June 2021

2020 ANNUAL REPORT
CONTINGENCY FUND FOR EMERGENCIES

World Health Organization

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2020 Annual report: Contingency Fund for Emergencies

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CFE funds were critical in WHO's response to the Ebola outbreak in the Democratic Republic of the Congo's Equateur Province.

CONTENTS

FOREWORD

In 2020, COVID-19 taught the world a hard lesson about the importance of pandemic preparedness. One of the key elements of preparedness is putting the capacity in place to respond immediately when a health emergency strikes. WHO Member States created the Contingency Fund for Emergencies (CFE) in 2015 for this reason – to enable WHO to take quick action to save lives.

The CFE continued to make a difference in 2020. In response to COVID-19, the CFE released nearly US$ 9 million in January and early February at the outset of the pandemic. The funding reached every WHO region, and enabled WHO to prioritize countries with weak health systems for technical and operational support, including for the procurement of personal protective equipment when no other funding was available for acute response. Although ultimately the speed and scale of the crisis would overwhelm the world's defenses, the swift action enabled by the CFE still made a difference in the most vulnerable contexts in those early days of the response.

The CFE was also used in a variety of other contexts in 2020. It proved critical in helping to stop the two Ebola outbreaks in the Democratic Republic of the Congo, providing start-up funding for the response in Equateur Province and continuity for critical, life-saving operations in North Kivu. In Lebanon, the US$ 2 million released by the CFE in 24 hours was used to procure essential medical supplies for hospitals treating victims of the Beirut port explosion. The CFE also provided immediate and high-impact funding for WHO's work in the complex emergencies in Mozambique and Sudan, the conflict in the Syrian Arabic Republic, and the response to Cyclone Harold in Vanuatu.

The CFE has proved that a small investment at the right time can pay life-saving dividends and dramatically reduce the direct costs of controlling outbreaks and responding to emergencies.

In all, more than US$ 43 million was released from the CFE during 2020, enabling WHO to respond to 14 emergencies in 13 countries, and globally in response to COVID-19.

I thank the 13 Member States who contributed US$ 23 million to the CFE in 2020. I am encouraged by the ongoing discussions by WHO Member States around raising sustainable financing for WHO and strengthening WHO's global health emergency preparedness and response capacity. The CFE is a key enabling pillar of the WHO Health Emergencies Programme, and should be a part of these discussions.

The CFE has proved that a small investment at the right time can pay life-saving dividends and dramatically reduce the direct costs of controlling outbreaks and responding to emergencies. I count on your continued support to ensure WHO has the flexible resources it needs to respond quickly and effectively to health emergencies.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

CFE CONTRIBUTORS IN 2020

 Austria

 Canada

 Denmark

 Estonia

 Georgia

 Germany

 Kuwait

 Luxembourg

 Netherlands

 New Zealand

 Norway

 Philippines

 Sweden

2020 OVERVIEW

About the WHO Contingency Fund for Emergencies

The WHO Contingency Fund for Emergencies (CFE) was established in 2015 as a key component of the reforms undertaken by WHO to strengthen its role in emergencies. The unique benefit of the CFE is that it can be used to rapidly deploy WHO and global health emergency workforce assets for control and containment of a disease outbreak or to strengthen the health response in humanitarian crises before other funding mechanisms can be triggered. The CFE is a global public good in that it addresses health emergencies that can have regional and global impact. The ability to respond rapidly to an outbreak or an emergency can make the difference between minimizing the loss of life, illness, and injury or seeing it spiral out of control and inflict a heavy toll of avoidable deaths.

Other funding mechanisms such as the UN Central Emergency Response Fund (CERF) and the World Bank Pandemic Emergency Financing Facility (PEF) can be accessed for health emergencies. The CFE's capacity to release funds within 24 hours or less for an event following grading and streamlined internal approval, and its availability to be used for most disease outbreaks or health emergencies, sets it apart from these and other financing mechanisms which may have more restrictive funding criteria and slower disbursement cycles.

CFE funding can be used to directly finance WHO response activities, personnel, and essential supplies, as well as funding some of the activities of implementing partners as part of a WHO operational plan.

While the funds may be released rapidly, they are also subject to stringent oversight and robust accountability ensured by WHO's financial rules and regulations. Each new funding allocation is tracked through the WHO grant management system, with full financial reporting submitted to the World Health Assembly on an annual basis.

Key figures in 2020

US$ 43.8 million released

28 separate allocations

for 14 emergencies

in 13 countries and 1 global event

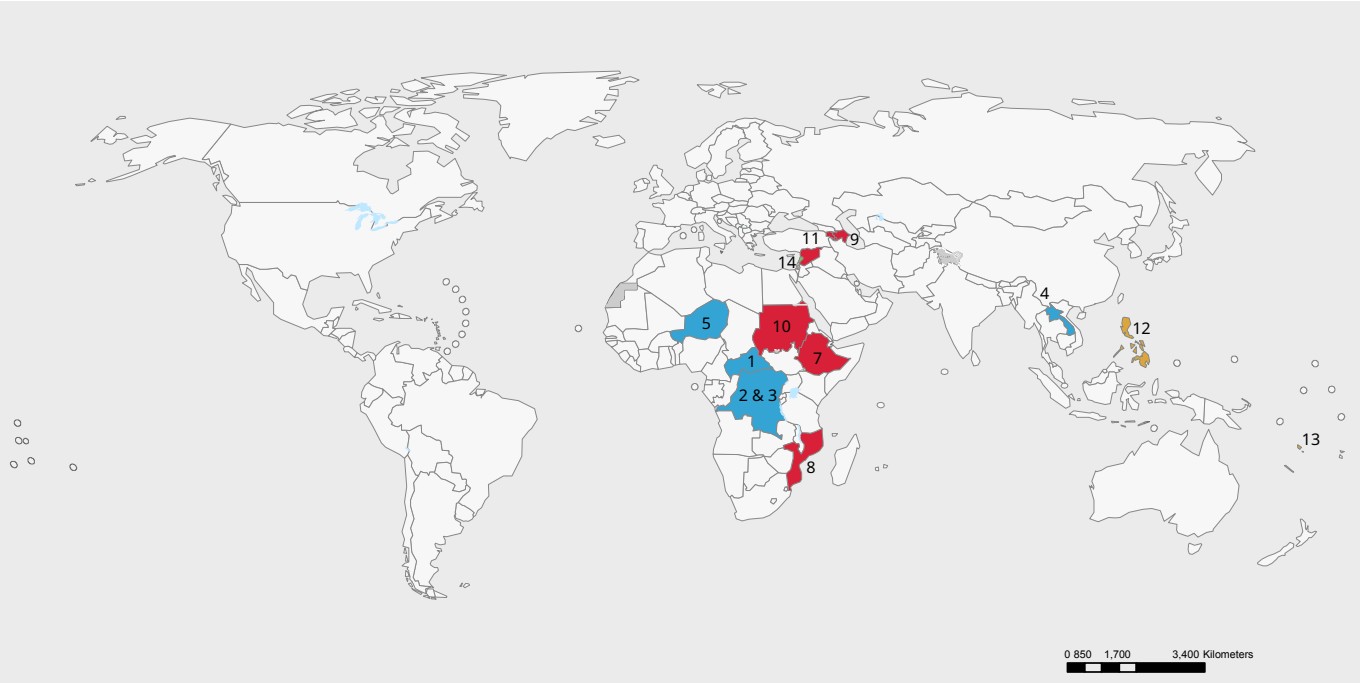
6 disease outbreaks

2 natural disasters

5 complex emergencies

1 technological disaster

Figure 1 CFE: overview of responses supported in 2020



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.

World Health Organization

Infectious disease outbreak

1 Central African Republic: Measles outbreak

2 Democratic Republic of the Congo: Ebola outbreak in Equateur Province

3 Democratic Republic of the Congo: Ebola outbreak in North Kivu Province

4 Lao People's Democratic Republic: Measles outbreak

5 Nigeria: Lassa Fever outbreak

Global: COVID-19

6 Global release of funds to respond to COVID-19 pandemic

Complex emergency

7 Ethiopia

8 Mozambique

9 Regional Europe: Nagorno-Karabakh conflict

10 Sudan

11 Syrian Arab Republic

Natural disaster

12 Philippines: Taal volcano

13 Vanuatu: Tropical Cyclone Harold

Technological disaster

14 Lebanon: Explosion (Beirut Port)

CFE in health emergencies

The CFE enabled WHO to mount rapid and sustained responses to 14 separate emergencies in 13 countries and one global response (COVID-19) in 2020. A total of nearly US$ 44 million was released in 2020. Table 1 contains a list of all approved releases by event in 2020.

Some 80% of funding released from the CFE went to support just three events in 2020: the two Ebola outbreaks in the Democratic Republic of the Congo (DRC) and the COVID-19 global response. These emergencies also represented nearly three-quarters of all CFE expenditures last year.

In 2020, the CFE continued to support critical, life-saving operations in response to the Ebola outbreak in North Kivu, DRC, which started in 2018. In their 2020 annual report to the World Health Assembly the External Auditor noted that the use of the CFE to bridge funding gaps in the protracted Ebola outbreak was outside the scope of the Fund but accepted the Secretariat's explanation regarding the exceptional circumstances.[1] The CFE's exceptional prolonged use in the North Kivu outbreak was necessary in the absence of sufficient donor funding for the response. The CFE was used to bridge funding gaps at critical junctures to ensure the continuity of operations. This minimized disruptions and saved lives. The outbreak was declared over in June 2020. The CFE played an important part in achieving this successful outcome.

In response to the Ebola outbreak in Equateur Province, DRC, US$ 5.3 million was released from the CFE in several tranches from June to November, the single largest source of funding for the response. The CFE played a critical role in stopping the outbreak, which was declared over by the government on 18 November.

The global response to COVID-19 continues to require resources, both for acute needs and longer-term recovery, on a scale never seen before. Indeed, the CFE allocation of US$ 12.9 million last year was a drop in the ocean. The funding, however, still had an impact. The first tranches totaling US$ 8.9 million were released in January and early February, before the outbreak was declared a global pandemic. The funding reached all WHO regions, allowing for the provision of technical advice to affected governments and for the procurement of protective equipment.

The CFE played a life-saving role in response to other health emergencies in 2020. More than US$ 2 million was released within 24 hours to provide essential medical supplies to hospitals treating victims of the Beirut port explosion. The CFE was used to respond to disease outbreaks in Central African Republic (measles), Lao People's Democratic Republic (measles), and Nigeria (Lassa Fever). It also provided critical support to health operations in response to the conflicts in Ethiopia, Nagorno-Karabakh and the Syrian Arab Republic; natural disasters in Vanuatu (cyclone) and the Philippines (volcano); and to the complex emergencies in Mozambique and Sudan.

In 2020, 90% of allocations of US$ 500 000 or less were released in 24 hours. Some 75% of all allocations were released in 72 hours. Many of the larger allocations (greater than US$ 500 000) used for operational continuity for both Ebola responses in DRC and released for complex emergencies in 2020 required a longer deliberative process.

Annex 1 contains a complete list of every approved release from the CFE in 2020 by country/event.

Accountability

As with any financial contribution to WHO, every dollar that goes into the CFE is administered in accordance with the financial rules and regulations of the Organization. CFE income and expenditure are included in WHO financial reports and submitted to the World Health Assembly on an annual basis and are subject to internal and external auditing procedures.

The CFE can fund activities and personnel flexibly in a WHO workplan supporting WHO's response to an emergency. External partners and WHO Member States cannot apply to the CFE directly. However, WHO can use CFE funds to procure goods and supplies or conclude agreements with external parties.

Oversight and accountability are ensured through the use of WHO's corporate grant management system which allows for precise tracking of utilization, monitoring of implementation, support to financial reporting, and auditing.

Annex 2 provides a detailed breakdown of utilization (expenditures + encumbrances) by category as at 22 April 2021.

1 https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_34-en.pdf

Table 1 CFE approved releases and by event, 2020

Event	Amount released (US$)
Democratic Republic of the Congo: Ebola outbreak in North Kivu	17 000 000
Global: COVID-19	12 900 000
Democratic Republic of the Congo: Ebola outbreak in Equateur	5 251 979
Lebanon: Explosion (Beirut Port)	2 198 477
Sudan: Complex emergency	2 100 000
Mozambique: Complex emergency	1 774 289
Ethiopia: Tigray crisis	1 155 440
Syrian Arab Republic: Complex emergency	450 000
Regional Europe: Nagorno-Karabakh conflict	250 000
Central African Republic: Measles outbreak	200 000
Nigeria: Lassa Fever outbreak	200 000
Vanuatu: Tropical Cyclone Harold	185 680
Philippines: Taal Volcano	50 000
Lao People's Democratic Republic: Measles outbreak	49 500
TOTAL	**43 765 365**

Replenishing the CFE

The CFE was conceived by Member States and launched in 2015 as a revolving fund. Costs initially incurred against CFE allocations would be reimbursed by donor funding to the WHO emergency response at country level and unspent funds would be returned. In practice, it has proven difficult to raise the level of resources required at country level to sustainably replenish the CFE in this manner.

In 2020, approximately 40% of CFE allocations were refunded (as at 22 April 2021). While low, it was higher than in previous years (except for 2018). Figure 2 shows the refund rate by year.

The refund rate varies from emergency to emergency and is dependent on a variety of factors including resource mobilization at the country level and the visibility the emergency receives. Most of the amount released for COVID-19, for example, has been reimbursed, including the $4 million allocation made in November to support operational continuity. The releases for the two Ebola outbreaks, however, have largely been spent with a low percentage returned to the CFE due largely to insufficient donor funding for these events.

For this self-financing model to work there needs to be strong capacity for resource mobilization capacity at country level. Building this capacity is a priority in 2021, and the recruitment of some 25 resource mobilization officers across WHO's African Region offers a significant opportunity to push country level replenishment forward in 2021.

Figure 2 CFE: Refund percentage, by year

Activities that are financed through the CFE must be included in proposals to donors to facilitate reimbursement of the CFE. In turn, donors are requested to allow for this back charging of expenses to occur. For example, funding from the UN Central Emergency Response Fund (CERF) can be used to cover some of the costs borne by the CFE at the onset of a response by backdating the CERF project start date by up to six weeks before the disbursement date. This supports reimbursement and the financial sustainability of the CFE. The entire CFE allocation to the cyclone response in Vanuatu last year, for example, was fully repaid thanks to a timely CERF contribution.

Member State discussions are currently taking place around sustainable financing for WHO and strengthening WHO's global health emergency preparedness and response capacity. This is an opportunity to underscore the importance of the CFE in enabling WHO's response to health emergencies.

Table 2 contains a complete list of emergencies supported by the CFE, including approved releases, utilization amount, and amount refunded, as at 22 April 2021.

Table 2 CFE approved releases, utilization, and amount refunded, 2020

Event	Amount approved (US$)	Utilization (US$)	Refunded (US$)	Percent
Central African Republic: Measles outbreak	200 000	199 597	403	0%
Democratic Republic of the Congo: Ebola outbreak in Equateur	5 251 979	4 749 677	502 302	9.6%
Democratic Republic of the Congo: Ebola outbreak in North Kivu	17 000 000	13 571 964	3 428 036	20.2%
Ethiopia: Tigray crisis	1 155 440	1 088 196	67 244	5.8%
Global (COVID-19)	12 900 000	239 644	12 660 356	98.1%
Lao People's Democratic Republic: Measles outbreak	49 500	44 562	4938	10.0%
Lebanon: Explosion (Beirut Port)	2 198 477	1 652 314	546 163	24.8%
Mozambique: Complex emergency*	1 774 289	1 124 529	NA	NA
Nigeria: Lassa Fever outbreak	200 000	100 864	99 136	49.6%
Philippines: Taal volcano	50 000	40 028	9972	19.9%
Regional Europe: Nagorno-Karabakh conflict	250 000	116 081	133 919	53.6%
Sudan: Complex emergency*	2 100 000	1 575 954	NA	NA
Syrian Arab Republic: Complex emergency	450 000	449 476	524	0%
Vanuatu: Tropical Cyclone Harold	185 680	-	185 680	100%
TOTAL	**43 765 365**	**24 952 886**	**17 638 673**	**40%**

* Amount refunded not included for these events. Financial reconciliation will be completed upon financial closure of these allocations which were released in late 2020.

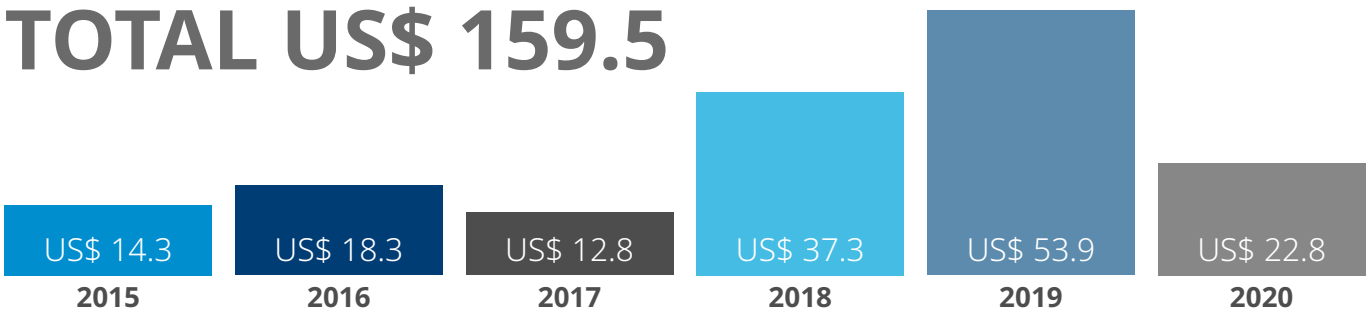
CFE contributions

In 2020, 13 Member States generously made contributions to the CFE totaling almost US$ 23 million (Table 3). Austria joined the list of contributors for the first time. Contributions dropped from the previous two years. This was likely to be as a result of the exceptional focus last year on addressing and fully funding the COVID-19 response (Figure 3). See Annex 3 for a complete list of CFE contributors since 2015.

Table 3 CFE contributions in 2020

Country	Contribution (US$)
Netherlands	6 794 448
Germany	4 506 001
Sweden	4 186 545
Norway	2 580 461
Canada	1 455 592
Denmark	1 211 387
New Zealand	972 763
Kuwait	500 000
Austria	339 367
Luxembourg	218 341
Estonia	58 754
Philippines	20 000
Georgia	5000
TOTAL	**22 848 659**

Figure 3 CFE contributions 2015–2020 (million)



ENABLING A SWIFT RESPONSE

In 2020, against the backdrop of COVID-19, countries around the world struggled to manage infectious disease outbreaks, complex emergencies, natural disasters, and technological disasters. Through the CFE, WHO was able to quickly access funds and mount rapid responses to these health emergencies. In all, more than US$ 43 million was released from the CFE during 2020, enabling WHO to respond to 14 emergencies in 13 countries, and globally in response to COVID-19.

CFE funds allowed WHO to step in quickly, often within 24 to 48 hours, with versatile responses tailored to urgent needs, providing crucial rapid response support to WHO and its partners to help populations left vulnerable in the wake of multiple crises. CFE funds also strengthened systems in place, for health information management, contact tracing, surveillance, procurement, transport, and safe storage of health supplies to sustain longer term support to affected populations.

For example, more than US$ 2 million was released within 24 hours through the CFE to respond to the urgent humanitarian health needs following the Beirut port explosions. For the next three months these CFE funds enabled WHO Lebanon to support the Ministry of Public Health and partners to undertake critical needs assessments, identify necessary repairs, equipment and supplies, and establish medium-term plans for the resumption and continuation of critical health services.

In DRC, swift action by laboratory technicians trained during the previous 2018 Ebola response helped detect the first cases in the 2020 outbreak in Equateur Province. CFE funding contributed to the strategic response plan for the Equateur response, enabling the government to act quickly to train 5000 health workers in infection prevention and control; decentralize the response directly to communities and rapidly implement community surveillance and contact tracing; and vaccinate more than 40 000 people at high risk.

Facing an interruption of health services and surveillance systems which may have led to catastrophic outbreaks in the Syrian Arabic Republic, CFE funds allowed WHO to procure and arrange airlifting to pre-position life-saving emergency supplies in an area badly affected by the ongoing humanitarian crisis.

The CFE also provided immediate and high-impact funding for WHO's work in the response to Cyclone Harold in Vanuatu, including the deployment of emergency medical technicians, rapid repairs of three damaged health facilities, and development and use of information management and surveillance tools at the provincial level.

The CFE enables WHO to quickly access funds and mount rapid responses to global health emergencies, ensuring life-saving supplies reach vulnerable populations in need. In response to the explosion in Beirut port, the CFE released funds in 24 hours, allowing WHO to rapidly distribute urgently needed medical equipment, including 20 metric tons of trauma and surgical supplies.

In response to COVID-19, WHO stepped forward to provide technical guidance and facilitate the connection to, and equitable allocation of, available supplies and demand to mitigate the risks of unchecked competition for life-saving health supplies and equipment. CFE funds also supported the establishment of pandemic supply chains and early shipments of COVID-19 diagnostic tests and PPE for health workers.

The speed and versatility of CFE has been a game-changer for WHO's Health Emergencies Programme. Despite relatively modest levels of contributions to the CFE, the flexible nature of the funding – and especially its early release – has shown the disproportionately beneficial impact of these investments.

Funding from the CFE remains critical to ensuring rapid response to newly emerging health emergencies and in protracted crises. In 2020, WHO consistently demonstrated the CFE's proof of concept: a small sum released within days, even hours, can pay life-saving dividends. The fund has enabled a paradigm shift in WHO's emergency response and gives its investors excellent value for money.

CFE funds enable WHO to rapidly procure and pre-position life-saving emergency supplies around the world. In response to Beirut port explosion, CFE funds enabled WHO to procure 100 000 rapid tests to boost COVID-19 detection capacity.

Responding to multiple crises in the wake of the Beirut port explosion

On 4 August, amidst a rapidly growing COVID-19 outbreak in the Lebanese capital Beirut, a large amount of ammonium nitrate stored in a warehouse at the city's port exploded, causing widespread casualties and material damage. Several hospitals in the area around the port were either partially or completely destroyed. In all, almost 200 people were killed and 6500 wounded by the blast. Intensive care units throughout the city of more than 2 million people were already at capacity managing COVID-19 patients, as a large influx of injured and disabled patients flooded in. The National Hotline for Emotional Support and Suicide Prevention was overwhelmed, and the Ministry of Public Health (MOPH) central drug warehouse, located near the Beirut port, was severely damaged.

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WHO provided essential supplies, incuding PCR test kits, to strengthen COVID-19 testing capacity in Beirut.

More than US$ 2 million was released within 24 hours through the CFE to respond to the urgent humanitarian health needs following the explosions. For the next three months these CFE funds enabled WHO Lebanon to support the MOPH and partners to undertake numerous response measures. These included:

- Rapid assessments of damage and critical needs, including Post Disaster Rapid Hospital Assessments in nine affected hospitals, followed by needs assessments in four other less damaged hospitals and centres including one specializing in the treatment of childhood cancer. The Karantina Governmental Hospital, which serves vulnerable communities near the port, was severely affected. WHO developed an action plan for Karantina, which was used as a road map for partners and donors to contribute additional funds for its rehabilitation. Additional assessments in two hospitals were used to determine the extent of injuries, disabilities and impairments caused by the explosion; inform donors and partners on the support required and interventions needed; rapidly document the damage; identify necessary repairs, equipment and supplies; and establish medium-term plans for the resumption of services.
- WHO helped ensure continuity of essential services for HIV, oncology, dialysis, access to essential medications, as well as access to timely phone-based mental health and psychosocial support. CFE funds supported the relocation of the National AIDS Program, including furniture, equipment, medicines, and supplies, from the location that was damaged after the Beirut port explosions to a temporary location. WHO also supported the relocation of the MOPH central drug warehouse. WHO shipping, customs clearance, and logistics support expedited the transportation of essential medications to end users. WHO supported the procurement of medication to cover the treatment of 850 paediatric cancer patients, and dialysis supplies sufficient for 9000 sessions. In addition, WHO supported the National Hotline for Emotional Support and Suicide Prevention, "the 1564 lifeline," which is operated by the NGO Embrace.[2]

2 https://embracelebanon.org/impact/

- A WHO Information Management Officer supported the health sector team for three months to improve coordination between partners, and to reinforce information management for COVID-19 and ongoing responses to the explosion.
- WHO helped to maintain the COVID-19 response in the aftermath of the explosion, through procurement of supplies, maintenance of COVID-19 testing activities, development of communication materials, and implementation of infection prevention and control in health facilities. CFE funds enabled WHO to support the development of a military healthcare COVID-19 response unit at the Military Hospital, as well as to procure 100 000 rapid tests to boost COVID-19 detection capacity. A total of 80 000 tests were provided to the Ministry of Education and the MOPH to support school screening for students once schools re-opened. In addition, WHO provided essential supplies to strengthen COVID-19 testing capacity of the Rafik Hariri University Hospital reference laboratory and procured 20 000 RNA extraction reactions to strengthen the capacity of the RHUH reference lab for COVID-19 RT-PCR testing.

At time of writing, the health sector coordination mechanism that was established in the aftermath of the Beirut port explosions was still functional. The action plan developed for the Karantina hospital continued to be implemented by partners in a coordinated manner.

CFE resources were complemented by funding from the UN's global CERF. This CERF funding was used to cover the cost of trauma and surgical kits as well as personal protective equipment which had initially planned to be covered from the CFE. This allowed CFE funds to be used to address additional emerging priorities including medication and COVID-19 rapid diagnostic tests.

In addition, WHO was able to secure funding from European Commission Humanitarian Aid to ensure the continuity of dialysis supplies and renal disease medications. WHO was also able to secure funding from the Netherlands to continue to provide support to the National Hotline for Emotional Support and Suicide Prevention, as well as increase access to specialized mental health services.

The CFE released more than US$ 2 million within 24 hours to respond to the urgent humanitarian health needs following the Beirut explosion. For the next three months, these CFE funds enabled WHO Lebanon to support the Ministry of Public Health and partners to undertake numerous response measures.

©WHO

Life-saving health response to Tropical Cyclone Harold in Vanuatu

Severe Tropical Cyclone (TC) Harold made landfall in Vanuatu on the morning of 6 April 2020. By midday, it was a category five storm lasting for two days, with winds up to 215 kilometres per hour. Causing widespread and severe damage, including collapsed and damaged buildings and wind-strewn debris, TC Harold resulted in multiple deaths and injuries, water- and vector-borne illness, and complicated the national COVID-19 response. The cyclone left interrupted public services, contamination of water sources, water and food shortages, and infrastructural damage to many buildings, including health facilities.

By 10 April, the CFE released US$ 185 680 to support the Vanuatu Ministry of Health for three months to conduct an emergency response assessment, finalize the Tropical Cyclone Harold Health Sector Response Plan, support national emergency medical team (EMT) deployment, health sector coordination, health information management, surveillance, and rapid facility repairs.

The National Health Emergency Operations Center (NHEOC) was already activated due to the COVID-19 global pandemic. To guide the TC Harold response, on 7 April, the National Health Incident Management Team met to refine the NHEOC structure and developed the Tropical Cyclone Harold Health Sector Response Plan. This plan included two objectives: to initiate (1) health facility and community impact and needs assessment, and (2) priority response activities which aimed to:

- provide life-saving services and essential medical support;
- maintain minimum standards for provision and access to health services;
- minimize the risk of communicable disease outbreaks and ensure access to treatment for chronic infectious diseases, including tuberculosis and HIV;
- minimize the risk of non-communicable diseases, including continued access to medicines, nutrition and psycho-social support.

CFE funds supported Vanuatu Ministry of Health activities in response to Tropical Cyclone Harold.

©WHO / Philippe Metois

CFE funds enabled WHO Vanuatu to support rapid repairs for three damaged health facilities through procurement, transportation, and safe storage of materials.

WHO Vanuatu provided critical rapid response support, despite COVID-19 restrictions which led to delays in the arrival of key resources and a lack of military logistical support. This included, for example, WHO Vanuatu support for the deployment of EMTs, through the Vanuatu Medical Assistance Team in the first four weeks of the response. It also included direct financial contributions to front-line responders in the Ministry of Health to cover travel costs and daily subsistence allowances. In addition, a WHO Vanuatu driver, based in Port Vila was deployed with a four-wheel drive truck to Santo Island to support EMT deployment and integrated outreach public health activities. CFE funds also allowed WHO Vanuatu to support the national EMT coordination cell through hiring of a local short-term consultant.

In addition, CFE funds supported development and use of information management and surveillance tools and templates at the provincial level, through field visits, support for development and training of staff for completing situation report templates. WHO Vanuatu supported the design of a spreadsheet for enhanced surveillance including 10 syndromes and trained provincial surveillance officers in its use in sentinel sites across the affected areas.

Through procurement, transportation, and safe storage of materials, as well as a hiring of a short-term consultant to coordinate stakeholder inputs, WHO Vanuatu supported rapid repairs for three damaged health facilities on Pentecost Island.

To allow for the continuation of this rapid response work, UN CERF funds were obtained and used to reimburse the CFE.

Overcoming closed borders to provide life-saving emergency supplies to north-eastern Syria

Following Turkish military operations in north-eastern Syria (NES) in October 2019, more than 400 000 people were displaced. By March 2020, more than 108 000 people, including some 45 000 children and 27 000 women, remained displaced in the Al-Hasakeh, Ar-Raqqa, and Aleppo governorates. Nine national and five international non-governmental organizations (NGOs) were operational in NES, providing vital cross-border health supplies and services between Iraq and the Syrian Arab Republic.

A health needs assessment conducted by WHO identified priority needs for life-saving emergency care, reproductive health, and child health for vulnerable groups. The public health system and infrastructure also continued to suffer from serious weakness and damage, following years of exodus of qualified healthcare workers, attacks on health facilities, and overall lack of robust health governance. For example, out of 279 primary healthcare centers in NES, only four were completely functional (1.4%), 37% partially functional, while more than 61% were completely not functional.

The quality and availability of health services through these functional and partially functional health facilities depended heavily on cross-border support. However, in spite of extensive United Nations Security Council negotiations, the closing of the Yaroubia border crossing point from Turkey to the Syrian Arabic Republic halted WHO and partners' ability to transport, warehouse, and distribute essential health supplies in the NES. This included medical equipment, interagency emergency health kits (IAEHKs), trauma and surgical supplies, cholera kits, and other medical supplies to provide critical health services to a population of 1 432 750.

The border closings created a health crisis for populations already living in overcrowded conditions. Lack of stable and appropriate housing, potable water, and sanitation resulted in increased vulnerability to disease and death. It also led to an inability to manage the high number of trauma cases caused by frequent attacks from improvised explosive devices, occasional air strikes, and military clashes in NES. Interruption of health services and surveillance systems might have further led to catastrophic outbreaks.

CFE funds allowed WHO to undertake life-saving activities in the response, including:

- procurement and airlifting of three shipments of life-saving health equipment and supply kits from Erbil to Damascus, including IAEHKs, trauma and surgical supplies, cholera kits, and other supplies for pre-positioning at health facilities;
- provision of logistical support to NES partners to expedite transport of supplies to meet urgent health needs for 736 000 internally displaced persons, refugees, returnees, and host communities in NES;
- distribution of supplies from an 84-tonne shipment to 18 hospitals in NES, including:
  - the provision of supplies to health authorities to meet the needs of more than 50 primary healthcare centres inside and outside the camps;
  - the delivery of supplies allowing nine national and five international NGOs the ability to cover needs for cross-border activities after operations were significantly affected by the shut-down of WHO cross-border operations due to border closures.

WHO also secured additional funds from other sources to transport the shipments by road from Damascus to Qamashli to reach the planned beneficiaries in NES.

To effectively procure and pre-position supplies in an area badly affected by the ongoing humanitarian crisis, WHO, in coordination with the Whole of Syria coordinator through the Logistics cluster, contracted a cargo airline to deliver supplies. These supplies covered urgent health needs in NES for four to six months.

CFE funds were critical in WHO's response in NES. The CFE allowed WHO to provide life-saving emergency supplies and support local health authorities in ensuring the availability and continuity of health services to meet growing health needs, alongside increasing COVID-19 cases.

CFE funds enabled WHO to provide logistical support to NES partners to expedite transport of supplies to meet the urgent health needs of vulnerable populations.

Defeating the Democratic Republic of the Congo's 11th Ebola outbreak while fighting the COVID-19 pandemic

Just as another Ebola outbreak in the eastern part of DRC was winding down (and finally declared over on 25 June 2020), a new outbreak was declared on 1 June in the northwestern part of DRC in Equateur Province. This eleventh Ebola outbreak in DRC ended on 18 November, nearly six months after the first cases were reported, with 119 confirmed cases, 11 probable cases, 55 deaths, and 75 people who had recovered.

Equateur Province was also the site of the country's 9th Ebola outbreak, which was overcome in a little over three months in 2018 and had half as many reported cases. However, the response to the 11th Ebola outbreak coincided with the COVID-19 pandemic – further straining resources and creating difficulties around the movement of experts and supplies. Challenges around the large number of cases in remote communities – often only accessible by boat or helicopter – and community resistance, at times, further hampered response efforts. With affected communities spread across 13 of Equateur's 18 health zones spanning a wide geographic area, access to many localities was difficult.

Under the strategic response plan, CFE funds contributed approximately 34 percent of planned costs, complemented by funding from African Public Health Emergency Fund (APHEF), GAVI, Germany, People's Republic of China, United States of America, and the United Nations Development Programme Multi-Partner Trust Fund.

Swift action by laboratory technicians trained during the previous 2018 response helped detect the first cases in the 2020 outbreak and enabled the government to respond quickly. Through the coordinated strategic response, teams with significant experience fighting Ebola were quickly mobilized. At the height of the outbreak, there were more than 100 WHO experts on the ground, supporting the government's response.

The logistical challenges of mounting a rapid and robust response in remote rural and crowded urban communities were surmounted due to the leadership of the government and local communities, supported by WHO and partners. Overcoming the logistical challenges also meant decentralizing the response by working closely with community health workers to set up response systems and make them effective at the local level.

Youth leaders worked to sensitize the community on Ebola.

Working with communities to defeat Ebola

Jeudi Mputu felt unwell. He went for a check-up at an Ebola treatment centre where he tested positive for the virus. However, his visit was short-lived. He fled the facility. A few days later he was readmitted. He escaped once more. "I thought I was going to die," he recalls.

A crushing fear of the disease among many in his neighbourhood in Mbandaka, the capital of Equateur Province in the DRC hobbled the response to the country's 11th Ebola outbreak, which flared up in June 2020. Terrified of the rare but often fatal disease, many people were wary and unreceptive of the response teams working to halt the virus, while a lack of a clear understanding of Ebola prevention and treatment fueled misconceptions. "When people don't have the right information, they are reluctant," says Dr Mory Keita, the WHO Ebola Incident Manager in Equateur Province. "In the community, Ebola is seen as a grave and mortal danger. This causes fear and reticence."

Community resistance was one of the major challenges the DRC government, WHO, and other partners faced during the response. Working with youth leaders and local authorities helped facilitate acceptance and allow response teams to reach the affected communities. The youth leaders went door-to-door persuading reluctant people to seek treatment or get the Ebola vaccine, which provides highly effective protection.

For Mputu, it took the persuasion of Heritier Bolanda – a youth leader – to return to the treatment centre and stay until he was cured. "Our work wasn't easy. We had to sensitize a community that did not believe that the disease is real," says Bolanda, referring to his hotspot neighbourhood in Mbandaka. "We monitored cases, but importantly referred people with symptoms to health facilities."

Under the leadership of the DRC government, most responders were mobilized locally and moved quickly, despite logistical and access difficulties. Part of the strategy included meticulous listing of contacts of Ebola patients by community surveillance teams. This enabled emergency responders to rapidly circumvent the virus. Once contact tracing and surveillance were established within an area, vaccination teams moved in to break the chain of transmission. The surveillance system included community mobilizers, who alerted health facilities of cases identified during home visits.

Vaccination efforts began just four days after the outbreak was declared. Around 90% of the vaccinators were from local communities, and through extensive community engagement more than 40 000 people at high risk were vaccinated.

The response tapped into the expertise of local health workers trained during the two recent outbreaks in the DRC. Responders worked closely with community members to increase understanding of the virus by visiting more than 574 000 households and providing more than three million people with pertinent health and safety information.

During this outbreak, more than 5000 health workers were trained in infection prevention. Additional training was conducted to strengthen health worker knowledge and skills for an effective emergency response. Protecting health workers proved vital to the response. With more than 8000 health workers vaccinated against Ebola, no cases were reported among health workers during the outbreak.

Vaccinators used an innovative cold chain storage to keep the Ebola vaccine at temperatures as low as -80 degrees Celsius. The ARKTEK freezers can keep vaccines at very low temperatures in the field for up to a week and enabled responders to vaccinate people in communities without electricity. The technology used to keep the Ebola vaccine at super-cold temperatures will be helpful with COVID-19 vaccinations in Africa.

The CFE was critical in helping to bring an end to the outbreak, which was declared over by the government on 18 November. CFE funds helped kick start the response in June and sustain operations over the six-month response.

While the eleventh outbreak has ended, continued vigilance and strong surveillance are needed as potential flare-ups are possible in the months to come. In this regard, WHO and other partners have conducted training and systems strengthening for improving critical operational capacities in Equateur Province. Similarly, the end of this outbreak serves as a reminder that governments and partners must continue to focus attention on other emergencies, even as the fight against COVID-19 persists. There is a need for greater investment in preparedness, which will lead to improved response to threats arising from epidemic-prone diseases and will result in better health outcomes.

During this Ebola outbreak, more than 40 000 high risk people were vaccinated.

Rapid scale-up of the COVID-19 Supply Chain System to provide timely and equitable access to critical health supplies

Supply chain challenges confronted nearly every sector in 2020 as the COVID-19 pandemic spread globally. In healthcare, rapid and unprecedented increases in demand for clinical supplies, diagnostic tests, and personal protective equipment (PPE) led to significant shortages and market uncertainty. Aggressive buying by governments and health providers led to significant competition to procure supplies, leaving many low-income and middle-income countries (LMICs) without access to essential commodities, and further increasing vulnerability to COVID-19.

To mitigate the risks of unchecked competition for life-saving health supplies and equipment, WHO stepped forward to provide technical guidance and facilitate the connection to, and equitable allocation of, available supplies and demand. On 29 January 2020, as news of COVID-19 spread and shortly after the first reported case of COVID-19 was reported outside of China, WHO established the Pandemic Supply Chain Network (PSCN), in collaboration with the World Economic Forum, and held the first PSCN meeting. This market network, led by WHO to facilitate a functioning supply chain during a pandemic, was designed to provide market visibility, technical guidance, country, and global demand scenarios to governments, United Nations partners, and private sector partners.

Through WHO leadership as part of other global supply chain governance structures, a dedicated COVID-19 Supply Chain System (CSCS) was also established with the objective of sourcing materials for infection prevention and control (including PPE), diagnostic tests, and clinical support supplies and allocating these resources based on need, with priority given to health workers and vulnerable populations. The CSCS was also established to lead global physical and virtual supply chains for delivery of supplies where they are most needed.

WHO released CFE funds in early February to facilitate rapid implementation of priorities determined by the PSCN and CSCS.

CFE funds facilitated distribution of critical health supplies.

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CFE funding in the early days of the pandemic provided a solid foundation that allowed WHO and partners to more effectively respond to critical response priorities over the next several months. In terms of the provision of supplies, this included:

- Supporting national action planning with technical guidance, training, operational, and fundraising support to strengthen local response capacity.
- Providing tools that enable countries to request the most critical clinical supplies, diagnostic tests, and PPE, including essential supplies catalogues.
- Managing demand and directing scarce resources to where they were most needed.
- Sourcing, purchasing, and virtual stockpiling of critical supplies which far exceed individual capacities of constituent organizations, including by leveraging procurement consortia of the United Nations and other global health partners.
- Leveraging the World Food Programme network and expertise in logistics, warehousing, and distribution.
- Supporting country implementation, monitoring, and evaluation to help ensure supplies were not wasted.

The PSCN and CSCS provide a foundation for long-term global physical and virtual emergency response stockpiling. They are helping the world emerge from this pandemic stronger and better prepared to rapidly activate global supply chains for essential medical supplies.

This new approach to the pooling and equitable allocation of essential supplies is part of a bold, innovative, and sustainable shift in global pandemic preparedness leadership. Other essential components will include sustainable mechanisms for emergency finance, and improved information and communication systems. Going forward, equitable solutions and standardized approaches will be used to manage essential health commodities to respond to future events.

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WHO released CFE funds in early February 2020 to facilitate rapid scale-up of the COVID-19 supply chain.

LOOKING AHEAD

The CFE is a key component of the reforms undertaken by WHO to strengthen its role in emergencies. The CFE has been a game-changer and remains an important enabling pillar of the WHO Health Emergencies Programme. Despite the relatively modest level of contributions to the CFE, the flexible nature of the funding – and especially its early release – has shown the disproportionately beneficial impact of these investments. Donors contribute to the CFE because they know that rapid, flexible funding in response to health emergencies saves lives and reduces costs.

Resource mobilization for the CFE must be part of the ongoing discussions around raising sufficient sustainable financing for WHO and strengthening WHO's global health emergency preparedness and response capacity.

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The CFE demonstrates that a small investment at the right time can pay life-saving dividends and dramatically reduce the direct costs of controlling outbreaks and responding to emergencies.

The main challenge has been the sustainable replenishment of the CFE. The CFE remains dependent on a few traditional donors for most of its funding. Furthermore, the CFE was envisaged by Member States to be a revolving fund whereby contributions to WHO emergency operations at country level would be used to pay back CFE allocations. In practice, it has proven difficult to raise the level of resources required at the country level to sustainably replenish the CFE in this manner. This fact further underscores the challenge faced by the Organization in terms of sustainably funding its work.

The WHO global resource mobilization strategy, launched in February 2020, places an emphasis on attracting more donors, deepening existing relationships, and seeking multi-year agreements to ensure predictability. The CFE fits squarely within this strategy. Furthermore, resource mobilization for the CFE must be part of the ongoing discussions around sustainable financing for WHO and strengthening WHO's global health emergency preparedness and response capacity.

Member States will bring forward a resolution on the latter, which has also been addressed by several independent reviews. A formal intergovernmental process is now underway to consider sustainable financing and, as part of its mandate, the Member State Working Group will consider what WHO functions it considers essential. The Organization needs the resources to perform the role expected of it by Member States, including strengthening WHO's capacity to respond quickly to acute events, with the CFE playing a critical role in this regard.

ANNEX 1

Approved releases in 2020

Country	Region	Emergency	Type	Funds released (US$)	Date
Central African Republic	AFRO	Measles	Disease Outbreak	200 000	Mar-20
Democratic Republic of the Congo	AFRO	Ebola (Equateur)	Disease Outbreak	250 000	Jun-20
Democratic Republic of the Congo	AFRO	Ebola (Equateur)	Disease Outbreak	1 250 000	Jun-20
Democratic Republic of the Congo	AFRO	Ebola (Equateur)	Disease Outbreak	685 000	Jul-20
Democratic Republic of the Congo	AFRO	Ebola (Equateur)	Disease Outbreak	1 900 000	Sep-20
Democratic Republic of the Congo	AFRO	Ebola (Equateur)	Disease Outbreak	666 979	Nov-20
Democratic Republic of the Congo	AFRO	Ebola (North Kivu)	Disease Outbreak	10 000 000	Feb-20
Democratic Republic of the Congo	AFRO	Ebola (North Kivu)	Disease Outbreak	6 000 000	Apr-20
Democratic Republic of the Congo	AFRO	Ebola (North Kivu and Equateur)	Disease Outbreak	1 500 000	Sep-20
Ethiopia	AFRO	Conflict (Tigray Region)	Complex Emergency	1 155 440	Nov-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	50 000	Jan-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	250 000	Jan-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	500 000	Jan-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	1 000 000	Jan-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	100 000	Feb-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	7 000 000	Feb-20
Global (COVID-19)	Global	COVID-19	Disease Outbreak	4 000 000	Nov-20
Lao People's Democratic Republic	WPRO	Measles	Disease Outbreak	49 500	Jan-20
Lebanon	EMRO	Explosion (Beirut Port)	Technological Disaster	2 198 477	Aug-20
Mozambique	AFRO	Complex emergency	Complex Emergency	1 774 289	Nov-20
Nigeria	AFRO	Lassa fever	Disease Outbreak	200 000	Feb-20
Philippines	WPRO	Taal Volcano	Natural Disaster	50 000	Jan-20
Regional Europe*	EURO	Conflict (Nagorno-Karabakh)	Complex Emergency	250 000	Dec-20
Sudan	EMRO	Complex emergency	Complex Emergency	1 100 000	Nov-20
Sudan	EMRO	Complex emergency	Complex Emergency	500 000	Sep-20
Sudan	EMRO	Complex emergency	Complex Emergency	500 000	Oct-20
Syrian Arab Republic	EMRO	Conflict	Complex Emergency	450 000	Mar-20
Vanuatu	WPRO	Tropical Cyclone Harold	Natural Disaster	185 680	Apr-20
TOTAL				**43 765 365**	

* Armenia, Azerbaijan

ANNEX 2

CFE utilization by category (as at 22 April 2021)

Category	Utilization (US$)*	Description
Contractual services	**18 500 000**	Contractual services
Consulting, research services	24 000	Consultants, research
General contractual services	9 576 000	Contracts for services provided to WHO
Training	22 000	Training for WHO staff or organized by WHO
Security expenses	267 000	Expenses to guarantee the security of WHO staff and premises
Special service agreement expenses	3 843 000	SSA to individuals (e.g. technical and administrative support for health campaigns)
Direct implementations	4 768 000	To cover operational costs of activities when not feasible to implement activities through other contractual arrangements
Equipment, vehicles, and furniture	**404 000**	Vehicles, IT equipment, office furniture, telecom equipment
General operating expenses	**1 579 000**	Rent, utilities, maintenance, office supplies, etc.
Medical supplies and materials	**2 368 000**	Vaccines, health kits, protective equipment, hospital and lab supplies
Staff and other personnel costs	**702 000**	Regular staff costs, daily paid staff (e.g. interpreters)
Transfers and grants	**335 000**	Transfers and grants
Direct financial cooperation	142 000	Transfers made to government partners, (e.g. per diems and operational costs of public health activities, such as immunization campaigns)
Agreements with United Nations and NGOs	1000	Grants to international and national implementing partners
Equipment for third parties	192 000	Equipment and supplies for third-party implementation
Travel	**1 066 000**	Duty travel on mission for WHO (e.g. international staff travel)
Grand Total	**24 954 000**	

* Utilization includes expenditures plus encumbrances.

ANNEX 3

CFE contributors, 2015–2020 (US$)

	2015	2016	2017	2018	2019	2020	TOTAL
Germany	1 096 491	3 728 495	9 876 113	15 216 968	17 117 838	4 506 001	51 541 906
Japan	-	10 833 800	-	-	22 055 107	-	32 888 907
United Kingdom	9 436 834	-	1 100 000	5 641 749	5 235 602	-	21 414 185
Netherlands	-	1 082 514	-	1 165 501	2 352 941	6 794 448	11 395 404
Sweden	-	1 159 555	-	4 412 089	1 028 383	4 186 545	10 786 572
Norway	-	-	-	1 253 761	1 173 434	2 580 461	5 007 656
Canada	729 927	-	751 880	753 012	741 290	1 455 592	4 431 701
Denmark	-	-		3 185 011		1 211 387	4 396 398
Australia	-	-		3 044 140	353 857	-	3 397 997
Republic of Korea	-	-	1 015 192	1 000 000	1 000 000	-	3 015 192
China	2 000 000	-	-	-	-	-	2 000 000
New Zealand	-	-	-	-	1 004 016	972 763	1 976 779
Kuwait	-	-	-	500 000	500 000	500 000	1 500 000
France	-	1 418 218	-				1 418 218
Luxembourg	-	-	-	578 704	555 556	218 341	1 352 601
India	1 000 000	-	-	-	-	-	1 000 000
Finland	-	-	-	-	739 283	-	739 283
Switzerland	-	-	-	502 008	-	-	502 008
Austria	-	-	-	-	-	339 367	339 367
Estonia	32 967	53 078	59 242	56 818	55 556	58 754	316 415
Philippines	-	-	-	-	2500	20 000	22 500
Malta	-	-	-	20 000	-	-	20 000
Georgia	-	-	-	-	5000	5000	10 000
TOTAL	**14 296 219**	**18 275 660**	**12 802 427**	**37 329 761**	**53 920 363**	**22 848 659**	**159 473 089**

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