READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

COVID-19 Coordination Report

Consultation Findings and Case Studies

USAID FROM THE AMERICAN PEOPLE

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

JOHNS HOPKINS CENTER for HUMANITARIAN HEALTH

Save the Children.

JOHNS HOPKINS Center for Communication Programs

UK-MED

EcoHealth Alliance

mercy MALAYSIA

Table of Contents

Overview of the READY Initiative

- READY is a BHA-funded consortium led by Save the Children to augment global capacity to response to major disease outbreaks

- Three primary project objectives:
  - Strengthen NGO coordination
  - Improve operational readiness
  - Adapt and develop technical readiness

READY Partners

Save the Children

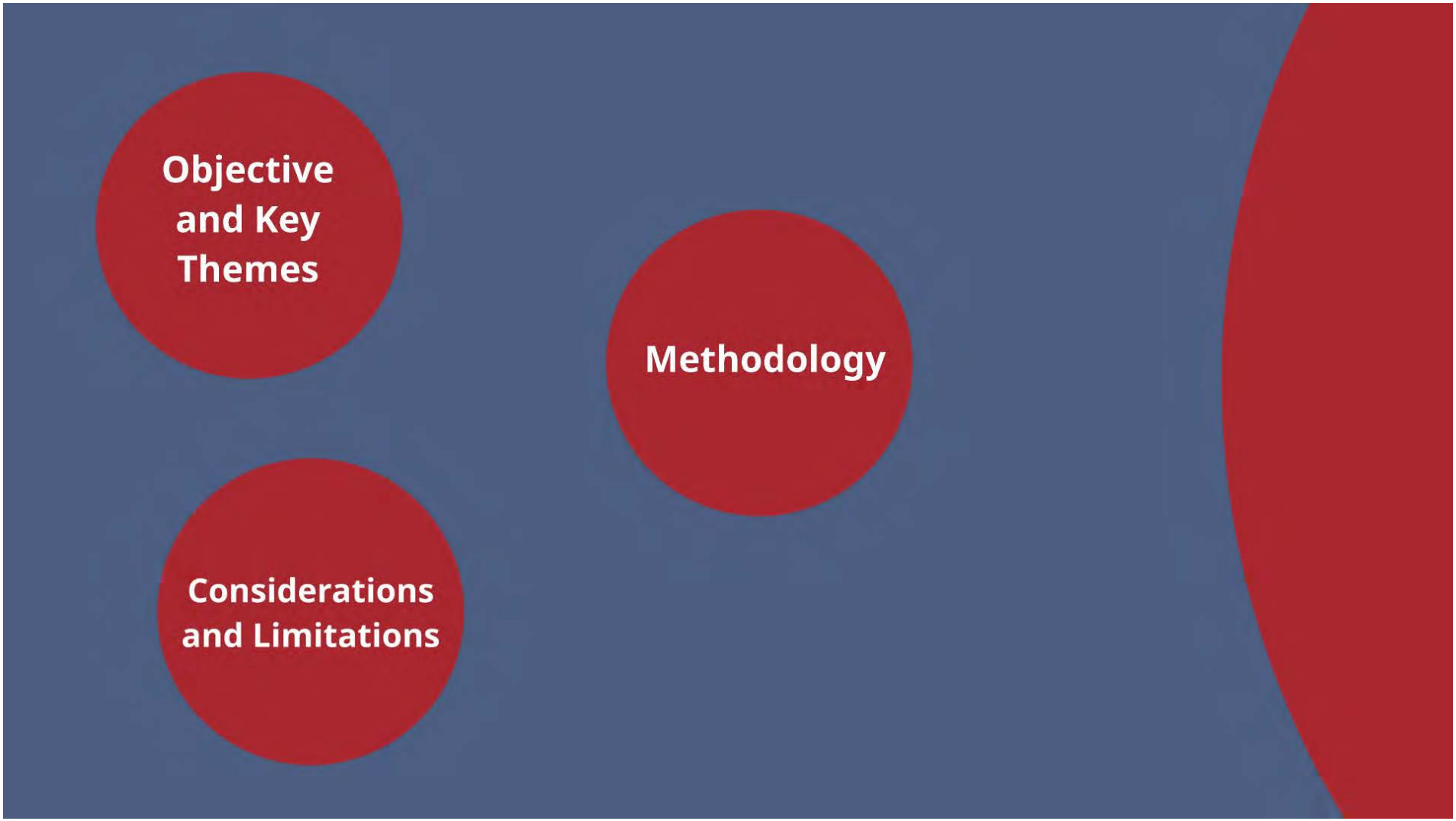
JOHNS HOPKINS Center for Communication Programs™

JOHNS HOPKINS CENTER for HUMANITARIAN HEALTH

UK-MED

mercy MALAYSIA

EcoHealth Alliance


Objective and Key Themes
Methodology
Considerations and Limitations

Objective and Key Themes

Objective

- To present the coordination and leadership mechanisms emerging from the COVID-19 pandemic response and to better understand how NGOs working in humanitarian settings are engaging in these structures.

Key Themes Explored

- Coordination and leadership mechanisms emerging for COVID-19 response
- Opportunities for effective NGO engagement in COVID-19 response coordination mechanisms and lessons to inform NGO readiness for future outbreak response
- The role of COVID-19 coordination mechanisms in advocating for and supporting community-centered response approaches

Methodology

1. Desk review of publicly available documents on COVID-19 coordination and leadership mechanisms (August–September 2020)

2. Forty-six semi-structured interviews with policymakers and practitioners active in humanitarian and outbreak response and with knowledge and experience working with COVID-19 coordination structures (September–November 2020)

- **25 entities**: national and INGOs, UN agencies, NGO fora and networks, donor organizations, academic institutions, and Ministries of Health
- Global level: 23 interviews
- Indonesia: 11 interviews
- Democratic Republic of Congo: 12 interviews

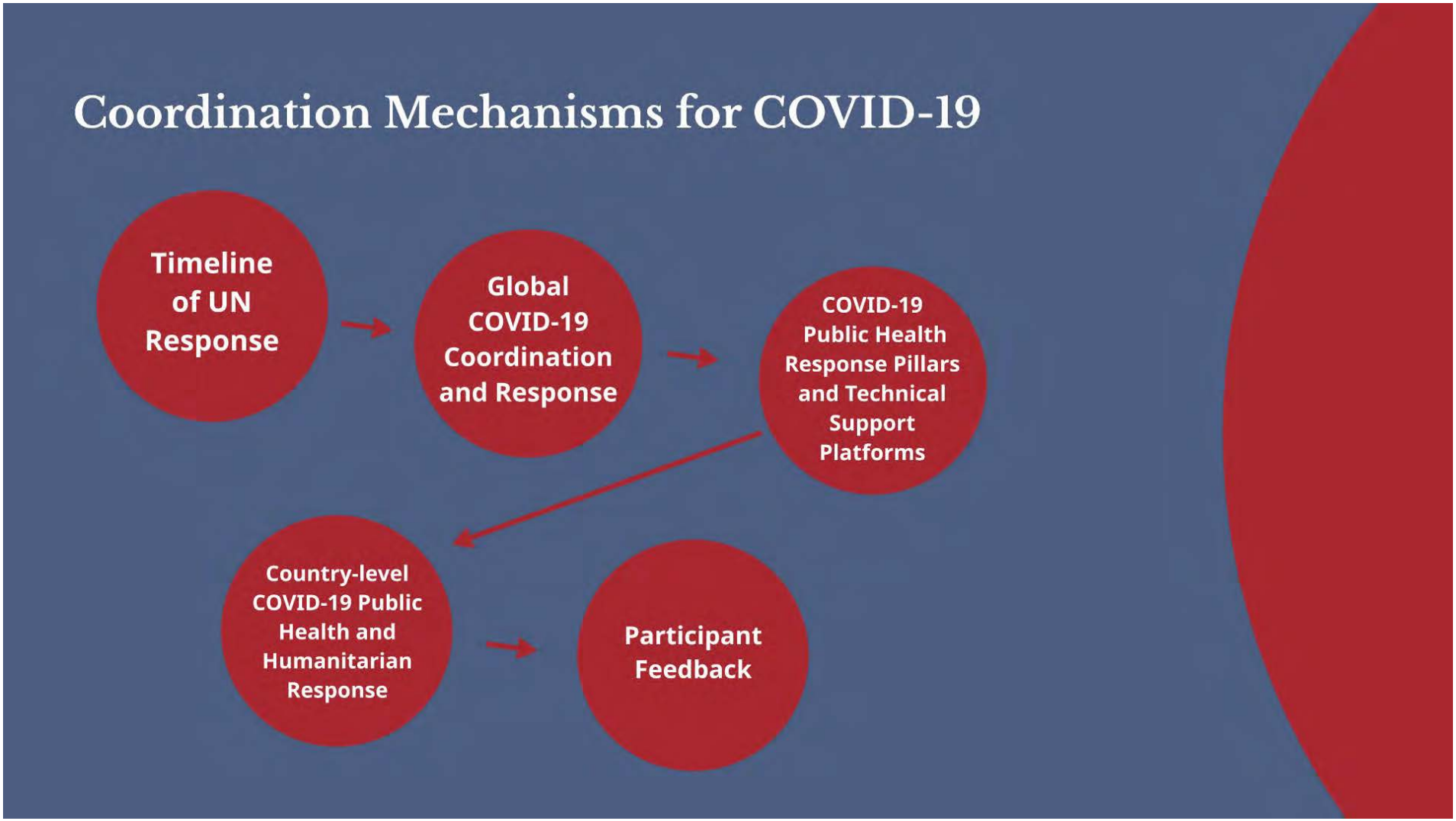
Considerations and Limitations

Considerations

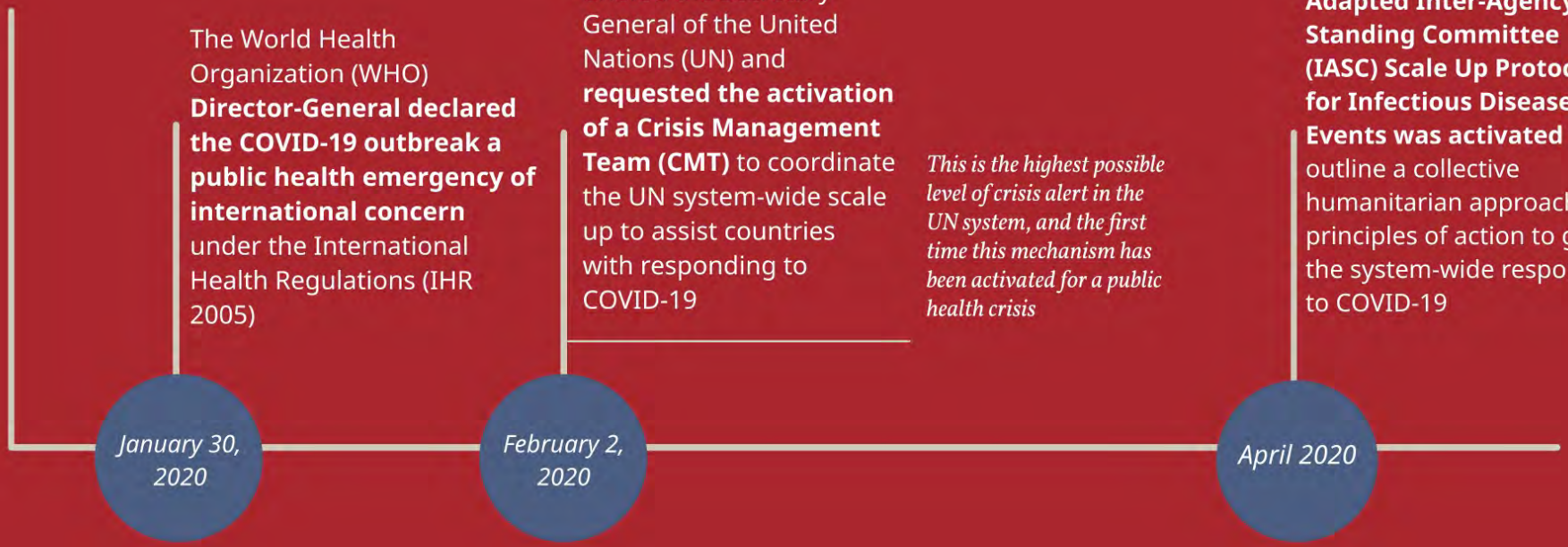
- This report is the compilation of a desk review of existing literature on global and country coordination mechanisms and feedback from 46 semi-structured interviews. The feedback represents the opinions of those interviewed and their experience engaging with global and country COVID-19 coordination mechanisms.
- Participant feedback represents overall themes raised by multiple participants unless otherwise specified.
- Slides containing participant feedback are noted with the following symbol: 

Limitations

- Literature was collected and reviewed from August to September 2020. Information and approaches may have changed over the course of the pandemic.
- Participant experiences and perspectives may have changed since the interviews were conducted.
- While a purposive sampling approach was taken to identify interviewees, it is likely that key stakeholders were not interviewed that could have further enriched the findings.


Coordination Mechanisms for COVID-19
Timeline of UN Response
Global COVID-19 Coordination and Response
COVID-19 Public Health Response Pillars and Technical Support Platforms
Country-level COVID-19 Public Health and Humanitarian Response
Participant Feedback

Initial Milestones in the United Nations Response to COVID-19

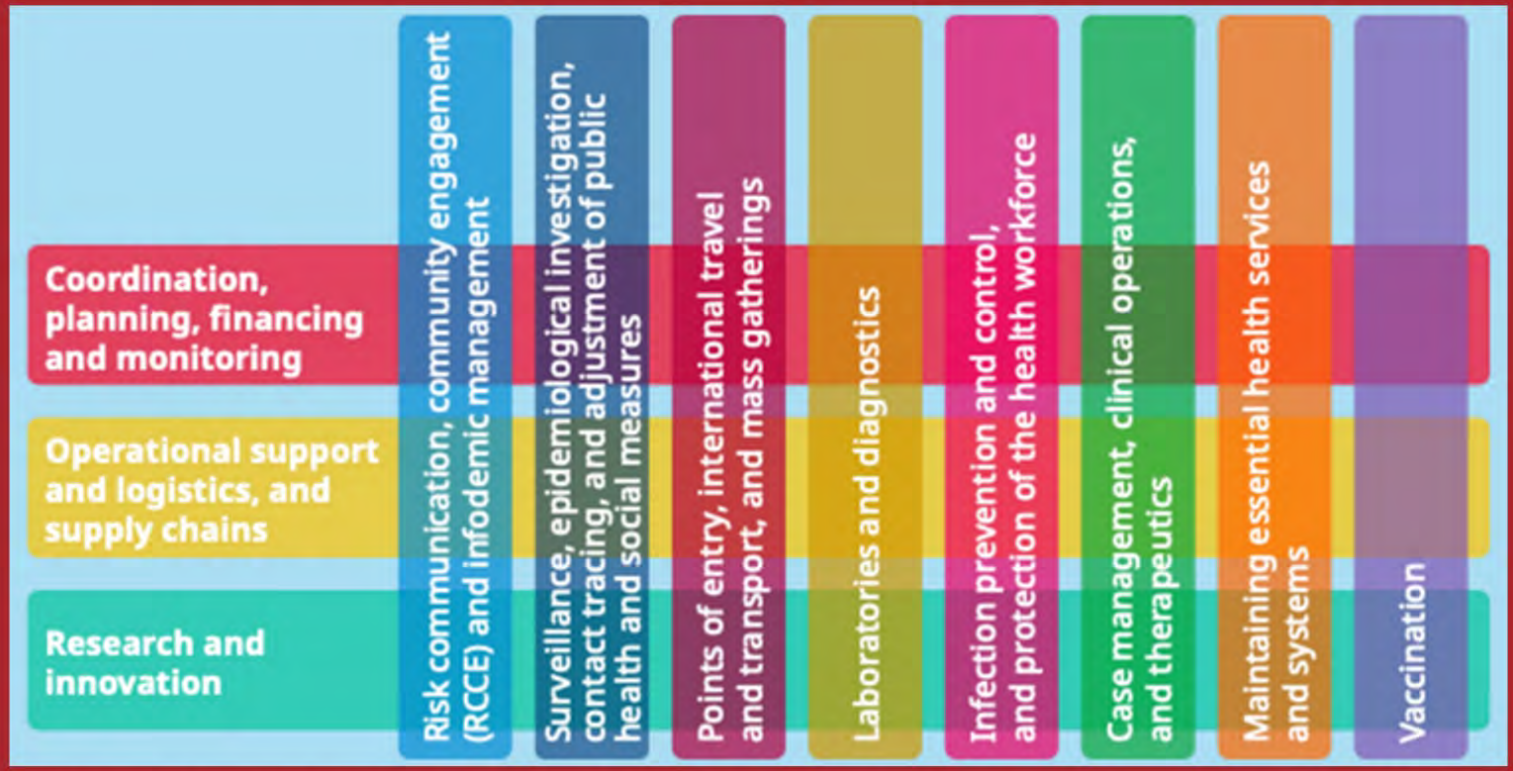


Global COVID-19 Coordination and Response

Response	Agency	Framework	Description
Public Health	**WHO**	COVID-19 Strategic Preparedness and Response Plan (SPRP)	- Guides the public health response to the COVID-19 pandemic at national and subnational levels - Focuses on addressing ongoing challenges related to COVID-19 variants and vaccine inequities
Humanitarian	**OCHA**	Global Humanitarian Response Plan (GHRP) COVID-19	- Analyzes and responds to the direct public health and indirect immediate humanitarian consequences of the pandemic - Identifies the most affected and vulnerable population groups in priority countries
Development*	**UNDP DCO**	UN Framework for the Socio-Economic Response to COVID-19	- Sets out the framework for the United Nations' urgent socio-economic support to countries in the face of COVID-19

*The READY consultations focused on Public Health and Humanitarian Coordination mechanisms.

COVID-19 Technical Support Platforms and Public Health Response Pillars



World Health Organization. (2021). COVID-19 Strategic Preparedness and Response Plan (SPRP 2021): 1 February 2021 – 31 January 2022. https://www.who.int/publications/i/item/WHO-WHE-2021.02

Country-level COVID-19 Public Health and Humanitarian Response

- Country-level coordination of the public health response is primarily led by national governments through a COVID-19 Task Force (or similar) with support from WHO, UN partners, and NGOs.
- Countries widely adopted Incident Management approaches, adjusting existing Emergency Operations Centers to focus on the 8 public health response pillars (previous slide).
- The actual structures vary depending on the country and are influenced by several factors including:
  - Strength and capacity of national governments and previous experience responding to a large-scale outbreak
  - Pre-existing humanitarian and public health coordination structures
  - Nature of existing humanitarian crises
  - Scale of COVID-19 outbreaks

Country-level COVID-19 Public Health and Humanitarian Response

- In countries implementing the Humanitarian Response Plans (HRPs), the IASC architecture was used, with Resident/Humanitarian Coordinators Office, Humanitarian Country Teams (of which NGOs are a part), the Cluster system (of which there is significant NGO engagement), and INGO fora as key coordinating bodies.

- The UN Resident Coordinator, in her/his joint capacity as Humanitarian Coordinator, also drives coherence between the public health response (under the technical leadership of WHO), humanitarian interventions, and development programming.
  - Global frameworks were adapted to drive national responses based on country-specific needs and approaches.
  - Country Preparedness and Response Plans (CPRPs), the country-level version of the global SPRPs, were used to channel international public health support to government-led responses.
  - Countries with HRPs released COVID-19 addendums to inform the GHRP and to help prioritize interventions and adjust implementation in light of COVID-19 control measures.

Global COVID-19 Coordination and Response

Participant Feedback

- At the global level, there were challenges linking three planning and coordination structures for the COVID-19 response (public health, humanitarian, and development).
  - Participants cited difficulty for multi-mandate NGOs to engage across the three
  - Some saw the COVID-19 pandemic as a missed opportunity for integration of humanitarian, public health, and development actors at the outset
  - Others noted the global structures reflect the structure of the UN system and that humanitarian actors should remain separate from development/peacebuilding initiatives

- Participants questioned the utility of the Scale-Up protocol for a global event
  - Scale Up (previously L3) designations have largely been used to mobilize resources at the global level to respond to a specific national/regional humanitarian crisis.
  - Participants noted that systems were already working at or over capacity, donors were balancing domestic response concerns, and traditional surge models were often unfeasible due to travel restrictions, limiting Scale-Up's ability to meet global need.

Global COVID-19 Coordination and Response

Participant Feedback

- Participants noted that much of the global-level public health coordination focused on the production of technical guidance for adaptation at country level. However, participants also explained that:
  - Technical guidance was often not translated quickly enough into accessible, operational tools for practical use
  - There were significant delays in adapting guidance & tools for humanitarian settings

- Despite lessons learned from previous large-scale outbreaks (such as the 2014–15 Ebola outbreak in West Africa), nearly all participants cited that humanitarian and public health coordination and leadership structures for COVID-19 fell short of ensuring a community-driven response.

Country-level COVID-19 Coordination and Response

Participant Feedback

- At the country level, coordination between government-led outbreak response structures, the international humanitarian architecture, and UN-led development coordination offices was thought by many participants to be dependent on a strong WHO Country Office.
  - At the global level, the WHO Director-General sits both on the IASC Principals and leads the global public health response, formalizing the link between the public health and humanitarian planning and response structures.

- With a focus on disease control within public health coordination structures, multi-sectoral response at the country level is largely done through standard humanitarian and development structures, with WHO linking the three structures and planning processes.
  - While this created challenges, participants also noted opportunities for multi-mandate NGOs to engage directly with government structures instead of utilizing the cluster system (provided they had the capacity to do so).

- Participants noted countries initially trended towards the use of protectionist measures and nationalistic approaches, which hampered global coordination.

Country-level COVID-19 Coordination and Response

Participant Feedback

- Humanitarian NGOs faced challenges navigating government-led public health structures at the country level, particularly in conflict settings, and many noted a need to improve NGO capacity and engagement opportunities.
  - Participants noted the need to identify, expand, and refine intersections between humanitarian programming and outbreak response pillars at the country level. As an example, participants felt that WASH would benefit from identifying ways in which humanitarian WASH actors can contribute to outbreak response, given the importance of infection prevention and control and the differences between humanitarian WASH and IPC.

- Many participants said NGOs with experience responding to large-scale outbreaks (such as the 10th Ebola outbreak in the DRC) were better able to engage due to an understanding of outbreak response structures.

Country-level COVID-19 Coordination and Response

Participant Feedback

- As many NGOs do not identify solely as humanitarian organizations, participants felt that this created both challenges and opportunities to engage in government-led structures instead of solely through the cluster system.
  - However, participants also felt there were varying levels of openness for NGO engagement, and resources for them to engage in these multiple structures.

- Participants repeatedly highlighted that discussions of global and national coordination of the humanitarian response to COVID-19 should consider the New Way of Working, Grand Bargain, Transformative Agenda, and other aspects of humanitarian reform over the past two decades.

- Participants also mentioned ongoing coordination challenges that were not specific to COVID-19 but exacerbated by it. These included:
  - Localization: Including shifts in how the global-level architecture supports local responses with traditional models of surge support, technical assistance, and research, all of which were remote during COVID-19 and not as effective
  - Humanitarian financing
  - Accountability to affected populations

NGO Engagement in COVID-19 Coordination Structures

Participant Feedback

- Fundamental differences in the aims, objectives, and motives of public health outbreak response and humanitarian action were cited as major challenges for humanitarian NGOs to support country level response.
  - Some participants noted that there was a need (and challenge) to balance adherence to the four main humanitarian principles of neutrality, independence, impartiality, and humanity, while supporting government-led structures that operate within national legal frameworks and use state authority as needed.
- While some participants articulated a need for NGOs to better navigate government-led coordination structures, others advocated for NGOS to focus on continuity of essential services and mitigation of the secondary impacts of the pandemic
  - Participants noted that it is imperative to quantify the impact of reductions in service delivery to advocate to authorities to allow prioritized services to continue.
- Despite some perceptions of limited engagement opportunities in GHC broadly, the GHC Task Team for COVID-19 was an important entry point for NGO engagement in the global COVID-19 coordination mechanisms, and an opportunity for NGOs in humanitarian settings to highlight voices, challenges, and lessons learned from country-level operations to drive global-level work.

NGO Engagement in COVID-19 Coordination Structures

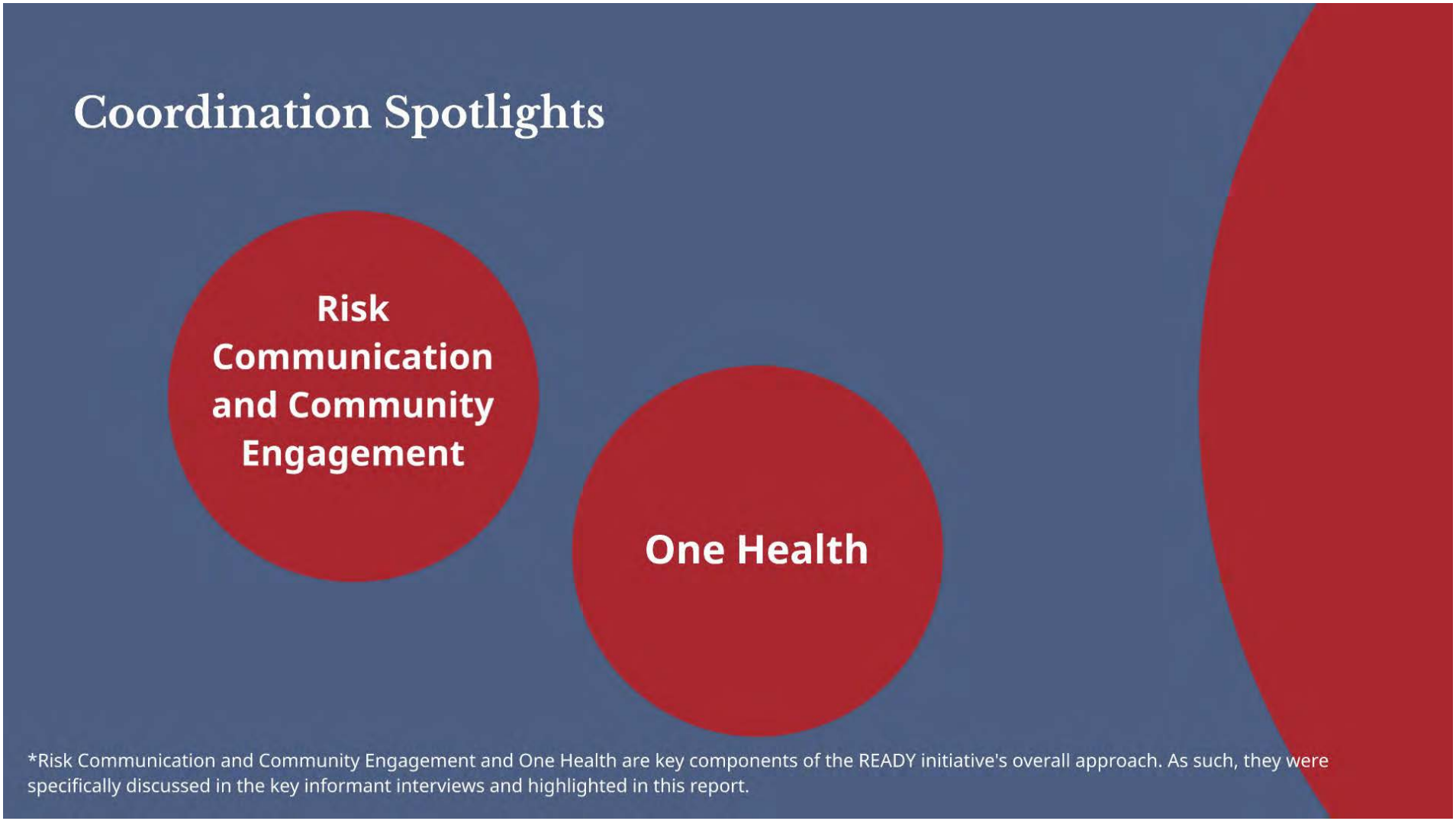
Participant Feedback

- Some participants noted that NGOs' ability to build and retain technical capacity for core response pillars is key to building overall readiness capacity and to providing more targeted entry points to engage in and influence coordination.

- In order to ensure NGOs' global capacity for core outbreak response pillars, participants highlighted a need for institutional investment similar to that for NGOs that specialize in one or more humanitarian sectors.
  - NGOs could 1) institutionalize outbreak response capacities for many types of infectious disease outbreaks, 2) focus on continuity of essential services during outbreaks in humanitarian settings, or 3) aim to provide both depending on needs and context.

- If there is more predictability in terms of global capacity to address different aspects of outbreaks, there might be an increase in overall readiness among the NGO community.

Coordination Spotlights



*Risk Communication and Community Engagement and One Health are key components of the READY initiative's overall approach. As such, they were specifically discussed in the key informant interviews and highlighted in this report.

Risk Communication and Community Engagement and Outbreak Response

- Risk communication and community engagement (RCCE) is a discipline designed to control and mitigate disease outbreaks and its impacts through a mix of public communication, social and behavioral change, participatory community engagement, and management of a major "infodemic."
- In recent years, RCCE has become an important pillar of outbreak response.
  - Without building trust with communities and involving them early in a response through two-way communication and participatory engagement, response efforts can backfire as fear, rumors, stigma, and mistrust take hold. When that happens, people may not comply with public health recommendations. In some cases, conflict may result, endangering both community members and response staff. This was one of the major lessons learned from the 2014–2016 Ebola outbreak.
  - Since the 2016 Ebola outbreak, RCCE has evolved to include support for a more data-driven, culturally appropriate, and community-led response that uses local capacities and operates with a greater understanding of the local context, perceptions, and needs.

RCCE Coordination in the COVID-19 Public Health Response

- RCCE is one of the 8 public health response pillars defined by WHO in the COVID-19 Strategic Preparedness and Response Plan.
- In many countries, government-led national and sub-national COVID-19 coordination and response structures were established utilizing these core pillars.
- At the country level, additional interagency sub-working groups focusing on specific areas of RCCE, such as social mobilization committees, were established to support the RCCE pillar. Depending on the country, these groups might include some NGO partners that are also working in the cluster system, but the level of participation varies.

- The RCCE Collective Service is a global coordination mechanism with technical working groups (WGs) and regional teams designed to provide global and regional support to partners involved in RCCE responses to the COVID-19 pandemic.
- The Collective Service is co-led by WHO, UNICEF and IFRC with support from the GOARN Secretariat.
- One of its aims is to ensure more consistent RCCE support to partners across public health, humanitarian, and development responses. An inter-agency global WG focuses specifically on addressing RCCE related to refugees, migrants, IDPs and host communities led by UNHCR, IOM, and UNICEF.

RCCE Coordination in Humanitarian Response

- While RCCE is an area of discussion within the humanitarian cluster system, **there is no official RCCE cluster**.
- In some countries, community engagement and accountability WGs exist within the humanitarian architecture to support coordination of communication and engagement with crisis affected communities.

- **IASC Results Group 2** is a global group focused on strengthening approaches to accountability and inclusion in humanitarian response.
- Guiding this work is the Accountability to Affected Populations (AAP) framework, which has been central to humanitarian accountability structures since 2005.
- AAP highlights community engagement and feedback as key systems to ensure participation, inclusion, and accountability.

COVID-19

- During the COVID-19 pandemic, some contexts have both an RCCE WG for COVID-19 and pre-existing broader humanitarian community engagement working groups operating in parallel. In other areas, neither exist
- The RCCE Collective Service developed linkages with the IASC Results Group 2 to ensure collaboration in RCCE support across public health and humanitarian technical guidance for RCCE in the COVID-19 pandemic.

RCCE Coordination in the COVID-19 Response

Participant Feedback - General Observations

- The wide-ranging nature of RCCE interventions (e.g., public communications, community engagement, social behavior change, information management) and large number of stakeholders was highlighted as a challenge by participants to effective coordination.

- That said, participants felt that RCCE coordination structures had improved over the years, particularly with collecting and sharing social science and community feedback data across partners and stakeholders.

- Moving toward collective implementation of approaches within these mechanisms was noted as a continued challenge. For example, one participant noted the challenge of coordinating a standardized community engagement approach across agencies that can be brought to scale in a country.

RCCE Coordination in the COVID-19 Response

Participant Feedback - Data Sharing and Decision Making

- Collectively gathering, analyzing, and sharing community feedback, including rumors, through interagency RCCE mechanisms was perceived as critical to the COVID-19 response and a major factor in informing programmatic decision-making among international and national NGOs across the COVID-19 response.

- However, several participants cited the need for additional advocacy to ensure feedback is addressed and data is used for strategic decision-making.
  - Participants felt that a shared understanding of accountability or community engagement across government and non-government actors was lacking in many countries. In some contexts, it was felt that this limited the use of feedback data to influence government decision-making.
  - This is important because participants noted that in some contexts, governments were initially perceived as making decisions largely based on political interests instead of science and community concerns.

RCCE Coordination in the COVID-19 Response

Participant Feedback - Data Sharing and Decision Making

- In order to influence governments and decision-makers on policies, programs, and public communication based on social science and community feedback data, some participants noted that RCCE mechanisms should consider including economic and security implications in their framing.
  - Some also noted the importance of using terms that epidemiologists and other health specialists working on technical pillars understand, emphasizing that community perceptions and preferences are directly related to the epidemic curve, and need to be considered as a factor when modeling outbreaks.

- Participants also noted that even with strong data, a multiplicity of coordination structures often made it hard to identify key decision makers for advocacy efforts.

RCCE Coordination in the COVID-19 Response

Participant Feedback - Community-Driven Approaches

- Almost all participants felt that despite increased recognition of the importance of RCCE, humanitarian and public health coordination and leadership structures for the COVID-19 response fell short of ensuring a community-driven response.
- Participants distinguished between interagency coordination structures encouraging organizations to adopt community-driven approaches for their own programs, and the ability of these groups to influence governments to do the same.
- Participants acknowledged a greater need for global-level advocacy for institutional prioritization of RCCE principles, geared toward more community-centered responses.
- Participants noted that progress towards a community-centered response can be incremental. Focusing on small, local-level change ensures momentum.

RCCE Coordination in the COVID-19 Response

Participant Feedback - Public Health and Humanitarian Systems

- Some of the same challenges facing public health and humanitarian coordination have also made coordination between RCCE mechanisms designed for the COVID-19 response and pre-existing humanitarian WGs related to community engagement and AAP more difficult.
    - Participants noted that many public health RCCE experts are less familiar with humanitarian responses, and many humanitarian aid workers are less familiar with outbreak responses. While principles and response approaches of both share commonalities—such as the key tenets of participation, inclusion and accountability through community feedback systems—one is focused on incident management and the other on a humanitarian rights-based system that includes, for example, protection from sexual exploitation and abuse (PSEA).

One Health

- One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.
- Although the precise origin of SARS-CoV-2 has not yet been determined, the Centers for Disease Control and Prevention estimates that 75% of new or emerging infectious diseases originate from animals.
- Understanding the risk factors and origins of infectious disease outbreaks helps us pinpoint how, why, and where they occur to prevent future outbreaks.

Centers for Disease Control and Prevention. (2021). *Zoonotic Diseases*. https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html

One Health Coordination in the COVID-19 Response

- One Health coordination structures remained largely unchanged from before the COVID-19 pandemic.

- While not formally built into institutional mechanisms, there were several notable global One Health coordination activities employed in the COVID-19 pandemic.
  - The WHO Research & Development Blueprint mobilized a COVID-19 track on animal and environmental research (and integrated relevant recommendations on RCCE).
  - The World Organization for Animal Health (OIE) also convened a group on COVID-19 to monitor evidence of infection in animals.

One Health Coordination in the COVID-19 Response

Participant Feedback

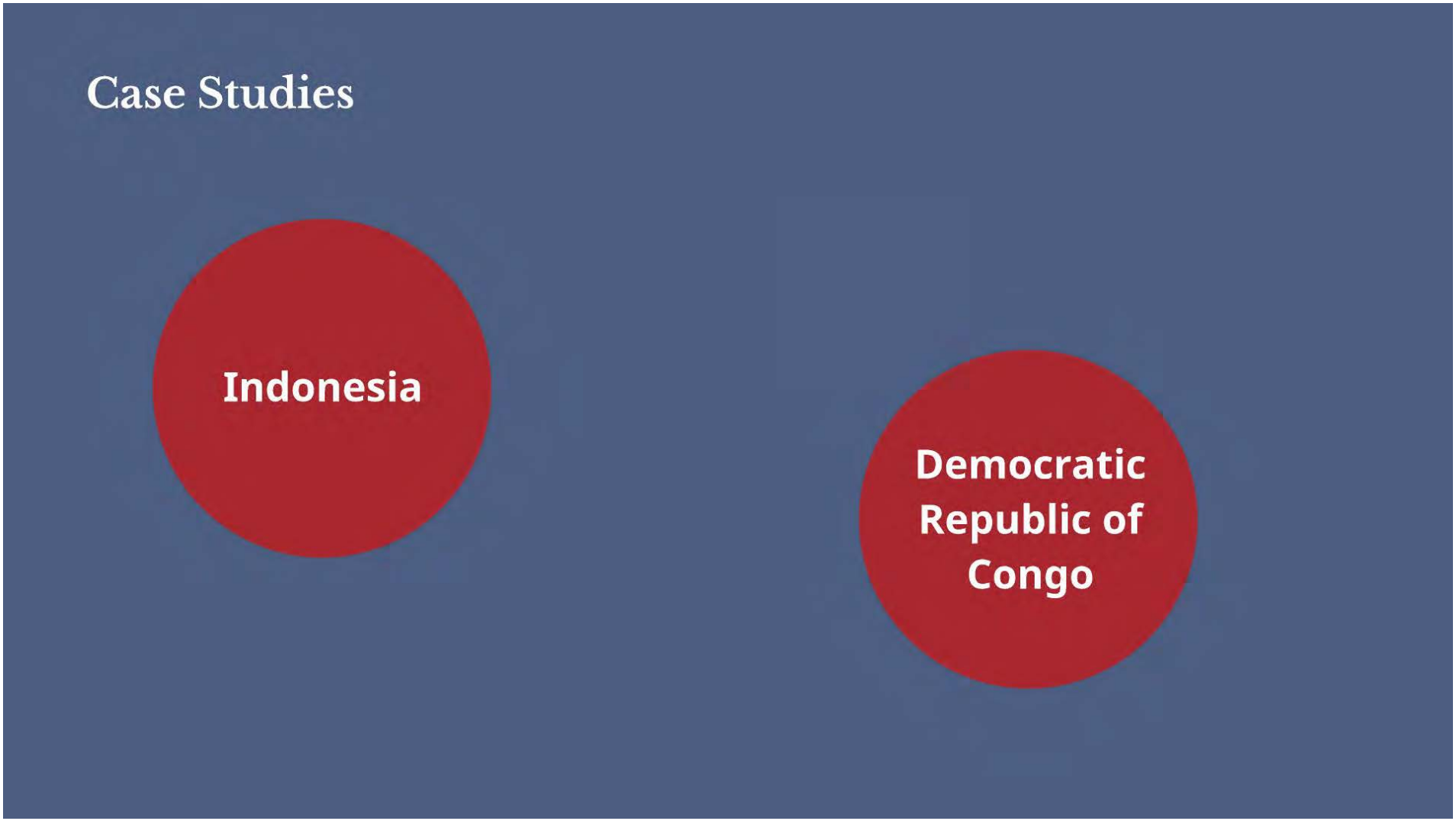
- Participants felt that there remains broad confusion and lack of understanding around the definition of One Health within NGOs and government agencies.
- Participants largely viewed One Health as work focused only on zoonotic diseases.
- Many noted the importance of One Health for preparedness and prevention of animal to human transmission and the potential impact on livelihoods in humanitarian settings, but few felt they had the operational tools to support this planning.
- There was confusion between a multi-sectoral, integrated humanitarian response and a One Health approach that emphasizes the interconnection between people, animals, plants, and their shared environment.

One Health Coordination in the COVID-19 Response

Participant Feedback

- Participants felt that because One Health does not feature directly in the newly released Health Cluster Guidelines (2020), it was unlikely to be mainstreamed in humanitarian coordination and response in the near future.
    - That said, some participants highlighted the need to include One Health considerations into livelihood, protection, and communication activities.
    - Engaging communities with education and tools to avoid spillover events was cited as an area that could be integrated into community health and livelihood programs.

Case Studies



Indonesia - Case Study

National and Subnational COVID-19 Public Health Coordination

- March, 13th, 2020: The Government of Indonesia issued a Presidential Decree establishing a COVID-19 National Task Force
  - Led by the head of the National Agency for Disaster Management (BNPB)
  - The Coordinating Minister for Human Development and Culture was appointed as the Chair of the Steering Team of the Task Force
  - The Coordinating Minister of Political, Legal, and Security and the Minister of Health were vice-chairpersons

- Subnational level/regional COVID-19 Task Forces were established.
  - The COVID-19 National Task Force provided guidance on objectives, standards, and procedures to subnational task forces
  - The Indonesia Public Health Emergency Operations Center, part of the MoH Crisis Center, was utilized for the COVID-19 response

- An RCCE working group was established at the start of the response with support from IFRC and UNICEF. It included four sub-working groups (social media, social behavior change, capacity building, and community engagement [pre-existing])

Indonesia - Case Study

Humanitarian Coordination

- A government-led, modified cluster system has been in place since 2014 with support from UN agencies and NGO actors. There were 8 Clusters, and WGs on cash and vouchers and community engagement.
  - The Coordinating Ministry of Human Development and Culture was responsible for linking the COVID-19 Task Force with the work of the national cluster system.
  - OCHA supported the Coordinating Ministry and BNPB to liaise with lead governmental entities and ensure inter-cluster coordination in support of government plans.
  - The HCT, which had multiple INGO and LNGO representatives, provided direct support to the national COVID-19 Task Force.
  - The COVID-19 Task Force Working Group on Public Communication used the RCCE WG to review materials and collect input from international partners. OCHA facilitated a weekly meeting where the RCCE WG and other Clusters presented an overview of the response, which in turn was presented to the COVID-19 Task Force and the Coordinating Ministry of Human Development.

Indonesia - Case Study

Participant Feedback

- Overall, participants felt that national coordination was not a major obstacle to the response. However, there were a few challenges noted.
  - Some participants felt that the system itself was untested and needed ongoing support, particularly for large-scale pandemics as this was the first time BNPB was involved in an outbreak response of this magnitude.
  - Many noted that the national COVID-19 Task Force had entry points for NGOs and CSOs, including national volunteer seats, but these roles were not strategic. CSOs and NGOs organized themselves into a network to address greater CSO/NGO response coordination issues.

- Subnational coordination was considered the biggest challenge in Indonesia.
  - The centralized nature of the COVID-19 coordination structures (largely operating in Jakarta and Java) was a barrier to subnational coordination, with some noting that clusters need "hands and legs" at local level for impact.
  - Subnational Task Force success was largely linked to leadership capacity, availability of resources, and previous experience with disaster response and coordination.

Indonesia - Case Study

Participant Feedback

- Nearly all participants noted that health sector coordination for external actors was limited, particularly for the first six months of the response and that the initial health response was perceived as operating separately from other coordination and response efforts
  - The MoH-led Health Cluster reportedly only convened a few times in the first six months, leaving partners to explore other avenues for coordination.
  - Some donors and organizations created their own health partnership platforms, with RCCE efforts mainstreamed under the national COVID-19 Task Force.

Indonesia - Case Study

Participant Feedback - NGO Engagement

- NGOs' and CSOs' understanding of how to effectively engage with the Cluster system was mixed.
- Participants noted that the key to effectively engaging with established coordination mechanisms is investment in relationship-building with government officials at the national and local level.
  - For example, recruiting and retaining qualified, national staff to build relationships at local levels, as national staff are familiar with their respective governments' norms and protocols
- Participants noted a difficulty in identifying entry points for NGOs who wanted to support the public health response's technical pillars due to limited health coordination overall.
  - At the same time, those who approached the MoH to offer support in technical areas were met with positive responses.

Indonesia - Case Study

Participant Feedback - NGO Engagement

- For many CSOs operating with minimal staffing structures and small budgets, coordination at the national level was challenging, and decisions were made to focus on local-level coordination.
  - Participants felt that the digitalization of coordination due to movement restrictions was a success. Meetings were more accessible to government and NGOs at provincial level who may ordinarily not have had resources to attend meetings in-person Jakarta.

- NGOs were included in the local level task forces based on their footprint, ability to deliver services, and to support government plans; and that NGO engagement with the task forces was made easier with:
  - Pre-existing relationships with the local authorities
  - Strong national staff at sub-national level

Indonesia - Case Study

Participant Feedback - RCCE and Community-centered Responses

- Participants generally spoke highly of the RCCE WG as a coordination mechanism. Some cited it as an example of inclusive, high-level coordination that connected community feedback and perceptions to decision making.
  - The RCCE WG had direct linkages to both the cluster system and the COVID-19 Task Force. It includes four sub-working groups, one of which is the pre-existing Community Engagement sub cluster.
  - However, many also noted that learnings from a Community Engagement WG established in 2018 during the Central Sulawesi Earthquake were underutilized.

- Others mentioned that despite significant effort the RCCE WG struggled to successfully advocate for community-centered governmental decision-making.

- Many participants noted NGOs were continuously trying to center their response around community engagement and considered this an early success of the response.

Democractic Republic of Congo - Case Study

COVID-19 Public Health Coordination

- A Presidential COVID-19 Task Force was established at the national level, under the direct oversight of the President, and included "Commissions" to lead on the technical pillars of the response

- A Technical Secretariat was formed and charged with all public health decision-making, reporting directly to the Presidential Task Force
  - A consultation committee of organizations, including INGOs such as Oxfam, PATH and MSF, was created to provide advice to the Technical Secretariat and ensure international organizations could engage with authorities on public health decisions at a high level

- A multi-sectoral committee was established under the Technical Secretariat to lead on operational coordination through an Emergency Operations Center (EOC), led by a WHO Incident Manager
  - This multi-sectoral committee was the key operational coordination body for COVID-19 response focused around nine technical public health pillars

Democractic Republic of Congo - Case Study

COVID-19 Public Health Coordination

- A COVID-19 Preparedness and Response Plan was developed at the national level to drive the overall response and outline coordination efforts.
  - The technical pillars in the plan reflected the pillars outlined in the SPRP, but also included a pillar on psychosocial support, critical during the 10th Ebola outbreak response

- Overall, the government-led response was structured similarly to the 10th Ebola outbreak (considered a success by many) with some key differences:
  - The national EOC and the response pillar Commissions, previously based in Goma due to the geographic spread of the 10th Ebola outbreak, were moved to Kinshasa
  - Provincial Departments of Health led the response under the oversight of respective governors, instead of teams coming from Kinshasa to affected areas and working in parallel to existing health structures
  - There was greater emphasis on health zone-level coordination rather than only national and provincial coordination

Democractic Republic of Congo - Case Study

COVID-19 Humanitarian Coordination

- The humanitarian community developed an addendum to the HRP, outlining support to government-led response structures, and ways to adjust programs and mitigate against the humanitarian consequences of the pandemic.
- The Health Cluster coordinated humanitarian NGO contributions to the government-led response and WHO shared information from government-led technical discussions with NGOs, and alternated presenting at Health Cluster meetings on issues such as case management, surveillance, etc.
- The Health Cluster created a COVID-19 WG and nominated NGO focal points to attend respective government-led pillar/Commission meetings.
- This approach was also rolled out at the inter-cluster level, where clusters identified focal points, many of which were international NGOs, to ensure linkages between clusters and COVID-19 response Commissions.
- The provincial-level humanitarian inter-agency coordination mechanism, which OCHA leads and is active in areas with ongoing humanitarian response, was re-established to help channel humanitarian support to fight the initial outbreak in and around Kinshasa.

DRC - Case Study

Participant Feedback - Public Health and Humanitarian Coordination

- Many participants saw coordination in the DRC as a success story, with a strong set of national and local authorities clearly leading the response, learning from and building off experience responding to previous outbreaks.

- Despite these efforts, others noted that DRC faced multiple concurrent outbreaks, including measles, Ebola, and COVID-19, and significant existing resource constraints were made worse by COVID-19 and limited international support. This made prioritization and resource allocation very challenging.
  - One obstacle to engaging with MoH-led commissions was perceived to be lack of sufficient salary to ensure MoH staff can fulfill their coordination functions and engage with international partners.

- NGO participants also highlighted the need to increase their own capacity to engage in coordination structures at the technical and leadership levels, but also at the subnational and health zone level.

DRC - Case Study

Participant Feedback - Public Health and Humanitarian Coordination

- Participants felt that NGOs seemed willing and interested to work with local organizations, but less so with local governments. They noted that finding the balance between supporting local authorities and adhering to humanitarian principles was at times challenging.

- With the epicenter of the outbreak in Kinshasa, participants noted that there was initially limited overlap between areas covered by the humanitarian community and the COVID-19 public health response.
  - Humanitarian actors sought to boost presence in Kinshasa to help support authorities with the COVID-19 response, but most lacked pre-existing relationships with communities and authorities.
  - Some also noted this required a reallocation of resources away from humanitarian programming, which was itself facing scale-back due to public health and social measures launched by the government.

DRC - Case Study

Participant Feedback - Public Health and Humanitarian Coordination

- Some participants noted that the short-term nature of most humanitarian funding in the DRC undermines longer-term preparedness and readiness, and that NGOs and UN agencies often prop up local community structures during outbreaks when funding comes, but then are no longer able to sustain such structures once an outbreak is over and funding dries up.

- Global and national movement restrictions were also highlighted as a key concern with INGOs having to curtail operations, creating difficulties in getting supplies into DRC and to different parts of the country.

- Participants noted that the surge model used by the international community to scale up the response to the 10th Ebola outbreak was not available during the COVID-19 response due to movement restrictions. This caused a greater reliance on local structures and actors.

DRC - Case Study

Participant Feedback - Subnational Coordination

- Participants reported while the national structure was replicated at the provincial level, it was not fully operationalized in some provinces. At the time this was reportedly due to low infection rates and competing priorities.
  - One exception noted by participants was the Kinshasa provincial health department, which had higher capacity as the capital city and benefited from national structures.
  - That said, others noted the presence of national structures in Kinshasa created confusion and undermined Kinshasa provincial coordination structures that were set up. It wasn't initially clear where to take operational issues and challenges for resolution due to the presence of two sets of authorities.

- Participants noted that subnational Health Clusters helped ensure NGO presence at Commission and EOC meetings at the provincial levels.
  - Subnational Health Clusters were also used as a forum for NGOs and the UN to discuss support to governmental structures and how to ensure continued service provision during COVID-19 in areas featuring humanitarian needs

DRC - Case Study

Participant Feedback - NGO Engagement

- The COVID-19 WG created by the Health Cluster was an important entry point for NGO engagement and was cited by participants as an emerging best practice that helped build ownership within the Health Cluster and empowered NGO technical leads to play a coordination role for the broader collective. Though appreciated, some participants felt this did not start quickly enough.

- This approach was also rolled out at the inter-cluster level, where clusters identified focal points, many of which were international NGOs, to ensure linkages between clusters and COVID-19 response commissions.
  - Criteria for engagement with respective commissions was unclear with some participants citing a need to show budgets and other information prior to being able to directly engage.
  - Some NGOs also noted that weaker coordination capacity within and across commissions sometimes led to duplication, with NGOs being sent to conduct the same activities in the same area or facility.

- The INGO Forum was cited as a key area for INGOs to discuss challenges with engaging government-led structures and the UN System on key advocacy issues.

DRC - Case Study

Participant Feedback - RCCE and Community-centered Response

- Significant strides were made in RCCE coordination for the 10th Ebola outbreak with the establishment of a standalone RCCE Commission, headed by the MOH and UNICEF.
- For the COVID-19 response, many noted that individual organizations collected feedback systematically and used it to make decisions and to design and adapt programs, and that issues that merited inter-agency level discussion were brought to the Commissions or relevant Cluster.
- Respondents said that while the structure of the EOC ensured that the RCCE pillar systematically engaged with other technical pillars, (presenting data around community feedback and preferences on a daily or weekly basis to ensure course corrections were taken by other pillars), they were mixed as to whether community engagement and feedback adequately drove decision-making.
- Overall, NGO participation was reportedly strong in the RCCE pillar given their proximity to communities and the emphasis most NGOs place on working with communities.
  - However, resource shortfalls reportedly also limited the functionality of the RCCE Commission.

Resources

In order of appearance in presentation

United Nations Comprehensive Response to COVID-19. June 2020. https://www.un.org/sites/un2.un.org/files/un_comprehensive_response_to_covid-19_june_2020.pdf

IASC Scale Up Protocols Adapted to COVID-19. April 2020. https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-system-wide-scale-protocols-adapted-respond-covid-19-0

COVID-19 Strategic Preparedness and Response Plan. February 2021. https://www.who.int/publications/i/item/WHO-WHE-2021.02

Global Humanitarian Response Plan. May 2020. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ghrp-covid19_mayupdate.pdf

UN Framework for the Socio-Economic Response to COVID-19. April 2020. https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf

International Health Regulations (IHR) 2005: https://www.who.int/publications/i/item/9789241580496

Operational Guidance on Accountability to Affected Populations. January 2017. https://aap-inclusion-psea.alnap.org/help-library/operational-guidance-on-accountability-to-affected-populations-aap

Resources

In order of appearance in presentation

Centers for Disease Control and Prevention. (2021). https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html

WHO Research and Development Blueprint and COVID-19: https://www.who.int/teams/blueprint/covid-19

The Health Cluster Guide 2020. September 2020. https://ahpsr.who.int/publications/i/item/9789240004726

Government of Indonesia Multi-Sectoral Response Plan. June 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/covid19-msrp-v7.pdf

Indonesia Intra-Action Review. 2020. https://www.who.int/indonesia/news/detail/25-08-2020-indonesia-conducts-intra-action-review-(iar)-for-covid-19-response

Collective approaches to communication and community engagement in the Central Sulawesi response. June 2020. https://cdn.odi.org/media/documents/Collective_approaches_to_communication_and_community_engagement_in_the_Central_66g8AQB.pdf

GoDRC COVID-19 Response Plan. 2020. https://fscluster.org/sites/default/files/documents/plan_de_preparation_et_riposte_contre_epidemie_covid-19_rdc.pdf

COVID-19 HRP Addendum in DRC. April 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/rdc2020_plan_reponse_humanitaire_covid-19_200410.pdf

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

Questions? Please contact:
Laura Cardinal, READY, Chief of Party, lcardinal@savechildren.org

These consultations were made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this presentation are the responsibility of the READY Initiative and do not necessarily reflect the views of USAID or the United States Government. Led by Save the Children, READY is implemented in partnership with the Johns Hopkins Center for Humanitarian Health, the Johns Hopkins Center for Communication Programs, UK-Med, EcoHealth Alliance, and Mercy Malaysia.

USAID FROM THE AMERICAN PEOPLE

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

Johns Hopkins Center for Humanitarian Health | Save the Children | Johns Hopkins Center for Communication Programs | UK-MED | EcoHealth Alliance | mercy Malaysia