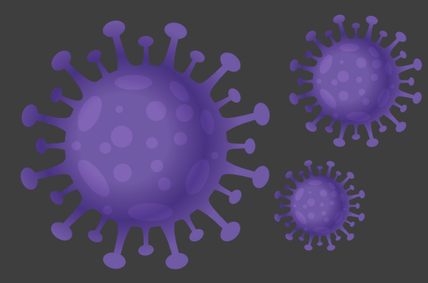
Improving COVID-19 and pandemic preparedness and response through the downstream of multi-hazard early warning systems



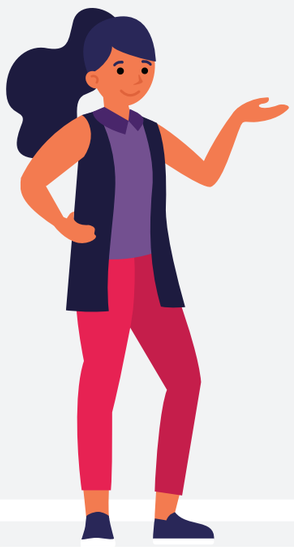
Vision

A Multi-Hazard Early Warning System (MHEW) which addresses pandemics, their potential for co-occurrence and complex interactions with other hazards

1

Who are the key actors and what are the processes involved in the preparation of COVID-19 and other pandemic warning and dissemination processes?

1. Daily spot maps are generated for selected communicable diseases at the local level by Medical Officers of Health (MOHs) with the assistance of Public Health Inspectors (PHIs).
2. Communicable diseases identified in the 'List of Communicable Diseases' are detected through the Routine H399 (Weekly Return of Communicable Diseases) based disease surveillance system.
3. Systems are also in place for special surveillance of 15 selected communicable diseases and human influenza surveillance.
4. Major hospitals in the country have been assigned as sentinel sites to collect data on Acute Flaccid Paralysis (AFP), Neonatal Tetanus, Measles, Rubella/Congenital Rubella Syndrome and Dengue and Dengue Haemorrhagic Fever.
5. Issue and dissemination of Early Warning for pandemics is a health sector led process.
6. The Health Promotion Bureau (HPB) plays the central role in enhancing the preparedness and response capacities of communities for communicable diseases of epidemic and pandemic potential at the national level while MOHs and the PHIs are significant actors in this regard at the local level.



2

How are COVID-19 and other pandemic threats integrated within national and local disaster risk reduction strategies?

1. 'Pandemics' have been addressed to a certain extent in national level DRR policies and plans.
2. Attention to pandemics in sub-national level disaster preparedness and response plans is inadequate.
3. Existing DRR policies and plans have not adequately captured new developments in the SFDRR, particularly proposals to build coherence between the policy areas of health and DRR.
4. Pandemics have been barely integrated into risk identification exercises carried out by disaster management authorities.
5. The existing Early Warning (EW) system coordinated by the Disaster Management Centre (DMC) remains underutilized in disseminating EW for pandemics.

3

What is the impact of COVID-19 on the response capabilities for other hazards, either multiple simultaneous events, or cascading impacts? What components of early warning system are greatly affected due to dual challenges associated with COVID-19?

1. COVID-19 has hindered the ability to implement traditional response strategies for hydro- meteorological hazards.
2. Measures are taken to alter responses to natural hazards in preparation for the monsoons amidst the COVID-19 pandemic in Sri Lanka.
3. The pandemic has created several challenges to emergency preparedness and response to hydro-meteorological disasters during the monsoonal seasons in the country. E.g. Hesitancy among community members to evacuate due to lack of preparedness training and familiarity with compound hazard scenarios and fear of contracting the virus.

4

How can public health actors be better included within a multi-hazard early warning environment?

1. Promote knowledge transfer between public health and disaster management authorities to enhance DRR related capacities of the public health actors.
2. Enhance coordination between public health officials and disaster management officials to incorporate biological hazards into disaster management plans and strategies.
3. Develop a plan, strategy and actions on preparing for and responding to compound hazard scenarios featuring biological hazards with the joint involvement of public health and disaster management sectors.
4. Encourage pre-positioning of resources required for multi-hazard response mechanisms with the participation of the health sector.
5. Include provisions on medical countermeasures related to disaster management and other associated personnel during a public health emergency.

5

How would social distancing and other pandemic response measures impact the downstream response to other hazards, including mass evacuations with increased capacity of shelters, camps? How could we overcome these tensions in an emergency situation?

1. Travel restrictions and bans on public gatherings mainly hinder the downstream response capabilities for other hazards (mainly hydro-meteorological hazards) during COVD-19.
2. Fear of infection affect the level of compliance to evacuation orders among community members.
3. Travel restrictions constrain the supply chains of resources required for both response and relief measures.
4. Bans on public gatherings challenge ground level awareness raising campaigns.
5. Additional health guidelines imposed during a pandemic increase the demand for resources during relief services (e.g. Requirements for maintaining social distancing measures may increase space requirements in safety centres).
6. Financial requirements for supplying welfare and hygiene facilities may increase.
7. Cross-sectoral collaboration that calls for the involvement of diverse stakeholders, including local actors and NGOs would be crucial to address these challenges.

6

How can the COVID-19 and public health surveillance system be synergised with "the last mile" of multi-hazard early warning systems, where community networks, communication systems, and citizen behaviours can be utilized for pandemic EWS at the community level?

1. Community empowerment plays a key role in synergizing the public health surveillance system with the last mile of the early warning system.
2. Community level action plans need to be derived with insights from the community based on their experience on past emergency situations.
3. Risk knowledge of the community on disease surveillance has to be strengthened in order to mainstream risk information from the ground level.
4. Community participation should be promoted in policy making at the local level.

Project Lead Partners

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