

Global Health Cluster COVID-19 Task Team

Terms of Reference

Justification

The COVID19 pandemic is the greatest threat to global public health and socio-economic stability in a lifetime. Since the initial outbreak was declared in Wuhan, China on 31 December 2019, over 1.6 million cases including 99,690 associated deaths (CFR6.1%) have been reported as of 11 April 2020, across over 200 countries, states & territories. The global risk remains very high; overwhelming health system capacity in some of the most developed countries; with strict containment measures drastically impacting on individual livelihoods and national economies.

As the pandemic takes hold in countries affected by humanitarian crises, such concerns are magnified due to their weak health systems and large numbers of vulnerable people often living in sub-optimal conditions. The launch of the Global Humanitarian Response Plan (GHRP) on 25 March is a joint effort by the international community mobilize all capacities to mitigate the direct impact of COVID19 whilst also maintaining the provision of existing humanitarian action – including essential health services.

To date, whilst present, the number of confirmed cases of COVID19 in humanitarian contexts is relatively low (sporadic cases or isolated clusters), presenting an urgent window of opportunity for Health and other cluster partners to rapidly scale-up preparedness and response actions to suppress transmission and establish effective care pathways.

Whilst a myriad of technical guidance has been developed, feedback from implementing partners and Health Cluster Coordination teams highlights the need for more nuanced operationally feasible guidance reflecting the context specific issues which enable or hinder response actions, and the programme adaptations needed to implement an effective public health response.

Purpose/Objective

The GHC COVID19 Task Team aims to capture key operational challenges partners are facing in the field; strengthen the coordination and effectiveness of Health Cluster preparedness and response through harmonized efforts to identify, promote and support implementation of COVID19 guidance for low capacity and humanitarian settings in response to the technical and operational challenges identified at country level to mitigate the health impact of COVID19 amongst vulnerable and affected populations. Capture and share lessons learned.

Task Team Outputs

Building on health cluster driven requests and in collaboration with existing partner initiatives informing the COVID19 response, the GHC Task Team will collectively work to:

- **Output 1: Collate country-level technical, operational and coordination challenges.**
 - Systematically consult with partners and Health Cluster Coordination Teams to capture/collate questions related to GHRP implementation challenges faced by partners.
- **Output 2: Promote and support adaptation and use of COVID19 guidance for low capacity and humanitarian settings**
 - Review expressed concerns and gaps in existing guidance and liaise with subject matter experts to propose context adapted measures, and the minimum acceptable standards to suppress transmission and provide essential health care.
 - Adapt /develop practical guidance in collaboration with WHO, other technical agencies, operational and academic partners.
 - Support country Health Clusters adopt guidance through thematic webinars; key messages etc.
- **Output 3: Support multi-sectoral action**
 - In collaboration with the GHC focal point for the Global Cluster Coordinator Group (GCCG) COVID19 Support Platform, inform /support the mainstreaming of public health principles in multi-sector plans/guidance.
- **Output 4: Capture and share lessons learned, good practices**
 - Document short thematic and/or country specific learning documents; capturing key lessons and good practice on coordination and implementation of preparedness and response measures;
 - Disseminate learning widely using multiple methods.
- **Output 5: Advocacy to address unmet needs/ operational barriers.**
 - Track country health cluster capacity to maintain the provision of essential services during the COVID19 response; identify gaps and any adverse health impacts¹; collate and issue regular updates.
 - Develop advocacy messages for key stakeholders to inform GHRP revisions and other global level COVID19 related dialogue.

Task Team Membership

- The Task Team will be comprised of interested GHC partners, including representatives from existing knowledge management initiatives (e.g. READY, JHU), representation from WHO regions and HCCs. Identified subject-matter experts from other organisations will be invited to participate as required.
- A focal person in the Global Health Cluster unit will support the Task Team (through co-chairs/tbc) to implement its work-plan and manage communications.

¹ E.g. excess maternal and neonatal deaths; number of unvaccinated children; increases in NCD complications.

Accountabilities

- The Task Team is accountable to the GHC Strategic Advisory Group, who will also approve its work-plan. The Task Team regularly reports to the SAG by submitting quarterly updates.
- The GHC unit focal person supporting the Task Team will liaise with other Task Teams as appropriate to ensure harmonization.

Method of working

- The Task Team will convene on a time-limited basis until the end of 2020. Extension will be reviewed by the GHC SAG based on the prevailing COVID19 situation and related support requirements.
- Develop 2020 work-plan to deliver the agreed outputs and activities in line with the Global Health Cluster work-plan.
- Consult appropriately with the wider Global Health Cluster, networks and technical experts.
- Provide regular progress reports on activities and deliverables to the Strategic Advisory Group via the Global Health Cluster Unit.
- As soon as an activity is completed, present the finish product to the SAG and Global Health Cluster Unit with recommendations for the way forward and to agree the next steps.
- Secretariat support will be provided by the Global Health Cluster Unit.

Frequency of meeting

- The Task Team will work remotely and meet virtually at least 3 times by end of 2020 to review progress, to agree deliverables and timescales, to agree responsibility by members of the Task Team for specific deliverables and to produce reports for forwarding to the SAG via the Global Health Cluster Unit.
- The GHC unit will facilitate virtual meetings through teleconference.
- Task Team members commit to attend all meetings.

Work Plan activities

To be determined by Task Team.