WHO collaboration with United Nations entities that operate during a health emergency, with a focus on the COVID-19 response

Report by the Secretariat

INTRODUCTION

1. In 2016, Member States agreed to establish a new WHO Health Emergencies Programme to add operational capabilities for outbreaks and humanitarian emergencies to complement WHO’s traditional technical and normative roles.\(^1\) WHO supports countries to prepare for, detect and respond to health emergencies of all kinds, ranging from disease outbreaks to conflicts to natural disasters. No organization can do this alone, and this is why WHO relies on other United Nations entities and partners.

2. In line with a request by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies at its second meeting, this document has been prepared to provide an overview of WHO’s collaboration with United Nations entities and partners that operate during a health emergency and their specific roles. This report will discuss the networks and coordination mechanisms of the United Nations system and entities during the coronavirus disease (COVID-19) pandemic.

3. The WHO Emergency Response Framework provides WHO staff with essential guidance on how the Organization manages the assessment, grading, and response to public health events and emergencies with health consequences, in support of Member States and affected communities. WHO has specific responsibilities and accountabilities for emergency operations under the International Health Regulations (2005) and within the global humanitarian system as the Inter-Agency Standing Committee (IASC) Global Health Cluster Lead Agency.\(^2\) The Emergency Relief Coordinator and the Inter-Agency Standing Committee were established in 1991 by United Nations General Assembly resolution 46/182. The Emergency Relief Coordinator is the Chair of the IASC and is the most senior United Nations official dedicated to humanitarian affairs. In addition, the Emergency Relief Coordinator convenes the IASC Principals from lead agencies. In a traditional humanitarian emergency, the IASC scale-up mechanisms protocols are activated to garner a time-bound system-wide approach to enhance

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\(^2\) The Emergency Relief Framework uses an all-hazards approach and it is therefore applicable in all public health events and emergencies (see Annex 1 of the Framework for classification of hazards). It is complemented by WHO’s Emergency Standard Operating Procedures and is consistent both with technical documents (such as WHO guidance on risk assessment) and with inter-agency emergency protocols and commitments (for example the Transformative Agenda protocols of the Inter-Agency Standing Committee). Many elements are therefore aligned with similar internal guidance of partner agencies.
a humanitarian response and ensure that IASC member organizations can rapidly mobilize the necessary operational capacity and resources to respond to critical humanitarian needs. This IASC humanitarian scale-up approach was adapted in 2019 to control infectious disease events, based on the IASC criteria adapted to meet the International Health Regulations (2005) and WHO’s formal risk assessment of the event.

4. Initial protocols for IASC scale-up guided the United Nations country teams and other health cluster partners; however, there was no clarity on the role of the United Nations Crisis Management Team. The United Nations Secretary-General system-wide activation of IASC protocols based on the United Nations Crises Management Policy and resulting nomination of WHO as the convener for the first time in history underscores the complexity and specificity of the COVID-19 pandemic.

NETWORKS AND COORDINATION MECHANISMS OF THE UNITED NATIONS SYSTEM AND ENTITIES DURING THE COVID-19 PANDEMIC

COVID-19 and the United Nations Crisis Management Team

5. The Director-General of WHO, on the recommendation of the International Health Regulations (2005) Emergency Committee, declared the COVID-19 outbreak a public health emergency of international concern on 30 January 2020. Recognizing the early impact of the virus beyond health on global trade, travel, supply chains, and finance and the potential implications for and needs from the United Nations system, WHO requested activation of the United Nations Crisis Management Policy by the United Nations Secretary-General on 4 February 2020. This is the highest possible level of crisis alert in the United Nations system, and it was the first time this mechanism has been activated for a public health crisis.

6. The United Nations Secretary-General agreed to activate the Crisis Management Policy and to underscore the centrality of health and infectious disease control within the system-wide response, nominating WHO as the lead coordinating entity of the policy and convener of the United Nations Crisis Management Team (CMT),1 responsible for managing resources, coordinated service delivery and messaging across the United Nations system. The CMT has the following functions:

1. communication of key information to all who need it in the United Nations system and beyond;

2. analysis and prioritization of key emerging issues to ensure the United Nations Senior Management Group and United Nations Principals are briefed on COVID-19 and the potential implications and requirements to allow decisions and actions to be taken;

3. coordination of strategies, policy decisions, and plans, including mobilization and allocation of resources; and

4. joint action where synergies exist to allow scale-up of operations at country level for public health, human rights concerns, broader socioeconomic related issues, and travel and trade.

1 The CMT consists of the main crisis coordination meeting, chaired by the Crisis Manager (Executive Director of the Health Emergencies Programme) and the Deputy Chair (Director in the Health Emergencies Programme).
7. Coordination meetings are at the Principal or Assistant Secretary-General level with some delegation to senior management of smaller United Nations entities. The first meeting was held on 11 February 2020. As of 1 September 2021, the CMT had convened 46 times.


9. In addition, nine strategic workstreams were established organized by priority areas that represented the broad-reaching impact of the virus on society and range from finance and economics, human rights, food security, and social impacts to mass gatherings, travel, and trade. Each of these workstreams is led by one or multiple United Nations entities depending on their field of expertise and whether they are coordinating existing forums for specific fields.¹

10. UNOCC supports crisis coordination structures, including the Crisis Manager and Deputy Chair. This includes coordinating, compiling, sharing situation reports, maintaining a shared information platform, and providing secretariat services for relevant meetings. The CMT reports to the United Nations Secretary-General through the Executive Committee.

11. An internal review found that the CMT was critical in raising awareness of the potential consequences of COVID-19 on the United Nations system and its ability to operate. It enabled coherence across United Nations entities, harmonizing communications on the virus both internally and externally, and uniquely brought together humanitarian, human rights, development, and health partners together under the leadership of a specialized agency.² In addition, the CMT also served as a platform for regular engagement to align and integrate the United Nations system-wide COVID-19 mechanisms, including the Global Humanitarian Response Plan, the WHO Strategic Preparedness and Response Plan, and the United Nations Socio-Economic Framework, which brought about a coherent response by the United Nations system at the country level.

The COVID-19 Partners Platform

12. On 12 February 2020, the Operational Planning Guidelines to support the development of COVID-19 National Plans were issued by WHO, and on 16 March 2020, the COVID-19 Partners

¹ Document A74/38.
² United Nations Crisis Management Team: Light touch review.
Platform\(^1\) was launched as a key coordination and governance tool providing a unifying, transparent, global mechanism. As a result, for the first time in a pandemic, national authorities, United Nations country teams (UNCTs), and partners have been able to collaborate on a single digital platform in real time.

13. The COVID-19 Partners Platform:

- facilitates planning aligned to international COVID-19 guidance developed in collaboration with national authorities and partners;
- supports the monitoring of preparedness and response activities at national and subnational levels;
- enables the costing of resource requests when they are not available at the country level; and
- provides visibility into the donor contributions that have been committed in the context of this outbreak.

14. WHO provided operational planning guidelines to UNCTs to support countries to prepare and respond to the COVID-19 pandemic, including steps to be taken by resident coordinators and UNCTs to ensure coordination and monitoring mechanisms with key performance indicators that are aligned with the WHO Strategic Preparedness and Response Plan. As a result, WHO has contributed to the implementation of the United Nations system’s comprehensive and coherent responses at the country level and the development and delivery of COVID-19 vaccines, diagnostics, and therapeutics. It has also ensured that country-level interventions by the health and other sectoral clusters reflect critical pandemic-mitigating goals: suppressing transmission of the virus, mobilizing communities to reduce exposure, reducing mortality and morbidity from COVID-19 cases, and preparing communities and health systems for the absorption of vaccines and COVID-19 therapeutics.

15. To date, more than 75% of WHO Member States (more than 150 countries, territories, or areas) have joined the Partners Platform, 108 national COVID-19 response plans have been added to the system, and more than 70 donors have routed their contributions through the platform, totalling more than US$ 3 billion.

**The Inter-Agency Standing Committee mechanism**

16. The Inter-Agency Standing Committee (IASC) is a body mandated by the United Nations General Assembly to coordinate system-wide efforts to prepare for and respond to crises.

17. In March 2020, the IASC Principals activated the IASC Scale-Up Protocol for the COVID-19 pandemic. It became operational on 16 April 2020 for an initial period of six months and was subsequently extended until 17 January 2021. The IASC Scale-Up Protocol (formerly known as the activation of Levels 1, 2, and 3 System-Wide Emergencies) builds on the IASC activation procedures for infectious diseases, reflecting the roles of the WHO Director-General and Member States under the International Health Regulations (2005). The Scale-up Protocols were adapted to the global COVID-19 pandemic to support a joined-up and systematic response to the crisis under the guidance of the United Nations Emergency Relief Coordinator.

\(^1\) Available at https://covid19partnersplatform.who.int/en/, accessed 28 September 2021.
During the COVID-19 pandemic, WHO has led global system-wide actions to respond to the immediate health impact of the pandemic on vulnerable communities while ensuring a coordinated response to sustain life-saving humanitarian assistance and protection. WHO provided technical expertise for evidence-based decision-making and the development of operational guidance. Within the IASC, WHO co-led weekly Principals-level meetings with the Emergency Relief Coordinator on the day-to-day management of the pandemic in IASC-activated settings.

As part of the wider IASC response to COVID-19, the Global Health Cluster COVID-19 Task Team was established to strengthen the coordination and effectiveness of the health cluster response. The primary objectives are to collate country-level technical, operational, and coordination challenges, promote and support adaptation and use of COVID-19 guidance for low capacity and humanitarian settings, support multisectoral action, capture and share lessons learned, and good practices, and advocate to address unmet needs and operational barriers.

WHO is the IASC designated cluster lead agency for health and performs this strategic function through the Global Health Cluster hosted in WHO headquarters and through country health clusters. Currently, 31 activated health clusters are working to meet the health needs of 84.7 million crisis-affected people in partnership with approximately 900 international, national and local agencies.

The IASC launched a Global Humanitarian Response Plan on 25 March 2020, after WHO declared COVID-19 as a public health emergency of international concern, that is aligned with WHO’s Strategic Preparedness and Response Plan. The Global Humanitarian Response Plan ensured operational coherence, complemented national multisectoral humanitarian response plans, and provided additional coordination at the global level where the pandemic’s immediate health impacts and secondary effects were particularly grievous. From the period March to December 2020, the Global Humanitarian Response Plan initial appeal was costed for US$ 2 billion (later increased to US$ 9.5 billion) to respond to urgent needs in 63 countries arising from the growth of humanitarian needs in existing conflict and natural disaster settings, as well as the increased cost of essential health supplies and air and sea transportation resulting from border closures and disrupted global transportation networks.

The Global Humanitarian Response Plan also placed COVID-19 at the centre of the intersectoral assessments and data analysis frameworks that informed the humanitarian needs overviews, ensuring that needs across all sectors – not exclusively health – were measured against the backdrop of aggravating needs caused by the pandemic, such as lockdowns, closures of social services and exposure to camp and camp-like settings.

The IASC developed over 90 normative operational guidance materials in consultation with WHO, calibrating humanitarian practices across every sector to ensure compatibility with WHO-issued guidelines and advice on COVID-19.

With the introduction of COVID-19 vaccines and vaccination programmes, the IASC also worked with the COVAX Facility coordinated by GAVI, the Vaccine Alliance, to operationalize the COVAX Humanitarian Buffer – a provision of last resort to make available up to 5% of all doses of COVID-19 vaccines (up to 100 million doses by the end of 2021) allocated through COVAX to populations in

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1 Clusters are groups of humanitarian organizations, both United Nations and non-United Nations, in each of the main sectors of humanitarian action, e.g. health, water and logistics. They are designated by the IASC and have clear responsibilities for coordination.
humanitarian settings that might be left behind. Under the Humanitarian Buffer, populations of concern\(^1\) in fragile, conflict-affected, and vulnerable settings who were unable to access COVID-19 vaccines due to not being included in national vaccine deployment plans – designed to protect at-risk populations as per guidelines of the WHO Strategic Advisory Group of Experts on Immunization – can be protected and are identified by the IASC through a working group for immunization tasked by the IASC Emergency Directors Group and the Board of GAVI. As of August 2021, over 81 million doses had been administered across all 30 IASC-activated humanitarian settings (countries with an activated humanitarian response plan or joint response plan).\(^2\)

**The United Nations framework for socioeconomic response to COVID-19**

25. The United Nations Development Coordination Office led the development of the UN framework for the immediate socioeconomic response to COVID-19, which outlines an integrated support package offered by the United Nations Development System to protect the needs and rights of people living under the duress of the pandemic, with a focus on the most vulnerable countries, groups and people who risk being left behind. Together with WHO’s Strategic Preparedness and Response Plan, three complementary strategies\(^3\) provide a comprehensive overarching framework for the whole-of-United Nations coordinated response to the pandemic.

26. The framework for the United Nations’ urgent socioeconomic support to countries and societies in the face of COVID-19 put in practice the report of the United Nations Secretary-General *Shared responsibility, global solidarity: responding to the socio-economic impacts of COVID-19.*\(^4\) The global framework provides the strategy and blueprint for the urgent socioeconomic response.\(^5\) It consists of five streams of work:

- ensuring that essential health services are still available and protecting health systems (led by WHO);\(^6\)
- helping people cope with adversity through social protection and basic services;
- protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes;

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\(^1\) Populations of concern in humanitarian settings may include refugees, asylum seekers, stateless persons, internally displaced persons, minorities, populations in conflict settings or those affected by humanitarian emergencies, and vulnerable migrants irrespective of their legal status.

\(^2\) Source: WHO.

\(^3\) These are the COVID-19 Global Humanitarian Response Plan; IASC scale-up protocol; and UN framework for the immediate socio-economic response to COVID-19.


\(^6\) The Pillar on “ensuring that essential health services are still available and protecting health systems” is led by the WHO Assistant Director-General for Emergency Response assisted by the Director for Health Services Delivery.
• guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and

• promoting social cohesion and investing in community-led resilience and response systems.

27. WHO has established a pillar on essential health services to support this area of work, aligning its Incident Management Structure to ensure coherence with United Nations partners. The work of UNCTs on socioeconomic aspects of the pandemic response complements the humanitarian response and the health response through WHO’s Strategic Preparedness and Response Plan for COVID-19.

Leveraging the innovative capacity of WHO based on the COVID-19 Supply Chain System

28. The COVID-19 pandemic severely disrupted health and transport systems and links that humanitarian responders would normally rely upon to reach affected areas in a crisis. COVID-19 has demonstrated the fragility of the global supply system. Humanitarian and health communities joined efforts at global and local levels to respond to this unprecedented crisis and to overcome gaps and other challenges in the supply chain. Robust and agile logistics networks are critical to responding to this unprecedented humanitarian and health crisis.

29. Important lessons learned from the COVID-19 supply chain response demonstrate the need for close coordination between health, humanitarian, and development programmes and existing private sector logistics, with targeted interventions to complement and strengthen the critical supply chains.

30. WHO and WFP led the COVID-19 Supply Chain System, which perfectly illustrates this end-to-end integration of technical and operational capacities for impact. WHO leveraged its technical know-how within the COVID-19 Supply Chain System by developing technical specifications based on evidence and quality assurance from technical experts, through procurement and distribution to fill the urgent initial gaps at the country level, to leveraging the partnership with WFP for logistic capabilities. WHO, WFP, UNICEF, and other partners (Clinton Health Access Initiative, Foundation for Innovative New Diagnostics, Global Drug Facility, Global Fund to Fight AIDS, Tuberculosis and Malaria, International Medical Corps, IOM, Médecins Sans Frontières, Pan American Health Organization (PAHO), United Nations Department of Operational Support, UNDP, United Nations Office for Project Services and UNHCR) were able to procure and ship more than US$ 1.41 billion in essential response supplies including vital medical oxygen, personal protective equipment and more than 250 million COVID-19 tests to 193 countries. This represents 55% of all diagnostic tests, 53% of all biomedical equipment, and 50% of all personal protective equipment distributed worldwide.

31. Regional coordination within WHO for most emergency response operations requires that the regions provide leadership and coordination functions, both within WHO and among partners at regional and country levels. These roles are maintained for a global level event, with WHO headquarters

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3 As of Q2, 2021. Source: WHO.
providing coordination supported by specific expertise such as quality assurance and specification definition for personal protective equipment, diagnostics, and medical equipment regardless of the regional procuring entity.\(^1\) Looking forward, WHO headquarters and regional offices will integrate supply work on demand definition and generation, strategic procurement, sourcing, stockpiling, and outbound logistics from hubs, country outreach, and data transparency.

32. Building on lessons learned from the COVID-19 supply chain architecture, WHO and partners will work to create a Global Emergency Supply Chain for Health to:

1. ensure readiness for quick response to and coordination of ongoing and future emergencies;
2. ensure quick access to financing instruments such as volume guarantees and bridge and pooled funds; and
3. maintain an end-to-end approach that integrates modelled forecasts of need, demand aggregation, technical support to qualify need, technical standards, procurement, quality assurance, transport, delivery, and use.

33. Linking this new architecture to existing mechanisms such as the Emergency Response Framework and IASC mechanisms would ensure an integrated and established global supply chain system for health emergency preparedness and response.

**The Global Alert and Response Network**

34. On 2 January 2020, WHO informed partners in the Global Outbreak Alert and Response Network (GOARN)\(^2\) about a cluster of pneumonia cases in the People’s Republic of China. WHO immediately established an Incident Management Support Team (IMST) at headquarters and regional offices, initially in the Western Pacific Region.

35. At the working level throughout the pandemic, operational partner coordination has been managed through GOARN, which includes national technical agencies, technical and specialist networks, non-State actors, international organizations, Red Cross and Red Crescent organizations, and several key United Nations entities. In addition, there have been 87 weekly virtual meetings to share operational updates and risk assessment on the outbreak, to coordinate input on strategic preparedness and response planning, and to coordinate direct technical assistance to countries for the pandemic and other major outbreaks. There has also been real-time information exchange, and technical support has been provided through the GOARN Knowledge Platform and partner webinars.

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\(^1\) At the onset of the pandemic WHO headquarters concentrated on volume purchasing 60+ critical items for the COVID-19 response, covering personal protective equipment, diagnostics and biomedical equipment. These items were considered high demand items with serious supply constraints, where consolidated purchasing, consolidated cargo handling and consolidated transport was considered optimal. This included in the Region of the Americas, where WHO headquarters’ support for procurement and transport of personal protective equipment, diagnostics and biomedical equipment was initially required, and continues as and when requested in the case of biomedical equipment and oxygen.

\(^2\) GOARN was set up in 2000 by WHO and partners to strengthen coordination of outbreak alert, risk assessment, and international support for outbreak response at local, regional, and global levels. GOARN started as a network with 60 founding institutions, and it has grown to over 250 institutions with strong partnerships. The network provides countries with access to technical assistance and expert teams that can deploy rapidly and work effectively in the field in a highly coordinated response.
36. GOARN partners have been directly involved in their respective domestic COVID-19 responses. Major GOARN partners have been embedded in the WHO Global Incident Management Team since the beginning of January 2020. GOARN partners initially provided technical support in the Western Pacific Region, and since the start of the pandemic have provided direct technical support to 37 countries, including in the deployment of 193 experts mainly in the fields of epidemiology, mobile laboratory support, data management, case management, and infection prevention and control. This support included participation in the two major international technical missions to China in February 2020 and January 2021.

37. As part of support to countries, GOARN partners are working with WHO, UNICEF, and the International Federation of Red Cross and Red Crescent Societies to support technical guidance and tools for risk communications and community engagement capacity. GOARN partners have also collaborated on technical guidance and capacity development, particularly for contact tracing and for the rollout and implementation of Go.Data, a software program for contact tracing and outbreak response developed by WHO in collaboration with partners in GOARN.

38. Since its rollout in January 2020, WHO and GOARN partners have supported over 60 projects worldwide to implement Go.Data. Activities include virtual training and briefings and providing direct user support and technical support to local responders for epidemiology, analytics, and interoperability. WHO and GOARN partners also convened an online global consultation on COVID-19 contact tracing in June 2020 and 31 follow-up meetings with countries and partners and are engaging partners in contact tracing capacity-building activities through the Solidarity Fund.

39. A GOARN network of major training partners and global faculty supports a three-tiered strategy to build international technical assistance, coordination, operational research, and specialist technical disciplines. The 21-member steering committee meets bi-monthly to support governance, strategic coordination and encourage/facilitate the involvement of all partners in pandemic activities.

Concluding remarks

40. The COVID-19 pandemic has reached every country in the world, affecting the lives, health, and well-being of millions. WHO and other United Nations entities and partners, have and continue to provide support to countries in all WHO regions during the COVID-19 pandemic, and the Organization will continue to scale up its efforts to address the ongoing pandemic. A United Nations system-wide scale-up at the highest level for a health emergency response has occurred for the first time. WHO provided United Nations partners the space through existing mechanisms to lead their coordinating functions by providing the necessary health-specific leadership and technical expertise whilst ensuring alignment across the United Nations system on the pandemic response to COVID-19. WHO and partners have developed, engaged, and leveraged a myriad of partnerships and networks to coordinate the response to the pandemic through the COVID-19 Supply Chain System, Access to COVID-19 Tools Accelerator (ACT-A), and COVAX, including the Humanitarian Buffer. In 2020, Central Emergency Response Fund (CERF) made the first-ever global block-grant allocations of US$ 95 million directly to United Nations entities at the global level rather than through traditional country-specific grants, which maximized flexibility to prioritize critical country programmes aligned with the Global Humanitarian Response Plan and also provided funding directly to non-State actors channelling US$ 25 million for frontline non-State actors responding to COVID-19. WHO and other United Nations entities and partners will continue to gather information through evaluation exercises to gather lessons learned to
adapt and improve existing systems and mechanisms, such as Assessment of the COVID Supply Chain System\(^1\) and reviews at country level in response to COVID-19.

41. A separate report on funding streams for health emergencies is being prepared by the Secretariat that will complement the present document and provide details on how United Nations entities and partners are funded during emergencies.

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