

Pandemic Preparedness and Response in Fragile, Conflict and Violence (FCV) Situations

Five key questions to be answered

SUMMARY

*Robust pandemic preparedness and response is an urgent need necessary to address vulnerability and to prevent, detect and respond to an outbreak in FCV situations. It contributes to universal health security, protecting all people from threats to their health, and should be integrated in broader efforts to **strengthen health systems** and make them more **resilient** through **multistakeholder coordination**.*



Source: The Guardian

Q1 WHY Invest in pandemic preparedness in FCV situations?

By definition, FCV countries have weaker performance in economic management, structural policies, social inclusion and equity policies, and/or public sector management and institutions. The World Bank Group (WBG) categorizes FCV countries as those with a [Country Policy and Institutional Assessment \(CPIA\)](#) rating of 3.2 or below and/or with the presence of a UN and/or regional peace-keeping or peace-building mission during the last 3 years. Pandemics likely hit the hardest on weak systems and more vulnerable populations with less protection and services.

The Ebola Virus Disease outbreak in 2014-2015 resulted in a total of [28,616 confirmed cases](#) and [11,310 deaths](#). Its case fatality rate was [around 70%](#). There are more than [10,000 survivors](#) with medical problems, including mental health issues, as well as [17,300 children](#) who lost one or both parents to the Ebola.

The economic and fiscal impact of the Ebola outbreak has outlasted the epidemiological impact due to severe shocks to investment, production, and consumption. Losses are estimated at [US\\$2.8 billion, or the GDP loss of US\\$125 per person](#) in Guinea, Liberia and Sierra Leone.

Health workers caring for Ebola patients are at [between 21 and 32 times higher risk](#) than the general public for contracting the disease. During the 2014-2015 Ebola outbreak, [881 health workers](#) were infected and [513 died](#). Disease outbreaks require [thorough infection control measures and hazard payments to health workers](#).

Restricted access to health services and **the loss of health workers** at the time of the Ebola crisis led to [worsening health services delivery by 23%](#). This caused setbacks in routine health services for malaria, tuberculosis (TB), HIV/AIDS, non-communicable diseases (NCDs), and reproductive, maternal, neonatal and child health (RMNCH). The countries' already devastated **maternal mortality** increased [by 38% in Guinea, by 74% in Sierra Leone and by 111% in Liberia](#).

The annual global cost of moderately severe to severe pandemics is estimated to be about [US\\$ 570 billion, or 0.7% of global income](#). Fragile countries are even more acutely and **disproportionately affected**.

In low-and middle-income countries, **the cost of preparedness** is less than [\\$1 per person per year](#).

Preparing for and preventing a pandemic is [the best investment](#) the international community can make for global public health.



Sources: The Guardian, The World Bank Group, Korea Herald, BBC, USA Today, and Business Insider

Q2

WHY are FCV settings more vulnerable to pandemics?

Fears and acute shocks like the 2014 Ebola outbreak, or a conflict, can lead to [public distrust of the government](#). Weak institutions usually have a negative effect on service delivery. Poor performance and cultural insensitivity in service delivery erodes trust, making it more likely that citizens avoid seeking care. In fact, [attacks on the Ebola treatment centers in DRC obliged joint efforts of the government and development partners to suspend necessary health service provision](#), and caused panic, which led patients to flee treatment centers.

Weak health systems **struggle to maintain routine care** during an outbreak, which severely [strains their already limited health services, financial resources, health workforce, and supply and procurement systems](#).

Given more pressing health needs, such as high maternal, neonatal and child mortality and morbidity, and competing priorities for budget allocation to other sectors such as defense, economic development, trade and industry, and agriculture, FCV countries tend to have lower investments in pandemic preparedness. Moreover, **pandemic preparedness would be more effective when integrated into the existing health programs or projects**.

Given the fragility in governance, FCV countries, especially countries in active conflict, have huge challenges in **mobilizing domestic resources for health**. They [rely more on external funding](#), in which

case, resources for preparedness could easily fluctuate due to donors' competing priorities.

Inaccessibility of some geographic locations **due to insecurity** not only delays initial detection, but limits the mobility of a country's human resources for health (HRH) to respond to an outbreak. The 10th Ebola outbreak in DRC illustrates this challenge despite the government's improved response capacity and [multistakeholder coordination](#).

With their weak national systems, FCV countries tend to have **lower technical capacity in disease surveillance, lacking cost-effective surveillance strategies and functional laboratories**. Furthermore, community-based surveillance systems are either non-existent or non-functional in these countries.

Countries with poor technical capacity and weak surveillance systems have **limited capacity in real-time data collection, analysis, transmission, and utilization** for evidence-based planning and operations.

A big challenge remains in **transitioning autonomy and sustainable financing** from humanitarian responses to building or reinforcing national systems in the cycle of a disease outbreak. As disease outbreaks are protracted, it would be more effective to integrate emergency responses into medium-term health systems strengthening (HSS) efforts with a development lens.

FCV countries likely have [more vulnerable and mobile populations](#) whose access to and utilization of health services are limited or restricted. They are less protected from, and are more susceptible to infectious diseases, which do not respect national borders.

Q3 WHAT interventions could be considered?

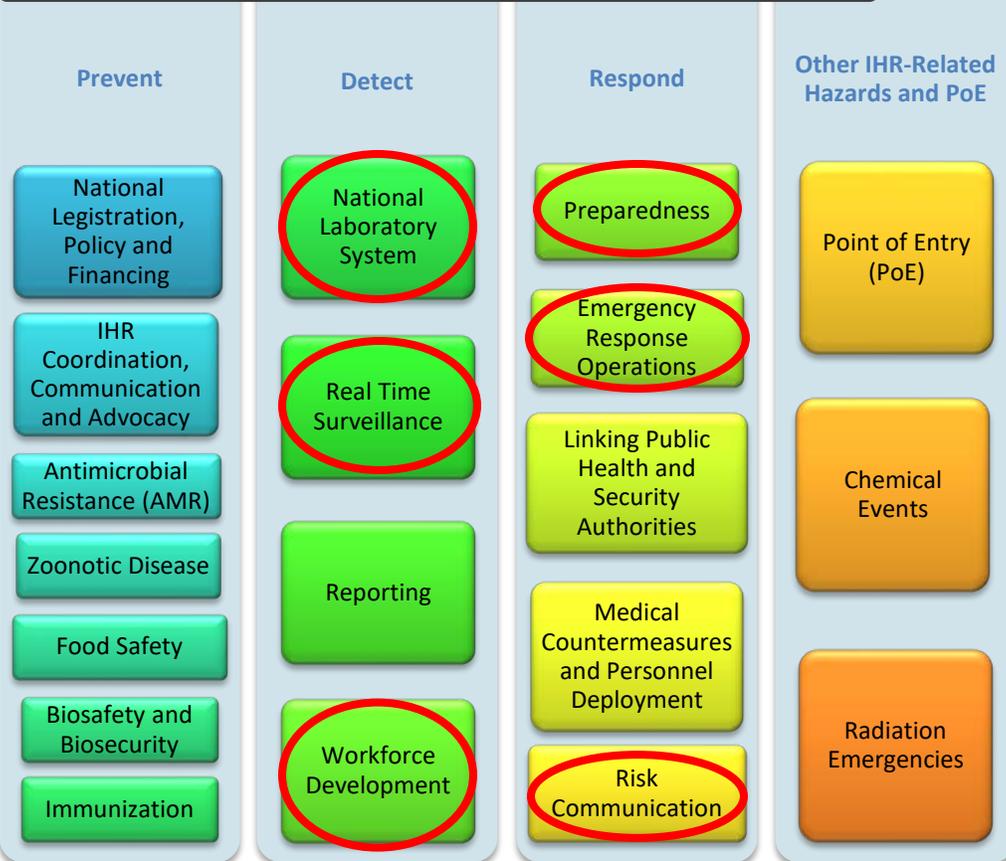
The [Joint External Evaluation \(JEE\) for the International Health Regulations \(IHR\) Monitoring and Evaluation Framework](#) and the [Evaluation of the Performance of Veterinary Services \(PVS\)](#) are two fundamental tools that systematically assess a country's capacities across core domains. The results of the JEE (framework below) and/or PVS serve as the starting point of identifying what needs to be financed in order to improve preparedness, with priorities in response to respective situations.

Developing a [national action plan for health security \(NAPHS\)](#), or a similar multisectoral action plan, complemented by the [Health Security Financing Assessment tool \(HSFAT\)](#), helps countries better prepare for pandemics. A plan could include surveillance systems strengthening, building of laboratory systems and networks, HRH enhancement, and establishment of an effective mechanism of risk communication. It would be useful **to identify areas which can be integrated into health systems strengthening (HSS) or UHC service delivery and capacity building programs.**

BOX 1 International Guidelines and Tools

- [IHR \(2005\) Monitoring and Evaluation Framework: Joint External Evaluation Tool](#) aims to assess country capacity to prevent, detect, and rapidly respond to public health threats.
- [OIE Tool for the Evaluation of Performance of Veterinary Services](#) is designed to measure a country's performance in veterinary services on 46 critical competencies in 4 components (Human, Physical, and Financial Resources; Technical Authority and Capability; Interaction with Interested Parties; Access to Markets).
- [Global Health Security Agenda \(GHSA\)](#) is a global partnership to help build countries' capacity to create a world safe and secure from infectious disease threats and elevate global health security as a national and global priority.
- [A national action plan for health security \(NAPHS\)](#) is a plan which WHO guides its Member States to develop, following JEE or other similar assessments.
- European Centre for Disease Prevention and Control (ECDC)'s [Guide to Revision of National Pandemic Influenza Preparedness Plans - Lessons learned from the 2009 A \(H1N1\) Pandemic](#)
- [Whole-of-Society Pandemic Readiness](#) is a WHO guideline for pandemic preparedness and response beyond the health sector.

JEE Framework with 19 technical areas (48 indicators)



BOX 2 Investing in One Health

- One Health is a concerted approach to address shared risks to humans, animals and the environment.
- Its application can also reinforce other health objectives, such as RMNCH, food and nutrition security, pollution management and sanitation.
- Over 60% of infectious diseases in humans are of animal origin.

Examples of countries with One Health Platform;

- [Ethiopia](#)
- [Uganda](#)
- [Liberia](#)
- [Cameroon](#)
- [Sierra Leone](#)
- [Bangladesh](#)

○ The six technical areas where the WBG is supporting the governments through dialogue and projects with its convening power.



WHAT has been done at the World Bank? What are the challenges & lessons learned?

15 World Bank lending projects with a Pandemic Preparedness and Response component in FCV settings. They are either regional or country specific, and independent from or integrated into HSS or UHC projects. (Appendix)

9 World Bank reports and papers on Pandemic Preparedness and Response since 2014

- [Fact Sheet: The World Bank Support to the 10th Ebola Outbreak in the Democratic Republic of Congo](#) (2019)
- [One Health Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at their Interface](#) (2018)
- [Strengthening Post-Ebola Health Systems: From Response to Resilience in Guinea, Liberia, and Sierra Leone](#) (2018)
- [From panic and neglect to investing in health security: financing pandemic preparedness at a national level](#) (2017)
- [Drug-resistant infections: a threat to our economic future \(Vol. 2\): final report](#) (2017)
- [2014-2015 West Africa Ebola Crisis: Impact Update](#) (2016)
- [The economic impact of Ebola on Sub-Saharan Africa: Updated estimates for 2015](#) (2015)
- [The economic impact of the 2014 Ebola epidemic: Short and medium term estimates for Guinea, Liberia , and Sierra Leone](#) (2014)
- [Global program for Avian Influenza control and human pandemic preparedness and response: Project accomplishments](#) (2014)

BOX 3 Voices from the Field

Common Challenges Emerged from Task Team Leader (TTL) Interviews

- **Sustainable financing in preparedness and response** is hard to attain in transition from acute emergencies to recovery or post-crisis phases.
- Given relatively lower investment in preparedness and response vis-à-vis competing priorities like RMNCH, it remains a big challenge to **operationalize a pandemic preparedness and response plan** with government ownership and sustainability. **Multistakeholder coordination** is critical to optimize resources.
- **Fragmented Community Health Workers (CHWs) programs** by disease, which are often driven by donors' priorities, accelerate insufficiency and unsustainability, thus leading to unmet needs within the population.
- Given fragility in governance and lack of performance monitoring systems at all levels, it is critical to establish an effective, sustainable and socio-culturally sensitive **incentive mechanism** for health workers.
- It is hard to **monitor readiness** on the ground.

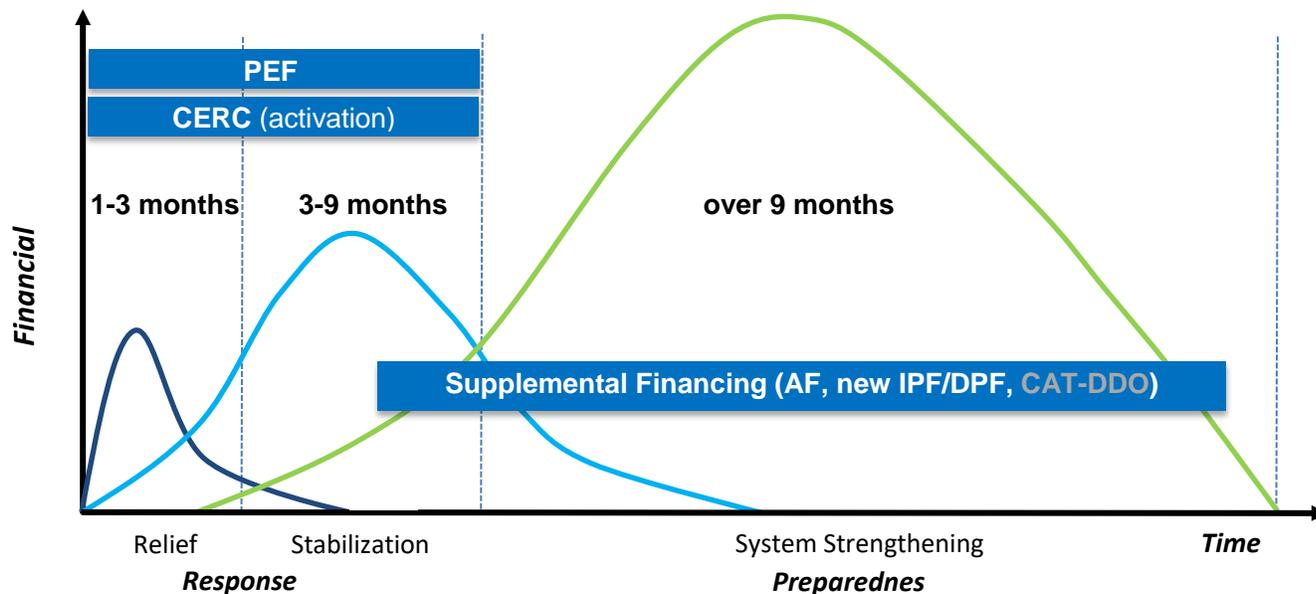
Key Lessons Learned

- Pandemic preparedness and response planning should be **integrated into wider national systems strengthening** efforts.
- The government and development partners must **consolidate their efforts** for strengthening preparedness and response capacities as well as mobilizing domestic and external resources for prevention, detection and control at the early stage.
- **Regionally coordinated approaches** for the control of selected priority diseases, demonstrated efficiency in disease surveillance and response i.e. The Great Lakes HIV/AIDS, East Africa Public Health Laboratory Networking (EAPHLN) Project for TB control, polio, meningitis, cholera and yellow fever.
- **Pooled procurement** and management of other commodities or services for preparedness and response could result in financial savings due to economies of scale i.e. bed nets and TB treatments.

TABLE 1 The World Bank’s Mechanisms for Pandemic Preparedness and Response (CERC and PEF)

	Contingent Emergency Response Component (CERC)	Pandemic Emergency Financing Facility (PEF)	Catastrophe Deferred Drawdown Option (CAT-DDO) NB: Least likely applicable to FCV situations
Eligible financing	IDA and IBRD Investment Project Financing (IPF) and Recipient-executed IPF financed by trust funds.	NOT used to finance preparedness but to finance surge response to IDA countries, multilateral agencies, and civil society organizations (CSOs).	IDA and IBRD Development Policy Financing (DPF) for countries with adequate Macroeconomic Policy Framework and satisfactory Disaster Risk Management (DRM) Program.
Purposes	CERC provides immediately available liquidity in the event of an eligible crisis or emergency.	PEF provides surge financing to help prevent a high-severity infectious disease outbreak from becoming a pandemic. PEF Insurance Window – funds provided from the reinsurance market combined with the proceeds of catastrophe bonds PEF Cash Window – funds provided from a traditional donor-funded trust fund	CAT-DDO provides immediately available liquidity following a natural disaster and/or health-related events.
Coverage	All-hazards, pre-determined triggers for country/ project specific.	PEF Insurance Window – Flu, Coronavirus (i.e. SARS, MERS), Filovirus (i.e. Ebola, Marburg), Lassa Fever virus, Rift Valley fever virus, and Crimean Congo Hemorrhagic Fever virus PEF Cash Window – above plus other diseases with pandemic potentials.	All-hazards, pre-determined triggers linked to a catastrophe in country/ project specific context.
Activation	Declaration of a state of emergency or equivalent “flexible” triggered as agreed between the WBG and national/sub-national authority. CERC can be activated without needing to first restructure the Original Project, thus, facilitating rapid implementation with reallocation of uncommitted funds from an IPF.	When meeting the activation criteria, monitored by a third-party observer. A Recipient needs to submit the “request-for-funds” application, requiring a response plan and outbreak risk assessment, conducted and endorsed by WHO.	Declaration of a state of emergency or equivalent “flexible” triggered as agreed between the WBG and national/sub-national authority.
Time for disbursement	< 2 weeks	< 1 week (<2 days in the case of DRC)	< 1 week
Examples	Lassa Fever outbreak in Nigeria (2018); CERC activated \$2.5 million. Ebola outbreak in DRC (2018); CERC allowed the country to reallocate up to \$50 million for response.	1st case applied for PEF in the 9th Ebola outbreak in DRC	Has not been activated for an outbreak emergency response.
Limitations	Reallocation of funds may impact negatively the progress towards the Project’s development objectives.		Due to the requirement of a satisfactory macroeconomic policy framework, CAT-DDO is unlikely to be applicable for FCV situations.

The World Bank's instruments in the cycle of a disease outbreak



Source: Presentation on CERC at the WB Operational Clinic (prepared by WBG/GFDRR)

BOX 4 Implications of Pandemics on the Private Sector Beyond the Health Sector

- In addition to the already devastated direct impacts, pandemics often trigger [fear and aversion behavior](#), which leads to changes in consumer consumption behavior, market share loss, job loss (or the loss of employees), and increase in commodity prices.
- Little is known about the impact of pandemics on the informal sector.
- The private sector could greatly contribute to **pandemic responses** with their [financial and leveraging power](#) for resource mobilization, **early detection** with its embeddedness in their communities, and **preparedness** with financing, goods, services, supply-chain management and R&D. ([World Economic Forum 2015 report](#))



HOW should we monitor and evaluate Pandemic Preparedness?

The JEE and PVS are the first steps for countries to assess preparedness and response capacities. Each country needs to prioritize areas of focus, based on results of JEE and PVS assessments. One way to utilize the JEE tools is to have a self-assessment every two years on prioritized areas and to conduct a JEE every five years. However, ensuring sustained commitment to financing preparedness remains difficult due to competing politically sound priorities in fragile systems.

WHO and [the World Bank](#) hosted [the first meeting of the Global Preparedness Monitoring Board](#) on September 10, 2018, which aims to monitor emergency preparedness across national governments, UN agencies, civil society and the private sector, and to advocate for the highest levels of health crisis preparedness.



The **FCV Health Knowledge Notes Series** highlight operational tips to resolve health issues in FCV situations. These Notes are supported by the Middle East and North Africa Multi Donor Trust Fund and The State and Peacebuilding Fund (SPF). The SPF is a global fund to finance critical development operations and analysis in situations of fragility, conflict, and violence. The SPF is kindly supported by: Australia, Denmark, Germany, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom, as well as IBRD.

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For more information on other HNP topics, go to www.worldbank.org/health

Appendix: Health, Nutrition and Population Global Practice Lending Projects in FCV settings with a component on pandemic preparedness and response (except CERC)

Country	Project	Project Size (million \$)	Year of Approval	TTL/Key Contact Person	Pandemic Preparedness and Response Interventions	Challenges and Lessons Learned
West Africa (Sierra Leone, Senegal, Guinea)	(P154807) Regional Disease Surveillance Systems Enhancement (REDISSE)	114.06	2016	John Paul Clark, Francois G. Le Gall, Ibrahim Magazi	A regional IDA fund to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa. The project components include (1) surveillance and information systems, (2) strengthening of laboratory capacity, (3) preparedness and emergency response, (4) human resource management for effective disease surveillance and epidemic preparedness, and (5) institutional capacity building, project management, coordination and advocacy. (Project Appraisal Document (PAD))	ISR Report
West Africa (Guinea-Bissau, Liberia, Nigeria, Togo)	(P159040) Regional Disease Surveillance Systems Enhancement Phase II (REDISSE II)	147.00	2017	John Paul Clark, Francois G. Le Gall	REDISSE Phase II (PAD)	ISR Report
West Africa (Benin, Mali, Mauritania, Niger)	(P161163) Regional Disease Surveillance Systems Enhancement Phase III (REDISSE III)	120.00	2018	John Paul Clark, Francois G. Le Gall, Patricia Geli	REDISSE Phase III (PAD)	ISR Report
West Africa (Liberia, Guinea, Sierra Leone)	(P152980) Ebola Emergency Response Project	105.00	2014	Preeti Kudesia, Ibrahim Magazi, Shiyong Wang	Emergency response to the Ebola outbreak in West Africa. (PAD , PAD Additional Financing (AF))	ISR Report
East Africa (Kenya, Tanzania, Uganda, Burundi)	(P153665) AFCC2/RI-3A EA PH Laboratory Networking Project	50.00	2015	Miriam Schneidman	Support 32 facilities for strengthening their laboratories to enhance surveillance and emergency preparedness efforts in East African Community (EAC) member states. (PAD AF)	
Burundi	(P129551) Burundi Public Health Laboratory Networking Project	15.00	2012	Sheila Dutta	Establish a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of TB and other communicable diseases. (PAD)	
Cote d'Ivoire	(P147740) Health Systems Strengthening & Ebola Preparedness Project	77.00	2015	Emre Ozaltin	Strengthen the Government's institutional capacity and capabilities in emergency response preparedness , with a specific focus on communicable diseases, in the areas of disease surveillance, case diagnosis and	ISR Report

					management, and logistics and coordination. (PAD)	
Democratic Republic of Congo	(P169753) AF III DRC Health System Strengthening for Better Maternal and Child Health Results Project (PDSS)	226.50	2014	Hadia Nazem Samaha	Strengthen disease surveillance and response. Preparedness for the Ebola, Yellow Fever, a Cholera epidemic. (PAD , PAD AF , PAD AF III)	ISR Report
Gambia	(P159693) Maternal and Child Nutrition and Health Results Project	7.50	2017	Samuel Lantei Mills	Health system strengthening for Ebola preparedness and control (PAD , PAD AF)	
Haiti	(P163313) Improving Maternal and Child Health Through Integrated Social Services Project	25.00	2017	Andrew Sunil Rajkumar	Strengthen cholera control and strengthen social services, in areas affected by Hurricane Matthew in particular. (PAD AF)	
Liberia	(P162477) Liberia Health Systems Strengthening	15.00	2013	Preeti Kudesia	Complementary to the Ebola Emergency Response Project (P152359), support for recovery in post-Ebola, health systems strengthening and resilience building. (PAD Restructuring)	ISR Report
Myanmar	(P160208) Essential Health Services Access Project	100.00	2014	Hnin Hnin Pyne	Health systems strengthening, including scaling up infection control and health care waste management and improving pandemic preparedness. (PAD Restructuring)	ISR Report
Republic of Congo	(P143849) Health Sector Project	120.00	2013	Gyorgy Bela Fritsche, Hadia Nazem Samaha	Integrated diseases surveillance and response. (PAD Restructuring)	ISR Report
Sierra Leone (NB: Sierra Leone is not listed in the harmonized list of FCV countries in FY19 but had been listed in the harmonized list of FCV countries until FY18.)	(P153064) Health Service Delivery and System Support Project (HSDSSP)	15.50	2016	Shiyong Wang	Complementary to the Ebola Emergency Response Project (P152359), support for recovery in post-Ebola, health systems strengthening and resilience building. Introduction of PBF for health facilities and CHWs, continuous support for multi-disciplinary clinical teams in transition for HRH. (PAD Restructuring)	ISR Report
Yemen	(P164466) Yemen Emergency Health and Nutrition Project Second Additional Financing	200.00	2017	Moustafa Mohamed El Sayed Mohamed Abdalla, Yogita Mumssen	Emergency response to Yemen crisis. AF2 is for an emergency response to the Cholera outbreak of unprecedented scale in Yemen. (PAD , PAD AF1 , PAD AF2)	ISR Report