

Ref.: C.L.13.2020

Establishment of the COVID-19 Supply Chain Task Force and launch of the Supply Chain System

The World Health Organization (WHO) presents its compliments to Member States and has the honour to refer to the establishment of the COVID-19 Supply Chain Task Force and the launch of the Supply Chain System.

Due to the unprecedented scale of the COVID-19 pandemic, many countries continue to be affected by global supply shortages. Under the leadership of the UN Secretary-General and WHO Director-General, the COVID-19 Supply Chain Task Force (the “Task Force”) has been established to improve the availability of essential supplies for COVID-19. The terms of reference of the Task Force is attached.

The Task Force has established **purchasing consortia to coordinate negotiations, procurement, and distribution of constrained supplies**. Products procured by members of the purchasing consortia are pooled into a consolidated supply pipeline, which will be made available to countries in need.

Eligible Member States and partners are welcome to request supplies from the consortia’s supply pipeline. Requests can be made through the COVID-19 Supply Portal (the “Supply Portal”), available through the UN Partners Platform (<https://covid-19-response.org/>) or by submitting requests through existing procurement channels such as the WHO, UNICEF or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Requests that have already been made through these channels prior to the launch of the Supply Portal will continue to be processed.

Supply requests should indicate the desired quantities of each product, the source of funding that will be used for the procurement, and contact information for the requestor. As demand is likely to exceed available supply for the coming months, the consortia will apply transparent and objective criteria to allocate available products to fill as much of Member States’ requests as possible. A status of the consortia supply pipeline over the coming months is enclosed. The consortia partners will continue exercising all possible efforts to grow the pipeline over the coming months.

After the request has been submitted it will be matched to a purchasing agency with access to the available supplies, the purchasing agency will directly engage with the requestor to

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confirm and process orders in accordance with existing ordering mechanisms. The requestor will be informed of the products and quantities they are assigned and of shipment details. Distribution will typically be coordinated by the World Food Programme to the port-of-entry for receipt, clearance and implementation by the requestor.

... Detailed ordering instructions are also enclosed and entitled “COVID-19 Supply Chain System: Requesting and Receiving Supplies.”

There has never been a more critical time for the United Nations to present a united front and to guide and support humanitarian actors in their response efforts. WHO is convinced that the COVID-19 Supply Chain System is an important step in the global response and WHO thanks Member States for their unwavering support and collaboration.

The World Health Organization takes this opportunity to renew to Member States the assurance of its highest consideration.

GENEVA, 11 May 2020



UN COVID-19 Supply Chain Task Force

The challenge

The global COVID-19 outbreak is leading to an acute and drastic shortage of essential supplies, including personal protective equipment, diagnostics, and medical products. The UN has decided to act rapidly and convened a Supply Chain Task Force. This task force will, among others, establish a COVID-19 supply chain system (CSCS) to provide countries with essential supplies needed for their COVID-19 response.

The Supply Chain Task Force

The Task Force will be co-chaired by WHO and WFP and will provide strategic direction ensuring that supply chains are driven by strategic and tactical health and medical priorities and that the most critical gaps in supplies are identified and met in a timely fashion.

The Task Force will be composed of Senior representatives from each participating agency (WHO, WFP, UNICEF, UNOPS, UNDP, UNFPA, UNHCR) as well as from the Department of Operational Support, to coordinate Secretariat requirements in addition to country needs.

The COVID-19 Supply Chain Task Force will focus on:

- a. Establishing and implementing a global strategy to ensure access to critical and life-saving supplies as identified by WHO;
- b. Bringing together the collective capabilities of public and private actors to meet these needs;
- c. Ensuring the flow of vital supplies and essential cargo.

Priority Actions of the Task Force

UN and non-UN actors are working closely together to set up the system required to deliver the priorities outlined above. Most of the required building blocks exist, but need to come together at speed, at scale and with equity of access based on need. The Task Force will oversee the establishment of the Essential Global Supply Chain System, based on the following actions:

- **Obtain through WHO a dynamic understanding of supplies required to halt the COVID-19's spread:** The establishment of a clear global demand for IPC/PPE, diagnostics & testing, clinical support supplies, therapeutics and vaccines, including guidance on prioritization to fulfil this demand is crucial to be able to approach the market with a unified approach. WHO will combine bottom-up assessment of needs through COVID-19 country tool with top-down modelling to provide a robust forecast of the overall needs and a granular view of areas with very high unmet need, vulnerability and challenges to independently access the necessary supplies.
- **Identify and map safe sources of life-saving COVID-19 supplies:** Use all available public and private sourcing mechanisms to get access to a meaningful allocation of existing global suppliers and trigger new suppliers to help address the current shortage. Task Force members will coordinate negotiations and procurement with key suppliers. For IPC/PPE, the majority of available supply in the near term will likely come from China. For other categories suppliers are based across the globe. Agree allocation principles based on need, gap and absorption capacity.



The sourcing market approach will be managed through three separate buying consortia, convened by WHO, and with support from UNICEF:

- PPE Consortium
- Diagnostics consortium
- Oxygen and oxygen-based clinical care consortium

The consortia are tasked to:

- Agree technical interventions, specifications and map out country delivery plans
 - Calculate demand forecast
 - Convene industry & negotiate price and volume agreements
 - Distribute procurement/purchasing tasks
 - Coordinate financial commitments to industry
 - Working with the SCICC to ensure production schedules are integrated into the distribution system and deliveries prioritized
- **Allocation mechanism:** Agencies will need to be registered at country level through the office of the RC/HC, for access to the partner platform to upload their demand for critical items. It is assumed that quantities being uploaded have financial commitments behind them. The office of the RC/HC will have visibility of demand and will convene agencies to agree on priority of individual requests. Once agreed the administrator will confirm the demand priority, will reject the request or will hold the request until further notice. The requests will be allocated to purchasing agencies centrally, staying as much within the principle that the agency requesting will be the same agency procuring. If an agency wishes to access quantities held by another agency, they will be directed to that agency. This can happen if one agency holds stocks, has a large general purchase order at hand or is able to supply the full quantity at speed.
 - **Establish global logistics distribution system:** A hub-and-spoke distribution chain will be operated and optimized for each category. Assets of Task Force members as well as their NGO, public and private sector partners will be brought in to complement.

The system includes:

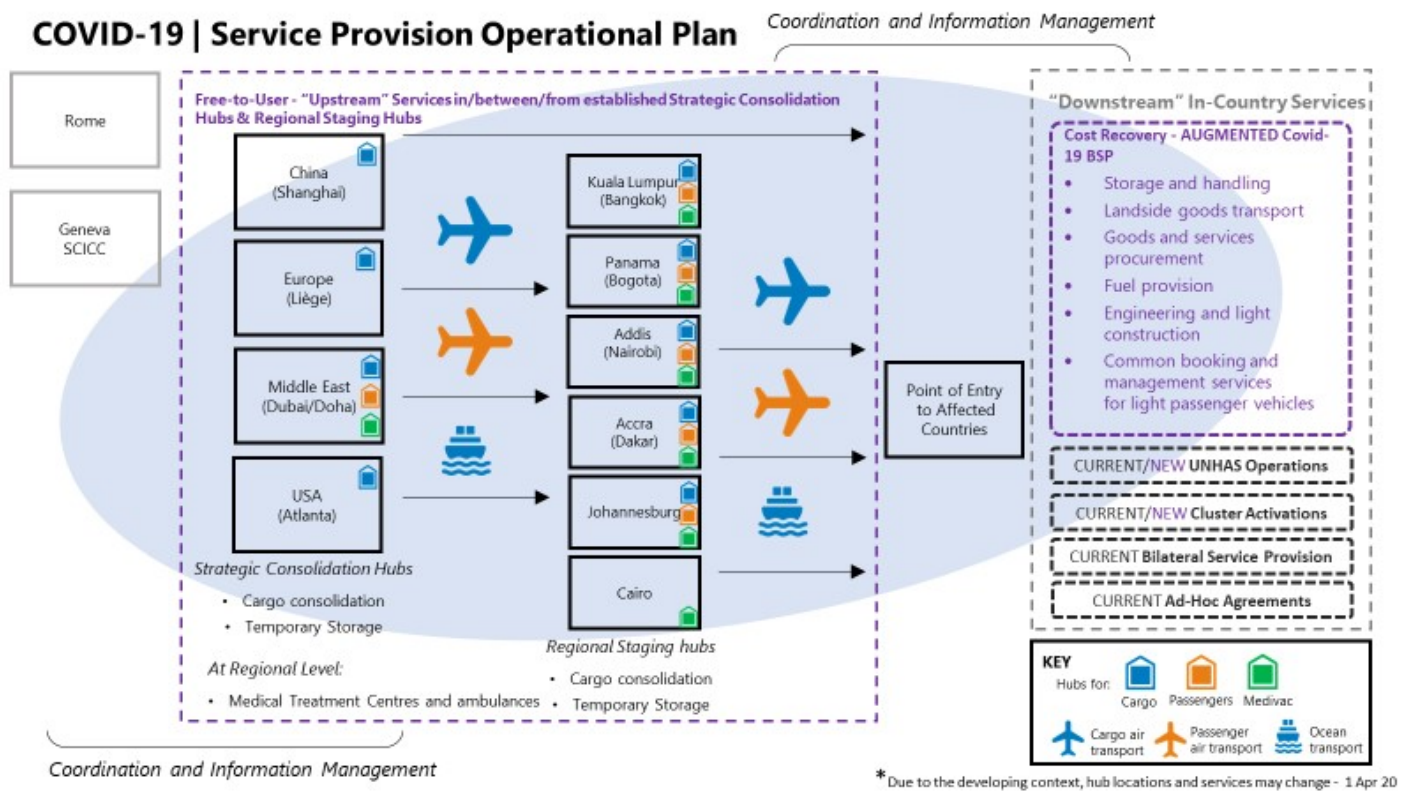
- Control Tower for full access to supply and delivery of essential health items in support of the COVID-19 response, and transparent system for tracking pipeline management of partner humanitarian cargo movements;
- Four strategic international consolidation hubs (sourcing hub in Shanghai with large volume capacity given majority of IPC/PPE supply likely from China and additional international consolidation hubs in Dubai, Atlanta, and Liege) as well as six (+/- as required) regional staging areas located along primary corridors serving priority countries identified by WHO and the Global Humanitarian Response Plan;¹
- Strategic, prioritized cargo airlifts will ensure movement of cargo between international and regional hubs and onward to countries (if required) – these services are a crucial contribution of the Task Force given current disruptions to commercial operators, skyrocketing prices, and

¹ Note: Locations of some hubs and staging areas under final discussion, to be confirmed. Where existing infrastructure can be expanded to serve the requirements of this system, it will be leveraged for optimal efficiency.



competing demand [Note: where available, the air assets of Task Force members and the public sector will be leveraged and where required, shipping services will ensure delivery for slow moving cargo];

- A similar hub-and-spoke model will be stood up for passenger air services where commercial airlines are disrupted, to ensure that frontline health and humanitarian responders are operational in priority countries; and
- Provision of tailored supply chains for each category (IPC/PPE largely large volume from china to rest of world, testing small volume/high value from 5-10 suppliers worldwide, clinical support supplies highly variable).



- **Delivery and distribution:** Activate humanitarian and development actors (Task Force members as well as NGOs and civil society partners) who are the frontline responders across the globe with a vast network of assets, expertise, and partnerships. This is critical in containing the destabilizing impact that the pandemic will have on fragile communities, further enhancing the work already done on humanitarian continuity under the SCICC.



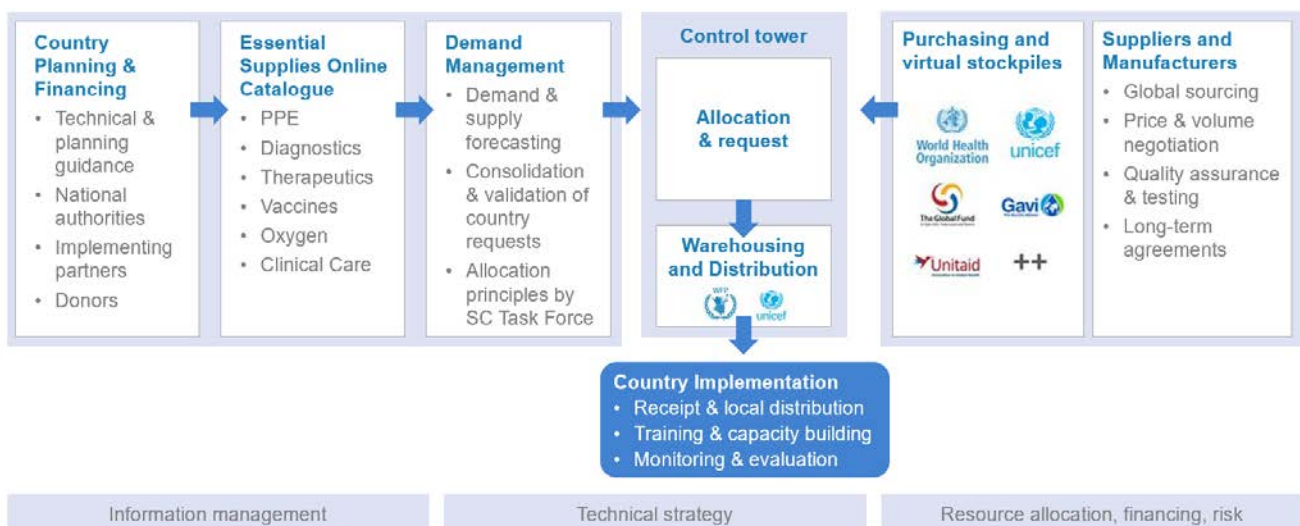
COVID-19 Supply Chain System

CSCS will identify, certify, source, allocate, direct and deliver essential supplies to where they are needed most. It may need to cover well above 30% of the world’s supply in this acute phase, scaling down as market mechanisms become capable of addressing needs. The CSCS is a collaborative effort across UN and non-UN actors, with the WHO leading the prioritization and destination of medical equipment, and the WFP serving as logistics lead. The CSCS will leverage existing infrastructure and capabilities of all AFPs as well as the Secretariat.

The CSCS has two overarching objectives:

- **Sourcing and allocation for IPC/PPE, clinical support supplies and testing** to ensure access to healthcare workers and vulnerable populations. Medicines and vaccines could be added later.
- **Setting up a virtual and physical supply chain leveraging humanitarian air service transport.** WFP will support logistics and distribution up until goods are received by a government or local UNCT.

Overview of the CSCS



Demand: Countries, partner agencies and WHO offices can log order requests. The product catalogue will initially focus on a narrow list of essential supplies and will be gradually expanded. Countries can order both products that are in stock and that are yet to be procured, as well as apply for funding. Independent of the requests, the WHO will make high-level demand estimations to triangulate supply/demand imbalances.

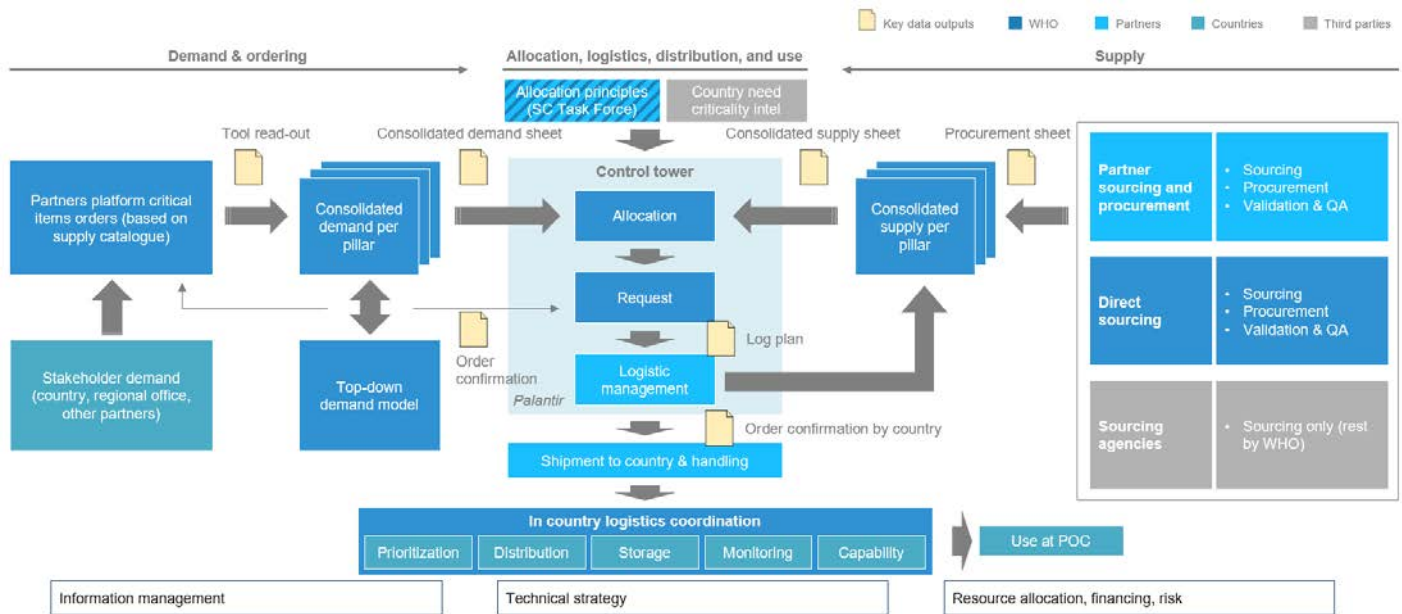
Supply: CSCS will encompass three supply channels: (1) partner agency procurement (e.g. UNICEF, The Global Fund), incl. sourcing, validation, procurement, and QA. (2) sourcing intermediaries managed by WHO. (3) WHO sourcing and procuring products in the market. These three channels will mobilize the resources to provide essential health products.

Allocation: Based on agreed principles (in development), essential supplies will be allocated to requests daily, against the uploaded demand from countries. The allocation strategy will be reviewed weekly, with input from WHO on current epidemiology and risk factors, including sudden changes. Also considered are changing logistics realities, such as ad-hoc access opportunities for hard to reach countries.



Warehousing and distribution: Allocated supplies will be shipped to the country drop-off point. The WFP will leverage their logistics system to ensure timely and safe delivery despite increasingly disturbed supply chains. The WFP may leverage other parties as needed.

Country implementation: Countries need to get essential supplies quickly to the point of care and ensure effective use with support from UNCTs. The WHO regional and country offices will support countries on prioritization, distribution, storage, monitoring, and capability building.



CSCS implications for stakeholders

Countries, partners, and regional offices (buyers). By integrating multiple supply sources, harnessing pooled procurement, leveraging the WHO’s technical expertise, the logistical network of the WFP, the procurement capabilities of partners like UNICEF, the CSCS will bring availability, affordability, and quality benefits to buyers. Buyers registered with the CSCS are free to procure elsewhere but must report such procurements. If buyers receive supplies outside of the CSCS, these will be deducted from future allocations to ensure equitable access.

Partner agencies, suppliers, or intermediaries: All procurers and suppliers of COVID-19 essential products are invited to join the CSCS and benefit from targeted financial and risk instruments (e.g., forward buying, volume guarantees), a broad platform of buyers and, in the mid-term, demand outlooks. Thanks to the WFP, the CSCS can facilitate the logistics of goods provision despite interrupted supply chains.

Regional offices, country offices: The CSCS will take care of logistics up to the point of delivery to countries. Regional / country offices should support countries to ensure delivered supplies are used effectively for the benefit of patients, incl. assessing and assisting countries as needed with in-country prioritization, warehousing, distribution, and training as needed. The central WHO CSCS team will collaborate closely to provide support and guidance where possible.

The day to day operations of the CSCS will be managed through the Supply Chain Inter-Agency Coordination Cell under the overall guidance of the Supply Chain Task Force.



The Supply Chain Inter-Agency Coordination Cell

The Supply Chain Inter-Agency Coordination Cell (SCICC) has been established to ensure a coherent operational response and a 'line of sight' to supply chain requirements for the COVID-19 response.

The SCICC reports to the COVID-19 Supply Chain Coordination Task Force.

OBJECTIVES AND ACTIVITIES

The SCICC aims at improving information and coordination of operational activities, market assessments and operational needs for the COVID-19 response.

The SCICC is in charge of the following:

- **Information Management and Reporting:** Collect, analyze and disseminate information to support strategic guidance, operational decision-making, and overall monitoring of the response and ensure regular reporting to the UNCMT on behalf of the SCTF;
- **Data Analysis:** Demand modelling, forecasting and aggregation of critical supplies requests;
- **Supply Chain Operations:** Utilizing the combined committed resources of all parties, ensure that supplier delivery schedules are integrated into the logistics and distribution systems, and that delivery sequences and priorities are met;
- **Allocate** based on demand consolidation, supplies available, agreed allocation principles and current logistics situation
- **Secretariat:** Provide the necessary support to the Task Force including by convening the Supply & Markets Working Group, draft minutes and prepare relevant documentation.

WHO will lead the prioritization and destination for medical equipment, and WFP will lead on implementation of the prioritization and manage the infrastructure, assets and services for the supply chain system.



COVID-19 Supply Chain System Purchasing Consortia Status as of 28 April 2020

Diagnostics

The diagnostics consortium has secured commitments from suppliers for a stockpile of tests and related consumables for low and middle income countries over the next 16 weeks. This includes up to about 10 million automated tests for SARS-CoV-2, and 20 million manual tests, for a total of approximately 30 million tests that will be available during this first period. We estimate that the available manual tests will approach the capacity of countries to consume them. WHO has focused on securing tests that are provided as complete kits and with contamination controls, to simplify ordering and reduce the risk of service interruptions.

We will continue to exercise all possible efforts to grow the stockpile of automated tests.

Committed diagnostic tests by product group

Product group	Next 1-4 weeks	Next 5-8 weeks	Next 9-12 weeks	Next 13-16 weeks
Automated Tests ¹	835,000 (up to 950,000)	1,528,000 (up to 1,780,000)	1,983,000 (up to 2,805,000)	2,530,000 (up to 3,765,000)
Manual Tests	5,200,000	5,200,000	5,200,000	5,200,000
Swabs + Media ²	6,241,000 (up to 6,393,000)	6,728,000 (up to 6,980,000)	7,183,000 (up to 8,005,000)	7,730,000 (up to 8,965,000)

In partnership with FIND, WHO continues to evaluate the pipeline of antigen tests; though none have yet demonstrated acceptable performance, in the future they will be added if products with acceptable performance are identified.

Clinical Management

The Clinical Operations pillar has progressed on multiple levels. Global demand was forecasted for priority items via v2 of ESFT and the assessment of country absorptive capacity was initiated via the Inventory Tool and private sector mapping. Allocation principles were reviewed with key partners and have been agreed upon. WHO has also moved forward with sourcing as it has identified available supply for all of the priority items, such as concentrators, PSA plants, liquid oxygen and accessories and consumables linked to oxygen therapy. In parallel, WHO has also started to identify the supply pipeline for other items (e.g., ventilators).

¹ Manufacturers have committed the minimum volumes, and have agreed to make their best efforts to provide the higher amount indicated. Some automated test manufacturers limited which regions or which LMIC countries can receive the supplies sold through the stockpile. Continuing negotiations seek to expand the stocks and to increase availability for all regions.

² Volumes of sample collection materials will depend in part on how many tests are procured.



As many of the items on the supply list have already been validated, WHO has been able to start issuing purchase orders.

The procurement strategy of the consortium, including roles and responsibilities, is being refined. However, the visibility on current procurement activities is currently still limited, not only regarding procurement within consortium but also outside (e.g., countries' current supply capacity, existing infrastructure, activities of other agencies). To resolve this, procurement roles and responsibilities need to be detailed quickly and supply data needs to be shared. Also, other procuring (UN) agencies are to be engaged and an inclusion in consortium to be discussed (e.g., UNFPA, UNDP, UNOPS). While a weekly meeting rhythm for the consortium was established, operational working groups (data consolidation, allocation, and other as needed) must be set up within the consortium, with each partner nominating representatives.

Committed clinical supplies products by product group

Product	Total	Next 1-4 weeks	Next 5-8 weeks	Next 9-12 weeks	Next 13-24 weeks
Monitoring devices - Medical Equipment					
Pulse oximeter	130,550	8,450	54,200	41,700	26,200
Patient monitor	115,710	9,640	41,650	33,220	31,200
Oxygen plant, pressure swing absorption (PSA)	1,295	96	228	325	646
Concentrators, with accessories	275,855	27,135	70,840	90,140	87,740
Oxygen therapy - Access/ consumables linked to equipment					
Bubble humidifier	12,000	2,000	5,000	5,000	
Connector, biconical, symmetric, ext. diam. 7-11 mm, autoclavable	28,000	4,000	12,000	12,000	
Flowmeter, Thorpe tube, for oxygen 0-15 L/min	250	50	100	100	
Oxygen delivery devices - Consumables (single use devices)					
Nasal cannula (adult & paed.)	67,000	13,000	27,000	27,000	
Mask, oxygen, w/ connection tube, reservoir bag, & valve	26,000	6,000	10,000	10,000	
Venturi mask, with % O2 lock & tubing	1,550	350	600	600	

* NOTE: Not all supply validated



Infection Prevention and Control

For the PPE pillar, the demand estimations indicated that demand far outpaces currently available capacity. Multi-channel sourcing will be critical to maximize the response to it. Currently, two key sources of supply were identified and agreed upon, which are UNICEF and WHO. A joint tender initiated by UNICEF & Procurement Reference Group was already established to coordinate the PPE pipelines and there are ongoing talks to transform this into the PPE Consortium.

Committed IPC products by product group

Product group	Product	Total	Next 1-4 weeks	Next 5-8 weeks
Masks	Surgical mask, non sterile	202,183,000 (plus 339,500,000 planned)	31,298,000 (plus 15,000,000 planned)	170,886 (plus 324,500 planned)
	Particulate respirator (N95)	50,727,000	492,000	50,207,000
Body protection	Protective gown	445,000 (plus 13,950,000 planned)	353,000 (plus 300,000 planned)	92,000 (plus 13,650,000 planned)
Eye protection	Protective goggles	3,157 (plus 3,000,000 planned)	985,000	2,172,000 (plus 3,000,000 planned)
	Face shield	(17,000 planned)	(1,000 planned)	(16,000,000 planned)
Gloves	Gloves	77,574,000 (plus 10,000,000 planned)	1,152,000	76,422,000 (plus 10,000,000 planned)
Disinfectant	Alcohol-based hand rub	66,000	55,000	9,000



COVID-19 Supply Chain System: Requesting and Receiving Supplies

Purpose of this document

The global COVID-19 outbreak is leading to an acute and drastic shortage of essential supplies, including personal protective equipment, diagnostics and clinical management.

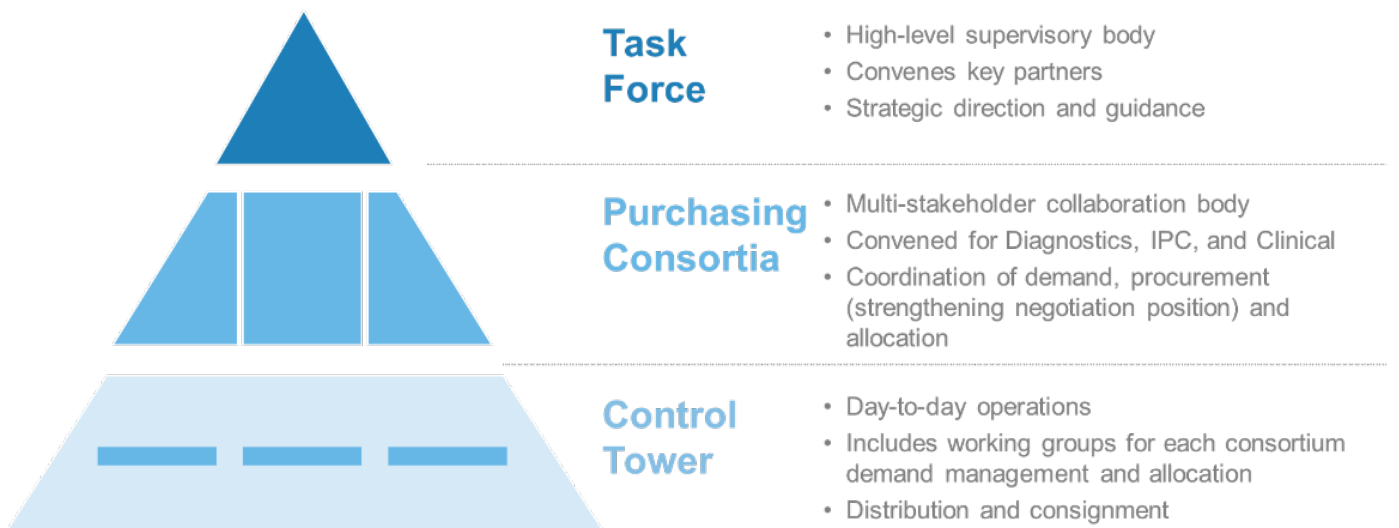
At the request of the UN Secretary-General and in support of the UN Crisis Management Team, a Supply Chain Task Force has been convened to establish the COVID-19 Supply Chain System (CSCS).

This document aims to bring clarity on the process of requesting and receiving globally sourced COVID-19 critical supplies that are currently facing constrained market conditions, through the UN COVID-19 Supply Chain System (CSCS).

Background

Supply Chain Task Force

The Task Force oversees a concerted and coordinated approach that both leverages the well-established and proven systems, process, and mechanisms that participating partners have in place while reflecting the need to build on respective strengths and generate synergies for enhanced collaboration in these exceptional circumstances. The Supply Chain Task Force, co-chaired by WHO and WFP, includes representation from each participating organization (WHO, WFP, UNICEF, OCHA, World Bank, The Global Fund, UNOPS, UNDP, UNFPA, UNHCR, NGOs, Red Cross and Federation and other cluster partners) who are accountable to deliver on their agency’s commitment to this critical operation and who are fully empowered to act flexibly and expediently.



The day-to-day operational activities under the Task Force are performed by the Supply Chain Inter-Agency Coordination Cell (SCICC) which provides ‘line of sight’ to supply chain requirements, ensuring COVID-19 needs are prioritized within the wider humanitarian response.



The SCICC is responsible for information management and operational activities, including coordination of the Purchasing Consortia and the management of the Control Tower.

The Task Force will ensure the effective functioning of a COVID-19 Supply Chain System (CSCS). The principles that underpin the functioning of this system are:

- Demand requests for essential supplies are coordinated at country level based on the National Action Plans for COVID-19 preparedness and response
- Procurement of supplies is coordinated through “purchasing consortia” of the major purchasers in each product area to ensure maximum market access while *leveraging existing procurement capacity and building on established mechanisms and systems*
- Allocations of essential supplies are agreed within the purchasing consortia and based on country needs, data on national absorption capacity and gap in unmet supply need
- Distribution and transport of supplies are streamlined and supported to ensure efficient delivery.

Purchasing Consortia

Three purchasing consortia have been established at global level for each of the key product areas: Personal protective equipment (PPE), Diagnostics and Clinical Management to coordinate and leverage exiting mechanisms, systems, expertise, and capacity of the participating partners. Membership in each of the purchasing consortia varies, but includes among others WHO, UNICEF, UNDP, UNOPS, the Global Fund, World Bank, Unitaid, PAHO, Africa CDC, BMGF, FIND, CHAI, DFID and PATH. The purchasing consortia for each product area will:

- Agree on technical specifications that meet country implementation strategies and that will guide the consortia’s procurement decisions
- Aggregate demand forecasts and share with allocation working groups
- Leverage their well-established and proven mechanisms, processes, and systems in a coordinated manner to source supplies to meet forecasted needs, engage with industry and negotiate price and volume agreements (or agreements for services, where applicable) to maximize market access
- Work with the Control Tower to guide allocations based on principles established by the Task Force
- Provide guidance to procurement working groups on purchasing divisions and consolidate available supply pipelines for allocation

Control Tower

The Control Tower is the central interface where country demand, partner procurement mechanisms, and logistics/distribution come together. The Control Tower manages execution of allocation against the principles and strategy provided by the Task Force / Consortia. This includes reviewing requests, mapping available supplies, allocating available supplies to requests, and identifying a supplying agency to fulfil allocation. The Control Tower is composed of staff from WHO, WFP and UNICEF and other key partners.

The Control Tower will make sure that the committed requests trigger the delivery and a hub-and-spoke distribution chain that will be operated and optimized for each category. This system includes:

- Strategic international consolidation hubs as well as regional staging areas located along primary corridors serving priority countries identified by WHO and the Global Humanitarian Response Plan



- 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

Assets of Task Force members as well as their public and private sector partners may be brought in to complement services.

COVID-19 Supply Portal

The COVID-19 Supply Portal is a purpose-built tool to facilitate national authorities and all implementing partners supporting COVID-19 National Action Plans to request critical supplies. Those requests will then be assigned to purchasing agencies of the Consortia that can execute the order and process it, utilizing their existing ordering systems. A catalogue of items that can be requested is available [online](#) and is broadly divided into three categories: Personal protective equipment (PPE), Diagnostics and Clinical Management. It is accessed via the COVID-19 Partners Platform.

Accessing the COVID-19 Supply Portal

- If not already registered, sign up to the [COVID-19 Partners Platform](#)
- Applications must be approved by the platform’s Country Administrator/s
- Once approved, log in and follow the link to the COVID-19 Supply Portal
- Register to become a user of the COVID-19 Supply Portal

Every approved stakeholder who has an active role in the COVID-19 preparedness and response action plan can sign up for the Supply Portal. This includes Government agencies, UN agencies, and NGOs. All requestors must be legally permitted to import supplies.

Once registered, implementing partners can request essential supplies in a streamlined three-step process as outlined in the table below.





Step 1: Coordinated Demand – How to Request Critical Supplies

- a) Coordinate supply needs under National Action Plans and identify requestors:** National authorities together with Resident/Humanitarian Coordinators, WHO, Health Clusters, and responding partners (together the “Local Response”) should align on supply needs for the next three months under their National Action Plan. Requestors must be identified and designated to submit their request against an agreed portion of required supplies. Every approved stakeholder who has an active role in the COVID-19 preparedness and response action plan can be a requestor. This includes Government agencies, UN agencies, and NGOs. Non-government requestors must be registered at country level with the UNRC/HC office and legally permitted to import supplies.
- Establish supply chain working group (if not already existent) among response partners
 - Align national authorities and the local response on required supplies for the next three months (rolling) under the National Actions Plan and prioritize most urgent needs. Online tools such as the [Essential Supplies Forecasting Tool](#) among others will be made available to facilitates quantification of needs, as necessary.
 - Designate which authorities/organizations will submit requests against approved scope (items and quantities) and use (public health pillar) and act as focal point for the request (the “requestor”).
 - Authorities/organizations will need to confirm the scope (items), quantity and priority of requests as well as availability of funding before being designated as the requestor. Once supply requests have been submitted, the requestor will coordinate logistics with purchasing agency and shipment provider, and ensure together with partners and programs in-country distribution and use.
 - Overall demand requests will be validated using COVID-19 emergency coordination mechanisms or existing country procurement mechanisms as appropriate.
- b) Requestor submits requests:** Based on the identified country needs under the National Action Plan, the assigned requestor must submit request for supplies through the COVID-19 Supply Portal directly or with the support of existing procurement channels such as the WHO, UNICEF or Global Fund representatives. To submit request through the COVID-19 Supply Portal:
- Log into the COVID-19 Supply Portal
 - Start a new supplies request
 - Select items from catalogue and indicate quantity requested
 - Enter high-level shipping and contact information
 - Indicate funding source
 - Submit request

Submitted requests will only be confirmed once they are reviewed by the control tower and available quantity, prices are confirmed by the supplying agency to the requestor.



- c) Validate and prioritize submitted requests:** Once a requestor submits a supply request into the Supply Portal, requests must be validated by the Supply Chain Coordinator in accordance with agreements for requestors made in Step 1a. Through the COVID-19 Supply Portal and the Supply Chain Coordinator, national authorities and the Resident/Humanitarian Coordinator will have visibility of all requests submitted in their country. Requestors will be able to view the status of their request as it progresses through the system.

Step 2: Coordinated Purchasing – Matching Needs with Available Supplies

- a) Review requests against availability and identify supplying agencies:** The Control Tower aims to facilitate enhanced fulfillment of country needs by coordinating and leveraging the procurement capacity, mechanisms, and systems of the Consortia partners. It does so by reviewing country requests and matching them to supplies that are available through the consolidated pipelines of participating agencies. These pipelines are shared by Consortia supplying agencies regularly with the Supply Chain System via the Supply Portal and encompass both confirmed available supplies and visibility on upcoming committed supplies. The allocation of available supplies is performed based on a) the established principles of allocation defined by the Task Force and elaborated by the Consortia, b) prioritization indicated for the validated requests in Step 1c, and c) logistical considerations. The output of this step is an allocation of supplies specifying the particular products, quantities, and corresponding supplying agencies. Based on availability, the allocation might differ from requests. This includes different prices, quantities, or the allocation of substitute products. Orders can also be split up among different supplying agencies on a line-item basis based on availability and logistical consideration.
- b) Confirm order and funding source with requestor:** The assigned supplying agency confirms allocation details with requestor, including the proposed modifications, if applicable. The supplying agency also issues a cost estimate and/or verifies the funding source with the requestor and funder and adjusts the order, if necessary. Supplying agencies should leverage their respective established processes and systems of finance/payment, reporting, control, accountability and risk management to ensure seamless transactions and sufficient safeguards.
- Supplying agency to get in contact with requestor
 - Supplying agency to issue conditional offer/cost estimate/pro-forma invoice to requestor detailing list of items, quantity, and prices (incl. overhead and shipping fees, as applicable) and asking for proof/transfer of funding
 - Requestor to accept (in part or in full) offer and provide (proof of) funding
 - Supplying agency to accept or reject order



c) Commit supplies for distribution: The supplying agency informs requestor and logistics providers of upcoming delivery. The process for this step largely depends on the specific pipeline of the supplying agency (e.g., whether the supplying agency serves the request from a warehouse/stockpile, existing purchasing orders, or committed supplies), in addition to the purchasing and financing policies and procedures of the supplying agency:

- Supplying agency to release supplies (if from supplier agency stockpile, instruct warehouse or if directly from supplier, issue or confirm purchasing order)
- Supplying agency to issue dispatch request to the shipping agent
- Payments to be executed as per agreement of supplying agency, requestor, and supplier using the finance/payment, reporting, control, accountability and risk management systems of the supplying agency

Step 3: Streamlined Distribution

a) Schedule shipments and move supplies to consolidation hubs: WFP will act as default logistics provider, but supplying agencies are free to make alternative arrangements. Where WFP offers logistics, supplies need to be moved by the supplying agency to one of WFP's international consolidation hubs at their own risk and cost.

- Supplying agency provides detailed order information to WFP (or alternative, as needed) appointed focal point, who will be responsible for the order and schedule receipt at consolidation hub
- Supplying agency is responsible for adhering to the Standard Operating Procedures for the movements of supplies
- WFP (or alternative) liaises directly with identified purchasing agency to ensure swift delivery to the strategic consolidation hubs, where goods will be in transit
- Estimated timeframe for transit is determined according to delivery schedules

b) Arrange transport to port of entry and inform requestor: WFP will consolidate the supplies received per country/requestor and arrange transport, depending on volumes per destination, to the regional staging areas for subsequent delivery to the last port of entry or directly to port of entry. WFP will feed information to the Control Tower, supplying agency and requestor as the shipment is confirmed and provide updates on the status of the cargo.

- WFP provides instructions to the requesting partner to the Consolidation Hub and arranges for subsequent delivery to final destination or to regional staging areas for consolidation and onward delivery
- WFP to confirm delivery at destination by issuing a goods received note to the requesting partner



c) Receive and clear supplies for in-country implementation: In-country logistics should be considered as part of the National Action Plan for COVID-19 preparedness. They will be coordinated by the requestor together with the in-country government led logistics coordination mechanism and the broader Local Response (national authorities together with Resident/Humanitarian Coordinators, WHO, Health Clusters, and responding partners) and Supply Chain Coordinator. Countries must plan for increased volumes in supply chains, including distribution and warehousing, by working with local public and private partners currently contracted to move health supplies in country.

Tactics such as utilizing existing UN, bi-lateral and government LTAs; assessing storage and distribution capacities; and training new workforce as they become impacted by COVID-19, should be planned for by the requestor and will be supported by the Local Response.

- Requestor to liaise with Local Response and plan for incoming shipments and logistics
- Requestor to receive and clear supplies at the point of entry
- Requestor Local Response to distribute in country including warehousing, prioritization and last-mile transport
- Requestor with Local Response and WHO to ensure link with programs to provide sufficient capabilities for effective use (including training, use of equipment, support of healthcare workers, trouble shooting)