

IASC Inter-Agency Standing Committee

Best Practices and Lessons Learned: Adaptation of Public Health and Social Measures for COVID-19 in Low Capacity and Humanitarian Settings 17 May 2021

Speakers:

- Mr. Altaf Musani, Director of Health Emergency Interventions, World Health Organization
- Ms. Fatima Askira, Executive Director, Borno Women Development Initiative, Nigeria
- Mr. Samir Elhawary, Deputy Humanitarian Coordinator, Venezuela

Moderator:

- Ms. Mervat Shelbaya, Head, Inter-Agency Standing Committee (IASC) secretariat



Altaf Musani
Director,
Health Emergencies Interventions
World Health Organization

Globally, new cases and deaths remain highest levels since the beginning of the pandemic.

While some regions show decreased in new cases South-East Asia continues a worrying upward trajectory.

Circulating COVID-19 Variants of Concern (VoC) demand further capacities for testing and genetic sequencing, which is a challenge in most emergency-affected settings.

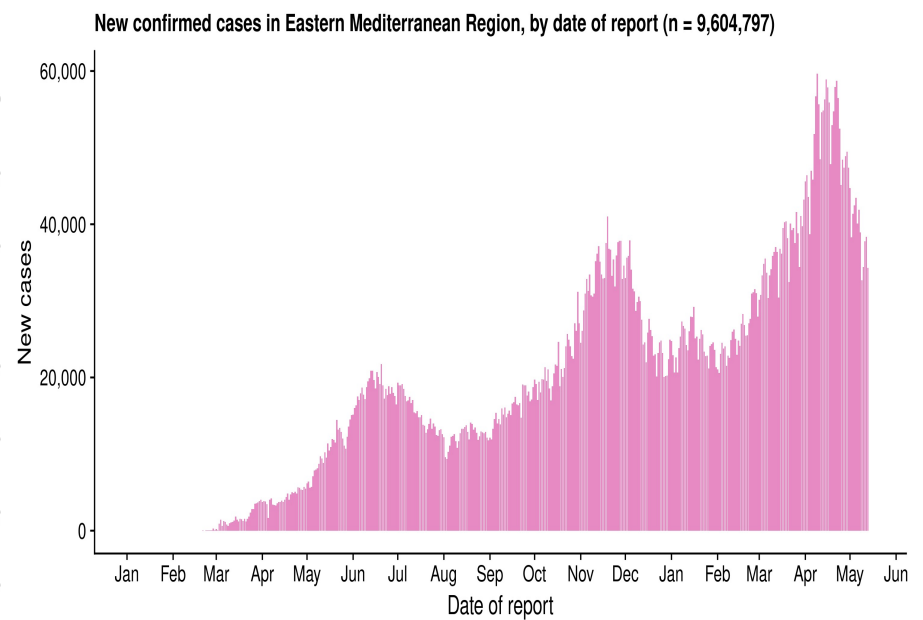
1,206,243,409 COVID-19 Vaccine doses have been administered globally. Only 17.2 Million in humanitarian settings.

Slow vaccine roll-outs amidst circulating variants of concern (VoCs) risk new wave of infections in vulnerable settings

Cautious interpretation of data should be applied in settings with poor surveillance and testing capacities.

COUNTRIES WITH EMERGENCY AFFECTED POPULATION IN EASTERN MEDITERRANEAN REGION - 3 May to 9 May 2021

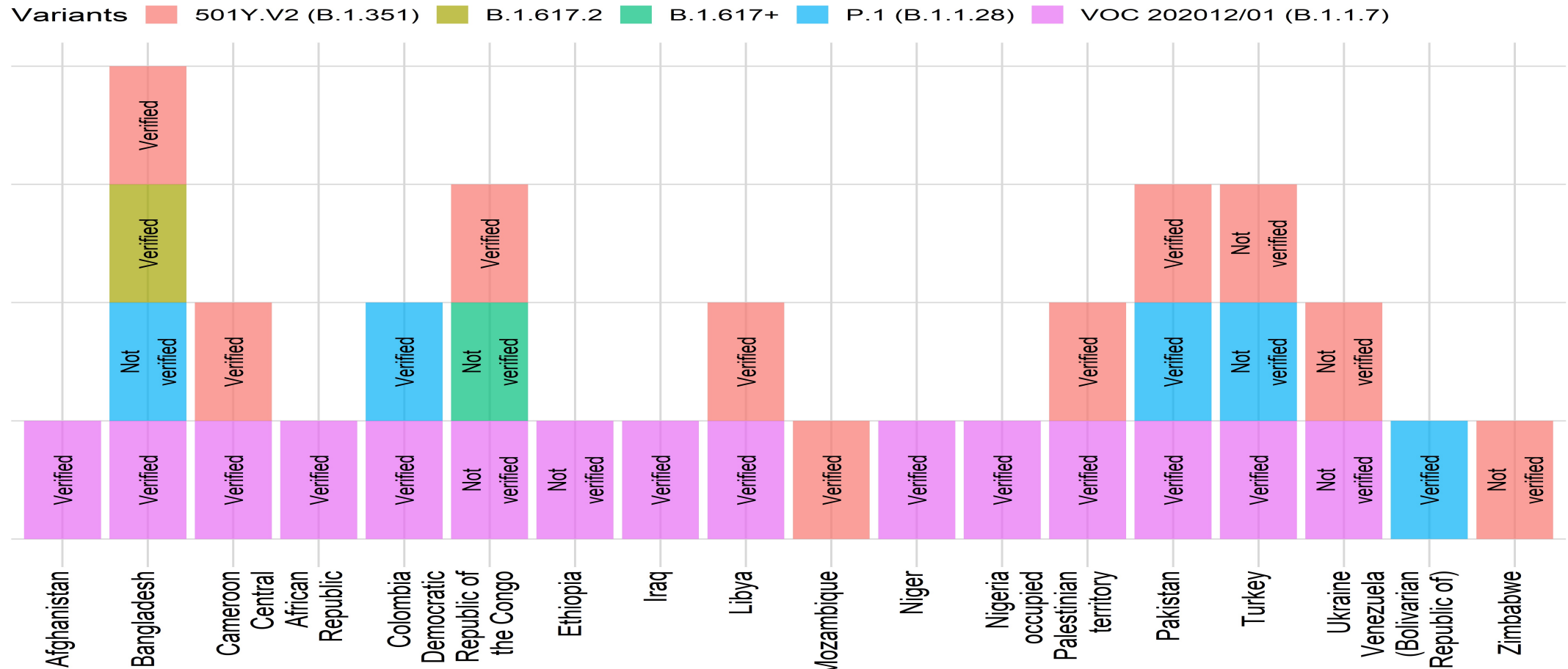
WHO region	Country		New Cases	Total Cases	New Deaths	Total Deaths	CFR	New Tests	Weekly Test Positivity (%)	Last Updated Date (testing)
EMRO	Iraq		38,192	1,108,558	243	15,741	1.4%	262,949	14.5	2021-05-14
EMRO	Pakistan		28,721	854,240	840	18,797	2.2%	313,069	9.2	2021-05-14
EMRO	occupied Palestinian territory		4,311	330,278	94	3,619	1.1%	24,030	17.9	2021-05-14
EMRO	Libya		2,189	179,697	34	3,063	1.7%	13,979	15.7	2021-05-14
EMRO	Afghanistan		1,720	61,842	49	2,686	4.3%	13,297	12.9	2021-05-14
EMRO	Sudan		772	34,826	80	2,445	7.0%	1,571	49.1	2021-05-14
EMRO	Syrian Arab Republic		501	23,319	50	1,648	7.1%	NA	NA	NA
EMRO	Somalia		500	14,415	34	747	5.2%	6,544	7.6	2021-05-14
EMRO	Yemen		137	6,466	41	1,271	19.7%	NA	NA	NA



Source: COVID Intel database

Overall, a recent decrease in new cases is seen. However, data should be interpreted cautiously. Poor surveillance systems in settings like Yemen, Somalia and unstable security situations in oPt and Afghanistan can complicate accurate interpretation.

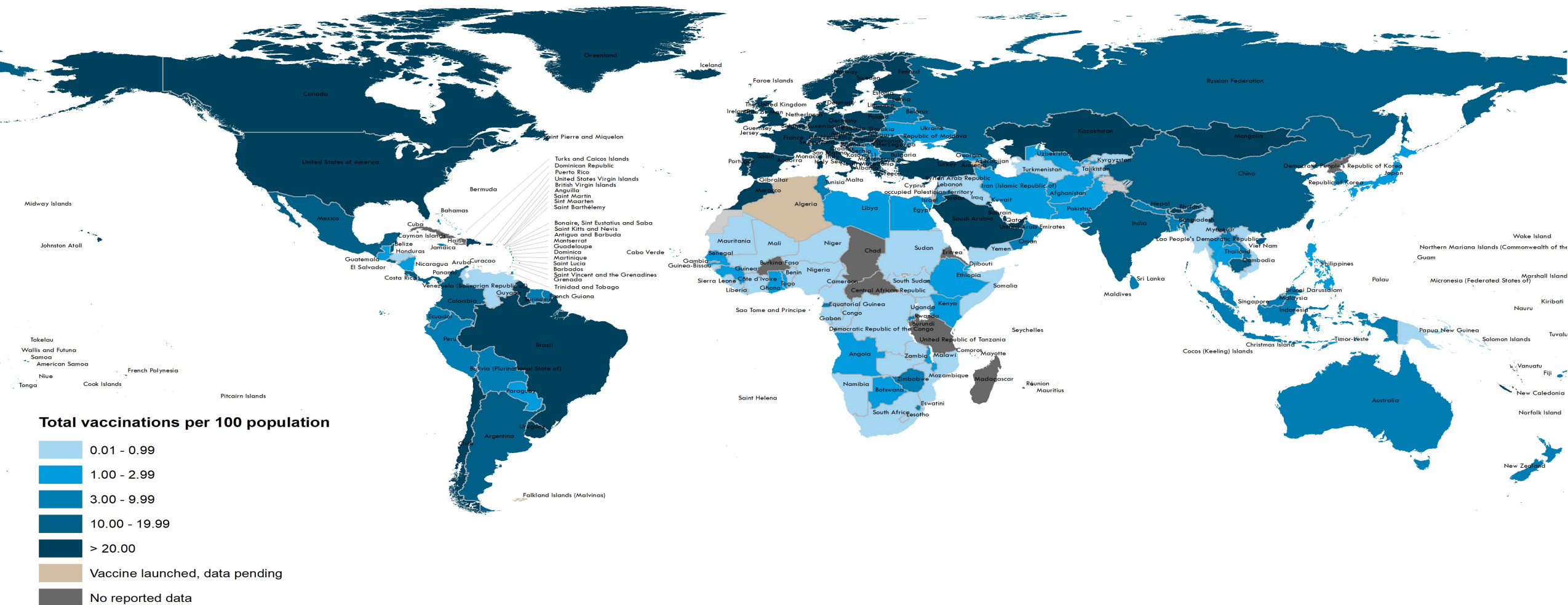
COVID-19 VARIANTS OF CONCERN IN EMERGENCY SETTINGS



Situation as of 14 May
Source: WHO

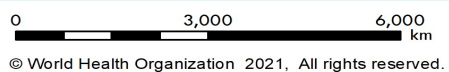
COVID-19 VACCINE-DERIVED IMMUNITY

Total vaccinations per 100 population (as of 10 May 2021)



Data Source: World Health Organization, Our World in Data (OWID)
Map Production: WHO Health Emergencies Programme
Request ID: COVID19_43

Not applicable



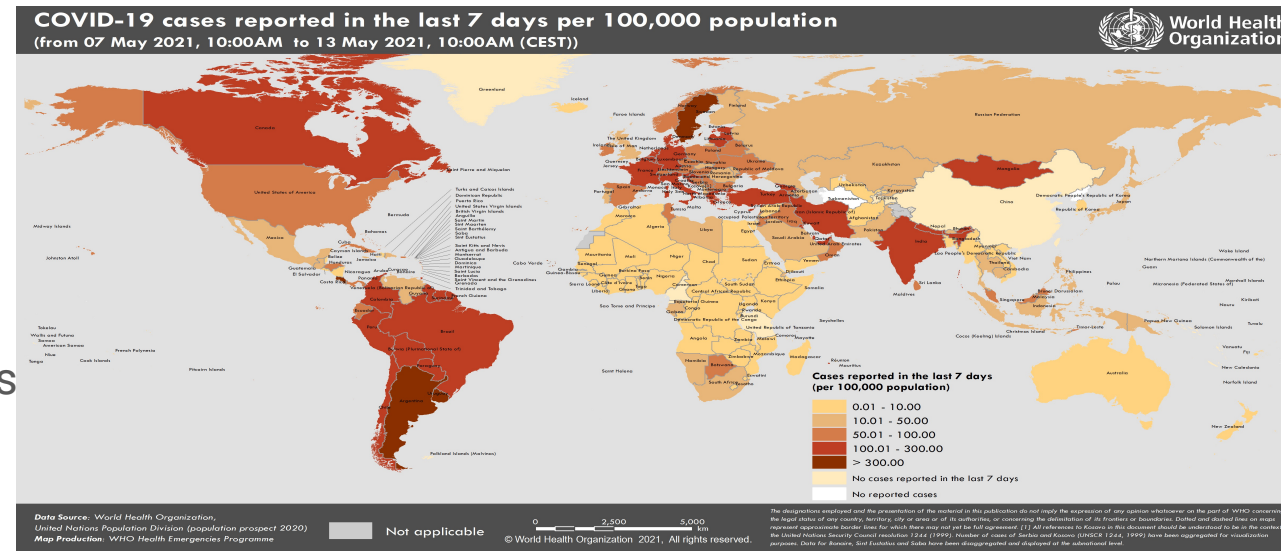
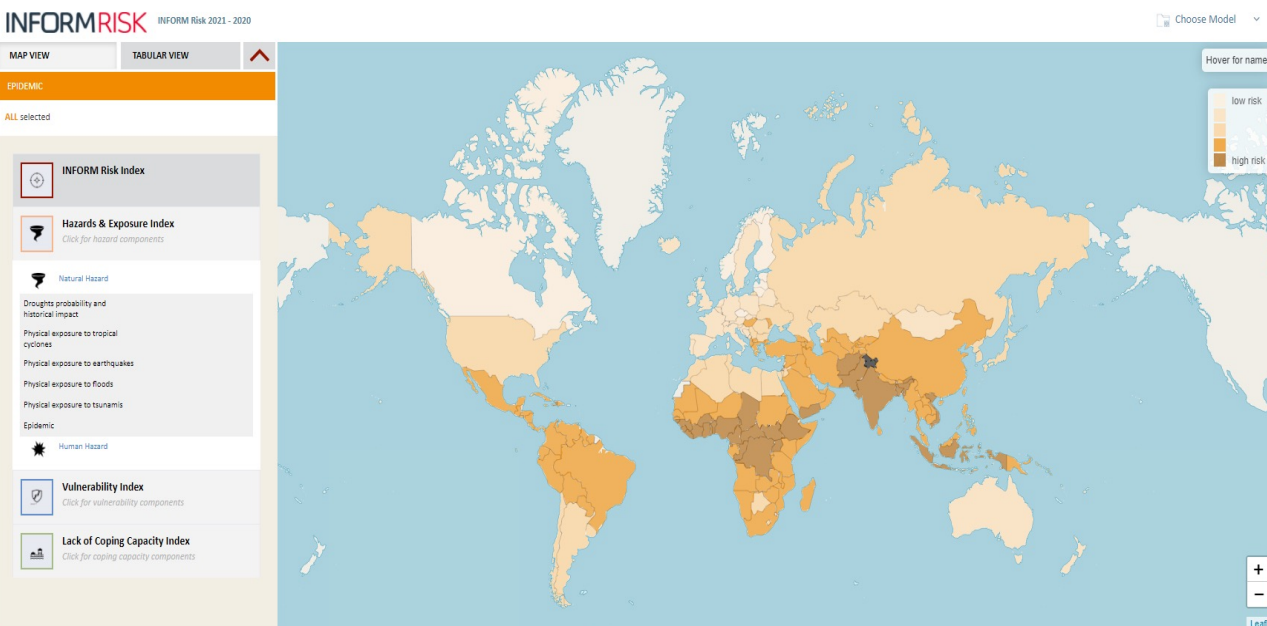
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COUNTRIES WITH EMERGENCIES HAS 9% OF CASES & 7.5% OF DEATHS REPORTED GLOBALLY

- Poor health indicators and weaker health systems at baseline
- Poor living conditions and social determinants of health, high risk of epidemics
- COVID-19 testing capacities remain insufficient despite global scale up
- Reported COVID-19 cases and deaths not reflecting realities of transmission

Country classification based on epidemic hazard index, INFORM, 2021



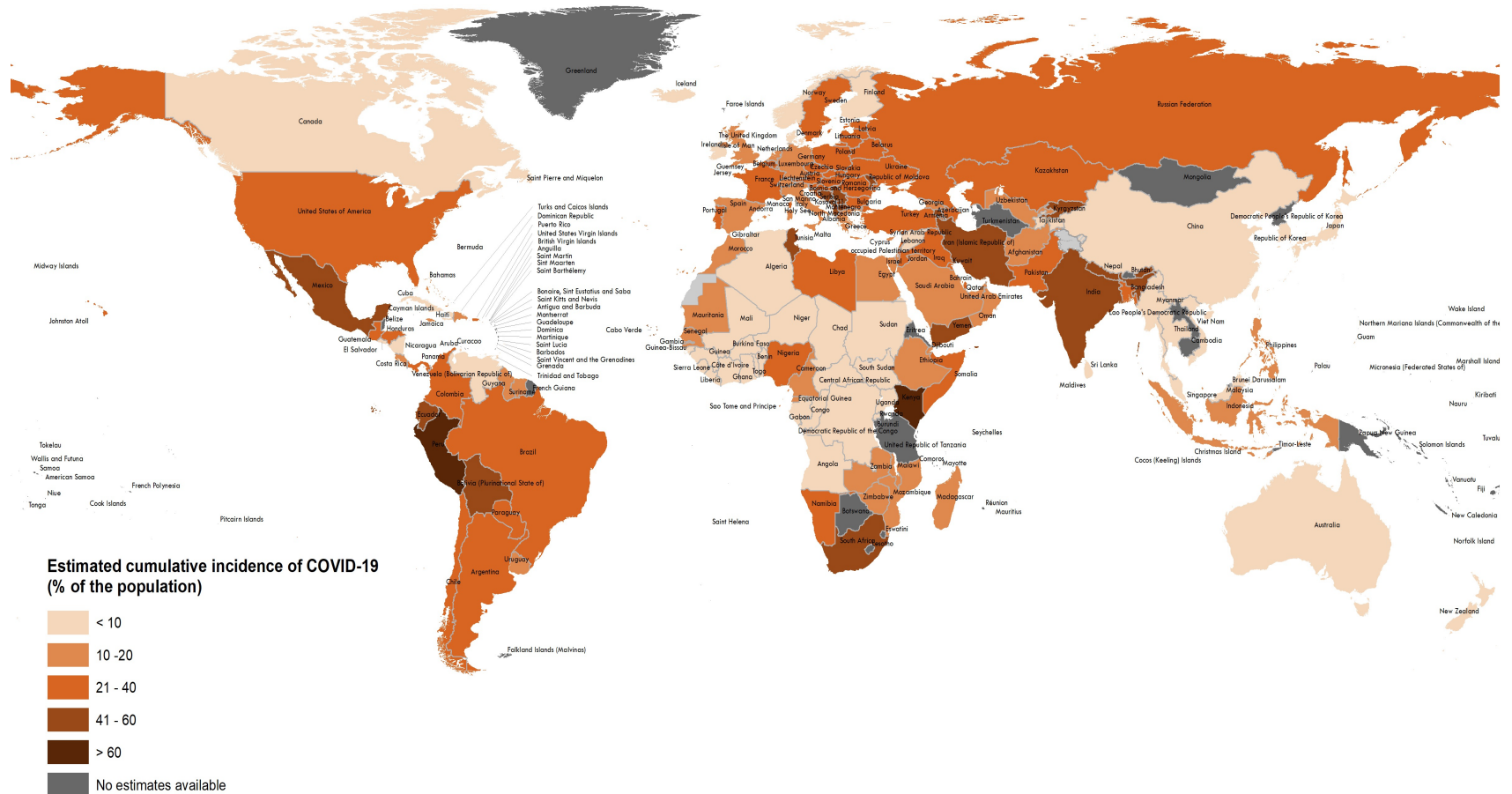
- Other more critical needs perceived
 - >400,000 malaria deaths, mostly in Sub-Saharan Africa vs <100,000 cumulative COVID-19 deaths in the continent
- Heavy health and socio-economic impacts
 - >> people in need of humanitarian assistance in 2021
 - Girls more likely to be out of school, women more likely to experience GBV (GHO)
- Conflicts are not stopping, funding is decreasing

REALITIES OF COVID-19 TRANSMISSION IN HUMANITARIAN SETTINGS



- No explosive outbreaks reported so far
- Significant partner scale up
- High susceptibility remaining as per models
- Wide circulation of SARS-CoV-2 variants, but limited sequencing capacities
- Low COVID-19 vaccination coverage
- Disrupted health services delivery
- All determinants for uncontrolled transmission remain present
→ What if the next outbreak explosion happens in one of these countries?

Estimated cumulative incidence of COVID-19 (as of 06 May 2021)



Data Source: Institute for Health Metrics and Evaluation (IHME)
Map Production: WHO Health Emergencies Programme
Request ID: COVID19_43

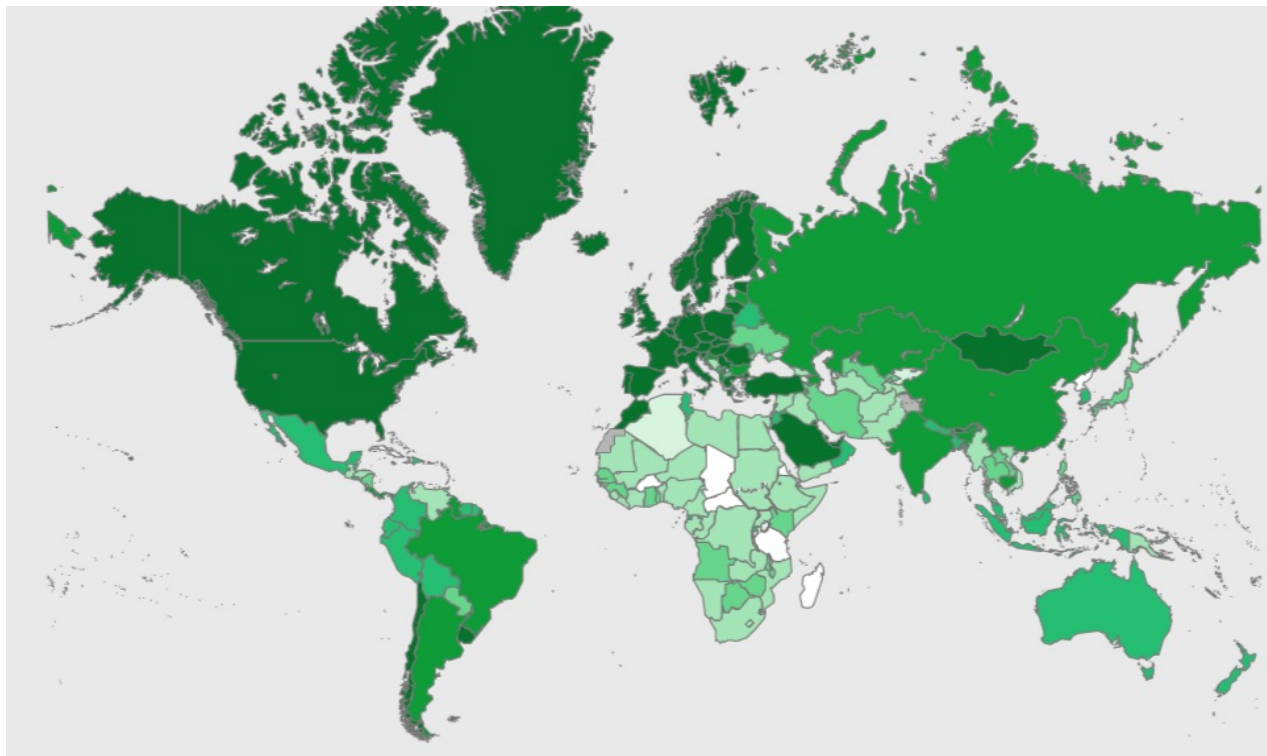
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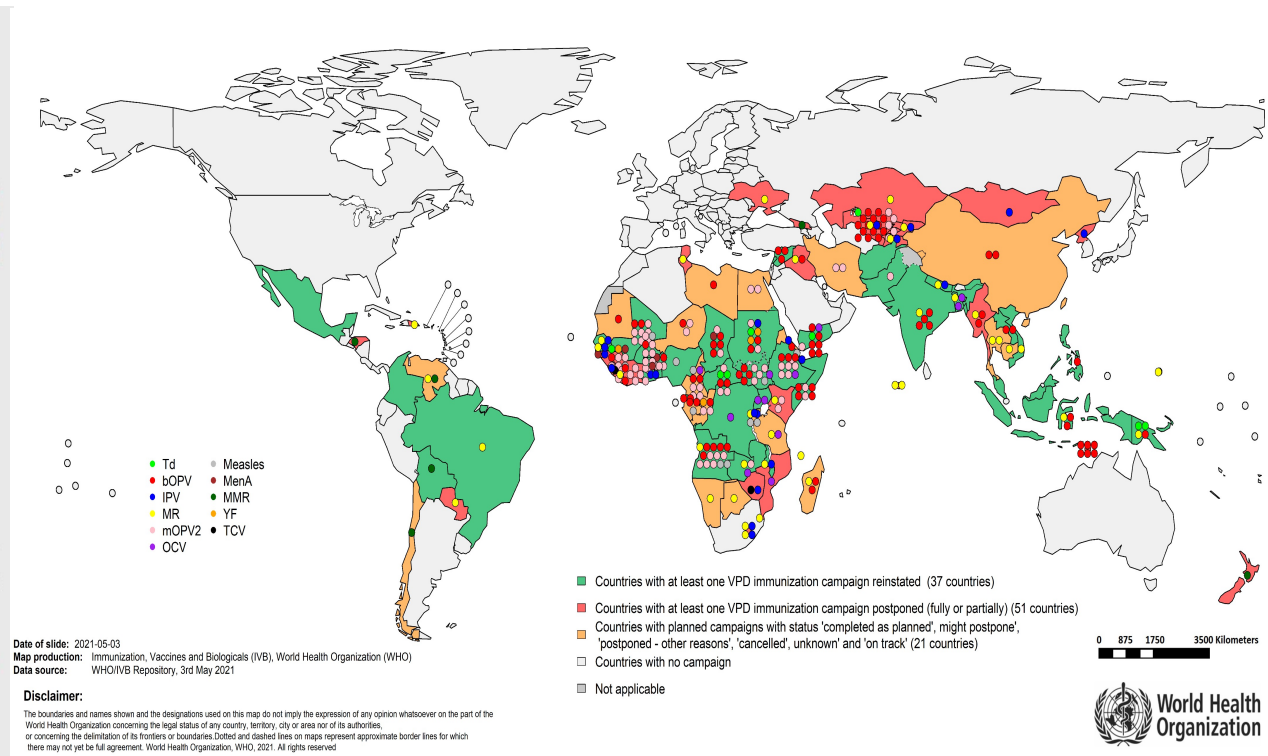
COVID-19 VACCINATION ROLL-OUT & DISRUPTION TO VPD CAMPAIGN ROLL-OUTS HIGHLIGHTING INEQUITY AND VULNERABILITY OF COUNTRIES FACING HUMANITARIAN EMERGENCIES

Total doses administered per 100 population³



DATA AS OF 05 MAY 2021

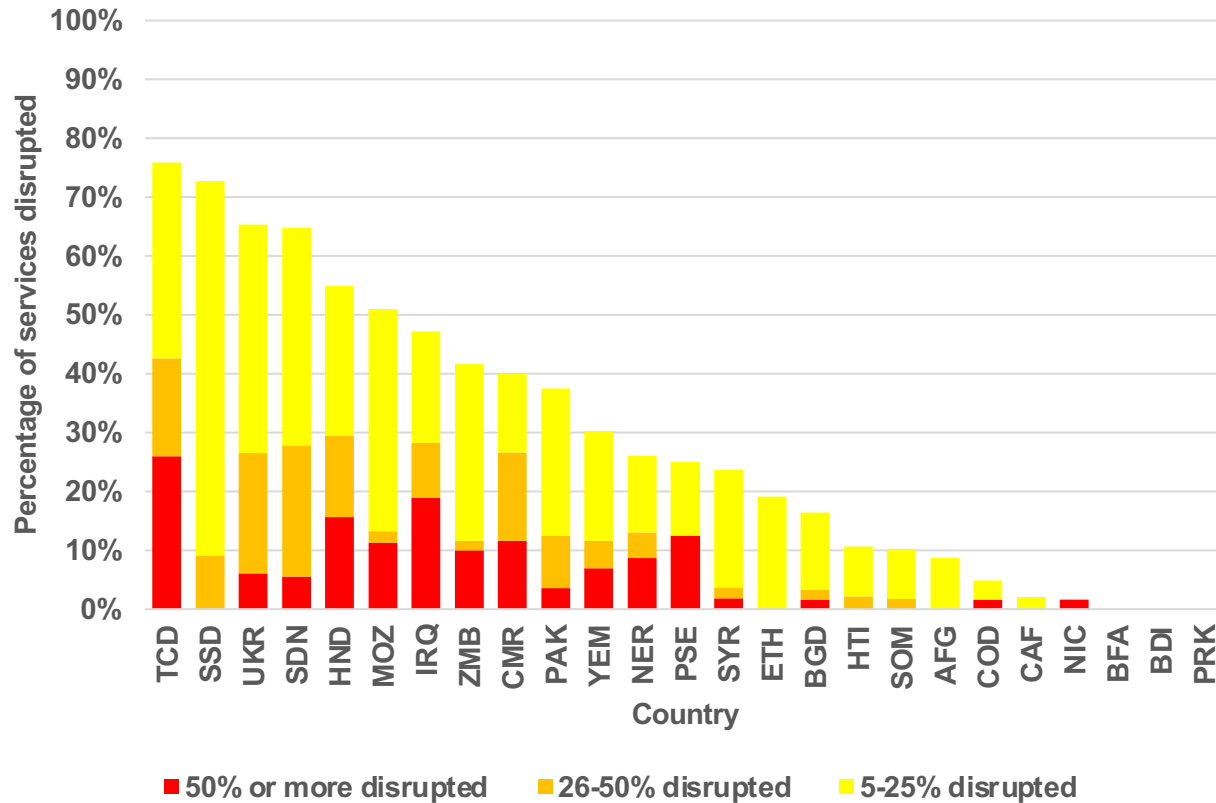
VPD campaigns postponed due to COVID-19 by antigen



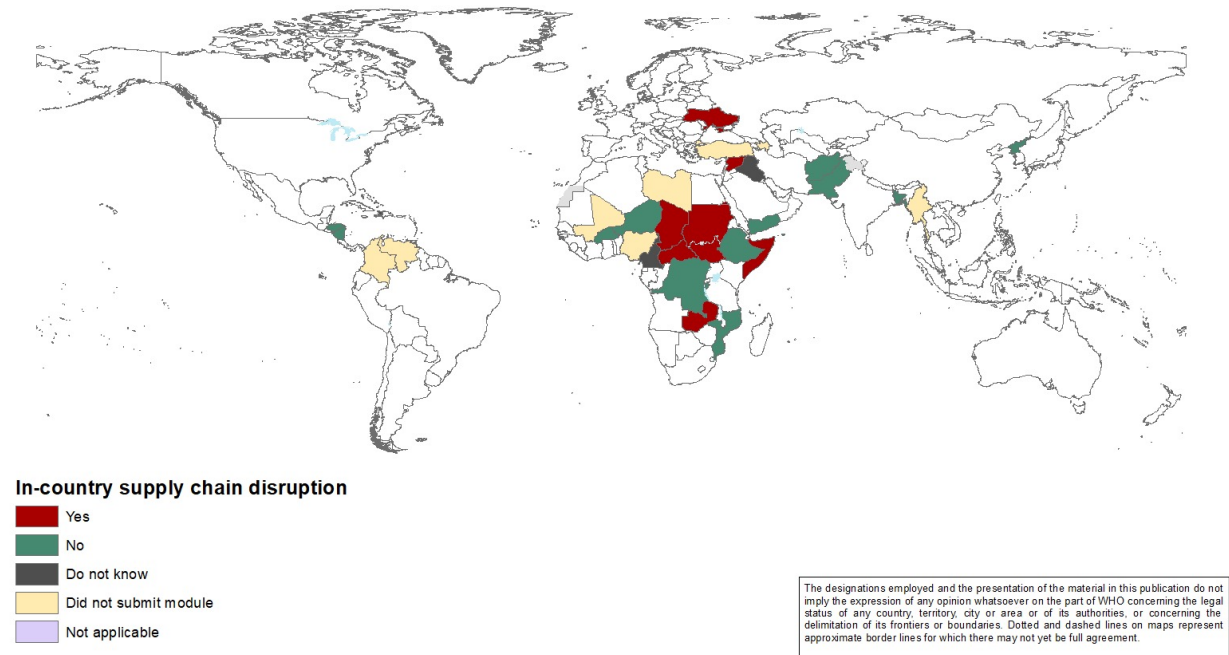
DATA AS OF 03 MAY 2021

22 OUT OF 25 COUNTRIES WITH FRAGILE, CONFLICT AFFECTED AND VULNERABLE SETTINGS SURVEYED REPORTED DISRUPTIONS IN AT LEAST ONE ESSENTIAL HEALTH SERVICES

Percentage of services disrupted per country (n=25)



Map: Disruptions to in-country supply chain systems (n=24)



Equipment and supplies investment

- 60 PCR machines in 14 countries with humanitarian settings
- >140 million PPE supplies in 34 countries
- >11 million diagnostic kits in 34 countries and for UNHCR
- >17,000 biomedical equipment in 28 countries

Bilateral country support for COVID-19 response adaptation

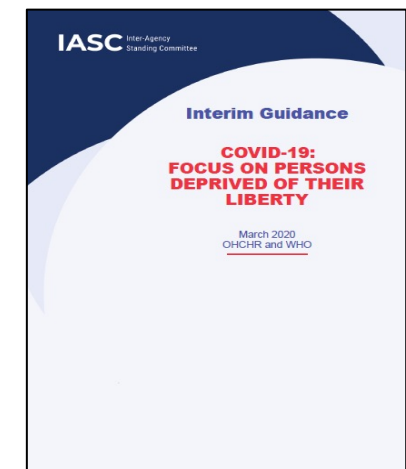
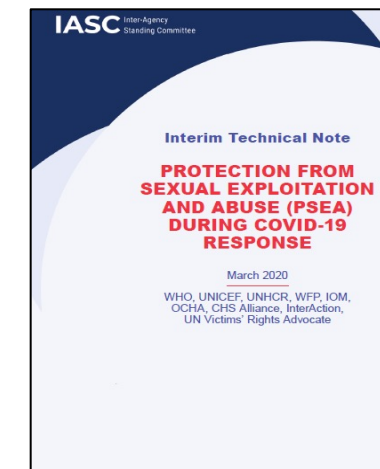
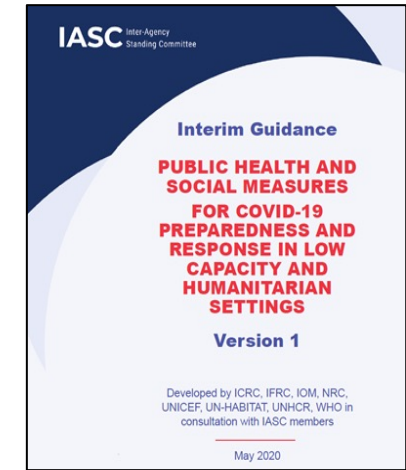
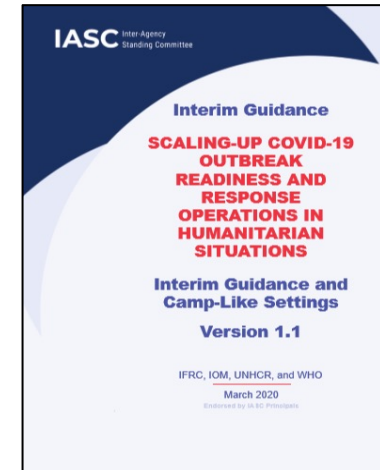
TECNE support on COVID-19 treatment facility design in 7 countries

Capture of emerging needs and good practice from humanitarian settings (>20 countries)

Alert system to capture significant changes in pressure to health systems, notably hospital capacities in humanitarian settings

50+

IASC operational guidance documents



UNIVERSAL HEALTH COVERAGE IS THE KEY TO MANAGE EPIDEMICS, PANDEMICS AND PROVIDE HEALTH COVERAGE TO VULNERABLE POPULATIONS

- Ultimately, the greatest threat to global health security is the fact that billions of people lack access to essential health services. Universal health coverage and health security are two sides of the same coin.” Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization
 - Strengthening health systems while responding to acute emergencies is critical for early detection and response to disease outbreaks – integrating emergency risk management within regular health systems work is critical to maintain service delivery during acute emergencies.
- The humanitarian, peace, security, and development activities addressed through the ‘nexus’ agenda can stabilize populations in fragile and conflict settings.





Upcoming IASC Briefings

Systemwide Efforts to Prevent Famine and Address Food Insecurity

Date to be announced soon on our IASC briefings page!

<https://interagencystandingcommittee.org/iasc-briefings-0>

Questions? Email us at iasccorrespondence@un.org

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The *IASC Interim Guidance on COVID-19: Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings* and other valuable resources can be found on the IASC website: <https://interagencystandingcommittee.org/>

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