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### Organizations in attendance

CHAI, FAO, Global Fund, ICAO, IAEA, ICVA, IFAD, IMC, IOM, IRC, MSF, OCHA, UNDOS, UNFPA, UNHCR, UNICEF, WFP, WHO, World Bank

### Action points

- At the next SCTF meeting
  - UNICEF, WFP and DOS to present mapping of the capabilities of various players involved in the procurement and delivery, i.e. who are user, providers
  - WHO/Consortia to share the visibility of the demand planning/status of orders
  - WFP to work with WHO to provide users (partners) a timeline for the deliveries from time of placing the orders to the delivery in the destination country.

### Opening and remarks (Task Force Co-Chair)

- The Co-Chair set the objectives of the meeting, namely:
  - Provide the participants with common understanding of the coordinated efforts, inclusion of humanitarian partners like NGOs, IOs etc., and strengthen engagement through improved communications with the field.
  - Obtain visibility of demand and key pipelines, and understand challenges experienced by the various actors.
- The Co-Chair provided an overview on the coordination mechanisms and tools established for the response and introduced the topics for discussion.

### COVID-19 Supply Chain System (WHO)

- The COVID-19 Supply Chain System (CSCS), the process to request and receive medical supplies, is based on three principles: Consolidated Demand, (through the WHO supply portal), Coordinated Purchasing (through technical consortia), Streamlined Delivery (through WFP logistics infrastructure).
- [Updated] The [WHO Supply Portal](#) was launched on 29 April; organisations and governments will be able to submit their requests for critical items.
- All items that can be requested are listed in the [online catalogue](#). Indicative prices are also listed to help with demand planning, however actual prices will be confirmed only with the actual purchasing request.
- Requests will need to be coordinated and consolidated through the Resident/Humanitarian Coordinator and/or clusters to avoid duplications and ensure they are in line with the National Action Plans. Letters will be sent out to RC/HC, WHO Resident Reps

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- These requests will be received by the Cell in Geneva where they will be verified and matched with available resources and prioritized on the basis of vulnerability and epidemiology criteria. Once allocations are confirmed the Cell will initiate the delivery process matching the demand with the logistics assets.

#### Update from the consortia (WHO and UNICEF)

- Consortia are at different stages as they cover very different markets, but significant progress has been made. Quantities are being negotiated and supplies are being acquired, although there is no stockpile.
- The PPE consortium has been making significant progress. After the industry consultation held on 6 April with 130 participants, UNICEF launched a joint dynamic tender RFP for PPE products to covering forecasts from several organizations. The opening and evaluation of the first batch of offers, is ongoing and the consortium will review the offer this week and match them with needs and demand and to assign procuring agency(ies).
- The Diagnostics Consortium - Allocation principles agreed upon, WHO has begun placing orders for the manual PCR and sample collection kits, and final volumes for the automated platforms and allocations is underway. Additional technologies are being reviewed and will be brought into the consortium as available.
- The Biomedical consortium is focusing on concentrators, PSA plants, liquid oxygen and accessories and consumables linked to oxygen therapy, but WHO has also been reaching out to suppliers for priority 2 items (including ventilators).

#### Update on Medevac (Chair of the Medevac Task Force)

- The Medevac Task Force was established four weeks ago to define a framework for the medical evacuation of personnel based on the model of care.
- OCHA is working on the eligibility criteria for staff, non-UN staff and dependents.
- The current proposal is to establish field hospitals in Addis Ababa and Accra and enhance the capability of an existing hospital facility in Nairobi. A field hospital in Panama, and potentially hospitals in Malaysia and UAE.
- For movements, the plan is to use the combined fleet from WFP, and UN political and peace keeping mission, and any standby agreements already in place.
- The appeal for nine months, based on projections that envisaged possible infection of 1.7 million people working in the field, was budgeted at USD 300 million. The Secretary General and the Executive Committee requested for a detailed budget, which will be submitted this week.
- In the meantime, a single operation centre for medevac cases has been activated using existing structures in Geneva and Brindisi. The aim is to have a single point of entry (request). The

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announcement of the operation centre will be made this week. Additional communication products on the medevac services will be made available shortly.

#### Update on Common Services (WFP)

- Strategic international consolidation hubs have been established and are fully functional in Guangzhou - China, Dubai - UAE and Liege - Belgium.
- Regional staging areas located along primary corridors have been established in Addis Ababa, Accra, and Panama, Johannesburg (in progress) and Subang.
- Strategic airlifts, for prioritized cargo to ensure movement of goods between international and regional hubs and onward to countries (if required). Where required, shipping services will ensure delivery for slow moving cargo, and road and rail services will be used where appropriate.
- Flights out of Addis Ababa and Accra have already delivered medical items to 52 African countries.
- A flight from Liege to Burkina Faso is expected on 30 April, a second flight from Liege is scheduled on 7 May. A flight from China is also expected next week.
- Requests are managed ad hoc for now, but a scheduled distribution plan will be developed based on demands. Expect 2-3 weeks to stabilize the planning of demand vs supply
- WFP is working in close coordination with the SCICC (Supply Chain Inter-agency Coordination Cell) to combine all partners' pipelines to maximize the use of resources and ensure transparent prioritization of health and humanitarian cargo.
- Passengers services will start on 1 May. User guidelines have gone out to all partners

#### Update on financing (All)

- When submitting requests to the Supply Portal requestors must indicate their financial partner to support any request made through the COVID-19 Supply Portal.
- Some grants may be available to ensure advance financing against global procurement and other mechanisms such as bridge financing are being identified. Partners will be kept informed on all that is available.
- The World Bank specified that the project for funding the procurement of medical supplies is among their fast track projects.
- The World Bank will not do procurement for countries, but they can either provide match-making or BFP (Bank Facilitated Procurement Process)

#### Updates on communication efforts (All)

- The guidance note describing the COVID-19 Supply Chain System is ready to be shared.

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- The guidance note was shared in advance with the members of the Task Force and will be shared with IASC Principles, Resident Coordinators and Humanitarian Coordinators. Further downstream communication will follow.
- The CSCS has been also socialized with Health Cluster's partners.
- Admin have been assigned in over 100 countries to manage the demands to the portal.
- Task Force meeting minutes and other relevant documents will be circulated among members. The Cell will look into publishing non-confidential material online, using WHO/WFP available platforms.