

## **Interim Guidance**

# **IASC EMERGENCY RESPONSE PREPAREDNESS (ERP) APPROACH TO THE COVID-19 PANDEMIC**

Preparedness, Early Action and Readiness  
Sub-Group, and IASC Results Group 1  
on Operational Response

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April 2020

Endorsed by IASC Principals

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## Background

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the coronavirus disease (COVID-19) outbreak a public emergency of international concern under the International Health Regulations (IHR 2005). On 4 February 2020, WHO requested the activation of the UN Crisis Management Team to coordinate UN system-wide scale-up to assist countries prepare for, and respond to, COVID-19.

In response to the COVID-19 pandemic, the WHO is implementing its *Strategic Preparedness and Response Plan (SPRP)*, in which each national government is invited to detail its own country *Preparedness and Response Plan (PRP)* in-line with the eight guiding principles<sup>1</sup> outlined by WHO. The SPRP and PRPs outline the priority steps and actions to be taken across the major areas of the public health preparedness and response.

The Global Humanitarian Response Plan (GHRP) for COVID-19, launched on 25 March 2020, presents an initial analysis of the effects of the COVID-19 pandemic and articulates response approaches at the global level to guide relevant interventions. It builds on a joint analysis of the immediate health and non-health needs of vulnerable populations and offers a multi-partner, multisectoral, response to the pandemic. However, it does not attempt to deal with the secondary or tertiary impact on funding to existing response programmes or address more longer-term requirements in various sectors.

## Purpose

The interim *Emergency Response Preparedness (ERP)* guidance is designed to be a short technical step-by-step guide aimed **at non-HRP countries to support the development, or strengthening, of preparedness measures** to ensure that country teams are operational ready to implement activities to **address the potential non-health impacts of the COVID-19 pandemic and its compound effect on existing risks**. The interim guidance is based on the [IASC 2015 ERP Guidance](#)<sup>2</sup>.

The interim ERP guidance is intended to support and complement the eight guiding principles of the WHO supported national PRPs, the purpose of this *ERP Interim Guidance*<sup>3</sup> is to assist country teams to identify the steps to strengthen their preparedness to support the gaps in a state's capacity to respond to potential new humanitarian needs as well as to anticipate the impact on existing risks<sup>4</sup>.

This guidance can be applied in the following contexts:

1. For country teams that **have limited capacity and where no response preparedness plans have been developed**; and
2. For country teams where **current preparedness measures and contingency plans for existing risks** (i.e. such as floods, droughts, conflicts, etc.) **need to be reviewed and adapted** to respond

<sup>1</sup> WHO's Preparedness and Response Plans rest upon eight pillars: 1) Country-level coordination, planning and monitoring; 2) Risk communication and community engagement; 3) Surveillance, rapid response teams and case investigation; 4) Points of entry; 5) National laboratories; 6) Infection prevention and control; 7) Case management; and, 8) Operational support and logistics. For more information, please see the [WHO's COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness and Response](#).

<sup>2</sup> A full revision of the ERP guidance, which has been underway since last year, will be issued at the end of 2020.

<sup>3</sup> This is interim guidance specifically for the COVID-19 response and the revision process of wider ERP guidance will continue.

<sup>4</sup> The ERP process can also inform ongoing country analyses or planned Country Context Analysis updates.

to the potential impacts of the COVID-19 pandemic (**countries with HRP**s should refer to the **guidance in the footnote <sup>5</sup>**).

## Overview

This *ERP Interim Guidance* is intended to support the development, or strengthening, of preparedness measures to address the impacts of the COVID-19 outbreak. Where there are preexisting risk (i.e. disasters/emergencies triggered by natural hazards, conflict and political/social unrest) country teams will need to review and adapt their existing preparedness and readiness systems to respond to these risks considering the COVID-19 pandemic. **In all cases, response preparedness actions should be integrated with the overall national COVID-19 response.**

The ERP approach is intended to be:

- **Realistic.** It must consider existing capacities and constraints on access and movement cause by the COVID-19 pandemic.
- **Practical.** It should focus on needs and operational capacity; what we have, how to bridge gaps, and how to reach people with assistance.
- **Flexible.** Country teams should prioritize preparedness actions considering the risks they face and the capacity and resources available to them.
- **Coordinated.** All clusters/sector responses should be in alignment and complementary with existing government national health policies on the COVID-19 response.
- **National/Localized.** Closely linked to the utilization of existing local capacities and resources and taking into consideration limited movement and interaction given the nature of the COVID-19 pandemic. International humanitarian actors and mechanisms will complement and reinforce the role of national actors and local responders, including where possible national governments & local authorities, and national and local NGOs & civil society organizations.
- **Core Protection Principle:** The centrality of protection and role of humanitarian actors as protection actors is fundamental to all aspects of operational response. In addition to addressing GBV, there will be a specific focus on strengthening PSEA activities of all partners in the response. Specific attention will also be given to the most vulnerable groups (including elderly, women, children) and those exposed to discrimination (such as migrants, asylum seekers, refugees, etc.).
- **Do No Harm principles and AAP:** Planning and response is informed by Do No Harm principles, robust analysis of the operating context, and integrating community engagement and AAP into response. Given the nature of the pandemic, it is imperative to ensure that all staff deployed to a situation are properly equipped and trained for their protection and to prevent the further spread of the virus.
- **Humanitarian-development-peace collaboration:** Humanitarian actors and mechanisms will work with national governments, local authorities, and development and peace actors, under RC leadership, to tackle the urgent response actions as well as longer-term socio-economic impacts of COVID-19.

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<sup>5</sup> For countries with HRP please refer to the [COVID19-GHRP-Revision-Guidance Note](#). Those countries with *Refugee Response Plans* will need to update their sector strategies.

To effectively use the limited time there is to prepare for the impacts of the COVID-19 pandemic the following steps – which are intended to be flexible and adaptable to different contexts and timelines – must be considered:

1. Robust **coordination structures**
2. The completion of a **risk analysis, including protection risk analysis**
3. The **prioritization of interventions**
4. A **review of existing capacities** (assess response options and modalities)
5. How to best fill preparedness gaps and next steps

**Please note the following:**

- It is **imperative that linkage and integration with WHO in-country response<sup>6</sup> is strongly maintained.**
- Please refer to the *WHO Country and Technical Guidance<sup>7</sup>* for additional information (links have been provided in the footnotes throughout the Guidance).
- Links to relevant guidance and useful sources of information have been provided in footnotes. Various clusters and agencies have issued specific guidance on COVID-19, please draw on these resources<sup>8</sup>.
- As this is an evolving situation, please ensure that there is close coordination with regional and global colleagues.

## STEP 1 Coordination

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WHO will work through its Incident Management Support Teams to provide guidance and assist national crisis management authorities to implement:

- a) Enhanced surveillance recommendations;
- b) Risk communications for the public regarding trade and travel;
- c) Management of imported cases; and
- d) Response to outbreaks (sporadic cases, cluster of cases, community outbreaks).

**Support to national response efforts should be coordinated by the UN Resident Coordinator (RC)** with the WHO Head of Country Office as overall technical lead. Further support may be provided by a WHO incident manager if required. In all cases, COVID-19 response actions should be integrated into existing coordination mechanisms for preparedness and response avoiding, as far as possible, the creation of parallel structures<sup>9</sup>.

In countries where IASC humanitarian coordination structures **are in place** the Humanitarian Coordinator (HC) working with the Humanitarian Country Team (HCT), national authorities and country level clusters/sectors should lead the ERP process and is responsible for ensuring that response readiness efforts of relevant organizations to support the national response are inclusive and coordinated. The input of National Human Rights Institutions<sup>10</sup> and local civil society,

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<sup>6</sup> [COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness and Response, WHO](#)

<sup>7</sup> [Country & Technical Guidance - Coronavirus disease \(COVID-19\), WHO](#)

<sup>8</sup> <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

<sup>9</sup> In countries where the *IASC Scale Up Protocols Adapted to the Global COVID-19 Pandemic* apply, specific provisions related to coordination measures are outlined.

<sup>10</sup> National Human Rights Institutions (NHRIs), especially those that comply with the 'Paris Principles', play a crucial role in promoting and

especially organizations representing vulnerable groups such as persons with disabilities, LGBTI people, older persons, women and children and groups suffering discrimination is essential.

In countries where IASC humanitarian coordination structures **are not in place**, the RC should work with the UN Country Team and national authorities to implement the ERP. The RC should encourage the input and participation of IFRC and NGOs, including women’s and youth led organizations active in-country, to ensure that their humanitarian capacities and expertise are recognized and that they can contribute fully. In-country coordination mechanisms may need to be expanded for this purpose.

**Preparedness and response for refugee situations.** UNHCR, in accordance with its responsibilities, will lead the refugee preparedness and response in close coordination with WHO, RC/HCT, governments and other actors. In countries covered by refugee and migrant response plans, the existing inter-agency platform will continue. The *Joint UNHCR-OCHA Note on Mixed Settings*<sup>11</sup> remains applicable as it lays out the respective roles and responsibilities of the HC and the UNHCR Representative as well as the practical interaction of the IASC’s and UNHCR’s refugee coordination arrangements, to ensure that coordination is streamlined, complementary and mutually reinforcing.

## STEP 2 Risk Analysis and Monitoring<sup>12</sup>

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Country Teams should refer to WHO’s risk analysis and scenarios on the projections for the COVID-19 pandemic including the most at-risk and vulnerable groups such as people with disabilities. In complement to WHO, sectors/clusters should identify and analyze the expected type, magnitude and severity of the humanitarian needs (non-health) and protection risks – including gender-based violence for example – resulting from the direct and indirect effects of the COVID-19 pandemic. The IASC Protection Policy<sup>13</sup> should be used as a resource to identify key actions and ways of working for protection outcomes which can be established at the preparedness phase. Protection analysis should identify threats, who is vulnerable to these threats and why, and identify people’s and communities’ capacities in relation to these threats. The analysis should also assess the State’s commitment and capacity to address protection concerns. Based on this, country teams should update their scenarios<sup>14</sup> for the impact of the COVID-19 pandemic using sex and age disaggregated data when possible.

Country Teams should not only consider the immediate impacts (1-2 months), but also the knock-on effects of the pandemic that may take several months to materialize (3-6 months). As such, country teams should consider the following options:

- a) If a **risk analysis and protection risk analysis has not been undertaken**, at the earliest opportunity country teams should review these guiding questions (in addition to WHO risk analysis). [Checklist \(A\)](#)
- b) Where a **risk analysis and protection risk analysis does exist**, it should be reviewed ([Checklist \(A\)](#)) to assess both the potential new impacts of the COVID-19 pandemic, as well as the impact

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monitoring the effective implementation of international human rights standards at the national level. NHRIs are established by national law, or in the constitution, with powers to promote and protect human rights. Importantly, they operate independently from government.

<sup>11</sup> Joint UNHCR-OCHA note on Mixed Settings, OCHA/UNHCR, 24 April 2014

<sup>12</sup> For expanded guidance on how to carry out a risk assessment please see [risk-analysis-and-monitoring](#)

<sup>13</sup> [The IASC Policy on Protection in Humanitarian Action](#)

<sup>14</sup> At its core, scenario development is little more than a sophisticated “if-then” statement. That is, given current conditions, if the assumptions underlying the scenario are accurate, then it is likely that the projected outcomes will occur. Please see the following for reference: [Guidance Document Scenario Development 2018](#)

of the pandemic as additional layer on top of existing risks and on different population groups.

This forms the basis for identifying prevention and mitigation measures to ensure an effective response. Please refer to the following ([Checklist \(A\)](#)) that provides guiding questions in support of a revision to the existing protection and other risks analysis.

Where possible, agree on a limited number of indicators and other information to monitor to check anticipated changes, assumptions made, and disaggregated information required to be collected to fill gaps in the analysis.

**Monitoring of other risks:** COVID-19 will likely be the main center of attention in the coming months. However, non-COVID-19 related risks, could still materialize (e.g. seasonal floods, droughts and other disease outbreaks, such as cholera) and create additional needs that will have to be addressed. Therefore, it is critical to maintain regular and thorough risk monitoring for other types of disaster and prepare accordingly<sup>15</sup>.

### STEP 3 **Prioritizing Humanitarian Interventions**<sup>16</sup>

Drawing on the risk and protection risk analysis scenario, what activities will be required to respond to the impacts of the COVID-19 pandemic, either existing or new activities? **It is vital that there is agreement on what actions will be prioritized**, particularly as staff capacity, resources, and logistics will come under increasing pressure. Where applicable, please make use of *Programme Criticality Assessments*<sup>17</sup> and re-prioritization exercises. This information should be broken down by sector.

The following criteria should be used as a guide to identify critical relief activities and services:

- a) **Time-critical and/or high impact life-saving** interventions required;
- b) **Address the specific impacts** of COVID-19 (i.e. challenges or inability, through loss of purchasing power or physical market access, to purchase essential foods, medicine, or alternative distribution strategies, lack of access to regular health services, etc.);
- c) **Prioritization of geographical locations** based on risk and vulnerabilities;
- d) Address the **protection, gender and age specific concerns** of affected communities, particularly the most vulnerable population groups in the context of displacement and sheltering with physical distancing;
- e) **Available capacity** to implement in-kind and cash interventions;
- f) **Operational capacity** to deliver the above-mentioned interventions at scale within the timeline and with equity considerations; and

<sup>15</sup> Further, authoritative sources, such as the National Meteorological and Hydrological Service (NMHS) of the country of operation in the case of weather, water and climate hazards, should be used and regularly consulted. For further information on hydro-meteorological conditions, or if the NMHS itself is heavily impacted by COVID-19 or for other reasons not fully operational, please reach out to the World Meteorological Organization Secretariat, through the IASC groups.

<sup>16</sup> Prioritization refers to current and emerging humanitarian actions as well as urgent early/anticipatory actions

<sup>17</sup> The United Nations Programme Criticality Framework is a component of the UN Security Management System which is used to determine levels of acceptable security risk for programmes and mandated activities implemented by UN personnel. The Programme Criticality Framework is implemented as a mandatory policy of the Organization in environments of high or very high security risk.

- g) Feasibility of **logistics requirements** of time critical and/or high impact life-saving interventions, both in-kind and cash.

**Early/Anticipatory Action:** using the same approach and based on the review of the risk analysis, **consideration should be given to identifying potential Early/Anticipatory Action**<sup>18</sup> to mitigate the impact of the COVID-19 pandemic on vulnerable populations. Types of Early/Anticipatory Actions to consider could be cross-sectoral, State, and social behavior change interventions, for example those addressing stigmatization and discrimination social behavior change interventions / pandemic risk communication, which build on Pillar 2 Risk communication and community engagement of the WHO SPR. Early/Anticipatory Actions should address not only the direct impacts of COVID-19 but also the secondary impacts of the pandemic across sectors<sup>19</sup>.

## STEP 4 Capacity Review

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The Capacity Review identifies the specific roles and capacities of national and international actors, and their operational partners, as well as affected communities, in order to accurately understand current capacity and priority preparedness gaps that need to be addressed. Assessing available stock-piles, the logistics around bringing goods into a country, mapping of health facilities, the potential for financial service providers to deliver cash and voucher assistance<sup>20</sup>, and available staffing capacity for cash, in-kind and service provision also helps to determine exactly what caseload can and should be targeted for support by the international humanitarian community (awareness should be given to personal data protection concerns as a consequence of remote working or new ways of delivering aid).

To undertake this review, humanitarian organizations/cluster/sectors will need to review their **capacity to deliver** prioritized interventions (**STEP 3**). This review should also **identify gaps** that would negatively impact the ability to implement these interventions; and, **identify potential impacts** on capacity due to the COVID-19 pandemic. Given the impact of the pandemic, emphasis should be given to strengthening local capacities by reinforcing Civil Society Organizations, local NGOs, and community mechanisms. Please refer to [Checklist \(B\)](#) as a guide to review response capacity<sup>21</sup>.

Due to COVID-19, face-to-face meetings are currently not feasible. However, multi-sectoral response approaches will remain particularly important involving sectors/clusters requiring regular discussions. Inter-sector/cluster coordinators should hold [remote] bilateral discussions with sectors/clusters and counterparts to maintain a good overview of the response and to facilitate subsequent remote inter-sector/cluster discussions.

It should be kept in mind that those remote discussions tools are less likely to be available for local NGOs; two-way information exchanges should be maintained to the extent possible. It is important that

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<sup>18</sup> **Early/Anticipatory humanitarian actions** are actions taken in anticipation of a crisis, either before the shock or at least before substantial humanitarian needs have manifested themselves, which are intended to mitigate the impact of the crisis or improve the response.

<sup>19</sup> For example, interventions to anticipate and mitigate potential impacts of COVID-19 on availability of and access to food for the most acute food-insecure populations, especially through preserving critical livelihood assistance and protecting incomes and purchasing power. Please click here for more information: [Addressing the Impacts of COVID-19 in Food Crises, April-December 2020](#).

<sup>20</sup> Please refer to the WFP/UNHCR joint project on Mitigating Risk of Abuse of Power (MRAP) which highlights how to mitigate related protection concerns <http://www.cashlearning.org/cash-transfer-programming-and-risk/mitigating-risks-of-abuse-of-power-in-cash-assistance>

<sup>21</sup> See the following for expanded guidance regarding a [capacity-review](#) and sample [template](#)



humanitarian actors respect the commitments on Accountability to Affected Populations’ and ‘do no harm’. To ensure you are proactively communicating with communities, promote alternative forms of dialogue and let them actively participate in the planning of the response processes. In the absence of face-to-face meetings, disseminate messages in accessible formats that are age and gender sensitive and understandable to all, including minorities, persons with specific needs, and those with limited literacy levels.

## Step 5 Filling Preparedness Gaps and Next Steps

Based on the gaps identified through the capacity analysis, identify and implement preparedness actions to fill these gaps. For example:

Gap	Preparedness Action
Movement restrictions are in place that block humanitarian access	<b>Negotiate with authorities for humanitarian exceptions</b> where movement restrictions apply <sup>22</sup> ;
Lack of <b>logistic capacity</b>	Identify local logistic providers or partner with other agencies on using a joint logistics approach
Lack of <b>agreement with financial service providers</b> on the delivery of cash assistance	For example, identify appropriate provider and establish relevant agreements <sup>23</sup>

Given the fast pace of change due to the spread of the COVID-19 pandemic, prioritization will be essential. Please use [Checklist \(C\)](#) as a guide to arrange preparedness actions.

## Conclusion

The outputs of the **5 Steps** should be captured in a short, ready-to-use, contingency plan<sup>24</sup>. Please contact the co-chairs of the Preparedness, Early Action and Readiness Sub-Group, IASC Results Group 1 on Operational Response John Long, UNOCHA, ([longj@un.org](mailto:longj@un.org)) or Maguette Ndiaye, UNICEF, ([mdiaye@unicef.org](mailto:mdiaye@unicef.org)) for additional support.

<sup>22</sup> [IFRC advocacy key messages and idrl disaster law](#)

<sup>23</sup> [Minimum Preparedness Action-checklist](#) and [Advanced Preparedness Action-checklist](#)

<sup>24</sup> [Short contingency plan template](#) and [IASC Contingency Planning Template](#)