HEALTH CLUSTER

COVID-19 response in humanitarian settings

LESSONS LEARNT AND GOOD PRACTICES

Brief 1

Coordination

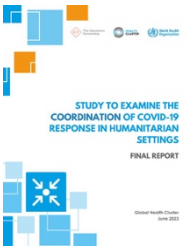
Key findings from the study to examine the coordination of COVID-19 response in humanitarian settings.

Gaps in coordination capacity: shortages of or double hatting of staff, timely information sharing, and insufficient sub-national coordination were seen as major hindrances (for both MoH and humanitarian coordination)

Coordination was often perceived as 'top-down' from the national level. However, changes in partner engagement with government coordination mechanisms were seen in 60% of settings at national level, 80% sub national level.

National and local health partners played a vital role in reaching hard-to-reach communities and ensuring continuation of essential services but are not always recognised or facilitated to play this role. Lack of existing funding or challenges reprogramming existing funding were limiting factors affecting mostly local partners.

The Health Clusters (HC) played a pivotal role in aligning humanitarian coordination with national coordination along the SPRP pillars. In 2020 HCs set up SPRP WGs: 58% at national and 47% at sub-national.



WHO Incident Management System (IMS): 20 out of 24 countries reported having established an IMS for COVID-19. 83% of respondents saw the interface between the HC and the WHO IMS appropriate.

Health Clusters were critical in developing, contextualising and disseminating guidelines, protocols, and SOPs. 79% of health clusters produced guidance.

Good practices from the field

Afghanistan

Insufficient MoPH capacity to coordinate the "pillar" response was a significant challenge. The national COVID task force, working groups and sub-working groups were established under the Health Cluster. The Health Cluster took on the responsibility of managing funding from the Afghanistan Humanitarian Fund for health projects in response to COVID-19.

The HCC was frequently double hatting. Coordination gaps at subnational level existed initially but were compensated by partners (international and local). Respondents indicated that during the pandemic there was an increased recognition and visibility of national partners.

Colombia

The government activated the National System for Disaster Risk Management (SNGRD) at national level and replicated it in the territories through governors, mayors, health secretaries and territorial risk management councils. During 2021 and 2022, 16 territorial health roundtables were held to facilitate joint work with the health authority, civil society, and partners.

The creation of the National Humanitarian Access Working Group in 2021 helped humanitarian partners to regain access and generate communication strategies with communities. PAHO worked directly with MoH to define guidelines and adapt them to the Colombian context.

Key recommendations

To governments

- Invest in coordination resources and capacity
- Built on inter-ministerial multisectoral approaches (e.g. SPRP) for preparedness and response strategies
- Strengthen linkages between subnational and national level
- Ensure strategic planning integrates subnational needs
- Strengthen partner engagement

To Health Clusters

- Mitigate risks by ringfencing resources and maintaining essential health services
- Ensure coordination functions are ringfenced at national and subnational levels.
- Support capacity to rapidly scale up coordination (e.g. surge capacity, mobilization, reprogramming of funds)
- Invest in subnational coordination capacity for local partners
- Sustain investments in information management

To Partners

- Consider co-coordinating technical working groups, pillars at national or subnational level
- Dedicate time and resources to coordination
- Support MoH where appropriate with basic coordination and planning
- Ensure timely and quality information sharing
- Contribute technical and surge capacity to help the integration of national and humanitarian coordination

To Donors

- Invest in capacitating MoH and/ or Health Clusters i.e. with surge staff to be seconded.
- Support and fund national and local partners and facilitate their involvement in all aspects of response
- Support flexibility in funding, i.e. repurposing/ redirecting/ adapting funding to needs
- At national level, advocate with governments to include populations affected by crisis

Links and Resources

- Study to examine the coordination of COVID-19 response in humanitarian settings https://healthcluster.who.int/publications/m/item/study-to-examine-the-coordination-of-covid-19-response-in-humanitarian-settings
- Global Health Cluster https://healthcluster.who.int/resources/covid-19-resources-and-guidance
- COVID-19 Critical preparedness, readiness and response: From emergency response to long-term COVID-19 disease management: sustaining gains made during the COVID-19 pandemic https://www.who.int/publications/i/item/WHO-WHE-SPP-2023.1
- IASC Humanitarian System-Wide Scale-Up Activation (includes Reference Modules and resources such as Coordination ToRs, etc. https://interagencystandingcommittee.org/humanitarian-system-wide-scale-activation