LASER PULSE

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT BUREAU FOR HUMANITARIAN ASSISTANCE (USAID/BHA) COVID-19 RESPONSE

THEMATIC EVALUATION 1: PANDEMIC PREPAREDNESS CAPACITIES IN HUMANITARIAN SETTINGS

The Epilogue is The Prologue
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TANGO/TULANE EVALUATION TEAM

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OUTLINE

- Evaluation Background and Methods
- Evaluation Findings
- Conclusions and Recommendations

Photo credit: USAID/Jordan

EVALUATION BACKGROUND AND METHODS

BACKGROUND TO THE THEMATIC EVALUATIONS

Purpose of the Thematic Evaluations: To conduct in-depth thematic analyses into aspects of BHA's Fiscal Year (FY) 2020 - 2022 COVID-19 response, with particular focus on improved future management of large-scale infectious disease outbreaks and/or global emergencies.

Final Topics:

1. Thematic 1: Pandemic Preparedness Capacities in Humanitarian Settings
2. Thematic 2: Lessons on BHA Surge Funding

RATIONALE FOR THEMATIC 1

Photo credit: TANGO/ANED/Honduras

Rationale for Selection of Thematic 1

- Builds on global efforts to maintain good practices and lessons learned from the COVID-19 pandemic, including:
  - Pandemic Treaty negotiations
  - 2024 United States Government (USG) Global Health Security Strategy
  - 2023 World Health Organization (WHO) Health Emergency Preparedness, Response and Resilience (HEPR) framework
- Investments into country and community pandemic response can be maintained/adapted to serve as long-term preparedness capacities in humanitarian settings

THEMATIC 1 RESEARCH QUESTIONS

Question 1: What pandemic preparedness capacities were strengthened in the humanitarian architecture across levels? What gaps remain?

Question 2: How can capacities be built and sustained in fragile, conflict-affected and vulnerable (FCV) settings?

Question 3: What promising practices emerged from BHA support?

Findings were framed within the five c's of WHO's HEPR framework (see graphic)

Note: Capacities may be directly or indirectly supported by BHA funding strategies.

Photo credit: Strengthening health emergency prevention, preparedness, response, and resilience (WHO, 2023)

EVALUATION METHODS AND SOURCES

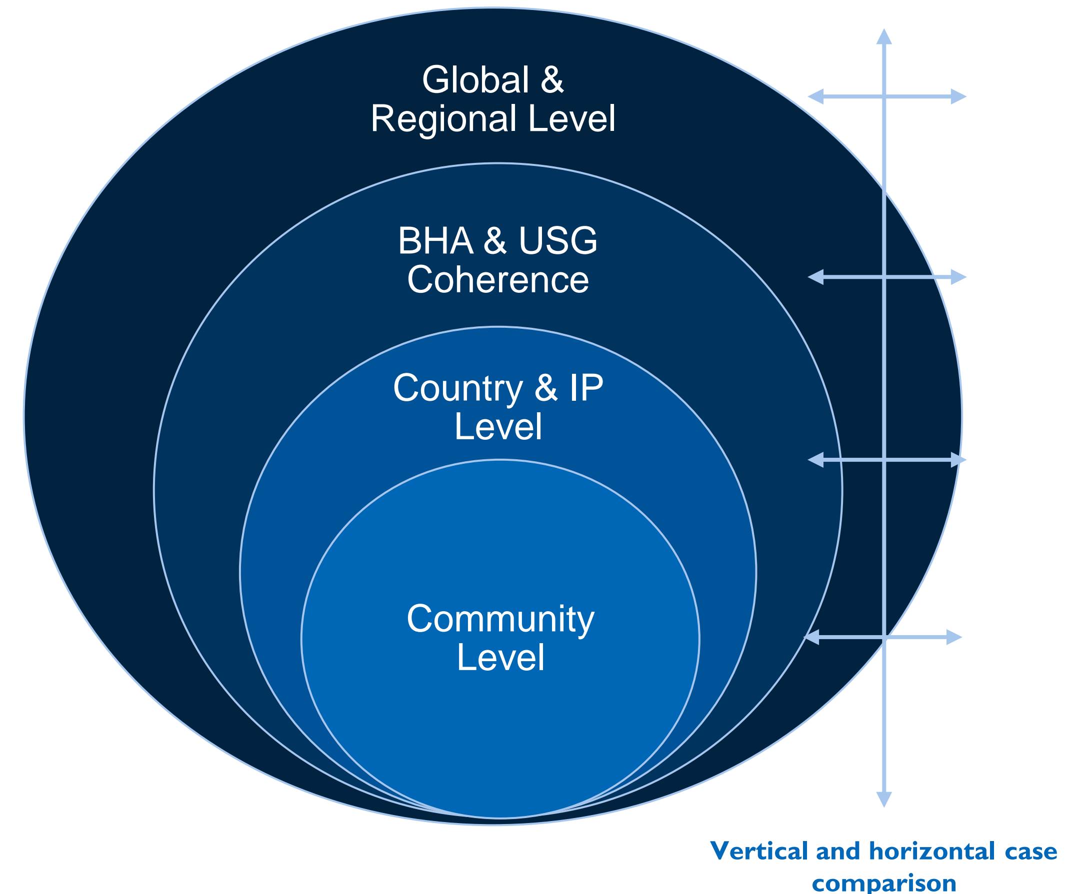
Methods

- Capacities across levels were framed by an adapted social-ecological model and Development Assessment Committee evaluation criteria[1]
- Embedded multiple case study design[2]
- Analysis identified cases where capacities were built across the system (vertical), and compared cases within each level (horizontal)

Key Evidence Sources

- Key Informant Interviews (KIIs) with Implementing Partners (IPs,) BHA and other stakeholders
- Syria, South Sudan, and Honduras case study evidence: KIIs, Focus Group Discussions, and Health Worker (HW) surveys
- Relevant award reports and literature

Thematic 1 Multi-level Model:



Vertical and horizontal case comparison

Citations: [1](Bronfenbrenner, 1977; OECD/DAC, 2021), [2](Scholz & Tietje, 2002)

EVALUATION FINDINGS

GLOBAL AND REGIONAL CAPACITIES

Photo credit: USAID/Kenya

Sector Coordination

- Documented lessons learned, built tools and preparedness strategies, and augmented surge and technical support
- *Gap: Unreliable long-term funding threatens future pandemic preparedness and response capabilities*

Information Management

- Investments improved non-governmental organizations' (NGO) secondary data collection and multi-sectoral needs assessment capacities
- *Gap: Need greater data sharing for situation monitoring and surveillance to assess threats*

Global Training Resources

- Investments in highly-used online WHO courses led to rapid training development and translation capacities
- *Gap: Need to assess outcomes/effectiveness of online trainings*

GLOBAL AND REGIONAL CAPACITIES, II

Health Service Monitoring

- WHO's Health Resources and Services Availability Monitoring System (HeRAMS) expanded geospatial usage and available data points
- *Gap: Evaluation not able to assess use for infectious disease response*

RCCE Harmonization

- Evaluation of Risk Communication and Community Engagement (RCCE) Collective Service
- **System-wide example**: Improved International Federation of Red Cross and Red Crescent Societies' (IFRC) Community Engagement and Accountability (CEA) capabilities at global, regional, and national society levels

Humanitarian Buffer

- BHA and Bureau for Global Health (BGH) coordination with Gavi and other actors to improve future humanitarian vaccine responses and strategies
- *Gap: NGOs struggled with liability/working with governments, need to ensure humanitarian populations are considered*

Photo credit: USAID/South Sudan

BHA AND USG COHERENCE

USG Key Improvements

- New USG interagency coordination response structure led by National Security Council – Improved coordination for MPOX response
- Developments of new bodies like the White House Office of Pandemic Preparedness and Response Policy, State Department Bureau of Global Health Security and Diplomacy, and BGH Outbreak Response Team (resulting from Ebola)

BHA Specific Coordination

- Direct coordination between BHA and the Centers for Disease Control and Prevention (CDC) ensures program alignment
- USAID Outbreak Response Framework (revised in 2023) found to be useful

Coordination Gaps

- Need further operational planning and interagency response framework simulation exercises

"We are making efforts around further refining our roles in what we are supposed to do to prevent, detect, and respond to the next outbreak." – BHA KII

BHA AND USG COHERENCE, II

- **Strategic Positioning**: BHA's decision to ensure the FY 2021 response considered the secondary effects of the pandemic was highly effective
- **Promising Strategy**: Using Fixed Amount Awards to build pandemic capacities allows for flexibility and built-in accountability.

However, improvements are needed:

- Linking the release of funding to milestone completion (not report submission)
- Reducing number of milestones
- Milestones should be linked across program areas

Photo credit: USAID/Kenya

COUNTRY AND IP ORGANIZATIONAL LEVEL

Local government coordination, capacities, and multi-sectoral response

- COVID-19 funding and response improved coordination between IPs and governments, supports for future outbreak and all-shock response
- Increased local government capacity and enabled better multi-sectoral responses, which contributed to national coordination
- Sustained partnerships with Ministry of Health clinics facilitated ongoing availability of health and nutrition services

Photo credit: TANGO/ANED/Honduras

"We actually did a lot of activities for… the disaster risk management agency of government and… I can personally see the increase in their capacity… when there's an emergency, they are able to mobilize and use the contingency planning properly." – KII IP Mozambique

COUNTRY AND IP ORGANIZATIONAL LEVEL, II

Photo credit: TANGO/Jordan

Adaptive Management

- High level of adoption of COVID-19 protocols and IP adaptive management to maintain essential services
- Repurposing isolation areas and labs is an example of sustaining and adapting capacities beyond the COVID-19 pandemic

Response and Operations Capacity

- Training programs like READY Initiative built NGO and country level capacities, which apply to other emergencies
- WHO filled personnel gaps in priority humanitarian settings and built checklists for countries to improve readiness

Overall Gaps

- Sustainability is dependent on stable funding: e.g., cuts in South Sudan led to backsliding in health and nutrition outcomes
- Many mental health and psychosocial support (MHPSS) activities decreased/ceased after pandemic funding

COMMUNITY LEVEL

Health Worker (HW) and Facility Protection

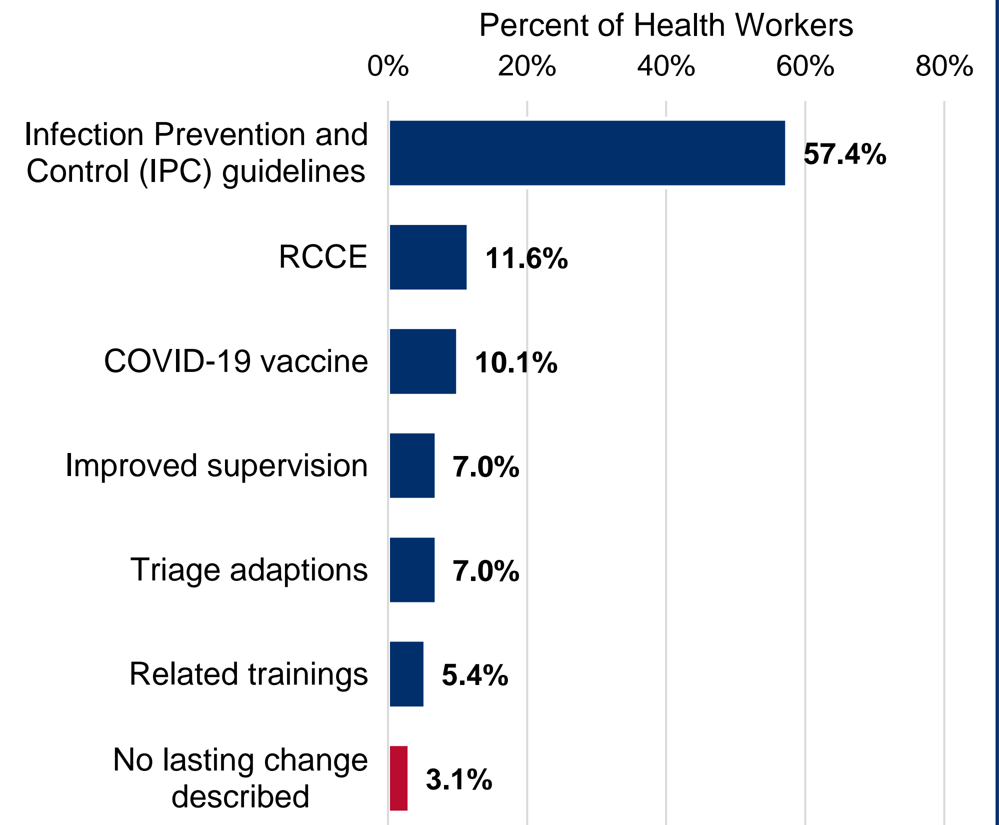
- 97% of HWs felt “mostly confident” about facing future outbreaks/pandemics
- Organizations integrated COVID-19 learning (see chart)
- HWs reported applying learning from COVID-19 to other outbreaks (ex: cholera, dengue, etc.)
- 80% of HWs felt supported for future outbreaks

RCCE and Community Trust

- HWs and IPs reported improved capacities in community-engaged communications

Overall Gaps

- Lack of ongoing refresher trainings, staff shortages, inconsistent worker pay, and medical supply shortages



Source: Health Worker Survey (n=129)

PANDEMIC CAPACITIES IN CONFLICT SETTINGS

- In settings where state actors are weak, absent, or hostile, Public International Organizations (PIOs) and their country-level partners are especially important actors – WHO improved staffing of country teams in these settings
- Governments may be capable and engaged with local health stakeholders and should not be overlooked as key players
- Building HEPR capacities in conflict settings requires investing in capacities including:
    - Frontline human resources
    - Strong local systems/infrastructure
    - Community engagement capacities

Case Study Approaches to Capacity Building

Country & Setting	Approach
Syria Protracted armed conflict, fractured control, earthquake	Engaging existing authorities and community leaders for service delivery
South Sudan Protracted armed conflict, post-civil war and floods	Building trust in systems at local levels among isolated, displaced populations
Honduras Gang violence/ regional insecurity and hurricanes	Supporting public health system linked to community health committees

PROMISING PRACTICE

Health Supply Chain and Logistics

- WFP's use of regional and sub-regional hubs for response was effective
- WFP was key in transportation of supplies, but lacked technical expertise to facilitate the management of some pharmaceuticals and medical commodities (PMC)
- WHO Operations Supply and Logistics has taken a more operational role in PMC supply chain management
- Pooled procurement and prepositioning PMC at regional hubs were effective in improving response, verified by KIIs in South Sudan

Photo credit: TANGO/Jordan

CONCLUSIONS AND
RECOMMENDATIONS

CONCLUSIONS

Global and Regional Preparedness Capacities were built for cluster coordination, surge and information mechanisms, coherence of RCCE/CEA strategies among stakeholders, and in advancing the WHO Health Emergencies (WHE) program's operational role in health supply chain and logistics.

For BHA and USG Coherence great progress has been made internal to BHA and across relevant USG offices to improve and institutionalize coordination.

Important Capacities at Country and IP Level included improved local government coordination and capacity strengthening, as well as building IP adaptive and operational capacities among their staff and systems.

At the Community Level the COVID-19 response left a legacy of improved Infection Prevention and Control (IPC) among frontline health facilities, which need to be maintained for future pandemics.

Key Strategies for Pandemic Capacities in Conflict Settings requires a nuanced approach, integrating governments when they are capable, and working with PIOs and local partners in settings where state actors are weak, absent, or hostile. Engaging and building trust with local stakeholders is also key to sustainability.

Overall, building lasting capacities in humanitarian settings requires persistent investment, coordinated efforts across sectors and levels, and unwavering commitment by humanitarian donors and actors.

Photo Credit: TANGO/Guatemala

RECOMMENDATIONS FOR USAID/BHA

Photo credit: TANGO/Jordan

1. Collaborate with BGH and CDC on a plan for multi-year capacity building of the humanitarian architecture for future pandemics.
2. Integrate the above pandemic capacities strategy into its ongoing country-level humanitarian health awards to ensure outbreak readiness.
3. Advocate for flexibility to support local government capacity building through partners where appropriate, and leverage health clusters where possible.
4. Consider partnering with initiatives that invest in training institutions to support the health workforce in protracted emergencies.
5. Fund impact evaluations of e-learning programs and include real-time assessments of their effectiveness in future allocations.

RECOMMENDATIONS FOR HUMANITARIAN PARTNERS

6. Continue fostering COVID-19-era mechanisms for multi-sectoral response coordination, and IPs should enhance support for sub-national coordination with local actors and government entities.
7. Maintain RCCE/CEA skills in emergency contexts, ensuring their integration into ongoing response efforts.
8. Develop sustainable mechanisms for continuous training and refresher courses, investing in robust systems to support these efforts.

Photo credit: TANGO/Jordan

THANK YOU!

Check out the ANNEX for case study reports and other supplementary information

Find other deliverables of this COVID-19 evaluation series here:

- **Thematic 2 Evaluation Report**: Lessons on BHA Surge Funding
- **Performance Evaluation Reports**: Overview of portfolio-level activities and findings

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