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Residents of Gusuisavu Village pose for a photo during a COVID-19 vaccination community outreach event. You can learn more about this event [here](#).

Annual Activity Report 2022

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The COVID-19 pandemic is the defining phenomenon of our time. With over 750 million reported infections, 7 million confirmed deaths, and estimated deaths exceeding 20 million people in just three years, COVID-19 has impacted not only our understanding of global health, but our economies, our politics and our sense of community and security.



Anil Soni
CEO, WHO Foundation

The global health response to COVID-19 included coalitions coordinating everything from increasing access to testing and personal protective equipment, to training and protecting healthcare workers, to developing new medicines, and to purchasing and distributing vaccines. To get vaccines into the arms of people with the fewest resources, WHO, Gavi, Unicef, and CEPI worked through COVAX, the global mechanism set up during the pandemic to guarantee fair and equitable access to vaccines for low and middle-income countries.

To support this partnership and highlight the need for vaccine equity, the WHO Foundation used the simple act of giving US\$ 5 to purchase a vaccine for someone in need to create the Go Give One campaign.

The campaign was immediately appealing to individual donors, philanthropists, and corporate partners alike. Meta promoted it on Facebook and thousands of users donated. Salesforce challenged a group of companies – the Pledge 1% Coalition – to invite their employees to give to the campaign. Collinson, a travel company, featured the campaign at COVID-19 testing sites in airports around the world, and organized other travel companies, including Virgin Atlantic, to participate.

The campaign was supported by ELMA Philanthropies, which matched individual contributions for four months and which supported Entertain Impact to provide pro bono marketing support. WPP did likewise, promoting the campaign with their clients. Go Give One generated wide media coverage from print publications, including The Independent and The Evening Standard in the UK; television coverage through Sky News; and a feature on CNBC. In total, the campaign achieved 90 million impressions through print, television, and social media.

This excellent media coverage and elevated public profile along with the campaign's simple call to action allowed the Foundation to **raise over \$19 million to support COVAX and the purchase of COVID-19 vaccines for people in low and middle-income countries.**

This report outlines both the successes and challenges faced by the Go Give One campaign; which mirrored those associated with the overall work undertaken to enable the delivery of vaccines to every corner of the globe. Although we are still learning lessons from the pandemic and have much to do to prepare for future threats to our collective health, what is clear is that donors like you acting in solidarity provided hope and prevented unnecessary suffering and loss of life.

Anil Soni

Key Milestones

2019

First cases of COVID-19 identified ● December

2020

WHO declared COVID-19 a Public Health Emergency ● January 30

WHO declared COVID-19 a pandemic ● March 11

COVAX created ● April

6 057 853 confirmed cases of COVID-19 and 371 166 deaths worldwide ● June 1

First COVID-19 vaccine administered ● December 8

2021

First COVAX AMC doses administered in Ghana and Cote d'Ivoire ● March 1

GG1 launched ● April 1

2022

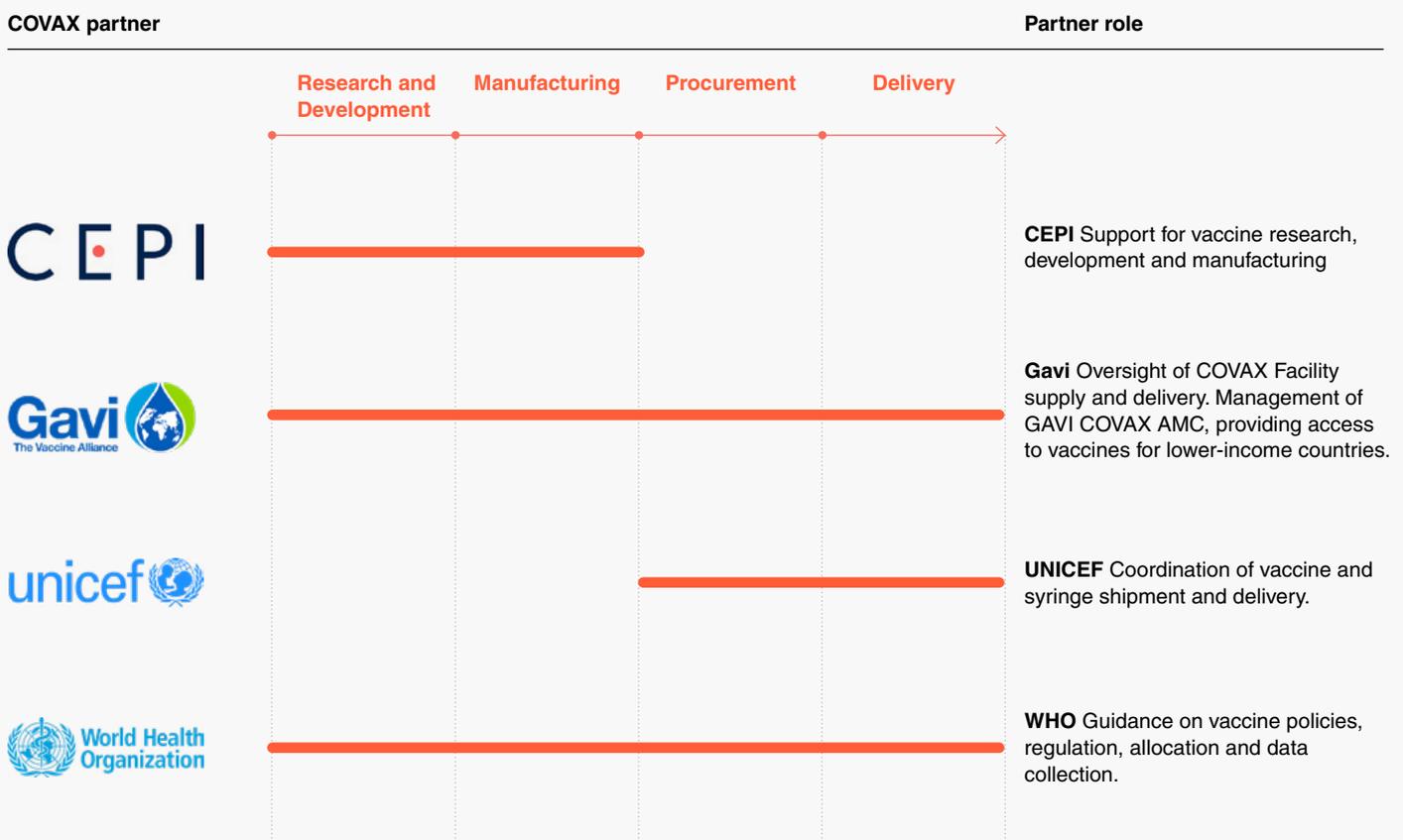
A shipment of 1.1 million COVID-19 vaccines to Rwanda included the billionth dose supplied through COVAX ● January

WHO, UNICEF and Gavi established the COVID-19 vaccine Delivery Partnership (CoVDP) to intensify support to COVID-19

In 2022, the number of reported COVID-19 infections declined weekly from January. As of June 1, 2022, there had been 526 million reported cases of COVID-19 globally and over 6 million deaths. By the end of 2022:

- 13.2 billion doses of vaccine had been administered**
- 183 out of 194 WHO member states had introduced booster programs**
- 31% of the global population has received one booster**
- Globally, vaccination coverage increased from 47% in January 2022 to 65% in January 2023 while coverage among the 92 countries participating in AMC doubled from 28% to 53%**
- In the 34 countries that were at or below 10% vaccine coverage in January 2022, coverage increased from an average of 3% to 25% by the end of the year.**

Structure of the COVAX Partnership



In April 2020, COVAX was created as a partnership between Gavi, WHO, CEPI and Unicef. This vaccine delivery function was the first of three functions to be established in the fight against COVID-19. The aim of COVAX was to provide global, equitable access to COVID-19 vaccines, regardless of available funding - something that had never been done before with adult vaccines. In June 2020, the Gavi COVAX Advance Market

Commitment (AMC) was launched to purchase vaccines for 92 lower-income countries. Since its inception, US\$ 12.4 billion has been raised for the AMC to procure vaccines and support delivery through COVAX. Despite supply challenges in its early days, as of May 2023, COVAX has shipped nearly two billion doses of COVID-19 vaccine to 146 countries, including over 1.7 million to the 87 AMC countries.

COVID-19 Vaccines in 2022

In 2022, the number of people vaccinated in AMC member countries continued to increase, especially among countries with the lowest vaccine coverage. As of November 2022, 59% of people had received at least one dose of a COVID-19 vaccine. Modeling estimates that 75% of deaths prevented in countries in the WHO African region (AFRO) and 79% of deaths averted in low-income countries overall were attributable to COVID-19 vaccine doses delivered by COVAX.¹

However, inequities persisted, and vaccination rates reached a plateau in 2022 due in part to decreasing risk perception and competing health and economic priorities in many countries. Reaching people most at risk for COVID-19 remained a significant challenge in 2022. One third of AMC countries reported that less than 30% of older adults were vaccinated and 115 million people at highest risk for infection had not received the initial two doses of vaccine. Despite this challenge, 66% of older adults and 81% of healthcare workers overall were vaccinated.²

¹ COVID-19 Vaccination in the WHO African Region. November, 2022
<https://apps.who.int/iris/bitstream/handle/10665/365353/CV-20221210-eng.pdf>

² https://www.gavi.org/sites/default/files/board/minutes/2022/7-8-dec/09%20-%20COVAX_Key%20Strategic%20Issues.pdf

Addressing Inequities

In January 2022, WHO, UNICEF and Gavi established the COVID-19 Vaccine Delivery Partnership (CoVDP) to intensify support for the delivery of COVID-19 vaccines to the 34 countries that were at or below 10% full vaccination coverage at the end of 2021. The greatest benefits of this approach were increases in full vaccination and booster coverage in both general and high-priority populations – older adults, healthcare workers, and people with already-existing illness.

Of the 34 countries with less than 10% of the population vaccinated in January 2022, nine surpassed 10% and 17 surpassed 20% vaccination rates by the end of the year. The eight countries remaining under a 10% vaccination rate face extremely challenging situations such as war, fragile health systems with limited capacity, and humanitarian crises.

One of the countries that made remarkable progress is Sierra Leone.

Success in Sierra Leone

Collaborative leadership is key to responding to a pandemic

Dr Tom Sesay,
Head of Sierra Leone's Expanded Program on Immunization

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At the beginning of 2022, Sierra Leone's COVID-19 vaccination rate was just 4%, due to lack of resources for vaccine delivery. In an effort to dramatically increase its vaccination rate, Sierra Leone radically expanded its social mobilization and community-led action to break through vaccine hesitancy and debunk disinformation, and drew on previous experience handling outbreaks of polio, measles and Ebola.

Makontakay and Kamoi villages are located near one another in Bombali District, Sierra Leone. The

nearest health facility serving these villages is located 20 kilometers of dirt roads away. Masselleh Community Health Post serves approximately 3,400 people a year. Nurses at Masselleh either walk or use motorbikes or canoes to reach the many small communities throughout their catchment area.

Most residents in the community do not have the resources to make the journey to the health post, so in 2022, mobile health teams brought the COVID-19 vaccine to these and other hard to reach communities in Sierra Leone.



Anna holds her vaccination card after receiving a third dose of COVID-19 vaccine from a mobile health team visiting Makontakay, Sierra Leone, on 8 December 2022.

Left: © WHO / Michael Duff



I like the work because it creates health impacts in our community. I feel really good to be able to help my people. I can see their health improving and I know I am contributing to that. Along with COVID-19 education, I also speak to people about drinking clean water, hygiene, malaria prevention and general health.

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Local community mobilizers like Jeremiah are an important part of community outreach teams. Born and raised in Mokantakay, Jeremiah knows the area and the communities well and is fluent in the local language, Limba. Jeremiah loves working in the health sector and dreams of becoming a doctor.

Above: © WHO / Michael Duff

As a mobilizer we are role models, so it's important that people see us doing the right thing like taking the COVID-19 vaccine. When others saw that I took the vaccine, it gave them courage to take it themselves. It is important that a local person is the mobilizer because we know the people and we know the community. They trust us, ...so they will listen to us and follow the messages we are giving.

The results of Sierra Leone's community outreach efforts was an increase in two-dose vaccination rates from 4% to 43% of the overall population, and 71% of the targeted population in 2022.³ This success paints an important picture of the power and impact of political leadership, innovation, and community-led interventions in overcoming even the most difficult challenges.

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³ <https://www.afro.who.int/countries/sierra-leone/news/sierra-leone-vaccinates-70-its-population-against-covid-19-meets-global-target>



COVID-19 brought along so many challenges. However, Sierra Leone has been able to handle the response through strong political and technical leadership. That is what has brought us thus far and we are proud to have been part of this success. The experiences and lessons learned in this process will help guide our response to future health emergencies.

Dr Innocent Nuwagira,
Acting WHO Representative in Sierra Leone

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Above: © WHO / Michael Duff

Lessons Learned

The COVID-19 pandemic has demonstrated the clear need for the world to be better prepared for the next global health emergency. Rapid and equitable worldwide access to medicine, testing, and vaccines are central to comprehensive preparedness. But enough funding, supplies and medicines are not enough. The global health system must also evolve to become more flexible and effective in responding to threats and controlling outbreaks, and these solutions must be equitably accessible.

According to COVAX, achieving equitable access to medicines and supplies is critical during a pandemic: not only for moral reasons, but because it is the only way to limit the duration and impact of the emergency. Effective pandemic response requires a complex array of well-orchestrated solutions; from early access to funding, early vaccine research and development, manufacturing, negotiating and securing accords, creating and delivering consistent policy guidance and setting up operational, logistical, regulatory, and legal frameworks to administering vaccines and delivering medicines into those infected with the virus. Any end-to-end solution must be centered on public health and the needs of the most vulnerable. Implementing a

solution to rapidly and equitably reach billions of people in countries across the world at the same time requires coordination across multiple levels of stakeholders.

COVAX was the largest vaccine initiative in history and despite its challenges played a significant role in bringing the world out of the greatest pandemic of the last century. COVAX partners and stakeholders are working to translate the significant learnings from the pandemic into changes in policy that can help ensure that the world is better prepared, when, not if, another pandemic occurs. COVAX also stands as a model for other areas of development where concerted efforts are needed across sectors.

And while a campaign like GG1 isn't designed to do everything, in 2022 the GG1 community played a critical role in mobilizing and directing resources to GAVI that helped countries meet their vaccination goals, decrease their COVID-19 infection rates, and begin to move forward from the pandemic and start to regain what had been lost in those years. In addition to these great successes, GG1 also helped the WHO Foundation fully develop its strategies for supporting WHO-designated health emergencies.

⁴ https://www.gavi.org/sites/default/files/covid/covax/COVAX_Key-Learnings-for-Future.pdf

How the WHO Foundation Supports Health Emergencies

Every day, millions of people around the world face a wide range of serious threats to their health due to the effects of natural disasters, disease and political conflict. The COVID-19 pandemic demonstrated just how devastating a health emergency can be. Emergencies cause injury and death, but also impact water and food systems and force people to leave their homes in search of safety. Emergencies can also impact the very health systems meant to support not only basic services like care for pregnant women and children, but the response to emergency needs as hospitals and clinics are

destroyed and health workers themselves are impacted. As a result, **access to health services decreases just when it's needed most.**

At the beginning of 2023, the number of people in need of humanitarian relief increased by almost 25% over 2022. Today, nearly 339 million people across the world face serious health threats resulting from emergencies and require urgent assistance, the majority of whom live in low-income countries that lack the resources to meet these needs.

The Foundation supports the work of WHO and other global health partners in health emergencies with two distinctive strategies - Health Emergency Preparedness and Health Emergency Response.

Health Emergency Preparedness

Many countries currently lack the minimum capacities necessary to rapidly detect and respond to known vulnerabilities and likely public health emergencies. WHO has a long term commitment to work collaboratively with ministries of health and other local partners to improve their operational readiness, and to respond to both the initial impact of emergencies and subsequent recovery. As a result of this commitment, 83% of countries at high-risk of emergencies have interagency preparedness plans in place.

Working in close collaboration with regional and country offices, WHO:

- helps countries strengthen their public health surveillance systems;
- provides risk assessment support in the form of technical guidance and operational support on the ground;
- provides guidance on risk communications;
- advises countries on establishing or accessing laboratory services;
- supports national rapid response team training;
- conducts simulation exercises to test national, regional, and global capacities to respond to emergencies; and
- conducts After Action Reviews to identify best practices, gaps and lessons learned.

Health Emergency Response

Rapid detection and verification of health emergencies is essential to saving lives. WHO's global surveillance system scans for and detects public health threats 24 hours a day, 365 days a year. Once an event is verified, WHO assesses the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict, and other hazards.

Within 48 hours of an emergency, WHO:

- activates the incident management system with a designated team functioning out of emergency operating centers in Geneva, and in the regional and country offices impacted by the emergency
- releases funds from WHO's Contingency Fund for Emergencies to provide supplies, medicines and other supports to frontline health workers
- deploys field teams and activates global stockpiles of essential supplies, including personal protective equipment, medicines, and vaccines

- establishes network communication systems and base camps to ensure a coordinated and effective response;
- communicates the risk to the community and neighboring countries through official channels and through social media, so they can better prepare their own response;
- activates the Global Health Cluster, the Global Outbreak Alert and Response Network, emergency medical teams, and humanitarian organizations from its network of 1,600 partners

The Foundation supports WHO's Health Emergency Response by activating targeted fundraising campaigns within 24 hours for the general public, corporations and philanthropists. Alongside these targeted campaigns, the Foundation works at the local level to identify and develop partnerships with donors interested in certain disease or emergency topics. The Foundation has also created the Health Emergencies Alliance, a unique corporate coalition dedicated to emergency response.

On May 5, 2023, the Director-General of WHO declared an end to the global emergency of COVID-19. Since mid-2022, the number of infections and deaths has been decreasing thanks to immunity from vaccination and previous infection increasing; easing the resulting pressure on health systems. This trend has allowed most countries to return to life as it existed prior to COVID-19. But in fact, this appearance of normal life is in many ways an illusion.

COVID-19 has impacted both individual and community life in ways that were unimaginable just over three years ago. And although not as serious as it once was, the virus is here to stay. Many people are right now infected and struggling for their lives while others live with the debilitating long-term effects of a prior infection. Health systems must integrate the lessons learned from this pandemic and devise robust pandemic response strategies to guide their communities through the next, predictable, pandemic.

But thanks to researchers, global health organizations, and donors, there now exists a growing toolkit of medicines and health system improvements that made it possible to survive the COVID-19 pandemic and will help the world survive the next global health threat. Because of the technologies and infrastructure developed to fight COVID-19, organizations like Gavi and WHO have more strategies they can use to decrease inequities in the availability of vaccines to prevent other diseases, including Ebola, cholera, yellow fever and malaria - further strengthening the vaccine delivery system. Thanks to the many Go Give One donors, millions of people not only have access to COVID-19 vaccines and other interventions that they otherwise would not have, they can one day have access to other life-saving vaccines they so desperately need.

Thank you for your support and solidarity.

VACCINES FOR EVERYONE ▶ EVERYWHERE

support@gogiveone.org
gogiveone.org

The WHO Foundation
Chemin des Mines 2
1202 Geneva Switzerland
who.foundation

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