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| **Key Objective #1** | | **Calibrate COVID-19 strategy to local needs, risks, and capacities** |
| **Required for Key Objective #1** | | **Priority Actions**  **Conduct a community-level needs assessment using available data**  **Identify high-risk sectors of the community and consider all populations and needs within**  **Determine the capacity of government and nongovernmental entities operating within the population**  **Evaluate the cost/benefit of possible containment measures and the economic and social disruption they may cause**  **Develop an Action Plan (while considering the other objectives of this guide) and implement**  **Operational Requirements**   * Have community leaders developed an action group or task force to conduct a needs assessment for the COVID-19 response? (Resources available [here](https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf) and [here](https://www.checkup.org.au/icms_docs/182816_12_GUIDE_A_Guide_to_Undertaking_a_Needs_Assessment.pdf))   + Are there existing needs assessments that can be adapted for this exercise?   + Does the task force engage relevant stakeholders (first responders, healthcare facility managers, business managers, informal community leaders, religious leaders, etc.) to understand the range of needs within the community?   + How does this plan feed into the national action plan? What is the two-way chain of communication between community and national leaders? * Has the community developed a prioritized action plan covering:   + Community assets and needs?   + Potential partnerships to fill critical needs? (Resources available [here](https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf))   + Needs of vulnerable or at-risk populations?   + Secondary or tertiary impacts of physical distancing measures, such as access to food and reductions in income?   + Resource needs for emergency operations? * Have community leaders assessed the following before pursuing lockdowns or closures? Consider that without access to most of these community members will need to make frequent trips into the community to survive regardless of orders. (Resource [here](https://theconversation.com/the-five-criteria-low-income-countries-must-have-in-place-for-lockdowns-to-work-136263))   + How long can households maintain their livelihoods under a lockdown, particularly if their livelihoods are dependent on day labor or informal economic activity?   + Are there available means to offset the economic damage of a sustained lockdown order?   + What proportion of the population is high-risk for severe COVID-19 health impacts, and how does this compare to the proportion of the population that could face life-threatening economic and food security impacts?   + Do people have access to safe drinking water in the home?   + Is there adequate sanitation in the home?   + Do homes have a reliable source of energy?   + Is there access to information or communications technology in homes? * Are humanitarian and development partners engaged in supporting locally-led efforts?   + Are NGOs or UN partners active in the area, and do they have programs relevant to the COVID-19 response?   + Are NGOs or UN partners able to maintain normal operations under physical distancing conditions? For what services (food distribution, etc.) might exceptions to distancing regulations be provided?   + Are aid organizations coordinating their efforts with local authorities?   + Are aid organizations reflecting local priorities in their own programs and fundraising? * What is current capacity for local financing of the response effort? (Resource [here](https://www.clgf.org.uk/default/assets/File/UNCDF.pdf))   + Is there a clear understanding of what resources will be available from outside sources (central government, aid organizations, etc.)?   + Is there a strategy to coordinate and advocate with the government, aid groups, and donors for additional resources?   + Is there a projection of the budget required for the community-level response, based on the risk assessment? * Is there a data dashboard or other method to track implementation of the Action Plan? Can the task force assess if their plan is making an impact? (Resources available [here](https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf) And [here](https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf))   + What indicators will be used for situation and needs monitoring?   + Has the task force identified likely “blind spots” in data, and developed plans for decision-making in data-scarce conditions? |
| **Resources** | | * [Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings.](https://interagencystandingcommittee.org/system/files/2020-05/IASC%20Interim%20Guidance%20on%20Public%20Health%20and%20Social%20Measures%20for%20COVID-19%20Preparedness%20and%20Response%20Operations%20in%20Low%20Capacity%20and%20Humanitarian%20Settings.pdf) (IASC) * [Guide: Undertaking Needs Assessments](https://www.checkup.org.au/icms_docs/182816_12_GUIDE_A_Guide_to_Undertaking_a_Needs_Assessment.pdf) (Australian Workforce Council) * [Participant Workbook](https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf), Community Needs Assessment (U.S. CDC) * [Global Humanitarian Response Plan COVID-19](https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf) (United Nations Coordinated Appeal) – *Particularly the Monitoring Framework on pages 32 – 34* * [Critical Preparedness, Readiness, and Response Actions for COVID-19](https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19) (WHO) * [COVID19 Emergency Response – Local Government Finance](https://www.clgf.org.uk/default/assets/File/UNCDF.pdf) (UN CDF) * [Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30229-1/fulltext) (Lancet) |
| **Key Objective #2** | | **Activate an Emergency Operations Center and establish a whole-of-community incident management structure** |
| **Required for Key Objective #2** | | **Priority Actions**  **Activate or establish local coordinating body (Emergency Operations Center or similar structure) to coordinate the local response and link to higher-level coordination**  **Designate an empowered Incident Manager**  **Organize functional units/teams around major operational priorities**  **Establish liaisons with key government partners local, regional and national stakeholders**  **Operational Requirements**   * Does a **crisis response structure** already exist in the community? Is it formal or informal?   + Is there an incident management system (IMS) in place with clear lines of authority? Or a comparable existing body that could be used for this purpose? (Resources available [here](https://apps.who.int/iris/bitstream/handle/10665/196135/9789241565134_eng.pdf;jsessionid=56117169DD9F35D3F3869F8F56C5059F?sequence=1), [here](https://apps.who.int/iris/rest/bitstreams/1167232/retrieve) and [here](https://www.ncbi.nlm.nih.gov/pubmed/27488940)) * Is there a **crisis manager** responsible for operations of the EOC or coordination structure? Does the crisis manage have clearly identified decision-making authorities?   + Are there clearly defined roles and responsibilities for all staff? Are lines of communication among staff clearly defined?   + Is the coordination structure divided into working groups that can focus on specific areas of need? Operations? Communications? Data and reporting? Logistics? Finances?   + How will the IMS be affected if personnel are diagnosed with or exhibiting symptoms of COVID? Can the IMS work virtually if needed? Are there plans and infrastructure in for these circumstances? * Is there a dashboard with key performance indicators and is it updated regularly? * Does the IMS have liaison and information-sharing links with:   + Existing national response structures and emergency operations center?   + Local or international partners providing care or supporting operations in the area?   + Other sectors of the local community (private sector, UN clusters, civil society, marginalized communities)?   + Local clinicians and laboratories for gathering of case information? * Is there an existing infectious disease response plan developed? If this plan is at the national level, can local operations integrate accordingly?   + Is the local plan based on a recent risk assessment of the community? Does it incorporate local resources and needs to execute an effective response (based on a needs assessment)? What parts of the community are most at risk?   + Are there personnel in the community who have experience in emergency response? Are they available to work? Can they rapidly train others?      * Is there a way to dedicate space to a physical emergency operations center (EOC)? Can ICM operations be facilitated through the EOC to ensure comprehensive operations? (Resources available [here](https://apps.who.int/iris/bitstream/handle/10665/196135/9789241565134_eng.pdf;jsessionid=56117169DD9F35D3F3869F8F56C5059F?sequence=1), [here](https://apps.who.int/iris/rest/bitstreams/1167232/retrieve) and [here](https://www.ncbi.nlm.nih.gov/pubmed/27488940))   + Is the space utilized able to support operations? Are infrastructure and information systems appropriate?   + Is there space for all relevant working groups and partners involved in the ICS?   + Are there technologies in the facility that would help with operations, case tracking, and other areas of operations? |
| **Resources** | | * [Framework for a Public Health Emergency Operations Centre](https://apps.who.int/iris/bitstream/handle/10665/196135/9789241565134_eng.pdf;jsessionid=56117169DD9F35D3F3869F8F56C5059F?sequence=1) (WHO) * [Handbook for Developing a Public Health Emergency Operations Centre](https://apps.who.int/iris/rest/bitstreams/1167232/retrieve) (WHO) * [Containment of Ebola and Polio in Low-Resource Settings Using Principles and Practices of Emergency Operations Centers in Public Health](https://www.ncbi.nlm.nih.gov/pubmed/27488940). (Journal of Public Health Management Practices) * [Useful Links and Publications](https://www.who.int/ihr/eoc_net/en/index7.html) (WHO) |
| **Key Objective #3** | | **Expand risk communication and community engagement** |
| **Required for Key Objective #3** | | **Priority Actions**  **Establish regular information sharing in collaboration with the community in local languages and dialects**  **Ensure that community-engagement is a two-way process that promotes messaging for safe community behaviors while also channeling community input back into response strategy and decision-making**  **Build trust between local leadership, business, religious, and other civil society members to effectively inform communities through the co-creation, review, and dissemination of credible materials and campaigns.**  **Develop messaging and guidance in light of community centered needs**  **Operational Requirements**   * Is there a routine process for consistently communicating with and updating the community? (Resource available [here](https://apps.who.int/iris/rest/bitstreams/1272597/retrieve), [here](https://www.researchgate.net/publication/8944073_Best_Practices_in_Public_Health_Risk_and_Crisis_Communication))   + Have the most effective visual and written communication methods been identified?   + Is information available in all relevant languages or dialects?   + Which populations are communications least likely to reach?   + Is there an effective way to dispel disinformation or misinformation?   + Is community leadership, or consistent and trusted representatives, regularly and effectively communicating with various sectors of society, government and non-governmental organizations (policy, education, etc.)? * In all phases of an outbreak, is leadership able to: (Resource available [here](https://apps.who.int/iris/rest/bitstreams/1272597/retrieve))   + Encourage community members to adopt protective behaviors appropriate to the outbreak phase?   + Manage expectations and communicate uncertainties?   + Provide information and guidance in collaboration with community members?   + Maintain trust by listening to the population and modifying plans for risk communications depending on people’s perceptions and questions?   + Empower and foster resilience in individuals, groups, and communities? * Is community feedback being regularly sought and integrated into response strategy and decision-making? (Resources [here](https://odihpn.org/magazine/bringing-community-perspectives-decision-making-ebola-response-democratic-republic-congo/) and [here](https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620977/gd-covid-19-community-engagement-checklist-270420-en.pdf;jsessionid=19A3904239C99655D7C35E3DAB3BC7D8?sequence=2))   + Direct engagement with focus groups and key informants   + Opinion polling or survey tools * Are community engagement efforts specifically reaching peripheral or marginalized populations? Are there established and tailored messages and mechanisms for communicating with affected or at-risk populations?   **Additional Considerations**   * Have credible and trusted spokespeople been identified and assigned to relay important, fact-based messages to the different groups within the community? Are these spokespeople connected to local leaders and empowered to effectively communicate? ([Resource](https://emergency.cdc.gov/cerc/cerccorner/article_021417.asp)) * Are messaging efforts taking mental and psychosocial considerations into account? (Resource available [here](https://apps.who.int/iris/rest/bitstreams/1272383/retrieve)) * Do messaging efforts work to minimize and mitigate social stigma? (Resource available [here](https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4_2)) * Are informational materials accessible for all populations in the community, in the most common languages? Are pictorial materials available in areas where literacy rates are low? * Is there a strategy in place for monitoring and addressing people’s perceptions, beliefs, and sources of misinformation or disinformation? How does local messaging link to national guidance and outreach? |
| **Resources** | | * [Risk Communication and Community Engagement](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement)(WHO) * [COVID-19 risk communication package for healthcare facilities](https://iris.wpro.who.int/handle/10665.1/14482) (WHO) * [World Health Organization guide for preventing and addressing social stigma associated with COVID-19](https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf) (WHO) * Best Practices in Public Health Risk and Crisis Communication<https://www.researchgate.net/publication/8944073_Best_Practices_in_Public_Health_Risk_and_Crisis_Communication> * [Risk Communication Training](https://www.tephinet.org/risk-communication-training-english) (TEPHINET) * [Qualities of an Effective Spokesperson](https://emergency.cdc.gov/cerc/cerccorner/article_021417.asp) (US CDC) |
| **Key Objectives #4** | | **Understand the real-time spread of COVID-19 in the community** |
| **Required for Key Objective #4** | | **Priority Actions**  **Assess existing diagnostic testing capacity and identify alternate resources**  **Analyze data from influenza-like-illness (ILI), Severe Acute Respiratory Illnesses (SARI), or other community-based surveillance systems to identify suspected cases**  **Link any testing and surveillance data to EOC or established reporting structure**  **Conduct and document formal risk assessment based on current level and trajectory of COVID-19 or ILI/SARI spread in the community**  **Operational Requirements**   * Does the EOC/IMS have an accurate real-time picture of the trajectory of the outbreak within the community for each of the following: (Resources [here](https://apps.who.int/iris/bitstream/handle/10665/196135/9789241565134_eng.pdf?sequence=1) and [here](https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html))   + Daily suspected (or confirmed) case counts?   + Proportion of new cases from beyond known contacts of existing cases (this is a proxy for degree of community spread)?   + New cases in high-risk settings?   + Total active cases being managed in the health system?   + Number of people in isolation or quarantine?   + Lag time between case onset and receipt of information by EOC? * Has a comprehensive surveillance system been implemented to monitor new cases in the community? (Resource [here](https://www.cdc.gov/csels/dsepd/ss1978/lesson6/section1.html) and [here](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions))   + Are health care providers analyzing syndromic data on Influenza-Like Illnesses, Severe Acute Respiratory Illnesses, and/or new indicators to identify suspected cases of COVID-19? How do these indicators account for other high-incidence febrile illnesses?   + Are presumptive positive cases identified through syndromic surveillance linked to contact tracing programs?   + Have standardized reporting forms and databases been established and distributed specifically for COVID-19 surveillance, including for suspect cases and syndromic surveillance? * How much demand for testing can be met with current resources? (Resources [here](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf) and [here](https://www.cdc.gov/csels/dsepd/ss1978/lesson6/section1.html))   + Are sufficient test kits available?   + Are health providers able to test all whom they think need diagnosis?   + Is there a reporting structure to ensure medical providers are rapidly notified of results and have a clear plan to communicate to patients? * **Where testing is insufficient**, has a strategy been developed to prioritize use of existing testing capacity (ex. by testing health care workers, transit workers, settings with high-risk or vulnerable populations, or validating syndromic surveillance indicators)? * Are there mechanisms for transporting patient samples to laboratories capable of testing for COVID-19?   + Where can specimen referral systems and shipment reliability be reinforced?   + If transport capacity is likely to remain limited, can it be expanded to a handful of indicator sites (specific clinics or hospitals, displacement camps, secondary urban centers, etc.) outside of the primary urban center? * Are community health workers conducting active surveillance in non-clinical settings?   **Additional Considerations**   * + Is data disaggregated by vulnerable population status?     - Sex?     - Age?     - Healthcare worker status?     - Underlying condition status? * What financial barriers for patients (clinic fees, additional testing fees, presence of public/private health facilities) might depress reporting? |
| **Resources** | | * [World Health Organization Surveillance Technical Guidance](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions) (note: includes a template for epi line listings) * [Introduction to Public Health Surveillance](https://www.cdc.gov/publichealth101/surveillance.html) (U.S. CDC) * [Integration of Private Sector Laboratories in National COVID-19 Response](https://covid19.ncdc.gov.ng/media/files/IntegrationOfPrivateLabs1.pdf) (Nigeria CDC) * [Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings.](https://interagencystandingcommittee.org/system/files/2020-05/IASC%20Interim%20Guidance%20on%20Public%20Health%20and%20Social%20Measures%20for%20COVID-19%20Preparedness%20and%20Response%20Operations%20in%20Low%20Capacity%20and%20Humanitarian%20Settings.pdf) (IASC) – *particularly p 15-16 on developing a local testing prioritization strategy* * [Principles of Epidemiology in Public Health Practice, Third Edition an Introduction to Applied Epidemiology and Biostatistics. Lesson 6: Investigating an Outbreak](https://www.cdc.gov/csels/dsepd/ss1978/lesson6/section1.html) (U.S. CDC) * [World Health Organization Global COVID-19 Clinical Characterization Case Record Form and new data platform for anonymized COVID-19 clinical data](https://www.who.int/docs/default-source/coronaviruse/who-ncov-crf.pdf?sfvrsn=84766e69_2) (WHO) *Note: cities do not need to enroll, but this resource includes a checklist of key COVID-19 epi considerations* * [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf) (U.S. CDC) * [Use of Verbal Autopsy and Social Autopsy in Humanitarian Crises](https://gh.bmj.com/content/3/3/e000640) (BMJ Global Health) * [Fever Screening](https://www.bnext.org/article/fever-screening-public-health-protection-or-security-theater/) (IN-Q-TEL) * [Reporting a PUI or Confirmed Case](https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html) (U.S. CDC) |
| **Key Objective #5** | | **Slow and reduce transmission** |
| **Required for Key Objectives #5** | | **Priority Actions**  **Outline a physical distancing strategy appropriate to the risks and realities of the local community. Assess the net costs and benefits of large-scale lockdowns or other drastic measures.**  **If the disruptive impact of a lockdown would outweigh the protective public health benefit, shift to other more sustainable distancing measures.**  **Recruit, train, and scale up a contact tracing workforce capable of rapidly identifying and isolating contacts of positive cases**  **Establish mechanisms for supportive quarantine to minimize livelihood disruptions for quarantined households**  **Implement a policy for isolating identified and suspect cases, and quarantining their close contacts, and establish special facilities to enable safe isolation outside of homes**  **Clearly outline local physical distancing guidelines to the community, implement, and maintain them**  **Establish criteria for essential and non-essential activities**  **Assess and mitigate secondary impact of physical distancing measures**  **Plan for future reintegration efforts and what will be needed to bring the community back to normal**  **Operational Requirements**   * What non-lockdown measures could be applied to slow transmission through physical distancing or behavior change? Depending on the community, have leaders considered implementing the following distancing measures: (Resource [here](https://apps.who.int/iris/rest/bitstreams/1271989/retrieve))   + Canceling mass gatherings?   + Adaptation of public spaces such as markets to minimize close and prolonged contact between people?   + Telework or remote work where feasible?   + School closures and other similar measures?   + Public transportation closures and/or workplace closures?   + Public health quarantine of asymptomatic contacts and isolation of ill individuals? * Have community leaders encouraged the public to adhere to individual- and household-level best practices including: (Resources [here](https://apps.who.int/iris/bitstream/handle/10665/331846/WHO-2019-nCoV-IPC_WASH-2020.3-eng.pdf) and [here](https://apps.who.int/iris/rest/bitstreams/1271989/retrieve))   + Proper hand washing? This is particularly critical in health care facilities. Ideal materials for communities and homes include water/soap or alcohol-based hand rub, ash or mud, and water alone.   + Avoiding close contact?   + Staying home if sick?   + Covering coughs and sneezes?   + Wearing face coverings in public?   + Cleaning and disinfecting?   + Keeping water supplies safe? Boiling supplies? Filtration?   + Proper waste disposal and sanitation? This includes fecal matter, as well as health care waste (tissues and other materials included) * Does the community have defined thresholds for when to impose or lift measures for physical distancing, including stay-at-home orders, non-essential business and school closures, and curfews? (Resources [here](https://www.paho.org/disasters/index.php?option=com_docman&view=download&category_slug=tools&alias=530-pandinflu-leadershipduring-tool-4&Itemid=1179&lang=en), [here](https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/), [here](https://apps.who.int/iris/rest/bitstreams/1272420/retrieve), [here](https://apps.who.int/iris/rest/bitstreams/1272428/retrieve), [here](https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4), and [here](https://apps.who.int/iris/rest/bitstreams/1271989/retrieve))   + Is it early enough in the outbreak to introduce quarantine procedures effectively? Is the setting appropriate and can adequate food, water, and hygiene provisions be made for the quarantine period?   + Has the community established guidance criteria or official limitations on gatherings consistent with current public health guidance (e.g. no gatherings of 10 or more)?   + Is there a way to ensure triage, early recognition, and source control of all cases?   + Should schools be closed to prevent spread? * Have contact tracers been recruited or redirected from other programs?   + Are contact tracers distributed appropriately relative to caseload?   + Are systems in place for clear communication between contact tracers, clinical care providers, and any community isolation facilities? * Is the community able to manage the bodies of patients who have died from or are suspected to have died from COVID-19? (Resource [here](https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-lPC_DBMgmt-2020.1-eng.pdf)) * Before considering how to re-open society or adjusting public health and social measures following lockdowns or extended closures, consider the following: (Resource here)   + Is COVID-19 transmission controlled?   + Are sufficient public health workforce and health system capacities in place?   + Are outbreak risks in high-vulnerability settings minimized?   + Are preventive measures established in workplaces?   + Is testing capacity sufficient to detect new transmission clusters?   + Is the risk of exporting and importing cases from communities with high risks of transmission managed?   + Are communities fully engaged?   **Additional Considerations**   * Is there a policy on when and how to use masks in the community? (Resource [here](https://apps.who.int/iris/rest/bitstreams/1274280/retrieve))   + Outside of medical usage, consider the purpose, risk of exposure, vulnerability of a population, setting in which the population lives, feasibility, and type of mask utilized. * Is there a plan to incentivize interventions that can slow community spread of disease? * Is there a process in place for addressing noncompliance (e.g., fines, criminal charges, etc.)? * Is there a way for community leaders to be in contact with organizations in the community, particularly those that may host large gatherings? Do these organizations or sectors have relevant guidance and information? (Resources available [here](https://apps.who.int/iris/rest/bitstreams/1274420/retrieve), [here](https://apps.who.int/iris/rest/bitstreams/1272458/retrieve), [here](https://apps.who.int/iris/rest/bitstreams/1272773/retrieve))   + Religious organizations?   + Sporting events?   + Political rallies, or other events where large numbers or people may gather? * Is the community able to locally produce sanitizing hand rubs to help prevent spread? (Resource [here](https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf)) * Are family members or care givers able to care for COVID-19 patients with mild symptoms at home if a health care facility is unavailable? Do they have the knowledge and resources to do so? (Resource [here](https://apps.who.int/iris/rest/bitstreams/1272288/retrieve)) * Are essential services able to be maintained? If not, are continuity plans in place? (Resource [here](https://www.who.int/influenza/preparedness/pandemic/2009-0808_wos_pandemic_readiness_final.pdf))   + Adapt and implement existing plans to COVID-19 when possible.   + Work with partners to identify and support continuation of critical functions (i.e., water and sanitation; fuel and energy; food; telecommunications/internet; finance; law and order; education; and transportation), necessary resources, and essential workforce. |
| **Resources** | | * [Non-Pharmaceutical Interventions (NPIs): Actions to Limit the Spread of the Pandemic in Your Municipality](https://www.paho.org/disasters/index.php?option=com_docman&view=download&category_slug=tools&alias=530-pandinflu-leadershipduring-tool-4&Itemid=1179&lang=en) (PAHO) * [Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza](https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1) (WHO) * [Guidance for School Settings](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html) (U.S. CDC) * [Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19](https://www.who.int/publications-detail/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19) (WHO) * [CDC guidance on COVID-19 and mass gatherings](https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html) (US CDC) |
| **Key Objectives #6** | | **Protect high-risk groups and vulnerable communities** |
| **Required for Key Objective #6** | | **Priority Actions**  **Establish a comprehensive list of vulnerable communities and the places where they are concentrated (e.g. displacement camps, worker dormitories, temporary settlements, slums, crowded urban centers, prisons)**  **Assess available WASH (water, sanitation and hygiene) facilities, infection prevention and hygiene practices and supply needs**  **Address identified areas of insufficiency (e.g. PPE, contact tracers, healthcare workers and their training, infection control practices)**  **Establish guidance to minimize exposures for vulnerable communities e.g. mask-wearing, physical distancing**  **Focus on particular on needs of marginalized populations, including refugees or internally displaced populations and detainees**  **Operational Requirements**   * Has a comprehensive list been compiled of high-risk and vulnerable populations and sites where they are concentrated? Including:   + Populations living or working in sustained close quarters?   + People living with HIV/AIDS? People with TB?   + Food insecure or malnourished populations?   + Populations with little to no access to regular healthcare?   + Prisons? ([Resource](http://ttp:/www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020))   + Refugee and displaced persons camps?   + Slums and other informal settlements? * Have assessments considered the specific needs of women and girls within vulnerable populations and high-risksettings? * Have community settings with high-risk and vulnerable populations been assessed for effective infection prevention and hygiene practices?   + Do the communities have sufficient WASH and hygiene facilities and capacity to maintain them?   + Can supplemental hygiene kits, NFI kits, and cloth masks be provided? Can supplemental WASH stations be established and maintained? * Have high-risk settings and vulnerable communities received guidance and site-visits to ensure compliance with policies for infection prevention? * Has visitor access been restricted to settings with high-risk and vulnerable groups? |
| **Resources** | * [World Health Organization protocol for assessment of potential risk factors for COVID-19 infection among health care workers in a health care setting](https://www.who.int/publications-detail/protocol-for-assessment-of-potential-risk-factors-for-2019-novel-coronavirus-(2019-ncov)-infection-among-health-care-workers-in-a-health-care-setting) (WHO) * [Recommendations for Adjusting Food Distribution SOPs in the Context of the COVID-19 Outbreak.](https://www.buildingabetterresponse.org/pluginfile.php/12349/course/section/77/Covid%20SOP%20Food%20Assistance.pdf) (WFP) * [COVID-19 and Ending Violence Against Women and Girls](https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006) (UN Women) – *Especially p6-7 for example initiatives and specific actions* * [Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs](https://www.fhi360.org/sites/default/files/media/documents/epic-kp-strategic-considerations-covid-19.pdf) (FHI 360) * [Preparedness, prevention and control of COVID-19 in prisons and other places of detention](http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020) (WHO) * [Coronavirus disease (COVID-19) Technical Guidance: Humanitarian operations, camps and other fragile settings](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/humanitarian-operations-camps-and-other-fragile-settings) (WHO) * [Mental health and psychosocial considerations during the COVID-19 outbreak](https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak) (WHO) | |
| **Key Objective #7** | **Reinforce and expand health system surge capacity to sustain healthcare operations and avoid excess mortality** | |
| **Required for Key Objective #7** | **Priority Actions**  **Bolster or reassign healthcare workforce to manage increased demand**  **Implement strategy to maintain other critical health services such as maternal and child health and immunizations**  **Initiate plans to separate screening and intake of potential COVID-19 cases from general health care intake**  **Assess availability of critical supplies and project needs across the healthcare system**  **Assess and address gaps in infection prevention and control in health facilities**  **Track exposure and infections of health workers and assess impact on system capacity**  **Reinforce oxygen supply systems**  **Implement strategies for safe management of the deceased**  **Operational Requirements**   * Has the healthcare community assessed its current workforce capacity and identified methods for filling COVID-19 response needs?   + Has the community identified opportunities for training of additional staff, leveraging academic communities, community healthcare workers assigned to other portfolios (i.e. polio, HIV/AIDS), and out-of-scope practitioners (i.e. pharmacists, dentists, etc.)? * Have healthcare user fees been waived for COVID-related medical care? * Has the healthcare community developed a strategy for balancing the COVID-19 response with the need to continue to provide essential health services? (Resource [here](https://apps.who.int/iris/rest/bitstreams/1272981/retrieve)) * Has the health system established a way to track infections among health workers, including contact tracers? Is this information included in capacity projections and updated regularly? * Are priority diagnostic tests available for healthcare workers? * Do healthcare facilities have clear lines of communication to local contact tracers? Can they initiate contact tracing for presumptive positive patients within 24 hours? * Can healthcare facilities establish separate entrances, waiting areas, or bed sites for patients arriving with respiratory complaints? Have they instituted policies about mask-wearing for all patients? * Are health facilities able to meet basic infection prevention and control (IPC) standards for COVID? ([Resource](C://Users/jmkon/Downloads/WHO-2019-nCoV-IPC-2020.3-eng.pdf))   + Is sufficient PPE available and can future needs be projected?   + Have staff been trained on proper PPE practices, including donning and doffing?   + Are health facilities able to meet essential hygiene and sanitation standards?   + Are health facilities using environmental and engineering controls (patient flow, intake procedures, facility layout and spacing) to reduce the risk of infection? * Are there ways to surge capacity for oxygen supply systems, including oxygen concentrators, oxygen splitters, consumables, and pulse oximeters? Are trained biomedical technicians available to proactively service outmoded equipment? * Do all those who attend to deceased persons with confirmed or suspected COVID-19 have the guidance and resources to safely and respectfully manage dead bodies? (Resource here) Have hospitals established relationships with funeral homes, crematoria, etc. to manage anticipated surge in deaths? | |
| **Additional Considerations**   * Have response protocols been established and implemented for suspect cases and persons under investigation? ([Resource](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html))   + Do response protocols include steps toward release from isolation or quarantine? * Are health facilities receiving timely feedback about COVID-19 test results? * Are health facilities receiving up-to-date information about test availability, testing protocols, and syndromic diagnostic guidelines? | |
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| **Resources** | * [Infection prevention and control during health care when COVID-19 is suspected](https://apps.who.int/iris/rest/bitstreams/1272420/retrieve) (WHO) * [Infection prevention and control for the safe management of a dead body in the context of COVID-19](https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-lPC_DBMgmt-2020.1-eng.pdf) (WHO) * [COVID-19 Operational guidance for maintaining essential health services during an outbreak](https://apps.who.int/iris/rest/bitstreams/1272981/retrieve) (WHO) * [Alliance PPE Supplier Spreadsheet](https://docs.google.com/spreadsheets/d/1ZNFnUj7DBnEbkjON70nvhALbmvs3VaHMJK_x28HNHtg/edit?usp=sharing) * [Surgical N95 Whitelist of Trusted Suppliers](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3surgicaln95.html) (US CDC) * [KN95 Supplier Whitelist](https://www.fda.gov/media/136663/download) (US FDA) * [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html) (US CDC) * [Strategies for Optimizing the Supply of N95 Respirators](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html) (US CDC) * [World Health Organization Training for Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19)](https://openwho.org/courses/COVID-19-IPC-EN) (WHO) * [Crisis Standards of Care](https://www.nap.edu/catalog/18338/crisis-standards-of-care-a-toolkit-for-indicators-and-triggers) (US HHS) | |
| **Key Objective #8** | **Mitigate economic and social consequences of the COVID-19 pandemic** | |
| **Required for Key Objective #8** | **Priority Actions**  **Establish mechanisms to assess and address impacts of the pandemic on vulnerable populations (e.g. food insecure families and communities)**  **Identify any disproportionate impacts on marginalized communities and develop a strategy for proactively mitigating potential unrest**  **Assess and mitigate impact of physical distancing measures on the local economy, including informal economy, and key workforce sectors (health care, public services, etc.)**  **If aid organizations are active in the community, engage them toward targeting assistance toward those most at risk of negative impacts related to any lockdown or required distancing measures**  **Identify and work to mitigate economic disincentives to physical distancing measures**  **Operational Requirements**   * Have the specific impacts of the pandemic on vulnerable and politically marginal populations been assessed? * Are there plans in place to mitigate the challenges of physical distancing, quarantine, and/or isolation on at-risk populations? Is the community able to provide the necessary resources (e.g., food, immunizations, other necessities) to highly vulnerable populations? ([Resource](https://www.fema.gov/media-library-data/1520878493235-1b9685b2d01d811abfd23da960d45e4f/ContinuityGuidanceCircularMarch2018.pdf)) * Are economic support measures available – including through the national government, safety net programs, or aid groups – to cushion the wider economic impact of the pandemic, and are these tools included in local coordination systems? * Are there mechanisms in place to support neighborhood food distribution and door-to-door service provision?   + Are community maps accurate and updated?   + Are there designated sub-sections for door-to-door distribution across the community? | |
| **Resources** | * [Responding to COVID-19 in Africa: Using Data to Find A Balance](https://preventepidemics.org/wp-content/uploads/2020/05/PERC_Regional_5-6-2020.pdf) (Prevent Epidemics) * [Updates on Ongoing Research on the Impact of COVID-19 in Crisis-Affected Countries](https://www.reach-initiative.org/what-we-do/news/updates-on-ongoing-research-and-activities-linked-to-covid-19-pandemic/#2205_Uganda_Monitoring_markets_in_refugee_settlements_to_assess_the_impact_of_COVID-19) (REACH Initiative) – *includes country-level survey data on secondary impacts* * [Considerations Relating to Social Distancing Measures in Response to COVID-19](https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-social-distancing-measuresg-guide-second-update.pdf) (European CDC) | |