



Photo credit: WHO

# COVID-19 Solidarity Response Fund for the World Health Organization

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## Impact Report

June 1 to June 30, 2020



World Health  
Organization



UNITED NATIONS  
FOUNDATION



SWISS PHILANTHROPY  
Foundation

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# Executive Summary



Photo credit: WHO

This third report of the COVID-19 Solidarity Response Fund for the World Health Organization (WHO) covers the period June 1 – June 30, 2020 and reports on the Fund’s impact on the global response to the COVID-19 pandemic. During this time the Fund received more than US\$6.4 million in new contributions and firm pledges. From the Fund’s March 13, 2020 launch through June 30, 2020, leading companies and organizations and more than 529,000 individuals together contributed more than US\$224 million in fully flexible funding to support the WHO-led global response effort.

Between June 1 and June 30 at the direction of WHO, the Fund disbursed more than US\$34.6 million to WHO and to UNHCR, the UN Refugee Agency.

In addition, this report updates partners on the use of funds previously allocated by WHO between March 13 and June 30 to:

- WHO to procure and distribute essential medical supplies, including personal protective equipment (PPE), testing kits and biomedical equipment, bringing total allocations for supplies to more than US\$112.35 million;
- Africa Centres for Disease Control and Prevention (Africa CDC) to strengthen the continent’s response to the pandemic;

# Executive Summary

- WHO Unity Studies to enhance understanding of the characteristics of the virus and inform public health measures to limit its further spread;
- The World Food Programme (WFP) to scale up global logistics distribution systems so essential supplies can reach those most in need;
- UNHCR, the UN Refugee Agency, to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19;
- UNICEF for its COVID-19 work supporting vulnerable countries with access to evidence-based information; access to water, sanitation and hygiene (WASH) and basic infection prevention and control (IPC) measures, and access to care for vulnerable families and children;
- The Coalition for Epidemic Preparedness Innovations (CEPI) to support research programs on potential vaccines, including six that are now in clinical trials.

# Introduction

By June 30, WHO had reported more than 10 million COVID-19 cases and more than 500,000 deaths in countries around the world. During the last week of June, more than 160,000 new cases were reported each day. Regrettably, the pace of the pandemic has increased rather than decreased.

WHO continues to underscore that the best way out of this pandemic is for countries to take a comprehensive approach: find, isolate, test and care for every case; trace and quarantine every contact; equip and train health workers, and educate and empower communities to protect themselves and others. Countries that have adopted this comprehensive approach have suppressed transmission and saved lives.

June 26 marked the 75th anniversary of the founding of the United Nations (UN), with the signing of the UN Charter in San Francisco in 1945. One of the UN's earliest tasks was to distribute lifesaving supplies and medicines to people all over the world in the aftermath of World War II. And now in 2020, the UN, through WHO, is providing essential medical supplies to 138 countries, and leading the fight against COVID-19. Global health and well-being have remained central to the UN's work since its founding in 1945.

The Fund remains the foremost way for companies, organizations and individuals to contribute to the essential work of WHO and its partners to help countries prevent, detect and respond to the global pandemic. By June 30, [leading companies and foundations](#) and more than 529,000 individuals from 100-plus countries have committed more than US\$224 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the life-saving work of WHO and its partners. More than US\$6.4 million was received during the reporting period.

During June, the Fund continued with weekly disbursements to WHO and its partners, moving flexible funding quickly to where it is most needed. Between June 1 and June 30, the Fund disbursed more than US\$34.6 million, bringing total disbursements to US\$173.7 million (see Annex 1: COVID-19 Solidarity Response Fund for WHO, Contributions, Disbursements and Allocations).

WHO allocates both dispersed Fund contributions and two-thirds of the Fund's firm pledges, helping to speed the pandemic response. By June 30, WHO had made allocations of US\$175.6 million. 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](#).

In June, at the direction of WHO, the Fund disbursed US\$10 million to UNHCR to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19.

The following pages illustrate the impact of flexible Fund contributions and how they are supporting the efforts of WHO and its partners to advance the global strategy's three objectives.

# COVID-19 Solidarity Response Fund Impact

**WHO Strategy Pillar 1: To ensure global and regional coordination of response efforts, including coordinated global supply chain management.**



A consignment of PPE arrives in Kakuma, Kenya via the WFP-managed United Nations Humanitarian Air Service.

Photo credit: WFP/George Ngari

*In May, US\$20 million was disbursed to support WFP's efforts to establish and operate global logistics distribution systems to ensure that health and humanitarian partners have access to services that enable them to sustain, augment and scale up their operations in response to the pandemic.*

WFP's hub-and-spoke system for the delivery of essential health supplies and other humanitarian items continues to respond to supply chain disruptions caused by the pandemic, to help ensure the movement of goods and humanitarian personnel, and the continuation of life-saving humanitarian programs. WHO and other health partners continue to work through the established PPE, diagnostics and clinical care consortia to source, validate, secure and procure essential medical items.

In June, while commercial air capacity was slowly resuming, the pandemic accelerated globally, including in countries with limited logistics and health infrastructure. As a result, WFP was processing an increasing number of requests for logistics services. Free-to-user cargo operations from strategic consolidation hubs to country entry points have been consistently increasing, and in June, almost 15,000 cubic

meters of health and humanitarian COVID-19 related cargo were dispatched through the hubs—a 10-fold increase over May. (One cubic meter of PPE is equivalent to 32,500 clinical masks or 1,800 face shields or 1,600 safety goggles or 30,000 gloves.) PPE remained the bulk of the cargo transported in June, followed by diagnostics.

Over 40% of total cargo is being dispatched through what is now the main dispatch hub in Guangzhou, China. The hub in Liege, Belgium, which previously dispatched the highest volumes, was the second busiest hub in June. WFP continues to monitor the constraints specific to each country and to negotiate with governments to ensure access for essential humanitarian cargo arriving by sea, air and road.

The Supply Chain Task Force, co-chaired by WHO and WFP and including members of the wider humanitarian and health community, is leading a data management initiative that requests members to share data on what they have procured and dispatched bilaterally, so as to build a comprehensive supplies picture and to identify potential programmatic or funding gaps.

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

*Between March 13 and June 30, WHO allocated US\$112.35 million to support procurement and rapid distribution of essential medical supplies to countries most in need.*

The Fund was the first – and remains the largest – contributor of flexible funding for the procurement and distribution of PPE, diagnostics and biomedical supplies.

### **PPE**

Through the PPE purchasing consortium, WHO has secured more than 150 million PPE items, which are being shipped to 138 countries in all WHO regions. WHO is also delivering an additional 100 million medical masks and 1 million respirators donated by the Jack Ma Foundation.

With the emergence of South America and the Caribbean as new centers of the pandemic, WHO has prioritized shipping massive volumes of PPE to its Regional Office for the Americas for distribution to countries in the region. PPE has been delivered to Ecuador and shipments are en route to Peru, Barbados, Belize, El Salvador, Paraguay, and Venezuela.

The African Region has also seen an acceleration of COVID-19 cases in recent weeks. In response, WHO is prioritizing shipping nearly 47 million PPE items for delivery during July.

In the European Region, PPE has been delivered to Azerbaijan, Belarus, and Ukraine and shipments are in process for deliveries to Armenia, Georgia and Moldova.

### **Diagnostics**

Through the diagnostics purchasing consortium, WHO, UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria have procured close to 6 million polymerase chain reaction tests for allocation to 132 countries. In June, WHO began delivering diagnostic tests from these procurements. As of June 30, almost 400,000 tests were delivered to 28 countries. An additional 1.4 million tests are in transit to 40 countries.

5.2 million sample collection kits have been procured, of which more than 180,000 have been delivered to 19 countries. More than 235,000 additional sample collection kits are in transit to 24 countries.

## Biomedical Supplies

Many countries have had particular difficulty obtaining oxygen concentrators, which produce medical oxygen and are essential to saving the lives of patients with severe COVID-19. By working with private sector networks to purchase oxygen concentrators from the handful of manufacturers around the world that produce this equipment, WHO and consortium partners are beginning to deliver these lifesaving devices to countries most in need.

In June, WHO's pooled procurement process to secure biomedical equipment for clinical care, especially difficult to procure amidst a global shortage, yielded significant results: of WHO's initial procurement of 4,000 oxygen concentrators, 3,265 have been delivered to 18 countries and more than 630 are in transit to 10 additional countries.

A second batch of 10,000 oxygen concentrators was purchased at the end of May, of which 5,000 have been delivered to a warehouse in China and are being prepared for shipment in July.

 <b>PROCURE PPE FOR 138 COUNTRIES</b> <ul style="list-style-type: none"><li>&gt;&gt; 1.4 million goggles</li><li>&gt;&gt; 4.2 million gowns</li><li>&gt;&gt; 8.3 million face shields</li><li>&gt;&gt; 19.6 million respirators</li><li>&gt;&gt; 40 million gloves</li><li>&gt;&gt; 175.5 million medical masks</li></ul>	 <b>STRENGTHENED LABORATORY, TREATMENT CAPACITY AND BIOMEDICAL EQUIPMENT</b> <ul style="list-style-type: none"><li>&gt;&gt; 14,000 oxygen concentrators allocated to 120+ countries</li><li>&gt;&gt; 9,700 pulse oximeters &amp; consumables</li><li>&gt;&gt; 6 million polymerase chain reaction (PCR) tests</li><li>&gt;&gt; 5.2 million sample collection kits procured</li></ul>
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*Data as of July 1, 2020*

*Between June 1 and June 30, US\$10 million was disbursed to UNHCR to help ensure forcibly displaced people can access the services they need to keep safe from COVID-19.*

UNHCR's [Global Trends for 2019](#) reports that forced displacement now affects more than 1% of the world's population – 1 in every 97 people – with fewer and fewer able to return home, a situation exacerbated by COVID-19. A temporary hold on resettlement travel necessitated by disruptions and restrictions to international air travel due to COVID-19 delayed the departures of some 10,000 refugees to resettlement countries. On June 18, UNHCR and the International Organization for Migration (IOM) announced the resumption of refugees' resettlement departures to countries of asylum.

Flexible resources from the Fund are helping UNHCR to support refugees during the pandemic, including by:

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



Women at the Dadaab refugee camp in north-eastern Kenya line up to receive supplies from UNHCR.

Photo credit: UNHCR/Mohamed Jimale

UNHCR's response and interventions in Kenya, Uganda, South Sudan, and Lebanon offer a snapshot of how Fund contributions are being used to provide immediate support in emergency humanitarian field operations. UNHCR is also continuing to respond to long-term protection needs in these countries.

- **Uganda:** UNHCR and partners continued to support at least 18 quarantine facilities within settlements and transit centers across the country, covering the costs of medical supplies and PPE, site management, food, and logistics. Country operations in the region continue to adapt and reinforce provision of mental health and psychological support (MHPSS) to persons of concern. This includes strengthening community messaging about coping with distress and providing tips on ways to continue activities at home, and for parenting and healthy coping.
- **Kenya:** Health partners conducted training on home-based care to 50 health workers, including community health volunteers and safe motherhood promoters. Training was provided to additional health staff in Kakuma on sample collection and the latest information on COVID-19. In Kakuma, MHPSS services are being offered in-person by caseworkers twice a week for survivors of sexual and gender-based violence.
- **South Sudan:** UNHCR and the National Commission for Refugee Affairs continue to work together to implement 14-day quarantines for new arrivals to the Yida transit center (near the northern border with Sudan) and Yambio (on the southern border with the Democratic Republic of the Congo) before assisting movements to camps or settlements. Additionally, UNHCR has installed temperature screening and hand washing facilities at four points of entry in Maban (near the north-eastern border, close to Sudan and Ethiopia).
- **Lebanon:** UNHCR supported the Ministry of Public Health in Lebanon to conduct COVID-19 testing and so far, more than 1,800 samples have been collected (all negative). As part of the expanded national testing campaign, UNHCR will continue to support the Ministry to conduct testing in selected informal settlements and collective shelters hosting refugees.

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



Swachhagrahis (sanitation volunteers) working in isolation wards of Bastar in Chhattisgarh wearing PPE.

Photo credit: UNICEF

UNICEF works within the UN-led architecture and government systems to address the needs of the vulnerable populations including women and children. At the country level in most operating contexts, UNICEF is the lead for the WASH, nutrition, education clusters, and child protection. Globally, UNICEF is a leading member of the UN Crisis Management Team comprised of 10 UN agencies, and hosted by the United Nations Operations and Crisis Centre.

UNICEF is working with partners such as WHO and UNHCR to provide support to all children during the pandemic and beyond. Since the start of the outbreak, over 2.75 billion people have been reached with COVID-19 messaging, including migrant and refugee populations. Over 38 million people were reached with critical WASH supplies and services, while 2.4 million health care facility staff and community health workers were trained in IPC. Additionally, over 30 million children and women have received essential health care services in UNICEF-support facilities, and 2 million health care providers have been trained in detection, referral and appropriate management of COVID-19 cases.

Some country-level examples of UNICEF's COVID-19 response include:

- **Democratic Republic of the Congo (DRC):** During June, UNICEF DRC supported the country to respond to the COVID-19 pandemic and simultaneous Ebola and measles outbreaks. In Mbandaka, Equateur province, where on June 1 a new Ebola epidemic was declared, a community engagement and risk communication team is responding to COVID-19 and Ebola at the same time. While promoting Ebola vaccination, the team also promotes social distancing and the importance of wearing masks. UNICEF and partners trained more than 360 community leaders and influencers on prevention measures and warning signs of COVID-19 and Ebola by UNICEF. A COVID-19 hotline managed an average of 4,400 calls per day, most of them from individuals requesting general information on COVID-19.

- **India:** More than 180,000 individuals including teachers, students, caregivers and sanitation workers have been trained on IPC. 75,000 doctors and nurses and 2,000 sanitation workers in Madhya Pradesh were provided with hand sanitizer. WASH services ranging from water and sanitation facilities to hygiene supplies (such as sanitizer and soap) were provided to over 1 million people in villages, quarantine centers, and migrant camps.
- **Philippines:** UNICEF distributed more than 280 disinfection kits to 46 health facilities in Bangsamoro Autonomous Region in Muslim Mindanao. IPC training for home and community settings has reached almost 8,000, with more than 5,100 people reached through online webinars and more than 2,800 reached through face-to-face training. In partnership with the Red Cross, UNICEF distributed hygiene kits reaching more than 5,400 people. UNICEF supported the Department of Health and the WASH Cluster to develop New Normal WASH guidance for displacement and other settings, in anticipation of compounding emergencies such as typhoons.

*In May, US\$5.05 million was disbursed to WHO to support the Africa CDC, to strengthen the continent's response to the pandemic.*

As cases of COVID-19 increased across the African continent in June, the Africa CDC hosted several webinars for Africa's public health institutions to strengthen their capacity to prevent and manage COVID-19, on topics such as: analysis and use of mortality data for COVID-19 response; Public Health Emergency Operations Centers and COVID-19 management; interfaith communication and response to the effects of COVID-19 pandemic; and how to implement rapid mortality surveillance.

In June, with previous support from the Fund, the African Union (AU) and the Africa CDC rolled out the Partnership to Accelerate COVID-19 Testing (PACT) to increase testing and reduce COVID-19 transmission. PACT is mobilizing experts, community workers, supplies and other resources to test, trace and treat COVID-19 cases in a timely manner to minimize the impact of the pandemic on the continent.

Under the initiative, the Africa CDC is working with Member States and several partners to support:

- Pooled procurement, storage and distribution of diagnostics and other medical supplies;
- Testing of at least 10 million individuals;
- The deployment of 1 million community workers and community health care workers;
- The deployment of technology platforms that will enhance testing, epidemiological modelling and critical health forecasting to support re-opening and recovery of economies.

The Africa CDC with its partners continues to produce guidelines, manuals and frameworks to help countries to manage COVID-19. In June, these included:

- Hand washing facility options for resource-limited settings;
- Guidance on environmental decontamination in the context of COVID-19;
- Statement on the use of Dexamethasone for severely ill COVID-19 patients;
- Statement on herbal remedies and medicines for prevention and treatment of COVID-19;
- Interim guidance on the use of rapid antibody tests for COVID-19 response;

- Revealing the toll of COVID-19: a technical package for Member States;
- Position statement on transmission of SARS-CoV-2 by pre-asymptomatic and asymptomatic individuals.

On June 24-25, the Africa CDC in partnership with Gavi, the Vaccine Alliance and other partners hosted the Covid-19 Vaccine Development and Access Virtual Conference. AU Ministers of Health and Heads of Delegation published a joint communique recommending the Africa CDC rapidly establish an Africa COVID-19 vaccine development and access strategy to serve as the roadmap to better coordinate and scale up efforts to secure sufficient vaccine supply and remove barriers to vaccine roll-out.

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

WHO, CEPI, and Gavi in June launched COVAX, a holistic solution to developing and supplying the world with vaccines against COVID-19. The initiative will work to ensure equitable access to COVID-19 vaccines for all countries, at all levels of development, that wish to participate. COVAX represents one of the four pillars under the [Access to COVID-19 Tools \(ACT\) Accelerator](#).

COVAX will harness the strengths of each organization – WHO’s technical and scientific expertise, CEPI’s leadership in vaccine research and development and Gavi’s experience in revolutionizing access and delivery – to ensure accelerated development, manufacturing, stockpiling, procurement and fair allocation of up to 2 billion doses of a licensed vaccine by the end of next year.

*In April, US\$10 million was disbursed to CEPI for vaccine development.*



CEPI partner Clover Biopharmaceuticals began Phase 1 trials in June.

Photo credit: Clover Biopharmaceuticals

CEPI’s COVID-19 vaccine programs are continuing to progress at speed, with partner Clover Biopharmaceuticals in June beginning Phase 1 trials in Perth, Australia, to test the safety and immunogenicity of its protein-based vaccine candidate. CEPI’s partner CureVac also received regulatory approval for its COVID-19 candidate vaccine.

Of the 224 vaccine candidates in development around the world, six of the 16 COVID-19 vaccine programs now in clinical trials have received funding from CEPI - Clover BioPharmaceuticals and CureVac, alongside our partners Moderna Inc., Novavax Inc., the University of Oxford and AstraZeneca, and Inovio.

Meanwhile, the University of Queensland has begun recruiting volunteers for its upcoming first in-human study.

Alongside the challenge of developing a vaccine is the need to put plans in place to get that vaccine made at scale. A key aspect will be the production of glass vials. Without them, vaccines cannot be stored or delivered, and patients cannot be vaccinated. To ensure supply, CEPI in June partnered with the Stevanato Group to produce 100 million vials to hold up to 2 billion doses of a vaccine against the COVID-19 virus, should product(s) be proven safe and effective. Costing US\$22 million, the glass vials will be made at the Stevanato Group's sites in Italy and Mexico.

This new partnership contributes to efforts to rapidly speed up the vaccine development timeline through making progress on manufacturing in parallel with the clinical development of COVID-19 candidate vaccines. In June, CEPI extended its partnerships with [Novavax Inc.](#), [AstraZeneca with University of Oxford](#), and [the University of Queensland and CSL](#) to scale up manufacturing capacity for the production of millions of doses of vaccine to ensure availability without delay, should a candidate be successful in clinical trials.

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*In May, US\$3.21 million was disbursed to WHO for the Unity Studies.*

The [WHO Unity Studies](#) are a globally-coordinated effort to undertake serological studies and studies to evaluate environmental contamination of COVID-19. The results will help countries to understand the spread, severity and spectrum of disease, identify the impact of the pandemic on communities and inform public health measures to limit further spread of the virus.

During June 2020, a further nine countries started one of the studies, bringing the total to 45 countries. An additional 44 countries across five of the six WHO regions have expressed their intent to implement them.

In June, Fund contributions were used to procure and deliver laboratory tests to countries that have begun to implement at least one of the studies. More than 35,000 laboratory tests are being sent to 12 low- and middle-income countries, with further tests intended to be sent to other countries in the coming months. The use of the same laboratory tests across study sites is important to ensure valid comparisons across different sites. Initial study results are now expected to be made available during July.

# Looking Forward

On July 1-2, WHO held a second COVID-19 Research and Innovation Forum, virtually bringing together more than 1,000 scientists from all over the world to take stock of progress, to discuss new research questions and knowledge gaps, and to define research priorities for the remainder of this year and beyond. Forum outcomes will help to inform future Fund disbursements to the COVID-19 research agenda.

July is also expected to bring a Fund disbursement to WHO for the COVID-19 “infodemic,” an overabundance of information, oftentimes misleading or false, on COVID-19. Funds would help address the proliferation of COVID-19 disinformation, misinformation and malicious cyber-activities that undermine the pandemic response and to support the timely provision of clear, objective and science-based data and information to the public.

A WHO-authorized US\$5 million disbursement to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA) to support its pandemic response in Palestine refugee communities is pending finalization of a grant agreement between the Fund and UNWRA. The next Fund report will include an update on the early use of these funds.

The Fund has provided three monthly reports on the impact of Fund contributions in the first months of its existence. Looking forward, the Fund will move to quarterly reporting, with the next report covering the period July 1 – September 30. It will issue an annual report in July 2021, covering the period from the Fund’s March 13, 2020 inception to June 30, 2021.



Photo credit: WHO

# Annex 1

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

The COVID-19 Solidarity Response Fund for WHO was created at the request of WHO by the United Nations Foundation, in partnership with the Swiss Philanthropy Foundation. Transnational Giving Europe (TGE) Network, of which the Swiss Philanthropy Foundation is the Swiss representative, facilitates contributions from Europe, the UK and Canada. Other Fund fiduciary partners are the Japan Center for International Exchange, UNICEF, the newly launched WHO Foundation (since May 2020), and the China Population Welfare Foundation. WHO can receive contributions made in the name of the Fund directly from non-governmental organizations and foundations.

### Fund Contributions | June 1 – June 30, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$4,586,466
Swiss Philanthropy Foundation (including TGE affiliates) <sup>1</sup>	\$589,449
Japan Center for International Exchange	\$43,134
UNICEF	\$1,000,000
China Population Welfare Foundation	\$230,867
<b>Total</b>	<b>\$6,449,916</b>

\* Includes funds received plus written pledges.

### Cumulative Fund Contributions | March 13 – June 30, 2020

Fiduciary Partner	Contributions in USD*
United Nations Foundation	\$180,385,532
Swiss Philanthropy Foundation (including TGE affiliates) <sup>1</sup>	\$24,689,449
Japan Center for International Exchange	\$7,680,423
UNICEF	\$1,000,000
China Population Welfare Foundation	\$274,042
<b>Total **</b>	<b>\$224,029,446</b>

\* Includes funds received plus written pledges.

\*\* Includes a US\$10 million contribution made in the name of the Fund directly to WHO.

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

# Annex 1

Fund Disbursements By Beneficiary*	By Month	Cumulative
	June 1 – June 30, 2020	Mar 13 – June 30, 2020
Beneficiary	Disbursements in USD	Disbursements in USD
World Health Organization	\$24,627,780	\$123,665,072
UNHCR, the UN Refugee Agency	\$10,000,000	\$10,000,000
World Food Programme		\$20,000,000
Coalition for Epidemic Preparedness Innovations		\$10,000,000
UNICEF		\$10,000,000
<b>Total</b>	<b>\$34,627,780</b>	<b>\$173,665,072</b>

\* Disbursements represent funds transferred from Fund fiduciary partners to WHO and its partners. Note: WHO has authorized the Fund to disburse US\$5 million to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA). The disbursement is pending finalization of a grant agreement with UNWRA.

## Cumulative WHO Allocations | March 13 – June 30, 2020 by WHO Strategy Pillar\*

WHO Strategy Pillar	Allocations in USD
WHO Strategy Pillar 1: Ensure global and regional coordination of response efforts	\$20,000,000
WHO Strategy Pillar 2: Support vulnerable countries and communities that need help most	\$142,400,000
WHO Strategy Pillar 3: Accelerate work on vaccines, diagnostics and therapeutics	\$13,210,000
<b>Total</b>	<b>\$175,610,000</b>

\* 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.

## Annex 2: Resources and Stories

### Resources

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

### Stories

- [COVID-19 Solidarity Response Fund for the World Health Organization impact page](#)
- [How the World Health Organization is responding in countries](#)
- [ACT Accelerator Strives to Ensure Speedy and Equal Access to COVID-19 Remedies](#)
- [Standing with WHO: Solidarity in the Fight Against COVID-19](#)
- [Frontlines: Refugee Nurse Responds to COVID-19 in Iran](#)
- [One Factory. Millions of Masks](#)
- [World Food Programme Insight](#)
- [Awake at Night Podcast: Never Ever Give Up](#)



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