

COVID-19 Sustainable Response Planning

Guiding Questions for Response Workforce and Operational Resiliency Considerations in a Protracted Response

Over the last year, countries across the globe have escalated their efforts in the ongoing COVID-19 response.¹ Due to the protracted and unique nature of this response, it is important to identify critical points during the response cycle to strengthen workforce and operational resiliency in order to sustain an effective response.^{2,3} For the purposes of this guidance document, workforce resiliency is defined as the physical and mental wellbeing of responders and operational resiliency as the ability to deliver critical ongoing response operations.

This document aims to identify critical considerations for response leaders developing sustainable and effective COVID-19 response plans. The document defines key factors underlying the monitoring and evaluating of both workforce and operational performance, as well as determining a transition strategy from a response-driven operation to existing or newly created public health programs. This latter key consideration, transitioning key COVID-19 activities to public health programs *during* a protracted response, can: 1) distribute the responsibilities and response efforts across the public health system to elevate the demands on the response coordination unit; and 2) ensure long-term sustainability of these operations with early incorporation to the public health system.

The questions included in this document are designed to guide discussion on workforce resiliency, response operational resiliency, and the capacity required for a sustainable transition from an active emergency response to integration into existing or newly created public health programs. The questions were developed by the U.S. Centers for Disease Control and Prevention subject matter experts and aligned with the current World Health Organization COVID-19 Strategic Preparedness and Response Plan and its nine public health response pillars.⁴ The questions are not comprehensive but designed to initiate discussion and should be adapted to the response context.

This document can be used at any time during a protracted public health emergency response to guide sustainable response planning but can be considered for inclusion during:

- Intra-action review process⁵
- Incident Action Plan updates⁶
- Other regular response review processes

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1. Centers for Disease Control and Prevention. Global COVID-19. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/> [Accessed 11 Dec 2020].
 2. Mayigane LN, de Vázquez CC, Vente C, Charles D, Copper FA, Bell A, et al. The necessity for intra-action reviews during the COVID-19 pandemic. *The Lancet Global Health*. 2020;8(12):e1451-e2.
 3. Timmis K, Brüßow H. The COVID-19 pandemic: some lessons learned about crisis preparedness and management, and the need for international benchmarking to reduce deficits. *Environ Microbiol*. 2020;22(6):1986-96.
 4. World Health Organization. Monitoring and evaluation framework: COVID-19 strategic preparedness and response. Available from: <https://www.who.int/publications/i/item/monitoring-and-evaluation-framework> [Accessed 11 Dec 2020].
 5. World Health Organization. Guidance for conducting a country COVID-19 intra-action review (IAR) 2020. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1 [Accessed 11 Dec 2020].
 6. Centers for Disease Control and Prevention. Function 3: Develop incident response strategy. Available from: https://www.cdc.gov/cpr/readiness/00_docs/capability3.pdf [Accessed 11 Dec 2020].



Workforce Resiliency

Human Resources

1. How are staffing needs within the technical lanes or pillars prioritized and assessed regularly for the following during a response:
 - a. Subject matter experts
 - b. General operational staff
 - c. Leadership/Management
 - d. Alignment with response objectives
2. How are positions assessed to ensure they are being utilized/tailored for the needs of the response?
3. What other sources of response staff (e.g. emergency medical teams, external partners) can be considered for ongoing response support?
4. For long-term staffing consideration and addressing competing needs for recruiting expertise across the response, have roles been evaluated to be:
 - a. Full-time commitment vs. part-time commitment as part of a rotation?
 - b. Full-time commitment vs. part-time commitment of permanent hired response staff?

Training and Development

1. What efforts are in place to train and onboard new or existing staff as the response evolves?
2. How are response leadership members specifically trained in personnel management within a response for
 - a. Performance management and evaluation?
 - b. Onboarding and out-processing?
 - c. Activity documentation?
3. What abbreviated, just-in-time trainings have been developed to onboard new staff quickly?
4. Is there a handoff process involving the incoming and outgoing response staff? Can overlap be instituted as part of the transition process?
5. How are training needs projected (e.g. vaccine administration just-in-time training, cold-chain logistics, etc.)?
6. What additional resources can be provided to deployers to equip them with the knowledge, skills, and attitudes for job performance?

Workforce Resiliency (continued)

Workforce Culture

1. How does the response promote a culture that enhances and protects the psychological and physical well-being of their workforce?
2. How is situational awareness among the workforce promoted to meeting the objectives of the response and understanding the impact of each staff member's work contributing to the overall goals of the response?
3. How are response updates communicated to the workforce to ensure their understanding of the current context, threats, and its effect on response objectives?
4. How is time off (e.g. rest periods) implemented during and between deployments?
5. How does the response monitor and assess workforce stress? Is there a process to survey or debrief with staff?
6. What assessments are in place to evaluate the work performance and mental well-being of rotational staff during a response?
7. What systems (e.g., multi-sectoral mental health and psychosocial support technical working group) and measures (e.g., counselling services, stress-management training) are in place for addressing occupational exhaustion amongst response staff?
8. What mental health services are accessible to staff during a response (i.e. pre-, during, and post-deployment)?
9. What policies or procedures are in place to protect and ensure the well-being of deployers?
 - a. What mechanisms are in place for providing deployer support and addressing their needs?
 - b. What processes are in place to support staff taking time-off due to an emergency or sudden departure from response work/responsibilities?
 - c. How is an open and safe culture promoted that allows the workforce to request time off or express exhaustion/stress?
 - d. In the event of deployment conflict (i.e. management, time commitment etc.), how are issues and concerns mediated (e.g. deployee advocate)?
10. What resources and services will continue to be provided when the response is transitioned to public health programs?

Infrastructure

1. What initiatives or activities are provided to support workforce recruitment, retention, and resiliency during the response? Such as:
 - a. incentives
 - b. awards programs, recognition of achievements
 - c. health monitoring and medical coverage
 - d. psychological and mental health resources (i.e. employee programs, access to counseling services)

Response Operational Resiliency

Pillar	Discussion Questions
Country-Level Coordination	<ol style="list-style-type: none"> 1. What actions are being implemented to ensure that response operations can continue in the long-term? <ol style="list-style-type: none"> a. Workforce (see above) b. Funding c. Intervention Resources/Procurement (e.g. equipment, supplies, tools, etc.) 2. How are response needs projected and planned for <i>future</i> response efforts (e.g. vaccine introduction and staff training)? 3. What technical areas are critical to remain in the formal response structure versus can be transitioned to existing public health programs/sectors? 4. What are the criteria to shift from response-driven operations to public health programs (e.g. technical area, program, staff, etc.)? 5. What funding, staffing, and resource requirements need to be identified when transitioning aspects of the response to certain public health programs? 6. How can the scope and scale of the incident be reduced to a level of activity and requirements that the public health program can effectively and efficiently manage within their current capabilities and resources? 7. How will information continue to be shared among response stakeholders if technical areas transition to a public health program/sectors? 8. How will cross-cutting COVID-19 mitigation measures be incorporated into existing public health programs and activities?
Risk Communication	<ol style="list-style-type: none"> 1. If a surveillance system was implemented to identify and track COVID-19 associated rumors and misinformation, will this be continued or incorporated into existing surveillance systems (such as event-based surveillance, community-based surveillance, or any other communication surveillance system)? 2. How will ongoing and future COVID-19 information products/media/messaging be approved for public dissemination (e.g. internal clearance process)? 3. How will COVID-19 response communication resources be maintained while transitioning to public health programs (e.g. archiving, continual updating, etc.)? 4. How will future COVID-19 communication resources be shared with intended audiences upon transition to public health programs?
Surveillance	<ol style="list-style-type: none"> 1. How will COVID-19 surveillance during the response be integrated into existing surveillance programs? <ol style="list-style-type: none"> a. Who will be the key stakeholders involved in this process? 2. What surveillance criteria will be used to help determine the continuation of current response operations versus transitioning certain response operations to public health programs? For example: <ol style="list-style-type: none"> a. Has the epi-curve of confirmed cases peaked or shown continuous deceleration for a predetermined timeframe by subject matter experts? b. Is there evidence of a sustained human-to-human transmission for a predetermined timeframe by subject matter experts? c. Have case demographics (i.e. socioeconomic status, ethnicity and race, vulnerable populations) stabilized and not changed for a predetermine timeframe by subject matter experts? 3. How will the contact tracing program continue to function to mitigate and track COVID-19 outbreaks after the transition to public health programs?

Response Operational Resiliency (continued)

Pillar	Discussion Questions
Border Health	<ol style="list-style-type: none"> 1. Do points of entry have sustainable resources and capabilities to respond to COVID-19 events on an ongoing basis? <ol style="list-style-type: none"> a. Training materials and job aids b. Permanently posted staff c. Established training and exercise programs d. Enough equipment and isolation space e. Systems in place to conduct contact investigations and quarantine enforcement f. Authority to impose travel restrictions 2. What mechanisms and criteria will be used to assess whether to initiate, continue or suspend COVID-19 enhanced screening at points of entry such as temperature and syndromic screening, testing of travelers, or requirement of prior to arrival negative test result? 3. How will points of entry be identified for continued COVID-19 surveillance? 4. How will COVID-19 surveillance at points of entry be incorporated into existing surveillance systems (if not already)? 5. Are there formalized agreements and procedures with neighboring countries that are operationalized to mitigate the risk of cross-border COVID-19 spread? <ol style="list-style-type: none"> a. If yes, please describe the agreements or procedures in place. 6. How will points of entry continue to monitor the epidemiological situation in other countries and adjust points of entry measures? 7. How will cross-border information and COVID-19 response activities continue to be coordinated with neighboring countries? 8. How will COVID-19 risk communication materials be distributed to targeted mobile populations depending on the epidemiologic situation? 9. If collected, will data on border crossings continue to be routinely used to inform public health decision making and interventions?
Laboratory	<ol style="list-style-type: none"> 1. What will be the process and who will be responsible for continuing to monitor up-to-date laboratory information and developing the appropriate guidance? 2. Is there a national or central laboratory system capable of safely and accurately conducting the full range of tests necessary to detect and characterize COVID-19 cases? <ol style="list-style-type: none"> a. Are there service contracts/warranties in place for critical equipment (e.g. tests, reagents, testing equipment, personnel, personal protective equipment, etc.) to avoid lapses in testing capacity? 3. How will <i>routine</i> laboratory capacity assessments be conducted to address deficiencies, assess needs, and establish protocols for month-to-month planning and to meet surge capacity? 4. Does the laboratory have appropriate systems/controls to monitor for equipment failure/power outages? 5. Has an institutional program been identified to absorb SARS-CoV-2 testing laboratories upon transition to public health programs, if not already available (i.e. established laboratories and their teams)? 6. How will rapid laboratory information sharing and data analysis be sustained (e.g. Laboratory Information Systems and results reporting databases)? 7. What plans, guidelines, and SOPs are in place for safe shipment and testing of specimens from suspected COVID-19 cases at national and subnational laboratories? 8. How will the diagnostics, data quality, and staff performance be monitored and evaluated? 9. How will laboratory testing quality be monitored, including quality indicators? 10. Have national laboratories established international partnerships (i.e., WHO Collaborating Centers) to provide technical assistance/support during changing epidemiological situations or to support during changing epidemiological situations or to support additional testing needs (i.e., BSL-3 capacity for virus culture or genotyping for global strain surveillance)?

Response Operational Resiliency (continued)

Pillar	Discussion Questions
Infection Prevention and Control (IPC)	<ol style="list-style-type: none"> 1. Have the minimum requirements for the national COVID-19 IPC program been met? (Minimum requirements example: 1) One full-time focal point trained in IPC; 2) A dedicated budget for implementing IPC strategies/plans) 2. What systems are in place to link healthcare facilities with national and subnational IPC programs? 3. Has a national training policy and curriculum been developed that would ensure the following: <ol style="list-style-type: none"> a. All healthcare workers are trained in IPC? b. An IPC national curriculum that is aligned with national guidelines? c. A national system and schedule of monitoring and evaluation is in place to annually assess the effectiveness of IPC training and education? 4. How will IPC healthcare associated infection, surveillance, and monitoring be continued (e.g. national technical working group)? <ol style="list-style-type: none"> a. What efforts/activities need to be instituted to ensure that healthcare facilities can independently achieve COVID-19 IPC standards without requiring continuous external response support? 5. What is the predetermined percentage (if applicable) for the following: <ol style="list-style-type: none"> a. Healthcare facilities establishing an alert system for nosocomial transmission? b. National and healthcare facility focal points been trained on IPC standards? 6. What monitoring and evaluation process have been established to continue to track COVID-19 specific IPC standards, guidance, and recommendations?
Case Management	<ol style="list-style-type: none"> 1. What efforts/activities need to be instituted to ensure that COVID-19 case management standards can be independently achieved without requiring continuous external response support? 2. What will be the process and who will be responsible for monitoring COVID-19 specific recommendations for patient care and guidance? 3. How will the central database(s) be monitored to share updated recommendations, information, and/or alerts specific to COVID-19? 4. How is the response preparing and utilizing community resources (e.g. isolation centers) and health workers to sustain response efforts? 5. How will case management be incorporated with epidemiology, surveillance, and laboratory when transitioning into programs (e.g. contact tracing)?
Operations and Logistics	<ol style="list-style-type: none"> 1. How is the procurement of resources determined to meet ongoing response operations? How is this included in the sustained response planning? Considering: <ol style="list-style-type: none"> a. Intervention supplies b. Transportation c. Medical d. Security e. Safety
At-Risk Populations	<ol style="list-style-type: none"> 1. How will at-risk populations and their needs continue to be identified? 2. Who will be the responsible individuals/institutions leading efforts focused on the needs of at-risk populations? 3. How will ongoing development of COVID-19 specific recommendations for in-country vulnerable populations be facilitated? 4. How will training regarding and resourcing relative to the above occur to ensure effectiveness in serving populations identified in the different spaces of leadership associated with different response units, such as task forces and teams?