WASH Preparedness and Response

COVID-19
UNHCR Operations

WASH Webinar

9th March 2020

UNHCR
The UN Refugee Agency

Webinar Outline

- Public Health overview
  - Q&A on PH
- Operational messages on WASH preparedness and response
- Discussion/Q&A

What is COVID-19

- Coronaviruses: Large family of viruses which may cause illness in animals or humans

  – In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)

- COVID-19 is the infectious disease caused by the most recently discovered coronavirus.

  – Transmission: Mainly transmitted through contact with respiratory droplets.

  – Symptoms: Fever, dry cough, fatigue, nasal congestion, sore throat and diarrhoea

  – ~80% of cases are mild

- Current status: As of 9th March: >105,000 cases and >3,500 deaths in 109 countries.
  – Link

NOVEL CORONAVIRUS MAP
91,269 confirmed cases
3,116 reported deaths
Last updated 11:09am Mar 3, 2020
Latest news: cna.asia/covid19

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Novel Coronavirus (2019-nCoV)

Selected country: **All Countries**

Clear Filters

1/22/2020 3/7/2020

Country	Confirmed ▼
China	80,652
South Korea	7,041
Italy	5,883
Iran	5,823
France	949
Germany	799
Others	696
Spain	500
Japan	461
United States	417
Switzerland	268
UK	206
Netherlands	188
Belgium	169
Sweden	161
Norway	147
Singapore	138
Hong Kong	108
Malaysia	93
Bahrain	85
Austria	79
Australia	63
Kuwait	61
Canada	54
Iraq	54

Cumulative analysis over time on confirmed cases

● Cumulative confirmed cases ● New confirmed cases

Values shown: 27,636; 37,121; 60,370; 71,226; 75,641; 79,570; 88,371; 101,800

Axis: 100,000; 50,000; 0 — Jan 26, Feb 02, Feb 09, Feb 16, Feb 23, Mar 01
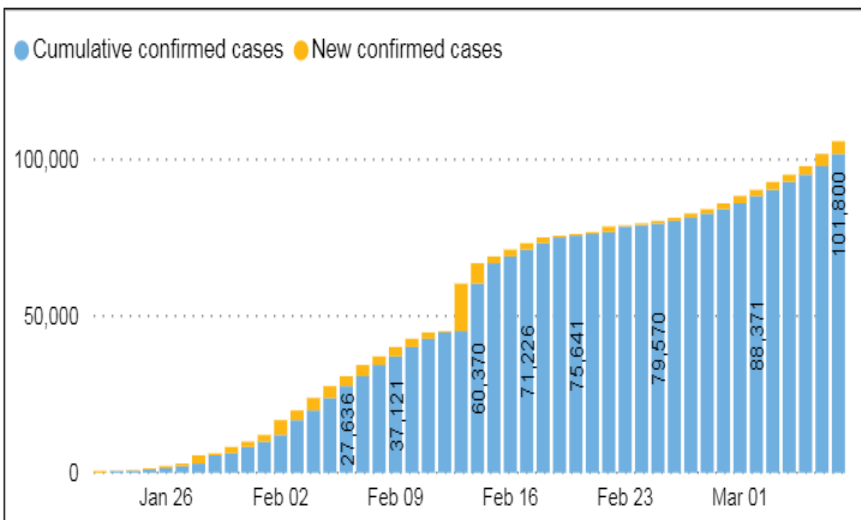
105,836 Confirmed

3,558 Death

58,359 Recovered

Bing — © 2020 Microsoft Corporation Terms

Daily new confirmed cases
15,148
4,036
555
386
Jan 22 — Mar 07
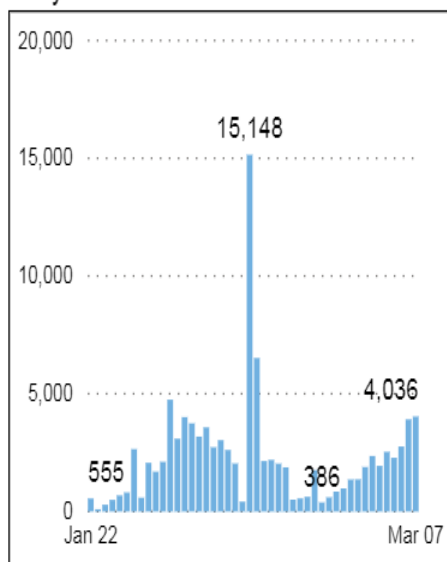
Daily new death cases
253
98
17
1
Jan 22 — Mar 07
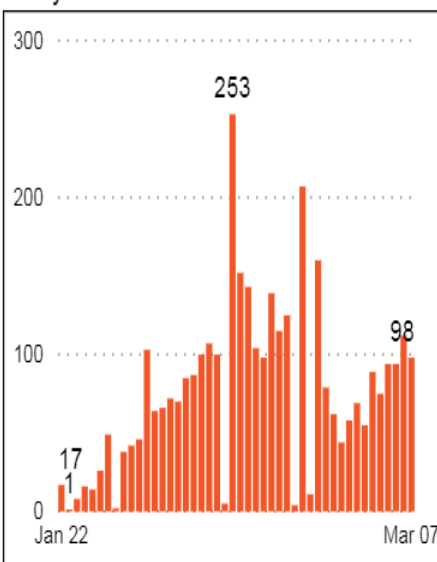
Daily new recovered cases
3,996
3,434
2,493
28
Jan 22 — Mar 07
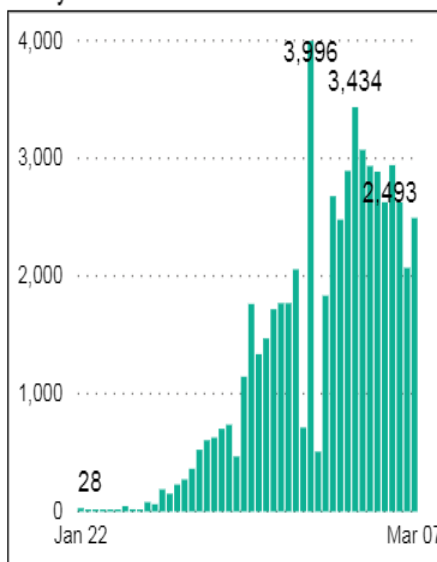
Last Update
09/03/2020

Source: JHU
https://www.jhu.edu/

Developed by
Vinícius Neves

Statement from the IHR (2005) Emergency Committee

To all countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of COVID-19 infection, and to share full data with WHO.

Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (COVID-19). Geneva, 30th January 2020

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Case definitions for surveillance

- This is based on the current information available
- Countries may adapt case definitions

Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath),
- AND with no other aetiology that fully explains the clinical presentation
- AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset.

  OR

B. A patient with any acute respiratory illness
- AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms;

  OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath)
- AND requiring hospitalization
- AND with no other aetiology that fully explains the clinical presentation.

Probable case

- A suspect case for whom testing for COVID-19 is inconclusive.
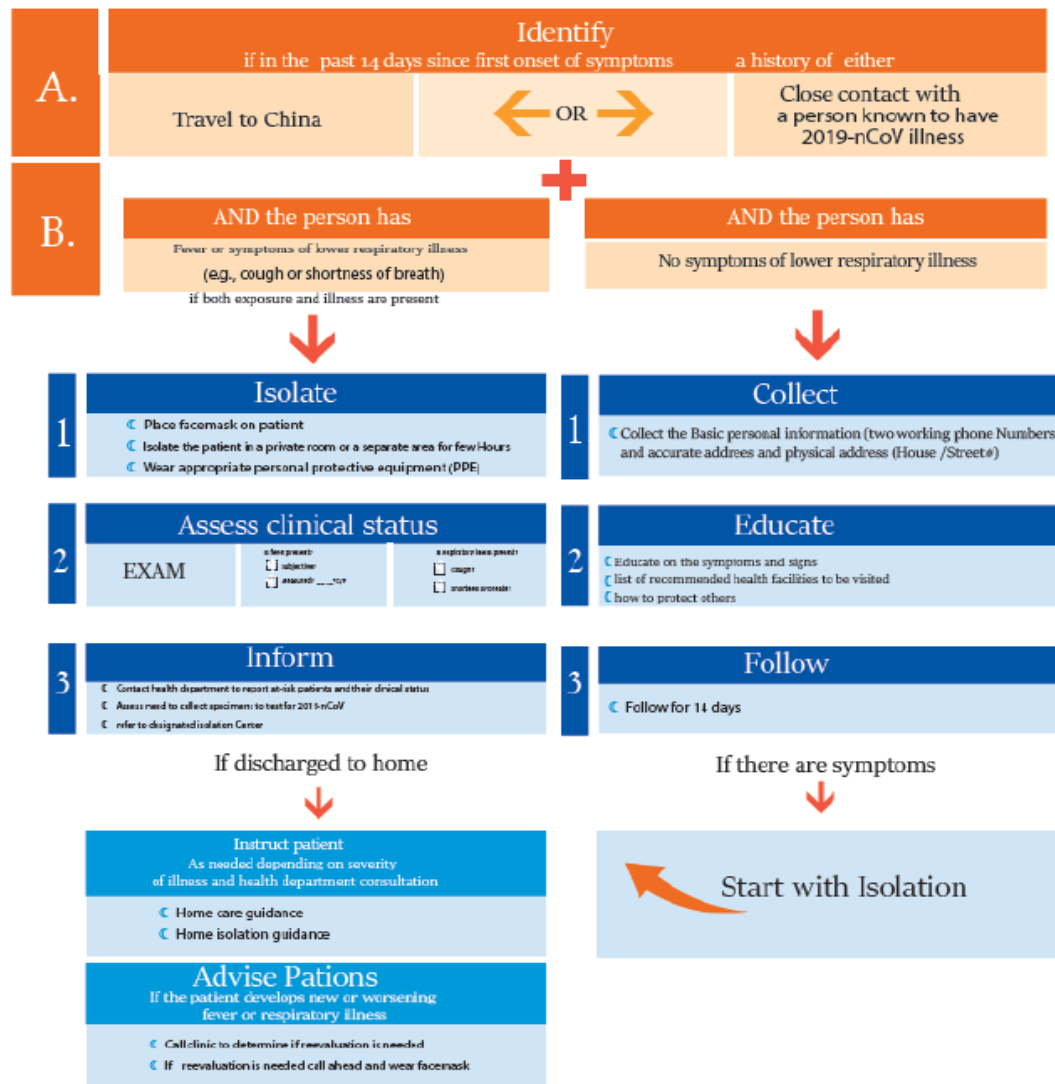
Confirmed case

- A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

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Example from Sudan

Flowchart to Identify 2019 Novel Coronavirus Suspected Cases
For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)

A.

Identify
if in the past 14 days since first onset of symptoms — a history of either

Travel to China — ← OR → — Close contact with a person known to have 2019-nCoV illness

B.

AND the person has
Fever or symptoms of lower respiratory illness
(e.g., cough or shortness of breath)
if both exposure and illness are present

AND the person has
No symptoms of lower respiratory illness

1 **Isolate**
- Place facemask on patient
- Isolate the patient in a private room or a separate area for few Hours
- Wear appropriate personal protective equipment (PPE)

1 **Collect**
- Collect the Basic personal information (two working phone Numbers and accurate address and physical address (House /Street#)

2 **Assess clinical status**
EXAM
- □ subjective
- □ measured ____ °C/F
- □ cough
- □ shortness or pain

2 **Educate**
- Educate on the symptoms and signs
- list of recommended health facilities to be visited
- how to protect others

3 **Inform**
- Contact health department to report at-risk patients and their clinical status
- Assess need to collect specimen to test for 2019-nCoV
- refer to designated isolation Center

3 **Follow**
- Follow for 14 days

If discharged to home

If there are symptoms

Instruct patient
As needed depending on severity
of illness and health department consultation
- Home care guidance
- Home isolation guidance

Start with Isolation

Advise Pations
If the patient develops new or worsening fever or respiratory illness
- Call clinic to determine if reevaluation is needed
- If reevaluation is needed call ahead and wear facemask

Overall Context

- Refugees and other persons of concern;
    - Often living in countries with weak health systems.
    - May face difficulties in accessing health services for a variety of reasons.
    - Their living conditions may place them at increased risk of acquiring COVID-19.
- It is **very important that UNHCR is prepared** for an operational health response to prevent & respond to COVID-19 amongst refugees and other POCs.

- **Multisectoral operational response:**

- **In line instructions:**
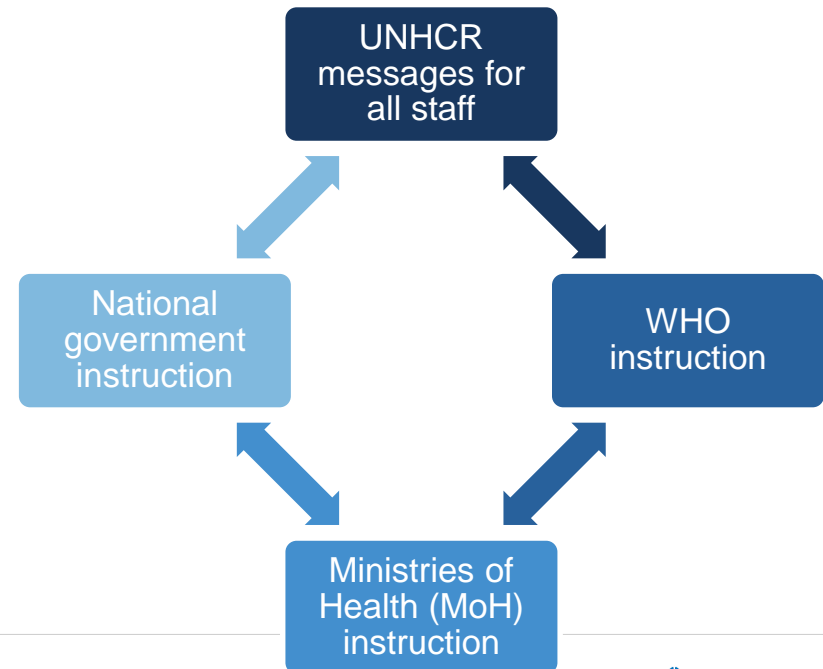
Planning and Coordination

WHO committed at global level to promote **inclusion** of all refugees and other non-nationals in a country in the national preparedness, response and disease surveillance plans, including for COVID-19.

Ensure that as UNHCR we are part of the **UNCT meetings** as well as other task forces that may be established at country-level for the joint UN response in support of the national response to COVID-19.
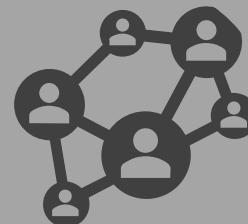
Ensure we are part of **local preparedness and response plans**, where applicable.

- Keep in mind the particular living circumstances and potential challenges that may be faced by refugees and POCs when developing these plans.

- This includes in calculations of needs in stockpiles of medicines and medical supplies, personal protective equipment and laboratory diagnostics.

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Nondiscriminatory and Proportionate Measures

- Governments in countries may take measures to prevent the spread of COVID-19.

- UNHCR should advocate with governments to ensure these measures are in line with WHO advice and are **nondiscriminatory** and **proportionate**.

- Ensure that measures put in place by national authorities:
  - Do not unduly affect the right to access territory and seek asylum
  - There is no refoulement based on real or perceived fears of coronavirus transmission.
  - Restrictions on freedom of movement, including quarantine, or other measures instituted by governments are applied to refugees and other persons of concern in a non-discriminatory way

Epidemiological Surveillance

- Where applicable contribute to **surveillance,** active case finding, contact tracing and investigation of alerts in collaboration with MoH, WHO and partners including at points of entry and refugee sites.

  - UNHCR follows event based reporting in line with MoH protocol.

- Countries using UNHCR Health information system (HIS) should ensure the surveillance is in line with MoH and WHO guidance and provide updates to the national authorities and WHO.

Health Services

- Review health partner capacity to respond in the event of an outbreak in refugee camps and settlements including
  - health **staff knowledge** of case definitions,
  - **triage** and **case management** including isolation facilities,
  - **contact tracing** and **referral** for higher levels of care,
  - **review stocks** of medical supplies and medicines.

- Infection prevention and control (IPC) in health facilities is a major concern and has been shown as one of the significant gaps in country capacity assessments thus far. UNHCR and partners should
  - **assess current needs** in clean water supply, waste disposal, latrines, isolation facilities and
  - **appropriate supplies** in line with guidance of the MoH and WHO.

Communication & Community Engagement

- Emphasis on hand washing and respiratory hygiene measures and early symptom identification.

- Ensure adequate access to clean water and waste disposal in the community; soap, narrow necked water containers, and covered buckets for households

- Assess at country-level measures that should be put in place to **reduce the risks of transmission** at refugee sites, including increased hygiene measures.

- Sharing of **adequate and correct information in applicable languages** with refugees and other PoCs will be very important during this period to reduce panic and minimize stigmatizing responses.

Protect others from getting sick

When coughing and sneezing **cover mouth and nose** with flexed elbow or tissue

Throw tissue into closed bin immediately after use

Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick

World Health Organization

Mental health and psychosocial support in Covid-19 outbreaks

Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak- Version 1.0

IASC
Inter-Agency Standing Committee
IASC Reference group for Mental Health and
Psychosocial Support in Emergency Settings

This is version 1.0 of this document (Feb 2020). It will be updated regularly during the COVID-19 outbreak.
Contact the IASC MHPSS Reference Group (mhpss.refgroup@gmail.com) for a copy of the latest version

Six key interventions

1. Helping older people cope with stress during outbreaks

2. Supporting the needs of people with disabilities

3. Message and activities for helping children deal with stress during outbreak

4. MHPSS activities for adults in isolation/quarantine

5. Supporting people working in COVID-19 response

6. Community messages during outbreaks

For more info write to Peter Ventevogel: ventevog@unhcr.org

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Reported COVID-19 Preparedness Gaps

Inadequate representation	• Inadequate representation at national level COVID-19 coordination meetings
Delayed plans	• National level preparedness plans trickling slowly to the remote refugee hosting districts
Weak national health system	• Weak national health systems overall and poor service delivery in more remote locations hosting refugees, thus necessitating UNHCR and partner support.
Staff capacity gap	• As a novel virus there are capacity gaps for health care workers on surveillance for COVID 19, case management, infection prevention and control (IPC) • Slow roll out of MoH led trainings in some countries with focus on main urban locations.
Inadequate supplies	• Personal protective equipment (PPE) for health staff in case of outbreak and need for additional stocks of disinfectant, supplies to manage medical waste • Equipment such as oxygen concentrators and pulse oximeters to manage severe respiratory disease • Intravenous fluids, antibiotics and cleaning supplies, amongst others.

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Gaps (Cont.)

Communication materials gap	• IEC materials not always translated to languages and formats that refugees and other POCs can understand e.g. French and other languages in WCA as well as need for two way channels of communication.
Lack of/ Inadequate facilities	• Lack of adequate isolation facilities that could be adapted in case of COVID-19 outbreak. • Gaps in IPC standards in health care facilities in refugee hosting sites. Includes inadequate water &sanitation facilities.
WASH concern	• Gaps in WASH coverage in some camps/settlements and related negative effect on hygiene promotion and practice.

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Support for Operations

Ensure updated **business continuity plans for operations** which include services for PoCs.

It will be important to **plan together with our partners the business continuity** of our operations in case of strict government instructions that close down or reduce services such as at reception centers, food distribution points and help desks where there is often a large gathering of people.

In large scale health programmes, we need to ensure we are able to **respond together with our partners and the relevant authorities** in case of a potential outbreak in refugee sites.

Anticipate and try to prevent or minimize the **secondary effects of COVID-19:** closure of schools and training facilities, absenteeism by health workers (whether through sickness or fear); refugees and other POCs with other conditions (such as malaria or pregnancy-related complications) not coming to health facility due to fear.

Advocacy: Funds

Advocacy for additional funds

- address the most critical gaps in priority countries
- support planned activities within the OL based on:
  - likelihood of COVID-19 cases
  - capacity of national system to respond
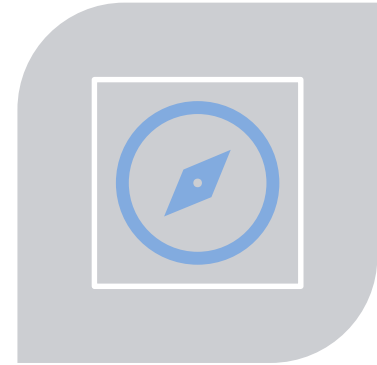 - extent of engagement of UNHCR in supporting health services.

Support

- improve quality of health services
- reduce the likelihood and impact of both COVID-19 and other potential outbreaks.

Funds would also be used to support

- hygiene measures
- infrastructural improvements to minimize risk of transmission.

Support for Public Health Response

Regional public health staff in EHA, WCA and Americas are available, as well as the public health team in Geneva for all other operations.

UNHCR INTRANET PAGE ON COVID-19

GUIDANCE NOTE ON COVID-19 FOR UNHCR OPERATIONS

WHO checklist on capacity to respond

	Partners Capacities to Respond to COVID-19 cases in the African Region	Country (ies) of presence:_____ Reporting Date:_____	
Response Intervention area	**Specific Information**	**Numbers/Yes/No/NA**	**Please elaborate more as needed**
Coordination	How many skilled staffs do you have for supporting the coordination of the COVID-19 response operatiion		
	Are you actively participating in the in-country COVID-19 coordination committee? If yes, in which specific technical area (s) of intervention are you involved?		
	Do you have seed funds from your organization to kick off initial response interventions to respond to COVID-19 in your area of expertise		
	Do you have an anticipated operation structure with clear definition of role and responsibilities for responding to a COVID-19 outbreak?		
	Are they some additional gaps which can limit your effective engagement in the coordination of COVID-19 response operation?		
Surveillance	How many skilled staffs do you have for performing COVID-19 case detection ?		
	How many skilled staffs do you have for performing COVID-19 sample collection?		
	How many skilled staffs do you have for performing COVID-19 contact tracing?		
	How many skilled staffs do you have for performing COVID-19 surveillance at the Point of Entry?		
	Do you have the necessary technical guidelines for COVID-19 epidemiological surveillance?		
	Do you have the necessary materials and equipments for COVID-19 epidemiological surveillance?		
	Does your organization have a trained multi-diciplinary RRTs which can contribute to the initial COVID-19 response?		
	Are they some additional gaps which can limit your effective engagement in the surveillance of COVID-19 response operation?		
Laboratory	How many lab staffs do you have for performing COVID-19 diagnostic tests?		
	Does your organization have stocks of PPE for respiratory agents (mask, gloves)?		
	Does your organization have triple packaging for the shipment of specimens to a regional or international referral laboratory		
	Does your organization have access to primers/probes and positive quality control materials for COVID-19 PCR assays		
	Do you have standard SOPs for specimen collection, packaging and transport?		
	Are they some additional gaps which can limit your effective engagement in the laboratory activities for responding to the COVID-19 response operation?		

Other Resources

- WHO COVID-19 Resource website

- Training and e-learning

- Case Reporting Form

- Line List Format

- IEC Materials

Discussion Points

- Current engagement in planning for COVID-19 at country and local level
- Gaps in supplies including PPE for health staff (Med and supply list shared earlier)
- Availability of case definition approved by MoH
- Referral mechanisms in case of suspected cases
- Capacity in national system to test for COVID-19
- Availability of laboratory supplies and SOPs
- WASH in health facilities, reception centres, community
- Staff capacity building
- Resource gaps/requirements

Operational messages on WASH Preparedness and Response:

- Work closely with Public Health colleagues where available;
    - **Analysis**- identify biggest vulnerabilities and gaps (water supply, soap, etc)
    - **Preparation**- outline any activities necessary
    - **Messaging**- consistent messages to HP/Community Health Worker teams
- Communicate with your management
- Reach out (to CO, RB, HQ) with any further questions

Q&A and Discussion

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