

# LESSONS IN MULTILATERAL EFFECTIVENESS

**More than the sum of its  
parts? Co-ordination and  
the multilateral response to  
COVID-19**

**REPORT**



**STOP**  
THE SPREAD  
OF CORONAVIRUS

PROTECT YOURSELF  
AND OTHERS AROUND YOU





RESTAURANT

TOILET

**STOP**  
THE SPREAD  
OF COVID-19





**STOP**  
**THE SPREAD**  
**OF CORONAVIRUS**

**PROTECT YOURSELF**  
**AND OTHERS AROUND YOU**

**KEEP YOUR**  
**DISTANCE**



## LESSONS IN MULTILATERAL EFFECTIVENESS

---

**More than the sum of its  
parts? Co-ordination and  
the multilateral response to  
COVID-19**

**REPORT**

This report is published under the responsibility of the Multilateral Organisation Performance Assessment Network (MOPAN). MOPAN is an independent body that is governed by a Steering Committee composed of representatives of all of its members and served by a permanent Secretariat. The Secretariat is hosted at the Organisation for Economic Co-operation and Development (OECD) and bound by its administrative rules and procedures and is independent in terms of financing and the content and implementation of its work programme.

This document, as well as any data and any map included herein, are without prejudice to the status of sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city, or area.

**Please cite this publication as:**

Multilateral Organisation Performance Assessment Network (MOPAN) 2023, *Lessons in Multilateral Effectiveness - More than the Sum of its Parts? Co-ordination and the Multilateral Response to COVID-19*, Paris.

**Photo credits:**

- © Kutan Ural, Unsplash | Cover, 2
- © Azzedine Rouichi, Unsplash | 15
- © Aalok Atreya, Unsplash | 17
- © Chapman Chow, Unsplash | 25
- © Graham Ruttan, Unsplash | 30
- © Chris Montgomery, Unsplash | 37
- © Pexels, Monstera | 87
- © the blowup, Unsplash | 106

The Multilateral Organisation Performance Assessment Network (MOPAN) comprises 21 members<sup>1</sup> sharing a common interest in improving the effectiveness of the multilateral system. MOPAN commissioned this analytical study to build upon its well-established performance assessments, adding value by offering a contribution to system-level learning about the co-ordination and the multilateral response to COVID-19. This study is part of the series, “Lessons in Multilateral Performance” being conducted by MOPAN on a range of salient topics related to the multilateral system.

---

1 MOPAN members as of 1 January 2023: Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Korea, Luxembourg, the Netherlands, Norway, Qatar, Spain, Sweden, Switzerland, the United Kingdom, the United States; and Türkiye is an observer. MOPAN also works in close collaboration with the European Union.

# ACKNOWLEDGEMENTS

This study was conducted by the Multilateral Organisation Performance Assessment Network (MOPAN) under the overall strategic guidance of Suzanne Steensen, Head of the MOPAN Secretariat. It was prepared under the responsibility of Erika MacLaughlin, with support from Edward Hainsworth and Samer Hachem, and from Cara Yakush, Camille Hewitt and Anastasiya Sindyukova, who oversaw the production. Cristina Serra-Vallejo, Tanya Singh, Laura Serrano, and Sebastien Vol co-ordinated the roll-out of the country co-ordination survey and the results analysis.

The study was carried out in co-operation with a team from Centennial Group International, led by Jean-Louis Sarbib, Luc Lefebvre, Anil Sood and Rakesh Nangia, with support from Katie Ford, Olga Jonas, Birger Frediksen, Jose Fajgenbaum, Claudio Loser and Ieva Vilkelyte. Christopher Mooney proofread the report and Alex Bilodeau provided design and layout.

This study would not have been possible without the generous time of interviewees across the various multilateral organisations who provided substantive inputs: heads of multilateral organisations, agencies and entities; and Resident Co-ordinators, Country Managers and Country Representatives and their offices. We would also like to convey our appreciation to the management and staff of the following multilateral organisations and stakeholders for their valuable inputs and time: the Asian Development Bank (ADB), African Development Bank (AfDB), Coalition for Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccines and Immunization (GAVI), the Global Fund, International Labour Organization (ILO), Islamic Development Bank (IsDB), UN Office for Co-ordination of Humanitarian Affairs (OCHA), UN Development Co-ordination Office (DCO), UN Development Programme (UNDP), UN Education, Scientific, and Cultural Organization (UNESCO), UN Children's Fund (UNICEF), World Food Programme (WFP), World Health Organization (WHO), World Trade Organization (WTO), World Bank Group (WBG), and International Monetary Fund (IMF) among others. This study would not have been possible without the generous time contributions of staff who responded to the country co-ordination survey and participated in interviews.

This study also benefitted from exchanges with the UN Executive Office of the Secretary General and multilateral stakeholders from the private sector and civil society.

We are grateful to the MOPAN members who participated in the reference group for their advice and comments: Laurent Tran, Marnie Davidson, and Khadija Ali (Canada); Henrik Larsen (Denmark); Frank Kirwan (Ireland); Marianne Loe (Norway); Dr Elmoubasher Abu Baker Abd Farag, Rwodah Ibrahim Al Naimi, and Yousra Hammad Bagadi (Qatar); Kevin Andrews (United Kingdom); Andrew Ditmanson, Ashley Boccuzzi, and Sarah Weber (United States).

The support of the technical advisory group was instrumental in strengthening the quality and rigour of the study. We are grateful to Mathew Varghese, John Hendra, Alex Ross, Megan Kennedy-Chouane and Jenna Smith-Kouassi for their inputs and guidance, and for the support of Ole Winckler Andersen, who provided technical insights.

The study also drew on insights provided by teams who supported the MOPAN assessments of the UN Office for Project Services (UNOPS), UN Environmental Programme (UNEP), UNDP, ILO and UNICEF, which helped reduce the burden of data collection for these agencies.

Finally, we are grateful for the inputs of other multilateral stakeholders who have been conducting other studies on the multilateral system response to COVID-19 or examining related issues, including colleagues leading the UN System-Wide Evaluation of the COVID-19 Response, the COVID-19 Global Evaluation Coalition, and the OECD Multilateral Development Finance Report.

# TABLE OF CONTENTS

<b>Acknowledgements</b>	<b>6</b>
<b>Abbreviations &amp; acronyms</b>	<b>10</b>
<b>Introduction</b>	<b>15</b>
<b>Executive summary</b>	<b>17</b>
Five key lessons from multilateral co-ordination to respond to COVID-19	18
Policy considerations for “Building Back Better”	23
<b>Context</b>	<b>25</b>
<b>Methodology and approach</b>	<b>31</b>
Scope	33
Approach	33
Evidence sources and analysis	35
Limitations	35
<b>Overall findings on Multilateral Organisations co-ordination in responding to COVID-19</b>	<b>37</b>
Multilateral organisations preparedness in responding to COVID-19	38
How multilateral organisations co-ordinated to respond to COVID-19	44
The UN system-wide response to COVID-19	45
COVID-19 responses of the Multilateral Development Banks and the International Monetary Fund	47
Co-ordination among UN entities, MDBs and the IMF	50
The role of multilateral organisations co-ordination in delivering pandemic preparedness and response	57
Key enabling and constraining factors for co-ordination in the context of COVID-19	74
<b>Lessons and policy implications for multilateral co-ordination</b>	<b>87</b>
Emerging lessons from multilateral organisations co-ordination in responding to COVID-19	88
Policy considerations for multilateral co-ordination and “Building Back Better”	94
Conclusion	105

<b>Annexes</b>	<b>107</b>
Annex 1: Methodology and approach	108
Annex 2: Structured document review questions	113
Annex 3: Stakeholders consulted	115
Annex 4: Country co-ordination survey questions and responses	116
Annex 5: Selected survey responses and participant data	133
Annex 6: References	139

## BOXES, TABLES & FIGURES

<b>Box 1:</b> Defining co-ordination	32
<b>Box 2:</b> Ten success factors for post-2015 partnerships	34
<b>Box 3:</b> Key findings on MO preparedness in responding to COVID-19	38
<b>Box 4:</b> Platforms for MO co-ordination in responding to COVID-19	44
<b>Box 5:</b> COVID-19 responses of MDBs beyond development policy operations	48
<b>Box 6:</b> The role of regional organisations in responding to COVID-19	51
<b>Box 7:</b> The role of multilateral organisations co-ordination in delivering pandemic preparedness and response	58
<b>Box 8:</b> COVID-19 and the emergence of global data platforms	71
<b>Box 9:</b> Key enabling and constraining factors for co-ordination in the context of COVID-19	74
<b>Box 10:</b> The Pandemic Emergency Finance Facility	85
<b>Box 11:</b> Supporting global policy co-ordination – policy options for MOPAN members	95
<b>Box 12:</b> G20 Common Framework for Debt Treatments	96
<b>Box 13:</b> IMF’s Resilience and Sustainability Trust	97
<b>Box 14:</b> Enhancing regional co-ordination – policy options for MOPAN members	99
<b>Box 15:</b> Country platforms for multilateral organisations co-ordination – policy options for MOPAN members	100
<b>Box 16:</b> The SDG3 Global Action Plan	101
<b>Box 17:</b> Sustainable financing for MO co-ordination – policy options for MOPAN members	102
<b>Box 18:</b> Sustainable financing for multilateral organisations co-ordination - policy options for MOPAN members	104
<b>Box 19:</b> Ten success factors for post-2015 partnerships	111
<b>Table 1:</b> ACT-A pillars, co-conveners and objectives	53
<b>Table 2:</b> Co-ordination mechanisms covered in this study	108
<b>Table 3:</b> Respondents by country	134



<b>Figure 1:</b> A model for co-ordination outcomes and contribution to operational performance	34
<b>Figure 2:</b> 2018 Data from the IHR (2005) State Party Annual Reporting (SPAR) Tool	39
<b>Figure 3:</b> Uneven government-led country level co-ordination among development partners prior to the pandemic	43
<b>Figure 4:</b> Survey respondents broadly agreed that COVID-29 strengthened co-ordination among the MDBs, IMF and UN entities and contributed to the emergence of new co-ordination mechanisms.	45
<b>Figure 5:</b> The role of multilateral organisations co-ordination in delivering pandemic preparedness and response	57
<b>Figure 6:</b> Survey respondents generally felt that MO co-ordination contributed to a more effective response to COVID-19 at country level.	59
<b>Figure 7:</b> Top 3 Institutional constraints reported by multilateral organisations in responding to COVID-19	60
<b>Figure 8:</b> Most influential COVID-19 co-ordination mechanisms among MDBs and IMF (N=42)	68
<b>Figure 9:</b> Most influential COVID-19 co-ordination mechanisms among UN entities (N=72)	68
<b>Figure 10:</b> Partners engaged most frequently by MDB respondents (N=42)	68
<b>Figure 11:</b> Partners engaged most frequently by UN Respondents (N=72)	68
<b>Figure 12:</b> The pandemic paradigm for accelerated development and manufacture of vaccines	73
<b>Figure 13:</b> Enabling and constraining factors for co-ordination in the context of COVID-19	75
<b>Figure 14:</b> Decentralised governance structure of the ACT-Accelerator	79
<b>Figure 15:</b> Top 3 contextual constraints reported by multilateral organisations in responding to COVID-19	81
<b>Figure 16:</b> Top ACT-A donors 2020-2022	86
<b>Figure 17:</b> Conceptual framework for multilateral organisations co-ordination at the global, regional and country levels	110
<b>Figure 18:</b> Participants characteristics	133
<b>Figure 19:</b> Where participants are based	133
<b>Figure 20:</b> Length of time in position	133
<b>Figure 21:</b> Partners engaged most frequently by MDB respondents (N=42)	136
<b>Figure 22:</b> Partners engaged most frequently by UN respondents (N=72)	136
<b>Figure 23:</b> Most influential COVID-19 co-ordination mechanism among MDBs and IMF (N=42)	136
<b>Figure 24:</b> Top 3 institutional constraints reported by multilateral organisations in responding to COVID-19	138
<b>Figure 25:</b> Top 3 contextual constraints reported by multilateral organisation in responding to COVID-19	138

# ABBREVIATIONS & ACRONYMS

<b>ACT-A</b>	Access to COVID-19 Tools Accelerator
<b>ADB</b>	Asian Development Bank
<b>AfDB</b>	African Development Bank
<b>Africa CDC (AFR CDC)</b>	Africa Centres for Disease Control and Prevention
<b>AIIB</b>	Asian Infrastructure Investment Bank
<b>APVAX</b>	Asia Pacific Vaccine Access Facility
<b>AU</b>	African Union
<b>AVAT</b>	AU African Vaccine Acquisition Trust
<b>BBB</b>	Build Back Better
<b>BWI</b>	Bretton Woods Institutions
<b>CAT DDOs</b>	World Bank's Catastrophic Draw Down Options
<b>CCA</b>	Common Country Analysis
<b>CCRT</b>	IMF Catastrophe Containment and Relief Trust
<b>CEPI</b>	Coalition for Epidemic Preparedness Innovations
<b>CERF</b>	UN's Central Emergency Response Fund
<b>CF</b>	Common Framework for Debt Treatments
<b>CFE</b>	WHO Contingency Fund for Emergencies
<b>CGM</b>	Centennial Growth Model
<b>CM</b>	Co-ordination Mechanism
<b>CMT</b>	UN Crisis Management Team
<b>CPRO</b>	Comprehensive Response to COVID-19
<b>CPRPs</b>	COVID-19 preparedness and response plans
<b>COVID-19</b>	Novel Coronavirus-19
<b>COVDP</b>	COVID-19 Vaccine Delivery Partnership
<b>COVAX</b>	COVID-19 Vaccines Global Access
<b>CoT</b>	Comparability of Treatment
<b>CSCS</b>	COVID-19 Supply Chain System
<b>CSF</b>	ADB's Countercyclical Support Facility
<b>CSO</b>	Civil Society Organization
<b>DCO</b>	UN Development Co-ordination Office
<b>DMCs</b>	Developing Member Countries
<b>DSA</b>	Debt Sustainability Analysis

<b>DSSI</b>	Debt Service Suspension Initiative
<b>EPG</b>	The G20's Eminent Persons Group
<b>ERF</b>	Emergency Response Framework
<b>FAO</b>	Food and Agricultural Organisation
<b>FIF</b>	Financial Intermediary Fund
<b>FTFC</b>	Fast-Track COVID-19 Facility
<b>G7</b>	Group of 7
<b>G20</b>	Group of 20
<b>GAVI</b>	Global Alliance for Vaccines and Immunization
<b>GBV</b>	Gender-Based Violence
<b>GCM</b>	General Cooperation Mechanism for Education
<b>GDP</b>	Gross Domestic Product
<b>GEC</b>	Global Education Coalition
<b>GEEW/G</b>	Gender Equality and Empowerment of Women and Girls
<b>GEM</b>	Global Education Meeting
<b>GEM3</b>	Gender Equality Marker Code of Three
<b>GFATM</b>	The Global Fund
<b>GHO</b>	Global Humanitarian Overview
<b>GHRP</b>	Global Humanitarian Response Plan
<b>GNI</b>	Gross National Income
<b>GPMB</b>	Global Preparedness Monitoring Board
<b>GPG</b>	Global Public Good
<b>GRID</b>	Green, Resilient, and Inclusive Development
<b>H1N1</b>	Influenza A virus subtype H1N1 (Swine Flu)
<b>HC</b>	Humanitarian Co-ordinators
<b>HCT</b>	Humanitarian Country Teams
<b>HIC</b>	High Income Country
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRBA</b>	Human Rights Based Approach
<b>HQ</b>	Headquarters
<b>IADB</b>	Inter-American Development Bank
<b>IANWGE</b>	Inter-Agency Network on Women and Gender Equality
<b>IASC</b>	Inter-Agency Standing Committee
<b>IDA</b>	International Development Association
<b>IFAD</b>	International Fund for Agricultural Development

<b>IFI</b>	International Financial Institutions
<b>IHR</b>	International Health Regulations
<b>ILO</b>	International Labour Organisation
<b>IMF</b>	International Monetary Fund
<b>INFF</b>	Integrated National Financing Framework
<b>INGO</b>	International Non-Governmental Organization
<b>IOM</b>	International Organization for Migration
<b>IPPPR</b>	Independent Panel for Pandemic Preparedness and Response
<b>IsDB</b>	Islamic Development Bank
<b>KPI</b>	Key Performance Indicator
<b>LIC</b>	Low Income Country
<b>LMIC</b>	Lower-Middle Income Country
<b>MAF</b>	Management and Accountability Framework
<b>MDB</b>	Multilateral Development Bank
<b>MDTF</b>	Multi-Donor Trust Fund
<b>MIC</b>	Middle Income Country
<b>MLTF</b>	Multilateral Leaders Task Force
<b>MO</b>	Multilateral Organisation
<b>MOPAN</b>	Multilateral Organisation Performance Assessment Network
<b>MOU</b>	Memorandum of Understanding
<b>MPA</b>	The IMF and the World Bank Multi-Pronged Approach
<b>MPA</b>	Global COVID-19 Multi-Phase Programmatic Approach
<b>MPTF</b>	Multi-Partner Trust Fund
<b>MS</b>	Multilateral System
<b>MSMEs</b>	Micro, Small and Medium-Sized Enterprises
<b>NGO</b>	Non-Governmental Organisation
<b>NRA</b>	Non-Resident Agencies
<b>OCHA</b>	UN Office for Co-ordination of Humanitarian Affairs
<b>ODA</b>	Official Development Assistance
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OPAG</b>	IASC Operational Policy and Advisory Group
<b>PAHO</b>	Pan American Health Organization
<b>PEF</b>	Pandemic Emergency Finance Facility
<b>PFM</b>	Public Financial Management
<b>PHEIC</b>	Public Health Event of International Concern



<b>PPE</b>	Personal Protective Equipment
<b>PPR</b>	Pandemic Prevention, Preparedness, and Response
<b>PPPR FIF</b>	Pandemic Prevention, Preparedness and Response Financial Intermediary Fund
<b>PRGT</b>	IMF Poverty Reduction and Growth Trust
<b>RC</b>	United Nations Resident Co-ordinators
<b>RCF</b>	Rapid Credit Facility
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RFI</b>	Rapid Financing Instrument
<b>RGAs</b>	Rapid Gender Assessment Surveys
<b>RC System</b>	United Nations Resident Co-ordinators System
<b>RG</b>	Reference Group
<b>RSF</b>	IMF Resilience and Sustainability Facility
<b>RST</b>	IMF Resilience and Sustainability Trust
<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>SDG</b>	Sustainable Development Goals
<b>SDR</b>	Special Drawing Rights
<b>SDRM</b>	Sovereign Debt Resolution Mechanism
<b>SEIA</b>	UN Socio-Economic Impact Assessment
<b>SERP</b>	UN Socio-Economic Recovery Plan
<b>SLL</b>	Short-Term Liquidity Line
<b>SOP</b>	Standard Operating Procedures
<b>SPF</b>	Swiss Philanthropy Fund
<b>SPRP</b>	WHO Strategic Preparedness and Response Plan
<b>SRF</b>	WHO Solidarity Response Fund
<b>SSA</b>	Sub-Saharan Africa
<b>SWE</b>	System Wide Evaluation
<b>TAG</b>	Technical Advisory Group
<b>TGE</b>	Transnational Giving Europe
<b>UFE</b>	Under-Funded Emergencies
<b>UMIC</b>	Upper Middle Income Country
<b>UN</b>	United Nations
<b>UNCMT</b>	UN Country Management Team
<b>UNCT</b>	UN Country Team
<b>UNDP</b>	UN Development Programme
<b>UNDS</b>	UN Development System

<b>UNEP</b>	UN Environmental Programme
<b>UNESCO</b>	UN Education, Scientific, and Cultural Organization
<b>UNF</b>	UN Foundation
<b>UNFPA</b>	UN Population Fund
<b>UNHCR</b>	UN High Commissioner for Refugees
<b>UNICEF</b>	UN Children’s Fund
<b>UNOPS</b>	UN Office for Project Services
<b>UNRC</b>	UN Resident Co-ordinator
<b>UNRWA</b>	UN Relief and Works Agency for Palestine Refugees in the Near East
<b>US</b>	The United States of America
<b>UNSDCF</b>	UN Sustainable Development Cooperation Framework
<b>UNSDG</b>	UN Sustainable Development Group
<b>UNSG</b>	UN Secretary-General
<b>UN WOMEN</b>	UN Entity for Gender Equality and the Empowerment of Women
<b>WAHO</b>	West African Health Organisation
<b>WB</b>	World Bank
<b>WBG</b>	World Bank Group
<b>WFP</b>	World Food Programme
<b>WHE</b>	WHO Health Emergencies Programme
<b>WHO</b>	World Health Organization
<b>WTO</b>	World Trade Organization

# INTRODUCTION



**The Multilateral Organisation Performance Assessment Network (MOPAN) is an independent network of 21 members and observers who share a common interest in improving the effectiveness of the multilateral system.** MOPAN's mission is to support its members in assessing the effectiveness of multilateral organisations (MOs) that receive development and humanitarian funding. The Network generates, collects, analyses, and presents independent evidence on the organisational and development effectiveness of multilateral organisations to inform donors' engagement with these institutions. MOPAN's analytical studies series "Lessons in Multilateral Effectiveness" examines emerging challenges for the multilateral system in delivering the United Nations' Sustainable Development Agenda and identifies lessons and policy implications for strengthening development effectiveness.

**This report addresses how multilateral organisations co-ordinated to respond to the multi-dimensional impacts of COVID-19.** It is unique among other analyses of the COVID-19 response in that it applies a "system-wide" perspective, analysing co-ordination mechanisms that brought together the United Nations (UN) entities, Multilateral Development Banks (MDBs) and the International Monetary Fund (IMF). The study describes how multilateral organisations co-ordinated to respond to COVID-19 and examines the extent to which co-ordination contributed to evidence and knowledge sharing, policy and operational coherence, joint programming and coherent resource mobilisation. Furthermore, the study identifies enabling and constraining factors to scale up multilateral organisations' co-ordination and enhance its contribution to development results.

**COVID-19 has highlighted the importance of multilateral organisations' co-ordination in addressing complex global challenges that cannot be addressed effectively by individual countries and organisations in isolation.** There were important gaps in the preparedness of multilateral organisations and governments to co-ordinate in addressing the impacts of COVID-19 which influenced the pandemic response. Unprecedented multilateral organisations' co-ordination to respond to COVID-19 faced important challenges, including the need to break down siloes across different sectors and among the UN entities, MDBs and IMF. Responses to complex development challenges must build upon a "whole-of-society" approach, including multilateral organisations' co-ordination but also support and solidarity among from national governments, civil society and the private sector.

**Scaled-up co-ordination among multilateral organisations across the multilateral system will continue to play an essential role in "building back better" and addressing both future crises and complex, transboundary development challenges.** This report identifies lessons and policy options for multilateral organisations, donor governments and other development partners for strengthening multilateral organisations' co-ordination in responding to other contemporary challenges, including rising sovereign debt, food security, and climate change. Donor governments have an important role in "setting the tone at the top" to create continued incentives for enhanced co-ordination at the global, regional and country levels and in ensuring multilateral organisations have access to core and emergency funding in line with UNDS Reform.





# EXECUTIVE SUMMARY

In response to the unprecedented nature of the COVID-19 crisis, there were early and widespread calls for cohesive global action to address the novel global threat, which was quickly evolving in scale and severity. States, including those in the G20, declared their readiness to support a co-ordinated response to the pandemic alongside the World Health Organisation (WHO), International Monetary Fund (IMF), World Bank Group (WB), United Nations (UN) and other partners to address the complex and intertwined health, social, and economic impacts of the crisis.

This report describes how multilateral organisations worked together to respond to the diverse impacts of COVID-19 and how this co-ordination contributed to pandemic prevention, preparedness and response. In particular, co-ordination contributed to the sharing of knowledge and evidence around the evolution of the pandemic, policy and operational coherence, and evidence-based joint programming. Co-ordination among multilateral organisations ultimately helped expand fiscal space for the implementation of national emergency responses, reinforced national capacity to respond to the health impacts of the crisis, and contributed to the development of effective vaccines, diagnostics, and therapeutics in record time.

Despite the important role that co-ordination among multilateral organisations played in responding to the pandemic, significant challenges were faced in launching a coherent global response. As international attention turns toward “building back better” and addressing new crises, it is essential to learn lessons from COVID-19 to address other complex, transboundary development challenges that cannot be addressed by individual states in isolation. This report identifies key lessons and policy implications to enhance multilateral co-ordination and effectiveness going forward, both to address future health emergencies and regain lost ground on the Sustainable Development Goals (SDGs).

## Five key lessons from multilateral co-ordination to respond to COVID-19

### Lesson 1: Scaling-up existing co-ordination mechanisms to respond to crises and complex development challenges promotes agility and coherence.

Existing platforms for co-ordination among multilateral organisations were scaled up to respond to COVID-19. United Nations entities, the WHO’s Emergencies Programme, the UN Sustainable Development Group and the Inter-Agency Standing Committee expanded their ongoing activities to promote a more coherent inter-agency response to the health, socio-economic and humanitarian impacts of the pandemic.

One of the key actions undertaken by these groups was the development of global action plans to guide inter-agency planning and programming in developing countries:

- In the health sector, the WHO’s Strategic Preparedness Response Plan provided a framework for the global health response to COVID-19, informing national response plans;
- The United Nations Framework for the Immediate Socio-economic Response to COVID-19 built upon existing global policy co-ordination among the UN Sustainable Development Group and was operationalised at country-level through the Resident Co-ordinator System; and
- The Global Humanitarian Response Plan, co-ordinated by United Nations Office for the Co-ordination of Humanitarian Affairs (OCHA), built upon existing co-ordination throughout the humanitarian response system to launch the first global-level, event-specific humanitarian appeal, involving 63 countries.

These frameworks guided the development of co-ordinated country-level response plans through a Human Rights Based Approach. Inter-agency co-ordination across UN Country Teams, particularly the guidance and evidence generated by normative agencies such as UN Women and United Nations High Commissioner for Refugees (UNHCR), supported the responsiveness of these plans to the needs of different beneficiary groups, including women, refugees, the elderly and disabled beneficiaries. However, there is room for further improvement in operationalising “Leave No One Behind” (LNOB) and responding to the needs of vulnerable groups in practice.

Existing co-ordination between the Multilateral Development Banks (MDBs) and the International Monetary Fund (IMF) was scaled up to provide flexible emergency financing, enhance liquidity and support the implementation of national emergency response plans. Continuous interaction between the IMF, MDBs and WHO helped harmonise policy frameworks for budget support initiatives and mitigate the potential impact on debt sustainability. Furthermore, the IMF and World Bank supported G20 countries in implementing the Debt Service Suspension Initiative to enhance funds available to implement national emergency response in eligible countries.

There were important gaps in co-ordination platforms among multilateral organisations at the outset of the pandemic which made the scaling-up of existing mechanisms impossible in certain contexts. For example, despite being identified as an important gap following the 2009 H1N1 and 2014 Ebola health emergencies, there was no agreed process for co-ordinating the end-to-end development, production, and equitable deployment of vaccines, diagnostics, and therapeutics at the outset of the pandemic. The Access to COVID-19 Tools Accelerator and the Multilateral Leaders Task Force on COVID-19 Vaccines addressed these gaps by convening partners, including MOs, national governments, the private sector and civil society to work together as “coalitions of the willing”. Other new platforms such as the Global Education Coalition were formed to assess and respond to the unprecedented impact of COVID-19 on the education sector.

The Access to COVID-19 Tools Accelerator brought together eight co-convening agencies alongside other partners to “develop essential health products for the fight against COVID-19 and ensure they are distributed equitably”. This platform promoted operational coherence and complementarity among the co-convening partners in line with their respective mandates. Its four pillars sought to promote the development, manufacture, and equitable delivery of vaccines, diagnostics, and therapeutics for COVID-19, while strengthening health systems. The Access to COVID-19 Tools Accelerator was complemented by the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics and Diagnostics, which tracked progress in delivering “countermeasures” to developing countries.

Although these new coalitions were essential to respond to the challenges posed by COVID-19, scaled-up co-ordination mechanisms were generally more effective. Scaled-up mechanisms built upon clear roles and responsibilities among partners, existing working relationships, and familiarity with ways of working, thereby contributing to agile decision-making and implementation. Scaled-up mechanisms also tended to have an established means of incorporating country-level perspectives and priorities into decision-making, making them more inclusive. In particular, the UN’s three global frameworks demonstrated a stronger results-focus by identifying policy priorities and results frameworks that promoted coherence among partners and enhanced transparency. Finally, scaled-up global frameworks served as platforms for addressing other global policy considerations, such as promoting human rights-based approaches and consideration of the differential impact of the pandemic on women through gender-disaggregated data.

By contrast, the Access to COVID-19 Tools Accelerator faced important challenges, including lack of clarity in its governance processes, absence of a coherent results framework and limited inclusion of country-level stakeholders in decision-making. These challenges arose partly due to the need to establish the platform quickly. The Multilateral Leaders Taskforce on COVID-19 vaccines, diagnostics and therapeutics, convened over one year later, attempted to

address some of these gaps by bringing together data from different sources to monitor results and advocate for a range of national actions, including enhanced funding, greater transparency around vaccine donations and removal of trade barriers. Although stakeholders are divided on the extent to which the taskforce achieved these aims, the initiative demonstrated a potential model for monitoring progress in addressing other complex development challenges across multiple partners going forward.

## **Lesson 2: Important barriers continue to limit joint planning and programming among United Nations entities, Multilateral Development Banks and the International Monetary Fund.**

Beyond high-level co-ordination platforms, operational co-ordination between UN entities, MDBs and other partners also played an important role in the COVID-19 response. United Nations entities such as the WHO, World Food Programme and UNICEF served as key implementing partners for MDBs such as the Asian Development Bank and African Development Bank, helping them to scale up health sector operations quickly, purchase and distribute essential medical supplies and reach vulnerable populations.

However, scale-up of operational co-ordination across these organisations faced challenges due to differences in business models, fiduciary policies and financial instruments. Challenges stemming from differences in business models were particularly problematic for the Access to COVID-19 Tools Accelerator. Financing from MDBs is dependent upon demand from borrowing countries, with some stakeholders noting that gradual uptake of funds obscured the overall picture of resource mobilisation. Furthermore, the policies and procedures of MDBs are often inconsistent with the rapid, “no regrets” nature of emergency and humanitarian responses implemented by the UN, contributing to operational delays and constraints. For example, MDBs needed to undertake extensive reallocation of resources and seek Executive Board approvals to establish new programmes and expedited approval procedures, sometimes including waivers to work with UN partners to procure medical supplies.

Beyond these challenges, there were missed opportunities for scaling up co-ordination across the UN, MDBs and the IMF in responding to COVID-19. The three UN global frameworks enhanced inter-agency co-ordination through the creation of country-level documents such as Socio-Economic Response Plans. However, such processes often proceeded in parallel to planning among MDBs and the IMF, with modest progress achieved in promoting joint planning and programming across these entities. Furthermore, UN entities were rarely involved in co-ordination around budget support operations implemented by MDBs and the IMF designed to support social protection measures reaching the most vulnerable despite having significant expertise and a key normative role in this area.

An important barrier to breaking down these operational siloes is the uneven presence of government-led national platforms that facilitate co-ordination between the national government, multilateral organisations and other partners. Just 39% of respondents to MOPAN’s Country Co-ordination Survey noted that there was a government-led platform for co-ordination in place in their duty country prior to the onset of the pandemic. Absent national leadership and functional platforms for co-ordination, siloes among multilateral organisations are likely to persist. Such siloes limit synergies between large scale MDB financing and the normative role of the UN entities.

## **Lesson 3: Fragmentation in resource mobilisation undermines the achievement of collective results.**

Insufficient emergency resources to support the initial pandemic response was a key challenge. A notable example is the Contingent Fund for Emergencies, which supports the operations of the WHO’s Emergencies Programme. Following chronic undercapitalisation of this fund and the 2018-9 Ebola Crisis in the Democratic Republic of Congo, just USD 12.9 million remained available at the outset of the pandemic. In the absence of such resources, new



resource mobilisation mechanisms were established to “kick start” the UN’s early COVID-19 response, including the Solidarity Response Fund and the COVID-19 Response and Recovery Multi-Partner Trust Fund, while some existing funds such as the Joint-SDG Fund were redirected to support the COVID-19 response. Alongside these mechanisms, agencies launched individual appeals to fund their response activities in different countries.

There were missed opportunities to better co-ordinate resource mobilisation for key initiatives. For example, the Global Humanitarian Response Plan aggregated appeals across countries but did not play an active role in co-ordinating resource mobilisation, with UN agencies and non-governmental organisations launching individual appeals. The actual level of resources mobilised varied considerably across countries, which is inconsistent with the pandemic mantra of “nobody is safe until everyone is safe”. This challenge, combined with a hesitancy among donors to move away from earmarking, calls into question the fitness for purpose of the humanitarian system to respond to global emergencies like COVID-19. Similarly, stakeholders noted that the Access to COVID-19 Tools Accelerator’s initial lack of a coherent results framework undermined resource mobilisation efforts, resulting in fragmented and overlapping appeals as well as competition among the co-conveners.

The proliferation of new resource mobilisation activities alongside the global economic impact of the pandemic and limited progress achieved in diversifying mobilisation away from traditional donors led to many new initiatives being considerably underfunded. An exception is the Solidarity Response Fund, which primarily targeted the general public, philanthropies and private sector donors. Despite the progress made by the Access to COVID-19 Tools Accelerator in raising over USD 23 billion across its three pillars, it faced a USD 15.4 billion shortfall in its first year of operation and a USD 10.9 billion gap in the second year. Similarly, the Response and Recovery Multi-Partner Trust Fund and the Joint SDG-Fund each failed to mobilise more than 10% of targeted resources.

#### **Lesson 4: Effective co-ordination among multilateral organisations involves building national ownership and striking a balance between global goals and national needs and priorities.**

Inclusive and transparent governance, including clear channels for participation by beneficiary countries in governance and decision-making, was noted to be an important enabling factor for multilateral co-ordination mechanisms. The UN’s three global frameworks for the COVID-19 response performed well in this regard because they built upon existing ways of working to help translate these global frameworks into national plans, including Socio-Economic Response Plans, Humanitarian Response Plans and Country Preparedness and Response Plans. Similarly, by virtue of their business models, MDB operations were fundamentally country-owned and driven.

The Access to COVID-19 Tools Accelerator, faced challenges in this regard. Although beneficiary countries, non-governmental organisations and community representatives were included on its Facilitation Council and participated regularly in meetings, there was a lack of clarity around how their inputs influenced operational decision-making. This contributed to a general perception that the Access to COVID-19 Tools Accelerator was “supply driven” in nature. Less emphasis was placed on addressing downstream challenges among developing countries until vaccines became available, which left important bottlenecks for demand and deployment capacity remaining unresolved. Whereas the Inter-agency Standing Committee has well-established processes for engagement of non-governmental organisations, the speed at which the initial Global Humanitarian Response Plan needed to be developed meant these processes were not implemented as intended, fostering a similar sentiment among some key stakeholders that the initiative was not sufficiently transparent and inclusive.

In this regard, regional organisations emerged as important partners in reinforcing responses of multilateral organisations by building national ownership. State-led regional and sub-regional organisations such as the West African Health Organisation and Africa Centres for Disease Control supported the development national

emergency response policies by purchasing vaccines, equipment and medical supplies and reinforcing capacity for epidemiological surveillance, testing and case management. Regional bodies of multilateral organisations, such as the World Health Organisation's Pan-American Health Organisation, similarly played an important role in bringing together available data and evidence, procuring and distributing vaccines and monitoring vaccine roll-out.

**Lesson 5:** Delivering an equitable response to global emergencies requires not only leadership and engagement among multilateral organisations, but a “whole-of-society” approach that includes national governments, civil society, and the private sector.

Some actions taken by national governments worked against the co-ordinated initiatives of multilateral organisations. Notably, bilateral vaccine purchases covering the populations of high-income countries several times over, trade and travel restrictions, lack of predictability around vaccine donations and hesitations to waive intellectual property rights, among others, frustrated efforts to promote equitable access to vaccines. These challenges may have been the consequence of uneven preparedness of national governments to respond to health emergencies in a co-ordinated way. Prior to the pandemic, health emergencies tended to be siloed as public health emergencies, with an important gap in states' abilities to implement coherent “whole-of government” responses. These gaps were further exacerbated by uneven implementation of the International Health Regulations (IHR (2005)) across countries and a lack of compliance with their requirements in the context of the pandemic.

Beyond national governments, there is a key role to be played by the private sector, non-governmental organisations and civil society in responding to global health emergencies. Efforts to diversify manufacturing capacity for vaccines and other medical equipment underscore the need for coherent multilateral development efforts that harmonise and strengthen regulatory frameworks while also nurturing viable business opportunities. Non-governmental organisations played a key role in reaching vulnerable stakeholders, particularly in light of mobility restrictions. Government-led country platforms that bring multilateral organisations together provide a means of partnering with these actors and mobilising them in line with national emergency response strategies.

## Policy considerations for “Building Back Better”

Beyond preparing for the next health emergency, co-ordination remains essential for addressing the complex challenges developing countries are currently facing in the wake of COVID-19, including food insecurity, increased cost of living and rising public debt. Lessons from co-ordination among multilateral organisations in responding to COVID-19 could enhance the effectiveness of efforts to “build back better” and deliver global public goods. Building on the findings and lessons from the study, MOPAN proposes a series of policy options for donors to strengthen co-ordination among multilateral organisations at the global, regional and country levels.

*At the global level, policy co-ordination through global platforms that bring multilateral organisations and national actors together is critical for “setting the tone at the top” and helping to ensure that co-ordination is sustained and can be scaled-up to respond to complex development challenges when needed. Such co-ordination can also bring organisations together with different mandates to break down siloes and promote coherent responses to complex development challenges. In this context, MOPAN identifies the following policy opportunities:*

- ⦿ Support the Pandemic Accord as a legally binding instrument to promote compliance with the IHR (2005) and define national actions contributing to the end-to-end development and equitable delivery of vaccines, diagnostics and therapeutics;
- ⦿ Support the implementation of the ACT-A Transition Plan, focussing on mainstreaming of ACT-A’s work into routine health and disease control programmes and securing longer-term institutional arrangements for the partnership;
- ⦿ Extend the TRIPS Waiver to cover COVID-19 diagnostics and therapeutics. Develop a similar mechanism to address intellectual property rights in the context of future health emergencies and neglected diseases;
- ⦿ Support the development of global platforms proposed in the UN Secretary General’s Common Agenda to enhance dialogue and co-ordination around the delivery of global public goods; and
- ⦿ Define a framework of good practice standards for co-ordination among multilateral organisations, including participation in global platforms. Promote adherence to these good practices through the governance of multilateral organisations, supported by MOPAN Assessments.

*Regional organisations played a critical role in supporting countries in responding the COVID-19. Beyond health emergencies, regional and sub-regional organisations act as a bridge between global policy perspectives and country priorities, enhancing ownership among member states and building their capacity to address transboundary issues. Enhanced co-operation between multilateral organisations and state-led regional organisations could involve sharing knowledge and evidence, provision technical assistance and financial support. In this context, MOPAN proposes the following policy options:*

- ⦿ Enhance MDB co-ordination with state-led regional and sub-regional organisations through dedicated partnership initiatives, including trust funds, regional finance windows and technical assistance funds;
- ⦿ Support enhanced co-ordination between Regional Economic and Social Commissions and Regional Co-ordination Platforms and state-led regional co-ordination platforms; and
- ⦿ Promote alignment between the initiatives of state-led regional and sub-regional organisations and existing global normative frameworks while supporting their implementation through country programmes.

*Government-led country platforms for co-ordination among multilateral organisations and other development partners proved crucial to the pandemic response. Ensuring these platforms are present and functional supports crisis preparedness and promotes coherence among different partners in addressing complex development*

*problems in line with their comparative advantage. Country platforms can also promote whole-of-society responses, fostering dialogue with non-government organisations, community representatives and other partners. In this context, MOPAN proposes the following policy options:*

- 
- ⦿ Promote participation in country platforms for co-ordination among multilateral organisations, including through the governance of these institutions;
  - ⦿ Engage with country platforms at country-level, including through joint analytical work to identify and assess opportunities for joint programming; and
  - ⦿ Support periodic evaluation of country platforms to identify good practices and lessons to be scaled up.

*Multilateral organisations faced challenges in pivoting their programmes to launch a rapid response to COVID-19 due to the lack of flexible funds to support an emergency response. This gap underscores the importance of core resources, flexible non-core resources and pooled funds. Pooled funds can incentivise joint programming and promote gender-sensitive and human-rights based approaches but need to be properly capitalised to support implementation at scale. Financial Intermediary Funds can similarly promote joint programming across partners in the health sector by prioritising inter-agency proposals that adopt a whole-of-government approach. In this context MOPAN proposes the following policy options:*

- 
- ⦿ Renew support for the UNDS Funding Compact, particularly with respect to core funding and contribution to pooled funds, including the Joint SDG Fund;
  - ⦿ Establish a global emergency platform in line with the Common Agenda to promote a coherent response to global crises, including coherent approaches to resource mobilisation;
  - ⦿ Support the establishment of emergency preparedness frameworks for multilateral organisations that are appropriately resourced through set-aside funds, core funding or other flexible non-core funding; and
  - ⦿ Through governance of the new Pandemic Prevention Preparedness and Response Financial Intermediary Fund, support evidence-based joint programming across multiple partners.

A blurred photograph of a person wearing a face mask sitting at a desk in a modern office environment. The person is seen from the side, looking down at their work. The background is filled with motion-blurred office furniture and lighting, creating a sense of a busy, fast-paced workspace. The word "CONTEXT" is overlaid in white, bold, uppercase letters in the center of the image.

# CONTEXT



**Due to the unprecedented nature of the COVID-19 crisis, there were early and widespread calls for global action, solidarity and co-ordination.** Multilateral Organisations (MOs) were asked to step up existing co-ordination to mobilise a swift and coherent response to a novel and rapidly evolving threat. States, including those in the G20, declared their readiness to support a co-ordinated response and work alongside the World Health Organisation (WHO), International Monetary Fund (IMF), World Bank Group (WBG), United Nations (UN) and other partners to address the intertwined health, social and economic impacts of the crisis.<sup>1</sup> Co-ordination across MOs was vital to marshal the resources, skills, and experience needed to respond to the pandemic's broad and intertwined health and socio-economic impacts.

**Multilateral organisations' co-ordination was scaled-up considerably to address a severe and rapidly evolving global threat.** Scaled-up co-ordination across the UN, Multilateral Development Banks (MDBs), IMF and other MOs built upon existing co-ordination alongside new platforms that were convened to address novel challenges. The WHO mobilised partners around the implementation of the Strategic Preparedness Response Plan (SPRP) to address COVID-19's health impacts. UN Country Teams (UNCTs), led by UN Resident Co-ordinators (RCs) scaled up their work together to ensure the COVID-19 response reached the most vulnerable and left no-one behind. The MDBs provided an unprecedented level of budget support to countries, helping them address the crisis while preserving essential public services in a context of reduced revenues. New partners such as the WHO and IMF were brought together for the first time alongside other partners through the ACT-Accelerator (ACT-A) and Multilateral Leaders Taskforce (MLTF) to address the end-to-end development, delivery and deployment of vaccines, diagnostics and therapeutics.

**Nevertheless, COVID-19 has illustrated the challenges of launching a coherent multilateral response to crises that cannot be addressed successfully by individual organisations and countries in isolation.** Since 2011, 11 high-level panels and commissions have identified the urgent need to boost pandemic prevention, preparedness and response (PPR) to address our collective vulnerability.<sup>2</sup> However, as of 2020, self-reported capacities for PPR, as defined by the IHR (2005), remained highly uneven.<sup>3</sup> Even where such capacities were reportedly strong, the pandemic response was undermined by gaps in leadership, non-compliance, fragmentation of health systems and lack of effective whole-of-society responses at the national and subnational level.<sup>4</sup> At the international level, trade

- 
- 1 G20 (2020) "Extraordinary G20 Leaders' Summit Statement on COVID-19" [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/genericdocument/wcms\\_740066.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/genericdocument/wcms_740066.pdf)
  - 2 The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 1: Building on the Past" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-1-Building-on-the-past-.pdf>
  - 3 The Independent Panel for Pandemic Preparedness and Response (2021) "COVID-19: Make it the Last Pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf); The Global Preparedness Monitoring Board (2019) "A World at Risk: Annual Report on Global Preparedness for Health Emergencies" [https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933\\_36](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933_36); Kandel, N., Chungong, S., Omaar, A. and Xing, J. (2020) "Health security capacities in the context of COVID-19 outbreak: an analysis of International Health Regulations annual report data from 182 countries", *Lancet*, 395: 147-53 <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930553-5>
  - 4 The Independent Panel for Pandemic Preparedness and Response (2021) "COVID-19: Make it the Last Pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf); Tsai, JF Lin, CP & Turbat, B. (2021) "Exploring association between countries' self-reported International Health Regulations core capacity and COVID-19 control outcomes", *Journal of Global Health Reports*, <https://www.joghr.org/article/21362-exploring-association-between-countries-self-reported-international-health-regulations-core-capacity-and-covid-19-control-outcomes>

and travel restrictions and competition to secure limited supplies frustrated access to essential countermeasures (e.g. PPE, medical equipment, diagnostics, therapeutics and vaccines) to contain the spread of the virus, save lives and prevent its broader impacts.<sup>5</sup>

**Beyond issues of uneven capacity and compliance, increased digitisation has contributed to a global infodemic of information, misinformation and disinformation.** The politicisation of public health measures alongside polarisation, rising nationalism and suspicion around the unprecedentedly fast pace of vaccine development added another layer of complexity to mitigating the spread of COVID-19 and addressing its impacts.<sup>6</sup> MOs such as the WHO and UNICEF as well as Civil Society Organisations (CSOs) and community representatives have played an important role in implementing risk communication and community engagement (RCCE) to understand community attitudes and vulnerabilities to misinformation, implement digital and non-digital listening and feedback mechanisms and address vaccine hesitancy.<sup>7</sup>

**As COVID-19 progressed from an outbreak to a pandemic, it has had severe, complex and intertwined impacts across countries. These were more severe for vulnerable groups and contributed to a reversal of progress for sustainable and inclusive development:**

- **The WHO estimates that global excess mortality linked to COVID-19 was between USD 13.2 and 16.6 million.** This number, based on estimates of excess deaths, is 2.74 times the number of officially reported deaths from COVID-19 in 2020 and 2021.<sup>8</sup> Estimating this number is challenging due to the fact that only 37% of countries have complete monthly data available on excess deaths over this period. COVID-19 has already triggered the largest reductions in life expectancy since the Second World War in most developed nations, without considering the medium-term impacts of long COVID. A study of death records across 29 countries, spanning most of Europe, the US and Chile, found that 27 nations saw reversals in life expectancy.<sup>9</sup>
- **The pandemic exacerbated pre-existing weaknesses in healthcare systems, limiting access to essential health services.** Disruptions in healthcare services were reported by 90% of 129 countries surveyed by the WHO to assess continuity of health care services as of the end of 2021.<sup>10</sup> Disruptions in access were reported with respect to primary care, emergency care, ambulance services, emergency room services, emergency

- 
- 5 The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 7: Access to Essential Supplies" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-7-Access-to-Essential-Supplies.pdf>; World Trade Organisation (2020) "EXPORT PROHIBITIONS AND RESTRICTIONS" [https://www.wto.org/english/tratop\\_e/covid19\\_e/export\\_prohibitions\\_report\\_e.pdf](https://www.wto.org/english/tratop_e/covid19_e/export_prohibitions_report_e.pdf)
  - 6 The Global Preparedness Monitoring Board (2020) "A World in Disorder" <https://www.gpmb.org/annual-reports/annual-report-2020>; The Independent Panel for Pandemic Preparedness and Response (2021) "How an outbreak became a pandemic: The defining moments of the COVID-19 pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic_final.pdf)
  - 7 World Health Organisation (2022) "WHO Policy brief: COVID-19 Infodemic management" <https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy-Brief-Infodemic-2022.1>; World Health Organisation (2022) "WHO policy brief: Building trust through Risk Communication and Community Management" <https://apps.who.int/iris/rest/bitstreams/1413721/retrieve>
  - 8 Van Noorden, R. (2022) "COVID death tolls: scientists acknowledge errors in WHO estimates" *Nature* <https://www.nature.com/articles/d41586-022-01526-0>
  - 9 Aburto, JM, Schöley, J, et al (2021) Quantifying impacts of the COVID-19 pandemic through life-expectancy losses: a population-level study of 29 countries. *International journal of epidemiology* <https://pubmed.ncbi.nlm.nih.gov/34564730/>
  - 10 World Health Organisation (2022) "Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic" [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1)

surgeries, elective surgeries, and rehabilitative and palliative care. Furthermore, the pandemic resulted in the largest sustained decline in childhood vaccinations in approximately 30 years.<sup>11</sup>

- ⦿ **COVID-19 yielded the largest single-year increase in global poverty since the Second World War.** The World Bank's 2022 Poverty and Shared Prosperity Report indicates that there were 71 million more people living in extreme poverty in 2020 than in 2019, with an overall increase in global poverty from 8.4% to 9.3%. Nearly all Low-Income Countries (LICs) and Lower Middle-Income Countries (LMICs) saw an increase in poverty. Although there is estimated to have been a 1% decline in global poverty in the following year, an additional 140 million people continued to be living in poverty at the end of 2021 compared to 2019.<sup>12</sup>
- ⦿ **COVID-19 had a disproportionately negative impact on women and children, particularly girls, including gender-based violence (GBV), loss of education and loss of employment.** Women faced disproportionate employment and economic losses due to particularly acute impacts on the informal sector and service sectors, industries where women are over-represented.<sup>13</sup> Women and girls were 21 times more likely to report dropping out of school and 23 times more likely to report exiting the labour force than men and boys.<sup>14</sup> Whereas women make up an estimated 70% of front-line health care workers, they were often under-represented in national COVID-19 responses, with only 12% of social protection and labour market measures targeting women's economic security.<sup>15</sup> Furthermore, women and girls also faced increased violence, exacerbated by "shelter-in-place" orders, described by the UN Secretary General as a "shadow pandemic".<sup>16</sup> Girls also faced disproportionate impacts due to school closures, disruption in health, social, child protection and other services. Caregiver deaths have placed children at risk of multiple rights violations including violence, child marriage, child labour and trafficking.<sup>17</sup> Accordingly, the World Economic Forum reports that the pandemic has increased the time needed to close the global gender gap from 99.5 years to 135.6.<sup>18</sup>
- ⦿ **The impact of COVID-19 has contributed to a "general catastrophe" for childhood education.** UNESCO estimates that during the first two years of the pandemic, schools fully or partially closed on average for 20 weeks with large regional differences, ranging from 29 weeks in Europe to 63 weeks in Latin America and 73 in South Asia. School closures disrupted education for up to 1.6 billion students.<sup>19</sup> While almost all countries deployed a mix of remote learning modalities, at least 463 million children could not access any remote learning opportunities, especially in LICs and MICs.<sup>20</sup> Some reports have estimated that by the end of the

- 
- 11 UNICEF (2022) "COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades" <https://www.unicef.org/press-releases/WUENIC2022release>
  - 12 World Bank Group (2022) "Poverty and Shared Prosperity 2022" <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity>
  - 13 UN WOMEN (2020) "From Insights to Action – Gender equality in the wake of COVID-19" <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Gender-equality-in-the-wake-of-COVID-19-en.pdf>
  - 14 Mooi-Risman, I. & Risman, B. (2021) "The Gendered Impacts of COVID-19 – Lessons and Reflections", *Gender and Society*, Volume 35 (2), <https://journals.sagepub.com/doi/full/10.1177/08912432211001305>
  - 15 UN WOMEN (2021) "COVID-19 Global Gender Response Tracker – Global Fact Sheet" <https://data.unwomen.org/sites/default/files/documents/Publications/UNDP-UNWomen-COVID19-Tracker-Factsheet-1.pdf>
  - 16 <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>
  - 17 UNICEF (2022) "Every child is protected from violence and exploitation: Global annual results report 2021" <https://www.unicef.org/media/121671/file/%20Global-annual-results-report-2021-goal-area-3.pdf>
  - 18 Minouche, S., Georgieva, K., Okonjo-Iweala, N. et al (2021) "Statement on Gender Equality" <https://www.lse.ac.uk/News/News-Assets/PDFs/2021/Statement-on-Gender-Equality-2021.pdf>
  - 19 UNESCO, UNICEF, World Bank (2021) "The Global State of the Education Crisis: A Path to Recovery" <https://documents1.worldbank.org/curated/en/416991638768297704/pdf/The-State-of-the-Global-Education-Crisis-A-Path-to-Recovery.pdf>
  - 20 UNICEF (2020) "COVID-19: Are children able to continue learning during school closures?: A global analysis of the potential reach of remote learning policies" <https://data.unicef.org/resources/remote-learning-reachability-factsheet/>

pandemic, school children across the globe may have been eight months behind where they would normally would have been with respect the learning outcomes.<sup>21</sup>

- ⊙ **COVID-19 led to an unprecedented contraction in global economic activity, including a global economic contraction of 3.1% in 2020.** Prospects for economic recovery in the near-term have weakened due to the Russian invasion of Ukraine in February 2022, as well as a concurrent increase in inflation worldwide and lengthy shutdowns in China due to its zero-COVID-19 policy. Economic output losses for Emerging Market and Development Economies (EMDEs) are projected at USD 9 trillion between 2020 and 2023, equivalent to 26% of 2019 GDP. Commodity prices have risen substantially, reflecting reduced availability of food, fuel and fertiliser, adding to inflationary pressures. Fuel prices rose 50% in the first 6 months of 2022, with food commodity prices rising 24%, posing significant challenges for emerging economies.
- ⊙ **COVID-19 resulted in the largest single-year jump in public debt since 1970.** Building upon an already worrying upward trend since 2015, global government debt rose to 99% of GDP in 2020 following unprecedented government stimulus to respond to the crisis and the worst global recession since WWII.<sup>22</sup> In 2020, average fiscal deficits among EMDEs increased from 2.3% of GDP to 5.4%, with average public debt increasing by 15%. In 2021, 60 percent of LICs were assessed at high risk of debt distress or are already in debt distress.<sup>23</sup> National governments now face a difficult challenge in attempting to regain lost ground on the SDGs while simultaneously addressing COVID's long-term economic impacts and attempting to build resilience against future crises.<sup>24</sup>

**Despite the scale and severity of these impacts, there were several success stories and good practices that emerged from the co-ordinated response of multilateral organisations to COVID-19.** MO co-ordination through existing platforms as well as new “coalitions of the willing” made critical contributions to providing the information, services, research, institutions, PPE and emergency financial support that helped end to the acute phase of the pandemic.<sup>25</sup> Co-ordination built upon the comparative advantages of different organisations to promote a more coherent response across the multilateral system. New partners came together to leverage data and digital platforms to promote transparency, identify critical bottlenecks and engage national governments, development partners and the private sector in a constructive dialogue.

**Uptake of lessons from multilateral organisations' co-ordination to respond to COVID-19 is essential to reinforce multilateral efforts to “Build Back Better” and shape future responses to global health emergencies and other complex development challenges.** The experience of responding to the pandemic underscores the importance of strengthening policy and operational co-ordination at the global, regional and country levels to address these complex development challenges more coherently. In addition to mobilising national ownership, effective solutions to these challenges require a “whole-of-society” approach that brings together MOs, governments, the private sector, civil society and communities. This report identifies policy options for MOPAN members to help put key lessons from the COVID-19 response into practice.

21 The Economist (July 9th-15th, 2022): “Millions of wasted minds”, pp. 59-61.

22 World Bank Group (2021) “What Has Been the Impact of COVID-19 on Debt? Turning a Wave into a Tsunami” <https://openknowledge.worldbank.org/bitstream/handle/10986/36647/What-Has-Been-the-Impact-of-COVID-19-on-Debt-Turning-a-Wave-into-a-Tsunami.pdf?sequence=1&isAllowed=y>

23 International Monetary Fund (2022) “Making Debt Work For Development and Macroeconomic Stability” <https://www.imf.org/en/Publications/Policy-Papers/Issues/2022/04/26/Making-Debt-Work-For-Development-and-Macroeconomic-Stability-517258>

24 United Nations (2020) “Financing for Development in the Era of COVID-19 and Beyond Menu of Options for the Consideration of Heads of State and Government Part I” [https://www.un.org/sites/un2.un.org/files/2020/10/financing\\_for\\_development\\_covid19\\_part\\_i\\_hosg.pdf](https://www.un.org/sites/un2.un.org/files/2020/10/financing_for_development_covid19_part_i_hosg.pdf)

25 World Economic Forum (2021) “COVID-19: 3 myths and 5 solutions for the future of multilateralism” <https://www.weforum.org/agenda/2020/06/pandemic-covid19-coronavirus-multilateralism-global-leadership>





**Screening  
checkpoint  
ahead**

 Alberta Health  
Services

 MAIN ENTRANCE

  
No  
visi

Except d  
essentia



# METHODOLOGY AND APPROACH



**This analytical study seeks to describe how multilateral organisations co-ordinated to respond to COVID-19 and address its diverse impacts across sectors.** The main audiences for this report are representatives from MOs, national governments, bilateral development partners, development beneficiaries and the general public.

### Box 1: Defining co-ordination

There was previously no universally accepted definition or framework of good practices for co-ordination among MOs. To clarify the scope of the study, MOPAN adopted a bottom-up approach, reviewing the activities of existing co-ordination mechanisms to map their objectives and activities.

For the purposes of this study, co-ordination is deemed to entail “voluntary engagement across different organisations for the purposes of aligning policies and strategies, achieving operational coherence, sharing knowledge and evidence, mobilising resources, jointly planning and implementing operations and monitoring their results”. The main outcome of co-ordination is deemed to be “reduced fragmentation”.

*The study has four main objectives:*

1. Describe how MOs, including the UN entities, MDBs, the IMF and other partners (e.g. the Global Alliance for Vaccines and Immunisation (GAVI) and the Global Fund) worked together to respond to the impact of COVID-19 across sectors;
2. Identify the enabling and constraining factors that made MO co-ordination more or less effective;
3. Derive lessons for MO co-ordination around “building back better” and responses to future crises; and
4. Discuss policy options for MOPAN members to enhance MO co-ordination at the global, regional and country levels.

*In addressing these objectives, six key research questions are addressed:*

1. To what extent were MOs prepared to co-ordinate to respond to COVID-19?
2. How did MOs co-ordinate to respond to COVID-19?
3. What role did co-ordination play in delivering pandemic prevention, preparedness and response?
4. What were the main factors that facilitated or constrained co-ordination?
5. What are the key lessons learned for supporting enhanced post-pandemic co-ordination?
6. What are the implications for MOs with respect to co-ordination and “building back better?”

## Scope

The study period spans from 30 January 2020, when the WHO declared COVID-19 a Public Health Event of International Concern (PHEIC), to October 2022. During this timeframe, the study considers how new and existing co-ordination mechanisms involving multiple MOs across UN entities, MDBs and the IMF were leveraged to promote a more coherent multilateral response to COVID-19 across different sectors. It examines how co-ordination mechanisms helped contribute to coherence (rather than fragmentation) and country-level preparedness and response. Overall, 12 co-ordination mechanisms are examined covering multiple sectors (See Annex 2).

## Approach

**At the outset of the study, there was no accepted definition or framework for multilateral co-ordination.** There were similar gaps in definition around key activities, outcomes, relevant contextual factors and assumptions around MO co-ordination mechanisms. MOPAN sought to fill this gap by developing a conceptual model for co-ordination to support the study by conducting a desk review of existing co-ordination mechanisms. A model was developed to conceptualise MO co-ordination at the global, regional and country-levels and describe the institutional (e.g. policies, available resources, instruments and skills, flexibility of funds and processes) and contextual factors (e.g. government priorities, ownership of co-ordination platforms, inputs from civil society) that influence the effectiveness of MO co-ordination mechanisms (See Annex 2).

**Co-ordination mechanisms are forms of partnerships.** In identifying key factors that enabled or constrained MO co-ordination in the context of COVID-19, the study builds upon the OECD's 2015 Development Co-operation Report, which synthesised a series of studies to identify ten "success factors" which drive effective partnerships.<sup>26</sup> These factors are identified in Box 2.

26 Organisation for Economic Co-operation and Development (2015) "Development Co-operation Report 2015 Making Partnerships Effective Coalitions for Action" <https://www.oecd.org/dac/developmentco-operationreport2015making-partnershipseffectivecoalitionsforaction.htm>

### Box 2: Ten success factors for post-2015 partnerships

While co-ordination mechanisms and governance structures can vary, successful partnerships tend to demonstrate the following “success factors”:

1. Secure high-level leadership.
2. Ensure partnerships are country-led and context-driven.
3. Avoid duplication of effort and fragmentation.
4. Make governance inclusive and transparent.
5. Apply the right type of partnership model for the challenge.
6. Agree on principles, targets, implementation plans and enforcement mechanisms.
7. Clarify roles and responsibilities.
8. Maintain a clear focus on results.
9. Measure and monitor progress toward goals and partnerships.
10. Mobilise the required financial resources and use them effectively.

Source: Organisation for Economic Co-operation and Development (2015) “Development Co-operation Report 2015 Making Partnerships Effective Coalitions for Action” <https://www.oecd.org/dac/developmentco-operation-report2015makingpartnershipseffectivecoalitionsforaction.htm>

Figure 1: A model for co-ordination outcomes and contribution to operational performance



These success factors formed the basis for identifying the main factors that enabled or constrained multilateral organisations’ co-ordination in the context of COVID-19. However, rather than treating the avoidance of duplication of effort and fragmentation as a success factor, MOPAN considered the avoidance of fragmentation to be an outcome of effective co-ordination.

In the absence of an existing framework, this study considers that co-ordination contributes to a range of “co-ordination outcomes”. These outcomes include enhanced evidence sharing and transparency, policy coherence, operational coherence, joint planning and programming, joint resource mobilisation and joint monitoring. Overall, these outcomes help reduce fragmentation and enhance operational performance (effectiveness, efficiency and sustainability; See Figure 1).

## Evidence sources and analysis

This study brings together different evidence sources to identify findings and conclusions against the main research questions.

*In particular, the study draws upon four key lines of evidence:*

- ⊙ A literature review, which helped document the evolution of the pandemic throughout the course of the study (a full list of documents reviewed is available in Annex 5);
- ⊙ A structured document review, which was used to conduct an initial review each co-ordination mechanism (the template for the structured document review is provided in Annex 2);
- ⊙ Interviews with 53 key stakeholders from 19 participating organisations (the full list of stakeholders consulted in provided is in Annex 3); and
- ⊙ A survey of 115 UN Resident Co-ordinators, Country Managers and Country Representatives from seven organisations representing 72 ODA-eligible countries (the survey questionnaire and participant data are presented in Annex 4).

*The analysis proceeded in four stages:*

1. An initial mapping was conducted to identify co-ordination mechanisms across sectors that brought MOs together to respond to COVID-19;
2. A documentary analysis was conducted which was guided by a structured questionnaire that addressed by the OECD partnership “success factors” and the six research questions;
3. A cross-analysis of document review questionnaires was conducted to highlight strengths and weaknesses; and
4. Interviews with key stakeholders were conducted to address gaps and contextualise the findings.

## Limitations

*Although this study is unique in documenting multilateral organisations’ co-ordination across UN entities, MDBs and the IMF, it has some limitations that make it important to consider its findings in light of other work:*

- ⊙ **Emphasis was placed on multilateral organisations perspectives in describing how they co-ordinated and identifying factors that either enabled or constrained co-ordination.** Feedback from bilateral donors and beneficiary governments was noted from secondary sources but was not obtained directly. Due to the fragmented nature of available evidence on co-ordination in the context of COVID-19, MOPAN prioritised working with MOs to develop a coherent picture of how they co-ordinated and identify possible issues for future analysis.
- ⊙ **Coverage of stakeholders remains non-exhaustive.** Given the scope of this study, efforts were made to consult and include as many stakeholders from different organisations as possible while ensuring the feasibility of implementation. MOPAN sought to consult with a broad range of organisations and stakeholders involved in the governance of the different co-ordination mechanisms examined. A full list of participants and organisations is provided in Annex 3.



- ⦿ **Limited quantitative information.** This study does not consider how co-ordination influenced financial flows between donors and organisations or between organisations and developing countries.
- ⦿ **Limited availability of evidence from evaluations.** Evaluating individual MOs' responses to COVID-19 is outside the scope of this study. When available, evaluations made up an important source of evidence for the study to identify a clear timeline of events and an understanding of MO co-ordination mechanisms. However, many evaluations of MOs' COVID-19 responses were still ongoing at the time of data collection and those available often did not cover the effectiveness of co-ordination and partnerships in-depth. Due the need to produce evaluations and other key reports quickly, some reports had important quality issues raised subsequent to their release.<sup>27</sup> MOPAN's study has mitigated the risk of quality issues for key inputs by triangulating evidence by triangulating evidence from multiple sources to arrive at findings and lessons.
- ⦿ **Representativeness of the Country Co-ordination Survey.** Despite a strong response rate of 29.5% against the original 400 targeted stakeholders, the survey is not statistically representative given that respondents were able to "opt-in". Furthermore, representation was uneven among UN, MDB and IMF respondents, with the highest response rate seen among UN Resident Co-ordinators (RC). Nevertheless, the survey provides the most comprehensive picture of country-level co-ordination available to date.

---

27 Additional information about the methodology and approach is provided in Annex 1

A photograph of a laptop displaying a video conference. The screen shows a grid of several participants in a meeting. In the foreground, a teal ceramic mug is partially visible on the left. The laptop keyboard is also visible at the bottom. The overall scene is dimly lit, suggesting an indoor office or home workspace.

**OVERALL FINDINGS ON  
MULTILATERAL ORGANISATIONS  
CO-ORDINATION IN RESPONDING  
TO COVID-19**

## Multilateral organisation's preparedness in responding to COVID-19

### Box 3: Key findings on multilateral organisations preparedness in responding to COVID-19

There were important gaps in the preparedness of MOs and governments to launch a co-ordinated response to COVID-19, including:

- ⦿ Uneven implementation of the International Humanitarian Relief (IHR) (2005), particularly among low income countries (LIC).
- ⦿ Health emergencies siloed as a public health issue with limited means to implement "whole-of-government" responses.
- ⦿ Insufficient resourcing of the WHO to implement its normative and convening role in leading the response to health emergencies.
- ⦿ Absence of an existing mechanism for co-ordination among MOs, governments and the private sector to support the end-to-end development, production and equitable delivery of vaccines, diagnostics and therapeutics.
- ⦿ Uneven presence of government-led co-ordination platforms that bring different development partners together to support national responses.

**Prior to the onset of COVID-19, there were long-standing gaps in the preparedness of multilateral organisations and national governments to launch a co-ordinated response to health emergencies.** The 2003 SARS outbreak galvanised support for the adoption of the IHR (2005), but limited progress has since been made in implementing them.<sup>28</sup> Despite uneven implementation being highlighted again following the 2009 H1N1 pandemic and the 2014 Ebola outbreak in West Africa, the Global Preparedness Monitoring Board (GPMB) noted just months before the emergence of COVID-19 that only a third of all countries had established the IHR (2005) core capacities as of 2018 (See Figure 2).<sup>29</sup> Important gaps were highlighted with respect to preparedness to launch a co-ordinated, "whole-of-society" responses to address the multi-faceted impacts of health emergencies, including co-ordination among national government institutions, MOs, the private sector and civil society.<sup>30</sup>

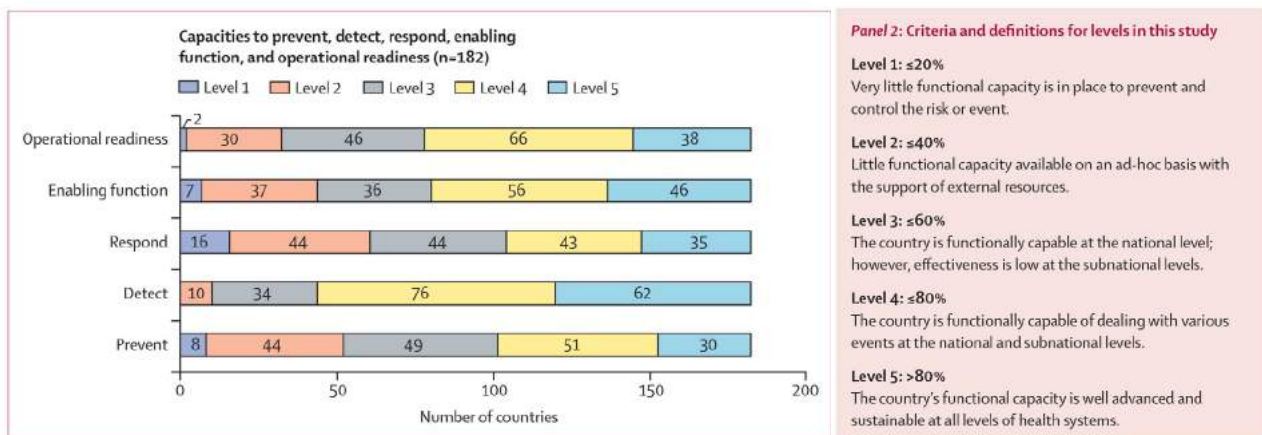
28 Katz, R. & Fischer, J. (2020) "The Revised International Health Regulations: A Framework for Global Pandemic Response", *GHGJ*, [https://www.ghgj.org/Katz%20and%20Fischer\\_The%20Revised%20International%20Health%20Regulations.pdf](https://www.ghgj.org/Katz%20and%20Fischer_The%20Revised%20International%20Health%20Regulations.pdf); Health Organisation (2016) "International Health Regulations (2005) Third Edition" <https://www.who.int/publications/item/9789241580496>

29 World Health Organisation (2011) "Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_10-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1); The Global Preparedness Monitoring Board (2019) "A World at Risk: Annual Report on Global Preparedness for Health Emergencies" [https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933\\_36](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933_36); World Health Organisation (2016) "Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_21-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf)

30 The Global Preparedness Monitoring Board (2019) "A World at Risk: Annual Report on Global Preparedness for Health Emergencies" [https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933\\_36](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933_36)

**Additionally, WHO had not been sufficiently resourced and empowered to lead co-ordinated responses to health emergencies.** Some actions were taken in 2016 following the 2014-2015 Ebola outbreak to strengthen the WHO's ability to lead a co-ordinated response to health emergencies, including the expansion of the WHO's Health Emergencies (WHE) Programme, updating of the Emergency Response Framework (ERF), and the introduction of the Inter-Agency Standing Committee's "Humanitarian System-wide Scale-Up Activation Protocol for the Control of Infectious Disease Events".<sup>31</sup> However, chronic under-capitalisation of the Contingency Fund for Emergencies (CFE) and under-resourcing of the WHE since that time undermined WHO's ability and readiness to respond to COVID-19. At the outset of the pandemic, human resources planning for the WHE Programme had never been fully implemented leading to many vacant staff positions (especially in Country Offices), mainly due to insufficient funding.<sup>32</sup> Furthermore, just USD 12.9 million remained in the CFE following the 2018 Ebola crisis in Democratic Republic of Congo.<sup>33</sup>

**Figure 2: 2018 Data from the IHR (2005) State Party Annual Reporting (SPAR) Tool**



Source: 2018 Data from the IHR (2005) State Party Annual Reporting (SPAR) Tool<sup>34</sup>

- 31 World Health Organisation (2016) "Sixty-Ninth World Health Assembly" [https://apps.who.int/iris/bitstream/handle/10665/259134/A69\\_REC1-en.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/259134/A69_REC1-en.pdf?sequence=1&isAllowed=y); World Health Organisation (2016) "Protecting humanity from future health crises: report of the High-Level Panel on the Global Response to Health Crises" <https://digitallibrary.un.org/record/822489?ln=en>; World Health Organisation (2016) "Reform of the WHO's work in health emergency management – WHO Health Emergencies Programme" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_30-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf); Inter-Agency Standing Committee (2012) "Humanitarian System-Wide Emergency Activation: definition and procedures" [https://interagencystandingcommittee.org/system/files/legacy\\_files/2.%20System-Wide%20\(LLevel%203\)%20Activation%20\(20Apr12\).pdf](https://interagencystandingcommittee.org/system/files/legacy_files/2.%20System-Wide%20(LLevel%203)%20Activation%20(20Apr12).pdf)
- 32 World Health Organisation (2020) "Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme - Looking Back to move forward" - [https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_10-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_10-en.pdf)
- 33 World Health Organisation (2021) "2020 Annual Report – Contingency Fund for Emergencies" <https://www.who.int/publications/i/item/WHO-WHE-2021.06>; World Health Organisation (2020) "Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme - Looking back to move forward" [https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/a73\\_10-en-ioac-report1cc3d833-6979-4ac3-a0ea-21b4a6bf1670.pdf?sfvrsn=d2bcf955\\_1&download=true](https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/a73_10-en-ioac-report1cc3d833-6979-4ac3-a0ea-21b4a6bf1670.pdf?sfvrsn=d2bcf955_1&download=true)
- 34 State Party Annual Reporting (SPAR) Tool suggests that capacity to prevent, detect and respond to health emergencies (including enabling functions and operational readiness) were highly uneven across countries prior to the pandemic. (From: Kandel, N., Chungong, S., Omaar, A. and Xing, J. (2020) "Health security capacities in the context of COVID-19 outbreak: an analysis of International Health Regulations annual report data from 182 countries", Lancet, 395: 147-53, 18 March 2020, <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930553-5>).



**The lack of an established mechanism for co-ordination among multilateral organisations, governments and the private sector to support the end-to-end development, production and delivery of vaccines, diagnostics, and therapeutics was an important factor that undermined efforts to promote equitable access.** In the wake of the 2009 H1N1 crisis, the Review Committee on the Functioning of the International Health Regulations (2005) called for WHO to work with member states, vaccine manufacturers and other relevant parties toward establishing advance agreements to facilitate the delivery of pandemic vaccines to low-resource countries, increase equity in supply and support advance planning for the administration of vaccines.<sup>35</sup> Following the H1N1 crisis, the WHO and Member states established the Pandemic Influenza Preparedness (PIP) Framework as such a means of promoting preparedness for pandemic influenza;<sup>36</sup> however, due to its specificity, the PIP Framework could not be leveraged in the response to COVID-19.

**In the context of COVID-19, new initiatives were convened to accelerate development and equitable delivery of countermeasures, but challenges remained in implementing an end-to-end approach.** Just months before COVID-19 emerged, the GPMB noted that additional steps were required from donors and MOs to ensure adequate investment in developing innovative vaccines and therapeutics and ensure availability of surge manufacturing capacity.<sup>37</sup> The WHO's Research and Development (R&D) Blueprint initiative alongside the support provided by the Coalition for Epidemic Preparedness Innovations (CEPI) to scale up manufacturing capacity, boost vaccine production and promote access to critical supplies have been instrumental in the development of highly efficacious vaccines in record time.<sup>38</sup> However, there remain long-standing issues around global manufacturing capacity, trade barriers, intellectual property rights, procurement capacity and harmonisation of regulatory approaches, among other challenges. The absence of a shared vision for implementing this end-to-end process in response to a pandemic contributed to a "business-as-usual" approach whereby these essential goods were developed on a proprietary basis and purchased by high income countries (HICs).<sup>39</sup>

**In general, countries were also not prepared to implement a "whole-of-government" approach in responding to COVID-19.** Effective management of health emergencies extends beyond the boundaries of public health, making co-ordination among different government bodies essential.<sup>40</sup> The 2016 Report of the High-level Panel on the Global Response to Health Crises, convened following the 2014-2015 Ebola outbreak in West Africa, noted that effective management of health emergencies "exceeds the remit of health ministries or WHO alone and requires

35 World Health Organisation (2011) "Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_10-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1)

36 World Health Organisation (2022) "Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits" <https://www.who.int/publications/i/item/9789240024854>

37 The Global Preparedness Monitoring Board (2019) "A World at Risk: Annual Report on Global Preparedness for Health Emergencies" [https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933\\_36](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933_36)

38 The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 5: Access to Vaccines, Therapeutics and Diagnostics" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-5-Access-to-vaccines-Therapeutics-and-Diagnostics.pdf>; The Independent Panel for Pandemic Preparedness and Response (2022) "Transforming or Tinkering? Inaction lays the groundwork for another pandemic" [https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2022/05/Transforming-or-tinkering\\_Report\\_Final.pdf](https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2022/05/Transforming-or-tinkering_Report_Final.pdf)

39 *Ibid.*

40 World Health Organisation (2011) "Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_10-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1)



political leadership".<sup>41</sup> However, among national governments, health emergency preparedness has continued to be siloed as a public health issue. At the outset of the pandemic, there were limited national mechanisms to facilitate whole-of-government co-ordination in addressing the diverse impacts of health emergencies and mobilise MOs to support national responses in a coherent way.<sup>42</sup> Finally, self-assessed to capacity to respond to health emergencies bore no relationship to actual success in containing COVID-19 due to gaps in governance and decision-making, politicisation of the COVID-19 response and weaknesses in cross-sector co-ordination.<sup>43</sup> A notable example is inconsistencies among health, trade, travel and customs policies, which exacerbated inequitable access to essential medical supplies and countermeasures.<sup>44</sup>

**Global co-ordination and policy coherence in responding to health emergencies cannot be operationalised without a clear link to country-level dialogue and planning.** The WHO provides critical advice to governments in establishing national response plans. Support provided by MOs ultimately reflects these national response plans and priorities, in line with the long-established development principle of country ownership.<sup>45</sup> As highlighted by the G20 Eminent Persons Group in 2016, country platforms are an important vehicle in this regard for promoting complementarity between UN entities, the MDBs and the bilateral development agencies, including during emergencies.<sup>46</sup> More systematic engagement enables development partners to identify opportunities for enhanced policy and operational coherence and provide more coherent advice and support to national governments in line with their comparative advantage.<sup>47</sup>

- 
- 41 World Health Organisation (2016) "Protecting humanity from future health crises: report of the High-Level Panel on the Global Response to Health Crises" <https://digitallibrary.un.org/record/822489?ln=en>; The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 5: Access to Vaccines, Therapeutics and Diagnostics" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-5-Access-to-vaccines-Therapeutics-and-Diagnostics.pdf>; The Global Preparedness Monitoring Board (2019) "A World in Disorder" <https://www.gpmb.org/annual-reports/annual-report-2020>; The Independent Panel for Pandemic Preparedness and Response (2021) "Losing Time: End this Pandemic and Secure the Future"
- 42 The Independent Panel for Pandemic Preparedness and Response (2021) "How an outbreak became a pandemic: The defining moments of the COVID-19 pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic_final.pdf); ; The Global Preparedness Monitoring Board (2019) "A World in Disorder" <https://www.gpmb.org/annual-reports/annual-report-2020>
- 43 The Independent Panel for Pandemic Preparedness and Response (2021) "How an outbreak became a pandemic: The defining moments of the COVID-19 pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic_final.pdf); Tsai, JF Lin, CP & Turbat, B. (2021) "Exploring association between countries' self-reported International Health Regulations core capacity and COVID-19 control outcomes", *Journal of Global Health Reports*, <https://www.joghr.org/article/21362-exploring-association-between-countries-self-reported-international-health-regulations-core-capacity-and-covid-19-control-outcomes>
- 44 The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 7: Access to Essential Supplies" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-7-Access-to-Essential-Supplies.pdf>; World Trade Organisation (2020) "EXPORT PROHIBITIONS AND RESTRICTIONS" [https://www.wto.org/english/tratop\\_e/covid19\\_e/export\\_prohibitions\\_report\\_e.pdf](https://www.wto.org/english/tratop_e/covid19_e/export_prohibitions_report_e.pdf)
- 45 World Health Organisation (2020) "Strategic Preparedness and Response Plan – COVID-19 Strategy Update" <https://www.who.int/publications/m/item/covid-19-strategy-update>
- 46 G20 (2018) "Report of the G20 Eminent Persons Group on Global Financial Governance (EPG)" <https://www.globalfinancialgovernance.org/assets/pdf/G20EPG-Development.pdf>
- 47 *Ibid.*



***The country leadership is critical and has not been there. MDBs have no incentive to work with the UN system and no interest.***

*Open text comment about the presence of functional country platforms from the MOPAN Country Co-ordination Survey.*

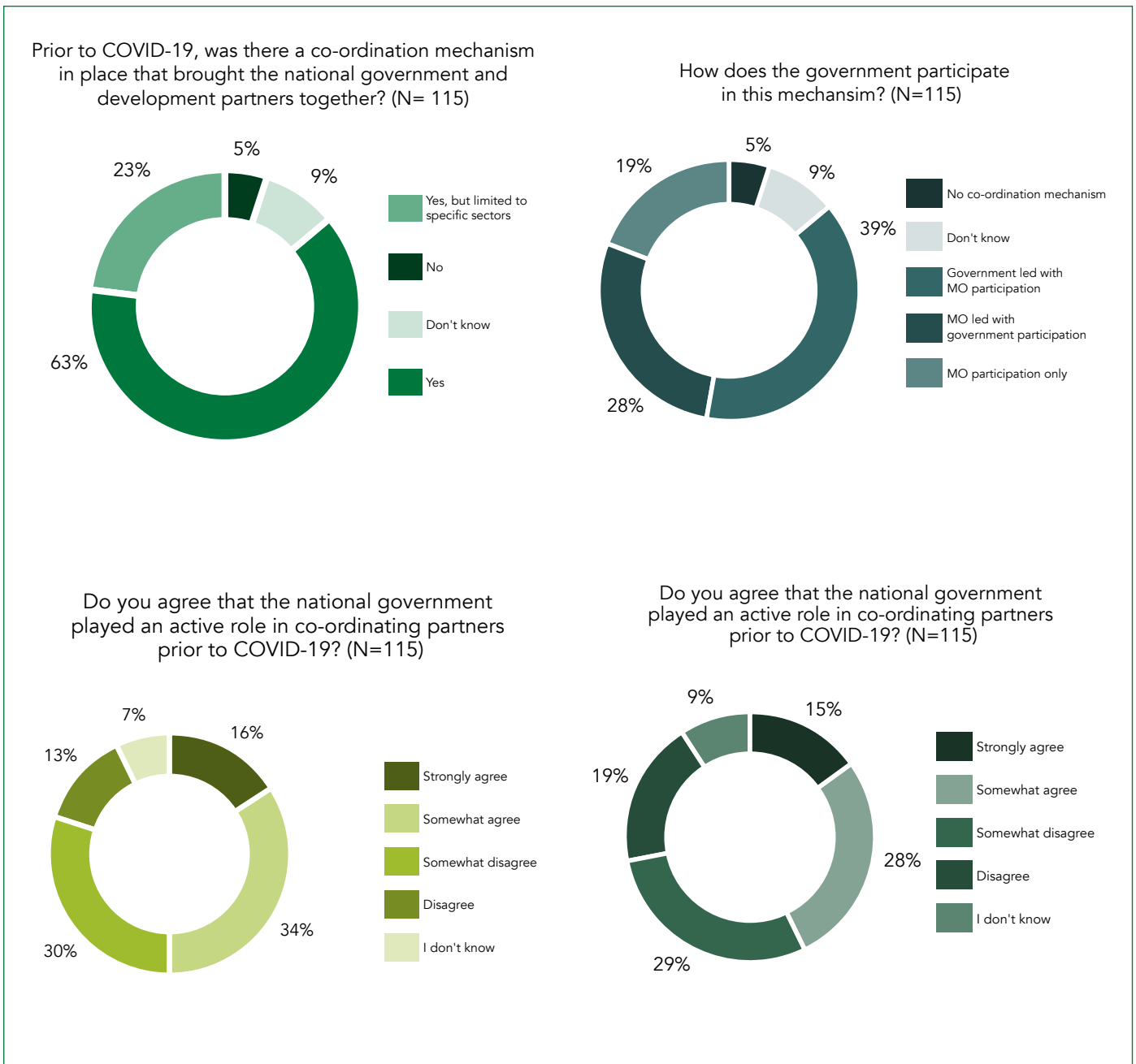
**Government-led co-ordination of development partners remains uneven.** The existence of government-led platforms for co-ordination among development partners remained highly uneven prior to the pandemic with just 39% of survey respondents indicating that such a platform was active in their duty country. In most other countries, such co-ordination platforms are present, but are either led by development partners or do not include the national government at all. The absence of such mechanisms, including clear government ownership and participation among different groups of development partners, was also identified by survey respondents as an important constraint for MOs in implementing a co-ordinated response to COVID-19. Similar challenges have been noted by the System-Wide Evaluation of the UNDS Socio-Economic Response to COVID-19, which found that co-ordination between the UN and MDBs was uneven across countries. Having recent experience implementing a co-ordinated emergency response in-country and a high level of government ownership of and willingness to engage with co-ordination platforms were noted as two key enabling factors for a co-ordinated UNDS response.<sup>48</sup>

**Additional challenges persist with respect to buy-in among development partners for government-led co-ordination platforms.** Although stakeholders report that UN Resident Co-ordinators (RCs) have sought to establish co-ordination structures that bring all partners together, buy-in and participation among other development partners, including MDBs, remains a challenge. Overall, just 54% of survey respondents agreed that UNDS Reform had strengthened co-ordination between the UN, MDBs and IMF. Some stakeholders from MDBs reported either of not being aware of the UN RCs or not working with them systematically. These challenges were equally noted by the UN System-Wide Evaluation of the UNDS Socio-Economic Response to COVID-19. Although UNDS Reform and Socio-Economic Response Plans (SERPs) were found to provide a base for collective action among UN entities during the pandemic, co-ordination between UNCTs and MDBs remained uneven across countries.<sup>49</sup>

48 Executive Office of the UN Secretary General (2022) "System-wide Evaluation of the UNDS Socio-economic Response to COVID-19" DRAFT FOR CIRCULATION

49 *Ibid.*

**Figure 3: Uneven government-led co-ordination among development partners prior to the pandemic**



Source: MOPAN country co-ordinators survey

## How multilateral organisations co-ordinated to respond to COVID-19

### Box 4: Platforms for multilateral organisations' co-ordination in responding to COVID-19

**The United Nations (UN), Multilateral Development Banks (MDBs) and International Monetary Fund (IMF) worked together to launch a coherent and co-ordinated response to COVID-19, scaling up existing co-ordination and building new partnerships:**

- ⦿ UN entities scaled-up existing platforms for inter-agency co-ordination to develop and implement three global frameworks to address the health, socio-economic and humanitarian impacts of COVID-19.
- ⦿ MDBs reallocated resources and developed fast-track processes to deliver budget support and health sector programming to countries at an unprecedented speed and scale.
- ⦿ UN Inter-agency co-ordination helped enhance evidence on the differential impact of the pandemic on women and vulnerable groups and promote a human-rights based approach in designing COVID-19 responses.
- ⦿ The IMF expanded access to existing instruments and identified new instruments to provide debt service relief and enhance liquidity, enabling the implementation of national responses while mitigating the impact on debt sustainability.
- ⦿ The IMF and MDBs scaled-up their regular co-ordination in the context of providing development policy support and supporting the G20 in implementing the Debt Service Suspension Initiative (DSSI).
- ⦿ The Access to COVID-19 Tools Accelerator (ACT-A) was convened to address gaps in existing co-ordination mechanisms to support the development, production and equitable delivery of vaccines, diagnostics and therapeutics as a "coalition of the willing".
- ⦿ ACT-A was complemented by high-level leadership to advocate for national actions to promote equitable access to vaccines through the Multilateral Leaders Task Force (MLTF) on Vaccines, Diagnostics and Therapeutics.

Sources: Islamic Development Bank (2021) "Annual Report 2020: Respond, restore, restart: post-covid resilience and prosperity for all" <https://www.isdb.org/sites/default/files/media/documents/2021-09/2020%20IsDB%20Annual%20Report%20FINAL%20QRC%20%281%29.pdf>

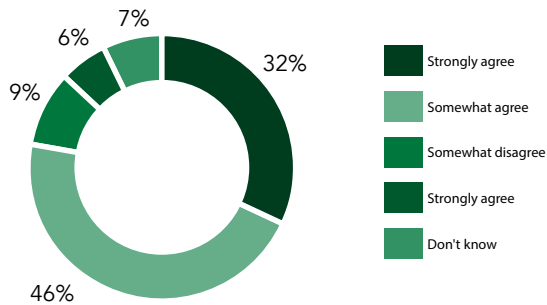
Asian Development Bank (2016) "Memorandum of Understanding for Strengthening Co-operation between the Asian Development Bank and the Asian Infrastructure Investment Bank" [https://www.aiib.org/en/about-aiib/who-we-are/our-work/\\_download/adb.pdf](https://www.aiib.org/en/about-aiib/who-we-are/our-work/_download/adb.pdf)

Asian Infrastructure Investment Bank (2020) "COVID-19 Crisis Recovery Facility" <https://www.aiib.org/en/policies-strategies/COVID-19-Crisis-Recovery-Facility/index.html>

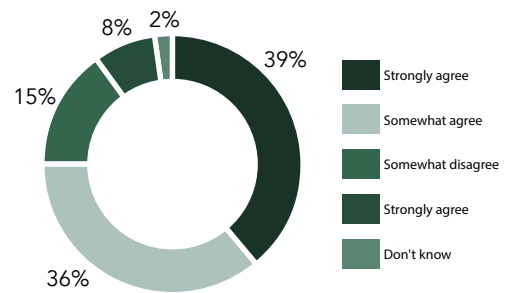
**The United Nations (UN) entities, Multilateral Development Banks (MDBs) and the International Monetary Fund (IMF) worked together to launch a coherent and co-ordinated response to COVID-19, scaling up existing co-ordination and building new partnerships.** Co-ordination was scaled up among different MOs to address the multi-faceted health, socio-economic and humanitarian impacts of the pandemic. Enhanced co-ordination involved both a scale-up of existing co-ordination among MOs and the convening of new platforms to address complex issues around the development of vaccines, diagnostics and therapeutics (See Figure 4). Additionally, new co-ordination relationships were forged among MOs that had not previously worked together closely, including the WHO and the IMF.

**Figure 4: Survey respondents broadly agreed that COVID-29 strengthened co-ordination among the MDBs, IMF and UN entities and contributed to the emergence of new co-ordination mechanisms.**

Do you agree that co-ordination between among the MDBs, IMF and UN Entities increased during the pandemic? (N=115)



Do you agree that COVID-19 contributed to the emergence of new co-ordination mechanisms? N=115)



Source: MOPAN country co-ordinators survey

## The UN system-wide response to COVID-19

*UN entities scaled-up existing co-ordination mechanisms and ways of working to launch a coherent response to the health, socio-economic and humanitarian impacts of the crisis:*

- ⦿ The WHO's **Strategic Preparedness Response Plan (SPRP)** developed with close collaboration with other UN entities (e.g. UNICEF), was a key instrument for co-ordinating the global health responses to COVID-19. It guided the co-ordination of development and humanitarian partners in the health sector to help countries prepare for and respond to the pandemic. The SPRP was guided by the UN Crisis Management Team (CMT), led by WHO and bringing together 23 UN entities. It was implemented at country-level by WHO Country Representatives, who supported the development of Country Preparedness and Response Plans (CPRPs).<sup>50</sup> The SPRP guided the health sector response to COVID-19 across the multilateral system, reinforcing the normative and convening role of the WHO.
- ⦿ The **UN Framework for the Immediate Socio-Economic Response** (UN Socio-Economic Framework) similarly built upon global policy co-ordination led by the UN Sustainable Development Group (UNSDG). It was operationalised at country-level with support from the UN Development Co-ordination Office Resident Co-ordinators led UN Country Teams (UNCTs) in the development of country-level Socio-Economic Response Plans (SERPs).<sup>51</sup>

50 World Health Organisation (2020) "COVID-19 strategic preparedness and response plan: operational planning guidelines to support country preparedness and response (draft as of 12 February 2020)" <https://digitallibrary.un.org/record/3859863?ln=en>; WHO (2020) "United Nations Crisis Management Policy Activation for 2019-nCoV crisis DRAFT Terms of Reference" <https://www.globalprotectioncluster.org/wp-content/uploads/200214-TOR-for-COVID-19-UN-Crisis-Management-Team-FINAL.pdf>

51 United Nations Sustainable Development Group (2020) "A UN framework for the immediate socio-economic response to COVID-19" <https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf>



- The **Global Humanitarian Response Plan (GHRP)** built upon existing co-ordination through the IASC and throughout the humanitarian system to launch an unprecedented global-level, event-specific humanitarian appeal covering 63 countries. The GHRP was co-ordinated by the UN Office for Co-ordination of Humanitarian Affairs (OCHA) and brought together inputs from eight UN entities and a range of NGOs.

**UN system-wide co-ordination also played an important role in addressing critical shortages of life-saving medical equipment, including Personal Protective Equipment (PPE).** WHO convened the Pandemic Supply Chain Network in January 2020 to raise the alarm on potential market constraints for PPE in the wake of growing concerns around COVID-19.<sup>52</sup> Subsequently, the Commodities Supply Chain System (CSCS), implemented alongside key partners such as UNICEF, the International Organisation for Migration (IOM) and the World Food Programme (WFP), was formally established in March 2020 in the face of critical shortages of PPE and other supplies that threatened to leave health care workers ill-equipped to treat COVID-19 patients.<sup>53</sup>

**The CSCS leveraged the existing capacity of different UN partners in health procurement, transport, logistics and financing.** The initiative built upon a multi-lane procurement approach that existed prior to the CSCS. UNICEF was the largest buyer of PPE by volume across all UN agencies, with 71% of PPE supplies procured by UNICEF and the WHO (inclusive of the Pan-American Health Organisation (PAHO)).<sup>54</sup> The CSCS also arranged for mass transportation of some of these supplies via the WFP's Hub and Spoke System to help limit the impact of travel and trade restrictions linked to COVID-19. The multi-lane approach also allowed other agencies like UNICEF to leverage commercial expertise for a mass transportation of diagnostics and oxygen systems in addition to PPE. Overall, it is estimated that LICs and MICs accessed approximately 50% of their essential COVID-19 supplies via the CSCS in the early stages of the pandemic.<sup>55</sup>

**The UN response placed particular emphasis on protection of the most vulnerable and human rights-based approaches (HRBA).** In keeping with "Leave No One Behind" (LNOB) as a central promise of the 2030 Agenda for Sustainable Development, the UN Socio-Economic Framework identified 14 at-risk populations to be targeted by the COVID-19 response. Five operational pillars were designed to help address the impact of the pandemic on the most vulnerable, including: (i) protecting health services and systems; (ii) social protection and access to basic services; (iii) protecting jobs, Micro-Small and Medium-Sized (MSMEs) and informal sector workers; (iv) economic and fiscal policy advice highlighting impacts on vulnerable groups; and (v) promoting social cohesion and community resilience. Operational guidance and a series of policy papers were prepared by various UNSDG Working Groups to identify potential impacts of the pandemic of different vulnerable groups by theme (e.g. disability, gender, age) and inform the design of country-level Socio-Economic Response Plans (SERPS).<sup>56</sup> It was expected that a Human Rights Based Approach (HRBA) would be adopted in developing SERPs, including a set of ten key indicators to help monitor the impact of the pandemic.

52 The Yellow House (2021) "Assessment of the COVID-19 Supply Chain System (CSCS) Summary Report" <https://www.who.int/publications/m/item/assessment-of-the-covid-19-supply-chain-system-report>

53 *Ibid.*

54 The Yellow House (2021) "Assessment of the COVID-19 Supply Chain System (CSCS) Summary Report" <https://www.who.int/publications/m/item/assessment-of-the-covid-19-supply-chain-system-report>

55 *Ibid.*

56 United Nations (2020) "Policy Brief: The Impact of COVID-19 on Women" <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>; United Nations (2020) "Policy Brief: A Disability-Inclusive Response to COVID-19" <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-A-Disability-Inclusive-Response-to-COVID-19.pdf>

**The Inter-agency Network on Women and Gender Equality (IANWGE) supported a more systemic integration of gender considerations into the COVID-19 response.** In June 2020, this network of gender focal points bringing together 60 different UN entities and chaired by UN Women released a compendium of action-oriented briefs from 32 different UN entities as well as a set of key policy messages aligned to the 5 pillars of the UN Socio-Economic Framework.<sup>57</sup> The compendium's key messages emphasise the importance of ensuring women are represented in decision-making for the COVID-19 response, preserving the continuity of core services for sexual and reproductive health and GBV, sex-disaggregated data on COVID-19 impacts, implementing universal social protection, and identifying gender-sensitive support measures for micro and small enterprises where women tend to be over-represented.

## COVID-19 responses of the Multilateral Development Banks and the International Monetary Fund

**MDBs reallocated resources and developed fast-track processes to deliver support to countries at an unprecedented speed and scale.** For many MDBs, the COVID-19 response was primarily delivered through budget support (development policy) operations designed to provide additional financing for national emergency response plans, including initiatives to address the needs of the most vulnerable and promote continued delivery of basic services.<sup>58</sup> Crisis-specific instruments played an important role, including the Asian Development Bank's (AsDB) COVID-19 Pandemic Response Option (CPRO) and the African Development Bank's (AfDB) Crisis Response Budget Support.<sup>59</sup> This support necessitated large-scale cancellations, re-programming, reallocation and frontloading of resources as well as Executive Board waivers to speed up project design and approval processes.<sup>60</sup> In the case of the World Bank, existing budget support operations were expanded through flexible emergency components (e.g. Catastrophe Deferred Drawdown Options (CAT DDOs) and Contingent Emergency Response Components (CERCs)).

- 
- 57 Inter-Agency Network on Women and Gender Equality (2020) "MINIMUM REQUIREMENTS CHECKLIST FOR INTEGRATING GENDER EQUALITY IN THE IMPLEMENTATION OF THE UN FRAMEWORK FOR THE SOCIO-ECONOMIC RESPONSE TO COVID-19" <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/IANWGE-Minimum-requirements-checklist-for-integrating-gender-equality-in-COVID-19-response-en.pdf>
- 58 IDB Group (2022) "Trends and features of Policy Based Lending at the Inter-American Development Bank" <https://publications.iadb.org/publications/english/document/Trends-and-Features-of-Policy-Based-Lending-at-the-Inter-American-Development-Bank.pdf>
- 59 Asian Development Bank (2020) "ADB's Comprehensive Response to the COVID-19 Pandemic" <https://www.adb.org/sites/default/files/institutional-document/579616/adbs-comprehensive-response-covid-19-pandemic-redacted-version.pdf>; African Development Bank Group (2020) "THE AFRICAN DEVELOPMENT BANK GROUP'S COVID-19 RAPID RESPONSE FACILITY (CRF)" <https://elibrary.acbfpact.org/acbf/collect/acbf/index/assoc/HASH0140/d6f9805a/f0f48f47/3c5c.dir/AfDB%20COVID%20Strategy.pdf>
- 60 World Bank Group (2020) "World Bank COVID-19 Response under the Fast Track COVID-19 Facility World Region – Proposed Investment in IFC Fast Track COVID-19 Facility Chair Summary" <https://documents1.worldbank.org/curated/en/271831585274457435/pdf/World-Bank-COVID-19-Response-under-the-Fast-Track-COVID-19-Facility-and-Proposed-Investment-in-IFC-Fast-Track-COVID-19-Facility-Chair-Summary.pdf>; Islamic Development Bank (2021) "Annual Report 2020: RESPOND, RESTORE, RESTART: POST-COVID RESILIENCE AND PROSPERITY FOR ALL" <https://www.isdb.org/sites/default/files/media/documents/2021-09/2020%20IsDB%20Annual%20Report%20FINAL%20QRC%20%281%29.pdf>; IDB Group (2021) "Inter-American Development Bank Annual Report 2020: The Year in Review" [https://publications-iadb-org.translate.google/en/inter-american-development-bank-annual-report-2020-year-review?\\_x\\_tr\\_sl=es&\\_x\\_tr\\_tl=en&\\_x\\_tr\\_hl=en&\\_x\\_tr\\_pto=sc](https://publications-iadb-org.translate.google/en/inter-american-development-bank-annual-report-2020-year-review?_x_tr_sl=es&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc); Asian Development Bank (2020) "ADB's Comprehensive Response to the COVID-19 Pandemic" <https://www.adb.org/sites/default/files/institutional-document/579616/adbs-comprehensive-response-covid-19-pandemic-redacted-version.pdf>; African Development Bank Group (2020) "THE AFRICAN DEVELOPMENT BANK GROUP'S COVID-19 RAPID RESPONSE FACILITY (CRF)"

Throughout, there was continuous interaction between the MDBs, IMF and WHO to promote policy coherence across these operations and mitigate the consequences of COVID-19 on macroeconomic stability.<sup>61</sup> Overall, approvals for budget support operations among the World Bank, AfDB, AsDB and Inter-American Development Bank (IADB) totalled over USD 60 billion between March 2020 and June 2021.<sup>62</sup>

### Box 5: COVID-19 responses of MDBs beyond development policy operations

Not all MDBs implement budget support as a financing instrument. In these cases, MDBs provided support for countries' responses to the health and socio-economic impacts of COVID-19 through standalone investment programming, often implemented in partnership with UN entities, or through co-financing agreements with other MDBs that do provide policy support.

Under its Strategic Preparedness and Response Programme, the **Islamic Development Bank (IsDB)** worked in partnership with UN entities such as UNDP, UNICEF and UNOPS to deliver USD 702.1 million in support for 27 countries to enhance the capacity of healthcare systems to respond to the pandemic through: (i) the provision of technical assistance, PPE, medical and laboratory equipment; (ii) support for risk communication and community engagement (RCCE) and (iii) maintenance of essential healthcare service for vulnerable communities. In 2021, the IsDB Group launched its Vaccine Access Facility, providing financing for vaccine deployment, procurement and manufacturing support. In addition to its health sector response, the IsDB provided critical support to SMEs and microfinance institutions as well as assistance to promote food security.

The **Asian Infrastructure Investment Bank (AIIB)** leveraged co-financing agreements with the World Bank and AsDB to implement its USD 13 billion COVID-19 Crises Recovery Facility, providing sovereign-backed financing for vaccine purchasing as well as development policy financing to address the socio-economic impacts of the pandemic. Support for emergency healthcare needs, including purchasing of essential supplies, was provided through both co-financing arrangements and standalone programming.

**MDB private sector support to enhance access to needed medical supplies such as PPE, ventilators, tests and vaccines demonstrated opportunities for enhanced coherence between public and private sector operations in responding to global health emergencies.** Specific initiatives included: (i) support provided to private healthcare providers and diagnostic service providers to acquire needed medical equipment and upgrade laboratory and diagnostic capacity through the International Finance Corporation's (IFC) Africa Medical Equipment Facility; and (ii) the development of supply chain maps by the ADB to link government, investors and health care providers to

61 World Bank Group (2022) "DEVELOPMENT POLICY FINANCING RETROSPECTIVE: FACING CRISIS , FOSTERING RECOVERY" <https://documents1.worldbank.org/curated/en/558621648492783178/pdf/2021-Development-Policy-Financing-Retrospective-Facing-Crisis-Fostering-Recovery.pdf>

62 This figure is an estimate based on organisational reporting. The true figure is difficult to calculate due to the fact that development policy operations sometimes include both COVID-related and non-COVID related components.

suppliers through its Trade Finance Programme and Supply Chain Finance Programme.<sup>63</sup> Furthermore, IFC established the Global Health Platform, which is providing complementary support to increase the private sector's capacity to address immediate medical supply gaps and build resilience by diversifying supply chains and manufacturing capacities for key medical products, including vaccines. As of March 2022, the platform has contributed USD 1.7 billion to projects across the health value chain, contributing to the immediate supply of health services and products as well as building future preparedness. Of this amount, USD 570 million has been invested in scaling up capacity for the manufacturing of vaccines.<sup>64</sup>

**The IMF provided complementary support by expanding access to existing instruments and identifying new instruments to provide debt service relief and enhance liquidity among national governments.** In April 2020, the IMF expanded access to its emergency financing instruments as well as its traditional facilities (e.g. Extended Credit Facility (ECF)).<sup>65</sup> Changes were also made to the Catastrophe Containment and Relief Trust (CCRT), which provides grants to pay debt service owed to the IMF, enabling the provision of immediate debt service relief for its poorest members.<sup>66</sup> In August 2021, the IMF's Executive Board approved a general allocation of Special Drawing Rights (SDRs) equivalent to USD 650 billion to further enhance available resources for the COVID-19 response as needed.<sup>67</sup>

**The IMF and MDBs scaled-up their regular co-ordination to ensure policy coherence while facilitating rapid provision of budget support to member countries.** The G20 principles on effective co-ordination between the IMF and the MDBs identify a series of good practices for operational co-ordination between the IMF and the four MDBs that provide budget support to their member countries.<sup>68</sup> This co-ordination includes: (i) regular dialogue across these institutions; (ii) use of IMF assessments to ensure that recipient countries have a sound macroeconomic framework in place; and (iii) structuring of budget support to provide incentives consistent with IMF conditionalities. In the context of COVID-19, processes were streamlined to allow for the use of assessment letters less than six months old upon confirmation from the IMF.<sup>69</sup> The IMF also worked with MDBs to streamline the processes of verifying existing assessment letters and providing new letters as needed to help fast-track the provision of budget support. Stakeholders noted that this co-ordination was essential given the infeasibility of negotiating joint policy matrices due to the time pressure around the COVID-19 response.

63 International Finance Corporation (2021) "IFC Financing to Increase Access to Essential Medical Equipment" [https://www.ifc.org/wps/wcm/connect/industry\\_ext\\_content/ifc\\_external\\_corporate\\_site/health/ifc+africa+medical+equipment+-+facility](https://www.ifc.org/wps/wcm/connect/industry_ext_content/ifc_external_corporate_site/health/ifc+africa+medical+equipment+-+facility); International Finance Corporation (2021) "Private Health in Emerging Markets – Our Observations UHC2030 Private Sector Constituency" [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News\\_articles\\_photos/July-Dec\\_2021/10\\_2021\\_PS\\_Blog\\_-\\_Tackling\\_the\\_big\\_challenges\\_presentation.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News_articles_photos/July-Dec_2021/10_2021_PS_Blog_-_Tackling_the_big_challenges_presentation.pdf); Asian Development Bank (2021) "New ADB tool offers roadmap to unblock supplies of life-saving products" <https://www.adb.org/news/features/new-adb-tool-offers-roadmap-unblock-supplies-life-saving-products>

64 International Finance Corporation (2021) "Private Health in Emerging Markets – Our Observations UHC2030 Private Sector Constituency" [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News\\_articles\\_photos/July-Dec\\_2021/10\\_2021\\_PS\\_Blog\\_-\\_Tackling\\_the\\_big\\_challenges\\_presentation.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News_articles_photos/July-Dec_2021/10_2021_PS_Blog_-_Tackling_the_big_challenges_presentation.pdf)

65 International Monetary Fund (2021) "The IMF's Response to COVID-19" <https://www.imf.org/en/About/FAQ/imf-response-to-covid-19#Q1>; International Monetary Fund (2022) "COVID-19 Financial Assistance and Debt Service Relief" <https://www.imf.org/en/Topics/imf-and-covid19/COVID-Lending-Tracker#APD>

66 *Ibid.*

67 International Monetary Fund (2021) "PROPOSAL FOR A GENERAL ALLOCATION OF SPECIAL DRAWING RIGHTS" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/07/12/Proposal-For-a-General-Allocation-of-Special-Drawing-Rights-461907>

68 IMF (2018) "Co-ordination Between the International Monetary Fund and Multilateral Development Banks on Policy-Based Lending: Update on the Implementation of the G20 Principles" <https://www.imf.org/external/np/g20/pdf/2018/082918.pdf>

69 IMF (2018) "Co-ordination Between the International Monetary Fund and Multilateral Development Banks on Policy-Based Lending: Update on the Implementation of the G20 Principles" <https://www.imf.org/external/np/g20/pdf/2018/082918.pdf>

**The IMF and WB also scaled up their existing co-ordination around sovereign debt sustainability in the context of the G20 Debt Service Suspension Initiative (DSSI).** In 2018, the IMF and WB developed the “Multi-pronged Approach for Addressing Emerging Debt Vulnerabilities”, which is structured around four pillars of co-ordination: (i) enhance debt transparency by enhancing access to data; (ii) strengthen capacity of countries to manage debt; (iii) improve debt sustainability analyses; and (iv) review debt policies, including harmonising and designing policies to encourage sustainable borrowing and lending.<sup>70</sup> The Multi-Pronged Approach has provided a platform for co-ordination between the IMF and WB to support the DSSI, which has provided a means of deferring debt service due on official bilateral debt for 73 eligible countries until December 2021.<sup>71</sup> The IMF and WB supported the initiative by enhancing debt transparency, providing critical analysis and monitoring the contribution of the initiative to COVID-related spending.<sup>72</sup> Since its endorsement by the G20 Finance Ministers in April 2020, 48 of 73 eligible countries participated in the initiative up to its expiry in December 2021.

## Co-ordination among UN entities, MDBs and the IMF

**Co-ordination among MDBs and the WHO promoted policy coherence in the health sector by aligning MDB health sector operations with the SPRP.** The World Bank delivered support to national health responses through its Multi-Phase Programmatic Approach (MPA) instrument, providing flexible support for strategically linked health sector projects anchored in CPRPs.<sup>73</sup> However, most other MDBs did not have large-scale operations in the health sector prior to COVID-19 and lacked institutional capacity and/or presence at the country-level necessary to scale up support in an agile way. Regional organisations such as the West African Health Organisation (WAHO) and Africa Centres for Disease Control (Africa CDC) as well as UN entities such as the WHO and the Pan-American Health Organisation (PAHO), UN Office for Project Services (UNOPS), UN Development Programme (UNDP), WFP and UNICEF served as key implementing partners for the MDB health response with respect to training health personnel, upgrading infrastructure and reinforcing capacity for surveillance, testing and case management (Box 5).<sup>74</sup> However, fiduciary requirements on the part of the MDBs and weak absorption capacity on the part of some regional organisations sometimes contributed to challenges, including delays while waivers were sought and slow uptake of funds.

70 International Monetary Fund (2020) “Update on the Joint IMF-WB Multipronged Approach to Address Debt Vulnerabilities” <https://www.imf.org/en/Publications/Policy-Papers/Issues/2020/12/10/Update-on-the-Joint-IMF-WB-Multi-pronged-Approach-to-Address-Debt-Vulnerabilities-49946>

71 Eligible countries included all World Bank IDA-eligible countries that are current on debt service to the IMF and World Bank as well as Least Developed Countries as defined by the United Nations that are current on debt service to the IMF and World Bank; International Monetary Fund (2020) “Update on the Joint IMF-WB Multipronged Approach to Address Debt Vulnerabilities” <https://www.imf.org/en/Publications/Policy-Papers/Issues/2020/12/10/Update-on-the-Joint-IMF-WB-Multipronged-Approach-to-Address-Debt-Vulnerabilities-49946>; <https://www.worldbank.org/en/topic/debt/brief/covid-19-debt-service-suspension-initiative>

72 International Monetary Fund (2021) “JOINT IMF-WBG STAFF NOTE: DSSI FISCAL MONITORING UPDATE” <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/09/16/Joint-IMF-WG-Staff-Note-DSSI-Fiscal-Monitoring-Update-465864>

73 World Bank Group (2020) “COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM AND PROPOSED 25 PROJECTS UNDER PHASE 1 USING THE MULTIPHASE PROGRAMMATIC APPROACH” <https://documents1.worldbank.org/curated/en/993371585947965984/pdf/World-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>

74 Nkengasong, J. (2021) “A New Public Health Order for Africa Regional solutions are what we need to get us through the next pandemic” <https://www.imf.org/en/Publications/fandd/issues/2021/12/Public-Health-Order-Africa-Nkengasong>; G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (2021) “A Global Deal for our Pandemic Age” <https://pandemic-financing.org/report/foreword/#:~:text=In%20short%2C%20we%20need%20a,building%20resilience%20against%20future%20pandemics>



### Box 6: The role of regional organisations in responding to COVID-19

Regional organisations, including specialised technical institutions such as Africa CDC, sub-regional health institutions such as WAHO and Regional Offices of the WHO such as PAHO contributed to the COVID-19 response through: (i) the procurement of vaccines and essential supplies; (ii) the provision of equipment, technical guidance and technical assistance; and (iii) situational monitoring and sharing of epidemiological information.

Regional organisations such as the Association of Southeast Asian Nations (ASEAN), WHO Africa Regional Office (AFRO), PAHO and Africa CDC played a critical role in the procurement and delivery of essential medical supplies, including PPE. PAHO and AFRO contributed to the procurement and distribution of medical supplies through the UN Supply Portal. ASEAN rapidly mobilised earmarked funds as part of its ASEAN Regional Reserve for Medical Supplies. Africa CDC launched its African Medical Supplies Platform, which enabled countries to access a base of vetted African and global suppliers while enabling increased cost effectiveness and transparency through volume aggregation.

Regional organisations including PAHO and Africa CDC played an important role in the procurement of vaccines and promoting vaccine readiness among their constituencies. PAHO launched the taskforce for COVID-19 Vaccination in the Americas and the PAHO Revolving Fund for Access to vaccines, serving alongside UNICEF as the only two agencies to receive a mandate for procurement to support the COVAX initiative. PAHO additionally supported the development of national plans for vaccination and worked with countries to strengthen cold chain capacity, vaccine information systems. Africa CDC launched the Africa Vaccine Acquisition Task Team (AVAT) as a centralised vaccine purchasing agent on behalf of the African Union, using blended financial resources to promote vaccination of a minimum of 70% of the population based of a "whole-of-Africa" approach.

Source: see footnote <sup>75</sup>

**Co-ordination around procurement involving both MDBs and UN entities played an important role in the COVID-19 response.** Gaps in national procurement systems and institutional capacity gaps, combined with market supply constraints for PPE and other medical products, made co-ordinated interventions by the multilateral system critical to support the initial health response to COVID-19.<sup>76</sup> UNICEF acted as a procurement agent for PPE on behalf of MDBs such as the AsDB and launched a joint-tender process in collaboration with 11 UN agencies, including WHO. These partners worked together to establish long-term agreements (LTAs) with PPE manufacturers.<sup>77</sup> In 2021,

- 75 Health Policy Watch (2022) "Africa CDC is elevated to Status of Continental Public Health Agency", <https://healthpolicy-watch.news/africa-cdc-gets/>; African Union (2022) "Africa Centres for Disease Control and Prevention Received a \$100 Million Grant from the World Bank to Strengthen Continental Public Health Preparedness" <https://africacdc.org/news-item/africa-centres-for-disease-control-and-prevention-africa-cdc-receives-a-100-million-grant-from-the-world-bank-to-strengthen-continental-public-health-preparedness/>; Pan-American Health Organisation (2021) "Response to COVID-19 in the Americas – January to December 2020" <https://www.paho.org/en/documents/pan-american-health-organization-response-covid-19-americas-january-december-2020>; Pan-American Health Organisation (2022) "Response to COVID-19 in the Americas – January to June 2021" <https://www.paho.org/en/documents/pan-american-health-organization-response-covid-19-january-june-2021>; <https://asean.org/asean-health-sector-efforts-in-the-prevention-detection-and-response-to-coronavirus-disease-2019-covid-19-1/#:~:text=The%20ASEAN%20Health%20Sector%20immediately,to%20the%20new%20coronavirus%20disease>
- 76 World Bank (2021) "Opportunities and Challenges for Public Procurement in the first months of the COVID-19 Pandemic: Results from an Expert Survey" <https://openknowledge.worldbank.org/handle/10986/35472>
- 77 UNICEF (2022) "Delivering quality assured PPE to reach front line workers" <https://www.unicef.org/supply/stories/delivering-quality-assured-ppe-reach-front-line-workers>

these partnerships contributed to delivering over 434 million pieces of PPE to 115 countries.<sup>78</sup> The WB leveraged “bank-facilitated” procurement processes to support borrower countries by aggregating demand, streamlining processes, facilitating access to global suppliers, and negotiating prices and other conditions on borrowers’ behalf.<sup>79</sup> Building national procurement capacity, including emergency procurement legislation and processes, was noted by stakeholders to be an important element, but previously neglected, element of crisis preparedness. In absence of such capacity, the AfDB noted challenges in obtaining required audits as well as reduced speed of implementation. Stakeholders notes an important lesson in that accountability and transparency requirements need to be realistic given the context while preserving the confidence of donors.

**UN entities and MDBs also co-ordinated to scale up support for social protection as a social, economic and political stabiliser during crises.**<sup>80</sup> The Social Protection Interagency Cooperation Board promoted policy coherence with respect to support for social protection by identifying six shared priorities through its “Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic.” SPIAC-B, co-chaired by the International Labour Organisation and the World Bank, facilitates inter-agency co-ordination among representatives from 25 multilateral organisations, including UN entities and MDBs, as well as bilateral donors and 11 CSO observers.<sup>81</sup> It builds upon the work of the UN Chief Executives Board Social Protection Floor Initiative (SPF-I), and provides a broad and holistic approach to co-ordination and information sharing, including a focus on both expanding and deepening social protection coverage. The Joint Statement focusses on the most vulnerable and advocates for comprehensive national and sub-national vulnerability and needs assessments as well as prioritisation of social protection in budget support operations.<sup>82</sup> Scaled-up programming included cash transfers, provision of food supplies and implementation of RCCE; however, this scale-up sometimes required a pausing or scaling-down of ongoing non-COVID-related work, including childhood immunisation programmes and vitamin supplementation.<sup>83</sup> With respect to generating evidence on need, the UNDP lead the development of Socio-Economic Impact Assessments (SEIAs) among UNCTs to assess the impact of the pandemic on the most vulnerable and inform the development of Socio-Economic Response Plans.<sup>84</sup> Additionally, the UNDP the International Policy Centre for Inclusive Growth developed a dashboard to track social protection measures adopted by countries, including target groups and financing sources.<sup>85</sup>

**In the absence of an existing co-ordination mechanism, multilateral organisations and national governments came together to support the development of COVID-19 vaccines, diagnostics and therapeutics as a “coalition of the willing”.** The Access to COVID-19 Tools Accelerator (ACT-A) was launched on 24 April, 2020 at an event co-hosted by the WHO’s Director-General, the President of France, the President of the European Commission (EC), and the Bill & Melinda Gates Foundation.<sup>86</sup> The initiative brought together eight co-convening agencies alongside

78 *Ibid.*

79 World Bank (2020) “How the World Bank is helping countries procure critical medical supplies” <https://blogs.worldbank.org/voices/covid-19-how-world-bank-helping-countries-procure-critical-medical-supplies>

80 [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---ddg\\_p/documents/publication/wcms\\_829965.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---ddg_p/documents/publication/wcms_829965.pdf)

81 Members include ADB, IADB, IFAD, ILO, IMF, FAO, UNDP, UNESCO, UNICEF, World Bank, WHO, UN-HABITAT and UN Women.

82 SPIAC-B (2020) “Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic” <https://www.social-protection.org/gimi/RessourcePDF.action?id=56006>

83 UNICEF (2021) “Real-time Assessment of the UNICEF Response to COVID-19: Global Synthesis Report” <https://evaluationreports.unicef.org/GetDocument?fileID=18263>

84 UNICEF (2021) “Real-time Assessment of the UNICEF Response to COVID-19: Global Synthesis Report” <https://evaluationreports.unicef.org/GetDocument?fileID=18263>; WFP (2022) “Evaluation of the WFP Response to the COVID-19 Pandemic: Centralised Evaluation Report Volume I” [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cad=rja&uact=8&ved=2ahUKewjozKGxkfn6AhUX44UKHZ\\_nBigQFnoECA0QAQ&url=https%3A%2F%2Fdocs.wfp.org%2Fapi%2Fdocuments%2FWFP-0000136268%2Fdownload%2F&usg=AOvVaw211N0uZsMSZimDqAwSpt9H](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cad=rja&uact=8&ved=2ahUKewjozKGxkfn6AhUX44UKHZ_nBigQFnoECA0QAQ&url=https%3A%2F%2Fdocs.wfp.org%2Fapi%2Fdocuments%2FWFP-0000136268%2Fdownload%2F&usg=AOvVaw211N0uZsMSZimDqAwSpt9H); World Bank (2020) “Brief: Social Protection and COVID-19” <https://www.worldbank.org/en/topic/socialprotection/brief/social-protection-and-covid-19>;

85 <https://data.undp.org/content/covid-social-protection/>

86 ACT-Accelerator (2021) “ACT-Accelerator Strategic Review” <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

other partners to “develop essential health products for the fight against COVID-19 and ensure they are distributed equitably”.<sup>87</sup> ACT-A was not a legal entity; it was a voluntary partnership aimed at promoting operational coherence and complementarity among the operations of its co-convening partners in line with their respective mandates.<sup>88</sup> The mechanism was meant to support upstream work with respect to research, development and market shaping complemented by downstream support for production and procurement and delivery, providing an end-to-end approach. Three operational “pillars” were established to address diagnostics, therapeutics and vaccines (COVID-19 Vaccines Global Access (COVAX)) with a horizontal “health systems connector” meant to complement and connect each pillar, supporting country readiness for deployment and health systems capacity.<sup>89</sup> Whereas most pillars targeted increasing access to countermeasures among developing countries only, COVAX was global in scope, aiming to be the world’s primary vaccine purchasing agent.<sup>90</sup> Additional information about the ACT-A pillars is provided in Table 1.

**Table 1: ACT-A pillars, co-conveners and objectives**

Pillar	Co-conveners	Objective
<b>Diagnostics</b>	FIND and Global Fund with WHO leading on regulatory policy	<ul style="list-style-type: none"> <li>① Accelerate development and production of high-quality rapid diagnostics tests and deliver them to L/MICs.</li> <li>② Expanding laboratory infrastructure and increasing testing capacity.</li> <li>③ Procurement and delivery of diagnostics through the Global Fund’s C19RM.</li> </ul>
<b>Therapeutics</b>	Unitaid and Wellcome Trust with WHO leading on regulatory policy and Global Fund leading on procurement and deployment with UNICEF as a key partner	<ul style="list-style-type: none"> <li>① Accelerate the identification, development, production and deployment of effective therapeutics for prevention, early treatment, severe treatment and recovery.</li> <li>② Key activities include evidence assessment, market preparedness and deployment.</li> <li>③ Procurement and delivery through UNICEF and the Global Fund’s C19RM.</li> </ul>
<b>Vaccines (COVAX)</b>	CEPI, GAVI and WHO with UNICEF as a key delivery partner	<ul style="list-style-type: none"> <li>① Accelerate progress across the vaccine value chain to achieve equitable global access and uptake.</li> <li>② Broad investment into vaccine candidates and trials and manufacturing scale-up.</li> <li>③ WHO led work on an allocation framework used to allocate COVAX vaccines during periods of product scarcity.</li> <li>④ Acting as a central vaccine procurer for all countries, with an Advance Market Commitment (AMC) enabling donor commitments to support the procurement of doses for the 92 lowest income participants.</li> <li>⑤ 5% Humanitarian buffer to support vaccine access in humanitarian settings</li> <li>⑥ Deployment support to least vaccinated countries through UNICEF’s COVID-19 Vaccine Delivery Partnership</li> </ul>
<b>Health Systems Connector<sup>91</sup></b>	Global Fund, WB and WHO with support from the Global Financing Facility for Women Children and Adolescents (GFF)	<ul style="list-style-type: none"> <li>① Providing oxygen and supporting PPE access (subsequently moved to the Therapeutics pillar)</li> <li>② Complementing and connecting the other pillars of ACT-A by supporting country readiness and health systems capacity.</li> <li>③ Linked to the WB’s MPA for Health and the Global Fund’s C19RM.</li> </ul>

87 ACT-Accelerator (2020) “ACT-A Investment Case: Invest now to change the course of the COVID-19 pandemic” <https://www.who.int/publications/m?publishingoffices=f97295b4-c2da-4bca-bf02-245ab0062036>; the eight co-convening agencies included: WHO, Gavi, CEPI, Wellcome Trust, FIND, Unitaid, Global Fund and the World Bank Group with the Bill and Melinda Gates Foundation and UNICEF as key partners.

88 Open Consultants (2022) “External Evaluation of the Access to COVID-19 Tools Accelerator” <https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-act-a>

89 The Health Systems Connector later evolved to the “Health Systems Response Connector” following the October 2021 Strategic Review of ACT-A

90 Berkley, S. (2020) “COVAX Explained: To end this global health crisis we don’t just need COVID-19 vaccines, we also need to ensure that everyone in the world has access to them”, <https://www.gavi.org/vaccineswork/covax-explained> ; COVAX (2020) “COVAX, the act-accelerator vaccines pillar”

91 The HSC eventually became the Health Systems and Response Connector. See: ACT-Accelerator (2021) “Strategic Plan and Budget: October 2021 and September 2022” <https://www.who.int/publications/m/item/act-accelerator-strategic-plan-budget-october-2021-to-september-2022>

**Beyond its four operational pillars, ACT-A mobilised political leadership around equitable access to countermeasures through its Facilitation Council and Working Groups.** The Facilitation Council, co-chaired by the governments of Norway and South Africa alongside WHO and the European Commission, brought together political leadership from founding donors, regional co-operation groups, market shaping countries and LIC/MIC representatives. Standing invitations were in place among CSO, community representatives and industry representatives.<sup>92</sup> The Facilitation Council provided enabling advice and support for the realisation of ACT-A's objectives, including political advocacy for resource mobilisation and deeper analysis around ACT-A's investment case. In addition to regular meetings, the Facilitation Council has provided this support through three Working Groups: (i) The Financial Working Group; (ii) the Resource Mobilisation Working Group (subsequently combined with the Financial Working Group); and (iii) The Vaccine Manufacturing Working Group.<sup>93</sup> These three working groups develop technical inputs to support the political dimensions of ACT-A's work, including a Financial "Fair Share" Framework and a report to the G20 on actions needed to enhance the supply of vaccines through COVAX.<sup>94</sup> In June 2022, a new Therapeutics and Diagnostics Working Group was convened to reflect the changing context and priorities of ACT-A.<sup>95</sup>

**The Multilateral Leaders Taskforce for Vaccines, Diagnostics and Therapeutics (MLTF) complemented ACT-A by bringing together evidence from multiple sources to track global progress in delivering vaccines to developing countries and advocate for national actions.** The MLTF, brought together leadership from the WHO and World Bank as co-chairs alongside the World Trade Organisation (WTO) and IMF to advocate for national actions required to support the equitable development and deployment of countermeasures, including additional financing, removal of trade restrictions and vaccine donations.<sup>96</sup> The Taskforce was created on the basis of the IMF Pandemic Plan, which is based on the assertion "that there is no end to the financial crisis without an end to the pandemic" and identifies financing and vaccination targets endorsed by the leaders of the partner organisations.<sup>97</sup> Its advocacy centred upon a common target to vaccinate at least 40% of people in LICs and LMICs by the end of 2021, noting that expanding vaccination in LICs and MICs is both an urgent economic necessity and a moral imperative. The MLTF sought to draw the attention of political leaders to critical bottlenecks in the equitable delivery of COVID-19 Tools to developing countries, focusing on: **i.** tracking and addressing financing gaps; **ii.** understanding and addressing financing or trade issues that contribute to supply chain bottleneck, including export restrictions, clearances and regulatory processes; **iii.** advocating for greater access to COVID-19 vaccines through dose-sharing, contract and

92 Act-Accelerator (2020) "Facilitation Council: Terms of Reference" [https://www.who.int/docs/default-source/coronaviruse/act-accelerator-facilitation-council---terms-of-reference-english.pdf?sfvrsn=55190ad7\\_1](https://www.who.int/docs/default-source/coronaviruse/act-accelerator-facilitation-council---terms-of-reference-english.pdf?sfvrsn=55190ad7_1)

93 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

94 ACT-Accelerator (2022) "Vaccine Manufacturing Working Group – Report to the G20" <https://www.who.int/publications/m/item/act-accelerator-facilitation-council-vaccine-manufacturing-working-group---report-to-the-g20>; ACT-Accelerator (2022) "ACT-Accelerator 'fair share asks' - by country" <https://www.who.int/publications/m/item/act-accelerator-fair-share-asks---by-country>

95 ACT-Accelerator (2022) "ACT-A Facilitation Council Therapeutics and Diagnostics Working Group Terms of Reference" <https://www.who.int/publications/m/item/act-accelerator-facilitation-council-therapeutics-and-diagnostics-working-group>

96 The Multilateral Leaders Taskforce on COVID-19 (2021) "Terms of Reference" <https://www.covid19taskforce.com/en/programs/task-force-on-covid-19-vaccines/about#2>; The Multilateral Leaders Taskforce on COVID-19 (2021) "A New Commitment for Vaccine Equity and Defeating the Pandemic" <https://www.who.int/news-room/commentaries/detail/a-new-commitment-for-vaccine-equity-and-defeating-the-pandemic>

97 Agarwal, R. & Gopinath, G. (2021) "A Proposal to End the COVID-19 Pandemic" <https://www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2021/05/19/A-Proposal-to-End-the-COVID-19-Pandemic-460263>

delivery transparency and urgent action to address other challenges; **iv.** consolidating data on vaccine delivery to address gaps in readiness and delivery obstacles so countries are positioned to receive, deploy, and administer vaccines; and **v.** examining obstacles to expanding production of COVID-19 vaccines for L/MICs.<sup>98</sup>

**The MLTF has enhanced transparency around efforts to make vaccine delivery more equitable.** In particular, the MLTF reports data around vaccine contracts, dose requests, and delivery and administration. It established the Global COVID-19 Access Tracker to track progress towards the global targets for access to COVID-19 vaccines, treatments, tests and PPE.<sup>99</sup> Stakeholders have noted that the establishment of these tools has helped increase transparency and accountability around vaccine contracts and delivery, acting as an advocacy tool to promote more equitable distribution. Development of the trackers has been based on an unprecedented level of data sharing between governments, multilateral organisations such as UNICEF and the WHO as well as the private sector, supported by the IMF's Global Health and Pandemic Response Taskforce.

**MDBs provided complementary support that enabled LICs and MICs to purchase vaccines through different channels and helped address gaps in vaccine deployment capacity.** The World Bank approved USD 12 billion in additional financing to support vaccine procurement through COVAX, direct purchasing from manufacturers or through Africa CDC's African Vaccine Acquisition Task Team initiative (AVAT) under its Global COVID-19 MPA in October 2020. This pool of funds was subsequently expanded to 20 billion in June 2021.<sup>100</sup> The ADB approved USD 9 billion in financing under its Asia Pacific Vaccine Access Facility (APVAX) in December 2020, with UNICEF acting as a key procurement agent.<sup>101</sup> Both programmes also provided support for the development of comprehensive national COVID-19 vaccination plans, robust systems and infrastructure supporting vaccine roll-out. These initiatives were complemented by other instruments to support vaccine purchasing launched by the IADB and IsDB.

98 *Ibid.*

99 See: <https://www.covid19globaltracker.org/> ; The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement of the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics for Developing Countries following its Second Meeting" <https://www.worldbank.org/en/news/statement/2021/07/30/joint-statement-on-second-meeting-of-task-force-on-covid-vaccines-therapeutics-and-diagnostics-for-developing-countries>

100 World Bank Group (2021) "COVID-19: World Bank Group Support for Fair and Affordable Access to Vaccines by Developing Countries" <https://www.devcommittee.org/sites/dc/files/download/Documents/2021-03/DC2021-0003%20Vaccines%20final.pdf>

101 Asian Development Bank (2020) "ADB's Support to Enhance COVID-19 Vaccine Access" <https://www.adb.org/documents/adb-support-enhance-covid-19-vaccine-access#:~:text=This%20paper%20proposes%20the%20establishment,19%20vaccines%20safely%20and%20effectively>



**The COVID-19 Vaccine Delivery Partnership (CoVDP) was established in January 2022 to complement COVAX and vaccine financing initiatives by addressing gaps in vaccine deployment capacity among the countries with the lowest vaccination rates.** The CoVDP is delivered through a partnership between UNICEF, the WHO, the World Bank, GAVI and other UNCT members alongside support from national NGOs and CSOs. It addresses political bottlenecks to vaccine purchasing and deployment and provides technical assistance and financing to support vaccine deployment as well as end-to-end tracking.<sup>102</sup> At country-level, the CoVDP brings together development partners and high-level government entities to develop and implement a consolidated operational plan and budget. The initiative has targeted 34 countries that had vaccinated less than 10% of their populations and were off-track to meet the WHO's target of vaccinating 70% of the population in each country.<sup>103</sup>

**In the education sector, the Global Education Coalition (GEC), led by UNESCO, was convened to launch a "whole-of-society" response to the sudden and unprecedented impact of the pandemic on education.** The GEC brought together over 175 institutional partners, including MOs such as the World Bank, IsDB, AsDB, WHO, UNICEF, ILO, WFP, FAO, UNRWA and UNHCR, alongside national governments, civil society organisations, academia and the private sector to respond to educational disruption caused by school closures. The GEC partners worked to identify distance education solutions, including "high tech, low tech and no tech approaches". Additionally, they worked support the digital transformation of education and manage a safe and effective return to schools. Like ACT-A, the GEC was brought together rapidly under an informal governance structure, supported by a secretariat established within UNESCO. Through the GEC, UNESCO matches national needs and requests to offers of assistance from partners, including financing, in-kind contributions, and technical support. The Commission has supported the development of policies and strategies for online and distance learning, provision of occupational support and capacity development for teachers and the implementation of initiatives to help keep schools open.

- 
- 102 UNICEF (2022) "Update on the progress achieved through the COVID-19 Vaccine Delivery Partnership" [https://www.unicef.org/executiveboard/media/11431/file/2022\\_AS-Item\\_4b-COVID-19\\_Vaccine\\_Delivery\\_Partnership-EN-2022.05.31.pdf](https://www.unicef.org/executiveboard/media/11431/file/2022_AS-Item_4b-COVID-19_Vaccine_Delivery_Partnership-EN-2022.05.31.pdf); UNICEF (2022) "COVID-10 Vaccine Delivery Partnership – Update for the UNICEF Executive Board" [https://www.unicef.org/executiveboard/media/10176/file/2022-COVID-19\\_country\\_readiness-Chaiban-PPT-EN-2022.02.21.pdf](https://www.unicef.org/executiveboard/media/10176/file/2022-COVID-19_country_readiness-Chaiban-PPT-EN-2022.02.21.pdf)
- 103 UNICEF (2022) "COVAX calls for urgent action to close vaccine equity gap" [COVAX calls for urgent action to close vaccine equity gap \(unicef.org\)](https://www.unicef.org/press-releases/2022/02/covax-calls-for-urgent-action-to-close-vaccine-equity-gap)

## The role of multilateral organisations' co-ordination in delivering pandemic preparedness and response

Figure 5: The role of multilateral organisations' co-ordination in delivering pandemic preparedness and response

	Health	Socio-economic	Humanitarian
<b>United Nations Entities</b>	<ul style="list-style-type: none"> <li>UN Crisis Management Team</li> <li>WHO's Strategic Preparedness Response Plan</li> <li>UNICEF's COVID-19 Vaccine Delivery Partnership (COVDP)</li> <li>Solidarity Response Fund</li> </ul>	<ul style="list-style-type: none"> <li>UNSDG's Socio-economic Response Plan</li> <li>Socio-Economic Response Plans</li> <li>Secretary Generals COVID-19 Response and Recovery Multi-Partner Trust Fund</li> <li>Global Education Coalition</li> <li>Gender Monitor and Gender Global Response</li> </ul>	<ul style="list-style-type: none"> <li>The Global Humanitarian Response Plan</li> <li>Central Emergency Response Fund</li> <li>COVID-19 Commodities</li> <li>Supply Chain System</li> </ul>
<b>Multilateral Development Banks and the International Monetary Fund</b>	<ul style="list-style-type: none"> <li>Vaccine Financing</li> <li>The World Bank's COVID-19 MPA</li> <li>IFC's Global Health Platform</li> <li>IFC and AsDB support to supply chain financing</li> </ul>	<ul style="list-style-type: none"> <li>MDB – IMF co-ordination around Emergency Budget Support</li> <li>IMF's Extended Credit Facility, Catastrophe Containment and Relief Trust, IMF's Special Drawing Rights</li> <li>Debt Service Suspension Initiative</li> <li>Private Sector Support for Trade financing and loan restructuring</li> <li>Global Education Coalition</li> </ul>	
<b>Partnerships and other actors (Global Fund, GAVI, CEPI, Wellcome Trust, Unitaid, etc)</b>	<ul style="list-style-type: none"> <li>GAVI's COVAX Facility</li> <li>Global Funds C19RM</li> </ul>	<ul style="list-style-type: none"> <li>Global Education Coalition</li> </ul>	<ul style="list-style-type: none"> <li>COVAX Humanitarian Buffer</li> </ul>

ACT-A  
 Multilateral Leaders  
 Task Force on Vaccines,  
 Diagnostics and Therapeutics  
  
 COVID-19 Commodities  
 Supply Chain System

### Box 7: The role of multilateral organisations' co-ordination in delivering pandemic preparedness and response

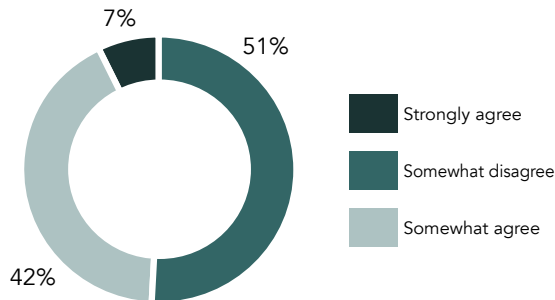
Multilateral organisations' co-ordination in the context of COVID-19 promoted the sharing of knowledge and evidence, policy and operational coherence, joint planning and programming, joint monitoring, and resource mobilisation. Overall, MO co-ordination contributed to overall COVID-19 spending, development, and equitable distribution of vaccines, diagnostics, and therapeutics, and overall national pandemic prevention, preparedness, and response.

- ⦿ Sharing knowledge and evidence was an essential aspect of the COVID-19 response. The participation of the WHO across multiple co-ordination platforms helped share critical information about the evolution of the pandemic. MO co-ordination also facilitated the generation of gender disaggregated data and monitor the impact of the pandemic in the education sector.
- ⦿ MO co-ordination contributed to policy and operational coherence through several channels. The UN's three global frameworks provided a shared policy priorities to guide operational co-ordination among UN entities. The impact of the SPRP was broader, promoting coherence across the health sector in general, including among MDBs and partnerships. Scaled-up co-ordination between the MDBs and IMF was essential for ensuring policy coherence and preserving macroeconomic stability when it was infeasible to negotiate joint policy matrices.
- ⦿ UN interagency co-ordination helped promote policy coherence in addressing the impact of the pandemic on women and vulnerable groups through development of policy guidance, dedicated funding and a Human Rights Based Approach. However, additional attention is needed to translate policy into practice in the context of operations.
- ⦿ Securing sufficient resources remained an important challenge throughout the pandemic. New funds and innovative practices helped kick-start the UN's initial COVID-19 response in the absence of core and emergency funding; however, new practices aiming to promote flexibility were not continued and many new initiatives fell short of resource mobilisation targets.
- ⦿ While there was greater inter-agency co-ordination across UN Country Teams (UNCTs) in the context of COVID-19, there is further room to improve joint planning and programming across the UN, MDBs and the IMF. Challenges resulted from differences in partners, business models, fiduciary frameworks.
- ⦿ UN Global Monitoring Frameworks and the MLTF's co-ordination around data generation contributed to greater transparency and monitoring of progress toward collective goals such as vaccine equity, providing a potential model for other complex development challenges.

Sources: <https://www.unicef.org/supply/covid-19-market-dashboard> ; <https://data.unicef.org/resources/government-responses-due-to-covid-19-affected-populations/> ; <https://covid19vaccinedeploymenttracker.worldbank.org/>; <https://covid19.who.int/>; [https://www.wto.org/english/tratop\\_e/covid19\\_e/vaccine\\_trade\\_tracker\\_e.htm](https://www.wto.org/english/tratop_e/covid19_e/vaccine_trade_tracker_e.htm); <https://data.unwomen.org/resources/covid-19-and-gender-monitor>; <https://data.undp.org/gendertracker/>

**Figure 6: Survey respondents generally felt that multilateral organisations co-ordination contributed to a more effective response to COVID-19 at country level.**

Do you agree that development partner co-ordination contributed to a more effective response to Covid-19 in your duty country?



Source: MOPAN country co-ordinators survey

### **Multilateral organisations' co-ordination ultimately seeks to promote coherence and reduce fragmentation.**

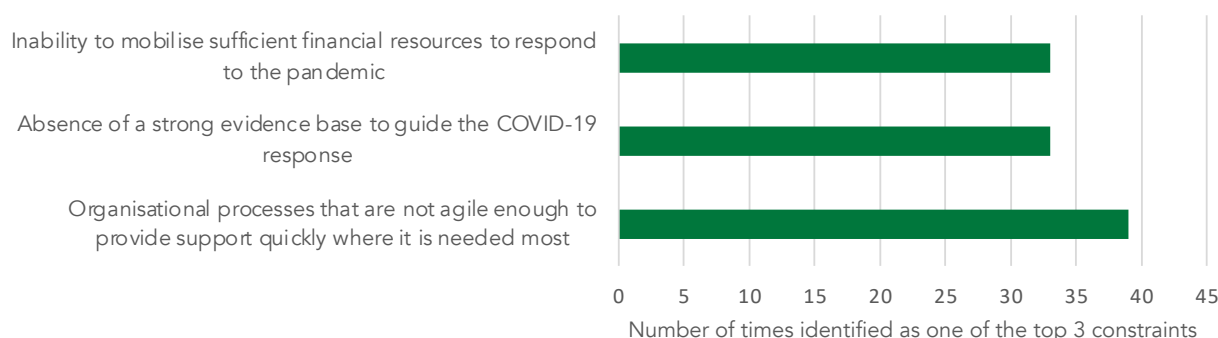
This section considers how MO co-ordination mechanisms contributed to reduced fragmentation in the context of COVID-19, including with respect to sharing of knowledge and evidence, policy and operational coherence, joint planning and programming, coherent resource mobilisation, and joint monitoring. MO co-ordination ultimately contributed to national pandemic prevention, preparedness, and response in terms of enhancing national response capacity, creating fiscal space, and accelerating the development and equitable delivery of vaccines. Respondents to MOPAN's Country Co-ordination Survey confirmed that MO co-ordination contributed to a more effective COVID-19 Response (Figure 6).

### *Sharing knowledge and evidence*

**Multilateral organisations' co-ordination played an important role in sharing knowledge and evidence, enabling an agile response to a novel pathogen in a rapidly evolving context.** Sharing of knowledge and evidence took on greater importance due to the novel nature of COVID-19 and lack of evidence to predict its potential impact and spread. Survey respondents for MOPAN's Country Co-ordination Survey identified "insufficient evidence" as one of the most important constraints for their organisation in responding to the pandemic. Such co-ordination also helped identify the differential impact across different sectors and vulnerable groups.

**WHO's participation in multiple co-ordination fora made an important contribution to sharing information about the pandemic's evolving spread and health impacts.** The WHO led the Crisis Management Team (CMT) and Incident Management Support Teams in partnership with other UN entities, hosting weekly webinars with UNCTs to provide information on the evolving epidemiological situation and provide operational updates from SPRP reporting. WHO also regularly contributed to co-ordination among the MDBs and IMF, with these stakeholders. The WHO's regular epidemiological and operational updates were of particular importance in filling the "pandemic information gap" to inform decision-making, particularly at its outset.

**Figure 7: Top 3 Institutional constraints reported by multilateral organisations in responding to COVID-19**



Source: MOPAN country co-ordination survey

Note: The absence of a strong evidence base was noted by respondents to MOPAN’s Country Co-ordination Survey to be among the top institutional challenges faced in responding to COVID-19, underscoring the importance of co-ordination for the purposes of sharing knowledge and evidence.

**New multilateral organisations’ co-ordination platforms in the education sector helped better understanding the impact of the pandemic on access to education.** Through its “Survey on National Education Responses to COVID-19 School Closures”, the GEC helped better understand national responses to school closures and provided evidence to support policy and programme development. The survey was implemented as a partnership between UNESCO, UNICEF, the World Bank and OECD. At least one round of the survey has been completed by Ministry of Education Officials from 149 countries. In particular, the survey has been instrumental in identifying key barriers to distance learning during the pandemic, including: (i) access to information and communications technology (ICT) infrastructure; (ii) skills gaps among teachers, caregivers and students in using online learning platforms; and (iii) the need for capacity development and psychosocial support among teachers. A separate initiative, the COVID-19 Global Education Recovery Tracker, implemented as a partnership between the World Bank, UNICEF and Johns Hopkins University, tracked education reopening and recovery efforts across 200 countries, including the status of school closures, alternative learning modalities offered and availability of remedial support for teachers.

**Multilateral organisations’ co-ordination increased the availability gender-disaggregated data, promoted awareness of the differential impact of the pandemic on women and supported the implementation of gender-responsive COVID-19 policies.** The pandemic revealed stark weaknesses in the integration of gender and equity considerations in public health data, with only 40% of confirmed cases of COVID-19 reported to WHO with age and sex disaggregation as of May 2020.<sup>104</sup> This issue remains an ongoing challenge, with only 21 (13%) of 157 countries reporting sex disaggregated vaccine uptake data as of March 2022.<sup>105</sup> UN Women was active in collecting data to better understand the disproportionate impact of COVID-19 on women, including through Rapid Gender Assessment surveys conducted in 58 countries.<sup>106</sup> They partnered with WHO to advocate for gender disaggregated data and

104 World Health Organisation (2020) “Gender and COVID-19: Advocacy Brief” [https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy\\_brief-Gender-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy_brief-Gender-2020.1-eng.pdf); World Health Organisation (2021) “Evaluation of the integration of gender, equity and human rights in the work of the World Health Organisation” [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf?sfvrsn=f-c8a1c04\\_1&download=true](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf?sfvrsn=f-c8a1c04_1&download=true)

105 Nasiri-Ansari, Atuhebwe, et al. (2022) “Shifting gender barriers in immunization in the COVID-19 pandemic response and beyond”, *The Lancet*, Volume 400, Issue 10345.

106 UN Women (2021) “Report on the UN Women Global Response to COVID-19” <https://unwomen.org.au/wp-content/uploads/2022/06/Report-on-the-UN-Women-global-response-to-COVID-19-en.pdf>



brought together data inputs from other organisations including the International Labour Organisation (ILO), UNDP, UN-HABITAT, UNHCR, UNICEF and WFP to launch a comprehensive “Gender Monitor”. This dashboard consists of sex-disaggregated data across a range of key indicators aligned to the SDGs for the purposes of promoting gender-sensitive programming and policy.<sup>107</sup> To complement this initiative, the UN WOMEN-UNDP COVID-19 Global Gender Response Tracker monitors the implementation of gender sensitive policies and response actions globally.<sup>108</sup>

### *Policy and operational coherence*

**Co-ordination among UN entities, the MDBs and the IMF among other organisations contributed to enhanced policy and operational coherence across the multilateral system in responding to COVID-19.** The UN's three global frameworks, including the SPRP, GHRP and UN Socio-Economic Framework, contributed to a “One UN” response to the pandemic. These global frameworks also provided a common basis for promoting coherence across the UN, MDBs and other organisations, particularly in the health sector. Inter-agency co-ordination in implementing the frameworks helped operationalise “Leave No One Behind” (LNOB) in the context of COVID-19 through the development of policies and designated funds; however, additional attention is needed in this area to translate policy into action on the ground. Scaled up co-ordination among the IMF and MDBs helped ensure coherence across budget support operations while promoting macroeconomic stability and mitigating the impact on public debt.

### *Enhanced policy and operational coherence in responding to COVID-19*

**The SPRP was an important vehicle through which the WHO executed its normative and convening role in responding to health emergencies.** The SPRP provided a foundation for dialogue with national governments, led by the WHO Country Representative, including a list of key activities used to identify, prioritise and sequence MO support. As of January 2021, 170 countries had developed national COVID-19 preparedness and response plans (CPRPs) aligned to the SPRP. A study of 137 CPRPs indicated a very high degree of alignment between CPRPs and the first 8 pillars of the SPRP, with somewhat less attention paid to maintenance of essential health services.<sup>109</sup> Furthermore, a survey of UNCT members conducted by the UN Development Co-ordination Office (DCO) indicates that the SPRP and the WHO's designation as technical lead in its implementation has strengthened the position of WHO Representatives within UNCTs, further contributing to the execution of WHO's normative mandate.

- 107 <https://data.unwomen.org/resources/covid-19-and-gender-monitor>; UN Women (2021) “Report on the UN Women Global Response to COVID-19” <https://unwomen.org.au/wp-content/uploads/2022/06/Report-on-the-UN-Women-global-response-to-COVID-19-en.pdf>; World Health Organisation (2020) “Gender and COVID-19: Advocacy Brief” [https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy\\_brief-Gender-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy_brief-Gender-2020.1-eng.pdf);
- 108 UN WOMEN (2022) “Government Responses to COVID-19: Lessons on Gender Equality for a World in Turmoil” [https://www.unwomen.org/sites/default/files/2022-06/Government-responses-to-COVID-19-Lessons-on-gender-equality-for-a-world-in-turmoil-en\\_0.pdf](https://www.unwomen.org/sites/default/files/2022-06/Government-responses-to-COVID-19-Lessons-on-gender-equality-for-a-world-in-turmoil-en_0.pdf) <https://data.undp.org/gendertacker/#:~:text=UNDP%20and%20UN%20Women%20have,insights%20in%20the%20dashboard%20below>
- 109 Mustafa, S., Zhang, Y., et al (2021) “COVID-19 Preparedness and Response Plans from 106 countries: a review from a health systems resilience perspective” *Health Policy and Planning* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8385840/pdf/czab089.pdf>



*“In responding to the Covid-19 pandemic, the whole-of-UN approach made it easier to replicate co-ordination at the country level. Bringing fresh resources through the UN Covid-19 Response and recovery MPTF allowed the organization to make concrete and nearly real-time interventions with tangible and immediate results.”*

*Survey open-text response on the strengths of the UN global response frameworks for COVID-19.*

**The SPRP also influenced activities outside of the UN System, informing the COVID-19 responses of MDBs and other multilateral organisations in the health sector.** Stakeholders from the World Bank noted that co-ordination with WHO informed the development of the Global COVID-19 MPA, ensuring that activities supported under the MPA were aligned to the SPRP. The provision of budget support and additional financing for vaccines on the part of MDBs included prior policy actions that supported SPRP implementation, including the identification of national response strategies, multi-partner co-ordination platforms for the COVID-19 response and national vaccine deployment plans. Alignment with the SPRP was made an eligibility criterion for funding requests under the Global Fund’s C19RM, which was established to support countries in responding to COVID-19, mitigate the impact of the pandemic on HIV, TB and malaria programming, and strengthen health and community systems.<sup>110</sup> The majority of procurement for diagnostics and therapeutics under ACT-A has been delivered through the C19RM.

**The UN Socio-Economic Framework contributed to a “One UN” response to the socio-economic impacts of COVID-19 across the UNDS.** In leveraging the RC System to promote inter-agency co-ordination in the development of SERPs, the Socio-economic Framework has contributed to the overall coherence of the UN’s COVID-19 response. As of July 2021, 121 UN SERPs had been finalised covering 139 countries and territories.<sup>111</sup> The contribution of the UN Socio-Economic Framework and the SERPs in promoting a more coherent response is reflected in country responses to the 2020 and 2021 UNDESA survey of national governments and member states, for which 92% of countries reported that RCs ensure a coherent United Nations response to COVID-19.<sup>112</sup> This feedback was echoed by stakeholders who emphasised that this level of coherence across the UNDS had never been achieved previously.

110 The Global Fund (2021) “COVID-19 Response Mechanism Information Note Considerations for Global Fund Support to the COVID-19 Response, including Health and Community System Strengthening, and Mitigation of COVID-19 effects on HIV, TB and Malaria Services and Programs” [https://www.theglobalfund.org/media/10749/covid19\\_c19rm-technical\\_informationnote\\_en.pdf](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf)

111 United Nations (2021) Operational activities of the United Nations for international development co-operation: follow-up to policy recommendations of the General Assembly and the Council Development Co-ordination Office - Report of the Chair of the United Nations Sustainable Development Group; See also United Nations (2021) “Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF” [https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report\\_April22.pdf](https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report_April22.pdf)

112 Development Co-ordination Office (2021) Report of the Chair of the United Nations Sustainable Development Group; United Nations (2021) Implementation of General Assembly resolution 75/233 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system: Report of the Secretary-General.

**Scaled-up co-ordination between the IMF and MDBs in the context of budget support operations was essential for mitigating negative impacts on debt sustainability.** Stakeholders across the MDBs noted how instrumental the enhanced co-ordination with the IMF was for promoting coherence across policy frameworks for budget support while ensuring that key eligibility criteria were met, such as having a sound macroeconomic policy framework. There were mutual benefits from this co-ordination whereby IMF stakeholders would provide an assessment of the macroeconomic context and different MDBs would provide an update on the impact of COVID-19 across specific sectors and regions. Through these interactions, there were also cases where budget support did not proceed due to debt sustainability and fiduciary risks (e.g. Angola, Zambia and Congo-Brazzaville). Overall, this scaled up co-ordination enabled an agile response on the part of MDBs to address macroeconomic challenges while ensuring adherence to macroeconomic principles.

### “Leave No One Behind” – moving from policy to practice

**Inter-Agency co-ordination across the UNCTs led by the RCs helped promote a stronger focus on gender and human rights throughout the UNDS response to COVID-19.** A series of checklists and guidance documents were produced to promote: **i.** the adoption of a HRBA in the design of SERPs; **ii.** analysis of gender, disability and other themes in the development of SEIAs; and **iii.** integration of gender and human rights considerations into SERPs and updates to Common Country Analyses (CCA).<sup>113</sup> Rapid Gender Assessment Surveys (RGAs) supported by UN Women had been explicitly referenced in nearly 80% of SERPs.<sup>114</sup> Furthermore, the Inter-Agency Network on Women and Gender Equality (IANWGE) identified a “minimum requirements” checklist for incorporating gender considerations into SERPs.<sup>115</sup> Guidance documents were similarly prepared by other entities to promote mainstreaming of considerations for age, disability and other themes.<sup>116</sup>

**Despite increased inter-agency co-ordination in supporting the most vulnerable, more attention is needed in operationalising LNOB and HRBAs from policy into practice.** The UN System-Wide Evaluation of the COVID-19 Response found that the level of attention paid to gender equality, human rights and other issues in SERPs varied across case study countries. The Task Team for LNOB and HR 2020’s review of 109 SERPs found that only 32% offered evidence of HRBAs in design, with 30% failing to include a human rights analysis.<sup>117</sup> Furthermore, only 7% had a data collection strategy that incorporated the Socio-Economic Framework’s human rights indicators and the

113 OHCHR (2020) “Checklist for a Human Rights-Based Approach to Socio-Economic Country Responses to COVID-19” [https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19/Checklist\\_HR-Based\\_Approach\\_Socio-Economic\\_Country\\_Responses\\_COVID-19.pdf](https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19/Checklist_HR-Based_Approach_Socio-Economic_Country_Responses_COVID-19.pdf)

114 UN Women (2021) “Report on the UN Women Global Response to COVID-19” <https://unwomen.org.au/wp-content/uploads/2022/06/Report-on-the-UN-Women-global-response-to-COVID-19-en.pdf>

115 Inter-Agency Network on Women and Gender Equality (2020) “MINIMUM REQUIREMENTS CHECKLIST FOR INTEGRATING GENDER EQUALITY IN THE IMPLEMENTATION OF THE UN FRAMEWORK FOR THE SOCIO-ECONOMIC RESPONSE TO COVID-19” <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/IANWGE-Minimum-requirements-checklist-for-integrating-gender-equality-in-COVID-19-response-en.pdf>

116 Inter-Agency Working Group on Disability (2020) “Checklist for Planning a Disability Inclusive COVID-19, Socio-Economic Response and Recovery” [https://www.un.org/sites/un2.un.org/files/2020/07/disability-inclusion\\_checklist\\_socio-economic\\_response\\_july\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/2020/07/disability-inclusion_checklist_socio-economic_response_july_2020.pdf)

117 Internal UN Document as cited in: United Nations (2021) “Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF” [https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report\\_April22.pdf](https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report_April22.pdf)

majority made no reference to the indicators nor a HRBA to data.<sup>118</sup> A review of 107 SERPs by UN Women similarly found that although 85% identified gender equality as a cross-cutting principle, fewer than 5% incorporated visible gender mainstreaming across all 5 pillars of the response or made use of gender disaggregated data.<sup>119</sup>

**The experience of the Response and Recovery MPTF illustrates how co-ordination mechanisms can be used to incentivise and deepen gender-responsive programming.** Terms of Reference for the MPTF indicated that that all funded initiatives needed to address gender implications of COVID-19 and be designed to avoid gender-based discrimination.<sup>120</sup> A gender marker was introduced in April 2020 as a means of operationalising this requirement and monitoring support for gender equality based on the four-point coding system, with guidance provided by UN Women for implementation.<sup>121</sup> To help further strengthen gender mainstreaming, a financial target of 30% of programmes with a gender equality marker code of 3 (GEM3) was identified for the second call for proposals. Proposals with a gender equality marker code of “0” were not approved and proposals with a gender equality marker code of “1” were discouraged. The fund exceeded this target with 69% of the second call proposals qualified as GEM3. This was a marked improvement over proposals from the first call, for which UN Women found just 3 of 57 proposals qualified as GEM3.<sup>122</sup>

**A designated GBV envelope was identified from the CERF’s rapid response window to signal that a minimum amount of funding for Underfunded Emergencies (UFE) must be allocated to initiatives addressing GBV.** One of the strategic principles of the GHRP is to “protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic”.<sup>123</sup> In line with the identification by the Emergency Relief Co-ordinator of support for women and girls as one of four priority areas that are often underfunded, this ‘GBV envelope’ identified an additional USD 25 million special allocation from CERF’s rapid response window to support GBV programming, allocated to UN Women and UNFPA. However, despite a formal request from the GBV community to the ERC, the format of the GHRP was not modified to include a standalone specific objective on GBV and corresponding indicators in its monitoring framework, which stakeholders noted as a missed opportunity to strengthen incentives and impact in this area.

**ACT-A faced challenges implementing its “humanitarian buffer” to reach the most vulnerable beneficiaries demonstrates the importance of implementation arrangements that facilitate localisation and the participation of CSOs and NGOs.** GAVI created a “humanitarian buffer” of 5% of AMC funding to be ringfenced for purchasing and deployment of vaccines to high-risk populations. By the end of June 2022, 320 million doses had been delivered, yet had failed to match both needs and initial targets. One of the main challenges was the initial inaccessibility of the humanitarian buffer to non-governmental humanitarian actors despite the relevance and importance of these organisations in crisis contexts. This challenge was partly attributed to a vaccine indemnification scheme that placed

118 United Nations Sustainable Development Group (2021) “OPERATIONALIZING LEAVING NO ONE BEHIND GOOD PRACTICE NOTE FOR UN COUNTRY TEAMS” <https://unsdg.un.org/sites/default/files/2022-04/Operationalizing%20LNOB%20-%20final%20with%20Annexes%20090422.pdf>

119 Internal UN Document as cited in: United Nations (2021) “Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF” [https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report\\_April22.pdf](https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report_April22.pdf)

120 UN MPTF Office (2020) “Terms of Reference for the UN COVID-19 Response and Recovery Multi-Partner Trust Fund” <http://mptf.undp.org/factsheet/fund/COV00>

121 United Nations Sustainable Development Group (2020) “UNCT Gender Equality Marker Guidance Note” <https://unsdg.un.org/sites/default/files/2019-09/UNCT%20GEM%20UN%20INFO%20final%20draft%20June%202019.pdf>

122 United Nations (2021) “Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF” [https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report\\_April22.pdf](https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report_April22.pdf)

123 UNOCHA, Global Humanitarian Response Plan – May Update, May 2020, [https://www.unocha.org/sites/unocha/files/GHRP-COVID19\\_May\\_Update.pdf](https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf).

excessive liability on these actors. Although some manufacturers eventually waived general indemnity and liability obligations for doses delivered via the humanitarian buffer, these waivers did not cover the full spectrum of risks, requiring GAVI, the WHO and UNICEF to engage in complex risk-sharing negotiations among manufacturers and non-governmental humanitarian actors, further complicating implementation.<sup>124</sup>

## Resource mobilisation

**Although multilateral organisations' co-ordination made an important contribution to mobilising resources to support the COVID-19 response, resource availability remained an important challenge throughout the pandemic.** In the absence of sufficient emergency funds, new resource mobilisation mechanisms and innovative funding mechanisms were established to support the UN's early health, socio-economic and humanitarian responses to COVID-19. However, new resource mobilisation initiatives often went undercapitalised and innovative practices were not sustained, limiting their overall impact.

**Co-ordination around new resource mobilisation mechanisms helped kick-start the UN's early response to COVID-19 in the absence of flexible emergency funding.** This was particularly true for the Solidarity Response Fund (SRF) and COVID-19 Response and Recovery Multi-Partner Trust Fund (MPTF), which helped provide funding to support the UN's initial health and socio-economic responses to COVID-19. Although the Response and Recovery MPTF fell far short of its overall resource mobilisation targets, it provided a critical source of gap funding while UNCTs worked to repurpose existing resources already committed to social and economic programming.<sup>125</sup> The SRF played a particularly important role in procurement of PPE for LICs in the beginning stages of the pandemic, allocating USD 74.9 million to the CSCS as revolving funds, a critical innovation helping the funds raised achieve greater impact.<sup>126</sup>

**The UN's Central Emergency Response Fund (CERF) provided an early fast-tracked allocation of USD 95 million directly to UN agencies at the global level without earmarking to specific countries or activities to provide maximum flexibility.** Funds were provided through an innovative block-chain mechanism rather than through country specific grants over the period of February to May 2020, including USD 40 million earmarked for logistics and humanitarian supply chains. In 2020, a total of USD 135 million in CERF allocations and reprogrammed funds supported the humanitarian impacts of the COVID-19 response in 46 countries, with the initial fast-tracked grants complemented by a first-ever grant of USD 25 million provided directly to implementing NGOs and USD 22 million provided to support GBV responses.<sup>127</sup>

**However, despite early openness to providing more flexible resources, donors gradually resumed earmarking.** In its 2020 "Proposal for a harmonized approach to funding flexibility in the context of COVID-19", the IASC Results Group on Humanitarian Financing notes the immediate need to improve flexibility of humanitarian financing in the context of COVID-19. This proposal was driven by the need for both preparedness and anticipatory actions to respond to the pandemic in addition to response actions. It proposes several harmonised approaches for flexible

124 Open Consultants (2022) "External Evaluation of the Access to COVID-19 Tools Accelerator" [https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-\(act-a\)](https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-(act-a))

125 *Ibid.* Supported by stakeholders.

126 *Ibid.* The Yellow House (2021) "Assessment of the COVID-19 Supply Chain System (CSCS) Summary Report" <https://www.who.int/publications/m/item/assessment-of-the-covid-19-supply-chain-system-report>

127 Central Emergency Response Fund (2020) "CERF COVID-19 ALLOCATIONS - CERF Advisory Group Meeting, November 2020" <https://cerf.un.org/sites/default/files/resources/CERF%20COVID-19%20Allocations%20%28November%202020%29.pdf>



humanitarian financing across UN entities. However, despite earlier openness, donors gradually reverted to providing earmarked funds throughout the course of the humanitarian response, partly due to the challenges faced by implementing organisations in meeting reporting and accountability requirements.<sup>128</sup>

**The ACT-A rapidly mobilised considerable resources to address the health impacts of the pandemic, but the overall amount fell short of requirements.** As of October 2022, ACT-A raised USD 23.7 billion across its three pillars to support the end-to-end development and delivery of vaccines, diagnostics and therapeutics. The vast majority of this financing has gone to support COVAX and vaccination related activities (USD 16.09 billion, 67%) whereas the therapeutics, diagnostics and health systems connector pillars have raised USD 5.49 billion collectively (23%), with the remaining 10% of funds not allocated to a specific pillar.<sup>129</sup> Despite the progress achieved in mobilising resources, ACT-A has faced a persistent shortfall against its requirements including a USD 15.4 billion gap in 2020-October 2021 and a USD 10.9 billion gap from October 2021-22.<sup>130</sup>

## Joint planning and programming

**Multilateral organisations' co-ordination to respond to COVID-19 contributed to enhanced joint planning and programming, particularly among UN entities.** Evidence-based joint planning and programming made an important contribution to the COVID-19 response, bringing together MOs with different comparative advantages to address complex challenges that single institutions would be unable to address effectively in isolation. Co-ordination in the context of COVID-19 built upon nascent implementation of UNDS Reform to reinforce the leadership of RCs and introduce new, more inclusive processes for country planning. New tools and platforms were launched to further support co-ordination among different partners, including UN entities, MDBs and national governments. However, efforts to promote joint programming also encountered challenges in terms of the time burden associated with inter-agency planning and barriers with respect to operational siloes and differences in business models among MDBs, the IMF and UN entities.

**The UN's three global frameworks for the COVID-19 response contributed to greater interagency co-ordination across UN entities through the development of country-level plans.** SERPs have helped promote greater inter-agency co-ordination at country-level, particularly among smaller, more specialised non-resident agencies (NRAs) that play a normative role in helping to ensure the needs of the most vulnerable are addressed (e.g. OHCHR and UN Women).<sup>131</sup> The leadership of RCs was reinforced, with RCs helping to ensure that smaller entities and NRAs had the opportunity to review draft SERPs and sharpen their focus on the needs of vulnerable groups. As of 2022, all SERPs were to be merged into the UN Sustainable Development Cooperation Frameworks (UNSDCF) to ensure the immediate response is linked to a coherent plan for longer-term recovery. The development of CPRPs and HRPAs have similarly strengthened existing co-ordination across UN development and humanitarian entities.

**However, stakeholders also noted important challenges in implementing the UN global frameworks.** Stakeholders noted a lack of clarity between the boundaries of the SPRP and the UN Socio-Economic Framework, particularly with respect to promoting continuity and access to essential health services. Furthermore, the distinction

128 Inter-agency Humanitarian Evaluation (2022) "COVID-19 Global Humanitarian Response Plan: Learning Paper" <https://www.unocha.org/sites/unocha/files/IAHE%20COVID-19%20GHRP%20Learning%20Paper.pdf>

129 ACT-A (2022) "ACT-A Financial Contribution Summary Charts – October 3<sup>rd</sup> 2022" <https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker>

130 *Ibid.*

131 United Nations Development Co-ordination Office (2021) "Report of the Chair of the United Nations Sustainable Development Group" <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/100/51/PDF/N2110051.pdf?OpenElement>

made between the humanitarian and socio-economic impacts of COVID-19 with respect to the GHRP was often not practical in real world settings. Stakeholders also raised concerns about the time burden required to produce separate response plans to address health, socio-economic and humanitarian impacts of COVID-19, noting the immense pressure placed on RCs and the rest of the country team. It was suggested that updating existing UNSDCFs would have perhaps achieved the same result while being less labour intensive.

**New and innovative digital tools such as the COVID-19 Partners Platform helped support joint planning and monitoring across donors and partners to support implementation of CPRPs.** The Partners Platform enabled: (i) real-time monitoring of planning and implementation for key SPRP actions; (ii) transparent communication of resource needs; and (iii) visibility for commitments from donors and other partners, including MDBs. As of the date of writing, the Partners Platform has been used by more than 158 countries to update their response plans, plan and co-ordinate key actions among development partners, engage with civil society organisations and share resource needs transparently with partners.<sup>132</sup> It has recorded USD 10.9 billion in national resource needs and USD 10.19 billion in partner contributions across 45 global donors.<sup>133</sup> The Partners Platform was complimented by more targeted monitoring tools to enable monitoring of donor and partner commitments for specific initiatives. For example, UNICEF's Vaccine Financial Monitoring (C19VFM) database, tracked donor commitments and disbursements channelled to support vaccine delivery and monitored funding gaps as part of the CoVDP.<sup>134</sup> The C19VFM has captured data for 139 countries from 35 financing sources.

**While there was greater inter-agency co-ordination across UN Country Teams (UNCTs), there is further room to improve joint planning and programming across the UN, MDBs and the IMF.** Although SERPs helped promote evidence-based inter-agency programming among UNCT members, they were less successful in promoting co-ordination across the IMF, MDBs and UN entities. The majority of SERPs include data and analytical work from the IMF and MDBs such as the World Bank; however, there are far fewer examples of joint planning, programming, or resource mobilisation involving these institutions. Most stakeholders considering the development of SERPs to be a parallel planning process to those of the MDBs and IMF (See Figure 8). Furthermore, the UN is rarely involved in MDB-IMF co-ordination around budget support despite recent efforts to promote Integrated National Financing Frameworks (INFFs). There remains uneven awareness and buy-in for INFFs among MDBs and the IMF. While some stakeholders question to relevance of UN participation in IMF-MDB co-ordination around budget support, there have been specific cases where UN entities have provided inputs to IMF loan conditionalities around social protection programmes where they have a normative role and established expertise (e.g. Egypt).

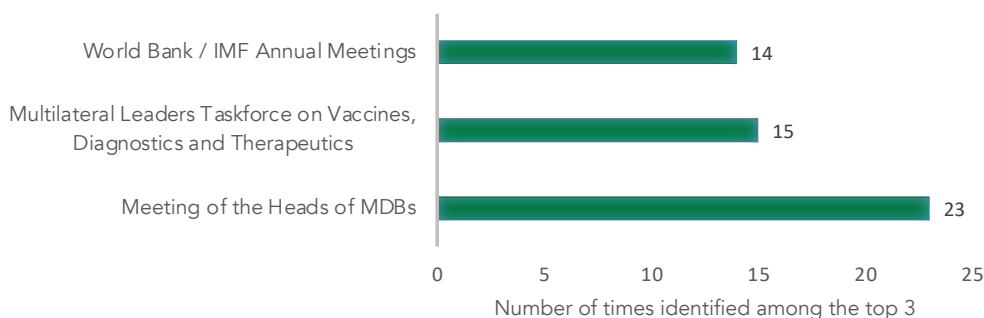
132 <https://partnersplatform.who.int/en/>; Shen, A.K., Yu, M.A. & Linstrand, a (2021) "COVID-19 Partners Platform—Accelerating Response by Co-ordinating Plans, Needs, and Contributions During Public Health Emergencies: COVID-19 Vaccines Use Case" *Global Health: Science and Practice* <https://www.ghspjournal.org/content/ghsp/9/4/725.full.pdf> ; World Health Organisation (2021) "COVID-19 Partners Platform: Programme Budget Portal/COVID-19" [https://apps.who.int/gb/COVID-19/pdf\\_files/24\\_09/SPH.pdf](https://apps.who.int/gb/COVID-19/pdf_files/24_09/SPH.pdf)

133 *Ibid.*

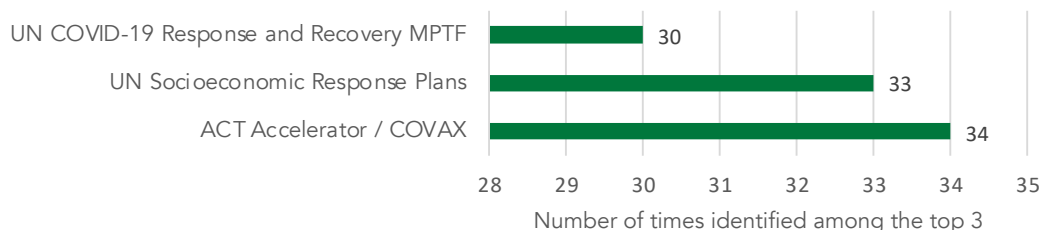
134 <https://www.unicef.org/documents/costs-and-predicted-financing-gap-deliver-covid-19-vaccines-133-low-and-middle-income>

MOPAN Country Co-ordination Survey suggests that MDBs and UN entities were most strongly influenced by different co-ordination mechanisms in responding to COVID-19 and tend to work closely with different partners.

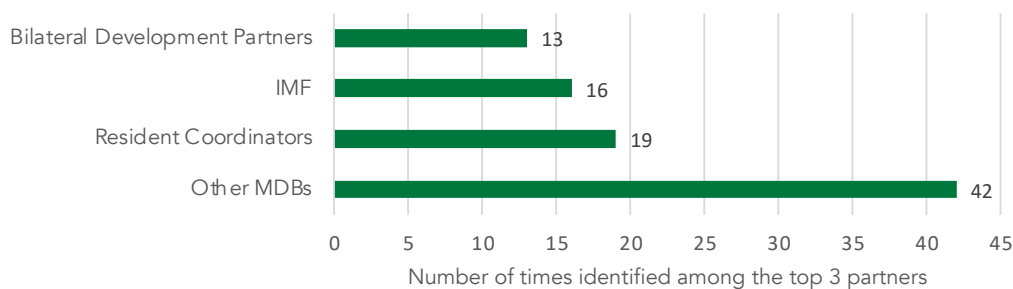
**Figure 8: Most influential COVID-19 co-ordination mechanisms among MDBs and IMF (N=42)**



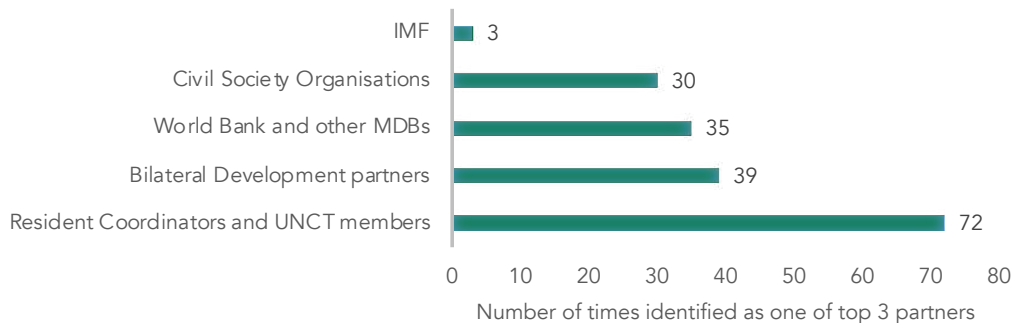
**Figure 9: Most influential COVID-19 co-ordination mechanisms among UN entities (N=72)**



**Figure 10: Partners engaged most frequently by MDB respondents (N=42)**



**Figure 11: Partners engaged most frequently by UN Respondents (N=72)**



Source: MOPAN country Co-ordination Survey

**Challenges for greater co-ordination among UN entities, MDBs, and the IMF partly stem from differences in partners and entry points across national governments.** MOPAN's Country Co-ordination Survey illustrated that MDBs and UN entities often work with completely different partners, with MDBs tending to work more closely with other MDBs while UN entities work more closely with RCs and civil society. Across governments, MDBs and the IMF tend to work most closely with Ministries of Finance, whereas UN entities tend to have broader relationships across different government ministries. While both UN entities and MDBs reported that they regularly work with bilateral donors, available evidence from MOPAN's Country Co-ordination Survey suggests that bilateral donors do not apply a co-ordinated approach to working with partners.

**Challenges stemming from differences in instruments across UN entities, MDBs and IMF were noted by stakeholders in the context of ACT-A.** Whereas funds provided by UN entities tend to be available for implementation up front, MDB financing is dependent upon uptake by borrowing countries. This difference was noted as a particular challenge in the case of vaccines. Although a large pool of funds was made available by MDBs, uptake was more gradual and based on demand among beneficiary countries. Uptake for lending was delayed by practical considerations, including lack of availability of vaccines on the market due to large-scale bilateral purchases by HICs. Some stakeholders noted that this distinction obscured the overall picture of resource mobilisation for ACT-A. Differences in fiduciary policies and procedures, including procurement, were also reported to have undermined the effectiveness of partnerships between UN entities, MDBs and regional organisations in responding to COVID-19. In some cases, Executive Board waivers needed to be sought to work with UN entities such as UNICEF to procure essential medical supplies.

### *Joint Monitoring*

**Efforts to promote policy and operational coherence across UN entities were complemented by global monitoring frameworks and digital platforms that increased transparency around the COVID-19 response.** These monitoring frameworks identified a set of key indicators to track the evolution of the pandemic and key indicators for the global response. The emergence of new data platforms further helped make data on the COVID-19 response easily accessible to a wide range of audiences. ACT-A lacked a coherent results framework at its outset; however, the creation of the MLTF helped address this gap by bringing data together from multiple partners to track progress in delivering vaccine equity and hold different partners accountable.

**Global monitoring frameworks for the SPRP, UN Socio-Economic Framework and the GHRP helped improve transparency around the UN's response to COVID-19, including through use of digital platforms.** For the SPRP, an online dashboard was created to present epidemiological data for key indicators and report on progress toward the implementation of key actions to reinforce preparedness and response.<sup>135</sup> DCO established a COVID-19 Tracker through its UNINFO platform to aggregate estimates for the number of vulnerable people reached through key interventions. The Tracker also provided a repository of impact assessments and SERPs to demonstrate the UN's response to country-level priorities.<sup>136</sup> Monthly updates compiled for the GHRP provided information on

135 <https://covid19.who.int/>

136 <https://data.uninfo.org/Home/WorldMap>

key indicators for the global humanitarian response, including the number of people reached through different initiatives.<sup>137</sup> Together, these frameworks, reports and trackers helped communicate the scale of the UN's global response to COVID-19 and contributed to overall transparency (See Box 8).

**Results platforms, particularly UNINFORM, contributed to progress in implementing UNDS Reform with respect to aggregated annual reporting on system-wide support to the SDGs and results.**<sup>138</sup> Lessons learned from DCO's experience in implementing a global results framework in the context of the UN Socio-Economic Framework have contributed to the development of a global Output Indicator Framework that incorporates feedback from the country, regional and HQ levels. This framework identifies a flexible compendium of indicators, with country offices required to report on a minimum of 15 indicators annually.<sup>139</sup> UN entities can indicate where civil society has been engaged to deliver the output and identify where up to 20 LNOB groups have been reached. Further changes are being implemented to reduce any dual reporting burden vertically within UN entities and horizontally through the DCO by improving the interoperability among UN entity reporting systems and UNINFORM.

The MLTF's co-ordination around data generation and knowledge sharing was a platform for greater transparency and advocacy. With respect to countermeasures such as vaccines, diagnostics and therapeutics, the lack of a pre-agreed means of co-ordinating across public stakeholders, companies and multilateral organisations makes it more challenging to compile overall data on results and identify possible bottlenecks. The MLTF, alongside key ACT-A partners such as WHO and UNICEF played an important role in working with other MOs as well as public and private actors to compile data and enhance accessibility of information available in a series of publicly accessible dashboards.<sup>140</sup> These data have also contributed to the ability of other MOs and platforms to report more comprehensively on their results, including the creation of ACT-A's comprehensive dashboard and the World Bank's Vaccine deployment tracker.<sup>141</sup> However, the data compiled has largely centred upon vaccines, with a single dashboard on diagnostic testing and indicators on therapeutics under development.

137 See: UNOCHA (2021) "Global Humanitarian Response Plan COVID-19 Progress Report: Final Progress Report, 22 February 2021" <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-progress-report-final-progress-report-22>

138 <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N18/167/23/PDF/N1816723.pdf?OpenElement>

139 [https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202022%20refinement\\_Eng.pdf](https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202022%20refinement_Eng.pdf)

140 <https://www.covid19taskforce.com/en/programs/task-force-on-covid-19-vaccines/data>

141 <https://www.covid19globaltracker.org/>; <https://covid19vaccinedeploymenttracker.worldbank.org/>



### Box 8: COVID-19 and the emergence of global data platforms

Digital platforms were leveraged extensively throughout the pandemic both to facilitate co-ordination and to support transparency and monitoring. New dashboards implemented by MOs included:

- ⦿ **UNICEF's COVID-19 Market Dashboard:** This dashboard tracks publicly announced bilateral and multilateral vaccine supply agreements, including price points and projected production capacity.
- ⦿ **UNICEF's Dashboard on Government Responses to COVID-19:** This dashboard presents government measures to contain the virus spread (e.g. movement restrictions), limit economic impacts (e.g. income support) and manage health impacts (e.g. testing, contact tracing).
- ⦿ **The World Bank COVID-19 Vaccine Deployment Tracker:** This tracker measures the deployment of vaccines to identify countries in need of financial and operational support for vaccine deployment readiness to resolve bottlenecks on the ground.
- ⦿ **The WHO Coronavirus COVID-19 Dashboard:** This dashboard provides global information about new confirmed cases, cumulative cases and cumulative deaths by country.
- ⦿ **The WTO-IMF Vaccine Trade Tracker:** This dashboard provides information on the trade and supply of COVID-19 vaccines by product, economy and arrangement type.
- ⦿ **UN WOMEN Gender Monitor:** This dashboard provides a range of gender-disaggregated data against epidemiological and socio-economic indicators to help inform gender-sensitive COVID-19 policies.
- ⦿ **UN WOMEN-UNDP COVID-19 Global Gender Response Tracker:** This dashboard monitors the implementation of gender sensitive policies and response actions globally.

Sources: <https://www.unicef.org/supply/covid-19-market-dashboard>; <https://data.unicef.org/resources/government-responses-due-to-covid-19-affected-populations/>; <https://covid19vaccinedeploymenttracker.worldbank.org/>; <https://covid19.who.int/>; [https://www.wto.org/english/tratop\\_e/covid19\\_e/vaccine\\_trade\\_tracker\\_e.htm](https://www.wto.org/english/tratop_e/covid19_e/vaccine_trade_tracker_e.htm); <https://data.unwomen.org/resources/covid-19-and-gender-monitor>; <https://data.undp.org/gendertracker/>

## Pandemic preparedness, prevention and response

**Overall, multilateral organisations' co-ordination made an important contribution to global pandemic preparedness and response.** Key contributions included: (i) building national pandemic response capacity; (ii) maintaining public expenditure and essential public service delivery; and (iii) accelerating the development and equitable delivery of vaccines, diagnostics and therapeutics. Beyond MO co-ordination, ownership and support among national governments played an important role in the achievement of results in each of these areas.

**Implementation of the SPRP contributed to strengthening health systems and building the capacity of different countries to prevent and respond to the health impacts of the pandemic.** The SPRP's global monitoring framework tracks progress achieved by countries in implementing identified actions for each pillar against baselines and targets. Considering the normative role of the SPRP and the fact that it was taken up widely by countries and MOs to inform national response plans and guide programming, the global monitoring framework provides some insight into how MO co-ordination has contributed to changes in country preparedness over time. Overall, the SPRP contributed to important progress on key indicators for pandemic response capacity across countries in critical areas, including the number of countries with: (i) a functional multi-sectoral, multi-partner co-ordination mechanism for COVID-19 preparedness and response; (ii) COVID-19 laboratory test capacity; and (iii) a clinical referral system in place for COVID-19 cases, among other areas.<sup>142</sup>

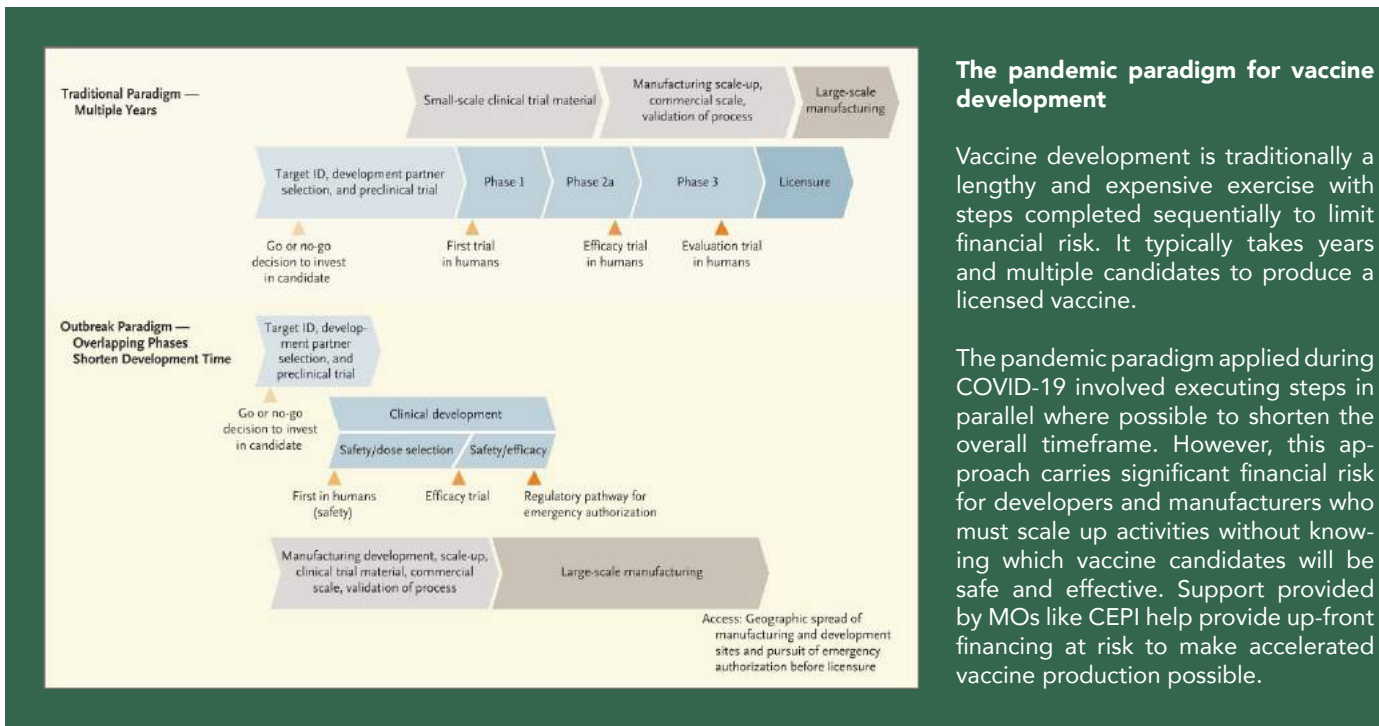
142 World Health Organisation (2021) "Looking back at a year that changed the world WHO'S RESPONSE TO COVID-19" <https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-covid-19>

**The Debt Service Sustainability Initiative (DSSI) contributed to overall COVID-19 spending and the maintenance of recurring spending on essential services.** As noted above, since its endorsement by the G20 Finance Ministers in April 2020, the DSSI has resulted in the suspension of USD 12.9 billion in debt service payments owed by 48 of 73 eligible countries to their bilateral creditors, with most beneficiary countries located in Africa.<sup>143</sup> One of the DSSI's main objectives was to protect primary spending during the crisis. The WB and the IMF worked with beneficiary countries to establish a monitoring system to track the DSSI's contribution to overall developments in economic activity. These included the evolution of COVID-related spending in response to the crisis and spending on essential public services, which often overlap.<sup>144</sup> On average, DSSI beneficiaries spent 1.6 % of GDP in COVID-related needs, including prevention and containment, support to households and support to businesses.<sup>145</sup> The fiscal space created by the DSSI was not enough to completely preserve public expenditure on essential services, Whereas spending on prevention and containment increased, spending on education and other health-related spending decreased.<sup>146</sup> However, this reduction would have been much larger without the DSSI. Of note, the DSSI was not designed to address sovereign debt sustainability, which has become a growing concern among LICs.

**Although ACT-A fell short of its initial targets for promoting equitable access to COVID-19 vaccines, the course of the pandemic is likely to have been very different had this platform not been convened.** COVAX provided critical support to the accelerated development of safe and effective COVID-19 vaccines through a “pandemic paradigm”, with the Pfizer/BioNTech vaccine receiving WHO Emergency Use Listing on 31 December, 2020, just 8 months following the declaration of a PHEIC.<sup>147</sup> Typically, vaccine development has taken upwards of four years.<sup>148</sup> As of September 2022, 1.64 billion doses have been delivered to LICs and MICs through COVAX, with 2.8 billion doses confirmed or donated against an initial target of 2 billion doses delivered by the end of 2021.<sup>149</sup> The CoVDP has also supported vaccine delivery for the poorest countries, helping to reduce the number of countries with less than 10% vaccination coverage from 34 to 18 since January 2022.

- 
- 143 World Bank Group (2020) “IMPLEMENTATION AND EXTENSION OF THE DEBT SERVICE SUSPENSION INITIATIVE” <https://documents1.worldbank.org/curated/en/612471605806788745/pdf/Implementation-and-Extension-of-the-Debt-Service-Suspension-Initiative-Executive-Summary.pdf>; World Bank Group and International Monetary Fund Support for Debt Relief Under the Common Framework and Beyond” <https://www.devcommittee.org/sites/dc/files/download/Documents/2021-03/DC2021-0002%20Debt%20final.pdf>; <https://www.worldbank.org/en/topic/debt/brief/covid-19-debt-service-suspension-initiative>
- 144 International Monetary Fund (2021) “JOINT IMF-WBG STAFF NOTE: DSSI FISCAL MONITORING UPDATE” <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/09/16/Joint-IMF-WG-Staff-Note-DSSI-Fiscal-Monitoring-Update-465864>
- 145 *Ibid.*
- 146 *Ibid.*; <https://www.unicef-irc.org/publications/pdf/COVID-19-and-Shrinking-Finance-for-Social-Spending.pdf>
- 147 <https://www.who.int/news/item/31-12-2020-who-issues-its-first-emergency-use-validation-for-a-covid-19-vaccine-and-emphasizes-need-for-equitable-global-access>; ACT-Accelerator (2022) “The ACT-Accelerator: Two Years of Impact” <https://www.who.int/publications/m/item/the-act-accelerator--two-years-of-impact>
- 148 Ball, P. (2020) “The Lightning-fast Quest for COVID vaccines – and what it means for other diseases” <https://www.nature.com/articles/d41586-020-03626-1>
- 149 See: <https://www.covid19globaltracker.org/pillar/vaccination>; ACT-Accelerator (2022) “The ACT-Accelerator: Two Years of Impact” <https://www.who.int/publications/m/item/the-act-accelerator--two-years-of-impact>

Figure 12: The pandemic paradigm for accelerated development and manufacture of vaccines



Source: Lurie, N., Saville, M. et al "Developing COVID-19 Vaccines at Pandemic Speed", *New England Journal of Medicine*, 21 May 2020. <https://www.nejm.org/doi/full/10.1056/NEJMp2005630>

Many of the challenges faced by ACT-A co-conveners in implementing their respective initiatives were caused by circumstances beyond their control, including bilateral vaccine purchase agreements and trade restrictions. The establishment and operationalisation of the COVAX Facility was proposed in April 2020 and not approved by GAVI's Board in July 2022.<sup>150</sup> Furthermore, GAVI could not enter any advance purchase agreement with manufacturers until it had legally binding financial commitments to procure vaccine doses to limit its risk exposure.<sup>151</sup> By August 2020, COVAX had managed to secure at least 300 million doses of AstraZeneca, but continued to fall short of raising the estimated 18 billion needed to procure and deliver 2 billion doses, as per its initial targets.<sup>152</sup> By that time, several bilateral deals had already been concluded among HICs, with pre-order covering sufficient doses to vaccinate the populations of purchasing countries multiple times over. The resulting supply shortages delayed delivery of vaccines to LICs.<sup>153</sup> Trade restrictions have posed another important challenge, with 80 countries introducing temporary

150 Gavi (2020) "Report to the Board – AVI COVAX AMC 30 July 2020" <https://www.gavi.org/sites/default/files/board/minutes/2020/30-july/04a%20-%20Gavi%20COVAX%20AMC.pdf>

151 Gavi (2020) "Report to the Board 29-30 September 2020 - COVAX FACILITY OPERATIONALISATION AND VACCINE PROGRAMME" <https://www.gavi.org/sites/default/files/board/minutes/2020/29-sept/03%20-%20COVAX%20Facility%20Operationalisation%20and%20Vaccine%20Programme.pdf>

152 <https://www.who.int/news/item/24-08-2020-172-countries-and-multiple-candidate-vaccines-engaged-in-covid-19-vaccine-global-access-facility>

153 Callaway (2020) "THE UNEQUAL SCRAMBLE FOR CORONAVIRUS VACCINES" [d41586-020-02450-x.pdf \(nature.com\)](https://www.nature.com/d41586-020-02450-x.pdf) ; Kupferschmidt, K. (2020) "Vaccine nationalism' threatens global plan to distribute COVID-19 shots fairly: As rich countries sign deals worth billions of dollars, the rest of the world may get left behind" *Science Insider* <https://www.science.org/content/article/vaccine-nationalism-threatens-global-plan-distribute-covid-19-shots-fairly>

export restrictions on medical supplies, pharmaceuticals and medical equipment as of April 2020, including tariffs levied on vaccine manufacturing and delivery inputs. Most notably, vaccine export restrictions imposed by India in April 2021 to address a steep rise in cases disrupted vaccine supply to COVAX from the Serum Institute of India. This disrupted the execution of contracts for the provision of 200 million doses of AstraZeneca as well as agreements to supply an additional 350 million doses that had yet to be finalised.

**ACT-A has similarly contributed to the scale-up, purchase, and distribution of diagnostics, therapeutics, and critical supplies such as oxygen.** Initiatives implemented under the diagnostics pillar of ACT-A has delivered over 150 million diagnostic tests to LICs and MICs, helping to reduce the price per test to between USD 1-2, down from USD 5 in September 2020.<sup>154</sup> With respect to therapeutics, ACT-A-linked initiatives helped identify dexamethasone as the first effective treatment for COVID-19 and secured advanced procurement of 2.9 million doses for LICs and MICs, with USD 7.9 million in therapeutics delivered overall.<sup>155</sup> Finally, ACT-A-linked initiatives helped ensure access to emergency oxygen supplies, mobilising USD 700 million in grant financing through the Oxygen Emergency Taskforce and delivering USD 187 million in oxygen supplies to LICs and MICs, including innovative Oxygen Plant Systems for 30 countries.<sup>156</sup>

## Key enabling and constraining factors for co-ordination in the context of COVID-19

### Box 9: Key enabling and constraining factors for co-ordination in the context of COVID-19

Five key factors were found to have enabled or constrained co-ordination, contributing to the ability of different mechanisms to achieve their objectives:

- ⦿ Having **clear roles and responsibilities** and ways of working tended to promote more agile and transparent decision-making, reducing gaps, overlap and duplication of activities;
- ⦿ **High-level leadership support** contributed to the perceived legitimacy of co-ordination mechanisms, helping to ensure co-ordination outputs are reflected in the operations of partner organisations and secure essential political buy-in for co-ordinated initiatives;
- ⦿ **Inclusive and transparent governance** helped ensure that key stakeholders, including beneficiary countries have input into decision-making and that global initiatives respond to the needs of beneficiary countries;
- ⦿ **Results focus and accountability** promoted transparency through global monitoring and results frameworks, allowing for the creation of feedback loops and the generation of data to support advocacy; and
- ⦿ **Coherent resource mobilisation** helps ensure sufficient financing and prevents competition for resources among partnered MOs.

154 ACT-Accelerator (2022) "The ACT-Accelerator: Two Years of Impact" <https://www.who.int/publications/m/item/the-act-accelerator-two-years-of-impact>;

155 ACT-Accelerator (2022) "The ACT-Accelerator: Two Years of Impact" <https://www.who.int/publications/m/item/the-act-accelerator-two-years-of-impact>; ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

156 ACT-Accelerator (2022) "The ACT-Accelerator: Two Years of Impact" <https://www.who.int/publications/m/item/the-act-accelerator-two-years-of-impact>; ACT-Accelerator (2021) "ACT Now, ACT Together 2020-2021 Impact Report" <https://www.who.int/publications/m/item/act-now-act-together-2020-2021-impact-report>

Figure 13: Enabling and constraining factors for co-ordination in the context of COVID-19

## Enabling factors

Scaled-up co-ordination, including three UN global frameworks and MDB co-ordination with the IMF, benefited from clear roles and responsibilities for identifying global policy frameworks and means of operationalisation in line with country needs and priorities.

### Clear roles and responsibilities

The GHRP built upon processes designed to address country-specific emergencies rather than a global-level crisis, which led to challenges.

There have been trade-offs between agility, flexibility and clarity of governance processes for ACT-A due to the lack of a formal, centralised decision-making mechanism.

High-level leadership and political support were essential for the legitimacy and effectiveness of co-ordination mechanisms. Across mechanisms, coordination benefited intensive, sustained time commitment from MO senior leadership.

### High level leadership support

Contradictory actions of national governments undermined MO co-ordination for the equitable delivery of vaccines and other countermeasures. Geopolitical factors led to uneven support for ACT-A among key international actors, which was an important challenge.

The lack of government ownership for multi-partner co-ordination platforms was a key impediment to MO co-ordination at country level in responding to COVID-19.

Scaling up of existing co-ordinating platforms to respond to COVID-19 benefitted from inclusive and transparent decision-making processes. The UN's three global frameworks each worked through UNCTs and Humanitarian Country Teams (HCTs) to promote inter-agency co-ordination and balance global policy priorities with country-driven needs. The support provided by MDBs and the IMF was fundamentally driven by country needs based on their country-driven business models.

### Inclusive and transparent governance

ACT-A was perceived to have a "supply-driven" approach among beneficiary countries who had limited input into operational decision-making among beneficiary countries. This challenge partly arose from the context – at the outset of the pandemic, vaccines, diagnostics and therapeutics were not available and co-conveners prioritised accelerating their development rather than downstream delivery.

Although the implementation of the GHRP was inclusive and country-driven, the inability to conduct in-depth consultation with NGOs during its design weakened trust and buy-in among these partners.

## Constraining factors



## Enabling factors

The results focus of the UN's three global frameworks for the COVID-19 response contributed to agility, responsiveness, transparency. Scaled-up mechanisms such as the SPRP, UN Socio-Economic Framework and GHRP each benefitted from global results frameworks with clear roles and responsibilities for reporting at country-level.

The MLTF brought data together from different sources to report on progress achieved in the delivery of vaccines, including critical gaps in financing and bottlenecks to delivery. This filled a critical evidence gap and strengthened the case for donor resources and action.

### Results focus and accountability

## Constraining factors

Despite benefits for global-level monitoring, these frameworks were primarily output-driven or included binary indicators. Challenges around the relevance of indicators and quality of data resulted in challenges for aggregated reporting at a global level.

Across the MDB response, the use of flexible instruments such as budget support made it more difficult to aggregate data at the global level around how funds were being used to support national pandemic responses.

ACT-A lacked a centralised budget and accountability framework. Co-conveners were responsible for developing work plans, budgets and investment cases on behalf of their respective agencies, with donors allocating pledges in a decentralised way.

Some resource mobilisation mechanisms adopted innovative approaches to promote agility and inter-agency co-ordination, including the CERF block-grant financing and the SRF revolving mechanism.

### Coherent resource mobilisation

The overall lack of sufficient flexible funds to support an initial emergency response contributed to the establishment of new resource mobilisation mechanisms, contributing to fragmentation, duplication and competition among partners.

There was relatively little progress made in diversifying resource mobilisation away from a few traditional donors who themselves were facing economic impacts from the pandemic. The SRF is an important exception.

The severity of the crisis, including its novel nature, broad impacts and rapidly expanding scope were noted by stakeholders to have provided a shared imperative to co-ordinate.

### **MOPAN sought to identify key factors that enabled or constrained co-ordination in the context of COVID-19.**

These factors are aligned to and build upon the OECD's Success Factors for Effective Post-2015 Partnerships. The success factors provide a basis for scaling up successful co-ordination for "building back better". Five key enabling factors are proposed: (i) clear roles and responsibilities; (ii) high-level leadership support, including from national governments; (iii) inclusive and transparent governance; (iv) result focus and accountability; and (v) coherent resource mobilisation. The crisis context itself is a key driver of co-ordination, providing an incentive for MOs to co-ordinate.

### **Crisis as a driver of co-ordination**

**The severity of the crisis, including its novel nature, broad impacts and rapidly expanding scope were noted by stakeholders to have provided a shared imperative to co-ordinate.** The COVID-19 pandemic and its effects prompted the G20 to call upon MOs to co-ordinate in addressing its impacts, with shared recognition among stakeholders in different MOs of the need to work together coherently. Because co-ordination entails transaction costs for MO staff at all levels, this shared imperative was an important driver such that stakeholders perceived the costs of co-ordination to be reasonable given the scale of the challenge and its severity of its impacts.

### **Clarity of roles and responsibilities**

**There is an inherent advantage in scaling-up existing co-ordination mechanisms to respond to crises, provided that existing mechanisms are fit for purpose.** In the case of the UN's three global frameworks and co-ordination among MDBs and the IMF, scaled-up co-ordination benefited from clear roles and responsibilities for identifying global policy frameworks as well as clear channels for their operationalisation in line with country needs and priorities. Participating MOs built upon existing trust and working relationships and were familiar with ways of working. For example, the UN Socio-Economic Framework mobilised UNCTs, under the leadership of RCs, in line with existing operational guidance and management frameworks to guide implementation at country-level. Similarly, the MDBs continued to provide support in line with their country-driven business and engagement models. Scaled-up co-ordination mechanisms also benefited from the perceived legitimacy of leadership among the participants as well as inclusive and transparent governance structures that provided channels for country-level stakeholders (e.g. NGOs and national governments) to participate in decision-making.

**Some challenges were faced in the context of the GHRP, which built upon processes designed to address country-specific emergencies rather than a global-level crisis.** The GHRP benefitted from well-established processes for co-ordination in the context of the Inter-Agency Standing Committee (IASC), which had been strengthened in recent years, including through the establishment of scale-up protocol for infectious disease events in 2019. However, the scale-up system was designed to respond to crises with a specific geographic focus, with some stakeholders questioning the relevance of a "scale-up" in more than 60 countries. The need for a global response posed challenges for organisations such as WFP, which faced new demands in delivering global common logistics services for the humanitarian system and other multilateral actors through cargo and passenger services.<sup>157</sup> Furthermore, the scale-up protocol for infectious disease events needed to be adapted to the context of COVID-19 and were only activated after the development of the GHRP. Nevertheless, these existing structures and ways of working supported a rapid scale-up of co-ordination across humanitarian agencies.

157 WFP (2022) "Evaluation of the WFP Response to the COVID-19 Pandemic: Centralised Evaluation Report Volume I" [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKewjzKGxkfn6AhUX-44UKHZ\\_nBigQFnoECA0QAQ&url=https%3A%2F%2Fdocs.wfp.org%2Fapi%2Fdocuments%2FWFP-0000136268%2F-download%2F&usg=AOvVaw211N0uZsMSZimDqAwSpt9H](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKewjzKGxkfn6AhUX-44UKHZ_nBigQFnoECA0QAQ&url=https%3A%2F%2Fdocs.wfp.org%2Fapi%2Fdocuments%2FWFP-0000136268%2F-download%2F&usg=AOvVaw211N0uZsMSZimDqAwSpt9H)

**Where no mechanism existed to address a specific need, partners needed to come together through more informal arrangements.** ACT-A's innovative and flexible structure was based on partners' voluntary alignment of their operations across the end-to-end value chain for the development of vaccines, diagnostics and therapeutics without having to create a formal governance structure.<sup>158</sup> A similar approach was adopted by UNESCO's GEC, bringing together partners under a lean governance and decision-making structure to allow for agile operational responses to mitigate the impact of COVID-19 on education and learning outcomes.<sup>159</sup> Avoiding the creation of a formal structure allows partnerships to scale up more rapidly to address urgent challenges. By comparison, it has taken over a year to formalise working arrangements around the Global Co-ordination Mechanism for Education (GCM), launched in 2021 to promote better global policy co-ordination across the education sector and reinforce the normative role of UNESCO.

**However, there have been trade-offs between agility and clarity of governance processes, with ACT-A facing challenges around the lack of a formal, centralised decision-making mechanism.** Co-ordination fora as part of ACT-A included the Principals Group, which comprises the principals (CEO or similar) of the co-convening agencies of each pillar as well as lead agencies for implementation. Each pillar had a pillar-specific co-ordination structure that included leads from co-convening agencies, WHO Principals and lead officers.<sup>160</sup> However, as membership of the Principals Group expanded to include representatives from industry, CSOs, community representatives, MDBs and representatives from beneficiary countries, no terms of reference were established to set out its objectives nor roles and responsibilities.<sup>161</sup> Stakeholders noted that it became more and more challenging to adhere to a clear vision and objective. This was particularly true for the Health Systems Connector, noted to be the least strategically coherent of the ACT-A pillars. Additionally, there was a lack of clarity regarding the linkages, interactions and accountabilities among ACT-A's Facilitation Council, its working groups and the Principals Group.<sup>162</sup> (See Figure 10). The External Evaluation of ACT-A notes that its informal co-ordination structure, while facilitating unprecedented levels of co-ordination in response to COVID-19 in the absence of an existing mechanism, is insufficient for a future pandemic response.<sup>163</sup>

**Having a secretariat and/or project management support facilitated co-ordination and agility.** Stakeholders noted the importance of UNDCO and OCHA in co-ordinating MO responses around the UN Socio-Economic Framework and the Global Humanitarian Response Plan (GHRP). DCO provided critical support to RCs, including briefings and policy advice to help guide the development and monitoring of SPRPs. Secretariats also provided essential support to more informal co-ordination mechanisms such as the GEC, MLTF and ACT-A. The Global Health and Pandemic Response Taskforce established within the IMF co-ordinated multilateral engagement for the MLTF and played a key role in bringing together data from participating partners. In the context of the GEC, a dedicated secretariat within UNESCO convened stakeholders, consolidated country needs and facilitated matching with potential partners. In the context of ACT-A, the Executive Hub, hosted by the WHO, serves as a central co-ordination body. It serves as secretariat for the Facilitation Council and co-ordinates the Principals Group and regular meetings

158 UNESCO (2020) "Responding to COVID-19 and beyond, the Global Education Coalition in action" <https://unesdoc.unesco.org/ark:/48223/pf0000374364>; UNESCO (2021) "Supporting learning recovery one year into COVID-19: The Global Education Coalition in action" <https://unesdoc.unesco.org/ark:/48223/pf0000374364>

159 *Ibid.*

160 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

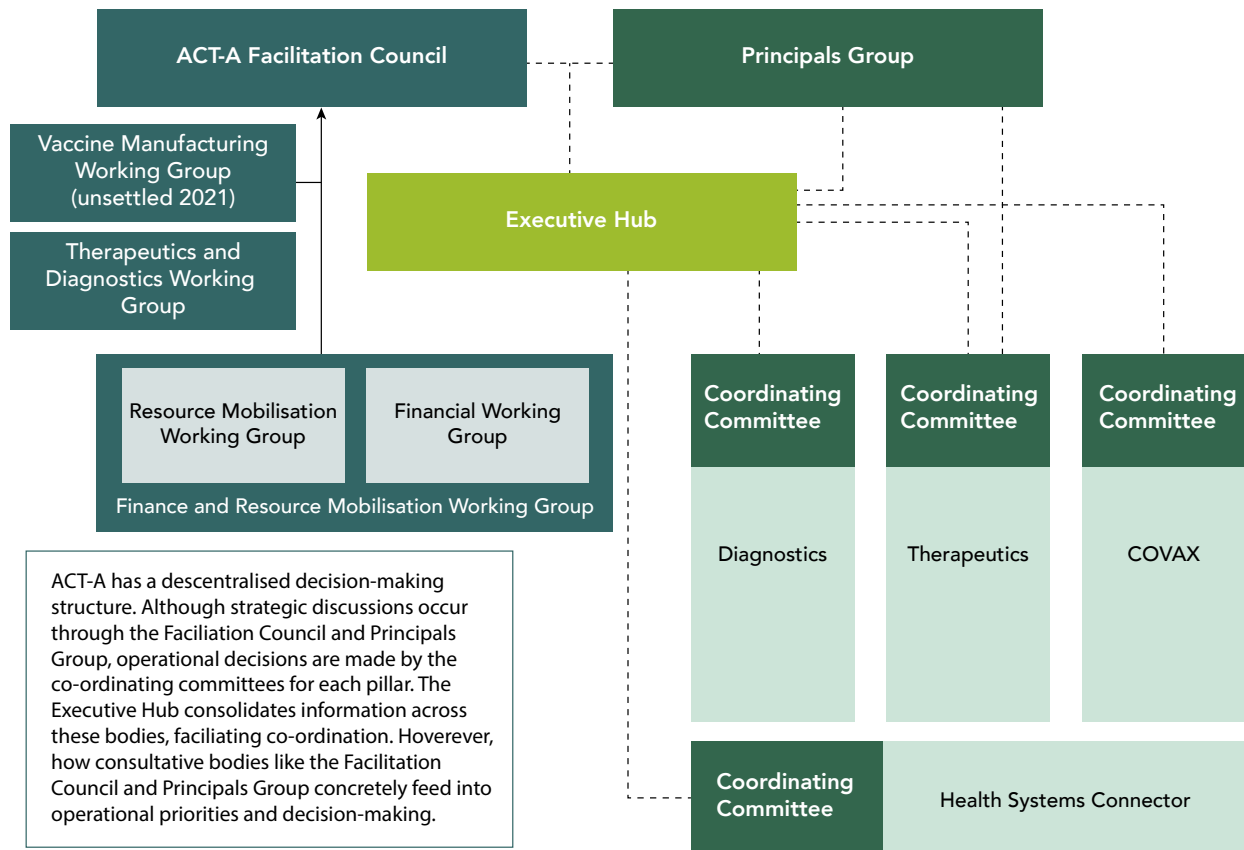
161 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

162 *Ibid.*

163 Open Consultants (2022) "External Evaluation of the Access to COVID-19 Tools Accelerator" [https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-\(act-a\)](https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-(act-a))

across ACT-A partners, involving gathering, sharing and synthesising of cross-pillar information.<sup>164</sup> For new resource mobilisation mechanisms such as the Response and Recovery MPTF and the SRF, dedicated project management office (PMO) support enabled the agile allocation of funds and monitoring of outcomes.<sup>165</sup>

**Figure 14: Decentralised governance structure of the ACT-Accelerator**



Source: ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

### High-level leadership support

**High-level leadership and political support were essential for the perceived legitimacy and effectiveness of co-ordination mechanisms.** Across mechanisms, co-ordination demanded an intensive, sustained time commitment from senior leadership. The CMT, the UNSDG COVID-19 Socio Economic Task Team and IASC Principals each held weekly or bi-weekly virtual meetings which were well-attended. Similar meetings were held among the MDBs, IMF and WHO as well as the Principals Group of ACT-A. These high-level meetings were essential in ensuring that agreed policy directions were reflected across the operations of different partners. In the case of the MLTF, high-

164 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

165 IOD-PARC (2021) "UNF-WHO | COVID-19 Solidarity Response Fund Joint Evaluation" [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/joint-evaluation-of-covid-19-solidarity-response-fund-16-december-2021.pdf?sfvrsn=ccdbe037\\_6](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/joint-evaluation-of-covid-19-solidarity-response-fund-16-december-2021.pdf?sfvrsn=ccdbe037_6)

level leadership supported effective advocacy around national actions necessary to support equitable access to countermeasures, including provision of up-front financing for ACT-A, vaccine donations and the removal of trade restrictions.

**Actions taken by national governments that undermined the equitable delivery of vaccines and other countermeasures demonstrated the importance of political ownership and support for effective multilateral organisations' co-ordination.** The impact of contradictory national actions was most prominent for countermeasures, including shortages of PPE at the outset of the pandemic and COVAX's efforts to promote equitable distribution of COVID-19 vaccines. Country actions such as border closures, export restrictions and large bilateral vaccine purchases undermined the efforts of the multilateral system to ensure that the global COVID-19 response reached the most vulnerable countries. Stakeholders indicated that these difficulties were sometimes caused by poor whole-of-government co-ordination, for example between ministries of health and trade as well as customs agencies. Efforts to promote vaccine donations were frustrated by poor visibility over border controls and the provision of vaccines that were near expiry, creating additional transaction costs and logistical challenges for beneficiary countries. The "supply-focused" nature of vaccine donations and resulting complications were exacerbated by the limited support provided to address vaccine deployment capacity gaps in beneficiary countries in the initial stages of the pandemic.

**Geopolitical factors resulting in uneven support for ACT-A was noted as an important constraint.** There was reluctance to participate in ACT-A among some countries that represent a considerable share of the world's vaccine manufacturing capacity, including China, India and the United States, which were absent among the Facilitation Council's founding donors. At the time, there were ongoing tensions between the United States and the WHO, which some stakeholders noted may have influenced the World Bank's initial level of involvement in the initiative.<sup>166</sup> ACT-A's political influence later became apparent through events such as the United States Government's Global COVID-19 Summit "Ending the Pandemic and Building Back Better" during which the importance of ACT-A was stressed by several national leaders.<sup>167</sup> However, ACT-A's ability to deliver on its initial objectives was still irrevocably impacted by bilateral vaccine deals and the platform has faced an ongoing resource gap since its inception.

“

*“Co-ordination mechanisms are already disappearing. Any mechanism requires national will and push which is not there in adequate measure or when it is there, it is too focused on financing which does not leave much room for technical co-operation.”*

*Survey open-text response on the likelihood that scaled-up country-level co-ordination will be sustained after the pandemic.*

166 Act-Accelerator (2020) "Facilitation Council: Terms of Reference" [https://www.who.int/docs/default-source/coronavirus/act-accelerator-facilitation-council--terms-of-reference-english.pdf?sfvrsn=55190ad7\\_1](https://www.who.int/docs/default-source/coronavirus/act-accelerator-facilitation-council--terms-of-reference-english.pdf?sfvrsn=55190ad7_1) ; <https://www.nytimes.com/2020/07/07/us/politics/coronavirus-trump-who.html>; also based on feedback from stakeholders

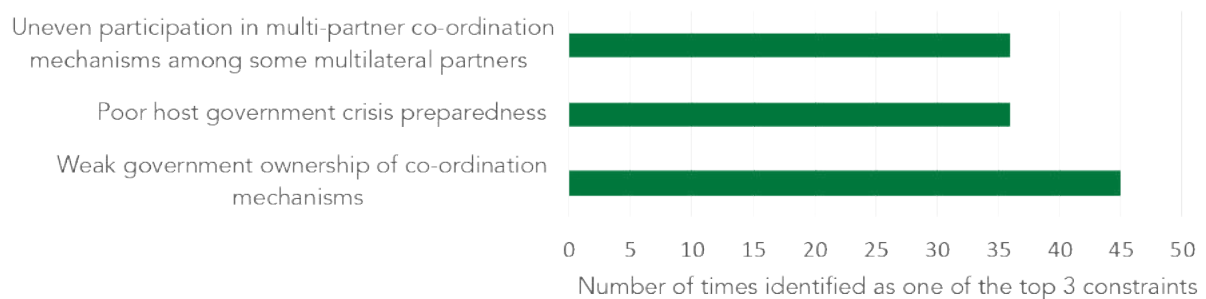
167 <https://www.whitehouse.gov/briefing-room/statements-releases/2021/09/24/global-covid-19-summit-ending-the-pandemic-and-building-back-better/>



**The ownership of developing countries for country-level co-ordination platforms is essential for their effectiveness and sustainability.** Survey respondents noted that lack of government ownership for multi-partner co-ordination platforms was a key impediment to MO co-ordination in responding to COVID-19. Furthermore, in countries where such ownership is lacking, new platforms established to respond to COVID-19 are already being dismantled, removing the possibility of longer-term co-ordination across development partners to address emerging and future crises (See Figure 15).

*MOPAN's Country Co-ordination Survey identified that weak government ownership of co-ordination mechanisms and poor host government crisis preparedness were the two most important contextual challenges for multilateral organisations' co-ordination in responding to COVID-19.*

**Figure 15: Top 3 contextual constraints reported by multilateral organisations in responding to COVID-19**



Source: MOPAN country co-ordination survey

### *Inclusive and transparent governance*

**Existing platforms for co-ordination that were scaled-up to respond to COVID-19 benefitted from processes for promoting inclusive and transparent decision-making.** The UN's three global frameworks each worked through UNCTs and Humanitarian Country Teams (HCTs) to promote inter-agency co-ordination and balance global policy priorities with country-driven needs. Global frameworks were translated into inter-agency country-level plans such as SERPs that were negotiated with national governments. Development of these plans relied on a deep understanding and analysis of the context, including through needs and impact assessments such as SEIAs, and ongoing dialogue with the national government and other development partners. Although the SPRP and UN Socio-Economic Framework were intended to have a top-down normative influence by design, the response plans they informed were fundamentally owned by countries. Similarly, the support provided by MDBs and the IMF was fundamentally driven by country needs.

**By comparison, ACT-A was viewed by many stakeholders to have a "supply-driven" approach with limited input into operational decision-making among beneficiary countries.**<sup>168</sup> This challenge partly arose from the context – at the outset of the pandemic, vaccines, diagnostics and therapeutics were not available and co-conveners prioritised accelerating their development. Furthermore, the initial target of vaccinating 20% of the population in beneficiary countries was defined while HICs were themselves pursuing coverage targets of 70%, contributing to

168 The World Bank served as Secretariat to the Health Systems Connector (subsequently the Health Systems Response Connector)

perceived inequity.<sup>169</sup> Although efforts were made on the part of the Facilitation Council to engage beneficiary countries across its working groups and communication fora, participation proved challenging for some countries whose capacities were already stretched by the crisis response. Although CSOs and community representatives were engaged through the Principals Group and Facilitation Council, it remained unclear how their inputs were incorporated into the operations of the co-conveners. Some stakeholders felt that they were not empowered to participate on an equal footing with others.<sup>170</sup>

**The fact that certain multilateral organisations with relevant mandates were not initially represented among ACT-A's co-conveners contributed to operational and logistical challenges once vaccines became available.**

UNICEF, which has considerable experience deploying vaccines across developing countries, was not initially represented among the co-conveners for COVAX. When vaccines became available, capacity and equipment gaps in beneficiary countries became clear (e.g. lack of safe injection equipment and ultra-cold chain devices). By the time the COVID-19 Vaccine Delivery Partnership (CoVDP) was established, led by UNICEF, countries were already facing challenges mobilising vaccines that were sometimes close to expiry, while also navigating the elevated operational demands of the pandemic with increasingly limited fiscal space. Furthermore, engagement of MOs with a broad geographic footprint (e.g. UNICEF, the UNDP, MDBs) was initially more limited save for the WB's role as the secretariat of the HSC. Finally, initially limited co-ordination between the HSC and WHE, responsible for implementation of the SPRP, is regarded as an important missed opportunity to strengthen national health systems and prepare for vaccine deployment.<sup>171</sup>

**Although the implementation of the GHRP was inclusive and country-driven, the inability to conduct in-depth consultation with NGOs during its design weakened trust and buy-in among NGO partners.**

The IASC's existing processes for obtaining input from NGOs on normative policies and strategies were actioned to support implementation of the GHRP and the wider COVID-19 response.<sup>172</sup> NGO consortia provided written inputs into the design of the GHRP, including initial assessments of funding requirements. However, this process was less intensive and consultative than usual due to extreme time pressure. As the GHRP became more country-driven in its implementation, NGOs were encouraged to work through HCTs to ensure their programmes were incorporated in Humanitarian Response Plans (HRPs). However, dissatisfaction with the level of consultation in the initial design created an atmosphere of mistrust among NGOs and a feeling that the initiative was "UN-centric", which was further exacerbated by a lack of clarity around NGO access to the "quick action funding envelope".<sup>173</sup> Due in part to these challenges, some large INGOs chose not to feed into the process because they preferred to launch their own separate appeals, contributing to fragmentation.<sup>174</sup>

169 Open Consultants (2022) "External Evaluation of the Access to COVID-19 Tools Accelerator" [https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-\(act-a\)](https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-(act-a))

170 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

171 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

172 Inter-agency Humanitarian Evaluation (2022) "COVID-19 Global Humanitarian Response Plan: Learning Paper" <https://www.unocha.org/sites/unocha/files/IAHE%20COVID-19%20GHRP%20Learning%20Paper.pdf>;

173 *Ibid.*

174 *Ibid.*

## Results focus and accountability

**The results focus of the UN's three global frameworks for the COVID-19 response contributed to agility, responsiveness, transparency.** Scaled-up mechanisms such as the SPRP, UN Socio-Economic Framework and GHRP each benefitted from global results frameworks with clear roles and responsibilities for operationalisation and reporting at country-level. Linkages between the monitoring framework for the SPRP and GHRP further reinforced the normative role of WHO in responding to health emergencies. These frameworks contributed to operational coherence and provided a global picture of the UN response, in line with the UN 2.0 "quintet of change", which seeks to promote the use of data, analysis and communications to promote coherence across UN entities.<sup>175</sup> Furthermore, results reporting guided by these frameworks created feedback loops to help identify and respond to emerging policy issues.

**Despite benefits for global-level monitoring, stakeholders noted challenges for the collection and quality of information at country-level.** Challenges arose from the fact that results frameworks were primarily output-driven, and, in some contexts, the binary nature of indicators created difficulty for nuanced reporting. Reservations were expressed regarding the relevance of indicators to the context of different countries and the quality of data reported, yielding challenges when these data were aggregated at a global level. These challenges arose partly because indicators were developed quickly by agencies at the headquarter-level to respond to the pandemic, with more limited scope to consult at the country-level. Stakeholders who were active in beneficiary countries also expressed that the need to submit data around common indicators added considerably to the overall reporting burden. The development of a successive global output indicator framework for the UN's socio-economic support has involved more intensive consultation with UNCTs to take these lessons learned into account.

**MDBs faced challenges in monitoring how emergency budget support contributed to the pandemic response, reflecting a trade-off between speed and accountability.** Across the MDB response, the use of flexible instruments such as budget support made it more difficult to aggregate and monitor how funds were being used to support national pandemic responses at a global level. In many cases, it was not possible to demonstrate how budget support operations contributed to specific actions and priorities (e.g. testing and laboratory capacity). There is typically a longer period of negotiation in the design of budget support to identify harmonised indicators and means of monitoring triggers for the release of fund tranches. However, in the context of COVID-19, prior policy actions were minimal to facilitate rapid disbursement and promote flexibility. Efforts were made by some organisations such as the AfDB to improve transparency by requiring quarterly reports be submitted to the Executive Board on the use of funds. However, serious challenges were faced in monitoring the use of funds due to capacity challenges among countries and operational constraints attributed to the crisis, leading to delays in fulfilling these reporting requirements. Work is currently ongoing to produce the required audits and promote greater transparency around how these funds were used to support the COVID-19 response. Stakeholders note that these challenges are partly linked to broader challenges for the transparency of public expenditure.

**The experience of ACT-A underscores the importance of a coherent results focus to support advocacy around required national actions.** ACT-A lacked a centralised budget and accountability framework, with each partner measuring results individually and reporting to their respective governing bodies. Co-conveners were responsible for developing work plans, budgets and investment cases on behalf of their respective agencies, with donors

175 United Nations (2021) "UN 2.0 Quintet of Change" [https://www.un.org/sites/un2.un.org/files/2021/09/un\\_2.0\\_-\\_quintet\\_of\\_change.pdf](https://www.un.org/sites/un2.un.org/files/2021/09/un_2.0_-_quintet_of_change.pdf)

allocating pledges in a decentralised way.<sup>176</sup> This gap made it difficult to comprehensively monitor the receipt of funds, activities delivered and outcomes achieved. Furthermore, stakeholders noted that this challenge initially weakened ACT-A's case for resource mobilisation.<sup>177</sup> Although each pillar established agreed performance targets, ACT-A had not produced standardised, aggregated pillar-level operational or financial reporting as of October 2021.<sup>178</sup> ACT-A's second annual report provides information about very basic output-level indicators (e.g. funds awarded, tests procured) due to the difficulty in aggregating this information.<sup>179</sup>

**The MLTF attempted to fill this gap by bringing data together from different sources to report on progress achieved in the delivery of vaccines, including critical gaps in financing and bottlenecks to delivery.**<sup>180</sup> With the support of staff across its four co-convening institutions as well as UNICEF and GAVI, the MLTF established a series of publicly accessible dashboards providing information on a number of topics, including: (i) secured vaccines and expected vaccine supply as a proportion of total population; (ii) proportion of secured vaccine doses delivered; (iii) delivery of pledged vaccine donations through COVAX; (iv) average daily COVID-19 tests per 1000 people; and (v) tariffs levied on vaccine manufacturing inputs, among others. These data have been used to support the MLTF's advocacy calling for donors and the private sector to remove barriers to the equitable distribution of vaccines.

### *Coherent resource mobilisation*

**The overall lack of sufficient flexible funds to support an initial emergency response contributed to the establishment of new resource mobilisation mechanisms.** As noted above, funds available from the CFE (USD 12.9 million at the outset of the pandemic) were insufficient to mobilise a co-ordinated emergency response. Flexible funds provided by the CERF to support the response to humanitarian response were not of a sufficient scale relative to the overall need, whereas resources disbursed through the World Bank's Pandemic Emergency Financing Facility (PEF) were only made available in April 2020, with USD 195.84 million spread over 64 countries, which each received between USD 1 and 15 million each (See Box 9). New resource mobilisation mechanisms, including the Solidarity Response Fund (SRF) and the COVID-19 Response and Recovery MPTF were established to help kick-start the UN's health and socio-economic emergency response while existing programming was re-allocated and additional funds were raised. MDBs and the IMF were able to respond at unprecedented speed and scale, but this support was mostly not available until April 2020 as these organisations need to reallocate resources, obtain waivers and implement the policy changes necessary to enable a large-scale emergency response.

**The launch of multiple new appeals and resource mobilisation platforms to support the COVID-19 response contributed to fragmentation, duplication and competition among partners.** For example, the GHRP only consolidated appeals rather than acting as centralised resource mobilisation mechanism, with individual agencies launching their own appeals for resources against agreed plans monitored and co-ordinated through OCHA's

176 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

177 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>; Open Consultants (2022) "External Evaluation of the Access to COVID-19 Tools Accelerator" <https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-act-a>

178 ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

179 ACT-Accelerator (2022) "The ACT-Accelerator: Two Years of Impact" <https://www.who.int/publications/m/item/the-act-accelerator--two-years-of-impact>

180 The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement of the Multilateral Leaders Taskforce on Scaling COVID-19 Tools" <https://www.worldbank.org/en/news/statement/2021/08/27/joint-statement-of-the-multilateral-leaders-taskforce-on-scaling-covid-19-tools>

Financial Tracking Service.<sup>181</sup> While this approach contributed to coherence in humanitarian planning, the actual funds mobilised varied widely across countries, which is inconsistent with the pandemic mantra that “no one is safe until everyone is safe”. Additionally, appeals launched by UN entities sometimes went beyond needs identified in Humanitarian Response Plans because they addressed activities on a broader geographic scope than the GHRP. Resource mobilisation for ACT-A was implemented through a ‘flotilla’ model whereby individual agencies mobilise resources to support their own elements of a co-ordinated effort across organisations. However, the absence of a consolidated, results-based budget for the initiative reduced the transparency and coherence. This situation contributed to competition among the co-conveners and to multiple, sometimes overlapping appeals targeting the same pool of donors.<sup>182</sup> This challenge also contributed to an imbalance in financial support across ACT-A’s pillars, partly because some co-conveners (e.g. GAVI) had more established relationships with donors and experience in resource mobilisation.

### Box 10: The Pandemic Emergency Finance Facility

The Pandemic Emergency Finance Facility (PEF) was designed to be an innovative, insurance-based financing mechanism developed by the WB in consultation with the WHO, other development partners and the private sector. Its purpose was to provide surge financing for response efforts to countries affected by a large-scale outbreak through an innovative mechanism designed to promote private sector participation and the development of insurance market around pandemic response. Critics of the PEF have noted that the criteria for its insurance window were too stringent to mitigate global health security risks such that, despite the occurrence of multiple health emergencies, including Ebola in DRC, the criteria for financing under the insurance window had never been met previously.

In April 2020, the criteria for the PEF’s insurance window were deemed to have been reached, with USD 195.84 million being allocated to 64 countries to support the COVID-19 response against USD 107.2 million paid by donors in insurance premiums. The overall contribution of the PEF to the pandemic response was somewhat limited considering that individual country allocations ranged from USD 1 million to USD 15 million. Furthermore, critics had previously raised concerns about transaction costs associated with the PEF with only USD 51.4 million disbursed through the cash window against USD 114.5 million paid out to investors by mid-2019. Ultimately, the WB did not renew the PEF insurance window after pandemic bonds and swaps matured on 15 July 2020.

Source: <https://www.worldbank.org/en/topic/pandemics/brief/pandemic-emergency-financing-facility>

**In addition to new resource mobilisation mechanisms, existing mechanisms such as the Joint-SDG Fund were pivoted to support the COVID-19 Response.** The Joint SDG Fund, established in 2018, supports joint-agency proposals developed through the RCs that enhance cross-governmental approaches to national and sub-national policy-making and implementation to enhance the UN’s integrated policy work and convening power.<sup>183</sup> When the COVID-19 crisis emerged, the projects financed under the first call for proposals focusing on integrated policy approaches for LNOB and catalytic social protection solutions focusing on the most vulnerable were just starting to become operational.<sup>184</sup> The Fund allowed Joint Programmes to re-purpose a portion of their budgets to support

- 
- 181 Inter-agency Humanitarian Evaluation (2022) “COVID-19 Global Humanitarian Response Plan: Learning Paper” <https://www.unocha.org/sites/unocha/files/IAHE%20COVID-19%20GHRP%20Learning%20Paper.pdf>
- 182 Open Consultants (2022) “External Evaluation of the Access to COVID-19 Tools Accelerator” <https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-act-a>
- 183 Joint SDG Fund (2018) “Joint Fund for the 2030 Agenda – Transforming the way the UN and governments work together to achieve the SDGs” <https://jointdsgfund.org/sites/default/files/2019-05/20181127-TORs-JF-for-2030-Agenda.pdf>;
- 184 United Nations (2022) “System-wide Evaluation of the Joint SDG Fund” (draft for consultation)

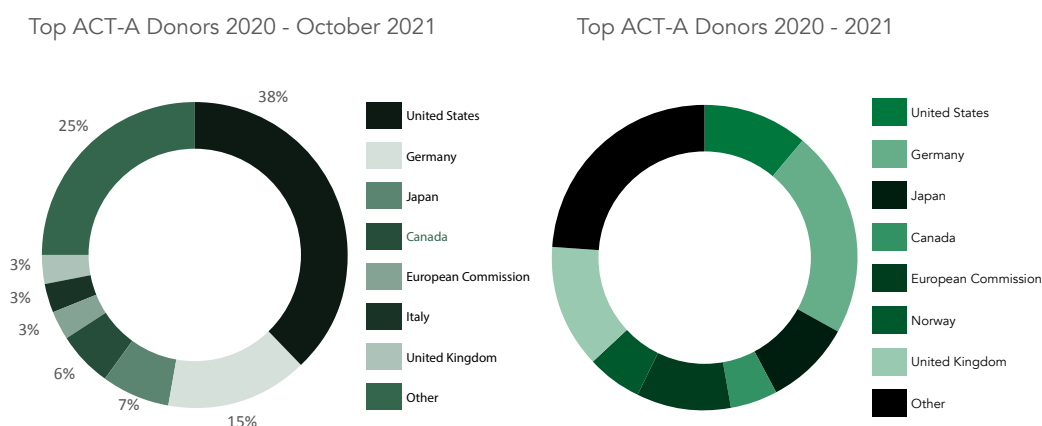


the COVID-19 response.<sup>185</sup> In other cases, natural synergies between these projects and the UN Socio-Economic Framework led to the implementation vulnerability assessments and training that contributed to national COVID-19 responses.

**There was relatively little progress made in diversifying resource mobilisation away from a few traditional donors who themselves were facing economic impacts from the pandemic.** An important exception is the SRF, which was implemented through an innovative partnership that leveraged the UNF’s historical grant-making experience and the relationship of UNF and other partners with potential contributors in different geographic regions. In raising funds, the SRF leveraged partnerships with private companies, musicians, actors and other influencers to launch and amplify the reach of campaigns through social media platforms, events and employee giving and matching drives.<sup>186</sup> Whereas some individual agencies such as UNICEF reported success in diversifying their appeals away from traditional donors, the majority of resources for the Response and Recovery MPTF, Joint-SDG Fund and ACT-A have been provided by a limited number of traditional donors. In the case of ACT-A more that 75% of all funds were provided by 7 key donors (See Figure 13).

**Some resource mobilisation mechanisms adopted innovative approaches to promote agility and inter-agency co-ordination.** Notable innovations include the block-grant financing provided by the CERF, noted above, which provided resources directly to UN agencies at the global level rather than through traditional country-specific grants.<sup>187</sup> The SRF implemented a revolving mechanism that allowed resources to be returned to the fund when other funding sources became available so that they could be reallocated to address underserved needs. Finally, the Response and Recovery MPTF prioritised inter-agency, whole-of-government programmes that responded to the needs of the most vulnerable and linked its second call for proposals to the completion of SERPs, serving to reinforce the role of RCs in leading co-ordination across UNCTs and creating an incentive for joint programming.

**Figure 16: Top ACT-A donors 2020-2022**



Source: ACT-Accelerator (2021) “ACT-Accelerator Strategic Review” <https://www.who.int/publications/m/item/act-accelerator-strategic-review>

185 Joint SDG Fund (2021) “Paths to SDG Acceleration – 2020 Annual Report” <https://www.jointsdgfund.org/publication/paths-sdg-acceleration-2020-annual-report>  
 186 IOD-PARC (2021) “UNF-WHO | COVID-19 Solidarity Response Fund Joint Evaluation” [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/joint-evaluation-of-covid-19-solidarity-response-fund-16-december-2021.pdf?sfvrsn=cdbbe037\\_6](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/joint-evaluation-of-covid-19-solidarity-response-fund-16-december-2021.pdf?sfvrsn=cdbbe037_6)  
 187 Inter-agency Humanitarian Evaluation (2022) “COVID-19 Global Humanitarian Response Plan: Learning Paper” <https://www.unocha.org/sites/unocha/files/IAHE%20COVID-19%20GHRP%20Learning%20Paper.pdf>



**LESSONS AND POLICY  
IMPLICATIONS FOR  
MULTILATERAL  
CO-ORDINATION**

**Scaled-up multilateral co-ordination in the context of COVID-19 offers lessons for how multilateral organisations can work together more effectively to respond to future crises and complex development challenges.** A relevant example is the ongoing war in Ukraine, where different MOs must work together across their respective mandates to deliver critically needed support quickly and coherently. Based on the findings discussed above, this section identifies key lessons and policy options for co-ordination to build upon enabling factors for co-ordination and address bottlenecks. Through these lessons, MOPAN aims to promote policy and operational coherence to gain back lost ground on the UN Sustainable Development Goals (SDGs), reinforce pandemic prevention, preparedness and response, address future crises and scale up the multilateral response to complex development challenges such as climate change.

**The lessons and policy implications are considered in light of other work undertaken to assess the multilateral response to COVID-19 as well as new initiatives that have been launched by multilateral organisations to “building back better”.** This section builds upon the recommendations the Independent Panel for Pandemic Preparedness and Response (IPPPR) and the G20 High-Level Panel, among others. The proposed policy options reflect emerging initiatives across the UN system, Multilateral Development Banks (MDBs) and the International Monetary Fund (IMF), including:

- ⦿ The UN Secretary General’s Common Agenda;
- ⦿ A proposed convention, agreement or other international instrument under the Constitution of the World Health Organisation (WHO) to strengthen pandemic prevention, preparedness and response (the Pandemic Accord);
- ⦿ The IMF’s Resilience and Sustainability Trust (RST);
- ⦿ The Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPPR); and
- ⦿ The G20 Common Framework for Debt Treatments, among others.

## Emerging lessons from multilateral organisations’ co-ordination in responding to COVID-19

**Lesson 1: The ability to scale up an existing co-ordination mechanism promotes agility as well as policy and operational coherence in responding to crises and complex development challenges.**

**In general, there were advantages in scaling up existing co-ordination mechanisms to respond to the pandemic.** Building upon existing mechanisms for global policy co-ordination and operationalisation in beneficiary countries leveraged clear roles and responsibilities and known ways of working. Furthermore, leadership and governance of scaled-up mechanisms tended to be perceived as legitimate by stakeholders and often involved transparent means of decision-making that were inclusive of key stakeholders, including national governments, NGOs and civil society. These platforms helped promote policy and operational coherence across different MOs in responding to COVID-19 and enabled the implementation of global results frameworks that enhanced accountability and transparency.

**New, informal partnerships, such as the Access to COVID-19 Tools Accelerator (ACT-A), the Multilateral Leaders Taskforce (MLTF) and Global Education Coalition (GEC) can achieve important results quickly where there is a gap in existing co-ordination platforms and a shared imperative to work together.** However, there are sometimes trade-offs between agility and coherence. ACT-A is an innovative and unprecedented initiative which



provided a means of achieving operational coherence among several different actors implicated in the development and delivery of vaccines, diagnostics and therapeutics in the absence of an existing arrangement. However, due to its more informal nature, ACT-A faced challenges around the clarity of its governance processes, leadership participation, coherent resource mobilisation and the measurement of results. There were also important challenges in promoting buy-in, inclusion and coherence among important stakeholders, including beneficiary governments, CSOs and NGOs. Since October 2022, ACT-A has moved toward implementing a six-month transition plan which includes securing longer-term institutional arrangements to address some of these challenges.<sup>188</sup>

*Gaps in existing co-ordination mechanisms at the outset of the pandemic contributed to fragmentation in multilateral organisations responses and could lead to similar bottlenecks for co-ordination in response to future crises:*

- ⦿ **The lack of flexible resources to provide up-front funding for emergencies contributed to the creation of new resource mobilisation mechanisms to support the UN response, many of which failed to meet their funding targets.** Key gaps included chronic underfunding of the WHO's Health Emergencies Programme and the CFE as well as limited core funding and emergency "set asides" among UNDS and humanitarian system entities. MDBs took time to mobilise resources for the pandemic response, develop appropriate instruments and define expedited approval processes and were not able to implement support within the timeframe required for an emergency response.
- ⦿ **The IASC scale-up protocol were not designed to respond to crises occurring on a global scale.** Implementing scale-up protocols to address a global crisis across 63 countries proved challenging, including donors' resistance to provide unearmarked funding and the need to ensure "backbone" functions around logistics and people transfer were properly resourced.
- ⦿ **The absence of an established mechanism to support co-ordination around the development and delivery of vaccines, diagnostics and therapeutics posed challenges for promoting equitable access.** The need for an agreed mechanism to address this gap and respond to disease outbreaks has long been recognised due to the number of actors involved, each with different mandates, expertise and incentives.<sup>189</sup> Both the Independent Panel and the G20 High Level Panel have again highlighted the need for such a "pre-negotiated" system to accelerate R&D and deliver equitable access as a global public good.<sup>190</sup>
- ⦿ **Uneven presence of country-level co-ordination platforms that are government-led and bring different development partners together constrains co-ordinated responses to emergencies.** New co-ordination platforms were created at country-level to respond to COVID-19 and were reinforced through co-ordinated efforts among the UN entities, MDBs and IMF to implement the SPRP. However, government ownership of these mechanisms and buy-in among different development partners remains an important challenge. Some new country-level co-ordination platforms are already being dismantled, resulting in missed opportunities to scale up good practices from the COVID-19 response.

188 ACT-Accelerator (2022) "ACT-Accelerator Transition Plan - Sustaining access to tools in the transition to long-term COVID-19 control" [https://www.who.int/publications/m/item/act-accelerator-transition-plan-\(1-oct-2022-to-31-mar-2023\)](https://www.who.int/publications/m/item/act-accelerator-transition-plan-(1-oct-2022-to-31-mar-2023))

189 The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 5: Access to Vaccines, Therapeutics and Diagnostics" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-5-Access-to-vaccines-Therapeutics-and-Diagnostics.pdf>;

190 Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (2021) "A Global Deal for our Pandemic Age" <https://pandemic-financing.org/report/foreword/#:~:text=In%20short%2C%20we%20need%20a,building%20resilience%20against%20future%20pandemics>; The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 5: Access to Vaccines, Therapeutics and Diagnostics" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-5-Access-to-vaccines-Therapeutics-and-Diagnostics.pdf>; Ramchandani, R., Kazatchkine, M, et al (2021) " Vaccines, therapeutics, and diagnostics for covid-19: redesigning systems to improve pandemic response", *BMJ*, <https://www.bmj.com/content/bmj/375/bmj-2021-067488.full.pdf>

## **Lesson 2: Whereas co-ordination across UN entities, MDBs and the IMF was scaled-up to respond to the pandemic, important barriers continue to limit the extent of joint planning and programming among these organisations.**

**Scaled-up co-ordination among UN entities and among the MDBs and IMF contributed to operational and policy coherence in responding to the diverse impacts of COVID-19.** The SPRP, UN Socio-Economic Framework and GHRP all enhanced inter-agency co-ordination. UN entities built upon their respective comparative advantages to address the needs of the most vulnerable and promote greater coherence in the UN's COVID-19 response. Similarly, co-ordination across the MDBs with the IMF helped promote policy and operational coherence in responding to the macroeconomic impacts of the crisis while mitigating the impact of the response on debt sustainability. Co-ordination between the WHO, IMF and MDBs, notably the WB, helped keep key stakeholders updated on the evolution of the crisis and reinforced the normative role of the WHO in ensuring that MOs' health sector responses adopted the SPRP as a guiding framework.

**Although joint programming between UN entities and MDBs increased, operations often continued to be planned and implemented in parallel.** There was enhanced technical co-ordination among UN entities and the MDBs, particularly in the areas of health and procurement where UN entities served as key implementing partners. However, operational planning largely continued to proceed through largely parallel processes. Whereas Socio-Economic Response Plans (SERPs) often cited evidence and data from MDB partners, evidence of policy co-ordination at the country-level or joint planning and programming was far less common. Similarly, there has been limited involvement of UNCTs in co-ordination linked to budget support operations. New initiatives such as the Integrated National Financing Frameworks (INFFs) continue to have limited buy-in among the MDBs and IMF in a space that they consider to be their comparative advantage.

**Barriers to deeper UN, MDB and IMF co-ordination stem from differences in business models, fiduciary policies and financial instruments.** Differences in fiduciary policies and procedures, including procurement, undermined the effectiveness of partnerships between UN entities, MDBs and regional organisations in responding to COVID-19. The MDBs needed to seek Board approval for new emergency instruments and programmes and expedited processes. In some cases, Executive Board waivers needed to be sought to work with UNICEF to procure essential medical supplies. The fiduciary processes of MDBs are often inconsistent with the "no regrets" approach taken by UN entities in responding to emergencies. In particular, stakeholders noted that promoting resource flows from MDBs to NGOs and CSOs was particularly challenging. An ongoing tension was noted in the context of ACT-A due to differences in business models between UN entities and MDBs. Whereas funds allocated to UN entities are ready for implementation immediately, funds offered by MDBs are subject to uptake by countries, which may occur over a longer timeframe. Stakeholders noted that these differences obscured overall resource mobilisation for ACT-A.

**Country-level co-ordination remains essential for ensuring buy-in and contextualising global policy initiatives in light of country needs and priorities.** Survey respondents emphasised the importance of government-led country platforms as one of the key factors facilitating a co-ordinated pandemic response among development partners. Such platforms are an important means of contextualising global policies in light of national priorities and needs, promoting national buy-in and bringing partners together to address critical gaps. Where these platforms are maintained, technical working relationships across MOs at the country-level are likely to be less dependent upon personalities and can be scaled-up when necessary.



### Lesson 3: Fragmentation in resource mobilisation undermines the achievement of collective results.

**Given limited emergency response funds and core funding, new resource mobilisation mechanisms were created to support the UN's initial response to the pandemic.** As organisations moved to re-allocate existing resources, the Response and Recovery Multi-Partner Trust Fund (MPTF) and the WHO Solidarity Response Fund (SRF) were created to support coherent responses across MOs to the health and socio-economic impacts of the pandemic. These funds competed for resources among other individual agency resource appeals. Funding eventually became available for the first time through the WB's Pandemic Emergency Finance Facility (PEF) insurance window; however, were only made available in April 2020 and were dwarfed against the needs of a global response, being spread over more than 60 countries. The MDBs and IMF provided financing to support countries at an unprecedented speed and scale; however, these organisations are not designed to address the need for quick-disbursing emergency funds.

**The lack of a coherent strategy around resource mobilisation for some new initiatives contributed to fragmented appeals and competition for resources.** The GHRP promoted coherence among humanitarian appeals but was not a centralised resource mobilisation mechanism, with different agencies launching their own financing appeals and some INGOs working outside the GHRP Framework to address needs on a global scale. Finally, informal partnerships such as ACT-A did not have a centralised resource mobilisation strategy grounded in a results-based budget, with each partner mobilising resources through their own systems. As a result, donors were confronted with fragmented financing appeals. Although an attempt was made to consolidate ACT-A's financing needs through the "Fair Share" Framework, some co-convening agencies noted that this framework did not consider the existing relationships among participating agencies and different donors.

**Limited progress has been made in diversifying funding away from a core group of traditional donors, with many new resource mobilisation initiatives left underfunded.** These traditional donors themselves suffered serious socio-economic impacts from the pandemic. This challenge was particularly acute for the Response and Recovery MPTF, the Joint SDG Fund and ACT-A, which demonstrated large resource gaps throughout the pandemic. A notable exception was the SRF, which mobilised resources from the general public and companies through innovative social media campaigns and donation matching. Additionally, the SRF included an innovative revolving component, which allowed for funds to be reallocated repeatedly to underfunded priority needs when new resources became available. This mechanism played an important role in the purchasing of PPE as the pandemic emerged.

**Pooled resource mobilisation mechanisms can support joint programming, but insufficient funding prevents joint operations from being implemented at scale.** The Response and Recovery MPTF, SRF and Joint SDG Fund all supported inter-agency co-ordination either by providing support to multiple agencies under a single policy framework or by prioritising joint programming and whole-of-government approaches. However, the overall scale of these funds has been limited, reducing their effectiveness in scaling joint programming as intended. The undercapitalisation of multiple resource mobilisation mechanisms that support either single agency or joint-agency programming threatens the achievement of collective outcomes that these initiatives seek to promote.

## Lesson 4: Beyond policy coherence at the global level, effective multilateral organisations' co-ordination involves building national ownership and striking a balance between global goals and national needs and priorities.

**In addition to promoting a more coherent UN response, the SPRP, UN Socio-Economic Framework and GHRP benefitted from clear mechanisms for responding to national needs and priorities.** The UN system promoted inter-agency co-ordination at country-level under the UN Resident Co-ordinators (RCs) to contextualise global frameworks at country level. Tools such as Socio-Economic Impact Assessments, SERPs, and Humanitarian Response Plans (HRPs) provided a mechanism to take stock of country-level needs and inform a more coherent inter-agency response in line with global policy frameworks. Furthermore, new tools such as the COVID-19 Partners Platform helped co-ordinate a broader scope of partners, including MDBs and bilateral partners in real time around a changing landscape of national needs.

**The MDB responses were driven by national needs and priorities while promoting coherence around global policy frameworks.** The World Bank's COVID-19 MPA provided a range of flexible options for support aligned to the WHO's SPRP, with early co-ordination between the two organisations contributing to its development. This financing was subsequently extended to support vaccine purchasing and deployment readiness. Emergency budget support provided by the World Bank and other MDBs identified very limited conditionalities that were designed to support key features of the SPRP, including the requirement for a national response plan and functional country-level multi-partner co-ordination mechanisms.

**By comparison, ACT-A emphasised the upstream aspects its mandate at the expense of downstream delivery and readiness.** ACT-A initially lacked clear channels for including the needs of beneficiary governments in decision-making. The participation of LICs and MICs on the Facilitation Council was more limited and had an indirect influence on operational decision-making. Aside from participation by the World Bank in a Secretariat role, MDB and IMF participation in the initiative among the Principals Group was more limited. UNICEF was identified to lead the COVID-19 Vaccine Delivery Partnership (CoVDP), which scaled up existing work around country readiness and delivery, but only as vaccines were becoming available in 2021. Overall, there were fewer opportunities to take stock of country needs, gaps and priorities in early decision-making and align strategies and operations accordingly. This gap contributed to a perception that ACT-A and its COVAX pillar was primarily "supply-driven" rather than "demand-driven".

**Regional organisations emerged as important partners in reinforcing national capacities, contextualising global policy frameworks and building national ownership.** COVID-19 underscored the important role regional organisations play in pandemic prevention, preparedness and response (PPR), including with respect to surveillance, research, critical infrastructure, equipment and technical assistance. These organisations also provided countries with supply chain support and centralised purchasing capacity for diagnostics, tests, clinical management equipment and vaccines, obtaining critical supplies on more favourable terms that would have been feasible by countries individually.<sup>191</sup> This role was even more important where country presence of MOs and operational capacity in the health sector was more limited. Regional organisations acted as a "policy bridge" by translating global policy priorities into harmonised and contextualised country-level guidance, promoting national ownership and facilitating joint positions on behalf of members.

191 Jones, C, Sobngwi-Tambekou, J. et al (2022) "The Roles of Regional Organisations in Strengthening Health Research Systems in Africa: Activities, Gaps, and Future Perspectives" International Journal of Health Policy and Management, [https://www.ijhpm.com/article\\_4213\\_37a2adda3a90b4552da62064356a9134.pdf](https://www.ijhpm.com/article_4213_37a2adda3a90b4552da62064356a9134.pdf)

## Lesson 5: Delivering an equitable response to global emergencies requires not only leadership and engagement among multilateral organisations, but a “whole-of-society” approach that includes national governments, civil society and the private sector.

**Although multilateral organisations’ co-ordination to address COVID-19 has been unprecedented, the actions of national governments are critical to support the effectiveness of co-ordination mechanisms.** Travel and trade restrictions ran counter to advice from WHO and WTO while “vaccine hoarding” through large bilateral vaccine purchase agreements made it impossible for COVAX to deliver its original vision and mandate. Co-ordination among national actors, facilitated by the WB and the IMF, has been essential in the context of the G20 Debt Service Suspension Initiative (DSSI). Finally, national ownership of government-led country platforms for co-ordination among development partners established during COVID-19 remains essential for their sustainability. Where such ownership is lacking, survey respondents note that such platforms are already being dismantled. When addressing complex global challenges in an increasingly inter-connected context, it is essential that governments and MOs pull in the same direction.

**The private sector played an important role in responding to COVID-19 and there are opportunities for multilateral organisations to engage the private sector more effectively for future crises.** The behaviour of the private sector influenced the achievement of collective goals such as equitable access to countermeasures both positively and negatively. On one hand, co-ordination between the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and vaccine manufacturers was instrumental in enabling the development of countermeasures in record time. Some companies even committed to sell vaccines at a no-profit / no-loss rate to support more equitable access. On the other hand, lack of diversified manufacturing capacity, limited access to inputs, lack of access to upfront funding for at-risk production and refusal of some companies to support equity goals worked against efforts to promote equity. Supply chain support provided by MDBs was important for linking private health care providers to critical supplies and equipment, enhancing the contribution of the private sector to national COVID-19 responses. Going forward, work undertaken by the IFC and the WB to leverage its Cascade model and enhance regional vaccine manufacturing capacity through its Global Health Platform will be important for building regional response capacity for future outbreaks.<sup>192</sup>

**Non-governmental Organisations (NGOs) and Civil Society Organisations (CSOs) continue to play a critical role in reaching vulnerable populations.** Mobility restrictions imposed to mitigate the spread of COVID-19 made co-ordination with NGOs and CSOs even more critical in accessing the most vulnerable beneficiaries.<sup>193</sup> Community representatives and organisations have played a similarly important role in delivering RCCE and promoting the uptake of public health measures, including vaccination.<sup>194</sup> Ensuring that these stakeholders have a means of contributing to decision-making will help ensure that global initiatives take stock of and respond to local contexts and challenges. However, consultations with large networks of NGOs created challenges in the context of COVID-19 due to required time and transaction costs. UNOCHA faced challenges in ensuring an ideal depth of co-ordination with NGOs when trying to launch the first version of the GHRP quickly, which contributed to tensions with the NGO community throughout the initiative. The experience of ACT-A’s Humanitarian Buffer underscores the importance of ensuring that implementation schemes enable localisation and participation of NGOs and CSOs, including access to resources, particularly in fragile contexts.<sup>195</sup>

192 International Finance Corporation (2021) “Private Health in Emerging Markets – Our Observations UHC2030 Private Sector Constituency” [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News\\_articles\\_photos/July-Dec\\_2021/10\\_2021\\_PS\\_Blog\\_-\\_Tackling\\_the\\_big\\_challenges\\_presentation.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News_articles_photos/July-Dec_2021/10_2021_PS_Blog_-_Tackling_the_big_challenges_presentation.pdf)

193 UNICEF (2021) “Real-time Assessment of the UNICEF Response to COVID-19: Global Synthesis Report” <https://evaluationreports.unicef.org/GetDocument?fileID=18263>;

194 *Ibid.*

195 Open Consultants (2022) “External Evaluation of the Access to COVID-19 Tools Accelerator” [https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-\(act-a\)](https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-(act-a))

## Policy considerations for multilateral co-ordination and “Building Back Better”

**Developing countries are currently facing “multiple, overlapping crises”.** These include the lingering health and socio-economic impacts of COVID-19 and the impact of Russian invasion of Ukraine on food security, energy prices and cost of living.<sup>196</sup> The IMF World economic outlook states that the world is experiencing a broad-based economic slowdown with the highest levels of inflation seen in several years.<sup>197</sup> In 2021, 60% of LICs were estimated to be at risk of or already in debt distress, rising from 30% in 2015.<sup>198</sup> As interest rates rise, servicing rising sovereign debt becomes increasingly complicated. These emerging challenges are diverting political attention away from strengthening pandemic prevention, preparedness and response, continuing a cycle of “panic and neglect”.<sup>199</sup> Alongside these mounting challenges it is imperative that countries and MOs continue to work together to regain lost ground on the SDGs and address rising inequality and climate change.

**Multilateral co-ordination remains essential in addressing these challenges.** Building upon the five lessons of this study, MOPAN proposes policy options to build upon the lessons from COVID-19 and support MO co-ordination to ensure that multilateral development assistance continues to be “more than the sum of its parts”. These policy options are presented in light of both emerging and ongoing initiatives, including the Secretary General’s Common Agenda, the UN Development System (UNDS) Reform and new proposals for reinforcing the global health security architecture. Specific consideration is also given to the WHO’s “Ten Proposals to Build a Safer World Together”.<sup>200</sup>

### 1. Strengthening platforms for global policy co-ordination across the UN, MDBs and IMF, with achievement of the SDGs and delivery of global goods as a guiding principle.

**In the face of complex challenges, high-level policy co-ordination among multilateral organisations, national governments and other stakeholders is critical for promoting coherence.** COVID-19 demonstrated the importance of global policy co-ordination and dialogue to address a crisis with diverse impacts across countries and sectors. Global initiatives such as ACT-A and the DSSI demonstrated that effective multilateral co-ordination to respond to complex development challenges requires political leadership and high-level engagement across the multilateral system beyond MO co-ordination alone.

196 World Bank Group (2022) “Navigating Multiple Crises, Staying the Course on Long-Term Development – The World Bank Group’s Response to the Crises Affecting Developing Countries” <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099640108012229672/idu09002cbf10966704fa00958a0596092f2542c>

197 International Monetary Fund (2022) “World Economic Outlook – October 2022” <https://www.imf.org/en/Publications/WEO/Issues/2022/10/11/world-economic-outlook-october-2022>

198 International Monetary Fund (2021) “Issues in Restructuring of Sovereign Domestic Debt” <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/11/30/Issues-in-Restructuring-of-Domestic-Sovereign-Debt-510371>

199 International Working Group on Pandemic Preparedness (2017) “From Panic and Neglect to Investing in Health Security Financing Pandemic Preparedness at a National Level International Working Group on Financing Preparedness” <https://documents1.worldbank.org/curated/en/979591495652724770/pdf/115271-REVISED-FINAL-IWG-Report-3-5-18.pdf>

200 World Health Organisation (2022) “Ten proposals to build a safer world together – Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience” [who\\_hepr\\_june30draftforconsult.pdf](https://www.who.int/publications/m/item/who-hepr-june30draftforconsult.pdf)

### Box 11: Supporting global policy co-ordination – policy options for MOPAN members

Specific opportunities for MOPAN members to enhance global policy co-ordination in light of lessons learned from the multilateral response to COVID-19 include:

- ⦿ Support the Pandemic Accord as a legally binding instrument to promote compliance and co-ordinated policy actions among national actors that are not already addressed through the IHR (2005). In particular, the Pandemic Accord could support a formal platform to address the end-to-end development and equitable delivery of countermeasures, building upon lessons learned from ACT-A and the PIP Framework.
- ⦿ Support the implementation of the ACT-A Transition Plan, focussing on mainstreaming of ACT-A's work into routine health and disease control programmes and securing longer-term institutional arrangements for the partnership.
- ⦿ Support the extension of a TRIPS Waiver to cover COVID-19 diagnostics and therapeutics. Consider means of applying a similar mechanism to address intellectual property rights in the context of future health emergencies and neglected diseases with clear triggers for application.
- ⦿ Support the development of a global platform for co-ordination across the UN, MDBs and the IMF with participation from both national governments and civil society in line with UN SG's Common Agenda. This platform would support enhanced dialogue among MOs and clarify roles and responsibilities for delivering global public goods in line with their respective comparative advantages.
- ⦿ Establish a set of good practice standards for multilateral co-ordination, including participation in global platforms for policy co-ordination. Promote adherence to these standards through the governance of MOs, supported by MOPAN Assessments.

**Multilateral organisations' co-ordination will also continue to play an important role in supporting government-led partnerships to address complex global challenges.** A notable example is the multilateral effort to address rising sovereign debt through the UN Common Framework for Debt Treatments, an agreement among the G20 and Paris Club countries to co-operate on debt treatments for up to 73 countries that were eligible for the DSSI (See Box 11). The World Bank-IMF Multi-pronged approach will continue to be critical to enhance the quality of public debt data and reinforce countries capacity for debt management, giving confidence to G20 partners.<sup>201</sup> The UN, including UNCTAD, has a role to play alongside the IMF in helping to identify and develop normative principles for debt management and restructuring at the international level.

201 International Monetary Fund (2022) "Making Debt Work For Development and Macroeconomic Stability" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2022/04/26/Making-Debt-Work-For-Development-and-Macroeconomic-Stability-517258>

### Box 12: G20 Common Framework for Debt Treatments

The landscape of public debt among LICs has changed, including increased borrowing on the part of states from non-Paris Club creditors and private creditors as well as use of complex, collateralised and syndicated instruments with variable interest rates and acceleration clauses. Collective Action Clauses (CACs), which allow a majority of creditors to bind a minority to terms of restructuring, are increasingly present in international sovereign bonds; however, an estimated 50% of outstanding bonds do not include them. Prior to the DSSI, bilateral creditors such as China and India did not have prior experience with Paris Club processes. Furthermore, private sector participation in the DSSI was voluntary in order to provide immediate support to as many countries as possible at the outset of the crisis.

The Common Framework for Debt Treatments, endorsed by the G20 and Paris Club, was established to support creditor co-ordination on debt treatments in LICs with unsustainable debt or prolonged financing needs. The Common Framework applies the Paris Club's processes and a common approach among bilateral and private creditors, centring upon the principle of Comparability of Treatment (CoT). Since being launched in November 2020, the Common Framework has made slower progress than desired, with three countries requesting assistance and no agreements have yet been concluded. Delays in reaching resolution have been very context-specific, linked to complex debt arrangements, challenges in establishing creditor committees and gaps in national legislation supporting bilateral debt restructuring. However, prior to the Common Framework, there was no agreed process to address this growing challenge.

*Sources: International Monetary Fund (2020) [Update on the Joint IMF-WB Multipronged Approach to Address Debt Vulnerabilities](#)*

*International Monetary Fund (2020) [The International Architecture For Resolving Sovereign Debt Involving Private-Sector Creditors—Recent Developments, Challenges, And Reform Options](#)*

*International Monetary Fund (2020) [Reform of the International Debt Architecture is Urgently Needed](#)*

*International Monetary Fund (2021) [Issues in Restructuring of Sovereign Domestic Debt](#)*

*International Monetary Fund (2021) [The G20 Common Framework for Debt Treatments Must Be Stepped Up](#)*

**Policy co-ordination through global platforms is critical to “set the tone at the top”, mobilising critical political will to support ongoing co-ordination, ensuring it can be scaled-up to respond to crises.** Co-ordination through global platforms across the IMF, MDBs and UN entities, reinforced by strong political will and leadership, would support global policy coherence in three ways:

- ⦿ Breaking down siloes across sectors to address multifaceted development challenges;
- ⦿ Enhancing co-ordination and solidarity in responding to global health emergencies and delivering global public goods; and
- ⦿ Creating an incentive for sustained co-ordination to support preparedness in the absence of an immediate crisis.

*Breaking down siloes across sectors to address multi-faceted development challenges*

**The IMF's co-ordination with the World Bank and WHO provides an example of how high-level co-ordination across multilateral organisations can yield cross-sectoral approaches to address complex development challenges.** Prior to the onset of the pandemic, the IMF's co-ordination with WHO was limited. However, the IMF's COVID-19 Pandemic Plan emphasised the fundamental linkages between the health and economic impacts of



the pandemic. The recent approval of the Resilience and Sustainability Trust (RST) will provide a means for HICs to reallocate Special Drawing Rights to LICs with sustainable debt through long-term concessional loans linked to policy conditionalities in the areas of climate change and pandemic preparedness (See Box 12). The IMF is currently engaging with the WHO and World Bank to develop coherent policy frameworks in these areas. Similar proposals have been made in the past with respect to the IMF integrating pandemic preparedness considerations into their Article IV assessments, which was noted again by the G20 High-Level Panel in light of COVID-19.<sup>202</sup>

### Box 13: IMF's Resilience and Sustainability Trust

The Resilience and Sustainability Trust (RST), approved by IMF's Board in April 2022, complements the IMF's 2021 USD 650 billion general Special Drawing Rights (SDR) allocation. SDRs are akin an "overdraft" for countries in providing an interest-bearing supplementary reserve asset that reduces member countries' reliance on more expensive domestic or external debt.

The SDR Allocation was made in proportion to the IMF quotas of the individual member countries. As a result, 2/3 of SDRs were allocated to HICs while LICs demonstrated the greatest need. The RST allows HICs to channel these resources to LICs and MICs through longer-term, affordable finance from the Resilience and Sustainability Fund. Policy frameworks linked to these funds are intended to help build resilience to external shocks and promote sustainable growth, including addressing longer-term systemic challenges such as climate change and pandemic preparedness.

Source: <https://www.imf.org/en/Topics/Resilience-and-Sustainability-Trust>

#### *Enhancing Co-ordination and Solidarity to respond to global health emergencies*

**The experience of ACT-A has demonstrated how critical supportive national policies are for promoting the effectiveness of multilateral organisations' co-ordination, particularly with respect to diagnostics, therapeutics and vaccines.** Beyond persistent funding gaps, contradictory national measures worked against ACT-A's objectives, particularly with respect to promoting vaccine equity. Such inconsistencies not only undermine the effectiveness of multilateral initiatives but also weakness the value for money of donor contributions.

**Initiatives such as the proposed Pandemic Accord and TRIPS Waiver could promote international solidarity and effective multilateral organisations' co-ordination around vaccine equity for future health emergencies.** In December 2021, the World Health Assembly agreed to convene an Intergovernmental Negotiating Body (INB), launching a global process to draft and negotiate an international convention agreement around pandemic prevention. The Pandemic Accord has been identified as a potential opportunity to reinforce end-to-end co-ordination around the development equitable deployment of countermeasures, including: (i) upfront support for development and at-risk manufacturing; (ii) limitations on trade restrictions for countermeasures and inputs; and (iii) linking of public funds for vaccine development to harmonised provisions around equity, data sharing and

202 G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (2021) "A Global Deal for our Pandemic Age" <https://pandemic-financing.org/report/foreword/#:~:text=In%20short%2C%20we%20need%20a,building%20resilience%20against%20future%20pandemics>

technology transfer.<sup>203</sup> After nearly two years of negotiation, Trade ministers adopted a Ministerial Decision on the TRIPS Agreement in July 2022, giving members greater scope to override patents in certain contexts and diversify vaccine manufacturing capacity (Box 14).<sup>204</sup> However, the agreement currently only covers vaccines, with discussions ongoing to extend its coverage to diagnostics and therapeutics. The time necessary to put such agreements in place demonstrates the need to establish these instruments now to ensure they are functional prior to the next health emergency, enshrining equity as a central principle.

**Co-ordination mechanisms such as ACT-A and the MLTF have provided new models for addressing other complex development challenges in a more transparent way.** Building upon lessons from ACT-A could provide a model for promoting operational coherence among MOs for the delivery of other global public goods with support and guidance from national governments. The MLTF demonstrated how multilateral co-ordination can bring together evidence from diverse sources to monitor progress achieved in delivering global goals and addressing complex development challenges that require co-ordinated global action. The MLTF contributed to enhancing transparency and accountability while also providing a platform to advocate for supportive actions from national governments and the private sector. The ACT-A Transition Plan provides a basis to build upon the lessons learned from ACT-A to break the cycle of panic and neglect for global PPR activities and secure longer-term institutional arrangements for the initiative.<sup>205</sup>

#### *Creating an incentive for sustained co-ordination to enhance coherence and preparedness for future crises*

**Taking stock of the response to COVID-19, several calls have been made to establish global platforms that bring together high-level political leadership, the UN System, the IFIs, the IMF and other development partners to improve global policy coherence.** The WHO's Ten Proposals to Build a Safer World calls for the creation of a Global Health Emergency Council linked to the World Health Assembly Committee on Health Emergencies to reduce the fragmentation of health system architecture and mobilise political leadership to promote compliance with global health agreements. The UN Secretary General's Common Agenda calls for the development of multiple high-level global platforms, including: (i) a Biennial Summit between the G20, Economic and Social Council Secretary General and heads of IFIs to promote sustainable and innovative financing for the SDGs; (ii) an Advisory Board with a mandate to identify and advise on the delivery of global public goods; and (iii) an Emergency platform that also includes regional bodies, civil society and the private sector.

203 Pehudoff, K., Hoen, E. et al (2022) "A pandemic treaty for equitable global access to medical countermeasures: seven recommendations for sharing intellectual property, know-how and technology" *BMJ Global Health* <https://gh.bmj.com/content/bmjgh/7/7/e009709.full.pdf>; Agarwal, R. & Reed, T. (2022) "Financing Vaccine Equity Funding for Day-Zero of the Next Pandemic" <https://openknowledge.worldbank.org/bitstream/handle/10986/37488/IDU0cdc5294e039a8045f-b0aa670908d56a28371.pdf?sequence=1&isAllowed=y>; Berkley, S. (2020) "COVAX Explained: To end this global health crisis we don't just need COVID-19 vaccines, we also need to ensure that everyone in the world has access to them", <https://www.gavi.org/vaccineswork/covax-explained>; CEPI (2021) "Enabling Equitable Access to COVID-19 Vaccines: Summary of Equitable Access Provisions in CEPI's COVID-19 Vaccine Development Agreements" <https://cepi.net/wp-content/uploads/2020/12/Enabling-equitable-access-to-COVID19-vaccines-v4-18Mar2021.pdf>; The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 5: Access to Vaccines, Therapeutics and Diagnostics" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-5-Access-to-vaccines-Therapeutics-and-Diagnostics.pdf>; Ramchandani, R., Kazatchkine, M, et al (2021) " Vaccines, therapeutics, and diagnostics for covid-19: redesigning systems to improve pandemic response", *BMJ*, <https://www.bmj.com/content/bmj/375/bmj-2021-067488.full.pdf>

204 <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/WT/MIN22/30.pdf&Open=True>

205 ACT-Accelerator (2022) "ACT-Accelerator Transition Plan - Sustaining access to tools in the transition to long-term COVID-19 control" [https://www.who.int/publications/m/item/act-accelerator-transition-plan-\(1-oct-2022-to-31-mar-2023\)](https://www.who.int/publications/m/item/act-accelerator-transition-plan-(1-oct-2022-to-31-mar-2023))

**High-level platforms galvanise political leadership and support a sustained incentive for multilateral organisations to co-ordinate in addressing global issues.** In the context of pandemic preparedness and response to health emergencies, proposals from the WHO, Independent Panel and G20 High level panel each emphasise the role of global platforms for co-ordination in reinforcing political leadership and commitment, operational and policy coherence and co-ordinated resource mobilisation. Such engagement is increasingly relevant in light of requests from the World Bank’s shareholders to reconsider how the organisation balances country-driven support with support for global public goods, necessitating closer co-ordination to yield synergies between the financing, expertise and global footprint of the Bank and the normative role of UN entities. Stakeholders reported that such global-level co-ordination among MO senior leadership in the context of COVID-19 paved the way for more regular co-ordination at the operational level, including operational and technical co-ordination.

## 2. Enhancing regional co-ordination to address transboundary issues, contextualise global policy frameworks and build national ownership.

**The pandemic demonstrated that regional organisations play an important role in supporting countries to respond to global crises.** In the context of COVID-19, regional and sub-regional organisations provided a bridge between global normative perspectives and country priorities, building demand and ownership among member states. These organisations reinforce the capacities of their member states by: (i) providing technical advice grounded in a co-ordinated research agenda; (ii) promoting access to critical infrastructure such as advanced laboratories; (iii) supporting the harmonisation of regulatory environments and trade policies; and (iv) providing consolidated purchasing power for critical goods. Regional organisations play an essential role in realising the WHO’s call for “collaborative surveillance” and public health intelligence and building global capacity for pandemic prevention, preparedness and response to respond to future health emergencies. There are also opportunities for regional organisations to play a similar role in addressing other complex, transboundary development challenges.

### Box 14: Enhancing regional co-ordination – policy options for MOPAN members

Specific opportunities for MOPAN members to contribute to enhanced regional co-ordination in light of lessons learned from MO co-ordination in responding to COVID-19 include:

- ⦿ Support enhanced MDB co-ordination with state-led regional and sub-regional organisations to implement regional initiatives through dedicated partnership initiatives, including trust funds, regional finance windows and technical assistance funds.
- ⦿ Support enhanced co-ordination among UN normative agencies, RECs and RCPs with state-led regional and sub-regional co-ordination as partners in delivering the SDGs as part of UNDS reform, particularly around sharing knowledge and evidence. Through UNDCO, support enhanced alignment between initiatives of state-led regional organisations and support provided to individual countries through UNCTs.

**Enhanced MDB partnerships can reinforce the capacity of regional organisations to play a role in promoting pandemic prevention, preparedness and response.** Regional organisations played an important role in scaling up the responses of MDBs to the health impacts of the pandemic. The experience of Africa CDC is an important example, having been established in 2017 subsequent the 2014-15 Ebola epidemic as a specialised technical institution of the African Union. While stakeholders recognised the importance of working with Africa CDC to address COVID-19, they noted challenges related to absorption capacity and the institution’s reliance on the African Union for its key governance processes, impeding its ability to act quickly. In July 2022, Africa CDC was designated as an

autonomous public health agency, reporting directly to the heads of state of AU Member Countries. A recent USD 100 million grant from the World Bank will help Africa CDC build upon its new autonomy but supporting ongoing initiatives while helping to strengthen governance and project management processes.

**Reinforcing the implementation of UNDS reform at the regional and sub-regional levels is an opportunity to strengthen linkages among regional and national actors to address other transboundary development challenges.** The UN's work at the regional level complements the efforts of UNCTs in boosting analytical and policy development capacity around regional issues and challenges. To date, Regional Collaborative Platforms (RCPs) in each region have convened experts from UNDS entities around Issue-based Coalitions on sub-regional and regional development priorities and promoted more systematic interactions with Regional Economic and Social Commissions (RECs).<sup>206</sup> Strengthening linkages between these regional platforms and the RECs and have helped reinforce the capacities of UNCTs to address both country-level and cross-border challenges, with regional commissions increasingly forming part of UNCTs. Working across regional and sub-regional organisations may be one means of building upon the UN's analytical and policy development capacity and expand access to RECs and RCPs support among national governments.

### 3. Strengthening country-level co-ordination through the promotion of nationally led country platform

#### Box 15: Country platforms for multilateral organisations' co-ordination – policy options for MOPAN members

Specific opportunities for MOPAN members to contribute to enhanced country-level co-ordination in light of lessons learned from MO co-ordination in responding to COVID-19 include:

- ⦿ Through their governance and engagement with MOs and UNDS Reform, promote the development and expansion of country platforms for MO co-ordination, including measurable targets and progress reporting.
- ⦿ Through their governance and engagement with MOs, support evaluation of participation in country platforms to refine the approach and identify good practices and lessons learned for scaling up.
- ⦿ Through their bilateral engagement with MOs at country-level, promote engagement around country platforms, including joint-knowledge work to identify and assess opportunities for joint programming.

**Increased emphasis on nationally led country platforms is a means of building upon the scaled-up technical co-ordination and joint programming observed during the pandemic.** nationally led country platforms for co-ordination proved crucial to the pandemic response. Ensuring they remain functional could further promote operational coherence and joint programming across the IMF, MDBs and UN at the country-level, making these relationships more systematic and less dependent upon personalities. These platforms build upon the role of Resident Co-ordinators (RCs) envisioned in UNDS Reform as well as the convening power of other partners such as the World Bank. Enhanced co-ordination at the global and regional levels would be important for building ownership of these platforms among national governments and encouraging participation across different partners.

206 United Nations Sustainable Development Group (2022) "2022 Report of the Chair of the UNSDG on the Development Co-ordination Office" <https://unsdg.un.org/resources/2022-report-chair-unsdg-development-co-ordination-office>

### Box 16: The SDG3 Global Action Plan

The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) was established at the UN General Assembly in 2019, bringing together 13 multilateral health, development and humanitarian agencies to accelerate progress on the health-related Sustainable Development Goals targets (including Gavi, the Global Financing Facility, the Global Fund, UNAIDS, UNDP, UNICEF, UNFPA, UN Women, WFP, WHO, World Bank Group, WFP and Unitaid). The initiative includes a set of commitments by these agencies to strengthen collaboration and take joint action to provide more co-ordinated and aligned support to country-owned national plans and strategies.

SDG GAP is driven by the commitment of agencies to engage with countries and provide health sector support in a more co-ordinated way. Initiatives at country level have included building upon existing mechanisms at country-level to identify work plans for joint support that leverage the comparative advantage of each agency, including aligned finance and joint knowledge and analytical work. SDG3 GAP focal points and country teams receive support from global-level accelerator working groups and communities of practice established around 7 key themes, including: (i) primary health care; (ii) sustainable financing; (iii) community and civil society engagement; (iv) determinants of health; (iv) innovative programming in fragile and vulnerable settings and programming during disease outbreaks; (v) equity: gender, inclusion and rights; (vi) research, development, innovation and access; and (vii) data and digital health.

Since its inception, SDG3 GAP has been scaled up to cover 52 countries. SDG3 GAP has also recently contributed to the development of a Regional Health Alliance led by WHO's Regional Office for the Eastern Mediterranean (EMRO) bringing together 15 UN Agencies around a Joint Action Plan for 2022-23. In the context of COVID-19, SDG3 GAP contributed to providing guidance on maintaining access to essential health services, compiling information among MOs on their COVID-19 responses, promoting engagement with civil society and conducting assessment of civil society and community engagement capacity and promoting the use of disaggregated data among several other areas.

Sources: World Health Organisation (2020) "Stronger collaboration, better health: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/publications/i/item/9789240010277>;  
World Health Organisation (2021) "Stronger collaboration for an equitable and resilient recovery - 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/publications/i/item/9789240026209>;  
World Health Organisation (2022) "Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration – 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/progress-reports>

**Nationally led country platforms promote dialogue among multilateral organisations around complex problems in line with their respective areas of comparative advantage.** The UN-World Bank Partnership Framework for Crisis-Affected Situations provides an example of how such platforms can be used to identify opportunities for scaled-up joint programming to respond to risks and remove potential barriers to implementation. The IMF has called a similar approach for working with UN entities in its Strategy for Fragile and Conflict-Affected States and its Strategy for IMF Engagement on Social Spending.<sup>207</sup> These approaches emphasise the importance of joint analytical work for identifying evidence-based opportunities for joint programming and engagement with governments. The SDG 3 Global Action Plan for Healthy Lives and Wellbeing for All (SDG3 GAP) is an example from the health sector. It operationalises a commitment among 12 multilateral agencies committed to more effective collaboration to

207 International Monetary Fund (2019) "Strategy for IMF Engagement on Social Spending" [A Strategy for IMF Engagement on Social Spending](#); International Monetary Fund (2022) "IMF STRATEGY FOR FRAGILE AND CONFLICT-AFFECTED STATES (FCS)" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2022/03/14/The-IMF-Strategy-for-Fragile-and-Conflict-Affected-States-515129>

achieve SDG3, driven by engagement with countries through existing co-ordination platforms (See Box 17).<sup>208</sup> This approach could equally be applied to reinforce pandemic prevention, preparedness and response.

**Country platforms support whole-of-society responses to development challenges.** MOPAN's Country Co-ordination Survey illustrated that UN entities and MDBs each work with a distinct group of partners, with MDBs working most closely with other MDBs, the IMF and the private sector and UN entities working more closely with NGOs and CSOs to help reach more vulnerable populations. Country platforms provide a means of strengthening dialogue with these partners to promote a whole-of-society response. The SDG3 GAP is an important example, with community and civil society engagement identified as an accelerator area for the initiative, including community feedback on COVID-19 responses and stronger engagement of communities and civil society in all aspects of the COVID-19 Response.<sup>209</sup> Country platforms could also provide a mechanism to strengthen NGO and CSO consortia through support from development partners, providing a structured means for these partners to feed into the development of country strategies and programmes in a more coherent and streamlined way.

#### 4. Reinforcing the UN Funding Compact to provide sustainable financing scaling-up joint programming across the UN, MDBs, IMF and other partners.

##### Box 17: Sustainable financing for multilateral organisations' co-ordination – policy options for MOPAN members

Specific opportunities for MOPAN members and other donors to contribute to support sustainable financing for co-ordination in regaining ground on the SDGs and responding to health emergencies include:

- ① Renew efforts to achieve targets set out in the Funding Compact as part of UNDS Reform, with respect to core funding and contribution to pooled funds, including the Joint SDG Fund.
- ② Contribute to the establishment of a global emergency platform in line with the UN SG's Common Agenda, including clear roles, responsibilities and working relationships across the UNDS, humanitarian system, MDBs and the IMF, with coherent arrangements for resource mobilisation.
- ③ Beyond supporting sustainable financing for WHO, build emergency response preparedness of other UN entities, including the establishment of emergency preparedness frameworks that are appropriately resourced through set-aside funds, core funding or other flexible non-core funding.
- ④ Through governance of the new PPPR FIF, support joint programmes where feasible that promote co-ordination across multiple actors in the health space. Evaluate the implementation of the PPPR FIF to identify lessons learned and opportunities to promote MO co-ordination.

208 World Health Organisation (2020) "STRONGER COLLABORATION, BETTER HEALTH: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/publications/i/item/9789240010277>; World Health Organisation (2021) "STRONGER COLLABORATION FOR AN EQUITABLE AND RESILIENT RECOVERY - 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/publications/i/item/9789240026209>; World Health Organisation (2022) "Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration – 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/progress-reports>

209 *Ibid.*



**Multilateral organisations faced in pivoting their programming to launch a rapid response to the crisis due to the lack of flexible emergency funding.** Stakeholders from UNDS and humanitarian entities raised the absence of core funds and emergency “set-asides” as an important challenge in scaling up to respond to COVID-19. Absent funds for emergency response and sufficient core funding, new resource mobilisation mechanisms competed with existing pooled funds for a finite and shrinking pool donor resources. This challenge is particularly acute for humanitarian organisations, calling into question how the humanitarian system may need to evolve to respond to crises that are not limited in geographic scope. Existing initiatives, such as the Joint SDG Fund and thematic response windows addressing other development challenges, were re-positioned for the emergency response, potentially undermining their original objectives.

**These challenges highlight the importance of the UN Global Funding Compact, which emphasises the importance of core resources, flexible non-core resources and pooled funds for promoting transformative and collaborative action in delivering the SDGs.** As of 2020, member states are off-track to achieve targets for the share of voluntary core funding for development-related activities and core share of funding for development activities including assessed contributions, with both indicators having declined since 2017.<sup>210</sup> Although the share of non-core responses channelled through pooled funds has increased in line with targets, important funds for supporting inter-agency collaboration such as the Joint SDG Fund remain considerably undercapitalised.<sup>211</sup> Pooled funds provide a means of incentivising joint programming, but they need to be properly capitalised to support implementation at scale.

**The May 2022 decision by the World Health Assembly to provide more sustainable financing to the WHO is an area of notable progress.** At World Health Assembly in May 2022, Member States agreed to adopt a more sustainable financing model for the WHO, recognising that COVID-19 had demonstrated that the WHO’s current financing model is unsustainable and limits the organisation’s ability to respond to health emergencies effectively. Key commitments include a targeted increase in member states’ assessed contributions to account for 50% of the WHO’s core budget by 2030-31.<sup>212</sup> This shift would increase the WHO’s funding from sustainable and predictable sources by over USD 600 million per year. This decision acknowledges and responds to the recommendations of several review panels, including the Independent Panel, the GPMB, the Independent Expert Oversight Advisory Committee, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.

**The new Pandemic Prevention, Preparedness and Response FIF (PPPR FIF) could build upon innovative good practices from the COVID-19 response to incentivise joint programming across partners in the health sector.** Beyond creating incentives for national investments in pandemic preparedness through mechanisms such as matching, the PPPR FIF also provides an opportunity to prioritise and incentivise proposals that bring different organisations and government ministries together to address preparedness through a whole-of-government approach. Country platforms could play an important role in identifying opportunities that are likely to yield the most value while promoting national ownership. This approach could incentivise co-ordination across a broader range of stakeholders while also generating implementation efficiencies and deepening technical co-ordination. However,

210 <https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/qcpr/2022/Annex-FundingCompact-IndicatorsTable-Ver2b-25Apr2022.pdf>

211 *Ibid.*

212 <https://www.who.int/news/item/24-05-2022-world-health-assembly-agrees-historic-decision-to-sustainably-finance-who>; World Health Organisation (2022) “A Healthy Return – Investment case for a sustainably financed WHO” <https://www.who.int/about/funding/invest-in-who/investment-case-2.0>

financing for the PPPR FIF currently stands at USD 1.6 billion whereas annual need for additional international financing to address investment gaps among LICs and MICs for PPPR stand at an estimated USD 7 billion.<sup>213</sup> Similar to UN pooled funds, continued undercapitalisation risks limited implementation of support for PPPR at scale, particularly in the absence of sustained high-level political leadership and support.

### Box 18: Sustainable financing for co-ordination - policy options for MOPAN members

Following engagement and discussion with the G20 Joint Finance and Health Taskforce and with support from the World Bank and WHO the World Bank's Board of Directors agreed on 30 June 2022 to establish a Financial Intermediary Fund to finance critical investments for national pandemic prevention, preparedness and response capacities with a focus on LICs and MICs. The fund was officially established at its inaugural meeting on 9 September 2022.

The PPPR FIF will provide a dedicated stream of additional grant financing to strengthen pandemic prevention, preparedness, and response capacities in low and middle-income countries through investments and technical support at the national, regional, and global levels. A range of implementing partners have been selected, including MDBs, UN entities, partnerships such as GAVI and the Global Fund, and specialised entities such as CEPI.

The Fund will provide support on a grants-in/grants-out basis based on a regular Call for Proposals cycle. Projects are selected for support by the Fund's Governing Body of 21 voting members, including donor and recipient countries, foundations and CSOs. The Board is supported in its decision-making by a Technical Advisory Panel comprising up to 20 experts and chaired by a senior executive of the WHO. The World Bank acts as trustee and secretariat to the Fund, providing project management and administrative services.

The Fund was developed through rounds of public consultation that promoted uptake of lessons learned from COVID-19, including: (i) the importance of ensuring recipient countries and CSOs have a voice on the Executive Board; (ii) the importance that funds provided through the FIF are grant-based, additional and catalytic; and (iii) the importance of ensuring a broad range of implementing partners are able to access the Fund, which was achieved through a Board waiver.

Sources: The WHO Council on the Economics of Health for All (2022) "A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank – Elevating Ambitions Beyond Business as Usual" [https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/who-council-statement-31-may-2022.pdf?sfvrsn=97b00b6b\\_3&download=true](https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/who-council-statement-31-may-2022.pdf?sfvrsn=97b00b6b_3&download=true)

World Bank Group (2022) "Fact Sheet: Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response" <https://www.worldbank.org/en/topic/pandemics/brief/factsheet-financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response>

World Bank Group (2022) "A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank" <https://thedocs.worldbank.org/en/doc/018ab1c6b6d8305933661168af757737-0290032022/original/PPR-FIF-WB-White-Paper.pdf>

World Bank Group (2022) "Establishment of a financial intermediary fund for pandemic prevention, preparedness and response" <https://documents1.worldbank.org/curated/en/733191656685369495/pdf/Establishment-of-a-Financial-Intermediary-Fund-for-Pandemic-Prevention-Preparedness-and-Response.pdf>

213 <https://www.worldbank.org/en/programs/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-ppr-fif/partners>

## Conclusion

**COVID-19 was an important test of the ability of the multilateral system to respond to a critical emergency unfolding on a global scale.** Co-ordination played a critical role in marshalling the evidence, expertise, resources necessary to address the health and socio-economic impacts of the pandemic and guiding national actions to protect the most vulnerable, making an important contribution to results and progress in achieving collective goals. As global attention turns to addressing the longer-term economic impacts of the crisis on sovereign debt, the global impact of the war in Ukraine and the ongoing need to address climate change, the good practices and lessons learned from the COVID-19 response highlight opportunities to scale-up multilateral development effectiveness in delivering the Sustainable Development Agenda. Rather than being a lesson for future crises, there is a need for good practices in scaling-up co-ordination in responding to COVID-19 to become “business as usual” in helping countries “build back better.” Co-ordination remains essential to building trust in the multilateral system among institutions, governments and societies, mobilising the solidarity and partnerships necessary to build a more resilient and inclusive future.







# ANNEXES



## Annex 1: Methodology and approach

### Scope

This study covers the period of 30 January 2020, when the WHO declared COVID-19 a Public Health Event of International Concern (PHEIC), to July 2022. The study considers how new and existing co-ordination mechanisms involving multiple MOs across UN entities, IFIs and IMF were leveraged during this timeframe to promote a more coherent multilateral response to COVID-19 across different sectors. It was considered how co-ordination mechanisms helped contribute to coherence (rather than fragmentation) as well as country-level preparedness and response, thereby identifying different factors that have either enabled or constrained co-ordination in the context of COVID-19 for the purposes of achieving these goals.

**A broad range of co-ordination mechanisms that brought multilateral organisations together were considered across different sectors.** For the purposes of this study we considered co-ordination mechanisms to be fora or instruments (e.g. strategies or frameworks) that bring different MOs together in either a formal or informal setting for the purposes of: (i) sharing knowledge and evidence; (ii) achieving policy, strategic or operational coherence; (iii) joint planning or programming; (iv) joint resource mobilisation; and/or (v) joint monitoring of common goals and objectives. An overview of co-ordination mechanisms and instruments examined is provided in Table 2.

**Table 2: Co-ordination mechanisms covered in this study**

Mechanism	Sector	Description
<b>Strategic Preparedness and Response Plan (SPRP)</b>	Health	The SPRP, co-ordinated by the UN Crisis Management Team under the leadership of the WHO's Emergencies Programme outlines the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to COVID-19. The document guides the efforts of all national and international partners when developing context-specific national and regional operational plans. <sup>214</sup>
<b>Access to COVID Tools Accelerator (ACT-A)</b>	Health	The ACT-A is a global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. <sup>215</sup> It brings together the WHO, World Bank, Global Fund, GACI, the Coalition for Epidemic Preparedness Innovations (CEPI), Wellcome Trust, Unitaid, UNICEF and the Bill and Melinda Gates Foundation.
<b>Multilateral Leaders Task Force for COVID-19 Vaccines, Diagnostics and Therapeutics (MLTF)</b>	Health	A joint initiative from the IMF, World Bank Group (WBG), WHO, and World Trade Organization (WTO) to accelerate access to COVID-19 vaccines, therapeutics and diagnostics by leveraging multilateral finance and trade solutions, particularly for low- and middle-income countries. <sup>216</sup>
<b>UN Framework for the Immediate Socio-Economic Response to COVID-19</b>	Social	The UN Socio-Economic Framework, developed by the United Nations Sustainable Development Group (UNSDG), sets out the priorities for the United Nations' urgent socio-economic support to countries and societies in responding to COVID-19. It operationalises the UN Secretary-General's Shared Responsibility, Global Solidarity report. <sup>217</sup>

214 <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

215 <https://www.act-a.org/about>

216 <https://www.covid19taskforce.com/en/programs/task-force-on-covid-19-vaccines>

217 <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>

Mechanism	Sector	Description
<b>COVID-19 Response and Recovery Multi-Partner Trust Fund (MPTF)</b>	Social	The Secretary-General's UN COVID-19 Response and Recovery Trust Fund is a UN mechanism to address the unprecedented socio-economic threats of the COVID-19 pandemic, particularly for countries and populations most vulnerable to the pandemic. The Fund mobilised the UN's global reach for rapid integrated UN responses, led by the UN Resident Co-ordinator (UNRC), to support countries and safeguard their progress towards the SDGs. <sup>218</sup>
<b>Solidarity Response Fund (SRF)</b>	Health	The Solidarity Response Fund is a resource mobilisation mechanism for the early health emergency response to COVID-19 aligned to the SPRP. It was established and managed through an innovative partnership between the WHO, UN Foundation, Swiss Philanthropy Foundation and Transnational Giving Europe. <sup>219</sup>
<b>Global Humanitarian Response Plan (GHRP)</b>	Humanitarian	The COVID-19 Global HRP is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGOs with a humanitarian mandate, to analyse and respond to the direct public health and indirect immediate humanitarian consequences of the pandemic. It aggregates relevant COVID-19 appeals and inputs from WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF and NGOs, and it complements other plans developed by the International Red Cross and Red Crescent Movement. <sup>220</sup>
<b>G20 Principles for Effective Co-ordination between the IMF and MDBs</b>	Macroeconomic	The G20 Principles guide IMF-MDB co-ordination in cases where countries request financing while facing macroeconomic vulnerabilities and highlight the importance of the co-ordination between the institutions in the decision-making process for such financial assistance to be most effective. <sup>221</sup>
<b>IMF-World Bank Multi-Pronged Approach to Address Debt Vulnerabilities</b>	Macroeconomic	The IMF and the World Bank Multi-Pronged Approach (MPA) identifies joint actions to address debt vulnerabilities and risks from global economic shocks. The MPA seeks to strengthen debt transparency, support capacity development in public debt management, provide suitable tools to analyse debt developments and risks and explore adaptations to the IMF's and World Bank's lending policies to better address debt risks and promote efficient resolution of debt crises. <sup>222</sup>
<b>G20 Debt Service Suspension Initiative (DSSI)</b>	Macroeconomic	The DSSI involved co-operation among G20 bilateral creditors in suspending the debt service payments of International Development Association (IDA) and United Nations Least Developed Countries (UN LDC) in line with the processes and principles of the Paris Club during the acute phases of the pandemic. The World Bank and IMF have supported the initiative through monitoring spending and enhancing public debt transparency. <sup>223</sup>
<b>COVID-19 Commodities Supply Chain System (CSCS)</b>	Health	The COVID-19 Commodities Supply Chain System (CSCS) was launched by WHO in March 2020, bringing together more than 25 multilateral partners to improve access to critical, lifesaving COVID-19 supplies via co-ordinated and efficient pandemic supply chains. The network sought to source and allocate essential COVID-19 supplies and deliver them to developing countries through virtual platforms and humanitarian air services.
<b>Global Education Coalition</b>	Education	The Global Education Coalition, established by UNESCO in March 2020, brings together more than 175 partners across civil society, private sector, bilateral partners and multilateral organisations, including UNODC, WHO, UNHCR, WFP, ITU, GPE, ILO, UNICEF, UNEP, UN WOMEN and UNRWA. The GEC has contributed to monitoring the impact of COVID-19 and school closures on access to education and has contributed to research understanding the scale of impacts, engaging around three central themes of connectivity, teachers and gender. It monitors country responses to school closures and matches country needs with offers of support from partners.

218 <https://mptf.undp.org/fund/cov00>

219 [https://s3.amazonaws.com/media.unfoundation.org/2022/01/EDUN01\\_CovidPlaybook\\_2021.pdf](https://s3.amazonaws.com/media.unfoundation.org/2022/01/EDUN01_CovidPlaybook_2021.pdf)

220 <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

221 International Monetary Fund (2018) "Co-ordination Between the International Monetary Fund and Multilateral Development Banks on Policy-Based Lending: Update on the Implementation of the G20 Principles" <https://www.imf.org/external/np/g20/pdf/2018/082918.pdf>

222 International Monetary Fund (2020) "Update on the Joint IMF-WB Multipronged Approach to Address Debt Vulnerabilities" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2020/12/10/Update-on-the-Joint-IMF-WB-Multi-pronged-Approach-to-Address-Debt-Vulnerabilities-49946>

223 <https://www.worldbank.org/en/topic/debt/brief/covid-19-debt-service-suspension-initiative>

## Approach

This section describes the key assumptions and conceptual framework underlying the approach and outlines how different lines of effort were brought together through the analysis to answer the main study questions and identify lessons and implications for MO co-ordination going forward.

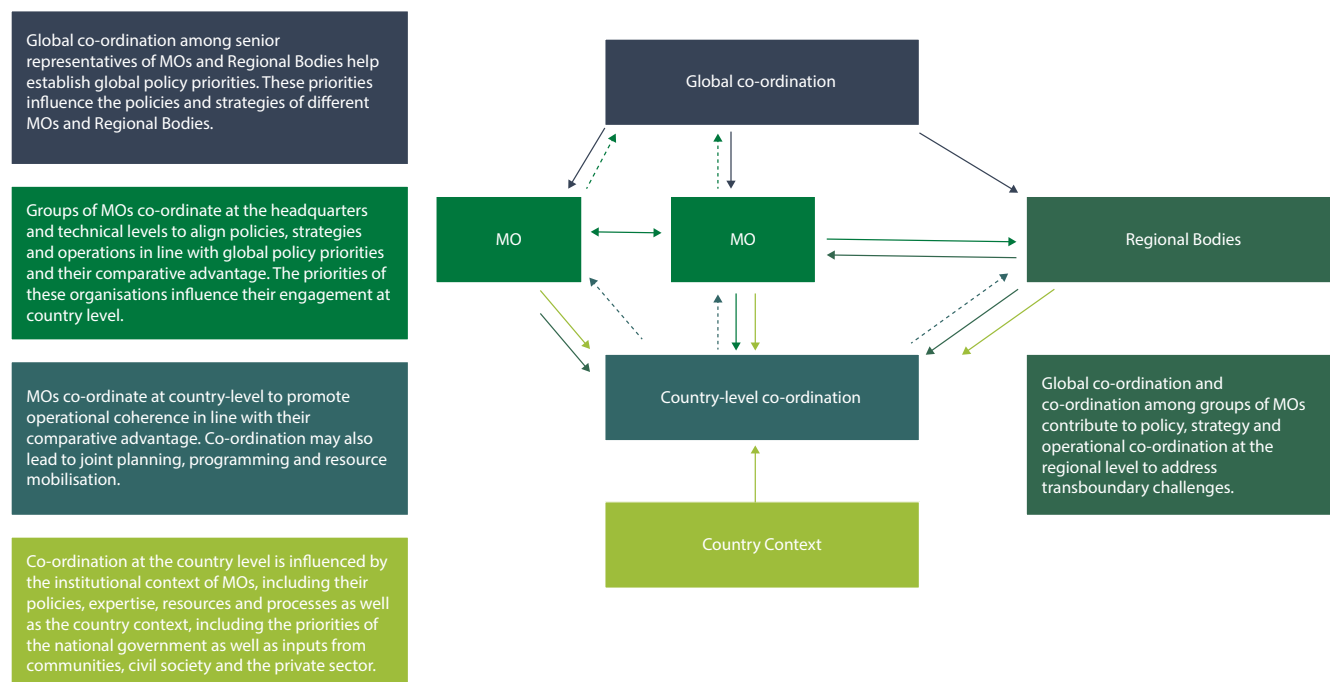
### A conceptual model for co-ordination

At the outset of the study, there was no accepted definition or framework for multilateral co-ordination. There were similar gaps in definition around key activities, outcomes, relevant contextual factors and assumptions around MO co-ordination mechanisms. MOPAN sought to fill this gap by developing a conceptual model for co-ordination to support the study by conducting a desk review of existing co-ordination mechanisms.

Co-ordination is pursued at different levels of the multilateral system and is influenced by a range of factors (See Figure 14). Global level co-ordination among senior representatives of MOs helps establish global policy priorities, such as the SDGs, to promote policy coherence. These policy priorities influence the mandates, policies and strategies of individual MOs, which co-ordinate among one another to promote strategic and operational coherence in line with global policy priorities and their respective comparative advantage. Implementation primarily occurs at the country and regional level. MOs work together at the country and regional levels to promote operational coherence in line with their comparative advantage and national or regional development needs and priorities. At this level, co-ordination may involve sharing of knowledge and evidence as well as joint planning, programming, monitoring and resource mobilisation.

MO co-ordination at the country and regional level is influenced by **institutional factors** (e.g. policies, available resources, instruments and skills, flexibility of funds and processes) as well as **contextual factors** (e.g. government priorities, ownership of co-ordination platforms, inputs from civil society).

Figure 17: Conceptual framework for multilateral organisations’ co-ordination at the global, regional and country levels



**Co-ordination mechanisms are forms of partnerships.** In identifying key factors that enabled or constrained MO co-ordination in the context of COVID-19, the study builds upon the OECD's 2015 Development Co-operation Report, which identified ten "success factors" considered to be the key driver of effective partnerships based on a synthesis of studies.<sup>224</sup> These factors are identified in the box, below.

### Box 19: Ten Success factors for post-2015 partnerships

While co-ordination mechanisms and governance structures can vary, successful partnerships tend to do the following things, which constitute "success factors":

1. Secure high-level leadership.
2. Ensure partnerships are country-led and context-driven.
3. Avoid duplication of effort and fragmentation.
4. Make governance inclusive and transparent.
5. Apply the right type of partnership model for the challenge.
6. Agree on principles, targets, implementation plans and enforcement mechanisms.
7. Clarify roles and responsibilities.
8. Maintain a clear focus on results.
9. Measure and monitor progress toward goals and partnerships.
10. Mobilise the required financial resources and use them effectively.

Source: Organisation for Economic Co-operation and Development (2015) "Development Co-operation Report 2015 Making Partnerships Effective Coalitions for Action" <https://www.oecd.org/dac/developmentco-operationreport-2015makingpartnershipseffectivcoalitionsforaction.htm>

These success factors formed a starting point to help identify the main factors that enabled or constrained MO co-ordination in the context of COVID-19. However, rather than treating the avoidance of duplication of effort and fragmentation as a factor, the avoidance of fragmentation was considered to be an indication that co-ordination had been effective.

## Evidence sources and analysis

This study brings together different evidence sources to identify findings and conclusions against the main research questions.

*In particular, the study draws upon three lines of evidence:*

- ⊙ **A literature review**, which helped document the evolution of the pandemic throughout the course of the study (a full list of documents reviewed is available in Annex 5).
- ⊙ **A structured document review**, which was used to conduct an initial review each co-ordination mechanism (the template for the structured document review is provided in Annex 2);

224 Organisation for Economic Co-operation and Development (2015) "Development Co-operation Report 2015 Making Partnerships Effective Coalitions for Action" <https://www.oecd.org/dac/developmentco-operationreport2015making-partnershipseffectivcoalitionsforaction.htm>

- ⦿ **Interviews with 53 key stakeholders from 19 participating organisations** (the full list of stakeholders consulted in provided is in Annex 3); and
- ⦿ **A survey of 115 UN Resident Co-ordinators, Country Managers and Country Representatives from seven organisations representing 72 ODA-eligible countries** (the survey questionnaire and participant data are presented in Annex 4).

**A broad literature review was undertaken to identify different co-ordination mechanisms and understand the timeline and context in which multilateral organisations' response to COVID-19 took place.** For each mechanism, a structured document review was undertaken to understand the objectives, participants and governance of each mechanism and its contribution to the COVID-19 response. This structured document review helped collect evidence against each of the partnership factors identified above to determine how they contributed to the effectiveness of the mechanism in promoting coherence and reducing fragmentation.

**Interviews were conducted with stakeholders from different organisations who participated in targeted co-ordination mechanisms.** These interviews were used to help contextualise the information collected through the structured document review to better understand how effective different stakeholders felt the mechanisms were in promoting coherence and key enabling and constraining factors for co-ordination with respect to partnership, institutional and contextual factors.

**Due to feasibility constraints, it was not possible to speak to a broad range of bilateral donor partners and national government stakeholders.** The Country Co-ordination Survey was launched to help obtain an understanding of how development partners co-ordinated in the context of different countries, including through government-led, multi-partner co-ordination platforms. Because crises are known to promote co-ordination, the survey asks about the state of co-ordination prior to the onset of the pandemic, how co-ordination changed during the pandemic and implications for any future co-ordination. In particular, the survey asks about the co-ordination mechanisms and instruments that were most influential at the country level as well as institutional and contextual challenges respondents faced in implementing a co-ordinated response.

**Of a total of 400 targeted participants, the survey had a response rate of 29.5%, including both invited participants and participants who were delegated or self-registered to respond.** These participants represented 72 countries across the different organisations. Because the survey did not use a random sample and includes self-registered participants, it cannot be considered statistically representative. However, it provides a robust indication of the state of partner co-ordination across different beneficiary countries. Some questions allowed respondents to provide open text responses to further contextualise their answers.

*The analysis proceeded in four stages:*

- 
- ⦿ An initial mapping of co-ordination mechanisms was identified for sectors that brought MOs together to respond to COVID-19;
  - ⦿ A documentary analysis guided by a structured questionnaire inspired by the OECD partnership “success factors” and designed to address the six research questions.
  - ⦿ A cross-analysis of document review questionnaires to highlight strengths and weaknesses; and
  - ⦿ Interviews with key stakeholders to address gaps and contextualise findings.

## Quality assurance

**Three means were used to promote the quality and relevance of this study.** First, a Reference Group of MOPAN stakeholders helped guide the design of the study and provided feedback on emerging findings, helping to ensure the relevance of the scope and the inclusion of important themes. Second, a Technical Advisory Group was established from key experts to review and provide technical feedback to the report. Finally, the zero draft report was shared with key interlocutors from participating organisations to ensure the accuracy of the information presented in the report and obtain feedback on the analysis and lessons.



## Annex 2: Structured document review questions

The purpose of this questionnaire is to collect elements necessary to assess the value-added of the co-ordination mechanisms (CM) to address the challenges which justified their creation and, to identify the main strengths and weaknesses of these CMs in that perspective.<sup>225</sup> All the questions are not necessarily relevant for all CM.

The main sources of information were documents and websites, exchanges of emails when possible, and interviews. The product of this exercise is a series of CM assessment notes.

The questions below are designed to contribute to the response to the **6 Questions** framing the study.

### Identification

---

1. Name of the CM:
2. List of members:
3. Date of creation:

### Problem to address, purpose and activities of the co-ordination mechanisms

---

4. What was the “challenge” that justified the setup of this CM?
  - a. Was the CM created to address COVID-19 related challenges?
  - b. If not, did the COVID-19 impact the challenge the CM was meant to address?

If the answer is **NO** to both questions, consider removing this case from the sample? (To discuss)

5. What are the objectives of the CM to address this challenge?
  - a. **Expected outcomes:** What kind of change does the CM aim to obtain at the beneficiaries’ level?
  - b. **Expected outputs:** What is the CM expected to deliver?
6. Does any of these objectives aim at contributing to pandemic risk prevention and preparedness?
7. What are the activities carried out by the CM?

### Composition and organisation of the co-ordination mechanisms

---

8. Who are the participants, and how are they expected to contribute to the common objective? (Why has each of them been selected/ decided to join)?
9. How is the CM organized? Any evolution/innovation to adapt to the COVID-19 crisis? (What kind of agreement? One single partnership agreement for all the members or specific bilateral agreements between a leader and each member? To what extent is the role of each member clearly defined in the agreement?) Try to obtain copies of the founding documents (statutes, agreement, minutes of a meeting launching the CM...) and any update of these documents.

---

225 Questionnaire based on the success factors for effective partnerships identified in the OECD Development Co-operation Report 2015: *Making Partnerships Effective Coalitions for Action*, and some practical experience of designing peer reviews between international foundations supporting Development programmes. <https://www.oecd.org/dac/development-co-operation-report-2015-making-partnerships-effective-coalitions-for-action.htm>.

### *Achievement of objectives (effectiveness)*

---

10. What is the quality of the information available to assess the CM activities and their results (*outputs and outcomes*)?
11. To what extent have the activities of the CM been carried out as expected and why?
12. To what extent have the outputs been delivered as expected and why?
13. To what extent have the expected objectives been reached?

### *Co-ordination mechanisms' design and functioning*

---

14. To what extent does the composition of the participating entities prove relevant? *The participants are complementary and provide the credibility, skills, experience, and resources needed to reach the objectives without redundancy and gaps.*
15. To what extent were the objectives, costs and risks clearly understood and accepted by all the participants at the start of their common undertaking?
16. To what extent are the tasks and responsibilities clearly defined for each participant? Any evolution/ Innovation to adapt to the COVID-19 crisis?
17. To what extent are the governance and accountability structure and the management practices sufficiently inclusive while allowing for an effective decision-making process (effective leadership)? How did these evolve due to the COVID-19 crisis?
18. How effective and efficient are the common services (secretariat, if any) set up by the participants? Any evolution to address the COVID-19 crisis?
19. To what extent does the monitoring and information system allow addressing the needs of the CM and the participant requirements? Does the CM develop or use monitoring or information systems to anticipate and prepare for future crises?
20. To what extent is the external communication of the CM carried out for the benefit of the common objective and of all the participants?
21. What do we know about the evolution of mutual trust between the participants?
22. Do we have evidence that the CM draws lessons from past experiences, including previous pandemics, and adapts its approaches on that basis?

### *Benefits/costs for the intervention (Contribution of the co-ordination mechanisms to effectiveness)*

---

23. To what extent did the CM (as an entity/organization) contribute to reaching the objectives? *What has been the "added value" of the CM approach compared to alternatives?*
24. To what extent has the MC hindered the ability to meet the objectives? *Consensus-based governance leading to slow and sub-optimal decisions, poor implementation due to unclear definition of responsibilities...*

### *Benefits/costs for the members of the co-ordination mechanisms (Conditions of sustainability of the CM)*

---

25. What are the benefits of the CM for its participants? *Knowledge transfers, opportunity to share risks, effects of the collaboration with knowledgeable institutions on their image...*
26. What are the costs of the CM for its participants? *Transaction costs, the obligation to accept compromises, limited visibility, etc.*

## Conclusions and lessons learnt

Each CM assessment ends with conclusions, notably identifying the main factors contributing or constraining the performance and sustainability of the CM (Q3). Some of these conclusions will only be relevant to the CM under review, and others will be of more general interest. This last group of conclusions will be converted into lessons learned.

## Annex 3: Stakeholders consulted

Stakeholder	Organisation	Stakeholder	Organisation
David Nabarro	4SD	George Gray	UNDP
Abdoulaye Coulibaly	African Development Bank	Haoliang Xu	UNDP
Babatunde Olumide Omilola	African Development Bank	Borhene Chakroun	UNESCO
Prajesh Bhakta	African Development Bank	Maki Katsuno- Hyashikawa	UNESCO
Arin Dutta	Asian Development Bank	Alison Jenkins	UNICEF
Ayako Inagaki	Asian Development Bank	Genevieve Boutin	UNICEF
Claus Astrup	Asian Development Bank	Gian Ghandi	UNICEF
Kevin Moore	Asian Development Bank	Lily Jane Louise Caprani	UNICEF
Patrick Osewe	Asian Development Bank	Ian Smith	World Health Organisation
Robert Boothe	Asian Development Bank	Isadora Quick	World Health Organisation
Nicole Lurie	CEPI	Jan Hendrik Schmitz Guinote	World Health Organisation
Marijke Wijnroks	Global Fund	Michael Ryan	World Health Organisation
Peter Sands	Global Fund	Michaela Pfeiffer	World Health Organisation
Muhammad Pate	Harvard University	Raphael Slattery	World Health Organisation
Robert Powell	IMF	Scott Pendergast	World Health Organisation
Dalia Hakura	IMF	David Wilson	World Bank
Guillaume Chabert	IMF	Juan Pablo Uribe	World Bank
Martin Cerisola	IMF	Mamta Murthu	World Bank
Roland Kangi Kpodar	IMF	Stephen Cahill	World Food Programme
Ruchir Agarwal	IMF	Finbar Curran	World Food Programme
Farhan Rashid	Islamic Development Bank	Anabel Gonzalez	World Trade Organisation
Intizar Hussain	Islamic Development Bank	Anthony Taubman	World Trade Organisation
Antoine Alamowitch	Paris Club Secretariat	Josefita Pardo de Leon	World Trade Organisation
Raj Arjoun	Paris Club Secretariat	Roger Kampf	World Trade Organisation
Kate Dodson	UN Foundation		
Ali Buzurukov	UN OCHA		
Lilian Barajas	UN OCHA		
Helena Fraser	UNDCO		
Rosemary Kalapurakal	UNDCO		

## Annex 4: Country co-ordination survey questions and responses

### Part I: Respondent information

For this section, you are asked to provide some basic information about your organisation, your role, your experience and your duty station.

These questions also consider your role in promoting co-ordination across Multilateral Organisations in the context of your duty station.

#### [Q1] Please indicate your organisational group: \*

Choose one of the following answers

- Development Finance Institution (DFI) staff
- IMF staff
- United Nations Development System (UNDS) staff

#### [Q2a] Please indicate your position within your organisation: \*

*Only answer this question if answer is 'Development Finance Institution (DFI) staff' at question [Q1]*

Choose one of the following answers

*If you choose 'Other - DFI (please specify)' please also specify your choice in the accompanying text field.*

- DFI Country Manager
- DFI Country Economist
- DFI Sector Specialist
- DFI Regional Manager
- Other - DFI (please specify)

#### [Q2b] Please indicate your position within your organisation: \*

*Only answer this question if answer is 'IMF staff' at question [Q1]*

Choose one of the following answers

*If you choose 'Other - IMF (please specify)' please also specify your choice in the accompanying text field.*

- IMF Mission Chief
- IMF Resident Representative
- IMF Country Economist
- IMF Technical Assistance Co-ordinator/Provider
- Other - IMF (please specify)

**[Q2c] Please indicate your position within your organisation: \***

---

Only answer this question if answer is 'United Nations Development System (UNDS) staff' at question [Q1]

Choose one of the following answers

- UN Resident Co-ordinator
- UN Development Co-ordinator
- UN Humanitarian Co-ordinator
- WHO Country Representative
- Other UN Country Team Representative

**[Q3] How long have you been working in your position? \***

---

Choose one of the following answers

- Less than a year
- 1 to 3 years
- 3 to 5 years
- More than 5 years

**[Q4] Please select the country for which you are currently responsible: If you are responsible for multiple countries, please select the country to which the majority of your work pertains. \***

---

Choose one of the following answers in the dropdown list.

If you choose 'Other:' please also specify your choice in the accompanying text field.

**[Q5] Where are you currently based? \***

---

Choose one of the following answers

If you choose 'Other:' please also specify your choice in the accompanying text field.

- Based in my organisation's headquarters
- Based in a duty country
- Based in a regional office
- Other



## Part II: In-country co-ordination mechanisms prior to the COVID-19 pandemic

This section of the survey asks about how co-ordination between Multilateral Organisations, host countries and other partners took place prior to the onset of the pandemic. The purpose of this section is to help examine how previous co-ordination practices have influenced co-ordination in the context of COVID-19.

The following questions will ask you to describe the nature of co-ordination mechanisms in the country for which you are primarily responsible (your duty country). These mechanisms refer to co-ordination platforms involving your organisation, the national government and other development partners rather than internal co-ordination mechanisms within your organisation or Country Team.

**[Q6] Prior to the COVID-19 pandemic, was there a mechanism that brings multilateral organisations (UNDS, DFIs and the IMF) and other partners together in-country? \***

Choose one of the following answers

- Yes
- Yes, but limited to specific sectors
- No
- Don't know / Not applicable

**[Q7] Prior to the COVID-19 pandemic, how would you describe the national government's participation in this co-ordination mechanism? \***

*Only answer this question if answers are: 'Yes' OR 'Yes, but limited to specific sectors' at question [Q6]*

Choose one of the following answers

- Government-led with participation from Multilateral Organisations and other partners
- Led by Multilateral Organisations or other partners with government participation
- Multilateral Organisation and/or partner participation only
- Don't know

**[Q8] To what extent did your organisation participate in this co-ordination mechanism prior to the onset of COVID-19? \***

*Only answer this question if answers are: 'Yes' OR 'Yes, but limited to specific sectors' at question [Q6]*

- To a large extent
- Somewhat
- To a limited extent
- Not at all
- Don't know / Not applicable

**[Q9] (Optional) Could you please describe your organisation's role in this co-ordination mechanism?**

Only answer this question if answer is 'To a large extent' OR 'Somewhat' OR 'To a limited extent' at question [Q8]

Please write your answer here: [BOX]

**[Q9A] With respect to public sector operations and technical assistance, to what extent would you say in-country co-ordination between development partners and government was systematic for the following sectors prior to the COVID-19 pandemic? \***

Only answer this question if answer is 'Development Finance Institution (DFI) staff' or 'IMF staff' at question [Q1]

Please choose the appropriate response for each item:

	To a large extent	Somewhat	To a limited extent	Not at all	Don't know / Not applicable
Agriculture					
Education					
Energy					
Health					
Public Finance / Macroeconomic Planning					
Financial					
Social					
Transport					
Water and Sanitation					

**[Q9B] With respect to private investment and private sector advisory operations, to what extent would you say in-country co-ordination between development partners and government was systematic across the following sectors prior to the COVID-19 pandemic? \***

Only answer this question if answer is 'Development Finance Institution (DFI) staff' at question [Q1]

Please choose the appropriate response for each item:

	To a large extent	Somewhat	To a limited extent	Not at all	Don't know / Not applicable
Manufacturing					
Agribusiness and forestry					
Education					
Health					
Infrastructure					
Renewable Energy					
Tourism, Retail and Property					
Financial Institutions					
Public, Private Partnerships					
Policy dialogue and regulatory reform					

**[Q9C] To what extent would you say in-country co-ordination between development partners and government has been systematic with respect to the SDGs prior to the COVID-19 pandemic?**

*Only answer this question if answer is 'United Nations Development System (UNDS) staff' at question [Q1]*

Please choose the appropriate response for each item:

	To a large extent	Somewhat	To a limited extent	Not at all	Don't know / Not applicable
No poverty					
Zero hunger					
Good health and well-being					
Quality education					
Gender equality					
Clean water and sanitation					
Affordable and clean energy					
Decent work and economic growth					
Industry, innovation and infrastructure					
Reduced inequalities					
Sustainable cities and communities					
Responsible consumption and production					
Climate action					
Life below water					
Life on land					
Peace, justice and strong institutions					
Partnerships for the goals					

[Q9D] To what extent do you agree or disagree with the following statements regarding your engagement with different multilateral entities *prior to the COVID-19 pandemic?* \*

Only answer this question if answer is 'IMF staff' at question [Q1]

Please choose the appropriate response for each item:

	Agree	Somewhat agree	Somewhat disagree	Disagree	Don't know / Not applicable
I have regularly engaged with DFIs in the context of surveillance activities					
I have regularly engaged with UNDS entities in the context of surveillance activities					
I have regularly engaged with international NGOs in the context of surveillance activities					
I have regularly engaged with DFIs in the context of lending activities					
I have regularly engaged with UNDS entities in the context of lending activities					
I have regularly engaged with International NGOs in the context of lending activities					
I have regularly engaged with DFIs in the context of technical assistance activities					
I have regularly engaged with UNDS entities in the context of technical assistance activities					
I have regularly engaged with International NGOs in the context of technical assistance activities					

**[Q11ranking] Which development partners has your organisation co-ordinated with most closely prior to the COVID-19 pandemic? Please select up to 5 choices and rank them in order of preference.\***

Please choose at least 1 item and no more than 5 items.

- World Bank
- IMF
- IFC
- AfDB
- AsDB
- IsDB
- IDB
- UN Resident Co-ordinators
- UN Development Co-ordinators
- UN Country Team Members
- Bilateral Development Partners
- Civil Society Organisations, including NGOs
- Other, specify in the box below

**[Q11other] Please identify any other development partner that your organisation has co-ordinated with closely. \***

Only answer this question if 'Other, specify in the box below' was selected for the ranking in Q11Ranking

Please write your answer here: [BOX]

**[Q13] Please indicate the extent to which co-ordination mechanisms active in your duty country prior to the onset of the pandemic involved the following activities. \***

Please choose the appropriate response for each item:

	To a large extent	Somewhat	To a limited extent	Not at all	Don't know / Not applicable
Knowledge production and dissemination					
Policy and outcome dialogue with government					
Harmonisation of policies, strategies and approaches					
Joint planning and programme development					
Mobilisation of resources / joint financing					
Ensuring complementarity of interventions in line with comparative advantage					
Programme implementation, including through implementation partners					
Outcome and monitoring dialogue with civil society and beneficiary groups					
Joint monitoring, supervision and evaluation of interventions					
Mobilisation of private sector resources					

[Q14] Please indicate the extent to which you agree or disagree with the following statements concerning the co-ordination among DFIs, the IMF and UNDS entities in your duty country *prior to the onset of the pandemic*. \*

Please choose the appropriate response for each item:

	Agree	Somewhat agree	Somewhat disagree	Disagree	Don't know / Not applicable
UNDS entities, DFIs and the IMF regularly co-ordinated when developing country frameworks and strategies.					
UNDS entities, DFIs and the IMF regularly co-ordinated in the context designing new projects and operations.					
UNDS Reform had strengthened co-ordination between UNDS entities, DFIs and the IMF.					
UNDS entities and DFIs regularly co-ordinated in the context of implementing projects and operations.					
UNDS entities and DFIs regularly co-ordinated in the context of policy dialogue with host governments.					
UNDS entities and DFIs regularly co-ordinated in the context of emergency and humanitarian situations.					
UNDS entities and DFIs regularly co-ordinated in the context of resource mobilisation.					
The UN Development System has presented a co-ordinated and integrated approach in engaging with partners.					

[Q15] Please indicate the extent to which you agree or disagree with the following statements concerning the role of the national government in aid co-ordination in your duty country *prior to the onset of the pandemic*. \*

Please choose the appropriate response for each item:

	Agree	Somewhat agree	Somewhat disagree	Disagree	Don't know / Not applicable
The national government has had a clear strategy for co-ordinating the activities of partners.					
The national government has had a whole-of-government approach for co-ordinating aid.					
The national government has played an active role in co-ordinating partners.					
The national government's development plan and partner strategy has been aligned to the 2030 Agenda's goals and targets.					
Co-ordinated multilateral interventions have been in line with Government strategies.					

[Q16] (Optional) Do you have any additional feedback about the effectiveness, strengths and weaknesses of in-country co-ordination mechanisms for your duty country?

Please write your answer here: [BOX]



## Part III: Headquarter-level co-ordination mechanisms responding to COVID-19

The following questions will ask you about your organisation's participation in Headquarter-Level co-ordination mechanisms to respond to COVID-19 that bring together multiple development partners.

You will also be asked about the extent to which outputs from these co-ordination mechanisms have influenced your organisation's work and co-ordination with development partners and host governments in your duty country.

**[Q19] In general, how important do you feel HQ-level co-ordination has been in guiding the COVID-19 response at the country level? \***

Please choose only one of the following:

- Very important
- Somewhat important
- Not very important
- Not at all important

**[Q17ranking] Which of the following headquarter level co-ordination mechanisms do you feel have been most important in responding to COVID-19? Please select up to 5 choices and rank them in order of preference. \***

*Only answer this question if answer is 'Very important' or 'Somewhat important' or 'Not very important' at question [Q19]*

Please choose at least 1 item and no more than 5 items.

- Meeting of the Heads of the Multilateral Development Banks and the International Monetary Fund
- Multilateral Leaders Taskforce on COVID-19
- World Bank Group-IMF Annual and Spring Meetings
- IMF Emergency and Programme Lending
- SDR Allocation
- Debt Service Suspension Initiative
- Common Framework for Debt Treatments
- ACT Accelerator / COVAX
- Regional Vaccine Acquisition Platforms (e.g. African Vaccine Acquisition Trust (AVAT) / Asia Pacific Vaccine Access Facility (APVAX))
- GAVI, the Vaccine Alliance
- Inter-Agency Standing Committee
- UN Socio-Economic Response Plans (SERPs)
- UN Humanitarian Response Plans
- UN Preparedness Response Plans
- UN COVID-19 Response and Recovery MPTF
- Solidarity Response Fund
- Other, specify in the box below

[Q17other] Please describe below any other headquarter level co-ordination mechanism you feel it has been most important in responding to COVID-19. \*

Only answer this question if 'Other, specify in the box below' was selected for the ranking

Please write your answer here: [BOX]

[Q18] To what extent do you agree or disagree with the following statements about headquarter-level co-ordination mechanisms for COVID-19? \*

Please choose the appropriate response for each item:

	Agree	Somewhat agree	Somewhat disagree	Disagree	Don't know / Not applicable
I am aware of my organisation's participation in HQ-level co-ordination mechanisms around COVID-19.					
There is clear guidance on implementing the outcomes from these co-ordination mechanisms in my duty country.					
HQ-level co-ordination influences my organisation's activities in my duty country.					
HQ-level co-ordination has facilitated co-ordination between my organisation, the host government and/or other multilateral partners within my duty country.					
HQ-level co-ordination has facilitated co-ordination with other development partners in my duty country.					

[Q20] (Optional) Please provide additional feedback about how headquarter-level co-ordination has influenced co-ordination at country level in responding to COVID-19.

Please write your answer here: [BOX]

## Part IV: Country-level co-ordination and the COVID-19 response

The following questions will ask for your reflections on how country-level co-ordination among development partners has occurred in the context of COVID-19, including the identification of new co-ordination mechanisms or strengthening of existing mechanisms.

Furthermore, you will be asked to reflect upon what have been the main drivers and constraints for co-ordination around the COVID-19 response in your duty country.

### [Q21] To what extent did your organisation provide the following support to host governments and other actors in responding to COVID-19? \*

Please choose the appropriate response for each item:

	To a large extent	Somewhat	To a limited extent	Not at all	Don't know / Not applicable
Policy and technical advice					
Support for development and implementation of the national COVID-19 response					
Programmatic support (loans and grants)					
Emergency budget support and financing					
Emergency debt relief					
Research and analysis					
Financial and technical support to private sector organisations and financial intermediaries					
Financial and technical support to civil society organisations					

[Q22] To what extent do you agree or disagree with the following statements about how COVID-19 has influenced co-ordination between the host government, multilateral organisations and other partners in your duty country? \*

Please choose the appropriate response for each item:

	Agree	Somewhat agree	Somewhat disagree	Disagree	Don't know / Not applicable
COVID-19 has led to the emergence of new co-ordination mechanisms.					
COVID-19 has strengthened existing co-ordination mechanisms.					
Co-ordination among DFIs, the IMF and UNDS entities has increased in the context of COVID-19.					
COVID-19 has contributed to increased government ownership of co-ordination mechanisms.					
The host government has a clear vision and strategy for responding to COVID-19.					
The host government has implemented a whole-of-government approach in responding to COVID-19.					
Co-ordination around COVID-19 has drawn upon lessons learned from previous crises.					

**[Q23] To what extent do you agree or disagree with the following statements about your organisation’s response to COVID-19 in your duty country? \***

Please choose the appropriate response for each item:

	Agree	Somewhat agree	Somewhat disagree	Disagree	Don't know / Not applicable
My organisation has a clear strategy and comparative advantage for responding to COVID-19.					
My organisation’s activities in my duty country are aligned to my organisation’s COVID-19 strategy.					
My organization’s response to COVID-19 in my duty country reflects the 2030 Agenda’s goals and targets.					
Co-ordination between my organisation and the private sector has increased in the context of COVID-19.					
My organisation’s response to COVID-19 in my duty country reflects the priorities and strategy of the national government.					
My organisation’s response to COVID-19 has focused on short-term rather than long-term needs.					

**[Q24aRanking] In your experience, which of the following institutional factors have been most important in enabling co-ordination in responding to COVID-19? Please select up to 3 choices and rank them in order of preference. \***

Please choose at least 1 item and no more than 3 items.

- Clarity of my organisation’s strategy and comparative advantage in responding to COVID-19.
- Flexibility and agility of my organisation’s processes, allowing for support to be provided quickly and where it is needed most.
- Operational processes that support innovation in responding to COVID-19.
- Flexible and responsive mechanisms for mobilising resources.
- Flexible and responsive mechanisms for allocating or re-allocating resources.
- Flexible and adaptive business and delivery model.
- Operational processes that promote co-ordination and collaborative ways of working together.
- Strong crisis, emergency and pandemic response plans to guide the COVID-19 response.
- Existence of a strong evidence and knowledge base to guide the response.
- Sufficient staff with relevant expertise to draw upon in responding to the crisis.
- Ability to mobilise financial resources to respond effectively to the pandemic.
- Other, please specify in the box below

**[Q24aOther] Please describe any other enabling institutional factor that has been the most important for co-ordination in responding to COVID-19 in your duty country. \***

---

*Only answer this question if 'Other, specify in the box below' was selected for the ranking in Q24aRanking*

Please write your answer here: [BOX]

**[Q24bRanking] In your experience, which of the following contextual factors have been most important in enabling co-ordination in responding to COVID-19? Please select up to 3 choices and rank them in order of preference. \***

---

Please choose at least 1 item and no more than 3 items.

- Existence of strong multi-partner co-ordination mechanisms.
- Strong host government preparedness to respond to crises.
- Manageable public debt prior to the pandemic.
- Participation in co-ordination mechanisms by a wide range of multilateral partners.
- Participation in co-ordination mechanisms by a wide range of partners including civil society/beneficiary groups.
- Clarity of the national government's strategy for the COVID-19 response.
- Strong government ownership of co-ordination mechanisms.
- Ability to mobilise resources from the private sector in responding to COVID-19.
- Other, please specify in the box below

**[Q24bOther] Please describe any other enabling contextual factor that has been the most important for co-ordination in responding to COVID-19 in your duty country.\***

---

*Only answer this question if 'Other, specify in the box below' was selected for the ranking in Q24bRanking*

Please write your answer here: [BOX]



**[Q25aRanking]** In your experience, which of the following have been the most important institutional constraints for co-ordination in responding to COVID-19 in your duty country? Please select up to 3 choices and rank them in order of preference. \*

Please choose at least 1 item and no more than 3 items.

- Organisational processes that are not agile enough to provide support quickly and where it is needed most.
- Organisational processes that do not support innovation in responding to COVID-19.
- Inadequate flexibility and responsiveness of mechanisms for mobilising resources.
- Inadequate flexibility and responsiveness of mechanisms for allocating or re-allocating resources.
- Inadequate flexibility and adaptiveness of business and delivery models.
- Inadequate incentives for co-ordination and collaborative ways of working together.
- Inadequate crisis, emergency and pandemic response plans to guide the COVID-19 response.
- Absence of a strong evidence and knowledge base to guide the COVID-19 response.
- Insufficient staff with relevant expertise to draw upon in responding to the crisis.
- Inability to mobilise sufficient financial resources to respond effectively to the pandemic.
- My organisation has not been able to mobilise resources from the private sector in responding to COVID-19.
- Other, please specify in the box below

**[Q25aOther]** Please describe any other institutional constraint that has been the most important for co-ordination in responding to COVID-19 in your duty country.\*

*Only answer this question if 'Other, specify in the box below' was selected for the ranking in Q25aRanking*

Please write your answer here: [BOX]

**[Q25bRanking]** In your experience, which of the following have been the most important contextual constraints for co-ordination in responding to COVID-19 in your duty country? Please select up to 3 choices and rank them in order of preference.\*

Please choose at least 1 item and no more than 3 items.

- Absence of strong multi-partner co-ordination mechanisms.
- Uneven or lack of participation in multi-partner co-ordination mechanisms among some multilateral partners.
- Uneven or lack of participation in multi-partner co-ordination mechanisms among some partners including civil society/beneficiary groups.
- Absent or unclear national government strategy for the COVID-19 response.
- Weak government ownership of co-ordination mechanisms.
- Lack of a clear strategy and comparative advantage in responding to COVID-19.
- High levels of public debt.
- Poor host government crisis preparedness.
- Other, please specify in the box below.

**[Q25bOther] Please describe any other contextual factor that has been the most important for co-ordination in responding to COVID-19 in your duty country. \***

---

*Only answer this question if 'Other, specify in the box below' was selected for the ranking in Q25bRanking*

Please write your answer here: [BOX]

**[Q26] Overall, to what extent do you think that development partner co-ordination contributed to addressing the COVID-19 crisis and its consequences more effectively in your duty country? \***

---

Please choose only one of the following:

- To a large extent
- Somewhat
- To a limited extent
- Not at all
- Don't know / Not applicable

**[Q27] (Optional) In your view, what have been the major strengths and weaknesses of development partner co-ordination in responding to COVID-19?**

---

Please write your answer here: [BOX]

**[Q28] To what extent do you agree or disagree that any positive changes in co-ordination linked to the COVID-19 response are likely to continue after the pandemic?\***

---

Please choose only one of the following:

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Don't know / Not applicable

**[Q29] (Optional) Could you please provide more information about why you think any positive changes in co-ordination are more or less likely to continue after the pandemic?**

---

Please write your answer here: [BOX]

**[Q31] Thinking of the post-COVID-19 recovery, to what extent will your organisation prioritise the following areas of support in your duty country over the next three years?\***

Please choose the appropriate response for each item:

	To a large extent	Somewhat	To a limited extent	Not at all	Don't know / Not applicable
Crisis preparedness and resilience					
Pandemic preparedness					
Debt management and debt relief					
Macroeconomic Stability					
Supporting Inclusive Growth					
Social protection for the most vulnerable					
Peacebuilding					
Food security					
Access to basic services					
Health systems strengthening					
Private sector development and resilience					

**[Q32] (Optional) What do you feel to be the most important challenges for the post-COVID-19 recovery in your duty country?**

Please write your answer here: [BOX]

## Annex 5: Selected survey responses and participant data

### Participant Information

Figure 18: Participants characteristics

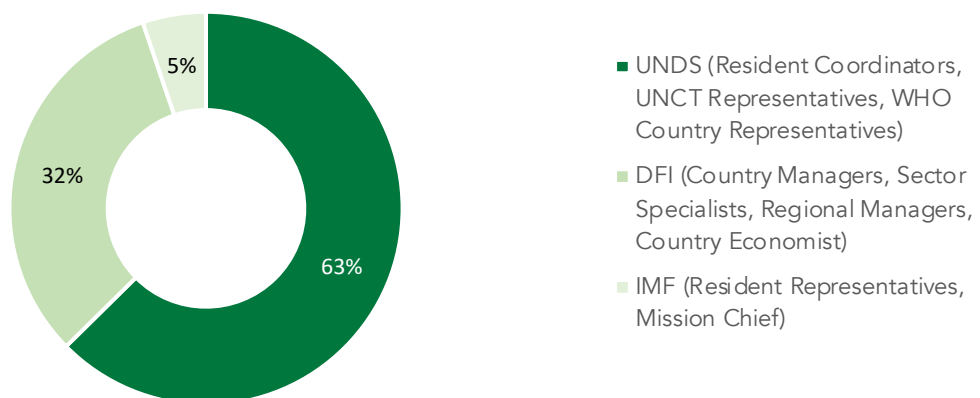


Figure 19: Where participants are based

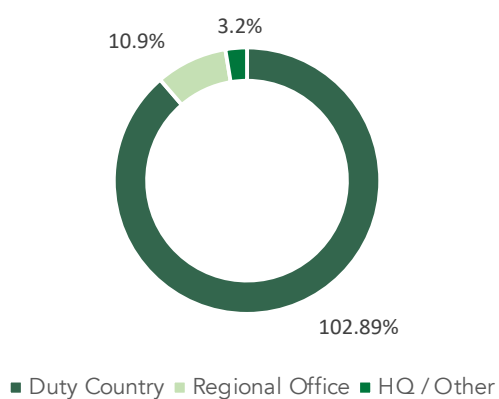


Figure 20: Length of time in position

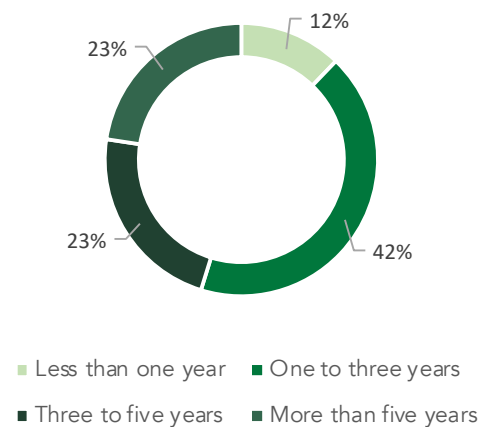
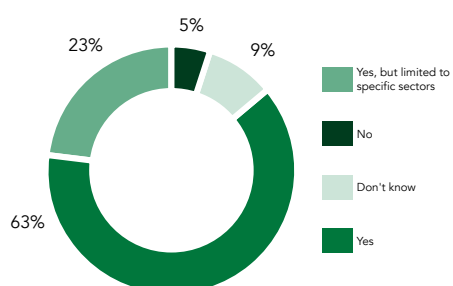


Table 3: Respondents by country

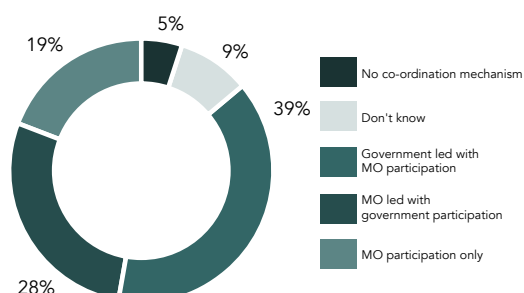
Country	Number of Respondents	Country	Number of Respondents
Albania	1	Tajikistan	1
Angola	1	Tanzania	1
Belize	1	Togo	1
Benin	1	Trinidad and Tobago	1
Bolivia	1	Tunisia	1
Bosnia and Herzegovina	1	Ukraine	1
Brazil	1	Uzbekistan	1
Burundi	1	Armenia	2
Colombia	1	Azerbaijan	2
Costa Rica	1	El Salvador	2
Gabon	1	Guatemala	2
Gambia	1	Guinea	2
Ghana	1	Maldives	2
Guinea-Bissau	1	Mongolia	2
Honduras	1	Mozambique	2
India	1	Somalia	2
Indonesia	1	South Africa	2
Mauritania	1	Timor-Leste	2
Mauritius	1	Turkey	2
Moldova	1	Uganda	2
Montenegro	1	West Bank and Gaza Strip	2
Morocco	1	Bangladesh	3
Myanmar	1	Georgia	3
Nepal	1	Jordan	3
Niger	1	Kazakhstan	3
Nigeria	1	Lebanon	3
Pakistan	1	Papua New Guinea	3
Panama	1	Lao People's Democratic Republic	4
Philippines	1	Cambodia	5
Rwanda	1	Cameroon	5
Senegal	1	Other	5
Serbia	1	Ethiopia	6
Sierra Leone	1		

## The state of country-level co-ordination prior to the onset of COVID-19

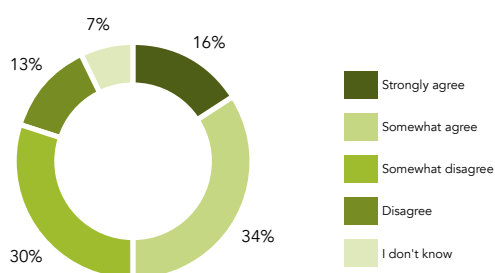
Prior to COVID-19, was there a co-ordination mechanism in place that brought the national government and development partners together? (N= 115)



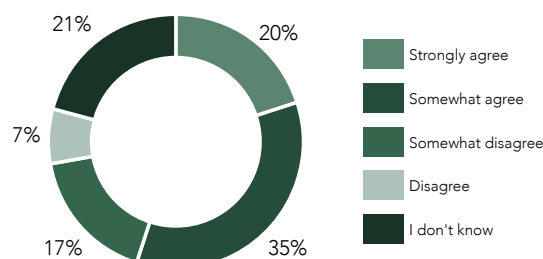
How does the government participate in this mechanism? (N=115)



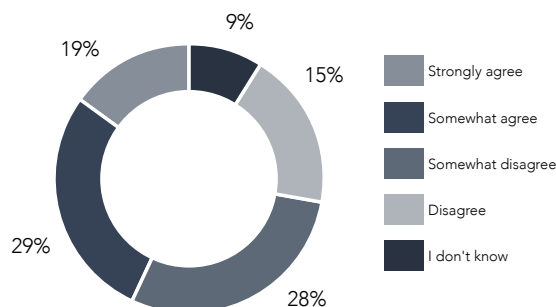
Do you agree that the national government played an active role in co-ordinating partners prior to COVID-19? (N=115)



Do you agree that UNDS reform strengthened co-ordination between UN entities MDBs and the IMF Prior to COVID-19? (N=115)



Do you agree that the national government has had a "whole of government approach" to co-ordinating development partners prior to COVID-19? (N=115)

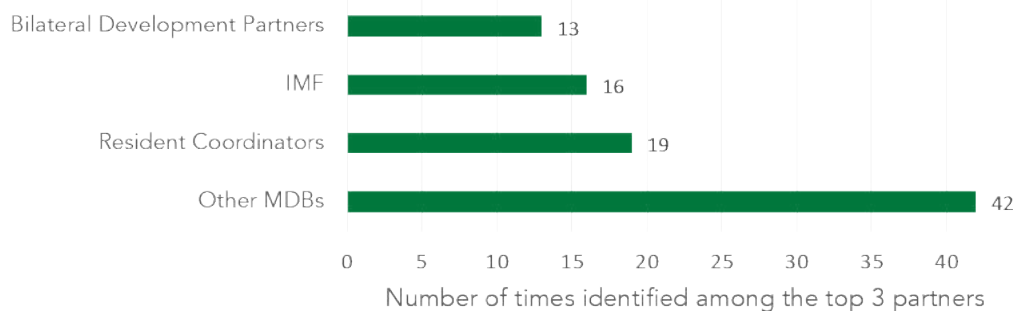


Source: MOPAN - Country co-ordination survey

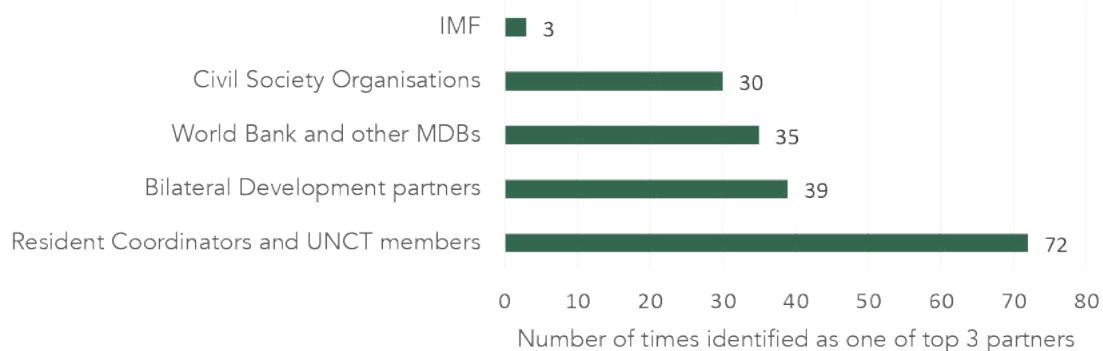


## Co-ordination during the COVID-19 pandemic

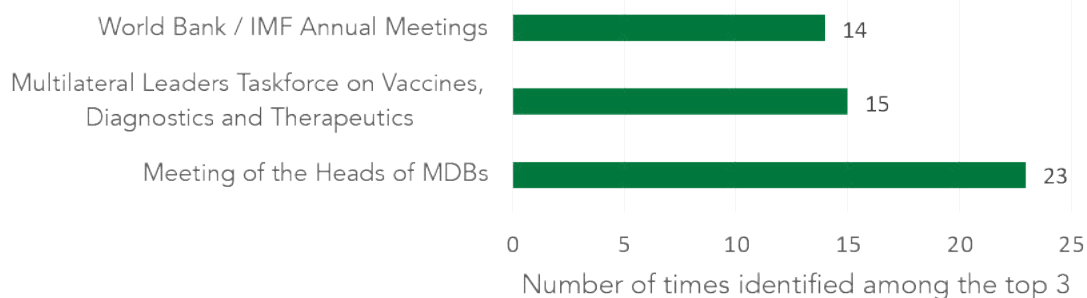
**Figure 21: Partners engaged most frequently by MDB respondents (N=42)**



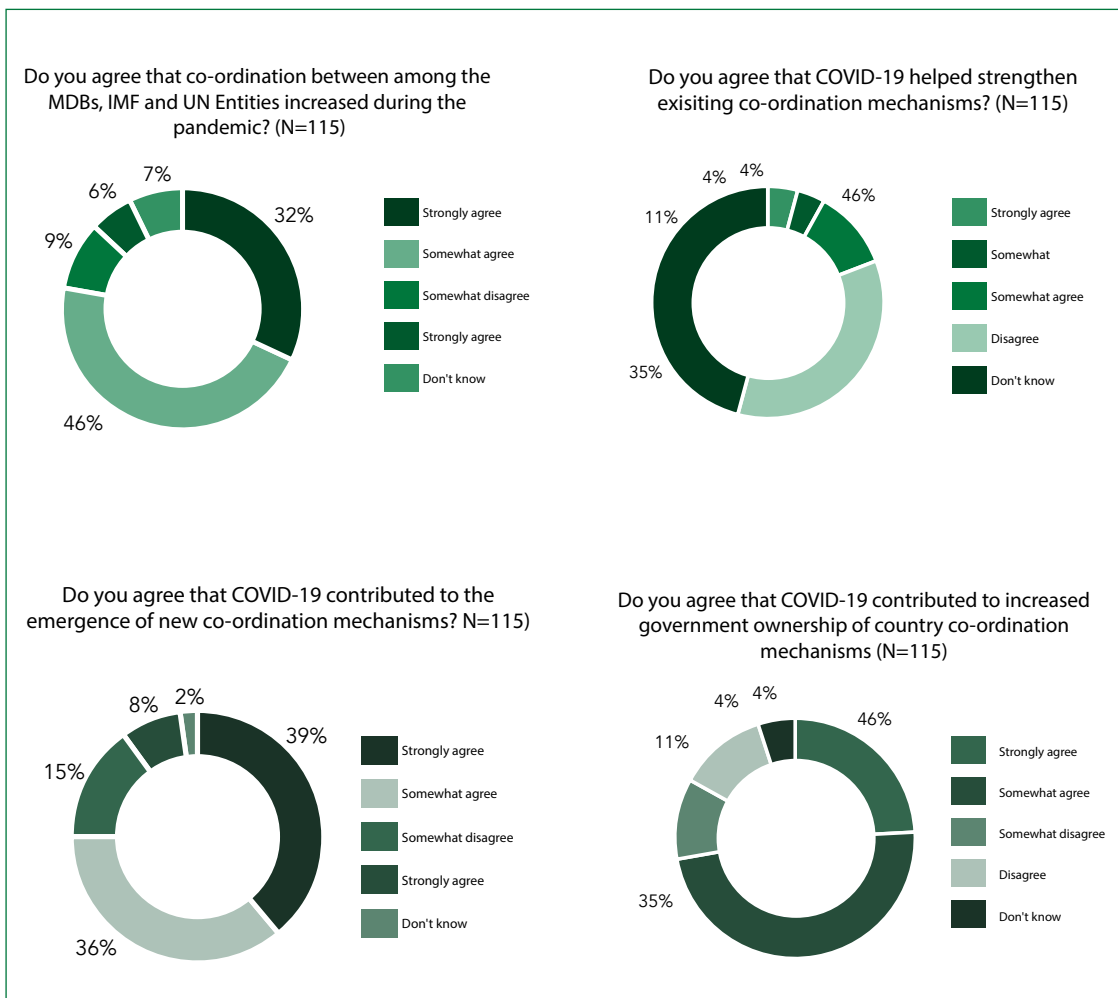
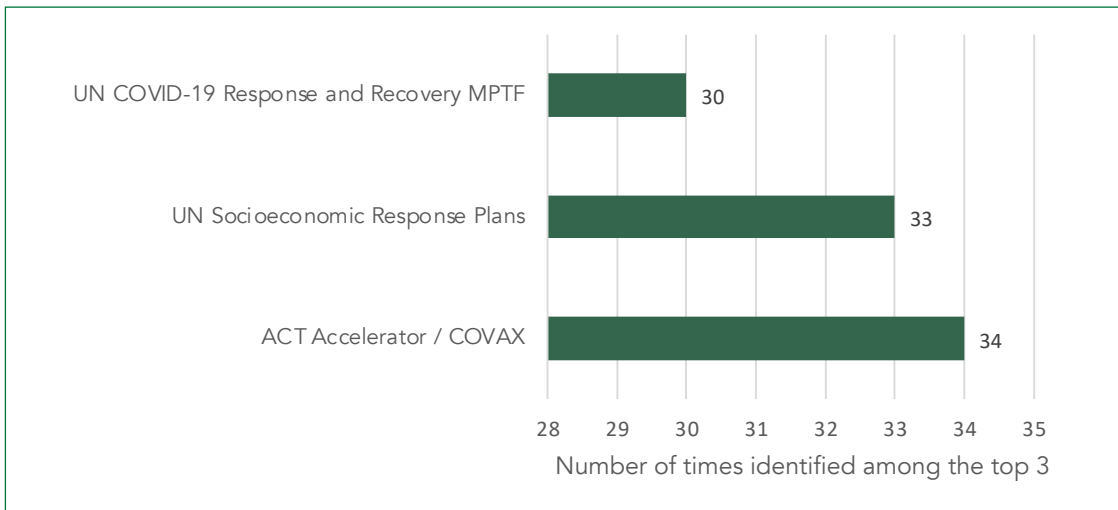
**Figure 22: Partners engaged most frequently by UN respondents (N=72)**

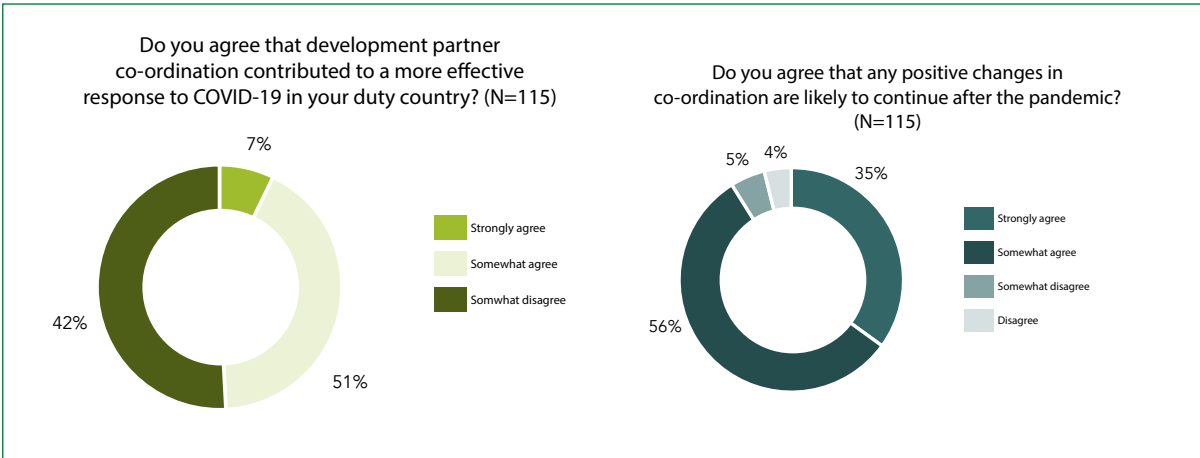


**Figure 23: Most influential COVID-19 co-ordination mechanism among MDBs and IMF (N=42)**

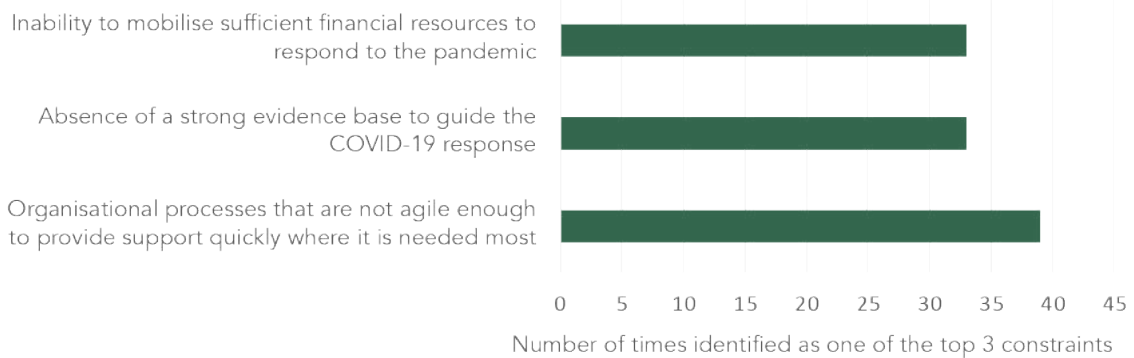


Source for all figures: MOPAN - Country co-ordination survey

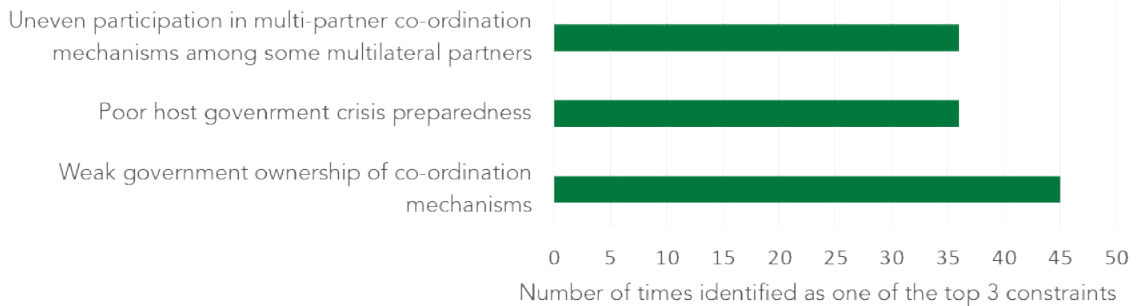




**Figure 24: Top 3 institutional constraints reported by multilateral organisations in responding to COVID-19**



**Figure 25: Top 3 contextual constraints reported by multilateral organisation in responding to COVID-19**



Source: MOPAN - Country co-ordination survey

## Annex 6: References

### Document List

1. Aburto, JM, Schöley, J, et al (2021) Quantifying impacts of the COVID-19 pandemic through life-expectancy losses: a population-level study of 29 countries. *International journal of epidemiology* <https://pubmed.ncbi.nlm.nih.gov/34564730/>
2. ACT-Accelerator (2020) "ACT-A Investment Case: Invest now to change the course of the COVID-19 pandemic" <https://www.who.int/publications/m?publishingoffices=f97295b4-c2da-4bca-bf02-245ab0062036>
3. Act-Accelerator (2020) "Facilitation Council: Terms of Reference" [https://www.who.int/docs/default-source/coronaviruse/act-accelerator-facilitation-council---terms-of-reference-english.pdf?sfvrsn=55190ad7\\_1](https://www.who.int/docs/default-source/coronaviruse/act-accelerator-facilitation-council---terms-of-reference-english.pdf?sfvrsn=55190ad7_1)
4. ACT-Accelerator (2020) "An economic investment case & financing requirements September 2020 – December 2021" <https://www.who.int/publications/m?publishingoffices=f97295b4-c2da-4bca-bf02-245ab0062036>
5. ACT-Accelerator (2020) "Urgent Priorities & Financing Requirements at 10 November 2020" [https://cdn.who.int/media/docs/default-source/a-future-for-children/act-accelerator-urgent-priorities-financing-requirements-23\\_nov-single-page.pdf?sfvrsn=9b5965cb\\_1&download=true](https://cdn.who.int/media/docs/default-source/a-future-for-children/act-accelerator-urgent-priorities-financing-requirements-23_nov-single-page.pdf?sfvrsn=9b5965cb_1&download=true)
6. ACT-Accelerator (2020) "INVESTING IN DIAGNOSTICS TO MANAGE THE COURSE OF THE COVID-19 PANDEMIC" [https://www.finddx.org/wp-content/uploads/2020/05/ACT-A-Dx\\_Investment-Case\\_FINAL.pdf](https://www.finddx.org/wp-content/uploads/2020/05/ACT-A-Dx_Investment-Case_FINAL.pdf)
7. Act-Accelerator (2020) "COVID-19 THERAPEUTICS INVESTMENT CASE" <https://unitaid.org/assets/Therapeutics-Partnership-Investment-Case.pdf>
8. ACT-Accelerator (2021) "ACT Now, ACT Together 2020-2021 Impact Report" <https://www.who.int/publications/m/item/act-now-act-together-2020-2021-impact-report>
9. ACT-Accelerator (2021) "ACT-Accelerator Prioritized Strategy & Budget for 2021" <https://www.who.int/publications/m?publishingoffices=f97295b4-c2da-4bca-bf02-245ab0062036>
10. ACT-Accelerator (2021) "Strategic Plan and Budget: October 2021 and September 2022" <https://www.who.int/publications/m/item/act-accelerator-strategic-plan-budget-october-2021-to-september-2022>
11. ACT-Accelerator (2021) "Consolidated Financing Framework for ACT-Agency and In-Country Needs" <https://www.who.int/publications/m/item/consolidated-financing-framework-for-act-a-agency-in-country-needs#:~:text=Specifically%2C%20this%20Financing%20Framework%20seeks,other%20initiatives%20and%20domestic%20efforts.>
12. ACT-Accelerator (2021) "ACT-Accelerator Strategic Review" <https://www.who.int/publications/m/item/act-accelerator-strategic-review>
13. ACT-Accelerator (2022) "ACT-Accelerator 'fair share asks' - by country" <https://www.who.int/publications/m/item/act-accelerator-fair-share-asks---by-country>
14. ACT-Accelerator (2022) "The ACT-Accelerator: Two Years of Impact" <https://www.who.int/publications/m/item/the-act-accelerator--two-years-of-impact>

15. ACT-Accelerator (2022) "Vaccine Manufacturing Working Group – Report to the G20" <https://www.who.int/publications/m/item/act-accelerator-facilitation-council-vaccine-manufacturing-working-group---report-to-the-g20>;
16. ACT-A (2022) "ACT-A Financial Contribution Summary Charts – October 3rd 2022" <https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker>
17. African Development Bank Group (2012) "Bank Group Policy on Program-Based Operations" <https://www.afdb.org/fileadmin/uploads/afdb/Documents/Policy-Documents/Bank%20Group%20Policy%20on%20Program-Based%20Operations%20-%20LOTB%20Approved.pdf>
18. ACT-Accelerator (2022) "ACT-A Facilitation Council Therapeutics and Diagnostics Working Group Terms of Reference" <https://www.who.int/publications/m/item/act-accelerator-facilitation-council-therapeutics-and-diagnostics-working-group>
19. ACT-Accelerator (2022) "ACT-Accelerator Transition Plan - Sustaining access to tools in the transition to long-term COVID-19 control" [https://www.who.int/publications/m/item/act-accelerator-transition-plan-\(1-oct-2022-to-31-mar-2023\)](https://www.who.int/publications/m/item/act-accelerator-transition-plan-(1-oct-2022-to-31-mar-2023))
20. African Development Bank Group (2020) "THE AFRICAN DEVELOPMENT BANK GROUP'S COVID-19 RAPID RESPONSE FACILITY (CRF)" <https://elibrary.acbfpact.org/acbf/collect/acbf/index/assoc/HASH0140/d6f9805a/f0f48f47/3c5c.dir/AfDB%20COVID%20Strategy.pdf>
21. African Development Bank Group (2020) "COVID-19 PANDEMIC CRISIS: PROPOSAL FOR A GRANT OF USD 2 MILLION FOR EMERGENCY ASSISTANCE TO SUPPORT COVID-19 RESPONSE IN AFRICAN COUNTRIES" [covid-19\\_pandemic\\_crisis\\_proposal\\_for\\_a\\_grant\\_of\\_usd\\_2\\_million\\_for\\_emergency\\_assistance\\_to\\_support\\_covid-19\\_response\\_in\\_african\\_countries - emergency and special assistance grants.pdf \(afdb.org\)](https://www.afdb.org/publications/covid-19-pandemic-crisis-proposal-for-a-grant-of-usd-2-million-for-emergency-assistance-to-support-covid-19-response-in-african-countries-emergency-and-special-assistance-grants.pdf)
22. African Development Bank (2020) "IMPLEMENTATION PROGRESS AND RESULTS REPORT (IPR) - AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION (CDC) COVID-19 RESPONSE" [https://www.afdb.org/sites/all/libraries/pdf.js/web/viewer.html?file=https%3A%2F%2Fwww.afdb.org%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fprojects-and-operations%2Fmultinational\\_-\\_af-rica\\_centres\\_for\\_disease\\_control\\_and\\_prevention\\_cdccovid\\_19\\_response\\_-\\_p-z1-ibe-023\\_-\\_ipr\\_may\\_2022.pdf#page=1&zoom=auto,-13,772](https://www.afdb.org/sites/all/libraries/pdf.js/web/viewer.html?file=https%3A%2F%2Fwww.afdb.org%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fprojects-and-operations%2Fmultinational_-_af-rica_centres_for_disease_control_and_prevention_cdccovid_19_response_-_p-z1-ibe-023_-_ipr_may_2022.pdf#page=1&zoom=auto,-13,772)
23. African Union (2020) "Africa Joint Continental Strategy for COVID-19 Outbreak" <https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>
24. African Union (2021) "Joint Statement on Dose Donations of COVID-19 Vaccines to African Countries" <https://africacdc.org/wp-content/uploads/2021/11/2021-11-29-Africa-CDC-and-COVAX-statement-on-dose-donations-DRAFT-v10.pdf>
25. African Development Bank Group (2022) "Annual Development Effectiveness Review" <https://www.afdb.org/en/annual-development-effectiveness-review-2021>
26. Africa Private Equity and Venture Capital Association (2021) "IFC, EIB, DFC and AFD join forces to boost COVID-19 vaccine production via Senegal-based vaccine manufacturer, IPD" <https://www.avca-africa.org/newsroom/member-news/2021/ifc-eib-dfc-and-afd-join-forces-to-boost-covid-19-vaccine-production-via-senegal-based-vaccine-manufacturer-ipd/>
27. Agarwal, R. & Gopinath, G. (2021) "A Proposal to End the COVID-19 Pandemic" <https://www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2021/05/19/A-Proposal-to-End-the-COVID-19-Pandemic-460263>

28. Agarwal, R. & Reed, T. (2022) "Financing Vaccine Equity Funding for Day-Zero of the Next Pandemic" <https://www.imf.org/en/Publications/WP/Issues/2022/05/25/Finance-Vaccine-Equity-Funding-for-Day-Zero-of-the-Next-Pandemic-518280>
29. Agarwal, R., Farrar, J. et al (2022) " A Global Strategy to Manage the Long-Term Risks of COVID-19" <https://www.imf.org/en/Publications/WP/Issues/2022/04/04/A-Global-Strategy-to-Manage-the-Long-Term-Risks-of-COVID-19-516079>
30. Amaya, A. & Lombaerde, P. (2021) "Regional cooperation is essential to combatting health emergencies in the Global South" *Globalisation and Health* <https://globalizationandhealth.biomedcentral.com/track/pdf/10.1186/s12992-021-00659-7.pdf>
31. Asian Development Bank (2016) "Memorandum of Understanding for Strengthening C-operation between the Asian Development Bank and the Asian Infrastructure Investment Bank" [https://www.aiib.org/en/about-aiib/who-we-are/our-work/\\_download/adb.pdf](https://www.aiib.org/en/about-aiib/who-we-are/our-work/_download/adb.pdf)
32. Asian Development Bank (2020) "ADB's Comprehensive Response to the COVID-19 Pandemic" <https://www.adb.org/sites/default/files/institutional-document/579616/adbs-comprehensive-response-covid-19-pandemic-redacted-version.pdf>
33. Asian Development Bank (2021) "ANNUAL REPORT 2021: TOWARD A GREEN AND INCLUSIVE RECOVERY" <https://www.adb.org/sites/default/files/institutional-document/814476/adb-annual-report-2021.pdf>
34. Asian Development Bank (2020) "ADB's Support to Enhance COVID-19 Vaccine Access" [https://www.adb.org/documents/adb-support-enhance-covid-19-vaccine-access#:~:text=This%20paper%20proposes%20the%20establishment,19\)%20vaccines%20safely%20and%20effectively.](https://www.adb.org/documents/adb-support-enhance-covid-19-vaccine-access#:~:text=This%20paper%20proposes%20the%20establishment,19)%20vaccines%20safely%20and%20effectively.)
35. Asian Development Bank (2020) "How ADB and UNICEF Partnered to Fight COVID-19" <https://www.adb.org/news/features/how-adb-and-unicef-partnered-fight-covid-19>
36. Asian Development Bank (2020) "Global Shortage of Personal Protective Equipment amid COVID-19: Supply Chains, Bottlenecks, and Policy Implications" <https://www.adb.org/sites/default/files/publication/579121/ppe-covid-19-supply-chains-bottlenecks-policy.pdf>
37. Asian Development Bank (2021) "Proposed Amendment to ADB's Support to Enhance COVID-19 Vaccine Access" <https://www.adb.org/documents/proposed-amendment-adb-support-enhance-covid-19-vaccine-access>
38. Asian Development Bank (2022) "Second Amendment to ADB's Support to Enhance COVID-19 Vaccine Access" <https://www.adb.org/sites/default/files/institutional-document/708421/2nd-amendment-adb-support-covid-19-vaccine-access.pdf>
39. Asian Development Bank (2021) "Review of ADB's Comprehensive Response to the COVID-19 Pandemic Policy" <https://www.adb.org/sites/default/files/institutional-document/719971/review-adb-comprehensive-response-covid-19-pandemic-policy-2020-redacted-version.pdf>
40. Asian Development Bank (2021) "New ADB tool offers roadmap to unblock supplies of life-saving products" <https://www.adb.org/news/features/new-adb-tool-offers-roadmap-unblock-supplies-life-saving-products>
41. Asian Development Bank (2021) "APVAX STRATEGIC PROCUREMENT PLANNING" [https://ewsdata.rightsindevelopment.org/files/documents/01/ADB-55012-001\\_MnxdZVg.pdf](https://ewsdata.rightsindevelopment.org/files/documents/01/ADB-55012-001_MnxdZVg.pdf)
42. Ball, P. (2020) "The Lightning-fast Quest for COVID vaccines – and what it means for other diseases" <https://www.nature.com/articles/d41586-020-03626-1>



43. Berkley, S. (2020) "COVAX Explained: To end this global health crisis we don't just need COVID-19 vaccines, we also need to ensure that everyone in the world has access to them", <https://www.gavi.org/vaccineswork/covax-explained>
44. Brim, B & Wenham, C (2019) "Pandemic Emergency Financing Facility: Struggling to Deliver on its innovative promise", BMJ 2019;367:l5719, <https://www.bmj.com/content/bmj/367/bmj.l5719.full.pdf>
45. Callaway (2020) "THE UNEQUAL SCRAMBLE FOR CORONAVIRUS VACCINES" [d41586-020-02450-x.pdf \(nature.com\)](https://www.nature.com/articles/d41586-020-02450-x.pdf)
46. Central Emergency Response Fund (2020) "CERF COVID-19 ALLOCATIONS - CERF Advisory Group Meeting, November 2020" <https://cerf.un.org/sites/default/files/resources/CERF%20COVID-19%20Allocations%20%28November%202020%29.pdf>
47. CEPI (2021) "Enabling Equitable Access to COVID-19 Vaccines: Summary of Equitable Access Provisions in CEPI's COVID-19 Vaccine Development Agreements" <https://cepi.net/wp-content/uploads/2020/12/Enabling-equitable-access-to-COVID19-vaccines-v4-18Mar2021.pdf>
48. CEPI (2021) "Towards Vaccinating The World Landscape of Current COVID-19 Supply Chain and Manufacturing Capacity, Potential Challenges, Initial Responses, and Possible "Solution Space" [https://cepi.net/wp-content/uploads/2021/03/Landscape\\_of\\_current\\_C19\\_supply\\_chain\\_manufacturing\\_capacity.pdf](https://cepi.net/wp-content/uploads/2021/03/Landscape_of_current_C19_supply_chain_manufacturing_capacity.pdf)
49. COVAX (2020) "COVAX, the act-accelerator vaccines pillar"
50. Dalton, C., Song, Z. & Basak, S (2022) "Private Health in Emerging Markets – Our Observations" [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News\\_articles\\_photos/July-Dec\\_2021/10\\_2021\\_PS\\_Blog\\_-\\_Tackling\\_the\\_big\\_challenges\\_presentation.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News_articles_photos/July-Dec_2021/10_2021_PS_Blog_-_Tackling_the_big_challenges_presentation.pdf)
51. Ellmers, B (2021) "Financing Sustainable Development in the Era of COVID-19 and Beyond An analysis and assessment of innovative policy options" [https://unctad.org/system/files/non-official-document/20210127\\_Igefd\\_GlobalPolicyForumEurope\\_contribution.pdf](https://unctad.org/system/files/non-official-document/20210127_Igefd_GlobalPolicyForumEurope_contribution.pdf)
52. ESCAP (2022) "Addressing Sovereign Debt Challenges in the Era of Covid-19 and Beyond: The Role of the United Nations" [https://www.unescap.org/sites/default/d8files/event-documents/Background%20Paper%20-%20Debt%20Restructuring\\_25%20March%202022\\_0.pdf](https://www.unescap.org/sites/default/d8files/event-documents/Background%20Paper%20-%20Debt%20Restructuring_25%20March%202022_0.pdf)
53. Executive Office of the UN Secretary General (2022) "System-wide Evaluation of the UNDS Socio-economic Response to COVID-19" DRAFT FOR CIRCULATION
54. G20 (2018) "Report of the G20 Eminent Persons Group on Global Financial Governance (EPG)" <https://www.globalfinancialgovernance.org/assets/pdf/G20EPG-Development.pdf>
55. G20 (2020) "Extraordinary G20 Leaders' Summit Statement on COVID-19" [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/genericdocument/wcms\\_740066.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/genericdocument/wcms_740066.pdf)
56. G20 (2020) "Debt Service Relief for the Poorest Countries – Term Sheet" <http://www.g20.utoronto.ca/2020/2020-g20-finance-0415.html#a2>
57. G20 (2021) "G20 Recommendations for the Use of Policy-Based Lending" <http://www.g20.utoronto.ca/2021/Annex-II-G20-Recommendations-for-the-use-of-Policy-Based-Lending.pdf>
58. G20 (2021) "G20 Rome Leaders' Declaration" <http://www.g20.utoronto.ca/2021/211031-declaration.html>

59. G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (2021) "A Global Deal for our Pandemic Age" <https://pandemic-financing.org/report/foreword/#:~:text=In%20short%2C%20we%20need%20a,building%20resilience%20against%20future%20pandemics>
60. Gavi (2020) "Report to the Board – AVI COVAX AMC 30 July 2020" <https://www.gavi.org/sites/default/files/board/minutes/2020/30-july/04a%20-%20Gavi%20COVAX%20AMC.pdf>
61. Gavi (2020) "Report to the Board 29-30 September 2020 - COVAX FACILITY OPERATIONALISATION AND VACCINE PROGRAMME" <https://www.gavi.org/sites/default/files/board/minutes/2020/29-sept/03%20-%20COVAX%20Facility%20Operationalisation%20and%20Vaccine%20Programme.pdf>
62. Gavi (2021) "The G20 Must Recommit to COVAX" <https://www.gavi.org/vaccineswork/g20-must-re-commit-covax>
63. Gavi (2022) "How can we boost COVID-19 vaccine coverage in lower-income countries?" <https://www.gavi.org/vaccineswork/how-can-we-boost-covid-19-vaccine-coverage-lower-income-countries>
64. Georgieva, K. & Pazarbasioglu, C. (2021) "The G20 Common Framework for Debt Treatments Must Be Stepped Up" <https://blogs.imf.org/2021/12/02/the-g20-common-framework-for-debt-treatments-must-be-stepped-up/>
65. Georgieva, K. & Pazarbasioglu, C. & Weeks-Brown, R. (2021) "Reform of the International Debt Architecture is Urgently Needed" <https://blogs.imf.org/2020/10/01/reform-of-the-international-debt-architecture-is-urgently-needed/>
66. Gitlan, R. and House, B (2014) "A BLUEPRINT FOR A SOVEREIGN DEBT FORUM" CIGI Online [https://www.cigionline.org/sites/default/files/cigi\\_paper\\_27\\_0.pdf](https://www.cigionline.org/sites/default/files/cigi_paper_27_0.pdf)
67. The Global Fund (2020) "Global Fund and Partners Unite for Equitable Access to COVID-19 Tools" <https://www.theglobalfund.org/en/covid-19/news/2020-04-24-global-fund-and-partners-unite-for-equitable-access-to-covid-19-tools/>
68. The Global Fund (2021) "COVID-19 Response Mechanism Information Note Considerations for Global Fund Support to the COVID-19 Response, including Health and Community System Strengthening, and Mitigation of COVID-19 effects on HIV, TB and Malaria Services and Programs" [https://www.theglobalfund.org/media/10749/covid19\\_c19rm-technical\\_informationnote\\_en.pdf](https://www.theglobalfund.org/media/10749/covid19_c19rm-technical_informationnote_en.pdf)
69. The Global Preparedness Monitoring Board (2019) "A World at Risk: Annual Report on Global Preparedness for Health Emergencies" [https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933\\_36](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=bd1b8933_36)
70. The Global Preparedness Monitoring Board (2019) "A World in Disorder" <https://www.gpmb.org/annual-reports/annual-report-2020>
71. Independent Development Evaluation (2021) "Evaluation of the Bank Group's crisis response support to RMCs in the face of COVID-19 Approach Paper" <https://idev.afdb.org/sites/default/files/documents/files/Approach%20Paper%20AfDB%20COVID-19%20Response%20Evaluation%20.pdf>
72. Independent Evaluation Group (IEG) (2021) "World Bank Engagement in Situations of Conflict An Evaluation of FY10–20 Experience" <https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/SituationsofConflict.pdf>
73. The Independent Panel for Pandemic Preparedness and Response (2021) "COVID-19: Make it the Last Pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf)

74. The Independent Panel for Pandemic Preparedness and Response (2021) "Losing Time: End this Pandemic and Secure the Future" [https://theindependentpanel.org/wp-content/uploads/2021/11/COVID-19-Losing-Time\\_Final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/11/COVID-19-Losing-Time_Final.pdf)
75. The Independent Panel for Pandemic Preparedness and Response (2021) "How an outbreak became a pandemic: The defining moments of the COVID-19 pandemic" [https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/How-an-outbreak-became-a-pandemic_final.pdf)
76. The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 1: Building on the Past" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-1-Building-on-the-past-.pdf>
77. The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 15: The World Health Organisation: An Institutional Review" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-15-WHO-Institutional-review.pdf>
78. The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 5: Access to Vaccines, Therapeutics and Diagnostics" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-5-Access-to-vaccines-Therapeutics-and-Diagnostics.pdf>
79. The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 7: Access to Essential Supplies" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-7-Access-to-Essential-Supplies.pdf>
80. The Independent Panel for Pandemic Preparedness and Response (2021) "Background Paper 14: Financing Pandemic Preparedness and Response" <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-Paper-14-Financing-Pandemic-Preparedness-and-Response.pdf>
81. The Independent Panel for Pandemic Preparedness and Response (2022) "Transforming or Tinkering? Inaction lays the groundwork for another pandemic" [https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2022/05/Transforming-or-tinkering\\_Report\\_Final.pdf](https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2022/05/Transforming-or-tinkering_Report_Final.pdf)
82. The Independent Panel for Pandemic Preparedness and Response (2022) "Comment on the World Bank's White Paper on a Financial Intermediary Fund (FIF) for Pandemic Prevention Preparedness and Response" <https://theindependentpanel.org/comment-on-the-world-banks-white-paper-on-a-financial-intermediary-fund-fif-for-pandemic-prevention-preparedness-and-response/>
83. Inter-agency Humanitarian Evaluation (2022) "COVID-19 Global Humanitarian Response Plan: Learning Paper" <https://www.unocha.org/sites/unocha/files/IAHE%20COVID-19%20GHRP%20Learning%20Paper.pdf> ;
84. Inter-Agency Network on Women and Gender Equality (2020) "MINIMUM REQUIREMENTS CHECKLIST FOR INTEGRATING GENDER EQUALITY IN THE IMPLEMENTATION OF THE UN FRAMEWORK FOR THE SOCIOECONOMIC RESPONSE TO COVID-19" <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/IANWGE-Minimum-requirements-checklist-for-integrating-gender-equality-in-COVID-19-response-en.pdf>
85. Inter-Agency Standing Committee (2012) "Humanitarian System-Wide Emergency Activation: definition and procedures" [https://interagencystandingcommittee.org/system/files/legacy\\_files/2.%20System-Wide%20\(Level%203\)%20Activation%20\(20Apr12\).pdf](https://interagencystandingcommittee.org/system/files/legacy_files/2.%20System-Wide%20(Level%203)%20Activation%20(20Apr12).pdf)

86. Inter-Agency Standing Committee (2019) "Protocol for the Control of Infectious Disease Events. Humanitarian System-Wide Scale-Up Activation, 2019" <https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-protocol-control-infectious-disease-events-humanitarian-system-wide-scale-activation-2019>
87. Inter-Agency Standing Committee (2020) " IASC System-Wide Scale-up Protocols ADAPTED TO RESPOND TO THE COVID-19 PANDEMIC" [https://interagencystandingcommittee.org/system/files/2020-11/IASC%20System-Wide%20Scale-Up%20Protocols%20-%20Adapted%20to%20Respond%20to%20the%20COVID-19%20Pandemic\\_0.pdf](https://interagencystandingcommittee.org/system/files/2020-11/IASC%20System-Wide%20Scale-Up%20Protocols%20-%20Adapted%20to%20Respond%20to%20the%20COVID-19%20Pandemic_0.pdf)
88. Inter-Agency Standing Committee (2020) "PROPOSAL FOR A HARMONIZED APPROACH TO FUNDING FLEXIBILITY IN THE CONTEXT OF COVID-19" <https://interagencystandingcommittee.org/system/files/2021-02/IASC%20Guidance%20on%20Proposal%20for%20a%20harmonized%20approach%20to%20funding%20flexibility%20in%20the%20context%20of%20COVID-19%20-%20extended.pdf>
89. IDB Group (2020) "Fiduciary Response – COVID-19" <https://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=EZSHARE-1132444900-24915>
90. IDB Group (2021) "Inter-American Development Bank Annual Report 2020: The Year in Review" [https://publications-iadb-org.translate.google/en/inter-american-development-bank-annual-report-2020-year-review? x\\_tr\\_sl=es& x\\_tr\\_tl=en& x\\_tr\\_hl=en& x\\_tr\\_pto=sc](https://publications-iadb-org.translate.google/en/inter-american-development-bank-annual-report-2020-year-review? x_tr_sl=es& x_tr_tl=en& x_tr_hl=en& x_tr_pto=sc)
91. IDB Group (2022) "Trends and features of Policy Based Lending at the Inter-American Development Bank" <https://publications.iadb.org/publications/english/document/Trends-and-Features-of-Policy-Based-Lending-at-the-Inter-American-Development-Bank.pdf>
92. Institute of International Finance (2020) "TERMS OF REFERENCE FOR VOLUNTARY PRIVATE SECTOR PARTICIPATION IN THE G20/PARIS CLUB DEBT SERVICE SUSPENSION INITIATIVE ("DSSI")" [https://www.iif.com/Portals/0/Files/content/Regulatory/Voluntary%20Private%20Sector%20Terms%20of%20Reference%20for%20DSSI\\_vf.pdf](https://www.iif.com/Portals/0/Files/content/Regulatory/Voluntary%20Private%20Sector%20Terms%20of%20Reference%20for%20DSSI_vf.pdf)
93. International Finance Corporation (2021) "IFC Financing to Increase Access to Essential Medical Equipment" [https://www.ifc.org/wps/wcm/connect/industry\\_ext\\_content/ifc\\_external\\_corporate\\_site/health/ifc+africa+medical+equipment+facility](https://www.ifc.org/wps/wcm/connect/industry_ext_content/ifc_external_corporate_site/health/ifc+africa+medical+equipment+facility)
94. International Finance Corporation (2021) "Private Health in Emerging Markets – Our Observations UHC2030 Private Sector Constituency" [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News\\_articles\\_photos/July-Dec\\_2021/10\\_2021\\_PS\\_Blog\\_-\\_Tackling\\_the\\_big\\_challenges\\_presentation.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Photos/News_articles_photos/July-Dec_2021/10_2021_PS_Blog_-_Tackling_the_big_challenges_presentation.pdf)
95. International Monetary Fund (2003) "Statutory Sovereign Debt Restructuring Mechanism-Revised Report of the Managing Director to the International Monetary and Financial Committee" <https://archivescatalog.imf.org/Details/archive/125164791>
96. International Monetary Fund (2013) "SOVEREIGN DEBT RESTRUCTURING—RECENT DEVELOPMENTS AND IMPLICATIONS FOR THE FUND'S LEGAL AND POLICY FRAMEWORK" <https://www.imf.org/external/np/pp/eng/2013/042613.pdf>
97. International Monetary Fund (2018) "Co-ordination Between the International Monetary Fund and Multilateral Development Banks on Policy-Based Lending: Update on the Implementation of the G20 Principles" <https://www.imf.org/external/np/g20/pdf/2018/082918.pdf>

98. International Monetary Fund (2020) "IMF COVID-19 RESPONSE—A NEW SHORT-TERM LIQUIDITY LINE TO ENHANCE THE ADEQUACY OF THE GLOBAL FINANCIAL SAFETY NET" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2020/04/21/IMF-COVID-19-Response-A-New-Short-Term-Liquidity-Line-to-Enhance-The-Adequacy-Of-The-Global-49356>
99. International Monetary Fund (2020) "Update on the Joint IMF-WB Multipronged Approach to Address Debt Vulnerabilities" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2020/12/10/Update-on-the-Joint-IMF-WB-Multipronged-Approach-to-Address-Debt-Vulnerabilities-49946>
100. International Monetary Fund (2020) "THE INTERNATIONAL ARCHITECTURE FOR RESOLVING SOVEREIGN DEBT INVOLVING PRIVATE-SECTOR CREDITORS—RECENT DEVELOPMENTS, CHALLENGES, AND REFORM OPTIONS" <https://www.imf.org/-/media/Files/Publications/PP/2020/English/PPEA2020043.ashx>
101. International Monetary Fund (2020) "Reform of the International Debt Architecture is Urgently Needed" <https://blogs.imf.org/2020/10/01/reform-of-the-international-debt-architecture-is-urgently-needed/>
102. International Monetary Fund (2021) "Issues in Restructuring of Sovereign Domestic Debt" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/11/30/Issues-in-Restructuring-of-Domestic-Sovereign-Debt-510371>
103. International Monetary Fund (2021) "PROPOSAL FOR A GENERAL ALLOCATION OF SPECIAL DRAWING RIGHTS" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/07/12/Proposal-For-a-General-Allocation-of-Special-Drawing-Rights-461907>
104. International Monetary Fund (2021) "The IMF's Response to COVID-19" <https://www.imf.org/en/About/FAQ/imf-response-to-covid-19#Q1>
105. International Monetary Fund (2021) "JOINT IMF-WBG STAFF NOTE: DSSI FISCAL MONITORING UPDATE" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2021/09/16/Joint-IMF-WG-Staff-Note-DSSI-Fiscal-Monitoring-Update-465864>
106. International Monetary Fund (2021) "The G20 Common Framework for Debt Treatments Must Be Stepped Up" <https://blogs.imf.org/2021/12/02/the-g20-common-framework-for-debt-treatments-must-be-stepped-up/#:~:text=The%20G20%20Common%20Framework%20for%20Debt%20Treatments%20Must%20Be%20Stepped%20Up,-December%20%2C%202021&text=With%20the%20debt%20service%20suspension,difficult%20to%20service%20their%20debts>
107. International Monetary Fund (2021) "Has the DSSI Helped Lower Sovereign Spreads of Participating SSA Countries?" <https://www.imf.org/-/media/Files/Publications/covid19-special-notes/en-special-series-on-covid-19-has-the-dssi-helped-lower-sovereign-spreads-of-participating-countries.ashx>
108. International Monetary Fund (2022) "COVID-19 Financial Assistance and Debt Service Relief" <https://www.imf.org/en/Topics/imf-and-covid19/COVID-Lending-Tracker#APD>
109. International Monetary Fund (2022) "Short-term Liquidity Line (SLL)" <https://www.imf.org/en/About/Factsheets/Sheets/2020/04/17/short-term-liquidity-line>
110. International Monetary Fund (2022) "IMF STRATEGY FOR FRAGILE AND CONFLICTAFFECTED STATES (FCS)" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2022/03/14/The-IMF-Strategy-for-Fragile-and-Conflict-Affected-States-515129>
111. International Monetary Fund (2022) "PROPOSAL TO ESTABLISH A RESILIENCE AND SUSTAINABILITY TRUST" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2022/04/15/Proposal-To-Establish-A-Resilience-and-Sustainability-Trust-516692>



112. International Monetary Fund (2022) "Making Debt Work For Development and Macroeconomic Stability" <https://www.imf.org/en/Publications/Policy-Papers/Issues/2022/04/26/Making-Debt-Work-For-Development-and-Macroeconomic-Stability-517258>
113. International Monetary Fund (2022) "World Economic Outlook – October 2022" <https://www.imf.org/en/Publications/WEO/Issues/2022/10/11/world-economic-outlook-october-2022>
114. International Working Group on Pandemic Preparedness (2017) "From Panic and Neglect to Investing in Health Security Financing Pandemic Preparedness at a National Level International Working Group on Financing Preparedness" <https://documents1.worldbank.org/curated/en/979591495652724770/pdf/115271-REVISED-FINAL-IWG-Report-3-5-18.pdf>
115. IOD-PARC (2021) "UNF-WHO | COVID-19 Solidarity Response Fund Joint Evaluation" [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/joint-evaluation-of-covid-19-solidarity-response-fund-16-december-2021.pdf?sfvrsn=ccdbe037\\_6](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/joint-evaluation-of-covid-19-solidarity-response-fund-16-december-2021.pdf?sfvrsn=ccdbe037_6)
116. Islamic Development Bank (2021) "Annual Report 2020: RESPOND, RESTORE, RESTART: POST-COVID RESILIENCE AND PROSPERITY FOR ALL" <https://www.isdb.org/sites/default/files/media/documents/2021-09/2020%20IsDB%20Annual%20Report%20FINAL%20QRC%20%281%29.pdf>
117. Joint SDG Fund (2018) "Joint Fund for the 2030 Agenda – Transforming the way the UN and governments work together to achieve the SDGs" <https://jointsdgfund.org/sites/default/files/2019-05/20181127-TORs-JF-for-2030-Agenda.pdf>
118. Joint SDG Fund (2021) "Paths to SDG Acceleration – 2020 Annual Report" <https://www.jointsdgfund.org/publication/paths-sdg-acceleration-2020-annual-report>
119. Jones, C, Sobngwi-Tambekou, J. et al (2022) "The Roles of Regional Organisations in Strengthening Health Research Systems in Africa: Activities, Gaps, and Future Perspectives" *International Journal of Health Policy and Management*, [https://www.ijhpm.com/article\\_4213\\_37a2adda3a90b4552da62064356a9134.pdf](https://www.ijhpm.com/article_4213_37a2adda3a90b4552da62064356a9134.pdf)
120. Kandel, N., Chungong, S., Omaar, A. and Xing, J. (2020) "Health security capacities in the context of COVID-19 outbreak: an analysis of International Health Regulations annual report data from 182 countries", *Lancet*, 395: 147-53 <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930553-5>
121. Katz, R. & Fischer, J. (2020) "The Revised International Health Regulations: A Framework for Global Pandemic Response", *GHGJ*, [https://www.ghgj.org/Katz%20and%20Fischer\\_The%20Revised%20International%20Health%20Regulations.pdf](https://www.ghgj.org/Katz%20and%20Fischer_The%20Revised%20International%20Health%20Regulations.pdf)
122. Kupferschmidt, K. (2020) "Vaccine nationalism' threatens global plan to distribute COVID-19 shots fairly: As rich countries sign deals worth billions of dollars, the rest of the world may get left behind" *Science Insider* <https://www.science.org/content/article/vaccine-nationalism-threatens-global-plan-distribute-covid-19-shots-fairly>
123. Lazarus, J., Karim, S. et al (2020) "COVID-19 vaccine wastage in the midst of vaccine inequity: causes, types and practical steps" <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9044511/>
124. Mariotti, C. (2022) "Why the IMF Resilience and Sustainability Trust is not a silver bullet for Covid-19 recovery and the fight against climate change" *Eurodad* [https://www.eurodad.org/resilience\\_and\\_sustainability\\_trust\\_not\\_silver\\_bullet\\_covid19\\_climate\\_change](https://www.eurodad.org/resilience_and_sustainability_trust_not_silver_bullet_covid19_climate_change)
125. Lurie, N., Saville, M. et al (2020) "Developing COVID-19 Vaccines at Pandemic Speed", *New England Journal of Medicine* <https://www.nejm.org/doi/full/10.1056/NEJMp2005630>



126. Minouche, S., Georgieva, K., Okonjo-Iweala, N. et al (2021) "Statement on Gender Equality" <https://www.lse.ac.uk/News/News-Assets/PDFs/2021/Statement-on-Gender-Equality-2021.pdf>
127. Moon, Sridar Pate et al (2015) "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola" <https://globalhealth.harvard.edu/domains/pandemics/programs/harvard-lshtm-panel-on-ebola/>
128. Mooi-Risman, I. & Risman, B. (2021) "The Gendered Impacts of COVID-19 – Lessons and Reflections", Gender and Society, Volume 35 (2), <https://journals.sagepub.com/doi/full/10.1177/08912432211001305>
129. The Multilateral Leaders Taskforce on COVID-19 (2021) "Terms of Reference" <https://www.covid-19taskforce.com/en/programs/task-force-on-covid-19-vaccines/about#2>
130. The Multilateral Leaders Taskforce on COVID-19 (2021) "A New Commitment for Vaccine Equity and Defeating the Pandemic" <https://www.who.int/news-room/commentaries/detail/a-new-commitment-for-vaccine-equity-and-defeating-the-pandemic>
131. The Multilateral Leaders Taskforce on COVID-19 (2021) "Call to Action on COVID Vaccine Access for Developing Countries by Heads of World Bank Group and International Monetary Fund" <https://www.worldbank.org/en/news/statement/2021/06/03/world-bank-group-and-international-monetary-fund-call-to-action-on-covid-vaccine-access-for-developing-countries>
132. The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement by the Heads of the World Bank Group, International Monetary Fund, World Health Organization, and World Trade Organization on the First Meeting of the Task Force on COVID-19 Vaccines, Therapeutics and Diagnostics for Developing Countries" <https://www.worldbank.org/en/news/statement/2021/06/30/joint-statement-on-first-meeting-of-task-force-on-COVID19-vaccines-therapeutics-and-diagnostics-for-developing-countries>
133. The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement of the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics for Developing Countries following its Second Meeting" <https://www.worldbank.org/en/news/statement/2021/07/30/joint-statement-on-second-meeting-of-task-force-on-COVID-vaccines-therapeutics-and-diagnostics-for-developing-countries>
134. The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement of the Multilateral Leaders Taskforce on Scaling COVID-19 Tools" <https://www.worldbank.org/en/news/statement/2021/08/27/joint-statement-of-the-multilateral-leaders-taskforce-on-scaling-covid-19-tools>
135. The Multilateral Leaders Taskforce on COVID-19 (2021) "International Organizations, Manufacturers Agree to Intensify Cooperation to Deliver COVID-19 Vaccines" <https://www.worldbank.org/en/news/statement/2021/09/16/international-organizations-manufacturers-agree-to-intensify-cooperation-to-deliver-covid-19-vaccines>
136. The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement of the Multilateral Leaders Taskforce on the Strategies to Accelerate the Supply and Deployment of COVID-19 Vaccines Following its Fifth Meeting" <https://www.worldbank.org/en/news/statement/2021/10/30/joint-statement-of-the-multilateral-leaders-taskforce-following-fifth-meeting>
137. The Multilateral Leaders Taskforce on COVID-19 (2021) "International organizations, vaccine manufacturers take stock of COVID-19 vaccine rollout, share views for 2022" <https://www.worldbank.org/en/news/statement/2021/11/09/international-organizations-vaccine-manufacturers-take-stock-of-covid-19-vaccine-rollout-share-views-for-2022>

138. The Multilateral Leaders Taskforce on COVID-19 (2021) "Joint Statement of the Multilateral Leaders Taskforce on Scaling Covid-19 Tools, December 17, 2021: "From Vaccines to Vaccinations" <https://www.worldbank.org/en/news/statement/2021/12/22/joint-statement-seventh-meeting-of-the-multilateral-leaders-task-force>
139. The Multilateral Leaders Taskforce on COVID-19 (2021) "Eighth Meeting of the Multilateral Leaders Task Force on COVID-19, 1 March 2022: "Third Consultation with the CEOs of leading vaccine manufacturers" Joint Statement" <https://www.worldbank.org/en/news/statement/2022/03/07/eighth-meeting-of-the-multilateral-leaders-task-force-on-covid-19-1-march-2022-third-consultation-with-the-ceos-of-leadi>
140. Mustafa, S., Zhang, Y., et al (2021) "COVID-19 Preparedness and Response Plans from 106 countries: a review from a health systems resilience perspective" Health Policy and Planning <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8385840/pdf/czab089.pdf>
141. Nasiri-Ansari, Atuhebwe, et al. (2022) "Shifting gender barriers in immunization in the COVID-19 pandemic response and beyond", The Lancet, Volume 400, Issue 10345.
142. Nkengasong, J. (2021) "A New Public Health Order for Africa Regional solutions are what we need to get us through the next pandemic" <https://www.imf.org/en/Publications/fandd/issues/2021/12/Public-Health-Order-Africa-Nkengasong>
143. ODI (2022) "Country platforms for climate action Something borrowed, something new?" [https://cdn.odi.org/media/documents/ODI\\_Emerging\\_analysis\\_Country\\_platforms\\_for\\_climate\\_action.pdf](https://cdn.odi.org/media/documents/ODI_Emerging_analysis_Country_platforms_for_climate_action.pdf)
144. Okonjo-Iweala, N., Shanmugaratnam, T., & Summers, L. (2021) "Rethinking Multilateralism for a Pandemic Era" <https://www.imf.org/en/Publications/fandd/issues/2021/12/Multilateralism-Pandemic-Era-Okonjo-Iweala-Shanmugaratnam-Summers>
145. Open Consultants (2022) "External Evaluation of the Access to COVID-19 Tools Accelerator" <https://www.who.int/publications/m/item/external-evaluation-of-the-access-to-covid-19-tools-accelerator-act-a>
146. Organisation for Economic Co-operation and Development (2015) "Development Co-operation Report 2015 Making Partnerships Effective Coalitions for Action" <https://www.oecd.org/dac/developmentco-operationreport2015makingpartnershipseffectivecoalitionsforaction.htm>
147. OHCHR (2020) "Checklist for a Human Rights-Based Approach to Socio-Economic Country Responses to COVID-19" [https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19/Checklist\\_HR-Based\\_Approach\\_Socio-Economic\\_Country\\_Responses\\_COVID-19.pdf](https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19/Checklist_HR-Based_Approach_Socio-Economic_Country_Responses_COVID-19.pdf)
148. OHCHR (2021) "United Nations Human Rights Report 2020" <https://www.ohchr.org/sites/default/files/Documents/Publications/OHCHRreport2020.pdf>
149. Pan-American Health Organisation (2021) "Response to COVID-19 in the Americas – January to December 2020" <https://www.paho.org/en/documents/pan-american-health-organization-response-covid-19-americas-january-december-2020>;
150. Pan-America Health Organisation (2022) "Response to COVID-19 in the Americas – January to June 2021" <https://www.paho.org/en/documents/pan-american-health-organization-response-covid-19-january-june-2021>
151. Paris Club (2020) "Common Framework for Debt Treatments beyond the DSSI" [https://clubdeparis.org/sites/default/files/annex\\_common\\_framework\\_for\\_debt\\_treatments\\_beyond\\_the\\_dssi.pdf](https://clubdeparis.org/sites/default/files/annex_common_framework_for_debt_treatments_beyond_the_dssi.pdf)

152. Perekhodoff, K., Hoen, E. et al (2022) "A pandemic treaty for equitable global access to medical countermeasures: seven recommendations for sharing intellectual property, know-how and technology" *BMJ Global Health* <https://gh.bmj.com/content/bmjgh/7/7/e009709.full.pdf>
153. Ramchandani, R., Kazatchkine, M, et al (2021) " Vaccines, therapeutics, and diagnostics for covid-19: redesigning systems to improve pandemic response", *BMJ*, <https://www.bmj.com/content/bmj/375/bmj-2021-067488.full.pdf>
154. Reiffel, L. (2021) "Normalising China's Relations with the Paris Club" *Stimson* <https://www.stimson.org/2021/normalizing-chinas-relations-with-the-paris-club/>
155. Samaan, McPherson et al (2022) "The World Health Organisation's actions within the United Nations System to facilitate a whole-of-society response to COVID-19 at the country level", *Frontiers in Public Health*, 9, B3 1220.
156. Shen, A.K., Yu, M.A. & Linstrand, a (2021) "COVID-19 Partners Platform—Accelerating Response by Co-ordinating Plans, Needs, and Contributions During Public Health Emergencies: COVID-19 Vaccines Use Case" *Global Health: Science and Practice* <https://www.ghspjournal.org/content/ghsp/9/4/725.full.pdf>
157. SPIAC-B (2020) "Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic" <https://www.social-protection.org/gimi/RessourcePDF.action?id=56006>
158. Stein, F. & Sridhar, D. (2017) "Health as a "global public good": creating a market for pandemic risk" *BMJ* <https://www.bmj.com/content/bmj/358/bmj.j3397.full.pdf>
159. Tsai, JF Lin, CP & Turbat, B. (2021) "Exploring association between countries' self-reported International Health Regulations core capacity and COVID-19 control outcomes", *Journal of Global Health Reports*, <https://www.joghr.org/article/21362-exploring-association-between-countries-self-reported-international-health-regulations-core-capacity-and-covid-19-control-outcomes>
160. UNCTAD (2015) "Sovereign Debt Workouts: Going Forward Roadmap and Guide" [https://unctad.org/system/files/official-document/gdsddf2015misc1\\_en.pdf](https://unctad.org/system/files/official-document/gdsddf2015misc1_en.pdf)
161. UNESCO (2020) "Responding to COVID-19 and beyond, the Global Education Coalition in action" <https://unesdoc.unesco.org/ark:/48223/pf0000374364>;
162. UNESCO (2021) "Supporting learning recovery one year into COVID-19: The Global Education Coalition in action" <https://unesdoc.unesco.org/ark:/48223/pf0000374364>
163. UNOCHA (2020) "Global Humanitarian Response Plan: COVID-19 (April – December 2020)" <https://www.humanitarianresponse.info/en/programme-cycle/space/document/covid-19-global-humanitarian-response-plan>
164. UNOCHA (2020) "Global Humanitarian Response Plan: COVID-19 (April – December 2020) July Update" <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-july-update-enar>
165. UNOCHA (2020) "GLOBAL HUMANITARIAN RESPONSE PLAN – May Update" [https://www.unocha.org/sites/unocha/files/GHRP-COVID19\\_May\\_Update.pdf](https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf)
166. UNOCHA (2021) "Global Humanitarian Response Plan COVID-19 Progress Report: Final Progress Report, 22 February 2021" <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-progress-report-final-progress-report-22>

167. UNOCHA (2021) "Global Humanitarian Overview Monthly Funding Update – 31 December 2020" <https://reliefweb.int/report/world/global-humanitarian-overview-2020-monthly-funding-update-31-december-2020>
168. UNOCHA (2021) "OCHA Support to Gender and Gender-Based Violence Programming: Rapid Review of Recent Central Emergency Response Fund (CERF) Allocations Targeting GBV Prevention and Response in Humanitarian Action" <https://cerf.un.org/sites/default/files/resources/CERF%20GBV%20Report.pdf>
169. United Nations (2015) "Basic Principles on Sovereign Debt Restructuring Processes" [https://unctad.org/system/files/official-document/a69L84\\_en.pdf](https://unctad.org/system/files/official-document/a69L84_en.pdf)
170. United Nations (2021) "Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF" [https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report\\_April22.pdf](https://unsdg.un.org/sites/default/files/2022-02/MPTF%20Lessons%20Learned%20and%20Evaluability-%20Final%20Report_April22.pdf)
171. United Nations (2021) "Liquidity and Debt Solutions to Invest in the SDGs: The Time to Act is Now" [https://www.un.org/sites/un2.un.org/files/2021/03/liquidity\\_and\\_debt\\_solutions\\_to\\_invest\\_in\\_the\\_sdgs.pdf](https://www.un.org/sites/un2.un.org/files/2021/03/liquidity_and_debt_solutions_to_invest_in_the_sdgs.pdf)
172. United Nations (2021) "Reforming Global Debt Architecture 'Critical', Secretary-General Says, Welcoming Steps by International Financial Institutions to Help Vulnerable Countries amid COVID-19" <https://press.un.org/en/2021/sgsm20679.doc.htm>
173. United Nations (2021) "Review of the functioning of the Resident Co-ordinator System: rising to the challenge and keeping the promise of the 2030 Agenda Report of the Secretary-General" [https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/2021doc/RC\\_system\\_review\\_SG%20REPORT\\_FINAL\\_07June2021.pdf](https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/2021doc/RC_system_review_SG%20REPORT_FINAL_07June2021.pdf)
174. United Nations (2021) "Our Common Agenda: Report of the Secretary General" [https://www.un.org/en/content/common-agenda-report/assets/pdf/Common\\_Agenda\\_Report\\_English.pdf](https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf)
175. United Nations (2022) "System-wide Evaluation of the Joint SDG Fund" (draft for consultation)
176. United Nations (2022) "Integrated National Financing Frameworks a Short and Practical Introduction / May 2022" <https://inff.org/about>
177. UN MPTF Office (2020) "Terms of Reference for the UN COVID-19 Response and Recovery Multi-Partner Trust Fund" <http://mptf.undp.org/factsheet/fund/COV00>
178. UN MPTF Office (2021) "Global Interim Report of the UN COVID-19 Response and Recovery Fund for the period October 2020 to July 2021" [https://www.un.org/sites/un2.un.org/files/2020/11/covid-19\\_mptf\\_interim\\_report.pdf](https://www.un.org/sites/un2.un.org/files/2020/11/covid-19_mptf_interim_report.pdf)
179. United Nations (2016) "Protecting humanity from future health crises: report of the High-Level Panel on the Global Response to Health Crises" <https://digitallibrary.un.org/record/822489?ln=en>
180. United Nations (2020) "SHARED RESPONSIBILITY, GLOBAL SOLIDARITY: Responding to the socio-economic impacts of COVID-19" <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>
181. United Nations (2020) "Policy Brief: The Impact of COVID-19 on Women" <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>
182. United Nations (2020) "Policy Brief: A Disability-Inclusive Response to COVID-19" <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-A-Disability-Inclusive-Response-to-COVID-19.pdf>

183. United Nations (2020) "Financing for Development in the Era of COVID-19 and Beyond Menu of Options for the Consideration of Heads of State and Government Part I" [https://www.un.org/sites/un2.un.org/files/2020/10/financing\\_for\\_development\\_covid19\\_part\\_i\\_hosg.pdf](https://www.un.org/sites/un2.un.org/files/2020/10/financing_for_development_covid19_part_i_hosg.pdf)
184. United Nations (2021) Our Common Agenda: Report of the Secretary General" [https://www.un.org/en/content/common-agenda-report/assets/pdf/Common\\_Agenda\\_Report\\_English.pdf](https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf)
185. United Nations (2021) "UN 2.0 Quintet of Change" [https://www.un.org/sites/un2.un.org/files/2021/09/un\\_2.0\\_-\\_quintet\\_of\\_change.pdf](https://www.un.org/sites/un2.un.org/files/2021/09/un_2.0_-_quintet_of_change.pdf)
186. United Nations (2022) "Special Drawing Rights (SDRs) and the COVID-19 crisis" [https://repositorio.cepal.org/bitstream/handle/11362/47856/1/S2200199\\_en.pdf](https://repositorio.cepal.org/bitstream/handle/11362/47856/1/S2200199_en.pdf)
187. United Nations (2022) "Addressing Sovereign Debt Challenges in the Era of Covid-19 and Beyond: The Role of the United Nations" [https://www.unescap.org/sites/default/d8files/event-documents/Background%20Paper%20-%20Debt%20Restructuring\\_25%20March%202022\\_0.pdf](https://www.unescap.org/sites/default/d8files/event-documents/Background%20Paper%20-%20Debt%20Restructuring_25%20March%202022_0.pdf)
188. United Nations Development Co-ordination Office (2021) "Report of the Chair of the United Nations Sustainable Development Group" <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/100/51/PDF/N2110051.pdf?OpenElement>
189. United Nations Sustainable Development Group (2020) "A UN framework for the immediate socio-economic response to COVID-19" <https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf>
190. United Nations Sustainable Development Group (2020) "UNCT Gender Equality Marker Guidance Note" <https://unsdg.un.org/sites/default/files/2019-09/UNCT%20GEM%20UN%20INFO%20final%20draft%20June%202019.pdf>
191. United Nations Sustainable Development Group (2021) "OPERATIONALIZING LEAVING NO ONE BEHIND GOOD PRACTICE NOTE FOR UN COUNTRY TEAMS" <https://unsdg.un.org/sites/default/files/2022-04/Operationalizing%20LNOB%20-%20final%20with%20Annexes%20090422.pdf>
192. United Nations Sustainable Development Group (2022) "OPERATIONALIZING LEAVING NO ONE BEHIND GOOD PRACTICE NOTE FOR UN COUNTRY TEAMS" <https://unsdg.un.org/sites/default/files/2022-04/Operationalizing%20LNOB%20-%20final%20with%20Annexes%20090422.pdf>
193. United Nations Sustainable Development Group (2022) "2022 Report of the Chair of the UNSDG on the Development Co-ordination Office" <https://unsdg.un.org/resources/2022-report-chair-un-sdg-development-co-ordination-office>
194. UNESCO, UNICEF, World Bank (2021) "The Global State of the Education Crisis: A Path to Recovery" <https://documents1.worldbank.org/curated/en/416991638768297704/pdf/The-State-of-the-Global-Education-Crisis-A-Path-to-Recovery.pdf>
195. UNICEF (2020) "UNICEF welcomes additional support from the Asian Development Bank for COVID-19" <https://www.unicef.org/eap/press-releases/unicef-welcomes-additional-support-asian-development-bank-covid-19>
196. UNICEF (2020) "COVID-19: Are children able to continue learning during school closures?: A global analysis of the potential reach of remote learning policies" <https://data.unicef.org/resources/remote-learning-reachability-factsheet/>
197. UNICEF (2022) "COVID-10 Vaccine Delivery Partnership – Update for the UNICEF Executive Board" [https://www.unicef.org/executiveboard/media/10176/file/2022-COVID-19\\_country\\_readiness-Chai-ban-PPT-EN-2022.02.21.pdf](https://www.unicef.org/executiveboard/media/10176/file/2022-COVID-19_country_readiness-Chai-ban-PPT-EN-2022.02.21.pdf)



198. UNICEF (2022) "Delivering quality assured PPE to reach front line workers" <https://www.unicef.org/supply/stories/delivering-quality-assured-ppe-reach-front-line-workers>
199. UNICEF (2022) "Update on the progress achieved through the COVID-19 Vaccine Delivery Partnership" [https://www.unicef.org/executiveboard/media/11431/file/2022\\_AS-Item\\_4b-COVID-19\\_Vaccine\\_Delivery\\_Partnership-EN-2022.05.31.pdf](https://www.unicef.org/executiveboard/media/11431/file/2022_AS-Item_4b-COVID-19_Vaccine_Delivery_Partnership-EN-2022.05.31.pdf)
200. UNICEF (2022) "COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades" <https://www.unicef.org/press-releases/WUENIC2022release>
201. UNICEF (2022) "Every child is protected from violence and exploitation: Global annual results report 2021" <https://www.unicef.org/media/121671/file/%20Global-annual-results-report-2021-goal-area-3.pdf>
202. UNICEF (2022) "COVAX calls for urgent action to close vaccine equity gap" [COVAX calls for urgent action to close vaccine equity gap \(unicef.org\)](https://www.unicef.org/press-releases/WUENIC2022release)
203. UNICEF (2021) "Real-time Assessment of the UNICEF Response to COVID-19: Global Synthesis Report" <https://evaluationreports.unicef.org/GetDocument?fileID=18263>;
204. UN Women (2021) "Report on the UN Women Global Response to COVID-19" <https://unwomen.org.au/wp-content/uploads/2022/06/Report-on-the-UN-Women-global-response-to-COVID-19-en.pdf>
205. UN Women (2021) "COVID-19 Global Gender Response Tracker – Global Fact Sheet" <https://data.unwomen.org/sites/default/files/documents/Publications/UNDP-UNWomen-COVID19-Tracker-Fact-sheet-1.pdf>
206. UN Women (2022) "Government Responses to COVID-19: Lessons on Gender Equality for a World in Turmoil" [https://www.unwomen.org/sites/default/files/2022-06/Government-responses-to-COVID-19-Lessons-on-gender-equality-for-a-world-in-turmoil-en\\_0.pdf](https://www.unwomen.org/sites/default/files/2022-06/Government-responses-to-COVID-19-Lessons-on-gender-equality-for-a-world-in-turmoil-en_0.pdf)
207. Watson, O., Barnsley, G. et al (2022) "Global impact of the first year of COVID-19 vaccination: a mathematical modelling study" *The Lancet* <https://www.thelancet.com/action/showPdf?pii=S1473-3099%2822%2900320-6>
208. World Bank Group (2017) "Pandemic Emergency Financing Facility (PEF): Proposed Financing from IDA" <https://documents1.worldbank.org/curated/en/176611494727224133/pdf/IDA-Financing-for-PEF-April-19-2017-04202017.pdf>
209. The WHO Council on the Economics of Health for All (2022) "A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank – Elevating Ambitions Beyond Business as Usual" [https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/who-council-statement-31-may-2022.pdf?sfvrsn=97b00b6b\\_3&download=true](https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/who-council-statement-31-may-2022.pdf?sfvrsn=97b00b6b_3&download=true)
210. World Bank Group (2017) "Multiphase Programmatic Approach" <https://documents1.worldbank.org/curated/en/203081501525641125/pdf/MPA-07192017.pdf>
211. World Bank Group (2017) "United Nations-World Bank Partnership Framework for Crisis-Affected Situations" [https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/un-wb\\_partnership\\_framework\\_for\\_crisis-affected\\_situations\\_signed\\_april\\_22\\_2017.pdf](https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/un-wb_partnership_framework_for_crisis-affected_situations_signed_april_22_2017.pdf)
212. World Bank Group (2017) "From Panic and Neglect to Investing in Health Security Financing Pandemic Preparedness at a National Level" <https://documents1.worldbank.org/curated/en/979591495652724770/pdf/115271-REVISED-FINAL-IWG-Report-3-5-18.pdf>



213. World Bank Group (2019) “The Pandemic Emergency Financing Facility – Operational Brief for Eligible Countries, February 2019” <https://thedocs.worldbank.org/en/doc/705811553020740235-0090022019/original/PEFOperationalBriefFeb2019.pdf>
214. World Bank Group (2019) “2019 UN-WB PARTNERSHIP MONITORING REPORT: United Nations – World Bank Partnership Framework for Crisis-Affected Situations” <https://documents1.worldbank.org/curated/en/542911571851125027/pdf/United-Nations-World-Bank-Partnership-Framework-for-Crisis-Affected-Situations-2019-UN-WB-Partnership-Monitoring-Report.pdf>
215. World Bank Group (2020) “PROPOSAL FOR A WORLD BANK COVID-19 RESPONSE UNDER THE FAST TRACK COVID-19 FACILITY” <https://documents1.worldbank.org/curated/en/260231584733494306/pdf/Proposal-for-a-World-Bank-COVID-19-Response-under-the-Fast-Track-COVID-19-Facility.pdf>
216. World Bank Group (2020) “World Bank COVID-19 Response under the Fast Track COVID-19 Facility World Region – Proposed Investment in IFC Fast Track COVID-19 Facility Chair Summary” <https://documents1.worldbank.org/curated/en/271831585274457435/pdf/World-Bank-COVID-19-Response-under-the-Fast-Track-COVID-19-Facility-and-Proposed-Investment-in-IFC-Fast-Track-COVID-19-Facility-Chair-Summary.pdf>
217. World Bank Group (2020) “Update on IDA Contribution to COVID-19 Pandemic Response” <https://documents1.worldbank.org/curated/en/673321588557820754/pdf/Update-on-IDA-Contribution-to-COVID-19-Pandemic-Response.pdf>
218. World Bank Group (2020) “COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM AND PROPOSED 25 PROJECTS UNDER PHASE 1 USING THE MULTIPHASE PROGRAMMATIC APPROACH” <https://documents1.worldbank.org/curated/en/993371585947965984/pdf/World-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>
219. World Bank Group (2020) “Update on IDA Contribution to COVID-19 Pandemic Response” <https://documents1.worldbank.org/curated/en/673321588557820754/pdf/Update-on-IDA-Contribution-to-COVID-19-Pandemic-Response.pdf>
220. World Bank Group (2020) “IMPLEMENTATION AND EXTENSION OF THE DEBT SERVICE SUSPENSION INITIATIVE” <https://documents1.worldbank.org/curated/en/612471605806788745/pdf/Implementation-and-Extension-of-the-Debt-Service-Suspension-Initiative-Executive-Summary.pdf>
221. World Bank (2020) “Brief: Social Protection and COVID-19” <https://www.worldbank.org/en/topic/socialprotection/brief/social-protection-and-covid-19>;
222. World Bank (2020) “How the World Bank is helping countries procure critical medical supplies” <https://blogs.worldbank.org/voices/covid-19-how-world-bank-helping-countries-procure-critical-medical-supplies>
223. World Bank (2021) “Opportunities and Challenges for Public Procurement in the first months of the COVID-19 Pandemic: Results from an Expert Survey” <https://openknowledge.worldbank.org/handle/10986/35472>
224. World Bank Group (2021) “World Bank Group and International Monetary Fund Support for Debt Relief Under the Common Framework and Beyond” <https://www.devcommittee.org/sites/dc/files/download/Documents/2021-03/DC2021-0002%20Debt%20final.pdf>
225. World Bank Group (2021) “JOINT IMF-WBG STAFF NOTE: DSSI FISCAL MONITORING UPDATE—SUPPLEMENTARY INFORMATION” <https://documents1.worldbank.org/curated/en/826571632345396906/pdf/Joint-IMF-WBG-Staff-Note-DSSI-Fiscal-Monitoring-Update-Supplementary-Information-Executive-Summary.pdf>

226. World Bank Group (2021) "IDA-19 Implementation Review and Launch of IDA20 Replenishment" <https://documents1.worldbank.org/curated/en/895911623102852345/pdf/IDA19-Implementation-Review-and-Launch-of-IDA20-Replenishment-Co-Chairs-Summary.pdf>
227. World Bank Group (2021) "COVID-19: World Bank Group Support for Fair and Affordable Access to Vaccines by Developing Countries" <https://www.devcommittee.org/sites/dc/files/download/Documents/2021-03/DC2021-0003%20Vaccines%20final.pdf>
228. World Bank Group (2021) "World Bank and African Union Team Up to Support Rapid Vaccination for Up to 400 million People in Africa" <https://www.worldbank.org/en/news/press-release/2021/06/21/world-bank-and-african-union-team-up-to-support-rapid-vaccination-for-up-to-400-million-people-in-africa#:~:text=In%20a%20boost%20to%20the,for%20up%20to%20400%20million>
229. World Bank Group (2021) "Achieving Comparability of Treatment under the G20's Common Framework" <https://documents1.worldbank.org/curated/en/426641645456786855/pdf/Achieving-Comparability-of-Treatment-under-the-G20-s-Common-Framework.pdf>
230. World Bank Group (2021) "What Has Been the Impact of COVID-19 on Debt? Turning a Wave into a Tsunami" <https://openknowledge.worldbank.org/bitstream/handle/10986/36647/What-Has-Been-the-Impact-of-COVID-19-on-Debt-Turning-a-Wave-into-a-Tsunami.pdf?sequence=1&isAllowed=y>
231. World Bank Group (2022) "DEVELOPMENT POLICY FINANCING RETROSPECTIVE : FACING CRISIS , FOSTERING RECOVERY" <https://documents1.worldbank.org/curated/en/558621648492783178/pdf/2021-Development-Policy-Financing-Retrospective-Facing-Crisis-Fostering-Recovery.pdf>
232. World Bank Group (2022) "Fact Sheet: Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response" <https://www.worldbank.org/en/topic/pandemics/brief/factsheet-financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response>
233. World Bank Group (2022) "A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank" <https://thedocs.worldbank.org/en/doc/018ab1c6b6d8305933661168af757737-0290032022/original/PPR-FIF-WB-White-Paper.pdf>
234. World Bank Group (2022) "ESTABLISHMENT OF A FINANCIAL INTERMEDIARY FUND FOR PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE" <https://documents1.worldbank.org/curated/en/733191656685369495/pdf/Establishment-of-a-Financial-Intermediary-Fund-for-Pandemic-Prevention-Preparedness-and-Response.pdf>
235. World Bank Group (2022) "World Bank Support for Country Access to COVID-19 Vaccines" <https://www.worldbank.org/en/who-we-are/news/coronavirus-covid19/world-bank-support-for-country-access-to-covid-19-vaccines#:~:text=As%20of%20June%2030%2C%202022,here%20as%20it%20becomes%20available>
236. World Bank Group (2022) "Country platforms in fragile states: A new path for development cooperation" <https://ieg.worldbankgroup.org/blog/country-platforms-fragile-states-new-path-development-cooperation>
237. World Bank Group (2022) "Poverty and Shared Prosperity 2022" <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity>
238. World Bank (2022) "Navigating Multiple Crises, Staying the Course on Long-Term Development – The World Bank Group's Response to the Crises Affecting Developing Countries" <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099640108012229672/idu09002cbf10966704fa00958a0596092f2542c>

239. World Economic Forum (2021) "COVID-19: 3 myths and 5 solutions for the future of multilateralism" <https://www.weforum.org/agenda/2020/06/pandemic-covid19-coronavirus-multilateralism-global-leadership>
240. World Food Programme (2022) "Evaluation of the WFP Response to the COVID-19 Pandemic: Centralised Evaluation Report Volume I" [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjzKGxkfn6AhUX44UKHZ\\_nBigQFnoECA0QA-Q&url=https%3A%2F%2Fdocs.wfp.org%2Fapi%2Fdocuments%2FWFP-0000136268%2Fdownload%2F&usg=AOvVaw211N0uZsMSZimDqAwSpt9H](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjzKGxkfn6AhUX44UKHZ_nBigQFnoECA0QA-Q&url=https%3A%2F%2Fdocs.wfp.org%2Fapi%2Fdocuments%2FWFP-0000136268%2Fdownload%2F&usg=AOvVaw211N0uZsMSZimDqAwSpt9H)
241. World Health Organisation (2011) "Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_10-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1)
242. World Health Organisation (2015) "Report of the Ebola Interim Assessment Panel" [https://cdn.who.int/media/docs/default-source/documents/evaluation/report-ebola-interim-assessment-panel.pdf?sfvrsn=df4e705d\\_2&download=true](https://cdn.who.int/media/docs/default-source/documents/evaluation/report-ebola-interim-assessment-panel.pdf?sfvrsn=df4e705d_2&download=true)
243. World Health Organisation (2016) "Sixty-Ninth World Health Assembly" [https://apps.who.int/iris/bitstream/handle/10665/259134/A69\\_REC1-en.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/259134/A69_REC1-en.pdf?sequence=1&isAllowed=y)
244. World Health Organisation (2016) "International Health Regulations (2005) Third Edition" <https://www.who.int/publications/i/item/9789241580496>
245. World Health Organisation (2016) "Protecting humanity from future health crises: report of the High-Level Panel on the Global Response to Health Crises" <https://digitallibrary.un.org/record/822489?ln=en>
246. World Health Organisation (2016) "WHO research and development blueprint: evaluation of ideas for potential platforms to support development and production of health technologies for priority infectious diseases with epidemic potential" <https://www.who.int/publications/i/item/who-research-and-development-blueprint-evaluation-of-ideas-for-potential-platforms-to-support-development-and-production-of-health-technologies-for-priority-infectious-diseases-with-epidemic-potential>
247. World Health Organisation (2016) "Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_21-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf)
248. World Health Organisation (2016) "Reform of the WHO's work in health emergency management – WHO Health Emergencies Programme" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_30-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf)
249. World Health Organisation (2017) "Emergency response framework (ERF), 2nd edition" <https://www.who.int/publications/i/item/9789241512299>
250. World Health Organisation (2020) "COVID-19 strategic preparedness and response plan: operational planning guidelines to support country preparedness and response (draft as of 12 February 2020)" <https://digitallibrary.un.org/record/3859863?ln=en>
251. World Health Organisation (2020) "Strategic Preparedness and Response Plan – COVID-19 Strategy Update" <https://www.who.int/publications/m/item/covid-19-strategy-update>
252. World Health Organisation (2020) "COVID-19 Strategic Preparedness and Response Plan – Monitoring and Evaluation Framework" <https://www.who.int/publications/i/item/monitoring-and-evaluation-framework>



253. World Health Organisation (2020) "COVID-19 Strategic Preparedness and Response Plan - Operational planning guidance to support country preparedness and response" <https://www.who.int/publications/i/item/draft-operational-planning-guidance-for-un-country-teams>
254. World Health Organisation (2020) "Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme - Interim report on WHO's response to COVID-19 January-April 2020" [https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/ioac-interim-report-on-covid-19c982a74c-be78-44fa-926c-4ae45bcdb8f5.pdf?sfvrsn=581de52\\_1&download=true](https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/ioac-interim-report-on-covid-19c982a74c-be78-44fa-926c-4ae45bcdb8f5.pdf?sfvrsn=581de52_1&download=true)
255. World Health Organisation (2020) "Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme - Looking back to move forward" [https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/a73\\_10-en-ioac-report1c-c3d833-6979-4ac3-a0ea-21b4a6bf1670.pdf?sfvrsn=d2bcf955\\_1&download=true](https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/a73_10-en-ioac-report1c-c3d833-6979-4ac3-a0ea-21b4a6bf1670.pdf?sfvrsn=d2bcf955_1&download=true)
256. World Health Organisation (2020) "United Nations Crisis Management Policy Activation for 2019-nCoV crisis DRAFT Terms of Reference" <https://www.globalprotectioncluster.org/wp-content/uploads/200214-TOR-for-COVID-19-UN-Crisis-Management-Team-FINAL.pdf>
257. World Health Organisation (2020) "Gender and COVID-19: Advocacy Brief" [https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy\\_brief-Gender-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy_brief-Gender-2020.1-eng.pdf);
258. World Health Organisation (2021) "Evaluation of the integration of gender, equity and human rights in the work of the World Health Organisation" [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf?sfvrsn=fc8a1c04\\_1&download=true](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf?sfvrsn=fc8a1c04_1&download=true)
259. World Health Organisation (2021) "COVID-19 Member States Information Session April 2021 – COVID-19 Response Co-ordination with UN Partners" [https://apps.who.int/gb/COVID-19/pdf\\_files/2021/29\\_04/Item1.pdf](https://apps.who.int/gb/COVID-19/pdf_files/2021/29_04/Item1.pdf)
260. World Health Organisation (2021) "COVID-19 Partners Platform: Programme Budget Portal/ COVID-19" [https://apps.who.int/gb/COVID-19/pdf\\_files/24\\_09/SPH.pdf](https://apps.who.int/gb/COVID-19/pdf_files/24_09/SPH.pdf)
261. World Health Organisation (2021) "COVID-19 Research and Innovation Achievements – April 2021" [https://cdn.who.int/media/docs/default-source/documents/r-d-blueprint-meetings/r-d-achievements-report\\_v42.pdf?sfvrsn=c4728b39\\_10&download=true](https://cdn.who.int/media/docs/default-source/documents/r-d-blueprint-meetings/r-d-achievements-report_v42.pdf?sfvrsn=c4728b39_10&download=true)
262. World Health Organisation (2021) "2020 Annual Report – Contingency Fund for Emergencies" <https://www.who.int/publications/i/item/WHO-WHE-2021.06>
263. World Health Organisation (2021) "Looking back at a year that changed the world WHO'S RESPONSE TO COVID-19" <https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-covid-19>
264. World Health Organisation (2021) "2021 Annual Report - WHO's RESPONSE TO COVID-19" <https://www.who.int/publications/m/item/who-s-response-to-covid-19-2021-annual-report>
265. World Health Organisation (2021) "COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)" <https://www.who.int/publications/i/item/WHO-WHE-2021.02>
266. World Health Organisation (2021) "WHO's work in health emergencies Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)" [https://cdn.who.int/media/docs/default-source/documents/emergencies/a74\\_9add1-en.pdf?sfvrsn=d5d22fd-f\\_1&download=true](https://cdn.who.int/media/docs/default-source/documents/emergencies/a74_9add1-en.pdf?sfvrsn=d5d22fd-f_1&download=true)

267. World Health Organisation (2021) "Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response" <https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies>
268. World Health Organisation (2021) "COVID-19 Solidarity Response Fund Playbook – A Guide for a Collaborative Journey" [https://s3.amazonaws.com/media.unfoundation.org/2022/01/EDUN01\\_CovidPlaybook\\_2021.pdf](https://s3.amazonaws.com/media.unfoundation.org/2022/01/EDUN01_CovidPlaybook_2021.pdf)
269. World Health Organisation (2021) "COVID-19 Response Co-ordination with UN Partners" [https://apps.who.int/gb/COVID-19/pdf\\_files/2021/29\\_04/Item1.pdf](https://apps.who.int/gb/COVID-19/pdf_files/2021/29_04/Item1.pdf)
270. World Health Organisation (2022) "UN COVID-19 Supply Chain Task Force" [https://interagency-standingcommittee.org/system/files/2020-05/COVID-19%20SupplyChainTaskForce\\_28.04.2020.pdf](https://interagency-standingcommittee.org/system/files/2020-05/COVID-19%20SupplyChainTaskForce_28.04.2020.pdf)
271. World Health Organisation (2022) "Ten proposals to build a safer world together – Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience" [who\\_hepr\\_june-30draftforconsult.pdf](https://www.who.int/hepr/june-30draftforconsult.pdf)
272. World Health Organisation (2022) "WHO Coronavirus (COVID-19) Dashboard" <https://covid19.who.int/>
273. World Health Organisation (2022) "Public health emergencies: preparedness and response The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme" [https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/a75\\_16-en.pdf?sfvrsn=a4591ca8\\_1&download=true](https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/a75_16-en.pdf?sfvrsn=a4591ca8_1&download=true)
274. World Health Organisation (2022) "WHO Policy brief: COVID-19 Infodemic management" [https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy\\_Brief-Infodemic-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Infodemic-2022.1);
275. World Health Organisation (2022) "WHO policy brief: Building trust through Risk Communication and Community Management" <https://apps.who.int/iris/rest/bitstreams/1413721/retrieve>
276. World Health Organisation (2022) "A Healthy Return – Investment case for a sustainably financed WHO" <https://www.who.int/about/funding/invest-in-who/investment-case-2.0>
277. World Health Organisation and the World Bank Group (2022) "Analysis of Pandemic Preparedness and Response (PPR) architecture, financing needs, gaps and mechanisms" <https://thedocs.worldbank.org/en/doc/5760109c4db174ff90a8dfa7d025644a-0290032022/original/G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf>
278. World Health Organisation and the World Bank Group (2022) "Financing Modalities for Pandemic Prevention, Preparedness and Response (PPR)" <https://thedocs.worldbank.org/en/doc/16c7e5b734f1d-9953f0582c837b11b64-0290032022/original/G20-Paper-on-PPR-Financing-Modalities.pdf>
279. World Health Organisation (2022) "Sustainable Financing: Report of the working Group" [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_9-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_9-en.pdf)
280. World Health Organisation (2022) "Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic" [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1)
281. World Health Organisation (2022) "Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits" <https://www.who.int/publications/i/item/9789240024854>





282. World Health Organisation (2020) "STRONGER COLLABORATION, BETTER HEALTH: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/publications/i/item/9789240010277>
283. World Health Organisation (2021) "STRONGER COLLABORATION FOR AN EQUITABLE AND RESILIENT RECOVERY - 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/publications/i/item/9789240026209>
284. World Health Organisation (2022) "Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration – 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All" <https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/progress-reports>
285. World Trade Organisation (2022) "Draft Ministerial Decision on the TRIPS Agreement – June 2022" <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/WT/MIN22/W15R2.pdf&Open=True>
286. World Trade Organisation (2020) "EXPORT PROHIBITIONS AND RESTRICTIONS" [https://www.wto.org/english/tratop\\_e/covid19\\_e/export\\_prohibitions\\_report\\_e.pdf](https://www.wto.org/english/tratop_e/covid19_e/export_prohibitions_report_e.pdf)
287. Usher, Ann Danaiya (2021) "A Beautiful Idea: how COVAX has fallen short", *The Lancet*, 397, 2322-2325 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8494620/pdf/main.pdf>
288. Van Noorden, R. (2022) "COVID death tolls: scientists acknowledge errors in WHO estimates" *Nature* <https://www.nature.com/articles/d41586-022-01526-0>
289. The Yellow House (2021) "Assessment of the COVID-19 Supply Chain System (CSCS) Summary Report" <https://www.who.int/publications/m/item/assessment-of-the-covid-19-supply-chain-system-report>



 [www.mopanonline.org](http://www.mopanonline.org)  
 [secretariat@mopanonline.org](mailto:secretariat@mopanonline.org)





 [www.mopanonline.org](http://www.mopanonline.org)

 [secretariat@mopanonline.org](mailto:secretariat@mopanonline.org)