

WHO strategic action and resource requirements to end the acute phase of the COVID-19 pandemic **2021**

Priorities | requirements | a call to action

16 February 2021



STRATEGIC OBJECTIVES FOR 2021

WHO published the first COVID-19 Strategic Preparedness and Response Plan (SPRP) on 4 February, 2020, four days after the Director-General declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC), WHO's highest level of alarm under international law. As the COVID-19 pandemic evolved, the SPRP was updated in April 2020 to underline the importance of critical aspects of the public health response, and support countries to safely and sustainably transition out of the severe movement restrictions that had been put in place in some countries.

As we enter 2021, it is again important that we take stock of the evolving epidemiological situation around the world, including the emergence of SARS-CoV-2 variants of concern, to review the lessons learned about the virus and our response, identify the gaps in our knowledge while anticipating the potential challenges ahead, and ensure a gender-responsive and equitable response based on a respect for human rights. We must adapt our strategic approach to COVID-19 at national and global levels to plan and support the rapid and equitable deployment of new tools such as rapid diagnostics and vaccines.

COVID-19 will not be the last health threat or emergency – many countries have already been forced to manage concomitant crises. The COVID-19 pandemic is a stark reminder that the costs of effective preparedness are dwarfed by the costs of a failure to prepare. The world now has an opportunity to build on progress made in 2020 and move towards a sustainable future of emergency preparedness and readiness built on a foundation of strong and resilient health systems.

WHO's COVID-19 SPRP 2021 and its accompanying Operational Plan set out the strategic objectives to guide the public health response to COVID-19 at national and subnational levels, and update the strategic priorities for the global system of support that underpins this effort. WHO has a unique leadership role at the centre of that system, and at the operational forefront of the drive to deliver against the objectives of the COVID-19 SPRP 2021. As leader of the global incident management support team (IMST) structure, the UN Crisis Management Team (UNCMT), and as a founder of the Access to COVID-19 Tools (ACT) Accelerator, WHO harnesses the world's technical and operational expertise to translate knowledge into coordinated action.

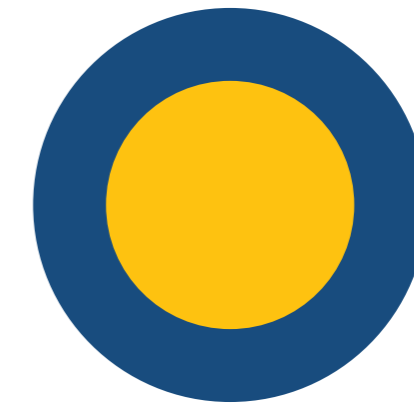
Ending the COVID-19 pandemic means suppressing transmission and reducing mortality and morbidity in every country, and in every context; it means reducing exposure by empowering and enabling communities to adopt behaviours that reduce risk; it means countering and building resilience to misinformation and disinformation; and it means accelerating access to new COVID-19 tools including vaccines and rapid diagnostics. The updated SPRP 2021 sets the objectives; the Operational Plan sets out the national and global priority actions to achieve those objectives; and WHO provides the global leadership, and regional and national footprint, to translate that plan into action in solidarity with every community, country, and partner. This document sets out the support we require to fulfill that vital mandate.

PRIORITIES AND RESOURCE REQUIREMENTS FOR 2021

A comprehensive overview of WHO's priorities in 2021 to support national COVID-19 preparedness and response, accelerate access to COVID-19 tools, and for research and innovation under each global preparedness and response pillar is available in the Operational Plan that accompanies the SPRP 2021. A snapshot of priorities and the total funding required is shown below, broken down both by WHO major office and response pillar.

Support to implement national plans	Accelerating access to COVID-19 tools	Research and innovation
Coordination, planning, monitoring, and finance		
Support countries to update operational plans inclusive of vaccine readiness, research and innovation priorities.	Identify gaps and provide evidence for allocation of all COVID tools in an equitable manner.	Document good practices on community level planning for COVID-19 actions in low capacity and humanitarian settings.
Operational support and logistics, and supply chains		
Provision of up to date market intelligence on availability, specification, quality assurance and potential procurement channels, opportunities for regionalization/localization.	Ensure that allocation and prioritization is EPI-led and is coherent with overall pandemic response strategy.	Develop playbook on pandemic response, allocating roles and responsibilities, use of networks such as the Pandemic Supply Chain Network, collaborative hub management.
Global research and innovation		
Vaccines: Enhanced research on vaccines being deployed or in Phase 3; monitor and assess the impact of new SARS-CoV2 variants on vaccine efficacy; testing and identification of additional (accessible) vaccines. Therapeutics: Intensify research on novel/repurposed therapeutics and expand the therapeutics portfolio with consideration of new and emerging virus variants. Diagnostics: Accelerate evaluation studies to assess potential impact of SARS-CoV-2 variants on performance of existing diagnostic tests, ensuring they remain accurate in the detection of the circulating SARS-CoV-2 variants, and support development of specific tools for accelerated novel variants detection.		
Risk communication and community engagement (RCCE), and infodemic management		
Develop a framework for an evidence-based, quantifiable understanding of the global COVID-19 conversation through an analysis of online platforms	Coordinate with all community facing groups within the ACT Accelerator and supports their work facilitating synergies across countries and communities.	Establish a scalable, collaborative, research platform to build evidence required to inform infodemic policy both during and between health emergencies.
Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures		
Coordinate direct and remote technical support for surveillance, contact tracing, and case investigation, including rollout of digital case investigation tools.	Provide epidemiological analysis to allow evidence-based global strategic decision-making, such as for global vaccination deployment and R&D prioritization.	Develop indicators to accurately assess transmission status, clinical severity, and health system impact to facilitate dynamic adaptation of the response.
Points of entry, international travel and transport, and mass gatherings		
Develop joint guidance to prevent and manage COVID-19 in the context of international travel & transport at ports, airports and ground crossings.	Work with countries, travel and transport partner organizations to understand how vaccination approaches impact measures related to travel and trade.	Undertake systematic reviews on effectiveness, safety, and potential harms of public health measures on SARS-CoV-2 transmission before, during, and after travel.
Laboratories and diagnostics		
Support countries to increase access to genomic sequencing for SARS-CoV-2, and continually monitor variants of concern.	Continue to assess new diagnostic tests for Emergency Use Listing and develop target product profiles for diagnostics.	Undertake implementation research to optimize the use of tests in different contexts, and contribute to their equitable access.
Infection prevention and control, and protection of the health workforce		
Training and capacity building; procurement of PPE; developing technical specification for PPE and research into innovative PPE.	Forecast IPC needs related to vaccination, emphasizing FCV settings where WHO and partners are providers of last resort.	Improve understanding of SARS-CoV-2 modes of transmission, translation of that evidence into guidance on effective prevention measures.
Case management, clinical operations, and therapeutics		
Continue to develop the living clinical guideline and update therapeutic and clinical guidelines based on new evidence.	Collaborate across the three major workstreams of the ACT Accelerator therapeutics pillar, lead work on the equitable access framework for therapeutics.	Document good practices on community-based and home-based care for mild to moderate COVID-19 cases without risks of complications in low capacity and humanitarian settings.
Strengthening essential health services and systems		
Rapid frontline service readiness assessments in health facilities. Monitoring disruptions of essential health services	Innovative readiness assessments, dashboards to track preparedness and performance of health systems during COVID-19 and identify bottlenecks for essential resources.	Identify the most effective shifts in service delivery, including use of digital platforms, to reduce transmission risks and enhance continuity of care.
Vaccination		
Technical support on vaccine introduction communication and advocacy, supply chain and logistics, microplanning, vaccination verification, monitoring of immunization and safety.	WHO's SAGE committee will review vaccine candidates that report phase 3 data and formulate policy recommendations on how these vaccines can be deployed.	Support network of post-introduction operational research on vaccine delivery, acceptance and performance. Launch Solidarity Vaccine Trial.

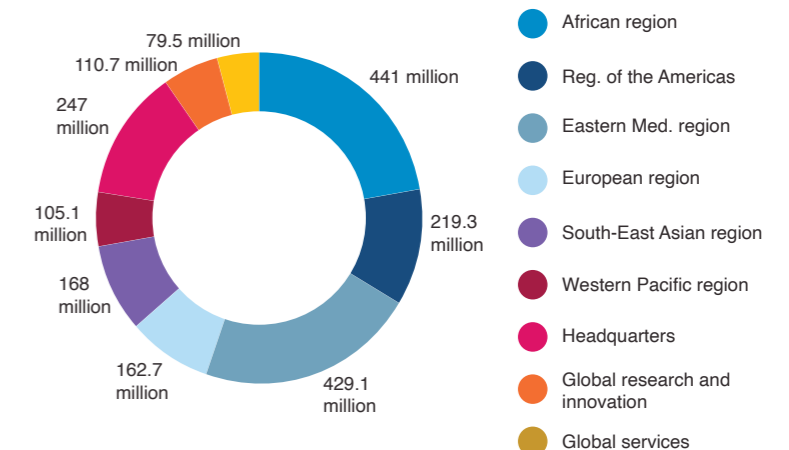
**Total requirement:
US\$ 1.96 billion**



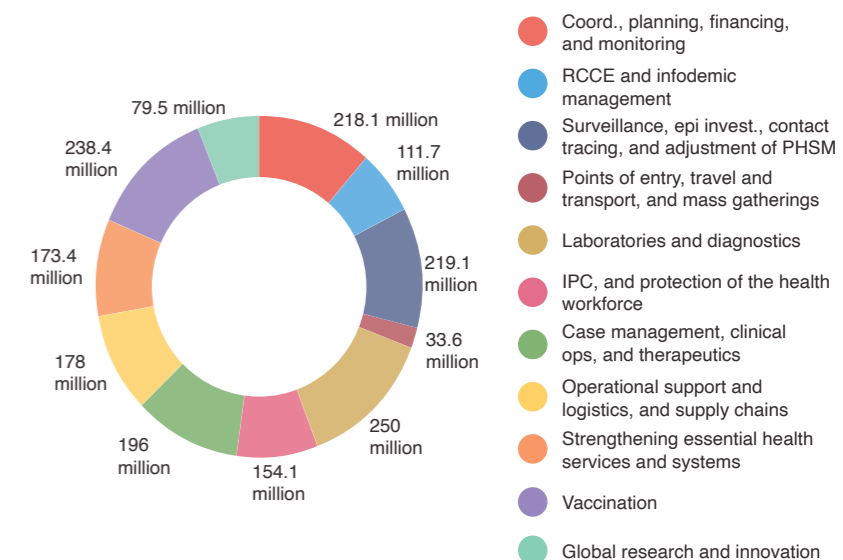
● Total WHO requirement under SPRP 2021
● Proportion of requirement attributable to ACT Accelerator*

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\$)

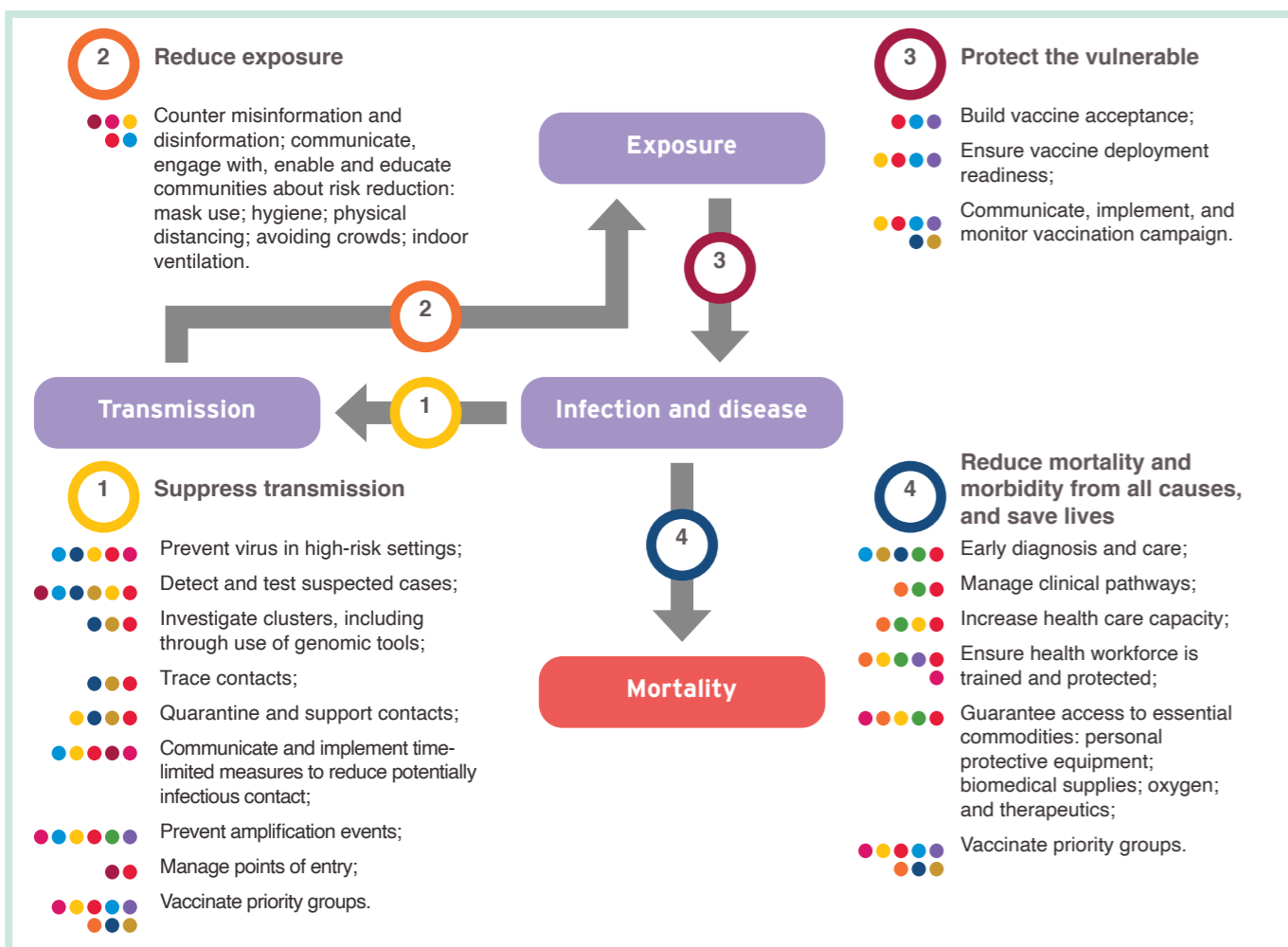


Total requirement by pillar (US\$)

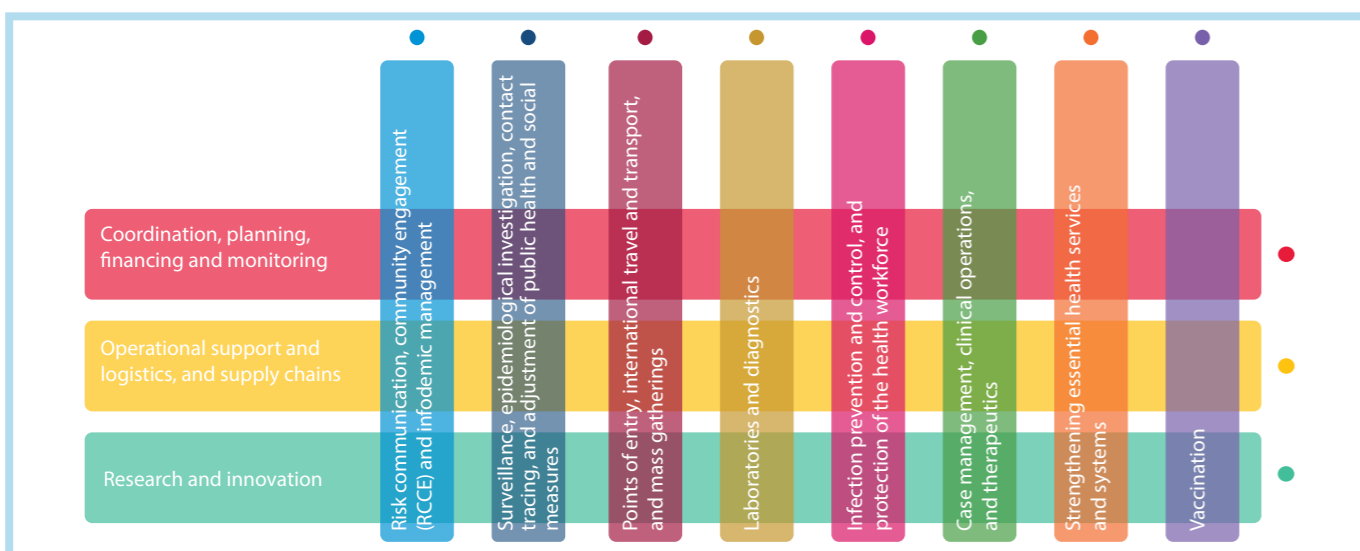


NATIONAL RESPONSE: GLOBAL SUPPORT

Achieving the strategic public health objectives of the updated COVID-19 Preparedness and Response Strategy at the national level depends on the consistent and comprehensive implementation of context-appropriate public health and social measures at the local level, the introduction and deployment of new tools, and the simultaneous maintenance of essential health services and systems to reduce mortality from all causes. WHO provides direct technical and operational support for these efforts through a global, regional, and national multi-disciplinary preparedness, readiness and response structure based on interconnected technical and operational pillars. All countries receive support from WHO, but not all countries need the same support, and these needs can change radically over time. In low-capacity, fragile, conflict-affected, and vulnerable contexts, WHO is often required to act as a provider of last resort for essential commodities and services.



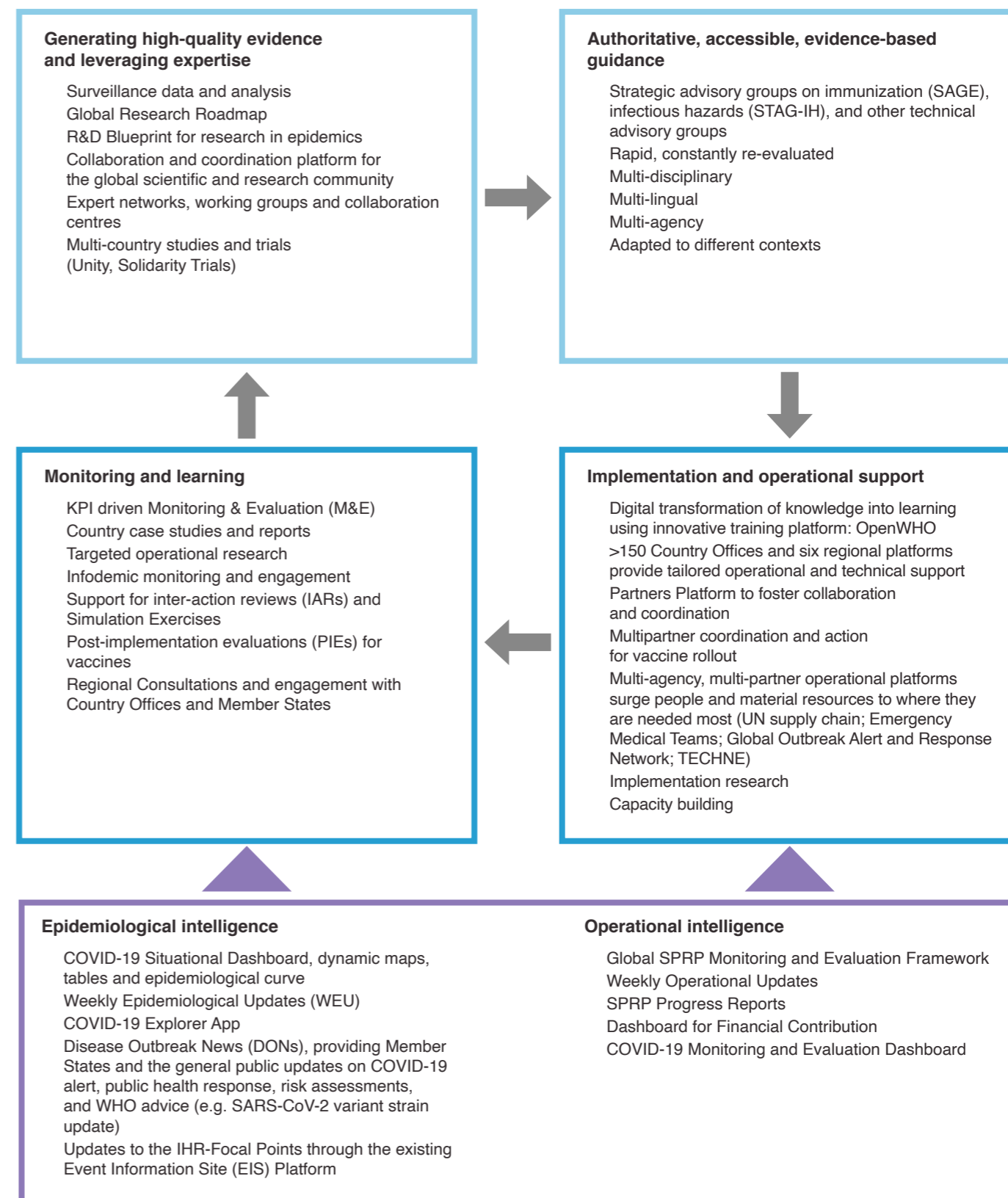
National, regional and global response support structure



WHO'S UNIQUE ROLE

As a technical organization with convening power, access to world-leading expert networks, collaborating centres, and collaborative research and innovation platforms such as the R&D Blueprint for Research in Epidemics, WHO works with partners to generate high-quality evidence and leverage a broad range of global expertise to rapidly issue authoritative, accessible guidance for all technical and operational areas of the response. By driving coordination between UN agency national and regional offices around the world, multi-agency and multi-partner operational platforms, regional and national public health and scientific institutes, communities, donors, and private sector

organizations, WHO brings the world together to provide direct technical and operational support to countries to implement national COVID-19 plans. Through the process of listening to communities online and offline, partners, and countries; through systematic monitoring and evaluation and intra-action reviews; and through targeted operational research, WHO gathers, generates and analyses the quantitative and contextual public health and operational intelligence we need to inform a continual refinement and evolution of the global, regional, and national response to COVID-19.



WHO: A CRITICAL PARTNER IN GLOBAL COORDINATION

At the global level, meeting the challenge of COVID-19 has meant bringing the entire United Nations system together to coordinate a response that reflects the full spectrum of its capabilities. WHO is at the forefront of that coordination process, leading the UN Crisis Management Team (UNCMT) to deliver three distinct but complementary strategies and frameworks.

- The Strategic Preparedness and Response Plan, updated in this document (COVID-19 SPRP 2021), guides the comprehensive health response at national level, supported by a global network of partners led by WHO, and working to support countries,

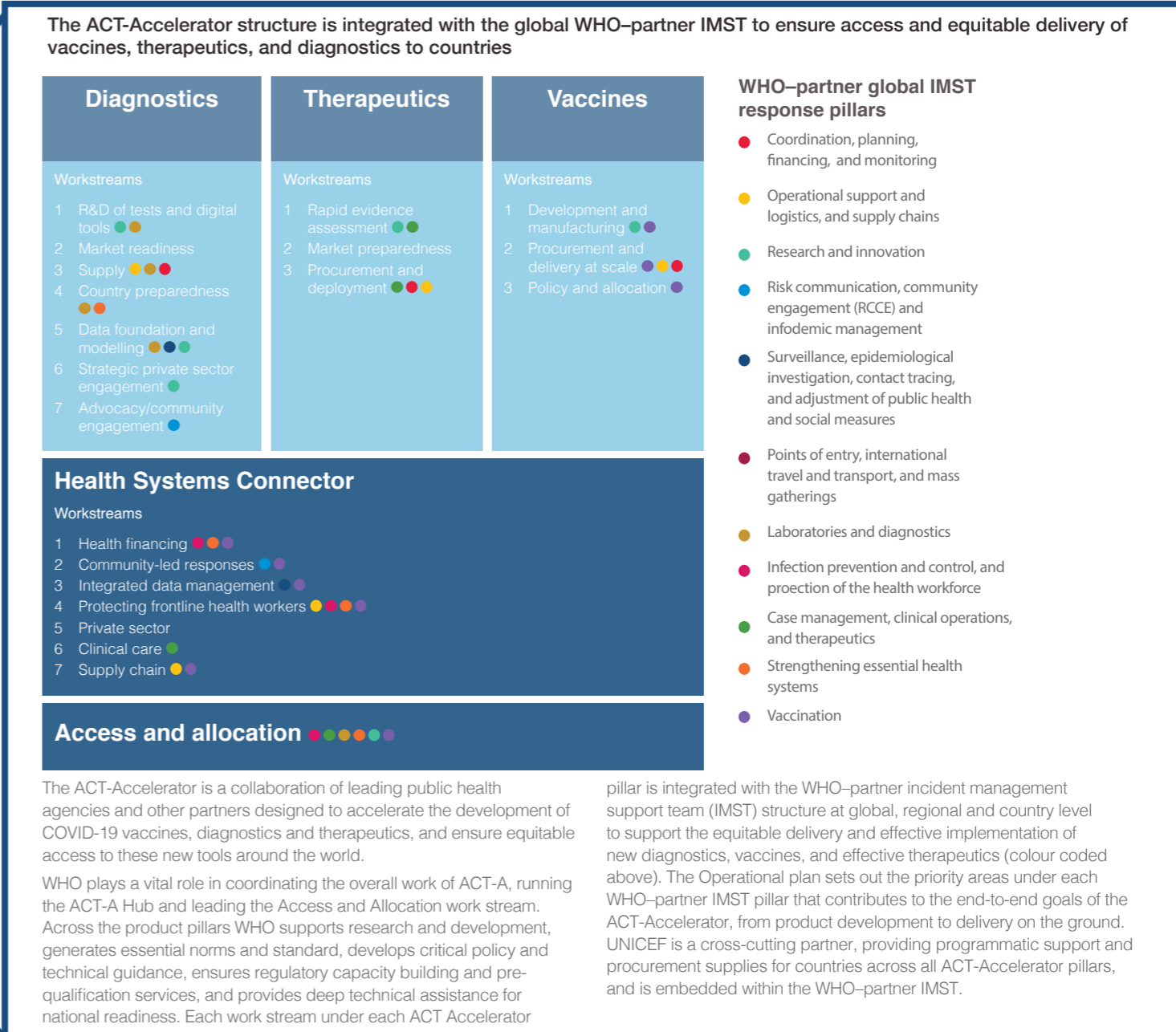
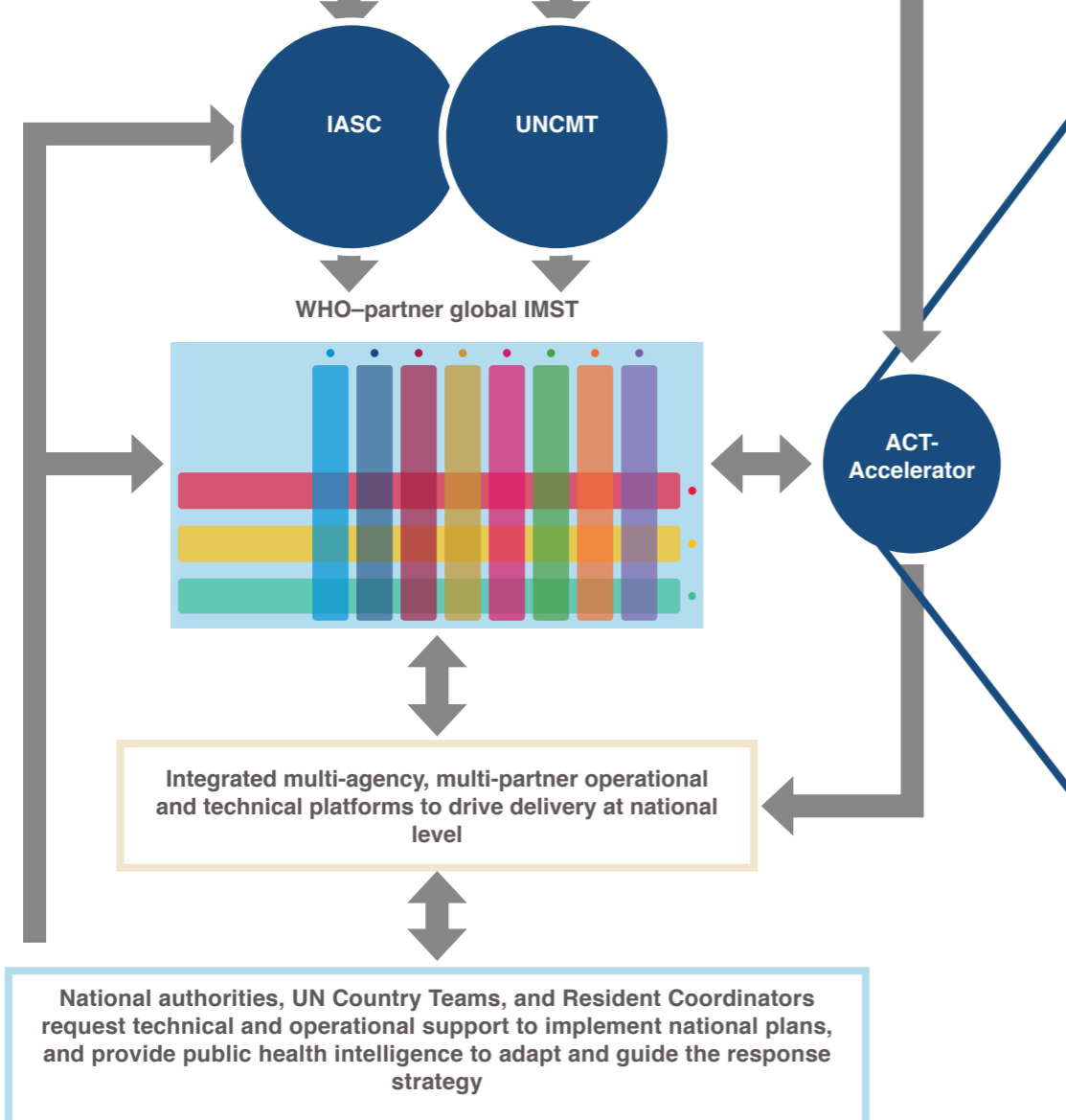
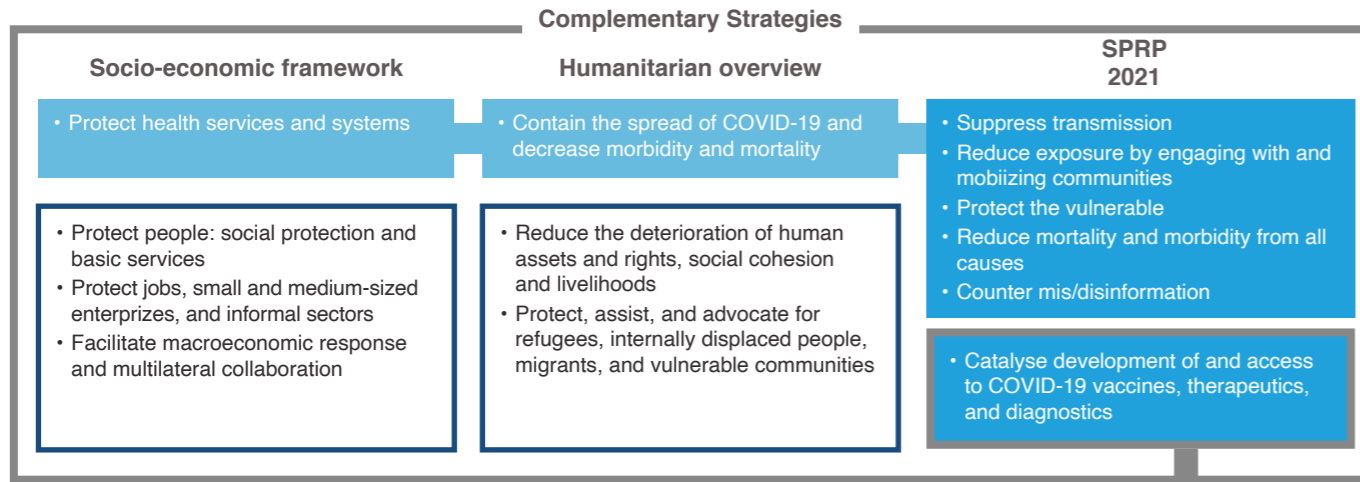
including by catalysing the development of and ensuring access to vaccines, diagnostics, and therapeutics.

- The Global Humanitarian Overview 2021, to coordinate the wide-ranging effort to address the devastating socioeconomic, humanitarian and human rights aspects of COVID-19.
- The socio-economic framework to respond to the profound social and economic implications of the COVID-19 pandemic, and catalyse a process of recovery and renewal guided by the Sustainable Development Agenda.

The COVID-19 SPRP 2021 is health focused, but both the Global Humanitarian Overview 2021 and the Socio-economic Framework also contain key strategic objectives related to health but embedded in a multisectoral approach. WHO's Operational Plan sets out the actions required to deliver the health objectives of all three plans, and WHO's leading role in four interconnected, multi-agency, multi-partner and multi sectoral coordination mechanisms ensures that these strategies are delivered at the national level for all populations, including those hardest to reach.

- The WHO-led UNCMT, which brings together 23 UN entities to coordinate a comprehensive whole-of-UN response.
- The members of the Inter-Agency Standing Committee (IASC), including WHO, which encompasses the breadth of humanitarian system, coordinate multi-sectoral action under the umbrella of the Global Humanitarian Overview 2021 to address the most urgent humanitarian health, protection and socioeconomic needs caused by the pandemic. Health-sector-specific contributions to the response to COVID-19 are coordinated with humanitarian health partners under the health cluster, or its equivalent

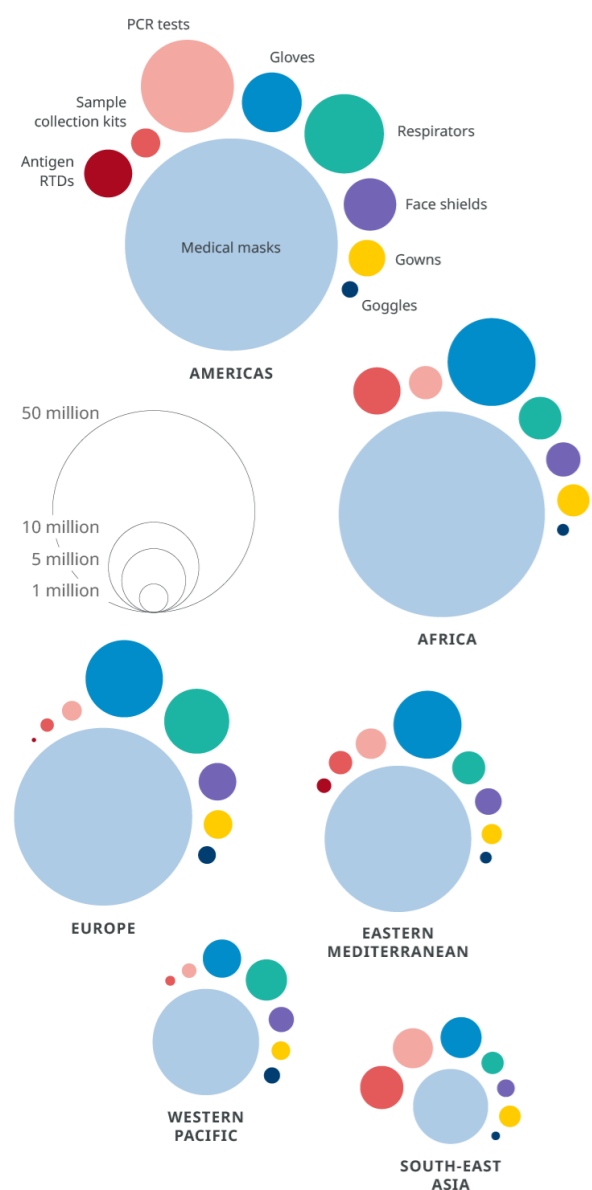
- The Access to COVID-19 Tools (ACT) Accelerator, launched in April 2020 by WHO and partners, is a special project that brings together the expertise of leading public health agencies, donors, and private sector partners to focus on a specific and urgent strategic objective of the SPRP: to accelerate the development of COVID-19 vaccines, diagnostics and therapeutics, and ensure equitable access to these new tools. The workstreams of the ACT Accelerator are integrated with the WHO-partner incident management structure, and nested within the broader SPRP 2021 to ensure that access to new products is married with their safe, equitable, and effective implementation by and within strong and resilient national health systems able to provide essential services.
- The UN Country Teams, under the leadership of UN Resident Coordinators, coordinate support from all UN agencies and key partners to governments for the five pillars of the UN framework for the immediate socio-economic response. The UNCMT coordinates with UN Country Teams in 136 countries to facilitate joint action by UN entities and international agencies in support of national authorities.



WHO GLOBAL COVID-19 RESPONSE IN 2020: HIGHLIGHTS

WHO has a unique combination of technical public health and scientific expertise, and a global operational footprint, with field offices in more than 150 countries. In 2020, this global, technical, and operational reach meant WHO was able to support countries around the world in every aspect of COVID-19 public health response, from surveillance and laboratory testing to maintaining essential health services in the most vulnerable and fragile contexts. This graphic highlights just a small selection of WHO's work in 2020; for more information see: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline>

The boundaries and names shown, and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



23
United Nations (UN) entities participating in UN Crisis Management Team

509
COVID-19 related publications (technical documents)

181
Internationally deployed Emergency Medical Teams (EMTs) and GOARN deployments

157
WHO offices set-up with Incident Management Support Team (IMST), including 150 country offices, 6 regional offices and headquarters

35
Countries, territories and areas on WHO clinical platform

12 000
Intensive care unit beds provided by WHO through surge mechanisms

140
Countries, territories and areas on Partners Platform

141
COVID-19 online trainings available on OpenWHO
4.6 million
Course enrolments

58
Countries, territories and areas implementing sero-epidemiological investigations or studies

Rapid scale-up of laboratory capacity in the WHO African Region

At the outset of the COVID-19 pandemic in January 2020, only two countries in the WHO African Region had the capacity to test for SARS-CoV-2 infection. In under 6 months, WHO's work with partners and countries had helped expand testing capacity to every country in the region. By October 2020 there were 750 laboratories across the region able to test for the SARS-CoV-2 virus and, crucially, testing has been decentralized in many countries to significantly reduce the turn around time for results. The reference laboratory network is now increasingly involved in quality assurance, capacity strengthening and strategic planning, but there are still considerable challenges to overcome in ensuring that countries maintain and increase their testing capacity. As demand for tests has exceeded supply and led to international shortages, WHO's operational support and logistics team and partners across WHO regional offices have worked with WHO's technical experts to ensure that national laboratories continue to be resupplied with quality-assured reagents and other consumables.



Boosting contact tracing in Chad

Almost 190 medical students in Chad, trained by the ministry with the support of the WHO, are helping to take the pressure off Chad's health workforce during the country's response to COVID-19. Chad has just 4.3 doctors and 23.2 nurses per 100 000 inhabitants, the majority of whom are in the capital N'Djamena. The medical students in Chad have been trained to follow up with people asked to quarantine due to COVID-19, and to carry out screening at points of entry. Support from the students has improved case investigation, and increased capacity for the control and surveillance of travellers at N'Djamena entry points and in the provinces. WHO provided training, and equipped the new recruits with gloves, masks, non-contact infrared forehead thermometers, contact-tracking sheets. After a peak in the number of confirmed cases in early May, Chad succeeded in significantly reducing transmission.

Supporting COVID-19 testing in the Philippines

Since first cases of COVID-19 were detected in the Philippines, the WHO country office, with support from a grant from the European Commission, has worked closely with both the Department of Health and local governments to establish and accredit COVID-19 testing laboratories across the regions. In May 2020 there were 23 real-time reverse transcription polymerase chain reaction (rRT-PCR) laboratories in major regions. By October 2020 capacity had increased to 112 laboratories operating in all regions and able to test samples. Thirty-five licensed cartridge-based PCR or GeneXpert laboratories are now operating in almost all regions. With the increase in laboratory capacity, WHO and the Government turned their attention to strengthening competency and proficiency through training. The WHO team rapidly responded to the need for capacity strengthening for COVID-19 diagnostics in Zamboanga City in Mindanao during a large cluster of infections were recorded between June and July. WHO has also provided the National Reference Laboratory and five other subnational laboratories with reagents, test kits, extraction kits, and other consumables.

Using TB resources to fight COVID-19

During the COVID-19 pandemic in Nigeria, WHO has been supporting the government in an initiative to improve contact tracing, active case searching and testing using the existing Tuberculosis (TB) infrastructure in the country. The outbreak of COVID-19 in February 2020 and the public health response measures put in place to curtail the spread of the pandemic led to fear the virus might impact active TB case finding activities. Instead, WHO and health officials have been using the structure to effectively combine case detection for TB and COVID-19. In States like Niger, 18 WHO TB supervisors and disease surveillance and notification officers (DSNO) have been designated as super-trainers. During contact tracing, WHO has also been sensitizing surveillance teams on symptoms and detecting TB and COVID-19. From April to June 2020, 30 rural communities were visited, 3 072 households were screened with 2 235 suspected TB patients identified out of which 277 TB patients were notified through the Niger state TB & Leprosy control program, all being tested for COVID-19.

Pivoting polio assets to combat COVID-19

WHO Polio Eradication Officers have played a crucial role in the COVID-19 response, applying their wide range of skills to support communities in some of the world's most fragile, vulnerable, and conflict-affected settings. Controlling the COVID-19 pandemic is essential to prevent an increase in vaccine-preventable diseases – including polio – by helping to limit the impact of the pandemic on routine immunization programmes in vulnerable contexts. "I chose to continue to do public health awareness during the COVID-19 pandemic. I wanted to help save people's lives and continue to serve my people," says Nasrin Ahmadi, a polio worker and volunteer for the COVID-19 response in Balkh province in Afghanistan. Eight months since the first COVID-19 case was reported in Afghanistan, polio programme frontline workers continue to support outbreak response. During the pandemic, Nasrin has taken on extra duties to identify suspected COVID-19 cases, share accurate information with communities, and trace individuals returning from abroad to encourage them to isolate. Throughout, she has continued to educate families on the importance of polio vaccination.



“Every day our 8000 staff all over the world are working in ways most people never see to promote health, keep the world safe, and serve the vulnerable. A lot of what we do doesn't make the headlines. It's not photogenic. But it makes a vital difference to the lives of billions of people.”

Tedros Adhanom Ghebreyesus
WHO Director-General

FUNDING REQUIREMENTS IN 2021

2021 requirements by major WHO office and pillar

	African Region (US\$ million)	Region of the Americas (US\$ million)	Eastern Mediterranean region (US\$ million)	European region (US\$ million)	South-East Asia region (US\$ million)	Western Pacific region (US\$ million)	Headquarters (US\$ million)	Total (US\$ million)	ACT allocation*
1 Coordination, planning, financing, and monitoring	41.0	24.6	34.1	13.1	10.2	12.0	83.1	218.1	109.1
2 Risk communication, community engagement, and infodemic management	26.5	12.6	12.6	6.3	7.3	11.7	34.7	111.7	55.9
3 Surveillance, epidemiological investigation and contact tracing, and adjustment of PHSM	87.3	19.8	40.6	14.7	15.7	9.7	31.3	219.1	109.6
4 Points of entry, travel and transport, and mass gatherings	13.9	6.2	5.5	1.7	3.4	1.2	1.7	33.6	-
5 Laboratories and diagnostics	54.3	22.1	71.6	19.2	58.8	18.6	5.4	250.0	250.0
6 Infection prevention and control, and protection of the health workforce	46.4	32.9	29.5	27.2	6.1	4.3	7.8	154.1	77.0
7 Case management	52.2	21.7	70.9	31.0	10.5	4.8	4.8	196.0	196.0
8 Operational support and logistics, and supply chains	44.3	17.1	46.3	4.2	19.2	26.2	20.6	178.0	89.0
9 Strengthening essential health systems and services	31.9	31.3	38.9	14.1	11.6	10.4	35.2	173.4	-
10 Vaccination	43.1	31.0	79.2	31.3	25.2	6.3	22.4	238.4	238.4
Subtotal	441.0	219.3	429.1	162.7	168.0	105.1	247.0	1772.3	1125.0
Global research & innovation*								110.1	55.0
Global services								79.5	44.0
Total								1961.9	1220.0

*Excluding Solidarity Trials. 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.

2021 requirements by major WHO office

	Requirement (US\$ million)
African Region	441.0
Region of the Americas	219.3
Eastern Mediterranean region	429.1
European region	162.7
South-East Asia region	168.0
Western Pacific region	105.1
Headquarters	247.0
Subtotal	1772.3
Global research & innovation*	110.1
Global services	79.5
Total	1961.9

*Excluding Solidarity Trials.

2021 requirements by WHO organizational level

	Requirement (US\$ million)
Country Office	1307.2
Regional office	218.2
Headquarters	247
Global research and innovation	110.1
Global services	79.5
Total	1961.9

2021 requirements by major WHO office to support countries included in the Global Humanitarian Overview

	Requirement (US\$ million)
African Region	169.7
Region of the Americas	43.8
Eastern Mediterranean region	353.9
European region	31.2
South-East Asia region	44.3
Western Pacific region	-
Total	643.1

Adapting the response to changing and special contexts

While the COVID-19 pandemic has dominated WHO's work in emergencies throughout 2020, WHO has also continued to respond to many other simultaneous complex emergencies and infectious disease outbreaks. In 2020, the COVID-19 Global Humanitarian Response Plan, targeted 107 million people for health cluster assistance, and WHO as the Inter-Agency Standing Committee (IASC) Cluster Lead Agency for Health coordinated country-level responses with more than 900 national and international partners.

WHO and partners, drawing on 2021 Global Humanitarian Needs Overview (GHNO), estimate there are potentially between 160-200 million people in humanitarian settings that are at risk of being left out of government-led vaccination activities. This includes populations living outside government-controlled areas, populations in conflict settings or those affected by humanitarian emergencies, refugees and asylum seekers, internally displaced people, undocumented migrants and stateless persons. WHO and partners in the Access to COVID-19 Tools (ACT) Accelerator are committed to secure access and allocation, distribution and implementation of COVID-19 vaccines to populations that might not be included in national allocation and access mechanisms, specifically in fragile, conflict and vulnerable setting. The Humanitarian Buffer will enable allocation and distribution of up to the 5% real-time COVAX Facility vaccines/funding to individuals and populations in humanitarian contexts

In 2021, COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level, which balances public health and social measures for COVID-19 against other risks affecting vulnerable communities, such as lack of income, access to basic services and social nets, and food insecurity. Supporting communities and vulnerable populations, including as a provider of last resort is a key priority for WHO and global partners in 2021 in fragile and conflict affected settings, where the balancing of COVID-19 mitigation strategies with the provision of non-COVID-19 health services is arguably most complex. In all these settings, COVID-19 has caused significant disruptions in service delivery and utilization, further weakening already fragile and often fragmented systems and decreasing access to life saving health services.

In 2021 WHO will support the competent authorities to set public health priorities based on a comprehensive assessment of morbidity and mortality risks and the health needs of vulnerable and at-risk populations. Where needed, WHO will work through the IASC humanitarian programming to access hard to reach populations, and areas not under government control.

Mainstreaming Gender equality, health equity and human rights in the response to COVID-19

Over 35% of women globally will face sexual and/or intimate partner violence in their lifetime. During a humanitarian crisis or emergency, where levels of these and other forms of gender based violence (GBV) increase. Response efforts to control the spread of COVID-19 in 2020, including extended quarantines, stay-at-home orders and mobility restrictions further compounded GBV risk by limiting options for survivors to distance themselves from perpetrators of violence and by impeding access to health and psychosocial support services. In 2020, WHO and Health Cluster Partners completed the third year of a program to strengthen the capacity of health partners to coordinate and deliver health services for GBV survivors in 11 countries: Afghanistan, Bangladesh (Cox's Bazar), Burkina Faso, the Democratic Republic of the Congo (Kasaï), Iraq, Libya, Mali, Nigeria (northeast), Somalia, Sudan and Syria.

In line with WHO's commitment to gender equality, health equity and human rights, these dimensions will be mainstreamed in operations from the outset, from baseline assessment, design, planning and implementation to ensure gender-responsive and equity-oriented programming, monitoring, impact assessment and reporting. Successful implementation of the SPRP lies in meaningful participation, collaboration and consultation with subpopulations experiencing poverty and social exclusion, frontline workers including female healthcare workers, women-led organizations, affected communities including women and adolescent girls, and those facing vulnerabilities, discrimination and additional barriers to access services. This will be done with a view to ensure linkages to other services, including safety and care, therapeutics and vaccines, with gender balance and inclusion approaches in participation and coordination structures.

In addition, all three levels of the Organization are strengthening the systems for prevention of sexual exploitation and abuse (PSEA) with a zero-tolerance policy and the WHE programme has undertaken a number of initiatives to strengthen PSEA specifically in the context of emergencies.

Call to Action

WHO's Strategic Preparedness and Response Plan 2021 is critical to end the acute phase of the pandemic. Support can be provided through the COVID 19 Member State Pooled Fund as well as through traditional grant agreements. The Pooled Fund brings together Member State and philanthropic foundations' contributions into a single, unearmarked fund that can be used rapidly, responsively and flexibly to support critical priorities and interventions, maximizing impact and value for money. Corporations, corporate foundations and individuals can use the innovative COVID 19 Solidarity Response Fund (SRF), which raised more than \$240 million of unearmarked funds in 2020 and which will be the platform for WHO-driven investment opportunities for the private sector in 2021, consistent with the SPRP.

Who to contact

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