Public Health Emergencies and Humanitarian Crises

- A public health emergency of international concern (PHEIC) describes an event that has implications for public health beyond the affected State's border and may require international action.[1]. A pandemic describes the geographic spread of a new disease, it does not indicate severity or any other characteristics of the disease.[2]

- A PHE would lead to a humanitarian crisis if it prevents a population from accessing basic needs including water, healthcare, shelter, food or security. This would usually be due to a massive disruption in health services or a security situation that results in unprecedented mortality, morbidity or insecurity.

- A PHE is more likely to contribute to a humanitarian crisis in contexts that are already considered fragile or humanitarian, or face widespread poverty, conflict, weak health systems, shortage of health workers, supply chain challenges, or have marginalized or vulnerable groups (e.g. refugees, migrants, stateless persons).

- The Crude Mortality Rate (CMR), the rate of death in the entire population, is a common metric used to assess and declare a humanitarian emergency. Historically, a threshold of CMR >1/10,000/day has been used or a CMR ≥ 2x the baseline CMR (i.e. CMR prior to crisis). [3] In some cases, there are established national or regional thresholds. A significantly increased CMR demonstrates an elevated or critical threat to the health, safety and security of a population that requires an immediate response.

- The CMR is different from the Case Fatality Rate (CFR), which is disease-specific. CFR = current total deaths from a disease/current confirmed cases of the disease in a specified period. In the case of coronavirus, the CFR has varied by country depending on the health system and patient demographics.

IPPF Humanitarian Hub & Coronavirus Disease (COVID-19)

- The Humanitarian Hub is monitoring vulnerable countries where MA's are operating. The WHO updates a vulnerability ranking of countries on a near-daily basis. Each country's ranking is based on their respective level of operational preparedness, response, number of identified cases and transmission dynamics.[4]

- The Humanitarian Hub is working with technical colleagues within the Secretariat to develop and disseminate guidance on preparedness and response for MAs. This guidance highlights how MAs can work within their populations and service delivery points to reduce exposure to the virus, participate in early warning systems and build local awareness and capacity to cope.

- The Humanitarian Hub is promoting the rational use of personal protective equipment (PPE) in line with World Health Organization guidance[5] to avoid exacerbating an existing supply chain crisis. Non-rational (i.e. non-evidence base) use of PPE contributes to scarcity of these essential commodities for those who most need them including vulnerable populations (e.g. the elderly, those with pre-existing conditions, infected with COVID-19) and health providers treating patients with confirmed or suspected cases of COVID-19 or providing other healthcare services where PPE is indicated.

- The Humanitarian Hub is ready to support MAs in responding should a humanitarian crisis occur. In this case, MA priorities should focus on ensuring access to life-saving SRH services.

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[1] WHO, 2005. Available at: https://www.who.int/ihr/procedures/pheic/en/
[2] WHO, 2010. Available at: https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/
[3] SPHERE Standards, 2018. Available at: https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf
[4] WHO, 2020. Available at: https://www.who.int/internal-publications-detail/updated-country-preparedness-and-response-status-for-covid-19-as-of-16-march-2020
[5] WHO, 2020. Available at: https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf

Key Considerations for MAs in a COVID-19 related Humanitarian Crisis

- Women and girls may have increased risk of exposure as they may take on further responsibilities to care for family members infected with COVID-19.
- Health-seeking behaviors may change due to additional burden of caregiving, quarantine, perceptions of or access to service delivery points or mobility restrictions resulting in barriers to SRH care (e.g. SGBV-related health and social services, contraceptives, HIV, STIs, facility deliveries etc.).
- Vulnerable populations may face additional barriers to accessing life-saving SRH services due to mobility restrictions, legal status, health insurance policies or otherwise.
- Sexual and reproductive health services, staffing or funds may be diverted to support COVID-19 response, leaving women and girls unable to access life-saving SRH care.
- Potential increased vulnerability to gender based violence due to closure of formal employment or lack of demand for informal sector negatively impacting women's and family's financial security.
- Supply chain breaks and demands for PPE may compromise infection prevention protocols or influence health provider willingness and ability to provide life-saving SRH services.
- Potential increased incidence of GBV due to restricted mobility and isolation with perpetrators exacerbated by survivors' inability to leave, implement their safety plan or seek health services.
- Health care providers may have increased risk of exposure to COVID-19 or incur burden of caretaking for family members affecting willingness or ability to provide life-saving SRH services.

Illustrative Interventions for MAs responding to COVID-19 related Humanitarian Crisis

- Focus on implementing the Minimum Initial Service Package (MISP) that outlines priority life-saving SRH services.
- Ensure the availability of PPE and infection prevention protocols are in place for life-saving SRH services (e.g. emergency obstetric and newborn care) to prevent disruption in services.
- Explore the opportunity for call-in, web-based or outreach SRH and SGBV services and counseling for populations with restricted mobility.
- Consider staggering service delivery times, introducing appointment systems or task sharing to manage patient-flow when providing MISP services to avoid large numbers of clients congregating.
- Plan ahead for supplies and equipment to reduce potential disruption of SRH supplies due to stock out.
- Employ specific strategies to ensure access and availability of SRH services for marginalized and underserved populations.