National Coordination of Multi-sectoral and Multi-level Pandemic Response Collaborative – Final Report

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About the Collaborative

The Health Systems Strengthening Accelerator (Accelerator), a global project funded by the United States Agency for International Development (USAID) and the Bill & Melinda Gates Foundation, supports local partners as they find their own pathways to meaningful and lasting health systems change. The Accelerator is led by Results for Development (R4D), in partnership with the Health Strategy and Delivery Foundation (HSDF), headquartered in Nigeria, and ICF. The Joint Learning Network for Universal Health Coverage (JLN) is an innovative, country-driven network of practitioners and policymakers from 34 countries who co-develop global knowledge products that help bridge the gap between theory and practice to extend universal health coverage.

In September 2020, the Accelerator in partnership with the JLN launched a multi-country virtual learning collaborative on leadership and coordination of the pandemic response. The collaborative sought to strengthen the leadership capacities and functions needed to ensure strong cross-sectoral and multi-level coordination for COVID-19 and support counties in building more resilient and responsive systems in the future to achieve universal health coverage (UHC).

Rationale for the Collaborative

The rapidly evolving nature of the COVID-19 pandemic, the limited knowledge of the pathogen, the high mortality as well as the toll on health systems set off unprecedented chaos around the globe. As the pandemic affected multiple sectors at once, this meant that a strong, coordinated national response was needed to curb the effects of the pandemic. This virtual collaborative provided a unique and responsive experience-sharing and problem-solving platform for pandemic response leaders to address priority challenges they were facing in coordinating their COVID-19 responses.

In 2020, the Accelerator and the JLN identified country demand for joint learning on national coordination of the COVID-19 response. The demand was first identified through the Accelerator's support to Ghana's Presidential COVID-19 Response Coordinator and then validated through other learning platforms and country engagements managed by R4D and scoping conducted by the JLN network manager (NM).

Through a call for expressions of interest (EOI) and a launch webinar on 30th September 2020, the technical facilitation team identified eight country teams – Bahrain, Bangladesh, Ethiopia, Kenya, Indonesia, Mongolia, Nigeria, and Senegal. The technical facilitation team aimed to attract a diverse mix of countries across regions and levels of economic development, and multi-sectoral participants that can translate global learning into local change and action. Following the initial launch, six of the eight countries that submitted an EOI moved forward with constituting a multi-sectoral team.

To develop a learning agenda, the technical facilitation team conducted desk reviews, reviewed the EOIs and consulted with each country team to understand their approaches to coordinating the COVID-19 response, and related successes and pain points. An overview of participating countries' COVID-19 coordination structures is included in Annex II. Common challenges shared by collaborative members included:

- Limited collaboration between the health and non-health ministries

- Mistrust in authority and scientific evidence impacted community engagement and adherence to public health guidelines
- Politicization of COVID at a national and global level
- Rapidly changing landscape and guidance
- Problems engaging with the private sector and defining their role
- Economic impact of lockdowns at a community level and national level

At the first meeting in December 2020, country teams identified topics addressing their most pressing needs, which would be the focus of collaborative learning. As the pandemic challenges evolved rapidly, we continued to engage country teams to ascertain prevailing challenges to re-shape and refine the learning agenda to be as responsive and timely as possible in subsequent collaborative meetings.

Activities

The Collaborative was implemented in two phases between December 2020 and February 2022.

Phase I

In the first phase, the Collaborative's kickoff event was held in December 2020, followed by virtual meetings in February, March, and April 2021. The meetings were designed around participants' priority topics, which included: citizen compliance to public health measures, data use, balancing economic pressures, innovative communication approaches to sensitize and promote behavior change at community-level, and vaccine deployment. During this period, participating country teams also undertook a systematic self-reflection exercise to assess the current strengths and challenges of their coordination efforts, to identify future areas for focused improvement and learning (see self-reflection tool in Annex III). Phase I was funded by the Bill & Melinda Gates Foundation through the Accelerator.

Phase II

In the second phase, the Collaborative incorporated an implementation learning methodology, adapted from the approach R4D was using to facilitate the PHCPI-JLN virtual learning exchange. The approach was designed to support the multisectoral country teams from Bangladesh, Ethiopia, and Kenya and a wider community of peer learners to 'accompany' one another as they worked through specific pandemic response challenges they had prioritized during the self-assessment and action planning process at the end of Phase I. Facilitators conducted at least two learning checks with each country team over the course of Phase II and organized collaborative problem-solving sessions with the larger community to address specific learning questions prioritized by the country teams. Phase II culminated in February 2022 with a final virtual learning event and three country case stories and a synthesis of key lessons that will be disseminated as global public goods. Phase II was funded by the Bill & Melinda Gates Foundation through the JLN.

The six overarching lessons (and related country examples and promising practices) which emerged during the Collaborative's virtual events are summarized below:

1. Responsive leadership and multisectoral stakeholder collaboration are needed for a whole of government response to the pandemic
2. Cross sectoral collaboration aids effective community engagement

3. Evidence-based decision making is critical for managing the pandemic effectively and building public trust
4. Clear roles, responsibilities, and communication norms need to be established at all levels of government
5. Adaptive approaches are necessary as the pandemic has grown and evolved in unexpected and unpredictable ways
6. This pandemic experience can help build resilience for the next crisis.

Additional information on the experience shared and lessons learned in the Collaborative's virtual events are summarized in the final deliverables – a "Synthesis of Shared Learning" report and case studies on the three implementing countries in Phase II (Bangladesh, Ethiopia, and Kenya).

Adaptation and Implementation Learning

Adaptations in Phase II

At the end of the first phase of activities, participants expressed an interest in additional cross-country learning and collaborative problem-solving, particularly as the complexity of pandemic response coordination increased with the emergence of variants and the need to deploy COVID-19 vaccines equitably across and within nations. Multisectoral teams from Bangladesh, Ethiopia, and Kenya opted to participate in the second phase of activities. Building on the work completed in Phase I, the technical facilitation team made a commitment to:

- Support participants in identifying specific challenges in their national response to COVID to address through joint problem-solving
- Provide space for knowledge and experience sharing, joint problem-solving, and learning with peers

Technical facilitators were matched with each country team based on the facilitator's expertise and experience with each country's priority COVID coordination challenge. The technical facilitators conducted regular check-ins with the country teams to understand their progress and challenges, in order to shape Collaborative activities to be responsive to the countries' rapidly changing needs.

The technical facilitation team created a "Community of Learners" comprising the implementation teams, academics, government officials, development partners, and other experts in policy and disease surveillance (among others) with representation across geographies. The Community provided a wider base of knowledge, experience, and peer support for implementation teams. The Community includes Phase I participants (Bahrain, Ghana, Indonesia, Mongolia, Nigeria, Uganda), JLN CCG Chairs and Coordinators, and institutions (e.g., Exemplars in Global Health, USAID Ethiopia, World Bank) that expressed interest in the Collaborative's work.

The Community of Learners was particularly instrumental during Ethiopia's "Peer Learning Session" in December 2021, when the Ethiopia team presented specific challenges they were facing with the COVID-19 vaccine roll-out. Peers from Bahrain, Kenya, and India shared their related experiences and provided focused feedback and advice to the Ethiopia team.

Lessons learned on adaptation and implementation

The Collaborative was designed with a specific aim and new methodologies to support countries to adapt and implement learning.

First, the Accelerator-JLN partnership envisioned combining cross-country joint learning with in-country implementation support provided through the Accelerator. This opportunity was originally inspired by the Accelerator's support to Ghana's COVID-19 Presidential Coordinator, where there was strong demand early in the pandemic for cross-country learning. While Ghana did not ultimately actively engage in the Collaborative as a multi-sectoral team (due to challenges with timing and constituting the team), pandemic response leaders regularly participated in the community of learners to ensure a virtuous cycle of learning between global and country-level.

Second, Phase I incorporated a self-assessment and action planning step at the end of the first six months to enable country participants to reflect on what they had learned, how those lessons could be adapted and used, and what actions they needed to prioritize to improve the coordination of their pandemic responses.

Third, the implementation learning methodology applied in Phase II was designed to enable country participants to continue to learn from one another and jointly problem-solve as they adapted learning from Phase I to address a particular COVID coordination challenge they prioritized at the end of Phase I. The facilitation team conducted routine check-ins with each country team and structured joint learning activities around common themes and problem-solving needs emerging from the three countries' implementation efforts.

This Collaborative has provided several important lessons about supporting adaptation and implementation of learning:

- The value proposition of combining a joint learning activity with funded in-country TA mechanisms (e.g., Accelerator) is strong. However, funded TA mechanisms have their own timelines, workplans, and deliverables that need to be aligned with the activities of the Collaborative. In the case of the Accelerator's support to Ghana, there were other pressing COVID response issues and competing priorities that made it challenging for the Presidential Coordinator and Accelerator team in Ghana to actively engage in the Collaborative activities. In the future, it will be important to consider how to explicitly integrate the Collaborative activity as part of the work plan for the TA activity.
- The collaborative problem-solving approach and intensified facilitation support were valued by the three implementation teams (Bangladesh, Ethiopia, and Kenya), who benefited from facilitated peer feedback and interactions with experts with pandemic response experience in other contexts. However, as the pandemic continued on, participant demand for joint learning and implementation support seemed to decline. This was likely due to multiple factors, including pandemic and Zoom fatigue, increased availability of evidence and global experience, information overload, and overwhelm on the part of pandemic response leaders. As the Collaborative evolved, it became clear that participants craved specific support to address their pressing challenges rather than general peer learning and experience-sharing.
- The wider peer learning community that was engaged through Phases I and II benefited from monthly newsletters, blogs, and virtual convenings, but it is unclear to what extent they have adapted and used learning from the Collaborative within their ongoing efforts (or will do so

in the future). It will be important to ensure strong, targeted dissemination of the final outputs of the Collaborative to those participants. It will also be important to analyse the participant feedback and consider conducting a post-Collaborative follow up survey or outcome harvesting exercise within 3-6 months to assess how participants have applied the learning.

Conclusion

The Pandemic Response Collaborative provided a timely and responsive virtual platform for cross-country exchange and collaborative learning during the rapidly evolving COVID-19 pandemic. The Collaborative adapted to participants' changing needs and tested new methods for supporting countries to adapt and implement learning within their ongoing pandemic coordination efforts. It was also a unique effort to bring together multiple sectors (health, education, finance, transportation) within a learning team. The Collaborative resulted in several products (synthesis brief, country cases, and blogs) that can be adapted and applied by all countries to strengthen their pandemic coordination efforts as they continue to combat COVID-19 and become more resilient to future pandemics.

Deliverables

The primary deliverable of the Collaborative is a Synthesis of Shared Learning report including insights from countries' responses to the COVID-19 pandemic, with a focus on the coordination of the national response to COVID-19. The brief may benefit the country leadership/policymakers planning, coordinating, or implementing COVID-19 and/or other infectious disease responses, agencies at national and sub-national level driving their health sector response and multi-sectoral teams who are managing the non-health effects of the COVID-19 pandemic.

The secondary deliverables are case studies about Bangladesh, Ethiopia, and Kenya. The technical facilitation team worked closely with the implementation team to draft the studies and include relevant content from Phase II learning activities and global evidence on the response to COVID.

The technical facilitation team also produced a monthly newsletter for the Collaborative's "Community of Learners" between August 2021 and January 2022. Five blogs were published on the Accelerator website:

- What does it take to coordinate multi-sectoral, multi-level pandemic responses? Insights from the virtual collaborative launch webinar
- 8 Countries Join the Virtual Collaborative on National Coordination of a Multi-sectoral and Multi-level Pandemic Response
- COVID-19 collaborative focuses on citizens' compliance to public health measures, data use, and integration of data systems
- Procurement, stocking, and distribution: What lessons can we learn from national strategies for equitable distribution of COVID-19 vaccine?
- Countries Need Continued Joint Learning and Problem-solving to Curb the COVID-19 Pandemic

Annexes

All collaborative materials are saved on the Accelerator - Google Drive Folder.

I. List of participants in the Collaborative's virtual events

Bahrain:
Dr. Jameela Al-Salman, Infection Diseases Consultant

Bangladesh:
Mr. Mohammad A. Hossain, Ministry of Education
Dr. Muhammad A. B. Sarker, Health Economics Unit, Ministry of Health and Family Welfare
Dr. Shahadt Hossai Mahmud, Health Economics Unit, Ministry of Health and Family Welfare
Ms. Shamima Nasrin, Ministry of Civil Aviation and Tourism
Dr. Subrata Paul, Health Economics Unit, Ministry of Health and Family Welfare
Dr. Samiul Huda, Ministry of Health and Family Welfare
Fatema Zohara, Ministry of Health and Family Welfare

Ethiopia:
Ashenafi Getachew, Ministry of Education
Frehiwot Gebrehiwot, Ministry of Transport
Melaku Tekola, National Disaster & Risk Management Commission
Nesibu Yasin, National Disaster & Risk Management Commission
Dr. Wondwossen Eshetu, Ministry of Health
Abnet Zeleke , Ministry of Health
Yihenew Yirdaw, Ministry of Health

Kenya:
Dr. Anastacia Nyalita, Kenya Health Federation
Ms. Esther Wabuge, Kenya Core Country Group
Ms. Meboh Abuor, Council of Governors
Dr Teresa Kinyari, Public Health Society of Kenya
Dr. Walter Obita, Kenya Health Federation
Esther Wabuge, World Bank / JLN Kenya CCG
Dr. Stephen Muleshe, Ministry of Health

Mongolia:

Senegal:
Mrs. Aissatou Nomokho, Communications, Syneps Senegal
Prof. Aida Kanouté, Operational Coordination Committee of the Health Emergency Operations Center (*Centre des Opérations d'Urgence Sanitaire*)
Dr. Cheikh T. Athie, AcDev (NGO)
Dr. Oumy Ndiaye, University Cheikh Anta Diop
Dr. Samba Cor Sarr, Ministry of Health and Social Action

Others:
Dr. Nneka Orji-Achugo, Federal Ministry of Health, Nigeria
Mr. Rawlance Ndejjo, School of Public Health, Makerere University
Steven N. Kabwama, School of Public Health, Makerere University
Dr. Vivian Addo-Cobbiah, National Health Insurance Authority, Ghana
Will Wang, Gates Ventures

Technical Facilitation Team:
Agnes Munyua
Amanda Folsom
Dr. Camilla Ducker
Christine Ezenwafor
Prof. Jongsu Ryu
Loriade Akin-Olugbade
Prof. Raquel Duarte Bessa De Melo
Prof. Samba Sow
Uchenna Gwacham

Network Manager Team:
Kamiar Khajavi
Sara Wilhelmsen

Munkhnasan Enkhtaivan, Ministry of Road and Transport Development Dr. Oyunkhand Ragchaa, Ministry of Health Sodnomdarjaa Vaanchig-Arslan, Ministry of Finance Tumurbaatar Luvsansambuu, Ulaanbaatar City Health Department Uuganbayar Batmunkh, National Emergency Management Agency	

II. Description of member countries' COVID-19 coordination structures

Country	COVID-19 Coordination structure
Kingdom of Bahrain	• The COVID-19 pandemic response is coordinated and spear-headed by HRH the Crown Prince of the Kingdom of Bahrain via the National Team for Combating Covid-19 (NTCC-19). This team is headed by the chairman of the supreme council of health. The following entities are represented in this team: The office of HRH the crown prince, ministry of health, Ministry of Interior, The Royal Medical Services of the Ministry of Defense, Salmaniya Medical Complex, King Hamad University Hospital, Primary care, the National Health Regulatory Authority (NHRA), Public Health, Center for operations and Medical Equipment Directorate • This team works with the Center for Operations, and all public and private stakeholders, with regular meetings and updates
Bangladesh	• The National Coordination Committee was established to coordinate the COVID-19 response in March 2020. The committee is headed by the Minister of Ministry of Health and Family Welfare and Secretary of the Health Services Division of Ministry of Health and Family Welfare is the member secretary. The Honorable Prime Minister of Bangladesh directly supervises the committee • The committee has a membership of 42 comprising representatives of various ministries, Prime minister's office as well as from various Development Partners • To improve coordination, coordination committees were formed in Divisional, District, City corporation and sub-district level • A COVID-19 vaccine preparedness and deployment core committee was created in October 2020 to formulate the national to subnational vaccine deployment
Ethiopia	• COVID-19 pandemic response is led by a National Taskforce with the Vice Prime Minister as the chair and directly accountable to the Prime Minister. The taskforce comprises the Ministry of Peace, Federal Attorney General, Ministry of Defense, Ministry of Foreign Affairs, Ministry of Health and Ministry of Innovation and Technology • There National Taskforce has sub committees - communication, technology, diplomacy, security and legal affairs - involving other relevant sectors • Similar coordination structures at the regional and sub-regional level led by the regional presidents and sub-regional leadership respectively
Indonesia	• The Government of Indonesia set up the national body for disaster response - a multi-sectoral and multi-level coordination unit - appointed by the President. The national body coordinates multiple ministries including Health, Finance, Home Affairs, Foreign Affairs to coordinate the COVID19 response. • This body coordinates the health and non-health response, and the vaccine deployment strategy.

Kenya	• The COVID-19 response is led by a National Emergency Response Committee (NERC) appointed by the President through an executive order in March 2020. The NERC has Ministers and Principle Secretaries from Ministry of Health; National Treasury; Interior and Government coordination; Transport; Foreign Affairs; and representation from the county Governments among others. This team reports to the President and to the council of Governors through existing constitutional structures of the summit • Ministry of health leads a COVI9-19 national taskforce that has representation from all sector stakeholders--MOH; Counties; private sector; partners working in health; NGOs, civil society among others. This team is responsible for the day-to-day coordination and works through several technical committees including; disease Surveillance; Rapid Response Team and case investigations; Case management and Research Committee; Communication and Health Promotion; Capacity Building; Resource Mobilization and the maintenance and continuity of essential health services • There is also a multi-sectoral command center coordinated by the Ministry of Interior and Government coordination (security) that mainly does some sort of surveillance of the whole response by all sectors and trouble shoots should the need arise
Mongolia	• Covid-19 response is led by the Deputy Minister and organized by the National Emergency Management Agency with representation of all sectors • Ministry of Health leads the National Health Emergency Group which includes other ministries and agencies team • An Incident management team has also been activated
Nigeria	• At the national level, coordination of the Pandemic response is led by the presidential task force (PTF) with a direct reporting line to the president. The National COVID-19 Response Centre (NCRC), headed by the National Coordinator, serves as the operational arm of the PTF and provides leadership for the coordination and operations of the multi-sectoral and multilateral actors as well as resources involved in the national response to ensure proper synergy and efficiency • For the health sector response, the Nigeria Centre for disease control, an MDA agency of the federal Ministry of Health (FMOH), works with the FMOH and her other departments and agencies such as National Primary Health Care Development Agency, National Institute for Medical Research etc. to implement the response plan. A Ministerial Advisory Committee for the COVID-19 response advice the Minister of Health in coordinating the Health Sector response • The non-health sector response includes actors from the Federal Ministry for Information and Culture, Trade and Investment, Ministry of Environment, Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development. Being a decentralized government, each of the 36 states and the Federal Capital Territory have similar structures for the pandemic response
Sénégal	• The National Epidemic Coordination Committee (NECC) works with a monitoring committee based at the Presidency, and provides guidance and measures for implementation by the regional committees • Regional committees and departments chaired by the Governors and Prefects of the regions coordinate the response within their regions taking into account local circumstances

III. Countries' reflection of their COVID-19 pandemic response (Self-reflection tool, March 2021)

The National Coordination of Multi-sectoral and Multi-level Pandemic Responses Collaborative has engaged country teams through collaborative meetings and one-on-one outreach calls. From these engagements, a number of challenges have been identified in coordinating a response inclusive of all sectors, state and non-state stakeholders and sustaining this level of engagement over a prolonged period.

In the next collaborative meeting, the technical facilitation team will facilitate a session for reflection and action-oriented review of country coordination approaches to the COVID-19 pandemic response to further strengthen health system resilience. The session will also engage in a similar reflection process on the topic of vaccine readiness in preparation for the roll out of the COVID-19 vaccine. The session will also facilitate concrete action planning those countries can take forward in their countries.

In preparation for this session, the technical facilitation team has prepared this tool to provide guidance for country-level reflection. The technical facilitation team encourages each member of the team to review the tool and come prepared for a discussion to identify what is working well and areas for improvement. The technical facilitation team referenced the WHO Multisectoral preparedness coordination framework and the Accelerator institutional architecture framework while developing this tool.

There are two main domains in this tool – multisectoral coordination and vaccine deployment coordination. For each domain, there are a series of questions to support the group's brainstorming and reflection on the actors and processes needed for the success of these two domains. Responses will be provided based on a likert scale rating, with justification given for each rating. Where the team feels there is a need for improvement, we strongly encourage the team to add actions that are required for improvement. This will be the basis of the action plan and next steps for the collaborative.

The questionnaire will take you about 40 minutes to complete.

DOMAIN	Response and justification					How can this be improved?
	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	
	1	2	3	4	5	
A) MULTISECTORAL COORDINATION						
Multisectoral Coordination Actors						
1. The composition of the national coordination body in my country has representation from all relevant agencies and sectors.						
2. The engagement and coordination with sub-national levels of government has been effective.						
Decision making processes						
1. We have a clear national plan to guide decisions for public health and hygiene measures (e.g., limiting mass gathering by school closure, allowable number of persons at gatherings)						
2. We hold sufficient consultations with multisectoral teams before each public health measure is deployed.						

3. We have integrated data systems enabling us to track COVID-19 cases to understand disaggregated population group patterns and outcomes of measures at all levels of government.		
4. We have a trusted ecosystem of local (governmental and non-governmental) experts to generate, synthesize, and/or translate evidence for the COVID-19 response		
5. We have access to regional and global sources of evidence to support our COVID-19 response decisions.		
6. My country is taking adequate steps to institutionalize and integrate the pandemic coordination into existing public health and health service delivery systems.		
B) COVID 19 VACCINE DEPLOYMENT COORDINATION		
COVID-19 vaccine deployment planning and actors		
1. My country has conducted a COVID_19 vaccine introduction readiness assessment to identify the current state of readiness and resources available for the vaccine roll-out for our country.		
2. My country has a National Deployment and Vaccine Plan (NDVP) that has defined all the actors needed to roll out an equitable roll-out of the COVID-19 vaccine		
COVID-19 vaccine deployment processes		
1. My country's NDVP has outlined a clear demand plan (advocacy, communication, social mobilization etc) to boost vaccine confidence and acceptance.		
2. We have monitoring tools for tracking progress and vaccine coverage for general and specific populations.		

IV. Template and example of a country action plan

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Action plan template and instructions

Background

- **Today (March 23),** countries engaged in a self-reflection and action-oriented review of country coordination approaches to the COVID-19 pandemic response to further strengthen health system resilience in two domains
  - ***Multi-sectoral coordination of the pandemic***
  - ***Vaccine deployment coordination***
- **As a follow on to this self-reflection exercise,** the country teams will identify specific areas where there is a need for improvement - and actions required for improvement - to populate an action plan over 6 months (May – November 2021).
- **This action plan** will outline goals, desired change, measures/processes, action steps and responsibilities for each step.
- The technical facilitation team encourages only 1 or 2 issues/problems per country team. Proposed actions need to be within the scope of work and available resources of the country team -- and would benefit from collaborative problem solving and peer learning support.

Country name:

Goal:
Desired change:

Identified issue/ problem	Actions/ Steps for improvement	Responsibility/ Actors	Inputs/ Resources required? (human, financial, others?)	Timeline	How will improvement be measured?

Country name: XXXX – (Illustration only)

Goal: Develop and implement an updated strategic communications plan focused on increasing citizen compliance with current public health recommendations
Desired change: Increased citizen compliance with public health recommendations (face coverings, social distancing)

Identified issue/ problem	Actions/ Steps for improvement	Responsibility/ Actors	Inputs/ Resources required? (human, financial, others?)	Timeline	How will improvement be measured?
Citizen non-compliance to public health measures – social distancing, handwashing, face coverings	1. Establish a strategic communications TWG 2. Develop the strategic communications plan 3. Disseminate the plan to stakeholders 4. Activate above and below the line media channels	COVID coordination taskforce – medical and communications teams, Ministries of ICT, Security, Education, Trade	Human: COVID coordination taskforce communications officer to lead the TWG, ministries appoint focal person for the TWG Financial: Community activations $$$ Media spot buys $$$	April-June July August-September September - November	1. Strategic communications plan disseminated 2. Number of media channels activated 3. Monitor uptake of messages and change in knowledge attitudes perception (KAP)