COVID-19 Strategic Preparedness and Response Plan

OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE...

World Health Organization

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INTRODUCTION

On 30 January 2020, the Director-General of World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR 2005), following advice from the International Health Regulations Emergency Committee. On 4 February 2020, the Director-General of WHO briefed the Secretary-General of the United Nations and requested the activation of the United Nations crisis management policy to establish a Crisis Management Team (CMT) to coordinate the United Nations system-wide scale up to assist countries[1] prepare for and respond to COVID-19.

On 6 February 2020, the United Nations Development Coordination Office (UNDCO) hosted a call with WHO to brief all Resident Coordinators and United Nations Country Teams (UNCTs) on the COVID-19 Strategic Preparedness and Response Plan (SPRP),[2] emphasizing the importance of a whole-of-UN response. On 14 April 2020, WHO released a Strategy Update[3] to complement the SPRP. This Strategy Update was based on the evidence the world had accumulated since the SPRP was published about how COVID-19 spreads, the severity of disease it causes, how to treat it, and how to control transmission.

The Strategy Update provides guidance to countries preparing for a phased transition from widespread transmission to a steady state of low-level or no transmission and will continue to be updated as the epidemiological situation changes. The Strategy Update translates additional practical guidance for whole-of-government and whole-of-society strategic action that can be adapted according to specific national and subnational situations and capacities. It invites national authorities to update their own COVID-19 national plans in line with guiding principles to prepare for and respond to COVID-19.

Together, the SPRP and Strategy Update are one part of three interlocking strategic plans that guide the whole-of-UN response to COVID-19. The others are the Office for the Coordination of Humanitarian Affairs (OCHA) Global Humanitarian Response Plan for COVID-19[4] (GHRP), and the United Nations Development Programme (UNDP) Framework for the immediate socio-economic response to COVID-19[5] (Annex 1).

The primary objective of the international response to the COVID-19 outbreak is to limit human-to-human transmission of the virus, care for those affected, and maintain essential health services during the outbreak.

In some cases, national authorities will be able to implement the measures needed to prepare for and respond to COVID-19 with minimal support. In other cases, partners may be called on where there are capacity gaps at national or subnational level. WHO is calling all partners to act immediately to assist all countries to rapidly detect, diagnose and prevent the further spread of the virus, and ensure the continuity of essential services and systems.

Purpose of the updated operational planning guidelines

This document was developed by WHO to provide a practical guide that may be used by national authorities to develop and update their COVID-19 national plans across the major pillars of of COVID-19 preparedness and response. It is also intended for use by the UNCTs (e.g., WHO, OCHA, UNDP, UNICEF, etc.) and key partners to develop or update their COVID-19 multiagency plans with and in support of national authorities.

Pillars

1 Country-level coordination, planning and monitoring;

2 Risk communication and community engagement;

3 Surveillance, rapid-response teams, and case investigation;

4 Points of entry, international travel and transport;

5 National laboratories;

6 Infection prevention and control;

7 Case management;

8 Operational support and logistics;

9 Maintaining essential health services and systems.

This document includes new recommendations for action aligned with recent technical guidance, including: maintaining essential health services and systems during the outbreak, and special considerations for community transmission in low-capacity and humanitarian settings. It should also be used by UNCTs and key partners to develop or update their COVID-19 multiagency plans to complement and support national authorities.

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1 In this document, the word "countries" represents countries, territories, and areas.

2 https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf

3 https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19

4 https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf

5 https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-COVID-19

COVID-19 multiagency plans should cover an 11-month period from 1 February 2020 to 31 December 2020, in alignment with the Strategy Update. The COVID-19 multiagency plan should include resource requirements with and in support of national authorities' COVID-19 national plan. The UN and its partners will implement the adapted preparedness and response actions outlined in the COVID-19 multiagency plan to ensure that the best support possible is provided to national authorities and communities affected by COVID-19.

The implementation of the multiagency plan should be monitored based on the framework with pre-defined indicators in the SPRP COVID-19 Monitoring and Evaluation Framework adapted as the situation evolves. Subsequent COVID-19 multiagency plans will be developed based on the evolving situation and needs.

This document does not supersede existing national guidance or plans. Rather, these guidelines should be used to rapidly adapt existing relevant national plans and focus the international community's support. All technical guidance by topic is available from the WHO COVID-19 website.[6]

Next steps

Using this guidance, the immediate next steps are for national authorities, UNCTs and partners to:

- Appoint a lead, if not done so already, to coordinate and oversee the development and/or update of the COVID-19 national plan and the COVID-19 multiagency plan;
- Map existing preparedness and response capacity, and identify key gaps based on the actions outlined in this document;
- Engage with national authorities and key technical and operational partners to identify appropriate coordination mechanisms, including the health cluster, and assign roles and responsibilities to address key gaps to be addressed by the COVID-19 plans;
- Engage with local donors and existing programmes to mobilize resources and capacities to implement the COVID-19 plans;
- Establish monitoring mechanisms based on key performance indicators to track progress, and review performance to adjust COVID-19 plans as needed;
- Conduct regular operational reviews, and adjust the COVID-19 response and preparedness strategies as required.

Additional resources to aid planning and monitoring include:

- COVID-19 SPRP Monitoring and Evaluation Framework;
- The COVID-19 Partnership Platform,[7] developed by WHO and launched with the UN Development Coordination Office as an online companion tool to this document.

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6 https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance

7 https://COVID-19-response.org

PILLARS

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Pillar 1: Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with the engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social welfare, social protection and agriculture to provide coordinated management of COVID-19 preparedness and response. A Government and whole-of-society approach is needed for COVID-19 planning and response. Until medical countermeasures for COVID-19 are available, prevention and control strategies must be based on public health and social measures to reduce transmission. Every country must put in place comprehensive public health measures to maintain a sustainable steady state of low-level or no transmission, and have the surge capacity to rapidly control cases and clusters to prevent community transmission. If community transmission occurs, stringent measures will need to be taken to suppress transmission as quickly as possible and transition back to a steady state of low-level transmission. See Special Considerations section of this document for guidance on community transmission, and low-capacity and humanitarian settings for actions to be taken in the context of a wider humanitarian coordination system. Stringent COVID-19 control measures can have considerable social and economic costs, and should be agreed on with the participation of relevant sectors, implemented with the full understanding and participation of communities, and based on the principle of doing no harm. Potential harm from COVID-19 control measures should be mitigated through measures to protect access to food and maintain the food chain, support continuity of essential services, and to protect livelihoods. The rationale and intended public health benefits of implementing COVID-19 control measures must be effectively communicated to the affected populations, and communities engaged to own and participate in them.

Step	Actions to be taken
1	☐ Activate multi-sectoral, multi-partner coordination mechanisms to support COVID-19 emergency preparedness and response at all levels
	☐ Ensure information platform and process in Emergency Operations Center (EOC) are updated to support COVID-19 response operations **(new May 2020)**
	☐ Engage all relevant national authorities, key partners and stakeholders to develop a country-specific operational plan with estimated resource requirements for COVID-19 preparedness and response, or adapt, where available, an existing Influenza Pandemic Preparedness Plan (IPPP)
	☐ Conduct initial risk analysis and capacity assessment, including mapping of vulnerable populations, specific to the setting, to inform the operational plan, with a focus on reducing health and social inequalities that disproportionately affect women and girls
	☐ Begin establishing metrics and monitoring and evaluation systems to assess the effectiveness and impact of planned measures
	☐ Define rationale and conduct reiterative risk assessments using a systematic approach with the participation of relevant sectors to consider introducing, adapting and lifting public health and social measures (PHSM)
	☐ Determine and monitor the adequacy of the response to be taken by transmission scenario, level of government and/or low-capacity or humanitarian setting[8] (see Special Considerations) **(new May 2020)**
	☐ Coordinate within and across sectors and other socioeconomic pillars (such as social protection and basic services, and economic response and recovery) to mitigate social and economic consequences. Coordinate with UN agencies and partners to strengthen the global food supply chain, protect food workers, properly manage food markets, and mitigate possible disruptions to the food supply, especially for vulnerable populations. **(new May 2020)**
	☐ Communicate risk assessments and planning assumptions to inform planning and actions by all sectors at all levels **(new May 2020)**
	☐ Enhance hospital and community preparedness plans; ensure that space, staffing, and supplies are adequate for a surge in patient care needs

8 https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-COVID-19

https://interagencystandingcommittee.org/health/interim-guidance-public-health-and-social-measures-COVID-19-preparedness-and-response-0

Step	Actions to be taken
2	☐ Establish an incident management support team (IMST), including rapid deployment of designated staff from national and partner organizations, within a public health emergency operation centre (PHEOC) or equivalent if available, and ensure enhancement, coordination and networking of EOCs between levels of government and across sectors
	☐ Identify and train staff for IMST functions and roles **(new May 2020)**
	☐ Identify, train, and designate spokespeople
	☐ Engage all local donors, relevant national authorities, ministries of finance, key partners, stakeholders and existing programs to mobilize/allocate resources and capacities to implement operational plans across sectors at all levels
	☐ Review regulatory requirements and legal basis of all public health measures, using the principle of doing no harm
	☐ Prepare for regulatory approval, market authorization and post-market surveillance of COVID-19 products (e.g. laboratory diagnostics, therapeutics, vaccines), when available
	☐ Implement and issue guidance on public health and social measures, including **(new May 2020)**:
	☐ Personal protective measures, such as hand washing, physical distancing, and respiratory etiquette
	☐ Measures that affect indviduals, such as isolation of cases and quarantine of contacts
	☐ Measures to restrict movement in and out of health care facilities, long-term care facilities, institutions and camps to protect high-risk groups
	☐ Measures to reduce contact between individuals, such as the suspension of mass gatherings, closure of non-essential places of work and non-essential educational establishments, and reduced public transport. These measured should be informed by an assessment of risks and benefits, including consideration of negative secondary impact on the most vulnerable
	☐ Measures to reduce the risk of introduction or reintroduction of virus from high-transmission areas to low-transmission or no-transmission areas. These measures could include limits on national and international travel, enhanced screening and quarantine, but should be informed by a detailed assessment of risks and benefits
	☐ Develop initiatives to reduce financial barriers and out-of-pocket payments people may face in accessing COVID-19 health care, and non-financial initiatives to mitigate the effect of movement restriction (e.g., free or subsidised access to telecommunications, food supplies) **(new May 2020)**
	☐ Monitor the implementation of the COVID-19 national plan based on key performance indicators in the SPRP, and produce a regular situation report to be shared with WHO and partners
	☐ Consult with neighbouring countries, other countries and regional bodies on planning and management of the COVID-19 pandemic across sectors **(new May 2020)**
3	☐ Adapt and implement national cross-sectoral pandemic preparedness business continuity plans, where existing, to the COVID-19 response
	☐ Conduct regular operational reviews to assess implementation success and failures and epidemiological situation, adjust operational plans as necessary, and share lessons learned with other countries
	☐ Conduct Inter-Action Reviews (IAR) and After Action Reviews (AAR) in accordance with IHR (2005)
	☐ Use the COVID-19 outbreak to test existing plans, and document lessons learned to inform future capacity development, including for preparedness and response activities

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Pillar 2: Risk communication and community engagement (RCCE)

It is critical to regularly communicate to the public what is known about COVID-19, what is unknown, what is being done to address unknowns and to support populations, and actions that are or will be taken. RCCE plans should be based on the seven key steps developed jointly between WHO, United Nations Children's Fund (UNICEF) and International Federation of Red Cross and Red Crescent Societies (IFRC) global partnership on RCCE. Preparedness and response activities should take into consideration social science data that provide an overview of community knowledge, attitude, practices, and perceptions, and conducted in a participatory way through community engagement strategies. Community engagement strategies and the overall response should be informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation.

Changes to preparedness and response interventions should be announced and explained in advance and take the perspectives of affected communities into account. Public health and social measures such as movement restrictions work best when they are discussed, understood, accepted and supported by the public. Responsive, empathic, transparent, contextualised and consistent engagement in local languages through accessible and trusted channels of communication, with community-based networks and key influencers is essential to establish trust. Risk communication should minimise uncertainty, and address risk and fear. Slowing the transmission of COVID-19 and protecting communities will require the participation of every member of every community to take action and prevent infection and transmission. This requires that everyone understands and adopts individual protection measures such as washing hands, avoiding touching their face, practicing good respiratory etiquette at all times, individual level distancing, and cooperates with physical distancing measures and movement restrictions when called on to do so.

Step	Actions to be taken
1	☐ Develop/revise and implement national risk communication and community engagement plan for COVID-19, including details of anticipated public health and social measures, RCCE objectives, and key audiences, with the participation of relevant sectors, UN agencies, partners and levels of government
	☐