



# PHIRI

Population Health Information  
Research Infrastructure

## Health crisis procedures and exercise

Task 8.4:

COVID-19 related international  
guidelines, initiatives, projects and  
information sources

– Róbert Láng (HU)

REF meeting  
8th May, 2023



# WHO guidance for developing national health emergency response operations plan (NHEROP) for all hazard - 2021



## WHO Guidance on Preparing for National Response to Health Emergencies and Disasters

[www.phiri.eu](http://www.phiri.eu)



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

# Emergencies – direct and indirect impact

- Emergencies associated with hazards of all kinds – natural, biological, technological and societal – are having a **growing impact** in many parts of the world and posing ever greater challenges for health and for healthcare systems.
- The impact of emergencies often **delays and disrupts countries' development agendas**.
- Emergencies and disasters also affect people's lives and livelihoods, through their **direct** impact on health as well as their **indirect impact** on socioeconomic factors that contribute to resilience.
- The aim of the guidance is to support countries to **develop a comprehensive National Health Emergency Response Operations Plan (NHEROP)** for all priority hazards, by proposing **standardized steps** that can be applied in many settings and contexts using a multisectoral risk management approach
- The guidance suggests mechanisms countries can use for: engaging the **health sector with other sectors around shared tasks and responsibilities**
- The guidance also captures **learning from the COVID-19 response**.

# A health emergency response plan (HERP)

A health emergency response plan has been defined as:

- A document that describes how an agency, organization or a country will **manage its responses** to emergencies of various types by **providing a description of the objectives, policy and concept of operations** for the response to an emergency.
- It also lays out the **structure, authorities and responsibilities** for a systematic, co-ordinated and effective response.

Emergency response plans are:

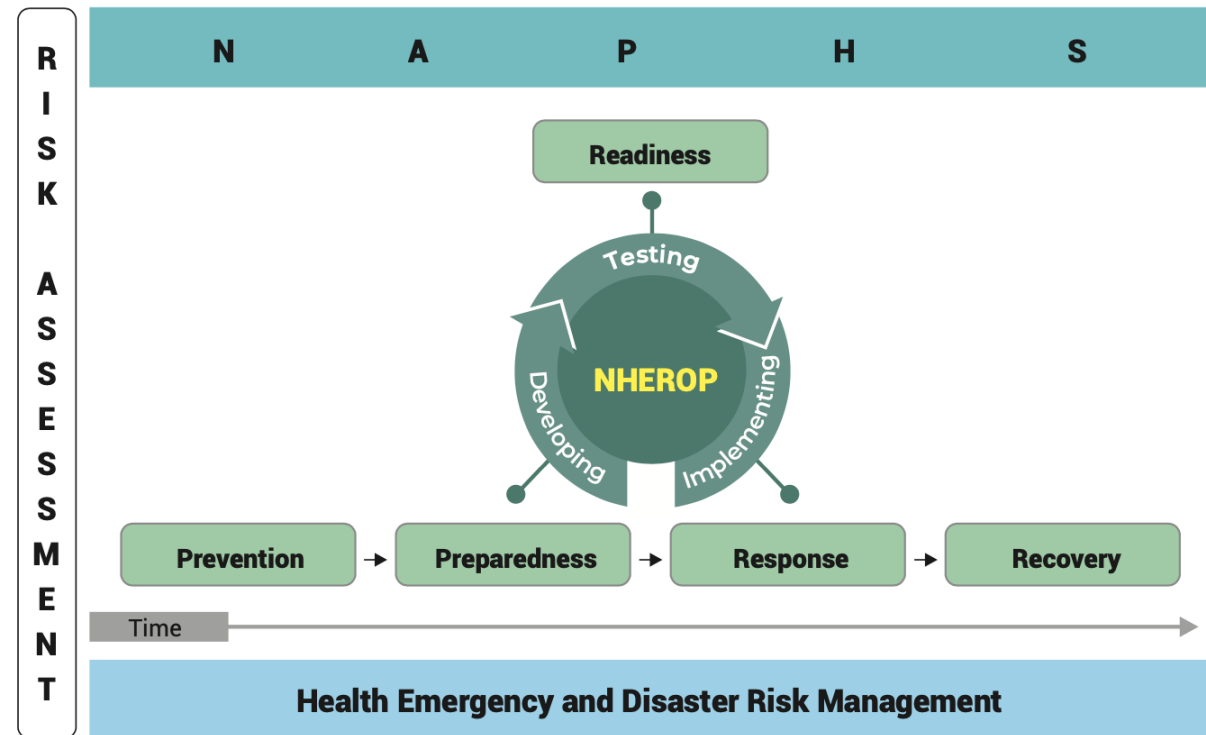
- **agency- or jurisdiction-specific,**
- and **detail the resources, capacities and capabilities** that the agency or organization will employ in its response.

# NHEROP - part of an emergency risk management cycle

An NHEROP is implemented as an **integral part of an emergency risk management cycle**, in which the **steps for comprehensive and effective risk management** are defined as:

- prevention,
- preparedness,
- response,
- and recovery

Figure 1. The health emergency and disaster risk management cycle



**Legend:**

**NAPHS:** National Action Plan for Health Security or any other capacity development plan

**NHEROP:** National Health Emergency Response Operations Plan

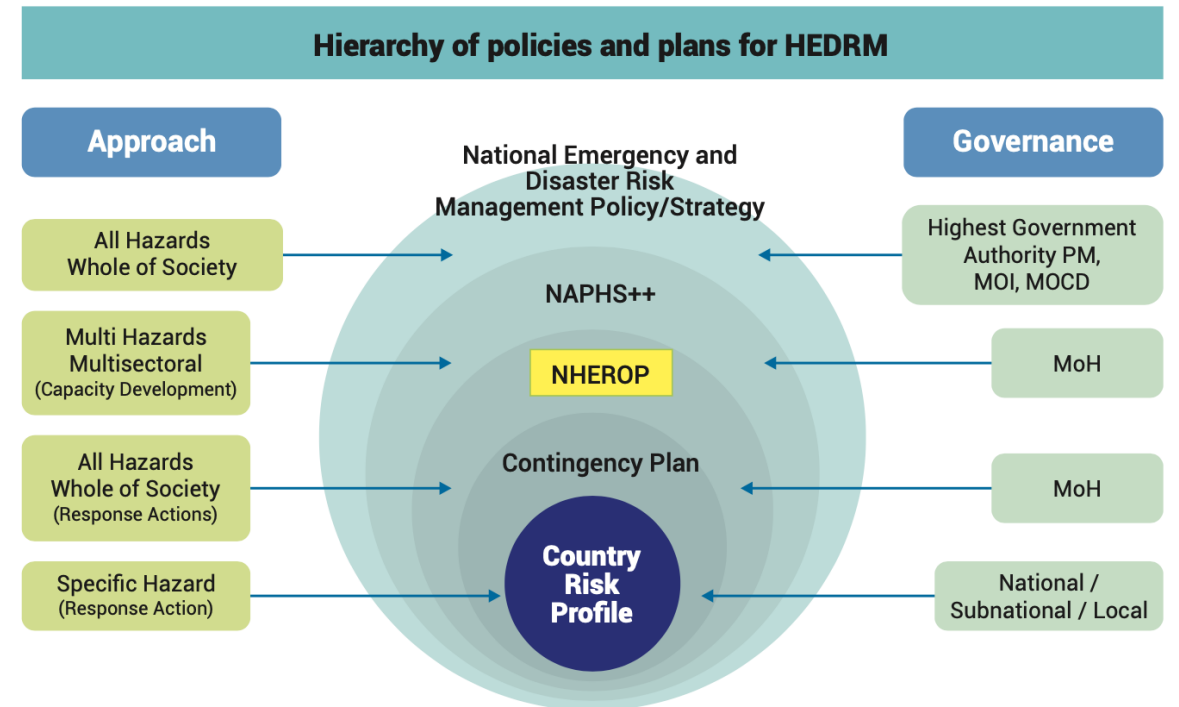
# Hierarchy of policies and plans for HEDRM

All countries have **health policies and plans** that **reflect their health and disease priorities** and which are enacted by ministries of health.

Countries are also **likely to have an all-hazards National Emergency and Disaster Risk Management strategy/policy** and other relevant strategies and policies at the highest level of the national system.

The development of an NHEROP must **respect these pre-existing policies and strategies.**

Figure 2. Hierarchy of policies and plans



**Legend:**

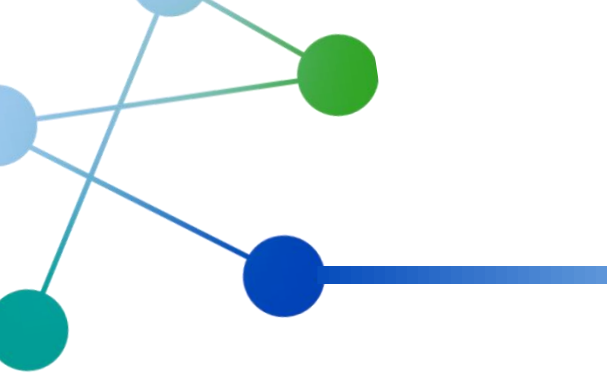
- NAPHS++:** National Action Plan for Health Security | ++ Other Capacity Development Plans
- NHEROP:** National Health Emergency Response Operations Plan
- MoH:** Ministry of Health
- MOI:** Ministry of Interior
- MOCD:** Ministry of Civil Defence
- PM:** Office of the Prime Minister

# Guiding principles



- An all-hazards approach
- Whole-of-society, multisectoral/multidisciplinary engagement
- A community-centered (bottom-up) approach
- Inclusiveness to ensure no one is left behind
- Right based risk informed approach
- Humanitarian principles





## The NHEROP methodology

THE NHEROP METHODOLOGY			
STEP I	STEP II	STEP III	STEP IV
<p><b>PREPARATION FOR THE NHEROP</b></p> <ul style="list-style-type: none"> <li>• Obtain political agreement</li> <li>• Identify and map stakeholders and their resources</li> <li>• Analyse the emergency and disaster country risk profile</li> <li>• Review the emergency preparedness and response capacity assessment</li> <li>• Develop a national inventory of existing plans, regulations and legislation</li> <li>• Form planning teams:               <ul style="list-style-type: none"> <li>• NHEROP focal person,</li> <li>• NHEROP task team,</li> <li>• NHEROP drafting team</li> </ul> </li> <li>• Brief the teams</li> <li>• Identify financial resources for the NHEROP development</li> <li>• Prepare a monitoring and reporting protocol</li> <li>• Establish a timeline</li> </ul>	<p><b>DEVELOPING THE NHEROP</b></p> <ul style="list-style-type: none"> <li>• Delegate tasks</li> <li>• Define the outline and contents of the Plan</li> <li>• Analyse the background information</li> <li>• Conduct the planning workshop</li> <li>• Draft the NHEROP</li> <li>• Review stakeholder comments and finalize the NHEROP</li> </ul>	<p><b>FINALIZATION OF THE NHEROP</b></p> <ul style="list-style-type: none"> <li>• Publication</li> <li>• Dissemination</li> </ul>	<p><b>TESTING AND TRAINING</b></p> <ul style="list-style-type: none"> <li>• Training on NHEROP</li> <li>• Testing/ Simulating the NHEROP</li> </ul>





# Lessons from the COVID-19 pandemic - May 2023, ECDC

This document aims to collate and present the lessons identified from the public health stakeholders who responded to the COVID-19 pandemic. It is intended to serve as input for countries revising their pandemic or emergency preparedness plans.

A structured review of the response to a public health threat in order to learn lessons for future response should be built into the continuous preparedness cycle of anticipation, response and recovery from an incident.

Four lesson areas, each one representing a critical component of the response to a health threat:

- Lesson Area 1: Investment in the public health workforce
- Lesson Area 2: Preparing for the next public health crisis
- Lesson Area 3: Risk communication and community engagement
- Lesson Area 4: Collection and analysis of data and evidence.

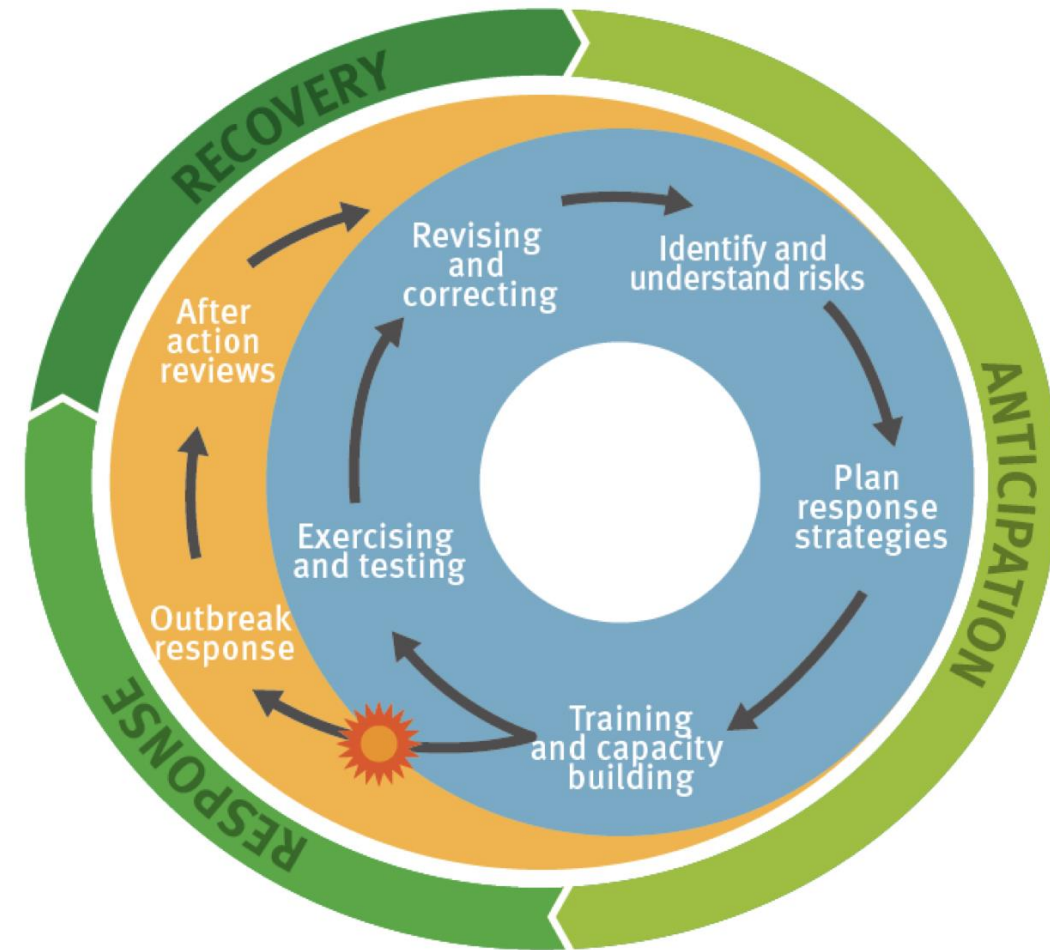
# Preparedness and response cycle, IAR, AAR

The **preparedness and response cycle** should be seen as a continuous process of

- planning;
- identification and prioritisation of risks;
- training and simulation exercises;
- after action reviews;
- evaluation of lessons learned,
- and implementation of the required organisational actions and changes.

Tools such as **In-Action Reviews (IAR)** and **After-Action Reviews (AAR)** can assist the **identification and collection of lessons learned** from the response to an incident.

Figure 1. The preparedness cycle



# Lesson areas identified

- All lessons were reviewed and consolidated under four lesson areas, to improve readability and understanding of the areas where issues were identified
- Each one of these four areas represents a critical component of the response to a health threat and has an independent role in the function of public health generally. However, all four areas are closely interconnected and could be considered under the overall heading of pandemic preparedness planning.

**Figure 3. Lesson areas identified by ECDC from the COVID-19 pandemic**



Source: ECDC

# Developing Treatment Guidelines During a Pandemic Health Crisis: Lessons Learned From COVID-19

## - 2021 Jun 15, American College of Physician

The development of the National Institutes of Health (NIH) COVID-19 Treatment Guidelines began in March 2020 in response to a request from the White House Coronavirus Task Force. Within 4 days of the request, the **NIH COVID-19 Treatment Guidelines Panel was established.**

The Panel comprises 57 individuals representing 6 governmental agencies, 11 professional societies, and 33 medical centers, plus 2 community members

**Developing treatment guidelines for a pandemic health emergency proved to be very different from developing guidelines for nonpandemic medical conditions.**

The article summarizes some of the lessons learned from the Panel's work.



**Table.** Lessons Learned

Need for guidelines	During a pandemic, there is a compelling need for unbiased, accurate, and up-to-date treatment guidelines. Treatment recommendations must at times be made on the basis of scarce data or conflicting study results.
Multidisciplinary working groups	For complex, multisystem diseases, the Panel works more effectively and expeditiously when multiple relevant disciplines are represented. Biostatisticians and clinical trial experts are essential to ensure optimal interpretation of data.
Infrastructure and resources	Frequent updates require substantial administrative support to ensure currency, accuracy, and readability.
Data sources	Well-powered randomized clinical trials provide the most compelling evidence, although valuable information can be derived from well-designed observational studies. The Panel does not need to restrict its review to published data, although study results that are not peer-reviewed must be interpreted with caution.
EUAs	EUAs are an FDA mechanism to provide access to investigational drugs. The Panel's role is to provide the best treatment recommendations regardless of EUA status. There is not always concordance between the Panel's and the FDA's missions.
Effective, rapid communication	Recommendations need to be straightforward and consistent. Communication with stakeholders is facilitated by a user-friendly platform. Treatment guidelines must be revised frequently and quickly as new information about treatment emerges.
Outside pressure	The guideline process must be protected from outside pressure if its recommendations are to be credible and evidence-based.
Children and pregnant individuals	It is imperative to include treatment recommendations for populations often excluded in clinical trials, including pregnant individuals and children.
Collaboration	The guidelines process is enhanced by members who understand how to work effectively in groups. Collaboration and communication among different disciplines and with relevant government agencies and professional societies enhanced the quality of the guidelines.

UA = emergency use authorization; FDA = U.S. Food and Drug Administration.