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# UNICEF's commitments in public health emergencies

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# UNICEF's Core Commitments to Children

- Are guided by **international human rights law**, particularly CRC, its Optional Protocols, and **international humanitarian law**
- Apply **in all countries and territories, in all contexts, and to all children**
- Provide a menu of **minimum commitments, activities, benchmarks and standards** that UNICEF commits to achieve in humanitarian crises, with its partners
- Are grounded in the [Sphere standards](#), including the [Core Humanitarian Standard on Quality and Accountability \(CHS\)](#), the [Inter-Agency Network for Education in Emergencies \(INEE\) Minimum Standards](#), [Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#); and reflect UNICEF's Inter-Agency Standing Committee (IASC) commitments
- Grounded in the Principles of Partnership
- Contribute to the SDGs and include explicit strategies to **link humanitarian and development action**, strengthen local capacity and systems and build resilience at all stages of humanitarian action
- Contribute to the UN [system-wide agenda for Sustaining Peace](#)

# Core Commitments for PHE

**Strategic Result: Children and their communities are protected from exposure to and the impacts of PHEs**

4 commitments with related benchmarks

*(the revised CCCs including these on PHE, are currently being endorsed at ED level and will be released and rolled out very soon)*



## CCC1: Coordination and leadership

Effective coordination is established with governments and partners

- Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications
- UNICEF led sectors are adequately staffed and skilled at national and sub-national levels
- UNICEF core leadership and coordination accountabilities are delivered
- Surge deployments and emergency procedures are activated on a no-regrets basis
- In case of the activation of the [the IASC Protocol for the Control of Infectious Disease Events](#), response modalities and capacities are adapted and scaled up accordingly

## CCC2:Risk Communication Community Engagement

RCCE captures the range of communication, behavior change, social and community mobilization strategies used in containing health outbreaks.

- Communities are reached with gender- and age-sensitive, socially, culturally, linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services
- Local actors are supported and empowered to raise awareness and promote healthy practices
- Systems are in place to allow communities to guide the response and provide feedback for corrective action

**CCC3: Strengthened public health response: prevention, care and treatment for at-risk and affected populations**

Populations in at-risk and affected areas safely and equitably access prevention, care and treatment, to reduce disease transmission and prevent further spread. Specific attention is given to women and children

- The risk of geographical spread of the outbreak and its potential impact are monitored, to inform early response and preparedness in at-risk areas
- Specific needs and vulnerabilities of children and women are considered in prevention & treatment protocols, including in the design of patient-centred treatment programmes
- Communities directly affected by the PHE are reached with IPC activities, including the provision of critical medical, WASH supplies and services at facility, community and households' levels and in public spaces
- PSS services contributing to reducing transmission and PHE-related morbidity are accessible to individuals and their families directly or indirectly affected by the PHE
- Children directly affected by the PHE receive an integrated package of medical, nutritional and psycho-social care
- Frontline workers at facility and community level are trained in IPC and provided with PPE as appropriate for each situation and role

#### **CCC4: Continuity of essential services and humanitarian assistance**

Essential services and humanitarian assistance are maintained and scaled-up as necessary, and communities can safely and equitably access them

- Needs assessments are conducted early and regularly to ascertain the impact of the outbreak on the population, humanitarian needs, and underlying needs not yet addressed
- Essential services and humanitarian assistance in Health, WASH, Nutrition, HIV, are maintained and scaled-up as necessary, and communities can access them in a safe and equitable manner
- Protection services, including case management and psychosocial support services are accessible to individuals and their families in a safe and equitable manner
- Continued and safe access to education is maintained
- Existing social protection mechanisms are maintained and expanded as necessary, including through establishing or scaling up humanitarian cash transfer

## Lessons learned from Ebola in the DRC:

- “Ongoing efforts to contain an Ebola outbreak in the east of the country have diverted attention and resources from already enfeebled healthcare facilities which are dealing with several deadly endemic diseases”. [Report published 31.03](#)
- Since 2019, **a measles epidemic – the worst in the world -- has killed more than 5,300 children under the age of five** while there have been some **31,000 cases of cholera**

## Risks and benefits of sustaining routine childhood immunisation programmes in Africa during the Covid-19 pandemic [CMMID nCov working group](#)

- For one excess Covid-19 death attributable to an infection acquired during a child vaccination visit, **128 future child deaths** (time of vaccination – 5yrs) would be **prevented**
- If only the risk to the vaccinated child is considered, the benefit-risk ratio increases to 52,000
- **Measles and pertussis** containing vaccines each contribute **about one-third of the vaccine preventable mortality** in these estimates.



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Thank You



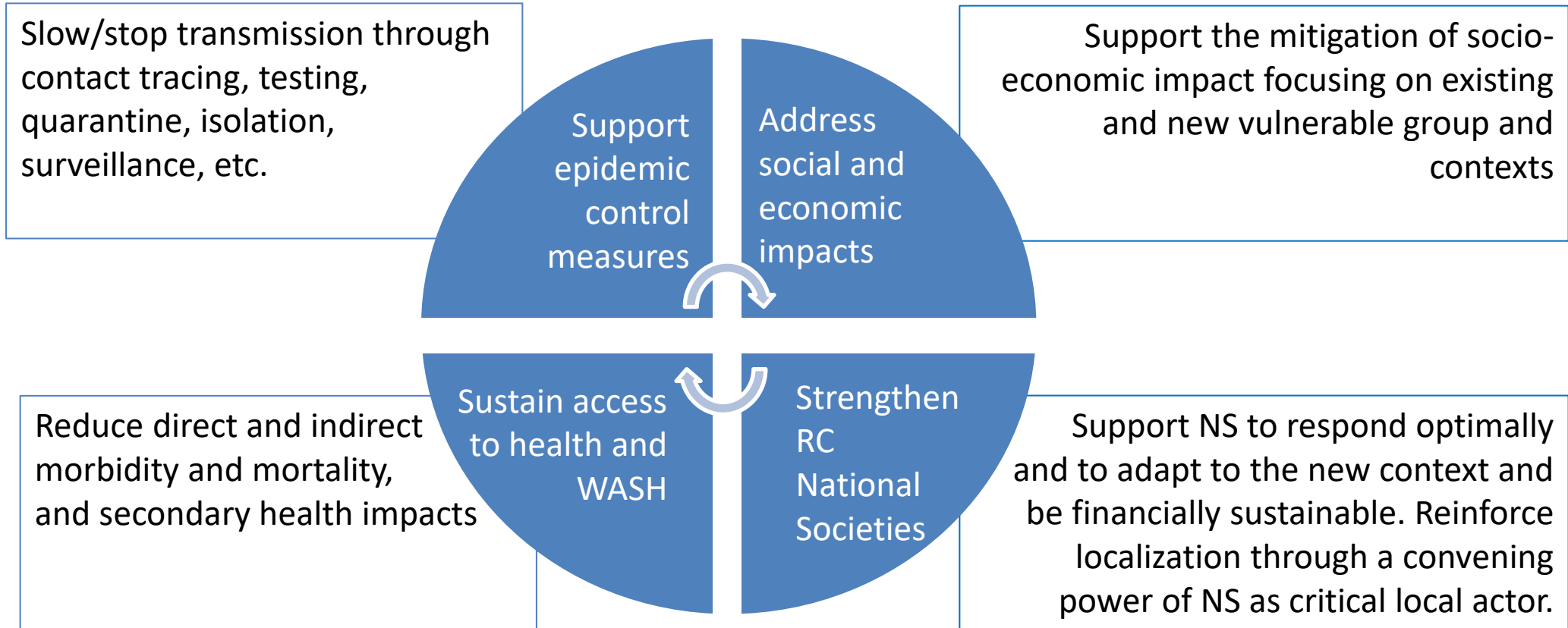
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How do Red Cross Red  
Crescent Societies support  
epidemic response?

# How are we approaching the pandemic?

- Community-based, volunteer organisation that is “auxiliary to government”
- Increase in RC National Societies’ activities in line with their role as auxiliaries to their public authorities through community-based activities
- Increased focus on the high risk/densely populated/fragile contexts
- Keep focus on distributed network approach both at global and country-level

# Operational Priorities



# Operational challenges and needs

- This crisis highlights the role of localized responders and the **need for investment in localization**
  - Outbreaks start and end in communities
  - Local social and cultural knowledge, health systems capacities
  - Local adaptations and solutions to epidemic control
- **Misinformation and mistrust**
- **Coherence and coordination with partners:** scale and volume are in unchartered territory
- **Access and movement restrictions:** Humanitarian Diplomacy for RCRC to be able to work according to its auxiliary role.
- **Procurement and availability of PPE:** Availability, Quality, and competition among demand.



Overarching IFRC guidance on how to provide health support in each phase of pandemic response. Review the following resources' pages which include guidance materials, checklists, information assets, and more:

### GENERAL INFORMATION AND RESPONSE OPTIONS

- Risk, evidence, and modeling
- Strategic guidance
- Health care in danger

### PUBLIC HEALTH MEASURES TO PREVENT AND SUPPRESS TRANSMISSION

- Epidemic control for volunteers
- Fragile, complex and humanitarian settings
- Home care
- Management of the dead
- Point of entry and screening
- Quarantine
- Risk communication, community engagement, and accountability
- Surveillance and contact tracing
- Detention centres

### HOME CARE AND OLDER PEOPLE

- Home care for coronavirus patients
- Advice on the use of masks
- Guidance for working with older people

### PERSONAL PROTECTIVE EQUIPMENT

- Cloth Masks
- Personal protective equipment guide

### WATER, SANITATION AND HYGIENE (WASH)

# Resources

- [www.preparecenter.org/healthhelpdesk](http://www.preparecenter.org/healthhelpdesk)
- All guidance, trainings, tools, etc. are open to the public and adapted for community-level activities