

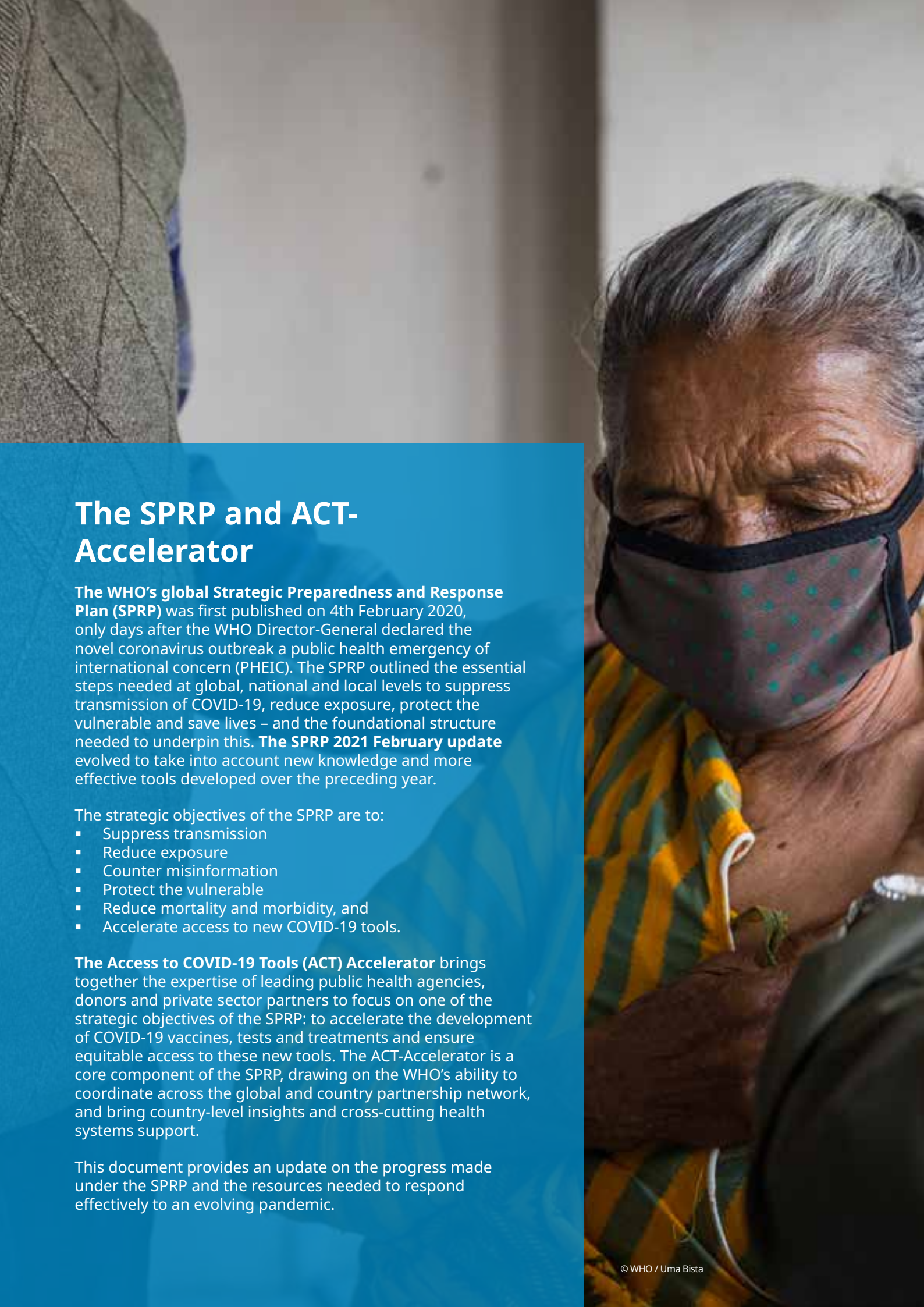
A photograph of a man wearing a blue WHO vest and a white face mask, leaning over rows of green water filters. He is holding a clipboard and appears to be inspecting the filters. The filters are arranged in rows, and the background shows a window with a green mesh screen.

WHO SPRP September update: an urgent call to fund the emergency response

September 2021



**World Health
Organization**



The SPRP and ACT-Accelerator

The WHO's global **Strategic Preparedness and Response Plan (SPRP)** was first published on 4th February 2020, only days after the WHO Director-General declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC). The SPRP outlined the essential steps needed at global, national and local levels to suppress transmission of COVID-19, reduce exposure, protect the vulnerable and save lives – and the foundational structure needed to underpin this. **The SPRP 2021 February update** evolved to take into account new knowledge and more effective tools developed over the preceding year.

The strategic objectives of the SPRP are to:

- Suppress transmission
- Reduce exposure
- Counter misinformation
- Protect the vulnerable
- Reduce mortality and morbidity, and
- Accelerate access to new COVID-19 tools.

The Access to COVID-19 Tools (ACT) Accelerator brings together the expertise of leading public health agencies, donors and private sector partners to focus on one of the strategic objectives of the SPRP: to accelerate the development of COVID-19 vaccines, tests and treatments and ensure equitable access to these new tools. The ACT-Accelerator is a core component of the SPRP, drawing on the WHO's ability to coordinate across the global and country partnership network, and bring country-level insights and cross-cutting health systems support.

This document provides an update on the progress made under the SPRP and the resources needed to respond effectively to an evolving pandemic.

Foreword



By Dr Tedros Adhanom Ghebreyesus

WHO remains committed to ending the acute phase of the COVID-19 pandemic, building on progress to date and ensuring we're fully resourced to be able to respond swiftly to new surges.

Thanks to the generosity of donors, over the last 20 months WHO and our global network of partners have supported the development, delivery and use of the full range of COVID-19 tools, harnessed technology and mobilized researchers to find answers to new situations, and provided technical guidance to Member States, informed by sophisticated surveillance data.

Through our regional networks, we've been able to rapidly deploy on-the-ground assistance to countries with weaker health systems capacity, meeting the immediate needs of vulnerable communities and strengthening infrastructure for future health crises.

However, our progress to date, and our ability to respond quickly and effectively to new outbreaks and variants, is under threat due to a lack of flexible funding. Right now, WHO does not have enough resources to support countries facing new waves of COVID-19, that don't have access to vaccines or for whom vaccines will arrive too late. That means that new variants will go undetected, will spread and lives will be lost. The pandemic continues to put pressure on our ability to provide operational and technical support to countries for surveillance, robust testing, and early clinical care provided by trained, protected and respected health and care workers, for COVID-19 and all other diseases.

All this work must go on in the face of a new and potentially more deadly variant, and in the context of concurrent health emergencies. This is why it is so important that the WHO SPRP is fully funded, and why flexible funds that can be allocated to new and emerging threats are so essential. The work that we do for COVID-19 will benefit the current situation and future ones. The next pandemic strain of influenza, or a new disease X could be around the corner.

We know that fundraising is not all that is needed to end this pandemic. Public health and social measures will continue to be required. One of the biggest challenges all countries face continues to be balancing the need to suppress transmission while safely re-opening economies and enabling communities to re-integrate. We need consistent messaging and interventions, even in countries where vaccination programs are well underway. But this must be in addition to equipping WHO with the resources to manage the global response - this document outlines the funds needed to achieve this.

As the United Nations' specialized health agency encompassing every aspect of the response to COVID-19, we understand the progress that will be undone if we can't sustain core functions at national and global level for urgent priorities such as vaccination, surveillance and rapid response.

This is an urgent call for the international community, in particular our donors, to allow WHO to do its job to coordinate the response and end the acute phase of the pandemic.

September 2021

1: A RESURGENT PANDEMIC

The COVID-19 pandemic is far from over. While some countries have made real progress in combatting the devastating onslaught of the disease, or managed to isolate themselves from new waves, no country has fully controlled it, and therefore no country is yet safe. Instead, we are entering a difficult and uncertain phase of the pandemic where new variants threaten the efficacy of our countermeasures including our vaccines, tests and treatments; low-income-countries continue to lack access to these tools, and the lives of those without access to vaccines remain under threat.

Situation overview

As of early September 2021, more than 223 million cases of COVID-19 and 4.5 million deaths have been reported to WHO. Trillions have been spent by countries on the COVID-19 response so far, and the global economy is set to lose [\\$22 trillion](#) between 2020 and 2025, according to the IMF. Health systems everywhere have been stretched to breaking point, and the impacts on education, poverty and development will take years to redress.

At the same time, the pandemic has seen an unprecedented series of scientific advances off the back of early donor commitments, years of scientific collaborations and rapid innovations. These advances, supported by the R&D Blueprint for Epidemics, the ACT-Accelerator partnership and the Global Research Roadmap, have led to the development of effective tests, treatments and vaccines in record time. The fall in hospitalization and mortality rates in countries with effective vaccination strategies shows the importance and impact of these tools.

But three key factors explain why we continue to see an upward trend in cases and threaten progress towards an end to the acute phase of the pandemic, and a return to normal trade, travel and day-to-day life:

1. the lack of equitable access to and use of lifesaving tools;
2. the continued emergence of new hotspots;
3. and the rise of new variants.

COVID-19 is a rapidly evolving disease that continues to push health systems to beyond current capacities of most countries around the world.

Inequitable and erratic access to tools exacerbated by gaps in national capacities

The rapid development and roll-out of COVID-19 vaccines is yet to be felt by large parts of the world. As of [8 September 2021](#), just 2.65% of people in low-income countries have been vaccinated with at least one dose. And while the ACT-Accelerator has secured further vaccine doses through COVAX, much of that supply has been delayed or provided via ad hoc donations. Although this is welcome, this has made it difficult for countries to effectively plan for vaccine rollout programs in already stretched health systems. In August, the Multilateral Leaders Taskforce on COVID-19 (MLT) issued a [joint statement](#) with the leaders of the African Vaccine Acquisition Trust (AVAT), Africa CDC, Gavi and UNICEF reiterating that the global rollout of COVID-19 vaccines is progressing at two alarmingly different speeds. Less than 2% of adults are fully vaccinated in most low-income countries compared to almost 50% in high-income countries. Many of these countries, the majority of which are in Africa, cannot access sufficient vaccine to meet even the goal of 10% that was set for September 2021; let alone the African Union's goal of 70% in 2022. Tests, treatments, personal protective equipment (PPE) and oxygen also remain in short supply. Even when key products are available, many countries lack the health systems expertise and operational capacity to make best use of them. While this support is being mobilised, there is still a long way to go until supply is translated into effective delivery. Every aspect of the SPRP plays an important role to ensure the successful roll-out of vaccines and other tools.

2.65%



of people in low-income countries vaccinated with at least 1 dose (as of 8 September 2021)

“The Government of Papua New Guinea has been working hand-in-hand with WHO to mount a strong response to COVID-19. But there is need now more than ever, for all members states and development partners to step up health security efforts by reinforcing the development of resilient health systems and improve efforts for prevention, alert and response to public health emergencies”

Hon. Jelta Wong, Minister for Health, Papua New Guinea

Emergence of new hotspots

Although some countries have seen a recent decline in hospitalization and mortality rates, many others are currently facing new and devastating waves of COVID-19. Africa, the Eastern Mediterranean and the Western Pacific recently saw the highest weekly case numbers since the start of the pandemic, as has the United States. Given the low rates of testing the true numbers are almost certainly much higher. While some countries with high vaccination rates have effectively decoupled case and death rates, this is not the case everywhere. As a result, when new hotspots emerge, countries are facing the same scenes we saw in Europe and the United States early on in the pandemic — overburdened health systems and health workers with hospitals filled to capacity and shortages of oxygen, beds and clinical time — but starting from a much more precarious position. New and sudden hotspots will continue to emerge, especially as long as surveillance remains so poor, and they will require rapid interventions that most delivery partners have been unable to provide. In [August 2021](#), the medical oxygen need for COVID-19 in low-and middle-income countries reached over 16 million cubic meters per day. Medical oxygen is crucial for treating other life-saving conditions, alongside COVID-19, and is essential to ensure safe surgical, emergency and critical care services.

“Africa needs vaccines now – and the operational support to get the vaccines into people’s arms. The clock is ticking. The delays in rolling out vaccination campaigns are leading to lost lives, lost hope and worsening economic hardship”

Dr. Matshidiso Moeti, WHO Regional Director for Africa

New variants risk a perpetual cycle of pandemic response

The situation is likely to get worse for many countries before it gets better as new variants emerge. To date four variants have been designated Variants of Concern — all more transmissible than the ancestral strain of SARS-CoV-2 — and an additional five Variants of Interest are being closely monitored and evaluated. The highly transmissible Delta variant is dominant among available sequences and if it isn't so already, is expected to be the dominant variant circulating worldwide. As the virus continues to circulate, more variants will continue to emerge. Low vaccination rates, poor health systems and inadequate surveillance will not only threaten the lives of more people, but also the efficacy of current tools. No country can afford to retreat and stop the proven health measures that keep our populations safe. We are all at risk of having to start again in the cycle of prevention, surveillance and response. COVID-19 has shown more starkly than ever that no-one will be truly safe until everyone is safe.

Combined, these three interlinked factors mean that over and above the need for more equitable access to vaccines, there is a just as urgent need today to track the disease through better surveillance and testing; to be able to rapidly pivot towards new hotspots with oxygen, PPE and capacity support for effective, proven public health and social measures; and to create the systems and training, and clinical management integration needed to make effective use of vaccines when they are available.



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2: WHO'S UNIQUE ROLE

No one government has the capacity or ability to operate at the scale required to address the COVID-19 pandemic alone; COVID-19 has and continues to overwhelm even the most advanced health systems. WHO's unique role at the centre of the global response network means that from day one, it has been able to access and harness technical and operational expertise at speed, translating knowledge into coordinated action, managing the infodemic and reducing its impact on health behaviours, playing the role of first responder to countries in need and provider of last resort for essential commodities and services. WHO unlocks barriers for countries by strengthening health systems capacities, infrastructure and service delivery, empowering communities in the process and equipping them to tackle future health crises. **Every dollar spent today pays dividends well into the future.**

Operating six Regional
Office COVID-19
Response Platforms and

152
country
teams



The inequitable allocation of tools, continued likelihood of new hot spots and the rise of new variants mean that there will continue to need to be a global COVID-19 emergency response strategy until at least the end of 2022. During that time, the full range of available tools and funding will need to be brought to bear – from the extraordinary funding to countries provided by the World Bank, to the joint vaccine purchasing mechanisms like COVAX/ACT-Accelerator and the African Vaccine Acquisition Trust (AVAT), together with donations from high-income countries and the pivotal role that national governments and local communities will play. The fragmented and disparate pandemic response landscape, with countries at vastly differing stages, means many rely on WHO to drive coordinated action particularly in fragile, conflict-affected and vulnerable (FCV) settings. Three key features mean that if WHO had not existed at the start of the pandemic it would've been necessary to invent it:

Global view

WHO drives coordination between UN agency national and regional offices around the world, multi-agency and multi-partners operational platforms, regional and national public health and scientific institutes, communities, donors and private sector organizations. WHO plays an indispensable role providing the intelligence needed by all governments, including country-specific surveillance and capacity information, collaborating with partners leading on the supply, financing and manufacturing side. WHO has a leading role in convening scientific experts and collating scientific evidence to inform guidance. This means WHO is able to inform the rapid formulation of guidelines, implement the guidance with health workers on the front lines, help communicate its accumulated knowledge to those that need it and lead the implementation and delivery of key interventions and supplies on the ground. With six Regional Office COVID-19 Response Platforms, and 152 country teams who,

in many cases, have become the key partners for national-level COVID-19 response coordination, WHO is able to draw on the strength of its global footprint and play a part in every step of the value chain.

In-country presence

Ultimately, it is in the communities on the frontlines, where epidemic and pandemic prevention and control begins and ends. WHO - through its 152 country offices - works with health workers and facilities all over the world to provide training, equipment and support, drawing on its relationships with local Ministries of Health. In FCV settings, for example in Libya, WHO's Country Office works daily with health authorities in the east and west to support strategic planning, provide technical advice, issue daily epidemiological bulletins, strengthen disease surveillance, train health care staff, assess health needs, and provide medicines, equipment and laboratory supplies to keep essential health care services running. Libya began rolling out its national COVID-19 vaccination campaign in early April, after receiving its first shipments of vaccines. To date, over half a million people in Libya have received their first dose of vaccine thanks to meticulous and agile planning supported by the WHO country office.

WHO has also worked closely with local authorities on the development of country's COVID-19 vaccination plans within the framework of the COVAX programme. On 1 March 2021, Colombia became the first country in the Americas to receive COVID-19 vaccines through the COVAX Facility, with vulnerable communities in the Amazon region among the priority groups for COVID-19 vaccination. Health teams set up "pop-up" vaccination sites in order to quickly vaccinate as many eligible community residents as possible, and health authorities adapted their strategy in the area in order to take into account cultural specificities.

Integration across agencies and funders

WHO works with a wide range of partners to ensure financing is used for the most critical elements of the COVID-19 response, and plays a distinct convening role. This starts at WHO and goes into the field. For example, colleagues from UNICEF, WFP, IFRC, US CDC and OCHA have, at different points throughout the response, been embedded in the global COVID-19 Incident Management Team through the Global Outbreak Alert and Response Network (GOARN) and are supporting across all aspects of WHO's response. Through GOARN, WHO deployed 193 experts to support the response to

the pandemic in 37 countries. As of June 2021, 108 [Emergency Medical Teams](#), equating to more than 2000 health emergency personnel, were deployed internationally in response to requests for assistance from Member States. These teams work in close collaboration with WHO which is continuously engaged in monitoring, guiding, and facilitating operations. As a convenor and driver of networks and workforces, WHO is able to identify opportunities for more efficient collaboration as well as any gaps in the overall response. WHO has connected countries to the COVID-19 Response Mechanism (C19RM), a Global Fund initiative to help countries mitigate the impact of COVID-19 on HIV, TB and malaria, bolstering health and community systems in the process. WHO's level of oversight has meant it can support eligible countries to develop technically sound proposals and access the funding they need.

In practice, WHO is often the only agency able to respond quickly, effectively and directly in a new outbreak, to coordinate across the range of agencies and actors working on the pandemic response, and to provide an end-to-end service that means that tools procured by countries and donors are used effectively.

"The investments that we make today will not only help us get through this pandemic faster, but they will also lay the groundwork to deal with future health crises, so, really, we have no time to waste"

Dr Carissa F. Etienne, Director of the Pan American Health Organization (PAHO)



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3. WHAT DONOR FUNDING HAS ACHIEVED SO FAR

Since the start of the pandemic, WHO has provided the strategy, the guidance, the tools, critical global public goods, coordinated the international public health response and provided in-country support for implementation of COVID-19 control measures. From WHO's earliest actions to rapidly develop and ship reliable RT-PCR tests around the world within weeks of learning of the cluster of pneumonia in Wuhan, People's Republic of China, to the ACT-Accelerator's rapid development and rollout of vaccines, diagnostics and therapeutics, to WHO's work in strengthening COVID-19 clinical management or supplying PPE and oxygen, donor funding for WHO has enabled our offices to provide implementation and operational support to national health systems, no matter a country's income level.

Over the last 20 months we have:

Accelerated innovative research on how to contain the spread of the virus and provide clinical care for those affected. WHO has brought together more than 3000 researchers, 40% of whom were from low-income or middle-income countries, from more than 1000 global institutions. WHO also supported the development of global research platforms and built on the knowledge from the current pandemic to better

prepare for the next epidemic. A key part of the research effort has been the development of several standardized generic sero-epidemiological investigation protocols branded as [UNITY studies](#). These enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic. These are now critical to better understand any changes in the epidemiological parameters of variants of concern. Additionally, in May 2021, WHO and the Swiss Confederation signed a Memorandum of Understanding to launch the first WHO BioHub facility as part of the WHO BioHub System. The facility will enhance the rapid sharing of viruses and pathogens between laboratories and partners globally, informing risk assessments and enabling global preparedness against the pathogens. Currently, most pathogen sharing is done bilaterally between countries and ad hoc.

Leveraged global networks to adapt and update a comprehensive set of technical guidance for member states, from surveillance to clinical management, along with a readiness checklist and a disease commodity package for supply chain management. These guidelines and tools are essential for countries that rely on WHO in the absence of local capacity. As of August 2021,



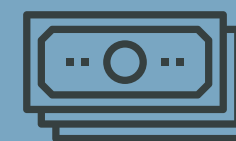
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5.6 million people had enrolled in WHO's online learning platform, OpenWHO, which has over 100 free online courses in 55 languages, and translates real-time knowledge and guidance into tailored training. In addition, WHO delivers bespoke in-person training for health workers and other frontline responders. WHO also developed a [Dashboard of COVID-19 related Recommendations](#), a living tool that amalgamates resolutions and past recommendations on health emergencies to enable Member States to analyze the actions most relevant to their own preparedness and response. WHO is moving to a digital, living approach to develop comprehensive guidance to have an increased impact at country level.

Trained millions of health workers, in the field and online, and fixed broken supply chains to ensure that health workers and responders have both the equipment and training they need to do their job safely, and the essential medicines and diagnostics they need to reduce mortality and suppress transmission. In Cox's Bazar, Bangladesh, WHO is supporting COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities. WHO is enhancing the disease surveillance system, strengthening contact tracing, training health workers on infection prevention and control and delivering essential health supplies. Testing capacity is up from around 100 tests per day to over 1500, and together with partners, WHO has helped mobilize over 1000 beds for treatment of severe COVID-19.

Created new tools and harnessed new technologies to pioneer new ways of listening to and responding to communities. Working with partners, we have been able to help meet the essential health needs of communities in fragile, conflict-affected and vulnerable settings. Since the early days of the COVID-19 pandemic, WHO's infodemic management team has developed analytical approaches, including the use of artificial intelligence (AI), to identify rising narratives in online conversations. Our [Early AI-supported Response with Social Listening \(EARS\) tool](#) has helped health authorities better understand what information people are seeking and help to meet that need - the first global platform to use an innovative social listening taxonomy, developed by WHO, to enable rapid response in times of emergency. WHO has also compiled a [compendium](#) of 24 technologies that can be used in low-resource settings, for example a portable respiratory monitoring system or ventilators with an extended battery life, recognizing that many new technologies that come to market are unaffordable or unsuitable for low- and middle-income countries. WHO has a multi-partner approach aimed at linking the human health demands in countries with ready-to-scale innovations and making health innovation accessible to all. WHO is applying

6% of funds received by WHO have been flexible compared with 30% in 2020



As at 31 August

accelerated digital technologies to improve public health by reaching billions of people around the world through our platforms.

Rapidly supported countries in the midst of new waves such as in India and Brazil where WHO provided critical equipment and supplies including oxygen concentrators, lab supplies and mobile field hospitals during the peak of the wave in May. Funding to date helped WHO donate 40 tons of medical oxygen to boost treatment in Bolivia and ensured its innovation team could assist Somalia with the construction of solar-powered plants producing medical oxygen, uninterrupted by power cuts that would otherwise hamper traditional production facilities.

Establishing technology hubs to enhance technologies in countries that do not have current capacity. In June 2021, WHO supported a South African consortium to establish the first COVID mRNA vaccine technology transfer hub. Technology transfer hubs are training facilities where the technology is established at an industrial scale and clinical development is performed. Interested manufacturers from low- and middle-income countries can receive training and any necessary licenses to the technology. WHO and its partners will bring in the production know-how, quality control and necessary licenses to a single entity to facilitate a broad and rapid technology transfer to multiple recipients.

All of this progress has been made possible through the generous contributions of donors who have provided vital funds to save lives and prevent even worse suffering and damage to health systems and economies. But the path of the virus is changing, and new and unexpected outbreaks will continue to emerge. At the moment, only 6% of funds received by WHO have been flexible compared with 30% of funds in 2020. This severely limits WHO's ability to quickly adapt and change when countries see sudden surges. For example, in India, WHO's response requirements for 2021 rose from US\$ 27 million to US\$ 63 million as a new unexpected wave emerged. If WHO is to remain a nimble first responder, it needs more flexible funding to execute its role.

“When the COVID-19 pandemic hit the world, we were faced with so many unknowns. WHO brought together the world's leading scientists, promoted research, collated evidence and set priorities – with our grounding as a science-based organization underpinning our global recommendations. WHO needs to be empowered to continue to leverage scientific advances to end the acute phase of the Pandemic – and help the world prepare for future health crises”

Dr Soumya Swaminathan, Chief Scientist, WHO

4: AN UNBEATABLE RETURN ON INVESTMENT

When we launched our updated SPRP in February 2021, we made an appeal for US\$1.96 billion to fund our essential role in ending the acute phase of the pandemic. To date we have raised approximately half of our goal: just **US\$1.06 billion**, which means we **are short of our funding goal currently by US\$ 900 million**. The ACT-Accelerator has raised **just under US\$ 500 million** of a total of **US\$1.2 billion** contained within the SPRP appeal. This shortfall means that critical areas of the response are at risk. Fully and flexibly funding the SPRP will enable WHO to pursue three key objectives over and above its coordination function to bring an end to the acute phase of the pandemic.

- **Global scale strengthening of surveillance and genomic testing and sequencing capacity.**

We are currently in a critical phase in the roll-out of COVID-19 vaccines – but alongside the COVID-19 vaccine, we must continue to find ways to strengthen and implement other measures to address the pandemic. Tracking SARS-CoV-2 variants is a vital part of suppressing viral transmission. WHO has been tracking variants since the beginning of the COVID-19 outbreak and has been working closely with countries and partners including the US CDC, European CDC and Africa CDC to enable a subset of cases to be sequenced around the world. As of July 2021, 113 Member States (58%) have shared genomic sequencing data. National genomic sequencing capacity on its own is not, however, enough to track the global spread of SARS-CoV-2 variants and assess their potential impact. WHO also needs the resources to ensure that data from countries is rapidly shared, pooled and analyzed, including analysis of the impacts of variants on the efficacy of countermeasures and tools such as vaccines and diagnostics.

- **Support the equitable distribution of vaccines and other tools required to overcome COVID-19.** Together with its ACT-Accelerator partners, WHO can ensure that delays and shortages of vaccine supplies, particularly in the African region, do not allow countries to slip further behind the rest of the world in the COVID-19 vaccine roll out. The

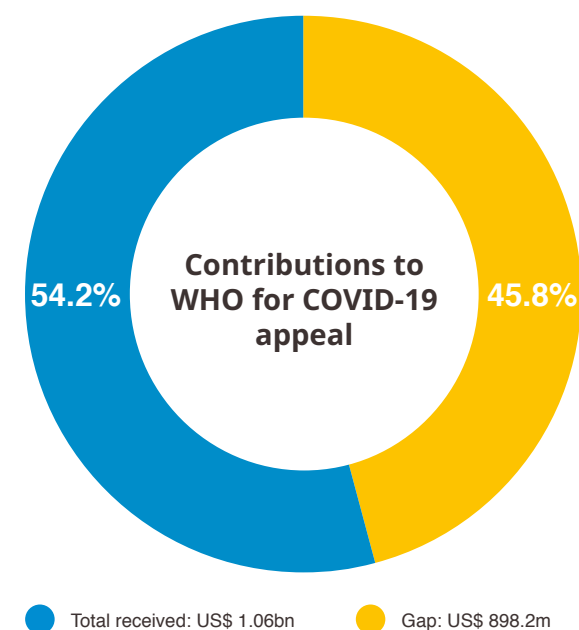
operational support provided by WHO works hand in hand with the production of tools. Vaccines and other tools are pointless if they don't reach the end-user.

WHO will also unlock barriers in areas of national health systems in low and middle-income countries, such as financing, data, workforce, clinical care, supply chain, engagement with communities in the COVID-19 response, as well as access to key commodities and tools, such as personal protective equipment (PPE) and oxygen. As of August this year, along with partners in the COVID-19 Supply Chain System, WHO had procured more than US\$ 1.3 billion of essential supplies across 191 countries. However, supply chains remain incredibly fragile and more susceptible to short term shocks as economies unlock following extended periods of shutdown. This underlines the need for WHO's procurement support which is currently providing an essential lifeline to many.

- **Ability to offer surge support to countries where there are situations of concern and hotspots.** Sporadic surges in transmission, particularly of the Delta variant, have given added importance and impetus to WHO's wide-ranging work and ability to respond quickly with the tools required. The supply of safe, quality-assured medical oxygen will continue to be in demand and being able to provide oxygen, PPE and support to countries in crisis will be critical to saving lives.

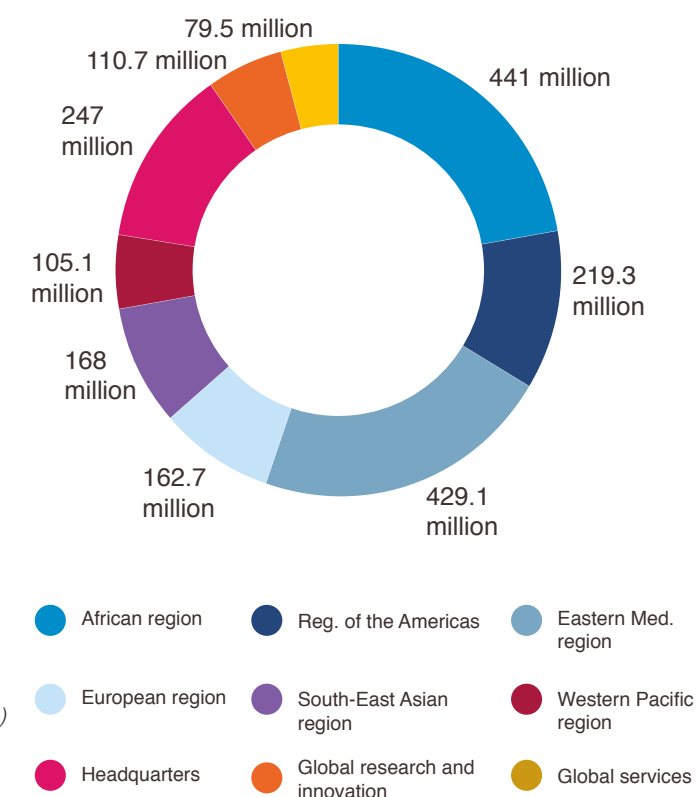
COVID-19 shows no signs of abating, and the disease will require continued management and monitoring, with healthcare systems needing to be strengthened at the same time. WHO will need to keep responding to health emergencies and rapidly access and distribute supplies at country level. Expert teams within countries need to be empowered to monitor, help prepare for and predict new waves. We need to better understand the disease by carrying out new studies. If WHO is to continue to play its critical global role in tackling this pandemic and fulfill the mandate given to it by its Member States, it needs the right quantity and quality of resources.

Total requirement US\$ 1.96 billion



Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirements for the Access to COVID-19 tools Accelerator

Total requirement by major WHO office (US\$)



“The generous contributions of donors have enabled WHO to save lives and prevent even worse suffering and damage to health systems and economies. But the path of this virus keeps changing and without more flexible funding, WHO's ability to quickly adapt and change when countries see sudden surges is limited”

Mike Ryan, Executive Director, WHO Health Emergencies Programme



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