

24 May 2020

GLOBAL IMPACT

Data as of 24 May 2020

5 204 508 CONFIRMED CASES GLOBALLY

337 687 DEATHS

213 COUNTRIES, TERRITORIES AND AREAS

WITH REPORTED CASES

WHO FUNDING NEEDS

Requirements in US\$ for February to December 2020

WHO GLOBAL NEEDS 1.74 billion

Headquarters (HQ): 65 million African Region (AFRO): 450 million Region of the Americas (AMRO): 200 million

Eastern Mediterranean Region (EMRO): 315 million

European Region (EURO): 175 million

South-East Asia Region (SEARO): 175 million

Western Pacific Region (WPRO): 225 million

Research & Development (R&D): 135 million

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SITUATION

Since 31 December 2019, when WHO was first alerted to several cases of pneumonia in Wuhan City, Hubei Province of China, the novel coronavirus disease (COVID-19) has spread rapidly and dramatically, with the epicentre of the outbreak moving from China, to Europe, to the Americas, and onwards. It has had a profound effect and changed the lives of people around the world.

Today, more than 200 countries, territories and areas are affected by the COVID-19 pandemic, millions of people have been infected, and hundreds of thousands of people have died. Economies have fallen into recession, and many of the traditional social, economic, and public health safety nets that people rely on in times of hardship have been put under unprecedented strain.

The virus does not respect borders and every region of the globe has been affected, with the intensity of the pandemic changing from region to region over time. Through late February and early March, the vast majority of cases and deaths were reported from the Asia Pacific region. Throughout March, the centre of the pandemic shifted to the European region, and then further west to the Americas in early April. Europe and the Americas still account for the vast majority of reported cases and deaths, but there have also been sustained increases in the Eastern Mediterranean and African regions in April and May, where the impact is expected to be especially harsh in low-income countries and countries affected by humanitarian crises.

One of the defining features of COVID-19 is the huge stress placed on health systems and health workers by the large proportion of COVID-19 patients who require quality clinical care. Many patients need help to breathe, with outbreaks placing acute burdens on hospital staffing levels, availability of equipment, and crucial supplies such as medical oxygen, ventilators, diagnostic kits and personal protective equipment (PPE). Frontline health workers have consistently had to put themselves in harm's way to save lives, and many have lost their own lives as a result. Even robust health systems can be rapidly overwhelmed and compromised by an explosive COVID-19 outbreak, straining and potentially breaking their ability to respond not only to COVID-19, but also to deliver other essential health services. Countries are having to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse.



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MAIN ELEMENTS OF THE WHO STRATEGY

A) Establishing international coordination and operational support (US\$ 237 million)

- Partner coordination at global, regional and country level
- Epidemiological analysis and forecasting
- Risk communication and managing the infodemic
- Laboratory and diagnostics
- · Clinical technical expertise and quidance
- Technical expertise and guidance
- Pandemic supply chain coordination
- Travel advice

B) Country Readiness and Response Operations

(US\$ 1.368 billion)

- Country-level coordination
- · Risk communication and community engagement
- Surveillance, Points of Entry
- Rapid response teams
- National laboratory system
- Infection prevention and control
- Case management and continuity of essential services
- Logistics, procurement and supply management

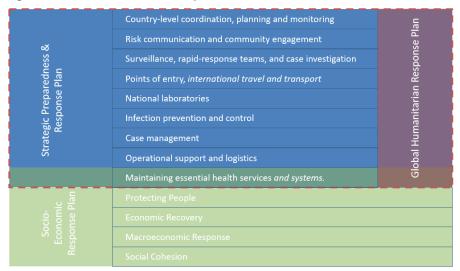
C) Accelerating priority research and innovation (US\$ 135 million)

- Enhancing global coordination of all relevant stakeholders
- Support a clear and transparent global research and innovation priority setting process
- Build common platforms for standardized processes, protocols and tools, sharing specimens, data, and information

THE COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP)

WHO published the first version of the COVID-19 Strategic Response and Preparedness Plan (SPRP) on 3 February 2020, focusing on the public health component of the response and covering the immediate needs from February to April 2020. Other complementary response plans including the UN Secretary General's Socio-Economic Response Plan and OCHA's Global Humanitarian Response Plan (GHRP) have since been launched, together with a range of UN agency-specific appeals.

Fig 1: Architecture of COVID-19 Response



The WHO SPRP sets out a strategy to tackle the spread of the disease at national and global levels, respectively. At the global level, the SPRP describes the steps needed to rapidly establish and maintain international coordination to support countries to plan, finance and implement their response. Countries require authoritative real-time information on the evolving epidemiology and risks; timely access to essential supplies, medicines and equipment; and access to and training in the latest technical guidance and best practices.

The global-level mechanisms outlined in the SPRP feed directly into scaling up preparedness and response operations at the national level. To accelerate and support national planning and response, the technical strategy has been complemented by Operational Planning Guidelines to Support Country Preparedness and Response, which outline the priority steps and actions to be included in national plans across the eight pillars of the public health preparedness and response set out in the SPRP. A monitoring and evaluation (M&E) framework has also been prepared to facilitate monitoring at global and national level.

The above elements of the SPRP have been reviewed and updated in May 2020 in consultation with regional colleagues.

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HOW TO SUPPORT WHO'S COVID-19 RESPONSE

COVID-19 Member-State Pooled Fund, in addition to traditional grant agreements

WHO is committed to delivering on its mandate and implementing the priority actions outlined in the COVID-19 Strategic Preparedness and Response Plan (SPRP).

The Pooled Fund enables Member States to pool their contributions into a single, unearmarked fund that can be used immediately to support countries. It facilitates rapid action by WHO through increased flexibility and reduced administrative processes. The Pooled Fund is an important mechanism for both WHO and Member States, which enables flexibility, efficiency, and value for money.

COVID-19 Solidarity Response Fund

The COVID-19 Solidarity Response Fund for the World Health Organization (WHO) enables corporations, individuals, foundations, and other organizations around the world to directly support global efforts, led by WHO, to help countries prevent, detect, and respond to the COVID-19 pandemic. The Fund was created at the request of WHO by the United Nations Foundation (UNF) in partnership with the Swiss Philanthropy Foundation (SPF).

The intended use of the Solidarity Fund is to contribute towards funding the response to COVID-19 in line with the SPRP. The Solidarity Fund is a first-of-its-kind platform for the private sector and the general public to actively accelerate and support global efforts to contain and mitigate the ongoing pandemic by pooling financial resources through fiduciary partners who provide flexible funds to the COVID-19 response efforts.

THE UPDATED SPRP: KEY ELEMENTS

The updated SPRP consists of the following;

- The COVID-19 strategy update to the SPRP, already released on 14 April.
- The updated COVID-19 SPRP Operational Planning Guidelines to Support Country Preparedness and Response.
- The COVID-19 SPRP Monitoring and Evaluation Framework
- WHO's resource requirements through till December 2020 to respond across the three levels of the Organization.

In April, WHO released a Technical Strategy Update to the COVID-19 SPRP to reflect the rapid and dramatic spread of COVID-19 to all regions. This technical strategy update reflects the evidence the world has accumulated over the course of past months about how COVID-19 spreads, the severity of disease it causes, how to treat it, and how to stop it. It builds on what we have learned so far about the virus and translates that knowledge into strategic action that can guide the efforts of all national and international partners when developing context-specific national and regional operational plans.

Updates have been made to the COVID-19 SPRP Operational Planning Guidelines to Support Country Preparedness and Response, which maintain the eight pillars of the public health response, while adding a ninth pillar on maintaining essential health services and systems during a COVID-19 outbreak. The COVID-19 SPRP Monitoring & Evaluation Framework, which aims to assess WHO performance and to provide recorded information to support analysis of progress against the SPRP, has also been updated. Finally, WHO has updated its resource requirements to reflect the estimated needs of WHO to prepare and response to COVID-19.

WHO'S COVID-19 RESPONSE & RESOURCE REQUIREMENTS

The financial needs of WHO to respond across the three levels of the Organization have been recalibrated considering the new reality. **WHO now estimates that US\$ 1.74 billion is needed for WHO's COVID-19 response for the year until the end of December 2020**.

Updated WHO COVID-19 SPRP resource requirements to the end of 2020 (in US\$ millions)

MAJOR OFFICE	Requirements	Funding available	Funding gap	Funding gap
AFRO	450	107.1	342.9	76%
AMRO	200	48.2	151.8	76%
SEARO	175	45.8	129.2	74%
EURO	175	52.9	122.1	70%
EMRO	315	118.5	196.5	62%
WPRO	225	48.9	176.1	78%
RO SUB-TOTAL	1540	421.4	1 118.6	79%
HQ	65	19.5	45.5	70%
GLOBAL PROCUREMENT		222.2		
R & D	135	7	128	95%
TOTAL US\$ millions	1 740	670.1	1 292.1	74%



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The <u>COVID-19 Partners Platform</u> is a key coordination and governance tool launched on 16 March 2020. For the first time in a pandemic, national authorities, UN Country Teams, and partners are able to collaborate in the global COVID-19 response in real-time. The Partners Platform is intended as a unifying, transparent, global mechanism for use by the donors and the global partnership responding to emergencies such as COVID-19.

The COVID-19 Partners Platform:

- Facilitates planning aligned to international COVID-19 guidance developed in collaboration with national authorities and partners;
- Supports the monitoring of preparedness and response activities at national and subnational levels;
- Enables the costing of resource requests when they are not available at the country-level;
- Facilitates the Supply Portal to request critical supplies;
- Provides visibility into the contributions that have been committed in the context of this outbreak.

WHO would like to thank all contributors to the COVID-19 response for their support to date.

WHO will ensure that its COVID-19 response remains fully aligned with the objectives and pillars of the SPRP and the Strategy Update as well as the public health component under the GHRP. The US\$ 1.74 billion includes WHO's requirements under the GHRP, namely the US\$ 550 million that WHO requires for its operations in countries with ongoing or new humanitarian or refugee responses, where health systems if overwhelmed, are expected to experience a dramatic increase in both direct mortality from an outbreak and indirect mortality from untreated preventable and treatable conditions. WHO and partners will give special attention to assess the burden on local health systems in low-capacity and humanitarian settings.

The global COVID-19 outbreak is leading to an acute and drastic shortage of essential supplies, including personal protective equipment, diagnostics and capacity for clinical management. Unlocking the market for essential supplies is critical to the public health response and the implementation of the SPRP.

WHO is uniquely placed to secure and procure medical supplies at scale, given its lead on the public health response. WHO and partners have launched a Supply Portal on the COVID-19 Partners Platform, under which countries can reflect their supply needs, and make requests for these supplies. This Supply Portal is supported by a Supply Chain Task-Force, which includes Purchasing Consortia, and a Control Tower.

To further enable and realize the Supply Portal, WHO is procuring at scale essential supplies at global level, on behalf of the Supply Chain Task Force, to ensure availability for Governments, UN agencies, NGOs and others.

The updated SPRP financial requirements allow for significant WHO technical capacity to support governments in their health response. However it does not include or reflect what governments require against their COVID-19 national plans or COVID-19 multiagency plans towards the national authorities' response, for which WHO encourages contributors to provide direct bilateral support. Furthermore, the US\$ 1.74 billion that WHO requires does not include costs to mitigate the broader social and economic consequences of COVID-19. These needs are reflected in the UN Secretary General's UN framework for the immediate socio-economic response to COVID-19 and in governments' COVID-19 national plans. Essential health services and system's strengthening are included in both the updated SPRP and in the UN framework for the immediate socio-economic response to COVID-19, as indicated in figure 1.

