

Why the delay? Perspectives of national and local actors on progress toward locally led outbreak readiness and response

Two-page Brief
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“They [the international actors] cannot succeed without us, and we cannot succeed without them; we have to work together.”

[Subnational actor, Yemen]

Local organizations play a critical role in disease outbreak preparedness and response in humanitarian settings. Yet their contributions are often overlooked, particularly in terms of engagement and leadership in outbreak coordination, funding allocation, and decision-making structures. Recent infectious disease outbreaks in humanitarian settings emphasize the urgency of recognizing the value of local actors, their existing skills and capacities, and decision-making power to support locally led action. A shift from competition to collaboration is essential to ensure effective responses that meet the needs of affected populations, and signs of a renewed commitment to localization by global actors provide a crucial opportunity to act now. This brief and accompanying full paper are the result of consultations with key global humanitarian and outbreak actors, local and national organizations in the Democratic Republic of Congo, South Sudan, Syria, and Yemen, and a comprehensive desk review of existing literature. It centers on their perspectives, needs, and priorities and provides recommendations for locally led action during infectious disease outbreaks in humanitarian settings. The findings, presented as Key Actions, provide a foundation for dialogue and future cooperation between local and global actors to drive concrete action and break through the inertia of localization.

Key Action 1: Commit to *localization* as a process that places locally led action at the center of disease outbreak readiness and response.

“I deliberately don’t want to use the word localization because I think it is inherently problematic. ...It implies that we are working to translate something that is fundamentally international to something that is local; the reality is that what really counts is already here.”

[National actor, Syria]

Local and national actors champion the term *locally led action* as a dynamic process that represents a shift in mindset and structures toward locally driven outbreak readiness and response. They assert that localization should not be considered an endpoint but rather a means to less centralized funding mechanisms, more inclusivity, greater power and capacity to lead, and maximization of existing resources and systems. Local/subnational and national actors see these factors as essential to achieving genuine locally led outbreak response action.

Key Action 2: Redesign humanitarian architecture and emergency coordination mechanisms to prioritize locally led action in disease outbreaks.

“Local organizations don’t sufficiently have a voice. When an outbreak happens, you need to respond, but if you don’t have pre-positioned funding. ...You have staff capacity and experience, but it’s only those who have the funds who can respond.”

[Subnational actor, DRC]

Local and national actors expressed their frustration with the persistent lack of decision-making authority, restricted access to flexible and long-term funding, and limited influence and agency in current humanitarian and outbreak coordination mechanisms. Signs of increasing local actor involvement often appear as isolated instances within the complex humanitarian system and outbreak response coordination mechanisms. Subnational and national actors contend that the ultimate objective should be a complete transformation of these systems for them to become truly locally led.

What needs to happen

- Global actors must define their approach to *localization* in general and in relation to outbreak readiness and response in particular.
- There needs to be a recognition that *internationalizing local organizations* does not equate to *localization*. Expansionist organizational and business models that retain decision-making authority in high-income countries must be challenged.

What needs to happen

- Humanitarian and outbreak coordination structures and decision-making processes must become more accessible and inclusive. More agile ways of working need to be adopted, and structural barriers and power imbalances must be overcome to ensure the representation of a wider range of subnational and national actors.
- Funding models for both humanitarian and outbreak response need to be redesigned to provide local actors with flexible, long-term, and direct funding options.
- Donors should commit funds for anticipatory action to enable national and local actors to better predict and prepare for crises, including major disease outbreaks.

Key Action 3: Recognize and support effective outbreak readiness and response initiated by local actors.

“It is about recognizing that cultures are different; ways of working are different; ways of addressing community health are different, and the solution needs to be developed by the local leadership here in the country and in the context itself.”

(National actor, DRC)

Efficient and effective outbreak responses often start locally and are driven by local actors, but their actions are often unrecognized or undervalued by global actors. Developing and supporting local solutions to outbreaks is essential. Equitable partnerships are emerging in outbreak readiness and response that leverage local skills, knowledge, and relationships. However, the pace of change in attitudes, power dynamics, and the reinforcement of mutual trust and respect must be accelerated.

What needs to happen

- Global actors must acknowledge, respect, and give greater visibility to the contributions of local actors in disease outbreak readiness, response, and recovery in humanitarian crises.
- Global actors must relinquish control to allow local actors to act with agency and drive changes in attitudes and power dynamics.
- Global actors must commit to partnership models that are equitable, collaborative, and based on shared decision-making and mutual trust.
- Donors, UN agencies, and international NGOs should streamline compliance by simplifying due diligence processes and making reporting requirements realistic

Key Action 4. Trust local organizations to define their technical and organizational needs and capacities, and encourage sharing knowledge and skills among actors in different geographic contexts.

“In every county...when an outbreak happens, people will go and start to respond, and then external actors will come in. If there is an emergency, the local actors can start [responding]. We need to see what the capacities of... hospitals are and strengthen them further so more people can be saved, and the disease can be controlled.”

(Subnational actor, South Sudan)

Local capacity is often underestimated and underutilized in disease outbreak readiness and response. Capacity-strengthening initiatives by global actors are too often based on perceived rather than actual needs. While some global actors recognize the advantages of cross-context skills and knowledge sharing, this is not the norm. Local actors emphasized that recognizing and leveraging their experience in managing previous disease outbreaks, alongside international expertise where necessary, leads to more effective response actions.

What needs to happen

- Global actors need to be guided by local actors on how, where, and when they can most effectively contribute to disease outbreak readiness and response.
- Support from global actors should be demand-driven and adapt to changing needs throughout the preparedness, response, and recovery phases.
- Investment in capacity strengthening for disease outbreak readiness and response must align with the actual needs of local actors. It should include comprehensive organizational and leadership strengthening, as well as the transfer of technical skills.
- Multi-directional capacity sharing, involving diverse actors from a range of disciplines and geographic contexts, is essential. Global actors must be willing to learn from national, subnational/local actors and value and trust their expertise.

These four key actions provide an opportunity for donors, UN agencies, and international NGOs to reorient and reconsider their ways of working, their partnership models, and the funding structures needed to deliver on global organizational commitments to localization. Global actors need to be willing to understand local realities, foster greater levels of trust, and accept that they have a collective responsibility to actively prioritize locally led action. The perspectives of national, subnational/local actors shared in this paper clearly articulate what needs to happen based on their experiences preparing for and responding to major disease outbreaks in humanitarian settings. The time is right for a renewed commitment to translate these insights into concrete action. This is a collective responsibility; global and local actors must work together to co-design and implement the actions required for more effective readiness and response to infectious disease outbreaks in humanitarian settings.

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