

# Investing in and building longer-term health emergency preparedness during the COVID-19 pandemic

Interim guidance for WHO Member States

6 July 2020



WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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## Acronyms

COVID-19	Coronavirus disease 2019	NAPHS	National action plans for health security
GSPN	Global strategic preparedness network	REMAP	Resource mapping
ICT	Information and communication technology	SARS	Severe acute respiratory syndrome
IHR 2005	International Health Regulations 2005	SPRP	Strategic preparedness and response plan
IPC	Infection prevention and control	WASH	Water, sanitation and hygiene

## Executive summary

Countries are currently focused on preparing and responding to coronavirus disease 2019 (COVID-19). Unfortunately, this will not be the last health emergency that the world experiences, and some countries will even face other threats simultaneously. Prevention, preparedness, readiness, response and recovery lie on a continuum and to be effective, this continuum needs comprehensive attention. There is an urgent need to strengthen the overall health security capacities of countries to meet immediate demands and to improve responses to future threats beyond COVID-19. This is crucial if the world is to break the “panic and forget” cycle and avoid a repeat of past experiences, when capacities built for specific threats were not sustained, and good practices and lessons learnt were lost.

Investments and expenditures for COVID-19 should therefore lead to longer-term, wider benefits, in line with national needs for sustainable capacities. For example, in the current WHO COVID-19 strategic preparedness and response operational planning guidelines, 120 of the 143 suggested actions, if implemented and sustained, would lead to strengthened capacities against other health emergencies. The Annex to this guidance shows how recommended COVID-19 actions can be linked to capacities to implement the International Health Regulations (2005) (IHR 2005) that, if sustained, would lead to longer-term preparedness. It also provides WHO resources for capacities that are not specific to COVID-19 per se.

The ability to handle emergencies varies between countries and often within a given country. Conflict-prone areas also present additional security concerns. Countries need to build resilient health

systems, adopt a whole-of-government and multisectoral approach, and achieve some quick wins where possible. Furthermore, countries should adopt a life-course approach and account for vulnerable populations that may have specific preparedness needs.

There are many existing global, regional and national tools to support countries in meeting their IHR 2005 obligations, providing information on their strengths and gaps, and can help in the development of priority actions for capacity development. These include the IHR monitoring and evaluation framework and the WHO benchmarks for IHR (2005). National action plans, including those for health security, support countries in enhancing their preparedness for health emergencies. Other tools that enable countries to strengthen capacities for all types of emergencies include national multisectoral disaster risk reduction plans as well as the WHO health emergency and disaster risk management framework. National plans for COVID-19 preparedness and response should eventually be integrated with these overarching plans.

Documenting and sharing innovations, experiences and lessons from COVID-19 is crucial. It supports after action reviews and may lead to identification of priority actions to build and maintain sustainable capacities. Such evidence also helps to maintain preparedness high on national and international agendas and to ensure continued funding for preparedness.

WHO will continue to work with Member States and partners to meet the immediate and urgent needs of the COVID-19 response. However, as a global community, all must play their part in ensuring that there are strengthened and sustained capacities to prevent, prepare for, respond to and recover from future disease outbreaks and other health emergencies.

## 1 Introduction

### 1.1 Preparing for emergencies beyond COVID-19

Countries are currently focusing their attention on coronavirus disease 2019 (COVID-19). While this remains critical, unfortunately COVID-19 will not be the world's last health emergency. Countries will continue to face potential disease outbreaks and other risks to public health, and many are already experiencing multiple health emergencies.

WHO is working with its Member States, including those with weak and fragile health systems, to help them manage COVID-19 effectively. The strategic preparedness and response plan (SPRP)<sup>1</sup>, the strategy update<sup>2</sup>, the operational planning guidelines to support country preparedness and responses<sup>3</sup>, and the interim guidance on strengthening preparedness in cities and urban settings<sup>4</sup> recommend measures to support countries in preparing for and responding to COVID-19. However, as countries move towards recovery or periods of low or no transmission, actions taken for COVID-19 could and should lead to better preparedness for future hazards and emergencies.

### 1.2 Purpose of Document

This guidance supplements the COVID-19 SPRP, the strategy update and the operational planning guidelines<sup>1-3</sup>. Its aim is to help multisectoral decision-makers and policy-makers in Member States to 'build back better' by undertaking the following:

- build on actions taken as part of their COVID-19 SPRP to improve national medium- to long-term preparedness for future all-hazards;

- locate relevant supporting WHO resources that are not specific to COVID-19 but can help build sustainable capacities; and
- advocate for the conscious and effective allocation of COVID-19 funds to meet these longer-term needs, including their obligations under the International Health Regulations 2005 (IHR 2005).

The guidance should also help partners and other stakeholders to support Member States in these efforts to build sustainable capacities for longer-term preparedness.

### 1.3 Lessons from the past

Prevention, preparedness, readiness, response and recovery exist on a continuum (Fig. 1). Countries that had invested in preparedness in the wake of past health emergencies such as Ebola virus disease and severe acute respiratory syndrome (SARS), including adoption of a coordinated multisectoral approach, community engagement and improvements to infection prevention and control in the community and in health care facilities, have been better able to prevent and control subsequent disease outbreaks, including the current COVID-19 pandemic<sup>5, 6</sup>.

**Fig. 1.** The full emergency management cycle

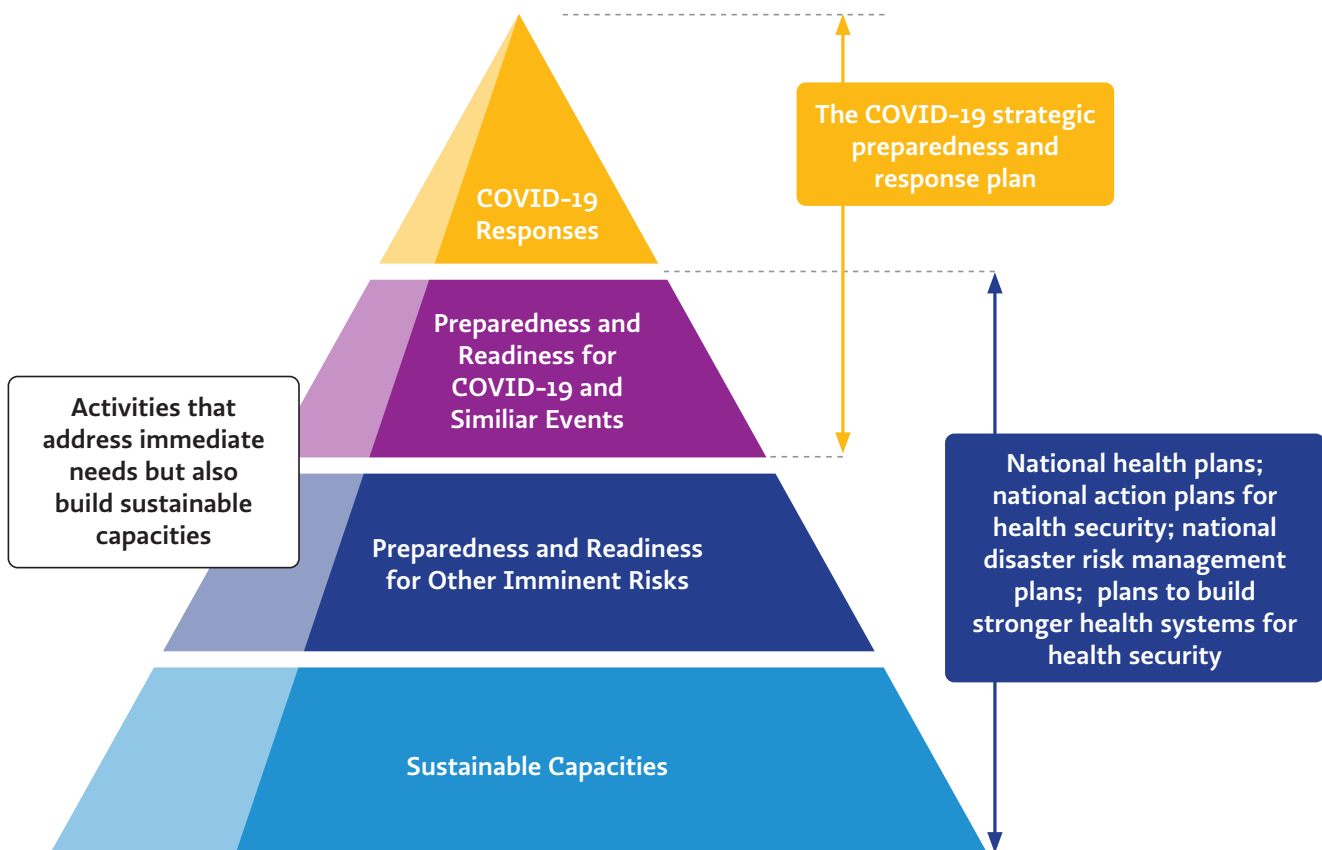


The full scope of this continuum must be considered as early as possible by countries. Otherwise, the world will continue the cycle of “panic and forget” until the next disease outbreak or other emergency once again highlights the critical need for sustainable capacities to prevent, detect and respond to public health emergencies<sup>7</sup>.

Urgent COVID-19 actions by countries must therefore set the stage for building

sustainable capacities (Fig. 2). With a transition to longer-term investments and actions anchored in national preparedness plans, countries can build health systems that can surge to meet the needs of health emergencies. This should be given special consideration when countries are moving from response to recovery, to low levels or no transmission, or between COVID-19 epidemic peaks.

**Fig. 2.** COVID-19 response measures should lead to longer-term strengthening of capacities for health emergency preparedness



#### 1.4 Existing guidance and tools

To support effective implementation of preparedness actions and activities, countries have at their disposal a number of WHO guidance documents and tools. The overarching *Health emergency disaster risk management framework* provides an approach to reducing health risks and the consequences of emergencies and disasters<sup>8</sup>. Components of the *International Health Regulations (2005) monitoring and*

*evaluation framework* highlight gaps in countries' capacities<sup>9,\*</sup> priority actions are detailed in national plans such as *national action plans for health security* (NAPHS)<sup>10</sup> and IHR 2005 roadmaps, and the *WHO benchmarks for International Health Regulations capacities*<sup>11</sup> can serve as a guide for the implementation of proposed actions. For specific technical capacities, there are other WHO publications and resource libraries that can provide further information.

\* Comprising state party self-assessment annual reporting, joint external evaluations, simulation exercises, and after-action reviews.

## 2 Considerations when prioritizing actions and funding for sustainable capacity- building

### 2.1 Using the COVID-19 momentum spur preparedness investments

In addition to COVID-19 specific activities (e.g. procuring personal protective equipment)<sup>12</sup>, countries should ensure that an appropriate proportion of funding is allocated to activities that can also build sustainable capacities (e.g. training to improve national surveillance, health information management and risk communication, and essential logistic requirements). Sustained implementation of 120 of the 143 actions listed in the COVID-19 SPRP would lead to strengthened capacities against other types of emergencies in a country (see Annex).

### 2.2 Targeting national and subnational priorities

Countries' priority gaps in preparedness capacities can be identified through national monitoring and evaluation data including those collected under the IHR 2005 monitoring and evaluation framework. However, capacities may vary across a country, and attention should also be paid to subnational, including local and community, disparities. Each country's sociocultural, political and economic context is also different, and this may influence the way COVID-19 is managed and where the focus for sustainable capacity-building needs to be placed. Countries need to strengthen capacities at all levels of governance, especially in cities and other urban settings<sup>4</sup>. They may also need to take into account vulnerable subpopulations, informal settlements and the impact of conflict and complex environments on the management of health emergencies both for COVID-19 and beyond. Deteriorating socioeconomic conditions during an emergency may lead to civil unrest, and preparedness in these

settings may have additional security challenges. This includes protecting health workers and other personnel (e.g. surveillance, risk communication and community engagement teams) from these security risks.

### 2.3 Establishing health systems for health security

Countries may have different needs in ensuring that they can surge to meet health emergencies on top of the routine demand for essential health services<sup>13</sup>. COVID-19 has shown that health systems are at risk of being overwhelmed, and this has a direct impact on emergency preparedness and response efforts. Countries should consider making investments that will enable them to close specific health system gaps in order to deal with such stresses.

### 2.4 Whole-of-government and multisectoral approaches to preparedness

Countries need to ensure that national plans adopt both whole-of-government and whole-of-society approaches. Countries should be actively engaging all relevant ministries and stakeholders across multiple sectors, including communities, private partners, United Nations country teams, international organizations and other non-state parties, so as to broaden health security capacity-building, including through simulation exercises during opportune periods<sup>14</sup>. There is a continued risk of events at the human-animal interface and close coordination between human and animal health sectors must be encouraged<sup>15</sup>. The multisectoral preparedness coordination framework can help support countries in establishing cross-sectoral coordination<sup>16</sup>. The engagement of authorities at the highest level in countries, including beyond the health sector, would help foster greater transparency, commitment to and accountability for health security, and resilience.

**One Health\***

While temporarily banned in Asia, wildlife trading and consumption continue to pose opportunities for virus spill-over from animals to humans. Practices linked to wildlife farming, manipulation, trade and consumption need to be better regulated, and improved joint surveillance, risk assessment, communication and awareness campaign are components of the strategies to reduce risks at critical points (e.g. wet markets) and for exposed communities or occupational groups<sup>17</sup>.

through the COVID-19 SPRP. This can be achieved through the SPRP monitoring and evaluation tool<sup>19</sup>. Furthermore, successful innovative solutions developed by countries to enhance preparedness should be shared with others. This is important both to meet the urgent needs for effective methods to address COVID-19 and for use in future emergencies.

**Example**

Some countries have developed new mobile telephone applications that collect crowd-sourced data to identify potential cases, track disease spread and facilitate contact-tracing activities. Others have used similar applications for the dissemination of accurate information.

**2.5 Achieving “quick wins”**

Countries should consider selecting and prioritizing certain areas that would achieve quick wins in the short term – speedy, tangible and positive outcomes that clearly demonstrate how investing in sustainable capacities can broaden those capacities and enhance countries’ responses to immediate COVID-19 needs. Conducting periodic after action reviews may allow for the further identification of where these opportunities lie<sup>18</sup>.

**Example**

WHO country offices may be able to support countries through short train-the-trainers courses for community workers on risk communication. These can be put together quickly and show immediate benefits in community mobilization for preparedness and readiness for COVID-19 and beyond.

**2.7 Preparedness should be across the life-course**

Sustainable empowerment of populations needs to adopt a life-course approach – from children and adolescents to adults and older people. Professionals, such as doctors, nurses, midwives and teachers, should also be educated and trained on health emergency and disaster risk management and resilience-building. This includes training, individually and collectively, on preparing for, responding to and recovering from COVID-19 and other future emergencies. In this regard, tailored information and education and communication materials must be available for broad dissemination.

**2.6 Documenting and sharing innovations, successes and lessons learnt**

Countries should ensure that a system is in place for documenting activities and achievements, and for the collection of data that will allow for monitoring and evaluation of the impact of investments

\* ‘One Health’ is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.



### 3 Linking COVID-19 with sustainable capacity development

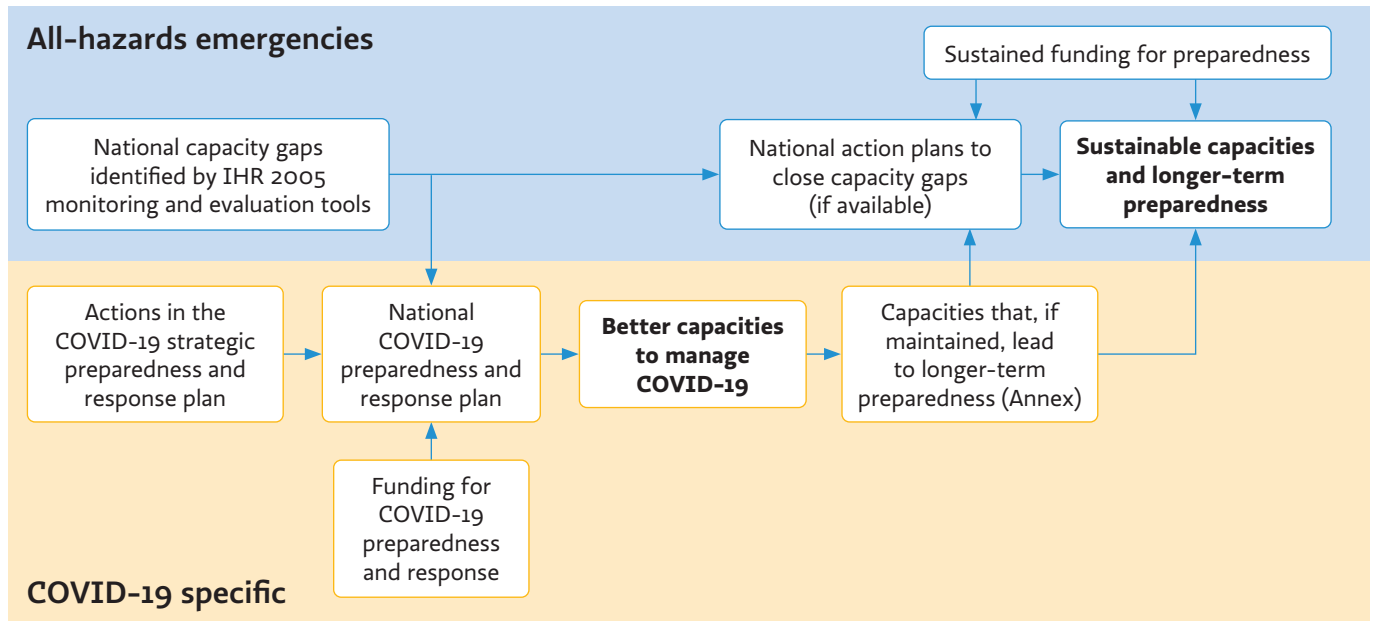
The COVID-19 strategy update provides information on national strategies to respond to COVID-19<sup>2</sup>. It is expected that there will be countries with a steady state of low-level or no transmission. There may also be multiple epidemic waves. Once able to do so, countries will need to plan for and take action to recover, restore, build and sustain resilience. This undertaking is also aligned with the COVID-19 country-level health response described in the United Nations framework for the immediate socio-economic response to the pandemic<sup>20</sup>.

The Annex to this document maps actions from the operational planning guidelines<sup>3</sup> to develop core capacities as described by the IHR 2005 State Party self-assessment annual reporting tool (SPAR)<sup>21</sup> and emphasizes the relevance of maintaining these capacities in preparing for future threats. It also provides supporting references to non-COVID specific documents published by WHO for each capacity. It shows that the SPRP actions contribute to nine of 13 IHR 2005 capacities, namely: legislation and financing; IHR coordination functions and national IHR focal-point functions; laboratory; surveillance; human resources; national health emergency framework; health service provision; risk communication; and points of entry.

### 4 Taking action: sustained financing, integration and alignment with national action plans, and advocacy

As described in the United Nations framework, social and economic interventions are necessary to ensure a better post-pandemic future. These include putting health first by: building strong and resilient primary care, strengthening monitoring and information systems to understand recovery needs; engaging with civil society and the private sector to optimize services and to respond better to needs; and paying attention zoonosis and the links between wildlife trade, food systems and health. They also necessitate building on the increase in coverage experienced during COVID-19 to redesign social protection systems, strengthen care systems to meet needs across the life course, and scale up social cohesion and community- and city-level resilience<sup>20</sup>.

To achieve longer-term preparedness, investments in actions to respond to COVID-19 must be sustained, building on existing capacities. Ideally, this should be achieved through alignment with funding needs identified through national plans for emergency preparedness, in particular countries' 5-year NAPHS, other IHR 2005 plans and health emergency and disaster risk management plans, where these exist (Fig. 3). Integration can be considered at any point in the emergency management cycle, but especially when countries are moving from response to recovery, to low levels or no transmission, or between COVID-19 epidemic peaks.

**Fig. 3.** Building on COVID-19 for longer-term preparedness

Countries keen to integrate and align disease-specific plans (including those for COVID-19) with wider national plans can do so through the strategic alignment of disease-specific and hazard-specific plans with broader national health security plans. The resource mapping and impact analysis on health security investment (REMAP) identifies existing and potential resources (financial and technical) to assist countries in implementing these combined actions for health security,

as well as other country-prioritized actions<sup>22</sup>. The Global Strategic Preparedness Network (GSPN) will also assist countries by coordinating technical assistance provided by partners and experts.

Countries should take steps to guard against any tendency to relapse into neglect. There needs to be persistent advocacy for sustained attention and funding in health emergency preparedness and risk management. Documented experiences and lessons learnt through previous health emergencies, including COVID-19, are useful to support this by showing that preparedness investments are relatively inexpensive when compared to the lives lost and the high socioeconomic cost of health emergencies. Local communities, parliamentarians and heads of state all have an important role in keeping preparedness high on national agendas.

### Example

Strategic alignment of plans in Uganda was used to link the country's pandemic influenza preparedness, national deployment and vaccine, and Ebola Virus Disease plans with its national action plan for health security. Combined actions that will simultaneously improve preparedness for these diseases and beyond have been identified, and these have been prioritized by the Government and partners for resource mobilization and implementation. Similar alignments can be undertaken in relation to COVID-19 to secure sustainable financing<sup>23</sup>.

## 5 Conclusion

WHO will continue to advocate allocation of funding for a robust preparedness and response to COVID-19 while building and maintaining sustainable country capacities for longer-term preparedness against all threats. Through its regional and country offices, the Organization stands ready to assist countries in identifying opportunities for advocacy to elevate emergency preparedness to a high position on national priority agendas.

WHO will also provide countries with technical materials and assistance, especially to vulnerable and fragile states; national profiles that combine hazard, vulnerability and capacity analyses to help identify priority risks and critical gaps; shared best-practices and

case examples (e.g. through the strategic partnership for IHR (2005) and health security portal<sup>24</sup>); and assistance from WHO regional and country offices in prioritizing SPRP activities that should receive greater levels of attention and funding for longer-term preparedness.

Countries are encouraged to document, learn from and share their COVID-19 experiences, including taking proactive steps to collect evidence and advocate for the financing of sustainable capacities. This ensures that progress in emergency preparedness made during the current outbreak is not lost. Countries can then break the cycle of returning to being unprepared after each health emergency and can reduce the risks of future events.

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## ANNEX. Linking COVID-19 actions to building sustainable capacity development

This annex maps actions from the COVID-19 SPRP operational planning guidelines<sup>1</sup> to core capacities as described by the IHR 2005 State Party self-assessment annual reporting tool (SPAR)<sup>2</sup>. It explains the need for sustainable capacities for longer-term preparedness, actions that member states can take to do so, and supporting references to non-COVID specific documents published by WHO for each capacity.

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Legislation and regulations to implement IHR</b> <i>Linked to IHR core capacity: legislation and financing</i>		
<b>Pillar 1</b> <b>Step 2</b>	<p>Review regulatory requirements and the legal basis of all public health measures, using the principle of doing no harm.</p> <p>Prepare for regulatory approval, market authorization and post-market surveillance of COVID-19 products, when available.</p>	<p><b>Need.</b> A national legal framework to support and facilitate implementation of country obligations under the IHR 2005. The framework can also facilitate coordination between different entities in implementing public health measures.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Legislative and regulatory reviews and changes should be broadened, and outcomes should take into account public health measures for other threats.</li> <li>• Parliamentarians can be engaged to draft or revise laws to institutionalize the availability of public health measures for other threats.</li> <li>• The IHR 2005 toolkit for implementation in national legislation provides further guidance on strengthening these capacities<sup>3</sup>.</li> </ul>
<b>Financing for IHR capacities and response to emergencies</b> <i>Linked to IHR core capacity: legislation and financing</i>		
<b>Pillar 1</b> <b>Step 2</b>	<p>Engage all local donors, relevant national authorities, ministries of finance, key partners, stakeholders and existing programmes to mobilize/allocate resources and capacities to implement operational plans across sectors at all levels.</p>	<p><b>Need.</b> Local donor coordination mechanisms to manage investments in preparedness for threats beyond COVID-19.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Countries should plan for continued financing of and investments in IHR capacities, health systems and other sectors beyond COVID-19 to improve the prevention and control of future threats.</li> </ul>
<b>Pillar 9</b> <b>Step 1</b>	<p>Set up coordination mechanisms between finance and health authorities for financing essential health services.</p> <p>Introduce more flexible budget allocations and spending authority for frontline service providers.</p>	<ul style="list-style-type: none"> <li>• Resource mapping helps to identify and allocate limited resources and improve efficiency<sup>4</sup>.</li> <li>• The Global Strategic Preparedness Network (GSPN) brings together partners and stakeholders through the strategic partnership for IHR 2005 and health security portal<sup>5</sup>.</li> </ul>

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Multisectoral coordination mechanisms and stakeholder management</b> <i>Linked to IHR core capacity: coordination and national IHR 2005 focal points</i>		
<b>Pillar 1 Step 1</b>	<p>Activate multisectoral, multi-partner coordination mechanisms to support COVID-19 emergency preparedness and response at all levels.</p> <p>Engage all relevant national authorities, key partners and stakeholders to develop a country-specific operational plan with estimated resource requirements for COVID-19 preparedness and response, or adapt, where available, an existing influenza pandemic preparedness plan.</p> <p>Coordinate within and across sectors and other socioeconomic pillars to mitigate social and economic consequences. Coordinate with United Nations agencies and partners especially for vulnerable populations.</p> <p>Communicate risk assessments and planning assumptions to inform planning and actions by all sectors at all levels.</p> <p>Consult with neighbouring countries, other countries and regional bodies on planning and management of the COVID-19 pandemic across sectors.</p>	<p><b>Need.</b> Engagement and coordination mechanisms that bring together sectors and stakeholders to prepare for other threats. COVID-19 has demonstrated the need for governance and coordination to ensure coherence in managing a health emergency. Many sectors have critical interdependencies with the health sector in managing health emergencies, and these are not always specific to COVID-19.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Countries should expand the scope of coordination mechanisms to cover other events in an all-hazards approach, in keeping with the health emergency and disaster risk management framework<sup>6</sup>.</li> <li>• Countries should continue to identify and support critical functions across sectors that would allow for better preparedness, readiness and response to other threats.</li> <li>• The multisectoral preparedness coordination framework provides guidance on working across sectors<sup>7</sup>.</li> <li>• The pandemic influenza preparedness and response guidance also provides a useful reference on how this can be done<sup>8</sup>.</li> </ul>
<b>Pillar 1 Step 3</b>	<p>Adapt and implement national cross-sectoral pandemic preparedness business continuity plans, where existing, to the COVID-19 response.</p>	
<b>Pillar 2 Step 2</b>	<p>Engage with existing public health networks and community-based networks, media, local non-governmental organizations, schools, local governments and other sectors, in coordination with United Nations agencies and partners to ensure the efficient use of each organization's strength and audience.</p>	
<b>Pillar 8 Step 3</b>	<p>Identify and support critical functions that must continue during a widespread outbreak of COVID-19.</p>	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Specimen referral and transport</b> <i>Linked to IHR core capacity: laboratory</i>		
<b>Pillar 5 Step 1</b>	<p>Establish access to designated domestic COVID-19 diagnostic laboratories through public, private and academic systems, and consider use of veterinary laboratories.</p> <p>Adopt and disseminate standard operating procedures (as part of disease outbreak investigation protocols) for the collection, management, and transport of COVID-19 diagnostic specimens.</p>	<p><b>Need.</b> Appropriate specimen collection and transport protocols. For most respiratory viral diseases, requirements are similar to those for COVID-19.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Mechanisms established by countries to refer COVID-19 specimens, such as material transfer agreements and the use of courier companies, should be used for future disease outbreaks, especially if domestic capacity is not available.</li> <li>• Countries should use the knowledge gained in COVID-19 and maintain logistic capacities, laboratory networks and procedures developed for the pandemic for use during other threats.</li> <li>• Further information on strengthening this capacity can be found in the guidance on regulations for the transport of infectious substances<sup>9</sup>.</li> </ul>
<b>Pillar 5 Step 2</b>	<p>Ensure that specimen collection, management, referral network and procedures are functional.</p> <p>Share genetic sequence data and virus materials according to established protocols for COVID-19.</p>	
<b>Laboratory biosafety and biosecurity</b> <i>Linked to IHR core capacity: laboratory</i>		
<b>Pillar 5 Step 1</b>	<p>Identify hazards and perform a biosafety risk assessment at designated laboratories; use appropriate biosafety measures to mitigate risk.</p>	<p><b>Need.</b> Management of biosafety and biosecurity risks in relation to disease threats other than COVID-19, especially those that involve novel pathogens.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Countries should adapt their biosafety risk assessments and the measures implemented to other threats.</li> <li>• Further information on strengthening this capacity can be found in the laboratory biosafety manual<sup>10</sup>.</li> </ul>

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Access to laboratory testing capacity</b> <i>Linked to IHR core capacity: laboratory</i>		
<b>Pillar 5 Step 1</b>	In national laboratories, adopt systems for molecular (polymerase chain reaction) testing, supported by timely access to reagents, testing kit and a trained workforce.	<p><b>Need.</b> Appropriate laboratory testing protocols for the management of other outbreaks of disease alongside those for COVID-19. The importance of quality assurance is not specific to COVID-19 and is essential to ensuring reliable performance.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Molecular testing capabilities and a trained workforce should be maintained for the testing of other infectious diseases, including capacity to manage a surge in demand for other outbreaks.</li> <li>• Countries should maintain capacities to link laboratory and epidemiological data as this will help to improve the assessment of and response to other threats.</li> <li>• Further resources on strengthening this capacity can be found at the health laboratory strengthening website<sup>11</sup>.</li> </ul>
<b>Pillar 5 Step 2</b>	Develop and implement surge plans to manage increased demand for testing; consider conservation of laboratory resources in anticipation of potential widespread COVID-19 transmission.  Develop and implement plans to link laboratory data with other key epidemiological data for timely data analysis.	
<b>Pillar 5 Step 3</b>	Develop a quality assurance mechanism for laboratory testing, including quality indicators.	



Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Indicator and event-based surveillance</b> <i>Linked to IHR core capacity: surveillance</i>		
<b>Pillar 3 Step 1</b>	Activate and/or enhance case-finding using case definitions and event-based surveillance, and continue surveillance for influenza-like illness, severe acute respiratory infection and/or other diseases.  Assess gaps in active case-finding, mortality surveillance and event-based surveillance systems.	<p><b>Need.</b> Surveillance to detect and respond rapidly to other threats, including potential outbreaks of disease.</p> <ul style="list-style-type: none"> <li>▪ <b>Actions.</b> Countries should maintain case-finding, surveillance and laboratory testing capacities and expand these to detect rapidly other infectious disease threats beyond COVID-19.</li> <li>▪ Countries should also maintain the ability to conduct case-based reporting to WHO, and disseminate weekly reports for better situational awareness across all levels.</li> <li>▪ Experiences of countries in case-based reporting during COVID-19 should help inform and strengthen existing mechanisms for event reporting under the IHR 2005.</li> <li>▪ The sharing of data by countries with WHO and participation in knowledge exchange at global levels should continue beyond COVID-19, as it will help improve national, regional and global preparedness and response to other threats.</li> <li>▪ Further information on strengthening this capacity can be found in the guidance on implementation of early warning and response<sup>12</sup>.</li> </ul>
<b>Pillar 3 Step 2</b>	Enhance surveillance to detect suspect cases within 48 hours of symptom onset, with testing of suspect cases within 24 hours of detection.  Enhance existing surveillance systems to enable monitoring of COVID-19 transmission and adapt tools and protocols for contact-tracing and monitoring to COVID-19.  Implement surveillance strategies to actively monitor and report disease trends, impacts and population perspectives to global laboratory/epidemiology systems. Share with WHO all data necessary to conduct global risk assessments, including anonymized clinical data, the case fatality ratio, and data on high-risk groups and children.  Undertake case-based reporting to WHO within 24 hours in accordance with IHR 2005.	
<b>Pillar 3 Step 3</b>	Produce weekly epidemiological and social science reports, and disseminate to all levels and international partners.	
<b>Pillar 7 Step 2</b>	Participate in the WHO global clinical network knowledge exchange platform to aid in the clinical characterization of COVID-19, pay attention to challenges and share best practices in clinical care, and foster global collaboration (this is optional, depending on country capacity).	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Sufficient numbers of trained and deployable staff</b> <i>Linked to IHR core capacity: human resources</i>		
<b>Pillar 6 Step 3</b>	<p>Identify and engage trained staff with the authority and technical expertise to implement infection prevention and control activities that are prioritized based on risk assessment and local care-seeking patterns.</p> <p>Carry out training for all health care workers to address any skills and performance deficits, with emphasis on how to put on and remove personal protective equipment, and environmental cleaning.</p>	<p><b>Need.</b> An adequately trained and equipped workforce. COVID-19 has shown that this forms a critical element of the health systems needed to support emergency preparedness efforts at all levels, including in the community, and that staff need to be rapidly deployable to meet localized surges in demand.</p> <ul style="list-style-type: none"> <li>• <b>Actions:</b> Any increase in the numbers of trained staff, especially in infection protection and control should be maintained to help improve the prevention of and response to other infectious disease threats.</li> <li>• Countries should strengthen and maintain the ability to surge staff capacity and mechanisms to deploy personnel where most needed in other health emergencies beyond COVID-19.</li> <li>• The occupational health and safety of staff is important for optimum performance and to ensure the continued functioning of health services and is not specific to COVID-19.</li> <li>• Further information on strengthening this capacity can be found in the emergency response framework<sup>13</sup>.</li> </ul>
<b>Pillar 7 Step 2</b>	<p>Disseminate regularly updated information, and train and refresh the health care workforce in the management of COVID-19, using specific protocols based on international standards and WHO clinical guidance.</p>	
<b>Pillar 8 Step 2</b>	<p>Prepare staff surge capacity and deployment mechanisms, health advisories (guidelines and standard operating procedures) and pre-deployment and post-deployment packages to ensure staff wellbeing.</p>	
<b>Pillar 9 Step 3</b>	<p>Maximize occupational health and staff safety measures in all categories listed in the associated guidance.</p>	
	<p>Map health worker requirements in the four COVID-19 transmission scenarios.</p>	
	<p>Create a roadmap for phased implementation and timely scale-up of a workforce redistribution strategy.</p>	
	<p>Allocate finances for timely payment of salaries, overtime, sick leave and incentives or hazard pay, including for temporary workers.</p>	
<p>Initiate rapid training mechanisms and job aids for key capacities.</p>		

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Planning for emergency preparedness and response</b> <i>Linked to IHR core capacity: national Health Emergency Framework</i>		
<b>Pillar 1 Step 1</b>	Conduct an initial risk analysis and capacity assessment to inform the operational plan, with a focus on reducing health and social inequalities that disproportionately affect women and girls.	<p><b>Need.</b> Strengthened health systems to ensure health security and dedication of adequate resources to plan for preparedness and response to other threats.</p> <ul style="list-style-type: none"> <li>▪ <b>Actions.</b> Populations vulnerable to COVID-19 also tend to be vulnerable to other threats, and regular assessments should be conducted to guide efforts tailored to their needs and to build community resilience.</li> <li>▪ Countries should also regularly identify and conduct functional mapping of existing health care facilities and their capacities, and monitor existing burdens to ensure better preparedness to respond to other threats.</li> <li>▪ Pre-hospital care pathways, teams and resources should be expanded to other scenarios and health threats, including continuing training for the staff involved.</li> <li>▪ Further information on strengthening these capacities can be found in documents on the making health facilities safe in emergencies website<sup>14</sup> and the framework for a public health emergency operations centre<sup>15</sup>.</li> </ul>
<b>Pillar 7 Step 1</b>	Map vulnerable populations, public and private health facilities, and the workforce, and identify alternative facilities that may be used to provide treatment.  Identify oxygen and mechanical ventilation capacities.  Continuously assess the burden on the local health system and the capacity to safely deliver primary health care and other essential health services	
<b>Pillar 7 Step 2</b>	Surge clinical care capacity in accordance with the epidemiological scenario, and establish dedicated COVID-19 treatment areas to ensure effective isolation and treatment of all COVID-19 cases.  Establish dedicated pre-hospital COVID-19 care pathways, with equipped teams and ambulances to transport suspected and confirmed cases safely to designated treatment areas.	
<b>Pillar 9 Step 1</b>	Conduct a functional mapping of health facilities, including those in public, private and military systems.  Map essential services list to determine resource requirements.  Map public and private pharmacies and suppliers.  Create a platform for reporting inventory and stock-outs, and for coordination of the re-distribution of supplies.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Assessments to guide planning for emergency preparedness and response</b> <i>Linked to IHR core capacity: national health emergency framework</i>		
<b>Pillar 1 Step 1</b>	Define rationale and conduct reiterative risk assessments using a systematic approach with the participation of relevant sectors to consider introducing, adapting and lifting public health and social measures.	<p><b>Need.</b> Regular risk assessments to guide preparedness and response policy-making for COVID-19 and other threats.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Countries should continue to strengthen and conduct data analysis and assessments to aid decisions on public health and social measures, diagnostics, therapeutics and vaccines to improve preparedness and response to other threats<sup>13</sup>.</li> <li>• The multisectoral preparedness coordination framework<sup>7</sup> provides guidance on working across sectors to strengthen preparedness for other emergencies.</li> <li>• Countries should also continue to participate in international research and development efforts not just for COVID-19 but also for other health threats.</li> </ul>
<b>Pillar 3 Step 3</b>	Continue conducting risk assessments as appropriate. Use global, regional and/or national and local risk assessments to guide actions or changes to the response strategy.	
<b>Pillar 7 Step 3</b>	Provide robust and timely epidemiological and social science data analysis to relevant stakeholders to continuously inform risk assessment and support operational decision making for the response.	
<b>Pillar 7 Step 3</b>	Assess diagnostics, therapeutics and vaccines for compassionate use and clinical trials, regulatory approval, market authorization and/or post-market surveillance, as appropriate.	
<b>Pillar 7 Step 3</b>	Adopt international research and development blueprint efforts and research protocols. Contribute clinical data on hospitalized COVID-19 patients to the WHO global COVID-19 clinical platform.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Management of emergency response operations</b> <i>Linked to IHR core capacity: national health emergency framework</i>		
<b>Pillar 1 Step 2</b>	Establish an incident management support team, including plans for rapid deployment of designated staff from national and partner organizations, within a public health emergency operation centre or equivalent if available. Ensure enhancement, coordination and networking of emergency operations centres between levels of government and across sectors.	<p><b>Need.</b> An effective emergency operations structure to ensure a robust and coherent response. COVID-19 has also shown the need for public health management and information systems to detect, diagnose, isolate and treat cases effectively, as well as to trace and quarantine contacts.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Public health emergency operations centres should be maintained and used to manage other threats beyond COVID-19.</li> <li>• Countries should continue to train and maintain rapid response teams for use in other health threats.</li> <li>• The experience gained in COVID-19 should be used to improve and maintain contact-tracing and to follow up capacities for future disease outbreaks, ensuring regular functional testing.</li> <li>• Further guidance on strengthening these capacities can be found in the framework for a public health emergency operations centre<sup>15</sup> and on the WHO health security learning platform<sup>16</sup>.</li> </ul>
<b>Pillar 3 Step 2</b>	Train and equip multidisciplinary rapid (community-based) response teams to investigate cases and clusters immediately, and to scale up case management, including individual isolation of cases, contact-tracing and quarantine of contacts.	
<b>Pillar 3 Step 2</b>	Identify, follow up and, whenever possible, quarantine contacts for the 14-day incubation period of the virus. Actively engage communities for contact tracing, with a focus on high-risk areas.	
<b>Pillar 3 Step 2</b>	Establish a national system of contact-tracing (including a contact database) through a whole-of-society approach.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Emergency resource mobilization</b> <i>Linked to IHR core capacity: national health emergency framework</i>		
<b>Pillar 6 Step 1</b>	Develop a national plan to manage the supply (stockpile, distribution) of personal protective equipment, and to identify infection prevention and control surge capacity needs (personnel numbers and competencies).	<p><b>Need.</b> Rapid mobilization of additional resources through resilient supply chains and logistics to move critical supplies to places of greatest need.</p> <ul style="list-style-type: none"> <li>▪ <b>Actions.</b> Countries' capacities in mapping and managing resources, supply systems and inventories (e.g. personal protective equipment), including a platform for the reporting of inventory, stock-outs and coordination of supply redistribution, and in managing surge should be maintained to improve preparedness for and response to other threats.</li> <li>▪ Having a governance mechanism to manage these resources can help with the equitable allocation and timely distribution of essential supplies for other threats.</li> <li>▪ Experiences and lessons learnt from COVID-19, including using the local market to meet increased demand, should be documented and used to improve governance and logistic management for other events.</li> <li>▪ Further information on strengthening this capacity can be found in the guidance on humanitarian supply management and logistics in the health sector<sup>17</sup>.</li> </ul>
<b>Pillar 8 Step 1</b>	Map available resources and supply systems in health and other sectors, conduct an in-country inventory review of supplies and identify central stock reserves, if available, for COVID-19 case management.	
<b>Pillar 8 Step 2</b>	Implement a supply-chain control and management system for medical and other essential supplies, including the COVID-19 disease commodity package and patient kit reserve.	
	Review procurement processes for medical and other essential supplies, and encourage local sourcing of high-quality products to increase timely access to supplies.	
	Conduct regular reviews of supplies and develop a central stock reserve for case management of COVID-19.	
<b>Pillar 9 Step 1</b>	Create a platform for reporting inventory and stock-outs, and for coordination of re-distribution of supplies.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Case management</b> <i>Linked to IHR core capacity: health service provision</i>		
<b>Pillar 1 Step 1</b>	Enhance hospital and community preparedness plans; and ensure that space, staffing, and supplies are adequate for a surge in patient care needs.	<b>Need.</b> Health services capable of managing cases when faced with other threats, including the surge in demand seen in emergencies.  <b>Actions.</b> Countries need to maintain and increase investments in strengthening health service delivery for other threats, including ways to manage a surge in cases during a crisis.  Countries should also maintain capacities to safely manage dead bodies in emergencies so as to reduce the occurrence and spread of other infectious diseases.
<b>Pillar 9 Step 2</b>	Ensure acuity-based triage at all sites providing acute care.  Establish clear criteria and protocols for targeted referral (and counter-referral) pathways.	
<b>Pillar 6 Step 2</b>	Develop mortuary plans to manage increased numbers of corpses due to COVID-19 deaths, and ensure that safe burial measures are supported.	
<b>Infection prevention and control</b> <i>Linked to IHR core capacity: health service provision</i>		
<b>Pillar 6 Step 1</b>	Assess IPC capacity at all levels of the health care system, including public, private and traditional practices, and pharmacies.  Assess IPC capacity in public places and community spaces where risk of community transmission is considered high.  Review and update existing national IPC guidance.  Increase public awareness/education on preventive public health measures through whole-of-society awareness and engagement approaches, including with national and local governments, and the private sector.	<b>Need.</b> Effective IPC, which is essential to reducing the transmission of other infectious diseases and prevent the occurrence and spread of other outbreaks beyond COVID-19.  <b>Actions.</b> Countries should maintain national IPC capacities in health care settings, public places and community spaces, with regular updates to their national IPC guidance; maintain a focal point; and increase public awareness and education on ways to protect themselves and others.  The IPC guidance should be expanded beyond COVID-19 to ensure better preparedness in health, home and community care to prevent the spread of respiratory pathogens in general.  Further information on strengthening these capacities can be found in the guideline on core components of IPC programmes at national and acute health care facility level <sup>18</sup> , the practical manual supporting national implementation of WHO guidelines on core competencies of infection prevention and control programmes <sup>19</sup> , and the guidance on hospital preparedness for epidemics <sup>20</sup> .
<b>Pillar 6 Step 2</b>	Record, report and investigate all cases of health care associated infections.  Disseminate IPC guidance for home and community care providers.  Apply standard precautions for all patients at all times, as well as administrative, environmental and engineering controls; implement empiric additional precautions for suspected or confirmed COVID-19 cases.	
<b>Pillar 6 Step 3</b>	Provide prioritized tailored support to health care facilities based on IPC risk assessment and local care-seeking patterns.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness	
<b>Water, Sanitation and Hygiene</b> <i>Linked to IHR core capacity: health service provision</i>			
<b>Pillar 6 Step 1</b>	<p>Advocate for water utilities and small-scale providers to provide sufficient safe water to allow for IPC measures in health care facilities and hand hygiene in homes and public and collective settings.</p> <p>Ensure that critical WASH products are prioritized in initiatives to support regional supply chains; support local production of critical hygiene and disease prevention items.</p> <p>Advocate for the inclusion of WASH services in economic response packages to support vulnerable crisis-affected households.</p>	<p><b>Need.</b> Appropriate access to WASH services. These are critical to supporting health systems and enhancing health security for COVID-19 and other threats. This is an example of a critical interdependency between another sector and health.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> WASH services in health systems and the community should be maintained and continually improved to ensure better IPC for other infectious diseases, prevent the occurrence and spread of other disease outbreaks and lead to other population health benefits.</li> <li>• Further information on strengthening this capacity can be found in the primer for health professionals<sup>21</sup> and practical steps on WASH in health care facilities<sup>22</sup>.</li> </ul>	
<b>Pillar 6 Step 2</b>	<p>Support access to WASH services in public places and community spaces most at risk, with special considerations for vulnerable collective sites and community isolation centres.</p> <p>Ensure that hand hygiene stations are available, supplied and functioning at all gathering places in COVID-19 affected areas, high-risk areas and humanitarian settings.</p>		
<b>Access to essential health services</b> <i>Linked to IHR core capacity: health service provision</i>			
<b>Pillar 9 Step 1</b>	<p>Establish (or adapt) simplified mechanisms and protocols to govern essential health service delivery in coordination with response protocols.</p> <p>Establish triggers/thresholds that activate a prioritization process and phased reallocation of routine comprehensive service capacity towards essential services.</p> <p>Generate a country-specific list of essential services (based on context and supported by WHO guidance and tools).</p> <p>Identify routine and elective services that can be delayed or relocated to non-affected areas.</p> <p>Redirect chronic disease management to focus on maintaining supply chains for medications and needed supplies, with a reduction in provider encounters.</p> <p>Establish outreach mechanisms as needed to ensure delivery of essential services.</p>		<p><b>Need.</b> Sustained access to essential health services in order to reduce excessive morbidity and mortality during all types of health emergencies, even during a surge in clinical demand, as seen in COVID-19.</p> <ul style="list-style-type: none"> <li>• <b>Actions.</b> Lists, mechanisms and protocols on essential health services (including triggers and thresholds) developed by countries for COVID-19 should be adopted for other threats.</li> <li>• Further information on strengthening this capacity can be found in the working paper on the use of essential packages of health services in protracted emergencies<sup>23</sup>.</li> </ul>



Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Risk communications and community engagement</b> <i>Linked to IHR core capacity: risk communication</i>		
Pillar 1 Step 2	Identify, train, and designate spokespeople.	<p><b>Need.</b> Appropriate risk communication to ensure that transparent and accurate information is available so that everyone at risk can take informed decisions to mitigate the effects of a threat. Risk communication is also critical in longer-term preparedness to build and maintain trust in systems and governments in an emergency.</p> <p>• <b>Actions.</b> Risk communication capacities, including at points of entry, should be maintained and strengthened so that they are ready for use in responding to other threats.</p> <p>• Spokespeople trained for COVID-19 can be used for other threats. They should receive continued training, and efforts should be made to increase in the pool of potential spokespersons for future events.</p> <p>• ICT infrastructure, network and staff should be maintained by countries for use during surges in demand during other threats.</p> <p>• The management of rumours, misinformation and disinformation, including through the use of two-way communication, needs to be maintained and strengthened, and reliable and trusted sources of information should be established in communities.</p> <p>• Further information on strengthening this capacity can be found in the guideline for emergency risk communication policy and practice<sup>24</sup>. There is also a guidance note on disability and emergency risk management for health<sup>25</sup>.</p>
Pillar 2 Step 1	<p>Develop/ revise and implement national risk communication and community engagement plan for COVID-19 with participation of relevant sectors, United Nations agencies, partners and all levels of government.</p> <p>Define community engagement and participatory processes to motivate healthy, preventative practices based on community feedback.</p> <p>Prepare local messages based on the latest evidence-based messaging from WHO, and pre-test through a participatory process that specifically targets key stakeholders and is tailored to all sub-population groups.</p>	
Pillar 2 Step 2	<p>Disseminate messages and materials in local languages and via relevant communication channels.</p> <p>Strengthen and maintain information and communication technology infrastructure, networks and staff, and prepare for surges in demand across sectors and levels.</p>	
Pillar 4 Step 2	Communicate information about COVID-19 to travellers, including travellers to mass gatherings.	
Pillar 9 Step 2	<p>Disseminate information to prepare the public for changes in service delivery platforms, and to guide safe care-seeking behaviour.</p> <p>Disseminate information to prepare the public and guide safe care-seeking behaviour.</p>	
Pillar 2 Step 2	<p>Manage the infodemic to ensure that evidence-based factual information and guidance dispels rumours, misinformation and disinformation.</p> <p>Use two-way communication to provide trustworthy information and discuss community actions and solutions, via channels, with systems to detect and rapidly counter misinformation.</p>	
Pillar 2 Step 3	Monitor rumours, and track and respond to misinformation and disinformation.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Community engagement</b> <i>Linked to IHR core capacity: risk communication</i>		
<b>Pillar 2 Step 1</b>	Conduct rapid qualitative and/or quantitative assessments to understand affected communities.  Define community engagement and participatory processes to motivate healthy, preventative practices based on community feedback.  Identify and engage with trusted community groups and local networks.	<p><b>Need.</b> Established and appropriate community engagement for all types of emergencies to ensure that prevention and control measures are appropriate and can be complied with. Good knowledge of trusted community groups and local networks helps to improve risk communication and community engagement for other threats.</p> <p>• <b>Actions.</b> The assessment tools, experiences and findings from community engagement activities COVID-19 should be documented and used by countries to improve planning and preparedness for future events and threats, including influenza outbreaks.</p> <p>• Community engagement and participatory process capacities should be a regular feature in future preparedness, leading to improved community resilience for all hazards<sup>4</sup>.</p> <p>• Countries should also continue to use “trust chains” or amplifier groups to help expand dissemination of key public messages for preparedness for other threats beyond COVID-19<sup>24</sup>.</p>
<b>Pillar 2 Step 2</b>	Establish large-scale community engagement for social and behavioural change to ensure that preventive community and individual health and hygiene practices are in line with national public health containment recommendations.	
<b>Pillar 2 Step 3</b>	Systematically establish community feedback mechanisms to ensure that community feedback informs response measures, and that the response is accountable to affected populations.  Ensure that community engagement is based on evidence and needs, and that all engagement is culturally appropriate and empathetic.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Points of entry</b> <i>Linked to IHR core capacity: points of entry</i>		
<b>Pillar 4 Step 1</b>	Develop, adjust and implement a public health emergency plan for points of entry.	<p><b>Need.</b> A robust public health emergency plan as an integral part of surveillance and response systems to help support national public health functions, including preventing the importation and further spread of disease.</p> <ul style="list-style-type: none"> <li>▪ <b>Actions.</b> Countries should maintain capacities in managing alerts and disseminating information. Standard operating procedures should be regularly updated and staff regularly equipped and trained to handle routine and emergency needs.</li> <li>▪ Isolation facilities need not be specific to COVID-19 and should be adapted for the management of other infectious disease threats after COVID-19.</li> <li>▪ Further information on strengthening these capacities can be found in the handbooks for the management of public health events in air transport<sup>26</sup> and public health events on board ships<sup>27</sup>, and the assessment tool for core capacity requirements at designated airports, ports and ground crossings<sup>28</sup>.</li> </ul>
<b>Pillar 4 Step 2</b>	<p>Disseminate the latest disease information and standard operating procedures, equip and train staff in appropriate actions to manage ill passenger(s) and carry out cleaning and disinfection; and prepare for novel public health approaches at points of entry for resumption of international traffic.</p> <p>Prepare rapid health assessment and isolation facilities to manage ill passenger(s) and identified contacts, and make provisions to safely transport patients or contacts to designated health facilities.</p> <p>Prepare activities for active case finding at points of entry in coordination with stakeholders, including point of entry and conveyance operators.</p>	
<b>Pillar 4 Step 3</b>	Regularly report COVID-19-related alerts detected at points of entry or on-board conveyances to the national health surveillance system.	

Pillar and step	Actions to be taken for COVID-19 SPRP	Building sustainable capacity development for longer-term preparedness
<b>Monitoring and evaluation</b> <i>Linked to the IHR monitoring and evaluation framework</i>		
Pillar 1 Step 1	Begin establishing metrics and monitoring and evaluation systems to assess the effectiveness and impact of planned measures.	<p><b>Need.</b> An effective monitoring and evaluation process for use in the preparedness and response phases of emergencies. This helps to identify existing gaps and refine plans aimed at filling them, and is supported by tools in the IHR 2005 monitoring and evaluation framework<sup>29</sup>, including the mandatory State Party self-assessment annual reporting tool.</p> <ul style="list-style-type: none"> <li>▪ <b>Actions.</b> Monitoring and evaluation outcomes that assess IHR 2005 capacities during COVID-19 should be matched with findings from IHR 2005 monitoring and evaluation framework reports to identify and prioritize short- and longer-term national preparedness needs.</li> <li>▪ In-country capacities in analyses, metrics and monitoring should be maintained to improve analyses of future threats, including improved identification of gaps through the IHR framework activities.</li> <li>▪ Countries should also maintain the functions of IHR 2005 national focal points and annual reporting to ensure prompt and accurate reporting, transparency and multisectoral engagement.</li> <li>▪ Further information on the IHR 2005 monitoring and evaluation activities can be found in the framework document<sup>29</sup>.</li> </ul>
Pillar 1 Step 3	<p>Conduct regular operational reviews to assess implementation success and the epidemiological situation, and adjust operational plans as necessary.</p> <p>Conduct inter-action reviews and after action reviews in accordance with IHR (2005).</p> <p>Use the COVID-19 outbreak to test existing plans, and document lessons learned to inform future capacity development, including for preparedness and response activities.</p>	
Pillar 2 Step 3	Monitor the effectiveness of the risk communication and community engagement plan and document lessons learned to inform future preparedness and response activities.	
Pillar 3 Step 3	Test and document the performance of the existing surveillance system and use the findings to inform future preparedness and response activities.	
Pillar 4 Step 3	Regularly monitor and evaluate the effectiveness of readiness and response measures at points of entry, and adjust readiness and response plans as appropriate.	
Pillar 5 Step 3	Monitor and evaluate diagnostics, data quality and staff performance and incorporate findings into a strategic review of national laboratory capacity; share lessons learned.	
Pillar 6 Step 3	Monitor the continuity of WASH services, supplies, prices and financial sustainability, analyse trends, estimate gaps, and propose corrective actions when needed.	
Pillar 7 Step 3	Evaluate implementation and effectiveness of case management procedures and protocols, and adjust guidance and/or address implementation gaps as necessary	
Pillar 9 Step 1	Assess and monitor ongoing delivery of essential health services to identify gaps and potential need to dynamically remap referral pathways	

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