Interoperability Resources (FHIR) standard.

DAKs are part of the SMART guidelines initiative and include data and health content consistent with WHO’s care recommendations that are generically applicable to digital systems. They are software-neutral, operational, and structured documentation based on WHO clinical, health system, and data use recommendations, to inform the design of digital systems systematically and transparently.

The components of this antenatal care DAK include linked health interventions and recommendations, personas, user scenarios, business processes and workflows, core data elements mapped to standard terminology codes (e.g., ICD), decision support, program indicators, and functional and non-functional requirements.

This DAK is one among many being developed across health domains. At a later stage in the project, it will be used within executable reference software in WS4, so that healthcare information can be exchanged and healthcare information – including clinical and administrative data – can be made securely available to those who have a need to access it.

US\$ 791 000 Allocated to Provide Guidance on Managing Mass Gatherings During the COVID-19 Pandemic

Mass gatherings can amplify the spread of COVID-19. Consequently, they have the potential to strain the planning and response resources of the host country or community and be associated with disruptive impacts on health services. 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 during this reporting period:

1. The development of graphics, guidance, and tools to share knowledge and help advise decision-makers on the evaluation, management, and communication of COVID-19 associated risks during gatherings including religious ceremonies, elections, sports, and other in-person events. This included:
 - The guidance document, [Safe Eid al Adha practices in the context of COVID-19](#) (July), providing up-to-date public health advice that can be applied across different national contexts to make event-related activities safer. It includes messages for both policymakers and the general public. Available in English, French, and Arabic.
 - A WHO policy brief, [Holding gatherings during the COVID-19 pandemic](#) (August), presenting WHO’s position and guidance for policymakers on holding gatherings during COVID-19. Derived from WHO publications and evidence from the scientific literature, the brief is available in English, French, Spanish, Russian, and Chinese.

- The 3rd update of the interim guidance, [Key planning recommendations for mass gatherings in the context of COVID-19](#) (November), providing guidance to host governments, health authorities, and national or international event organizers on decisions related to holding mass gatherings during the pandemic. It includes a checklist on steps required to evaluate, mitigate and communicate associated risk. It is available in English, French, Spanish, Russian, Arabic, and Chinese.
2. Case studies to document and share lessons around mass gathering planning 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. The following case studies were published:
- Elections in Ukraine (December). This was carried out in collaboration with WHO/EURO, WHO/ Ukraine, and the International Foundation for Electoral Systems (IFES).
 - Religious events in France (started June 2021, to be completed in March 2022). This case study focuses on the adaptation of religious practices among the largest religious communities present in France during the first year of the COVID-19 crisis. The study is being carried out with the WHO Collaborating Centre for Research on Health and Humanitarian Policies and Practices, IRD/University of Paris, France.
3. 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:
- A case study is underway to assess and redefine the legacy concept for sport mega-events and institutions in relation to the COVID-19 pandemic. It focuses on the social, economic, and psychological impacts produced by the pandemic on communities, with the aim of identifying consequences, lessons learned, and solution proposals for future events and governance. Sources of information include the review of literature, case studies (targeting specific sports federations), and structured interviews to officials, health personnel, trade unionists, and athletes. The study is being carried out in collaboration with the Institut COVID-19 “Ad memoriam”, University of Paris, France, for completion in March 2022.



An image from the Zaporizhyza City Election Commission during elections in Ukraine. ©Ukrinform for WHO Europe

4. Monitoring and evaluation of mass gatherings and COVID-19, including routine screening, compilation, and analysis of key global information. The Fund enabled:
- Monitoring the global implementation of mass gathering events, in collaboration with Johns Hopkins Bloomberg School of Public Health. By the end of 2021, and since the beginning of the COVID-19 pandemic:
 - 4 438 mass gathering events were recorded: 42.2% were sports events, 24% entertainment events, 15.2% cultural events, 7.6% religious events, while the rest were political, business or health-campaign events.
 - 39.7% of the recorded events were implemented with modifications, 2% were made entirely virtual, 23.6% were canceled, and 21.3% were postponed.
 - 61% of the events were supported by a WHO-recommended risk assessment exercise/risk-based approach; 91.1% of WHO Member States reported basing the decision-making process for at least one mass gathering on a risk assessment exercise or a risk-based approach.
 - A literature review on mass gatherings and COVID-19 is compiled on a weekly basis and circulated to WHO (Headquarters and Regional Offices) and external experts. This is carried out in collaboration with the WHO Collaborating Centre for Research on Health and Humanitarian Policies and Practices, IRD/University of Paris.
 - Information on mass gatherings occurring in the WHO European region is collected and analyzed on a routine basis. Data is entered into the website/dashboard dedicated to “Public Health and Social Measures in Response to COVID-19”. In addition, a weekly update on public health and social measures implemented in EUR Member States with the aim of limiting transmission of SARS-CoV-2 (e.g., mask policy, school closure, business closures, gathering restrictions, domestic movement restrictions, international travel restrictions) is compiled and distributed throughout WHO.

PILLAR 2: Risk Communication, Community Engagement, and Infodemic Management

US\$ 1.15 Million Allocated to the WHO COVID-19 Medical Evacuation System for UN Personnel and Eligible Dependents

The UN Medical Evacuation (MEDEVAC) System, in partnership between numerous entities, 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 country public health regulations.

Since the activation of the COVID-19 MEDEVAC System in May 2020, the MCU has processed 434 cases (of which 348 cases were completed). During this reporting period, 105 MEDEVACs were conducted. Patients from 50 different UN agencies and implementing partner NGOs and from 70 originating countries in WHO's African, Eastern Mediterranean, and South-East Asian regions. Patients have been accepted for treatment to 25 countries with higher-level facilities in South America, Africa, and Europe. This includes a dedicated COVID-19 field hospital in Ghana and a dedicated ward at the Nairobi Hospital in Kenya.

US\$ 5 Million Allocated to WHO, to Accelerate Contact Tracing Efforts Around the World

Contact tracing activities remain a key component in tackling the COVID-19 pandemic by reducing transmission. WHO has been strengthening country contact tracing capacity in several ways:

- **In the Eastern Mediterranean Region:** A contact tracing case study in Oman has been completed and another case study will be developed in Lebanon.
- **In the European Region:** The second of the WHO/Europe series of case studies on COVID-19 contact tracing was conducted in Kyrgyzstan. The case study captures the diversity of contact tracing operations across the region as well as examples of best practice, providing a better understanding of the underlying factors contributing to the outcomes and successes of contact tracing techniques and strategies. In Western Balkan and Eastern Partnership countries, a project on assessing the use of digital tools for contact tracing entered its final phase.

The European regional office developed a COVID-19 Contact Tracing Briefing Package for WHO Member States and, in collaboration with the European Centre for Disease Prevention and Control (ECDC), finalized contact tracing indicators and integrated them in the TESSy surveillance platform which is now open for weekly reporting of contact tracing data by WHO Member States. A joint EURO/ECDC webinar on COVID-19 surveillance and laboratory, highlighting the contact tracing support activities was conducted at the regional level.

- **In the American Region:** The Guatemala Country Office ran a quantitative and qualitative methodology study in two localities, which has shown differences between the localities and identified factors influencing the implementation of contact tracing strategies. In Colombia, a contact tracing communication campaign is being tested with a sample of citizens while a radio campaign to broadcast messages on contact tracing is in production. In Honduras, a risk perception survey is being carried out in four of the country's departments.
- **In the African region:** To facilitate contact tracing data collection on the field and after a testing phase in two health zones, DRC Country Office has provided implementing partners, such as the Congo Red Cross, with one hundred tablets and trained contact tracers in their use. IPC kits were provided to the contact tracer teams in the five countries (South Africa, DRC, Uganda, Congo, and Niger) to reinforce their protection during contact tracing activities. In South Africa, the deployment of Go.Data into 14 priority districts in the four provinces targeted was completed and historical case and contacts line lists were imported onto Go.Data. Contact tracing teams are now using Go.Data dashboard for the purpose of analysis and reporting.
- **In the South-East Asian region:** In Myanmar, 512 health care workers and basic health staff, working at community level in Central Epidemiology Unit and 17 States/Regions, severely affected by COVID-19 outbreak, were provided per diem and travel cost for 16 days to conduct contact tracing activities, and case investigation and strengthen surveillance.

All regions continue to highlight the crucial role of risk communication and community engagement (RCCE) as part of the COVID-19 response. Fund support enabled significant progress to be made in this area, including:

Three case studies conducted on RCCE in contact tracing were published¹ on WHO website as well as the translated versions in Arabic, Chinese, French, Russian, and Spanish of the Operational Guide for Engaging Communities in Contact Tracing².

- Risk communication material was developed and printed in the local language in Kosovo³.
- In North Macedonia, an orientation for journalists was conducted and highlighted the role of the media in communicating with the public and disseminating essential messages related to COVID-19 in a transparent manner.
- In Nepal, a training course and contact tracing videos were translated into different dialect languages. Locally elected and appointed officials were briefed on the importance of case investigation and contact tracing, communication on COVID-19 vaccines, risk/crisis communication, and community engagement (RCCE). This briefing was held in 15 local levels in six districts and three provinces.

¹ <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19>

² https://www.who.int/publications/i/item/WHO-2019-nCoV-Contact_tracing-Community_engagement-2021.1-eng

³ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 1999.

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

In the European and African Regions: Trainings and trainings for trainers for health experts and personnel working in contact tracing related activities have continued to strengthen contact tracing capacity in various countries or territory such as Albania, Azerbaijan, Georgia, Kazakhstan, Kosovo, North Macedonia, Tajikistan, Ukraine, Congo, and Uganda. The trainings focus on key principles and processes in contact tracing for COVID-19 and include a RCCE component as well as practical exercises, simulation, and roleplay exercises. In Ukraine and Kazakhstan, the contact tracing infrastructure was further strengthened through procurement of tablets for epidemiologists working on contact tracing. In Tajikistan, an assessment of the contact tracing process was conducted to identify areas of improvement.

In the Eastern Mediterranean Region: Despite challenges faced in some countries due to their internal political situation, the recruitment and training of contact tracers have continued as well as community outreach activities as much as possible. In Tunisia, the community-centered contact tracing training package was finalized and pilot-tested with 40 Tunisian Scouts who volunteered as contact tracers. Further training will be conducted for 150 newly recruited scouts to work in remote and hard-to-reach areas across Tunisia. A community-centered contact tracing and surveillance toolkit is also being developed in partnership with Eastern Mediterranean Public Health Network (EMPHNET).

In the African Region: All the recruited tracers and their supervisors have been trained on the use of the KoBoCollect tool to undertake case investigation and contact tracing. In partnership with NGO teams, contacts are followed up on a regular basis, while building capacity of health facilities personnel on contact data collection using KoBoCollect and Go.Data have continued.

In the South-East Asian Region: In Nepal, a massive open online course (MOOC), is being developed on case investigation and contact tracing of COVID-19 in Nepali language, targeting health personnel and/or volunteers to train them in investigation, contact tracing, and contact follow-up in the community. The content of the video has been finalized and the production is expected to be completed in early 2022.

US\$ 1.9 Million Allocated to WHO, to Assist High-Risk Populations to Quit Tobacco Use During the Pandemic

The Fund has supported WHO's work to raise awareness about the linkage between smoking and COVID-19, existing cessation services, and empower 100 million tobacco users to quit. WHO has worked with 35 focus countries on communication materials, and the development, design and implementation of year-long global awareness-raising and "Quit & Win" call-to-action campaigns for World No Tobacco Day (WNTD) at local, regional, and national levels. The outreach of these campaigns, which included national, traditional, social media campaigns, along with the recruitment of social influencers, youth groups, and quit networks on social media platforms to reach target audiences, has exceeded previous years, reaching 4.3 billion during World No Tobacco Day (31 May) alone.

Key achievements during the period:

- A set of methodologies and a practical guidance for the tobacco cessation investment case were developed. The methodology will allow WHO to develop national tobacco cessation investment cases to motivate governments to invest in tobacco cessation interventions. As a pilot, Uzbekistan will start to use the methodology to develop their national tobacco cessation investment case in 2022.

- India continued a series of radio campaigns in 10 local languages in 15 states.
- Mexico, Kenya, Iran, Jordan, and Timor-Leste 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 by training health workers in tobacco cessation.
- Ethiopia and Nigeria are in the process of launching national toll-free quit lines.
- Timor-Leste started the establishment of three tobacco cessation clinics to serve as multi-functional tobacco cessation resource centers for the country. The first clinic was launched on 25 June (<https://www.who.int/campaigns/world-no-tobacco-day/2021>).
- India made plans to relaunch and scale up its mCessation project.
- Jordan, India, the Philippines, and Timor-Leste received thousands of nicotine replacement therapy (NRT) products to support frontline workers and other at-risk groups to quit smoking. The Fund supports the implementation, monitoring, and evaluation of the donation projects in these countries.
- Florence, an WHO artificial intelligence health worker providing advice on tobacco cessation and channels people to online quit support and national quit lines, is available 24/7 in five UN languages: English, Spanish, French, Chinese and Russian (Arabic to follow).
- WHO launched six-month text messaging programs on Viber, WhatsApp, and FB Messenger to help people quit and remain tobacco-free. Each of these programs now have 50-100 000 users. Quitters from around the world are also sharing their personal testimonies through the Quitter Diaries video series.

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 during the reporting period include:

- The completion of an intensive, third WHO Global Infodemic Management Training program with 249 trainees. The training emphasized on the skills and knowledge described in the newly published competency framework for workforce response to infodemic management, and covered topics including infodemic management, strategy development, and policy implications. <https://youtu.be/eeF07IHjXog>
- The 5th WHO Infodemic Management Conference was held. It aimed to develop a work plan to foster implementation of the work stream of the WHO research agenda for managing infodemics, metrics, and the indicators for measuring the burden of the infodemic and related interventions. The key outcomes and actions included: developing standardized definitions; improving the concept map; conducting a desk review of evidence, tools, and data sources; setting up a technical working group; and addressing immediate priorities for COVID-19 recovery and resilience building.

- An OpenWHO Infodemic Management 101 online training course was held, providing an overview of the COVID-19 infodemic, strategies and tools, the tactics being employed by malicious actors in the infodemic, and offering ways to support friends and family in building resilience against misinformation and disinformation. In total, there were 6 800 enrollments, 1 340 certificates issued, 1 400 learners using the forum, and 623 badges. The course attracted a much younger audience compared to the average for the platform.
- A WHO and Religions for Peace Global Conference centered on 'Strengthening National Responses to Health Emergencies': WHO, Religious Leaders, Faith-based Organizations, Faith Communities and National Governments.' It served to facilitate the exchange of experiences and lessons learned during the COVID-19 pandemic.
- The production of more than 90 weekly COVID-19 infodemic social media listening insights through the Infodemic Early AI-Powered Social Listening EARS platform for global response. Content, tracked in English, French, and Spanish, detected more than 1.4 billion public mentions of COVID-19. The tool tracks trends on COVID-19 narratives, covering nine languages and 30 countries, and processing more than 50 million publicly shared questions and concerns.
- A series of six inter-agency sessions, co-hosted by WHO and UNESCO, with participation by 21 UN agencies and programs, to enable information sharing related to cross-cutting topics on mis/dis-information and data transparency. A UN interagency side event titled, Promoting Transparency to Counter Disinformation and Build Trust, was convened at the 76th UN General Assembly.
- The WHO Europe Regional Office (EURO) conducted Infodemic Management (IM) training to 200+ participants from national health authorities, responders, and media professionals, and produced: The Health Evidence Network study, a policy brief on "Digital solutions to health risks raised by the COVID-19 infodemic"; a manuscript, "The effect of infodemic and other information-related factors on health-information seeking behavior in COVID-19 outbreak," and a book chapter with Trilateral Research on infodemic management. The HealthBuddy+ interactive chatbot was rolled out in six countries and territories, reaching over 15 website embeds and counting more than 3.8 million total user interactions in Bulgaria, North Macedonia, Kyrgyzstan, Poland, Romania, Uzbekistan, and Kosovo.

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. To date, the GYM has delivered a high impact Global Youth Summit (GYS), reaching 14 000 people through the GYM website, with more than 150 countries represented. Through grants, GYM also funded nearly 200 Local Solutions projects to individual young people and youth-led community groups, and funded 69 national projects across the Big Six in 57 countries.

Overall, the project is on track to meet all the key targets and mobilize hundreds of thousands of young people and youth-led community organizations in COVID-19 response and recovery efforts.

Key highlights during the reporting period include:

- **Global Fund for Local Solutions:** This new model for funding youth-led solutions has received more than 1 400 applications from 70 countries and has completed three funding cycles (applications are reviewed on a rolling two – three-month cycle). Working together with Youth Panels, youth activists, and changemakers who volunteer their time and decide where the funding goes, the GYM has successfully awarded funds to 187 project recipients.

In total, US\$ 579 700 was awarded in funds. The average age of applicants was 25.7 years. There are active projects in 37 countries, with the majority in Sub-Saharan Africa and Asia Pacific. 32% of projects have been awarded to individual young people or informal groups of young people [US\$ 500 or US\$ 1 500], and 68% of projects have been awarded to youth-led community organizations [US\$ 3 000 or US\$ 5 000].

All projects must meet a set of core criteria and address the direct or indirect negative impacts of the COVID-19 pandemic on young people. The applications received covered thematic areas including empowering young people to lead in their community, prevention/protection measures in the community and vaccination issues, education disruption, improving employability, improving mental or physical health, combating the impact of domestic and gender-based violence, digital innovation, and addressing other negative impacts of the pandemic on young people.

Project recipients are required to provide mid-term and end-of-project reports. Second grant disbursements are awarded on the successful completion of the mid-term reports. All reports are submitted via the Salesforce platform. The projects demonstrate the significant range of impact and the variety of issues that the young people the GYM are supporting are having on their local community and young people they are supporting.



The Loud Conversation uses digital online platforms and media to share content that dissuades the spread of pandemic misinformation. The project also encourages young people to take interest in national issues, such as gender-based violence, education disruption, vaccine hesitancy, the needs of people with disabilities, pandemic prevention measures and protection and highlights the importance of youth participation in the fight against COVID-19. © WHO AFRO

- **National Projects:** To date, the Big Six organizations have set-up 69 national projects that are focused on COVID-19 recovery and response efforts and provide non-formal education and learning through community engagement and social action. Due to the timing and complexity of working at scale with large national organizations, most projects only started their implementation in September/October. Overall, the 69 projects aim to impact 477 631 beneficiaries and engage 292 088 young people in their development and implementation. The projects aim to engage 73 102 young people from underrepresented groups. 75% of the projects are on track; 19% are behind schedule, with 67% of the projects are in the implementation phase, 29% in planning, and 4% in closing/evaluation. The average spend per project is US\$ 16 555, and the average number of beneficiaries per project is 6 922. In total, 15% of the projects are expected to come from underrepresented communities.
- **Accelerator Programme (AP):** The team developed the concept and model for the AP, for implementation in 2022. The AP aims to develop sustainable projects through replication or scaling of existing (and already funded) Local Solutions. The intention is that the AP will commence from March 2022.

Working in collaboration with partners, the AP will deliver valuable learning opportunities to all Local Solutions applicants wishing to grow their initiatives through online learning resources and opportunities to build networks through organized gatherings with peers and mentorship opportunities with GYM partners. The AP will invest in ideas and solutions by providing grant funding to support the scaling of the project, and create a legacy through ensuring that the projects supported through the AP are sustainable and able to continue to thrive after the GYM support has ended.

- **Advocacy and Partnerships:** During the reporting period, there was an increase in the advocacy and partnership activity of the GYM as the impact from the Local Solutions and National Projects start to come through and we can identify opportunities to showcase the impact young people are having around the world.

Specific highlight and developments included:

- **Unlock the Future:** A partnership with other youth development organizations including Save the Children, BRAC, and Restless Development was designed to raise the importance of the role of young people now and in the future. The GYM worked with this diverse coalition – led by the UN Foundation – to host a virtual/hybrid event on the fringes of the 76th UN General Assembly. The event included world leaders, change-makers, policy makers, and young activists drawn from across the partners of the GYM. At the event, a declaration was launched calling on the international system, WHO Member States, and institutions to prioritize young people in COVID-19 recovery plans, commit more resources to youth development, and secure tangible commitments for the priorities of young people and future generations. Read the declaration and watch the event [here](#).



This project works with young people, selected from schools and local communities, to train them to become "Ambassadors" to lead in the fight against COVID-19 by enlightening older generations on the impact of pandemic denial and vaccine hesitancy. © WHO AFRO

- **Youth Lead Innovation Festival:** In collaboration with the Envoy on Youth's office and UNICEF, the GYM co-hosted a workshop on Local Solutions at the festival and helped raise the profile of the initiative, opportunity for funding, and the important role of the GYM Local Solutions Youth Panelists. Read more [here](#).
- **International Youth Day – Op-ed by the Big 6 CEOs:** To mark International Youth Day, the GYM published an op-ed from the Big 6 CEOs, which was published on the WEFForum.org. It called on governments, UN agencies, corporations, and civil society to put young people at the center of the COVID-19 recovery. The piece can be read [here](#).

US\$ 1.5 Million Allocated to WHO, to Support Lebanon Emergency Medical Teams

Despite the country's challenging political, financial, socio-economic, and health situation, the private/public twinning project – where private hospitals partner with public hospitals to upgrade the quality of care for COVID-19 patients in the ICU – completed activities at the end of November 2021.

Support was provided as follows:

- Eight public hospitals were paired with six teaching hospitals, out of which one teaching hospital was a public hospital.
- All paired hospitals underwent an assessment with the teaching hospitals. Afterwards, two public hospitals closed their COVID-19 ICU, and hence, the twinning activities within the pairing stopped.
- Six public hospitals actively engaged in pairing, achieved the initiation phase, and went through the maintenance phase at varying speeds.

A customized support plan was developed for each paired hospital with periodic updates. The steering committee met periodically to oversee progress and to address challenges. The nurse support provided was with a high level of engagement and led to changes in some of the nurse practices towards better quality of care, with the introduction of relevant SOPs and forms, bedside coaching, and discussions. The engagement with the ICU doctors of the public hospitals was more challenging, as they were not receiving salaries from their hospitals with reimbursement of their work done based on fee for service, and they were not receiving any compensation for the extra time spent on the twinning project. However, some of them managed to take benefit from the project, and one person, who is also the director of his hospital, managed to take the pairing to the level of advanced twinning with telemedicine, clinical discussions, and referral of severe patients. Quality indicators were shared on a weekly basis by five of the public hospitals, and benchmark checklists were conducted periodically. The scoring, which collected several quantifiable indicators related to quality of care (structure and process) at the ICU over time, showed significant differences between three teaching and public hospitals and room for improvement. The scoring did not improve much over time, but this may be explained by external factors (increase of covid, lack of staff) outside the scope of the twinning project. Patient outcomes showed very high mortality of intubated patients (92%). Few complications were reported. The results are difficult to interpret. Likely, the patients were either intubated too late or should not have been intubated at all. In November, two regional workshops and a final conference further increased the exchange of experience between the paired hospitals and shared evaluation results.

Project successes:

- Introducing the culture of quality-of-care monitoring. This concept was not clear at the public hospital levels. Traditionally, these hospitals are rarely audited for quality of care and do not fall under the Syndicate of Hospitals jurisdiction. Hence, the quality-of-care concept introduction is a good step forward.
- Although more will be needed to see impact on patient outcomes, the twinning project established Standard Operating Procedures aimed at harmonizing quality of care practices in the ICU. In fact, the gains in terms of SOPs for quality of care, and patient and staff safety are established in all the project's public hospitals.
- The project was an eye opener for several public hospitals, as well as for the Ministry of Public Health, to support a more enabling environment for improving the quality of care through the prioritization of the resources, timely validation of the needed protocols, and monitoring of quality indicators.
- All 11 public hospitals that were initially engaged to be part of the twinning project also benefited from seven central trainings targeting one or two staff members from each hospital on the following topics: patient safety, quality management system, continuous education, IPC, basic and advanced life support, family communication, and patient education.
- Some important unmeasurable outcomes, such as building relation, trust, and ways to connect between the private and public have been initiated, establishing bonds for the future. Bringing the hospitals and their staff together also contributed to strengthening the health system and its ability to withstand shocks following a surge of patients. The approach is innovative, and it will take years until measurable outcomes are useful to measure.

US\$ 3 Million Allocated to WHO, to Support the openwho.org Information Sharing Platform

Real-time learning in health emergencies, like the COVID-19 pandemic, is essential to ensure that all frontline health workers, responders, decision-makers, and the public have the latest knowledge and know-how to save lives, reduce transmission, and protect the vulnerable. WHO's OpenWHO.org learning platform is grounded in the principles of open access and equity to meet this need. Courses are free, self-paced, accessible in low-bandwidth and offline formats, and available in national and local languages.

With fewer than 200 000 course enrolments on OpenWHO before the pandemic, this Fund supports the massive scale-up of knowledge and know-how transfer to manage the COVID-19 emergency.

With Fund support, by the end of 2021, the OpenWHO platform:

- Reached the committed six million enrolments, 60 languages, and 40 course topics available on COVID-19.
- Amassed more than 27 million video views across all platform learning content, comprising more than 693 000 hours of video streaming on connected devices.

With the Fund's support, translation priority has been given to languages that can reach populations who may lack access to trusted information about the pandemic. The 60 languages available on the platform include the official languages of 43 out of 46 of the least-developed countries, as well as the 15 most spoken languages worldwide. A new "Serving Countries" portal provides 12 countries with easy access to courses in their official languages to support their response. In total, more than 11 million words have been translated so that communities can access life-saving information in their mother tongues to protect themselves and their loved ones.

Beginning in October 2020, the Fund enabled the WHO Learning and Capacity Development Unit (LCD) to launch sustained learning activities through virtual interactive classes and virtual learning labs to train an initial cohort of 28 staff primarily from the Eastern Mediterranean and African regions on leadership in emergencies. The 10-week pilot program used the OpenWHO platform and video conferencing technology so that participants could share learning with each other, access reference documents, and attend online classes with guest facilitators. It included an online simulation exercise (SIMEX) over a two-week period, focusing on the leadership and technical skills required to deploy COVID-19 vaccines in a low-income country. The pilot was successful and serves as a model for future training. Between September and December 2021, LCD ran the leadership program for 63 learners in two cohorts. LCD is also working with partners and teams in WHO to develop and deliver up to 5 additional online SIMEX exercises, including possible multilingual and table-top exercises.

With the support of the Fund, additional technologies have been introduced and are under continued development to build capacity and strengthen learning retention during massive training responses to health threats like COVID-19:

- An automated transcription and translation tool was launched that uses machine learning from Amazon Web Services to translate video subtitles from 19 source languages – including the six official United Nations languages and Portuguese, which are the most frequently used in course production and are widely spoken around the world – into 51 target languages, including many spoken by populations in low-income countries.
- An immersive virtual environment was designed to teach WHO's Five Moments for Hand Hygiene as a resource in OpenWHO courses. Using a computer or mobile device, learners can explore a hospital room in 3D and interact with elements that provide information, videos, and links.
- In July 2021, OpenWHO introduced digital badges for courses that offer a Record of Achievement certificate so learners can easily share their achievements on social media and other forums, providing motivation for course completion. More than 70 000 badges have been issued.
- Working with the African Region, a quantitative participant feedback survey was developed and piloted in October 2021 to assess knowledge retention and application levels and a staged learning was introduced as a concept.
- A peer-to-peer knowledge-sharing application was developed and integrated into WHO's Microsoft Teams workspace to empower staff and consultants to learn better, together. A pilot has been designed for launch in early 2022.

US\$ 5 Million Allocated to WHO, to Strengthen the Engagement of Civil Society Organizations in the COVID-19 Response at National and Local Levels

This project has been implemented in 40 countries, offering direct financial and technical assistance to 54 grassroots Civil Society Organizations (CSOs) to respond to the COVID-19 pandemic and to mitigate its impacts on vulnerable population members. Through both direct and indirect engagement, CSOs reach over 80 million people, including children in distress, indigenous populations, persons with disabilities, informal domestic workers, women's and youth groups, migrants, refugees, social and ethnic minority groups, the elderly, stateless, and undocumented people.



CSO workshop on local soap making and handwashing training for kids. © WHO PAHO Ecuador Country Office

Systematically engaging CSOs in COVID-19 response at the local level, starting from decision making to accountability processes, has had a life-changing impact in many target communities:

- In Ecuador, indigenous communities learned how to produce soap to help control the spread of infection and establish new lines of revenue. The country's only indigenous radio station now reaches over 100 000 people with public health messages in 11 local languages.
- In Nepal, 86 000 people with disabilities were vaccinated, included in national and local response plans, and supported through self-help groups.
- In India, 70 000 migrants were assisted with healthcare and vaccination services.
- In Kenya and Zimbabwe, local youth became members of the COVID-19 Task Force, engaged influencers in delivering public health messages, as well as assisted prisoners and persons with disabilities in hard-to-reach communities with mental health support and vaccination.
- In Iraq, 60 000 internally displaced persons were supported with community-based prevention and care.
- In Burkina Faso, over three million displaced persons in conflict zones could access services through desert health clinics.
- To ensure that no one was left behind in the target communities, new participatory community structures were established in Bangladesh, Cameroon, Gabon, Guatemala, Guyana, India, Israel, Kenya, Kyrgyzstan, Nepal, North Macedonia, Sri Lanka, Ukraine, and Zimbabwe.
- In many countries, WHO/CSO joint work has opened a policy dialogue with local and national authorities on community participation and inclusion in decision-making and accountability beyond emergencies.

WHO has taken a strong focus on supporting frontline care providers:

- In Burkina Faso, Nigeria, and Ukraine, CSOs committed to protecting health care workers from attacks.
- In Mali, national SOPs were developed on protecting health workers in emergencies and will be replicated in other countries.
- In Egypt, medical and paramedical students received mental health support training.

At the global level, a CSO mapping is ongoing to enhance partnerships and identify CSO capacity gaps to systematically engage for strengthening community resilience to emergencies. A knowledge sharing platform is under design and will be ready for piloting in February 2022, offering an informal networking space for community stakeholders committed to building resilient communities. Both deliverables target to enhance harmonization and localization of support to communities and facilitate connecting communities to essential public health services.

The project contributes to broader commitments of attaining Sustainable Development Goals and achieving Universal Health Coverage but the immediate joint WHO/CSO commitment is to take stock of the lessons learned from the current engagement to strengthen the response to the ongoing pandemic and prepare towards building back better.

US\$ 435 000 Allocated to WHO, to Support COVID-19 Chatbots

The COVID-19 pandemic has led millions of people around the world to turn to digital technology for credible and accurate public health information. WHO responded with innovative ways to deliver trusted health information through chatbots.

Chatbots are computer programs designed to simulate a conversation with human users in natural language via voice or text methods. These applications can be accessed via a website or social media messaging platforms. WHO developed several COVID-19 chatbots on key platforms including Facebook Messenger, WhatsApp, Viber, and Free Basics. Users can interact with these chatbots to find answers to common questions about vaccines, prevention measures and treatments, facts and news related to the disease, and how to contribute to preventing its spread. These chatbots have reached over 20 million people in 26 languages.

In a recent feedback survey of the WhatsApp bots, 87.9% of the subscribers reported that the information they receive in the weekly push-notifications is excellent or good. Additionally, monthly active user figures on the Viber bots are 70% (above industry average). WHO has shared its experience developing and running chatbots through webinars and white papers and has commissioned a special edition journal to be published in 2022. Third party assessments of the chatbots have also been carried out, to explore how these bots can be repurposed for broader public health efforts after the pandemic.

This new WHO work stream positions the organization as an innovator, and best-in-class in the UN family. It allows WHO to use its brand and content in new ways and formats to build trust with people. Working with a range of private and non-profit companies has also given WHO staff a new perspective on how to interact directly with the general public in a meaningful, interactive, and health promoting way.



Digital Health tools like FreeBasics Health Alter provide access to health information using technology.
© Praekelt.org

Overview of data during the reporting period:

| | |
|--------------------------------------|--|
| Viber: | Over two million subscribers, available in 26 languages. Allows for push notifications and has weekly content updates on vaccines, latest news, and mask usage. |
| Viber Community: | 500k users and includes weekly updates on disease awareness, healthy lifestyle, physical activity, and COVID-19. |
| Viber Quit Challenge chatbot: | 240k users and includes 100 reasons to quit tobacco, the risks of using tobacco, triggers, cravings, motivation to quit, and advice on COVID-19 and smoking. |
| WhatsApp: | 14.7m users, available in 20 languages and to 200 countries worldwide. The chatbot provides news, latest case stats, recommendations, and guidance on COVID-19 from the who.int website. It also offers alerts with weekly/important updates, the Quit Challenge, and the Breathe Program. |
| WhatsApp Quit Program: | Built into the WhatsApp COVID-19 chatbot, the Quit Challenge is available in 6 languages and has 68,686 subscribers. It provides motivational messages over 42 days, and info about triggers, risks, motivation, cravings, etc. The Breathe Program is a separate program on the COVID-19 bot. It was developed for general mental health support, not only for the Quit Challenge. |
| Free Basics: | Allowing people to browse with no data charges. Through Free Basics, users can view the information from the WHO website for free on their phones (only on certain networks though). It currently counts three million users, is available in 10 languages, and has reached users in 181 countries, with the highest number in Pakistan (460 354 users, 19.4% of total user base). It includes mostly text articles and latest case stats, and no heavy media such as images, videos, etc. |

US\$1 Million to WHO, To Engage Government Lawyers and Judicial Officers on Fundamental Rights in the Context of COVID-19

WHO's work to engage lawyers and judicial officers on the rights of vulnerable populations in the context of COVID-19 resulted in the launch of an open access COVID-19 Litigation database in December 2021. The database (<https://www.covid19litigation.org/>) includes summaries of court decisions concerning legal challenges to public health interventions to address COVID-19 on grounds that those interventions violate fundamental rights.

As of 31 December 2021, more than 500 cases from around the world were included in the database. These are searchable by jurisdiction, by the legal rights concerned, and by distinct vulnerable groups, permitting users to analyze and compare judicial approaches across different countries, concerning different legal rights, and for different vulnerable groups. The effort to build and publish the database is led by the Faculty of Law at University of Trento, with financial support from WHO.

The database will provide an information resource, enabling lawyers and judges to be trained on balancing interventions to prevent COVID-19 with protection of fundamental rights. In early 2022, WHO will begin work on a series of issue briefs describing how courts have approached specific issues as well as a webinar series directed at government lawyers to enable the sharing of good practices.

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

To increase confidence and uptake of COVID-19 vaccination, IFRC, UNICEF, and WHO continued to expand and enhance implementation across a range of coordinated strategies centered on risk communications, community engagement (RCCE), service quality, and other data-driven and behaviorally informed strategies. There was significant progress in implementation by all agencies across all five objectives of the grant. In most areas, activities have been conceived and implemented jointly by the above three agencies, often under the umbrella of the Collective Service, an IFRC-UNICEF-WHO partnership, supported by the Global Outbreak Alert and Response Network (GOARN), for risk communications and community engagement (RCCE). This reflects a momentous collaboration, often across global, regional, and country levels.

IFRC activities have been implemented by IFRC directly through National Societies (NS) and IFRC activity, as well as by IFRC as part of the Collective Service. Activities have primarily been concentrated in focus countries including Ukraine, Pakistan, Kenya, El Salvador, and Syria, although Regional Offices and other countries have also benefited from Solidarity Fund support as well. Activities have focused on capacity building, establishing community feedback mechanisms, community engagement through a range of channels, and mechanisms including face-to-face approaches, use of media, hotlines, strengthening local collaborations, and advocacy initiatives. The flagship Collective Service Knowledge Hub by IFRC, UNICEF, and WHO makes a data dashboard available for COVID-19 behaviors and vaccination, consolidating almost 260 data sources from almost all countries and territories. It compares response rates across different contexts and identifies evidence gaps and areas for further research investment.

UNICEF continued the scale up of community centered approaches and communication activities aimed to accelerate uptake of COVID-19 vaccines. Dedicated community engagement activities – including a mix of capacity building and field-level mobilizations – took place in a range of countries, such as South Sudan, Nigeria, and Mali. A strong emphasis continues to be placed on social listening and associated support for misinformation management, including publication of a related field guide, a corresponding messaging guide, and dedicated rollout of specific activities in six countries. Lastly, contributions have been made to the gathering and use of data to guide program implantation, with a focus on integrated outbreak analytics.

WHO activities focused on the finalization of tools to support programs and partners to gather and use data on behavioral and social drivers of uptake (final tools and guidance to be published in late January 2022), as well as associated activities in a range of countries to gather and use such data to design and evaluate strategies. Dedicated support was provided to specific Regional and Country Offices to assist in gathering and analysis of local data, including participation in dissemination workshops to help guide subsequent cross-partner planning. Evidence-based guidance was developed to support quality service delivery and health worker capacity building, particularly to enhance their role in addressing hesitancy. Through the Collective Service, platforms and targeted activities were established to respond to the infodemic across three Regional Offices.

The pace of implementation was impacted at times by the dynamic evolution of the pandemic, new variants, changing restrictions, its direct and indirect consequences for program operations, and human resourcing. Countries and communities have faced an almost continuous need to adjust and tailor implementation, also to accommodate changing expectations regarding vaccine availability. This complex context has had implications for the continuity of grant implementation, requiring partners to respond with flexibility and agility to be able to maintain progress, with associated learning for future resilience and outbreak response.

Overall, there has been good progress in all areas of the grant. All activities are being implemented according to the approved project proposal. Some very minor adjustments have been made to respond to the evolving context, but all objectives and activities are maintained as originally planned and are expected to continue. The Fund has been a valuable opportunity and has enabled significant new initiatives to promote the mobilization of communities for vaccine uptake and enhanced inter-agency cooperation at all levels.

PILLAR 3: Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health and Social Measures

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 seroepidemiological and environment sampling studies to better characterize the global epidemiology of COVID-19 and to understand key aspects of transmission. The effort has focused on supporting existing studies for quality data production and sharing of results publicly to 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 also provide important information on understanding the impact of the pandemic on communities and on informing public health measures to limit the further spread of the virus.

During the reporting period:

- A total of 102 countries implemented at least one study aligned with one of the Unity Studies's master protocols.
- A global systematic review and meta-analysis of sero-epidemiological studies was submitted for publication (81 co-authors), and is already on a preprint server. It included results from 92 countries, areas, and territories that were aligned with the who's Unity Studies master protocol for investigating.
- A further systematic review and meta-analysis of seroprevalence studies in the Africa region was prepared for journal submission in early 2022.
- An initial report and pre-print for the design, reporting, and critical appraisal was completed for a systematic review and meta-analysis of studies aligning with First Few X cases and contact (FFX) and Household Transmission (HHT) protocols. The final report is due in early 2022.
- Continued support was given to low and middle-income countries (LMICs) to publish their findings for wider sharing with the global community. A total of 24 abstracts from 20 LMICs were submitted to a special collection by plos Med featuring sero-epidemiological and FFX/HH studies.
- Scientific writing workshops by WHO assisted the rapid publication of findings; the hiring of a scientific writer will assist countries in preparing their manuscripts for publication.
- An Operational Brief was developed to aid interpretation of seroprevalence data for public health and policy decision-making as serosurvey studies near completion. Additionally, with the emergence of Omicron, Interim Technical Notes on "Adapting First Few X cases and contact (FFX) and Household Transmission (HHT) Investigation study protocols to COVID-19 Variants" were developed to assist those countries with capacity to conduct FFX and HH transmission studies, to generate much needed indicator estimates for transmission (e.g., secondary infection rates, symptomatic proportion of cases), and escape to natural or vaccine-derived immunity. Due to funding shortfalls, study growth is only expected for three of the newest protocols (cohort study investigating maternal, pregnancy, and neonatal outcomes; vaccine effectiveness amongst health workers; and vaccine effectiveness against severe acute respiratory infections hospitalizations.)

- WHO is continuing work on an ongoing independent, head-to-head evaluation of around 70 test kits in collaboration with FIND, IVI, Duke-NUS Singapore, Erasmus MC, and NRL Australia. The findings are being released into the public domain and being used to guide countries in choosing well performing assays for upcoming studies. The remaining procured serological assays are being distributed to countries.
- Together with WHO logistics, over USD 2.2 million in laboratory reagents were delivered to 50 countries across all 6 WHO Geographic Regions (AFRO, EMRO, EURO, PAHO, SEARO, and WPRO), and more than 4 500 Wantai kits were dispatched, 96 of these through 75 cold-chain shipments.

US\$5 Million Allocated to WHO R&D Blueprint, Including the Solidarity Trial Vaccines

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 Trial Vaccines (STV) 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, STV activities were underway in Colombia, Mali, and the Philippines:

- The STV was approved by the Ethics and National Regulatory Authorities, for implementation in collaboration with the respective Ministries of Health, and the following research institutions: Clinica Colsanitas (Colombia), Centre pour le Développement des Vaccins (Mali), and the University of the Philippines (Manila).
- 41 trial sites were identified, with 28 sites actively recruiting and enrolling participants. The first trial participant was registered and vaccinated on 30 September 2021 (the Philippines).
- The number of participants enrolled and randomized exceeded 12 000.

Across the three countries, the following activities took place to prepare and start the trial implementation:

- Community engagement activities, with the support of the local health authorities, government, and communities.
- Training of all study teams on electronic Case Report Forms (eCRFs), biometric registration of participants, randomization and blinding, laboratory procedures, cold chain, vaccine monitoring, safety reporting, and all trial SOPs.
- Delivery of the majority of the essential equipment and ancillaries required to start and implement the trial.
- Online training materials in the three languages were made available through a dedicated portal at Open WHO.

All of these activities continue, as new sites open up to recruit participants, in addition to regular meetings with the monitors, the Data Safety Monitoring Board, and the Trial Steering Committee.

At the end of the reporting period, three new countries were approved to be included in the trial by the Steering Committee: Sierra Leone, Tanzania, and Kenya. A regulatory expert working with vaccines was selected to prepare the dossier for approval by the respective national regulatory authorities. This trial will be implemented in collaboration with the London School of Hygiene and Tropical Medicine, the College of Medicine and Allied Health Sciences at the University of Sierra Leone, and the Mwanza Intervention Trials Unit of the National Institute for Medical Research in Tanzania. The Vaccine prioritization Working Group continues to review candidate vaccines to be included into the study.

US\$2.03 Million Allocated to WHO, To Build and Strengthen Public Health Intelligence Capacity Through Eios Adoption and Automated Threat Detection

WHO Member States have identified a need for strengthening their public health 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 has enabled 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.

During the reporting period, key achievements include progress on a feasibility study and plan to link data elements across datasets, develop a mock-up for an initial proof of concept knowledge graph, and fit-for-purpose taxonomies for COVID-19. An initial anomaly detection algorithm was developed, for coupling with the EIOS system, and serve as a demonstrator for further developments and enhancements. A 75-minute self-learning online EIOS training course was developed, and a supplier was identified to complete an environmental scan of public health intelligence training, define relevant competencies, develop a public health intelligence, and secure additional funding to continue this work in 2022. Four EIOS webinars, numerous workshops, and the third EIOS Global Technical Meeting (GTM) were led, and a quarterly EIOS newsletter (<https://www.who.int/initiatives/eios#Newsletters>) was published. Work continued with WHO Member States to refine categories in the EIOS system and to add local sources, supporting the adoption and training through the Regional Offices.

In the regions:

Africa:

- Training was provided to eight Member States: Sierra Leone, Guinea, Senegal, Liberia, Cameroon, South Africa, Côte d'Ivoire, and Rwanda.
- The EIOS team was expanded with consultants to coordinate and conduct trainings as well as add sources and provide language support.
- Training material was translated into French, to provide support for event-based surveillance (EBS) and EIOS in francophone AFRO Member State communities.

Americas:

- EIOS Expansion continued via remote training sessions in Brazil, Guatemala, and Haiti, and made progress toward expansion in Argentina.
- A virtual booth was held during the 2021 EIOS GTM, where Brazil shared experiences with EIOS expansion at the subnational level.
- Work continued to streamline the EIOS user experience and validate new sources.

Eastern Mediterranean:

- Significant progress was made with EIOS expansion in Iraq, Morocco, Egypt, and Somaliland.
- An EIOS refresher training was conducted in Oman.

Europe:

- Training was delivered to participants from the Robert Koch Institute in Berlin, and the Health Security Agency UK.
- Routine media monitoring was conducted using the EIOS system for COVID-19 epidemic intelligence and response, through which a total of 85 850 media reports were screened and 2 182 signals of interest were detected (71% moderate impact, 7.7% high impact).
- Media monitoring activities were refined to improve geographical representativeness and automation as well as visualization of COVID-19 media monitoring through a mapping dashboard, which was presented during the 2021 EIOS GTM.

South- East Asia:

- EIOS expansion efforts continued in Nepal. (However, due to the COVID-19 pandemic situation, further rollout has been hampered.)
- EIOS Expansion efforts were initiated in India, Indonesia, and the Maldives.
- EIOS enhancements were planned to address the challenge that media information from the many different national and sub-national languages in the region are not being adequately captured in the system. This will ensure adequate capture of country-specific media information in EIOS and will help in advocacy to the countries for EIOS introduction.



US\$ 4.28 Million Allocated to the WHO Oxygen Scale Up Project, Bringing Oxygen Therapy to Patients in Need

To address the ongoing oxygen emergency response during the COVID-19 pandemic, the WHO Oxygen Scale Up project works to provide oxygen therapy to patients in need.

During this reporting period:

- PSA systems were delivered for Chad and Tunisia.
- Purchasing was completed for oxygen solutions for Lao and Guinea Bissau (including goods, service, freight, and shipping costs), for arrival in early 2022.
- Complementary boosters' compressors were sent to the two projects implemented in Chad. These additional components were used to upgrade the systems.
- Derivative product development continued with the production and publication of oxygen related tools for disinfection and the cleaning of oxygen delivery equipment. These publications focused on:
 1. Medical equipment related to oxygen therapy – cleaning – task sequence.
 2. Care, cleaning, and disinfection of respiratory equipment in the sterile services department.
 3. Checklists for care, cleaning, disinfection, and sterilization of respiratory devices.
 4. 15 biomedical engineers and oxygen focal points at the country and regional level were trained and certified as medicinal gases operators.

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 the 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.

The objectives under the health workforce intelligence to support policy and investment decisions entail:

1. Making strategic use of available intelligence and evidence on health and care workers developments in the context of the COVID-19 pandemic.
2. Standardizing measurement, collection and reporting of impact on health and care workers.
3. Collating and synthesizing evidence in support of normative guidance and policy dialogue opportunities.

Key results to support policy and investment decisions during the reporting period include:

- In collaboration with Nanyang Technological University and in coordination with the EIOS, the pilot 'Workforce Intelligence from Online Sources' (WIOS) was completed. This used digital health-assisted technologies to scan, aggregate, and collate relevant intelligence from mass media, journals, academic, and social media on the challenges impacting the availability, willingness, resourcing, and capacity of the workforce to address escalating and competing needs. The systems will be configured as WHO assets that can function beyond the COVID-19 period to provide strategic intelligence for decision-making, advocacy, and knowledge exchange.
- The workstream on developing and supporting adoption of measurement standards to monitor the impact of COVID-19 on health and care workers. The workstream is using common indicators, including within the interagency data exchange framework, and adapting the WHO National Health Workforce Accounts platform to include that data. A total of twenty-eight countries have reported data. The projects to develop and implement measurement standards are advancing in partnership with health care professional associations, ministries, multilateral organizations, and UN partners.
- A paper, developed by an interagency working group, was published, presenting results of a new methodology to estimate health and care worker mortality from COVID-19. The International Year of Health and Care Workers Steering Committee issued a joint statement on this issue that was released during a press conference with the Director-General and leaders of WMA and ICN in order to move forward dialogue on a global care compact for health and care workers that follows the World Health Assembly 74 resolution.
- The team contributed to the COVAX initiative by modeling health workforce requirements to deliver vaccine doses, and developing a technical document for WHO country offices to support countries on considerations for the human and financial resources required to meet Vaccine Equity ambitions.
- Case studies in almost 30 countries were conducted to measure the impact of COVID-19 on health and care workers. The study findings will be presented with a synthesis document that identifies points of convergence and divergence in national approaches to human resources for health for the COVID-19 response, lessons learned, and recommendations.
- A set of publications are planned to disseminate and communicate about the results and lessons learned from the country case studies.
- Simultaneously, a series of four living systematic reviews have been commissioned on priority topics, including disruption to and policy responses in health professionals' education, regulatory changes, policy and management, labor disputes/strike actions, deaths, and vaccination performance.
- A virtual Action Series on Health Workforce in COVID-19 under the theme Protect. Invest. Together. was completed with three fully interpreted thematic episodes. Panelists were drawn from every WHO region, in consultation with regional and country offices and representing ministries of health, academia, health professional associations, unions, and civil society.

PILLAR 5: Laboratories and Diagnostics

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 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.

The development of the new, voluntary WHO BioHub System by WHO and WHO Member States will enable the Member States to share BMEPP with WHO as soon as possible after their detection through laboratories pre-designed by WHO as WHO BioHub Facilities.

During this reporting period, the system continued to be developed, following a two-stream approach. Stream 1 focused on piloting and testing operationalization assumptions and steps for developing a rapid operational BMEPP sharing pathway. Stream 2 focused on system design, to ensure wider policy approaches to steer the access to benefits, considerations, and related governance mechanisms.

Stream 1 – Pilot Testing progress:

- The first BioHub Facility was established at Spiez Laboratory in Switzerland, which is capable of receiving, characterizing, storing, and responding to requests for non-commercial sharing.
- WHO has engaged with the WHO 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.
- Tools to facilitate operations are in the advanced development stage. These include a dedicated webpage for the initiative, and tracking tools to enable transparent and real-time monitoring of BMEPP movements and availability.
- Standard Material Transfer Agreements have started to be signed and operations are estimated to start shortly.

Stream 2 - System design:

- Five Member State Briefings were organized to periodically update all WHO Member States on progress and seek guidance on best ways to structure future engagements.
- Principles governing the initiative have been defined.
- Engagements with non-state actors, including other biorepositories, have occurred to ensure sharing of information on the initiative as well as capturing of best practices.
- To enable system design, a series of technical thematic consultations took place with various stakeholders, on research, the sharing of genetic sequence data, and intellectual property rights.

PILLAR 9: Maintaining Essential Health Services and Systems

US\$ 963 000 to WHO To Support the Delivery of Mental Health Support During the COVID-19 Pandemic

Children's Book on COVID-19

The children's storybook '*My Hero is You 2021: How Kids Can Hope with COVID-19!*' was developed and released by WHO and its partners through a comprehensive multi-step process at global, national, and local levels. The book is a sequel to '*My Hero is You: How Kids Can Fight COVID-19!*', published in April 2020, and now available in 145 translations and 50+ multimedia and accessible formats.

With the support of the Fund, this new storybook was developed to address children's concerns in the current stage of the pandemic. During the reporting period, a drafting team, with experts from WHO, UNICEF, IFRC, MHPSS Collaborative, and CBM used the findings of the quantitative and qualitative surveys in addition to online and face-to-face workshops worldwide to create the story. Inputs and reviews were received from the Inter-Agency Standing Committee Reference Group on MHPSS (IASC MHPSS RG). A questionnaire was available in seven languages and shared through widely [disseminated websites](#) including WHO, OCHA, Reliefweb, among others. The storybook was tested in different rounds with 464 children from 15 countries, resulting in overwhelmingly positive feedback. In total, nearly 5 000 children, parents, caregivers, and teachers from around the world were involved in the process.

The final storybook '[My Hero is You 2021: How Kids Can Hope with COVID-19!](#)' is about Ario, a fantasy creature who travels the world, helping children find hope in the future and joy in simple pleasures during the pandemic. Together with old and new friends, Ario addresses the fears, frustrations, and concerns children are facing in the ongoing pandemic and explores the different coping mechanisms that they can use when faced with difficult emotions like fear, grief, anger, and sadness. Throughout the story and illustrations, special attention was paid to the inclusion of children worldwide, including children with a disability, in a humanitarian setting, without access to the internet for remote schooling, and facing COVID-19 stigma.

The storybook was released through an interagency launch on 24 September. The fund enabled WHO and partners to produce to date a total of [23 translations](#) and eight [adaptations](#) of the new storybook. The press release can be viewed [here](#), with quotes from Heads of five UN Agencies.



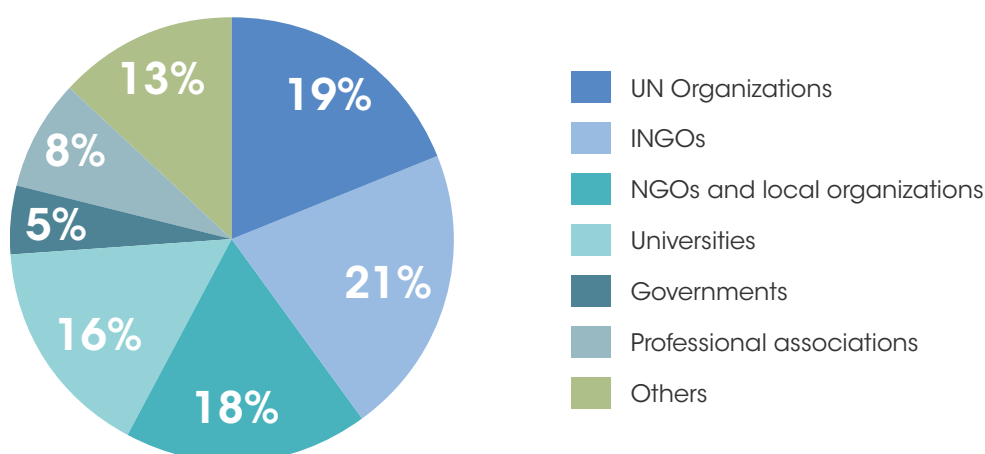
Cover of the book "My Hero is You," which tells the story of a young girl grappling with changes due to COVID-19. ©WHO INT



Workshop with children to understand their stressors and worries about COVID-19 to inform the My Hero is You 2021 edition Syria. ©WHO EMRO

Additionally, more than 22 other translations are ongoing. Examples of published adaptations include [audio theatres in various languages](#), [a short animated film](#) directed by award-winning producers, beautifully created [coloring books](#), and numerous accessible formats ([accessible pdf](#), [audio](#), [braille](#), [easy to read](#), and [EPUB](#)). Multiple translations and adaptations, including a video with sign language interpretation, are ongoing at the time of reporting. Noteworthy is the diversity of teams that have been collaborating with WHO to produce all these resources, see Graph 1. WHO will continue to provide technical support to UN organizations, NGOs, local organizations, governments, universities, professional associations, and others that are interested in translating or adapting the new storybook.

Graph 1



Dr Tedros Adhanom Ghebreyesus Director-General of the World Health Organization:

“As we collectively weather the COVID-19 crisis and find our own ways to cope, we must strive to safeguard the mental health and well-being of children who continue to grapple with disrupted childhoods. The ‘My Hero is You’ storybooks help us to do just that. I encourage parents, teachers, and caregivers everywhere to share the sequel to the immensely popular original to help the children in their care build resilience and hang on to a sense of hope for the future.”

Step-by-Step is a WHO evidence-based, digital self-help intervention for adults and youth. It is effective for reducing depression and increasing daily functioning in two large research studies in Lebanon, including one with Syrian refugees. Step-by-Step provides information and training on techniques such as stress management and activity planning (also called behavioral activation) that can help reduce depression. Quotes from participants who used Step-by-Step in the research study include:

“When I first started the program, my mood was always down. People now tell me I have positively changed, too.” (Syrian, female)

“Some users tell me that they are teaching their children the coping strategies they learned. One user once told me that he once came home to find his child teaching his friend the breathing exercise.” (Step-by-Step Helper, Lebanon)

With the support of the Fund, WHO has worked with a technology development company to create an open-source version of Step-by-Step for use by the WHO Member States and other stakeholders, for at-scale implementation. Creating an open-source platform will greatly reduce the costs of implementation.

The platform is highly customizable and easy to use and supports the delivery of Step-by-Step. A key focus of the project, which increased the initial scope and complexity of the work, but also vastly increased the benefits of the platform, and one that can be readily adapted and re-used with other WHO self-help interventions, thereby maximizing benefits of the project.

Youth and stakeholders from multiple countries have been involved in its development to ensure the platform is very engaging and usable. Feedback has been extremely positive, with the simplicity and customizability of the platform being seen as key benefits.

In 2022, the platform will be implemented in Lebanon as the first in-country use of the new platform. This will provide the Lebanese National Mental Health Programme the ability to deliver Step-by-Step and other WHO mental health interventions at scale over the coming years. Step-by-Step is the first self-help psychological intervention, tested in multiple countries that will be widely available for free under open source and Creative Commons Licensing. We expect that this innovation will lead to multiple implementation sites and help reduce the burden of mental health problems increased by COVID-19.

Looking Forward

Donations to the Fund have supported the vital work of WHO and its partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity, and accelerate equitable access to new COVID-19 tools.

At the end of 2021, the COVID-19 Solidarity Response Fund ceased active fundraising. We remain deeply grateful to all who donated to the Solidarity Response Fund in support of WHO's global pandemic response.

The pandemic is far from over and the WHO's needs remain great, as COVID-19 continues to have a devastating and uneven impact on countries around the world. WHO continues to provide critical support and guidance to countries in the COVID-19 response. More adequate, sustained, and flexible funding is still needed to continue responding effectively. Individuals and companies can support the World Health Organization's lifesaving work.

Those interested in donating to support WHO and its partners' response efforts to COVID-19 and other health emergencies can still do so via the WHO Foundation.

Annex 1

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

Funds Mobilized | 1 July - 31 December 2021

| Fiduciary Partner | Contributions in USD* |
|---|-----------------------|
| United Nations Foundation | \$3 565 410 |
| Swiss Philanthropy Foundation | \$39 237 |
| Japan Center for International Exchange | \$1 114 447 |
| UNICEF | \$0 |
| China Population Welfare Foundation | \$72 749 |
| World Health Organization | \$0 |
| WHO Foundation | \$542 651 |
| KBF Canada | \$130 192 |
| Total | \$5 464 686 |

*Includes funds received.

Cumulative Funds Mobilized | 13 March 2020 – 31 December 2021

| Fiduciary Partner | Contributions in USD* |
|---|-----------------------|
| United Nations Foundation | \$197 118 890 |
| Swiss Philanthropy Foundation | \$33 823 531 |
| Japan Center for International Exchange | \$8 914 157 |
| UNICEF | \$1 000 000 |
| China Population Welfare Foundation | \$579 286 |
| World Health Organization | \$10 106 507.30** |
| WHO Foundation | \$5 191 973 |
| KBF Canada | \$157 822 |
| Total | \$256 872 156 |

*Includes funds received.

**The amount were adjusted from donations received in Q1 2021

Fund Disbursements by Beneficiary*

| Beneficiary | By month 1 July – 31 December | Cumulative 13 March 2020 – 31 December 2021 |
|---|-------------------------------------|---|
| World Health Organization | \$0 | \$0 |
| UNHCR, the UN Refugee Agency | \$0 | \$0 |
| World Food Programme | \$0 | \$0 |
| Coalition for Epidemic Preparedness Innovations | \$0 | \$0 |
| UNICEF | \$0 | \$0 |
| 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 July – 31 December 2021, by WHO Strategy Pillar*

| Beneficiary | Allocations in USD |
|---|--------------------|
| WHO Strategy Pillar 1: | \$0 |
| WHO Strategy Pillar 2: | \$0 |
| WHO Strategy Pillar 3: | \$0 |
| WHO Strategy Pillar 5: | \$0 |
| WHO Strategy Pillar 9: | \$0 |
| Support to laboratories and diagnostics | \$0 |
| Total | \$0 |

*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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