

2.2 Deploying resources responsibly and strategically

Resource mobilization focused during the last six months on securing funds for oxygen production and equipment procurement, distribution and maintenance, vaccination procurement, preparedness and roll-out, improved case management and critical care capacities, expanded PCR and antigen testing, surveillance, community engagement, research and innovation, and information management. As this report goes to press, there has been an overwhelming surge in response to Africa’s appeal for the equitable global distribution of vaccines, and several major donors have promised to match Africa’s needs. But while vaccines supplies have been secured, covering the cost of undertaking the vaccination roll-out, estimated at US\$ 5.00 for every US\$ 1.00 spent on a vaccine dose remains a challenge.

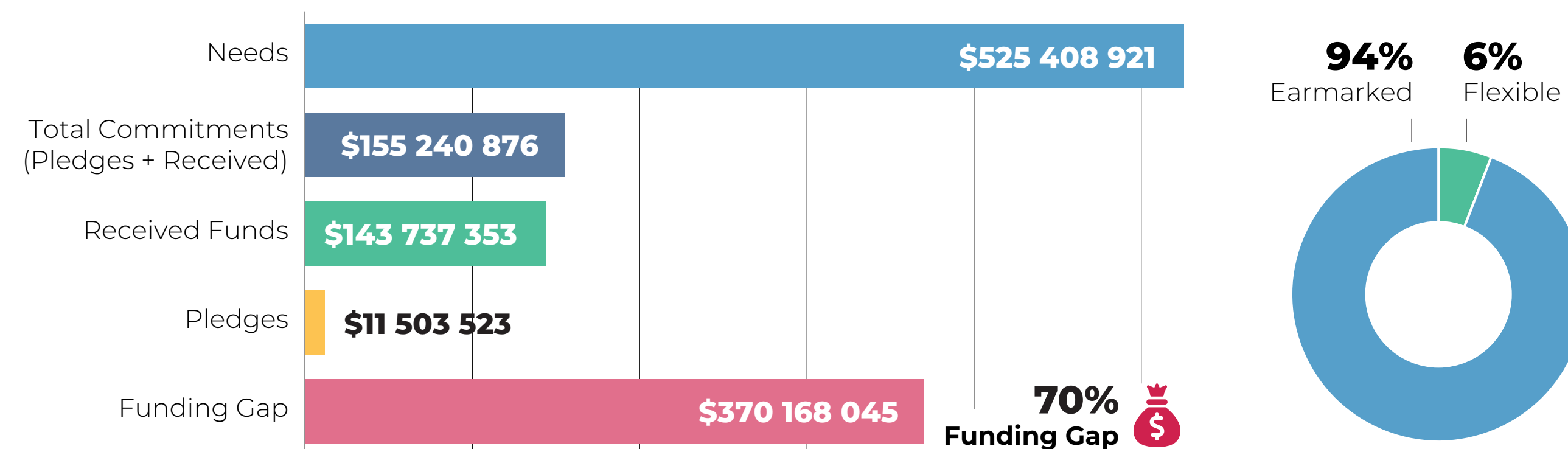
Income and expenditure

To allow WHO to build on gains from 2020 and continue supporting countries to combat the COVID-19 pandemic, a total of US\$ 525.4 million was proposed as the estimated required total for the implementation of the WHO African Region SPRP 2021. This is in addition to Member State bids for national action plans and strategic preparedness and response plans. As of the end of July 2021, the total funding committed to the 2021 SPRP was US\$ 155.2 million. This represents 27% of all the grants received, of which 94% is earmarked. A 70% funding gap remains.

“As the world continues to deal with the COVID-19 pandemic and its aftermath, WHO’s role in the coordination and provision of technical expertise continues to be crucial, in view of sharing information and ensuring an efficient response. DG ECHO remains committed to supporting WHO in its efforts to deliver assistance to the most vulnerable, faced with the COVID-19 pandemic on top of existing humanitarian crises. In 2020, out of the total of €70.5 million allocated to WHO, €8.35 million was allocated to African countries and €30 million specifically for preventing, containing and mitigating the spread of COVID-19 in fragile States in Asia and Africa. In 2021, until July, DG ECHO has allocated € 7.7 million to WHO, for projects in African countries.”

Maria Bernardez Ercilla
 Acting Head of the Regional Office for East and Southern Africa
 European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations

FIGURE 3: Funding overview (as of 31 July 2021)



Since the onset of the pandemic, a total of US\$ 479.3 million has been committed – US\$ 11.5 million in pledges and US\$ 143.7 million received in 2021 – for the COVID-19 response in the WHO African Region. As of 31 July 2021, a total spending rate of 74% had been realized. The target areas of intervention and implementation aligned with the funds earmarking is as follows:

FIGURE 4: Targeted specific areas of interventions/implementation (as at 31 July 2021)

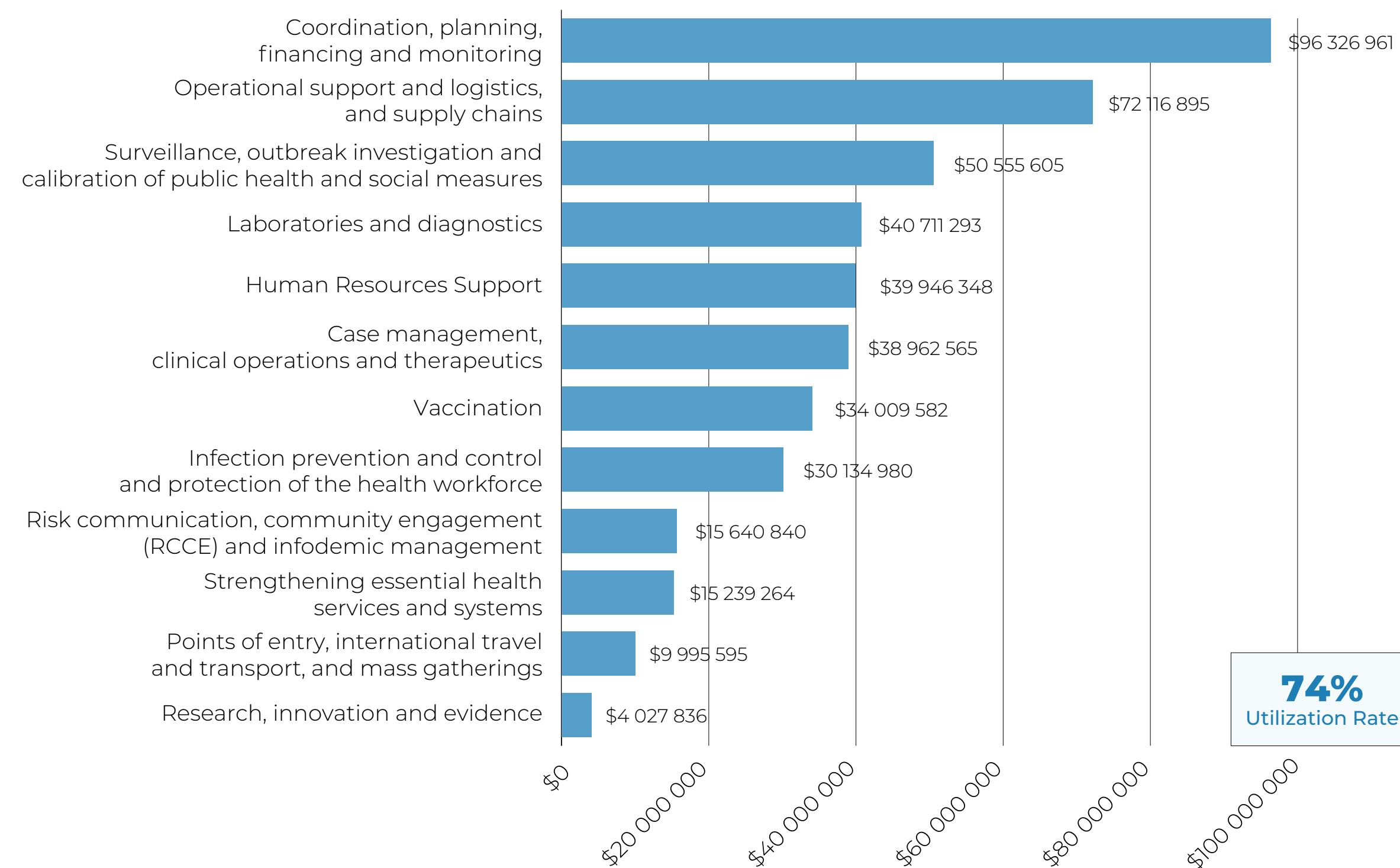


TABLE 1: Contributions received from partners (as of 31 July 2021)

Type of Organization	Donor	Amount Received (US\$)	%
Member State	Germany	50 568 566	81%
	Canada	49 940 814	
	United States	3 005 000	
	Norway	3 098 059	
	Denmark	1 411 614	
	Comoros	1 356 625	
	Japan	1 315 026	
	Isle of Man	1 118 881	
	Mali	1 106 717	
	Ireland	936 454	
	Mauritania	533 169	
	France	528 517	
	Netherlands	475 900	
	Lesotho	162 912	
Cameroon	125 418		
		115 683 672	
UN Agency	United Nations Development Programme	8 091 682	9%
	United Nations Office for the Coordination of Humanitarian Affairs	1 999 541	
	International Organization for Migration	718 205	
	UNDP Multi-Partner Trust Fund	717 912	
	International Organization for Migration	306 985	
	United Nations	139 697	
	United Nations Population Fund	111 400	
		12 085 423	
Intergovernmental Organizations	GAVI Alliance	7 579 525	6%
	European Union	1 194 743	
		8 774 268	
Multilateral Development Finance Institution	African Development Bank	2 806 752	3%
	Islamic Development Bank	1 344 633	
	International Development Association	400 000	
		4 551 385	
Non-state Actors	Vital Strategies	1 174 500	1%
	Foundation for Innovative New Diagnostics	245 726	
	Task Force for Global Health	219 000	
	King Salman Humanitarian Aid & Relief Center	165 000	
	Veolia Environment Foundation	112 591	
		1 916 817	
Grand Total		143 011 564	100%

As the pandemic lifespan stretched, funding and implementing partners understood the need to increase country capacities in resource mobilization, and to introduce greater flexibility in funding cycles towards strategic positioning of resources. In effect, while the quick turnaround for COVID-19 resource mobilization had initially been appropriate, during this second year of the pandemic, WHO-AFR provided guidance for countries to request the right funding, for the right programme. This was especially true given the rapidly changing epidemiological situation, which required greater flexibility from funding bodies in addition to strong accountability mechanisms.

For example, WHO-AFR worked with countries to support applications to a US\$ 7.5 billion COVID-19 dedicated portfolio created by the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis. To this end, the Brazzaville team, with colleagues in 47 country offices and the subregional hubs in Dakar, Libreville, Harare, Nairobi and Ouagadougou, conducted broadscale (trainings, guidance) and tailored (individual outreach, application review, funding) interventions for government partners. WHO-AFR worked with the

Global Fund to adapt programmatic criteria, within widened funding submission windows. The strong coordination during the past semester between WHO-AFR and Global Fund led to more robust submissions surrounding surveillance; national testing strategies; end-to-end supply systems; and health systems strengthening, some of which had been absent, underrepresented, or not aligned with WHO guidance.

Notwithstanding challenges, across Africa, countries activated resources in a relatively similar manner, with considerable focus on enhancing testing capacities for critical care and for social behaviour change communication. Spending capacity was directly proportional to the availability of goods and services, that is, difficult access to reliable oxygen supplies or unavailability of qualified personnel, limited background infrastructure as a base for the installation of COVID-19 treatment centres, among so many others. WHO is grateful to, and acknowledges partners and contributors for their continued support. We are committed to making sure our income is used efficiently, effectively, and responsibly, making every cent count.

“The COVID-19 pandemic is a threat to everyone. Since the onset of the pandemic, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) strongly engaged in response and preparedness measures across the African continent and beyond. To provide essential pandemic response services to the Tanzanian people, GIZ partnered with WHO as a strong, reliable and knowledgeable organisation. GIZ is looking forward to further supporting the Tanzanian government together with WHO and other development partners to provide coordinated and effective response as the COVID-19 pandemic and its aftermath can only be overcome with globally joined forces.”

Dr. Mike Falke

Country Director GIZ Tanzania and EAC

TABLE 2: Global Fund (GF) – 2021 COVID-19 Response Mechanism (C19RM) – Regional Progress

Approved funding estimated at \$744 049 920

Status	# Countries	Countries
Fast-track		
Approved	20	Benin, Burundi, Chad, DRC, Ethiopia, Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Multicountry Southern Africa, Nigeria, Rwanda, Senegal, Tanzania – Mainland, Togo, Zambia, Zimbabwe
Submitted	4	Eswatini, Liberia, Mauritania, Niger
Full-funding		
Approved	5	Angola, Gambia, Ghana, Malawi, Uganda
Submitted	37	Algeria, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, CAR, Chad, Cote d'Ivoire, Comoros, DRC, Eswatini, Ethiopia, Gabon, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & P., Senegal, Sierra Leone, South Sudan, South Africa, Tanzania – Mainland, Tanzania – Zanzibar, Togo, Zambia, Zimbabwe
Not yet submitted	2	Benin, Congo
Confirmation to come	1	Eritrea

TABLE 3: Global Fund (GF) – 2021 COVID-19 Response Mechanism (C19RM) – Regional progress, approved funding

Country	FT or FF	Estimated Amount Approved (USD)
Angola	Full-funding	20 650 086
Benin	Fast-track	7 811 238
Burundi	Fast-track	1 336 336
Chad	Fast-track	9 710 281
DRC	Fast-track	23 217 172
Ethiopia	Fast-track	30 683 553
Gambia	Fast-track	3 682 162
Gambia	Full-funding	9 290 458
Ghana	Fast-track	17 002 204
Ghana	Full-funding	39 032 780
Kenya	Fast-track	31 148 545
Madagascar	Fast-track	6 500 000
Malawi	Fast-track	25 587 781
Malawi	Full-funding	128 293 942
Mali	Fast-track	13 412 379
Mozambique	Fast-track	7 832 808
Multicountry Southern Africa	Fast-track	254 235
Nigeria	Fast-track	66 794 825
Rwanda	Fast-track	14 262 101
Senegal	Fast-track	5 759 229
Tanzania (United Republic)	Fast-track	39 837 553
Togo	Fast-track	7 069 515
Uganda	Full-funding	173 700 579
Zambia	Fast-track	23 643 352
Zimbabwe	Fast-track	37 536 806
Total estimated approved		744 049 920