Everyone's business:

Whole-of-society action to manage health risks and reduce socioeconomic impacts of emergencies and disasters

Operational guidance

World Health Organization

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This document contains guidance and a checklist for use by decision-makers, emergency managers and implementers within and across ministries and government bodies, and by a wide range of stakeholders in all sectors at all levels of systems and society who are critical to whole-of-society risk management planning and action. It builds on good practice from many countries in managing the risks and impacts of epidemics, pandemics and other types of emergencies. Also, it draws on strategies, frameworks, plans and technical guidance (e.g. from WHO and other UN agencies), including for the COVID-19 pandemic. WHO recognizes and appreciates the efforts made by many countries, organizations and subject-matter experts who have contributed to the documents that have informed the development of this guidance and checklist.

ABBREVIATIONS

AAR	after-action review
EOC	emergency operations centre
HRP	humanitarian response plan
IAR	intra-action review
IASC	Inter-Agency Standing Committee
ICT	information and communications technology
IHR	International Health Regulations (2005)
IPC	infection prevention and control
NGO	nongovernmental organization
OSH	occupational safety and health
PPE	personal protective equipment
SDGs	Sustainable Development Goals
UN	United Nations
WHO	World Health Organization

1. INTRODUCTION

Emergencies and disasters including epidemics and pandemics, and the measures taken to manage their consequences, have wide-ranging and often severe impacts across societies; they affect health and well-being, livelihoods, businesses and economies, and the continuity of essential services. Given the complex interdependencies between different sectors, reducing the risks and impacts of emergencies and disasters requires joined-up action across many sectors at all levels of society, under the leadership of governments. Thus, all actors need to work together, recognizing and having respect for each stakeholder's roles and contributions, with the response being coordinated through the development and implementation of robust and coherent plans and actions. Managing emergencies and disasters associated with natural, biological, technological and societal hazards – exemplified by the COVID-19 pandemic – is "a shared responsibility" and "everyone's business" *(1)*. Whole-of-society action is essential for achieving national unity and global solidarity with respect to managing the risks and impacts of all types of emergencies, overall health security, and the resilience of communities and countries.

1.1 Purpose

Global, regional, national and local frameworks, plans and guidance – including those developed by the World Health Organization (WHO) and other United Nations (UN) agencies – have emphasized whole-of-society action by the health sector and many other sectors, to prevent, prepare for, respond to and recover from emergencies and disasters. These actions are critical for implementing local and national policies and plans, and regional and global frameworks such as the 2030 Agenda for Sustainable Development, Sustainable

Development Goals (SDGs), the International Health Regulations (IHR) (2005), the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Paris Agreement (on climate change).

Heads of government, the UN Secretary-General, the Director-General of WHO and other leaders have repeatedly called for a whole-of-society approach to underpin and reinforce national unity and global solidarity for the management of the COVID-19 pandemic. Although this document has been developed in the context of COVID-19, it is relevant for any type of emergency or disaster, and is aimed at decision-makers and emergency managers within and across ministries and government bodies.

The whole-of-society approach acknowledges and promotes the full and effective contributions of all relevant stakeholders to the risk management of emergencies. Such stakeholders include individuals, families and communities, governments, intergovernmental organizations, the private sector and industry, faith groups, civil society, the media, academia, research bodies and voluntary associations. The whole-of-society approach also recognizes the need to support the strengthening of coordination among these stakeholders, to improve the effectiveness of these efforts and to address the critical interdependencies across sectors at all levels (Refer to Figure 1) *(2).*

Whole-of-society action is critical to efforts at all levels – community, national and global – to manage the risks of emergencies and the resulting health, social, economic and environmental effects in the immediate and longer term. Such action will enhance the continuity of engagement of stakeholders, by bringing

Figure 1. Whole-of-society action for health emergency and disaster risk management
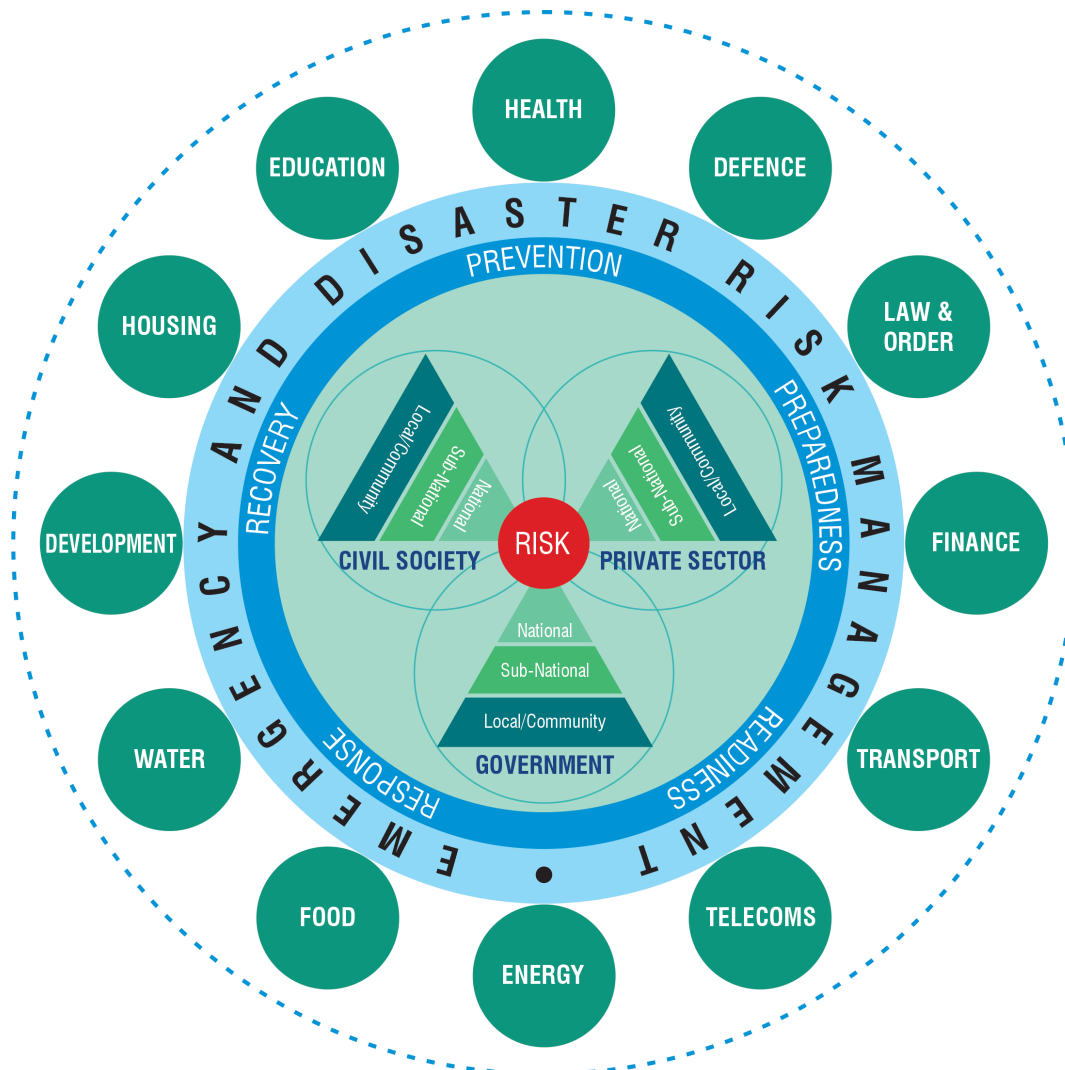
coherence to planning and actions (from prevention and preparedness, to response and recovery), to strengthen community and country resilience, health security and sustainable development. Therefore, this document covers the whole-of-society approach to:

▸ prevention, preparedness and response (e.g. to reduce vulnerabilities to all hazards, control transmission of disease, implement and adjust public health and social measures, provide clinical care, maintain essential health and other services, and keep society functioning); and

▸ planning of countries' pathways to health, social, economic and "green" recovery, and stronger community and country resilience, applying the principle of "build back better" to any emergency or disaster.

To optimize the roles and contributions of all sectors at all levels, effective coordination is needed in the whole-of-society planning and actions taken to strengthen and operationalize capacities, supported by the respective guidance. Hence, this document is intended to support countries to adapt and implement the many interlinked strategies, plans and technical guidance for emergencies and disasters (e.g. from WHO and other UN agencies) for whole-of-society action, including for the COVID-19 pandemic *(3-10)*.

The information given here is guided by multisectoral actions described by global frameworks such as the SDGs, the Sendai Framework, the IHR (2005), the Paris Agreement, the Global Compact on Refugees, and the Global Compact for Safe, Orderly and Regular Migration.

This document provides practical guidance for governments to lead, coordinate, facilitate and support actions across all relevant sectors and at all levels, to reduce risks and impacts of emergencies and disasters, and thereby strengthen and sustain the resilience and health security of communities and countries. The main text covers guiding principles, key roles and the need for a whole-of-society checklist. The annexes provide the checklist (Annex 1), information on planning for the management of critical interdependencies (Annex 2) and a summary of UN agency information hubs for COVID-19 (Annex 3). The checklist is constructed around key actions that require a whole-of-society approach (e.g. coordination, communication and collaboration for assessments, planning, financing, communication, and monitoring and evaluation) that are essential for effective and efficient risk management of emergencies and disasters.

1.2 Target audience

This document is aimed primarily at decision-makers and emergency managers within and across ministries and government bodies. In particular, it focuses on those who are involved in national coordination of whole-of-society planning and action before, during and after emergencies, irrespective of the country context. This document can also be used by other stakeholders such as civil society organizations (e.g. nongovernmental organizations [NGOs] and faith groups), the private sector (e.g. businesses), workplaces (e.g. employers and workers), and local communities who collectively have important roles to play in the risk management of emergencies and disasters, including for the COVID-19 pandemic.

There is no one-size-fits-all approach, and countries and respective stakeholders will need to adapt the guidance to their national and local contexts (e.g. national risk profiles, ongoing emergency situations and evolving transmission scenarios, such as the COVID-19 pandemic).

2. GUIDING PRINCIPLES FOR WHOLE-OF-SOCIETY ACTION

Whole-of-society action aimed at strengthening community and country resilience and health security is based on a set of guiding principles *(11)* and approaches that apply to all aspects of the risk management of emergencies and disasters. This section outlines the principles and approaches at different levels within a country (from government leadership to individuals, and including the private sector and workplaces) and at the international level.

2.1 Whole-of-government approach at all levels of society

The whole-of-government approach ensures that ministries and public sector agencies work across portfolio boundaries, formally and informally, to achieve a shared goal and an integrated government response to particular issues, such as the risks posed to societies by emergencies and disasters. This approach enables governments to achieve coherence, and thus to improve the effectiveness and efficiency of policies, coordination, planning and actions to manage these risks and their consequences *(12)*. Faced with numerous competing influences and demands, governments at all levels should also offer stewardship, working with the many sectors and stakeholders to set, implement and report on priorities, and establish effective accountability mechanisms.

Governments should work with all stakeholders to develop and provide clear guidance to apply the whole-of-society approach across all sectors at all levels of society, from local to global. Developing and providing such guidance requires effective and inclusive whole-of-society coordination mechanisms to be operational; such mechanisms should involve the participation of public, private and civil society organizations.

Managing risks and responding to needs at each stage of an emergency – from prevention to preparedness, response and recovery – requires a whole-of-society approach to facilitate coherence among all actors, as plans and actions (government, sectoral or organizational) are developed, adapted, implemented and updated.

The central level should provide overall leadership and coordination, working closely with subnational and local governments, and with other countries and regional and global entities (e.g. the UN, regional economic commissions and international actors). Transparency and collaboration with neighbouring countries and the international community are vital for global solidarity, and for the effectiveness of national actions to reduce the risks and impacts of emergencies, and to manage international relations, travel, movement of people and trade.

2.2 Involvement of all sectors and management of critical interdependencies

All sectors must be involved in the risk management of emergencies and disasters. Reducing the health, social, economic and environmental impacts of an emergency, and maintaining the functioning of societies requires the involvement of government ministries, public authorities, businesses and civil society organizations across all relevant sectors (e.g. health, animal health, food, transport, telecommunications, environment and security). Therefore, countries should use and expand existing multisectoral mechanisms to include all stakeholders who contribute to the risk management of emergencies and disasters. Such mechanisms are vital to achieve

inclusive whole-of-society actions across prevention, preparedness, response and recovery.

Collaboration among all sectors and communities will optimize the management of the risks posed by emergencies and their consequences, and will help to support the implementation of national policies and global and regional frameworks. In many areas of public policy and practice, UN agencies provide guidance and technical assistance to support the implementation of, for example, the SDGs, the Sendai Framework, the Paris Agreement and the IHR (2005). Central to this support from UN agencies is a focus on strengthening multisectoral coordination and coherence at all levels, as seen in WHO guidance on multisectoral coordination for emergency preparedness and health security *(13)*. Another prime example is the One Health approach, which is based on collaboration, communication and coordination across public health, animal health and other relevant sectors and disciplines. The One Health approach aims to detect and manage the risks at the human–animal–environment interface, to achieve optimal health outcomes for both people and animals *(14)*.

There are critical interdependencies among sectors and among different levels of society. Cooperation is required to ensure the effective implementation and sustainability of public health and social measures that are necessary for emergencies, including for epidemics and pandemics. For example, critical health care services depend on goods and services from other sectors to maintain their operations. The failure of one or more of these services can have major economic and social consequences, and can affect other essential services, within or beyond the health sector.

Governments need to map these critical interdependencies among sectors, and plan actions to address possible disruptions in the supply of critical goods and services. In drawing up sector-specific plans for emergencies, ministries should involve representatives of the health sector, other sectors and

communities, to ensure that public health and social measures are addressed. For example, ministries should determine:

▼ steps to ensure the continuity of essential services in a safe and inclusive manner, especially for populations with high levels of vulnerability who depend on these services for basic needs;

▼ existing assets and resources in their sector that can be mobilized for the health sector and for other sectors; and

▼ approaches to support the implementation and adjustment of public health and social measures.

Drawing up such plans requires sectors to be clear about the critical goods and services, and the essential staff and employee groups required, underlying interdependencies for each good and service, the impact of any loss or reduction, and likely points of failure. Business continuity management for the respective sectors and organizations should be undertaken to reduce vulnerabilities and impact, and to focus on priority actions, including maintaining essential services. Detailed information on critical interdependencies is given in Annex 2.

2.3 Inclusive people- and community-centred approach

Community members are central to the effective risk management of emergencies and disasters because it is their health, livelihoods and assets that are at risk. They have a vital role in reducing personal and community vulnerabilities, stopping the spread of diseases and managing the effects of events. Community members are often best placed to manage their own risks through actions that provide protection to themselves, their families and others, and to actively counter sources of misinformation and the influence of groups who are not aligned with evidence-based advice, community needs and priority actions. Vulnerabilities may occur at the local level, in particular among communities that have limited resources to reduce risks and to absorb, adapt

and respond to the impact of emergencies. Within communities, an inclusive approach – based on accessible and nondiscriminatory participation – is important to ensure that the needs of those at greatest risk and who may be disproportionately affected are addressed and given priority throughout emergencies (such populations are listed in Box 2.1).

> **Box 2.1   Vulnerable populations**
>
> Populations who may be at greatest risk and may be disproportionately affected by disasters and emergencies are those with higher levels of social, economic and health vulnerability, including:
>
> - the poor
> - older people
> - particular groups of women, men and children
> - people with disability
> - people with an underlying health condition
> - indigenous peoples
> - ethnic minorities
> - migrants (regardless of migration status)
> - refugees and internally displaced persons.

Governments and other organizations should integrate gender, age, disability and cultural perspectives into their planning and implementation of risk management measures, and should promote the leadership of women, young people and other at-risk groups. Such integration can be achieved through active collaboration with and the participation of local governments, civil society and volunteer organizations, the private sector and individual citizens.

2.4 Risk-informed approach to scenario-based planning and action

The impacts of emergencies will depend on the characteristics and evolution of the event, and the particular contexts of a country and its communities (e.g. sources of vulnerability, capacities and resources available). Thus, countries need to conduct whole-of-society risk assessments and planning for different scenarios that may arise, using clearly defined planning assumptions; they then need to assess the actions, including public health and social measures, that would need to be taken by each sector, to adapt the response to the real situation. Countries also need to consider the possibility of a protracted emergency, and plan for transition from the emergency, and for community and national health, social, economic and "green" recovery. Plans should also be inclusive, involving all populations and taking into account:

- the local context (e.g. conflict or food insecurity, forced displacement, and urban and rural settings);
- possible concurrent emergencies from, for example:
    - natural hazards (e.g. heatwaves, cyclones and earthquakes);
    - biological hazards (e.g. measles and cholera); and
    - risks associated with climate change.
- the effects of ongoing emergencies on the system's ability to manage risks across sectors (e.g. maintenance of the safe functioning of hazardous facilities and continuation of immunization programmes).

Any simulation exercises conducted should include these considerations *(15)*.

2.5 Ethical considerations and basic rights

The whole-of-society approach to risk management of emergencies and disasters should be consistent with ethical norms and should reflect fundamental human rights, such as the rights to health, housing, food and education. Given the focus on inclusive participation of all stakeholders, the approach includes principles such as respect for individuals (regardless of nationality, sex, race and migratory status), justice, solidarity and cultural sensitivity. Decisions should uphold human rights and ethical aspects alongside pragmatic, economic, political and other considerations. All organizations – government, private sector, civil society and international – should design and monitor their programmes to prevent harassment, abuse and exploitation, and to support communities. The diverse needs of different populations should be taken into account, especially those with higher levels of vulnerability (see Box 2.1). The best available scientific and socioeconomic evidence should be used to inform planning, implementation and evaluation of policies and actions. Communities, as key stakeholders in implementing whole-of-society action, should have ready access to accurate, up-to-date and easily understood information (in appropriate languages) about risks, and the actions required to mitigate these risks and their impacts. Providing such resources helps to engender trust by affected communities, and accountability to those communities from governments, the private sector, civil society organizations and workplaces; trust and accountability are fundamental to effective and principled whole-of-society action.

2.6 Innovation, learning and continuous improvement

In the face of emergencies and disasters, all sectors at all levels of society have to adapt and innovate to address health, social, economic and environmental challenges. The COVID-19 pandemic, for example, has necessitated the mobilization of the scientific community to address the priorities for research and development in health and other sectors, promoted emergent social and community support activities, accelerated the adoption of new technologies (e.g. in digital health), and resulted in initiatives at local, national and international levels for whole-of-society action. Such innovation should continue to be encouraged and supported with legal frameworks, appropriate financial mechanisms, and actions to rapidly connect scientists, innovators, funders, policy-makers and practitioners for all types of emergencies and disasters. However, innovation should also be evaluated on criteria such as safety, effectiveness, efficiency, access and equity. Innovation and learning from emergencies should be captured systematically – for example, through conducting reviews during and after events *(16, 17)*. This information can then be used in developing future policies, planning and practices for reducing the risks and impacts of future emergencies, and for reducing risks such as antimicrobial resistance and climate change.

3. KEY ROLES IN APPLYING A WHOLE-OF-SOCIETY APPROACH

3.1 Government leadership

Governments need to provide leadership and frameworks for governance, coordination, planning, implementation and monitoring of critical actions for emergency and disaster risk management. These actions must take place across all sectors of society, at all levels. They include the repurposing of government coordination mechanisms, capacities, assets and resources. Thus, strong coordination and accountability mechanisms are critical to a government's role in stewarding the development of strategic directions, implementing agreed priority actions, and promoting accountability for government decisions, performance, resource allocation and expenditure. Also critical is the relationship between governments and stakeholders, including communities.

Central governments are responsible for national-level leadership, coordination and communication. They should strengthen and activate national coordination mechanisms that promote unity of purpose across ministries, sectors and other levels of government (i.e. state or provincial and local governments). These activities include:

- identifying and mapping out the roles and responsibilities of governments for incident and event management, critical facilities, essential services and other functions required for the management of the emergency;
- designating government ministries or lead agencies for key sectors or functions;
- establishing, strengthening and activating multisectoral coordination mechanisms, and coordination with each sector or function that

covers all of the population, including refugees and migrants;

- involving key stakeholders from public and private sectors, and civil society organizations; and
- engaging with other countries and the international community, including the UN system.

The whole-of-society approach should be reflected in plans within each sector and within government as a whole. For example, this approach should be reflected in national and local disaster risk management strategies, national action plans for health security, plans for emergency preparedness and response, and plans for recovery and "building back better" (e.g. moving towards sustainable development, the SDGs, the Sendai Framework and the Paris Agreement). Ministries need to develop their organizational plans, including those for business continuity, to ensure that they can deliver the Ministry's essential functions during an emergency. They also need to facilitate the development of risk-informed sector response and recovery plans to address needs that may arise from emergencies. Thus, national governments should provide ministries, other levels of government and organizations with guidance, including good practices, risk assessments and planning assumptions. Sector plans should be built on existing plans and the respective roles of those bodies for all-hazards multisectoral disaster risk management, and hazard-specific plans (e.g. for different types of natural hazards, epidemics and pandemics, mass gatherings, transport incidents involving mass casualties and chemical events).

Simulation exercises and drills can be used to test, validate and improve levels of multisectoral coordination, including for preparedness. Tools

developed by WHO or international organizations can be used to identify gaps in capacities, so that those gaps can be filled (15). At different stages of the response, intra-action reviews (IARs) and after-action reviews (AARs) (16, 17) can be conducted to help understand progress and challenges, and to improve mechanisms and actions for managing the ongoing emergencies, identifying priorities for capacity development and increasing levels of preparedness.

Governments should also develop detailed communication strategies to coordinate communications activities, manage the relationship with all media (e.g. print, broadcast and social), and ensure consistency in messaging and instructions (including management of the infodemic) for the public across sectors and levels of government.

3.2 Local coordination

Comparable coordination mechanisms should be employed or established at other levels of government and among different levels of government. Local authorities and community groups should reduce the risks faced by the local community and be ready to address the needs of affected populations requiring assistance, including people with higher levels of social, economic and health vulnerability (see Box 2.1). Hence, local governments should coordinate planning and action with local agencies, local or district offices of ministries, and civil society organizations, and with other levels of government. Coordination committees that bring together local agencies and organizations can provide a central focus for cooperation to deal with disruptive challenges to local societies and economies. Groups, task forces and other forums may be needed to address specific issues, but should be integrated into the overall local, subnational and national coordination mechanisms.

3.3 Civil society and community-based organizations

Governments need to involve civil society organizations, local communities and the local workforce in developing plans for managing the risks and impacts of emergencies and disasters. These groups should include community-level health workers in urban (18, 19), rural and other low-resource settings, such as camps for refugees and migrants (20). Governments should work with NGOs (local, or international but with a local presence) and community networks to identify capacities and resources, and to plan and take action to meet the needs of populations, especially the basic needs of groups that have high levels of vulnerability and those groups that are most affected by the emergency. Community-based organizations can translate scientific and government messages and recommendations, to achieve greater participation of populations that would improve the effectiveness of public health and social measures (e.g. physical distancing and preventing mass gatherings). Community leaders can also help to build public confidence, disseminate information and identify people at risk.

3.4 Communities and individuals

Protecting communities that are at risk from or affected by emergencies and disasters requires the participation of every member of those communities. Each individual has a role to play in helping to protect community, family and personal safety, health, well-being, social cohesion and the local economy. All sectors and authorities (at local, national and international level) need to recognize the community's central role in emergency prevention, preparedness, response and recovery. In addition, all communities and populations must be empowered to ensure that services and assistance are planned and adapted, based on their feedback and local contexts. Community support is vital for critical functions such as risk communication, case finding, contact tracing, cooperation with public health and social measures, and continuing primary health care. Key determinants of evidence-informed communication and effective local action include:

▼ understanding the knowledge, behaviours and perceptions of communities; and

▸ identifying the appropriate channels, and community-based networks and influencers.

Building the capacity of local, regional and national stakeholders to engage effectively with communities is essential for establishing authority and trust.

Participatory community engagement should include mitigating the harm that misinformation and disinformation causes and providing accurate information – in appropriate languages – on risks in terms of what is unknown; what is being done to find answers; what actions are being taken by health and other authorities; and what actions people can take to protect themselves, gain access to services, and contribute to personal and community socioeconomic recovery *(21)*.

3.5 Private sector

Private sector organizations are essential to the continuity of the economy, commerce and trade; to the delivery of many goods and services (e.g. health care, education and food); and to the functioning of key infrastructure (e.g. energy, water and sanitation, telecommunications, transport and logistics). The design and delivery of emergency and disaster risk management measures should thus consider the role and added value that private sector stakeholders – including small, medium and large enterprises – can contribute to the management of emergencies. The private health sector and other private organizations can play a role in maintaining essential health services or providing surge capacity to alleviate the pressures on public health services (Annex 2 provides details on health sector interdependencies). The private sector may also contribute resources to local and national efforts in the prevention and control of epidemics and pandemics; for example, through the repurposing of properties (e.g. for housing the homeless) and the manufacturing of critical equipment (e.g. face masks and ventilators).

3.6 Workplaces and employers

Employers, workers and businesses should collaborate with health and other authorities in the risk management of emergencies and disasters. In consultation with workers (irrespective of employment and migrant status) and their representatives, employers should take preventive and protective measures. Such measures could include engineering and administrative controls, and provision of personal protective equipment (PPE) and clothing for occupational safety and health (OSH) and for infection prevention and control (IPC). Workers should follow OSH and IPC procedures, participate in training provided by the employer, and report to their supervisor any situation that they believe (with reasonable justification) presents an imminent and serious danger to their life or health. Cooperation between management and workers and their representatives (e.g. workers' safety delegates, and safety and health committees) must be an essential element of workplace-related prevention measures; for example, these groups may collaborate on providing information and training. There must also be respect for the rights and duties of workers and employers in OSH.

Workplaces should develop action plans for prevention and mitigation of emergencies and disasters as part of their business continuity plans, taking into account the results of localized risk assessment and the prevailing emergency situation. The plans should include measures for protecting health, safety and security in reopening, closing or modifying workplaces and work arrangements. Reopening of workplaces should be carefully planned in advance, and all possible risks for health and safety should be properly assessed and controlled. In developing and implementing action plans for the management of emergencies, workers and their representatives should be properly consulted; also, all workers should be informed about the measures introduced, through specific

risk communication and community engagement approaches *(22, 23)*.

3.7 International community

In support of countries and communities, various international organizations are involved in reducing the risks and impacts of emergencies and disasters, and supporting the recovery from such events. These organizations include the UN and its agencies, other international agencies, intergovernmental organizations, the International Red Cross and Red Crescent Movement, international NGOs, international bodies and professional associations in all sectors. Humanitarian response plans (HRPs) are a joint effort by members of the Inter-Agency Standing Committee (IASC) – including the UN, other international organizations and NGOs with a humanitarian mandate – to analyse and respond to the immediate humanitarian impacts (whether direct or indirect) of emergencies and disasters in low- and middle-income countries, and to support their efforts to manage it. The COVID-19 Global HRP focuses in particular on the

impacts on people in countries already facing other crises *(6)*.

The UN system provides support through its strong normative approach, expertise, programmatic assets, policy analyses and global experience. It can contribute through its convening role, partnerships and actions to enable and empower, and connect and protect *(8, 24, 25)*. International and regional partnership initiatives for health security, humanitarian action and disaster risk management can help countries to leverage resources, strengthen capacities and link to international mechanisms at country level (through the UN Resident Coordinator and the UN Country Teams), and at regional and global levels. Examples of such partnerships include the UN Office for Disaster Risk Reduction; the IASC's cluster system; and mechanisms facilitated by WHO, such as the Emergency Medical Teams Initiative, the Global Outbreak Alert and Response Network (GOARN), the UHC2030 Partnership, and the WHO Strategic Partnership for IHR (2005) and Health Security.

4. TAKING ACTION: THE WHOLE-OF-SOCIETY CHECKLIST FOR REDUCING THE RISKS AND IMPACTS OF EMERGENCIES AND DISASTERS

Based on the above principles and considerations, countries should ensure that national, subnational and local planning for emergencies and disasters involves all sectors, as appropriate to their context. This can be achieved either when developing new plans or refining existing plans to manage risks and address different emergency scenarios. Annex 1 provides a checklist that countries can use to ensure that plans apply a whole-of-society approach to the prevention of, preparedness for, response to and recovery from emergencies and disasters, covering the following essential elements:

◥ coordination;

◥ assessments;

◥ planning;

◥ legal and regulatory frameworks to support risk management;

◥ monitoring and evaluation;

◥ financing;

◥ communications; and

◥ support for, and adjustment of, public health and social measures.

Further guidance on specific actions for COVID-19 in many sectors can be found in the guidance of the UN agencies in the information hubs listed in Annex 3.

5. CONCLUSION

Whole-of-society action across sectors at all levels will ensure that countries are better placed to reduce the risks and the wide-ranging impacts of emergencies and disasters on lives, livelihoods, societies and economies, through effective measures for prevention, preparedness, response and recovery. We need every individual and community, every business, every department of every government, every NGO, every international organization, and every regional and global governance body to harness their respective capacities into collective action for national unity and global solidarity. Everyone has a role to play in stopping the effects of emergencies and disasters, ensuring healthier, safer and more resilient communities and countries, and moving towards the achievement of the SDGs and the implementation of the 2030 Agenda for Sustainable Development and the IHR (2005).

Annex: 1
Checklist: whole-of-society actions for reducing the risks and impacts of emergencies and disasters

The following actions should be considered for all aspects of the risk management of emergencies and disasters at all levels. Annex 3 lists United Nations (UN) agencies that provide guidance on COVID-19 to support the actions identified in the checklist.

I. Whole-of-government and whole-of-society coordination

1. Coordination

1.a   Activate multisectoral, multipartner and inclusive coordination mechanisms to support risk management of the health, social, economic, environmental and other dimensions of emergencies and disasters at all levels

1.b   Confirm the sectoral leads for key sectors for risk management of emergencies and disasters (ministries or other lead agencies identified) at all levels

1.c   Activate sectoral multipartner and inclusive coordination mechanisms for risk management of emergencies and disasters for each sector at all levels *(11, 13)*

1.d   Include public, private and civil society bodies and organizations, and representatives of at-risk populations in forums and coordination mechanisms at all levels

1.e   Ensure coordination and networking of emergency operation centres (EOCs) between levels of government and across sectors

1.f   Establish and maintain an incident management team, including rapid deployment of designated staff from national and partner organizations, within a public health emergency operation centre (PHEOC), multisectoral EOC or equivalent if available *(24)*

1.g   Coordinate within and across sectors and other socioeconomic pillars such as social protection, fiscal stimulus, and education to mitigate social and economic consequences

1.h   Foster and strengthen collaboration (across borders, among countries and among regions) with neighbouring countries, regional blocs and bodies, other mechanisms (e.g. G7, G20, G77, South–South) and the international community, including the UN system and international nongovernmental organizations (NGOs).

2. Assessments

2.a   Map the key stakeholders, actors and populations to include in planning and implementation of whole-of-society action by sector and by level of society *(4, 9)*

2.b   Analyse and prioritize the critical capacities across sectors for risk management of emergencies and disasters – refer to past assessments that identify strengths and weaknesses in capacity, and critical points of failure across the country

2.c   Conduct multidimensional risk assessments, including mapping of key facilities (e.g. hospitals and critical infrastructure) and populations with higher vulnerability to the emergencies, with the participation of key stakeholders and communities, to address the health, social, economic and environmental risks and consequences across sectors at all levels

2.d   Communicate risk assessments and planning assumptions to inform planning and actions by all sectors at all levels

2.e   Conduct regular risk assessments using a standard methodology and with the participation of relevant sectors to balance the risk of introducing, adapting and lifting public health and social measures, including for mass gatherings

2.f   Conduct assessments of damages, losses and the socioeconomic impact of emergencies and disasters with the participation of relevant sectors, to inform the development of plans for health, social, economic and environmental recovery, applying the principle of "build back better" *(8, 26, 27)*.

3.   Planning

3.a   Engage with national authorities and key partners across sectors to develop plans for strengthening country capacities for managing risks and impacts of emergencies and disasters

3.b   Engage with national authorities and key partners to develop country-specific multihazard emergency response plans and hazard-specific plans, including operational plans for preparedness and response, with estimated human, financial and material resource requirements (or adapt elements of existing plans, e.g. influenza pandemic preparedness plans or disaster management plans) *(7)*

3.c   Define roles, responsibilities and actions by levels of government (national, subnational and local) and by sector across prevention, preparedness, response and recovery

3.d   Ensure that planning involves key stakeholders, actors and populations in the development and implementation of plans for prevention, preparedness, response and recovery for whole-of-society action by sector and by level of society

3.e   Provide technical advice, including planning assumptions and on-the-job training (e.g. Open WHO), to key sectoral leads and subnational and local authorities, and check that subnational and local plans are consistent with national guidelines

3.f   Provide advice to organizations in public, private and other sectors on business continuity planning and maintaining essential services, taking account of risk factors such as potentially significant worker absenteeism at all levels

3.g   Ensure planning for different emergency scenarios (including for worst-case scenarios) that covers relevant sectors

3.h   Consult with neighbouring countries, other countries, regional bodies and the international community on planning and management of the emergencies and disasters across sectors, and share plans as appropriate

3.i   Plan and take actions to address critical interdependencies to maintain continuity and scale up health services and other essential services (see Annex 2)

3.j   Ensure that sectoral leads for risk management planning set priorities and coordinate actions with the multisectoral coordination mechanisms and with technical advice from the ministry of health or health authorities and other sectors at all levels

3.k Enhance capacity using simulation exercises to test, validate and strengthen emergency response operations within and across sectors at all levels *(15)*.

4. Legal and regulatory frameworks to support risk management

Review, amend and establish legal, regulatory and ethical frameworks within and across sectors, to govern and enable whole-of-society risk management measures, including public health and social measures, and to provide essential health and other services through governments and legislative bodies, including parliaments. In the context of disease outbreaks, such as epidemics and pandemics, these measures may include travel restrictions, quarantine, isolation, physical distancing and closure of places of assembly (e.g. schools, workplaces, mass gatherings, faith-based services and sporting events), and ensuring essential services to the population, including people with higher levels of vulnerability and needs.

5. Monitoring and evaluation

5.a Identify and monitor the level of action to be taken by levels of government, sector or humanitarian setting

5.b Establish metrics and monitoring and evaluation systems to assess the effectiveness and impact of planned measures within and across sectors at all levels *(28)*

5.c Monitor implementation of country plans based on key performance indicators for countries, and produce regular situation reports within and across sectors at all levels

5.d Plan for and conduct intra-action reviews (IARs) and after-action reviews (AARs) within and across sectors at all levels, to identify critical lessons and incorporate these lessons to strengthen capacities, reduce risks of future events and build resilience *(16, 17)*.

6. Financing

6.a Cost plans (overall and by sector) and develop funding requests for consideration for domestic and international financing within and across sectors

6.b Assign budgets for the implementation of operational plans and actions across governments, ministries and sectors at all levels

6.c Engage with donors, partners and managers of existing programmes to mobilize or allocate and repurpose resources and capacities to implement operational plans across all sectors at all levels

6.d Develop initiatives and mechanisms to reduce financial barriers and out-of-pocket payments people may face in accessing health care and other essential services during emergencies and disasters.

II. Communications

7.a Develop a national communication strategy for emergencies and disasters, for the coordination of communications, clearance processes and identified spokespeople across sectors and levels of government

7.b Strengthen and maintain information and communications technology (ICT) infrastructure, networks and staff, and prepare for surges in demand across sectors and levels

7.c   Develop and implement a national risk communication and community engagement plan for prevention of, preparedness for, response to and recovery from emergencies and disasters, including details of anticipated public health measures (with the participation of relevant sectors at all levels)

7.d   Engage with existing public health and community-based networks, media (print, broadcast and social), local NGOs, schools, local governments, migrant diaspora, trade unions and other sectors, using a consistent mechanism of communication at all levels.

7.e   Support a whole-of-society approach to manage the infodemic and engage with communities in the production, verification, and dissemination of information that leads to healthy behaviours before, during and after emergencies. *(29)*

III. Collaboration between health and other sectors to support and adjust public health and social measures, including physical distancing

8.a   Develop a strategy with criteria for how governments and sectors at the relevant levels of government will take and implement decisions on the continuity, closure and reopening of facilities and services, such as schools, prisons, and residential and long-term health care facilities

8.b   Determine the criteria that governments at the relevant level will use to recommend closure or reopening of certain workplaces (or modified arrangements, e.g. reduced staff presence)

8.c   Develop strategies with all relevant sectors on how governments at the relevant levels will manage restrictions on mass gatherings (e.g. faith-based gatherings, shopping centres, public transport, sporting events and music events)

8.d   Develop plans with health, community, police and other services at the relevant levels of government on providing support for public health and social measures, and for monitoring, enforcing and adjusting those measures *(20)*

8.e   Develop strategies between health and other sectors, and action plans in workplaces involving employers, workers and other stakeholders, to:

   i.   implement and adjust public health and social measures (e.g. physical distancing and workplace closures), and manage the social and economic impacts of these measures on community members, workers and their families

   ii.   provide support for and manage the physical and psychological health and well-being of community members, workers and their families across societies and populations

   iii. protect the health and safety of workers carrying out essential services, to maintain the availability of such services to the community, paying particular attention to populations with higher levels of vulnerability and needs.

Annex: 2
Planning for the management of critical interdependencies

Major critical interdependencies

Public and private providers of essential services are interdependent and rely on the goods and services of other sectors to sustain their operations. The failure of one or more of these services can have major economic and social consequences, and can affect other essential services. In whatever way the sectors define themselves, these critical interdependencies constitute complex vulnerabilities.

Each of the essential service providers should identify interdependencies, taking into account the prevailing risk assessments, community needs, available resources and priority actions. Issues that need to be clarified include:

- critical goods and services required for the organization to provide its essential services;
- key interdependencies for each critical good or service;
- the impact of the loss or reduction of any of the critical goods and services to the customers or beneficiaries;
- critical staff and employee groups;
- the impact of the loss or reduced availability of critical employee groups; and
- likely points of failure.

Plans for emergency operations should consider potential failures generated by interdependencies. These include failures of individual businesses or low numbers of businesses being the sole providers of an essential good or service (also known as monopoly suppliers).

Key health sector interdependencies

The health sector faces many challenges during emergencies and disasters, some of which are more difficult in particular types of emergencies and disasters (as is the case for the COVID-19 pandemic). Emergency prevention, planning, preparedness, response and recovery should take into account the complexity and interdependency of the health sector with other sectors at all levels, including the animal health sector, emergency services and defence health services. Health care facilities, which are at the heart of the response to emergencies and disasters, depend on goods and services that are delivered by other sectors, for example:

- logistics, including storage, transportation for movement and distribution (e.g. supplies, personal protective equipment [PPE], personnel and patients) and importation and exportation;
- telecommunications to support patient care, provide telemedicine and maintain business processing;
- energy to provide power to facilities, and to clinical and security systems;
- water for health care facilities, pharmaceutical operations and sanitation services;
- pharmaceuticals, including medicines and consumables, for the care and treatment of patients; and
- finance to ensure the supply chain.

Sector planning should involve representatives of the health sector in assessing and addressing the critical needs to maintain the continuity and scale-up of

health care services. In emergencies and disasters, it will be important to give priority to health facilities and other parts of the health sector in the allocation and distribution of resources by sectors.

The health sector has a role in managing the risks to people's health and well-being associated with the effects of the public health measures and social disruption, by providing, for example:

◥ psychosocial support with other sectors to help people address and cope with the range of personal, family and community issues that affect their well-being;

◥ health services for people at risk of violence, including domestic violence, which may increase during periods where movement is restricted;

◥ health care for the mass movement of population from cities to rural areas in some countries; and

◥ management of mass fatalities, extending to safe and dignified burials while public health and social measures are in place.

Essential services

While the specific set of essential services varies from country to country, there is a core set of essential services in many settings:*(30)*

◥ health care services: primary care services, public and private hospitals, and other health care facilities;

◥ pharmacies, suppliers of pharmaceuticals and medical items;

◥ long-term residential facilities, including for older people, people with disability and children;

◥ emergency services, including fire and emergency medical services;

◥ water and sanitation;

◥ fuel and energy;

◥ food;

◥ housing and shelter;

◥ telecommunications, including the Internet;

◥ media: print, broadcast and social;

◥ banking and finance;

◥ law and order, including police and security services, and prisons;

◥ education;

◥ public transportation;

◥ postal and courier services; and

◥ essential household supplies.

Essential services may also include target services for subpopulations such as the urban and rural poor, migrants and refugees, women and children, older people and people with disability.

Annex 3 provides the weblinks to the UN agencies that provide guidance on the management of COVID-19 for many of the sectors identified above.

Business continuity management

Business continuity management is at the heart of whole-of-society planning and action for emergencies and disasters. The objective of such management is to make an organization less vulnerable to events and reduce their impact; it is also to refocus the organization on priority actions during the emergency situation, including provision of essential services. These can be used to manage business interruptions, including loss of staff or disruption of supplies.

The development and implementation of business continuity plans should involve consultation with workers and their representatives. All workers should be informed about the measures in the plan, and should be provided with the necessary PPE, training and other support to implement the measures.

In the context of emergencies and disasters, public, private and civil society organizations should:

◥ integrate disease outbreaks and other internal and external risks (based on the organizational risk profile) into their business continuity management processes, plans and actions;

- analyse the risks of emergencies and disasters, and the potential effects of such risks on the organization's structures (e.g. divisions and units), processes and functions, including inputs and outputs; and
- analyse interdependencies within and outside the organization (e.g. transportation, water and suppliers).

Business continuity plans should be developed or modified based on planning assumptions that characterize the localized risks, the parameters of the respective emergencies and disasters, and the expected impacts. These assumptions will vary from country to country, based on levels of capacities across sectors and the resources available, the levels of preparedness and available medical countermeasures. Public health authorities should communicate the current planning assumptions and guidance to all other sectors of society. These assumptions could include the most likely scenarios, including possible short-, medium- and long-term risks and consequences of the emergency.

Annex: 3

United Nations funds, programmes, specialized agencies and others – information hubs for COVID-19

United Nations (UN) agencies

Agency (full name)	Agency (abbreviation)	Principal issues/sectors
Food and Agriculture Organization of the United Nations	FAO	Agriculture (including animal health); food
International Air Transport Association	IATA	Travel and trade
International Atomic Energy Agency	IAEA	Energy and fuel
International Civil Aviation Organization	ICAO	Travel and trade
International Criminal Police Organization	INTERPOL	Law enforcement
International Fund for Agricultural Development	IFAD	Agriculture
International Labour Organization	ILO	Employment
International Maritime Organization	IMO	Travel and trade
International Monetary Fund	IMF	Banking and financial services
International Organization for Migration	IOM	Migration and refugees
International Telecommunication Union	ITU	Telecommunications
International Trade Centre	ITC	Travel and trade
Joint United Nations Programme on HIV/AIDS	UNAIDS	Health
United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States	UN-OHRLLS	Other issues/sectors (including cross-sectoral)
United Nations Special Rapporteur on the right to adequate housing	–	Housing and shelter
United Nations Capital Development Fund	UNCDF	Banking and financial services
United Nations Children's Fund	UNICEF	Cross-sectoral (health; women, men, young people and children; education; water, sanitation and hygiene – WASH)
United Nations Conference on Trade and Development	UNCTAD	Economic impact

Agency (full name)	Agency (abbreviation)	Principal issues/sectors
United Nations Department of Economic and Social Affairs	UN DESA	Coordination
United Nations Development Programme	UNDP	Coordination
United Nations Economic and Social Commission for Asia and the Pacific	UN ESCAP	Coordination; economic impact
United Nations Economic and Social Commission for Western Asia	UN ESCWA	Coordination; economic impact
United Nations Economic Commission for Africa	UN ECA	Coordination; economic impact
United Nations Economic Commission for Europe	UNECE	Coordination; economic impact
United Nations Economic Commission for Latin America and the Caribbean	UN ECLAC	Coordination, economic impact
United Nations Educational, Scientific and Cultural Organization	UNESCO	Education and science, culture
United Nations Entity for Gender Equality and the Empowerment of Women	UN Women	Human rights; women, men, young people and children
United Nations Environment Programme	UNEP	Coordination; environment
United Nations High Commissioner for Refugees	UNHCR	Migration and refugees
United Nations Human Rights Office of the High Commissioner	OHCHR	Human rights
United Nations Human Settlements Programme	UN-Habitat	Housing and shelter
United Nations Industrial Development Organization	UNIDO	Economic impact
United Nations Office for Disaster Risk Reduction	UNDRR	Coordination
United Nations Office for Project Services	UNOPS	Coordination
United Nations Office for the Coordination of Humanitarian Affairs	OCHA	Coordination
United Nations Office on Drugs and Crime	UNODC	Law and order; emergency services
United Nations Population Fund	UNFPA	Health; women, men, young people and children
United Nations Relief and Works Agency for Palestine Refugees in the Near East	UNRWA	Coordination
United Nations Volunteers	UNV	Coordination
United Nations World Tourism Organization	UNWTO	Travel and trade
Universal Postal Union	UPU	Transport

Agency (full name)	Agency (abbreviation)	Principal issues/sectors
World Bank Group	WBG	Economic impact
World Customs Organization	WCO	Travel and trade
World Food Programme	WFP	Food
World Health Organization	WHO	Health
World Intellectual Property Organization	WIPO	Economic impact
World Meteorological Organization	WMO	Weather/Climate, Transport, other issues/sectors (including cross-sectoral)
World Trade Organization	WTO	Travel and trade

Other resources

Entity (full name)	Entity (abbreviation)	Principal issues/sectors
Inter-Agency Standing Committee	IASC	Coordination
PreventionWeb	–	COVID-19 hub
ReliefWeb	–	COVID-19 hub

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