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IMPACT ANALYSIS OF COVID-19 ON HUMANITARIAN HEALTH RESPONSE

SYNTHESIS REPORT

PHASE 2

Global Health Cluster

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ABBREVIATIONS

DRC	Democratic Republic of Congo
EHPR	Emergency Health Preparedness Response
EPI	Expanded Programme on Immunization
EPPR	Ethio-Pandemic Multi-Sectoral Prevention, Preparedness, and Response Project
FAO	Food and Agriculture Organization
GBV	Gender Based Violence
GHC	Global Health Cluster
GoE	Government of Ethiopia
HC	Health Cluster
HCC	Health Cluster Coordinator
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross
IPC	Infection Prevention Control
KII	Key Informant Interview
LMIC	Low and Middle-Income Countries
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MSP	Minimum Service Package
NCD	non-communicable disease
NGO	Non-Governmental Organization
OPD	OutPatient Department
PHSA	Public Health Situation Analysis
PIN	People in Need
PPE	Personal protective equipment
PSEA	Prevention of Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
SARI	Severe Acute Respiratory Infection
SO	Strategic Objective
UN	United Nations
UNICEF	United Nations' Children's Fund
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

This report describes the second phase of a study that was commissioned by the Global Health Cluster COVID-19 Task Team with the intent of assessing the impact of COVID-19 on humanitarian response and the objective of influencing the development of the country humanitarian needs overviews, and humanitarian response plans. This study would allow the Global Health Cluster (GHC) to better support partners assisting vulnerable populations in cluster system activated countries.

The report covers the second phase of the study (October – December 2023) which was intended to support real time learning, by examining the impact of COVID-19 as it evolves, documenting lessons learned with regards to development of Humanitarian Needs Overview (HNO) 2023 and 2024, as well as Humanitarian Response Plan (HRP) 2023 implementation. This phase consisted of a global data review, three country workshops in Ethiopia, South Sudan and Yemen as well as global key informant interviews and a survey of Health Cluster coordinators.

Objectives

The purpose of the impact study was to better understand how COVID-19 has directly or indirectly impacted the vulnerability and health needs of populations affected by humanitarian crises and whether HRPs have adequately reflected these vulnerabilities and needs. Furthermore, it seeks to determine if COVID-19 has impacted investments in humanitarian health response and the scope and scale of what humanitarian health partners can deliver to support that response.

Phase 2 of the study, which is addressed in this report, seeks to answer the following questions:

- How is COVID-19 captured within HNO 2023 and HNO 2024, and how is it addressed in HRP 2023?
- What is the general trend for funding for health cluster response?
- How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness including reaching populations affected by humanitarian crisis?
- What have partners been able to deliver in 2023?
- How have partners evolved or are adapting programs to what they can deliver since the onset of the COVID-19 pandemic?

Methodology

The report is based on findings derived from several data collection and analysis methods including a data review, global key informant interviews, a survey of health cluster coordinators and three country workshops in Ethiopia, South Sudan and Yemen.

The data review consisted of analysing publicly available documents and dashboards as well as additional reports provided by the Global Health Cluster in order to extract both qualitative and quantitative evidence pertaining to the study objectives. Moreover, nine key informant interviews were conducted with global level staff of organizations involved in humanitarian response including NGOs, donors, the World Health Organization, and others who were identified and first contacted by the GHC. In addition, an online survey was undertaken in December 2023 with all health cluster coordinators (31 in total) in the countries with an activated Health Cluster (HC). Finally, three two-day hybrid country workshops were conducted in Ethiopia, South Sudan and Yemen at the offices of the health cluster coordinator (HCC). The hera consultants and some participants attended online while the local hera consultant and most of the local participants

attended in person. Participants included national and international NGOs, United Nations agencies, observers, (i.e. Médecins Sans Frontières, International Federation of the Red Cross, International Committee of the Red Cross, Ministry of Health representatives, donors, WHO representatives, and health cluster coordinators). The number of participants and organizations represented varied from country to country and even between the first and second day based on their availability on the day of the workshop.

Limitations encountered at the different phases of data collection included the challenges of obtaining data in crisis-affected regions, due to restricted access, limited data-sharing mechanisms and a lack of disaggregated data as well as the time constraints of participants in the global key informant interviews (KIIs), HCC survey and country workshops.

Findings

COVID-19 within HNO 2023 and 2024 and HRP 2023

Findings suggest that in most countries, COVID-19 is no longer articulated as a priority in HNO 2023 and 2024 or HRP 2023 with the same weight as in previous years. The emphasis is shifting back towards service delivery and COVID-19 seems to be mostly identified in HNOs as part of the general outbreak response, but this is not uniform across countries. Although HNO 2023 and 2024 and HRP 2023 are, in general, no longer focused specifically on COVID-19, its indirect impact on other sectors and services is clearly addressed in the documents.

Investments of humanitarian health response

Funding availability for humanitarian response in general is decreasing in 2023-2024, and this impacts funding of activities planned under the HRPs. Funding for the health cluster remains challenging with a decline in funding compared to that allocated during the COVID-19 pandemic, especially for COVID-19 related activities. In humanitarian settings, the integration of COVID-19 preparedness and response and pandemic response varies from country to country based on context and the availability of resources. The Pandemic Fund provides crucial funding for enhancing pandemic prevention, readiness, and response capabilities across global, regional, and national levels, particularly emphasising support for Low- and Middle-Income Countries. However, findings from the survey suggest that, among those who responded, there is a limited number of grant applications from countries with humanitarian crisis. Moving forward, the emphasis is on preparedness, health system strengthening, multisectoral approaches, community engagement and involving local partners in emergency or outbreak response.

What humanitarian health partners can deliver

Under HRP 2023 different trends were noted depending on the services and activities concerned. Throughout the response to COVID-19, partners had the capacity to leverage their operation up to support different aspects related to COVID-19. However, in HRP 2023, there is no funding specifically earmarked for COVID-19 activities and to attract donors they should be well embedded into routine programing and activities. Respondents to the HC survey felt that COVID-19 impacted humanitarian response programming by focusing more on preparedness, Risk Communication and Community Engagement (RCCE) and Infection Prevention Control (IPC).

Conclusions

In conclusion, although COVID-19 is still perceived as important, it is no longer considered a key priority in HNO 2023, HNO 2024 or HRP 2023. Nevertheless, the impact of COVID-19 on services and sectors is still clearly mentioned in documents. COVID-19 is currently mostly integrated in country preparedness or general outbreak response and is generally incorporated under infectious diseases. However, this integration varies from one country to another.

Financial resources are no longer earmarked exclusively for COVID-19 activities. It appears that donors have shifted their attention from COVID-19 to respond to more urgent needs. Indeed, in a context of resource scarcity, donors now privilege integrated and multisectoral responses to optimize allocation of funds and outcomes.

Countries in humanitarian settings have different ways of integrating COVID-19 preparedness and response and pandemic preparedness. While in some countries, segregated vertical approaches to implementation are still present, in others, there is a move towards strengthening the health systems. The data review has shown that, in the 2023 HRPs, there are less objectives and activities related to COVID-19 and more interventions focusing on general outbreak preparedness compared to previous years. Finally, the challenges posed by the COVID-19 pandemic, combined with limited resources resulted in enhanced coordination which extended to collaborative efforts across sectors and innovative assistance strategies. However, coordinated, multisectoral responses remain limited especially in projects aimed at increasing preparedness for infectious disease outbreaks across clusters like nutrition, education, shelter, and water, sanitation, and hygiene (WASH).

1 BACKGROUND

This report is part of a study commissioned by the Global Health Cluster (GHC) COVID-19 Task Team to assess the impact of COVID-19 on humanitarian response, with a view to influence the development of country humanitarian needs overviews (HNO), and humanitarian response plans (HRPs), allowing the GHC to better support partners assisting vulnerable populations in cluster system activated countries.

The HNOs and HRPs which are developed through collaborative and consultative processes with humanitarian agencies, government representatives, local communities and other stakeholders aim to improve the relevance and effectiveness of the humanitarian response[1].

HNOs are comprehensive assessments prepared in humanitarian settings that help in identifying and prioritising the most critical needs of affected populations by providing evidence-based analysis of the humanitarian situation from all sectors. They serve as a foundation for planning and coordinating humanitarian responses in specific situations such as conflicts, natural disasters, or public health emergencies and are crucial for mobilizing resources, guiding the allocation of funding, and ensuring a unified and effective response to humanitarian crises.

HRPs are strategic documents developed by the humanitarian community that serve as a roadmap for humanitarian action, facilitating coordination among various stakeholders, including governments, United Nations agencies, non-governmental organizations (NGOs), and other humanitarian partners. HRPs guide and coordinate the response to a humanitarian crisis in a specific country or region by outlining the collective strategy, objectives, and necessary resources to address the most urgent and critical needs of affected populations.

The study was done in two phases. The first phase was retrospective and examined the impact of COVID-19 upon vulnerabilities, health needs and service provision over time, comparing information from 2020, 2021 and 2022. The first phase consisted of a systematic literature review and three country case studies conducted in the Democratic Republic of Congo (DRC), South Sudan and Yemen.

The second phase of the study (October – December 2023) intended to support real time learning, by examining the impact of COVID-19 as it evolves, documenting lessons learned with regards to development of HNO 2023 and 2024, as well as HRP 2023 implementation. The second phase included a global data review, three country workshops in Ethiopia, South Sudan and Yemen as well as global key informant interviews and a survey of Health Cluster coordinators (HCC). This report synthesizes the work done in this second phase.

2 OBJECTIVES

The purpose of this impact study is to better understand how COVID-19 has directly or indirectly impacted vulnerability and health needs of populations affected by humanitarian crises and whether HRPs have adequately responded these vulnerabilities and needs. Furthermore, it seeks to determine if COVID-19 has impacted investments in humanitarian health response and the scope and scale of what humanitarian health partners can deliver to support that response.

The impact analysis aims to address the following specific objectives:

[1] https://reliefweb.int/report/world/step-step-practical-guide-humanitarian-needs-overviews-humanitarian-response-plans-and?gad_source=1&gclid=CjwKCAiAvoqsBhB9EiwA9XTWGRce1JSBVCcDbdPvL8pntckgmPiixjxD-SaootZTGNzSYaW4DsSothoCwEwQAvD_BwE https://reliefweb.int/report/world/step-step-practical-guide-humanitarian-needs-overviews-humanitarian-response-plans-and?gad_source=1&gclid=CjwKCAiAvoqsBhB9EiwA9XTWGRce1JSBVCcDbdPvL8pntckgmPiixjxD-SaootZTGNzSYaW4DsSothoCwEwQAvD_BwE

- Strategic Objective (SO) 1: Assess the impact of COVID-19 on the vulnerability and health needs of the population.
- SO2: Determine whether changes in vulnerability and health needs were adequately reflected in HNO/HRPs.
- SO3: Understand the impact of COVID-19 on investments of humanitarian health response.
- SO4: Identify the ability of humanitarian health partners to deliver.

More specifically, the second phase of the study seeks to answer the following questions:

- How is COVID-19 captured within HNO 2023 and HNO 2024, and how is it addressed in HRP 2023?
- What is the general trend for funding for health cluster response?
- How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness include reaching populations affected by humanitarian crisis)?
- What have partners been able to deliver in 2023?
- How have partners evolved or are adapting programs to what they can deliver since the onset of the COVID-19 pandemic?

3 METHODOLOGY

Phase 2 of the impact study, which is addressed in this report, was carried out between October 2023 and December 2023. This report synthesizes findings from several data collection and analysis processes including 1) a data review, 2) global Key Informant Interviews (KIIs), 3) a survey of HCCs and 4) three country workshops covering Ethiopia, South Sudan and Yemen. The methodology for each component is detailed below.

3.1 DATA REVIEW AND ANALYSIS

Publicly available documents and dashboards as well as additional reports provided by the GHC were reviewed with the aim of extracting both qualitative and quantitative evidence pertaining to the study objectives. The research matrix for the data review process which includes the research objectives and questions, the sources used, and a list of indicators needed to address various sections of the research matrix was agreed upon with the GHC and is presented in Annex 1.

Data extraction was performed via Excel software using a structured sheet outlining the elements to be extracted from each of the reviewed documents or other data sources such as online dashboards and relevant websites. A list of sources used can be found in Annex 2.

Although the results from the data review were presented in a separate data review report, the main findings were incorporated in this report to substantiate the findings of the other components of the study.

3.2 GLOBAL KEY INFORMANT INTERVIEWS

Nine global KIIs were conducted based on an interview guide (Annex 3) that was specifically developed in collaboration with the GHC to address the study objectives. The participants, which consisted of global level staff of organizations involved in humanitarian response (NGOs, donors, World Health Organization (WHO), etc.) were identified and first contacted by the GHC. A detailed interviewee list can be found in Annex 4. The hera team followed up and scheduled online interviews through the Microsoft Teams platform. The interviews averaged one hour ranging from 30 minutes to one hour and 15 minutes. They were conducted in English by one or two members from the hera team and were transcribed using Trint software. Main

themes from the interviews were identified and incorporated in this report and served also as triangulation of the data collected through the data review, the country workshops and the HC Coordinator (HCC) survey.

3.3 SURVEY (HEALTH CLUSTER COORDINATORS)

An online survey (Annex 5) of all HCCs in countries with an activated Health Cluster (HC) was undertaken in December 2023. There are currently 31 HCs, two of which are regional coordination mechanisms (Pacific and Whole of Syria)[2]. The HCCs were contacted via email by the GHC and asked to fill out the survey by December 15th, 2023. To reduce nonresponse, a reminder was sent a week after the survey was launched.

The survey was developed in collaboration with the GHC. It was conducted through the Alchemer survey software and tested by both the hera and GHC team members before dissemination. There were in total 17 out of 31 responses. Fourteen of the respondents (82%) were HCC, six (35%) had been in this position for one to three years while 4 (24%) had been in this position for less than six months and one for more than five years. Seven (41%) respondents were from the African Region, four (24%) were from the Eastern Mediterranean Region, two from the South-East Asia Region, one from the Pacific, two from the Americas Region and one from the Europe Region.

A descriptive analysis of the data was generated using Alchemer. Figures and survey findings were incorporated in this report and served also as triangulation of the data collected through the data review, the country workshops and the KIIs.

3.4 COUNTRY WORKSHOPS

Three country workshops were conducted in Ethiopia, South Sudan and Yemen over a period of two days each. The HCCs in each country were responsible for the organization of the workshops, and that included sending out invitations and taking care of the logistics. In all three locations, a locally based hera consultant supported the implementation of the workshops and was involved along with the HC team in each country in the workshop preparation and supported the data analysis with the hera team. The locally based hera consultants were paired with an international hera consultant part of the study team and helped facilitate the workshops.

The workshops (agenda in Annex 6) started with a brief introduction that included a round of introductions, the aim of the study, the methodology of the workshops and a short description of the country context. The workshops focused on the study objectives and were guided by a study guide developed in collaboration with the GHC (Annex 7). The workshops, which were held at the office of the HCC, were conducted in hybrid mode with the hera consultants and other participants attending online while the local hera consultant and most of the local participants attended in person. Participants were meant to represent a range of humanitarian partners as well as those involved in COVID-19 and/or pandemic preparedness. These included national and international NGOs, United Nations (UN) agencies, observers, (i.e. Médecins Sans Frontières (MSF), International Federation of the Red Cross (IFRC), International Committee of the Red Cross (ICRC), Ministry of Health (MoH) representatives, donors, WHO representatives, and HCCs. Note that the HCC in each country was considered a participant, not a facilitator, in the workshops. The number of participants and organizations represented varied from country to country and even between the first and second day based on their availability on the day of the workshop. In total there were 40 participants, seven in Ethiopia, 15 in South Sudan and 18 in Yemen. Representatives from UNICEF, WHO or MoH did not participate in the Ethiopia workshop. Due to time constraints, KIIs with representatives from UNICEF and WHO were not possible.

[2] https://healthcluster.who.int/countries-and-regions

Findings from the workshops are presented on three separate slide decks (one per country) to the GHC but the results were synthesized and presented in this report.

3.5 LIMITATIONS

The study team invested considerable efforts in ensuring that the data collected was complete, accurate and reliable. Nevertheless, this report should be considered in view of a few limitations that were encountered at the different phases of data collection. These included the challenges of obtaining data in crisis-affected regions, due to restricted access, limited data-sharing mechanisms and a lack of disaggregated data as well as the time constraints of participants in the global KIIs, HCC survey and country workshops. For the data review process, the team faced difficulties extracting pertinent and comprehensive secondary data from the documents reviewed as the information was not always complete, consistent or standardized across the different sources. The presence of unequal data sets for different countries (e.g., Public Health Situation Analysis (PHSA) not available for all countries with an activated health cluster) and discrepancies among the data that was available for different countries or regions led to limitations at the level of analysis of the global impact of COVID-19 on humanitarian health responses. As for the participation in the survey, KIIs and workshops, participants were not always available due to work commitments given the timing of the study and the fact that most of them are in crisis affected regions. This led to delays in scheduling interviews, non-response in the survey and key actors missing from the country workshops especially since COVID-19 appears to no longer be a priority in areas dealing with more urgent concerns (e.g.: the ongoing Cholera outbreak in Ethiopia).

4 FINDINGS

4.1 IMPACT ON VULNERABILITY OF POPULATION AND HEALTH NEEDS, IF CHANGES IN VULNERABILITY AND HEALTH NEEDS ARE ADEQUATELY REFLECTED

4.1.1 HOW IS COVID-19 CAPTURED WITHIN HNO 2023 AND HNO 2024, AND HOW IS IT ADDRESSED IN HRP 2023?

Findings suggest that in most countries, COVID-19 is no longer articulated as a priority in HNO 2023, HNO 2024 or HRP 2023 with the same weight as in previous years. The emphasis is back on delivery of basic services, which were somewhat neglected during the COVID-19 pandemic, without for that matter forgetting that COVID-19 happened. In that sense COVID-19 is now more generally included in terms of preparedness or general outbreak response and incorporated under infectious diseases in general.

Prior to the COVID-19 outbreak, in countries in which other outbreaks like Ebola, Cholera and others occurred which meant that humanitarian organizations were already in the mindset of preparedness. However, previous outbreaks were more localised and did not have the same impact as COVID-19 which affected all interventions and had to be incorporated in and accounted for in different programs due to the bottlenecks and social consequences of the protective and preventive measures that were put in place and generally strictly applied during the pandemic. In 2023, priorities are clearly shifting and although COVID-19 is still perceived as important, it is no longer a key priority. Funds are no longer specifically allocated to it and donors are not exclusively focused on it. As one KII participant explains,

In Afghanistan HRP 2022, COVID-19 is mentioned 54 times while in HRP2023 it appears only 14 times.

In addition, out of the 17 HC survey respondents, only six (35%) answered that a specific response for COVID-19 was discussed or articulated in the development of the Health Cluster strategy and response for HNO 2023 and one for HNO 2024. Moreover, only three survey respondents (18%) were aware of that there were

indicators for COVID-19 (number of confirmed COVID-19 patients, number of deaths form COVID-19, number of severe confirmed cases and number of recovered patients) included in the People in Need (PIN) calculations for HNO 2023 and only one respondent for HNO 2024. The data review has shown that PIN calculators exhibit notable diversity at the country level, with specific indicators tailored to local needs. In fact, among nine PIN calculators reviewed for 2023, only three countries namely, Colombia, Ethiopia, and the Democratic Republic of Congo, included a specific COVID-19 indicator in their calculations and only the Democratic Republic of Congo informed this indicator. This is in contrast to the seven out of the nine PIN calculators that incorporate indicators related to outbreaks in general in informing their PIN assessment.

4.1.1.1 Is COVID-19 in HNOs identified as a direct threat, or part of general outbreak risk assessment? Is COVID-19 part of the identification of vulnerability and health needs in HNOs?

Although COVID-19 is mostly identified in HNOs as part of the general outbreak response, this is not uniform across countries. Overall, KIIs confirm that COVID-19 is generally integrated into outbreak response and no longer ranking specifically in HNOs and HRPs. In the HC survey, four respondents claimed that COVID-19 was identified separately as a direct threat in the risk assessment and needs analysis presented in the discussion with Health Cluster partners developing the description for the HNO 2023. The data review has uncovered that in the context of HNOs 2023, COVID-19 remains a public health concern in 12 out of 20 analysed HNOs, primarily affecting humanitarian settings in countries like Burkina Faso, Syria, and Ukraine. Some countries have reported a shift in drivers of humanitarian needs towards factors like conflicts, climate change, and natural disasters. Therefore, instead of implementing interventions specifically targeting COVID-19, there they have moved towards interventions focused on enhancing general outbreak preparedness (68.0% of 25 HRP 2023 reviewed).

In the country workshops, for example, participants from Ethiopia confirmed that COVID-19 was not identified as a direct threat but rather it was integrated under epidemic prone diseases. In fact, there were more important priorities such as cholera, malaria, measles, conflict and displacement to address. The COVID-19 coordination platforms led by the Government of Ethiopia (GoE) are still active with good overall inclusion of partners at different levels, but they are perceived more as a mandatory process than a results-oriented platform. The GoE has in fact requested that COVID-19 budgets under HRP be reallocated to other priorities such as malaria, measles and cholera. The Ethiopia COVID-19 response strategy has also not been updated since 2020.

In Yemen, although COVID-19 is still considered as a direct threat and is included in the PIN calculations, it is now part of the general outbreak risk assessment. Vulnerability is included in the context of HNO.

In South Sudan, on the other hand, COVID-19 is included in HNO 2023 for both its direct impact on health needs and its indirect impact on the socio-economic situation. COVID-19 indicators such as vaccination rate, testing rate and fatality rate are expected to be used in the PIN severity calculation but data is not provided for these indicators and consequently they are not accounted for in the calculations. Moreover, in South Sudan COVID-19 vaccination campaigns are still planned in 2023 but they will be more integrated in routine immunisation in 2024. In South Sudan, COVID-19 is planned to be integrated into general public health responses including prevention and control through routine immunisation to prevent the morbidity and mortality of a vaccine preventable disease and improve the COVID-19 vaccine coverage.

4.1.1.2 How are indirect effects of COVID-19 captured in HNO 2023 and 2024, and addressed in HRP 2023?

Although HNO 2023 and 2024 and HRP 2023 are, in general, no longer focused specifically on COVID-19, its impact on other sectors and services is clearly addressed in the documents. The data review has shown

that several countries reported that the pandemic exacerbated pre-existing needs and was a contributor to the emergence of new challenges across various sectors. For example, in the health sector, the pandemic has led to disruptions in medication supply chains, reduced testing for other endemic diseases (e.g., Honduras[3]), and increased morbidities due to the reduced routine immunization services, maternal and reproductive health services (e.g., Mali[4]), as well as non-communicable disease (NCD) care. Additional examples illustrating the impact of the COVID-19 pandemic on the health sector in humanitarian settings as mentioned in HNOs for 2023 include:

"The absence of staff and the contamination of medical personnel by COVID-19 negatively impact consultations, childbirth, and vaccination coverage"[5]

"The prioritization of COVID-19 also reduced testing for endemic diseases such as dengue"[6]

"The health system, as well as essential care services, has been impacted by the onset of the COVID-19 pandemic, of which Chad is already experiencing the multisectoral consequences of the global COVID-19 pandemic."[7]

"*While some progress was made prior to the COVID-19 pandemic and the military takeover in reducing the prevalence of communicable diseases such as malaria and TB, progress in other areas was slower and many preventative public health programmes have been severely disrupted by the crisis, especially routine vaccinations."*[8]

"The prioritization of COVID-19 also […] delayed supply chains for medicines and health supplies."[9]

In addition, the data review emphasises the indirect effects of COVID-19 on other sectors such as education, emergency shelter, food security and agriculture, nutrition, protection and WASH. Examples include:

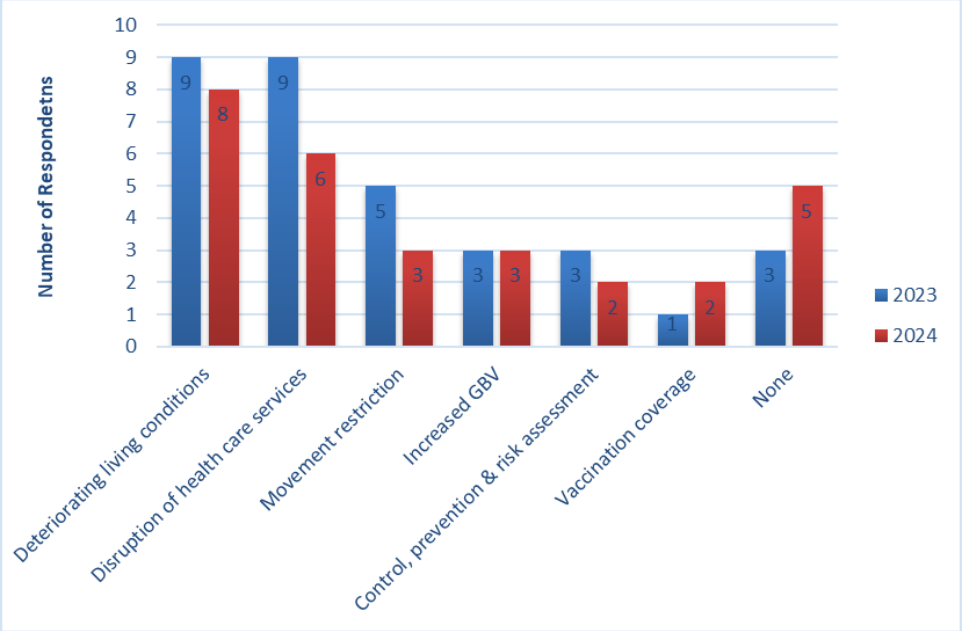
In South Sudan, over 80% of schools reported an increase in child protection cases during the COVID-19 school closures. The pandemic has exacerbated existing educational challenges and inequities, with an estimated 2.8 million children, or nearly 65% of all school-aged children, believed to be out of school since 2021[10]*.*

In Honduras, urban households have experienced reduced incomes due to lockdowns from the pandemic and recent rains and floods[11].

According to the HC survey respondents, the indirect impacts of the COVID-19 pandemic discussed in the risk assessment and needs analysis for both HNO2023 and 2024 were deteriorating living condition such as reduced livelihoods and increased poverty (n=9 in 2023 and 8 in 2024) and disruption of health care services (n=9 in 2023 and 6 in 2024) (Figure 1). Vaccination coverage, in particular low COVID-19 vaccination coverage especially among health workers and other high-risk groups was mentioned by one respondent in 2023 and two in 2024. Moreover, three respondents, in both years, mentioned increased Gender Based Violence (GBV) due to COVID-19 restrictions.

[3] HNO Honduras 2023
[4] HNO Mali 2023
[5] HNO Mali 2023
[6] HNO Honduras 2023
[7] HNO Tchad 2023
[8] HNO Myanmar 2023
[9] HNO Honduras 2023
[10] HNO South Sudan 2023
[11] HRP Honduras 2023

Figure 1. The distribution of indirect impacts of the COVID-19 pandemic in the discussions for HNO 2023 and 2024, as reported in HC survey (n=17)



Participants in the workshops also discussed how the indirect effects of COVID-19 were incorporated in HRP 2023. In Yemen, these included health care access and services, economic deterioration (livelihood, food insecurity, and daily workers jobs), mental health issues, lack of trust in the health system, hesitancy of the COVID-19 vaccine, security challenges and stigma. These effects are addressed through strategies to strengthen the health system and services including the revised Minimum Service Package (MSP) (Yemen), enhanced contingency response plan, strengthened disease surveillance and rapid response, and enhanced multisectoral coordination. In South Sudan, COVID-19 should be mainstreamed in humanitarian multisectoral responses as a part of the humanitarian response.

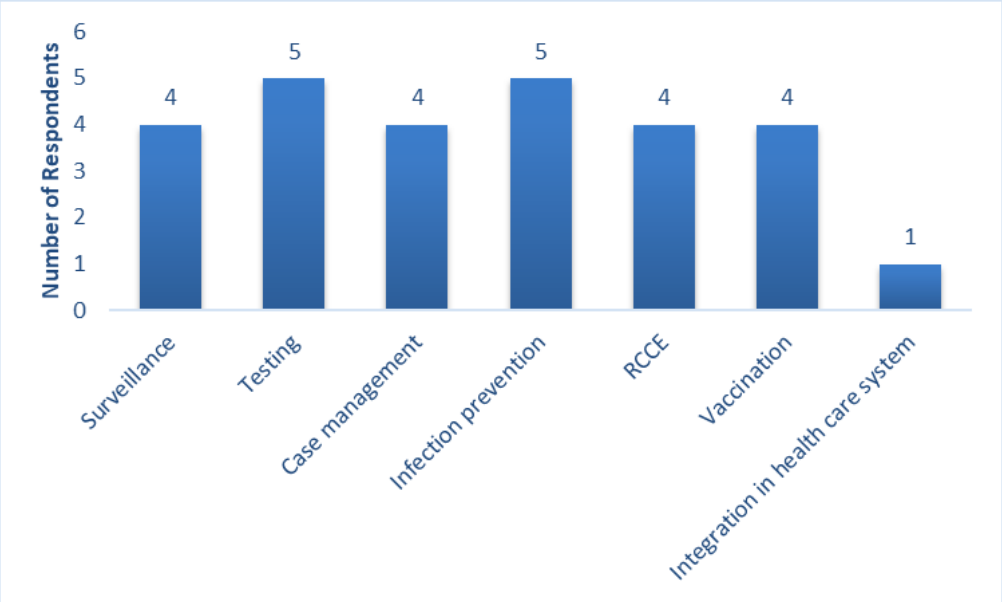
4.1.1.3 Is there specific attention for COVID-19 in Risk Communication and Community Engagement (RCCE) and surveillance in HRP, or is it articulated as outbreak or pandemic preparedness and response?

The data review has demonstrated that some HRPs for 2023 explicitly outline specific programs and activities pertinent to the COVID-19 response such as testing, vaccination, risk communication and community engagement (RCCE), as well as public health campaigns within comprehensive strategies for pandemic preparedness and response. In Myanmar, for example, the HRP underscores the importance of COVID-19 mainstreaming, encompassing testing, case management, infection prevention and control (IPC), vaccination, RCCE, and capacity building within humanitarian health services.[12] Additionally, there is a focus on revitalizing routine immunization programs and enhancing COVID-19 vaccination efforts. Furthermore, pandemic preparedness is strengthened through support for vaccination initiatives, RCCE, disease surveillance, testing for potential pandemic diseases, and procurement of necessary treatment equipment. In Niger, the HRP emphasizes ongoing community-level awareness-raising activities for appropriate COVID-19 response, extending beyond to include awareness of exposure risks to environmental emergencies and joint awareness campaigns in Health-Nutrition WASH-protection clusters[13]. The Cluster WASH activities in Niger also involve promoting hygiene and responding to water-related diseases and COVID-19.

[12] HRP Myanmar 2023
[13] HRP Niger 2023

Results of the HC survey also highlight that testing and infection prevention and control measures were important among the activities discussed in the development of the HC strategy and response for HRP 2023 as demonstrated in Figure 2. However, even though integration of COVID-19 in the broader health care system is generally an important finding from this study, only one respondent to the survey highlighted that this was discussed for the HC strategy and the HRP 2023. Given the fact that in reality it was during the year that the COVID-19 response was supposed to be more integrated, this is a remarkable finding from the HC survey.

Figure 2. The activities that were discussed or articulated in the development of the HC strategy and response for HRP 2023 as reported in HC survey (n=17)



Participants in the Yemen workshop stated that RCCE has become integrated with health services/ facilities support while COVID-19 vaccine is being integrated within the Expanded Programme on Immunization (EPI) with all other essential health services. From 2020-2022 COVID-19 cases were reported immediately but in 2023 they became reported weekly and in 2024 COVID-19 will be under the severe acute respiratory infections (SARI) group disease reporting.

4.2 INVESTMENTS OF HUMANITARIAN HEALTH RESPONSE

4.2.1 HOW HAVE INVESTMENTS FOR HUMANITARIAN HEALTH RESPONSE EVOLVED SINCE THE ONSET OF COVID-19 PANDEMIC?

For contextualization, it is important to mention that the health funding has not followed a consistent trend because during the pandemic the approaches to funding were different. As such, in the year 2020 there was the GHRP, while in 2021 the focus was on the integration of COVID-19 (as specific objective) in HRPs and in 2022 it shifted towards strengthening vaccine delivery and in 2023 towards integration into the overall health response. Consequently, the analysis demonstrates that in 2021 there was a decrease in health funding but in 2022, the funding increased to nearly double the previous allocation only to decrease again in 2023.

Participants from the global interviews agree that the funding availability for humanitarian response in general is decreasing in 2023-2024, which has its effects on funding of activities planned under the HRPs. Interviews with key informant indicate that this trend is not just for 2023, but rather, there is reportedly general donor fatigue in some countries, new emergencies around the world, different crises and several conflict related problems. The traditional donor countries are in economic recovery as they overcome debts

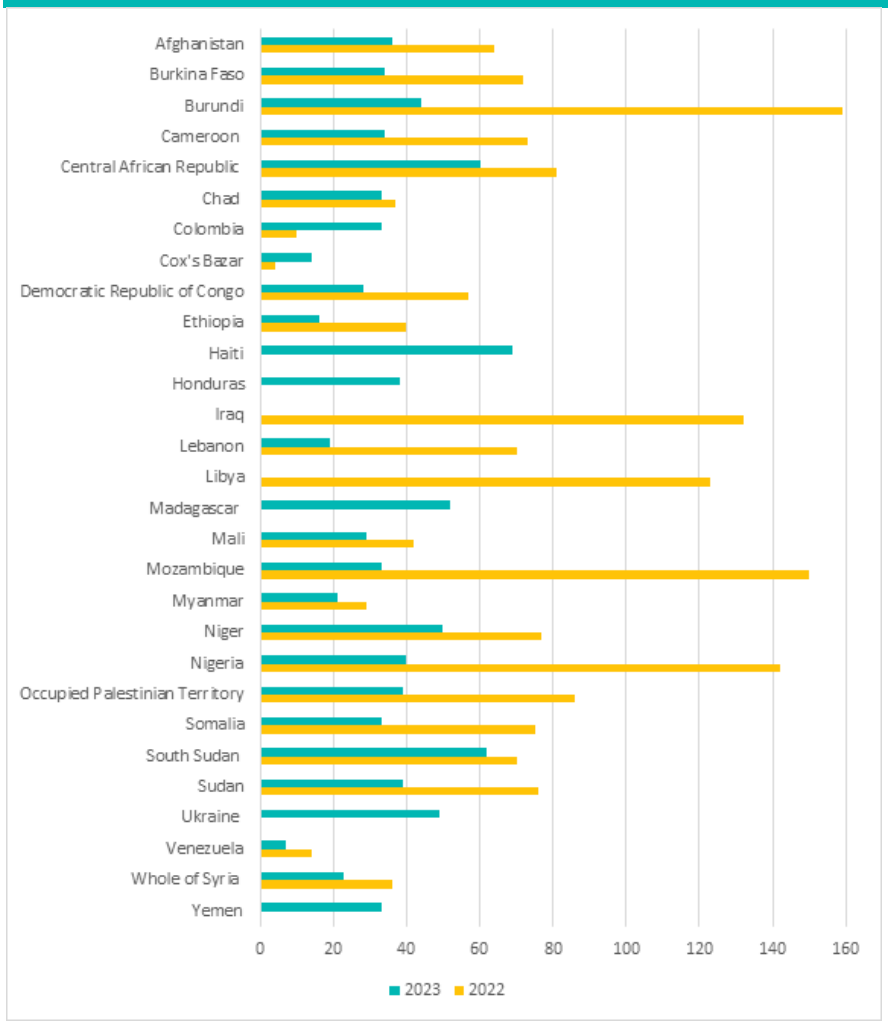
incurred by their domestic COVID-19 response as well as supporting some international initiatives. Therefore, the levels of funding for humanitarian response are decreasing. Moreover, KII report that there are more local partners competing for the funds. The PIN have been increasing and even if the funds were to remain the same there are less resources for the humanitarian response, and consequently there will not be sufficient to offer the same level of services. Hence, the number of people being supported will decrease. According to key informants, the needs are great across all sectors, and it is more appealing to the donor community to fund projects that shift from the vertical response to one epidemic (like COVID-19) to others that focus on an integrated response including other, sometimes more important, infectious diseases. Because financial resources are lacking, residual COVID-19 money that is not specifically earmarked for COVID-19 is being repurposed for other critical and important needs. While there is insufficient and inconsistent data to support these views, key informants perceive a trend towards funding of more multisectoral approaches.

4.2.1.1 What is the general trend for funding for health cluster response since the onset of COVID-19 pandemic? If there is a decline, what are the (main) reasons?

Funding for the HC remains challenging with a decline in funding compared to that allocated during the COVID-19 pandemic. As explained above, during the pandemic funding increased and then decreased again. However, as specific COVID-19 funding decreased, supplementary funding for other crises was allocated leading to no dramatic decline in funding for health. This substantial increase in health funding in 2022, primarily due to increased support for COVID-19 vaccination, allowed countries like Burundi, Iraq, Libya, Mozambique, and Nigeria to surpass their funding requests with Burundi reaching 159% coverage of requested funding while other countries including Bangladesh (Cox's Bazar) and Colombia were only able to attain 4% and 10% coverage of requested funds respectively (Figure 3[14]). In 2023, the coverage of requested funding is inferior to that of 2022, with Haiti receiving a maximum funding of 69% of the requested amount.

[14] Power BI report. Powerbi.com. Accessed December 11, 2023. https://app.powerbi.com/view?r=eyJrIjoiMjJmODExNTgtODEwNC00YThjLWI2MTYtZDdlNzI2NjQzNTRmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

Figure 3. Percentage of the health clusters requested funding secured in 2022 and 2023



Out of the 17 survey respondents eight (47%) found that the general trend for funding Health Cluster response since the onset of the COVID-19 pandemic was clearly or somewhat decreasing while four (24%) found it stagnant and three (18%) perceived it as clearly or somewhat increasing. Around two thirds (11 participants or 65%) of the HC survey respondents agreed (or strongly agreed) that the funding sources within the HRP remained the same. However, when asked whether they believed that funding outside of the traditional humanitarian funding sources to reach populations affected by crisis is increasing, participants were divided with eight (48%) agreeing and seven (41%) disagreeing. In terms of geographical distribution, the four countries from the Eastern Mediterranean Region along with one from each of the other regions (Southeast Asia, Europe, Americas and Africa) agreed while the countries that disagreed were mostly in the African Region (n=5) with one in the Americas and one in Southeast Asia.

Participants in the Ethiopia workshop acknowledged the challenges in ensuring funding faced by the HC. In fact, as of the first of October 2023, their funding coverage was at 37.2% and all HC activities pertaining to system strengthening and early warning were removed from the HRP and reallocated to resilience. Of course, it can be argued that health system strengthening, and early warning can be considered as resilience. The HC reports that they do not have any funding to advocate & mobilise funds. Their attempt to engage with development partners such as the World Bank and African Development Bank, this has not generated interest. In addition, to the funds discussed above, partners in Ethiopia report having access to non-COVID-19 specific sources for health response funding that are beyond the traditional HRP sources, these include

the Ethiopian Humanitarian Response Funding Mechanism (consortium), USAID, FCDO, Global Fund, WHO and several NGOs.

In Yemen, there is considerable change in funding trends for the partners. The funding has decreased almost to 60% for the HRPs and specifically for Health. In addition, the regular overall funding for health in Yemen is 31% funded in 2023. There is donor fatigue and donors shifting their attention to other global emergencies like Ukraine. Moreover, due to the declining number of cases of COVID-19 in Yemen, there is a general low-risk perception in the community. COVID-19 is no longer considered "an emergency of concern". Except for GAVI allocated funds for COVID-19 vaccination, and a World Bank (WB) project with components of integrated COVID-19 activities such as strengthening of Emergency Operation Centers and Points of Entry there is no other specific COVID-19 funding available now. Instead, the plan is for its integration into the Minimum Service Package (MSP) including EPI services /OutPatient Department (OPD), disease surveillance (SARI), Infection and Prevention Control (IPC) and RCCE. GAVI – is supporting COVID-19 vaccination integrated with Routine EPI.[15]

For South Sudan, the participants of the workshop stated that most funds under the HRP will expire in 2023, but there are no COVID-19 programme reallocations requested. They have received additional resources for preparedness. Funding for the integration of COVID-19 into routine and/or preparedness activities is now mostly coming from development partners (Japan, Norway, SIDA, Germany, World Bank) with some contributions from humanitarian organisations and the International Red Cross through their own internal funding. For 2024, the requested funding is expected to be reduced by 50% and priority will be given to Returnee, internally displaced populations and for integrated activities for diseases and conflicts.

4.2.1.2 Are specific COVID-19 activities funded for health cluster response in 2023, and what can be anticipated for 2024?

The funding landscape in 2023 under the HRPs is challenging as budgets are not increasing especially for COVID-19 related activities. The annual funds that came in for the pandemic in 2023 have either expired or are about to expire and there is less funding coming in. In 2024, the needs are expected to increase, and the funding is expected to decrease. Since COVID-19 is becoming integrated with an overall package of primary health care activities, it is no longer seen as an emergency. Therefore, when it comes to the HRP and partners, there is no need to allocate specific funding to COVID-19 activities. It will be part of the overall humanitarian response package of activities including primary health care, which will absorb all aspects related to COVID-19 interventions. For example, the data review has provided examples of the integration of COVID-19 services within routine immunization services and the minimum package of services offered in Primary Health Care centres in some countries (e.g.., Cameroon)[16]. This collaborative endeavour involves ensuring access to preventive and medical care services for individuals affected by various epidemics, including COVID-19. There will be difficult decisions to make in terms of prioritising activities to be implemented based on the available funds. The COVID-19 pandemic highlighted needs and gaps and the importance of multisectoral approaches.

There are new efforts being supported and additional funding is becoming available for interventions related to emergency preparedness and response. For example, in an attempt to help the world better prepare for future pandemics, especially in Lower Middle-Income Countries (LMIC) the World Health Assembly (WHA) approved for 2023 the Emergency Health Preparedness Response (EHPR). This framework builds on three pillars namely, governance, finance and system strengthening. There is also the pandemic fund that is open to countries in humanitarian settings.

[15] These findings apply primarily to the South of Yemen.
[16] HRP Cameroon 2023

4.2.2 HOW ARE COUNTRIES FACING HUMANITARIAN CRISIS INTEGRATING COVID-19 PREPAREDNESS AND RESPONSE, AND PANDEMIC PREPAREDNESS?

In humanitarian setting each country is tailoring the integration of COVID-19 preparedness and response and pandemic response to its context based on the available resources. For example, workshop participants from Ethiopia confirmed that in 2023, there were no specific budgets allocated specifically to COVID-19. There are some minor COVID-19 activities, but they are mostly integrated in other health responses which do not directly focus on COVID-19 due to competing priorities including Cholera, measles and malaria. However, due to the need to prioritise lifesaving interventions and target the most vulnerable, there is no contingency planning nor funding foreseen for preparedness activities. Humanitarian and development work remain segregated in Ethiopia with limited advocacy towards integrating humanitarian-development funding since the Ethiopia workshop participants highlighted that HC lacks the funding to do the Nexus advocacy.

For the participants from Yemen COVID-19 preparedness and response was discussed within the context of the pandemic preparedness project that is still under development. The project is foreseen to include four main components. The first component will consist of a One Health approach for the strengthening of prevention, early warning, disease surveillance, detection and response capabilities.

Participants from South Sudan on the other hand, reported that there is a National Strategic Plan for the integration of COVID-19 preparedness and response in pandemic preparedness which include a specific COVID-19 data tool that has been harmonised to capture other vaccines. The COVID-19 vaccination campaign was supported by high level representatives in 2023 and is now moving towards more integration and EPI coordination. There is also a move towards strengthening the health system in some states with a focus on cold chain, additional staff for Essential Health Services and monitoring and evaluation.

Under the HRP 2023, health services are not differentiated and not specifically targeted as most of the humanitarian population is integrated in the host population. This point has been reiterated several times by participants and by the government representatives. It is assumed that on average the PIN population represents a high percentage of the overall population and so by addressing COVID-19 or pandemic preparedness for the entire population it de facto addresses Population In Need as well.

4.2.2.1 How are countries ensuring investments and activities (for COVID-19 and/or pandemic preparedness) including reaching populations affected by humanitarian crisis e.g., strengthening health systems components in areas where there are populations affected by crisis, through community actors, representation, or leveraging humanitarian system?

The demands of the COVID-19 pandemic, coupled with resource constraints, led to the reinforcement of the existing health system, increased coordination efforts and the integration of COVID-19 activities within various existing services. Partners in the health sector in Afghanistan[17] and Northwest Syria[18] have deployed mobile clinics in underserved areas to assist vulnerable and hard to reach populations. In Cameroon[19] and Afghanistan[20], for example, to respond to the pandemic effectively, partners reinforced existing health system by providing laboratory equipment, optimizing the cold chain for immunization, implementing capacity-building activities for staff, and enhancing epidemic testing, surveillance, and monitoring capacities. The optimized coordination extends further to encompass cross-sectoral collaboration, as evidenced by initiatives in numerous countries. For example, in Cameroon, COVID-19

[17] HRP Afghanistan 2023
[18] Health Cluster Bulletin North-West Syria 2023
[19] HRP Cameroon 2023
[20] HRP Afghanistan 2023

services were integrated within routine immunization services and the minimum package of services offered in Primary Health Care centres. In Myanmar, efforts were made to incorporate COVID-19 prevention measures, including the distribution of hygiene and personal protective equipment (PPE), in all the activities of the Food Cluster[21]. This integration helped mitigate the risk of COVID-19 spread among the people receiving assistance, the broader communities, and the humanitarian workforce. In Nigeria, Camp Coordination and Camp Management integrated specific measures to address challenges posed by the COVID-19 pandemic in their programming efforts along with environmental rehabilitation and awareness initiatives, efforts towards disability inclusion, and protection considerations for GBV and Prevention of Sexual Exploitation and Abuse (PSEA)[22].

4.2.2.2 What are the key lessons learned from the application process of the Pandemic Fund, focusing on ensuring reaching populations affected by crisis

The Pandemic Fund provides crucial funding for enhancing pandemic preparedness, readiness, and response capabilities across global, regional, and national levels, particularly emphasizing support for Low- and Middle-Income Countries (LMIC). COVID-19's direct and indirect impacts underscore the immediate necessity for united efforts to fortify healthcare systems and secure more resources aimed specifically at preventing, preparing for, and responding to pandemics. While numerous institutions and funding bodies provide aid in these areas, as expected, none are exclusively targeting COVID-19 activities. The Pandemic Fund aims to deliver additional specialized resources, encourage increased investments by countries, improve collaboration among partners, and act as a platform for advocacy in this critical domain.

Examples of the countries with humanitarian situations and activated health cluster that have applied for the Pandemic fund include Ethiopia, Yemen and South Sudan. In Ethiopia, the Ethio-Pandemic Multi-Sectoral Prevention, Preparedness, and Response Project (EPPR) is a partnership between the GoE (Ministries of Health, Agriculture, and Finance) and three Implementing Entities (FAO, UNICEF, and WHO). It is supported by a 50 million USD grant from the Pandemic Fund and an additional $63 million in co-financing. The Project will invest in Ethiopia's pandemic prevention, preparedness, and response efforts. EPPR brings together other key stakeholders, including CSO's, IOM, Resolve to Save Lives, Clinton Health Access Initiative, Ohio State University, Addis Ababa University, and Hawassa University. The Pandemic Fund has allocated approx. 50 US$ million to WHO over 3 years starting in 2024. As mentioned by participants in the workshop, there is reportedly an inclusion foreseen for humanitarian populations including covering host populations. The HC and partners were not involved in the Pandemic Fund application process and were not aware of the details of this fund (IOM was involved).

The Yemen Pandemic Preparedness and Response Project involves collaboration between the Ministry of Public Health and Population (MOPHP), the Ministry of Agriculture, Irrigation and Fisheries (MAIF), various civil society groups, and three Implementing Entities (IEs) — FAO, UNICEF, and WHO[23.] This initiative is backed by a $26 million grant from the Pandemic Fund and aims to utilize an additional $82 million in co-financing along with a $6 million co-investment to bolster Yemen's capabilities in preparedness and response.

Workshop participants further shared that the primary goal of the project is to safeguard and enhance the health and welfare of the Yemeni people, livestock, and ecosystems. This will be achieved by enhancing Yemen's capacity to prevent, identify, and swiftly address both endemic and pandemic threats. The specific objectives encompass reinforcing early warning systems and disease surveillance, fortifying laboratory

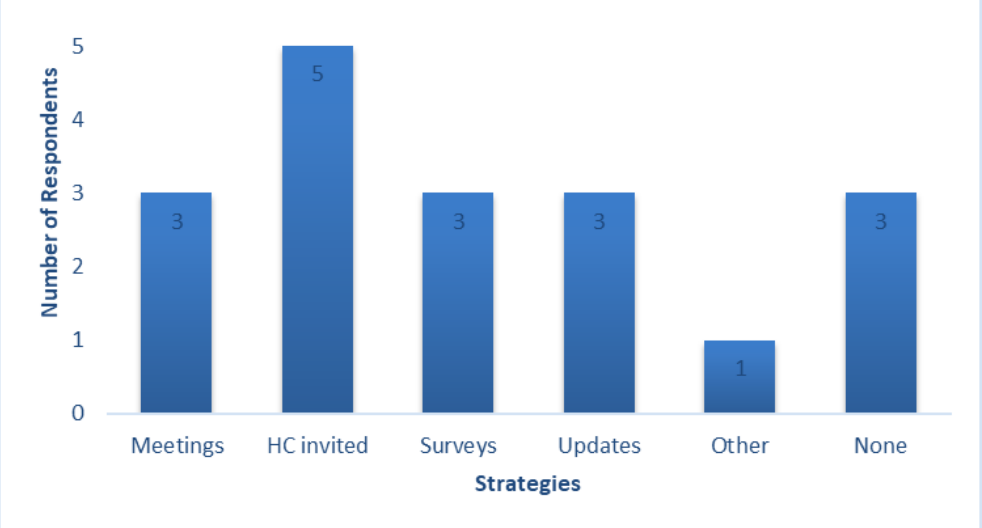
[21] HRP Myanmar 2023
[22] HRP Nigeria 2023
[23] https://www.worldbank.org/en/programs/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-ppr-fif/brief/pandemic-preparedness-and-response-project-in-yemen

infrastructure, enhancing workforce capabilities, and fostering improved coordination and accountability across multiple sectors.

According to workshop participants, in South Sudan, since vulnerability is part of the application development process, an initial rapid assessment followed by a humanitarian assessment took place. The vulnerability criteria for funding applications in general and for the Pandemic Fund in particular are defined based on conflict and communal violence. The vulnerability analysis is performed through the Needs Analysis Working Group with partners in all 80 counties. The HC team participated in the Pandemic Fund application preparation process and selected HC partners were also involved in the process. However, the grant application was not successful.

Ten out of the 17 respondents (59%) in the HC survey have confirmed that their country submitted an application to the Pandemic Fund with 5 participants stating that they do not know or do not want to answer. The application was successful in half of the cases, namely in Ethiopia, Yemen, Colombia, Afghanistan and Burkina Faso. It was unsuccessful in Mali, Pacific, Cameroon, Madagascar and Niger. The reasons for the unsuccessful application were not always clear to the participants but also included missing documentation. In terms of participatory approach, nine out of ten participants who submitted an application to the Pandemic Fund agreed that the Government and the UN were actively involved in the process. However, the involvement of international (n=5) and local NGOs (n=3) as well as the population affected by crisis (n=3) was much lower. The most common strategy used to ensure the involvement of the HC is to invite the partners to participate (figure 4).

Figure 4. Strategies used to ensure the involvement of the health cluster in the pandemic fund application (n=10)



4.2.2.3 Is there any learning from COVID-19 experience with regards to how investments should occur to support services reaching populations affected by humanitarian crisis, e.g., from Inter-Agency Humanitarian evaluations, etc.?

According to global informants, the most important learnings from the COVID-19 experience emphasise preparedness, health system strengthening, multisectoral approaches, community engagement and involving local partners in emergency or outbreak response. Key informants felt that the COVID-19 pandemic clearly highlighted the need for all countries to be prepared to face future outbreaks. Preparedness should, therefore, be a priority for all countries in the face of unknown future events. The COVID-19 pandemic also brought to light weaknesses in health systems especially in humanitarian settings. Therefore, it is important to identify countries with historically weak health systems, repeated outbreaks and no resilience to cope, and guide donors and actors globally to ensure that these populations are not left

behind in times of crisis. Given the indirect impacts of the pandemic, maintaining and sustaining resilient systems could contribute to reduced morbidity and mortality in times of crisis. Going forward strategies and responses should be adapted to the context. Given the scarcity of resources, public health measures will have to compete with the needs for acute medical care. In humanitarian settings, interventions should be targeted to address specific needs and aim for equity.

Key informants shared be proactive rather than reactive, as working collaboratively and enhancing communication between different stakeholders may help bridge the gap between the different actors and approaches to emergency outbreak response. Adopting multisectoral approaches that bring together different stakeholder is a key lesson as promoting community engagement and working with local partners will enrich health awareness programming and overcome barriers to access especially for the underserved or hard to reach populations. This is also an important consideration for the GHC as the HC is central to future response and must coordinate the efforts of different stakeholders. This might also pave the way for collaboration between development and humanitarian donors as preparedness, outbreak response, awareness and behavioral change are long-term investments more appealing to development donors.

Key informants stressed the importance of looking beyond the traditional donors to discover new potential donors, possibly from the private sector. This idea was further reinforced during the South Sudan workshop where participants proposed coordination mechanisms to respond to crisis in the country at all levels and to build their capacity to work as a team even with regular problems to respond to crises. Activities that were suggested fell mostly under preparedness and outbreak response activities and included Water, Sanitation and Hygiene (WASH) and hygiene promotion, IPC, health facility use.

4.3 WHAT HUMANITARIAN HEALTH PARTNERS CAN DELIVER

4.3.1 WHAT HAVE PARTNERS BEEN ABLE TO DELIVER IN 2023?

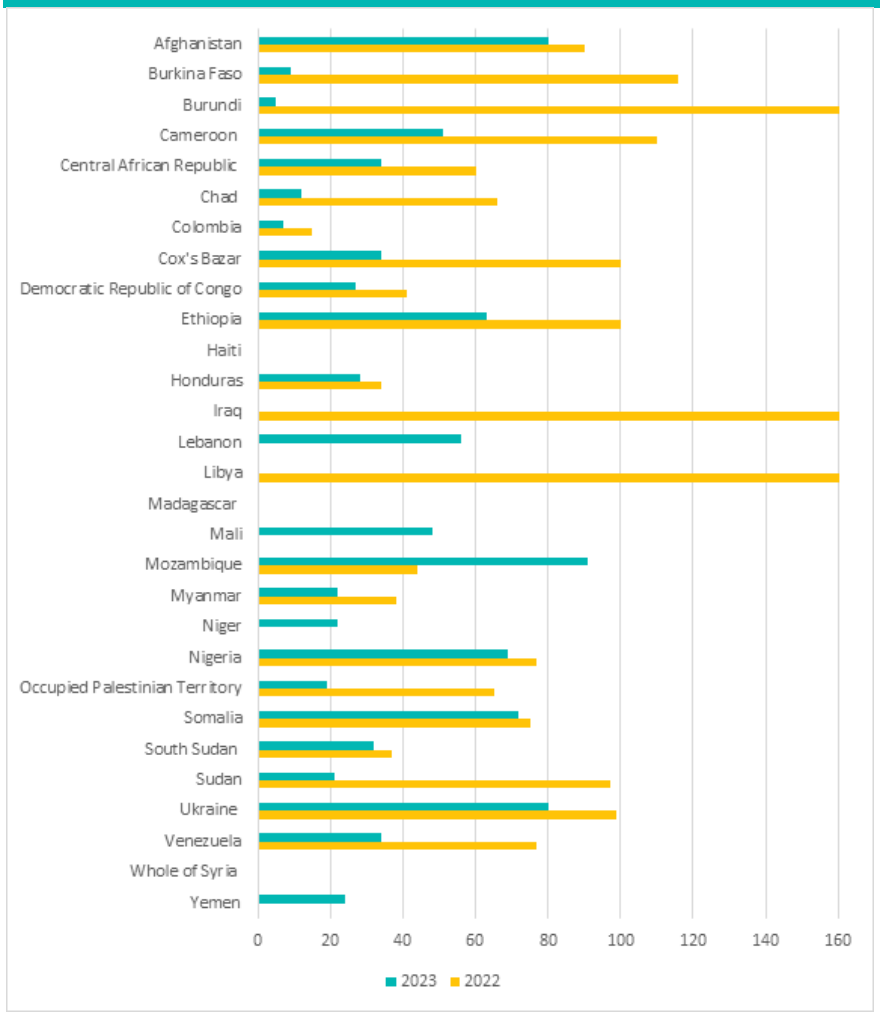
In an attempt to increase coverage of vulnerable populations, partners have reinforced different facets of existing health systems, providing laboratory equipment, optimizing immunization cold chains, conducting capacity-building activities, and enhancing epidemic testing, surveillance, and monitoring capacities. The data review indicates that partners in the health sector have intensified their efforts to address the emerging needs and reach underserved populations. Coordination efforts have heightened, leading to the integration of COVID-19 considerations into various government-provided services. This integration extends to routine immunization services and primary health care centres in countries like Cameroon[24]. Cross-sectoral collaboration has been evident, with examples including culturally relevant risk communication and community engagement (RCCE) activities such as hygiene messaging in Afghanistan's WASH cluster and COVID-19 prevention measures integrated into food cluster activities in Myanmar.

Under HRP 2023 different trends were noted depending on the services and activities concerned. The data review showed a decline in partners' capacities (evaluated based on the percentage of HRP targets achieved) in 2023 compared to 2022, with coverage of caseloads being equal to 53.0% in 2022 and 32.0% in 2023 (Figure 5)[25]. This aligns with the decreasing trend in funding, except for Mozambique, where improved performance despite diminished funding was demonstrated.

[24] HRP Cameroon 2023

[25] Power BI report. Powerbi.com. Accessed December 11, 2023. https://app.powerbi.com/view?r=eyJrIjoiMjJmODExNTgtODEwNC00YThjLWI2MTYtZDdlNzI2NjQzNTRmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

Figure 5. Coverage of Caseload[26] Targets Achieved by the Health Clusters in 2022 and 2023[27]



During the workshops, participants from Ethiopia reported that, despite important resource constraints, they had achieved their planned targets under the HRP. The health responses focus on conflict/displacement, disease outbreaks, floods with some minor COVID-19 activities, including IPC (Personal protective equipment (PPE) supply, capacity building), RCCE (at community and health facility level), surveillance (aligned to DHIS2) and vaccination (displacement), that are ongoing and integrated in ongoing health responses. These activities targeted specific vulnerabilities including detention, population displacement, migration/cross border, conflict settings.

In addition to the budget limitations participants in Yemen faced several barriers for achieving their targets including insecurity, gaps in supply chain management, limited preparedness to climate change disasters like flooding and bureaucratic challenges especially delays in permits, sub agreements, documentation, etc. Activities delivered by the partners in Yemen included supporting the Minimum Service Package (MSP) through the provision of Health and Nutrition Activities, adopting and enhancing multisectoral activities and ensuring provision of services to beneficiaries in hard-to-reach areas including IDP camps.

[26] The number of individuals or cases requiring assistance or services.
[27] It should be noted that the dashboard link provides citations up to November 2023, indicating that the data is incomplete for the entire year of 2023.

In South Sudan, COVID-19 response activities have been integrated with other health threats. Activities such as RCCE IPC and vaccination were achieved whereas case management activities appear to be mostly underachieved.

4.3.1.1 Further information on 2023 response, HRP 2023 monitoring data including partner presence and performance

The data review also identified only 5 out of the 16 Health Cluster bulletins in 2023 that provided details on COVID-19 metrics, such as positivity rate, cumulative cases by gender, and case fatality rate. Furthermore, the only Health Cluster Bulletin to delve into activities related to COVID-19 vaccination was the one for North-West Syria.

4.3.2 HOW HAVE PARTNERS EVOLVED OR ARE ADAPTING PROGRAMS TO WHAT THEY CAN DELIVER SINCE THE ONSET OF THE COVID-19 PANDEMIC (I.E. CURRENTLY IN 2023 COMPARED TO PREVIOUSLY, AND ALSO HOW THEY ANTICIPATE IT FOR 2024)?

Throughout the response to COVID-19, partners had the capacity to leverage their operation up to support different aspects related to COVID-19. Key informants described how some partners managed to increase their operational capacity in different aspects relating to COVID-19. Partners were also able to mobilize the resources needed to support the different packages of the response, although this was challenging in some cases. Some partners even proposed new programing which was not part of their planned scope of work. For example, during COVID-19, a partner managed to revise some of their response plan, including activities pertaining to COVID-19 and managed to reallocate and realign resources, especially financial ones. This is further supported by the following examples from the data review:

For all activities, the cluster will strive to mainstream COVID-19 prevention measures, including the provision of hygiene and personal protective equipment (PPE) to mitigate against the risk of spread among people assisted, communities, and staff[28].

Camp coordination and camp management programming will include environmental rehabilitation and awareness; disability inclusion; protection mainstreaming with specific emphasis on GBV and PSEA; localization through capacity-building and agency pairing/shadowing of UN/INGOs with local NGOs and civil society organizations; COVID-19 responses; and improved accountability to affected persons through impact assessments of CCCM programming[29].

In terms of partner presence, results for the HC survey indicate that 11 out of 17 participants perceive that the number of partners has increased since the onset of COVID-19. The participants are divided in their response, with 9/17 perceiving an increase of local partners and 8/17 believing that the mix of partners remained the same.

4.3.2.1 How is funding affecting programming?

There is no funding specifically earmarked for COVID-19 activities in 2023 and to attract donor funding COVID-19 activities should be embedded into routine programming and activities. For instance, the data review indicated that even at the level of HRPs, there is a trend towards prioritizing pandemic preparedness over specific COVID-19 objectives. In the HRPs for 2023, only two countries, Mali[30] and Niger[31], outlined

[28] HRP Myanmar 2023
[29] HRP Nigeria 2023
[30] HRP Mali 2023
[31] HRP Niger 2023

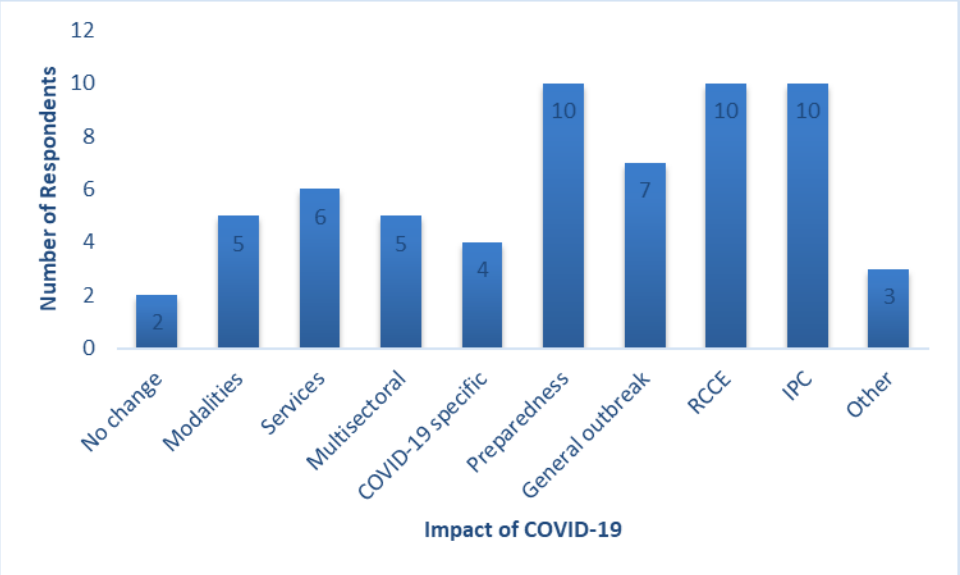
COVID-19-specific objectives. Meanwhile, pandemic preparedness objectives were articulated in the majority of HRPs for 2023, with 17 out of 25 incorporating such measures.

Moreover, participants in the workshops explained that in Yemen, for example, this integration has been captured in a recent costing of the Minimum Service Package (2024-2028) and therefore, any funding requests or allocations for COVID-19 should be articulated in discussions regarding the financing of the MSP. The situation is more challenging in South Sudan as COVID-19 is no longer a priority for donors who perceive it as "a forgotten crisis". The year 2023 and 2024 (40% reduction) saw less investment in humanitarian response despite an increase in PIN. Similar to Yemen, in South Sudan funding is allocated to integrated programmes with a focus on IPC, Risk communication and outbreak response activities. In Ethiopia, any change to previously planned programs, needs and priorities, is mostly influenced by the available resources, as well as political interest.

4.3.2.2 Are types of programming or modalities shifting, e.g., more outbreak focused, prioritized, multisectoral?

Respondents to the HC survey felt that COVID-19 impacted humanitarian response programming by focusing more on preparedness, RCCE and IPC (Figure 6).

Figure 6. How has COVID-19 impacted humanitarian health response programming? (n=17)



Participants in the South Sudan workshop reinforced these findings indicating that the COVID-19 pandemic and its repercussions may have paved the way for more preparedness activities. The participants reported that health response programming was moving towards integration. Moreover, donors are encouraging organisations to work together with more multi-sectoral programming and collaboration such as with Nutrition and WASH.

5 CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSION

The objective of this study was to have a better understanding of the direct and indirect impact of COVID-19 on vulnerability and health needs of populations affected by humanitarian crises. Additionally, it intended to explore the effects of COVID-19 on funding allocated to humanitarian health response initiatives and the capacity of partners to support the response. The study also aimed at gaining insight on HRPs responses to these vulnerabilities and needs. This report synthesizes the findings of multiple stakeholders based on

several data collection techniques namely, a data review of available dashboards, HNOs, HRPs and other documents, semi-structured interviews with global informants, a survey of HCC and three country workshops (Ethiopia, South Sudan and Yemen).

Findings of this synthesis report indicate that although COVID-19 is still perceived as important, it is no longer considered, as in previous years, a key priority in HNO and HRP 2023. With the impact of COVID-19 still at the forefront, the emphasis in the health sector is back on the delivery of basic services, which were somewhat neglected during the COVID-19 pandemic. In most HRPs, COVID-19 is no longer described as a direct threat but rather, it is integrated in the country preparedness or general outbreak response.

The impact of COVID-19 on the health and other sectors is clearly described in the reviewed documents and by the participants interviewed or surveyed. Several countries reported that the pandemic exacerbated pre-existing needs and was a contributor to the emergence of new challenges across various sectors. For example, in the health sector, the pandemic led to disruptions in the medical supply chains, reduced testing for other endemic diseases, and increased morbidities due to the reduction in routine immunization services, maternal and reproductive health services, as well as NCD care. Similarly, impacts of COVID-19 were reported in other sectors including education, emergency shelter, food security and agriculture, nutrition, protection and WASH.

Financial resources for 2023 forward are no longer earmarked exclusively for COVID-19. Moreover, donors have shifted their attention away from the virus to respond to more urgent needs. In some countries, donors have even showed signs of fatigue especially with the continued emergence of new viruses, different crises and several conflicts especially within humanitarian settings. Consequently, previously planned activities could be impeded as the funding level for humanitarian response is expected to decrease in 2023-2024.

Countries in humanitarian settings have different ways of integrating COVID-19 preparedness and response and pandemic preparedness. While in some countries, segregated vertical approaches to implementation are still present, in others, there is a move towards strengthening the health systems. HRPs for 2023 in some countries explicitly outline specific programs and activities pertinent to the COVID-19 response such as testing, vaccination, RCCE, and public health campaigns within comprehensive strategies for pandemic preparedness and response.

In an attempt to increase coverage of vulnerable populations, partners have reinforced different facets of existing health systems, providing laboratory equipment, optimizing immunization cold chains, conducting capacity-building activities, and enhancing epidemic testing, surveillance, and monitoring capacities. The challenges posed by the COVID-19 pandemic and the limited resources available resulted in enhanced coordination which extended to collaborative efforts across sectors and innovative assistance strategies.

5.2 RECOMMENDATIONS

To comprehensively assess and address the impacts of pandemics such as COVID-19 on the vulnerability and health needs of populations affected by humanitarian crises the following recommendations are suggested based on the findings of this report. It is interesting to note that most of these recommendations are further corroborated by recommendations suggested by other studies and evaluations, including by the GHC and the IAEH.

- Establish strategies for the uninterrupted delivery of essential health services during crises, placing particular emphasis on preserving routine immunization initiatives and healthcare provision.
- Develop contingency plans in preparation for potential disruptions in health services and strengthen the health systems in all countries, especially those with weaker systems, to become resilient to shocks and include humanitarian populations.

- Foster multisectoral collaboration, especially with local partners at both the national and subnational levels, as well as inclusion of vulnerable populations in decision-making processes, benefitting also from the strengths of local NGOs across various sectors, and improve the response to the pandemic in humanitarian settings and especially ensure equitable access to healthcare for refugees, IDPs, and those in hard-to-reach areas.
- Support and ensure funding of national and local partners and facilitate the involvement of community-based organizations to enhance the reach and effectiveness of the response.
- Utilize flexible funding and programming, explore non-traditional donors, and emphasize anticipatory financing approaches to proactively address future crises and allow for rapid and adaptive responses to emerging needs.
- Explore integrated funding such as Pandemic Fund and development funding (nexus) and ensure the integration of affected populations and humanitarian needs.
- Strengthen the role of the health cluster coordinator in terms of leadership, coordination and involvement in decision making especially with regards to funding opportunities (e.g. Pandemic Fund) and priorities for health.
- Improve primary data collection by ensuring complete, timely and accurate data gathering through the establishment of efficient surveillance systems and the incorporation of real-time reporting mechanisms. Integrate and disaggregate data from affected populations at national, subnational and health services levels.
- Implement and monitor the consistent and proper use of assessment tools, primarily PIN calculators, at the country level. To objectively identify gaps in the preparedness for outbreaks and effectively plan and mobilize resources, it is not enough that these tools are developed, it is as essential that the country specific indicators be used to inform related PIN calculating tools.
- Incorporate pandemic preparedness into the fabric of all sectors, beyond traditional health-focused responses to mitigate the socio-economic impacts of pandemics. In fact, the experience of the COVID-19 pandemic has underscored the interconnectedness of various sectors in the face of infectious disease outbreaks.
- Tailor and integrate policies, strategies, and guidelines to align with humanitarian contexts, recognizing and addressing the distinctive obstacles inherent in such situations.

ANNEX 1 RESEARCH MATRIX FOR DATA REVIEW

	Quantitative indicators	Qualitative Data	Source of evidence
How is COVID-19 captured within HNO 2023 and HNO 2024, and how is it addressed in HRP 2023?			

Is COVID-19 in HNOs identified as a direct threat, or part of general outbreak risk assessment? Is COVID-19 part of the identification of vulnerability and health needs in HNOs?	• COVID-19 identified among main health threats in 2023 PHSAs for the different countries with activated health cluster (PHSA) (Y/N)
	• COVID-19 used as a variable in PIN calculations tool used by the different countries with an activated health cluster for 2023 and 2024? (Y/N)
	• COVID-19 indicators in JIAF 2.0
	• Existence (Y/N) and number of indicators
	• Outbreak indicators in JIAF 2.0 for HNO 2024
	• Existence (Y/N) and number of indicators
		• What are the direct effects of COVID-19 mentioned in
		  ○ HNOs 2023 and (for health cluster and overall / intersectoral section)
		  ○ HRPs 2023 and (for health cluster and overall / intersectoral section)
		  ○ PHSA during 2023?
		• How is COVID-19 mentioned in the risk assessments section of HC bulletins?
		• Are there considerations for COVID-19 or outbreaks in the updated JIAF tool, version 2.0 for 2024?
			• Humanitarian needs overviews (HNOs) 2023
			• Humanitarian response plans (HRPs) 2023
			• HNOs 2024 if available
			• Health cluster bulletins
			• Joint Intersectoral Analysis Framework (JIAF) 2.0 (used for development of intersectoral PIN 2024)
			• PIN calculation tools used by the different countries (for 2023 and 2024)
			• Overall PIN for health cluster for 2023 and 2024
			• Overall / intersectoral PIN for 2023 and 2024
			• Public health situation analysis (PHSA) 2023
			• Financial Tracking Service (unocha.org)

How are indirect effects of COVID-19 captured in HNO 2023 and 2024, and addressed in HRP 2023?	• Indirect effects of COVID-19 identified among main health threats in 2023 PHSAs for the different countries with activated health cluster (PHSA) (Y/N)
	• Indirect effects of COVID-19 used as a variable in PIN calculations tool used by the different countries with an activated health cluster for 2023 and 2024? (Y/N)
	• Indirect effects of COVID-19 indicators in JIAF 2.0 for HNO 2024
	• Number of activities involving the health cluster addressing indirect effects of COVID-19, mainly those related to continuation of health services delivery and outbreak response during outbreaks (HRPs)
		• What are the indirect effects of COVID-19 mentioned
		  ○ HNOs 2023 and (for health cluster and overall / intersectoral section)
		  ○ HRPs 2023 and (for health cluster and overall / intersectoral section)
		  ○ PHSA during 2023?
		• How is indirect impact of COVID-19 mentioned in the risk assessments section of HC bulletins?
		• How are the indirect effects of COVID-19 addressed in HRPs, especially those related to the continuation of health services delivery and outbreak response during outbreaks?	

Is response for COVID-19 articulated in HRP such as RCCE, surveillance, and/or is outbreak or pandemic preparedness and response articulated?	• Number of health cluster objectives related to COVID-19 exclusively per country/ cluster. HRP • Number of health cluster objectives that include COVID 1-9 within the objectives disaggregated by strategic objective (lifesaving services, outbreak response, etc.)	• What types of specific programs or activities are related to the COVID-19 response, such as testing, vaccination, and public health campaigns, mentioned in FTS / HPC projects / Humanitarian action and HRP documents?	

	• Number of health cluster activities related to COVID-19 per country/ cluster. HRP • Number of health cluster activities related to the indirect impact of COVID-19 (mainly those related to continuation of health services delivery and outbreak response during outbreaks) per country/ cluster. HRP • Number of health cluster projects submitted by partners related to COVID-19 per country/ cluster. HRP • Calculation of percentages (if possible), e.g., proportion of the number of health cluster activities related to COVID-19 out of the total number of health cluster activities related outbreak response or pandemic preparedness per country/ cluster, and proportion of the number of health cluster activities related to COVID-19 out of the total number of health activities per country/ cluster. •		
How have investments for humanitarian health response evolved since the onset of COVID-19 pandemic?			
What is the general trend for funding for health cluster response since the onset of COVID-19 pandemic? If there is a decline, what are the (main) reasons? Compare with any trends data on funding for COVID-19 response, pandemic response, and/or wider ODA if available.	• Donor contributions/ sources of funding for health cluster response since the onset of COVID-19 pandemic. FTS • Trends or shifts in funding patterns. FTS	• What trends in funding for health are described in HNOs, HRPs, and PHSAs? • What are the key trends in humanitarian needs and funding for COVID-19 as mentioned in GHAR documents?	• HNOs • HRPs • Financial Tracking Service (unocha.org) • Global Humanitarian Assistance Report (GHAR) 2023 and 2022 • ACT A funding updates • Partners platform updates (GF, WB, GAVI, etc.)
How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness?			

How are countries ensuring activities include reaching populations affected by humanitarian crisis e.g. through community actors, representation, or leveraging humanitarian system?	• Number of activities related to COVID-19 implemented by health cluster partners that are part of multisectoral projects. FTS, HRP monitoring for 2023 • Number of activities related to outbreaks/ pandemic preparedness and response implemented by health cluster partners that are part of multisectoral projects. FTS, HRP monitoring for 2023	• Are there national guidelines or policies addressing COVID-19 within humanitarian crisis settings, as mentioned in HC bulletins? • What collaborative efforts between health cluster partners and other clusters and partners (not part of the health cluster) for COVID-19 response, outbreak response activities, or pandemic preparedness activities are mentioned in HNOs, HRPs, and HC bulletins? • What collaborative efforts between health cluster partners and national health authorities / national/local health authorities / communities / private sector aimed at integrating COVID-19 response and reaching affected populations are described in HNOs, HRPs, and HC bulletins?	• HNOs • HRPs • Financial Tracking Service (unocha.org) • Public Health Information Services (PHIS) • Health cluster bulletins
Is there any learning from COVID-19 experience e.g., IAHE evaluations etc with regards to how investments should occur to support services reaching populations affected by humanitarian crisis?		• What lessons have been learned from the COVID-19 experience regarding how investments should occur to support services reaching populations affected by humanitarian crises, based on IAHE and other studies' findings and recommendations (refer to the Source of evidence)?	• Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response (IAHE). March 2023 • Study to examine COVID-19 vaccination in humanitarian settings. February 2023 • Analysis of NDVPS for COVID-19 vaccination in humanitarian settings. March 2021 • Study to examine the coordination of COVID-19 response in humanitarian settings. June 2023 • Study to examine multisectoral collaboration June 2023 (GHC)
What have partners been able to deliver in 2023?			
Further information on 2023 response, HRP 2023 monitoring	• Availability of performance metrics, such as number of RT-PCR performed, positivity rates, total number of confirmed cases and new confirmed cases,	• What are the capacities of the health cluster and its partners as described in HRPs?	• PHIS 3/4/5Ws • Vaccination coverage estimates (VCEs)

data including partner presence and performance	disaggregation of indicators (e.g., IDPs vs host community, gender, age, healthcare workers vs others, etc.), number of vaccination teams deployed, type of outreach activities conducted, number of doses administered (disaggregated if possible) in HC bulletins for 2023. (Y/N and Type) • Percentage of targets related to COVID-19 achieved e.g., achievement of the targeted number of community members receiving health messages, and achievement of the targeted number of health workers trained and having the capacity to manage an outbreak. FTS, HRP monitoring / 4W / 5w for 2023. • HRP monitoring and budget utilization. FTS, HRP monitoring for 2023. (Coverage) • Availability of an up-to-date 3/4/5Ws mapping for countries with activated health clusters. 3/4/5Ws (Y/N) • Data on COVID-19 available in health facility mapping HeRAMS related to communicable diseases services in countries with health cluster activated (Y/N)	• What success stories related to the humanitarian response are mentioned in HNOs, HRPs, and HC bulletins? • What challenges faced by partners are outlined in HNOs, HRPs, and HC bulletins?	• HNOs 2023 • HRPs for 2023 • Health cluster bulletins • HeRAMS reports (particularly related to communicable diseases) • WHO country updates / WHO COVID-19 country update

ANNEX 2 SOURCES FOR DATA REVIEW REPORT

Humanitarian response plans (HRP) for 2023 available at: https://humanitarianaction.info/	*Humanitarian Needs Overview (HNO) for 2023 available at: https://humanitarianaction.info/*	*Health Cluster bulletins for 2023 available at: https://reliefweb.int/*
Afghanistan	Afghanistan	Afghanistan
Burkina Faso	Burkina Faso	Bangladesh
Burundi	Cameroon	Burkina Faso
Cameroon	Central African Republic	Central African Republic
Central African Republic	Chad	Ethiopia
Chad	Colombia	Honduras,
Colombia	Democratic Republic of Congo	Madagascar
Democratic Republic of Congo	Haiti	Myanmar
Ethiopia	Honduras	NE Nigeria
Haiti	Mali	Occupied Palestinian Territory,
Honduras	Myanmar	Somalia,
Mali	Niger	South Sudan
Mozambique	NE Nigeria	Sudan
Myanmar	Occupied Palestinian Territories	Ukraine
Niger	Somalia	Nort-West Syria
NE Nigeria	South Sudan	Yemen
Occupied Palestinian Territories	Sudan	
Somalia	Ukraine	
South Sudan	Whole of Syria	
Sudan	Yemen	
Ukraine		
Venezuela		
Yemen		

Public health Situation analysis (PHSA) for 2023 available at: https://reliefweb.int/	*PIN Calculators for 2023 (shared by the Global Health Cluster team)*
Bangladesh	Central African Republic
Chad	Colombia
Democratic Republic of Congo	Democratic Republic of Congo
Ethiopia	Ethiopia
Haiti	Mozambique
Occupied Palestinian Territories	Somalia
South Sudan	South Sudan
Ukraine	Sudan
Bangladesh	Ukraine

Other Sources

Unocha.org. Accessed December 11, 2023. http://fts.unocha.org/home/2023/donors/view

Global Health Cluster Dashboard. Accessed December 11, 2023. https://app.powerbi.com/view?r=eyJrIjoiMjJmODExNTgtODEwNC00YThjLWI2MTYtZDdlNzI2NjQzNTRmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

Castillo, A., Luchian, A., Ananbeh, A., Pereira, A. M., Turmine, A. M., Moore, A., … Rizki, M. (n.d.). The JIAF 2.0 Technical Manual. Retrieved December 9, 2023, from Jiaf.info website: https://www.jiaf.info/wp-content/uploads/2023/09/JIAF-2.0-Technical-Manual-v03_Aug-31.pdf

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Study to examine the coordination of COVID-19 response in humanitarian settings. Who.int. Accessed December 11, 2023. https://healthcluster.who.int/publications/m/item/study-to-examine-the-coordination-of-covid-19-response-in-humanitarian-settings

Study to examine COVID-19 vaccination in humanitarian settings. Who.int. Accessed December 11, 2023. https://healthcluster.who.int/publications/m/item/study-to-examine-covid-19-vaccination-in-humanitarian-settings

Study to examine multisectoral collaboration for COVID-19 response in humanitarian settings. Who.int. Accessed December 11, 2023. https://healthcluster.who.int/publications/m/item/study-to-examine-multisectoral-collaboration-for-covid-19-response-in-humanitarian-settings

ANNEX 3 GLOBAL LEVEL KEY INFORMANT INTERVIEWS – SEMI-STRUCTURED INTERVIEW GUIDE

The Key Informant Interviews for Phase 2 of the impact study are targeted at a limited number of global level informants (WHO/GHC, donors, partners and International Non-Governmental Organizations).

Date and time of the interview	
Interviewer	
Interviewee (Name)	
Institution	
Position	

Thank you - Thank you for the interview and for your time today.

Intro - My name is ……., and I work for hera. hera is an international partnership of health sector experts committed to evidence-based evaluation and advice.

Purpose - We are conducting a study to examine the impact of COVID-19 on the humanitarian health response.

The study aims to address how COVID-19 has directly or indirectly impacted vulnerability and health needs of populations affected by humanitarian crises and if Humanitarian Response Plans (HRP) have adequately responded to them. Furthermore, it seeks to determine if COVID-19 has impacted investments in humanitarian health response and the scope and scale of what humanitarian health partners can deliver to support response. This interview is part of the second phase of the study. The first phase included a global systematic literature review and three country case studies. Given the evolution of the context, Phase 2 is intended to support real time learning, documenting lessons learned with regards to HRP 2023 implementation as well any findings during HNO 2024 development.

Consent – We would like to seek your agreement to participate. Your participation is voluntary, and you can stop at any time. All responses will remain anonymous, and the information will be saved in a password protected database only accessible to the study team and to be used only for the purpose of the study.

Duration – I expect the interview to take approximately 60 minutes. If you do not have that much time let me know and I can make sure that I focus on the more important questions. Also, it's absolutely fine if you do not know the answer to a question or prefer not to answer or the question is not relevant to your role.

Opportunity for questions – Do you have any questions before we start? You are welcome to interrupt me at any time if you have questions or if there are any elements that did not come up during the interview, feel free to share them near the end.

Recording – In order to facilitate note taking and analysis, we would like to ask your approval for recording this interview. The audio file will only be accessible by the study team. After completion of the study, all files will be deleted from the server.

	INTRODUCTION	Ready	GHC	NGO	Donor	Unicef
	Can you introduce yourself and tell me a bit more about your background, job title, organisation, and your role?	x	x	x	x	x
	How many years have you been in this role? How long have you been with this organisation?	x	x	x	x	x

INTRODUCTION	Ready	GHC	NGO	Donor	Unicef
What is/was your involvement with respect to the COVID-19 humanitarian health response?	x	x	x	x	x
1. How have partners evolved or are adapting programs to what they can deliver (i.e. currently in 2023 compared to previously during the COVID-19 pandemic)? *Probes:* *Has funding affected what partners are able to deliver for humanitarian response in general?* *Has funding affected what partners are able to deliver within the context of HRP 2023?* *Have there been changes in the types of activities that are being conducted by partners?* *Is there reduced or increased focus on COVID-19 specifically?* *Have there been changes with regards to multi-sectoral activities in terms of programming?*	x	x	x	x	x
2. What do you anticipate for 2024 in terms of capacity to deliver and adaptation of programming?	x	x	x	x	x
3. In general, across the health cluster countries and settings, do you know how COVID-19 is captured in the HNO 2023 and HNO 2024? *Probes:* *As a direct specific threat?* *As part of the general outbreak risk assessment?* *Is it included in the HNOs as part of the identification of vulnerability?* *Is it included in the HNOs as part of the identification of health needs?* *Are indirect effects of COVID-19 also captured in the HNOs, and how?*	x	x	x		x
4. In general, do you know how COVID-19 is addressed in the HRP 2023? *Probes:* *Is COVID-19 response explicitly articulated in HRPs 2023, or is it included in the general outbreak and pandemic preparedness?* *Are indirect effects of COVID-19 also captured in the HRPs, and how?* *For the programmes/projects that you submitted to HRPs 2023, how have you identified the risk of COVID-19 (e.g., as direct threat, as part of the general risks, general outbreak and preparedness response) and*	x	x	x	x	x

INTRODUCTION	Ready	GHC	NGO	Donor	Unicef
how have you addressed COVID-19 (e.g., RCCE, Surveillance, Others?) *What kind of COVID-19 response activities were discussed by partners during HRP formulation, and were these ultimately included in the HRPs (e.g., RCCE, Surveillance, Others)?*					
5. In your view, what is the general trend for funding for humanitarian health response since the onset of the COVID-19 pandemic? *Probes:* *Increase?* *Stagnant?* *Decrease?* *Increased and then decreased, or vice versa (and what years)?* *How different is this across the countries/settings facing a humanitarian crisis that you know?* *Main reasons?*	x	x	x	x	x
6. In your view, what is the general trend for funding for health cluster response since the onset of the COVID-19 pandemic? *Probes:* *Increase?* *Stagnant?* *Decrease?* *Increased and then decreased, or vice versa (and what years)?* *How different is this across the health cluster countries/settings that you know?* *Main reasons?* *Is this similar for all health cluster partners?*	x	x	x	x	x
7. Do you know which COVID-19 activities have been funded in the HRPs 2023 and in which countries, for your organization (the partners you are supporting)? *Probes:* *What can be anticipated for 2024 (volume of funding, but also specifically targeted at COVID-19 response/activities, or more generally included in outbreak/pandemic preparedness?*		x	x	x	x
8. In your view, how are countries (national authorities) ensuring that investments and activities (for COVID-19 and/or pandemic	x	x	x	x	x

INTRODUCTION	Ready	GHC	NGO	Donor	Unicef
preparedness) are reaching populations affected by humanitarian crisis? *Probes:* *Strengthening health system components (in specific areas)?* *Through community actors?* *Leveraging support through the humanitarian system (including and beyond health cluster)?* *By applying funds from development partners (e.g., Gavi, Global Fund, bilaterals)?* *By applying funds from the Pandemic Preparedness Fund?*					
9. What can be learned from the COVID-19 experience with regards to how investments should occur to support services reaching populations affected by humanitarian crisis? *Probes:* *What are the lessons learned for your organization?* *What kind of documented learnings/evidence exist (e.g., IAHE evaluations, Global Health Cluster, WHO or own agencies. intra action review, Joint External Evaluations etc.)?*	x	x	x	x	x

We have come to the end of this interview. Is there anything else, you haven't mentioned yet, that you would like to add? Is there anything you would like to ask us?

Thank you very much and wishing you a good day!

ANNEX 4 LIST OF GLOBAL INTERVIEWEES

Interview	Participants	Institution
1	Alice Wimmer	IOM
2	Emma Diggle	FCDO
3	James McQuen Patterson	UNICEF
4	Gabriele Rossi	Medair
5	Jerry-Jonas Mbasha & Thierno Balde	WHO
6	Laura Cardinal & Rachel Cummings	Save the Children
7	Claire Beck	Worldvision
8	Justin Pendarvis & Daniel K. Forrister	USAID
9	Eba Pasha, Heiko Hering, Alberto Castillo Aroca, Luis Hernando Aguilar Ramirez	GHC

ANNEX 5 HEALTH CLUSTER COORDINATORS SURVEY

OBJECTIVES OF THE SURVEY

In line with the research matrix developed for Phase 2 the survey will be conducted to help answer the following questions:

- How is COVID-19 captured within HNO 2023 and HNO 2024, and how is it addressed in HRP 2023?
- How have investments for humanitarian health response evolved since the onset of COVID-19 pandemic?
- How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness?
- What have partners been able to deliver in 2023?
- How have partners evolved or are adapting programs to what they can deliver since the onset of the COVID-19 pandemic (i.e. currently in 2023 compared to previously, and also how they anticipate it for 2024)?

In order to base findings and conclusion on a broader evidence-base, all health cluster coordinators will be requested to respond to an online survey. The hera team will use the Alchemer survey software for applying the survey, and it will also make use of the built-in analysis tools. The survey will be available in English and French.

A preliminary outline of the survey is provided below (in English only)

[ENG] To access the survey in French, please switch the drop-down button labelled 'English' in the top-right corner from English to French.

[FR] Pour accéder à l'enquête en français, veuillez passer de l'anglais au français en cliquant sur le bouton déroulant intitulé "English" dans le coin supérieur droit.

This survey supports the 2nd Phase of a study carried out on behalf of the Global Health Cluster (GHC) team at the World Health Organization (WHO) to better understand how COVID-19 has directly or indirectly impacted vulnerability and health needs of populations affected by humanitarian crises and if Humanitarian Response Plans (HRP) have adequately responded to them. Furthermore, it seeks to determine if COVID-19 has impacted investments in humanitarian health response and the scope and scale of what humanitarian health partners can deliver to support response.

The study is being undertaken by a research group (hera – www.hera.eu) selected by the Global Health Cluster. All responses will remain anonymous, and the information will be saved by hera in a password protected database to be used only for the purpose of the study. The data will be deleted after the submission of the final study report.

*The study will take **about 15 minutes of your time.***

It is possible at any point to save the survey and to complete at a later time.

RESPONDENT IDENTIFICATION

1. *Your WHO region*
    a. *African region*
    b. *Americas region*
    c. *South-East Asian region*
    d. *European region*

   e. *Eastern Mediterranean region*
   f. *Western Pacific region*
   g. *Other, specify*

2. *Your role?*
   a. *Health Cluster Coordinator*
   b. *Health Cluster Co Coordinator*
   c. *Other, please fill in*

3. *For how long have you been in this role in this country?*
   a. *Less than 6 months*
   b. *6 months – 1 year*
   c. *1 to 3 years*
   d. *3 to 5 years*
   e. *Over 5 years*
   f. *I do not know / prefer not to disclose*

HNO 2023 AND 2024, AND HRP 2024

We would first like to examine how COVID-19 was integrated into the risk assessment and needs analysis in the development of the Health Cluster Humanitarian Needs overview. This includes COVID-19 as an infection itself, as well as the indirect impact of COVID-19 pandemic

For the development of Humanitarian Needs Overview (HNO) for 2023

1. *How did the Health Cluster include COVID-19 in the PIN calculations for HNO 2023*
   a. *there was an indicator for COVID-19*
   b. *there was not an indicator for COVID-19*
   c. *I do not know*

2. *(if 'a' i.e. skip logic) please describe the indicator*

3. *How did the Health Cluster include COVID-19 in the risk assessment and needs analysis for example in discussion with Health Cluster partners developing the written text for the Humanitarian Needs Overview 2023*
   a. *It was identified and specified as a direct threat*
   b. *It was not identified as a specific threat, but integrated into general outbreak risk assessment*
   c. *I do not know / Do not want to answer*

4. *How did the Health Cluster include indirect impact COVID-19 pandemic in the risk assessment and needs analysis for example in discussion with Health Cluster partners developing the written text for the Humanitarian Needs Overview 2023. Tick all that apply*
   a. *Movement restrictions (as part of Public health and social measures) were discussed*
   b. *increased GBV (due to COVID-19 restrictions) were discussed*
   c. *disruption of provision of health care services (due to COVID-19 restrictions) were discussed*
   d. *deteriorating living conditions such as reduced livelihoods, increased poverty (due to the COVID-19 pandemic) were discussed*
   e. *none of the above*

f. *other, please describe*

For the development of the Humanitarian Response Plan (HRP) for 2023, *how did the Health Cluster address responding to COVID-19*

5. *Was specific response for COVID-19 discussed or articulated in the development of HRP 2023*
   a. *yes.*
   b. *no*
   c. *I don't know*

6. *If yes (skip logic) please tick which activities were discussed or articulated*
   a. *surveillance*
   b. *testing*
   c. *case management*
   d. *Infection Prevention Control measures*
   e. *RCCE*
   f. *vaccination*
   g. *other please list*

7. *Have partners submitted projects with activities to address COVID-19 in the HRP 2023*
   a. *yes, many partners have done so*
   b. *yes, but only some*
   c. *no*
   d. *I don't know*

8. *If yes (skip logic) please tick which activities were discussed or articulated*
   a. *surveillance*
   b. *testing*
   c. *case management*
   d. *Infection Prevention Control measures*
   e. *RCCE*
   f. *vaccination*
   g. *other please list*

For the development of Humanitarian Needs Overview (HNO) for 2024

9. *How did the Health Cluster include COVID-19 in the PIN calculations for HNO 2024*
   a. *there was an indicator for COVID-19*
   b. *there was not an indicator for COVID-19*
   c. *I do not know*

10. *(if 'a' i.e. skip logic) please describe the indicator*

11. *How did the Health Cluster include* ***COVID-19*** *in the risk assessment and needs analysis for example in discussion with Health Cluster partners developing the written text for the Humanitarian Needs Overview 2024*

   a. *It was identified and specified as a direct threat*
   b. *It was not identified as a specific threat, but integrated into general outbreak risk assessment*
   c. *I do not know / Do not want to answer*

12. *How did the Health Cluster include **indirect impact COVID-19 pandemic** in the risk assessment and needs analysis for example in discussion with Health Cluster partners developing the written text for the Humanitarian Needs Overview 2024. Tick all that apply*
   a. *Movement restrictions (as part of Public health and social measures) were discussed*
   b. *increased GBV (due to COVID-19 restrictions) were discussed*
   c. *disruption of provision of health care services (due to COVID-19 restrictions) were discussed*
   d. *deteriorating living conditions such as reduced livelihoods, increased poverty (due to the COVID-19 pandemic) were discussed*
   e. *none of the above*
   f. *other, please describe*

FUNDING

1. *In your perception, what is the general trend for funding health cluster response since the onset of the COVID-19 pandemic (amounts)?*
   a. *Clearly increasing*
   b. *Somewhat increasing*
   c. *Stagnant*
   d. *Somewhat decreasing*
   e. *Clearly decreasing*
   f. *I do not know / do not want to answer*

2. *The funding sources for humanitarian health response have remained largely the same: Strongly agree / Agree / Undecided / Disagree / Strongly disagree [provide box for comments]*

3. *Reduced funding is affecting humanitarian programming: Strongly agree / Agree / Undecided / Disagree / Strongly disagree [provide box for comments]*

4. *to reach populations affected by crisis, funding outside of humanitarian funding sources is increasing e.g. development donors to support health systems, and essential health services Strongly agree / Agree / Undecided / Disagree / Strongly disagree [provide box for comments]*

5. *In your setting, was an application made to the Pandemic Preparedness Fund?*
   a. *Yes*
   b. *No*
   c. *Not yet, in progress*
   d. *I do not know / do not want to answer*

6. *If yes, (skip logic) was the application successful?*
   a. *Yes,*
   b. *No*
   c. *I do not know / do not want to answer*

7. *If no, (skip logic) from your understanding why were funds not allocated? [open text box]*

If application to pandemic fund made (skip logic questions 6 responded with a) please respond to the following statements:

8. *The application process was smooth: Strongly agree / Agree / Undecided / Disagree / Strongly disagree [provide box for comments]*

9. *The application process was participatory with involvement of Strongly agree / Agree / Undecided / Disagree / Strongly disagree [provide box for comments]*
    a. *government,*
    b. *UN agencies*
    c. *international NGOs working with the health cluster*
    d. *national NGOs working with the cluster*
    e. *populations affected by humanitarian crisis*

10. *What strategies were used to ensure the involvement of the health cluster*
    a. *meetings were held with health cluster partners*
    b. *health cluster partners were invited to be involved in proposal development*
    c. *survey was sent out for health cluster partners*
    d. *updates were given to health cluster partners*
    e. *none of the above*
    f. *other*

HUMANITARIAN PARTNERS

1. *What have been the trends in terms of health cluster partners since the onset of the COVID-19 pandemic?*
    a. *Number of partners reduced*
    b. *Number of partners remained about the same*
    c. *Number of partners increased*
    d. *I do not know / do not want to answer*
    e. *[provide text box for comments]*

2. *What are the trends in terms of types of health cluster partners since the onset of the COVID-19 pandemic*
    a. *Mix of partners remained the same (e.g. UN agencies, INGOs, NNGOs)*
    b. *Increased number of international partners vis-à-vis national partners*
    c. *Increased number of national partners vis-à-vis international partners*

3. *How has COVID-19 impacted humanitarian health response programming? (i.e. what types of programmes partners are delivering, and how they are delivering it) tick all that apply*
    a. *No changes in programming*
    b. *Modalities are different e.g. more community work, more outreach,*
    c. *Services provided are prioritised, i.e. most important delivered only*
    d. *Increased multisectoral activities*
    e. *Increased focus on COVID-19 response*

   f. *Increased focus on preparedness for outbreaks (integrating COVID-19)*
   g. *Increased focus on general outbreak response (integrating COVID-19)*
   h. *Increased focus on RCCE*
   i. *Increased focus on IPC*
   j. *Other, please write:*

4. *Please tick for each if the following have strengthened ability for the health cluster to respond (and achieve targets defined in the HRP 2023) or has been a challenge*
   a. *change in number or type of partners [strengthened response, challenge, neither, I don't know]*
   b. *change in humanitarian funding available [strengthened response, challenge, neither, I don't know]*
   c. *increased political will [strengthened response, challenge, neither, I don't know]*
   d. *decreased political will [strengthened response, challenge, neither, I don't know]*
   e. *increased access to populations affected by crisis [strengthened response, challenge, neither, I don't know]*
   f. *decreased access to populations affected by crisis [strengthened response, challenge, neither, I don't know]*
   g. *HRP is more targeted, improved prioritisation etc [strengthened response, challenge, neither, I don't know]*
   h. *HRP is not sufficiently targeted, not prioritised etc [strengthened response, challenge, neither, I don't know]*
   i. *other please describe*

ANNEX 6 COUNTRY WORKSHOPS AGENDA

Agenda day 1

Activity	Estimated time	Method/ responsible
Introduction to the study, including some key findings from Phase 1	9h – 9h30	Presentation – WHO/GHC and hera
Questions and answers	9h30-9h45	Audience
Group work (2 groups both discussing the same topic – SO1 & SO2): • Capturing of COVID-19 in HNO 2023, 2024 and HRP 2023 (e.g., vulnerability, health needs, integration in general outbreak risk assessment and outbreak response mechanisms, etc.)	10h00-10h45	Audience
Coffee break	10h45-11h15	
Group work (2 groups both discussing the same topic – SO4): • What have partners been able to deliver in 2023, what is anticipated for 2024 • Evolution of programming (e.g., due to shifts in funding, prioritization, more general approach to outbreak response, multisectorality, etc.)	11h15-12h15	Audience
Plenary discussion about outcomes of group work (both groups present main outcomes – SO1, SO2 and SO4)	12h15-13h00	Audience
Light lunch	13h00-14h00	

Agenda day 2

Activity	Estimated time	Method/ responsible
Looking back at first workshop and complement	9h – 9h30	Audience
Group work (2 groups both discussing the same topic – SO3): • How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness (e.g., ensuring investments and activities (for COVID-19 and/or pandemic preparedness) include reaching populations affected by humanitarian crisis)?	9h30-10h30	Audience
Plenary discussion about outcomes of group work (both groups present main outcomes)	10h30-11h00	Audience
Coffee break	11h00-11h30	
Group work (2 groups both discussing the same topic – SO3): • General trend for funding for health cluster response • Experiences with process, participation and perceptions around preparation of request and allocation criteria for the Pandemic Preparedness Fund	11h30-12h30	Audience
Plenary discussion about outcomes of group work (both groups present main outcomes)	12h30-13h00	Audience
Light lunch	13h00-14h00	

ANNEX 7 COUNTRY WORKSHOPS RESEARCH QUESTIONS AND PROBES

Research questions Phase 2	Questions and probes
SO1 & SO2: Impact on vulnerability of population and health needs, if changes in vulnerability and health needs are adequately reflected	
1. How is COVID-19 captured within HNO 2023 and HNO 2024, and how is it addressed in HRP 2023? **a. Is COVID-19 in HNOs identified as a direct threat, or part of general outbreak risk assessment? Is COVID-19 part of the identification of vulnerability and health needs in HNOs?** **b. How are indirect effects of COVID-19 captured in HNO 2023 and 2024, and addressed in HRP 2023?** **c. Is response for COVID-19 articulated in HRP such as RCCE, surveillance, or is outbreak or pandemic preparedness and response articulated?**	**Country workshops South Sudan, Ethiopia and Yemen [Question 1a, 1b and 1c]** In humanitarian response, how is COVID-19 being addressed a) During the development of HNO 2023 (and separately also for HNO 2024) was COVID -19 identified as a threat in the HNO process, or as part of general outbreak risk assessments or other? ***Probe*** *e.g. were these* *-included health cluster PIN calculations, or intersectoral PIN calculations* *- identified in health cluster partner discussions when developing the HNO, or identified in intersectoral discussions when developing the intersectoral PIN using JIAF 2.0* b) How are indirect effects of COVID-19 captured in HNO 2023 and 2024, ***Probe*** *e.g. were these* *- included in health cluster PIN calculations, or intersectoral PIN calculations* *- identified in health cluster partner discussions when developing the HNO, or identified in intersectoral discussions when developing the intersectoral PIN using JIAF 2.0* c) Strategically i.e. within the HRP 2023, how is COVID-19 response articulated? ***Probe*** *What COVID-19 response activities were discussed by partners during HRP formulation, was it ultimately included in the HRP. What were these activities e.g.* *-RCCE, surveillance etc* *-Or was it incorporated and articulated into outbreak preparedness or pandemic preparedness and response*
SO3 Investments of humanitarian health response	
1. How have investments for humanitarian health response evolved since the onset of COVID-19 pandemic? **a. What is the general trend for funding for health cluster response since the onset of COVID-19 pandemic? If there is a decline, what are the (main) reasons?** **b. Are specific COVID-19 activities funded for health cluster response in 2023, and what can be anticipated for 2024?**	**Country workshops South Sudan, Ethiopia and Yemen [Question, 1a, and 1b]** **any data from countries for 1c** How have investments and funding for humanitarian health response evolved since the onset of COVID-19 pandemic? a. In your setting what has been the general trend for humanitarian health response i.e. the health cluster since the onset of COVID-19 pandemic? ***Probe*** *For your agency has funding for humanitarian health response increased or decreased. Is this similar for all health cluster partners*

Research questions Phase 2	Questions and probes
	[note this will overlap with how partners have adapted programming. partners may now receive other funding for 'non - humanitarian' health response. thus, partners will have to differentiate] If there is a decline, what are the (main) reasons? ***Probe*** *Are you aware of, have you been informed of any reasons why funding has changed e.g. from your donors etc* b. Are specific COVID-19 activities funded for health cluster response in 2023, and what can be anticipated for 2024? ***Probe*** *For your agency, are you being funded for COVID-19 activities in 2023. What are these activities? Are they 'humanitarian health response' i.e., in work reflected in the HRP. Is this similar for all health cluster partners* *Will you be funded for COVID-19 activities in 2024. What will these activities be. Is this similar for all health cluster partners*
2. How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness? **a. How are countries ensuring investments and activities (for COVID-19 and/or pandemic preparedness) include reaching populations affected by humanitarian crisis e.g., strengthening health systems components in areas where there are populations affected by crisis, through community actors, representation, or leveraging humanitarian system?** **b. What are the key lessons learned from the application process of the Pandemic Fund, focussing on ensuring reaching populations affected by crisis** **c. Is there any learning from COVID-19 experience with regards to how investments should occur to support services reaching populations affected by humanitarian crisis, e.g., from IAHE evaluations, etc.?**	**Country workshops South Sudan, Ethiopia and Yemen [Question 2a, 2b and 2c]** How are countries facing humanitarian crisis integrating COVID-19 preparedness and response, and pandemic preparedness? a) How are countries ensuring investments and activities (for COVID-19 and/or pandemic preparedness) include reaching populations affected by humanitarian crisis e.g., ***Probe*** *-What are the national plans for COVID-19 or pandemic preparedness (e.g.* *-do countries still have COVID-19 SPRPs, if not did when did they phase out* *-do countries have plans for pandemic preparedness (e.g. for Pandemic Preparedness Fund or others)* *-For areas where there are populations affected by humanitarian crisis, i.e. in areas often served by humanitarian / health cluster partners, what mechanisms / approaches are being / will be used to ensure these areas and populations are also reached. For example* *-will there be activities to strengthen health systems components in these areas / for these populations (e.g. improved service availability, infrastructure such as cold chain; increased human resources; increased medicines and supply chain; improved financing; improved data management or health information systems -including disaggregated data for populations affected by crisis; strengthened coordination and leadership sub nationally)* *-working better with community actors (e.g. coordination, engagement in planning processes and response, or funding as implementing partners)* *-leveraging the humanitarian system (e.g., using sub national health cluster coordination mechanisms to ensure engagement of humanitarian actors, in planning, preparedness and response etc)* b) What are the key lessons learned from the application process of the Pandemic Fund, focussing on ensuring reaching populations affected by crisis ***Probe*** *-From the application process for the Pandemic Fund* *-how were activities reflected to ensure they also were reaching populations affected by crisis.*

Research questions Phase 2	Questions and probes
	-how were populations affected by crisis and community actors serving populations affected by crisis involved in the proposal development *-What were lessons learned i.e. good practice and challenges* c) Is there any learning from the COVID-19 experience with regards to how investments (funding and activities) should occur to support services reaching populations affected by humanitarian crisis ***Probe*** *Learning can be from* *-formal global evaluations e.g., IAHE, or Global Health Cluster, WHO or own agencies* *-formal country level evaluations e.g. Intra action review, Joint External Evaluations etc* *-experience from COVID-19*
SO4 What humanitarian health partners can deliver	
1. What have partners been able to deliver in 2023? **a. Further information on 2023 response, HRP 2023 monitoring data including partner presence and performance**	**Country workshops South Sudan, Ethiopia and Yemen [Question 1 and 1a]** What have partners been able to deliver in 2023? a) How have been able to deliver on the response defined in HRP 2023 including presence / geographical scope and performance ***Probe*** *Have you been able to deliver your programmes as expected in 2023 (i.e., as defined in the HRP 2023)* *-working in the same areas as previous, or as planned for 2023* *-providing the same services as previous or as planned for 2023* *-able to achieve / exceed or not achieve planned targets for programming in 2023 (which)* *-is this similar for all health cluster partners*
2. How have partners evolved or are adapting programs to what they can deliver since the onset of the COVID-19 pandemic (i.e., currently in 2023 compared to previously, and also how they anticipate it for 2024)? **a. How is funding affecting programming?** **b. Are types of programming or modalities shifting, e.g., more outbreak focused, prioritized, multisectoral?** **c. How are partners incorporating preparedness?**	**Country workshops South Sudan, Ethiopia and Yemen [Question 2a, 2b and 2c]** How have partners evolved or are adapting programs to what they can deliver since the onset of the COVID-19 pandemic (i.e., currently in 2023 compared to previously, and also how they anticipate it for 2024)? a. How is funding affecting programming? ***Probe*** *- for humanitarian health response:* *-Has funding affected what you are able to deliver (see also SO41.a)* *-for any non-humanitarian health response (i.e. not in the HRP)* *- are you receiving more/ less funding from development donors or development activities than previous* *-how is this affecting what you are able to deliver* b. Are types of programming or modalities shifting, type of programming or modality, e.g., more outbreak focused, prioritized, multisectoral? ***Probe*** *- overall (whether for humanitarian or non-humanitarian health response) is your programming changing e.g.* *- types of activities being conducted* *-prioritizing activities to be conducted* *-more / less COVID-19 response* *- more / less outbreak preparedness and response, multisectoral programming.*