Operational Response Framework for

Public Health Emergencies

March 2024

Acknowledgements

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On 2 December 2022, kindergarten pupils perform their daily hand-washing activity in Cogon Elementary School in Bygy, Cogon, Tanauan III, Leyte, The Philippines.

Definitions

Public health threat

A public health threat refers to a factor or situation that poses a risk to the overall health and well-being of a community or population. These threats are often infectious disease outbreaks, but also include chemical and physical agents, environmental hazards, or other threats that have the potential to negatively impact the health of a large group of people.

Public health emergency

The occurrence or imminent threat of an infectious disease outbreak or other threat whose scale, timing, or unpredictability threatens to overwhelm routine capacities to respond, and poses a substantial risk to the public's health including excess deaths and/or disabilities.

Public Health Emergency of International Concern

"An extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response." (International Health Regulations, 2005)

Epidemic

The occurrence of more cases of a disease than expected in a given area or among a specific group of people over a particular period of time.

Outbreak

Synonymous with epidemic. Often used to refer to a localized, as opposed to a generalized, epidemic.

Pandemic

An epidemic occurring on a global scale, affecting a large number of people across countries and continents.

Contain

Core actions taken by UNICEF against a public health threat to limit geographic scope and minimize mortality and morbidity on children and communities.

Control

Further actions taken by UNICEF to limit wider effects on children and communities when a public health threat escalates.

Mitigate

Other actions taken by UNICEF to address the socio-economic impacts of a public health threat, including mitigating the negative consequences of public health and social measures.

Introduction

In recent years the number, scale, duration, and complexity of health crises and public health emergencies have escalated dramatically. This trend shows no signs of abating as drivers of public health emergencies are increasing.

Public health emergencies have a direct and profound impact on the health and well-being of girls and boys, disrupt the socio-economic status of families, and foster uncertainty within communities. For children, the consequences of these emergencies extend far beyond the public health threat itself, and may include loss of education and learning opportunities, damage to mental health, and increased risk of violence, exploitation, and abuse.

The COVID-19 pandemic exposed deficiencies in national and global health and social service systems to prepare for and respond to public health emergencies. Undermining progress across the Sustainable Development Goals, the pandemic resulted in significant negative impacts, especially for the most vulnerable. In addition, many policy decisions and interventions to tackle the virus had harmful long-term socio-economic and development impacts on children, families and communities. The pandemic therefore underscored the need for health and social service systems to both prepare for and respond to public health emergencies.
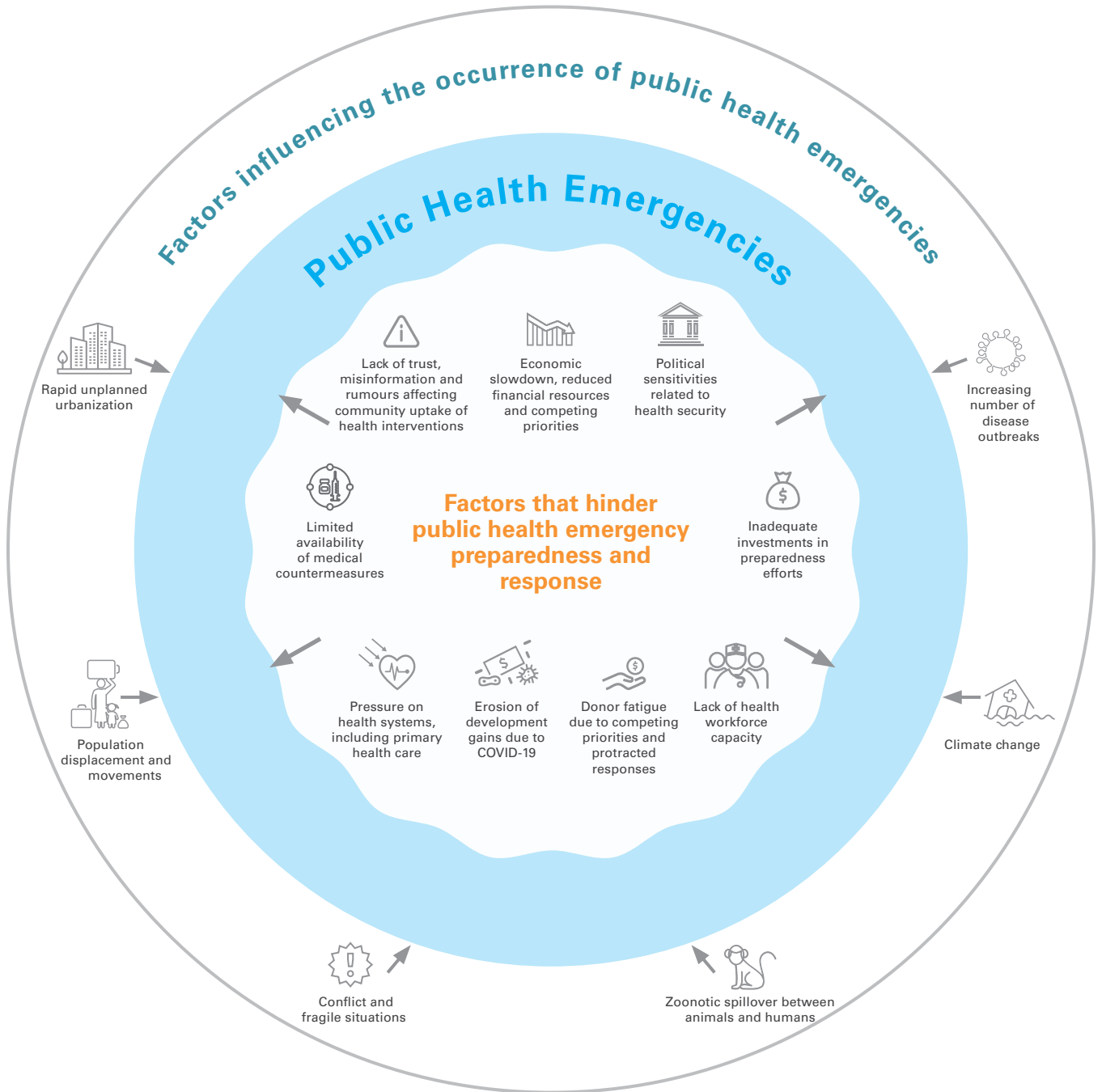

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On 7 December 2023, Naysán Sahba (not pictured), Director of the UNICEF Division of Global Communication and Advocacy, and other UNICEF Afghanistan colleagues play games with students at a community-based education site in the centre of Daikundi province, Afghanistan.

Figure 1 Global context for public health emergencies

Factors influencing the occurrence of public health emergencies

Public Health Emergencies

Factors that hinder public health emergency preparedness and response

Rapid unplanned urbanization

Lack of trust, misinformation and rumours affecting community uptake of health interventions

Economic slowdown, reduced financial resources and competing priorities

Political sensitivities related to health security

Increasing number of disease outbreaks

Limited availability of medical countermeasures

Inadequate investments in preparedness efforts

Population displacement and movements

Pressure on health systems, including primary health care

Erosion of development gains due to COVID-19

Donor fatigue due to competing priorities and protracted responses

Lack of health workforce capacity

Climate change

Conflict and fragile situations

Zoonotic spillover between animals and humans

The growing frequency and complexity of public health emergencies have caused governments and organizations to re-evaluate their strategies, capabilities, and resource requirements to respond.

Globally, a political declaration was adopted at the High-level Meeting on Pandemic Prevention, Preparedness and Response during the United Nations General Assembly in September 2023. The declaration solidifies the importance of a multisectoral, whole-of-government and whole-of-society approach for pandemic prevention, preparedness and response.

A pandemic agreement is being drafted by United Nations Member States, with a view to adoption at the World Health Assembly. The purpose of the agreement is to support Member States to improve pandemic prevention, preparedness and response in a range of areas, including enhanced surveillance of threats, equitable distribution of medical countermeasures, and a whole-of-government, whole-of-society approach. Simultaneously, the International Health Regulations from 2005 are under revision.

Given the global context, this framework outlines UNICEF's contribution for responding to public health emergencies.

UNICEF's principles for responding to public health emergencies

UNICEF's vision is a world in which the best interests of children, women and marginalized communities are central to global actions to prepare for and respond to public health emergencies.

This is supported by the following principles:

1. Ensuring that the rights and needs of children are at the centre of all efforts.

2. Taking a community centred, whole-of-society approach with government, community organizations and partners across health and social services.

3. Coordinating with partners to respond quickly to contain public health threats in core areas of UNICEF's comparative advantage.

4. Leveraging UNICEF's recognized expertise in multisectoral approaches.

5. Preventing and responding to limit the wider risks of a public health threat, including addressing socio-economic impacts.

UNICEF's Operational Response Framework for Public Health Emergencies

Following consultation, this Operational Response Framework for Public Health Emergencies outlines a set of organizational priorities and actions for a comprehensive response to public health emergencies. The specific actions proposed in this framework are contingent upon environmental factors related to a public health threat and the regional and country context. Flexibility in approaches is needed.

to ensure enhanced preparedness, such as the ongoing revision of UNICEF's Health Emergency Preparedness Initiative. Further details regarding preparedness efforts can be found in UNICEF's Strategic Plan 2022–2025. UNICEF's existing commitments to ongoing specific disease control, elimination, and eradication efforts are also available. This framework draws on existing strategies and policies relevant to public health emergency response.

> The Framework outlines UNICEF's value add, comparative advantage, and its role as a predictable partner in responding to public health emergencies with governments, the World Health Organization and other agencies and partners.

UNICEF's response to public health emergencies requires strong and resilient health and social service systems. This requires systems that are equipped to respond to shocks from any threat including disasters, conflict, and infectious disease outbreaks, while protecting children, women, and communities.

Preparedness, systems strengthening and recovery efforts are critical and work is in progress

The Framework builds on existing strategies and policies

- The Convention on the Rights of the Child

- UNICEF's Strategic Plan 2022–2025

- UNICEF Emergency Procedures

- UNICEF's Core Commitments for Children for Public Health Emergencies

- UNICEF's White Paper, Putting the Best Interest of Children, Women and their Communities at the Center of Public Health Emergency Preparedness and Response

- UNICEF's Public Health Emergency Evaluation, 2023

UNICEF's Leadership in Public Health Emergencies

Context

Public health threats are often infectious disease outbreaks, but also include chemical and physical agents, environmental hazards, or other threats that have the potential to negatively impact the health of a large group of people.

A public health emergency is the occurrence or imminent threat of an infectious disease outbreak or other threat whose scale, timing, or unpredictability threatens to overwhelm routine capacities to respond, and poses a substantial risk to the public's health including excess deaths and/or disabilities. The declaration of a public health emergency is a management or political decision.

A Public Health Emergency of International Concern is "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response." (International Health Regulations, 2005).

Responses to a public health threat or emergency seek to reduce morbidity and mortality and minimize the impact on people. This includes the public health and social measures themselves, that are taken to tackle the public health threat. These measures can negatively affect society, and in particular children and women through, for example, school and market closures, and travel restrictions. UNICEF engages with communities, policy makers and health experts to conduct risk/benefit and barrier analyses to ensure that the impact of the measures do not outweigh the burden of the public health threat itself.
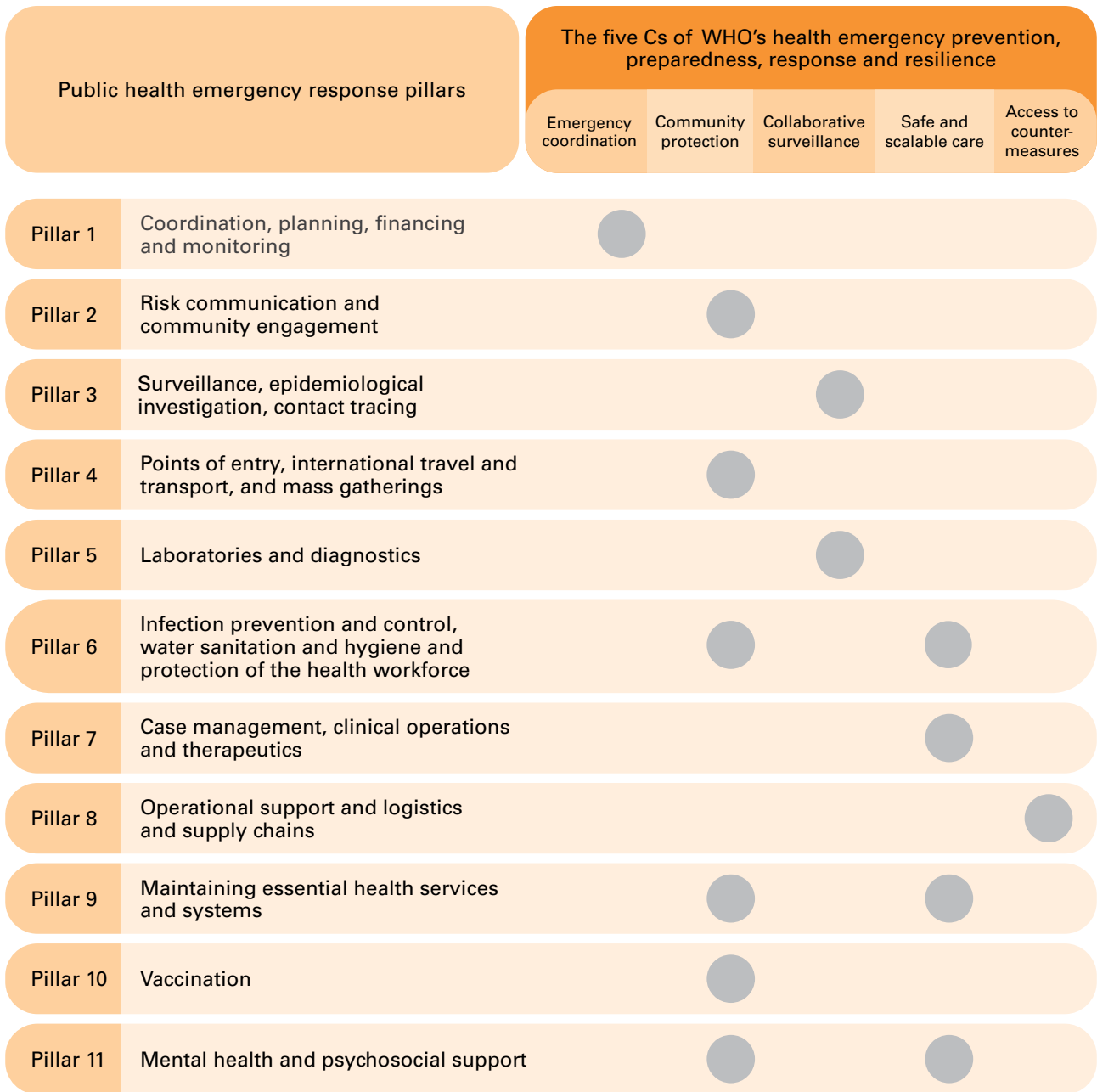
Coordination of public health emergencies

National governments lead responses to a public health threat or emergency. The response is often organized around pillars through an Incident Management System (*see Annex 1*) activated for the response. UNICEF has global sectoral leadership roles, as outlined below, and plays a role in other pillars depending on the context. UNICEF is usually part of the leadership of a national Incident Management System and plays a role in the coordination of a public health emergency response, ensuring a child-focussed and whole-of-society approach. UNICEF's internal coordination across programmes, the supply function, emergency operations, and data and analytics is critical.

Effective multisectoral coordination draws on the understanding of the public health threat and specific country contexts, and the identification of appropriate cross-cutting support functions. For example, access to essential supplies and services, such as in health, nutrition and education. Coordination must also ensure that interventions do not exacerbate child protection and gender-based violence risks, including sexual exploitation and abuse.

The response to the socio-economic impacts of a public health threat has often fallen outside of the national emergency response. In line with the evolution of the global health architecture, and lessons learned during the COVID-19 and other responses, the emergency coordination structure is being reviewed to strengthen community protection which includes a focus on continuity of essential social services. Community protection is one of five areas WHO

Figure 2 Public health emergency response pillars

Public health emergency response pillars		The five Cs of WHO's health emergency prevention, preparedness, response and resilience				
		Emergency coordination	Community protection	Collaborative surveillance	Safe and scalable care	Access to counter-measures
Pillar 1	Coordination, planning, financing and monitoring	●				
Pillar 2	Risk communication and community engagement		●			
Pillar 3	Surveillance, epidemiological investigation, contact tracing			●		
Pillar 4	Points of entry, international travel and transport, and mass gatherings		●			
Pillar 5	Laboratories and diagnostics			●		
Pillar 6	Infection prevention and control, water sanitation and hygiene and protection of the health workforce		●		●	
Pillar 7	Case management, clinical operations and therapeutics				●	
Pillar 8	Operational support and logistics and supply chains					●
Pillar 9	Maintaining essential health services and systems		●		●	
Pillar 10	Vaccination		●			
Pillar 11	Mental health and psychosocial support		●		●	

proposed in the Health Emergency Preparedness Resilience and Response Framework which aligns with several of the existing response pillars.

Although actors may be the same, the coordination structure activated during a public health emergency is different from the Inter-Agency Standing Committee cluster system that is used in humanitarian crises. If a public health emergency occurs within a cluster-activated crisis, the response to a public health emergency will still be led by the government through the coordination structure described above, highlighting the need for enhanced coordination. The Inter-Agency Standing Committee also recognized that infectious disease outbreaks may trigger a system-wide activation. This response and activation is outlined in the Protocol for the Control of Infectious Disease Events.

UNICEF's Global Sectoral Leadership

There are key areas of UNICEF's global sectoral leadership and programmatic interventions depending on specific country contexts. This is predominantly in risk communication and community engagement, infection prevention and control and water, sanitation and hygiene, supply and logistics, and immunization.

Risk communication and community engagement involves at-risk and affected populations to participate in the creation and delivery of activities, and leverages social and behavioural evidence related to public health emergencies to improve the response and reduce the impact of the threat.

Infection prevention and control and water, sanitation and hygiene interventions in communities occurs in schools, health care facilities, and other settings, and delivers response interventions through a community work force that is protected and equipped to provide services.

Supply and logistics prioritizes equitable, inclusive and local access to essential supplies and services. This includes medical countermeasures through partnerships and global coordination, readiness and resilience efforts for supply chain systems, planning, financing, and monitoring.
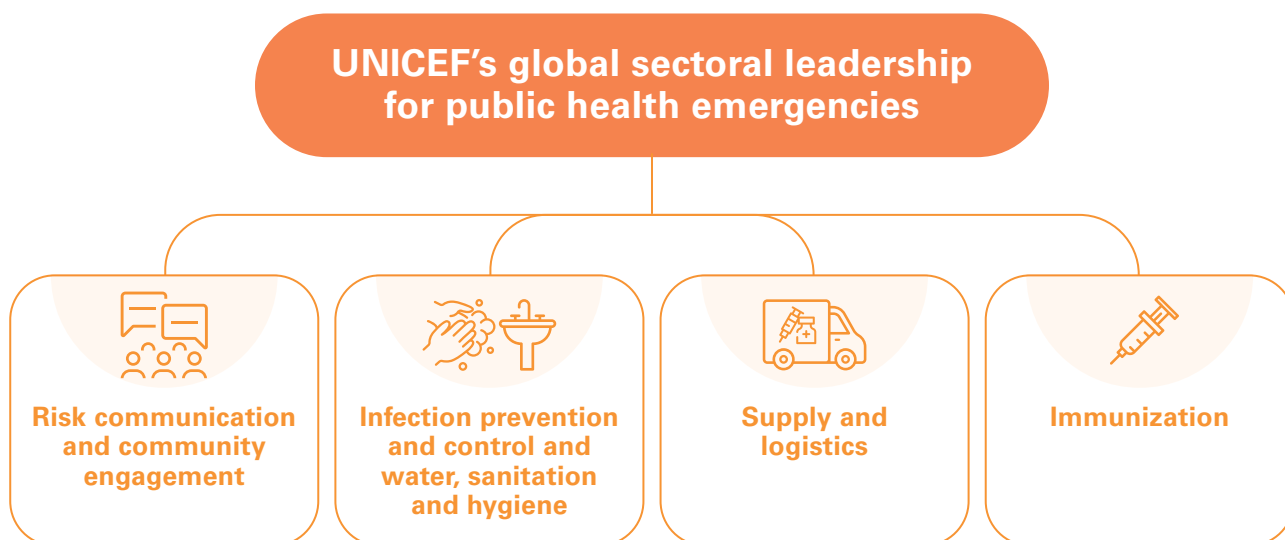
UNICEF also leads in vaccine procurement, supply and last mile delivery, as well as microplanning and coordination mechanisms for immunization, and integration into existing and temporary health services.

Central to UNICEF's response is the aim of ensuring interruption of disease transmission or stopping a public health threat. And, ensuring that negative impacts from interventions are minimized. For example, the effects of quarantine on children and families. This includes continuity of essential health and social services within the new area of community protection work as part of reforms to the global health architecture. And, using integrated data that goes beyond the health sector includes community-based qualitative sources, emphasizes community protection, takes an equity-based approach, and is complementary and not duplicating the collaborative surveillance led by partners such as the World Health Organization. Protecting communities in this way is context specific and UNICEF should respond to uphold the best interest of the child in various settings.

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Through drama, UNICEF and partners raise awareness on the dangers and symptoms of cholera and its prevention in Gedaref city, Sudan.

Figure 3   UNICEF's global sectoral leadership for public health emergencies

UNICEF's global sectoral leadership for public health emergencies

Risk communication and community engagement

Infection prevention and control and water, sanitation and hygiene

Supply and logistics

Immunization

UNICEF's objectives in responding to public health emergencies

UNICEF works with governments, civil society organizations, international organizations and non-governmental organizations to contain, control, and mitigate public health threats and their impacts on communities.

The scope of UNICEF's response to a public health threat or emergency is determined by the impact on communities, and in particular children. To develop an appropriate response, UNICEF assesses and analyses the impacts of the public health threat on children and determines, along with governments and partners, the required interventions. UNICEF supports governments in leadership, coordination and planning from the outset, including risk assessments, to ensure a multisectoral response with children at the core. Empowering and equipping community health workers is an essential part of responding to a public health emergency. UNICEF applies a gender-transformative approach to work with partners to enhance training, skills, renumeration and equipment for community health workers.

Figure 4   UNICEF's objectives for a multisectoral approach
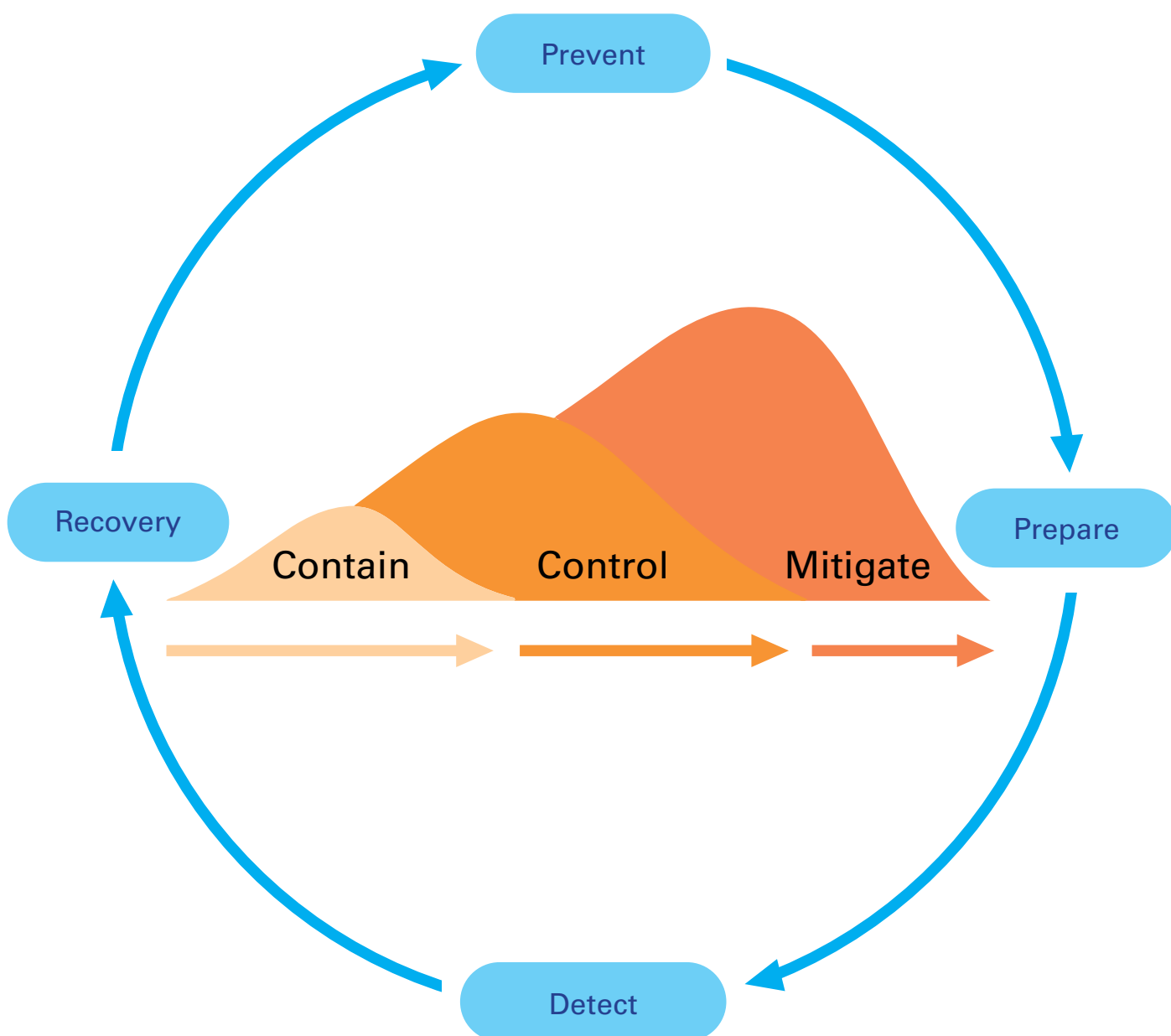
UNICEF's response actions need to be agile and flexible to adapt during an evolving public health threat and the arising needs from the specific context. UNICEF's response is also guided by our accountability to affected populations.

Many public health threats can be quickly contained and, as stated above, UNICEF's core actions are through risk communication and community engagement, infection prevention and control and water, sanitation and hygiene interventions in facilities and communities, and targeted procurement, supply, and logistics and immunization where appropriate. This is to limit geographic scope and minimize morbidity and mortality on children and communities.
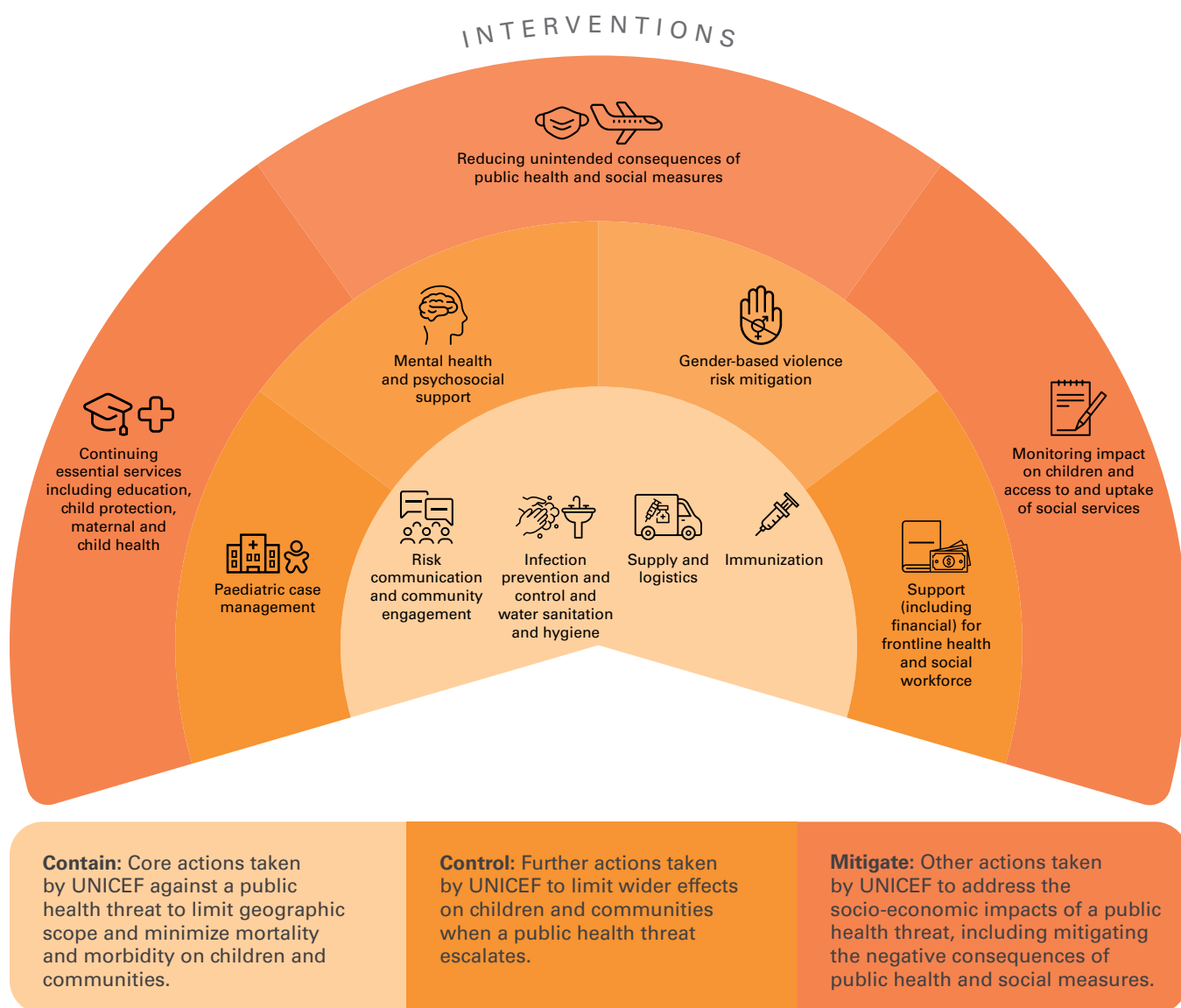
When a public health threat is not contained, UNICEF takes further actions to limit wider effects of the public health threat. This requires additional interventions beyond the health sector to address impacts on communities, and operational support for the community workforce.

A public health threat with an extensive impact on communities leads UNICEF to take other actions to address socio-economic impacts, including mitigating the unintended consequences of public health and social measures. Additional operational support is required to monitor impact on children and communities and access to, and uptake of, essential and social services.

Response objectives are not linear. A public health threat may require control or mitigation responses from the outset. For example, countries appear to be more quickly closing schools when faced with a public health threat. Therefore, it may be necessary to advocate to keep schools open from the outset.

FIGURE 5 UNICEF interventions for a multisectoral approach

INTERVENTIONS

Reducing unintended consequences of public health and social measures

Mental health and psychosocial support

Gender-based violence risk mitigation

Continuing essential services including education, child protection, maternal and child health

Monitoring impact on children and access to and uptake of social services

Paediatric case management

Risk communication and community engagement

Infection prevention and control and water sanitation and hygiene

Supply and logistics

Immunization

Support (including financial) for frontline health and social workforce

Contain: Core actions taken by UNICEF against a public health threat to limit geographic scope and minimize mortality and morbidity on children and communities.

Control: Further actions taken by UNICEF to limit wider effects on children and communities when a public health threat escalates.

Mitigate: Other actions taken by UNICEF to address the socio-economic impacts of a public health threat, including mitigating the negative consequences of public health and social measures.

Contain

UNICEF engages affected populations in the creation and delivery of interventions, advice, and messaging around the public health threat. Through our work with communities, UNICEF ensures that infection prevention and control and water, sanitation and hygiene are available in health care facilities and communities (including schools), and that the community workforce is protected and equipped to provide services. UNICEF collaborates with WHO to facilitate an integrated approach.

Access and last mile monitoring of essential supplies and services includes local sourcing where applicable, demand-based scenario planning and forecasting, funded and updated supply plans, and end-to-end supply strategies. Depending on the public health threat, immunization may be a critical part of the response. UNICEF leads in inclusive vaccine procurement, supply and delivery, planning and coordination mechanisms and microplanning, and in integrating vaccination into existing and temporary health services.

To fulfil these programmatic interventions, operational support in emergency coordination and supply and logistics are required. And, further scenario planning to enhance system readiness in case the threat is not contained.

Control

When a public health threat requires further control measures, additional programmatic interventions include context-specific paediatric case management, mental health and psychosocial support and gender-based violence prevention, risk mitigation and response including protection from sexual exploitation and abuse. These areas are cross-cutting and require the joint efforts of multiple pillars of the public health response including, but not limited to, UNICEF's contribution. Additional operational support will also be required to recognize and support the community health and social workforce so that they can provide the necessary interventions.

Paediatric case management is different to medical management, needs to be child and gender responsive (including for pregnant and lactating women), and should prevent the separation of children and families. It should ensure the availability of a trained health and social workforce to provide an integrated package of assistance to affected children and their caregivers. Nutrition, psychosocial support and child development interventions help protect against longer-term impacts of the public health threat.

Mental health and psychosocial support interventions are delivered as part of community health to affected children and families, and in schools to students and teachers. Social support and education interventions are targeted to different groups within communities.

The risk of gender-based violence and sexual exploitation and abuse should be anticipated to increase as an emergency response continues for a protracted period. Therefore, gender-based violence risk mitigation should be in place from the beginning of a response. Gender-based violence response services should be available in communities. And, frontline workers need to: be aware of the risks during public health emergencies; be sufficiently trained to recognize and respond to harm; be equipped with up-to-date information on response services, including mental health support; and, support survivors of gender-based violence.

Control *(continued)*

UNICEF is also committed to ensuring that all children with disabilities have safe, inclusive access to services during public health emergencies.

Beyond the required skills and knowledge, the frontline workforce required to deliver the above interventions need to receive protection from the public health threat themselves, and financial, administrative, legal and logistical support. This may include cash payments.

Further scale up of supply and logistics activities should be expected including coordination with partners, prepositioning, securing flexible funding, end user monitoring, and updating supply strategies. Local manufacturing may be a possibility. As may be using advance purchase agreements and assessing emerging innovations.

Mitigate

Achieving further mitigation of the public health threat involves implementing a set of programmatic interventions to preserve community well-being, foster the continuity of community and social service systems, and, in general, mitigate the broader socio-economic impacts on society. This relies on shock-responsive systems that UNICEF seeks to strengthen as part of its core accountabilities.

Programmatic areas include, but are not limited to, the continuity of education, child protection, mental health and psychosocial support, and maternal and child health services, to ensure:

- Access to inclusive, quality education and learning in safe and protective environments
- Protection from violence, exploitation, abuse, neglect, and harmful practices
- Access to lifesaving, high-impact, and quality health services
- Mental health and psychosocial support needs are identified and addressed through appropriate services, including case management, and community based services. Existing social protection mechanisms are maintained and expanded as necessary, including through establishing or scaling up humanitarian cash transfers.

UNICEF's programmatic responses are described in more detail in Annex 2. To support these interventions, operational support is required to monitor the impact of the public health emergency and establish measures to limit its effects on child rights and access to, and uptake of, services. This will require leveraging existing data collection and analytical systems across contain, control and mitigate areas.

Coordination across UNICEF for a public health emergency

When the following actions are initiated by government and/or the World Health Organization, UNICEF should consider activating an emergency response:

- The relevant government authorities or regional bodies declare a public health emergency
- The World Health Organization grades a health-related event Grade 2 or 3
- The World Health Organization declares a Public Health Emergency of International Concern

UNICEF's Corporate Emergency Activation Procedure

UNICEF uses its Corporate Emergency Activation Procedure to declare levels of response most commonly at either Level 2 (L2) or Level 3 (L3). Using four criteria – scale, urgency, complexity, and capacity of UNICEF Regional Offices and Country Offices affected by the crisis – a determination of the appropriate level is made.

Level-1 Emergency Response: If a Country Office or Regional Office is responding to a significant emergency that is not covered by a stand-alone humanitarian appeal for children, but for which the Emergency Procedure would enable a faster and more effective response, a formal request is made from the Representative or Regional Director to the Director of Emergency Programmes.

Level-2 Emergency Response: The Country Office needs additional support from other parts of the organization (Headquarters, Regional Office and other Country Offices) to scale up and respond to the crisis. The Regional Director provides leadership and the Regional Office support to the Country Office is enhanced.

Level-3 Emergency Response: The Executive Director declares that organization-wide mobilization is needed to scale up and respond and appoints a Global Emergency Coordinator. Headquarters and Regional Office support to the Country Office is enhanced.

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Guerrishon, 5 months old, smiles when he sees his mother, Collette, smiling back at him through the plastic that separates them at an Ebola Treatment Centre (ETC) in Beni, North Kivu province, Democratic Republic of the Congo.

Coordination for public health emergencies within UNICEF

The decision to activate an emergency response to a public health threat is a managerial decision using the Corporate Emergency Activation Procedure. However, activations for public health emergencies require contextual adjustments.

A public health alert can be received by Headquarters, Regional Offices or Country Offices.

The receiving office should notify the public health emergency focal point that is part of Headquarters' Health Emergencies Preparedness and Response section. As necessary, Headquarters will work with the affected Country Office(s) and Regional Office teams to prepare the technical assessment of the public health threat. This will entail the use of the four criteria outlined in the annex of the Corporate Emergency Activation Procedure (scale, urgency, complexity, and capacity) to assess the possible impact on children.

Guidance on criteria tailored to a public health threat

Scale: Gauges the extent of the public health threat in terms of:
- Geographical reach/size of affected areas in proportion to total country size
- Magnitude of the case load including number of affected/potentially affected people
- Size of the socio-economic impacts

Urgency: Considers age and sex disaggregated:
- Number of people affected
- Case fatality rate
- Crude mortality rates
- Level of access to lifesaving support

Also considers:
- Analysis of potential spread/impact of the public health threat
- Critical protection risks
- Speed at which a response should be mobilized to mitigate the burden of the threat and curtail impact

Complexity: Scrutinizes the interplay of various factors that complicate the environment in which the threat is unfolding that may hinder or influence the effectiveness of the response, including:
- Multi-layered emergencies
- Multiple hazards
- Presence of actors (multiple or very few)
- Risk of politicization
- Level of humanitarian access
- Level of security risks to humanitarian actors

Capacity: Assesses the UNICEF Country Office and Regional Office ability to respond to a threat through:
- Adequacy of available infrastructure, expertise, and systems to manage and control the unfolding situation
- Availability of required specialized or technical expertise
- Whether the level of need outweighs the capacity to respond
- Extent of humanitarian leadership capacity

In Bangladesh, Afif, 8, is happy to have returned home after recovering from dengue treatment. He is now able to focus on his studies.

Based on the assessed risk of the public health threat, the Associate Director of Health Emergencies Preparedness and Response convenes an advisory group to determine the level of emergency to be proposed. The advisory group also includes:

- Regional Director(s), Regional Office
- Director, Office of Emergency Programmes
- Director, Programme Group
- Director, Health

Based on the outcome of the discussion, the Associate Director, Health Emergencies Preparedness and Response advises the Deputy Executive Director, Humanitarian Action and Supply Operations on the proposed level of the emergency. The Office of Emergency Programmes follows the Corporate Emergency Activation Procedure accordingly. Supply Division are kept informed to facilitate a rapid response.

In an L2 emergency, the Regional Director provides leadership to ensure adequate regional and global support to the Country Office. In an L3 emergency, the Executive Director appoints a Global Emergency Coordinator. Public health strategic guidance and technical support to the response is also provided by the Associate Director of Health Emergencies Preparedness and Response and their team.

The Regional Director is responsible for appointing an appropriate regional emergency coordinator for each public health emergency. The Country Representative, accountable for the in-country response, is responsible for appointing an appropriate local coordinator and delegating authorities to ensure a rapid and efficient response.

In UNICEF, it is critical that health and emergency teams work jointly to coordinate responses to public health emergencies with clear roles and responsibilities determined at the outset for each specific public health threat.

Reflecting the importance of this dual mandate, the Associate Director of Health Emergencies Preparedness and Response will switch reporting lines from Director, Health to Director, Office of Emergency Programmes during a major public health emergency.

Monitoring

The situation and the coverage, quality and equity of the public health emergency response are monitored to inform ongoing corrective actions and future planning processes. The Core Commitments for Children indicators are used to monitor the response. Countries select the appropriate indicators based on their programmatic and operational actions and the nature of the public health threat. Structured field monitoring, including partner dialogue and feedback from affected populations, is undertaken in line with the UNICEF Field Monitoring Guidance. Progress against targets is regularly reported.

The Country Office, with Regional Office support, leads an intra action review of the response conducted after three months (depending on the public health threat). The purpose of the intra action review is to identify the strengths and weaknesses of the response, summarize the lessons learned, and take appropriate course corrections. The Country Office will use the findings to adjust the cross-sectoral response as required.

ANNEX 1 External coordination structures

The response to a public health emergency requires external coordination with partners through different mechanisms. UNICEF works with partners to assess the impact of the public health threat on children and women and adapt and adjust programmes to address them. UNICEF's emergency coordinator acts as the overall liaison and delegates technical focal points to represent UNICEF to ensure a multisectoral approach.

The Incident Management System, activated for public health emergencies, is led by the government, with oversight by a designated incident manager, and is supported by partners. The structure aims to provide efficient management and quick decision making. It is organized by 'pillars' of the public health emergency response. The pillars of the response can cover multiple UNICEF sectors. Therefore, UNICEF's appointed coordinator must ensure they work with colleagues across UNICEF sectors to represent a multisectoral approach.

At the global level, incident management teams are set up for specific public health emergencies. UNICEF is represented by colleagues in coordination and technical roles as designated by the Health Emergencies Preparedness and Response section.

WHO's Emergency Response Framework details how WHO assesses, grades and responds to public health events, and emergencies with health consequences, in support of Member States and affected communities. It serves as a way for WHO to coordinate its programme. UNICEF should engage to ensure that children and women are included in the assessments and their needs addressed in the strategic preparedness and response plan. UNICEF should also use this information for the Corporate Emergency Activation Procedure. In 2019, the Inter-Agency Standing Committee endorsed the Humanitarian System-wide Scale-Up Activation Protocol for the Control of Infectious Disease Events. The Emergency Relief Coordinator, in close collaboration with WHO's Director-General, is responsible for designating the scale-up response to an infectious disease outbreak. It is based on an analysis of the Inter-Agency Standing Committee's five criteria and the WHO risk assessment. The activation also leads to an emergency response for UNICEF. And, UNICEF has a role to play in the rapid risk analysis to inform activation and in supporting the emergency response based on this Operational Response Framework.

ANNEX 2 Interventions by UNICEF response objectives

The specific actions and accountabilities proposed in this Operational Response Framework for Public Health Emergencies are contingent upon environmental factors related to the public health threat and the specific country context. The interventions listed below for the UNICEF response objectives to public health emergencies do not attempt to cover every eventuality/scenario, but instead aim to provide examples of programmatic and operational support for each response. They draw on the Core Commitments for Children for Public Health Emergencies and should be adjusted and contextualized based on the public health threat and the specific context.

Contain

Objective: Core actions taken by UNICEF against a public health threat to limit geographic scope and minimize mortality and morbidity on children and communities.

Key areas of the response: Risk communication and community engagement, infection prevention and control and water, sanitation and hygiene, immunization (or relevant medical countermeasures). Targeted to contain identified cases.

Operational support: Emergency coordination, supply and logistics.

Programmatic support		Operational support	
Key areas of the response		**Emergency coordination**	**Supply and logistics**
Risk communication and community engagement	• Engage at-risk and affected populations to participate in the design and delivery of strategies and activities, with intentional focus on marginalized and underserved groups. • Generate social and behavioural evidence to inform strategic and operational decisions. • Collect community feedback to adjust the response and fuel accountability mechanisms. • Conduct behavioural change interventions to promote the uptake of recommended practices and services (hygiene, vaccines, treatments, etc.). • Build capacities of frontline workers in community engagement and interpersonal communication. • Help tailor the engagement with different segments of at-risk/affected populations (e.g. children of different ages, caregivers, social workforce, community leaders). • Leverage social listening mechanisms to understand public perceptions, concerns and fears, monitor misinformation and inform communications and action.	• Interagency and intersectoral coordination mechanisms are in place with clear roles and responsibilities across sectors. • Ensure representation of cross-cutting issues in relevant pillars and meetings with a whole-of-society approach. • Use real time data and analytics to make programmatic and operational decisions and identify vulnerable groups. • Lead on risk/benefit analysis for public health and social measures. • Coordinate with national/WHO incident manager. • Frontline workers, including community health workers, recognized as essential so that their movement is protected. • Plans for contingency and audit prepared.	• Align supplies with programmatic response. • Use existing stockpiles in country, moving them to where the need is greatest. • Ensure access to services as needed. • Develop demand-based forecasting. • Identify funding. • Develop an end-to-end operational supply plan. • Prioritize local sourcing/procurement as appropriate • Monitor supplies to ensure no stockouts. • Provide last mile delivery. • Provide end user monitoring. • Ensure suitable supply strategies are in place for rapid response. • Update country supply and logistics plans to include different potential scenarios based on the risks. • Ensure plans are discussed with local actors being clear about UNICEF's role.
Infection prevention control and water sanitation and hygiene	• Ensure hand hygiene in communities and health care facilities. • Cleaning/disinfection in households and in communities including public spaces (e.g. schools, markets). • Water management, waste management (household water treatment and safe storage, provision of clean water, water quality monitoring, latrines and disposal of waste), safe food handling (especially with infants <23 months). • Water sanitation and hygiene in health facilities. • Provision of infection prevention control and water sanitation and hygiene supplies as relevant.		
Immunization (or relevant medical counter-measures)	• Last mile delivery, and global coordination of supply and procurement. • Where indicated, inclusive vaccine delivery, planning and coordination mechanisms and microplanning, integrating vaccination into existing and ongoing health services. • Delivery of vaccinations in humanitarian settings.		

Control

Objective: Further actions taken by UNICEF to limit wider effects on children and communities when a public health threat escalates.

Key areas of the response: Paediatric case management, mental health and psychosocial support, and gender-based violence prevention, risk mitigation and response including protection from sexual exploitation and abuse.

Operational support: Support (including financial) for frontline health and social workforce and scaling up supply and logistics.

Programmatic support		Operational support	
Key areas of the response		**Support for the frontline health and social workforce**	**Supply and logistics**
Paediatric case management	• Ensure treatment units/wards are child friendly (e.g. appropriately sized beds, availability of paediatricians and paediatric nurses, children can talk to/see family members). • Establish appropriate protocols around breastfeeding and artificial feeding. • Prevent separation of children and families and ensure family tracing and temporary care. • Ensure the social workforce is included in the response structure and is part of case management of affected children and their families. • Reduce stigma associated with cases across households, schools, in communities and facilities. • Establish a protocol for case detection and referrals in schools. • Provide an integrated package of assistance to affected children and women (integrated: education, child protection, mental health and psychosocial support, infection prevention and control and water, sanitation and hygiene, and nutrition). • Provide basic psychosocial support to people in isolation and quarantine (e.g. remotely via phone including helplines).	• Advocating for government to provide financial support to ensure frontline workers can continue to provide services and are remunerated for their work. • Advocate for administrative support to ensure, for example, movement within communities. • Provide personal protective equipment and other protection. • Build skills and knowledge to respond to the public health emergency. • Provide logistical support to ensure service delivery.	• Ensure coordination mechanisms with WHO and other supply and logistics partners are in place. • Expand the scope and scale of supplies. • Preposition essential supplies. • Ensure availability of flexible funding. • Update supply strategies to ensure increased access to essential supplies and services. • Enhance surge support. • Scenario planning, including resources.
Mental health and psychosocial support	• Develop and disseminate timely information and messages on accessing available services, and coping strategies to promote the mental health and psychosocial well-being of communities (including children, families and caregivers, and teachers). • Map and provide updates on availability of existing mental health and psychosocial support services and activities. • Conduct targeted community sensitization and psychoeducation activities to reduce fears and change beliefs. • Create opportunities for social support (e.g. peer support through remote messaging, voice or video conferencing tools).		
Gender-based violence prevention, risk mitigation, and response, including protection from sexual exploitation and abuse	• Conduct safety audits of all facilities and service delivery points supported by UNICEF and partners to identify and address observable gender-based violence risks. This includes treatment and health centres (including temporary ones) so that they are gender-sensitive and safe. Regularly monitor. • Ensure reporting channels that are safe, accessible, child and gender sensitive. • Refer child survivors of sexual exploitation and abuse to access quality, integrated gender-based violence/child protection response services and assistance. • Monitor the safety implications of public health and social measures, including for any gender-based violence risks posed to girls and women and take necessary steps to mitigate gender-based violence risks. • Advocate for and equip frontline workers with information on support services for gender-based violence and assist with partners ensuring that relevant commodities are available.		

Mitigate

Objective: Other actions taken by UNICEF to address the socio-economic impacts of a public health threat, including mitigating the negative consequences of public health and social measures.

Key areas of the response: Continuation of essential services: education, child protection, maternal and child health.

Operational support: Monitoring the impact on children's rights and access to and uptake of social services and ongoing supply and logistics support.

Programmatic support		Operational support	
Key areas of the response		Data and analytics	Supply and logistics
Continuation of essential services: education, child protection, maternal and child health services	**Education** • Advocate with government and WHO to keep schools open and apply a risk/benefit analysis to public health and social measures including to prevent national school closures. • Provide infection prevention control and water sanitation and hygiene supplies for schools. • Assure continuity of learning. Whenever schools are closed, provide an alternative path for education, and reach children where they are. • Ensure children, their caregivers and communities are aware of available education services and how and where to access them. • Confirm links and referrals to mental health and psychosocial support. • Promote links between teachers and government workers so they can reach ministries during a public health emergency, even if ministries close. • Assure formal and non-formal education programmes, and gender and age appropriate mental health and psychosocial support programmes in schools and learning environments. **Child protection** • Ensure a functional, integrated case management system, including referral pathways for services and a safe information management system. • Support families and communities in their protective functions, with measures in place to mitigate and prevent abuse, neglect, exploitation and violence against children. • Identify cases of child separation in a timely manner and implement actions to prevent separation, including use of behavioural change strategies. • Ensure children who are separated because of the public health threat are identified, are in family-based care or in a suitable, safe, alternative care arrangement, and are provided with an individual case management/care plan. **Maternal and child health** • Ensure continuation of routine maternal, newborn, child and adolescent health services. • Review designation of health facilities, units (for treatment of outbreak cases versus routine care). • Consider task-shifting or other temporary measures to ensure life-saving interventions continue. • Consider/establish referral options, depending on the scope, to ensure that both non-communicable and chronic diseases as well as acute cases (e.g. C-section, severe malaria, severe acute malnutrition) are addressed. • In protracted public health emergencies (over two months), design integrated outreach immunization and other strategies to ensure continued schedulable public health interventions. • Monitor levels of service utilization against pre-public health emergency norms, especially subnationally.	• Monitor the impact of the public health emergency and public health and social measures put in place to control it on children, women and communities including access to and uptake of social services. • Provide data on risk/benefit analysis of public health and social measures to public health colleagues. The intensification of these measures should be balanced against and proportionate to the risks and consequences that they may have on other determinants of health.	• Joint procurement and collaborations with partners. • Continue building resilient end-to-end supply chains. • Involve local manufacturing where possible. • Apply innovative financing tools like advance purchase agreements with no regret to ensure early access to supplies and novel and innovative products. • Scale up global coordination and supporting governance arrangements, including shaping policy.

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In Baturité, Ceará, Brazil, a nurse administers a catch-up vaccination to Samuel who is 4 years old.

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A child showing off her cholera vaccination card, Malawi.

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