

COVID-19 response in humanitarian settings LESSONS LEARNT AND GOOD PRACTICES

Brief 5

Pandemic Preparedness, Readiness, and Response



Humanitarian health in the COVID-19 pandemic response

At the time COVID-19 evolved into a pandemic, the world was caught off guard. Countries were unprepared to mount a whole-of-society response; some, not few, had weak health systems. Humanitarian health interventions are being implemented in contexts ranging from supporting national health systems to substituting fragile or failing health systems. WHO and health cluster partners may even take on the responsibilities of national health authorities and health service providers. Often humanitarian access may be restricted, and in some instances, governments or national health authorities can be part of the conflict.

Populations affected by conflict are often disproportionately faced with obstacles to access timely quality diagnostics, prevention and care. This can be amplified in pandemic situations in which restrictions on movements, administrative and legal barriers or operational gaps to rapidly scale up services can hamper an effective response.

The humanitarian response to the COVID-19 pandemic, through a community-based protection-centered approach, has demonstrated adaptability and effectiveness:

- Timely development of the Global Humanitarian Response Plan (GHRP) and adaptations to humanitarian coordination mechanisms around the SPRP pillars under the lead of the Health Clusters and WHO.
- Technical cohesion between WHO and the Health Cluster facilitated locally adapted and enhanced guidance and tools.
- Recognition of and scaling up of the multisectoral response under the leadership of the Health Cluster with specific focus on community engagement, risk communication, IPC, humanitarian advocacy, health logistics.
- Strengthened national coordination capacity and alignment of national and humanitarian coordination mechanisms.
- Collaboration with the WHE Incident Management System (IMS) and Emergency Operations Centres (EOCs)
- Mitigating risks to routine health programmes by ringfencing resources and maintaining essential health services.

To be better prepared, the humanitarian system needs to be aligned and integrated into global, regional, national and subnational pandemic preparedness and response plans.

Advocacy for the inclusion of crisis affected populations and strengthening of collective capacity for effective public health action are needed.

Contributions of the humanitarian system to pandemic preparedness, readiness and response

- Protection-centred multisectoral approaches
- Knowledge of and engagement with crisis affected and hosting communities
- Established and proven coordination mechanisms and tools to support governments and effectively reach vulnerable populations
- Vast network of partners with capacities to coordinate and deliver essential services, including health workforce and surge capacity

Key recommendations for preparedness and readiness actions

- Support the adaptation of global frameworks (HEPR) and strategies and policies (SPRP, vaccination) to specifically include and cost affected populations in pandemic preparedness plans and strengthening of health systems.
- Subnational coordination was often insufficient. Coordination from subnational to national level (bottom up) needs to be strengthened!
- Use the learnings and good practices from the COVID-19 response in humanitarian settings to:
 - strengthen risk communication, adherence, and trust in public health measures through community engagement,
 - maintain and built multisectoral collaboration into pandemic preparedness plans,
 - strengthen capacity and resilience of national and local partners,
 - linking national plans with humanitarian action and delivering on localization and protection mainstreaming.
- Mitigate risks to routine public health programmes by ringfencing resources and maintaining essential health services.

Links and Resources

- Health Emergency Preparedness, Response and Resilience (HEPR)
 - Strengthening the global architecture for health emergency prevention, preparedness, response and resilience <https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-prevention--preparedness--response-and-resilience>
 - WHO HEPR Partners Platform <https://partnersplatform.who.int/hepr/en/>
- 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>

Alignment of Health Cluster activities with the 5Cs of the HEPR framework

HEPR 5Cs	Key Objectives	Health Cluster Engagement
Collaborative surveillance	Strong national integrated disease, threat, and vulnerability surveillance	<ul style="list-style-type: none"> Integrated situation analysis, including public health surveillance (PHIS, EWARS)
	Collaborative approaches to event detection, risk assessment, and response monitoring	<ul style="list-style-type: none"> Systematic multisectoral needs assessments (MIRA, JIAF) Systematic mapping of activities to crisis-affected population: Who does What Where (3Ws), When (4Ws) and to Whom (5Ws) Systematic mapping of health services availability (HeRAMS)
Community protection	Community engagement, risk communication and infodemic management to guide priority actions and strengthen community resilience	Evidence from the studies of the COVID-19 response in humanitarian settings: <ul style="list-style-type: none"> The Health Cluster lead on multisectoral collaboration with <u>all</u> clusters for broad community-based public health interventions is a key achievement and central lesson from the COVID-19 pandemic in humanitarian settings. Strengthening and supporting national and local partners Protection mainstreaming and localization with focus on RCCE
	Population and environmental public health interventions	<ul style="list-style-type: none"> Multisectoral efforts on public health and social measures in and with affected communities Focus on equitable access to vaccination (advocacy, coordination, implementation, monitoring)
	Multisectoral action for social and economic protection	<ul style="list-style-type: none"> Integration of affected populations in national social health protection systems Advocacy for equitable access to livelihoods, education, and social participation Protection from vulnerabilities (cash-based interventions)
Safe and scalable care	Scalable clinical care during emergencies	<ul style="list-style-type: none"> Rapid scale-up capacity (intl., natl. partners, standby partner rosters) Models and 'packages' for scalable services during sudden-onset emergencies Rapid emergency supply chain logistics
	Protection of health workers and patients	<ul style="list-style-type: none"> Integrated multisectoral IPC, WASH, supply chain logistics Integrated mapping of attacks on health care (SSA)
	Maintaining essential health services	<ul style="list-style-type: none"> Strengthening of national and local partners, localization, community engagement Standards for essential health services, quality Systematic mapping of activities to crisis-affected population: Who does What Where (3Ws), When (4Ws) and to Whom (5Ws) Systematic mapping of health services availability (HeRAMS)
Access to countermeasures	End-to-end health emergency supply chains	A unique advantage of the humanitarian system: <ul style="list-style-type: none"> coordinated effective high-capacity emergency supply chain system with global reach (UNICEF, WFP/UNHAS, WHO, UNHCR)
Emergency coordination	Strengthened workforce capacities for health emergencies	<ul style="list-style-type: none"> Vast partner network, standby partner capacity, linkages to WHO IMS, GOARN, EMTs Continuous capacity building, trainings, webinars, updating of tools
	Strengthening health emergency preparedness, readiness, and resilience	<p>There are weaknesses and strengths:</p> <ul style="list-style-type: none"> Weakness at decision-making level to consistently integrate crisis affected populations. Strength to make it happen at micro-planning levels where the operational focus of health cluster partners is at. Disadvantage: micro-plans are not always propelled up to the decision-making level and thus are not consistently costed and prioritized.
	Health emergency alert and response coordination	<ul style="list-style-type: none"> Health Clusters link to WHO health emergency operations and public health intelligence (IMS, EOCs, etc)