

Strategies to support the COVID-19 response in LMICs

A virtual seminar series

Resource Page

Capacity Building for Management of Health Emergencies in Low- and Middle-Income Countries

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Key Points:

1. It will be essential to develop an effective **Incident Management System** for the COVID-19 response.
2. **Community engagement** throughout the entire response can help overcome lack of trust in public institutions and improve the effectiveness of interventions (e.g., working with community leaders, incorporating community-based organizations, training and utilizing community health workers).
 - a. For instance, if you want people to social distance, one strategy is to identify community leaders who can implement that then train them in their communities about what social distancing is and how to do it. While there is no substitute for government leadership, government leaders must follow science and data from experts, adjust policies, and engage community leaders, who can subsequently engage communities.
3. It will be important to **contextualize strategies for the community of interest**, rather than taking a one-size-fits-all approach.
 - a. Interventions that work in high-income countries may not work in some LMICs. While social distancing will help in LMICs, a full lockdown may not be feasible, given community structures, the market system by which people may acquire food, etc. **Traditional public measures of testing, contact-tracing, isolation, self-quarantine, identifying disease clusters and intervening, and placing sick people in treatment units** will likely be a better strategy for fighting COVID-19 in LMICs.
4. The **cost of preparedness is affordable** (\$4 per capita in LMICs) and is less expensive than the direct and indirect costs of inaction.

Outline:

Capacity Building Strategies

- Capacity development is the process by which individuals, groups, organizations, and societies increase their abilities to:
 - o Perform core functions, solve problems, and define and achieve objectives
 - o Understand and deal with their development needs in a broad context and in a sustainable manner
- Key lessons from the Ebola response in Liberia
 - o **Community engagement:** combine community, clinical, and public health approaches into a united intervention plan that communities can own and participate in
 - o **Strong national and local leadership:** need a strong and organized Incident Management System
 - o **Behavior changes:** isolating sick cases at home and at clinics, general hygiene (hand washing and no touching), safer care for the ill at home (and hygiene after they leave home), identifying cases and deaths (community-dependent)
- How to engage communities
 - o Engage communities in design of surveillance systems, at the beginning and throughout outbreaks
 - o Listen to and respect the opinions of people living in affected communities
 - o Understand issues of trust in communities and learn from them – communities provide trusted messages and resources
 - o Include community members in committees and other activities to plan, prepare, and implement critical response efforts
 - o Identify those who are excluded from communities – often they are most at risk
 - o Build technical capacities and support community institutions
 - o Focus on what can be done

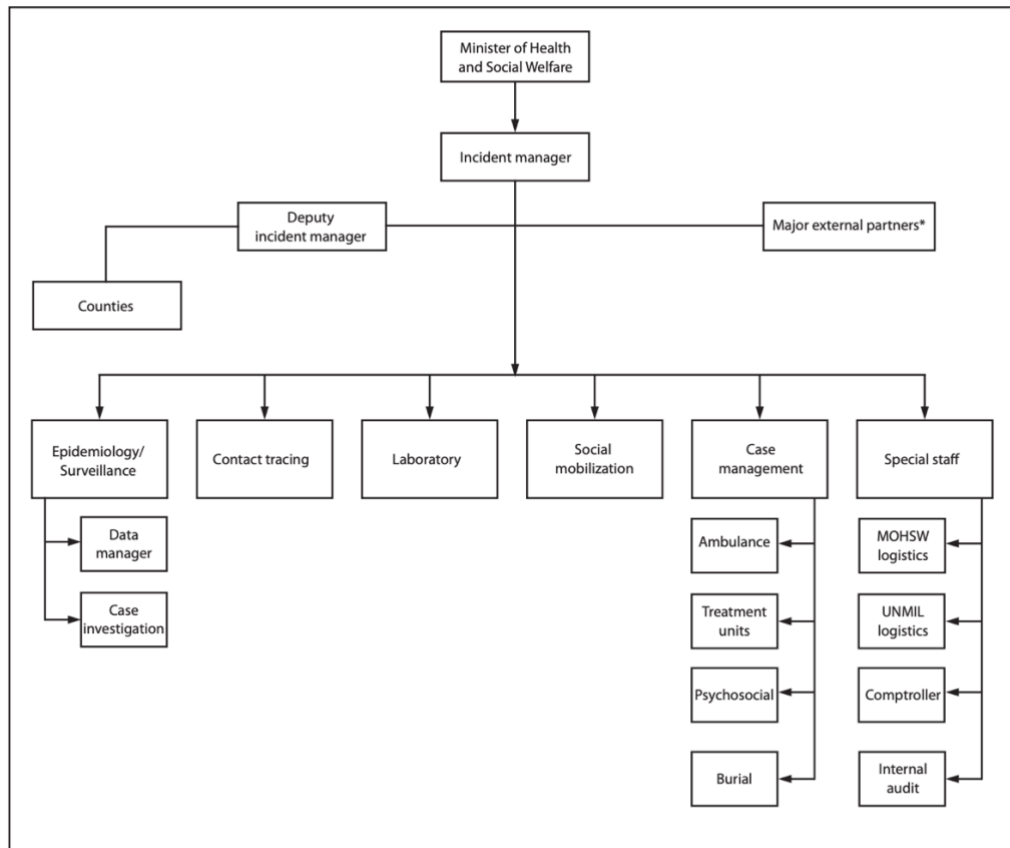
Costs of Capacity Building for Health Emergencies & Costs of Inaction

- Health emergencies cost >\$500 billion per year, and **pandemic diseases range in cost estimates from \$30 billion to \$500 billion per year**, including direct economic costs (e.g., tourism, not being able to work, decline in revenues, decline in GDP) and indirect costs (e.g., cost of lives lost, impact of pandemic-related morbidity and mortality on care for other diseases, disrupted education, increased food insecurity).
- Common goods for health are population-based functions or interventions to improve human life and promote economic progress that only collective arrangements can finance because they are public goods or have large social externalities.
 - o **But building common goods for health is affordable to most governments – \$26.05 billion globally (\$4 per capita in LMICs) – this cost is preferable compared to the costs of care and inaction.**

Capacity Building for Emergency Operations Centers (EOCs)

- EOCs use National Incident Management Systems to better manage and coordinate emergency responses.

FIGURE 2. Ministry of Health and Social Welfare Ebola response incident management system — Liberia, August 2014



* Including the World Health Organization, CDC, Médecins Sans Frontières, UNICEF, and the U.S. Agency for International Development.

Source: Pillai et al. (2014). Developing an Incident Management System to Support Ebola Response — Liberia, July-August 2014. *Morbidity and Mortality Weekly Report*: 63, 41.

Online resources:

David H Peters, Odd Hanssen, Jose Gutierrez, Jonathan Abrahams & Tolbert Nyenswah (2019) **Financing Common Goods for Health: Core Government Functions in Health Emergency and Disaster Risk Management**, *Health Systems & Reform*, 5:4, 307-321, DOI: [10.1080/23288604.2019.1660104](https://doi.org/10.1080/23288604.2019.1660104)

Pillai SK, Nyenswah T, Rouse E, Arwady MA, Forrester JD, Hunter JC, Matanock A, Ayscue P, Monroe B, Schafer IJ, Poblano L, Neatherlin J, Montgomery JM, De Cock KM. [Developing an incident management system to support Ebola response -- Liberia, July-August 2014](https://doi.org/10.1093/mmr/63.41.930). *MMWR Morb Mortal Wkly Rep*. 2014 Oct 17;63(41):930-3. PubMed PMID: 25321071; PubMed Central PMCID: PMC4584751.

[WHO Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties](#)

[WHO Framework for a Public Health Emergency Operations Centre](#)