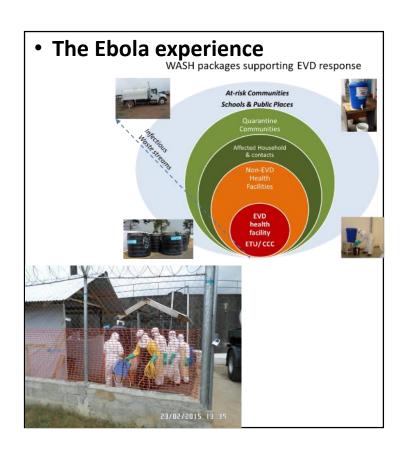
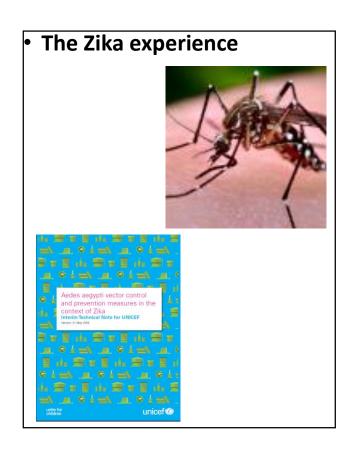


WASH response to health emergencies



WASH response to health emergencies



Why HEPI

- Post Ebola UNICEF evaluations improve UNICEF preparedness and response to epidemics/pandemics
- Each outbreak requires collective actions from all sectors (beyond health)— Provide clear guidance and avoid delay in engagement/mobilize from the onset
- Challenging to navigate technical standards outbreak 101 for the non-epidemiologist
- New IASC Level 3 (L3) Activation Procedures
 for Infectious Disease Events requiring other
 actors and sectors/clusters to be ready.



INTRODUCTION

he year 2015 was natified by many smanthintan crises—lackding the reprecedented spread of Ebola is West diffice—and 2016 has presented new and continuing challenges is global sublic health. The recent outbreads of this, cholen, yellow finer and short the reminders of the importance of urwelllance, preparedness, and a wellcordinated response.

We know how serious the impacts of such outbreaks can be on communit Even when a disease does not disproportionately offset children's health, when it strikes their parents, caregivers and communities, it can take a dramatic toll on the ability of the community to provide the care or

A number of global post-Ebola

services that are vital to the health a well-being of children.

UNACE has worked to respond to more years of hold meragencies over the post decodes, and understands the complexities of this type of response. The organization's unique orthwheel michaling cross-sectoral expertise, supply apposities, presented with the lateragency Standing Covernities (MCC) system, instead on already committy approach—earble it to serve as an effective partner for marked processing marked and implementing melti-sectoral emergency responses.

attucture for orthreads and energencia. UNIXEF has not besittled cross for improvement and in September 2015 canceled the Moof Energenciae Proposeduses Intitative p.EFT, This instant all instants or agrantative to a designation of copicity for expossing to headile energencies to being does in coordination with partners, including WHC, the US Cealers for Discoplementative, and IPrevention (CCC) and often, and will be seek to build coopenies entire the CCC and often, and will seek to build coopenies entired the control of the CCC and often, and will seek to build coopenies that yet and the control of the CCC and often, and will seek to build coopenies that yet and the control of the CCC and often, and will seek to build coopenies that yet and the control of the CCC and often, and will seek to build coopenies that yet and the control of the CCC and often, and will be controlled to the controlled that the controlled the controlled that the controlled that

ensure that the world is ready and able

Much of this attention has focused on

the International Health Regulations are

which has established a new Internal

DECEMBER 2016



What does UNICEF bring?

- Experience polio, yellow fever, meningococcal meningitis, measles, cholera, H1N1, Ebola, Zika among others
- Multi-sectoral WASH, Health/immunizations, Risk Communication and Community Engagement, Nutrition, Education, Child Protection and cross cutting areas
- Strong community approach across the sectors
- Procurement and logistics capacity UN's largest procurement agency - influencer of health product markets for supplies and research and development (R&D)
- Experience in emergencies and IASC system cluster lead for WASH, Nutrition, Education and Child Protection area of responsability
- Health Systems and Supply chain strengthening
- Work across the humanitarian-development continuum already present in countries globally

First step: disease selection and categories

Category 1	Category 2	Category 3
Arboviruses: Chikungunya, Dengue, Yellow Fever, Zika	Hepatitis E	Diphtheria
Avian influenza, Pandemic influenza	Leptospirosis	Monkeypox
Ebola, Marburg	Novel Coronavisruses (MERS-CoV and SARS-CoV)	Japanese encephalitis
Cholera	Typhoid fever	Pertussis
Malaria	Viral hemorrhagic fevers	Plague
Measles	West Nile virus	Seasonal influenza
Meningococcal disease	Nipah and related henipaviruses	Shigellosis, Enterohemorrhagic E coli
Polio		Rubella

Packages of Support for Disease Categories

Category 1	Category 2	Category 3
FULL SUPPORT PACKAGE	BASIC SUPPORT PACKAGE	INTRO PACKAGE
Quick note	Quick note	Quick note
Guidance repository	Guidance repository	Guidance repository
HR staff deployment guidance	HR staff deployment guidance	HR staff deployment guidance
C4D material repository	C4D material repository	
Staff roster	Staff roster	
Programme sector guide		
Prepositioned stock (3 months)		

Quick Notes

- For senior management and program managers
- Provides:
 - ✓ Basic information on the disease
 - ✓ Impact on children why engage
 - ✓ Response options
 - ✓ Links to key resources
- Used with other HEPI resources



KEY FACTS

- Yellow Fever causes fever and chills, with headache, backache, and nausea or vomiting. The "yellow" refers to jaundice that affects about 15% of cases after above symptoms occurred.
- Transmission occurs via the bite of an infected Aedes Haemagogus mosquito depending on cycle.
- it is found in Africa, South America and Panama. Estimated 84, 000-170,000 severe cases and 29,000-
- 60,000 deaths in Africa in 2013.
 There is no specific treatment, only supportive care for
- symptoms.

 Control is mainly through vaccination but also vector
- control and personal protection against mosquito bites.

 Routine vaccination with the YF vaccine is from 9 months of age up, however, during an outbreak, vaccination
- Should start at 6 months of age.
 Outbreak thresholds are determined by governments and ministries of health. A single case of YF may indicate an

WHAT IS IT

Yellow fever (YF) is an acute viral lihess ranging from Imited sudden fever and headache to severe liver disease with bleeding; the liver damage gives it the name. YF virus is an arbovirus (transmitted by mosquitoes) that belongs to the genus

WHERE IS IT

Forty seven endemic countries in Africa and Latin America are currently at risk, with a combined population of over 900 million (maps Who and CDC). In Africa, an estimated 500 million people live in 3.4 at risk countries. There are 13 at risk countries in Latin America with Bolivia, Brazil, Colombia, Ecuador and Peru at greatest risk.

In the past, YF has been documented in Europe and North America, but no recent cases have been identified. There were previously no reported cases of YF in Asia, however in 2016, several cases were imported to China from the outbreak in Angola?

1 DECEMBER 2016

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Sector Guides

- For sector program managers, sector/cluster coordinators, technicallevel staff
- Provides:
 - Expanded information on the disease
 - ✓ Sector specific actions
 - ✓ Indicators per sector
 - ✓ Links to key resources
- Additional guides as needed schools, IYCF, vector control, RCCE
- Template developed Pre-incident, Alert and response (local and widespread)
- Consultation with the sectors WASH, Nutrition, Protection and Education

Preparing for Ebola: A Guide for UNICEF

This is a guide for all UNICEF staff in non-affected countries (as part of OBJECTNE', 30 MVHO coadamp UNI-O, 2014bE; To strengthen preparedness of all countries to rapidly detect and respond to an Ebola exposure, especially those sharing land borders with areas of active transmission and those with international transportation hubs? I to help them understand the basic facts about Ebola and UNICEF's roles and responsibilities to prevent and prepare for an outbreak of Ebola, More detailed information can be obtained from WHO Ebola preparedness guide and UNICEF' Ebola Outbreak Response' SharePoint site accessible at https://wnicef.sharepoint.com/

The current Ebola Outbreak

The 2014 outbreak of Exist Virus Dissesse (EVI) in Welva Africa is the first EVI) contraval to left the region and contraval to high the region evid counted in Helitor, The contraval is near Evid to counted in Helitor, The counted in Helitor, The counted is rediscribed. A counted in Helitor, The Counted Interest to Classics Counted in Helitor, and Signaria with coulding counted can be compared with an evily epidemic counted for Evidence for Counted for Helitor Counted and Prevention (EVIC 2014). A counted with the Counted for the Counted and Prevention (EVIC 2014) and the Counted for the Counted for the Counted and Prevention (EVIC 2014). A counted for Evidence (EVIC 2014) and the Counted for Evidence (EVIC 2014) and the Counted for Evidence (EVIC 2014). The region crosses and the Counted for Evidence (EVIC 2014) and the Counted for Evidence (EVIC 2014). The region crosses are considered for E

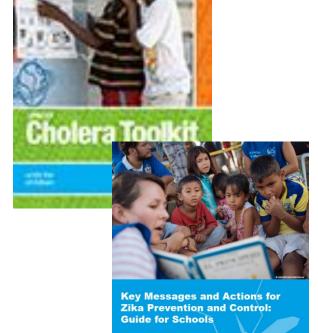
Basic facts about Ebola

The cause: Ebole is caused by ebolevirus that infects humans and nonhuman primates (monking prillss, and chimpanzees) and fruit bats.

I in two ways through all direct contact with sick eaith care workers and caregivers at home) and be the body. Previous outbreaks were concentrated

the body). Previous outbreeks were concentrated in ntact with infected animals. The West African outbreak





Sector Guides

	OKU	•
Categ	\mathbf{U}	
-		

Chikungunya, Dengue,

Yellow fever, Zika

Avian influenza,

Pandemic influenza

Ebola, Marburg

Cholera

Malaria

Measles

Meningococcal disease

Polio

→ Technical guides will be developed per disease

Sector Guides – WASH

WORKING GROUPS

DISEASE LIST

KEY
ACTIVITIES
(tbc with
technical
groups)

#1: Direct contact

Ebola, Marburg

Sludge mngt, WASH in HC, hygiene #2: Air borne / droplet

Avian Influenza, Pandemic Influenza

Hygiene promotion

#3: Vector borne

Zika, dengue, chikungunya, yellow fever

Vector control, waste mngt, hygiene

Sector Guides – Identification of research gaps

WORKING GROUPS

DISEASE LIST

Research gaps

#1: Direct contact

Ebola, Marburg

Example from Ebola

- → Chlorine vs lime
- → Hand-washing options

#2: Air borne / droplet

Avian Influenza, Pandemic Influenza

TBC

#3: Vector borne

Zika, dengue, chikungunya, yellow fever

TBC

Repository of guidance and tools

Category	Date	Description
UNICEF Guidelines and Tools		
CERF Proposal: DR Congo	July 2016	Emergency Response to the Yellow fever outbreak in 45 prioritized affected health zones, south-west DR Congo
UNICEF Aedes vector control and prevention measures in the context of Zika - UNICEF Interim Guide	2016	Basic information on Aedes, vector control activities and UNICEF control measures
Key messages and actions for Zika control: Guide for schools UNICEF, CDC and WHO	2016	Management of vector-borne diseases Zika, Yellow fever, dengue and chikungunya in school settings
International Guidelines and Tools		
Surveillance, Laboratory and Diagnosis		
WHO-recommended surveillance standard of yellow fever	2003	Webpage
District guidelines for yellow fever surveillance	1998	The guidelines in this manual describe how to detect and confirm suspected cases of yellow fever. They also describe how to respond to an outbreak of yellow fever and prevent additional cases from occurring. The guidelines are intended for use at the district level.
Yellow fever laboratory diagnostic testing in Africa - Interim guidance	2016	In 2010, yellow fever case definitions, including criteria for laboratory testing were established by a global expert consultation. This guidance builds on those yellow fever case definitions, clarifying which tests should be done in outbreak and non-outbreak situations.
Manual for the monitoring of yellow fever virus infection	12007	This manual provides guidelines on the establishment and maintenance of an effective laboratory network capable of reliably providing confirmation of YF infection.
Diagnostic Testing - CDC	2015	*Webpage*
Clinical & Laboratory Evaluation - CDC	2015	*Webpage*
Vaccines and Immunization		

Repository of journal articles and reviews



UNICEF & Public Health Emergencies

Yellow Fever

All Disease

Research and Journal Articles - Yellow Fever

Home

Diseases

Chikungunya

Cholera

Dengue

Ebola

Influenza (Avian, Pandemic)

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Malaria

Marburg

Measles

Meningitis

MERS-CoV

Polio

SARS

Yellow Fever

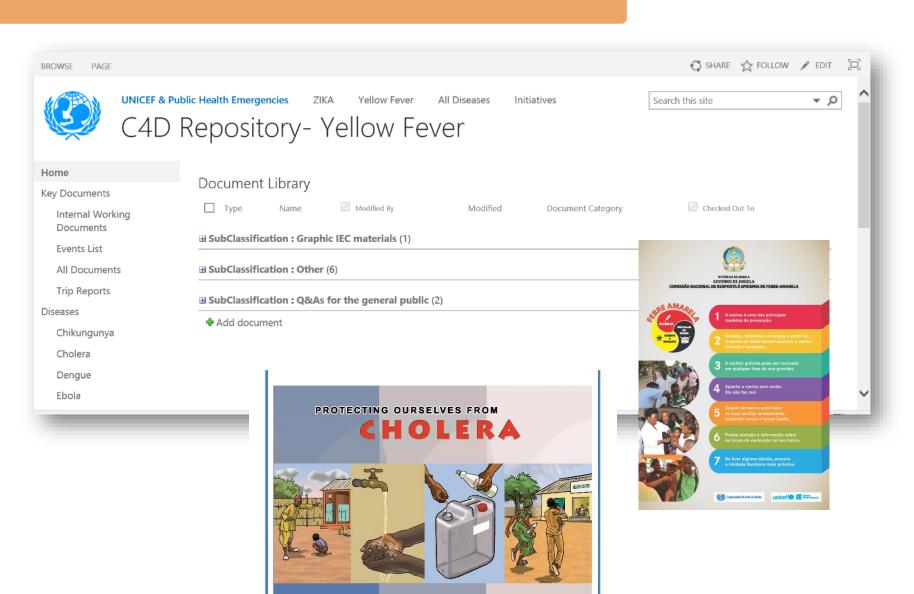
Zika

All Documents

Category	Date	Description
Reviews		
Evolutionary and ecological factors underlying the tempo and distribution of yellow fever virus activity	2013	This review discusses the evolutionary and ecological factors underlying YFV emergence, maintenance and spread, geographic distribution and patterns of epizootic/epidemic activity.
Evaluating the safety and immunogenicity of yellow fever vaccines: a systematic review	2015	Review of the safety and immunogenicity of yellow fever vaccines, concluding that the yellow fever vaccines are very safe and probably provide life-long immunity
Epidemiology		
Yellow Fever: Epidemiology and Prevention	2007	Yellow fever continues to occur in regions of Africa and South America, despite the availability of effective vaccines. This article describes yellow fever epidemiology and prevention with the yellow fever vaccine.
Status of yellow fever in 2015	2015	Annual summary of global yellow fever activity in 2015
Yellow Fever review - Journal of Clinical Virology	2015	Summary of epidemiology and control measures

Search

Communication Resources

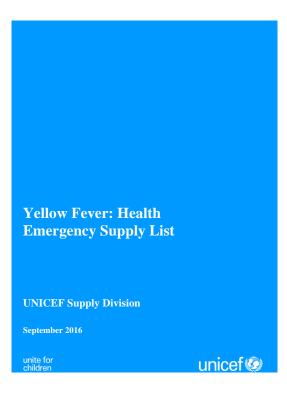


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HEPI Supplies

Supply Lists:

- Identification of disease-specific
 requirements, product specifications
- Incorporation into UNICEF's ESL
 (Emergency Supply List)
- Prepositioning and contracting with suppliers
- Supply notes



Duty of Care – HR Guidance for Health Emergencies

Part I: Introduction

Part II: Guidance for deployment

- Pre-deployment
- During deployment
- Post-deployment

Part III: Entitlements

- Leave and attendance
- Travel
- Salary, health insurance and other benefits

Part IV: Outbreak-specific information and guidance



Duty of Care – HR Guidance for Health Emergencies

Template - Developed with DHR – covering HR policies and health/safety information

Collaboration with UN medical services division(UNMSD)/UNICEF medical services – Meeting held and review ongoing

Addition of disease specific annexes – CDC to support additional disease specific requirements

PART II: GUIDANCE FOR DEPLOYMENT

A. PRE-DEPLOYMENT

Medical clearance/ Certification of good health

or UNICEF staff:

Before departing on mission, it is mandatory to ensure that you are physically and mentally ready to go. The deployment will involve an intense working environment and long hours so good physical health and preparedness are important.

Once you have been selected for deployment, you will need to obtain medical clearance from the UN Medical Services Division (UNMSD) prior to departure.

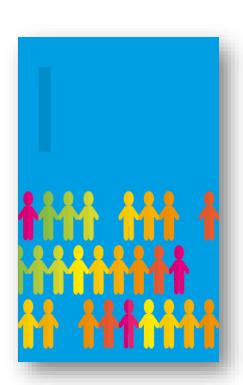
(For details, refer to <u>CF/AI/2006-011</u> on "Medical Clearances and Examinations" and <u>CF/AI/2006-011</u> Add. 1).

The need for medical examinations will be determined by UNMSD

- <u>Staff members stationed in New York</u>: Contact the UNMSD nurse assigned to UNICEF (Ms. Sophie <u>Chanu</u>, Medical Service NYHQ, email: <u>medicalservicenyhq@unicef.org</u>) for medical clearance.
- <u>Staff members stationed in Geneva and Nairobi</u>: Contact the HQ Medical Services of the UN Common System for medical clearance.

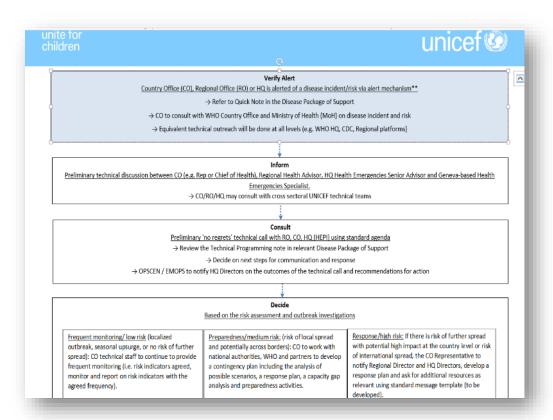
Surge Capacity

- Basic criteria for relevant crosssectoral areas
- Initiated HEPI database and filtering
- TOR drafts per sector/position
- Scanning -partner databases / surge modalities
- Strategic partnerships with UNV 1000 applicants – 40 candidates health, WASH, C4D
- Internal capacity mapping RO/CO assessment and self-assessment
- Exploring innovative modalities for predeployment training and awarenessraising



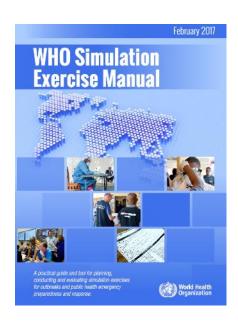
Communication and SOPs

- Structure for communication signal alerts at all levels (internal)
 - Updating to integrate into Risk framework
 - Test alert communications
- SOPs for outbreaks
 - integrate into existing response structure EMOPS – with extra technical support



IASC L3 -Infectious Events and Simulation exercises

- IASC Reference document Level 3 (L3)
 Activation Procedures for Infectious
 Disease Events
- Simulation exercise
 - IASC Emergency Directors Group (EDG) and Principals to validate the L3 Activation Procedures for Infectious Disease Events and related SOPs.
 - September 2017
- UNICEF develop structure, SOP system wide simulation
- WHO Simulation tools
 - Exercise Manual
 - Tools for -Table Top exercises (TTX), Drills, functional exercises and full scale exercises



Knowledge management



Vellow Fever

Yellow Fever

All Disease

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Diseases

Chikungunya

Cholera

Dengue Ebola

Influenza (Avian, Pandemic)

Malaria

Marburg

Measles

Meningitis

MERS-CoV

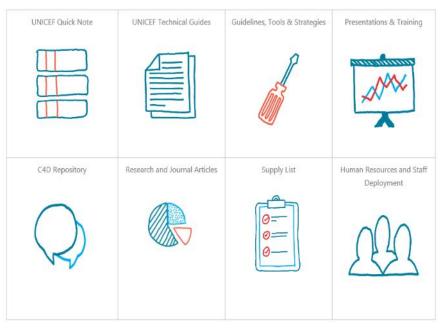
Polio

SARS

Yellow Fever

Zika

All Documents





Team Site



UNICEF & Public Health Emergencies

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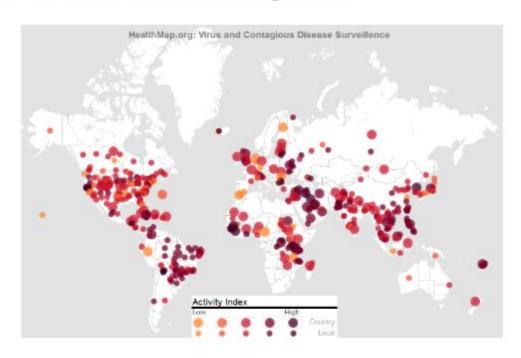
MERS-CoV

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Zika



Quick Links

☐ URL

HEPI Overview

Health Map website

WHO Outbreak List

CDC Outbreak List

Health Map News Feed

Add new link

Contact

For questions or comments on this site, please contact crichey@unicef.org