



# UNITED NATIONS COMPREHENSIVE RESPONSE TO COVID-19

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Saving Lives,  
Protecting Societies,  
Recovering Better

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United  
Nations

2021 UPDATE

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CHAPTER

01

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INTRODUCTION



In 2020, the world was hit hard by the COVID-19 pandemic, forcing adjustments in the way societies function and demanding unprecedented efforts to reboot economies. The impacts of the pandemic on the lives, livelihoods and dignity of people everywhere are significant. Many countries now face major setbacks to progress toward the Sustainable Development Goals (SDGs).

The pandemic has underscored how humankind is inextricably connected, and revealed multifaceted inequalities—with some who have access to care, services and opportunities, and some who are left behind. National authorities and communities across the world have struggled to respond to the crisis and to secure a sustainable and resilient recovery, with unprecedented support from the entire United Nations system, as well as by donors and partners, and by the scientific community

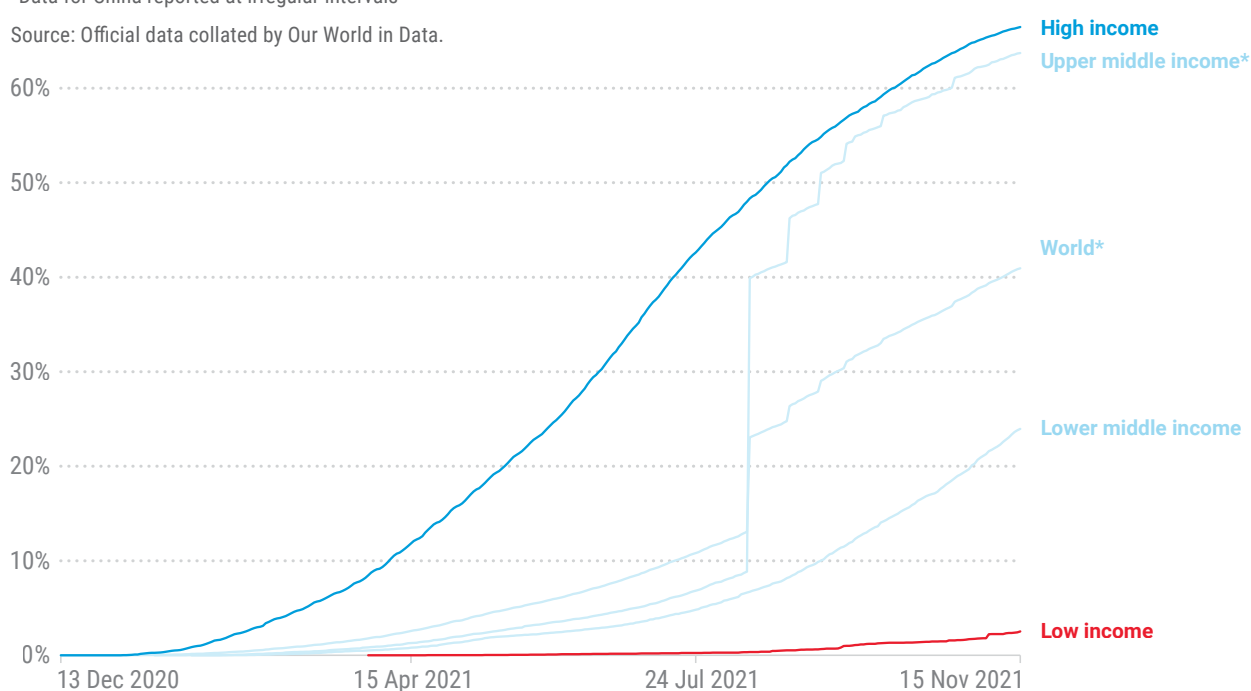
and the private sector. Although more than seven billion doses of COVID-19 vaccines have been administered worldwide, a global vaccine gap threatens progress as the virus mutates and becomes more transmissible, and possibly more deadly. We have not made sufficient progress in assuring fair and equal access to vaccines, especially for vulnerable populations living in low-income countries. As of 16 November 2021, 2.6 per cent of people in low-income countries were fully vaccinated against COVID-19, compared to 66.6 per cent of people in high-income countries (Figure 1). The global vaccination plan should reach everyone, everywhere. The World Health Organization's [Strategy to Achieve Global COVID-19 Vaccination by mid-2022](#), launched in October 2021, is designed to get vaccines into the arms of 40 per cent of people in all countries by the end of the year, and 70 per cent by mid-2022.

**Figure 1: Share of the population fully vaccinated against COVID-19 (as of 16 November 2021)**

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total.

\* Data for China reported at irregular intervals

Source: Official data collated by Our World in Data.





The United Nations Secretary-General visits the World Health Organization's crisis centre to meet with WHO Director-General Tedros Adhanom Ghebreyesus. WHO/Philippe Woods

Today, it is clear that our responses have not been sufficiently coordinated nor always geared towards international solidarity. They have been undermined by lack of resources and pre-existing inequalities.

The need for international solidarity has never been more important. This crisis can only be overcome if we unite in our struggle against the pandemic and step up and accelerate our efforts and cooperation. Multilateralism, partnerships and whole-of-society approaches are critical.

During its 74<sup>th</sup> session, the United Nations General Assembly adopted key resolutions on [a comprehensive and coordinated response to the COVID-19 pandemic](#); [a united response against global health threats: combatting COVID-19](#); and [international cooperation to](#)

[ensure global access to medicines, vaccines and medical equipment to face COVID-19](#).

UN system entities have continued to join hands to effectively support countries in their efforts to respond to the pandemic and its impacts, with the clear leadership of the World Health Organization (WHO).

This 2021 update briefly summarizes the developments and actions undertaken by the UN system since the [previous update](#) of September 2020, to further mobilize and support a successful whole-of-the-world response to the pandemic and the related socio-economic crises. This update also provides information on available data and resources tracking all aspects of the COVID-19 response and recovery.

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CHAPTER

02

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# THE UNITED NATIONS SYSTEM RESPONSE TO COVID-19 IN 2021



The UN comprehensive response to COVID-19 and its impacts has evolved along with the pandemic itself, with the development and deployment of vaccines, diagnostics and therapeutics, broader public health actions and global measures to counteract the soci-

oeconomic fallout. The response is led by the WHO with the UN Crisis Management Team (UNCMT) implementing a UN system-wide coordination process comprised of 23 UN entities working together to implement three distinct but complementary strategies:



A strengthened health response, led by WHO and a global network of partners, and guided by the [Updated COVID-19 Strategic Preparedness and Response Plan](#) (SPRP 2021), which provides strategic objectives and operational priorities for the continued delivery of a large-scale, coordinated and comprehensive health response at national levels. This includes catalyzing the development of and ensuring access to COVID-19 vaccines, diagnostics, and therapeutics led by the global Access to COVID-19 Tools Accelerator (ACT-A) collaboration, which includes WHO, UNICEF and many other stakeholders.



A humanitarian response that leaves no one behind, led by the UN Office for the Coordination of Humanitarian Affairs (OCHA), and guided by the [Global Humanitarian Overview 2021](#), which coordinates and addresses COVID-19 in a more integrated manner, as the pandemic's health and non-health effects merge with the impacts of other shocks and stresses creating humanitarian needs in 56 countries.



A transformative and sustainable recovery, led by the UN Sustainable Development Group (UNSDG), under the coordination of the Resident Coordinators and the technical lead of the United Nations Development Programme (UNDP), and guided by the [UN Framework for the Immediate Socioeconomic Response to COVID-19](#), to help address the social and economic impacts of the pandemic in 162 countries and territories. The UNSDG mobilised the UN development system in support of a recovery that is grounded in the 2030 Agenda for Sustainable Development and its 17 SDGs.



The UN Secretary-General is consistently working with the Director-General of WHO and the heads of other UN system entities to step up the comprehensive response to the pandemic, ensure that it is well coordinated, and reaches those most at risk of being left behind.

The WHO's Incident Management Support Team (IMST) has guided the health response at the global level from the outset, to foster collaboration and ensure a holistic response to the pandemic. This close collaboration, including at regional and country levels, has led to joint advocacy, guidance and tools for a comprehensive response across the pillars and beyond to address both COVID-19 and its impact on the continuity of essential social services.

The unprecedented [Collective Service](#), co-led by UNICEF, WHO and IFRC with the support of the Global Outbreak Alert and Response

Network (GOARN) and key stakeholders, deliver the structures and mechanisms required for a coordinated community-centered approach to Risk Communication and Community Engagement (RCCE) embedded across public health, humanitarian, and development response efforts, in line with the pillar on RCCE in the SPRP.

These strategies are each comprised of numerous pillars and priorities, linked to data collection portals and backed by unprecedented efforts to mobilize the necessary resources for a successful and resilient recovery. The [Collective Service Data Portal](#) is strengthening evidence generation effort conducted by country, regional and global actors on county context, capacities, perceptions and behaviours by disseminating data and information of monitoring reports on Social behaviour, Community Feedback, Social Listening and Infodemic, and RCCE activities (Figure 2).



**Figure 2:** Collective Service data portal  
Click on the screenshot to explore.  
Source: Collective Service

# A strengthened health response



**Figure 3:** WHO COVID-19 Dashboard  
Click on the screenshot to explore.  
Source: WHO

The [WHO Coronavirus \(COVID-19\) Dashboard](#) provides up-to-the-minute data on confirmed cases of coronavirus, deaths reported, and vaccines administered, with global data also disaggregated by region and by country. [Weekly situation reports](#) include epidemiological updates highlighting key data and trends, as well as other pertinent epidemiological information concerning the COVID-19 pandemic, including operational updates on WHO and partners' actions in response to the pandemic. For example, the weekly Implemen-

tation Monitoring Review, co-led by UNICEF and WHO as part of the Country Readiness and Delivery workstream, identifies operational bottlenecks in the rollout of COVID-19 vaccines and coordinates the timely deployment of tailored support.

In addition, an extensive array of information on the pandemic response, research, vaccines, technical guidance and advice can be found through the dashboard (Figure 3).



The large-scale, coordinated and comprehensive health response led by the WHO is guided by a set of strategic frameworks and tools. The [COVID-19 Strategic Preparedness and Response Plan \(SPRP\) provides the global framework for the health sector response](#). The updated [SPRP for 2021](#) builds on what has been learned about the virus and the collective response over the course of 2020. It recommends evidence-based, strategic actions to address new challenges, including: the equitable deployment of COVID-19 vaccines, novel diagnostics and therapeutics; mitigation of the risks related to new SARS-CoV-2 variants; and increased recognition of the importance of mental health and psychosocial support as an integral component of the response. It guides the public health response to COVID-19 at national and subnational levels, and establishes the foundations for building back stronger and more resilient health systems.

## LESSONS LEARNT AND CHALLENGES

Through an analysis of the global epidemiological situation and COVID-19 response to date, the updated SPRP identifies [key lessons learnt and main challenges](#) for 2021. These include, but are not limited to, the areas defined below.



**Epidemiology** is dynamic and uneven, in some contexts uncertain, due to a lack of data, driven by variable public health responses and further complicated by variants of concern. However, some countries continue to suppress transmission using available tools. The trans-disciplinary model has been replicated at a global level via the Global Outbreak Alerts Response Network (GOARN). The Integrated Outbreak Analytics (IOA) Working Group was established to bring together epidemiologists, social scientists among other disciplines,

those working in operational research and response to exchange on IOA approaches and improve the use of evidence for public health decision-making. This has resulted in the provision of support to various GOARN partners and country offices in using IOA methodology to understand the broader impacts of COVID-19 on communities, community health and with specific focuses on women and children.



**Health care systems and workers**, the vast majority of whom are women, have saved countless lives but are under extreme pressure in many countries in terms of capacity and capabilities, financial resources and access to vital commodities and supplies, including medical oxygen. Ensuring continuity of essential health services, including sexual and reproductive health services, and building resilient health systems remains essential, not only to mitigate the impact of COVID-19, but also to ensure readiness for other concurrent and future health emergencies. Leveraging and strengthening primary and emergency care to deliver people-centred services ensures high-quality and safe services for both COVID-19 case management and the continuity of other essential health services.



**Surveillance systems** are finding it hard to cope with high force of infection (the rate at which susceptible individuals acquire an infectious disease) in some countries. Case and cluster investigations (review of an unusual number of health events grouped together in time and location), contact tracing and supported quarantine of contacts remain insufficient in most countries; this is even more pronounced in settings where testing capacities are limited.



The United Nations, together with national and international partners, is supporting health authorities and scaling up efforts to prevent and control the outbreak of COVID-19 in Venezuela. Doctors and nurses conduct a COVID-19 house-to-house awareness campaign in Cuaricao neighborhood. Photo: OCHA/ Gemma Cortes



**Communities** have experienced an erosion of social cohesion, limited access to education, and reduced income and security. They are struggling with the implementation and consequences of public health and social measures designed to limit transmission. Fear of infection, reduced ability to pay, and movement restrictions have contributed to significantly reduced utilization of health services in some contexts.



**Women** were disproportionately affected by the pandemic and the double burden of childcare and professional responsibilities (70 per cent of women are health and social workers, globally). Gender-based violence, including intimate partner violence, adolescent pregnancy and economic hardship, have increased across the globe, while essential sexual and reproductive health and gender-based violence response services have been disrupted. Violence against children

has also increased during the pandemic as both women and children found themselves trapped in situations of harm, confined in the same space as their abusers, isolated from peer support and cut off from services. Just as needs grew, services, including shelters, faced severe disruption.

School closures, economic stress, service disruptions, pregnancy, and parental deaths due to the pandemic are putting the most vulnerable girls at increased risk of child marriage. Even before the COVID-19 outbreak, 100 million girls were at risk of child marriage in the next decade, despite significant reductions in several countries in recent years. Ten million additional child marriages may occur before the end of the decade, threatening years of progress in reducing the practice. Reopening schools, implementing effective laws and policies, ensuring access to health and social services, including sexual and reproductive health services, and providing comprehensive social protection measures for families, can significantly reduce a girl's risk of having her childhood stolen through child marriage.



**Education** was interrupted for over 1.6 billion learners, almost half of whom were girls. The inequities that have long kept millions of children from accessing quality education were further exposed as millions more missed out on services often provided through schools such as nutrition, immunization, mental health and psychosocial support and protection. Many countries employed national school closures without applying a local risk-based situation analysis. At least 463 million students were unable to access remote learning modalities, and almost all teachers and learners found it challenging to adapt to the new realities.

UNICEF, WHO, IFRC, UNHCR and WFP immediately developed key guidance and tools to support safer schools and in-person learning and the Technical Advisory Group of Experts on Educational Institutions and COVID-19, co-chaired by UNICEF, WHO and UNESCO was established to review evidence and provide strategic guidance. The global focus

is now on recovery to enable all children to return to school and to learning through more resilient education systems, and support is being provided for comprehensive school reopenings, large-scale learning catch-up and support to teachers.

The risks of family-child separation, placement of children in unsuitable alternative care, as well as the protection risks for children already in alternative care—both during the immediate crisis and in the long-term—have significantly increased. In July 2021, UNICEF issued a [statement](#) calling on governments to accelerate efforts to provide families with the emotional, practical and financial support they need. This has been accompanied by a [comprehensive series of technical guidance](#) and programmatic responses in the field supporting governments to strengthen child protection systems to enable the social service workforce to strengthen service delivery. UNICEF has supported governments in [adapting services](#) to respond to the needs of the most vulnerable children and families.

Mandatory wearing of facemasks is part of COVID-19 containment measures put in place by the Government of Kenya to support the safe reopening of schools.  
Photo: UNHCR/ Samuel Otieno





**Public health and social measures** to control COVID-19 can have considerable social and economic costs, and should be risk-based, implemented by the lowest administrative level for which situational assessment is possible, tailored to local settings and conditions, and considered in light of the effects these measures may have on the general welfare of society and individuals. The measures also should be regularly reviewed on the basis of robust and timely public health intelligence, effectively communicated, and enabled by targeted measures to ameliorate the socioeconomic costs of participation.



**Global, regional, and national supply chains** and market mechanisms have been disrupted and unable to meet demand, with implications for the implementation of surveillance, infection prevention and control, case management, and the maintenance of essential health services.



**The infodemic** of misinformation and disinformation, and a lack of access to credible information continue to shape perceptions and undermine the application of an evidence-based response and individual risk-reducing behaviours.

Community-led action is critical. The intense collaborative work during the COVID-19 response and the vision to catalyse and accel-

erate collaborative, consistent and localised support to countries and to increase scale and quality of people-centred approaches, stand out as one of the contributions from the [Collective Service](#) on Risk Communication and Community Engagement (RCCE).

In 148 countries across all regions, UNICEF co-led with governments and key implementing partners the establishment of national Risk Communication and Community Engagement (RCCE) Committees to coordinate and support implementation of community engagement, develop information and communication activities to influence promotion and adherence to the public health and social measures, as well as support development of feedback mechanisms.



**Comprehensive preparedness and emergency response systems** to protect populations from disease outbreaks, natural and human-made disasters, armed conflict, and other hazards, remain fundamentally underinvested in many countries. The costs of effective preparedness are dwarfed by the costs of a failure to prepare.



**Science** has delivered answers, evidence-based guidance and solutions, including vaccines, new diagnostics, and therapeutics. Production of these tools is being scaled up, and strong mechanisms exist for equitable delivery. However, in some cases demand and utilization is suboptimal, and equity is under threat.

The SPRP sets out six strategic public health objectives: to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity from all causes, and accelerate equitable access to new COVID-19 tools.

The [Operational Plan that accompanies the SPRP 2021](#) provides countries with practical guidance on the implementation of evidence-based, high-level actions to achieve the six

SPRP strategic objectives. It recommends actions under the following ten preparedness and response pillars: strategic planning and financing; risk communication and community engagement; surveillance and public health measures; travel and mass gatherings; laboratories and diagnostics; infection prevention and control; case management; operational support and supply management; strengthening essential health services; and vaccination.

The team of the Thai National Influenza Centre at the National Institute of Health validated the virus DNA to confirm the first COVID-19 case in Thailand. Photo: WHO/P. Phutpheng



## RESOURCES REQUIRED IN 2021

The [WHO strategic action and resource requirements to end the acute phase of the COVID-19 pandemic 2021](#) outlines WHO priorities and the resources required in 2021 by WHO at country, regional and global levels to implement the ten pillars of the SPRP 2021, including: support for country preparedness and response; accelerating access to COVID-19 tools; investing in research and innovation; and applying key performance indicators for monitoring and evaluation. Priority is given to actions and measures at national and subnational levels to ensure equitable implementation of new vaccines, therapeutics, and diagnostics in every country and context, including the most challenging and under-resourced contexts (Figure 4). To facilitate

country level implementation and capacity building, a comprehensive set of guidelines and implementation tools have been developed covering each of the ten pillars.

Partnerships and networks remain critical for ensuring a comprehensive response with wide reach. [The Global Outbreak Alert and response Network \(GOARN\)](#) continues to provide technical support and guidance, collaborating with over 250 technical institutions that respond to acute public health events with the deployment of staff and resources to affected countries. It also manages a [COVID-19 Knowledge Hub](#) that collects and provides multidisciplinary information on COVID-19 for policy makers, responders, researchers, educators, affected communities and the general public.

**Figure 4: 2021 funding requirements by major WHO office and pillar**

| 2021 funding requirements in US\$ million                                                   | African Region | Region of the Americas | Eastern Mediterranean region | European region | South-East Asia region | Western Pacific region | Headquarters | Total  | 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         |

The [Access to COVID-19 Tools \(ACT\) Accelerator](#) is an innovative global collaboration that seeks to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines (Figure 5). Launched by the WHO, European Commission, France and the Bill & Melinda Gates Foundation in April 2020, ACT-A brings together governments, UN agencies, scientists, businesses, civil society, and philanthropists and global health organizations to support fair and equitable allocation of these COVID-19 tools.

ACT-A also aims to rapidly identify and address country-specific health systems bottlenecks to ensure readiness and enable rapid scale up and delivery of COVID-19 tools, including personal protective equipment. For example, the weekly Implementation Monitoring Review identifies operational bottlenecks in the rollout of COVID-19 vaccines and coordinates the timely deployment of tailored support. It brings together governments, scientists, businesses, civil society, and philanthropists and global health organizations (the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaids, Wellcome Trust, UNICEF, the WHO, and the World Bank). By mid-October 2021, ACT-A recognized the generous contribution of sovereign funds, private sector, philanthropic and multilateral donors who pledged US\$18.7 billion to support the equitable access to COVID-19 tests, treatments, and vaccines.

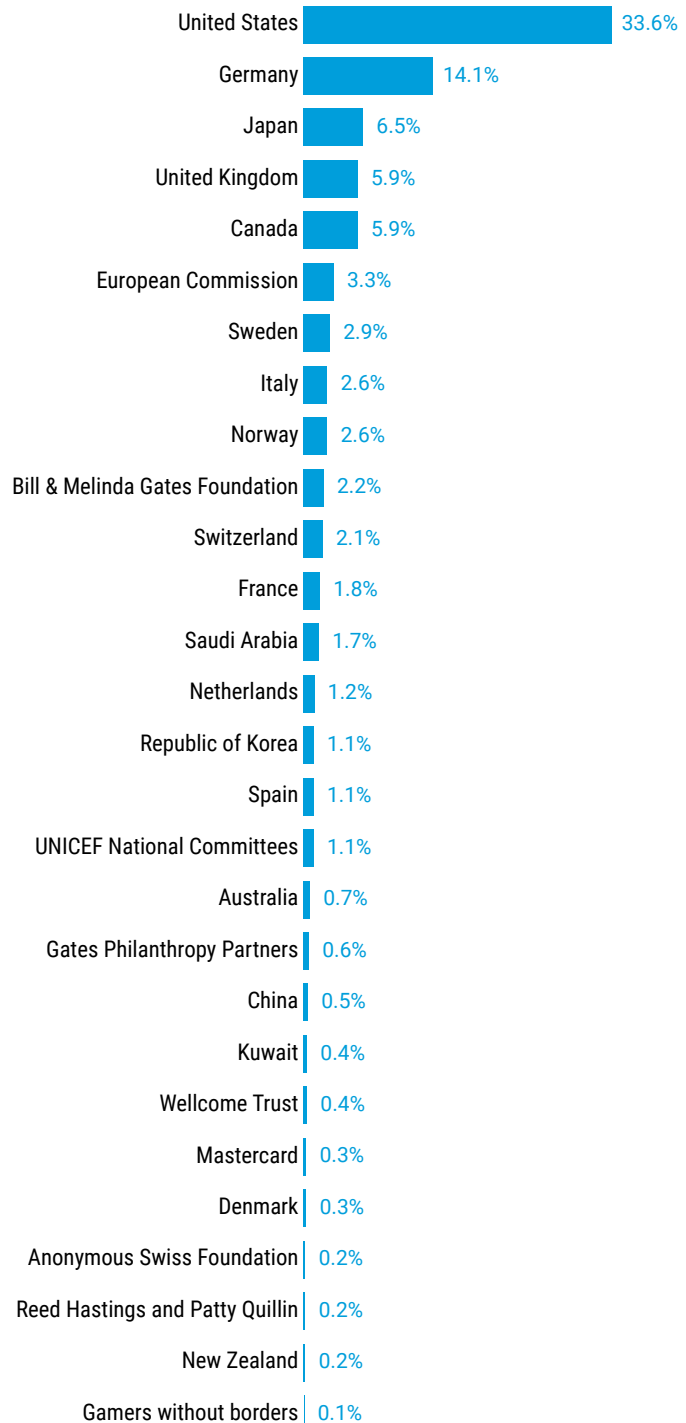
Over the next period from October 2021 to September 2022, a total of US\$23.4 billion is required for ACT-A to deliver its new strategic plan and overarching objectives, representing approximately 60 per cent of the previous September 2021 ask, reflecting prioritized needs within a changing global context, with increased vaccination coverage and testing rate targets. Linking this to outcome categories, total funding needs are segmented by pillars—vaccines, therapeutics, diagnostics,

**Figure 5: Top ACT Accelerator (ACT-A) contributors**

**Total ACT-A funding**

**USD18.8 billion**

in percentage of total funding



Source: WHO (as of 16 November 2021)



In March 2021 vaccines arrive in Kathmandu, making Nepal among the first countries in Asia to receive COVID-19 vaccines from the COVAX Facility, and contributing to the government's efforts to vaccinate some of the most vulnerable people across Nepal. WHO/Blink media - Uma Bista

health systems and response connector—and by categories: upstream support, procurement needed to help close gaps, procurement to mitigate risks, technical assistance and delivery support.

Urgent action to address these financing requirements will boost the impact of the ACT-Accelerator achievements to date, fast track the development and deployment of additional game-changing tools, and mitigate the risk of a widening gap in access to COVID-19 tools between low- and high-income countries.

In the very short term, the staggering surges in disease and death resulting from the Delta variant necessitate an urgent investment of [US\\$ 7.7 billion](#), to address the immediate needs of people suffering from disease, protect health workers, slow transmission,

save lives and put the world on track to end the pandemic.”

WHO's Report by the Director General on implementation of World Health Assembly resolution WHA 73.1 (2020) on the COVID-19 response (A74/15) provides in-depth details on the response to the pandemic, summarizes work undertaken since January 2020, and sets out the steps taken to ensure that appropriate lessons are learned and best practices are implemented as the pandemic evolves. It focuses on the requests made in paragraphs 9 (1–10) of the resolution, capturing WHO's work as a representation of collective actions and achievements together with Member States and a wide range of partners including United Nations bodies, civil society organizations and national and local non-governmental organizations.

## STEPPING UP THE VACCINE ROLLOUT

Vaccination is one of the key tools for controlling the pandemic. To this end, the COVAX facility, the vaccines pillar of the ACT Accelerator, co-led by WHO, UNICEF, Gavi and the Coalition for Epidemic Preparedness Innovations (CEPI) and supported by a range of partners, was established to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for all economies in the world.

The COVAX Facility manages a portfolio of safe, efficacious and quality assured vaccines across a broad range of technologies. It provides all participants the opportunity to access these vaccines, on the same timeline in an effort to rapidly end the COVID-19 pandemic. The Facility is reinforced by the Gavi COVAX Advance Market Commitment (AMC), which provides funding for vaccines for lower income countries, creating scale and therefore making the Facility more attractive to manufacturers who will benefit from a predictable market. By mid-August 2021 the COVAX Facility had delivered over 206 million doses of COVID-19 vaccines to 138 economies, with the aim of providing equitable access to two billion doses by the end of 2021. UNICEF and, in the Americas, the PAHO Revolving Fund, are the recognized procurement agents for the COVAX Facility.

The COVAX Manufacturing Task Force has been established to identify and resolve issues impeding equitable access to vaccines through COVAX. The Task Force, led by CEPI, WHO, Gavi, and UNICEF works in partnership with the Bill & Melinda Gates Foundation, IFPMA, DCVMN, and BIO and others to leverage the capabilities of the global vaccine community, including vaccine research and development stakeholders, manufacturers and regulators to address short- to long-term COVID-19 vaccine

manufacturing challenges. It aims to address shortages of raw materials and single-use materials and expedite cross-border transit of these materials, vaccine components, and finished products. It will also seek to link manufacturers who are experiencing specific shortages with those who might have the necessary supplies. It also supports the establishment and upgrading of, and investments in vaccine manufacturing facilities, particularly those in low- and middle-income countries.

As part of the Manufacturing Task Force, WHO is supporting the establishment of COVID mRNA vaccine technology transfer hubs to



scale up production and access to COVID mRNA vaccines. The hubs will provide training to enable the rapid transfer of technology to enable industrial scale, quality-controlled production of vaccines. The hubs will benefit from the Medicines Patent Pool's (MPP's) experience on public health oriented voluntary licenses.

Faced with persistent and critical global supply shortages of vaccines and uneven distribution, governments are being called upon to reduce or eliminate barriers to the export of vaccines and all materials involved

Nepal's first consignment of COVID-19 vaccine doses via COVAX are unloaded at Tribhuvan International Airport in Kathmandu.  
Photo: WHO/Ajay Maharjan

in their production and deployment, and all parties need to address supply chain and trade bottlenecks for vaccines, testing, and therapeutics, as well as all of the materials involved in their production and deployment. A transparent and predictable framework for WTO members must curtail vaccine nationalism, which entails irregular trade measures such as quantitative restriction or outright ban of exports of COVID vaccines.

knowledge, and data, with quality-assured manufacturers through public health-driven voluntary, non-exclusive and transparent licences. The TRIPS waiver proposal on COVID health technologies, under discussion at the WTO TRIPS Council to tackle the COVID-19 pandemic is in compliance with SDG target 3.b. The proposed waiver was originally put forward by India and South Africa in October 2020. It is expected to allow ramping up of global production of vaccines supply in the



COVID-19  
vaccinations  
begin in Ghana in  
March 2021, as  
Ghana rolls out its  
national COVID-19  
vaccination  
campaign.  
WHO/Blink Media -  
Nana Kofi Acquah

Exploring all avenues for addressing potential intellectual property barriers related to COVID-19 vaccines is essential to achieving vaccine equity, including measures such as voluntary licensing and TRIPS waivers. WHO and partners have launched the COVID-19 Technology Access Pool (C-TAP) to enable developers of COVID-19 therapeutics, diagnostics, vaccines and other health products to voluntarily share their intellectual property,

medium to long terms, so that vaccines will be made available in sufficient quantities and at affordable price to meet global demand. This is consistent with treating vaccines as global public goods.

WHO has joined forces with the International Monetary Fund (IMF), World Bank Group (WBG), and World Trade Organization (WTO) to form the [Multilateral Leaders' Task Force](#)

[on COVID-19 Vaccines, Therapeutics and Diagnostics for Developing Countries](#), whose aim is to accelerate access to COVID-19 vaccines, therapeutics and diagnostics by leveraging multilateral finance and trade solutions, particularly in low- and middle-income countries. Partners include governments, regional development banks, members of the [Access to COVID-19 Tools \(ACT\) Accelerator](#) and its [COVAX Facility](#), the [Africa Vaccine Acquisition Task Team \(AVATT\)](#), pharmaceutical firms, and others in the private sector.

This supplements direct support by other organizations such as UNICEF, which supported more than 90 countries in vaccine related community engagement, social mobilization, capacity building and demand creation, including issues related to vaccine hesitancy.

In October 2021, the Secretary-General joined WHO to launch the [Strategy to Achieve Global Covid-19 Vaccination by mid-2022](#). This strategy sets out steps to meet the target of 40 per cent of people in every country by the end of 2021 and 70 per cent by 2022. Reaching vaccination targets in a coordinated manner is critical to ending the COVID-19 pandemic, and the strategy is an urgent call to all global stakeholders to mobilise their resources and to step up and turn this strategy into reality.

UN personnel must stay and deliver on its mandates. In addition to these efforts, the Secretary-General also tasked the Department of Operational Support with leading a UN System-Wide COVID-19 Vaccination Programme. This workplace Programme includes staff, their dependents, uniformed peacekeepers, key contractors and implementing partners of 33 UN participating organizations. Guided by the UN Medical Directors Group, priorities for countries and

high-risk job functions were established, and alignment with COVAX timelines were considered. All vaccines administered through the Programme have WHO Emergency Use Listing and are sourced through a combination of donations from Member States and direct purchase from the manufacturer when available. As of late August, the Programme had delivered 300,000 doses to 66 countries, and was able to track the administration of 216,865 of these (72 per cent) to UN personnel. Up to 20,000 doses may have been administered outside of the registration system, which would raise the total to close to 240,000 doses administered. It is anticipated that at least 80 per cent of the doses have thus been administered. According to registrations, close to 100,000 individuals are now fully vaccinated and over 90,000 of those received both doses through the UN program. Phase two of the programme has been launched with 300,000 doses of Sinopharm from China, 300,000 doses of Johnson and Johnson from the US, and 3,000,000 doses of Astra Zeneca from France. 46 countries have been identified and are engaged in the startup of phase two.

As health is the quintessential global public good, the UN comprehensive response to the pandemic also focuses on whole-of-society responses, solidarity with developing countries and special attention to people at greatest risk. The pandemic clearly demonstrates the need for strong investment in global health security and highlights the need for a global dialogue around pandemic preparedness that recognizes the inextricable links between mobility and health more broadly. There is also an acute need to ensure universal access to health services and vaccination campaigns without discrimination, as well as the need for continued cooperation amongst stakeholders.

# A humanitarian response that leaves no one behind

The COVID-19 pandemic has increased humanitarian needs, while exacerbating pre-existing vulnerabilities of certain populations, and increasing the already complex barriers to durable solutions. Movement restrictions have hindered humanitarian responses by restricting access to populations in need, movement of humanitarian workers, and access to critical supplies.

In March 2020, the UN Secretary-General launched the [Global Humanitarian Response Plan for COVID-19 \(GHRP\)](#). It was established to respond to three strategic priorities:



Contain the spread of the virus and decrease morbidity and mortality.



Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods.



Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the virus.

The GHRP has focused strictly on the immediate, additional humanitarian needs caused by the pandemic and associated short-term responses. The original version, published in March 2020, was prepared as an agency-based, three-month plan, requesting US\$2 billion. As the crisis evolved, the GHRP underwent two revisions in May and July 2020, transforming it from an agency-driven plan to a focus on countries, showcasing needs and response priorities at field level.

The GHRP successfully brought attention to the health and non-health effects of the pandemic. In particular, it renewed a sense of urgency to address gender-based violence (GBV) concerns in the face of increasing violence; focused on the relationship between loss of livelihoods, increased food insecurity and humanitarian needs; and helped to overcome global mobility restrictions through humanitarian air services for cargo and personnel. As a result, COVID-19 analyses and responses have been integrated into regular Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs), as well as into inter-agency response plans. Humanitarian country teams have prepared HNOs and HRPs for 2021 through this integration lens.

As a result of this integration, the GHRP concluded at the end of 2020, and in 2021 the COVID-19 and non-COVID-19 humanitarian responses are reflected together in the [Global Humanitarian Overview 2021](#), which coordinates the latest wide-ranging effort to address the devastating socioeconomic, humanitarian and human rights aspects of the pandemic.

The GHO 2021 addresses COVID-19 in a more integrated manner, as the pandemic's health and non-health effects merge with the impacts of other shocks and stresses. In most cases, the pandemic's health and socioeconomic impacts will overlay other health, nutrition, food security, livelihoods, education, and protection risks faced by different population groups. While some pandemic-specific responses may still be necessary in certain contexts, in most cases COVID-19 will represent one of the factors of various humanitarian needs, and programming will reflect the combined effects with other shocks. Country teams will also align the humanitarian response with other ongoing or planned COVID-19 responses to avoid duplication and identify areas and groups for whom development responses are more appropriate.

The GHO 2021 includes country-specific plans for countries most in need of assistance, including: Afghanistan, Burundi, Burkina Faso, Cameroon, Central African Republic, Chad, Colombia, Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Mozambique, Niger, Nigeria, occupied Palestinian territories, Pakistan, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen, Guatemala, El Salvador, Honduras and Zimbabwe. It also includes regional inter-agency plans, among them, Burundi Regional Refugee Response Plan, DRC Regional Refugee Response Plan, South Sudan Regional Refugee Response Plan, Syria Regional Refugee and Resilience Plan (Syria 3RP), Rohingya Joint Response Plan, Venezuela Regional Refugee and Migrant Response Plan, and the Regional Migrant Plan for the Horn of Africa and Yemen. The GHO includes 56 countries in total.

Women wear face masks before going inside a privately funded hospital in Bangui, Central African Republic.

Photo: OCHA/ Siegfried Modola





**Figure 7:** COVID-19

Data Explorer

Click on the

screenshot to

explore.

Source: OCHA-HDX

To monitor the impact of the COVID-19 pandemic in the 56 countries in the Global Humanitarian Overview, the [OCHA-HDX COVID-19 Data Explorer](#) was created in June 2020 (Figure 7). The Data Explorer brings together almost 60 datasets from 20 UN agencies and partners to show the epidemiological and socio-economic impact of the pandemic in countries with humanitarian emergencies. A vaccine tracker monitors in real-time deliveries of vaccines (COVAX, donations, procurements) and their administration in the 29 countries with an inter-agency humanitarian response plan. Each month, a [Monthly Highlights](#) is produced that analyzes the impact of the pandemic in countries in the GHO and foreshadows countries and issues to monitor in the coming month.

### ENSURING EXTRA SUPPORT FOR THE MOST VULNERABLE GROUPS

The COVID-19 pandemic has shown that the global community can only be safe if everyone

is included and protected. National governments are responsible for ensuring access to COVID-19 vaccines for all people within their respective territory, including the most vulnerable. In 2021, the Humanitarian Buffer mechanism was established within the COVAX Facility to act as a measure of “last resort” to ensure access to COVID-19 vaccines for high-risk and vulnerable populations in humanitarian settings. It is a virtual stockpile of up to 5 per cent of the COVAX Facility’s doses as they become available.

The socio-economic impact of the COVID-19 pandemic and gender inequality undermines women’s ability to access health care services. Women are more likely to live in poverty, especially in female-headed households, preventing them from accessing many healthcare services, including immunization. Unequal gender norms result in women lacking information about vaccines, having restricted mobility, and being unable to make autonomous decisions about how to spend their time and money. In a joint effort to spotlight

the need to address gender-related barriers in the rollout and uptake of the COVID-19 vaccine, under the auspices of the Global Action Plan for Healthy Lives and Well-being, UN Women has developed a [Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable Covid-19 Vaccine Deployment](#) together with UN University, GAVI, GFF, ILO, UNAIDS, UNDP, UNFPA, UNICEF, the World Bank and WHO to support countries and stakeholders to be responsive to gender dimensions of equitable vaccine uptake. The Guidance Note and Checklist highlight gender-related barriers to immunization, which include unequal social norms, lack of autonomous decision-making and control over financial means, limited freedom of movement and experience, and risk of gender-based violence. The target audience for the Guidance Note and Checklist are stakeholders responsible for planning, implementing, and monitoring COVID-19 vaccine deployment both in COVAX supported and self-financing countries.

To ensure that everyone has access to information and services, investment must be

made in removing existing gender-related barriers, including engaging women and community-based organizations. As women and marginalized populations are often disproportionately affected by humanitarian emergencies, it is essential that national vaccination strategies and policies are inclusive and non-discriminatory with a tailored gender-responsive and intersectional approach to ensure those who are most vulnerable are not left behind. To provide a comprehensive picture on emerging gendered barriers to COVID-19 vaccine uptake and supply, a report on [Gender and COVID-19 Vaccines - Listening to women focused organizations in Asia and the Pacific](#) was prepared by the Asia-Pacific Gender in Humanitarian Action Working Group, which is co-chaired by UN Women, CARE International and OCHA, and provides analysis on these barriers. It is drawn from a virtual listening session with women-focused organizations on the COVID-19 vaccine rollout in Asia and the Pacific with representatives serving diverse women, youth and girls.

Volunteers in Iraq disseminate information flyers on COVID-19 and talk to residents to raise awareness of the benefit of improved hygiene. Photo: UNDP Iraq/ Abdullah Dhiaa Al-deen



## PEOPLE ON THE MOVE

Border closures and travel restrictions created new vulnerabilities for migrants, refugees, internally displaced persons, and mobile populations in transit, many of whom found themselves stranded unable to return to their places of origin, or continue to their destination. In many cases, mobility-related policies and lockdown measures taken to reduce the transmission of the virus have created significant additional challenges, including the loss of income, livelihood opportunities, and remittances, the risk of becoming stranded, decreased access to essential services, higher risk of exposure to gender-

based violence (GBV), and a reduced ability to seek refuge, among others. Exploitation by human smugglers and human trafficking has increased during the pandemic, as cross-border movements have been limited. The additional challenges and difficulties that migrant women and girls have faced during the COVID-19 pandemic have required a gendered approach in the response to ensure that policies have the specific needs of women and girls in mind. Access to healthcare services, including sexual and reproductive care, has significantly decreased. Women and girls in disadvantaged and marginalized groups, including persons with disabilities, have been particularly affected.

### Examples of UN system support to access to the vaccine by migrants and refugees



Refugees and asylum-seekers evacuated from Libya receive their first dose of the COVID-19 vaccine at the Emergency Transit Mechanism centre in Gashora, Rwanda.

Photo: UNHCR/ Plaisir Muzogeye

The International Organization for Migration (IOM), UNICEF and UNHCR have been working at all levels to advocate for migrant inclusion—regardless of legal status—in vaccine priority groups and national COVID-19 vaccination plans and roll out. The organization has been conducting an in-depth monitoring of over 170 countries to track and map the global state of migrant access to COVID-19 vaccines.

Within the framework of the [Collective Service](#), UNICEF, IOM and UNHCR have co-led the RCCE Subgroup on Migrants, Refugees, and other vulnerable populations, including host communities, and have developed practical guidance and simple tools to provide direct support to countries with crisis.

The IOM, WHO, UNICEF, UNHCR and the International Federation of Red Cross and Red Crescent Societies (IFRC) are focused on monitoring global access to COVID-19 vaccinations for migrants, refugees and other forcibly displaced persons.



Thus, both for public health reasons and in line with a rights-based approach, a special effort must be made to include migrants, mobile populations, refugees and IDPs in COVID-19 vaccination campaigns, as these populations may not be able to easily access COVID-19 vaccines due to a number of barriers. The rollout of vaccination campaigns should be expedited, and countries must endeavor to remove barriers that limit access to vaccines for the world's 82.4 million forcibly displaced people. The UN Refugee Agency (UNHCR) has confirmed that 123 countries have either explicitly included refugees in their vaccination plans or provided assurances that they will do so. To date, 91 countries (out of the 162 monitored) have confirmed that refugees and other persons of concern have started receiving COVID-19 vaccinations.

Socioeconomic determinants of migrants' health, coupled with weak health systems, pose challenges to ensuring access to care for

COVID-19 and other diseases neglected during the pandemic, and reveal patterns of structural inequality. Crisis-affected populations often live in densely populated environments, such as in camps or camp-like settings, with already overstretched health services and a high risk of COVID-19 and other disease transmission and limited opportunities for physical distancing. Displaced people are less likely to have consistent access to PPE or supplies to control and prevent infection, such as hand washing facilities.

Losses in remittances have also had a negative impact on women's economic empowerment. Women make up 42 per cent of migrant workers globally. In the home country, reduction in remittances means a fall in disposable income for necessary household goods and services. Given the role of women in many societies, they often bear the brunt of this fall, and the importance of [applying a gender lens to financial inclusion](#) therefore

Women working at the Abnaa Mhin IDP camp in Syria to raise community awareness regarding COVID-19.

Photo: OCHA

requires attention to domestic and international policy actions in this context, including not only collecting but analysing and taking appropriate actions in response to more accurate and granular data on women's access to and use of financial services, as well as removing discriminatory laws and regulations, and promoting digital financial inclusion.

Recent studies by UNCTAD explore the [economic impact of the pandemic on trade and development](#) and address the issue of [inclusive access to financial services for women, the poor and migrant workers](#). SMEs and MSMEs are supported through projects on competition law and policy, a code of conduct to support access to digital platforms with fair and balanced terms and conditions, and technical cooperation for social protection with a component on consumer protection. In partnership with the UN Economic Commission for Africa (UNECA), Ethiopia, Kenya, Mali, Togo and Nigeria are conducting [sectoral COVID-19 impact and response studies](#), and research on [COVID-19 and the challenge of developing productive capacities in Zambia](#) was also recently undertaken.

UNHCR and the World Bank continue to closely cooperate in efforts to enable countries to respond to the immediate health consequences of the pandemic and to mitigate its socio-economic impacts. Additionally, UNHCR has been working with the African Development Bank on a COVID-19 response project that aims to support the primary health response and community resilience of vulnerable communities, including refugees and IDPs, in Burkina Faso, Chad, Mali, Mauritania, and Niger. Innovative financing instruments, such as green, social, or sustainability bonds, are gaining traction in many areas to support recovery and resilient, inclusive and sustainable development pathways. In this vein, in the Asia-Pacific region, the Economic and Social Commission for Asia and the Pacific (ESCAP) has developed a [Macro-economic Model for Sustainable Development](#) that analyzes a "build forward better" policy package to enhance access to healthcare and social protection, improving access to digital technologies, and strengthening climate and clean energy actions. The model also highlights the fiscal, financial and debt implications of implementing this policy package.

Members of the community in Maiduguri, Nigeria receive training on how to make face masks to help others reduce the risk of contracting the virus within internally displaced person camps and communities.  
Photo:  
UNOCHA/Damilola Onafuwa



# An effective response for transformative and sustainable recovery

The third strategy in the COVID-19 response and recovery process is the [UN Framework for the Immediate Socioeconomic Response to COVID-19](#), which utilizes the crisis of the pandemic as an opportunity to achieve the socioeconomic transformations that are necessary to ensure a more sustainable and resilient future for all. The socioeconomic response framework consists of five integrated work streams undertaken by the United Nations development system (UNDS):



1. Ensuring that essential health services are still available and protecting health systems



2. Protecting people and helping them cope with adversity, through social protection and basic services



3. Protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes



4. Guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses



5. Promoting social cohesion and investing in community-led resilience and response systems

These five streams aim to protect the needs and rights of people living under the duress of the pandemic, with particular focus on the most vulnerable countries, groups, and people who are at risk of being left behind, connected by a strong environmental sustainability and gender equality imperative to build back better. The socioeconomic response framework complements the health and humanitarian strategies, and builds on the [UN Secretary-General's Shared Responsibility, Global Solidarity Report](#) issued last year.

Recognizing also that the pandemic sparked a global development crisis that was undermining hard-won gains and progress towards

the SDGs, the Secretary-General has mobilized the entire United Nations system to advance its comprehensive response to the health, humanitarian and socioeconomic aspects of the pandemic in a manner that is linked long-term to the implementation of the 2030 Agenda for Sustainable Development and the SDGs. A [series of policy briefs](#) provide specific guidance to Governments and stakeholders on recovery, and point the way forward in relation to overarching themes, including food security and nutrition, children, people on the move, mental health, human rights, debt, socio-economic impact, jobs, cities, tourism,

economic impacts of the pandemic, while also strengthening the foundations for a recovery grounded in the implementation of the SDGs. UNCTs have been advancing vaccine equity and the rollout of vaccines in 145 countries through the COVAX facility with the leadership of WHO and UNICEF, and reinforcing the socio-economic response and recovery efforts led by the Resident Coordinators with the technical lead of UNDP, as a bridge to accelerate SDG implementation.

Guided by the Framework, a dedicated coordination function with increased capacities and enhanced leadership at the country level has offered clear entry points with Governments, more coherent positioning of the work of the United Nations, and a stronger system response through effective UNCT working relationships. Resident Coordinators drew upon the resources of the UNDS, with WHO, OCHA and UNDP serving as technical leads of the system's health, humanitarian and socioeconomic response efforts, respectively, and on the wider United Nations development system. The UNDS was able to deliver in "emergency mode". A swift system-wide effort was undertaken to develop United Nations socioeconomic response plans, to rapidly repurpose and mobilize resources, and to ensure UNCT business continuity.



A Syrian refugee family in Jordan has been self-sufficient for seven years, but the coronavirus crisis has significantly impacted their livelihoods. They received cash assistance through an e-wallet system. Photo: UNHCR/Lilly Carlisle

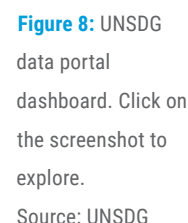
inequality, education, and universal health. Additional policy briefs target population groups including persons with disabilities, older persons, women and children; and address regional specificities.

In 2021, the UNDS, guided by the principals of the United Nations Sustainable Development Group (UNSDG), and under the leadership of Resident Coordinators at the country level, facilitates an integrated response by United Nations Country Teams (UNCTs) to support 162 countries and territories in tackling the immediate health, humanitarian and socioec-

A total of 122 United Nations socioeconomic response plans have been prepared, covering 139 countries and territories to support the provision of essential services, strengthen social protection services, protect jobs and vulnerable workers and maintain social cohesion. They align to SDG trajectories and include a focus on a green recovery, digitalization and inclusion. The Framework for the immediate socioeconomic response to COVID-19 that guides the United Nations socioeconomic response plans is accompanied by a robust monitoring framework, with a set

on humanitarian aspects, the World Bank on loan portfolios). The indicators monitor the progress and collective actions by UNCTs in the socio-economic response. Together with the indicators monitoring the health and humanitarian responses, and the indicators monitoring the human rights impact of COVID-19, they make up the core basis for the UN system's indicator framework for COVID-19.

Within the COVID-19 data portal (Figure 8), [each country has an individual page](#) that reflects a snapshot of key indicators on the situation in the country, and an update on progress in the response, including the activities, progress and indicators on the COVID-19 response. The portal also includes links to relevant data sources of other UN entities, with further datasets to be integrated, which facilitates and strengthens coordination among the UNSDG entities.



The reinvigorated Resident Coordinator system is proving to be effective for unlocking the full potential of the UNDS.

Response efforts have continued to further solidify the new system through the Resident Coordinators, their offices, and the regional and global support structures. Governments have provided positive feedback on the role of the Resident Coordinators and UNCTs, as well as their capacities and skill sets. Indeed, COVID resulted in a first stress test of the reforms. Even as we were still consolidating the new Resident Coordinator system, the boost in coordination capacities and more collaborative ways of working that had already taken place proved crucial. United Nations Resident Coordinators' leadership facilitated a strong, integrated response by United Nations country teams to support over 160 countries and territories to tackle the health, humanitarian and socioeconomic impacts, while setting the foundations for a better recovery grounded in the 2030 Agenda for Sustainable Development.

Almost all UN country teams have conducted socio-economic impact assessments, which have revealed that without urgent socio-economic responses, global suffering would escalate, jeopardizing lives and livelihoods for years to come. The corresponding response plans are central to provide a coherent and coordinated UN response and resource mobi-

lization efforts in support of Governments to recover better UN plans were designed and implemented in close coordination with national Governments, and in tandem with national response plans where they existed. The majority of plans are set to end on 31 December 2021, at which point the UN response to COVID-19 folds into the Cooperation Framework as the central planning and implementation instrument, thus allowing the socio-economic response to COVID-19 to be firmly anchored in national development priorities and plans and focusing on accelerating the efforts to achieve the SDGs.

To ensure a coherent analytical and programmatic response, Resident Coordinators drew heavily on entities without physical presence and facilitated partnerships with International Financial Institutions, in particular the World Bank and the IMF. In countries like the Maldives, Mozambique, Turkmenistan, Cabo Verde, Mongolia, Azerbaijan, Egypt, Botswana, Guatemala and others, joint policy mechanisms with IFIs were established with the support of economists in the office of the Resident Coordinator. This also involved joint analysis in many countries. In some countries, the response plans were developed with the involvement of IFIs.

Synergies among development, humanitarian and peacebuilding interventions, in countries or situations at risk or affected by crises, were also strengthened. In Burkina Faso, for example, nearly 2,000 civilians received free health care at military health centres, thanks to United Nations country team engagement with the Secretary-General's Peacebuilding Fund under the leadership of the Resident Coordinator. At the request of respective Governments, Resident Coordinators in Brazil, Colombia and Peru brought national authorities and UNCTs together in a cross-border initiative to address the COVID-19 impact in

Indigenous communities in Colombia received biosecurity equipment, face masks, and food kits as part of an early socioeconomic COVID-19 response that allows them to resume their daily activities while protecting their health.  
Photo: UNDP Colombia/Oscar Bermeo.





the Amazon region, supporting local authorities to deliver health, legal and socioeconomic assistance to migrants, refugees and indigenous peoples, especially women.

UNCTs have also strengthened their focus on the most vulnerable groups and those left behind. In all Cooperation Frameworks and United Nations socioeconomic response plans developed in 2020, such populations are identified more clearly and are increasingly involved in the programme design process. Most programme country Governments perceive the COVID-19 UN development system response as targeted towards at-risk groups (84 per cent). Indigenous peoples have been increasingly involved in finding solutions to the issues that affect them, including in response to the compounding risks of COVID-19 and climate change. For example, in Costa Rica the United Nations country team promoted new partnerships to face the socioeconomic impact of COVID-19 and the structural barriers that indigenous people have faced for many years.

## STRENGTHENING GENDER EQUALITY

The COVID-19 pandemic has impacted the development landscape for years to come, and there is a high risk that gender inequalities and gender-based discrimination will increase even further. Some of the actions taken at the country level are highlighted below.

**Using gender analysis developed for programming.** UNCTs have made increased use to incorporate gender-specific data linked to the COVID-19 pandemic. In Kosovo, under the leadership of the Development Coordinator, the UNCT ensured that gender analysis was integrated in the cooperation framework.

**Considering gender-based violence (GBV) as a priority for the UN to address in COVID-19 recovery.** Times of crisis and stress invariably provoke escalations in GBV due to pre-existing gender inequality. The stay-at-home orders and movement restrictions have continued to disrupt social and protective networks and decrease access to services. As an immediate

Improving access to nutrition services for mothers and children in Cameroon in the context of COVID-19. Photo: UNICEF/ Frank Dejongh

answer, the UNCT in Mozambique enabled an SMS code so women and girls could denounce all cases of domestic violence, which has been increasing during lockdown. In Nepal, the UNCT has initiated a new support system for its staff members. Two counsellors will be leading peer support groups to address stress and relationship difficulties.

**Capturing gender perspectives from Civil Society.** The UN Gender Theme Group in Bangladesh initiated a gender monitoring network from the onset of the pandemic, consisting of civil society organizations (CSOs), including women's rights organizations. This mechanism ensured the rapid mobilization of CSOs and women's organizations and captured their perspectives on emerging gender issues, which informed the gender considerations in the development of the UN SERP.

**Leveraging existing coordination mechanisms on gender equality.** Prior to the pandemic, the UN Kosovo Team already had an active, well-functioning UN Gender Theme Group. Additionally, the UN was represented in the Gender & Security Consortium, a large strategic group advancing gender equality and women's empowerment in the context of peacebuilding, security and safety, chaired by UN Women with representation from UN agencies, national institutions, and civil society.

**Going beyond gender.** UNCTs finally paid close attention to how different factors such as age, disability, ethnicity, gender identity and sexual orientation, interact with gender to increase vulnerability, disadvantage, and discrimination in the context of COVID-19. In Rwanda, the COVID integral analysis was very focused on cross-sectoral elements.

At least 48 UNCTs are reporting innovation approaches in the deployment of data and digital technologies to help countries address and monitor the pandemic. In Latin America

and the Caribbean, for example, eight Resident Coordinator offices are piloting real-time monitoring via social media and mobile platforms to assess how populations are coping. At the same time, the pandemic still rages in many parts of the world, particularly in light of unacceptable levels of vaccine inequity. It is essential that Resident Coordinators continue, under the technical lead of UNICEF and WHO, to do everything possible to ensure effective vaccine planning and rollout. They must also provide the necessary coordination to ensure care and support for UN staff and ensure business continuity, and to mobilize resources to enable an effective SDG response from UNCTs.

The COVID-19 response sets the bar and provides a blueprint for how the Resident Coordinator system can leverage the diversity and immense capacities of the UNDS to accelerate SDG implementation during the UN Decade of Action to deliver the Sustainable Development Goals. It shows how the Resident Coordinator's leadership can—and is—enabling more integrated policy advice and joint programmatic support from the UNDS on key SDG accelerators. It also shows how the Resident Coordinator's convening role can be used effectively to allow the UNDS to engage in ambitious partnerships at national and local levels and help leverage financing from all sources for countries' sustainable development priorities, in line with the Addis Ababa Action Agenda.

**Member States have given us further guidance** on support to the response to COVID-19 when the General Assembly carried out its Quadrennial Comprehensive Policy Review of UN system operational activities (QCPR), and the UN is working accordingly to follow up, and to analyze the lessons learned in order to better prepare for possible future shocks and provide assistance, including through contingency planning, risk information and early warning systems.

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CHAPTER

03

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**SUPPORTING AND  
FINANCING THE RESPONSE  
AND RECOVERY**





A nurse in Belarus uses an electric bike provided by a UN joint project to reach patients who live in rural areas.

Photo: UNDP  
Belarus/Sergei Gapon

As part of the socioeconomic response framework, and the Secretary-General's Strategy for Financing the 2030 Agenda for Sustainable Development, the Secretary-General, together with the Prime Ministers of Canada and Jamaica, acted swiftly and mobilized member States and the UN-System to launch the Financing for Development in the Era of COVID-19 and Beyond Initiative (FfDI) to enable an inclusive and sustainable recovery from COVID-19. The FfDI positioned the United Nations as the universal forum to discuss financing for sustainable development issues, and exerted a broad-based, collective push for the international community to fill gaps in the global response effort, resulting in concrete outcomes that played an instrumental role in providing relief and boosting liquidity for countries in need, including through: the historic issuance of \$650 billion in IMF Special Drawing Rights (SDRs), the creation of the Resilience and Sustainability Trust (RST) for vulnerable middle-income countries, and the extension of the Debt Service Suspension Initiative (DSSI). However, in light of increasing divergence in recovery between developed and developing countries, and amidst a continuing COVID-19 crisis, greater efforts are now needed to address the growing global debt

crisis and ensure countries have the fiscal space and sufficient liquidity to invest in a recovery and just transition to achieve the Sustainable Development Goals by 2030.

The July 2021 update of the [World Economic Outlook](#) highlights the deployment of vaccines equitably worldwide as an immediate priority, and members of the COVID-19 Task Force are striving to mobilize financing for the recovery, from the health and socio-economic impacts of the pandemic, with a focus on grants and concessional lending; helping to remove barriers to export and import of vaccines, therapeutics, and diagnostics; and supporting more production, including in low- and middle-income countries.

The [IMF staff's US\\$50 billion proposal to end the pandemic](#), in line with the priorities set out by WHO, WTO, IMF and the World Bank Group, provides clear targets and pragmatic actions at a feasible cost to end the pandemic. Financially constrained economies also need unimpeded access to international liquidity. The [\\$650 billion General Allocation of Special Drawing Rights approved by the IMF](#) will help to boost reserve assets of all economies and help ease liquidity constraints.

The [WHO strategic action and resource requirements to end the acute phase of the COVID-19 pandemic 2021](#) are highlighted on page 10. Over the next period from October 2021 to September 2022, a total of US\$23.4 billion is required for ACT-A to deliver its new strategic plan and overarching objectives, representing approximately 60 per cent of the previous September 2021 ask, reflecting prioritized needs within a changing global context, with increased vaccination coverage and testing rate targets. [WHO foresees further problems with new therapeutics that are expensive and produced in limited quantities.](#)

The status of COVID-19 related funding efforts, including the WHO emergency appeal, the humanitarian response plan, and response and recovery fund, are updated twice daily through the [COVID-19 data portal](#) (Figure 9).

The [COVID-19 Solidarity Response Fund \(SRF\)](#) continued to support the SPRP in 2021, and builds on progress achieved in 2020 towards suppressing transmission, reducing exposure, countering misinformation and disinformation, protecting the vulnerable, reducing mortality and morbidity rates and increasing equitable access of diagnostics and vaccines for all. OCHA and its partners maintain a [financial tracking service](#) that reports on the support directed toward the GHRP, including where funds are coming from, where they are going, and progress on appeals.

The [UN COVID-19 Response and Recovery Multi-Partner Trust Fund \(COVID-19 MPTF\)](#) is a UN inter-agency finance mechanism launched by the UN Secretary-General to support low- and middle- income programme countries in overcoming the health and development crisis caused by the COVID-19 pandemic.

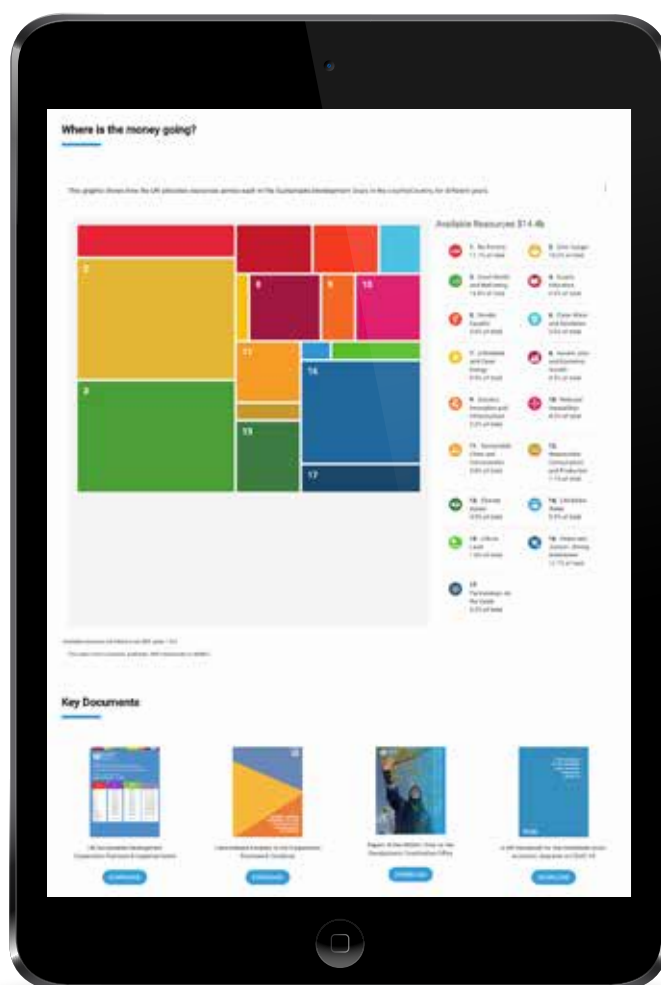


**Figure 9:** UNInfo COVID-19 data portal funding updates page. Click on the screenshot to explore.  
Source: UNInfo COVID-19 data portal





**Figure 10:** “Where is the money going?” graphic on the UNSDG data portal shows how the UN allocates resources across each of the Sustainable Development Goals, for different years.. Click on the screenshot to explore.  
Source: UNSDG data portal



heavy burden the pandemic has placed on women, such as heightened exposure to domestic violence, loss of livelihoods, and rising rates of unpaid labor. Its three funding windows mirror the three strategies of the comprehensive response, channeling funds toward the immediate health response, the humanitarian socio-economic response, and the longer-term recovery response that strengthens national preparedness measures, safeguards SDG programmes from pandemic-related setbacks, and advances implementation of the SDGs.

The [UNSDG data portal](#) tracks the overall progress in allocating resources across each of the SDGs in country, and for different years (Figure 10).

The MPTF’s assistance targets those most vulnerable to economic hardship and social disruption, leverages the expertise and delivery capacities of UN Agencies, harnesses the resources of both the public and private sectors, and offers whole-of-government and whole-of-society approaches to help close gaps in country preparedness and response plans and safeguard progress towards the SDGs. It also helps define programmatic responses that reach the poorest and most vulnerable, that elevate preparedness for future health emergencies, and supports gendered approaches that respond to the

Although these developments represent progress across the UN system to collaborate and coordinate efforts in critical areas for a sustainable response and recovery from the pandemic, the need for advocacy is stronger than ever with regard to financing the response to COVID-19 and providing assistance to developing countries, including a debt standstill, debt restructuring, greater support through the international financial institutions, promoting investment in the SDGs and putting forward a range of different policy options.

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CHAPTER

04

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CONCLUSION



The National Public Health Laboratory in Singapore is part of the WHO COVID-19 Reference Laboratory Network providing confirmatory testing for COVID-19. Photo: WHO/Blink Media - Juliana Tan

The United Nations system has been mobilized to rise to the historical challenge of the COVID-19 pandemic. Across the health, humanitarian and socio-economic response, UN entities have also advocated for multi-lateral efforts and international solidarity to control the pandemic, overcome its impacts and move forward, guided by the 2030 Agenda. The UN Secretary-General's report on "Our Common Agenda" reiterates the call for an immediate global vaccination plan, implemented by an emergency Task Force made up of present and potential vaccine producers, the WHO, ACT-Accelerator partners, and inter-

national financial institutions, to work with pharmaceutical companies to at least double vaccine production and ensure that vaccines reach 40 per cent of people in every country by the end of 2021 and 70 per cent by mid-2022. It also calls for steps to strengthen global health security and preparedness, support low-income countries in developing and accessing health technologies and finance, and strengthen social protection systems. The Secretary-General and the Executive Heads of the UN system stand ready to support UN Member States in these endeavors.





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Seventy-six years ago, the United Nations was created as a vehicle of hope for a world emerging from the shadow of catastrophic conflict. Today, the women and men of the UN carry this hope forward around the globe.

COVID-19, conflicts, hunger, poverty and the climate emergency remind us that our world is far from perfect. But they also make clear that solidarity is the only way forward.

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**UN Secretary-General António Guterres**