A Culture of Readiness and Local Agency

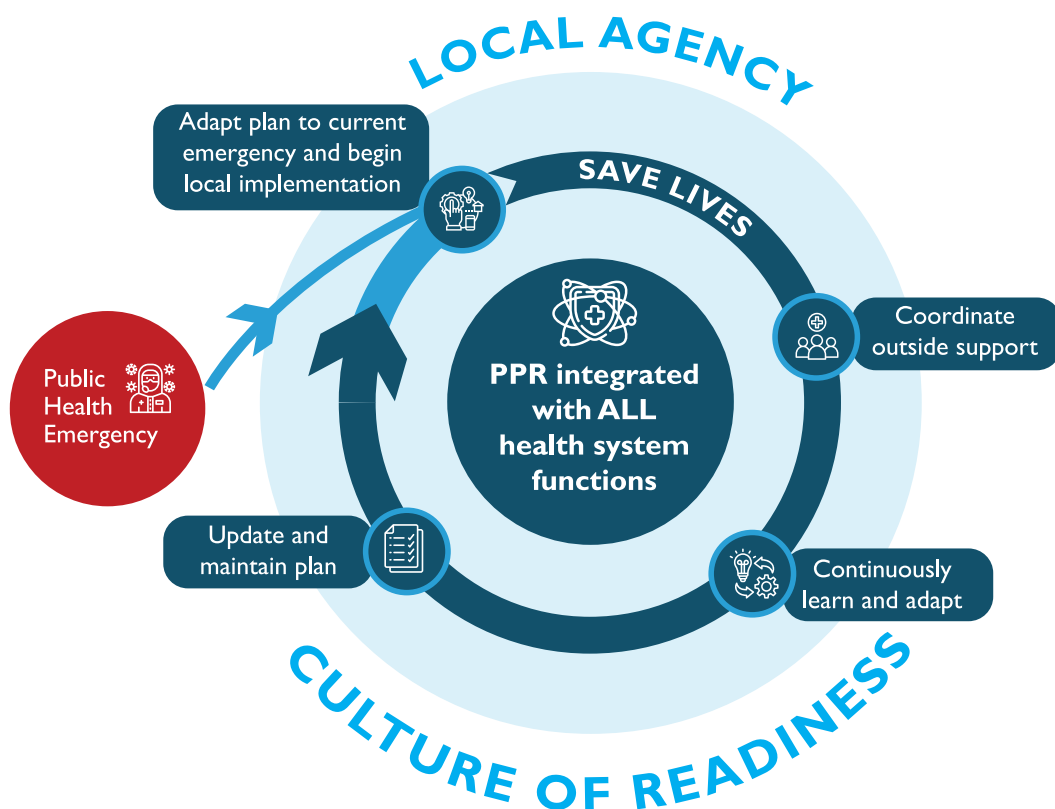Photo Credit: Sammy Rakotoniaina, ACCESS Madagascar

MSH's Position on Pandemic Preparedness and Response

Even as it spread to every corner of the world, COVID-19 was first and foremost a local disaster, which played out uniquely in every setting. Many localities—especially those with less experience dealing with public health emergencies—proved unprepared to respond.

Lacking implementable, up-to-date response plans, many community and district leaders looked to national governments and international agencies for direction and support. Too often, responses came too late, were insufficiently resourced, and were generally characterized by a lack of planning and training; unclear roles, responsibilities, and authorities; inadequate continuity of essential health service delivery; supply chain issues; workforce shortages; and confusing public health messaging that undermined public cooperation over the course of the pandemic. As a result, precious time was lost and critical actions were delayed, leading to excess loss of life and an erosion of social trust.

At the same time, the crisis created unprecedented public awareness of the threat of infectious disease, driving global and national commitments and resources toward minimizing human and economic losses from future pandemics. But now, as the worst impacts of the pandemic gradually recede, we are beginning to see hints of an all too familiar reversion to old patterns of distraction, de-prioritization, and ultimately neglect, which could leave the world similarly unprepared for the next crisis. To ensure that countries and localities do not repeat the age-old cycle of panic, dependence on outside sources, de-prioritization, and neglect of pandemic preparedness and response—with the same (or even more) devastating impacts we saw with COVID-19—now is the time for a new and different approach.

LOCAL AGENCY

SAVE LIVES

CULTURE OF READINESS

Adapt plan to current emergency and begin local implementation

Public Health Emergency

PPR integrated with **ALL** health system functions

Coordinate outside support

Update and maintain plan

Continuously learn and adapt

Through strengthened local leadership, MSH fosters a state of constant readiness and local agency, equipping local leaders, communities, and providers with the knowledge, skills, and plans to take immediate action to save lives, even if help isn't available right away from the national or international levels.

MSH's Position

The way to break the panic-neglect cycle and foster continuous, sustainable pandemic preparedness and response (PPR) is to build a **culture of constant readiness** while systematically strengthening **local agency**, thus equipping local leaders with the capacities and authorities needed to mobilize local resources and take action as soon as a crisis arises.

✔ A pervasive culture of readiness—maintained through training, drills, supply maintenance, and ongoing review even during non-event periods—makes pandemic preparedness and response everyone's job, everywhere and every day. Institutionalizing PPR capacities and activities ensures that response plans are kept up to date, that skills are not neglected and forgotten after the crisis passes, and that critical resources are locally available and accessible. As pandemic readiness becomes institutionalized, a secure, sustainable PPR framework endures—even when personnel, politics, and priorities change—enabling local leaders, communities, and health workers to stand ready for action—without waiting for outside help—as soon as a health emergency arises.

✔ Enabling this culture of readiness begins with countries adjusting their legal frameworks so that local leaders and institutions have the authority and responsibility to respond to a public health emergency. Adaptive, inclusive leaders, equipped to take immediate action, quickly implement their PPR plans, adapting them to the specific conditions of the crisis they face. They mobilize and rationally deploy locally available resources, including supplies maintained in preparation for future crises; engage their communities, communicating truthfully and frequently with the public and fostering the social and behavioral changes needed to effectively address the crisis; and protect the most vulnerable, applying their understanding of local populations and their needs. With immediate action, no time is lost when an emergency hits, and lives are saved from the moment the plan is put into effect.

MSH's Approach

A sustainable culture of readiness is best built through integration of PPR throughout the routine, day-to-day work of the health sector, across every level of the health system, all health care services, each health system function, and every community. By integrating and institutionalizing PPR, countries and localities build a more resilient health system that is fully prepared to respond rapidly, efficiently, and proportionately pivoting fluidly to emergency response, reallocating resources, mobilizing communities, and shifting focus as required by new challenges and changing population needs. Deliberate, meaningful engagement of communities, local leaders, and health workers—both to understand their needs, concerns, and priorities and to build

understanding of risks, mitigation approaches, diagnosis, and treatment options—helps to raise and maintain risk awareness and cooperation among all stakeholders.

MSH supports local partners in weaving the threads of PPR throughout the roles, responsibilities, accountabilities, activities, and reporting requirements for every component and function of the health system, breaking down siloes so that PPR is connected to everyday work across the public and private sectors. We help countries to broadly distribute PPR practices, responsibilities, and authorities to the local level, and to ensure that PPR is not a single budget line that can be cut or a siloed program that can be eliminated when other priorities intervene.

MSH supports local partners in integrating PPR throughout every component and function of the health system

Examples of PPR Integration throughout the Health System

Improve IPC and waste management in communities, workplaces, health facilities, and schools

Include pandemic scenario in routine health facility and community emergency plans

Add PPR requirements to health worker job descriptions, in-service and pre-service training

Appoint a dedicated PPR focal point in every community and health facility

Engage community, animal, and environmental health workers in event-based surveillance

Link public and private laboratory networks for surveillance and point of care diagnostics

Include PPR indicators in surveillance and routine health information systems

Include pandemic scenarios in supply chain planning and reviews

Institutionalize PPR activities in annual health plans and budgets

Implement continuous, multi-channel public risk awareness activities

MSH's Experience and Impact

MSH has partnered with countries and communities around the world to build strong, resilient, sustainable health systems for over 50 years. Since COVID-19 emerged in early 2020, MSH has supported 27 countries in effectively confronting immediate pandemic challenges and underlying systemic weaknesses, drawing on experience supporting country responses to HIV, tuberculosis, Ebola, avian flu, pneumonic plague, and cholera epidemics and other public health emergencies since 1971. Taking a collaborative whole-systems approach, our support leverages the critical role of strong local leadership, capabilities, and resources in planning and mobilizing action at scale to solve urgent local challenges, build sustainable capacities, and save lives.

✔ MSH launched our team-based *Leading and Managing for Results in Pandemics* experiential learning program in **Uganda**, and is supporting its use in **Bangladesh**, **Kenya**, **Malawi**, **Nigeria**, **Peru**, and **Rwanda** to enhance the capacity of teams involved in emergency preparedness, response, and recovery efforts.

✔ We supported COVID-19 vaccination efforts in **17 countries**, focusing on policy, regulation, coordination, and implementation planning; costing, procurement, supply chain, and logistics; vaccine introduction; safety monitoring; risk communication; and safe vaccine service delivery at the national, local, and facility levels.

✔ MSH helped 16 of **Malawi's** 29 districts coordinate pandemic preparation and response activities. In **Benin**, we developed and implemented regional emergency response plans and community surveillance and response coordination platforms. In **Rwanda**, MSH established provincial emergency operations centers and supported incident management system training for regional public health staff.

✔ In **Afghanistan**, **Benin**, **Madagascar**, and **Pakistan**, we worked with community stakeholders and local governance structures to establish epidemic early warning systems, building on experience creating effective district-level Ebola surveillance systems in **Côte d'Ivoire** in 2015-17.

✔ MSH supported **Bangladesh**, **Benin**, **Jordan**, **Kenya**, **Madagascar**, **Malawi**, **Mozambique**, **the Philippines**, and other countries to strengthen emergency supply chain management during the pandemic. We aided **Ukraine** in contracting a third-party logistics provider to warehouse and distribute COVID-19 vaccines, supporting delivery and administration of 1.2 million doses in just 6 months. In **Uganda**, MSH supported all 135 districts in activating district response teams and building their capacity to use digital supply chain data to manage emergency supply needs.

✔ In **Kenya**—one of 16 countries where we rapidly strengthened infection prevention and control (IPC) and health care waste management to prevent spread of COVID-19 in health facilities—MSH coordinated national, county, and facility efforts to improve IPC.

✔ MSH supported COVID-related risk communication and community engagement activities in **9 countries** across Africa, Asia, and the Americas. In **Madagascar**, we supported trusted community leaders in advocating for healthy behaviors, dispelling rumors and false information, and supporting adoption of COVID-19 prevention measures.

December 2022

Contact: **Elke Konings**, **ekonings@msh.org,** MSH's Sr. Director, Pandemic Preparedness, Response, and Recovery. For more information on MSH, please visit **www.msh.org** or email us at **communications@msh.org.**

MSHHealthImpact
Management Sciences for Health
ManagementSciencesForHealth