Investing in and building longer-term health emergency preparedness during the COVID-19 pandemic
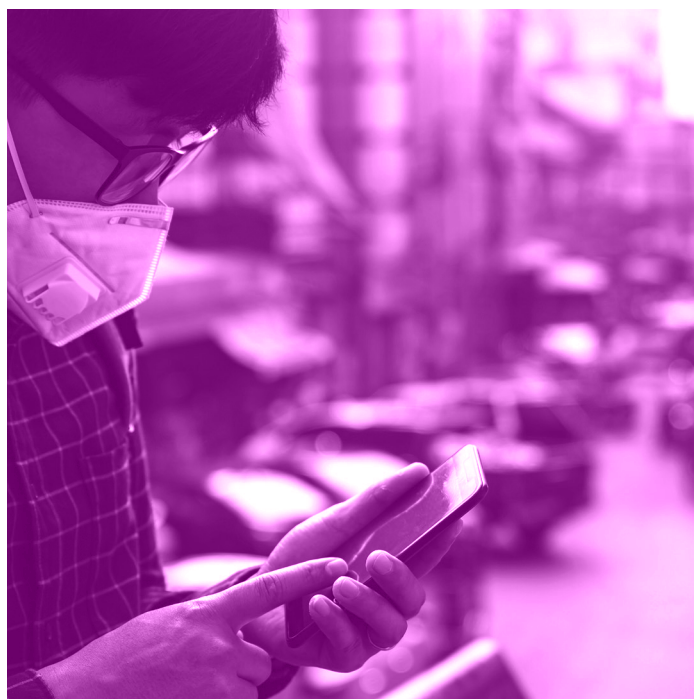
Interim guidance for WHO Member States

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World Health Organization

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Acronyms

COVID-19	Coronavirus disease 2019	NAPHS	National action plans for health security
GSPN	Global strategic preparedness network	REMAP	Resource mapping
ICT	Information and communication technology	SARS	Severe acute respiratory syndrome
IHR 2005	International Health Regulations 2005	SPRP	Strategic preparedness and response plan
IPC	Infection prevention and control	WASH	Water, sanitation and hygiene

Executive summary

Countries are currently focused on preparing and responding to coronavirus disease 2019 (COVID-19). Unfortunately, this will not be the last health emergency that the world experiences, and some countries will even face other threats simultaneously. Prevention, preparedness, readiness, response and recovery lie on a continuum and to be effective, this continuum needs comprehensive attention. There is an urgent need to strengthen the overall health security capacities of countries to meet immediate demands and to improve responses to future threats beyond COVID-19. This is crucial if the world is to break the "panic and forget" cycle and avoid a repeat of past experiences, when capacities built for specific threats were not sustained, and good practices and lessons learnt were lost.

Investments and expenditures for COVID-19 should therefore lead to longer-term, wider benefits, in line with national needs for sustainable capacities. For example, in the current WHO COVID-19 strategic preparedness and response operational planning guidelines, 120 of the 143 suggested actions, if implemented and sustained, would lead to strengthened capacities against other health emergencies. The Annex to this guidance shows how recommended COVID-19 actions can be linked to capacities to implement the International Health Regulations (2005) (IHR 2005) that, if sustained, would lead to longer-term preparedness. It also provides WHO resources for capacities that are not specific to COVID-19 per se.

The ability to handle emergencies varies between countries and often within a given country. Conflict-prone areas also present additional security concerns. Countries need to build resilient health systems, adopt a whole-of-government and multisectoral approach, and achieve some quick wins where possible. Furthermore, countries should adopt a life-course approach and account for vulnerable populations that may have specific preparedness needs.

There are many existing global, regional and national tools to support countries in meeting their IHR 2005 obligations, providing information on their strengths and gaps, and can help in the development of priority actions for capacity development. These include the IHR monitoring and evaluation framework and the WHO benchmarks for IHR (2005). National action plans, including those for health security, support countries in enhancing their preparedness for health emergencies. Other tools that enable countries to strengthen capacities for all types of emergencies include national multisectoral disaster risk reduction plans as well as the WHO health emergency and disaster risk management framework. National plans for COVID-19 preparedness and response should eventually be integrated with these overarching plans.

Documenting and sharing innovations, experiences and lessons from COVID-19 is crucial. It supports after action reviews and may lead to identification of priority actions to build and maintain sustainable capacities. Such evidence also helps to maintain preparedness high on national and international agendas and to ensure continued funding for preparedness.

WHO will continue to work with Member States and partners to meet the immediate and urgent needs of the COVID-19 response. However, as a global community, all must play their part in ensuring that there are strengthened and sustained capacities to prevent, prepare for, respond to and recover from future disease outbreaks and other health emergencies.

1   Introduction

1.1   Preparing for emergencies beyond COVID-19

Countries are currently focusing their attention on coronavirus disease 2019 (COVID-19). While this remains critical, unfortunately COVID-19 will not be the world's last health emergency. Countries will continue to face potential disease outbreaks and other risks to public health, and many are already experiencing multiple health emergencies.

WHO is working with its Member States, including those with weak and fragile health systems, to help them manage COVID-19 effectively. The strategic preparedness and response plan (SPRP)[1], the strategy update[2], the operational planning guidelines to support country preparedness and responses[3], and the interim guidance on strengthening preparedness in cities and urban settings[4] recommend measures to support countries in preparing for and responding to COVID-19. However, as countries move towards recovery or periods of low or no transmission, actions taken for COVID-19 could and should lead to better preparedness for future hazards and emergencies.

1.2   Purpose of Document

This guidance supplements the COVID-19 SPRP, the strategy update and the operational planning guidelines[1–3]. Its aim is to help multisectoral decision-makers and policy-makers in Member States to 'build back better' by undertaking the following:

- build on actions taken as part of their COVID-19 SPRP to improve national medium- to long-term preparedness for future all-hazards;

- locate relevant supporting WHO resources that are not specific to COVID-19 but can help build sustainable capacities; and

- advocate for the conscious and effective allocation of COVID-19 funds to meet these longer-term needs, including their obligations under the International Health Regulations 2005 (IHR 2005).

The guidance should also help partners and other stakeholders to support Member States in these efforts to build sustainable capacities for longer-term preparedness.

1.3   Lessons from the past

Prevention, preparedness, readiness, response and recovery exist on a continuum (Fig. 1). Countries that had invested in preparedness in the wake of past health emergencies such as Ebola virus disease and severe acute respiratory syndrome (SARS), including adoption of a coordinated multisectoral approach, community engagement and improvements to infection prevention and control in the community and in health care facilities, have been better able to prevent and control subsequent disease outbreaks, including the current COVID-19 pandemic[5, 6].

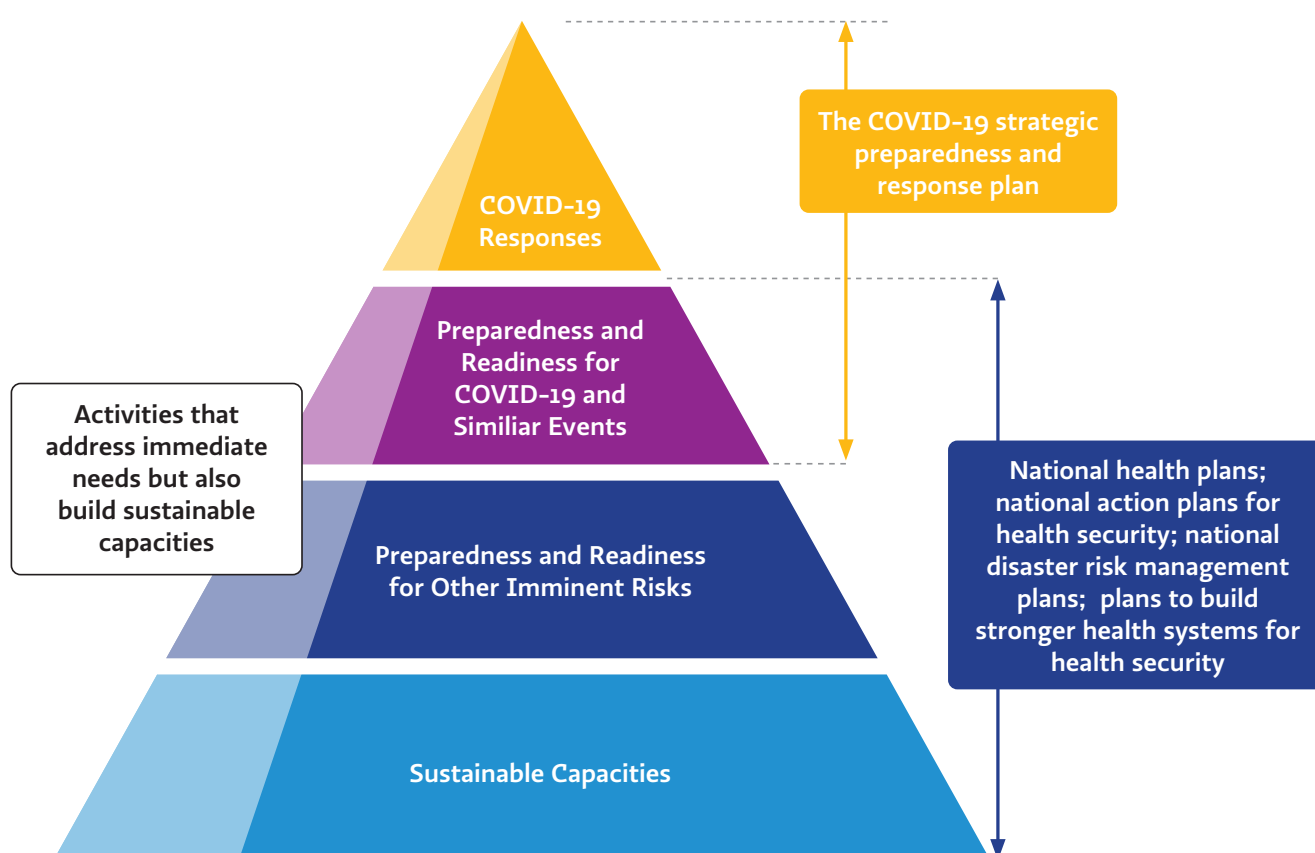**Fig. 1.** The full emergency management cycle

The full scope of this continuum must be considered as early as possible by countries. Otherwise, the world will continue the cycle of "panic and forget" until the next disease outbreak or other emergency once again highlights the critical need for sustainable capacities to prevent, detect and respond to public health emergencies[7].

Urgent COVID-19 actions by countries must therefore set the stage for building sustainable capacities (Fig. 2). With a transition to longer-term investments and actions anchored in national preparedness plans, countries can build health systems that can surge to meet the needs of health emergencies. This should be given special consideration when countries are moving from response to recovery, to low levels or no transmission, or between COVID-19 epidemic peaks.

Fig. 2. COVID-19 response measures should lead to longer-term strengthening of capacities for health emergency preparedness

1.4   Existing guidance and tools

To support effective implementation of preparedness actions and activities, countries have at their disposal a number of WHO guidance documents and tools. The overarching *Health emergency disaster risk management framework* provides an approach to reducing health risks and the consequences of emergencies and disasters[8]. Components of the *International Health Regulations (2005) monitoring and evaluation framework* highlight gaps in countries' capacities[9,*] priority actions are detailed in national plans such as *national action plans for health security* (NAPHS)[10] and IHR 2005 roadmaps, and the *WHO benchmarks for International Health Regulations capacities*[11] can serve as a guide for the implementation of proposed actions. For specific technical capacities, there are other WHO publications and resource libraries that can provide further information.

* Comprising state party self-assessment annual reporting, joint external evaluations, simulation exercises, and after-action reviews.

2   Considerations when prioritizing actions and funding for sustainable capacity- building

2.1   Using the COVID-19 momentum spur preparedness investments

In addition to COVID-19 specific activities (e.g. procuring personal protective equipment)[12], countries should ensure that an appropriate proportion of funding is allocated to activities that can also build sustainable capacities (e.g. training to improve national surveillance, health information management and risk communication, and essential logistic requirements). Sustained implementation of 120 of the 143 actions listed in the COVID-19 SPRP would lead to strengthened capacities against other types of emergencies in a country (see Annex).

2.2   Targeting national and subnational priorities

Countries' priority gaps in preparedness capacities can be identified through national monitoring and evaluation data including those collected under the IHR 2005 monitoring and evaluation framework. However, capacities may vary across a country, and attention should also be paid to subnational, including local and community, disparities. Each country's sociocultural, political and economic context is also different, and this may influence the way COVID-19 is managed and where the focus for sustainable capacity-building needs to be placed. Countries need to strengthen capacities at all levels of governance, especially in cities and other urban settings[4]. They may also need to take into account vulnerable subpopulations, informal settlements and the impact of conflict and complex environments on the management of health emergencies both for COVID-19 and beyond. Deteriorating socioeconomic conditions during an emergency may lead to civil unrest, and preparedness in these settings may have additional security challenges. This includes protecting health workers and other personnel (e.g. surveillance, risk communication and community engagement teams) from these security risks.

2.3   Establishing health systems for health security

Countries may have different needs in ensuring that they can surge to meet health emergencies on top of the routine demand for essential health services[13]. COVID-19 has shown that health systems are at risk of being overwhelmed, and this has a direct impact on emergency preparedness and response efforts. Countries should consider making investments that will enable them to close specific health system gaps in order to deal with such stresses.

2.4   Whole-of-government and multisectoral approaches to preparedness

Countries need to ensure that national plans adopt both whole-of-government and whole-of-society approaches. Countries should be actively engaging all relevant ministries and stakeholders across multiple sectors, including communities, private partners, United Nations country teams, international organizations and other non-state parties, so as to broaden health security capacity-building, including through simulation exercises during opportune periods[14]. There is a continued risk of events at the human-animal interface and close coordination between human and animal health sectors must be encouraged[15]. The multisectoral preparedness coordination framework can help support countries in establishing cross-sectoral coordination[16]. The engagement of authorities at the highest level in countries, including beyond the health sector, would help foster greater transparency, commitment to and accountability for health security, and resilience.

One Health*

While temporarily banned in Asia, wildlife trading and consumption continue to pose opportunities for virus spill-over from animals to humans. Practices linked to wildlife farming, manipulation, trade and consumption need to be better regulated, and improved joint surveillance, risk assessment, communication and awareness campaign are components of the strategies to reduce risks at critical points (e.g. wet markets) and for exposed communities or occupational groups[17].

2.5 Achieving "quick wins"

Countries should consider selecting and prioritizing certain areas that would achieve quick wins in the short term – speedy, tangible and positive outcomes that clearly demonstrate how investing in sustainable capacities can broaden those capacities and enhance countries' responses to immediate COVID-19 needs. Conducting periodic after action reviews may allow for the further identification of where these opportunities lie[18].

Example

WHO country offices may be able to support countries through short train-the-trainers courses for community workers on risk communication. These can be put together quickly and show immediate benefits in community mobilization for preparedness and readiness for COVID-19 and beyond.

through the COVID-19 SPRP. This can be achieved through the SPRP monitoring and evaluation tool[19]. Furthermore, successful innovative solutions developed by countries to enhance preparedness should be shared with others. This is important both to meet the urgent needs for effective methods to address COVID-19 and for use in future emergencies.

Example

Some countries have developed new mobile telephone applications that collect crowd-sourced data to identify potential cases, track disease spread and facilitate contact-tracing activities. Others have used similar applications for the dissemination of accurate information.

2.7 Preparedness should be across the life-course

Sustainable empowerment of populations needs to adopt a life-course approach – from children and adolescents to adults and older people. Professionals, such as doctors, nurses, midwives and teachers, should also be educated and trained on health emergency and disaster risk management and resilience-building. This includes training, individually and collectively, on preparing for, responding to and recovering from COVID-19 and other future emergencies. In this regard, tailored information and education