

Fit for purpose? Global Coordination Mechanisms of Large-Scale Epidemic Response in Humanitarian Settings

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Introduction

Large-scale disease epidemics that occur during humanitarian crises can easily overwhelm an already fragile health system. A coordinated response of existing structures combined with epidemic-focused mechanisms is crucial to minimizing human suffering. Coordination policies and mechanisms are often complex and evolving. Numerous categorizations of coordination and response frameworks and models exist for humanitarian emergencies or acute events such as natural disasters, conflicts, or infectious diseases. However, most of these are internationally focused and are rarely designed to complement each other. Recent experiences with large-scale epidemic responses has underscored the need for clear and comprehensive coordination strategies and frameworks.

In a humanitarian setting where established coordination structures such as the cluster system or the refugee coordination model (RCM) are already being implemented, the addition of other coordination and response mechanisms, such as the incident management system (IMS) model for epidemics, can exacerbate an already complicated situation if there is a lack of clarity about how each system works and how they interact and complement each other.

The objectives of this policy paper are to examine global structures and processes for epidemic coordination mechanisms, identify gaps in current coordination structures during epidemics in humanitarian contexts, and develop clear recommendations for improving epidemic coordination mechanisms in humanitarian emergencies.

Methodology

A scoping review was conducted to identify and analyze relevant literature to inform the development of the key informant questionnaire. The search focused on peer-reviewed articles and grey literature on coordination frameworks for responding to infectious disease threats in humanitarian contexts from 2005 to 2023. A total of 28 key informant interviews (KIIs) with mid- and senior-level staff from 17 different international organizations, including United Nations (UN) agencies and donors, were conducted and thematically analyzed using Dedoose's qualitative software.

Findings and Discussion

In examining the existing coordination structures for large-scale epidemics in humanitarian settings, specifically the IMS model and cluster coordination, the strengths and weaknesses of both mechanisms were identified through the literature review and KIIs.

The IMS follows a more "command and control" structure, while the cluster system is more collaborative and consensus-based. With its pillar response, the IMS focuses on aligning technical expertise in an epidemic scenario but does not necessarily address the overall humanitarian needs. It is unclear whether the IMS is an internal World Health Organization (WHO) coordination and response mechanism and/or an external mechanism for responding to epidemics and other emergencies. For a fast, efficient, and effective

epidemic response, the cluster system has been criticized for its sometimes slow and process-heavy structure. Failure to harmonize the epidemic response between these two different systems results in parallel reporting lines (even within a single organization) and confusion for national and international counterparts, which can increase mistrust and hinder an effective response.

Other key findings include:

- A narrow, health-only focus on epidemics can lead to siloed and vertical approaches to infectious diseases that require more holistic, multisectoral coordination and response. Water, sanitation, and hygiene (WASH), risk communication and community engagement, protection, and many other socioeconomic sectors are not currently systematically included in preparedness, readiness, and response activities.
- Recent epidemic responses have shown that any intervention in a humanitarian setting has unintended consequences. The diversion of human, financial, or material resources to an epidemic response can create shortcomings in ongoing essential health or humanitarian responses. Therefore, epidemic coordination and response should always be designed and implemented under the overarching principle of "do no harm" and humanitarian principles. Humanity, impartiality, neutrality, and independence should be maintained even when the epidemic response is focused on disease containment.
- Where leadership or coordination capacity at the national level is limited, or where national governments are not assertive enough to ensure that the international community gives them the space they need to lead, government structures can easily be sidelined or become entangled in multiple and diverse international coordination mechanisms.
- Involving communities in the design, preparedness, and implementation of the response to an epidemic is essential to avoid top-down decision-making and to ensure buy-in.
- An impartial, independent, and neutral response to epidemics can be difficult, especially when WHO and other UN agencies are working closely with the government. Striking a balance between continuing to support national governments and responding to the humanitarian emergency in a country in active conflict with part of its population can be challenging. In circumstances where the coordinating agency for an epidemic is not perceived as neutral or independent, delegation of the response coordination may be required.
- Global frameworks are currently being developed to improve the overall health emergency preparedness, response, and resilience (HEPR) architecture of countries. While HEPR aims to provide Member States with a blueprint for preparing for and responding to future health emergencies, it needs to be adapted for humanitarian contexts, particularly for scenarios where the national authorities do not serve part of their population.

Recommendations

Seven key recommendations were developed to improve coordination and response to large-scale epidemics in humanitarian contexts:

1. Empower national governments to take the lead in epidemic coordination.

International humanitarian agencies, particularly the UN and international nongovernmental organizations (INGOs), must make meaningful changes to enable national and local organizations to coordinate and respond to epidemics in humanitarian settings. It is the responsibility of the national government to provide assistance to its population affected by an epidemic. The caveat is that when a government oppresses its people or does not have full access to a region of its country, regional and international organizations should be able to work independently with local authorities and the local population to ensure an impartial and neutral epidemic response.

2. Improve clarity and ensure transparency of coordination models for national, regional, and international actors and agencies.

- a. **Context-specific, clearly written roles and responsibilities are necessary.** These are needed for the cluster/sector leads, the incident manager and the humanitarian coordinator (HC) to improve effectiveness, transparency, complementarity, and accountability to affected populations during large-scale epidemics in humanitarian contexts.
- b. **Clarify how the IMS functions within and outside WHO.** The roles and responsibilities of the IMS and the Incident Management Support Team (IMST) within WHO and those of national governments supported by WHO need to be more clearly defined to improve coordination and response to large-scale epidemics.

3. Develop strategic response plans with national and local partners.

Multisectoral strategic response plans for epidemics must be context-specific, contain clearly defined roles for all existing and newly implemented coordination response mechanisms, and meaningfully involve national/local partners.

4. Prioritize “do no harm” and humanitarian principles in the coordination of and response to epidemics in humanitarian settings.

Placing the community at the center of the response and ensuring a “do no harm” approach must be emphasized, and feedback cycles must be incorporated to address unintended consequences and ensure accountability mechanisms for affected populations. Humanitarian principles must not be compromised, even when attempting to contain the spread of an infectious disease, for the sake of “global health security.”

5. Where a national government oppresses its population or does not have control over all of its territory, the leadership of epidemic response coordination in humanitarian contexts must be independent and neutral from the national government.

Epidemic response coordination should be led by an actor perceived as independent and neutral in the affected context. In certain situations, WHO (or another actor if it is the coordinating agency) may need to delegate its coordinating role to another international or local partner if it cannot maintain its neutrality and independence.

6. Involve the humanitarian country team (HCT) in the coordination of large-scale epidemics.

In humanitarian contexts, the HCT should be involved at an early stage in the coordination of large-scale epidemics in order to balance and complement the various response mechanisms to the overall humanitarian needs of the community and to ensure a multisectoral response.

7. Include an additional focus on humanitarian contexts in overarching coordination frameworks such as HEPR.

HEPR must specifically address the needs of different humanitarian contexts with clear operational guidance.

Conclusion

This paper highlights the strengths and weaknesses of different mechanisms used to coordinate humanitarian responses to epidemics and identifies clear and practical strategies and recommendations for improving a coordinated response. Large-scale epidemics require complementary coordination mechanisms that focus on containing the spread of infectious disease, such as the IMS model, as well as local humanitarian response coordination structures to achieve a holistic,

multisectoral, and principled epidemic response. This paper advocates for clear guidance and improved collaboration and integration between different epidemic coordination systems in humanitarian contexts. It provides guidance on how to move forward to ensure that future coordination efforts are effective in responding to large-scale epidemics in humanitarian emergencies and inform the current global discussions on improving pandemic preparedness.

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