



**Putting the Best Interest of
Children, Women and their
Communities at the Centre
of Public Health Emergency
Preparedness and Response**

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New York, March 2023

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Suggested citation:

UNICEF (2023). Putting the Best Interest of Children, Women and their Communities at the Centre of Public Health Emergency Preparedness and Response. New York.

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Democratic Republic of the Congo, 2019

Francine is an Ebola survivor who now looks after children in an Ebola treatment center in the Democratic Republic of the Congo. Children suspected of having Ebola are separated from their parents so Francine is there with cuddles and care.

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Philippines, 2022

Kindergarten pupils perform their daily group handwashing activity in Cogon Elementary School in Brgy. Cogon, Tanauan III, Leyte on 02 December 2022.

The climate-resilient solar water pump system ensures adequate water supply and improve proper sanitation and hygiene practices of students and the community following the destruction of Super Typhoon Yolanda (Int'l name Haiyan) in 2013. There were 95 solar water pump systems installed through the combined efforts of UNICEF, ArcheNova and the Department of Education (DepED) Region VIII. Installed on a classroom roof, the solar panels can be uninstalled before a typhoon to prevent breakage. Solely reliant on direct sunlight, the solar pump water system does not have batteries, which, if damaged, would be unavailable locally and unaffordable to replace. It stores and ensures continuous water supply during the school day through the water tank, which is elevated no higher than 15 feet to better stand strong winds during a typhoon. Community volunteers were trained to assist the schools in the operation and maintenance of the solar water pumps.

With the facilitation of UNICEF, the Leyte Metropolitan Water District (LMWD) and DepED Region VIII signed a memorandum of agreement in 2015 for the former to provide technical assistance in monitoring the operation and repairing the solar water pump systems. Samaritan's Purse complemented the solar water pump installations with bio-sand filtration systems.

الجمهورية اليمنية
 وزارة الصحة العامة والسكان
 Primary Health care sector
 National expanded programme of immunization
 الجمهورية اليمنية
 وزارة الصحة العامة والسكان
 قطاع الرعاية الصحية الأولية
 البرنامج الوطني للتحصين الموسع

Oral Cholera Vaccination Card

بطاقة التطعيم بلقاح الكوليرا الفموي

المنطقة Zone	المديرية District	المحافظة Governorate
	المحوطه	لوي ناجي

الاسم Name	العمر Age	الجنس Sex
		<input checked="" type="checkbox"/> male / ذكر <input type="checkbox"/> female / انثى

تاريخ أخذ الجرعة Date of Vaccination	الجرعات Doses
2022/3/1	الجرعة الأولى 1 st Dose جرعة التثوية 2 nd Dose

الختم Stamp

Yemen, 2022

Loai Naji, 9 years, after getting vaccinated against cholera in Lahj governorate. This was part of the door-to-door OCV vaccination campaign in the governorate. This campaign was supported by UNICEF



Introduction

After years of profound disruption and societal breakdown catalysed by the COVID-19 pandemic, the world must work together to build a strong foundation to prepare for and respond to Public Health Emergencies.¹ This must be informed by the reality that many of the policy choices and actions taken to mitigate the COVID-19 pandemic have had long-lasting negative consequences for children, women and their communities – in particular the world’s most vulnerable.

For a child, public health emergencies like COVID-19 go well beyond the immediate issue of health. From school days and learning opportunities forever lost, to increased violence, exploitation and abuse, we know that decades of progress for children: our world’s future generations, have been reversed. This is why we must ensure that across all areas of work, the best interests of children are firmly at the centre.

The annual number of disease outbreaks has increased more than threefold since 1980. This trend shows no signs of abating. For children, this requires a significant stepping up in terms of our work to prepare for, mitigate and prevent the negative impacts of public health emergencies, which cut across the whole of society.

The global community must ensure that the lessons learned, as well as the innovation and investment fostered through the COVID-19 pandemic, translate into tangible change and immediate action to enhance global preparedness and response for current and future generations.

This paper outlines UNICEF’s recommendations in relation to public health emergencies preparedness and response (PHE-PR). Together with our partners, we can and must ensure that the best interests of children, women and marginalized communities are at the centre of our collective actions.



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Yemen, 2023

Shooq, a 9-year-old third grader, attends her class at Fatima Al Zahra school in Khanfir District, Abyan Governorate, Yemen.

Shooq says: "Before the restoration of bathrooms, the school wasn't pleasant because toilets were dirty, had no water, and doors and walls were damaged. Going to the bathroom was a scary experience."

With the USAID fund and as part of the WASH in Schools project, UNICEF rehabilitated Fatima Al Zahra primary and secondary school restrooms in Khanfir District, Abyan Governorate, Yemen. Shooq says: "Before the restoration of bathrooms, the school wasn't pleasant because toilets were dirty, had no water, and doors and walls were damaged. Going to the bathroom was a scary experience."

With the USAID fund and as part of the WASH in Schools project, UNICEF rehabilitated Fatima Al Zahra primary and secondary school restrooms in Khanfir District, Abyan Governorate, Yemen.

For Every Child: 9 Recommendations for Public Health Emergency Preparedness and Response

As the world's leading multilateral agency responsible for child rights, UNICEF is involved every year in over 100 responses related to public health events including Ebola, measles, polio, cholera, meningitis, and COVID-19. UNICEF works with governments, communities and other international and national partners to address the specific needs of the most vulnerable and strives to simultaneously focus on preventing public health emergencies, responding to public health threats, and mitigating and addressing their socio-economic consequences.

A stronger foundation to prevent the pandemics of the future demands a robust global architecture. This requires highly effective global governance structures, systems and appropriate and responsive financing mechanisms capable of rapidly responding to extraordinary health threats. The World Health Organization (WHO) has proposed a series of vital improvements in this regard.³ Our recommendations below expand from and complement these.

Based on our experience, lessons learned, and stemming from our focus on the rights of children, we put forward **9 essential recommendations** for future preparedness and response to public health emergencies.

- 1 Prioritize and invest in robust primary health care³ systems.** These are fundamental to prevent and mitigate the impacts of public health emergencies. Strong primary health care systems, rooted in communities and connected with other preventive and social service delivery, can detect and address public health threats swiftly. Remunerated community health and frontline workers are at their core. It is on the basis of strong systems and participant communities that we can build an effective, timely, trusted and non-disruptive response when outbreaks, epidemics and pandemics occur. The most effective surveillance and response systems begin at the community level.
- 2 Ensure water, sanitation and hygiene services for all.** Basic water, sanitation, and hygiene (WASH) and waste management services in health care facilities are critical components of infection, prevention and control strategies and are fundamental to providing safe, quality care. No facility should be considered a health care facility without basic WASH services. Access to WASH in communities – in homes, schools and public places – is vital to prevent and control the spread of infectious diseases. Hand hygiene alone is one of the most cost-effective public health measures. A fundamental change in education, attitudes and behaviours is needed to ensure WASH in every community.
- 3 Invest in strong immunization systems to reach the most marginalized.** Vaccination against 10 key diseases in 98 countries can save 32 million lives in a decade, the majority of whom are children.⁴ Measles vaccination can avert over 2.1 million deaths each year.⁵ All children should be immunized against all preventable childhood diseases, with a focus on reaching zero-dose children⁶ and communities. Nearly half of zero-dose children live in hard-to-reach rural communities, in conflict areas, and in densely populated poor urban settlements. They are affected by multiple deprivations. To better prevent and prepare for future public health emergencies, it is urgent that we identify those children and communities and ensure they are reached. Immunization is one of our best entry points to improving maternal, newborn and child health.
- 4 Strengthen the capacities of first responders.** During public health emergencies, caregivers, community health workers, educators and social workers become the first responders. A focus on supporting and building the capacities of these frontline workers, many of whom are female with substantial care responsibilities of their own, is required to ensure the vital link between communities and services. Their capacity must be enhanced to foster inclusion, reduce stigma and discrimination, conduct meaningful engagement and provide counselling, mental health and psychosocial support. First responders must be empowered with the right tools, such as communication, social behaviour change, training, and data management skills. By supporting them through strengthened local governance, first responders should be engaged to design an integrated response that is more likely to succeed. In this way, they will form the platform upon which any emergency response standing capacity will be reliant for impact and scale.
- 5 Ensure that no child misses out on their education.** The response to COVID-19 exposed how rapidly children can fall behind. Repercussions on children of lockdowns, prolonged school closure and disruption in social services, such as school meals - require deliberate actions when planning prevention and response strategies. As the world strives for an inclusive and resilient recovery, investing in recovering the years of lost learning for children and putting their safety and mental health first is key. Education systems must be fully engaged in preparedness and response planning and investments to avoid school closures in future public health emergencies. Schools require support to stay open. That means including having the policies, facilities and commodities in place before a public health emergency happens. Communications and tailored, age-specific guidance for administrators, educators, parents and children are all essential elements in preparedness and response. With the exception of pathogens primarily transmitted by children, schools should be the last to close and the first to reopen.
- 6 Foster social cohesion and build trust through social protection systems.** All public health emergencies have social consequences. They also cannot be addressed effectively without interpersonal trust and social cohesion. Inclusive social protection systems form the building blocks of emergency preparedness. Together with improved communications, they must be expanded as a

fundamental part of public health emergencies preparedness work. During a social crisis, including epidemics, relationships underpinned by trust significantly bolster the success of response strategies. Vaccine hesitancy is a prime example. Family and child-friendly policies developed by governments and supported by international actors should systematically expand coverage of social transfers and other social protection actions, particularly those that target vulnerable families and caregivers, in a public health emergency. Social protection systems must be shock-responsive and designed to address specific contexts, notably densely populated urban settings, and conflict-affected geographies. Policies and implementation must recognize the unique needs of children with disabilities and children at risk of gender-based violence, and include people on the move, and undocumented migrants.

7 Strengthen systems to care for and protect the most vulnerable children. The impact of public health emergencies and the measures to control them can expose children to protection risks, including violence against children (VAC), gender-based violence (GBV) and other forms of exploitation and abuse, as well as harm to mental health. Public health emergencies also increase the likelihood of family separation when either the child or caregiver are quarantined or isolated; and even loss of parental care in the case of death. To prevent mitigate and respond to such risks, strong child protection systems and a frontline social service workforce should be equipped to address public health emergencies by providing support for physical and psychological wellbeing and referrals to social services for families, caregivers and relatives. Children should be kept together with their caregivers, wherever possible and based on their best interests. Addressing VAC and GBV, providing alternative care and family reunification and delivering mental health and psycho-social support (MHPSS) should be classified as 'essential services' in emergency management frameworks and PHE-PR.

8 Invest in informed and better decision making through data systems. Timely, high-quality data and analytics are essential for preparedness and response efforts that place women and children, including adolescents, at the centre. Investments in strong routine information systems, surveillance systems, early warning and response monitoring systems, with built-in child and gender-sensitive lenses, are critical for supporting evidence-based decision making before, during, and after public health emergencies.

Social and behavioural change, risk communication and community engagement strategies, and people centred interventions have been vital for reducing the impact of the COVID-19 pandemic. Lessons learned from them should be routinely captured, and best practices should be scaled-up or adapted for other contexts. Community mechanisms including community-led monitoring, digital tracking of the uptake of public health measures at local levels, and systematic social listening approaches should also be integrated into preparedness and response efforts. Data that can be used to prevent or mitigate negative effects of public health emergencies on children, families and communities should be considered public goods. Governance and accountability mechanisms must be developed to improve data sharing, while respecting individual rights to privacy.

9 Make lifesaving countermeasures accessible, relevant and acceptable to all. Strategic supplies of diagnostics, therapeutics, vaccines and personal protective equipment (PPE) are integral to public health emergency preparedness and response. These countermeasures are public goods that should benefit all, without exception. This includes protecting children and their communities, as well as frontline workers, without whom health, nutrition, education, and social and child protection services cannot function. The scientific and business communities innovated in unprecedented ways to develop COVID-19 tools, yet access has not been equitable. To remedy this, we need to plan for the next outbreaks and prioritize the right investments now to ensure equitable access to countermeasures. This includes ensuring strategic supplies for future outbreaks are designed cognizant of the delivery infrastructure in low- and middle-income countries; building capacity to enable local production and to ensure supply chains are resilient and geographically diversified; and ensuring relevance and acceptance of health services and products through engagement with – and accountability to – affected populations. Underpinning all of this, the global public health community must apply a different risk tolerance particularly to preparedness investments: planning for the worst, while hoping for the best.



Syrian Arab Republic, 2022

Fatima, a health worker, engaged with the people during face-to-face conversations, promoting for good hygiene practices in Deir-ez-Zor governorate, Syria, on 4 October 2022. In the past month, thousands of cases of acute watery diarrhoea have been reported in Syria, also affecting children. Cholera is another threat to their survival.

Deir-ez-Zor in eastern Syria is one of the governorates recording highest levels of cases. Since first cases were reported, UNICEF has delivered more than 250 tons of sodium hypochlorite in rural and urban areas of the governorate to scale up chlorination activities and increase dosing rates to disinfect water. Additionally, clean water is being trucked to affected locations.

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UNICEF's Work in Public Health Emergency Preparedness and Response

UNICEF's public health emergency preparedness and response work recognizes our unique mandate and role in safeguarding the rights of children and women before, during and after public health emergencies.⁷ It is guided by three objectives:

- 1) to ensure that the rights and needs of children are at the centre of all efforts;
- 2) to leverage UNICEF's recognized expertise on multi-sectorial preventative approaches to prevent and control outbreaks; and
- 3) to prevent and mitigate the humanitarian and socio-economic consequences of public health emergencies on communities with a whole-of-society focus.

UNICEF is present in countries before, during and after public health emergencies. We recognize our responsibility to help build systems that are equipped to respond to such shocks, while protecting children, women and communities. Protection from sexual exploitation and abuse is a core commitment, non-negotiable and informs all aspects of public health emergency preparedness and response (PHE-PR). Similarly, we recognize our responsibility to use resources made available in response to public health emergencies to build stronger, more resilient systems and communities, across the whole of society. We underscore our collective commitment to the [Sustainable Development Goals](#), and to reach the furthest behind first.

UNICEF also embraces its responsibility to help create a global enabling environment that will ensure greater safety for all people in the face of future threats to public health. Complementing the work of WHO and other sister agencies, this ranges from working to strengthen country level leadership and health security plans, to creating a stronger global supply chain for protective equipment, medicines, vaccines and diagnostic tools.

Conclusion

Defining a rights-based, child-centred approach to public health emergencies preparedness and response is complex. It requires political and institutional commitment, predictable and sustainable resources and a willingness to learn and innovate with communities. Public health emergencies have social and economic consequences, which are intertwined with poverty and inequality. A whole-of-society approach to preparedness and response should therefore be central to efforts to improve the health emergency architecture locally and at the global level.

While acknowledging the complexity and the magnitude of challenges ahead, it is our strong view that the world now has a unique opportunity to fulfill its collective responsibility towards the world's most vulnerable members, and to design and implement systems, policies and tools that prioritize protection and investing in the future.



Burkina Faso, 2020
A group of children playing outside, in Fada, in the east of Burkina Faso.
For every child, happiness.

Endnotes

- 1 Several interconnected epidemiological concepts are being used in the current global debate by different actors such as Pandemic, Health Emergencies, or Public Health Emergencies. Across this paper UNICEF use the term Public Health Emergencies, defined as “public health events whose scale, timing, or unpredictability threatens to overwhelm routine capabilities and requires a dedicated emergency response” (adapted from the definition proposed by Jay E. Maddock, 2018, Preparing Public Health for the Unexpected <https://doi.org/10.2105/AJPH.2018.304611>).
- 2 WHO Health Emergencies Programme. *10 proposals to build a safer world together – Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience*. World Health Organization: June 2022.
- 3 Primary Health Care (PHC) “is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.” WHO and UNICEF. *A vision for primary health care in the 21st century*. October 2018.
- 4 Between 2020 – 2030, vaccination programs against 10 pathogens (hepatitis B, Haemophilus influenzae type b (Hib), human papillomavirus (HPV), Japanese encephalitis, measles, meningitis A (Neisseria meningitidis serogroup A), pneumococcal disease (Streptococcus pneumoniae), rotavirus, rubella, and yellow fever) in 98 countries are projected to save 32 million lives, the vast majority (28 million) will be children under 5 years old. Li, X., Mukandavire, C., Cucunubá, Z. M., Londono, S. E., Abbas, K., Clapham, H. E., ... & Vaccine Impact Modelling Consortium. 2021. Estimating the health impact of vaccination against ten pathogens in 98 low-income and middle-income countries from 2000 to 2030: a modelling study. *The Lancet*. 397(10272). Cited by the International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health. (https://immunizationevidence.org/featured_issues/the-value-of-vaccines-investments-in-immunization-yield-high-returns/)
- 5 Ibid. Of the ten pathogens included in the analysis, vaccination against measles had the largest impact, with 33 million estimated deaths averted between 2000 – 2019: The equivalent to over 1.6 million deaths averted every year. The analysis projects that vaccination against measles will continue to save even more lives in the next decade (2020 – 2030) with an average of over 2.1 million deaths averted per year.
- 6 Zero-dose children are defined as children who received no doses of diphtheria-tetanus-pertussis vaccine.
- 7 UNICEF’s response to public health emergencies, given their unique nature, is additional to health work that the organization undertakes as part of its response to humanitarian emergencies more broadly.

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for every child