



UNF-WHO | COVID-19 Solidarity Response Fund Joint Evaluation

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Table of Contents

Acronyms and abbreviations	4
Executive summary	6
Introduction	11
Background	11
Evaluation purpose and scope	12
Users and uses	12
Evaluation context	13
Objectives of the SRF and pathways of change	15
Theory of Change	15
Methodological approach	18
Assessment - Findings	23
Relevance/Coherence	23
Effectiveness	31
Efficiency	46
Gender, Equity and Human Rights in the Fund's design and implementation	55
Contextual factors affecting the Fund	57
Internal factors in Fund's achievements and challenges	58
External factors in Fund's achievements and challenges	60
Learning	61
Conclusions	63
Recommendations: considerations for the way forward	64
<u>Annexes</u>	
Annex 1: Terms of reference	66
Annex 2: Workplan	67
Annex 3: Stakeholder analysis	68
Annex 4: Evaluation matrix	76
Annex 5: Interview guide	85
Annex 6: Stakeholders consulted	101
Annex 7: Documents reviewed	103

List of Figures

Figure 1: SRF Theory of Change	18
Figure 2: Evaluation Cycle	19
Figure 3: Timeline of Evaluation Milestones.....	21
Figure 4: Alignment and Complementarity of SRF with COVID-19 Response and Recovery Financial Model	28
Figure 5: COVID-19 SRF Digital Fundraising 'Moments'.....	36
Figure 6: Range of Intended Activities/Outputs Mapped Against the SPRP Pillars	40
Figure 7: SRF Funded Activities Mapped by Geographical Region	41
Figure 8: Time Horizon from the Inception and Creation of the Fund Through to Initial Fund Disbursements	48
Figure 9: Key Internal and External Factors Accounting for SRF Achievements and Challenges	58

List of Tables

Table 1: Evaluation Criteria	20
Table 2: Cumulative Allocations Across the Pillars of the 2020 SPRP Between March 2020 and March 2021	31
Table 3: Resources Mobilized by Digital Fundraising Platform	37
Table 4: Assessment of SRF Playbook Key Performance Indicators.....	38

Acronyms and abbreviations

AAP	Accountability to Affected Populations
AfDB	African Development Bank
Africa CDC	Africa Centres for Disease Control and Prevention
CBPF	Country-based pooled funds
CEPI	Coalition for Epidemic Preparedness and Innovation
CERF	Central Emergency Response Fund
COVID-19	Novel coronavirus (2019-nCoV)
CPWF	China Population Welfare Foundation
CRM	Coordinated Resource Mobilization
CSCS	COVID-19 Supply Chain System
DFID	Department for International Development
EB	Executive Board
EBRD	European Bank for Reconstruction and Development
EQ	Evaluation Question
ERG	Evaluation Reference Group
FCDO	The Foreign, Commonwealth and Development Office
FENSA	Framework of Engagement with Non-State Actors
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GER	Gender, Equity and Human Rights
HMP	Department of Health and Multilateral Partnerships
IEG	Independent Evaluation Group
IHR	International Health Regulations
ILO	International Labor Organization
IOAC	Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
IOM	International Organization for Migration
IPPPR	International Panel for Pandemic Preparedness and Response
JCIE	Japan Center for International Exchange
KBF Canada	King Baudouin Foundation of Canada
KII	Key Informant Interview
KPI	Key Performance Indicator
LIC	Low-income country
LMIC	Lower middle-income country
LOI	Letter of Intent
MDTF	Multi-Donor Trust Fund
MPTF	Multi-Partner Trust Fund
MOPAN	Multilateral Organization Performance Assessment Network
MoU	Memorandum of Understanding

M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OECD	Organisation for Economic Cooperation and Development
PMO	Project Management Office
PPE	Personal Protective Equipment
PSC	Project Steering Committee
QA	Quality Assurance
RC	Review Committee
RFP	Request for Proposal
SCIAF	Scottish Catholic International Aid Fund
SOP	Standard operating procedures
SPF	Swiss Philanthropy Foundation
SPRP	Strategic Preparedness and Response Plan
SRF	Solidarity Response Fund
SRHR	Sexual and Reproductive Health and Rights
TGE	Transnational Giving Europe
ToC	Theory of Change
ToR	Terms of Reference
UMIC	Upper-middle income country
UN	United Nations
UNDS	United Nations Development System
UNEG	United Nations Evaluation Group
UNF	United Nations Foundation
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNOPS	United Nations Office for Project Services
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSGAB	United Nations SG's Advisory Board on Water and Sanitation
UNSWAP	United Nations System-Wide Action Plan
UNV	United Nations Volunteers
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WHOF	World Health Organization Foundation

Executive summary

Background

The evaluation of the COVID-19 Solidarity Response Fund (SRF) was commissioned jointly by the United Nations Foundation (UNF) and World Health Organization (WHO). The evaluation is formative and forward-looking in nature and serves the dual purposes of strengthening both accountability and learning.

Evaluation objective, purpose and scope

The overall objective of the evaluation is to assess the architecture, functioning and results of the SRF; examining the SRF's set-up, management and administration and overall functioning in order to assess what has been achieved and how efficiently the SRF has been operating in pursuit of its objectives and to inform the on-going administration of the SRF, as well as WHO's and UNF's future fundraising efforts. Overall, the evaluation:

- (a) Documents key achievements, best practices, challenges, gaps, and areas for improvement in the set-up and administration of the SRF thus far.
- (b) Assesses the key factors responsible for the achievements and gaps observed to date; and
- (c) Makes recommendations as appropriate on the way forward in relation to the SRF, and in relation to the set-up and administration of the WHO Foundation (WHOF).

This evaluation covers the SRF timeframe from the initial inception of the SRF in March 2020 through to the **end of June 2021**¹. This has allowed for the evaluation to be as up to date as possible, enhancing its potential utility.

¹ The original Terms of Reference stated a time frame to be covered spanning the initial inception of the Fund through to the end of data collection in December 2020, which at the time of drafting the work to be performed corresponded to roughly the first nine months of the Fund's operation.

Methodology

The evaluation was conducted between July and November 2021 by a team of three senior independent evaluators, plus supporting research assistance. This approach has been informed by a recognition and understanding of the unconventional nature of this emergency-related fund and that the SRF's architecture, processes and procedures were developed in parallel to its actual functioning. The evaluation approach was based on highly consultative and comprehensive data collection and analyses processes including all relevant levels of the WHO and UNF, as well as engaging the wider constellation of fiduciary and beneficiary partners. The evaluation applied a mixed-methods approach, combining multiple sources of qualitative and quantitative evidence, including: i) a systematic desk review of more than 105 internal and external documents; ii) over 40 internal and external consultations with stakeholders through interviews and focus group discussions. The joint evaluation was effectively managed by the WHO Evaluation Office under the supervision of the Director of Evaluation, and UNF under the guidance of the Managing Director, Strategic Planning & Implementation. Senior leaders of all primary fiduciary partners were engaged throughout the evaluation, including inception, data collection and validation of findings. In October 2021, consultations with the principal stakeholders of UNF, WHO and the Swiss Philanthropy Foundation (SPF) to present and validate the evaluation findings was undertaken. Based on the key evaluative findings, the following conclusions and recommendations are presented.

Findings

Relevance and coherence

The evaluation finds that the Solidarity Response Fund was **highly relevant** in responding to the needs at hand in the response to COVID-19. Relevance of the SRF is primarily secured due to its alignment to the WHO COVID-19 Strategic

Preparedness and Response Plan (SPRP). Efforts to ensure maximum impact are demonstrated through the key design principles of the Fund itself. This includes its unrestricted nature and being a single, pooled fund with no ear marking of contributions.

The predominant niche and value add is the Fund's early initiation, clear targeting, flexible nature and the ability to quickly fund activities, focus on innovations and where gaps in funding were identified. Priority needs were addressed systematically, with the Fund's agility further enabled through funding redeployment and reallocation mechanisms.

The issue of complementarity in relation to other COVID-19 related funds by design is less clear as the SRF was a 'first mover' in the response to the COVID-19 pandemic, but no obvious overlap or duplication is noted.

Coherence has been safeguarded through ongoing scanning of the funding landscape with a cognizance of other COVID-19 related funding streams, both at the onset and throughout implementation. Adaptive management principles have been applied through course corrections through the planning, set-up and implementation of the Fund allowing greater coherence as other responses came on stream.

Structures, processes and actors for funding decision making and allocation were identified and established early; and subsequently documented and articulated in the comprehensive Playbook including specific guidelines, guidance and criteria.

Strategic partnerships have been fostered which has enabled complementarity of organisational capability and capacity.

Effectiveness

The evaluation finds that the Solidarity Response Fund was **highly effective** in terms of the Fund's overall resource mobilization; and effective in delivery against its Key Performance Indicators (KPIs). Effective contribution to the achievements in each of the three SPRP pillars is evident.

There was an early recognition that the type of funding available from traditional donors would not enable WHO to respond to the needs arising from the pandemic. As such, WHO made an early move to partner with

UNF to establish a funding mechanism that would quickly be 'ready to receive'.

The SRF has used multi-pronged and diverse resource mobilization strategies to respond to the early recognition that the WHO was going to need increased flexible and unearmarked resources to respond to the needs of the pandemic. The Fund's high visibility, early launch, and frequent amplifier moments, combined with these synergetic strategies have yielded significant, high-quality funding for the WHO and partners.

Resource mobilization efforts have been catalytic in terms of the revolving nature of the Fund, through the choice of fiduciary partners, the leveraging of strategic communications which have resulted in 'surge moments' of fund raising and the use of mechanisms such as match funding.

The SRF developed and has achieved each of its KPIs and there is clear consensus from stakeholders that the Fund has significantly exceeded expectations on both the funds raised and the Fund's operational effectiveness and efficiency. SRF outputs are well-documented in impact reports, although there is less outcome-level reporting available.

There has been a deliberate and intentional effort to use the SRF as part of wider efforts on public health messaging and outreach; and this is visible across a wide range of communication channels.

Wider effects of the Fund documented by the evaluation include the diversification of WHO's funding base, greater appetite in WHO for new resource mobilization approaches and strengthened rationale for increased unrestricted funding.

Unintended effects include some initial confusion in the donor landscape about the nature of the Fund and who it was for; consistency issues relating to the visibility of donors/ donations and lack of clarity of total fund allocations to partners.

Efficiency

The evaluation finds that the Solidarity Response Fund was **highly efficient** in terms of its management and function. The Fund set-up and implementation was enacted with speed, purpose and diligence. WHO, UNF

and SPF, as primary fiduciary partners, have leveraged their respective operational capacity and readiness, pre-existing strategic partnerships, trusted working relationships and a ‘minimal regrets’ approach to balance the speed needed for an emergency fund with sufficient attention to fiduciary considerations. This has been complemented by other fiduciary partners including the China Population Welfare Fund (CPWF), Japan Center for International Exchange (JCIE), WHOF, King Baudouin Foundation of Canada (KBF Canada), and members of Transnational Giving Europe (TGE). The innovation inside the philanthropic space, with a diverse network of independent philanthropic organisations working together across geographies, in a coherent network with the same principles across the fiduciary network contributed to efficiency. Fast action by senior management in WHO, UNF and SPF allowed the Fund to benefit from many ‘first mover’ advantages.

Conflicts of interest have been managed effectively, through practiced, thorough and streamlined due diligence processes adjusted to demands of response. Surge capacity, primarily facilitated by UNF’s ability to pivot and redeploy staff resources rapidly, and mirrored by WHO and SPF, allowed a significant uplift in due diligence processing capacity early in the Fund’s life cycle and expedited donations. Agility and course correction are evident and were serviced through blending useful real-time management information through monitoring trackers with learning from past experience. The transition to WHOF was systematically planned and managed, though partners’ experience of this has been somewhat inconsistent. The momentum of funds received by SRF has tapered-off, due to a range of factors.

Cross-cutting issues

Gender, equity and human rights (GER) considerations have been implicitly rather than explicitly embedded in the design of the Fund from the outset. During implementation, human rights have been explicitly included in due diligence processes; and geographical equity has been actively factored into decision-making processes for the allocation of resources. Where gender, human rights and equity considerations are captured in the

Fund’s reporting processes, this is due to the nature of the project intervention rather than as a specific stipulation in reporting guidance.

Contextual factors affecting results

The evaluation considers that the enabling factors involved in the Fund’s set up and implementation were sufficiently strong to ensure the Fund achieved its intended results. These included strong internal enablers within the fiduciary partners that contributed to the Fund’s success, such as senior sponsorship, clear planning and strategic instruments, and the speed and agility involved in expediting due diligence processes and redeploying internal capacity. Additionally, the evaluation identified some strong external factors that enhanced the Fund’s ability to achieve intended results, such as the unique emergence of the COVID-19 pandemic as a globally dominant issue, the associated shared experience of being in a crisis environment, and the availability of private sector disaster funds.

Whilst not sufficient to prevent the Fund achieving its intended results, some barriers to the Fund achieving further success were also identified in this evaluation. These included key internal challenges such as the perceived inconsistencies around donor/donation visibility (specifically between corporate donors and celebrities regarding the level of acknowledgement donors received) in public communications and briefings and a perceived reduction in engagement between the SRF and its partners following its transition to WHOF. Whilst relatively minor, these internal challenges were compounded by external factors, such as the evolving nature of the pandemic, the shift in attention away from COVID-19 onto other mainstream political issues, and existing practices around earmarking. There is a perception from some stakeholders that the totality of these constraining factors may have hindered the Fund’s ability to sustain the momentum of funds received.

Learning

Alongside the evaluative findings and conclusions, the evaluation generated several lessons to help guide the set-up and administration of similarly unconventional

funds. These lessons relate to i) the **enabling environment**; ii) **design** principles; and iii) **implementation** practices.

On the enabling environment: 1) establish senior sponsorship; 2) preparedness is critical; 3) reinforce WHO's coordinating role and aligning to global strategic plans; 4) speed trumps perfection; 5) work with trusted partners and partnerships; 6) work by the principle of 'trusted to do' and without ego; 7) leverage, replicate and amplify what works.

On design: 8) use clear principles; 9) establish a senior steering and decision-making body; 10) make donating easy across many countries and contexts; 11) ensure donations are flexible; 12) embrace digital tools and partners; 13) embed GER considerations from the outset; 14) ensure the financial instruments provide maximum impact.

On implementation: 15) be ready to receive; 16) be ready to leverage, allocate and distribute funds quickly; 17) ensure the letter and spirit of legal agreements are fully understood and expectations jointly agreed; 18) use multi-pronged and diverse resource mobilization strategies to respond to the needs of the emergency as they emerge; 19) communicate early, often and with creativity to partners, donors and stakeholders; 20) use adaptive management and fit-for-purpose governance; 21) use real-time information to inform decision-making; 22) ensure reporting systems are proportionate; 23) the risks attached to mobilization of private sector resources can be mitigated.

Conclusions

The evaluation found that the SRF was highly successful in meeting the moment early and positioning itself effectively to respond to the COVID-19 pandemic. The considerable good-will; trust and professional expertise deployed has been instrumental in facilitating the Fund's achievements. The achievement of results of the SRF are testament to the considerable efforts and hard work of UNF, WHO and SPF staff, management, partners and donors.

The COVID-19 response has proven that actively working in partnership is essential to tackle global issues. Applying the principle of

solidarity as a foundation for the SRF and its contribution to the focused global COVID-19 response has been highly effective. It drew on long-standing development experiences of collective effort and joint working and should be continuously enacted in future similar Funds.

The SRF provided robust evidence for the difference that flexible funding sources can have in terms of implementation agility, efficiency and effectiveness, and the benefits to securing flexible financing driven by demand rather than 'earmarked' funding around specific themes and geographic contexts when trying to mobilize resources. In addition, the SRF demonstrated that defined and targeted fundraising strategies can reach and mobilize non-traditional donors/contributors raising significant amounts of money, whilst ensuring due diligence.

The careful planning and execution of adaptive management and ensuring that surge capacity was made available early in the emergency funding cycle enhanced the ability of all participating stakeholders to rapidly engage with donors broadly, secure high-quality funding, and implement quickly. The SRF's 'minimal regrets' approach to due diligence worked effectively in balancing the need for speed and agility, characteristic of an emergency fund such as this, with the need for compliance with financial and administrative rules and regulations to maintain and protect the integrity of WHO, UNF and partners. The streamlining of standard operating procedures and the conduct and completion of these in parallel, for example due diligence processes running alongside and issuance of letters of intent, allowed the Fund to scale up quickly, efficiently, and reliably whilst managing conflicts of interest effectively.

Recognizing the many successes of the SRF, two areas could be strengthened, equally relevant to any future similar Fund. First, there is a need to ensure the integration of gender, equity and human rights lens into programme and grant design from the outset. This is critical to ensure funds can reach vulnerable populations and to meet international commitments as codified in UNSWAP and related global compacts.

Second, is a need to further refine expected results (whether output, intermediate outcome, outcome or impact) and related indicators, as well as to develop a Fund-relevant theory of change (ToC)/results framework to further measure and demonstrate results. It is recognized that outcome-level reporting can take time, sometimes beyond the life cycle of the fund itself.

Recommendations: considerations for the way forward

Given the demonstration of good- and best-practice approaches in many aspects of the set-up and implementation of the SRF, and the acknowledgement that a decision to sunset the SRF at WHOF no later than 31 March 2022 has been taken, the following recommendations identify future actions that can guide the establishment and administration of similarly unconventional funds (as informed and documented by the analysis, findings and conclusions set out in the evaluation). Important lessons as the creation and use of a Playbook offer a formative “How to...” for set-up and implementation of future urgently needed emergency funds that can be built into and/or revise existing operating procedures.

Actions for UNF, WHO and other actors

Using the SRF as a clear proof of concept, WHO and UNF should actively apply lessons and experiences when launching similar funding mechanisms in response to future emergencies, ensuring operational readiness for when the next global crisis emerges.

WHO and UNF should consider:

1. Developing respective organizational plans for managing surge capacity in emergency response situations, particularly in launching new Fund appeals and mechanisms.

2. Enhancing partnership and engagement strategies drawing lessons from the SRF --particularly applying the principles of solidarity, collective action and shared risk, and building on trust, established operating capacities and organizational comparative advantages.
3. Defining and implementing more structured outcome-level measurement and results reporting, based on a clearly-defined results framework and accompanying M&E framework.
4. Ensuring clarity and alignment of expectations for all potential beneficiaries regarding financial award thresholds, allocation processes and release triggers in case of future expanded resources.
5. Developing effective communications with SRF fiduciary and beneficiary partners and donors upon sunseting of the Fund, including on final implementation status, resource flows, and acknowledgements.

WHO should consider:

6. Adapting and using creative and innovative resource mobilization strategies, funding instruments, implementation mechanisms, and operational approaches as demonstrated by the SRF. In this regard to:
 - a. Develop business cases, fundraising strategies and resource mobilization targets for similar non-traditional funding mechanisms.
7. Ensuring gender, equity and human rights considerations are integrated from the outset into the design, set-up, implementation and reporting of future similar funds.

Introduction

This report articulates the findings, recommendations and learning from the evaluation of the COVID-19 Solidarity Response Fund (SRF; or the Fund). It outlines the evaluation's purpose and scope, primary audience, data collection methods and analytical tools, key findings organised by evaluation criteria, conclusions, recommendations and learning. The report includes the following sections:²

- Introduction (purpose, primary audience, learning objectives, use and structure)
- Background, including description of the SRF (what is being evaluated, what are its expected results)
- Evaluation scope and objectives (scope, objectives, criteria and questions to be addressed)
- Evaluation methodological approach (including data sources, sampling, data collection instruments, stakeholder participation, ethical considerations, evaluation team and limitations)
- Data analysis (procedures, stages, gaps and limitations encountered)
- Findings
- Learning
- Conclusions
- Recommendations: considerations for the way forward

Background

The SRF was jointly launched on 13 March 2020 by WHO, UNF and Swiss Philanthropy Foundation (SPF). It is intended to facilitate direct financial contributions from companies, organizations and individuals to the COVID-19 response efforts of WHO and its partners in alignment with the three pillars of the 2020 WHO Strategic Preparedness and Response Plan (SPRP) for COVID-19, namely to: i) ensure global and regional coordination of response efforts, including coordinated global supply chain management; ii) support vulnerable countries and communities that need help the most; and iii) accelerate work on vaccines, diagnostics and therapeutics. To date, the SRF has raised over US\$ 256 million from 675,700 donors.³ Some US\$ 169 million have thus far been disbursed to WHO (both for its own core COVID-19 related work and for its joint work with partners) and over US\$ 57 million directly to partner agencies. The SRF is unique in comparison to other major UN-administered funds contributing to the COVID-19 response. It relies exclusively on the contributions of individuals, corporations, corporate and philanthropic foundations, and Non-governmental organisations (NGOs) to provide direct support to WHO and its partners in their work to address the pandemic. The SRF is principally a voluntary commitment of disparate partners working together in solidarity to respond to an urgent funding need. As a result, the SRF's architecture, processes and procedures were developed in parallel to its actual functioning, in the absence of a direct precedent or comparator as such. The SRF transitioned from UNF to WHOF in March 2021 and will be sunsetted in March 2022.

Evaluation purpose and scope

The overall objective of the evaluation is to assess the architecture, functioning and results of the SRF; examining the SRF's set-up, management, administration and overall functioning in order to assess what has been achieved, how efficiently the SRF has been operating in pursuit of its objectives and to inform the on-going administration of the SRF, and WHO and UNF's future fundraising efforts, respectively. Overall, the evaluation:

² See UNDP Evaluation Guidelines, pp.49-51.

³ Data taken from SRF website, as of 10th October 2021

- (a) Documents key achievements, best practices, challenges, gaps, and areas for improvement in the set-up and administration of the SRF thus far.
- (b) Assesses the key factors responsible for the achievements and gaps observed to date; and
- (c) Makes recommendations as appropriate on the way forward in relation to the SRF, and in relation to the set-up and administration of the WHOF Foundation (WHOF).

This evaluation covers the SRF timeframe from the initial inception of the SRF in March 2020 through to the **end of June 2021**.⁴ This has allowed the evaluation to be as up to date as possible, enhancing its potential utility and providing lessons for the WHOF and other related financing mechanisms.

The evaluation has been conducted systematically and objectively: examining the extent to which the SRF has facilitated direct financial contributions from companies, organizations, and individuals to the COVID-19 response efforts of WHO and its partners in a fit-for-purpose manner. The evaluation explores the SRF in all facets of its architecture, management and administration, and overall functioning.

Our approach to the evaluation has been **appreciative, formative, and forward-looking** in nature and the evaluation can be used for both accountability and learning purposes. Our approach has been informed by a recognition and understanding of the unconventional nature of this emergency-related fund and that the SRF's architecture, processes and procedures were developed in parallel to its actual functioning. Overall, the evaluation identifies what has worked and why; what has not worked and areas for improvement; identifies enabling and constraining factors; presents a series of lessons learned and sets out a series of actionable recommendations on the way forward. The SRF will sunset by 31 March 2022.

Users and uses

The evaluation will serve the dual objectives of learning and accountability.

Learning - This evaluation provides robust evidence, and frames recommendations that will be of use to UNF, WHO and WHOF at different levels. We anticipate that the learning emerging from the process will be used by UNF, WHO and WHOF senior leadership. Most relevant are the twin purposes of informing UNF's and WHO's future fundraising efforts and providing evidence-based findings that will inform future WHOF emergency campaigns and ongoing COVID-19 related efforts.

Given the ongoing and evolving nature of the COVID-19 pandemic, and the financing instruments deployed, the evaluation team anticipates this evaluation will be a source of evidence for other emergency funding mechanisms and future fundraising efforts within WHO, WHOF, UNF and potentially more widely in the UN system. Areas where the evaluation could contribute to decision-making include governance arrangements; fundraising strategies; partner involvement; fund allocation decision making; external communications; inter alia.

Accountability - The evaluation findings will be disseminated widely to donors, partners, Member States and the wider development sector, including through publication on the public UNF SRF and WHO Evaluation websites where it can be considered by WHO and UNF partners and the wider development sector.

The evaluation has been jointly managed by two designated evaluation managers, representing UNF and WHO. The evaluation team have engaged with stakeholders from all levels of the SRF's governance, management, and administration; including the Fund's Steering Committee as well as with other fiduciary and beneficiary partners.

⁴ The original Terms of Reference stated a time frame to be covered spanning the initial inception of the Fund through to the end of data collection in December 2020, which at the time of drafting the work to be performed corresponded to roughly the first nine months of the Fund's operation.

Evaluation context

Following the declaration of COVID-19 as a global public health emergency on 30th January 2020, accelerated discussions were underway by WHO senior leaders exploring options to identify funding mechanisms and potential partners to support WHO's global response to the COVID-19 pandemic. At the outset of the pandemic, WHO did not have in place a mechanism to quickly allow non-traditional donors to contribute directly to WHO's efforts. Though already in development, the official establishment of the WHOF - which fits this purpose – would not take place until mid-2020. Thus, a mechanism was needed to effectively fill a critical gap. Of utmost importance in those discussions was consideration that any mechanism needed to **allow flexible contributions to WHO's global pandemic response as quickly as possible**.⁵ Whilst in early 2020 the full scope, duration, and severity of the pandemic was not yet known, there was an appreciation that 'a united and collective effort would be required' in response. Based on this appreciation **the principles of international solidarity, transparency, and accountability were recognised as fundamental** to any response and would be critical for any funding mechanism to operate on.

Based on a previously established, successful partnership and trusted relationship, WHO contacted UNF during February 2020 to jointly create a vehicle that could accept contributions from a range of individuals and entities including non-traditional donors to the United Nations (UN). This partnership was complemented by the Geneva-based Swiss Philanthropy Foundation (SPF) and the Cross-European Transnational Giving Europe (TGE) network allowing donations in 20 European countries. Other fiduciary partners subsequently came onboard, including the China Population Welfare Foundation (CPWF), Japan Center for International Exchange (JCIE), the WHO Foundation, and King Baudouin Foundation of Canada.

Less than three weeks later, on 13th March 2020, the SRF was officially launched. Momentum was established quickly with a matching campaign that included contributions from Google and Facebook totalling US\$ 15 million. Within two weeks, the SRF raised US\$ 100 million, and within six weeks, donations and commitments crossed the US\$ 200 million threshold.⁶ The SRF was established as a pooled fund co-managed by WHO, UNF and SPF as primary fiduciary partners; with engagement from the TGE network and other fiduciary partners, beneficiary partners, amplifiers, and influencers.

The SRF brought together global partners with a shared mission of raising and allocating funds to support WHO's SPRP – WHO's global plan for countries to prevent, detect, and respond to the pandemic. The SRF was established to allow individuals, corporations, foundations, and other organizations (i.e., non-traditional donors and contributors) to provide direct support to the work of WHO and its partners.

Beneficiary partners were identified to implement the SPRP and support the global population, including the most vulnerable and at-risk, early during the COVID-19 pandemic. These include: the African Union/African Centers for Disease Control and Prevention; the Big6 Youth Organizations), the Coalition for Epidemic Preparedness Innovations (CEPI), Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF) the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the World Food Programme (WFP, amongst others.

The SRF was managed according to the following principles:

- As a single pooled fund with **no earmarking of contributions** to maximize efficiency and align resources against highest priority needs.

⁵ Presently, only 3.9% of all voluntary contributions are Core Voluntary Contributions (CVC) - fully unconditional (flexible), meaning WHO has full discretion on how these funds should be used to fund the programmatic work of the Organization.

⁶ COVID-19 SRF Playbook: A Guide for a Collaborative journey

- Contributions made to the Fund are used to finance the SPRP. This does not mean that the Fund is an SPRP implementing fund, but **projects supported by the Fund must operate within the SPRP framework** and fulfil its priorities.
- **Contributions can be secured by the Fund's primary fiduciary partners**, the United Nations Foundation (UNF) and Swiss Philanthropy Foundation (SPF), as well as other designated fiduciary partners or by WHO directly.
- The Fund adopts a **"minimal regrets" due diligence** approach when vetting potential funders. This approach is consistent with WHO's Framework of Engagement with Non-State Actors (FENSA) guidelines of ensuring contributions from entities in the tobacco or arms industries are not accepted, while also allowing flexibility in accepting donations from a wide range of partners in order to maximize contributions and ensure the highest level of support to the SPRP.
- Originally, allocation decisions were to be taken by the WHO Director-General. In order to maintain flexibility and agility of the allocation process, the Director-General **delegated the decision-making power on allocations to a Steering Committee** led by the Executive Director, WHO Health Emergencies Programme.

While WHO is the primary beneficiary of the Fund, allocations were decided based on public health needs assessed through the SPRP. This allowed flexibility for the Steering Committee to make determinations about allocating funds to benefit other institutions working to advance the global COVID-19 response. The Fund does not mobilize resources for WHO's core budget; it only supports specific projects advancing COVID-19 response efforts.

Critical factors regarding the operational performance of the Fund include the speed and timeliness of the Fund's establishment, the levels of funding, nature and quality of that funding, and the speed of disbursements. The allocation of Fund resources has been based on health priority needs; aligned with the SPRP and decided upon by a Steering Committee composed of WHO senior leadership. The Fund's performance has been monitored against a set of Key Performance Indicators (KPIs) developed for tracking various aspects of the Fund's internal and external operational performance. These KPIs were established to support the processes of tracking, measuring, and reporting on projects and initiatives funded, the efficiency of funding, and their alignment with the SPRP objectives. Additionally, as part of a learning agenda related to this novel financing mechanism, some KPIs relate to characteristics of the funds raised, the number of donors and partners, and the reach of the Fund.

Periodic impact reports (beginning monthly, then transitioning to quarterly) have been consolidated by UNF, until March 2021, with input from different partners involved, and distributed to contributors and posted on the Fund's website. WHO has also provided regular updates to traditional UN donors, notably WHO Member States, including details on the Fund's contributions to the overall SPRP.

The SRF has several unique characteristics which have informed our evaluative approach. We recognize, primarily, **that the Fund is a novel instrument**: that is, without direct precedent or comparator. Secondly, **it is solidarity-focused**: seeking to bring governments, organizations from across industries and sectors and individuals together to help respond to the global COVID-19 outbreak and this is a central principle to its function. Thirdly, the SRF had to **balance the need for speed of implementation/ disbursement and the need for results within a suitably robust fiduciary risk management framework**. Fourthly, similar to other emergency-related funds, **the SRF was established quickly to enable a rapid response to the pandemic**: in essence having to implement and deliver at the same time as it was establishing and refining its architecture, processes, and procedures in parallel. Recognizing, in many ways that the SRF was 'building the ship whilst it is sailing',⁷ the evaluation team has been mindful and appreciative of these factors as we conducted this evaluation.

⁷<https://www.lshtm.ac.uk/research/centres/centre-evaluation/news/87691/building-ship-while-its-sailing-challengeevaluating-programmes-change-over>

Objectives of the SRF and pathways of change

The Fund's primary objective is to rapidly channel flexible financial support to priority public health interventions under the SPRP by filling urgent and critical financial gaps, addressing unmet needs, and balancing the, sometimes, inequitable allocation of resources across populations. Because the Fund supports the strategic objectives of the SPRP, indicators for the Fund's impact are the same as those in the SPRP. Disbursements from the SRF are allocated according to the WHO's COVID-19 Global Strategy,⁸ which contains 3 strategic pillars. Given the inception and implementation timeframe covered by the evaluation, the evaluation uses WHO's Global Strategic Preparedness and Response Plan 2020 and the WHO's COVID-19 Global Strategy pillars. These are:

WHO Strategy Pillar 1: To ensure global and regional coordination of response efforts including coordinated global supply chain management.⁹

Funding contributions allocated to pillar one have predominantly been used to address supply chain issues resulting from border closures, import/export issues, and other disruptions associated with the COVID-19 pandemic.¹⁰ Funding disbursed in this area is noted to have improved transparency within the supply chain, with WHO, partner agencies, and donors collectively addressing market shortages.¹¹

WHO Strategy Pillar 2: To support vulnerable countries and communities that need help most.

Funding contributions allocated to pillar two have helped support vulnerable countries and communities to access critical commodities.¹² Initial contributions are noted as having provided crucial liquidity, allowing WHO to make bulk orders of essential medical supplies. These included shipments of supplies of Personal Protective Equipment (PPE), diagnostic kits, biomedical equipment, and COVID-19 tests to developing countries.¹³ These supplies have been distributed to approximately 169 countries, with the SRF allocating these according to the evolving regional demands on the pandemic.¹⁴

WHO Strategy Pillar 3: To accelerate work on vaccines, diagnostics, and therapeutics.

Funding contributions allocated to pillar three have been used on a wide diversity of funding allocations across the R&D and science needs on vaccines, therapeutics and diagnostics for COVID-19.¹⁵ One of the most significant uses of this funding has been to support the WHO Unity Studies, a global research effort to help countries understand the spread and impact of the virus and inform them on necessary public health measures.¹⁶

Theory of Change

In order to ensure a clear shared understanding of the Fund (the object under evaluation) in context and guide the evaluation, a theory of change (ToC) was retrospectively constructed during the inception phase based on documentary and exploratory discussions considered to date. The evaluation team engaged with UNF and WHO to finalise the ToC below (Figure 1).

The benefit of retrospectively constructing the ToC is that it enables the evaluation team to engage with an informed group of stakeholders, correlating the ToC against other forms of data, thus ensuring that it is not simply a theoretical construct, but also represented the reality of implementing the SRF to date - therefore meeting the needs of this utilization focused evaluation. The

⁸ COVID-19 Strategy Update, 14 April 2020, WHO (2020b), 2019 Novel Coronavirus Strategic Preparedness and Response Plan, 4 February 2020

⁹ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, May 2 to May 31, 2020

¹⁰ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, May 2 to May 31, 2020

¹¹ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, March 13 to May 1, 2020

¹² COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, May 2 to May 31, 2020

¹³ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, March 13 to May 1, 2020

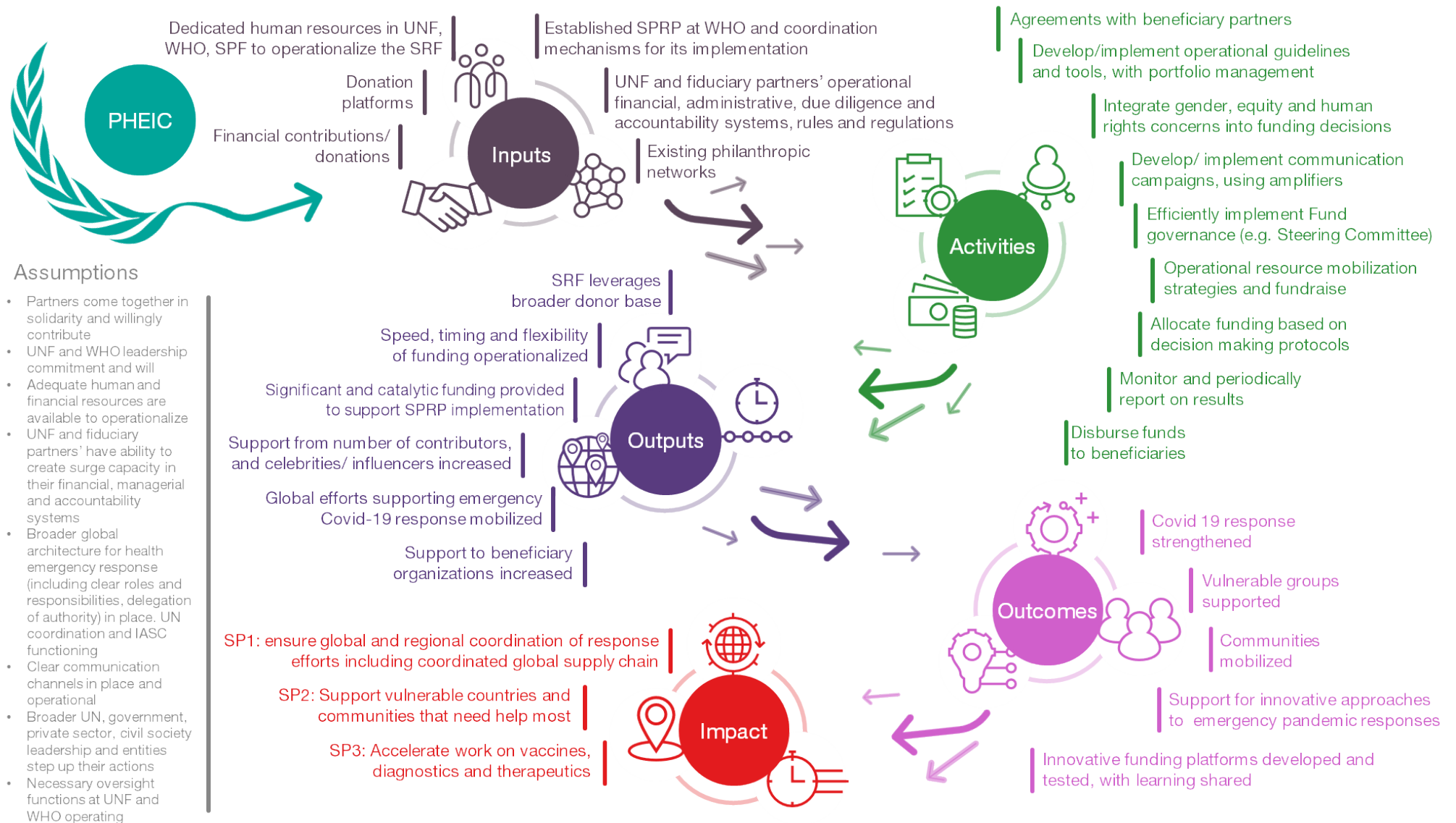
¹⁴ <https://www.who.int/publications/m/item/assessment-of-the-COVID-19-supply-chain-system-report>

¹⁵ <https://COVID19responsefund.org/wp-content/uploads/2021/11/SRF-Impact-Report-April-June-21-4.pdf>

¹⁶ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, June 1 to June 30, 2020

reconstruction started with a review of the foundational documentation and identification of key partners and stakeholders; categorizing inputs and activities; through outputs and towards outcomes intended to meet the overarching goal of contributing to the SPRP pillars. These elements are highlighted in Figure 1 and were examined within the evaluation around the standard evaluation criteria of relevance, effectiveness, efficiency and gender, equity and human rights considerations. Our ambition for constructing the ToC during the evaluation was to bring greater critical challenge to bear in identifying and testing the underlying assumptions, bringing an additional layer of robustness to the evaluation. This collaborative and reflective approach to building a ToC model works well in theory-based evaluations which are also designed to meet real world challenges and complexities, as well as those which are emerging/ formative in nature.

Figure 1: SRF Theory of Change



Methodological approach

Figure 2: Evaluation Cycle

Evaluation approach

Our approach adopted a three phased evaluation cycle. It was particularly important to work collaboratively with the WHO and UNF Evaluation managers, given the joint nature of the evaluation. The evaluation team sought to give and receive regular feedback on our approach, emerging findings and ensure transparency. The evaluation was consistently aligned to United Nations Evaluation Group (UNEG) norms and standards. Our approach has been to provide robust evidence, identify learning, and frame recommendations that will be of use to the SRF (and WHO and UNF). The evaluation was undertaken in a sensitive manner; given the intensive workload of those engaged in responding to the pandemic and the heightened interest in COVID-19 responses and the manifold stakeholders involved.



Inception phase

An inception phase took place virtually from 15th – 21st July and was undertaken by Matthew Crump, Team Leader, and Naomi Blight, Sonia Pérez, and Josh Fuchs, all from IOD PARC. The overarching objective of the inception phase was to undertake preliminary interviews with key stakeholders to gather insights and reflections to orientate the evaluation; sharpen the scope and identify evidence streams. During the inception period the evaluation team gathered evidence through a series of orientation meetings with key stakeholders and completed an initial document review and stakeholder analysis exercise. Based on these, the evaluation team reviewed the evaluation criteria and questions to be used for this evaluation and proposed a small number of additions to the evaluation sub-questions¹⁷ and developed an evaluation matrix (Annex 4: Evaluation matrix), which was used for systematic gathering and analysis of evidence. The evaluation team also determined the data collection methods and the associated data collection tools.

Using the **five high-level evaluation questions (EQs)** in the ToR as a starting point, the team suggested a small number of additional sub-questions, based on the inception discussions and the ToC and the team have **developed an evaluation matrix** (see Annex 4: Evaluation matrix) to form the ‘spine’ of the evaluation. The evaluation matrix enabled systematic data collection and analysis of the SRF’s performance and set out the selected evaluation criteria,

¹⁷ These additions are highlighted in italics in the evaluation matrix

questions, data collection methods, stakeholder groups and potential indicators of performance to be considered by the evaluation team, allowing the evaluation team to ensure that each question was addressed through multiple evidence sources. The evaluation team developed an accompanying **data analysis framework** (based on the Evaluation Matrix), to organize and record evidence from document reviews and Key informant interviews (KIIs), on an on-going basis to systematically capture evidence against the evaluation questions, criteria, and objectives in the evaluation matrix.

Key evaluation questions

Under each of the evaluation criteria, five high level evaluation questions are set out in the ToR:

Table 1: Evaluation Criteria

Criteria	High Level Evaluation Questions
Relevance	1. How fit for purpose has the Fund been in meeting the needs at hand in this response, both in the <i>overall way in which it has positioned itself for maximum impact, as well as complementarity and value-add</i> in relation to other COVID-19 related funding streams, and in the way its <i>overarching fund strategy and its individual funding decision-making modalities</i> have been designed for optimally targeted contributions to the response?
Effectiveness	2. What results have been achieved by the Fund to date, both in terms of the Fund's <i>overall resource mobilization</i> and in terms of the <i>results the Fund has contributed to achieving</i> in each of three SPRP pillars?
Efficiency	3. How efficiently has the Fund functioned in a manner that balances the need for speed and agility that is essential in an emergency fund with the need for thoughtful, needs-and impact-driven funding decisions as well as other fiduciary requirements (e.g., in terms of transparency, compliance with financial and administrative rules and regulations, appropriate dedication of overhead costs to funds management, and other aspects)?
Cross Cutting	4. How systematically have gender, equity and human rights concerns been embedded in the overarching fund strategy and in individual funding decisions, such that funding decisions are consistently informed by considerations of overall geographical equity and by deliberate attention to the gender, equity, and human rights contours of COVID-19 within each country?
Context	5. What key factors have most affected the Fund's ability to achieve maximum results?

Based on the areas of inquiry developed from the evaluation criteria, questions, sub-questions, ToC, and the evaluation matrix, we completed a **systematic review of the existing data sources** available for the evaluation, noting what data is already available to respond to evaluation questions and where primary and secondary data collection efforts should be focused. This ensured **triangulation of evidence where data exists**, supporting the development of robust findings and clear, meaningful, evidence-based conclusions and recommendations. The qualitative data collection methods for this evaluation, which **go beyond the numbers and unpick how and why results** are achieved (or not), were of great value to the analysis and findings derived for this evaluation.

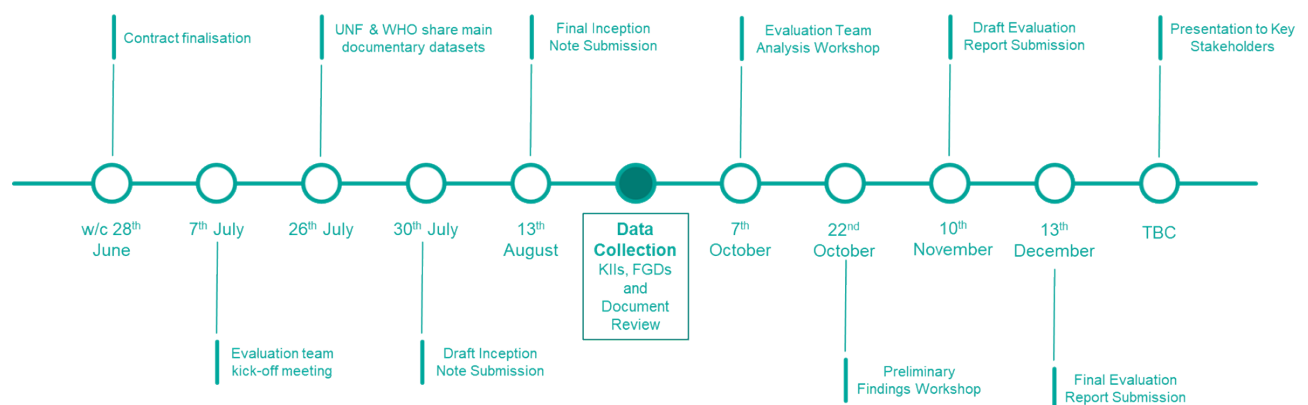
Through consultation with WHO and UNF in the inception phase, we completed a **detailed stakeholder analysis** (see Stakeholder analysis). This enabled the evaluation team to ensure

that we utilized appropriate and ethical data collection methods with the different stakeholder groups for this evaluation, that evaluation findings were triangulated and disaggregated where possible by stakeholder group and enabled us to develop a sampling frame of how many respondents from the different stakeholder groups could be engaged according to evaluation resources. All data collection processes took into account cross-cutting considerations such as gender, youth, disability, and access.

The inception phase of the evaluation **culminated in the development of the inception report** which included the draft ToC, the evaluation matrix, the stakeholder analysis and sampling frame, data collection methods and associated tools/instruments, data analysis approaches and instruments, a detailed workplan, and evaluation limitations and risks.

Timeline of evaluation milestones

Figure 3: Timeline of Evaluation Milestones



Data collection

We used a **mixed methods approach**, using multiple research methods to collect and triangulate qualitative and quantitative data from a range of sources to establish a robust evidence base. This approach covered all aspects of the evaluation and was informed by the evaluation matrix. In all data collection and analysis activities, we ensured appropriate consideration that approaches, and tools were **adapted to context**.



Secondary data analysis was conducted during the core data collection phase of the evaluation. Key documents (including the SRF Playbook/ Handbook; records of key meetings; the Independent Panel on Pandemic Preparedness and Response (IPPPR) reports; Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) reports and statements produced during/on COVID-19; International Health Regulations (IHR) Review Committee reports and statements; WHO Governing Body Reports and Resolutions related to the SRF; Agreements Between UNF and WHO, JCIE, Beneficiary partners; Annual reports from Beneficiary partners; data on disbursements from UNF to beneficiary partners, including the funds that were available to disburse at the time; audit reports; monitoring reports and dashboards; amongst others) were reviewed to refine the methodology and evaluation matrix. Quantitative data from secondary sources (existing data sets) was reviewed and used to assess the achievement of results and to present credible and evidence-based assessment of what worked (and why) and what did not work. This included an analysis of financial reporting noted above, including financial flows and expenditure levels, and the timeline

for disbursements, the latter of which we consider particularly important within the context of the Fund's swift establishment to enable a rapid response to the pandemic. Other recent, or soon to be completed, evaluations informed the evaluation of SRF findings so as to provide an enriched, and well evidenced/ triangulated, study:¹⁸ this included a synthesis of lessons produced by the Organisation for Economic Co-operation and Development (OECD)-led COVID-19 Evaluation Network. The document review allowed for a process review to generate evidence of development of the Funds architecture, processes, and procedures in parallel to its implementation process.



Key informant / expert interviews (KIIs) were a critical tool used extensively with key stakeholders including staff from the agencies, representatives from the Project Steering Committee (PSC), Project Management Board (PMB), and Project Management Office (PMO), as well as representatives from the recipient agencies/ beneficiary partners and other key stakeholders identified, using a snowball sampling approach. Workshops were also hosted to test and validate findings.



Online, Desk-Based Research also added to the evidence base for the evaluation, with the evaluation team conducting a review of online resources including other COVID-19 related funding stream portals and interactive trackers; allocations to agencies under the CERF; CBPF; MPTF.

Analysis, triangulation, and validation

The evaluation matrix was used to analyze data from the main data sources and to organize and tabulate it in relation to the evaluation questions, using systematic analytical tools including Excel tabulation and content analysis techniques. We identified thematic findings that helped to pinpoint system-wide factors of relevance to the evaluation criteria. We ensured that the analysis and triangulation included a **gender, youth, human rights, and disability lens**. Data from document analysis was disaggregated, data gaps identified, and mitigation methods identified where feasible (and reported where unfeasible).

Three types of **triangulation methods** were applied: cross reference of different data sources (interviews, focus group discussions, survey, and documentation); triangulation within the team; and the evaluation team members' own process of verification of findings and information post-data collection. As part of team verification and validation, we held a team analysis day in order to systematically review data and verify and identify main findings as a group. The triangulation efforts tested for consistency of findings, noting that inconsistencies do not necessarily weaken the credibility of results, but reflect the sensitivity of different types of data collection methods and the diverse contexts in which the SRF is deployed. These processes have ensured validity, established common threads and trends, and identified divergent views. There was a further opportunity for validation of the data through feedback from the Evaluation Managers and Evaluation Reference Group on the emerging findings, which are reflected in the report.

Mitigating bias - group and power dynamics awareness: Discrimination is about power, and as

¹⁸ The evaluation team took note, for example, of the Independent Panel for Pandemic Preparedness and Response report COVID-19: Make it the Last Pandemic, released 14th May 2021, as well as other key documents released over the timeline of the evaluation

evaluators we are aware of our own power; and that of others. This means that evaluators have the power to decide who to speak to and to grant more credibility to some voices than to others. We were attuned to this dynamic and ensured, through peer-to-peer and the Quality Assurance (QA) review, that we mitigated bias.

To shape and guide the overall analysis we used a framing that has two key components:

- i. Identifying key achievements, best practices, challenges, gaps, and areas for improvement in the set-up and administration of the Fund thus far.
- ii. Assess the key factors responsible for the achievements and gaps observed to date.

Together with an appreciation of the changing context over the SRF implementation period to date the team's analysis provided the basis for evidenced judgements on:

- Overall performance of the SRF.
- Significant changes and results delivered by the SRF.
- How such results and changes have been achieved; and the extent to which such results and changes are expected to have value in terms of the future global challenges of COVID-19.

Reporting phase

Reviewing emerging findings

A summary of initial findings was shared with WHO and UNF evaluation managers and principal stakeholders during a preliminary findings workshop. This workshop aimed to build awareness of the findings and offer an opportunity for the evaluation managers and principal stakeholders to validate or challenge these findings from the varied and valued vantage points that they bring, and to jointly reflect on the headline conclusions presented by the Evaluation Team. This process helped to ensure that the findings have resonance and that recommendations are useful and relevant, as well as to avoid surprises. From our experience in other evaluations, such a discussion increases the quality, utility, and relevance of the evaluation recommendations, and provides a productive space for organizational reflection.

Draft report

A draft report was prepared for comment, setting out the key findings, conclusions, recommendations and learning against the evaluation criteria and questions. The draft report complied with the WHO/UNEG quality criteria as set out in the Request for Proposal (RFP)/ToR. Comments received from stakeholders were consolidated into a single comments matrix and checked by the joint Evaluation Managers for consistency, so that the evaluation team were able to clearly address comments and indicate how each point was addressed. A single round of comments was conducted.

Final report

The final report was based on the draft report and amended to take account of comments provided.

Assessment - Findings

The evaluation identified the following findings, organized according to the UNEG evaluation criteria, highlighting both implementation achievements and gaps in the implementation of the SRF; alongside enabling factors and challenges encountered.

Relevance/ Coherence

The evaluation of relevance considers the extent to which the Fund has been fit for purpose in meeting the needs at hand, both in the overall way in which it has positioned itself for maximum impact, as well as its complementarity and value-add in relation to other COVID-19 related funding streams, and in the way its overarching fund strategy and its individual funding decision-making modalities have been designed for optimally targeted contributions to the response. This section addresses two evaluation sub-questions: 1) In what ways has the Fund been designed to ensure maximum impact, as well as complementarity in relation to other COVID-19 related funds, and to what extent has the funding landscape been regularly scanned and adaptive management actively practiced so as to ensure on-going maintenance of the Fund's niche and value-add?; and 2) What structures, processes and actors have been involved in individual funding decisions, and to what extent has this architecture ensured that the highest priority needs within each of the three SPRP pillars are clearly identified and addressed, that funding decisions are made in synchrony with other funding streams, and that the most optimally suited implementing partners are selected for the task at hand?

Solidarity Response Fund | Relevance/Coherence

The evaluation finds that the Solidarity Response Fund was **highly relevant** in responding to the needs at hand in the response to COVID-19. Relevance of the SRF is primarily secured due to alignment to the SPRP.

Efforts to ensure maximum impact are demonstrated through the key design principles of the Fund itself which sought to ensure optimal targeting of contributions. This includes its unrestricted nature and being a single, pooled fund with no ear marking of contributions.

The predominant niche and value add is the Fund's early initiation, clear targeting, flexible nature and the ability to quickly fund activities, focusing on innovative projects and areas where gaps in funding were identified.

Priority needs were addressed systematically, further enabled through funding redeployment and reallocation mechanisms.

The issue of complementarity in relation to other COVID-19 related funds by design is less clear as the SRF was a 'first mover' in the response to the COVID-19 pandemic, but no obvious overlap or duplication is noted.

Structures, processes and actors for funding decisions were established early and subsequently documented and articulated in the comprehensive Playbook including specific guidelines, guidance and criteria.

Strategic partnerships have been fostered which has enabled complementarity of organisational capability and capacity.

Coherence has been safeguarded through ongoing scanning of the funding landscape with a cognizance of other COVID-19 related funding streams, both at the onset and throughout implementation.

Adaptive management principles have been applied through course corrections through the planning, set-up and implementation of the Fund allowing greater coherence as other responses came on stream.

1.1 In what ways has the Fund been designed to ensure maximum impact, as well as complementarity in relation to other COVID-19 related funds, and to what extent has the funding landscape been regularly scanned and adaptive management actively practiced so as to ensure on-going maintenance of the Fund's niche and value-add?

The evaluation finds clear evidence that efforts to ensure maximum impact are demonstrated through the key design principles of the Fund which sought to ensure optimal targeting of contributions. The evaluation team identify the predominant niche and value add of the SRF to be around its flexible nature, early initiation, and the ability to fund activities that would not normally receive funding.

Designed for impact

Key design principles of the fund ensured optimal, rapid, targeting of contributions. These design principles, which aimed to achieve maximum impact, are the unrestricted and flexible funding structure, alignment to the SPRP, the Fund's revolving nature, the strategic use of partnerships and UNF's historic comparative advantages in managing similar mechanisms. Each principle is explored below.

Unrestricted and flexible funding

The SRF was designed as a single, pooled fund with no earmarking of contributions.¹⁹ The unrestricted nature of funds ensured the SRF could target and channel the funds where they were most urgently required at a given time. KIIs with both fiduciary and beneficiary partners universally verified the value of this, noting "*the real impact was having flexible funding to move funds where it was most urgent*", promoting rapidity in fund allocation which "*...allowed important COVID-19 response projects to be initiated*".²⁰ This was crucial given the need to respond with speed: beneficiary partners were appreciative of this, acknowledging the broad parameters within which the funds needed to be allocated yet allowing partners to target funds where they were needed.

Evidence notes that the SRF was the first contributor, and the largest, of flexible funding for the procurement and distribution of essential medical supplies in response to COVID-19²¹. UNF, WHO and beneficiary partners described how the Fund acted as a 'kickstarter' for the early work of fund recipients, enabling agencies to start-up initiatives quickly, and do work that they may not otherwise be able to do in the immediacy. Even when used to support core operations, emphasis was placed on the maintenance of flexibility as a core feature of the Fund "*financing innovative and strategic projects where a few million investment could make a difference in terms of impact*".²² Beneficiary partners noted how funds received supported operational agility, allowing them to look at projects that others were not in the early, intensive and uncertain phase of the pandemic. Furthermore, as noted in KIIs, the Fund allowed agencies to work in geographical locations that may otherwise not have been possible: "*...funding of innovative projects - including coming from regions and countries - that otherwise would not be funded*".²³

¹⁹ COVID-19 SRF Playbook: A Guide for a Collaborative journey

²⁰ Ibid.

²¹ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, May 2 to May 31, 2020.

²² Steering Committee meeting minutes, 9th June 2020

²³ Steering Committee Meeting minutes, 12 May 2020

Aligned to the Strategic Preparedness and Response Plan (SPRP)

The overarching SRF strategy is based on alignment to the SPRP; with documentary evidence noting that although the SRF is not an SPRP implementing fund, contributions made to it are used to finance the SPRP with the main scope of the SRF being the SPRP and funding of innovative projects.²⁴ This design principle has ensured the Fund's direct relevance to the COVID-19 global response. In implementation, documentary evidence notes the Steering Committee continued to emphasise the importance of retaining the SPRP as a guiding framework for allocations (discussed in further detail in 1.2) noting it was critical that donors do not influence the creation of new workstreams but contribute to the existing SPRP plan of work.²⁵ Alignment to the SPRP has also promoted the complementarity of the SRF; this is discussed further below.

Spending a dollar more than once

The Fund's revolving nature allowed the replenishment of funds going out over time, combined with redeployment mechanisms in place to facilitate reallocation when traditional or earmarked funding became available to support urgent priorities, thus ensuring maximum impact. Guidance notes that funding may be redeployed several times over to purchase more commodities, significantly increasing their impact of funds²⁶ and that the flexibility of the Fund allows it to release funds as soon as new sources are identified.²⁷ As an illustrative example of the revolving mechanism in play, the evaluation notes how, following Member States' provision in Autumn 2020 of new COVID-19 related funds for R&D with the requirement to be spent before the year end, the Steering Committee explored the possibility of back-charging funds already disbursed under the SRF in order that the Member States funds be available for new allocations that had the flexibility and ability to be spent until mid-2021. It was agreed that such a revolving mechanism would only apply to resources allocated that had not been publicly reported on, and documentation notes that it was important to describe to donors how funds had been allocated to kick-start projects, used to generate impact, and then (in these cases), back charged to the Fund and reallocated to new projects.²⁸

Partnerships

The Fund's approach to partnering and partnerships positively contributed to positioning the Fund for maximum impact. The leveraging of strategic partnerships including with UNF, SPF and TGE as part of a wider ecosystem of fiduciary and beneficiary partners has enabled complementarity of organisational capability and capacity, for example UNF has credibility in the global health field, good reputation and preexisting relationships with the private sector, and proven operational systems. Location and reach were also expanded through strategic partnerships with UNF having good access to the USA, and SPF and TGE offering good access to Europe in recognition that the geographic positioning of partners also brings benefits in securing tax-free donations noting that many contributors can take advantage of tax benefits through a fiduciary partner based on the geographic area where they operate²⁹. SPF and TGE, for example, were able to facilitate tax-deductible donations across European jurisdictions. In order to further expand the geographical scope of fiduciary partners the Fund rapidly engaged with the JCIE and the CPWF. Early identification of beneficiary and implementing partners occurred during the SPRP development process and informed the selection of appropriate partners for the SRF. This included UN agencies such as UNICEF who provided a front-line response to the pandemic, and KII's note "*There was clear added value for those who needed it ...*" (KII).

²⁴ Ibid.

²⁵ Steering Committee Meeting minutes, 26th March 2021

²⁶ COVID-19 SRF Playbook: A Guide for a Collaborative journey

²⁷ Steering Committee Meeting minutes, 29th July 2020

²⁸ Steering Committee Meeting minutes, 9th September 2020

²⁹ COVID-19 SRF Playbook: A Guide for a Collaborative journey

Historic comparative advantage

UNF was considered ‘uniquely positioned’ and qualified to act as a key fiduciary partner for the SRF, given its long-standing collaboration history with WHO and its historic comparative advantage in managing similar mechanisms to the SRF as reflected over the course of 20 plus years of and a wealth of grant making experience³⁰. In 1998, for example, the UN Fund for International Partnerships (UNFIP) was established by the then UN Secretary General to act as an autonomous trust fund to interface with the UN Foundation.³¹ In 2001 the UNF opened the first fiduciary account to accept private and government contributions for the Global Fund³². UNF’s ‘Nothing but nets’ campaign launched in 2008 raised over \$25 million in funds from over 100,000 individuals, corporations and foundations and used to purchase and distribute commodities - insecticide treated bed nets - to the areas of greatest need in Africa.

Complementarity

Issues of complementarity in relation to other COVID-19 related funds *by design* is less clear since the SRF was a first mover in the response to the COVID-19 pandemic, though no obvious overlap or duplication with pre-existing funds is noted. Scanning of the funding landscape and gaps analysis for needs identification was conducted at the onset of the SRF set up and beyond, ensuring both UNF and WHO remained attuned to any new funding instruments and helped avoid duplication through their allocation process.

As indicated above, the SRF complements the SPRP; it must operate within the SPRP framework and fulfill its priorities, however “*While the SPRP covers only the financial needs of WHO, the scope of the Solidarity Fund still covers the health lines of other key partners...*”³³ Figure 4 shows where the SRF is situated within the wider UN response to COVID-19, as part of the health component. The SRF is used to finance WHO’s SPRP which itself feeds into the Country Preparedness and Response Plan (CPRP). Documentation defines how the SPRP complements the UN’s separate plans to address the parallel humanitarian and socio-economic emergency caused by COVID-19. The evaluation notes that the SRF is complementary to other funding sources such as direct and humanitarian pooled contributions (Central Emergency Response Fund (CERF) and country-based pooled funds (CBPF)) which inform the ‘humanitarian’ component of the UN’s efforts for response and recovery of COVID-19, and alongside other funding sources such as the COVID-19 Multi-Partner Trust Fund (MPTF) and country pooled funds which inform the social-economic response as part of the ‘Development’ component. The SRF has similar traits to elements of CERF COVID-19 response in design, which allowed prioritization to critical areas under its global block grants and offered flexible funding with the possibility for extensions and reprogramming. The first CERF funded WHO project commenced on 3rd February 2020, the same day that WHO’s first COVID-19 SPRP was published. The first CBPF COVID-19 allocation took place on the 7th February 2020 (two months before SRF’s first allocation, see Figure 8). For comparison, the combined CERF and CBPF pooled funds to date in response to COVID-19 are US\$ 490 million compared to US\$ 256 million³⁴ for SRF.

³⁰ COVID-19 SRF Playbook: A Guide for a Collaborative journey

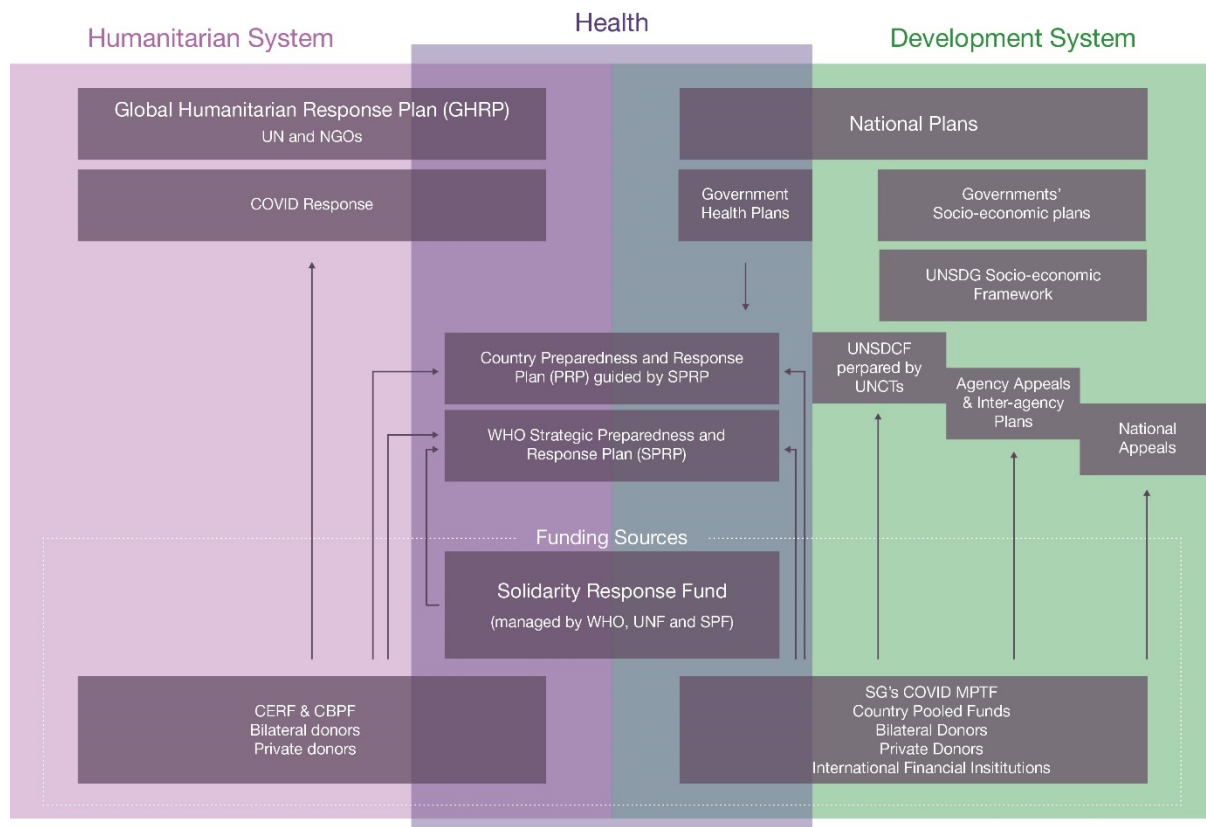
³¹ <https://unfoundation.org/who-we-are/our-timeline/>

³² *ibid*

³³ Steering Committee Meeting minutes, 12th May 2020

³⁴ As of October 2021

Figure 4: Alignment and Complementarity of SRF with COVID-19 Response and Recovery Financial Model³⁵



The evaluation notes that the SRF was synchronous with traditional contributors to WHO such as Member States, multilateral institutions, or philanthropic foundation partners of WHO which continued to donate directly. As of December 2020, WHO had raised US\$1.5 billion for the SPRP³⁶ with the largest contributions coming from Germany, European Commission and the UK, followed by the SRF. As of November 2021, the SRF had raised and received pledges for \$257m³⁷ towards the SPRP of which US\$ 169m were utilized by WHO directly³⁸. The unrestricted and flexible funding nature of the SRF enhanced complementarity with traditional funding streams.

Landscape scanning

The evaluation team note that scanning of the funding landscape was conducted at the onset of the SRF set up, and beyond. A gap analysis was conducted by WHO for needs identification, and fundraising landscaping by UNF of other COVID-19 related funds ensured an awareness of other funding mechanisms and instruments being developed, thus avoiding duplication and ensuring that the SRF wasn't directly competing with other funding mechanisms.

Throughout implementation of the fund, further landscape scanning became a regular operational activity by fiduciary partners who constantly scanned the marketplace to see how new and emerging funding mechanisms were coming into play. UNF have documented evidence of tracking daily fundraising totals from March-August 2020. They also conducted analysis on 'Surge Moments', key moments that could have contributed to fundraising surges, which they have used to analyse what audiences engaged with and which fundraising activities

³⁵ This graphic is an adaptation of chart 3 from the 'UN Framework for the immediate socio-economic response to COVID 19' of April 2020. Arrows showing funding flows are illustrative rather than proportionate.

³⁶ WHO Looking back at a year that changed the world: WHO's response to COVID-19. 2021 p.8

³⁷ The exact figure as at 10 November 2021 from the SRF website is USD 256 858 860

³⁸ Data taken from SRF website.

achieved traction. Data on ‘web traffic’ was also collected and maintained on a daily, then weekly basis.

Adaptive management

Evidence highlights that key principles of adaptive management were pursued throughout the set up and implementation of the SRF, visible in the planning and implementation phases as well as the use of lessons learnt for course correction and process adjustment.

A dedicated Project Management Office (PMO) was established when the scope and scale of fund became clear to ensure cadenced project control, risk management and delivery of expected outcomes. Internal documentation reflects how the establishment of a PMO is a good practice to be applied to other relevant WHO projects, including the in-kind process.³⁹

The Steering Committee, established early to ‘provide direction’ and execute the fund allocation process, was attuned to the need for adaptive management and course correction. The functioning of the Steering Committee and PMO iterated over time, learning, adapting and refining processes as it functioned. Initially, the Steering Committee met weekly (until July 2020), with the periodicity adapted accordingly thereafter based on the presenting requirements. An example of adaptive management is noted whereby a set of tasks and methods of work were approved by the Steering Committee to guide them moving forwards which includes the task of general guidance on overall SRF management including to set, assess, and adjust objectives, targets, and goals as needed. Meeting minutes state that project focal points were “*also requested to present a list of milestones to assess progress and adjust plans where needed.*”⁴⁰ Refinements to the reporting cycle were enacted and shifted from monthly reporting in the intense first phases of the pandemic to being a quarterly requirement. The Playbook was jointly developed by UNF and WHO in order to document the agile and iterative fund management processes of the Fund and track the changes made to ensure on-going maintenance of the Fund’s niche and value-add.

1.2 What structures, processes and actors have been involved in individual funding decisions, and to what extent has this architecture ensured that the highest priority needs within each of the three SPRP pillars are clearly identified and addressed, that funding decisions are made in synchrony with other funding streams, and that the most optimally suited implementing partners are selected for the task at hand?

Structures, processes and actors for funding decisions were established early and subsequently documented and articulated in the comprehensive Playbook.

The SRF has a clear and well documented organization, detailing roles, responsibilities, and key stakeholders. The principal structure established in relation to funding decisions was the Steering Committee, composed of senior leaders within WHO, including core members with the right to vote, as well as non-executive members and technical advisors. The Steering Committee brought together senior staff in a collegiate and trusting environment and provided frequent communication and liaison with the wider organization, fiduciary, and beneficiary partners; with designated alternates to attend in key member’s absence when necessary.

The evaluation finds there to be clear and effective processes for review, allocation, governance, and management, both established and implemented as evident in the minutes documented from the steering committee meetings throughout 2020 and 2021. Documented evidence notes set agenda items were routinely covered, including the approval of last meeting’s minutes, allocation decisions and, as appropriate, discussion on new proposals. To expedite fund disbursement, documentary evidence notes that the implementation of Steering

³⁹ Steering Committee meeting minutes, 2nd June 2020

⁴⁰ Steering Committee Meeting minutes, 12th March 2021

Committee decisions taken can already proceed as soon as the draft minutes are sent to the committee.⁴¹

Documentary evidence notes that a set of parameters were established early on stipulating that any project presented to the committee should fall within one of three categories: i) projects aiming at strengthening countries' response (including supplies); ii) projects aiming at creating knowledge, iii) projects aiming at translating and transferring knowledge) and should respond to the following principles: solidarity, learning opportunity, innovation, technology, capacity building, opportunity for Fund amplification, alignment with the WHO triple billion goals, thereby ensuring relevance. In June 2020 it was agreed that proposals should be presented in two steps, firstly a short abstract for the Committee to assess if the proposal is of strategic interest and meets the SRF allocation criteria, and secondly a full proposal for the committee's consideration if the preliminary criteria are met. This process was revised in April 2021 to include three steps⁴² but is still considered proportionate.

The evaluation team note a suite of tools, including trackers, were routinely used by the Steering Committee to help inform planning, forecasting and allocation discussions ahead of and between formal meetings. Specifically, an '*Allocation Decision tracker*' provides a holistic view on the allocation decision making process from start (idea generation) to finish (impact reporting). The status of decisions was logged within this tracker, and a record kept of recommendations and advice for proposals. Steering Committee Minutes also state the proposals that were approved and rejected and offer brief explanations of strategic decisions behind the allocations and the discussions behind the decisions.

As of Q1 2021 the Allocation Decision tracker shows there to have been nine rejected proposals worth a total of US\$ 21.5 million. Reasons for proposal rejection on the tracker include not being COVID-19 response specific, insufficient complementarity, and other resources needing to be identified. The evaluation team note though that the review and allocation process for proposals provides opportunity for review, adjustment and refinement and in this way, proposals are not always rejected straight away. For example, one proposal reviewed by the Steering Committee in March 2020 was not granted approval straight away; minutes of the meeting indicate that the committee postponed making their decision pending further review from a technical perspective and ensuring its alignment with the SPRP, in addition to identification of clear, measurable, and short-term deliverables for accountability and communications purposes. Similarly, there are examples whereby a longer and more detailed proposal was requested from submitting partners that include a more detailed budget with a breakdown of different components, short term deliverables and key messages for donors on what would be achieved through the project.⁴³ The evaluation notes that, having reviewed the Allocations Decisions tracker and meeting minutes, the project proposals on which these example are based were subsequently approved.

Addressing the highest priority needs

The Fund was designed and implemented to ensure the highest priority needs are addressed, which have varied throughout the course of the pandemic. The ambition of the Fund was that it should remain active through the full cycle of the pandemic, as it deals with the COVID-19 recovery phase, long term consequences, and potentially overlooked priorities.⁴⁴

As the pandemic progressed, documentary evidence notes the continued focus on priority needs was maintained, mindful of the shifting fundraising rhythms.⁴⁵ Documentary evidence notes, for example, that "*Allocations should follow strategic directions to reduce transmission, exposure, infection, and mortality*".⁴⁶ Allocation decisions have been consistently and diligently

⁴¹ Steering Committee Meeting minutes, 12th May 2020

⁴² Steering Committee Meeting minutes, 26th March 2021

⁴³ Steering Committee Meeting minutes, 23rd June 2020

⁴⁴ Steering Committee meeting minutes, 9th September 2020

⁴⁵ Steering Committee Meeting minutes, 23rd June 2020

⁴⁶ Steering Committee Meeting minutes, 21st July 2020

tracked in terms of gross allocation and then disaggregated by pillar; Table 2 below shows cumulative allocations between the fund's onset in March 2020 and at end of March 2021.⁴⁷ As of April 2021, the total raised and received pledges for stands at c. US\$ 256 million.⁴⁸

Table 2: Cumulative Allocations Across the Pillars of the 2020 SPRP Between March 2020 and March 2021

Pillar	Allocation (US\$)
	March 20-March 21
1	\$ 25,104,988
2	\$ 177,464,140
3	\$ 26,134,200
Total	\$ 228,703,328

Table 2 shows that the majority of allocation decisions, close to 80%, have been towards Pillar 2 to support vulnerable countries and those most needing help. Importantly, the evaluation team note that the SRF ensured funding for essential procurement facilities towards the supply chain; financial statements indicate that WHO's procurement for these items doubled during 2020, and 50 per cent of the need for essential PPE and other supplies were met by the UN Supply Chain, underwritten by the SRF. In relation to research and development, the Steering Committee note that the SRF should cover *catalytic research projects and not the overall R&D agenda*. With this in mind, a roadmap was produced which identified the epidemiology, the transmission, as well as the Solidarity studies (1, 2 and 3) as priority areas.⁴⁹

During the first quarter of 2021, in light of the forthcoming transition of the Fund to the WHO Foundation as main fiduciary partner, the Steering Committee began monitoring the implementation of projects, with regular updates provided by the different technical units including on financial reporting, current use of resources, activities implemented, their impact and relevant factors that might have affected or delayed the implementation of the project. Documentation states that *"Based on these considerations, the Steering Committee will assess if a project is still relevant, take decisions on no-cost extension requests, and if part of the funds should be eventually redeployed to the Fund."*⁵⁰ The evaluation identifies that this process continues to ensure highest priority needs are being targeted.

Synchrony of funding decisions

The evaluation found there to be sound synchrony of funding decisions, as a result of a number of intentional factors. The nature of the Steering Committee, small with delegated decision-making power, ensured speed and agility in fund allocation and considers complementarity of contributions to other streams of funding within its allocation criteria. The participation of senior level staff within this set up, coupled with the frequent participation of others invited to present or provide more information and clarifications on proposals ensured that allocation decisions were made cognisant of other funding streams. As noted above, the SRF is considered to have acted as a 'kickstarter' for the early work of fund recipients within their COVID-19 response efforts, allowing them to conduct activities they would not have otherwise been able to do and was thus catalytic in nature. The SRF was able to fill critical gaps where there were funding shortfalls and the allocation decision making criteria, as discussed above, contributed to ensuring that projects which were not aligned to the SPRP did not receive funds under the

⁴⁷ COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, January 1 to March 31, 2021

⁴⁸ SRF projects excel sheet, rounded.

⁴⁹ Steering Committee Meeting minutes, 29th July 2020

⁵⁰ Steering Committee Meeting minutes, 12th February 2021

SRF. The evaluation team noted examples of proposals that were rejected on the grounds that they were not complementary, as well as examples whereby clarification was sought that a project could not be funded through the WHO regular budget, prior to its approval and allocation. Detailing how funds received would contribute to the overall UN initiative, and how part of them could be refunded by the UN system⁵¹ was one way of ensuring synchrony and a factor considered in some of the approval and funding decision processes. The evaluation team also note that the Steering Committee had under review and consideration numerous project proposals at different stage of the decision process, and the *Allocation Decision tracker* facilitated these concurrent processes and considerations and allowed a read across of various proposals and their decision status at any given time to enable synchrony to be considered in funding decisions.

Selection of implementing partners

The evaluation finds that the SRF has successfully engaged with optimally suited partners within the context of what it aims to do, facilitating direct contributions from donors to WHO and its partners as part of COVID-19 response efforts. This was initiated at the onset of the pandemic within the context of the SPRP development whereby efforts were made to rapidly create and refine the global support system. WHO engaged various groups of international associations such as the World Economic Forum, International Chamber of Commerce and UN Global Compact, amongst others, to ensure private sector outreach and engagement was both coordinated and pursued in a systematic manner. Operational Planning Guidelines were issued, and the COVID-19 Partners platform subsequently developed as an important coordination and governance tool, bringing partners together with national authorities and the UN. Documentation states the SRF has given rise to “*a unique opportunity for inter-agency collaboration.*”⁵²

Impact reporting provides evidence of there being a broad range of implementing partners for the SRF, including well- established and newer partners to WHO. Beneficiary partners were selected according to three main priority areas: 1) Vulnerable and target populations (including AU/African CDC, UNHCR, UNICEF, UNRWA, World Organization of the Scout Movement and Big 6 Youth Organizations); 2) Research and development (CEPI, Solidarity Studies); and 3) Logistics (WFP).

⁵¹ Steering Committee Meeting minutes, 21st July 2020

⁵² WHO COVID-19 preparedness and response progress report. 1 February to 30 June 2020. p13

Effectiveness

The evaluation of effectiveness identifies the results which have been achieved by the Fund to date and the results that the Fund has contributed to in achieving each of the three SPRP pillars.

This section covers nine sub-questions, covering: i) the resource mobilization strategies that were pursued, and what level of funding and overall quality of funds these efforts yielded for the global COVID-19 response over time, ii) the extent to which the fund achieved each of its KPIs; iii) the extent to which the Fund resource mobilization efforts catalyzed further and/or better capitalization of the Fund, helping WHO and its partners attain additional and/or higher-quality funds to help meet the full scope of needs, iv) the outputs and activities that the Fund has supported within each of the three pillars of the SPRP to date, and what indicative evidence of outcome-level results has been observed within each pillar, v) the extent to which resource mobilization and strategic communications efforts have been leveraged as opportunities to undertake public health messaging while also attracting donors to the fund, vi) wider effects that the Fund has had beyond the COVID response; and viii) unintended effects which have resulted from the Fund or its management.

Solidarity Response Fund | Effectiveness

The evaluation finds the Solidarity Response Fund was **highly effective** in terms of the Fund's overall resource mobilization; and effective in delivery against its KPIs. Effective contribution to the achievements in each of the three SPRP pillars is evident.

There was an early recognition that a different type of funding was going to be needed (compared to those from traditional donors) to enable WHO to respond to the needs arising from the pandemic. This resulted in an early move to partner with UNF to establish a funding mechanism that was 'ready to receive.'

The SRF has used multi-pronged and diverse resource mobilization strategies to respond to the early recognition that the WHO was going to need increased flexible and unearmarked resources to respond to the needs of the Pandemic. The Fund's high visibility, early launch, and frequent amplifier moments, combined with these synergetic strategies have yielded significant, high-quality funding for the WHO and partners.

Resource mobilization efforts have been catalytic in terms of the revolving nature of the fund, through the choice of fiduciary partners, the leveraging of strategic communications to result in 'surge moments' of fund raising and the use of mechanisms such as match funding.

The SRF has achieved each of its KPIs and there is clear consensus from stakeholders that the Fund has significantly exceeded expectations on both the funds raised and the Fund's operational efficiency and effectiveness. SRF outputs are well-documented in impact reports, although there is less outcome level reporting available.

There has been a deliberate and intentional effort to use the SRF as part of wider efforts on public health messaging and outreach and this is visible across a wide range of communication channels.

Wider effects of the Fund documented by the evaluation include the diversification of WHO's funding base, greater risk appetite in WHO for new resource mobilization approaches and strengthened rationale for increased unrestricted funding.

Unintended effects include some initial confusion in the donor landscape, issues relating to the visibility of donors and lack of clarity of fund allocations to partners.

2.1 What resource mobilization strategies were pursued, and what level of funding and overall quality of funds have these efforts yielded for the global COVID-19 response over time?

The SRF has used multi-pronged and diverse resource mobilization strategies to respond to the early recognition that WHO was going to need increased flexible and unearmarked resources to respond to the needs of the pandemic. The Fund's high visibility, early launch, and frequent amplifier moments, combined with these synergetic strategies have yielded significant, high quality⁵³ funding for WHO and partners.

Resource mobilization strategies

There was an early recognition from WHO that it was going to need a different type of resource than was available from traditional donors to meet the needs arising from the pandemic. This was particularly pertinent given that only 3.9% of its voluntary contributions (some 80% of its funding) are unearmarked⁵⁴ and that the extensive earmarking of funds risked paralysing WHO's ability to provide rapid and flexible support to countries to respond to the pandemic.⁵⁵

It was acknowledged that WHO's inability to mobilize anticipated charitable interest in supporting WHO's work by non-traditional donors was a significant strategic risk that would inhibit WHO's ability to meet the goals outlined in the SPRP.⁵⁶ Recognising that WHO did not at that time have the mechanisms in place to access large volumes of flexible, unearmarked, individual/corporate resources, WHO initiated a strategic partnership with UNF as trusted partner to meet these needs.

Given the speed at which the SRF was set-up, interviewees confirmed there was not a specific, documented resource mobilization strategy from the Fund's outset but that multi-pronged, diverse resource mobilization strategies were used to reach the Fund's ambitions. Interviews and documentary review highlight that in some cases, resource mobilization was responsive to direct approaches made by significant donors who wanted to support the Fund. In other cases, fiduciary partners worked proactively to solicit contributions, although the amount of proactive outreach and fundraising varied by Fund fiduciary partner. It was highlighted that UNF and fiduciary partners "stimulated the snowball" (of funds) in a number of intentional ways and that there were few refusals from corporate donors.

Examples of Resource Mobilization strategies or mechanisms used:

- Media engagement: During the set-up of the Fund, UNF and WHO implemented a broad media engagement strategy to raise awareness across a wide audience of the Fund's initiation and its status as a first-of-its-kind initiative to mobilize critically needed resources to finance the global COVID-19 response led by WHO.
- Use of social media platforms: Fiduciary partners utilised their own social media accounts to drive contributions to the Fund using the hashtag *#COVID19Fund*, which was shared widely with contributors, supporters, and influencers via the Partner Toolkit along with other resources to unify content and ensure consistent branding and amplification of the Fund.
- Employee giving campaigns: More than 50 Fund donors have engaged in employee giving campaigns, with many agreeing to match employees' contributions.
- Several companies and brands promoted the Fund in their marketplaces via percentage of sale efforts or where companies sold, distributed, or sponsored a sale in which a pre-determined percentage of the proceeds were disbursed onward from the company or brand to the relevant fiduciary partner.

⁵³ The evaluation considered the following criteria when assessing the quality of funding: flexible; fast; available; predictable (i.e., 'firm pledges').

⁵⁴ Taken from: <https://www.who.int/about/funding>

⁵⁵ 2021 Mid-Year Report: WHO Strategic Action Against COVID-19

⁵⁶ COVID-19 SRF Playbook: A Guide for a Collaborative journey

- Amplifier events: UNF organised amplifier events such as the Twitch's Stream Aid and One World: Together At Home, organized by Global Citizen and curated by Lady Gaga. For the CPWF, this included active contact and virtual visits with medical industry associations to obtain the support of their member organizations. At JCIE, sponsored webinars featuring leaders from WHO, JCIE, business, government, media, and civil society were hosted to draw attention to the work of the Fund.
- Engagement with amplifying partners: UNF established relationships for amplification including Facebook, Amazon (and associated properties), Twitch, Tiltify, Google (and associated properties), Snapchat, and TikTok. These amplifying partners helped to extend the reach of the Fund, tap into new audiences, and offer new ways for individual contributors to give to the Fund.
- Partnering with influencers: including musicians, actors, athletes and digital influencers with large followings on social media; as well as WHOF's "Own the Moment" auction which raised money for the Fund via an auction of carefully curated, high-profile celebrity items and experiences. A tweet by Taylor Swift about the SRF engendered such a high volume of traffic to the Fund's website that the website temporarily crashed.
- Online giving campaigns: such as Facebook Giving and Tencent Public Welfare, or via online gaming platforms.
- Leveraging beneficiary partner networks: As part of UNHCR's engagement with the Solidarity Fund, content that highlights its work and how it would use SRF funds was developed to help UN Foundation and WHO communicate about the COVID-19 SRF and to target UNHCR's specific audiences⁵⁷.

The evaluation finds that these strategies were effective, mutually reinforcing and complementary. Different resource mobilization strategies were used according to the capacities and strengths of different fiduciary partners.⁵⁸ For example, UNF proactively solicited donations based on existing relationships and an examination of existing funder pipelines with select corporate donors solicited for reoccurring donations and encouraged to contribute through specific efforts or events. For SPF and the TGE network partners, rather than doing proactive fundraising among a network of pre-established prospective donors, most contributors seek out intermediary partners following engagement with various Fund channels (e.g., the Fund website, other Fund partners). The choice of fiduciary partners was in itself strategic; fiduciary partners were deliberately selected to ensure the Fund's ability to fundraise and access donors across a diverse range of geographies to provide a range of tax-free donation options to potential contributors (i.e., including fiduciary partners with access to US, European, Japanese and Chinese donors). Furthermore, the choice of fiduciary partners was also based on a consideration of organizational capacity and capability; including the necessary administrative, legal, accountability frameworks and processes to manage large sums of money.

⁵⁷ UNHCR - Amplifying the COVID-19 Solidarity Fund

⁵⁸ The SRF Playbook states that these considerations included a fiduciary partner's ability to extend tax benefits in their respective countries.

Quality and Yield of Funds

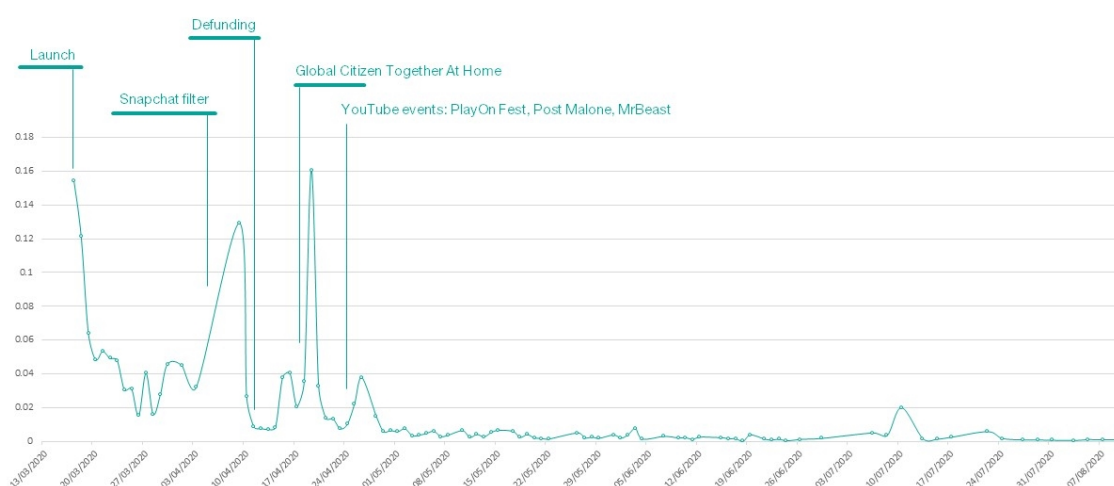
The Fund raised an exponential and unprecedented amount of high-quality funds which were flexible, available, and fast to disburse.

As outlined previously, the SRF was set-up in response to the recognised need that WHO required increased flexible funding to address the needs arising from the pandemic and to enable private companies, individuals, and other organizations to contribute directly to WHO's efforts to prevent, detect, and respond to COVID-19 around the world. The need for flexible, fast funding was explicitly outlined in the SPRP.

The flexibility, speed, and availability of Fund's generated by the SRF is well-evidenced in interviews and in documents available. As of the 10th of October 2021, SRF partners have raised and received pledges for over US\$ 256 million of flexible funding from over 675 700 donors and disbursed US\$ 226 million to WHO and partners.⁵⁹ Around US\$ 201 million of that total was raised in the first nine weeks of the Fund and as of May 1, 2020, the Fund was the largest contributor to WHO's global response.⁶⁰ Within the same nine weeks, more than US\$ 95 million was disbursed to WHO, UNICEF and CEPI with the first disbursement made on April 3, 2020, just three weeks after launching. The fact that the SRF was "first to market" was considered by interviewees to be pivotal to securing the funding WHO and partners needed to respond quickly to the pandemic. Interviewees referred to an internal practice in the management of the Fund, whereby the Fund would be able to start spending the money pledged as soon as a donor contract was signed, rather than waiting for the full cash transfer process. This ability to be adaptive and responsive further supported the speed at which funds could be allocated and disbursed to WHO and beneficiary partners, allowing swift response to needs.

It is possible from the data gathered by UNF and WHO to breakdown the amount of digital fundraising by platform, and to calculate the amount raised through individual donations, and to see how particular events or 'surge moments' resulted in an uplift of funds raised. For example, Figure 5 below illustrates the positive trajectory of funds raised from individuals and reveals clear surge moments that followed from specific fundraising efforts or global events, such as the announcement of the US defunding of WHO in mid-April 2020. On the evening of the defunding announcement, over US\$ 4.5 million was raised in website donations, which was around three times higher than usual, with similar trends observable in donations made via Facebook.

Figure 5: COVID-19 SRF Digital Fundraising 'Moments'



⁵⁹ Taken from: <https://COVID19responsefund.org/en/>

⁶⁰ COVID-19 Solidarity Response Fund for the World Health Organisation, Impact Report, March 13 to May 1, 2020

However, data is unavailable to enable the evaluation to compare the amount of funds raised by a particular funding mechanism and thus to determine if a particular mechanism has been able to raise more than another. Whilst, as the table below exemplifies, some resource mobilization strategies or mechanisms may have had significantly higher yields than others, sufficient data does not exist to correlate these to level of effort (i.e., person hours) that were required for each platform's success. In addition, there may have been other benefits to a particular platform such as the dissemination of health messaging, the value of which cannot be quantified.

Table 3: Resources Mobilized by Digital Fundraising Platform

Digital Fundraising ⁶¹	Amount
Ace Media	US\$ 206,500.00
Amazon	US\$ 220,730.63
Benevity	US\$ 5,903,327.21
Bright Funds	US\$ 147,813.68
CyberGrants	US\$ 12,180.14
The Danaher Foundation Workplace Giving	US\$ 66,000.00
Every Action	US\$ 12,499,452.39
Facebook	US\$ 6,563,927.22
Johnson & Johnson Workplace Giving	US\$ 139,830.76
Network for Good	US\$ 2,048,940.19
PayPal	US\$ 513,547.63
Pegasystems Workplace Giving	US\$ 200,714.80
Sony Workplace Giving	US\$ 9,971.00
Stripe	US\$ 354,580.84
UWW Worldwide	US\$ 581,443.71
WePay	US\$ 312,284.80
YourCause, LLC	US\$ 619,042.98
<i>Total</i>	<i>US\$ 30,400,287.98</i>

2.2 To what extent has the fund achieved each of its KPIs?

The fund has achieved each of its KPIs and associated targets and there is overwhelming consensus across stakeholders that it has exceeded expectations in both operational performance and in the funds it has raised.

A set of key performance indicators was developed to track various aspects of the Fund's internal and external operational performance which were monitored and measured regularly (e.g., weekly, monthly, or quarterly depending on the indicator). Given that the SRF was a new

⁶¹ Data taken from UNF Document 'Disbursements & Funding by Platform Data, October 15th, 2021

fund, specific indicator baselines or numerical targets were not defined. As such, Table 4 below presents the evaluation's assessment as to whether KPI targets were achieved.

Table 4: Assessment of SRF Playbook Key Performance Indicators

KPI	Target	Result
KPI 1: Provide funding to support the Strategic Preparedness and Response Plan for other unmet needs	Total amount of funding raised	US\$ 256 230 578 raised so far
	Funding allocated from the Fund in accordance with the SPRP to fill needs	- Pillar 1 US\$ 23,604,988.00 (4 projects) - Pillar 2 US\$ 178,964,140.00 (17 projects) - Pillar 3 US\$ 28,503,100.00 (6 projects)
	Number of projects supported per pillar of the SPRP ⁶²	
KPI 2: Ensure speed, timing and flexibility of funding to respond to support the Strategic Preparedness and Response Plan	Funds disbursed by week from fund inception	Evidence of at least weekly disbursements from 3rd of April 2020 until September 2020 when disbursements reduced in frequency. There were still at least 2 a month until March 2021.
	Amount of funding reallocated or redeployed based on changes to member state funding	- US\$ 5.3 million has been reallocated or redeployed based on changes to Member States funding. - US\$ 74.9 million allocated to the Commodity Supply Chain as revolving funds
KPI 3: Increase global support for WHO's response to the global COVID-19 pandemic	Number of countries represented by donors to the Fund	Donations received from companies, foundations and individuals in over 190 countries ⁶³
KPI 4: Increase support to beneficiary organizations responding to the global COVID-19 pandemic	Number of beneficiary organisations	7 beneficiary organisations
	Funds granted to beneficiary organisations	- US\$ 169 million to WHO - US\$ 10 million to CEPI - US\$ 10 million to UNHCR - US\$ 10 million to UNICEF - US\$ 20 million to WFP - US\$ 5 million to UNRWA

⁶² In the 2021 SPRP, the following funding was provided, though this is not the primary focus of the evaluation: Pillar 5 US\$ 2,015,880.00 (1 project); Pillar 9 US\$ 963,000.00 (1 project)

⁶³ COVID-19 Solidarity Response Fund for the World Health Organisation, Impact Report, January to March 2021

		Big 6 Youth Organizations US\$5million
	Percentage of funds granted represented as total proposals received by WHO	90.8% of funds granted represented as total proposals received by WHO
KPI 5: Increase support from influencers and celebrities for the COVID-19 Solidarity Response Fund and WHO's response to the global pandemic	Number of influencers and celebrities publicly supporting the fund	Over 250 celebrities and influencers reached

The catalytic effect of the SRF

2.3 To what extent have resource mobilization efforts catalyzed further and/or better capitalization of the Fund (e.g., through strategic communications and outreach that emphasize outstanding gaps, by leveraging success stories, and so on), thus helping WHO and its partners attain additional and/or higher-quality funds to help meet the full scope needs?

In its design and implementation, the SRF has been catalytic and responsive in light of the rapidly changing needs of a global pandemic and there is strong evidence that the Fund has been instrumental in helping WHO attain additional and high-quality funds to meet the needs arising from the pandemic.

By its very nature, the Fund has been designed to be catalytic and fast to support the rapidly changing needs of the pandemic. As outlined previously, the fact that the SRF provided flexible funding to WHO and beneficiary partners has been pivotal in enabling funds to be used catalytically. By end-March 2020, more than 662,000 companies, foundations and individuals from more than 190 countries had committed more than US\$ 242 million⁶⁴ in fully flexible funding to the Fund to support the work of WHO and its partners.

The most significant aspect of this highlighted by stakeholders in interviews is the revolving nature of the funds provided by the SRF as fund contributions continue to fuel the COVID-19 revolving fund. When earmarked or time-bound funding arrived at WHO, predominantly from its Member States, the Fund's resources have been able to be redeployed to new urgent needs. The SRF was the first contributor—and remains the largest—of flexible funding for the procurement and distribution of essential medical supplies via the COVID-19 Supply Chain System (CSCS). This ability to finance the procurement of supplies and access markets was considered by stakeholders as lifesaving, transformational and as having served as the backbone of UN supply mechanisms during the pandemic. The recent Assessment of the COVID-19 Supply Chain System⁶⁵ found that 50% of the supplementary supply that went out to countries came from the CSCS that the SRF had supported. This optimized the speed of procurement: monies in the revolving fund are used by WHO to purchase commodities, with countries being asked to pay WHO back for supplies they receive. For those who can repay, funding is redeployed for purchase of additional commodities. Funding may be redeployed several times over to purchase more commodities, significantly increasing their impact.

Resources from the Fund have also been used by the diagnostics consortium to purchase more than 34.5 million polymerase chain reaction (PCR) tests that have been allocated and distributed to over 135 countries⁶⁶. These initial purchases have served as a catalyst for

⁶⁴ COVID-19 Solidarity Response Fund for the World Health Organisation, Impact Report, January to March 2021

⁶⁵ WHO, Assessment of the COVID-19 Supply Chain System, April 2021

⁶⁶ Ibid

securing supplies for additional procurements, with payments from countries receiving these deliveries being used to procure additional supplies and equipment for allocation and delivery.

As well as the Fund's revolving nature, other aspects of its design have been catalytic. The choice of fiduciary partners (e.g., the JCIE and CPWF) has enabled the SRF to engage donors it would not have been able to otherwise, given the restrictions around corporate and individual giving in Japan and in China.

The choice of resource mobilization strategies was also catalytic and enabled the Fund to access further resources. In addition to providing cash donations to the Fund, many of the Fund's partners ran employee giving campaigns and engaged their customers by running campaigns donating a percentage of sales. An example of this is Benevity (a common vendor that manages employee giving programs), which raised almost US\$ 6 million for the Fund.

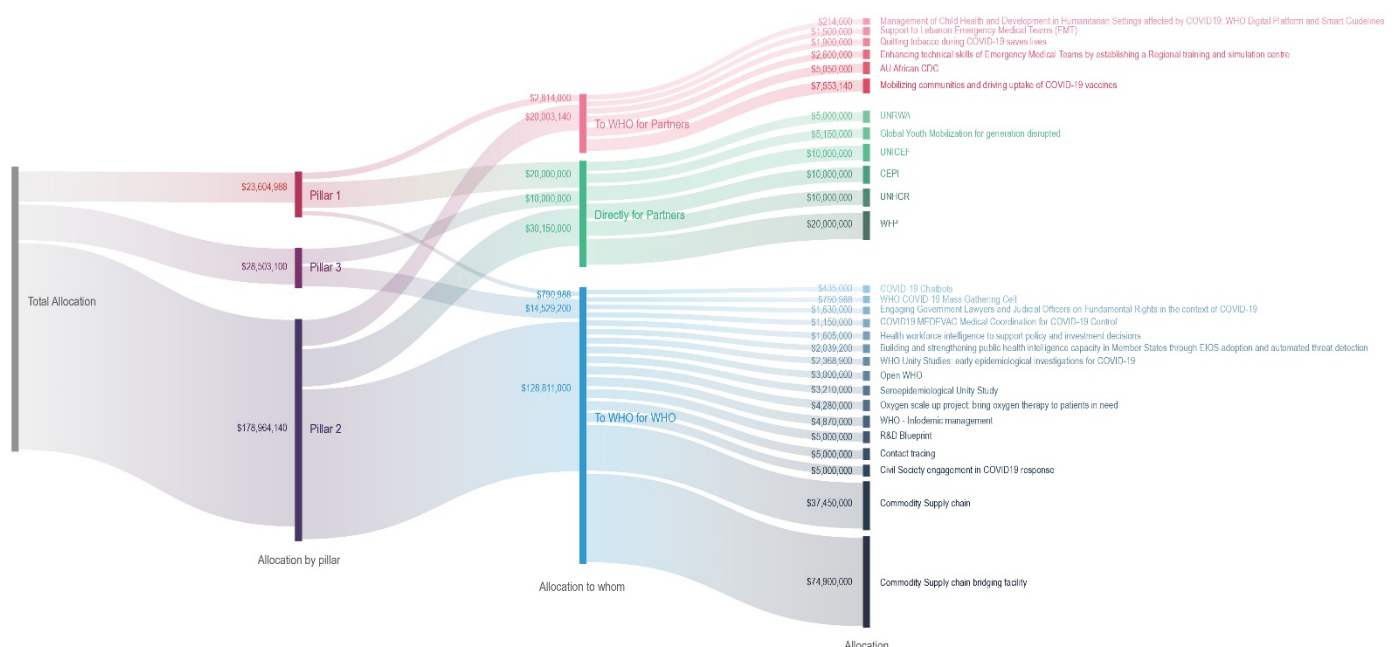
Outputs and outcomes supported by the SRF

2.4 What outputs and activities has the Fund supported within each of the three pillars of the SPRP to date, and what indicative evidence of outcome-level results has been observed within each pillar?

The evaluation finds strong evidence that the SRF has contributed to the achievement of significant outcomes aligned to each of the SRF pillars. These outcomes have helped to save lives and have supported WHO and beneficiary partners to respond to the needs of the vulnerable during the pandemic.

In responding to this question, it is important to note that in many cases, SRF funding has been used alongside other resources so the evaluation can only consider the contribution of SRF rather than attribution of results to the SRF directly. The figure below illustrates the range of activities and outputs and the level of investment that the SRF has made according to each of the SPRP pillars. Most of the funds raised by the SRF have been allocated to Pillar 2 (some US\$ 179 million of the US\$ 256 million raised).

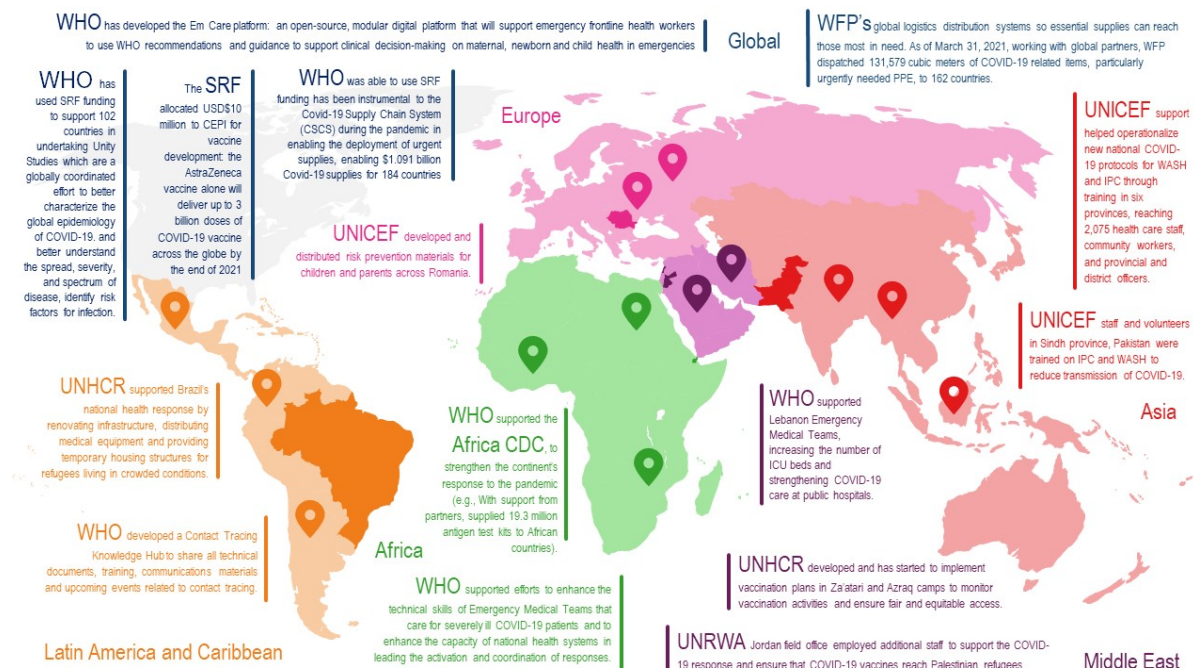
Figure 6: Mapping of SRF Allocations to SPRP Pillars



Given that the outputs and outcomes achieved by WHO and the SRF beneficiary partners are diverse and varied, it is not possible to aggregate outcomes achieved. The figure below

illustrates (non-exhaustively) some of the key outcomes that have been achieved by geographical region and a number of these are then described below in more detail:

Figure 7: Examples of SRF Outcomes Mapped by Geographical Region⁶⁷



Examples of outcomes under Pillar One:

WHO's support to the UN Supply Chain

SRF funding has been instrumental to the COVID-19 Supply Chain System (CSCS) during the pandemic in enabling the deployment of urgent supplies. In late January and February, WHO provided early signals to markets, alerting industry on market constraints for PPE and publicly projected a need of PPE of 1.3 billion units for the coming 9 months. US\$ 20 million was allocated to WFP to support the scale-up of global logistics distribution systems so supplies could reach those most in need. More than half of over 4,500 deliveries shipments and around 70% of volumes transported were managed via the WFP hub and spoke system designed for the CSCS. More than 60% of deliveries were delivered by air. The WFP transport service for cargo and passengers was noted by NGOs as a "game changer" and they may not have been able to continue their programmes without this support.

SRF funding was used to support the CSCS which brought together UN agencies, donors, vendors and NGOs to improve access to critical, lifesaving COVID-19 supplies via coordinated and efficient pandemic supply chains. The COVID-19 Supply Chain System assessment found that 50% of the supplementary supply that went out to countries came from the CSCS that the SRF had supported, and that it had provided⁶⁸:

- US\$ 1.091 billion COVID-19 supplies for 184 countries. Of the 184 countries, 29 were low-income and received 26% of the supplies, 51 were lower-middle and received 37% of the supplies, 57 were upper-middle and received 31% of the supplies, and 47 were high-income countries and received 6% of the supplies
- 46% of this was PPE, 41% Diagnostics, 13% Biomedical (of value)

⁶⁷ The map presents illustrative examples of the variety of outcomes that the SRF has contributed to but is not exhaustive.

⁶⁸ COVID-19 Supply Chain System Assessment, February 2021

- 1.023 million units of PPE were supplied to 169 countries
- 71 million diagnostics tests/kits were supplied to 161 countries
- 58,246 oxygen concentrators to 127 countries (mostly to LIC, LMIC)
- 3,462 ventilators to 84 countries (approximately half were UMIC)

WHO's Em Care Project

The Em Care project is an example of a project funded by the SRF where the full results of the investment have yet to be realised, but where there is potential for the achievement of significant health outcomes. The COVID-19 pandemic has highlighted the difficulties health workers face in emergencies in accessing WHO guidance which is a critical resource for the majority of the world. This is particularly the case in fast-changing public health contexts such as the COVID-19 Pandemic. Recognising that many frontline health workers have smart phones, Em Care is designed to be a modular, open-source digital platform which can be regularly updated. It will deliver WHO recommendations and guidance to support frontline health workers in emergency settings with quick, clinical decision-making on maternal, new-born and child health. Em Care will be piloted and field tested in 2022.

The Em Care project aims to improve the quality of clinical care and ultimately lead to better patient health outcomes, in particular to⁶⁹:

- Improve health outcomes for mothers and children in emergency settings with the ability to expand to additional age groups in the future
- Empower the emergency healthcare worker to treat and /or refer a patient at point of care using the latest WHO recommendations
- Maintain fidelity with original WHO guidance
- Promote (through collaborations) a modular reusable ecosystem to which Member States/external partners can also contribute
- Contribute towards UHC for all

This project responds to the needs arising from the COVID-19 pandemic but also to broader health needs in emergencies and in the future to broader population groups. The speed at which SRF funding was available enabled WHO to quickly employ a specific team to work on the design and content of the platform and progress work within eighteen months that the team anticipate would usually have taken 4 years. The SRF funding has been catalytic in enabling the Em Care project to raise further funds; since the initial US\$ 214,000 investment, the Em Care project has obtained a further US\$ 1.8 million in additional funds.

Examples of outcomes under Pillar Two:

UNICEF: access to evidence-based information, WASH and basic infection prevention and control measures⁷⁰

The SRF allocated US\$ 10 million to UNICEF to support vulnerable countries with access to evidence-based information, WASH and basic infection prevention and control measures, and access to care for vulnerable families and children. With the SRF's flexible

⁶⁹ WHO's Digital Guidelines for Emergencies: A Digital Solution to Support the use of WHO recommendations in Emergency Settings

⁷⁰ All data is from UNICEF, COVID-19 Solidarity Response Fund | UNICEF Final Report May 2021

funds, UNICEF was able to disperse resources to 12 vulnerable countries⁷¹. Key results achieved with SRF funds include:

Risk Communication and Community Engagement: SRF funds were used to support UNICEF and partners' risk communication and community engagement (RCCE). Through SRF support, 1.6 million people (including 832,000 women and girls) in Romania, Lebanon and Pakistan have been reached with RCCE interventions that have been implemented through key community influencers, traditional and religious leaders, community groups, youth groups, health workers, civil society organizations, billboards, flyers, social and traditional media (TV and radio), announcements at religious services, and other means. When SRF funds are combined with other contributions, RCCE interventions have reached over 1.1 billion people in Romania, Lebanon, Pakistan, India, Indonesia, and Egypt.

Infection Prevention and Control: SRF funds have supported UNICEF's work to improve Infection and Prevention Control (IPC) in communities through the training of 6,524 frontline health workers in Indonesia, Philippines and Romania on the proper use of Personal Protective Equipment (PPE) and preventive practices and procedures to follow to reduce the risk of disease transmission. In addition, SRF funds provided critical health supplies, including PPE (masks, goggles, gowns), benefiting over 45,000 health workers in eight countries, while cleaning/disinfection supplies were purchased and distributed to schools and hospitals, benefitting 102,342 people (including 90,000 children in schools). SRF support has helped provide over 275,000 people with WASH supplies, including soap, sanitizer and hygiene kits, while reaching over 751,000 people with critical water and sanitation facilities and services.

Child Protection: In Lebanon, SRF contributions have enabled UNICEF to support the continuation of child protection and gender-based violence related services to vulnerable girls, boys, women and caregivers throughout the pandemic. More than 3,000 girls and boys were reached with community-based psychosocial support interventions, while 2,500 adolescents and youth were provided with life skills sessions and psychosocial support (PPS).

UNHCR: Helping to ensure forcibly displaced people can access the services they need to keep safe from COVID-19⁷²

The SRF disbursed US\$ 10 million to support UNHCR's work to ensure forcibly displaced people could access the services they need to keep safe from COVID-19. The funding supported UNHCR's work in Kenya, Uganda, South Sudan, Jordan and Lebanon in particular and key results include the following:

In Jordan: Using SRF funds, UNHCR delivered personal protective equipment (PPE) to partners and enhanced COVID-19 activities in camps, provided communities with information about infection prevention, precautionary measures and testing options and UNHCR and partner conducted remote medical check-ups of suspected COVID-19 cases via telephone calls which then helped to provide remote medical check-ups for people who tested positive COVID-19, identify cases, referrals inside and outside the camp, and aid the delivery of essential medications.

In South Sudan: SRF funds helped to recruit additional health and support staff and build capacity of front-line workers including outreach teams to increase surveillance at health centres and in the communities. It also supported health facilities to be equipped with COVID-19 equipment and supplies, which included the installation of testing equipment. Newly rehabilitated and constructed isolation units were furnished with beds and personal protective equipment (PPE). Refugee and host community households identified to be at

⁷¹ Indonesia, Philippines, Albania, Romania, Zimbabwe, Ecuador, El Salvador, Egypt, Lebanon, India, Pakistan, D.R. of Congo

⁷² All data is from UNHCR, COVID-19 Solidarity Response Fund, Final Report May 2021

risk of COVID-19 infection due to overcrowding were given materials to expand their shelters. In some instances, materials were provided for the construction of new shelters. A total of 6,430 people were supported with urgently needed emergency shelter materials.

Examples of outcomes under Pillar Three:

WHO Unity Studies⁷³

The WHO Unity Studies are a globally coordinated effort to better characterize the global epidemiology of COVID-19. The results are intended to help countries better understand the spread, severity, and spectrum of disease, identify risk factors for infection and can be adapted to local settings and implemented rapidly to collect robust data on key epidemiological parameters. So far, a total of 102 WHO Member States (53%) have started implementing at least one sero-epi investigation using WHO Unity Studies master protocols: 63% of the countries are lower-middle-income countries (LMICs) and 39% of them are Humanitarian Response Plan (HRP) countries, which represent 61% of the HRP countries globally⁷⁴.

These Unity studies have allowed WHO to undertake global meta-analysis of COVID-19 prevalence and to gather evidence-based data to inform the development of evidence-based policy at a global level. In interviews, stakeholders affirmed that the learning from these studies has also informed how WHO will undertake disease surveillance in LMICs in future pandemics. At a country level, in Burkina Faso, WHO was able to support a longitudinal cohort study which has helped to increase government capacity in developing the national COVID-19 response. In Mongolia, WHO has supported the design and roll-out of the country's first nationwide population-based, age-stratified survey which has helped the Government to capture data regarding community transmission during the first year of the pandemic, including in remote areas where testing and reporting capacity were low⁷⁵.

CEPI: Vaccine development

Recognising the need to scale-up and scale-out production of successful vaccines to ensure global and equitable availability, without delay, the SRF allocated US\$10 million to the Coalition for Epidemic Preparedness Innovations (CEPI) for vaccine development.

CEPI was one of the first organisations to begin development of COVID-19 vaccines in January 2020, when the genetic sequence of the novel coronavirus was first made public. CEPI's work has accelerated the development and production of vaccines through its investments in a technologically and geographically diverse portfolio of 14 vaccine candidates⁷⁶. By end of 2020, two of these vaccines had demonstrated high efficacy in preventing severe COVID-19 disease and had received emergency use authorizations, enabling roll out of vaccine doses in early 2021. The AstraZeneca vaccine alone will deliver up to 3 billion doses of COVID-19 vaccine across the globe by the end of 2021⁷⁷.

CEPI has been instrumental in designing and creating COVAX - the first fair allocation system for vaccines to be implemented in the middle of a global public health emergency. Since February 2021, COVAX delivered more than 440 million doses to 144 countries and economies - from remote islands to war zones - managing the largest and most complex vaccine rollout in history. CEPI-supported vaccine developers AstraZeneca, Novavax and Clover have agreements in place to cumulatively supply almost 2.5 billion doses of vaccine

⁷³ An independent evaluation of the Unity Studies is underway and so its full outcomes achieved are yet to be determined and fully documented. The described results are gathered from WHO's existing reporting and interviews with stakeholders and have not been independently verified.

⁷⁴ WHO, SPRP Reporting Q3 July-September 2021

⁷⁵ WHO, EPI Unity Studies Powerpoint (Dated 21st of September)

⁷⁶ CEPI 2020 Annual Progress Report, 1 January - 31 December 2020

⁷⁷ <https://www.astrazeneca.com/what-science-can-do/topics/technologies/pushing-boundaries-to-deliver-COVID-19-vaccine-across-the-globe.html> (accessed on November 2021)

through COVAX. The COVAX rollout of COVID-19 vaccine began in February 2021, with the first doses arriving in Cote d'Ivoire and Ghana.

Leveraging of the Fund for public health messaging

2.5 What if any role has resource mobilization and strategic communications efforts been leveraged as opportunities to undertake public health messaging while also attracting donors to the fund?

There has been a deliberate and intentional effort to use the SRF as part of wider efforts on public health messaging in the Fund's outreach and strong engagement and strong efforts to ensure the Fund's communications support the transmission of accurate information and the right kind of messaging in relation to behaviour change.

Interviews outlined that there was an early recognition by WHO and partners that the Fund could not and should not be just about fund raising but that it also provided a platform for public health messaging. The key messages disseminated centered around "5 Things You Can Do to Help Stop the Spread of COVID-19: Wash your hands, social distancing, good mental health, know your symptoms, and give" which was used consistently in the Fund's digital outreach. This was thought by interviewees to have had a significant amplifier effect for WHO in its ability to broadcast these messages as it was able to reach a lot more young people through digital audiences and reach constituents with these messages who were not aware of WHO.

There was also a strong and deliberate engagement between WHO, and partners, celebrities, and influencers to ensure transmission of accurate and appropriate messaging in relation to behaviour change. The Fund developed a partner toolkit and a two-page information sheet outlining key messages about WHO and the Fund, which also included information on the "5 things". These were shared with influencers alongside talking points for influencers to request contributions to the Fund both during active fundraising events, as well as across social media channels or other platforms. The ability to disseminate public health messages underpinned the strategic approach to engaging influencers as decisions to pursue engagements with public figures were made by the communications working group based on two criteria: i) potential to raise significant revenue and/or ii) potential to reach new or wide audiences with key messaging. The role of partners as amplifiers was also key to the success of the Fund's public health messaging with both FIFA and the NBA helping to engage sports stars to share the message, and then give them a plug through the press conference forum. The NBA got behind a range of public awareness campaigns with retired and current players.

Supporting effective public health messaging during the pandemic was also a consideration in the allocation of funds to WHO and beneficiary partners. WHO was allocated US\$ 4.87 million to combat the "infodemic" of COVID-19-related misinformation.⁷⁸ The Epidemic and Pandemic Information for Communities Platform has been designed to facilitate information sharing and communication during epidemics and other high-impact public health events, as well as to develop analytical approaches to help identify narratives that are catching people's attention in online conversations. WHO is also working with partners to launch the Infodemic Observatory for COVID-19, to better understand the impact of an infodemic on a global scale.

Specific examples from beneficiary partners include funds allocated to UNICEF for its COVID-19 work to support vulnerable countries with access to evidence-based information; access to water, sanitation, and hygiene (WASH) and basic infection prevention and control (IPC) measures. Worldwide, through UNICEF's work, over 3 billion people⁷⁹ (including approximately 1.53 billion women and girls and 810 million children) have been reached with

⁷⁸ COVID-19 Solidarity Response Fund for the World Health Organisation, Impact Report, January to March 2021

⁷⁹ Ibid.

COVID-19 messaging, while more than 425 million people have been engaged through risk communication and community engagement actions, and more than 106 million people have been reached with critical WASH supplies (including hygiene items) and services in 120 countries.

2.6 What if any wider effects beyond the COVID response have the Fund and its management had - e.g., on the depth and breadth of WHO's donor base and donor relations, on the set-up of the WHO Foundation, or other areas?

Wider and unintended effects of the Fund

The Fund has had wider effects including generating learning, strengthening the rationale for WHO to gain greater unrestricted funding and the diversification of WHO's partnership base. Unintended effects primarily pertain to the Fund's transition to WHOF and clarity in relationships with partners.

As well as the sheer volume of Funds raised, the catalytic nature of these funds and the potential impact of the Fund's health messaging, the evaluation has documented a number of wider positive effects the Fund has had.

Whilst it was acknowledged by stakeholders interviewed that the SRF's success may be unique given the specific context and environment in which it was established, and some of the non-replicable factors affecting the Fund, it was recognised that there was a substantial amount of learning which could be harnessed and practices which could be replicated to inform the design and implementation of similar funds going forward. The Playbook was therefore developed as a key resource of the 'harvestable' knowledge and learning generated by the SRF which could be used to inform UNF, WHO and WHOF going forward, as well as other partner agencies.

The SRF provides a "proof of concept" for this type of mechanism/modality in terms of speed, allocation of funds, measuring for results, whilst being able to protect the integrity of WHO and partners. The success of the SRF is thought by interviewees to have increased the evidence base and potential appetite for using these kinds of resource mobilization strategies in WHO. This is particularly significant for an agency that has been criticised in its response to other emergencies for its lack of speed, agility and flexibility in the past. The learning from the Playbook and the experience of the SRF will therefore be pivotal in informing the approaches of the nascent WHOF as it goes forward in its fundraising approaches. The impact of the catalytic and revolving nature of the Fund, as well as the results achieved by WHO and beneficiary partners with the funds, also serves to demonstrate to traditional donors the advantages of increased unrestricted funding for WHO, and other UN agencies: freeing them from restrictive conditions and allowing them to move differently. Interviewees highlighted those investments made by the SRF in activities such as the Unity Studies, which are considered to have been hugely successful, would likely not have been funded by traditional donors. Accordingly, the SRF provided opportunities to demonstrate the impact of these kinds of investments to traditional donors. The success of the SRF was also thought to have supported the argument for increased investment in pandemic-preparedness and to have provided an opportunity and space for non-traditional donors to engage on this.

As detailed earlier in this report, prior to the establishment of the Fund, WHO did not have an established mechanism to receive funds from individual and corporate donors. The Fund therefore provided WHO with a significant opportunity to raise funds from these types of donors and builds a foundation for WHOF to utilise the relationship built with these new kinds of donors going forward. This was thought to be of particular relevance by interviewees in the current ODA funding context where resources are decreasing, and new funding streams are needed. The Fund has also facilitated the diversification of WHO's partnership base in terms of implementing partners through its engagement with Global Youth Mobilization and the civil society connections made at country level.

2.7 What if any unintended effects have resulted from the Fund or its management?

In terms of the unintended effects of the Fund, interviews with beneficiary partners noted that initially there was some confusion in the donor landscape as to whether SRF was a whole-of-UN fund or just intended to mobilize resources for WHO. There was also a perception from some beneficiary partners that donors who gave to the SRF may otherwise have given directly to them and therefore that this could have affected their own resource mobilization efforts. In some interviews, beneficiary partners expressed there had been some misunderstanding between the total amount they were allocated being perceived to be lower than the amount they had expected.

In terms of the implementation and management of the Fund, some interviewees cited issues relating to the visibility of donors (perceived as privileging recognition of celebrity donations over corporate donors), which may have affected willingness of corporations to donate again.

As outlined under Efficiency, the transition to WHOF may have broken the Fund's momentum and led to some missed opportunities in fundraising. This is due to both the efforts required during the transition and the fact that the SRF had benefited greatly from UNF's existing relationships and networks, a capability that WHOF had not yet had an opportunity to build.

Efficiency

The evaluation of efficiency considers the extent to which the Fund has functioned in a manner that has balanced the need for speed and agility that is essential in an emergency fund with the need for thoughtful, needs- and impact-driven funding decisions as well as other fiduciary requirements.

This section addresses 7 sub-questions, covering: i) the time horizon from the inception and creation of the Fund through to fund disbursements; ii) the balance between speedy financial assistance and the sufficiency of attention to key fiduciary considerations; iii) whether the Fund's Monitoring and Evaluation (M&E) systems and processes have been adequate and proportionate to capture the Fund's achievements; iv) how systematically was data, information, evidence, and other sources of knowledge harnessed to inform on-going management of the Fund; v) the clarity and delineation of fiduciary partners' roles and responsibilities and effectiveness of communication, coordination and collaboration among the fiduciary partners; vi) the administrative costs (including opportunity costs and transaction costs) associated with fund management; and vii) the impact the transition from UNF to WHOF has had on fund implementation and impact.

Solidarity Response Fund | Efficiency

The evaluation finds that the Solidarity Response Fund was **highly efficient** in terms of its management and function. The Fund set-up and implementation was enacted with speed, purpose and diligence. WHO, UNF and SPF, as primary fiduciary partners, have leveraged their respective operational capacity and readiness, pre-existing strategic partnerships and trusted working relationships to balance speed with sufficient attention to fiduciary considerations. This has been complemented by other fiduciary partners including the CPWF, JCIE, WHOF, King Baudouin Foundation of Canada, and members of TGE. Fast action by senior management in WHO, UNF and SPF allowed the Fund to benefit from many **'first mover'** advantages. Conflicts of interest have been managed effectively, through practiced, thorough and streamlined due diligence processes. Surge capacity, primarily facilitated by UNF's ability to pivot staff resources rapidly and mirrored by WHO and SPF, allowed a significant uplift in due diligence processing capacity. Agility and course correction are evident and were serviced through blending useful real-time management information with past experience. The transition to WHOF was systematically planned and managed, though partners' experience of this has been

somewhat inconsistent. The momentum of funds received has tapered-off, due to a range of factors.

Accelerated time horizon

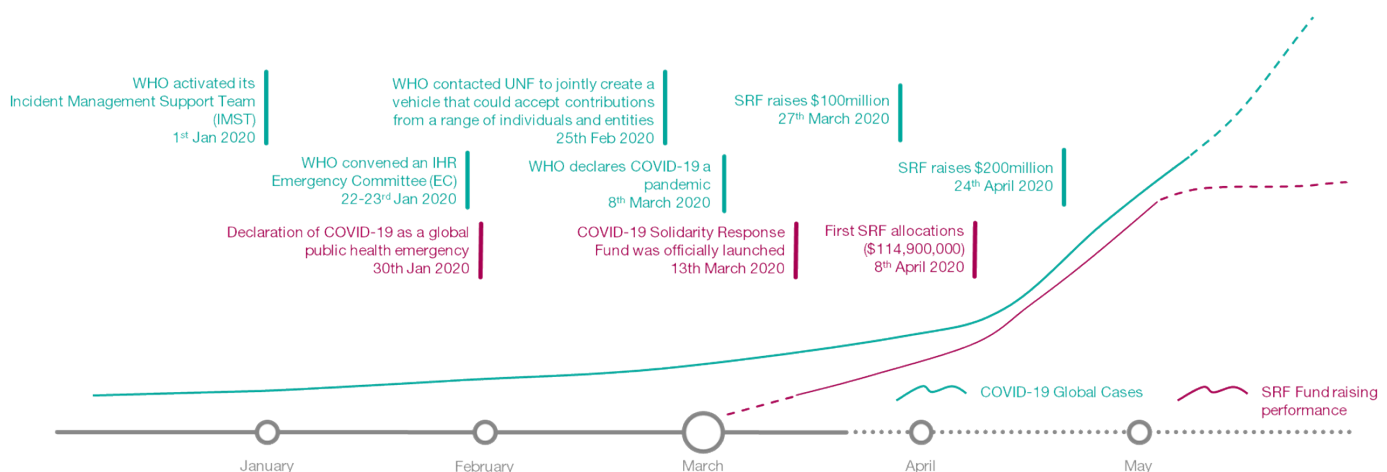
3.1 What has been the time horizon from the inception and creation of the Fund through to fund disbursements?

The time horizon from inception to creation of the Fund through to fund disbursements has been compressed and accelerated, with this time used purposefully.

From initial conceptualisation by WHO senior leaders exploring options to identify funding mechanisms through to engaging potential partners to support WHO's global response to the COVID-19 pandemic, through to fund allocation and disbursement, **WHO, UNF, SPF have moved with speed, purpose and diligence.** Documentary evidence⁸⁰ notes that, whilst WHO staff were dealing with manifold pandemic-related activities and initiatives, just ten weeks elapsed between the declaration of COVID-19 as a Public Health Emergency of International Concern (PHEIC)⁸¹ to the first SRF funding allocation. More specifically, related to the time horizon from inception discussions (25th February) and launch of the Fund (13th March), **just three weeks elapsed.** Furthermore, between launch of the Fund and first allocation (8th April), just over three weeks elapsed. Key informant interviews universally acknowledge the speed at which the Fund was established and the positive impact this had on the Fund's ability to mobilise resources. Beneficiary partners universally note that the speed of disbursement, following fund allocation decisions, was swift and uncomplicated.

Documentary evidence notes that momentum behind the SRF was established quickly with a matching campaign that included contributions from Google and Facebook totalling US\$ 15 million.⁸² Additionally, within two weeks, the Fund raised US\$ 100 million and within six weeks, donations and commitments crossed the US\$ 200 million threshold.

Figure 8: Time Horizon from the Inception and Creation of the Fund Through to Initial Fund Disbursements



The principles of emergency response are clearly visible in the set-up of the SRF, including the need to be prepared - have a coherent plan (SPRP); meet the moment - act fast and with

⁸⁰ SRF Project Status report to Steering Committee, January 2021

⁸¹ Between 1st - 30th January, WHO recorded 28 separate, strategically notable activities up to the PHEIC declaration

⁸² COVID-19 Solidarity Response Fund Playbook - A guide for a collaborative journey

good will (speed trumps perfection); do no harm and adopt a minimal regrets approach. These enacted principles in implementation provide a number of key lessons, detailed in the Learning section below.

In comparison to other COVID-19 related responses, the time horizon is positively comparable. For example, on 19 March 2020, the United Nations Secretary-General issued a Call for Solidarity in response to the unprecedented global health and development threat posed by the COVID-19 pandemic. The Secretary-General on 25 March 2020 launched the Global Humanitarian Response Plan (GHRP), to mobilize resources to meet these needs. The collective humanitarian response to the pandemic was funded through long-established and existing collective resource mobilization and humanitarian financing mechanisms such as the IASC global appeals process, the CERF and CBPF, managed by OCHA in support of Humanitarian Response Plan objectives. Meanwhile, a MPTF to support implementation of the UN Framework for the Immediate Socio-Economic Response to COVID-19; alongside COVID-19 Solidarity Response Fund was established to support implementation of WHO's SPRP.

The need for speed

3.2 How has the speed of the Fund's set-up enabled or constrained its ability to establish a clear and relevant niche and to be maximally effective? What points in this process have been particularly rapid and streamlined and which have been particularly slow or subject to bottlenecks?

Speed of response has been a key enabler for the results achieved by the Fund, clearly evident in the set-up and early implementation of the Fund. There have been no significant and notable constraints of the Fund due to its speed of response.

Given the Fund's primary objective to rapidly channel flexible financial support to priority public health interventions under the SPRP by filling urgent and critical financial gaps, addressing unmet needs, and balancing the sometimes-inequitable allocation of resources across populations, speed of response was critical. An early recognition by WHO senior leaders that the Organisation would have to move differently in relation to funding mechanisms to support its global response to the COVID-19 pandemic lead to accelerated discussions by WHO senior leaders exploring options to identify funding mechanisms and potential partners which could accept contributions from a range of individuals and entities including non-traditional donors to WHO. At the outset of the pandemic, WHO did not have in place a mechanism to quickly allow non-traditional donors to contribute directly to WHO's efforts. Though already in development, the official establishment of the WHOF - which fits this purpose – would not take place until mid-2020. Thus, a mechanism was needed to effectively fill a critical gap. Of utmost importance in those discussions was consideration that any mechanism needed to **allow flexible contributions to WHO's global pandemic response as quickly as possible**.⁸³ Whilst in early 2020 the full scope, duration, and severity of the pandemic was not yet known, there was an appreciation that 'a united and collective effort would be required' in response. Based on this appreciation **the principles of international solidarity, transparency, and accountability were recognised as fundamental** to the response and would be critical for any funding mechanism to operate on.

⁸³ Presently, only 3.9% of all voluntary contributions are Core Voluntary Contributions (CVC) - fully unconditional (flexible), meaning WHO has full discretion on how these funds should be used to fund the programmatic work of the Organization.

Based on a previously established, successful partnership and trusted relationship, WHO contacted UNF during late-February 2020 to jointly create a vehicle that could accept contributions from a range of individuals and entities including non-traditional donors to the UN. This partnership was complemented by the Geneva-based Swiss Philanthropy Foundation and the Cross-European Transnational Giving Europe network allowing donations in 20 European countries. Other fiduciary partners subsequently came onboard, including the CPWF, JCIE, the WHOF, King Baudouin Foundation of Canada, and members of TGE.

There is strong evidence of where acting fast has enabled the Fund to be effective, throughout the life cycle of the Fund. Examples include:

Being **first and fast** allowed the Fund to benefit from many 'first mover' advantages, including:

- establishing a clear and relevant niche, with few direct comparators - *meeting the moment* early
- engaging donors first and making a strong impression - establishing 'brand' awareness and enhancing brand recognition
- providing a way for corporations and individuals to '*do something tangible*' at a time of great uncertainty
- allows for greater control of resources
- working on an accelerated basis allowed the fund to raise rapid and large-scale resources from non-traditional sources

- **The rapidity of initial partnering between WHO; UNF and SPF/ TGE** - and other fiduciary and beneficiary partners - allowed the Fund to leverage the strength of longstanding relationships within and outside the UN System.
- **UNF's pre-existing relationships with private sector donors and influencers** - facilitated timely outreach, cascading direct public health messaging from WHO and effective stewardship with key stakeholders early in the pandemic response
- **Activating proven operational systems** - streamlining legal, financial and administrative processes and conducting and completing these in parallel: e.g., due diligence processes and issuance of letters of intent allowed the Fund to scale up quickly, efficiently, and reliably whilst managing conflicts of interest effectively
- **Deployment of established and pre-existing organizational assets, practice and processes** - including WHO's preparedness planning, development of SPRP and analysis of critical and urgent need early in the pandemic; UNF's existing ready-to-receive donation platforms and assets; SPF's pre-established working relationship with TGE-allowed the Fund to be set-up with speed
- **Agile redeployment of staff resources** - the significant pivoting of UNF's human resource and surge capacity across all operating systems including donor stewardship, communication, legal and financial processes, conducting due diligence, and the establishment of the PMO by WHO ensured the Fund was able to rapidly receive, allocate and redeploy resources as needed, and to keep pace with the volume of donations
- **Rapid fund disbursements** - as the Steering Committee met with such frequency, initially on a weekly then bi-weekly basis, fund allocation decisions were made quickly based on the proposals received and the application of agreed decision-making protocols and criteria and funds were disbursed where needed.

Fiduciary considerations

3.3 How deliberately and consistently has the attention to speedy financial assistance been balanced out by sufficient attention to key fiduciary considerations (e.g., accountability measures, transparency of decision-making processes and communications, due diligence and prevention of conflicts of interest in the funding decision-making process, compliance with financial and administrative rules and regulations, risk management considerations, recipient and Fund reporting requirements, and so forth)?

Careful attention to key fiduciary considerations has been continually balanced with the need to act fast.

Due to the outstanding and exceptional nature of the crisis and recognising the principle of 'minimal regrets' which informed the design and implementation of the Fund, pre-existing and established operational systems (including proven legal, financial and administrative processes) have ensured consistent attention to key fiduciary considerations. The early establishment of the Steering Committee, drawing senior WHO decision makers together, combined with this body's openness to observation and scrutiny through the inclusion of non-executive members, have resulted in transparency of decision-making processes and clear accountability mechanisms. In this regard, evidence shows several critical systems and processes have been fundamental in ensuring fiduciary considerations were thoroughly addressed.

Conflicts of interest have been consistently prevented and vetting effectively managed, through practiced, thorough and streamlined due diligence processes undertaken by the Fund's primary fiduciary partners UNF and SPF; alongside other fiduciary partners including the CPWF, JCIE, King Baudouin Foundation of Canada, members of TGE and the WHOF. When considering new Fund partners, these fiduciary partners conducted due diligence to understand and acknowledge potential legal, financial, reputational, or other risks related to accepting a donation or entering into a partnership during the prospecting stages of a contribution. Clear, documented guidance provides clarity that each fiduciary partner was responsible for complying with its existing internal due diligence requirements and procedures, including ensuring compliance with local laws. These due diligence policies are clearly detailed in the Playbook annex⁸⁴. While each partner conducted due diligence in alignment with their own internal policies and procedures, **all fiduciary partners jointly established a baseline level of due diligence, developed before the launch of the Fund in consultation with WHO**, which included the following criteria:

- Adherence to the exclusionary due diligence principles set forth by the World Health Organization; including not working with any partners who are involved in the production or manufacturing of tobacco products or arms
- Consideration of the requirements and reputations of the United Nations and World Health Organization
- Adherence to due diligence policies and requirements of each fiduciary partner, including careful consideration of potential human right violations

Determinations about the criteria above were made to ensure all contributors, at minimum, were not in violation of the mission and vision of the World Health Organization or the United Nations. Potential risks found during the due diligence process were reviewed by the appropriate staff members within each fiduciary partner, in alignment with the fiduciary partner's internal approval processes. Additionally, where a prospective funder was considered high-risk, due diligence results were also discussed with the project lead at WHO, who would then review and advise on the final partnership decision. This approach to due diligence allowed WHO to maintain an arm's-length relationship with contributors, as all funds were disbursed through fiduciary partners as pooled, unearmarked, and unrestricted.

⁸⁴ COVID-19 Solidarity Response Fund Playbook - A guide for a collaborative journey

As noted previously, surge capacity, facilitated by UNF's ability to pivot staff resources rapidly, allowed a significant uplift in due diligence processing capacity. Documentary evidence shows that over 25 UNF staff, including legal, finance, strategy, and fundraising teams were redeployed across the Foundation, regeared to donor vetting and stewardship activities: allowing for a 156% uplift in due diligence casework against 2019 figures⁸⁵. In addition to staff capacity surges, UNF streamlined the processes to conduct multiple activities concurrently and in parallel, rather than more standardised and linear operating procedures. As such, no substantive checks and balances were removed. Furthermore, **both internal reviews and external audits note no inconsistencies identified in application or compliance with financial and administrative rules and regulations**⁸⁶.

Transparency of decision-making processes and accountability for decisions was achieved and strengthened through the communication of and adherence to fund allocation criteria and detailed Steering Committee meeting minutes on allocation decisions. Documentary evidence shows Fund allocation criteria were shared in the proposal preparation and approval guidance, with a comprehensive checklist provided. These criteria are presented in the box opposite. Beneficiary partners universally expressed during KILs that the criteria for Fund allocation were clearly defined and instructive in proposal preparations.

Future proofing of legal documentation with beneficiary partners resulted in unintended consequences. When initial allocations were made, whilst fiduciary arrangements/contracts were far-sighted in their design by making provision for a total threshold higher than the initial allocation in order to avoid any future reopening if further funds became available, an unintended consequence of this was that beneficiary partners (and their constituencies within the agency) interpreted this as a likely anticipated total funding envelope to be allocated and interviews revealed that a number of beneficiary partners were not clear on why they received a lower amount.

Transparency and accountability for Funds are evident and were serviced through real-time management information captured in a shared tracker used by Fund fiduciary partners to track anticipated contributions (pledges), received contributions, allocated resources, and funds disbursed to beneficiary partners. The early creation of Allocation Decision and Financial Allocation tracking tools and accompanying Steering Committee meeting minutes, clearly detailing available funds and allocation decisions⁸⁷ helped manage the forecasting, tracking, and allocation of donations received (see institutional and financial monitoring, below).

Risk management considerations linked to the Fund were clearly identified with mitigation actions established. Given the unprecedented nature, size, and scope of the pandemic, and subsequently the Fund, there are inherent risks that existed for the Fund and its partners.

The allocation of funding by the Steering Committee considered the following elements:

- Full alignment of priorities with the SPRP
- Prioritization of the most urgent public health needs and underfunded priorities, based on the evolving situation of COVID-19
- Capacity of partner beneficiary or WHO unit to rapidly implement activities and report on implementation
- Areas of WHO's comparative advantage for global response, including rapid preparedness actions, country-level response, research and development, and availability of essential commodities
- Complementarity of Fund contributions to other streams of funding from traditional contributors toward a full funding of the SPRP
- Ability to strengthen alignment of implementing partners with the SPRP
- Capacity of Fund recipients to rapidly report on the use of funding (in addition to the full completion of financial and technical reports following project implementation)

⁸⁵ Indicative internal tracking data shows due diligence case work at UNF totalling 639 in 2019 (partial year); 1637 in 2020; and 710 in 2021 to date.

⁸⁶ WHO. Audited Financial Statements for the year ended 31 December 2020, World Health Assembly A74/29, 7 May 2021, p. 13, para 32 (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_29-en.pdf)

⁸⁷ Allocation Decision and Financial Allocation tracking MASTER tool

Alongside the due diligence processes, a comprehensive risk register was in place covering strategic; financial; operational; political; reputational; and competitive risk categories. Within these, over 20+ potential risks and mitigations were considered and treated.

Monitoring and evaluation systems and processes

3.4 To what extent have the Fund's M&E systems and processes been adequate and proportionate to capture the Fund's achievements?

The Fund's monitoring systems are structured and proportionate to consistently capture the Fund's activities.

Following the highly successful early stages of resource mobilization, a PMO was established in May 2020 to ensure monitoring across end-to-end processes and procedures. Documentary evidence shows the operational principles were clearly detailed⁸⁸ and risks related to the operationalization of Fund were systematically addressed and mitigating actions defined.

In relation to **institutional and financial monitoring**, the Fund developed and deployed a number of trackers to provide real-time management information on anticipated contributions (pledges), received contributions, allocated resources, and funds disbursed to beneficiary partners. The establishment of the *Financial Allocation tracker* represents a systematic tracking tool (Excel based) for capturing incoming funds from all stakeholders: this tool was shared with primary fiduciary partners and secured with access/ password control. This tracker was used by the Steering Committee members, in conjunction with other information, at the beginning of each meeting, to provide a financial overview of the Fund, to indicate total funds raised and pledged, total funds disbursed, total funds allocated, and the total funds yet to be allocated. The *Allocation Decision tracker* was established alongside to provide an overview on the allocation decision making process with the aim of defining, measuring, and analysing the overall process from idea generation to impact reporting. Documentary evidence demonstrates use of a systematic tool for providing transparency on speed, timing and agility of the overall decision process.

To ensure the Fund's overall performance was monitored objectively, a set of KPIs were developed for tracking the Fund's internal and external operational performance (see 2.2 above). As detailed above, the KPIs supported the processes of tracking, measuring, and reporting on projects and initiatives funded, the efficiency of funding, and their alignment with the SPRP objectives. Likewise, the KPIs facilitated the learning agenda related to this novel financing mechanism, as some KPIs relate to characteristics of the funds raised, the number of donors and partners, and the reach of the Fund. Monitoring and measuring these KPIs occurs on a regular basis, dependent on the indicator (e.g., weekly, monthly, or quarterly). Reporting on the Fund was based on a one-year formal reporting cycle, starting from its launch date in March 2020; with KPI evaluation reports presented to the Steering Committee.

The Fund's monitoring/evaluation and reporting systems are structured and systematic; with requirements detailed in agreements with beneficiary partners and are adequate for capturing activity and output achievements

In relation to **institutional and financial reporting**, periodic reporting to fiduciary partners by WHO, as outlined in agreements with fiduciary partners, included financial reporting for the pooled Fund contributions shared with all fiduciary partners. Beneficiary partners reporting to UNF (where UNF disburses funds directly) was undertaken, providing i) content for ad-hoc storytelling; ii) progress updates for each impact report (monthly, then quarterly); and iii) annual narrative and financial reporting, including certified financial statements. Beneficiary partners reporting to WHO (where WHO disburses funds directly), was also undertaken providing i) interim technical reporting and financial statements which were required at three months and six months following the implementation start date; and ii) financial certification using the Funding Authorization and Certification of Expenditure. These written technical reports by beneficiary partners, as well as technical units, required five key elements in the written reports, including: details of the project; progress reporting; budget implementation; challenges encountered; and current status. The process of development of these reports was aligned with the preparation of the impact report in order to avoid double reporting.

⁸⁸ COVID-19 Solidarity Response Fund Playbook - A guide for a collaborative journey

Impact reporting was routinely undertaken - this was primarily geared towards narrative storytelling. Impact reports were initially developed and shared on a monthly basis during the first quarter of implementation, which then moved to a quarterly basis from July 2020 onwards. All impact reports are publicly available on the SRF website. Additionally, donors were provided with weekly update calls on how their money was being spent by UNF, including on-the-ground stories of the impact of donations on beneficiaries' daily lives. Whilst reporting captures activity and output achievement, monitoring and reporting requirements have limited ability to measure outcome-level results; potentially missing important achievements and lessons.

Beneficiary partners noted in KIs that recipient and fund reporting was 'comparatively light': perceived to be much less of a heavy requirement in comparison to other funds/ donors. Nonetheless, the evaluation team assesses the reporting requirements as proportionate and in line with terms of the general principles, processes, and approaches to ensure consistency across the Fund ecosystem.

Informed decision making and adaptive management

3.5 How systematically have data, information, evidence, and other sources of knowledge been harnessed to inform on-going management of the Fund for maximum effect, both externally in communications with key Fund stakeholders (e.g., donors, recipients, governing bodies) and internally in ensuring maximally effective fund management (and adaptive management) practices on an on-going basis?

Recognising the need to balance competing priorities, the Fund had clear and systematic processes for capturing useful and useable management information to inform decision making and course correction and external communications with key stakeholders.

Evidence from KIs highlights that routine and regular engagement, through the Fund's governance, management and operational structures was achieved which facilitated effective information exchange and decision making. This was strengthened by harnessing trusted working relationships. In terms of the variance practices, the PMO routinely gathered, collated and utilised information and data to ensure the effectiveness of fund management. UNF routinely and systematically gathered data on fund numbers to track the Digital Fundraising Total, and daily fundraising totals, alongside some analysis on major moments that may have contributed to surge fundraising moments.

The development of the COVID-19 SRF Playbook, which was finalised in December 2020, also marked a milestone deliverable in the fund management by developing a comprehensive end-to-end guide on the Fund's ways of working, ecosystem of partnership and the collaborative, flexible mechanism of working. It detailed an overview and the general principles of the Fund; fundraising; fund allocation and management; reporting, implementation, and impact; and risk management. The Playbook represents a significant and valuable asset for the set-up and implementation of similar funding mechanisms.

Roles, responsibilities, communication, coordination and collaboration

3.6/3.7 How clearly have the respective roles and responsibilities of the fiduciary partners been delineated, and how effective have communication, coordination and collaboration among the fiduciary partners been?

Roles and responsibilities amongst and between primary (and other) fiduciary partners are clearly defined and delineated - these have been refined over time, though remain aligned to the principles of the Fund and the structural and coordinative functions of the project organisation.

The initial legal agreements and frameworks set out the roles of responsibilities of partners, recognising that the SFR is an informal collaboration, not framed as a legal entity, but as a pooled fund co-managed by WHO and partners. These agreements detail specific roles and responsibilities, including prospecting/ fundraising; due diligence; letters of intent/ grant agreements; accepting, managing and acknowledging contributions; and stewarding the corresponding contributors. The Playbook details clearly the roles, responsibilities and interplay between the different stakeholders. Nonetheless, during the transition to WHOF, partners noted some initial blurring of roles and responsibilities during the bedding in process; particularly in relation to engagement with donors/ partners.

Based on pre-existing, longstanding relationships between many partners, communication, coordination and collaboration has been highly effective. This has been enhanced by: trust and goodwill; complementarity of operational capacities and capabilities; and professional respect and familiarity. Routine and regular mechanisms to facilitate communication, coordination and collaboration include: daily communication during Fund set-up; weekly PMO meetings; bi-weekly meetings with the project management board; weekly project Steering Committee meetings, with minutes; and ad hoc regular briefings. Communication, coordination and collaboration is noted to have waned as a result of the transition to WHOF with key stakeholders and partners perceiving a notable shift in frequency of engagement (see 3.9).

Administrative costs

3.8 What have been the administrative costs (including opportunity costs and transaction costs) associated with fund management, both generally and in specific areas of funds management, and how commensurate have administrative resources been with the scope, scale, and risk profile of the Fund?

Administrative costs are comparative to other fund management costs within the UN system. Given the impact of COVID-19 on other workstreams, opportunity costs have been minimal.

Transactional costs of UNF were established at a 5% overhead rate, which was set below UNF's usual rate of 7% for managing partner resource flows to the UN. This rate is disclosed on the Fund's website and positively comparative to other overhead/ fund management costs in the UN system. In addition, a standard overhead charge to finance administration and management was included in the amount allocated to WHO. The emergency response reduced Programme Support Costs (PSC) rate of 7% was applied. WHOF has maintained the 5% overhead rate. Given the impact of COVID-19 on other initiatives, limited/ minimal opportunity costs were noted by the primary fiduciary partners.

Transition from UNF to WHOF

3.9 What impact has the transition from UNF to WHOF had on Fund implementation and impact?

Transition from UNF to WHOF was systematically planned and managed, following a structured, documented transition process. Funds raised since transition have been comparatively small, due to a range of factors.

Documentary evidence highlights the Transition from UNF to WHOF followed a structured, transition process, including: early process and workstream mapping and planning; in-depth engagement with UNF counterparts to ensure the efficient handover of fund management assets, tools, templates; and detailed human resource mapping to workstreams, including the identification of focal points for specific activities, inter alia. A transition process map, developed in collaboration with UNF, served to identify the processes needed to be put in place for design and operations of the SRF, inclusive of collaborating with fiduciary partners. The WHOF, in collaboration with UNF and WHO, further developed a set of Standard Operating Procedures (SOPs). The life cycle of donor stewardship processes from prospecting to reporting were outlined to clearly identify roles and responsibilities, including the development of standard operating procedures for outreach activities to outline how and when donors should be communicated. Reconciliation processes were established and implemented at WHOF prior to the funds being transferred to WHO, taking into account their financial procedures and requirements. WHO and UNF coordinated with WHOF during the transition period to ensure smooth transfer of knowledge, practical shifts in responsibility and donor stewardship

However, whilst transition planning was well orchestrated, Funds received by the SRF have been notably lower post-transition than in the initial stages of launch and implementation, though this follows a similar pattern to other emergency fund raising appeals (which would see an initial surge in interest and donations, then a steady decline). Recognising the evolving nature of the pandemic and the perceived shift away from donor interest in immediate emergency response towards recovery, prevention, and preparedness for the 'next pandemic' the current total funds received by the Fund since transition is circa US\$ 11.4 million.⁸⁹

Evidence from fiduciary and beneficiary partner KIs notes a reduced level of engagement/communications from the Fund since the transition; that engagement by WHOF with SRF's donors, which were largely UNF's existing donors, has had to be supported/augmented/followed-up by UNF and that transition from UNF to WHOF may have resulted in donors not making further donations due to the political sensitivities. Evidence from fiduciary and beneficiary partner KIs further notes the continued strategic implementation of the Fund has been stymied by a lack of specific fund-raising targets nor clear fundraising activities.

Whilst not a bottleneck per se, the notable difference in size, scale and operational capacity between UNF and WHOF has resulted in a noted shift in Fund functioning by partners; whilst appreciating the WHOF is equivalent to a start-up compared with the organizational maturity of UNF's operational capacity.

⁸⁹ *Ibid*

Gender, Equity and Human Rights in the Fund's design and implementation

The evaluation considers the extent to which the Fund systematically embedded gender, equity and human rights concerns in the overarching fund strategy and in individual funding decisions, such that funding decisions are consistently informed by considerations of overall geographical equity and by deliberate attention to the gender, equity, and human rights contours of COVID-19 within each country. This section addresses 4 sub-questions, covering: i) the extent to which gender, human rights and equity considerations were considered in the design of the fund from the outset; ii) the extent to which geographical equity was explicitly factored into the decision-making process as a means of ensuring that those countries are prioritized where assistance is most needed, and to what extent has geographical equity been reflected these decisions; iii) the extent to which gender, equity and human rights contours of COVID-19 was explicitly factored into the decision-making process as a means of ensuring that those most vulnerable are not left behind, and the extent to which funding decisions reflected these concerns; and iv) the extent to which gender, human rights and equity considerations been adequately captured in the fund's reporting processes.

Gender, equity and human rights considerations have been implicitly rather than explicitly embedded in the design of the Fund from the outset. During implementation, human rights have been explicitly included in due diligence; and geographical equity has been actively factored into decision-making processes for the allocation of resources. Where gender, human rights and equity considers are captured in the fund's reporting processes, these appear to be post-hoc rather than by design.

The evaluation finds that there has been limited explicit consideration of gender, equity, and human rights in the design of the Fund. In the COVID-19 Solidarity Response Fund Playbook, which outlines the Fund's design and key considerations, gender and equity are not mentioned at all throughout the document and this lack of an explicit approach to embedding gender, human rights and equity was noted by stakeholders in interviews. Critically it was noted that the WHO's Gender, Equity, Human Rights (GER) team has not been engaged in the Fund's design or implementation. This represents a missed opportunity to ensure that gender, equity and human rights were well considered in the Fund's design from the outset and that the gendered contours of the pandemic were well-considered. Good practice in the area can be seen in the COVID-19 Multi-Partner Trust Fund process, where WHO's GER team were engaged to review proposals and to score them using a systematic Gender Marker for integration of gender.

However, the SRF is designed to support the implementation of the SPRP which notes equity as one of its guiding principles (although it has less explicit emphasis on gender and human rights) and as such, it can be considered that these cross-cutting issues are considered implicitly to some degree in the Fund's design by association. Interviewees highlighted the recognition that flexible funding supports WHO's ability to integrate equity as funds are not earmarked by donors to specific areas/populations which increases its ability to respond in real-time, and to respond equitably on the basis of need.⁹⁰ A further demonstration decision made at the Fund's inception was that WHO should not be the only beneficiary of funds generated, and as such, allocation decisions were made to other agencies supporting the most vulnerable (e.g., children, refugees, women and girls): to UNICEF, UNHCR, UNRWA, as those partners needed funding fast.

In terms of the Fund's implementation, human rights have been explicitly included in due diligence processes applied to donors using the Refinitiv World-Check tool which evaluates partners against approximately 700 global databases to screen for human rights and environmental violations, illegal activity, and regulatory infractions. Geographical equity has been factored into decision-making processes for the allocation of resources, with allocations

⁹⁰ WHO COVID-19 preparedness and response progress report, 1 February to 30 June

made according to a prioritization of urgent public health needs and underfunded priorities, based on the evolving situation of COVID-19 (i.e., UNHCR prioritizing allocation of funds to countries with highest refugee populations). Interviews noted that gender, equity and human rights contours of COVID-19 have not been explicitly factored into the decision-making process and were not an explicit component of funding agreements but were considered to some extent in funding application decisions.

Where gender, human rights and equity considers are captured in the Fund's reporting processes, this is due to the nature of the specific project intervention rather than as a specific stipulation in reporting guidance (i.e., UNICEF's impact report outlines that SRF funds contributed to data collection and social research on the impacts that COVID-19 is having on women and children for national public health and other response decision-making).

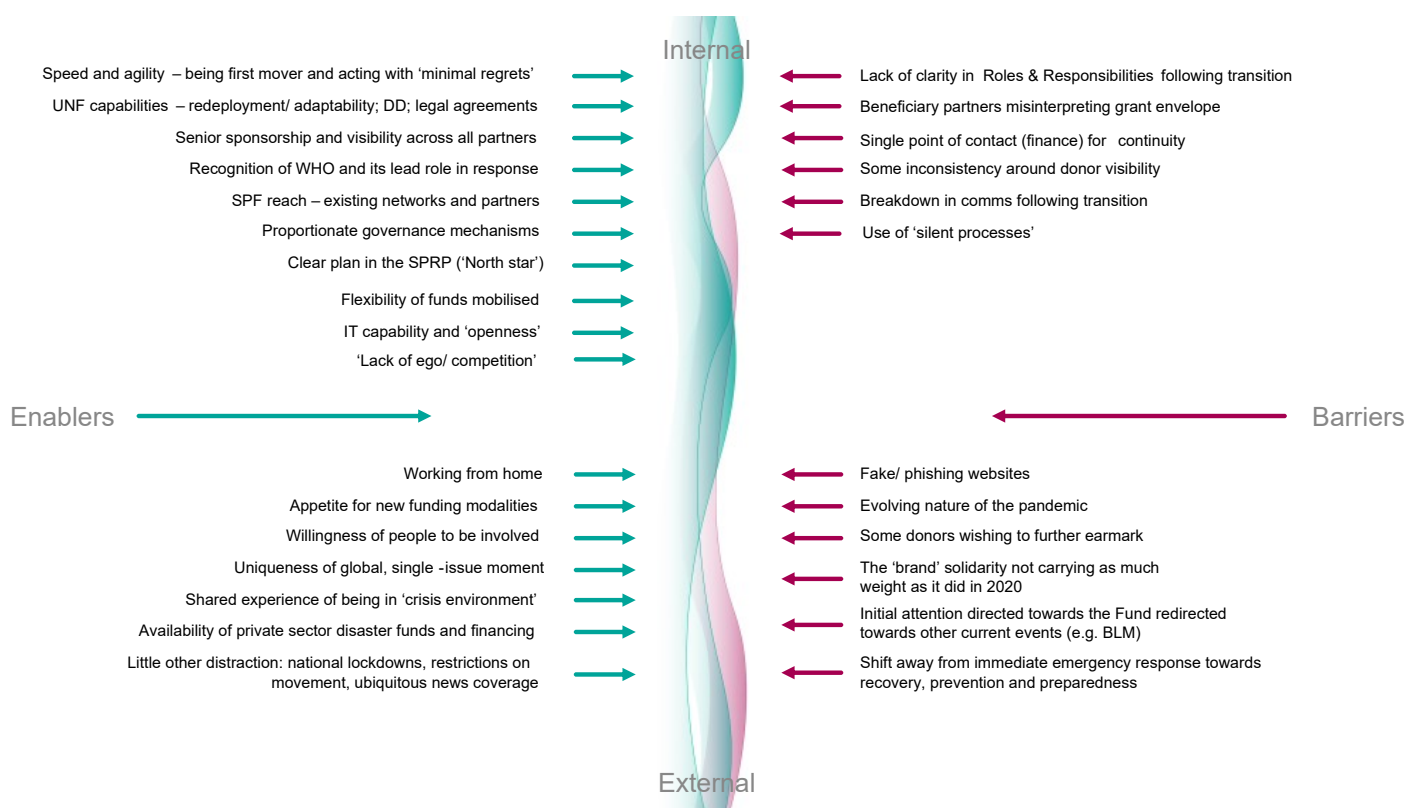
Contextual factors affecting the Fund

The evaluation conducted an exploration of the contextual factors which have affected the Fund's ability to achieve maximum results. This section firstly takes into consideration the *internal* factors that have accounted for the achievements and challenges encountered. Subsequently, it identifies *external* factors which have affected the SRF. Across the sub-questions on internal and external factors respectively, it identifies key enablers and barriers to the SRF achieving its intended results.

The evaluation considers that the enabling factors involved in the Fund's set up and implementation were sufficiently strong to ensure the Fund achieved its intended results. These included strong internal enablers within the fiduciary partners that contributed to the Fund's success, such as senior sponsorship, clear planning and strategic instruments, and the speed and agility involved in expediting due diligence processes and redeploying internal capacity. Additionally, the evaluation identified some strong external factors that enhanced the Fund's ability to achieve intended results, such as the unique emergence of the COVID-19 pandemic as a globally dominant issue, the associated shared experience of being in a crisis environment, and the availability of private sector disaster funds.

Whilst not sufficient to prevent the Fund achieving its intended results, some important barriers to the Fund achieving further success were also identified in this evaluation. These included key internal challenges such as the perceived inconsistencies around private sector donor visibility in WHO public communications and briefings, as well as a perceived reduction in engagement between the SRF and its beneficiary partners following the transition from UNF to WHOF. Whilst relatively minor, these internal challenges were compounded by external factors, such as the evolving nature of the pandemic, the shift in attention away from COVID-19 onto other mainstream political issues, and existing practices around earmarking. There is a perception from some stakeholders that the totality of these constraining factors may have hindered the Fund's ability to sustain its intended results.

Figure 9: Key Internal and External Factors Accounting for SRF Achievements and Challenges



Internal factors in Fund's achievements and challenges

5.1 What key internal factors have accounted for the achievements and challenges encountered in operation?

Internal factors accounting for Fund's achievements

Speed and agility - both the speed and agility with which the Fund was set up were identified as key internal drivers in its initial success. Establishing the Fund early in the pandemic allowed for many 'first-mover' advantages, as detailed in the Efficiency question, confirmed by the levels of funds mobilized in the early stages of the Fund's life cycle.

Senior sponsorship and leadership visibility across all parties - both the documentary evidence that delineates the Steering Committee's governance processes and widely held perceptions expressed in KIs point to the crucial role that senior sponsorship from within the fiduciary and beneficiary partners has played in the Fund's success. This strong commitment from senior managers across partner agencies allowed for the reciprocal sense of accountability, urgency, buy-in and visibility across the Fund's activities.

Clear plan in the SPRP ('North Star') - arguably the most important strategic factor in the Fund's success was the clear plan articulated in the SPRP developed early in the pandemic (Feb 2020). Likened to the 'North star', it has proved pivotal in coalescing partner and donor interest and key to guiding the allocation of funds in a way that was efficient and effective in meeting the needs of the COVID-19 response.

Recognition of WHO and its lead role in the COVID-19 response - many key informants pointed to the importance of WHO's global health profile in catalyzing the Fund's success. The recognition from both within the UN system and the public of WHO's lead role in the COVID-19 response helped increase the profile and credibility of the Fund.

The complementarity of partner capabilities - crucial to the Fund's achievements were the existing capabilities of UNF that were brought to bear. These capabilities spanned the ability to pivot internal capacity to undertake the significant fundraising efforts required to meet the Fund's needs, as well as streamlining existing due diligence processes and providing the legal agreements upon which the Fund's partnerships were leveraged. The existing networks and partners of SPF enhanced the reach and scope of the Fund into Europe with the TGE, and with the King Baudouain Foundation, JCIE, and CPWF leveraging their equivalent networks in Canada, Japan, and China, respectively. These fiduciary partners were also critical in facilitating donations across different charitable and philanthropic jurisdictions.

Proportionate governance mechanisms - key in allowing the Fund to respond with agility to the demands presented in the early stages of its implementation were its governance mechanisms. The proportionate and streamlined approach to governance, refining and evolving as the Fund became more established, allowed the fiduciary partners to mobilize, allocate and disburse funds quickly whilst still attending to issues of accountability, transparency and compliance with financial and administrative rules and regulations.

Flexibility of funds mobilized - one of the unique internal factors that accounted for the Fund's early achievements was the high degree of flexibility of the funds mobilized. By design, the Fund was maintained as a single pooled fund with no earmarking of contributions. This in-built design feature allowed for funds to be swiftly allocated to the highest priority needs identified by the allocation committee, plugging gaps in funding from the traditional donor community and propelling some of the Fund's key life-saving activities in supply chain development and procurement.

IT capability and 'openness' - UNF's IT capabilities were also cited as a key enabler in the Fund's achievements, with existing processes facilitating the swift set up of the Fund's website and online portals and platforms, expediting due diligence processes with electronic approval, and providing enough network capacity to handle huge amounts of online traffic. These expedited processes were bolstered by the foresight of UNF's Technology and Digital Services team, who addressed key contingencies in areas such as the purchasing of domain names to counter cyber fraud.

Lack of 'competition' - the final key internal factor in the Fund's early successes was the lack of 'competition' between different stakeholders in operating the Fund. Respondents throughout the evaluation cited the importance of stakeholders leaving organizational mandates at the door in acknowledgement of the criticality of the Fund's efforts to mobilize resources for the COVID-19 emergency response. This was particularly apparent in the spirit of solidarity, collaboration and coordination that underpinned the establishment of the Fund, but also in the willingness of WHO to disburse funds to partners best placed to respond to the specificities of the pandemic.

Internal factors accounting for challenges affecting the Fund

The lack of a consistent functional focal point - there was a perception expressed from within the fiduciary partners that the Fund would have benefited from greater continuity and consistency in the functional focal points attending the Steering Committee meetings; rather than have incumbents occupy the post on an ad hoc basis it would have been useful to have a dedicated person whose institutional knowledge evolved over the Fund's lifecycle.

Misunderstandings amongst the beneficiary partners around the grant envelope - A key challenge for the Fund which was frequently cited was the misunderstanding of the total grant envelope by beneficiary partners. There was a perception from some beneficiary partners that the allocation 'ceiling' expressed in the agreements indicated funds that beneficiary partners could expect at some point to be allocated, rather than a future-proofing measure intended to expedite any possible future disbursements if funds became available.

Inconsistencies around donor visibility - stakeholders cited perceived inconsistencies around donor visibility, particularly between corporate donors and celebrities, and the level of

acknowledgement donors received. Whilst recognizing the sensitivities associated with WHO receiving resources from private sector partners, some respondents felt that the Fund was more willing to highlight funds received from celebrities to the detriment of significant private sector donations.

Reduction in communications with partners after the transition to WHOF - one of the key factors identified as creating challenges for the Fund that may be critical moving forward was the reduction in communications with fiduciary partners following the transfer and transition of the SRF and its implementation to WHOF. There was a perception expressed that a lack of agreement around how to track donations internally within the fiduciary partners prior to the transition lead to longer response times from the Fund's management to potential and existing donors.

Lack of clarity in roles and responsibilities following the transfer and transition of the SRF to WHOF - another key factor identified as a barrier to the Fund's success concerned the lack of clarity in the roles and responsibilities between UNF and WHOF following the transfer and transition mentioned above. Stakeholders on both sides of the process expressed a view that there was confusion around exactly how the transition would work, and that this resulted in the process feeling rushed. Despite joint efforts to transition the Fund effectively with numerous calls and information sharing between the two organizations, the lack of clarity on roles and responsibilities has been compounded by a lack of communications since the transition around Fund management processes.

External factors in Fund's achievements and challenges

5.2 What key external factors have accounted for the achievements and challenges encountered in operation?

External factors accounting for Fund's achievements

Appetite for new funding modalities - as well as the enabling environment created by the globally shared experience of the COVID-19 pandemic, the SRF benefitted from an appetite within the wider humanitarian and development community for new funding modalities to supplement traditional donor funding.

Uniqueness of global, single-issue moment - the uniqueness of the global, single-issue moment that the onset of the pandemic precipitated was a critical external factor in determining the SRF's early successes. Respondents highlighted the high levels of 'global altruism' that prevailed in March and April 2020, as corporations and global citizens shared the experience of being in a 'crisis environment' for the first time in peacetime. Stakeholders with decades of experience in fundraising environments pointed to the uniqueness of people being affected around the world in prompting individuals and companies to give on an unprecedented scale and frequency.

Availability of private sector disaster funds and financing - the Fund was the beneficiary of an unusually high availability of private sector disaster funding. Many private companies were even able to exceed their disaster budgets in some cases given the singularity of the emergency that unfolded. The disbursement of these private sector disaster funds often came before the full economic impact of the pandemic was felt.

Little other distraction: national lockdowns, restrictions on movement - another result of the COVID-19 pandemic's initial stages was the lack of distraction for many individuals and households. With an estimated half of the world's global population experiencing degrees of lockdown restrictions in some 90 countries, many global citizens had few distractions from the imminence of the pandemic. This was bolstered by the lack of competing events or agendas prevalent in global media at the time.

External factors accounting for challenges affecting the Fund

Fake/phishing websites - one of the external factors that accounted for challenges the Fund experienced was the emergence of fake phishing and clone websites that sought to divert some of the Fund's inbound traffic and fraudulently sequester funds. Whilst a challenge that required regular use of scanning tools from the fiduciary partners, this was not identified as being particularly detrimental to the level of funding the SRF was able to secure.

Some donors wishing to further earmark - the agility of the Fund that resulted from unearmarked contributions sits in stark contrast to more recent trends in donor behaviour. Respondents pointed to a wider practice of increases in earmarked contributions in funds received - this has continued in 2021. This has made allocating funds to the highest priority needs of the SPRP in the way the SRF intended more challenging.

Fading sense of solidarity in 2021 - with countries around the world emerging out of national lockdowns at different paces, and mass vaccine roll out unfolding in wealthier countries, the Fund has not had the same global spirit of solidarity to amplify its fundraising efforts in 2021. Though a relatively intangible factor in some ways, there was a perception from key informants that the 'brand' of solidarity is waning.

Waning interest in COVID-19 response - one of the key factors that prevented further capitalization of the Fund in late 2020 and beyond was the redirection of attention away from the initial COVID-19 response on to other major events occurring with socio-political-economic ramifications. Respondents cited the influence of political 'moments' such as the Black Lives Matter (BLM) movement on diverting attention away from the Fund's mobilization efforts.

Evolving nature of the pandemic and shift away from immediate emergency response towards recovery, prevention, and preparedness - one of the key factors identified as a barrier to the Fund sustaining the level of donations it secured in Spring of 2020 was the way that global funding demands evolved over the course of the pandemic. Whilst emergency response and funding for logistics were key in the early phases of the COVID-19 emergency, the crisis later evolved in the direction of therapeutics and vaccines, both of which could be funded directly through other sources.

Learning

Alongside the evaluative findings, the evaluation has generated a series of lessons to help guide the set-up and administration of similarly unconventional funds to mobilize and distribute resources in complex emergency contexts. These lessons relate to i) the **enabling environment**; ii) **design** principles; and iii) **implementation** practices.

Enabling environment

There are notable preconditions that have been necessary in establishing an **effective enabling environment** for the SRF:

1. **Establish senior sponsorship**: strategic support, endorsement and visibility is essential to provide senior profile, authority and credibility to the initiative - both internally and externally.
2. **Preparedness is critical**: acting fast and having a coordinated and actionable plan in place in the early phases of the emergency is catalytic and acts as a clear *north star* to guide and orientate design and implementation. Inaction posed the greatest risk to an effective response.
3. **Reinforce WHO's coordinating role and aligning to global strategic plans**: WHO's convening role and coordination across partners along with existing global preparedness/response plans (e.g. SPRP) greatly facilitate desired outcomes and allocations for Funds.

4. **Speed trumps perfection:** urgency matters - being fast; being first brings “first mover” advantages. Streamlining organizational procedures and processes cut through organisational *noise* and layered bureaucracy, enabling more timely action.
5. **Work with trusted partners and partnerships:** working with and through experienced, trusted partners with known operational capacity and capability enables rapid mobilization and operationalization and provides a more informed, coherent, complementary and coordinated approach in implementation. Trust is the foundation and is irreplaceable.
6. **Work by the principle of ‘trusted to do’ and without ego:** prior experience of joint working, combined with reputational asset and technical credibility imbues trust from partners and donors allowing effort to be focused where most needed by those most capable of delivering it.
7. **Leverage, replicate and amplify what works:** use existing operational systems and assets (policies, strategies, tactics, frameworks and ways of working) as a springboard for refinement, rapid scale-up and adaptation to context as implementation progresses: due diligence, fiduciary, accountability, reporting systems. The use of existing legal frameworks, procedures and mechanisms ensures accountability and due diligence, and thus increased/ secured trust with donors and Member States.

Design

Key design features of the SRF lead to implementation efficiency and effectiveness:

8. **Use clear principles:** solidarity, collective action, accountability, transparency, ensuring due diligence are the foundation for framing the Fund and defining resource mobilization strategies.
9. **Establish a senior steering and decision-making body:** instituting a small, senior, core group to direct and co-ordinate facilitates efficient decision-making and implementation. Senior representation signals to technical and implementing teams, partners and donors that the initiative carries strategic importance and accountability. Including observers to provide oversight ensures greater institutional scrutiny, legitimacy and ownership.
10. **Make donating easy across many countries and contexts:** using a combination of globally distributed fiduciary partners allowed donation opportunities to the widest range of donors—from foundations, individuals, and the private sector—and from countries across the world
11. **Ensure donations are flexible:** recognizing that funds from traditional donors can be slower to distribute and are often restricted (earmarked to specific uses), ensuring that donations are flexible and can be redeployed allows funds to be allocated and disbursed to those most urgently in need, with speed.
12. **Embrace digital tools and partners:** the use of multiple digital donation platforms ensures donors are able to donate with ease, convenience and confidence. Working with high profile global digital technology companies amplifies trust.
13. **Embed GER considerations from the outset:** this supports gender-sensitive design (as well as equity and human-rights), implementation and the achievement of results in line with global best practice and protects the most vulnerable.
14. **Ensure the financial instruments provide maximum impact:** the use of revolving funds and concessional loan-based financing within the SRF allowed the ‘same dollar’ to be used many times over. A willingness to innovate around financial instruments, particularly when working with experienced partners, provides opportunities to diversify approaches.

Implementation

Based on the establishment of a conducive enabling environment, and creating the preconditions for efficient and effective implementation through insightful design, the following aspects of managing and operating a fund have been critical and are replicable:

15. **Be ready to receive:** having a funding mechanism ready to receive funds quickly - with established infrastructure for prospecting/fundraising; due diligence; legal agreements that are far-sighted anticipating future resource flows; accepting, managing and acknowledging contributions; stewarding the corresponding contributors, allocations and disbursement of

new funds in place - enables urgent and emerging needs to be addressed in the early phases of the emergency response.

16. **Be ready to leverage, allocate and distribute funds quickly:** having a well-defined allocation process, structure and mechanism early, aligned to global strategic plans (e.g., SPRP), to get funds to partners who are able to receive and utilize these where they are needed most is critical to the speed of response.
17. **Ensure the letter and spirit of legal agreements are fully understood and expectations jointly agreed:** clarifying total grant envelopes with beneficiary partners and being explicit on the conditions for further allocations, including anticipating future additional resources, within the agreement itself, or in the accompanying communications with partners, is required to mitigate misunderstandings.
18. **Use multi-pronged and diverse resource mobilization strategies to respond to the needs of the emergency as they emerge:** proactive planning and implementation of simultaneous methods and platforms to raise funds, including reliance on many champions, influencers, and channels, and targeting different types of contributors are necessary to maximize return.
19. **Communicate early, often and with creativity to partners, donors and stakeholders:** ensuring high levels of visibility, frequent amplifying moments across multiple channels and content which engages makes it easier to mobilize resources and engage with diverse and dispersed audiences. Routine and regular updates, including tangible and accessible impact stories, enhance transparency and engagement.
20. **Use adaptive management and fit-for-purpose governance:** to streamline implementation and facilitate rapid decision-making. Mechanisms include Steering Committees, project management boards, PMOs, *Playbooks* with clear roles, responsibilities, communication pathways, performance tracking methods and feedback loops to decision-making, learning and adaption are central to the Fund's success.
21. **Use real-time information to inform decision-making:** establishing proportionate systems for monitoring, tracking, evaluating to provide rapid management information and inform course correction. The ability to flex and pivot is critical to navigate the uncertain and evolving nature of the crisis. Using established KPIs is the engine for informed decision-making.
22. **Ensure reporting systems are proportionate:** this allows achievements to be reported appropriately at agreed level of results; without becoming a burden that distracts from implementation.
23. **The risks attached to mobilization of private sector resources can be mitigated:** despite there being resistance within some WHO constituencies to mobilizing private sector resources, the SRF serves as a proof of concept for how WHO can access a broader range of private sector donors whilst mitigating reputational risk through robust and timely due diligence.

Conclusions

The evaluation found that the SRF was highly successful in meeting the moment early and positioning itself effectively to respond to the COVID-19 pandemic. The considerable goodwill; trust and professional expertise deployed has been instrumental in facilitating the Fund's achievements. The achievement of results of the SRF are testament to the considerable efforts and hard work of UNF, WHO and SPF staff, management, partners and donors.

The COVID-19 response has proven that actively working in partnership is essential to tackle global issues. Applying the principle of solidarity as a foundation for the SRF and its contribution to the focused global COVID-19 response has been highly effective. It drew on long-standing development experiences of collective effort and joint working and should be continuously enacted in future similar Funds.

The SRF provided robust evidence for the difference that flexible funding sources can have in terms of implementation agility, efficiency and effectiveness, and the benefits to securing flexible financing driven by demand rather than 'earmarked' funding around specific themes and geographic contexts when trying to mobilize resources. In addition, the SRF demonstrated that defined and targeted fundraising strategies can reach and mobilize non-traditional donors/contributors raising significant amounts of money, whilst ensuring due diligence.

The careful planning and execution of adaptive management and ensuring that surge capacity was made available early in the emergency funding cycle enhanced the ability of all participating stakeholders to rapidly engage with donors broadly, secure high-quality funding, and implement quickly. The SRF's 'minimal regrets' approach to due diligence worked effectively in balancing the need for speed and agility, characteristic of an emergency fund such as this, with the need for compliance with financial and administrative rules and regulations to maintain and protect the integrity of WHO, UNF and partners. The streamlining of standard operating procedures and the conduct and completion of these in parallel, for example due diligence processes running alongside and issuance of letters of intent, allowed the Fund to scale up quickly, efficiently, and reliably whilst managing conflicts of interest effectively.

Recognizing the many successes of the SRF, two areas could be strengthened, equally relevant to any future similar Fund. First, there is a need to ensure the integration of gender, equity and human rights lens into programme and grant design from the outset. This is critical to ensure funds can reach vulnerable populations and to meet international commitments as codified in UNSWAP and related global compacts. Second, is a need to further refine expected results (whether output, intermediate outcome, outcome or impact) and related indicators, as well as to develop a Fund-relevant theory of change (ToC)/results framework to further measure and demonstrate results. It is recognized that outcome-level reporting can take time, sometimes beyond the life cycle of the fund itself.

Recommendations: considerations for the way forward

Given the demonstration of good- and best-practice approaches in many aspects of the set-up and implementation of the SRF, and the acknowledgement that a decision to sunset the SRF no later than 31 March 2022 has been taken, the following recommendations identify future action that can guide the establishment and administration of similarly unconventional funds (as informed by the analysis, findings, lessons and conclusions set out in the evaluation). Important lessons as the creation and use of a Playbook offer a formative “*How to...*” for set-up and implementation of future urgently needed emergency funds that can be built into and/or revise existing operating procedures.

Actions for UNF, WHO and other actors

Using the SRF as a clear proof of concept, WHO and UNF should actively apply lessons and experiences when launching similar funding mechanisms in response to future emergencies.

WHO and UNF should consider:

1. Developing respective organizational plans for managing surge capacity in emergency response situations, particularly in launching new Fund appeals and mechanisms.
2. Enhancing partnership and engagement strategies drawing lessons from the SRF-- particularly applying the principles of solidarity, collective action and shared risk, and building on trust, established operating capacities and organizational comparative advantages.
3. Defining and implementing more structured outcome-level measurement and results reporting, based on a clearly-defined results framework and accompanying M&E framework.
4. Ensuring clarity and alignment of expectations for all potential beneficiaries regarding financial award thresholds, allocation processes and release triggers in case of future expanded resources.
5. Developing effective communications with SRF fiduciary and beneficiary partners and donors upon sunseting of the Fund, including on final implementation status, resource flows and acknowledgements.

WHO should consider:

6. Adapting and using creative and innovative resource mobilization strategies, funding instruments, implementation mechanisms, and operational approaches as demonstrated by the SRF. In this regard to:
 - a. Develop business cases, fundraising strategies and resource mobilization targets for similar non-traditional funding mechanisms.
7. Ensuring gender, equity and human rights considerations are integrated from the outset into the design, set-up, implementation and reporting of future similar funds.

Annex 1: Terms of reference



Joint UNF-WHO SRF
Evaluation Request fo

Annex 2: Workplan

Stage	Activity	Timing	Matt Crump - Team Leader	Naomi Blight - Principal Evaluator	No of Days			Total per person per stage	Schedule (Week Commencing)																												
					Sonia Pérez - Senior Evaluator	Scott Cameron/ Josh Fuchs - Quant Analysis/ Data Visualisation	Nick York - Quality Assurance		05/07/2021	12/07/2021	19/07/2021	26/07/2021	02/08/2021	09/08/2021	16/08/2021	23/08/2021	30/08/2021	06/09/2021	13/09/2021	20/09/2021	27/09/2021	04/10/2021	11/10/2021	18/10/2021	25/10/2021	01/11/2021	08/11/2021	15/11/2021	22/11/2021	29/11/2021	06/12/2021	13/12/2021	20/12/2021	27/12/2021	03/01/2022	10/01/2022	17/01/2022
Stage 0: Start-up	Contract finalisation	Week 0	0.50					0.50																													
	Evaluation Team Mobilization & Kick-off	Week 1	0.50	0.50	0.50			1.50																													
Stage 1: Inception	Light-touch review and familiarisation of key documentation; Stakeholder Analysis	Week 1	3.00	3.00	3.00			9.00																													
	Exploratory KIs & FGDs (Virtual - Inception)	Week 2-3	2.00	2.00	2.00			6.00																													
	Refinement Evaluation framework & methodology; instruments and tools; roles and responsibilities	Week 3	1.00	0.50	0.50		1.00	3.00																													
	Draft Inception Report & commentary	Week 4	3.00	2.00	2.00		1.00	8.00																													
	Final Inception Report (mid-August)	Week 6	1.00	1.00				2.00																													
	Total LoE (INCEPTION)		10.50	9.00	8.00	0.00	2.00	29.50																													
Stage 2: Implementation (Data collection & Analysis)	Indepth desk review of, and extraction from, key documentation	Week 4-6	5.00	5.00	5.00	8.00		23.00																													
	Indepth KI and FGDs (Implementation)	Week 7 - 10	3.50	3.50	3.00			10.00																													
	Data analysis (including 2-day analysis workshop)	Week 11	3.00	3.00	3.00	2.00	1.00	12.00																													
	Development of Preliminary Findings against 5 overarching EQs	Week 12-13	3.00	3.00	3.00			9.00																													
	Preparation & delivery of validation workshop with Evaluation Managers	Week 14	2.00	2.00	2.00		1.00	7.00																													
	Total LoE (IMPLEMENTATION)		16.50	16.50	16.00	10.00	2.00	61.00																													
Stage 3: Finalisation (Reporting & Presentation)	Draft Evaluation Report (November)	Week 15-17	5.00	4.00	4.00	3.00	1.00	17.00																													
	Revisions and finalisation	Week 18-19	2.00	2.00	1.00	2.00		7.00																													
	Final Evaluation Report (December)	Week 20-22	3.00	2.00	2.00	3.00	1.00	11.00																													
	Preparation & delivery of presentation to key stakeholders as required	TBC	1.00	1.00	1.00	1.00		4.00																													
	Total LoE (REPORTING)		11.00	9.00	8.00	9.00	2.00	39.00																													
	Total Number of Days		38.00	34.50	32.00	19.00	6.00																														
	Total Number of Days		129.50																																		

Annex 3: Stakeholder analysis

The below table sets out the key stakeholders identified in the inception phase of being pertinent to this evaluation and their interest in the evaluation. All primary data will be gathered through KIs or group interviews.

Stakeholder types	Organisation	Role and interest in the evaluation	Stakeholders to interview
Primary Fiduciary partners	WHO	WHO will have a role in ensuring quality assurance of evaluation deliverables and supplying of documents, access to stakeholders etc., and as a key evaluation informant. We anticipate that the learning emerging from this evaluation process will be used by WHO senior leadership, including members of the Project Steering Committee, the SRF Project Management Board and the Project Management Office. We anticipate interest in findings regarding the fund's key achievements, the extent to which the SRF has supported WHO's SPRP, the identification of best practices, gaps and challenges and areas for improvement in the set-up and administration so far of the fund thus	• Department of Health and Multilateral Partnerships (HMP) (Director and Technical Officer, Gaudenz Silberschmidt and Elisa Scolaro) • External Relations and Governance (Executive Director Jane Ellison) • Transformation Team (Change Management Officer) • Communications (Team Lead, External Relations Communications, Head, Leadership and Internal Communications) • M&E (Elil Renganathan, Director, WHO Evaluation Department) • Health Emergencies (Mike Ryan, Executive Director, WHO Health Emergencies Programme; Assistant Director-General, Emergency Response; Assistant Director-General, Emergency Preparedness and International Health Regulations;

		far, as well as factors underpinning these results. The recommendations will inform the on-going administration of the SRF, particularly following the transition of the SRF to WHOF, as well as providing a source of evidence for other emergency funding mechanisms and future fundraising efforts within WHO, and potentially more widely in the UN system. Areas where the evaluation could contribute, include to: decision making include governance arrangements; fundraising strategies; partner involvement; cross-departmental working; fund allocation decision making; external communications; inter alia. It is expected that a management response to the evaluation recommendations detailing learning actions for current and future related mechanisms. The evaluation and subsequent management response will feed into relevant reports to donors	Director, Health Emergencies Strategy, Programmes and Partnerships; Team Lead, Acute Emergency Management, Acute Management Support Unit) • Business Operations (Assistant Director-General) • Coordinated Resource Mobilization (CRM) • GER, Gender-marker lead • Finance (Comptroller a.i., Director Accounts, FNM/ACT) • IOAC
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		and governing bodies.	
	UNF (Executive Office, Public Affairs, Integrated Development (fundraising), Finance and Business services, Strategic Planning & Implementation, Global Health, SRF Consultant)	UNF is the commissioning agency of this evaluation, responsible for contractual relationship with evaluation team, quality assurance of evaluation deliverables and supplying of documents, access to stakeholders etc., as well as being a key evaluation informant. Interest in the findings generated by the evaluation regarding the key achievements, best practices, gaps and challenges and areas for improvement in the set-up and administration so far of the fund thus far, as well as factors underpinning these results. Implementation of evaluation recommendations to inform the implementation of the fund going forward. Areas where the evaluation could contribute to decision making include governance arrangements; fundraising strategies; partner involvement; cross-departmental	• Executive Office, Chief Operating Officer • Public Affairs (Chief Communications, Officer/Senior Communications Officer, Senior Director, Global Partnerships Public Affairs) • Vice President Development/Senior Director, Donor Strategy & Stewardship Integrated Development (fundraising) • Finance and Business services (Chief Financial Officer) • Strategic Planning & Implementation (Colleen Teixeira Moffat) • Global Health (Kate Dodson Vice President for Global Health) • Director of Technology and Digital Services • SRF Consultant

		working; fund allocation decision making; external communications; inter alia. Recommendations will inform UNF's future fundraising efforts and providing evidence-based findings that will inform and provide evidence for other emergency funding mechanisms. For accountability purposes, it is expected that a management response to the evaluation recommendations will be developed detailing actions to be taken in response and tracing mechanism overtime. The evaluation and subsequent management response will feed into relevant reports to donors and governing bodies.	
	SPF (Management Team, Operations Team)	SPF will have a role as key evaluation informant and an interest in the findings generated by the evaluation regarding the key achievements, best practices, gaps and challenges and areas for improvement in the set-up and administration so far of the fund thus far, as well as	

		factors underpinning these results. Areas where the evaluation could contribute, include to: decision making include governance arrangements; fundraising strategies; partner involvement; cross-departmental working; fund allocation decision making; external communications; inter alia.	
	WHOF	WHOF will have a role as an evaluation informant and key user of the findings generated by the evaluation regarding the key achievements, best practices, gaps and challenges and areas for improvement in the set-up and administration so far of the fund thus far, as well as factors underpinning these results. Implementation of evaluation recommendations to inform the implementation of the fund going forward. The recommendations will inform the on-going administration of the SRF, particularly following the transition of the	

		SRF to WHOF, as well as providing a source of evidence for other emergency funding mechanisms and future fundraising efforts within WHOF and their broader portfolio of mechanisms and grants. Areas where the evaluation could contribute to decision making include governance arrangements; fundraising strategies; partner involvement; cross-departmental working; fund allocation decision making; external communications; inter alia.	
Secondary Fiduciary partners	TGE (Project Coordinator)	Secondary fiduciary partners have roles as key evaluation informants as well as an interest in the findings generated by the evaluation regarding the key achievements, best practices, gaps and challenges and areas for improvement in the set-up and administration so far of the fund thus far, as well as factors underpinning these results. They may have a role in the implementation of	Director General
	CPWF		Assistant to Secretary General and Director
	JCIE		Executive Director

		evaluation recommendations to inform the implementation of the fund going forward.	
Project management operations	Ernst & Young	Role as key evaluation informant.	TBC.
Beneficiary partners/ Fund Recipients	WFP, UNICEF, UNHCR, CEPI, Africa CDC, UNRWA, Global Youth Summit (Programmatic, M&E and finance representative in each)	Beneficiary partners have a role as key evaluation informants and to provide accountability for the funding received and to demonstrate impact of fund through results achieved. The evaluation may also provide wider UN Development System entities with information and learning about the SRF to provide evidence for other emergency funding mechanisms and to inform their fundraising efforts going forward.	• Programmes • Finance • M&E
Donation platforms	Response FUND website, Facebook, Google, Employee matching platforms	Donation platforms have a role as key evaluation informants and an interest in the evaluation findings from an accountability perspective as the evaluation will serve to substantiate existing monitoring, impact stories etc.	Identified respondents will be identified and approached in consultation with UNF/WHO. This may include the use of a short, online survey instrument.

Corporations, corporate foundations/philanthropic orgs, NGOs		This group will key evaluation informants and have an interest in the evaluation findings from an accountability perspective, evaluation will serve to substantiate existing monitoring, impact stories etc.	Identified respondents will be identified and approached in consultation with UNF/WHO. This may include the use of a short, online survey instrument.
Amplifiers/Influencers	FIFA, Celebrities, Global Citizen, UNICEF, UNF, UNHCR etc.	This group will a role as key evaluation informants and have an interest in the evaluation findings from an accountability perspective, evaluation will serve to substantiate existing monitoring, impact stories etc.	Identified respondents will be identified and approached in consultation with UNF/WHO. This may include the use of a short, online survey instrument.

Annex 4: Evaluation matrix

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
Relevance: EQ1 How fit for purpose has the Fund been in meeting the needs at hand in this response, both in the overall way in which it has positioned itself for maximum impact, as well as complementarity and value-add in relation to other COVID-19 related funding streams, and in the way its overarching fund strategy and its individual funding decision-making modalities have been designed for optimally targeted contributions to the response?					
1.1. In what ways has the Fund been designed to ensure maximum impact, as well as complementarity in relation to other COVID-related funds, and to what extent has the funding landscape been regularly scanned and adaptive management actively practiced so as to ensure on-going maintenance of the Fund's niche and value-add?	- Other funds exist and are comparable to the SRF - Principles of adaptive management were/are applied - The SRF was designed in alignment to the SPRP - Funding decisions are made in synchrony with other funding streams	- Clear design logic of the Fund - Realistic assumptions and timeframe outlined at offset and updated - Design of Fund shaped by needs assessment and WHO/UNF requirements - Design logic and fund architecture clearly aligned to three SPRP pillars	- SRF Funding Strategy - SRF handbook/ playbook => governance structure and coordination => fund design => funding/ allocation decision-making framework - Needs analysis informing design - Minutes of decisions on funding and fund allocation - Partnership Agreements (Memorandum of Understanding (MoU) - WHO/ UNF; etc); plus, funders (Letter of intent(Lols)); recipient agencies (MoUs or equivalents); fiduciary to UNF to WHO	KIs with: - Primary Fiduciary partners - Secondary Fiduciary partners - Fund Recipients - SRF Steering Committee - Project Management Board - Technical Advisors, (CRM)	- Review Fund design documentation against key objectives of the Fund - Review funding Strategy and principles/guidelines - Mapping of other COVID-related funding streams against SRF for coherence/ complementarity - Review of design documentation to identify assumptions and risk mitigation - Mapping of changes to programme design from March 2020-date. - Review and analysis of how the concept and principles of solidarity are defined in the founding documents; and how it becomes operationalised.
1.2. What structures, processes and actors have been involved in individual funding decisions, and to what extent has this architecture ensured that the highest priority needs within each of the three	There is a process for selecting and prioritising partners	- Different stakeholders and actors involved - Contributions to different elements of the response			

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
SPRP pillars are clearly identified and addressed, that funding decisions are made in synchrony with other funding streams, and that the most optimally suited implementing partners are selected for the task at hand?			• System map/ network analysis - complementarity and added value to other funds/ responses • Steering Committee ToR • 'Overview of the Fund Approach' • Speeches; public declarations; minutes EB/ WHA - summary records (reports to the EB on funds to WHO; updates to UNF board meetings) • Pertinent email exchanges • Recipient needs/ strategy • Final narrative and interim financial report • Concept/ principles of solidarity		
Effectiveness: EQ 2 What results have been achieved by the Fund to date, both in terms of the Fund's overall resource mobilization and in terms of the results the Fund has contributed to achieving in each of three SPRP pillars?					
2.1 What resource mobilization strategies were pursued, and what level of funding and overall quality of funds (in terms of) have these efforts yielded	• Various mobilization strategies have been pursued • Funding has been raised	• Various resource mobilization strategies • Levels/amounts of funding received and distributed	• KPI reporting against KPIs as outlined in playbook • Funding/ resource mobilization targets and results	KIs with: • Primary Fiduciary partners • Secondary Fiduciary Partner	• Review monitoring reports and final narrative/interim report • Visual representation of monetary figures/funding

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
for the global COVID-19 response over time? 2.2 To what extent has the fund achieved each of its KPIs? 2.3 To what extent have resource mobilization efforts catalysed further and/or better capitalization of the Fund (e.g., through strategic communications and outreach that emphasize outstanding gaps, by leveraging success stories, and so on), thus helping WHO and its partners attain additional and/or higher-quality funds to help meet the full scope needs? 2.4 What outputs and activities has the Fund supported within each of the three pillars of the SPRP to date, and what indicative evidence of outcome-level results has been observed within each pillar? 2.5 What if any role has resource mobilization and strategic communications efforts been leveraged as opportunities to undertake	- Further funding has been attained from resource catalysation and capitalization - There have been regular strategic communications and outreach activity - A set of KPIs exist and are articulated - Outputs and activities directly align to pillars of the SPRP - Monitoring and reporting has captured outcome level data which is accurate and up to date.	- Levels/amounts of match funding or 'catalytic' funds - Progress towards KPIs - Extent to which KPIs expected to be reached/achieved, on/off track - Outputs and results achieved contribute towards the three pillars - Public health messaging and campaigns linked to fundraising efforts - Enabling factors for success (internal and external) - Barriers to success (both internal and external) - Progress/status of WHOF - Explicit unintended effects	- Monitoring reports (contribution of fund to SPRP pillar targets)/ dashboards - Impact stories - self-reports (from recipient agencies) - Records of key meetings - Documents related to each of the three pillars of the SPRP and then disaggregated analysis - IPPPR report/ IOAC reports - Final narrative and interim financial report	- Fund Recipients (Inc M&E focal point) - SRF Steering Committee - Project Management Board - Technical Advisors, CRM - Emergencies M&E team - IPPPR - IOAC reps - Donation platforms - WHOF - Corporations, corporate foundations/philanthropic orgs - Amplifiers/Influencers (external relations)	levels and disbursements over time - Comparison of environment of other funding streams including identification of any other Multi-donor trust funds (MDTFs) - Review of impact stories and follow up - Contribution analysis of outputs/results to the three pillars - Identify specific enabling factors for success. - Identify specific barriers - Mapping of donor base - Identification of unintended effects

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
public health messaging while also attracting donors to the fund? 2.6 What if any wider effects beyond the COVID response have the Fund and its management had - e.g., on the depth and breadth of WHO's donor base and donor relations, on the set-up of the WHO Foundation, or other areas? 2.7 What if any unintended effects have resulted from the Fund or its management?					
Efficiency: EQ3 How efficiently has the Fund functioned in a manner that balances the need for speed and agility that is essential in an emergency fund with the need for thoughtful, needs-and impact-driven funding decisions as well as other fiduciary requirements (e.g., in terms of transparency, compliance with financial and administrative rules and regulations, appropriate dedication of overhead costs to funds management, and other aspects)?					
3.1 What has been the time horizon from the inception and creation of the Fund through to fund disbursements, and how has the speed of the Fund's set-up enabled or constrained its ability to establish a clear and relevant niche and to be maximally effective? What points in this process have been particularly rapid and	- There is a clear record of the process and key points in the Fund's operation from its establishment to date. - The Fund is effective. - There are instances of rapid and	- Timeline/timeframe with clear milestones - Progress in line with planned timelines with variances controlled and accounted for - Documented rules and regulations/standard operating	- Project Management Board ToRs - Project Management Operations ToRs - Project steering committee ToRs - Reporting against Fund KPIs - Management efficiency ratio - Decision to disbursement time - Disbursement rates	KIs with: - Primary Fiduciary partners including Finance - Secondary Fiduciary partners - Fund Recipients including M&E focal and finance points	- Mapping of key milestones and events of the SRF within the time scope of the evaluation - Analysis of progress comparing plan vs actual - Identify reasons for variances - Identify Funding flows (inflows; availability; outlay)

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
streamlined and which have been particularly slow or subject to bottlenecks? 3.2 How deliberately and consistently has the attention to speedy financial assistance been balanced out by sufficient attention to key fiduciary considerations (e.g., accountability measures, transparency of decision-making processes and communications, due diligence and prevention of conflicts of interest in the funding decision-making process, compliance with financial and administrative rules and regulations, risk management considerations, recipient and Fund reporting requirements, and so forth)? 3.3 To what extent have the Fund's M&E systems and processes been adequate and proportionate to capture the Fund's achievements? 3.4 How systematically have data, information,	streamlined activity that have been documented or can be identified. - There are instances of slow activity and 'bottlenecks' that have been documented or can be identified. - There has been deliberate and consistent attention to ensuring speedy financial assistance. - There are accountability measures, transparency of decision-making processes and communications, due diligence process and financial and administrative rules and regulations in place. - M&E systems have been established and	procedures (SOPs) regarding fiduciary considerations, and these adhered to. - M&E systems in place with supporting data - Monitoring data used to inform changes and adaptive management process - Clear outline of roles and responsibilities for each type of stakeholder - Documented minutes of meetings and action points from key conversations and communications. - Costs and expenditure data reported with rationale	- Quarterly reports (Impact reports; Annex 1) - SRF playbook => Finance and Admin Rules and Regulations (Playbook/ Handbook) => Due diligence process => Organisational Chart - Fund Management tools, templates, process - Examples of communiques - Audit reports of fiduciary organisations - Records of key meetings - Financial information on the capitalisation of the fund over time - Final narrative and interim financial report	- SRF Steering Committee - Project Management Board - PMO team - CRM - Emergencies - M&E team - HPM support - WHOF	- Review reporting against KPIs, using page 9 of Playbook. - Review of rules/regulations and SOPs - Review of M&E systems and monitoring data against key changes in the SRF delivery process - Review of meeting minutes and other documented communications and identify action/change points (and whether they happened or not) - Analysis of costing data and identify opportunity and transaction costs as well as administrative (monetization of staff time).

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
evidence, and other sources of knowledge been harnessed to inform on-going management of the Fund for maximum effect, both externally in communications with key Fund stakeholders (e.g., donors, recipients, governing bodies) and internally in ensuring maximally effective fund management (and adaptive management) practices on an on-going basis? 3.5 How clearly have the respective roles and responsibilities of the fiduciary partners been delineated, and how effective have communication, coordination and collaboration among the fiduciary partners been? 3.6 What have been the administrative costs (including opportunity costs and transaction costs) associated with fund management, both generally in specific areas of funds management, and how commensurate have	regular M&E occurs. • Data information, evidence, and other sources of knowledge has been used to inform on-going Fund management. • Roles and responsibilities are articulated and documented. • There has been communication, coordination and collaboration with fiduciary partners throughout. • The Fund has had administrative costs, and these have been logged. • Sufficient data exists to allow calculation of opportunity and transaction costs. • The Fund has clear scope,				

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
administrative resources been with the scope, scale, and risk profile of the Fund? 3.7 What impact has the transition from UNF to WHOF had on fund implementation and impact?	scale and a risk profile outlined. There has been an impact from the transition from UNF to WHOF.				
Gender, Equity and Human Rights: EQ4 How systematically have gender, equity and human rights concerns been embedded in the overarching fund strategy and in individual funding decisions, such that funding decisions are consistently informed by considerations of overall geographical equity and by deliberate attention to the gender, equity, and human rights contours of COVID-19 within each country?					
4.1 To what extent were gender, human rights and equity considerations considered in the design of the fund from the outset? 4.2 To what extent has geographical equity explicitly factored into the decision-making process as a means of ensuring that those countries are prioritized where assistance is most needed, and to what extent has geographical equity been reflected these decisions?	- Gender, human rights and equity considerations were considered in the design from the offset and this has been documented. - Geographical equity was factored into the design. - Countries where there is most need have been the ones supported by the Fund.	- The extent to which the different needs of rights holders are reflected in the original planning documents - Extent to which implementation plans are updated to ensure continued relevance in these areas - Needs assessments explicitly considers gender, human rights, and equity - M&E and subsequent	- Funding Strategy - Consideration of Gendered Implication of COVID (UN Women/ WHO work) - Application of UNSWAP performance indicators (PL4) - Mapping of country need (and how identified) versus geographic allocation of fund - Analysis of gender, equity, and human rights in decision-making framework/tools	KIIs with: - Primary Fiduciary partners - Secondary Fiduciary partners - Fund Recipients - SRF Steering Committee, - Project Management Board - Emergencies - HPM support - GER in WHO - UN Women	- Review of documentation against specific criteria of gender, equity, and human rights - Review and reflection/analysis of GER evaluation when available.

Evaluation Questions	Evaluability Assumptions	Evaluation indicators	Data sources		Evaluation analysis
			Secondary data	Primary data	
4.3 To what extent have the gender, equity and human rights contours of COVID-19 explicitly factored into the decision-making process as a means of ensuring that those most vulnerable are not left behind, and to what extent have funding decisions reflected these concerns? 4.4 To what extent have gender, human rights and equity considers been adequately captured in the fund's reporting processes?	- Needs assessments were conducted. - There is evidence of funding decisions taking into account gender, equity and human rights.	reporting makes specific references to gender, human rights, and equity	- Impact reports (consider GER Evaluation when finalised) - Final narrative and interim financial report - GER evaluation		

Cross Cutting: EQ5 What key factors have most affected the Fund's ability to achieve maximum results?

5.1. What key internal factors have accounted for the achievements and challenges encountered in the first 10 months of its operation? 5.2. What key external factors have accounted for the achievements and challenges encountered in the first 10 months of its operation?	• There have been achievements in the first 10 months. • There have been challenges in the first 10 months. • There are both internal and external factors for these. • Such can be identified in the context of the Fund's risk identification and management process.	• Enabling factors for success (internal and external). • Barriers to success (internal and external). • Evidence that risks of implementation were clearly identified and managed. • Extent to which UNF/WHO risk (internal and external) assessment and management processes were effective. • Extent to which UNF/WHO took a 'problem-solving' approach (adaptive management).	• Mapping and analysis of other ongoing/similar evaluation work • Monitoring reports (against SPRP pillar targets)/ dashboards • Reflections/notes from meetings • Internal factors and external factors • IPPPR report/ IOAC reports/ IHR RC • OECD led - Synthesis of lessons of evaluations on COVID • Final narrative and interim financial report	KIs with: • Primary Fiduciary partners (Finance) • Secondary Fiduciary partners • Fund Recipients including M&E focal and finance points • SRF Steering Committee, • Project Management Board • PMO team • CRM • Emergencies • M&E team • HPM support • WHOF	• Identify specific enabling factors for success. • Identify specific barriers • Identify measures put in place re adaptive management and review their success • Review of risk assessment/mitigation and identify key places used and points of risk mitigation or where impacts were lessened. • Identification of what changes may be necessary going forward with rationale.
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Annex 5: Interview guide

		WHO (Department of Health and Multilateral Partnerships (HMP), External Relations and Governance, Technical Advisors, Health Emergencies, Business Operations, Coordinated Resource Mobilization (CRM), GER, Gender-marker lead, M&E, IOAC, IHR RC, IPPPR, WHOF	UNF (Executive Office, Public Affairs, Integrated Development (fundraising), Finance and Business services, Strategic Planning & Implementation Global Health, SRF Consultant)	SPF and Secondary fiduciary partners	Beneficiary partners/ Fund Recipients	Corporations, corporate foundations/ philanthropic orgs	Donation platforms	Amplifiers/ Influencers
EQ1 How fit for purpose has the Fund been in meeting the	1.1. In what ways has the Fund been designed to ensure	What was the design process for the set-up of the SRF? How was the overarching	What was the design process for the set-up of the SRF? How was the overarching	How did you come to be engaged in the SRF? What was your role in the set-	How did you become aware of the SRF? Were you engaged /consulted in			

needs at hand in this response, both in the <i>overall way in which it has positioned itself for maximum impact, as well as complementarity and value-add</i> in relation to other COVID-19 related funding streams, and in the way its <i>overarching fund strategy and its individual funding decision-making modalities</i> have been designed for optimally targeted contributions to the	maximum impact, as well as complementarity in relation to other COVID-19 related funds, and to what extent has the funding landscape been regularly scanned and adaptive management actively practiced so as to ensure on-going maintenance of the Fund's niche and value-add? 1.2. What structures, processes and actors have been involved in individual funding decisions, and to what	strategy for the SRF agreed? How were the intended results of the SRF identified? How (and which) were the other COVID-19 related funds considered in the set-up of the SRF? To what extent were SRF funding decisions made in synchrony with other funding streams? How were potential partner organisations (to receive SRF funds) identified? How were the needs to be	strategy for the SRF agreed? How (and which) were the other COVID-19 related funds considered in the set-up of the SRF? What processes were in place to scan the funding landscape and ensure the SRF's niche and value-add?	up/strategy development for the SRF?	any way in the design/conception of the SRF? How did your organisation identify needs to be addressed by SRF funding? How clear were the criteria used to determine SRF funding allocations to your organisation? How clear/proportionate was the application process? How does the SRF align with other COVID-19 related funds your organisation is receiving?	
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response? (<i>Relevance</i>)	extent has this architecture ensured that the highest priority needs within each of the three SPRP pillars are clearly identified and addressed, that funding decisions are made in synchrony with other funding streams, and that the most optimally suited implementing partners are selected for the task at hand?	supported by the SRF (in WHO and in partner organizations) identified? How were these aligned to the SPRP pillars? What have been the key individual-funding decision-making modalities and how were these developed? What processes were in place to scan the funding landscape and ensure the SRF's niche and value-add?						
EQ2 What results have been	2.1 What resource mobilization	What were the key resource mobilization	What were the key resource mobilization	What were the key resource mobilization	What are the key outcomes that the SRF	What prompted your	What prompted your	What prompted your

achieved by the Fund to date, both in terms of the Fund's <i>overall resource mobilization</i> and in terms of the <i>results the Fund has contributed to achieving</i> in each of three SPRP pillars? (<i>Effectiveness</i>)	strategies were pursued, and what level of funding and overall quality of funds (in terms of) have these efforts yielded for the global COVID-19 response over time? 2.2 To what extent has the fund achieved each of its KPIs? 2.3 To what extent have resource mobilization efforts catalyzed further and/or better capitalization of the Fund (e.g., through strategic communications and outreach that	strategies used by the SRF? How were these decided/selected? What level and quality of funds have been yielded by resource mobilization efforts? How do these compare to existing funds available? To what extent has the SRF achieved each of its KPIs? To what extent has the SRF enabled WHO and its partners to strengthen communications and outreach to attract additional and/or higher quality funds	strategies used by the SRF? How were these decided/selected? What level and quality of funds have been yielded by resource mobilization efforts? How do these compare to existing funds UNF has managed? To what extent has the SRF achieved each of its KPIs? To what extent has the SRF enabled UNF to strengthen communications and outreach to attract additional and/or higher quality funds (for the SRF	strategies used by the SRF? How were these decided/selected? What have been the key achievements of the SRF to date from your perspective? What, if any, wider effects beyond the COVID-19 response have the Fund and its management had on your organisation? What, if any, unintended effects have resulted from the SRF or its management?	has supported your organisation to achieve? To what extent did the activities supported by the SRF align with the SPRP pillars and to what extent was this a requirement of the funding? What if any unintended effects have resulted from the SRF or its management? To what extent have resources mobilised by the SRF been catalytic in enabling your organisation to attain additional and/or high-quality funds to help meet the full scope of	engagement as a donor for the SRF? What was appealing about engaging with the SRF? How did this compare to other COVID-19 funding mechanisms/ other non-COVID-19 appeals? What has been your experience of partnering with WHO/UNF/other partners on the SRF? How have results achieved by the SRF been communicated to you? Could this	engagement as a donation platform for the SRF? What was appealing about engaging with the SRF? What has been your experience of partnering with WHO/UNF/other partners on the SRF? To what extent do you feel your platform has supported the SRF in enhancing strategic communication and outreach to support WHO in attracting additional funds?	engagement as an amplifier/influencer for the SRF? What was appealing about engaging with the SRF? What has been your experience of partnering with WHO/UNF/other partners on the SRF? To what extent do you feel your platform has supported the SRF in enhancing strategic communication and outreach to support WHO in attracting
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	emphasize outstanding gaps, by leveraging success stories, and so on), thus helping WHO and its partners attain additional and/or higher-quality funds to help meet the full scope needs? 2.4 What outputs and activities has the Fund supported within each of the three pillars of the SPRP to date, and what indicative evidence of outcome-level results has been observed	(for the SRF and more broadly)? What outputs and activities has the Fund supported within each of the three pillars of the SPRP to date? What are the key outcomes that the SRF has contributed to so far? To what extent have SRF communications been leveraged to undertake public health messaging, whilst also appealing to donors of the fund? What, if any, wider effects beyond the COVID-19 response have the Fund and its management had - e.g., on UNF's partnerships/donor base? What, if any, unintended effects have resulted from the SRF or its management?	and more broadly? To what extent have SRF communications been leveraged to undertake public health messaging, whilst also appealing to donors of the fund? What, if any, wider effects beyond the COVID-19 response have the Fund and its management had - e.g., on UNF's partnerships/donor base? What, if any, unintended effects have resulted from the SRF or its management?		COVID-19 related needs?	have been improved in any way?	What public health messaging was used whilst also attracting donors to the fund? What, if any, unintended effects have resulted from the SRF or its management?	additional funds? What public health messaging was used whilst also attracting donors to the fund? What, if any, unintended effects have resulted from the SRF or its management?
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	within each pillar? 2.5 What if any role has resource mobilization and strategic communications efforts been leveraged as opportunities to undertake public health messaging while also attracting donors to the fund? 2.6 What if any wider effects beyond the COVID-19 response have the Fund and its management had - e.g., on the depth and breadth of WHO's donor base and donor relations, on	the Fund and its management had - e.g., on the depth and breadth of WHO's donor base and donor relations, on the set-up of the WHO Foundation, or other areas? What, if any, unintended effects have resulted from the SRF or its management?						
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	the set-up of the WHO Foundation, or other areas? 2.7 What if any unintended effects have resulted from the Fund or its management ?							
EQ3 How efficiently has the Fund functioned in a manner that balances the need for speed and agility that is essential in an emergency fund with the need for thoughtful, needs-and impact-driven funding decisions as	3.1 What has been the time horizon from the inception and creation of the Fund through to fund disbursements, and how has the speed of the Fund's set-up enabled or constrained its ability to establish a clear and relevant niche	To what extent has the design and management of the SRF enabled timely disbursements of funds? What impact has the SRF's set-up (speed, learn while doing) etc had on its efficiency and impact? Have there been particular	To what extent has the design and management of the SRF enabled timely disbursements of funds? What impact has the SRF's set-up (speed, learn while doing) etc had on its efficiency and impact? Have there been particular bottlenecks in	What impact has the SRF's set-up (speed, learn while doing) etc had on its efficiency and impact? Have there been particular bottlenecks in the set-up of the fund? Has there been sufficient clarity on the role of different fiduciary	To what extent have SRF disbursements been timely? To what extent have communications regarding the SFR been appropriate/timely? To what extent have the SRF reporting requirements been appropriate/proportionate/			

well as other fiduciary requirements (e.g., in terms of transparency, compliance with financial and administrative rules and regulations, appropriate dedication of overhead costs to funds management, and other aspects)? (Efficiency)	and to be maximally effective? What points in this process have been particularly rapid and streamlined and which have been particularly slow or subject to bottlenecks? 3.2 How deliberately and consistently has the attention to speedy financial assistance been balanced out by sufficient attention to key fiduciary considerations (e.g., accountability measures, transparency	bottlenecks in the set-up of the fund? What has been the balance, and has there been any challenges, in terms of attention to speedy financial assistance versus key fiduciary considerations? What have the key M&E processes/mechanisms used to monitor the SRF? How could these be improved? How was reporting from partners used/aggregated?	the set-up of the fund? What have the key M&E processes/mechanisms used to monitor the SRF? How could these be improved? How systematically have data, information, evidence, and other sources of knowledge been harnessed to inform on-going management of the Fund? Has there been sufficient clarity on the role of different fiduciary partners regarding the management/decision-making	partners regarding the management/decision-making pertaining to the SRF? How effective have communication, coordination and collaboration among the fiduciary partners been? What have been the administrative costs associated with fund management and how commensurate have administrative resources been with the scope, scale, and risk profile of the Fund? What impact has the	enabled a clear demonstration of the SRF's impact? How could these be improved?	
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	of decision-making processes and communications, due diligence and prevention of conflicts of interest in the funding decision-making process, compliance with financial and administrative rules and regulations, risk management considerations, recipient and Fund reporting requirements, and so forth)? <i>3.3 To what extent have the Fund's M&E systems and processes been</i>	How systematically have data, information, evidence, and other sources of knowledge been harnessed to inform on-going management of the Fund? Has there been sufficient clarity on the role of different fiduciary partners regarding the management/ decision-making pertaining to the SRF? How effective have communication, coordination and collaboration among the fiduciary partners been?	pertaining to the SRF? How effective have communication, coordination and collaboration among the fiduciary partners been? What have been the administrative costs associated with fund management and how commensurate have administrative resources been with the scope, scale, and risk profile of the Fund? What impact has the transition from UNF to WHOF had on fund	transition from UNF to WHOF had on fund implementation and impact		
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	<i>adequate and proportionate to capture the Fund's achievements?</i> 3.4 How systematically have data, information, evidence, and other sources of knowledge been harnessed to inform on-going management of the Fund for maximum effect, both externally in communications with key Fund stakeholders (e.g., donors, recipients, governing bodies) and internally in ensuring maximally effective fund management	What have been the administrative costs associated with fund management and how commensurate have administrative resources been with the scope, scale, and risk profile of the Fund? What impact has the transition from UNF to WHOF had on fund implementation and impact?	implementation and impact?			
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	(and adaptive management) practices on an on-going basis? 3.5 How clearly have the respective roles and responsibilities of the fiduciary partners been delineated, and how effective have communication, coordination and collaboration among the fiduciary partners been? 3.6 What have been the administrative costs (including opportunity costs and transaction costs)					
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	associated with fund management, both generally in specific areas of funds management, and how commensurate have administrative resources been with the scope, scale, and risk profile of the Fund? <i>3.7 What impact has the transition from UNF to WHOF had on fund implementation and impact?</i>					
EQ4 How systematically have gender, equity and human rights	4.1 To what extent were gender, human rights and equity consideration	To what extent were issues of gender and human rights and equity (and these	To what extent were issues of gender and human rights and equity (and these aspects		To what extent were the inclusion of gender, human rights and equity	

concerns been embedded in the overarching fund strategy and in individual funding decisions, such that funding decisions are consistently informed by consideration s of overall geographical equity and by deliberate attention to the gender, equity, and human rights contours of COVID-19 within each country? <i>(Gender, equity, and human rights)</i>	s considered in the design of the fund from the outset? 4.2 To what extent has geographical equity explicitly factored into the decision-making process as a means of ensuring that those countries are prioritized where assistance is most needed, and to what extent has geographical equity been reflected these decisions? 4.3 To what extent have the gender,	aspects in relation to the COVID-19 pandemic) considered in the set-up and design of the SRF? To what extent were partner organisations required to demonstrate gender, human rights and (geographic) equity analysis in their application for SRF funds? How have funding decisions been targeted to ensure geographic equity? How were gender, human rights and equity considerations captured in	in relation to the COVID-19 pandemic) considered in the set-up and design of the SRF? (i.e., the targeting of donors, communication etc.)		considerations related to the COVID-19 pandemic required in your application for SRF funding? To what extent has gender, human rights and (geographic) equity analysis informed how your organisation has allocated/ used the SRF funds? What are the key gender, human rights and equity results you have achieved using SRF funding?	
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	equity and human rights contours of COVID-19 explicitly factored into the decision-making process as a means of ensuring that those most vulnerable are not left behind, and to what extent have funding decisions reflected these concerns? 4.4 To what extent have gender, human rights and equity considerations been adequately captured in the fund's reporting processes?	results reporting? How could this have been improved?				
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EQ5 What key factors have most affected the Fund's ability to achieve maximum results? <i>(Cross-cutting)</i>	5.1. What key internal factors have accounted for the achievements and challenges encountered in the first 10 months of its operation? 5.2. What key external factors have accounted for the achievements and challenges encountered in the first 10 months of its operation?	What key internal factors have enabled or hindered the SRF in achieving intended results? What key external factors have enabled or hindered the SRF in achieving intended results?	What key internal factors have enabled or hindered the SRF in achieving intended results? What key external factors have enabled or hindered the SRF in achieving intended results?	What key internal factors have enabled or hindered the SRF in achieving intended results? What key external factors have enabled or hindered the SRF in achieving intended results?	What key internal factors have enabled or hindered the SRF in achieving intended results? What key external factors have enabled or hindered the SRF in achieving intended results?	
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Annex 6: Stakeholders consulted

Inception Interviews	
Designation	Organization
Director General	SPF
Executive Director of Business Services, Budgets, and Reporting	UNF
Vice President for Global Health	UNF
Executive Director, External Relations & Governance	WHO
Independent Advisor, WHO Evaluation Unit	WHO
Executive Director, WHO Health Emergencies Programme	WHO
Director, Health and Multilateral Partnerships	WHO
Data Collection Interviews	
Programme Management Officer	Africa CDC
Resource Mobilization Lead	CEPI
Senior Manager, Resource Mobilization and Investor Relations	CEPI
Co-Lead, Global Youth Mobilization	The Duke of Edinburgh's International Award
Administrative and Financial Director	SPF
Planning Officer	SPF/ SAF
Chief Communications Officer	UNF
Chief Financial Officer	UNF
Chief Operating Officer	UNF
Director of Technology and Digital Services	UNF
Managing Director, Strategic Planning & Implementation	UNF
Senior Director of Partnerships and Communications	UNF
SRF Consultant	UNF
VP of Partnerships and Development Team	UNF
Chief of Section, Private Partnerships and Philanthropy, UNHCR	UNHCR
Emergency Officer	UNICEF
Partnerships Specialist	UNICEF
Director of Strategic Communications	UNRWA

Partnerships Manager	WFP
Special Assistant to Director of Logistics and Field Support	WFP
Supply Chain Officer, Head, Field Support Unit	WFP
Director Health Emergencies - Strategy, Programmes and Partnerships	WHO
Director, Resource Mobilization, Health Emergency Programme	WHO
Director, Strategic Partnerships & Cross Cutting Coordination, Health Emergency Programme	WHO
External Relations Officer, Parliamentary Engagement	WHO
Head of Accounts, Financial Management	WHO
Head, Leadership and internal Communications Unit	WHO
Senior Officer, External Relations	WHO
Technical Officer, GER	WHO
Technical Officer, Transformation Implementation and Change	WHO
Chief Executive Officer	WHO Foundation
Communications Consultant	WHO Foundation
Consultant, Philanthropy Advisors	WHO Foundation
Interim Head of Partnerships	WHO Foundation
Co-Lead, Global Youth Mobilization	WOSM

Annex 7: Documents reviewed

- CEPI (2021), 2020 Annual Progress Report, Covering the period from: 1 January - 31 December 2020
- CEPI 2020 Annual Progress Report, 1 January - 31 December 2020
- COVID-19 Response Fund - Report
- COVID-19 Supply Chain System Assessment, February 2021
- Evaluation of WHO COVID-19 UNITY studies Powerpoint, 8th October 2021
- Grantee Annual Reports: CEPI Financials
- Grantee Annual Reports: UNICEF financials
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- SRF Steering Committee_minutes_23_04_2021
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- SRF Steering Committee_minutes_4 June 2021
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- UNF (2020), CEPI Grant Agreement, March 2020
- UNF (2020), Evaluation of the COVID-19 Solidarity Response Fund, Terms of Reference - DRAFT Rev 18 December 2020

- UNF (2020), Grant Agreement for WOSM, December 2020
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- UNF (2020), UNHCR Grant Agreement, May 2020
- UNF (2020), UNICEF Grant Agreement, April 2020
- UNF (2020), UNRWA Grant Agreement, July 2020
- UNF (2020), WFP Grant Agreement, May 2020
- UNF (2020), WHO Foundation Grant Agreement, August 2020
- UNF (2021), WFP Grant Agreement - Amendment No.1, April 2021
- UNF (2021), WHO Foundation Grant Agreement, March 2021
- UNF (2021), WOSM Grant Agreement - Amendment No.1, February 2021
- UNF (undated), Disbursements & Funding by Platform Data
- UNF (undated), Donations by Country Summary
- UNF (undated), Fund Numbers - Digital Fundraising Totals
- UNF COVID Fund Support Overview vF2
- UNHCR (2020), Support COVID-19 Solidarity Response Fund, Grant Number: UNF-20-1154
- UNHCR-WHO-UNF, Amplifying the COVID-19 Solidarity Fund, May 2020 to June 2021
- UNICEF (2021), COVID-19 Solidarity Response Fund, UNICEF Final Report, May 2021
- UNICEF (undated), Continuity of maternal and child health services in El Salvador, Thanks to contributions from the COVID-19 Solidarity Response Fund
- United Nations (2020), A UN framework for the immediate socio-economic response to COVID-19, APRIL 2020
- Unity epi studies_2_214_000
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- WFP (2021), COVID-19 Solidarity Response Fund, Annual Report (March/April 2020 - March 2021)
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- WHO (2020), EXECUTIVE BOARD 147TH SESSION GENEVA, 22 MAY (de minimis) and 16 NOVEMBER (resumed) 2020 DECISIONS ANNEXES SUMMARY RECORDS
- WHO (2020), EXECUTIVE BOARD SPECIAL SESSION ON THE COVID-19 RESPONSE GENEVA, 5 and 6 OCTOBER 2020 DECISION SUMMARY RECORDS, EBSS/5/2020/REC/1
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- WHO (2020), Public health preparedness and response WHO's work in health emergencies Report by the Director-General, A73/11, 12 June 2020
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- WHO (2020), UNF-WHO Letter of Agreement, March 2020
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- WHO (2021), Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), Interim progress report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, Report by the Director-General, EB148/19
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- WHO-UNF-SPF (2020d), COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, 1 July to 30 September
- WHO-UNF-SPF (2020e), COVID-19 Solidarity Response Fund for the World Health Organization Impact Report, October 1 - December 31, 2020
- WHO-UNF-SPF (undated), COVID-19 Solidarity Response Fund: An Overview of the Fund Approach
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