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# COVID-19 BRIEFING GLOBAL HEALTH CLUSTER

25 March 2020, Geneva, Switzerland

# 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?

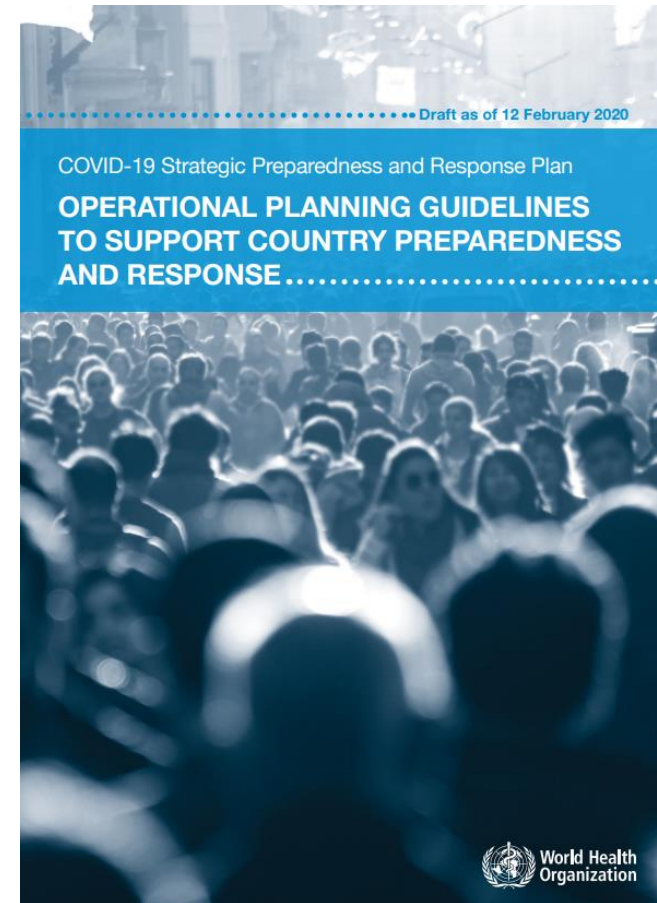
## Current Situation

- Check regular updates on [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](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



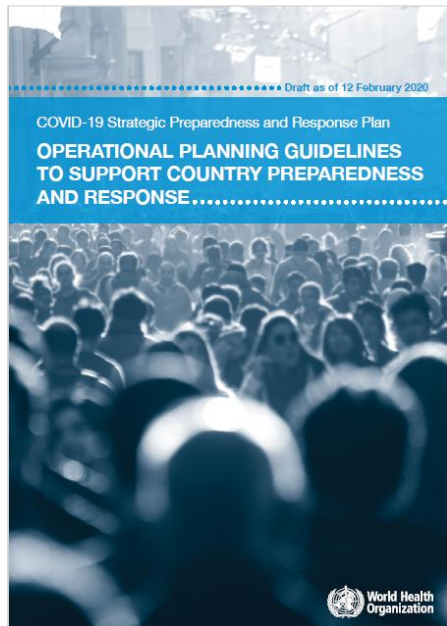
# Operational Planning Guidelines to Support Country Response

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



**ANNEXES**

**Annex 1: Key Performance Indicators**

Category	Indicator	Target	Rationale for Use
Epidemiology situation	Number of countries with cases	N/A	Identify epidemiological data to understand the scale and geographic risk of the event. Further analysis and distribution: • Number of countries with no cases • Number of countries with local transmission • % of countries in which there are cases that were not directly associated with travel to case detected by community spread • % of deaths, suspects or confirmed cases detected at point of entry • % deaths reported among reported cases
Global response – Health care services	% of cases who are health care workers	75%	Identify to strengthen IPC case lines. Determine the availability of and the reporting systems for data sharing are established. Some caution should be exercised when interpreting data, as some ICHMs are at high risk of community transmission.
Global response – Program management	% of CHRP budget funded	80%	Helps to assess the financial support to the global response and the CHRP.
Global response – Policy	% of tools needed for the CHRP implemented	100%	Helps to assess the level of implementation of the global response as per the CHRP.
Global response – Supply	Country requesting PPE has received supplies	N/A	Focuses on capacity to obtain supplies to countries during the event.
Global response – HRD	Country if eligible is enrolled in online HRD	N/A	Focuses on country collaboration and can serve to advocate for acceptance of multilateral HRD in countries where local HRD is not available during the outbreak.
Country readiness – Capacity	Preparedness Index 5: Operational readiness (using 10 different indicators from ICHRM)	Level 1 <=0 Level 2 <=20 Level 3 <=30 Level 4 <=40 Level 5 <=50	Demonstrates the level of preparedness and operational readiness based on their current status of PPE supplies. Indicators are based on objective assessments, not on functional readiness. Through ICHRM, they are linked with other instruments such as AAI and SRS.
Country readiness – Capacity	Country has activated the Public Health Emergency Operations Centre as a coordination mechanism in the COVID-19 event	100%	Initiates health system preparedness to manage the event.
Country readiness – Capacity	Country has prepared a referral system to care for COVID-19 patients	75%	Addresses health system readiness. Countries should have designated response for patients.

DRAFT OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE 12

**Pillar 2: Risk communication and community engagement**

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in the preparedness and response interventions should be announced and explained ahead of time and be developed based on population's perceptions of the public health measures. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities is essential to establish authority and trust.

**Step 1: Actions to Be Taken**

- Implement national risk communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
  - Conduct rapid behaviour assessment to understand key target audiences, perceptions, concerns, influencers and preferred communication channels
  - Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
  - Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (business groups, youth groups, business groups, traditional healers, etc.)
- Establish and utilize observance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
  - Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
  - Utilize two-way "shameless" for community and public information sharing such as hotlines (text and talk), responsive social media such as WhatsApp in country where it exists and radio shows with systems to detect and rapidly respond to and counter misinformation
  - Establish large-scale community engagement for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health management recommendations
- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude and practice surveys, and direct dialogues and consultations
  - Ensure implementation through participatory dialogues involving influencers, community-based groups, health workers and at-risk populations including people with disabilities and changes to community engagement approaches (e.g. based on evidence, needs and perceptions) and is supported by culturally appropriate and empathic communication channels
  - Document lessons learned to inform future preparedness and response activities

COVID-19 Strategic Preparedness and Response Plan United Nations Country Teams and Partners Planning Guidelines 5

# 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

**Requirements (US\$): 2.01 Billion**

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, JRPs & 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.**

# 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.

Check regular updates on

[https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)

Available Coronavirus disease (COVID-19) Online training :

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

## QUESTIONS?