## UNICEF PRIORITY AREAS BY OBJECTIVE

**1. Enhance preparedness and country capacity**

- Multi-sectoral and scenario-based national preparedness and response planning
- Training and guidance

**2. Support partner coordination at the country level**

- **Multi-sectoral coordination** with relevant national authorities (ministries of health, agriculture, public works, environment, social protection, education, etc.), WHO and key stakeholders at national, district and local levels

**3. Limit human-to-human transmission and protect individuals from exposure to nCoV**

- **Risk communication and community engagement** (RCCE) to inform decision making related to personal risk, mitigate rumors, share information and advice between experts, communities and officials, and to effectively involve communities in the response to control the outbreak
- **Social sciences analysis**
- **Infection prevention and control** (IPC) in health facilities, schools and communities through Health, WASH, RCCE and Education programs. **Reinforce or establish referral systems**
- Novel coronavirus **education in schools.**

**4. Minimize morbidity and mortality due to nCoV**

- **Surveillance and early warning system**
- Support to **case management** adapted to children and pregnant women
- Implementation of **breastfeeding recommendations**, replacement feeding for infants unable to be breastfed, and nutritional support for patients with nCoV

**5. Provide appropriate supplies and equipment to control the outbreak and support the health system**

- **Supply and logistics** for the provision of nCoV supplies: WASH items, PPE, basic health kits for case management

**6. Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak**

- **Support the continuity of health and social services** (i.e. child, maternal, newborn health services, HIV services, vaccinations, WASH, nutrition) including **safe delivery of education**
- Provide adapted alternative learning support, including **remote schooling** for school closures
- **Child protection services** for nCoV affected children: children quarantined, hospitalized, left without care provider
- **Psychosocial support and stigma prevention** for nCoV affected children and families
- **Social protection services** for economically vulnerable households affected by nCoV
- **Risk mitigation of GBViE**

**7. Staff safety and duty of care**

- Ensure **safety of staff and relatives** during the outbreak.

**8. Office operations: preparedness and business continuity**

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[1] *This note will be updated regularly as new information about 2019-nCoV becomes available.*

Under the leadership of the MoH/government, UNICEF will work with WHO and partners for a coordinated multi-sectoral response, engaging the community to protect children and their families from exposure to novel coronavirus (2019-nCoV), and its impact. Such efforts will also contribute to collectively strengthen public health capacity for other outbreaks, including in particular pandemic influenza.

**Scenarios:** The objectives and priority areas for UNICEF intervention are described below for two key scenarios:

- **Risk Reduction and Preparedness:** Countries with no cases or only imported cases without local transmission.

- **Response:** Countries with local transmission of the virus, or for which there is a weak surveillance system and transmission is suspected (even if not confirmed).

**Priority countries:** Each Regional Office (RO) will identify priority countries for preparedness and response, in consultation with its Country Offices (CO) and the nCoV Secretariat at HQ. WHO has completed a prioritization exercise[2] that can contribute to this decision making, based on three factors:

- Extent of nCoV transmission: Confirmation of local transmission, imported cases, no cases or suspected undetected cases;

- Strength of the surveillance and health system (based on Joint External Evaluations implemented as part of the IHR Monitoring and Evaluation Framework in recent years);

- Human movement between China and each country in 2019.

**Objectives:** The UNICEF response to 2019-nCoV is articulated around the following objectives, which can be adapted to specific scenarios and contexts:

1. Enhance preparedness and country capacity

2. Support partner coordination at the country level

3. Limit human-to-human transmission and protect individuals from exposure to nCoV

4. Minimize morbidity and mortality due to nCoV

5. Provide appropriate supplies and equipment to control the outbreak and support the health system

6. Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak

7. Ensure staff safety and duty of care

8. Office operations: preparedness and business continuity

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[2] The priority list will be included in this guideline and shared with ROs once made shared by WHO.

**1. Enhance preparedness and country capacity**

- **Advocate** for national risk reduction and preparedness planning (see WHO National capacities review tool for a novel coronavirus (nCoV)), and resource mobilization for the strengthening of IHR core capacities (based on JEE, Self-Assessment Annual Reporting, National Action Plan for Health Security, risks assessment and epidemic trends), including timely sharing of information and advice, availability of diagnostics (including lab capacity and reagents), personal protective equipment, prevention, treatment and referral services (including patient transportation).

- Contribute to **national preparedness planning** for nCoV, including the development of an **inter-agency Strategic Response Plan**, especially for pillars where UNICEF may play a lead/co-lead role (RCCE, WASH/IPC, community health, psychosocial support (PSS), etc.).

- Participate in **simulation exercises** to test response plans and identify gaps, including supporting the government to prepare national/sub-national multi-sectoral coordination mechanisms (taskforces, IMS/EOC, response pillars) and emergency procedures.

- Participate in **national multi-sectoral outbreak risk monitoring, analysis and mapping, bringing in all relevant sectors**:
    - Surveillance, diagnostic/lab capacity (including community-based surveillance where appropriate, and specific guidance for detection of nCoV infection among children and pregnant women, as appropriate)
    - Infection prevention and control (IPC) capacity (including public, private, traditional practitioners, pharmacies as appropriate)
    - Case management capacity (including as appropriate, holistic care of children and pregnant women infected)
    - Risk communication and community engagement (RCCE) capacity
    - Population movement
    - Cultural/behavioral patterns
    - Nutritional status of affected populations

- **Identify vulnerable populations at-risk and conduct gender analysis to asses how the outbreak and preparedness actions affect women/girls and men/boys differently** (marginalized, hard-to-reach, poor access to services, etc.) for targeting public health and humanitarian interventions, as necessary

- **In the Emergency Preparedness Platform (EPP), update the UNICEF Country Office (CO) preparedness and response plans** for nCoV with scenario-based multi-sectoral contingency plans. Conduct **simulation exercises** to test response plans, assess and strengthen capacity across the sectors and identify gaps in meeting the Minimum preparedness Actions (MPAs) & Minimum Preparedness Standards (MPS) based on Country Risk Index.

- **Training and guidance**
    - In collaboration with WHO and partners, provide technical support to the MoH, relevant ministries and partners to **develop/update guidelines and training materials** as necessary, and **identify and train partners** at the national, provincial/district and local levels for:

        - nCoV surveillance (including community-based surveillance where appropriate, and **specific guidance for detection of nCoV infection among children and pregnant women, as appropriate**)
        - Case management (including as appropriate, holistic care of children and pregnant women infected)
        - Laboratory testing and sample transport
        - **IPC in health services (including public, private, traditional practitioners, pharmacies as appropriate)**
        - **Risk communication and community engagement (RCCE)**
        - **nCoV education, prevention and control in schools (safe school operations during nCoV outbreak)**
        - Contact tracing (if indicated)
        - **Psychosocial support (PSS)**

- Breastfeeding recommendations
- Information management

- In countries where UNICEF has Integrated Management of Childhood Illness (IMCI) and Integrated Community Case Management (iCCM) programs, train health care providers for nCoV detection (know case definitions), reporting, case management and referral, as appropriate.

- **Monitoring and evaluation**

  - **Develop an integrated monitoring and evaluation plan** in coordination with partners, including data collection and analysis to inform program decision-making.
  - Strengthen UNICEF and partners capacity to monitor a response.

## 2. Support partner coordination at the country level

- **Co-lead the Risk Communication and Community Engagement** pillar of the response in coordination with IFRC and WHO.
- Participate in **national, sub-national, and inter-agency nCoV coordination mechanisms** and **enhance links among all relevant sectors** (Health, WASH, RCCE/C4D, education, nutrition, child protection, social protection).
- **Activate UNICEF cross-sectoral coordination mechanisms** as appropriate (i.e. CO, RO, HQ, cross-border) including internal communication and standard operation procedures (SOP) as indicated.

## 3. Limit human-to-human transmission and protect individuals from exposure to nCoV

- **RCCE (Risk Communication and Community Engagement):** Overall, the goal of RCCE before the outbreak is to create trust among the stakeholders, and have plans, structures, and partners ready for immediate activation at the community level. (Also refer to [WHO nCoV technical guidance on Risk Communication and Community Engagement](#))

  - **Map key stakeholders** (relevant national authorities – including Ministries of Health, Agriculture, Travel and Tourism, UN agencies, NGOs, local partners) **to be included in the response pillar for risk communication and community engagement (RCCE pillar)**, and **assess the capacities of all relevant partners.**

  - **Convene RCCE pillar partners** to **develop a RCCE strategy and action plan for nCoV**, as well as **standard operating procedures**, and **key messages**.

  - **Key messages** should focus on **actions to protect individuals from exposure to nCoV and minimize morbidity and mortality due to nCoV**, including
    - staying aware of the latest information on the outbreak (communication from local/national authorities, [WHO nCoV daily sitreps](#));
    - washing hands frequently with an alcohol-based hand rub or soap and water;
    - covering mouth and nose with fixed elbow or tissue when coughing and sneezing, and throw tissue into closed bin immediately after use;
    - avoiding close contact when experiencing cough and fever;
    - avoiding contact with sick animals, spoiled meat, waste and fluids in wet markets;
    - practicing food safety;
    - seeking medical care early if experiencing fever, cough, difficulty breathing, and share previous travel history with the health care provider, or history of close contact with someone who has traveled to an area where 2019-nCoV been reported;
    - appropriate use of masks: **a medical mask is not required for individuals without respiratory symptoms**; individuals with respiratory symptoms should wear a medical mask and seek care if experiencing fever, cough, difficulty breathing – for details, refer to [WHO nCoV Advice on the use of masks in the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak](#).

  - As appropriate, **prepare targeted messaging for key stakeholders and at-risk groups**, such as health care providers (e.g. public, private, traditional practices, community health workers – for case detection, management, referral, and infection prevention and control), market workers, slaughterhouse workers, those handling live animals/animal products, veterinarians, etc. Depending on how nCoV impacts children and

pregnant women, this may also include specific messaging targeting children, parents/care givers, pregnant women and their families.

- **Identify key influencers** (e..g community leaders, religious leaders, health workers, survivors), **networks** (women's groups, youth groups, community health workers, social mobilizers for polio, malaria, HIV, business groups, unions), and **trusted channels of communication** (local media, radio, social media, hotlines) to strengthen or establish a **system for community engagement** at national, sub-national/provincial levels.

- **Strengthen community-based mechanisms** (hotlines, surveys, rumor tracking) to inform the response. Involve traditional media and social media monitoring, local communication systems and networks. Establish feedback mechanisms.

- **Pre-test the key messages**, and use existing resources to **develop/adapt communication materials** (infographics, posters, video clips), including for outreach through mass media, SMS and social media platforms (i.e. U-report).

- **Conduct refresher training** for social mobilizers and health promotion staff.

- Determine **communication (interpersonal communication and counselling) needs of healthcare workers and volunteers**, and coordinate with partners to develop a rapid orientation and training plan.

- **Social sciences analysis**
  - Keep abreast of **existing social sciences data** (e.g. knowledge, attitudes and practices (KAP) studies, qualitative and mixed methodology studies). This includes **data on local care seeking patterns, for targeting of interventions in health facilities** (surveillance, IPC, case management and referral). Develop behavioral indicators as necessary, and identify **data collection plan to inform the RCCE response**.

- **Infection prevention and control (IPC)**: See above 1. Enhance preparedness and country capacity

## 4. Minimize morbidity and mortality due to nCoV

- **Surveillance and early warning system**

  - Support the national **early warning and alert systems and outbreak investigations in country and across borders through health, RCCE, WASH and other programs as appropriate.** Support the integration of nCoV surveillance with other surveillance systems and **seek synergies with existing surveillance networks** (including existing polio surveillance networks) where appropriate. Include **systematic collection of age categories and sex disaggregated data, as well as pregnancy status, as appropriate**.

  - Through community-based programs, **engage and sensitize key influencers and networks to detect and report suspected cases of nCoV** (community-based disease surveillance). As appropriate, include surveillance in animal populations by local communities as early indicators of outbreaks/epidemics.

- **Case management**, **breastfeeding** recommendations: See above 1. Enhance preparedness and country capacity

## 5. Provide appropriate supplies and equipment to control the outbreak and support the health system

- **Develop and maintain an inventory of essential nCoV supplies** (reference: UNICEF Novel Coronavirus Supply Note, [WHO Disease Commodity Package for Novel Coronavirus](...)). Maintain a reserve stock of supplies in high risk areas where appropriate, according to national and local risk analysis.
- **Prepare supply plans and distribution strategies** based on local capacity and the contingency plan.

## 6. Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak

- **Support the continuity of health and social services** (i.e. child, maternal, newborn health services, HIV services, vaccinations, WASH, nutrition) including **safe delivery of education**
- Provide adapted alternative learning support, including **remote schooling** for school closures (see appendix)
- **Advocate** for the **inclusion of specific rights, needs and vulnerabilities of women and children** in prevention, early detection, care and treatment strategies and programmes. This includes **advocacy for surveillance systems to include the systematic collection of age/age categories and sex disaggregated data, as well as pregnancy status, as appropriate**.

- **Advocacy should encompass pre-existing humanitarian challenges**[3] **and their consequences.** UNICEF should advocate for and lead an effort to improve the humanitarian response and access to essential services for affected communities who have suffered from humanitarian and security crises since before the public health emergency.
- **Identify vulnerable populations at-risk** (marginalized, hard-to-reach, poor access to services, etc.)

## 7. Ensure staff safety and duty of care

- Disseminate staff guidance for personal protection.
- Organize staff and family briefings for personal protection.
- Pre-position stocks of soap, alcohol-based hand sanitizers, and disinfection materials. Medical masks are not needed nor recommended for individuals without symptoms.

## 8. Office operations: preparedness and business continuity

- **Undertake a rigorous self-assessment** of the CO capacity and compliance with the Minimum Preparedness Standards (MPS) and Emergency preparedness procedures.
- **Pre-identify UNICEF emergency focal points in each sector** (e.g. health, C4D, WASH, education, child protection, nutrition, media/external communications, supply and logistics, emergency operations, human resources, M&E, resource mobilization) and update every year as part of preparedness and contingency plan exercises.
- **Pre-identify and develop agreements with implementing partners** to deliver services for nCoV control. Consider including emergency clauses[4] in existing PCAs (Programme Cooperation Agreement), developing contingency or standby PCAs[5].
- Identify potential **surge support needs**. Review the HR staff deployment guidance.
- **Identify funding requirements** for preparedness and response activities during an nCoV outbreak (including re-programming existing funds).
- Review/update Business Continuity Plans appropriate, and the Security Risk Management document.

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[3] These challenges may include other existing disease outbreaks, forced displacements, natural disasters, collapsed health services due to conflict etc.

[4] Allows partners to divert and utilize non-emergency resources for immediate response that are later covered by emergency funds when they become available

[5] Pre-defined dormant PCAs to be activated upon mutual agreement between UNICEF and the partner when an emergency is declared

*Please review together with UNICEF Actions for Preparedness above.*
*All response activities must also include preparedness actions for scaling up response, and readiness/early response in neighboring areas at-risk.*

1. <u>**Enhance risk reduction and preparedness and country capacity**</u>

- **Advocate** for **timely sharing of information and advice to affected populations**, increase visibility and resource mobilization to ensure affected and at-risk children and communities have **equitable access to diagnostics, care and treatment services**.

- **Training and guidance**
  - Support the dissemination of nCoV guidelines, and training/refresher training of partners (see above Preparedness: 1. Enhance preparedness and country capacity: Training and guidance).

2. <u>**Support partner coordination at the country level**</u>

- **Co-lead the Risk Communication and Community Engagement** pillar of the response in coordination with IFRC and WHO.
- **Participate in national and inter-agency nCoV response coordination mechanisms** and establish UNICEF's lead/co-leadership role(s) in pillars for RCCE, WASH/IPC, PSS, community health/primary health care, as appropriate. Support the enhancement of links across all pillars of response.
- **Participate in multi-sectoral rapid needs assessments, outbreak investigation and rapid response teams** (RRTs) with participation across all relevant pillars/sectors.
- **Implement response and contingency plans,** taking into consideration **underserved and vulnerable populations** (e.g. marginalized populations, hard-to-reach, refugees, IDPs, mobile populations, populations with baseline poor access to health services).
- **Strengthen UNICEF coordination mechanisms** as appropriate (i.e. RO, HQ, cross-border) including internal communication and standard operation procedures (SOP) as indicated.
- **Closely monitor for any secondary impact of the nCoV outbreak**, including disruptions to health, education and other social services delivery (including due to overburdening of local health systems), changes in care seeking behavior, impact on the local economy and livelihoods, widespread panic, civil unrest, as well as new/increased protection needs.
- **Participate in multi-sectoral assessments of potential broader humanitarian consequences of the nCoV outbreak**.

- **Monitoring and evaluation**

  - Implement an integrated monitoring and evaluation plan in coordination with partners, including data collection and analysis to inform program decision-making.

3. <u>**Limit human-to-human transmission and protect individuals from exposure to nCoV**</u>

- **Risk communication & community engagement (RCCE):** During the outbreak, RCCE efforts should focus on mobilizing key influencers, community networks, and responders across all pillars to rapidly disseminate accurate, updated information – taking into consideration unknown information and uncertainties. (Also refer to [WHO nCoV technical guidance on Risk Communication and Community Engagement](#))

  - **Rapid implementation**

    - Under the RCCE pillar (see above Preparedness: Risk communication & community engagement), **implement the RCCE strategy and action plan for nCoV, adapted based on epidemiological and social sciences data.**
    - **Mobilize the media** and spokesperson (together with WHO and media communication teams).

  - **Messaging**

- Identify affected and at-risk populations, and trusted channels of communication (local media, radio, social media, hotlines) to reach these populations, including specifically underserved and vulnerable populations.
- **Disseminate pre-tested key messages and communication materials** (see above Preparedness: Risk communication & community engagement) via **identified key influencers, networks and trusted channels**.
- **Track rumors** to counter any misinformation circulating in communities. Work with Psychosocial support and Child protection on engaging communities to assess and **address any potential stigmatization** of populations related to nCoV.

- **Community engagement**

  - **Engage affected and at-risk communities**, maintaining two-way communication between communities, their trusted sources, and responders to keep the public informed, and **monitor community feedback** on their priority needs.

- **Social sciences research**

  - Continue **collection and analysis of social sciences data** (including KAP studies, qualitative and mixed methodology studies) related to nCoV, including on **local care seeking patterns**. **Target specific at-risk / vulnerable populations** as appropriate (e.g. market workers, health care providers in public, private, traditional practices, pharmacies, community health workers, etc.)
  - Within the national coordination structure, establish a mechanism **to share relevant findings and key recommendations to inform response across all pillars** (see above Preparedness: Risk communication & community engagement).
  - Implement a system to **monitor behavioral change** related to the outbreak.

- **Infection Prevention and Control (IPC)**

  - **Implementation of appropriate IPC measures is critical to prevent amplification of nCoV infection through nosocomial (health care-associated) transmission.**

  - Support implementation and monitoring of appropriate **IPC measures in health facilities, schools, and in the community** (e.g. markets, churches, transportation hubs, screening points/points of entry, etc.) through UNICEF's health, WASH, RCCE and education programs, as appropriate. This may include **provision of IPC/WASH supplies (including PPE), support for IPC training and monitoring IPC compliance**.

  - IPC principles in health facilities include **early recognition and source control** (triage, dedicated waiting area for symptomatic patients, etc.); application of **standard precautions for all patients**; application of **droplet and contact precautions for suspected nCoV infection** by all family members, visitors, health care workers, ancillary staff (appropriate use of PPE such as medical mask, gloves, eye/facial protection, disinfection of patient-contact surfaces, etc.), and whenever applicable airborne precautions for suspected cases (during specific aerosol-generating procedures such as intubation, cardiopulmonary resuscitation, etc.); **administrative controls** (e.g. isolation/cohorting of suspected cases, IPC training, monitoring IPC compliance), and **environmental controls** (e.g. disinfection of surfaces, safe management of laundry, utensils, medical waste, ≥1m special separation of patient beds, adequate ventilation). For details, refer to [WHO nCoV technical guidance on Infection Prevention and Control in Health Care Facilities](#).

- **Education**
  - Support the Ministries of Education and Health to develop and implement guidelines for **safe school operations during a nCoV outbreak** (e.g. promotion of hand and respiratory hygiene, screening and referral of suspected cases, as appropriate), and **education about nCoV prevention**.

4. <u>**Minimize morbidity and mortality due to nCoV**</u>

- **Surveillance and early warning system**
  - Advocate for **surveillance systems to include the systematic collection of age/age categories and sex disaggregated data, as well as pregnancy status, as appropriate**.
  - Activate nCoV early warning alert and response systems in all UNICEF-supported programs as indicated.
  - **Closely monitor, and as appropriate, conduct epidemiologic analysis together with WHO, on nCoV infection among children and pregnant women** – including susceptibility to nCoV infection, clinical features (including

disease severity and mortality, any associated complications such as miscarriages, preterm deliveries, growth restriction in the uterus, etc.).

- **Case management**
  - In support of the government and in coordination with WHO, **disseminate [nCoV case definitions](#)** and **conduct refresher trainings** for primary health care providers (including UNICEF-supported IMCI and iCCM programs, as well as public, private, traditional practices, and pharmacies, as appropriate) to **strengthen nCoV detection, case management, and referral.**

  - In large scale outbreaks, UNICEF may develop new PCAs with partners to provide community-level triage, contact tracing, basic care and referral services. Ensure [nCoV cases are managed](#) according to national protocols, with appropriate **[infection prevention and control (IPC) measures](#)** in place.

- **Breastfeeding**

  - Disseminate appropriate recommendations for safe breastfeeding.

5. **Provide appropriate supplies and equipment to control the outbreak and support the health system**

- Implement the supply plan and distribution strategy, including procurement of nCoV supplies (reference: UNICEF Novel Coronavirus Supply Note, [WHO Disease Commodity Package for Novel Coronavirus](#)), shipping, storage and distribution of supplies in country.

6. **Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak**

- **Advocate** for the **safe delivery and continuation of essential services** including primary health care, WASH, nutrition, child protection, and education services.
- Provide adapted alternative learning support, including **remote schooling** for school closures (see appendix)
- **Advocate** for **timely assessment of potential broader humanitarian consequences** of the nCoV outbreak.
- **Advocate** for government and private sector (e.g. airlines) **compliance with [IHR and WHO trade and travel recommendations](#)** (e.g. avoid any unnecessary border closures, trade or travel restrictions, cancellation of flights that are in contravention of IHR travel recommendations, and potentially have grave consequences for affected populations and the response).

- **Psychosocial support (PSS) and child protection**
  - Support **psychosocial support services** for affected children and communities according to context.

  - Engage communities to assess and **address any potential stigmatization** of populations related to nCoV.

  - Working with health and social services at the national and sub-national level, identify and deliver **protection services for children left without a care provider**, due to the hospitalization or death of the parent or care provider.

- As appropriate, support the provision of **social protection services** for economically vulnerable households affected by nCoV.

7. **Ensure staff safety and duty of care**

- Disseminate [staff guidance for personal protection](#).
- Organize staff and family briefings for personal protection.
- Distribute stocks of soap, alcohol-based hand sanitizers, and disinfection materials. Medical masks are not needed nor recommended for individuals without symptoms.
- Enforce hand and respiratory hygiene in the office.

8. **Office operations: preparedness and business continuity**

- Upon declaration of an outbreak, **establish a cross-sectoral team** for information sharing and internal coordination (See above Preparedness: Office operations), and **designate the team leader**.

- **Activate emergency clauses in existing PCAs, contingency or standby PCAs for programme implementation**. Develop as necessary new **PCAs and contracts[6] with partners** to deliver services for nCoV control and address any secondary impacts.

- Identify **surge support needs**, access the internal roster of technical and operational experts and standby partners. Review the HR staff deployment guidance.

- **Mobilize funds** internally (e.g. reprogram existing funds, request Emergency Programme Fund to jump start) and through external funding sources such as CERF (Funding appeal checklist).

- Implement the Business Continuity Plan and the Security Risk Management plan.

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[6] Other options include SSFA (Small Scale Funding Agreement), Special Service Agreement (SSA). Note there are simplified procedures for Level 2 and 3 Emergencies. Refer to UNICEF Simplified Procedures in Emergencies.

**Novel coronavirus (2019-nCoV)**

- **General information**
  - WHO Health topics: Coronavirus
  - WHO Q&A on coronaviruses

- **WHO reports and updates**
  - WHO Novel Coronavirus situation reports
  - WHO Disease Outbreak News

- **WHO Technical guidance** (regularly updated)
  - Country readiness / National capacities review tool for a novel coronavirus (nCoV)
  - Surveillance and case definitions for human infection with novel coronavirus (nCoV)
  - Early investigations
    - Protocol for assessment of potential risk factors for 2019-novel coronavirus (2019-nCoV) infection among health care workers in a health care setting
    - Household transmission investigation protocol for 2019-novel coronavirus (2019-nCoV) infection
    - The First Few X (FFX) Cases and contact investigation protocol for 2019-novel coronavirus (2019-nCoV) infection
    - Global 2019-nCoV Clinical Characterization Case Record Form
  - Laboratory testing of human suspected cases of novel coronavirus (nCoV) infection
  - Patient management
    - Clinical management for suspected novel coronavirus (nCoV)
    - Home care for patients with suspected novel coronavirus (only for mild cases unable to be hospitalized)
  - Infection prevention and control in health care facilities
  - Advice on the use of masks in the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak
  - Risk communication and community engagement readiness and initial response for novel coronaviruses (nCoV)
  - Disease commodity package for novel coronavirus
  - Reduction of transmission from animals to humans

- **WHO 2019-nCoV travel advice**

# Appendix 1. Alternative schooling support summary table

|  | Strong Systems | Vulnerable Systems |
|---|---|---|
| **1. Advocate/work with education systems** | • Effective multi-sector coordination<br>• Clear communications from national to local levels<br>• Ensure schools are not uses as shelters, treatment units, etc.<br>• Advocate for inclusion of education in operational preparedness (supply chain & WASH links)<br>• Conduct stakeholder mapping to determine existing capacities and resources of stakeholders | • Effective multi-sector coordination<br>• Clear communications from national to local levels<br>• Ensure schools are not used as shelters, treatment units, etc.<br>• *Advocate for education within supply and WASH planning*<br>• Conduct stakeholder mapping to determine existing capacities and resources of stakeholders |
| **2. Ensure Safe Operations** *Schools Open* | • Implement social distancing practices<br>• Reinforce handwashing and sanitation in schools & communities<br>• Consider Teacher mgmt.<br>- Training, managing absenteeism/sick leave<br>• *Revise state protocols*<br>• *Training & support for school health workers* | • Implement social distancing practices<br>• Reinforce handwashing and sanitation in schools & communities<br>• Consider Teacher mgmt.<br>- Training, managing absenteeism/sick leave<br>• *Develop safe school protocols*<br>• *Pre-position sanitation supplies*<br>• *Training and support for community health workers* |
| **3. Ensure learning continuity** *Schools Closed* | • *Use of virtual/e-learning strategies*<br>*- HQ can provide global curated content*<br>*- promoting SMS based platforms for monitoring remote learning*<br>• *Use of home study for short term closures (assigning reading and exercises)*<br>• Consider teacher/facilitator mgmt.<br>- Compensation and support | • *Use of school broadcasting systems (radio/tv)*<br>*- ROs can provide examples of radio and TV broadcast programming*<br>• *Use of home-based schooling*<br>*- Can provide examples from WCARO and ROSA*<br>• Consider teacher/facilitator mgmt.<br>- Compensation and support |
| **4. Contingency Planning** | • Plan for academic calendar changes, particularly in relation to breaks and exams<br>• Review/develop accelerated education strategies | • Plan for academic calendar changes, particularly in relation to breaks and exams<br>• Review/develop accelerated education strategies |
| **5. Systems Strengthening** | • Strengthen health education, including skills based health education<br>• Develop long term-term, costed, education sector contingency plans and protocols for epidemics | • Strengthen health education, including skills based health education<br>• Develop long term-term, costed, education sector contingency plans and protocols for epidemics |