COVID-19 Situation Report #37
Reporting period 14 January 2021 – 28 January 2021

Global Overview

| TOTAL DEATHS: | 2,158,761 |
| TOTAL CASES: | 100,200,107 |

as of 28 January – Source: WHO

COVAX signed an advance purchase agreement for up to 40 million doses of the Pfizer-BioNTech vaccine, and anticipates nearly 150 million doses of the AstraZeneca/Oxford candidate to be made available in first quarter of 2021, pending WHO emergency use listings. The U.S. announced they would remain a member of the WHO, support the ACT-Accelerator and join COVAX. The European Union is looking at setting up a mechanism that would allow the sharing of surplus COVID-19 vaccines with poorer neighbouring states and Africa. In Africa, where a second wave is hitting harder than the first, the African Union has secured a provisional 270 million COVID-19 vaccine doses for its 55 Member States. As scientists tackled vaccine safety, efficacy and access at the global R&D forum, latest research suggested COVID-19 vaccines might lose potency against the new viral variants detected by WHO in at least 60 countries.

A new report by Oxfam warned it could take more than a decade to reduce the number of people living in poverty back to pre-crisis levels, while a study commissioned by the International Chamber of Commerce showed vaccine nationalism could cost rich countries US$4.5 trillion. World Economic Forum’s Global Risks Report 2021 analyzed the human and economic impact caused by the COVID-19 pandemic, from widening inequalities, persistent and emerging risks to human health, rising unemployment, widening digital divides, youth disillusionment, and geopolitical fragmentation. Latest analysis of the labor market impact of COVID-19 by the International Labour Organization recorded massive damage to working time and income in 2020, with prospects for a recovery in 2021 slow, uneven and uncertain. The International Monetary Fund reported that global economy is expected to grow 5.5% in 2021 — a 0.3 percentage point increase from October’s forecasts but warned new COVID-19 variants could derail growth.

Global Fund Response: At a Glance

- Total funds approved to date: US$980 million
- Countries receiving Global Fund support for COVID-19: 106 countries and 14 multicountry programs
- Total funds raised to date: US$259 million
- Immediate funding gap: US$313 million
- Fundraising target: An additional US$5 billion over 12 months

How countries are using COVID-19 Response Mechanism support:
- 55%: Reinforcing national COVID-19 response
- 34%: Mitigating COVID-19 impact on HIV, TB and malaria programs
- 11%: Urgent improvements in health and community systems

How countries are using grant flexibilities*:
- 59%: Reinforcing national COVID-19 response
- 32%: Mitigating COVID-19 impact on HIV, TB and malaria programs
- 9%: Urgent improvements in health and community systems

* NOTE: Percentages based on data from 15 countries which cover more than 50% of the total amount of grant flexibilities.
The Global Fund has awarded US$980 million to 106 countries and 14 multicountry programs to support their responses to COVID-19, but has now fully deployed all its funding for this purpose. Forecasted funding gap is now US$313 million.

There are significant further needs for immediate funding, including for personal protective equipment (PPE), testing and treatment, and to mitigate the impact on lifesaving HIV, TB and malaria programs. To defeat COVID-19, the Global Fund advocates a comprehensive approach that brings together testing, treatments, vaccines and the health systems and medical supplies to make it happen – vaccines alone will not be enough.

New mutations of the virus in the UK and South Africa underscore the urgent need to contain COVID-19 in all countries. Even if wealthier countries succeed in rapidly rolling out vaccine and containment campaigns, if we do not do the same in low- and middle-income countries at the same time, the virus will continue to mutate and will pose a new threat to everyone – even countries that manage to control the original COVID-19 strain.

Investing in formal and community health systems worldwide is critical to our global health security, and is the only way we will fight existing epidemics like HIV, TB and malaria, new pandemics like COVID-19, and future health threats. According to a recent study in the medical journal The Lancet, over one-third of the Global Fund’s work supports global health security by helping countries prepare for, detect and respond to public health emergencies through funding of laboratory systems, fighting antimicrobial resistance, and the deployment of medical countermeasures and personnel.

Countries are using the funds awarded as part of the Global Fund’s COVID-19 response to:

- Reinforce national COVID-19 responses, including purchasing critical tests, treatments and medical supplies; protecting front-line health workers with training and PPE like gloves and masks; and supporting control and containment interventions, including test, trace and treat/isoilate;
- Mitigate COVID-19 impact on lifesaving HIV, TB and malaria programs, including by delivering medicines, mosquito nets and critical supplies door to door, protecting community health workers and providing support and prevention services via digital platforms;
- Make urgent improvements to health and community systems to help fight COVID-19, HIV, TB and malaria, including by reinforcing supply chains, laboratory networks and community-led response systems.

In addition to redeployed internal funds, the Global Fund’s COVID-19 response received US$259 million from donors including Canada, Denmark, Germany, Italy, Sweden, Norway and the FIFA Foundation.

The Global Fund has estimated that it needs a further US$5 billion on top of its core funding to support countries in responding to the pandemic. This figure represents part of the overall financing needs of the Access to COVID-19 Tools Accelerator (ACT-Accelerator), the global collaborative partnership in which the Global fund plays a leading role.

### Funding Approved

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<th>Total approved US$980 million</th>
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- **COVID-19 Response Mechanism**
  - Funding requests received: 105 and 55 top-up requests
  - Funding requests funded: 93 and 46 top-up requests
  - Funding remaining: US$0
  - Projected funding gap: US$313 million

Demand for funding has exceeded available funds. Countries are continuing to submit urgent requests for funding, and requests are expected to rise.

**Grant flexibilities**

Use of funds remains mostly from grant savings, focused mainly on infection control, diagnostics activities & products, and lab equipment; reprogramming requests approved in small number of cases.

**NOTE:** Full list of countries with approved funding is available [here](#). The totals in the online table may differ from the table above because countries are only added to the online list once they have been officially notified of funding approval.
Protecting Front-line Health Workers: The Global Fund is providing funding to countries to purchase personal protective equipment such as masks, gloves and gowns. Countries can purchase equipment locally or can place orders for price-assured quality health products through our Pooled Procurement Mechanism or on wambo.org.

- US$273 million of COVID-19 Response Mechanism funds have been allocated for the provision of personal protective equipment (PPEs)
- 47 countries have purchased PPEs on wambo.org

Additional Resources:
- Personal Protective Equipment Procurement
- Update for PRs on Placing Orders and Procuring COVID-19 Products in 2021
- List of Personal Protective Equipment and Oxygen Products Available for Procurement via Wambo.org
- COVID-19 Impact on Health Product Supply: Assessment and Recommendations

Diagnostics: The Global Fund is supporting countries and partners to develop and implement national testing strategies using a combination of PCR and Ag RDT tests.

- US$182 million of COVID-19 Response Mechanism funds have been allocated for the provision of diagnostics tests. To date, more than 10 million requisitions for diagnostics tests (PCR and Ag RDT) have been placed across a total of 78 countries, including:
  - Requisitions for 2.7 million automated PCR diagnostic tests across 78 countries
  - Requisitions for 7.4 million Ag RDT tests across 25 countries
  - Requisitions for 400,000 manual PCR diagnostic tests

Additional Resources:
- Scaling-up Testing with Antigen-Detection Diagnostics
- Ordering COVID-19 Diagnostics through the Global Fund: Frequently Asked Questions
- List of SARS-CoV-2 Diagnostic Test Kits and Equipment Eligible for Procurement
- PPM Reference Price List for COVID-19 Diagnostics

Treatment: Following WHO recommendation, the Global Fund is supporting the use of corticosteroids for COVID-19. Global Fund implementers can include corticosteroids for COVID-19 in COVID-19 funding requests.

The Global Fund is a founding partner of the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration of organizations and governments working to accelerate the development, production and equitable access to new COVID-19 tests, treatments and vaccines once available. As part of the ACT-Accelerator, we are a co-convenor of both the Diagnostics Partnership (with FIND) and the Health Systems Connector (with the World Bank), and we are a procurement and deployment partner in the Therapeutics Partnership. Along with other partners, the Global Fund is actively involved in the WHO Diagnostics Consortium to monitor the supply and demand of molecular and rapid diagnostics tests for COVID-19 and implement the WHO allocation for scarcely available COVID-19 products. We have opened our innovative online sourcing portal, wambo.org, to all countries and organizations so they also can benefit from the Global Fund’s economies of scale for health products.

The ACT-Accelerator is making significant progress. We have advanced our understanding of what works to fight the disease. We have new vaccine efficacy data being announced, new diagnostic tests that provide results in less than 30 minutes and strong evidence that dexamethasone treats the disease, while trials on other new medicines such as monoclonal antibodies are advancing quickly. Further, clinical practice has advanced in understanding how oxygen, PPE, and overall health system capabilities can be best used to improve a patient’s chances of recovery.

By the end of 2021, the ACT-Accelerator aims to deliver 500 million diagnostic tests, 245 million courses of treatment and 2 billion doses of vaccine to low- and middle-income countries.

The ACT-Accelerator strategy is currently being refreshed ahead of the 4th ACT-A Facilitation Council meeting scheduled on 9 February 2021.

- Diagnostics Pillar update
  - Over 46.6 million COVID-19 tests (30.4 million PCR tests and 16.2 million Ag RDTs tests) have been procured for low- and middle-income countries.
  - 120 million affordable, quality COVID-19 rapid tests have been secured for low- and middle-income countries, but the Diagnostics Pillar only has enough funding to purchase 16 million of those tests.
  - Over 23,000 health care workers are being trained in almost 200 countries to effectively implement the tests.
  - Over 50 diagnostic tests are currently being evaluated.
Therapeutics Pillar update

- 3.2 million lifesaving dexamethasone treatments have been supplied.
- 15 clinical trials have been supported, and 21 therapies have been investigated in 47 countries, with 85,000 patients enrolled.
- Manufacturing capacities are reserved for scale-up of monoclonal antibodies while research into monoclonal is advancing.

Health Systems Connector update

- The Health Systems Connector (HSC) aims to support countries on key health systems enablers as well as be the vehicle to make oxygen and personal protective equipment available as high priority commodities, especially in low- and middle-income countries (LMICs). Systems requirements for delivery of COVID-19 tools have been mapped in four out of six world regions, and country readiness assessments for tool rollout are being conducted in more than 80 countries.
- US$200 million worth of personal protective equipment (PPE) has been procured for LMICs. This is enough to purchase 73 million daily basic PPE kits of gloves and masks for health workers.

ACT-Accelerator funding update

Out of the US$38 billion needed, over US$6 billion has so far been committed to the ACT-Accelerator (through the Vaccines, Therapeutics, and Diagnostics pillars and the Health Systems Connector) and US$5 billion committed to COVAX. The ACT-Accelerator Commitment Tracker provides details on total commitments to date.

As of January 2021, the ACT-Accelerator faces a US$27.2 billion funding gap which will be reduced to US$23.2 billion as projected funds are operationalized. A total US$3.7 billion is urgently needed to accelerate immediate progress. Without contributions from advanced economies to fill that gap, the ACT-Accelerator will not be able to provide low- and middle-income countries (LMICs) with the lifesaving tests, treatments, and vaccines they need. Bridging the funding gap will help save 3,000 lives per day and restore the global economy. Now is the pivotal moment to move fast for the mass rollout of these tools. Manufacturing capacity needs to be rapidly reserved, regulatory pathways accelerated, and delivery systems secured. All of this must happen now to avoid long delays in future and corresponding delays to the end of the crisis, but the urgent financing gap threatens the world’s ability to tackle the virus.

Diagnostics pillar:

The Diagnostics Pillar requires total funding of US$5.3 billion. To date, US$792 million has been raised. Funds are needed urgently to:
- Accelerate the diagnostic innovation needed to rebuild lives and restore economies by driving development of transformative, low-cost self-tests and digital solutions;
- Catalyze equitable deployment by ensuring countries, businesses and people can take up these products effectively;
- Support countries that cannot shoulder the costs alone by providing procurement funding.

Beyond March 2021, the focus will be on making a mass-produced, US$0.50 test available to everyone, everywhere, with 500 million tests deployed to LIC/LMICs by mid-2021.

Therapeutics Pillar:

The Therapeutics Pillar requires a total of US$6.6 billion through end-2021. To date, US$683 million has been raised. The Therapeutics Pillar investment case beyond March 2021 is built to enable flexible support for R&D, market preparation, and deployment at-scale for any therapeutics assets with positive clinical data.

Health Systems Connector:

The Health Systems Connector requires a total of US$9.5 billion. To date, US$436 million has been raised. Funds are urgently needed to facilitate access to PPE and oxygen. As country readiness is an absolute prerequisite to the equitable scale-up of other COVID-19 tools, US$89 million is needed urgently to support these health systems activities.

Additional Resources:

- Accelerating access to vaccines through the ACT-Accelerator & COVAX
- The ACT-Accelerator frequently asked questions
- Case for Private Sector Support
- Statement of the Co-Chairs of the 3rd Meeting of the ACT-A Facilitation Council
- ACT-Accelerator Commitment Tracker
- Chairs’ Summary of the 2nd Meeting of the ACT-A Facilitation Council
- Letter to the G20
- Urgent Priorities & Financing Requirements at 10 November 2020
- ACT-A Status Report & Plan
- ACT-A Economic Investment Case and Financing Requirements
- ACT-A Diagnostics Partnership Investment Case
- ACT-A Therapeutics Partnership Investment Case
- ACT-A Vaccines Pillar (COVAX)
As of 15 January 2021, the Global Fund’s product and delivery outlook shows the overall impact of COVID-19 on health product supply chains for Global Fund grants remains at moderate.

Country-based Local Fund Agents, who monitor grant implementation and progress on behalf of the Global Fund, complete a biweekly survey online to help identify potential risks and disruptions to programs. The tool is not meant to be a rigorous assessment of the country situation. The data is based on in-country stakeholder views but not on verified data. Key insights as of 15 January 2021:

**Countries in lockdown:** 37% of countries where the Global Fund invests experience nationwide lockdowns as of 15 January, up from 36% on 15 December. Percentage of countries experiencing local restrictions that impact the programs run by the Global Fund has steadily increased over the past months, from 23% on 15 November to 29% on 15 January.

**Costed national plans:** 81% of countries have costed response plans in place for their COVID-19 response, down from 83% on 15 December.

**Disruption to health service delivery:** Around 15% of countries are still reporting high disruption in service delivery for all three components. Even if the risk trend is in the downward for all of them, transportation restrictions are re-emerging as an issue that has multiple impacts on the disease programs. 1% of countries is reporting very high service delivery disruption for HIV and TB components. On malaria, half of the countries where the Global Fund invests have reported no or low disruption to health service delivery.

**Service delivery disruption**
Average Score of Countries

**Latest Answer Distribution (15 Jan)**

- HIV: 31% (Very high disruption), 13% (High disruption), 1% (Moderate disruption), 55% (No/low disruption), 1% (Don't know)
- TB: 29% (Very high disruption), 1% (High disruption), 12% (Moderate disruption), 57% (No/low disruption), 14% (Don't know)
- Malaria: 50% (Very high disruption), 1% (High disruption), 14% (Moderate disruption), 34% (No/low disruption), 1% (Don't know)
**Global Fund Response**

**Global Fund COVID-19 Country Monitoring**

**Disruption to supply of key medicines:** Key HIV medicines supply has improved, with 3% of countries experiencing shortages, down from 6% on 15 December. 51% of countries now have a 6 months’ supply capacity of HIV medicines, up from 44% on 15 December. Key malaria medicines supply has slightly deteriorated, with 51% of countries reporting a 6 months’ supply capacity against 55% on 15 December. Disruptions or delays are mostly reported for key interventions, mainly due to delays in getting health commodities into the country and subsequent distribution delays.

**Lab services:** The trend continues to improve, with 48% of countries reporting no or low HIV and/or TB lab services disruption, up from 43% on 15 December and from 33% on 15 August. However, nearly 10% of countries experience high or very high HIV and/or TB lab services disruption.

**Availability of national stock**

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**HIV and/or TB lab services disruption**

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**Disruption Level:**
- Very High disruption
- No/low disruption
- High disruption
- Moderate disruption
- Currently experiencing shortages
- 0-3 month supply
- 3-6 month supply
- 6+ month supply
- Don’t know
Global Fund Response
Mitigating the Impact of COVID-19 on HIV, TB and Malaria

When COVID-19 arrived in Guatemala, the community health center where Bryanna and her fellow sex workers got tested for HIV closed its doors. “It was like the end of the world to many of us,” says the 25-year-old transgender woman. “We were afraid because we had to continue working and we had lost our support groups.”

For Ben Kei Chin, an openly gay television personality, it seemed that a vital link had been broken that day, leaving many members of the LGBT community isolated and vulnerable. “Many people stopped getting tested,” explains Ben, 37. “Our services and programs were interrupted because of COVID-19, and people did not feel comfortable going to other health centers. It was like coming out of the closet all over again.”

With support from the Global Fund, a pilot of self-testing kits is helping people like Bryanna and Ben get access to HIV prevention and diagnosis in times of COVID-19.

COVID-19 has disrupted health programs in Guatemala, particularly damaging HIV services tailored to key populations which are already disproportionately affected by HIV. In Guatemala, transgender people and men who have sex with men often confront stigma, discrimination and social exclusion, and rely on community health centers and peer support groups. Confinement measures further cut off lifesaving services and emotional support.

The kits, which are being promoted through Facebook, Twitter, Instagram and YouTube, are delivered by post and include a self-test, condoms, lubricants and brochures on how to stay healthy. The test is easy to use and requires no blood. Using a swab, the tester collects oral fluid from the gums. The swab is then inserted into a test tube and the results are ready in just 20 minutes. Implemented by two community-based organizations – Colectivo Amigos Contra el Sida (CAS) and Organización Trans, Reinas de la Noche (OTRANS) – the pilot was launched last May in Guatemala City, and there are plans to extend it to other parts of the country, given its positive reception. Cesar Galindo Arandi, director of CAS, says the kit has been sent to people who use pre-exposure prophylaxis (PrEP), as well as those who get tested for the first time. “Thanks to the self-test kits, we managed to maintain the same level of HIV testing during the crisis,” Cesar says.

Bryanna, who makes a living as a sex worker, says she found out about the kit through social media. “The kit is very easy to use, and I can do it at home, so now I can test myself periodically.”
Bryanna has been spreading the word about self-testing to other transgender sex workers. “At the beginning of the crisis, many of us put ourselves at risk. I’ve been telling my friends about the self-test, and many have signed up for the kits. Now we feel safer and more protected. Health always should come first,” she says.

Bryanna says she studied business but never managed to get a job in her field “because of the way people look at me.” Like many transgender people in Guatemala, she makes a living as a sex worker, braving stigma, harassment and violent street gangs. Transgender women in Guatemala experience very high health risks. HIV prevalence among transgender women is over 23% compared to less than 1% among the general population.

At OTRANS, Bryanna and other transgender women have found emotional support during times of crisis. “When people stigmatize you, the best thing is to ignore it and go on with your life, because after all, life is but the blink of an eye.”

Ben, who works as a journalist and is an activist for LGBT rights, says COVID-19 profoundly affected health services for the LGBT community. “HIV services for key populations were severely affected, so our links were broken. Many people missed out on testing for months. Our friendly community services were no longer there and people found themselves alone and lost confidence in going to other services because they had to open up about their sexual orientation. Many people were left behind.”

Ben says he found out about the self-test kit through an HIV-positive friend who introduced him to CAS. “There is a lot of word of mouth going on about the kit. It is an excellent opportunity to keep up doing your tests without going to a clinic.”

Ben, who is very active on social media, says social media has played an essential role in supporting vulnerable groups during COVID-19. “Social media has kept alive many of the links in the LGBT community that disappeared with COVID-19, such as community groups and health education. We learned to organize ourselves differently.”

COVID-19 has taken the focus away from other infectious diseases such as HIV. But Ben says the fight against HIV should not lose its momentum. “In Guatemala, many young people still don’t know their status. It is important to remain visible and fight stigma. There is still a lot of prejudice, but we have many allies. We will turn the page on hate.”
Communication Products

- **Stories and videos:**
  - In Guatemala, HIV self-testing brings care and hope during COVID-19 [EN | FR | SPA]

In the News

- Devex - 28 January 2021 - [Will global health learn from COVID-19 collateral damage?](#)
- Health Policy Watch - 26 January 2021 - [Low-income countries can expect higher mortality from ‘collateral damage’ than Covid-19, Global Fund head predicts](#)
- TV5Monde - 22 January 2021 - [Rosemary, agente de santé bénévole au Kenya : un engagement intact face à la Covid-19](#)
- The Lancet - 20 January 2021 - [Global Fund contributions to health security in ten countries, 2014–20: mapping synergies between vertical disease programmes and capacities for preventing, detecting, and responding to public health emergencies](#)
- Modern Diplomacy - 19 January 2021 - [World Leaders to Meet During Davos Agenda in a Crucial Year to Rebuild Trust](#)

On Social Media

- @GlobalFund – [Rosemary’s story](#)
- @GlobalFund – [U.S. remains in the WHO](#)
- @PeterASands – [New research in @TheLancet](#)

Partners’ Publications

- 26 January: The RBM Partnership to End Malaria – [RBM Partnership Strategic Plan 2021-2025](#)
- 22 January: Wellcome Trust – [Video explainer: Who should get a Covid-19 vaccine first?](#)
- 20 January: UNICEF, FAO, WFP and WHO – [Asia and the Pacific Regional Overview of Food Security and Nutrition](#)
- 20 January: CEPI, Gavi, WHO – [COVAX Global Supply Forecast](#)
Upcoming Events

- **25-29 January**  The World Economic Forum Davos Agenda
- **29 January**  South Africa/Norway-hosted Finance Ministers meeting on the ACT-Accelerator. Co-chairs: Minister of Finance Mr. Jan-Tore Sanner, Norway; Minister of Finance Mr. Tito Titus Mboweni, South Africa.
- **1 February**  Roundtable with ACT-Accelerator principals and CEOs co-hosted by the WHO, Global Citizen and the International Chamber of Commerce. Speakers may include: Peter Sands, Executive Director of the Global Fund; Dr. Ngozi Okonjo-Iweala, Board Chair of Gavi, the Vaccine Alliance; Dr. Jeremy Farrar, Director of the Wellcome Trust; Dr. Kristalina Georgieva, Managing Director of the International Monetary Fund; representatives from governments, private sector, and communities.
- **2 February**  IAS COVID-19 Conference on Prevention. Panel discussion on “Ensuring Equitable Access/Financing to Address COVID-19 (diagnostics, therapeutics, PPE, vaccines)”. Speakers: Peter Sands, Executive Director of the Global Fund; Dr. Seth Berkley, CEO of Gavi, the Vaccine Alliance.
- **2 February**  Global Fund Joint Global Opening of the Sixth Partnership Forums (virtual). The Sixth Partnership Forums are designed to collect ideas, perspectives and guidance from across the full Global Fund partnership to feed into our post-2022 strategy.
- **4 February (tbc)**  Community of Latin American and Caribbean States (CELAC) meeting of Finance, Foreign Affairs and Health Ministers on the ACT-Accelerator
- **9 February**  4th ACT-A Facilitation Council meeting – Joint Finance, Health & Development Ministers
- **9-11 February**  Global Fund Partnership Forum 1 (virtual) - Regional Forum for Eastern Europe, Central Asia, Latin America and the Caribbean
- **17-19 February**  Global Fund Partnership Forum 2 (virtual) - Regional Forum for West and Central Africa; East Africa and Southern Africa
- **21-22 February**  Munich Security Conference
- **27 February**  1st Finance Ministers and Central Banks Governors Meeting
- **2-3 March**  G20 Trade and Investment Working Group
- **3-5 March**  Global Fund Partnership Forum 3 (virtual) - Regional Forum for South West Asia; East Asia and the Pacific
- **15 March**  Global Fund Joint Global Closing of the Sixth Partnership Forums (virtual)
- **24 March**  World TB Day
- **25-26 March**  2nd G20 Health Working Group meeting