AGENDA

1. Update on evolving COVID-19 pandemic and implications for global scale-up

2. Update on proposed global humanitarian coordination architecture for COVID-19
   – Covid 19 Global Humanitarian Response Plan

4. Health Cluster Coordinators update on main actions/concerns,

5. Questions?
Current Situation

• Check regular updates on
  https://www.who.int/health-topics/coronavirus#tab=tab_1
Supporting country preparedness and response

Country operational planning guidelines:
1. Country-level coordination
2. Risk communication and community engagement
3. Surveillance and points of entry
4. Rapid response teams
5. National laboratory system
6. Infection prevention and control
7. Case management
8. Logistics and supply management
A practical set of guidelines for operational planning at country level are available for UNCTs/partners to support national governments to prepare for and respond to COVID-19.

A concrete step-by-step guide to scale up response quickly

Priority steps and actions to be included in the plan across 8 pillars of public health preparedness and response

A mechanism to estimate resources needed to address COVID-19
Immediate response and support to countries

Technical support missions:
- China, Iran, Italy, Algeria, Nigeria, Afghanistan/Pakistan
- Many newly affected countries are asking for support from WHO Regional Offices and the Global Outbreak Alert and Response Network (GOARN) partners

Emergency Medical Teams
Supporting hospitals and health centres with triage, case detection, temporary isolation and infection prevention and control measures, including the transfer of suspect cases. Across 20 countries.
Health Cluster response

- Awareness raising & disseminating technical guidance (all levels)
- Aligning with national Incident Management Teams / multi-sector coordination platforms
  - Country driven approach, leveraging cluster presence & capacities
- Preparedness & response planning to operationalize the CPRP (pillars)
  - Considerations for specific humanitarian settings and vulnerable groups e.g.
    - IASC Interim guidance: Scaling-up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings
    - IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (developed by the IASC’s Reference Group on Mental Health and Psychosocial Support)
    - IASC Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the COVID-19 Outbreak
    - IASC Interim Guidance for COVID-19 Prevention and Control in Schools
- Partner mapping, training /simulation exercises with health actors (country, regional, global)
- Business continuity planning for existing humanitarian action
## Established UN Crisis Management Team

**Align whole of UN effort for coherent and coordinated action**
- Communication of key information
- Development of strategies, policy & plans
- Analysis & prioritization of key issues
- Joint action where synergies exist

### Support to country’s
- UN coordination, resourcing & oversight
- Public health preparedness & response
- Assess/address social & economic impact

### UN operations
- UN staff communication & safety
- UN business continuity

### Global Issues
- Advocacy & resource mobilization
- Supply chain monitoring & intervention
- Travel, trade & mass gatherings

### Global public health
- Coordination & technical guidance
- Epidemiological analysis & risk communications
- Accelerated research & innovation
Covid 19 Global Humanitarian Response Plan

**Strategic priorities**

1. Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.
2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods.
3. Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

Focus on countries with HRPs, RRRPs, JRP & other countries with newly identified humanitarian needs (Iran)

- **Builds on the existing national plans & coordination mechanisms.** (NOT to create new coordination mechanisms)
- **Health, WASH, Logistics, Shelter, Protection & Food Security Cluster have prominent role.**

**Requirements (US$): 2.01 Billion**
HEALTH CLUSTER COORDINATORS – KEY AREAS OF CONCERN

• Localization / area-based coordination:
  – Need greater focus on sub-national preparedness and response, with emphasis on prioritizing service delivery by national and local partners; donors need to be supportive/less risk averse.

• Case management capacity:
  – Substantive concerns about access to healthcare by large numbers of people & context specific issues (camps/camp-like settings); personal hygiene, isolation, referral,

• Military assets and facilities:
  – Now being used in a variety of contexts; need to ensure guidelines available & civil-military liaison strengthened. Potential protections issues in conflict settings (e.g. Libya).

• Supply chains
  – PPE and for wider humanitarian needs

• Travel restrictions
  – Staff, R+R.
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QUESTIONS?