



Local Actions in a Global Pandemic





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LOCAL ACTIONS IN A GLOBAL PANDEMIC

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INTRODUCTION

A globalized world came to a standstill and nations shut their borders as COVID-19 demonstrated that public health emergencies are disaster events that are not limited to geography. While the uncertainty of the health epidemic went beyond the everyday norm, the Asian Preparedness Partnership (APP) views such events as a catalyst to rethink approaches to further support locally-led actions and introduce more effective emergency preparedness for response.

What started as a health emergency has emerged as the underlying reality of a systemic crisis. The pandemic has exposed the world to an economic predicament. Managing this crisis required a balance of maintaining economic activity and operations while limiting the spread of the virus to protect populations. These novel challenges and restrictions have led to a renewed understanding of the potential and capacity of local actors for humanitarian action. It is a focus that aligns with the APP's goal towards 'safer and well-prepared communities through locally-led disaster risk management (DRM) actions so that disaster impacts on at-risk communities will be reduced'.

The barriers of COVID-19 have reinforced the partnership's support for localization, whereby local actors are at the forefront of strategies to prepare for, respond to, and recover from disasters. The distinctive circumstances of the pandemic, including

restrictions on international travel, have led the APP's national preparedness partnerships in Cambodia, Myanmar, Nepal, Pakistan, the Philippines, and Sri Lanka to amplify the participation, engagement, and coordination of stakeholders towards locally-led preparedness and response actions.

While the APP platforms in member countries have engaged partners from the government, local non-governmental organizations (LNGOs), and the private sector, the pandemic has provided the opportunity and need to integrate agencies responsible for public health into the partnerships. COVID-19 has also underlined that interventions need to be adapted to the particular needs and context of each country. The worldwide limitations have forced nations to frame their paths and processes of key functions for response and management of COVID-19.

The APP has national partnerships in six countries



between



COVID-19 led the partnerships to collaborate with



unanimously working towards



in the backdrop of a pandemic.

Local actors are the immediate responders. Their commitment is the first, most crucial, and sometimes only support to communities long before COVID-19 changed the global approach to emergency response.

EMERGENCY OPERATION CENTER SYSTEM STRENGTHENING

The global funding gap for emergency operation centers (EOCs) is **USD 1 to 2 billion**.

THE CHALLENGE

Infectious diseases require a unique emergency response. They magnify existing humanitarian emergencies by introducing added complexities to response efforts. COVID-19 demonstrates that pandemics can be disaster events of the greatest scale. A virus of global magnitude motivated national and local responders to become leaders of mitigation measures. Tailored local solutions were imperative to address the specific public health contexts and demographics of countries and communities.

Government systems, specifically national emergency operation centers (NEOCs) and health emergency operation centers (HEOCs), are at the center of national COVID-19 preparedness and response actions. Moreover, their coordination with all stakeholders prevents duplication, supports planned interventions, and provides agencies as well as localities with real-time updates and accurate information. The health-specific challenges of COVID-19 created new pressures and considerations for traditionally disaster-focused EOCs. They needed to integrate efforts and work in parallel with HEOCs to manage multiple disasters in the backdrop of a pandemic. Such unforeseen issues require the development of new approaches and modes of working. The priority then shifts from activation to resourcing and capacity strengthening of EOCs.



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HIGHLIGHTS

Nepal

8 districts identified for public awareness and capacity building initiatives

Enhanced dialogue, integration, and information sharing between key agencies - **NEOC, Ministry of Home Affairs (MoHA)**, and the HEOC, **Ministry of Health and Population (MoHP)** - engaged in the COVID-19 Management

Sri Lanka

Provision of hardware and software support for national and district level centers of the **Disaster Management Centre (DMC)** to enhance online connectivity for emergency planning and response

Technical and hardware support provided to **Disaster Preparedness and Response Division of the (DPRD) of the Ministry of Health (MoH)** to identify key areas for strengthening the information management systems and to ensure it could fulfill its role as a functioning HEOC in the context of the pandemic

The Approach

APP realized the potential of EOCs in tracking and containing disease outbreaks and resource allocation in real-time. National EOCs collect information from the field to ensure that interventions are specific and efficient. The partnership focused on improving communication systems at the national and district level centers for better coordination and contact. It provided the technical capacities needed for continuous information transmission. The APP also coordinated with respective health authorities to identify key areas for strengthening information management systems.

The national preparedness partnerships organized meetings with ministries of health, HEOCs, and private sector partners to identify priority provinces, districts, and municipalities in need of public awareness and local capacity building to handle the pandemic. These dialogues supported local governments, healthcare systems, and communities in strengthening their awareness and technical capacity on preparedness and response. Improved EOC capacity has enabled mandated government agencies and their partners to collect, collate, and exchange information as well as coordinate and respond promptly to the COVID-19 health emergency. Moreover, the consolidated efforts of national and sub-national level EOCs have enhanced effective and coherent management and response to public health crises.



RISK COMMUNICATIONS

Facebook and Instagram removed **18 million pieces of COVID-19 related misinformation** during the first year of the pandemic.

THE CHALLENGE

The growing digitization of news sources and the proliferation of social media during the COVID-19 means that information and data can reach mass populations faster than ever before. However, the pandemic highlights the challenges associated with misinformation and the large volume of unverified facts related to the crisis. The sheer amount of content has blurred the lines between false or misleading data, leading to an 'infodemic' amid a pandemic. Effective risk communication to provide reliable and verified information is the first step to ensuring communities are well-informed. The circulation of approved guidance measures advocates informed populations to tackle the public health emergency.

Inaccurate knowledge has cascading consequences on societies. It results in ineffective or harmful behavioral practices and undermines the efforts of health authorities who are leading responses to public health. Moreover, the circulation of false data exacerbates or prolongs outbreaks by creating uncertainty amongst people and the actions needed to protect their health and the health of those around them. Addressing misconceptions and false information calls for the exchange of up-to-date information and advice from officials and experts through appropriate channels and mechanisms.



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HIGHLIGHTS

Cambodia

69 sectoral expert speakers participated in **45 round table discussions** on COVID-19 prevention and protection

12,719 people reached through dissemination expert discussions

Nepal

20,000 handbooks, 7,000 brochures, and 7,000 posters published to enhance COVID-19 awareness

12,000 people engaged through broadcast via community radio stations

Pakistan

29,500 people reached with brochures on COVID-19

7 public awareness messages in **6 local dialects** disseminated through broadcast channels reached **11 million people**

8 webinars on COVID-19 related topics reached **1,451 viewers**

COVID 19 Economic Vulnerability vs Health Emergency Journal published reaching **24,862 people**

Myanmar

20,000 handbooks, 7,000 brochures, and 7,000 posters published to enhance COVID-19 awareness

2,500 awareness-raising materials published in **4 local languages** reached **12,500 people**

Philippines

6 IEC materials on prevention and response reached **1,092 people** through social media

3 infomercials on enterprise resilience, family preparedness, and protected mental health again the infodemic reached **2,411 people**

3 webinars on MSME resilience, preparedness, adaptive practices, and digital uptake attended by **705 people**

Sri Lanka

6 IEC materials on prevention and response reached **1,092 people** via social media

1,000 COVID-19 prevention posters were distributed in **22 divisional secretariat divisions** guided approximately **22,000 people**

The Approach

Accurate information motivates positive behaviors and practices while building awareness and trust among stakeholders responsible for managing and responding to disasters as well as communities. It also directs them to health services, assistance, and available resources. APP collaborated with ministries of health, public health departments, local NGOs and disaster management leaders, and international organizations to formulate and adapt accurate and contextualized risk communication materials regarding COVID-19.

Key messages for health and social well-being, mitigating the impacts of outbreaks, and protective and prevention actions were developed in local languages for greater reach at the community levels. Communication mediums range from information, education, and communication (IEC) materials to broadcast and webinars tailored for the greatest reach in each of the countries. The materials were reviewed to ensure consistency with the latest guidance from the World Health Organization (WHO) and government guidelines to navigate the pandemic before being adapted and translated into various local languages for a larger outreach.



PUBLIC HEALTH INTERVENTIONS

By 2040, global health burdens could **fall by 40%** and preventative measures could **actualize 70% of this reduction.**

THE CHALLENGE

The frontline workers tackling COVID-19 met the world in scrubs, masks, face shields, and gloves. Public health facilities and makeshift hospitals transformed into epicenters for pandemic treatment, prevention, and control. While empty streets and social distancing became the new normal, health practitioners managed an influx of COVID-19 patients with preventative and containment measures in effect. The pandemic exposed the long-standing pressures on the health systems across different countries. COVID-19 also demonstrated how public health is connected to economic and social stability, posing additional challenges during disaster events.

Overcrowded hospitals with insufficient supplies, manpower, and space underline the need for healthcare systems that are robust enough to cope with pandemics and other large-scale public health emergencies. It is essential to support capacity building, knowledge, and wellbeing among frontline healthcare workers for effective management of the pandemic. Healthcare systems are only able to approach, respond to, and manage the challenges of COVID-19 when adequate awareness and capacities are ensured at the sub-national level.



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HIGHLIGHTS

Cambodia

31 health workers and government health ministry representatives participated in experience sharing discussions

Myanmar

28 participants oriented on the Volunteer Handbook on COVID-19 prevention and mitigation

Nepal

330 health sector professionals attended training to build the capacity of local health works and humanitarian organizati

Philippines

13 online sessions on MHPSS organized for 97 front-line workers

Sri Lanka

49 community members participated in awareness session conducted by public health inspectors

The Approach

COVID-19 emphasized the need to include public health emergencies in overall disaster preparedness and response measures in line with APP's partnership approach. The national partnerships recognized how the management of health emergencies like pandemics tie into the broader disaster management ecosystem. Several interventions were implemented to strengthen the capacity of volunteers and health workers engaged in the COVID response.

The partnership engaged in health awareness events with public health officials and volunteers. These sessions were organized to empower community members as well as enhance their ability to take first-hand measures in mitigating the spread of the disease. A Mental Health and Psychosocial Support Services (MH-PSS) module was developed to improve the mental health of these everyday first responders. It was carried out around the virtual modality and focused on the mental health and wellbeing of health workers.



PARTNERSHIP COORDINATION

More than half of COVID-19 immediate response partnerships have indicated that they were able to conduct development activities better and 19% have engaged in transformational development.

THE CHALLENGE

A pandemic that affects everyone revealed that the world is safer working together. COVID-19 became a catalyst for greater cooperation between local stakeholders out of necessity. Local actors suddenly shifted to leading roles because their efforts were most often the only interventions to manage the crisis. Restrictions on international funding and aid obligated national agencies to coordinate with each other for preventative and responsive actions.

Individually, these stakeholders have distinct perspectives and commitments to address the challenges facing communities. COVID-19 motivated them to work cooperatively to enact and pilot various models that efficiently harmonized their efforts. The potential of local actors is often underutilized and their success remains within the communities they serve. Documentation of these processes is imperative to highlight their capabilities as well as reflect on which approaches were successful. It also captures the possibilities of local partnerships as a foundation for resilient communities in addressing a range of disruptive events or disasters.



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HIGHLIGHTS

6 APP country partnerships engaged and collaborated with agencies involved in the field of public health including government ministries and professional medical associations

Nepal

Updated the Building Information Platform Against Disaster (BIPAD) - a government maintained system to catalog disaster-related data - to include health emergency-related information in cooperation with **MoHA** and **Ministry of Health and Population (MOHP)**

Cambodia

29 health centers participated in experience and knowledge sharing workshops to generate guidance and good practices on infectious disease prevention and control

Myanmar

Consultations and collaboration prospective identified to create linkages with the **Medical Associations in Myanmar (MMA)**

The Approach

The APP national partnerships engaged with relevant public health agencies and stakeholders involved in the COVID-19 preparedness and response. This collaboration included technical support to strengthen national and sub-national NEOCs and HEOCs as well as awareness-raising and sensitization among relevant stakeholders. After-action reviews (AAR) were conducted to evaluate response efforts and activities of engaged partners. These analyses provided a framework for the future by identifying any potential areas for future improvement and facilitating knowledge sharing for adaptation of local practices that worked.

The AAR discussions were conducted in a participatory and reflective manner. They promoted the opportunities to assess the effectiveness of the COVID-19 interventions, necessary corrective actions as well as recommendations for the way forward. There was a collective agreement to facilitate stakeholder cooperation and synergize efforts between the actors engaged in emergency preparedness for response and those mandated for handling public health emergencies. The pandemic also provided scope for the private sector to engage in strengthening local health systems. Private sector partners supported the APP network to organize workshops on containment, mitigation processes, and preparedness in consideration of public health emergencies.





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