

UNDRR ASIA PACIFIC
COVID-19 BRIEF

COMBATTING THE DUAL CHALLENGE OF COVID-19 AND CLIMATE-RELATED DISASTERS

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Photo: APP/Julian Bluett

Less than a month after the World Health Organization (WHO) declared COVID-19 a global pandemic, Category 5 Tropical Cyclone Harold slammed into Vanuatu devastating large parts of this Pacific small island developing state. As several other countries in the Asia-Pacific region enter their cyclone, drought, heatwaves or monsoon seasons, the potential for a repeat of such an 'unprecedented double disaster' is increasing. How can countries confront a major climate-related or other disaster on top of ongoing prevention, response, and recovery measures to deal with COVID-19?

This brief, developed by the UN Office for Disaster Risk Reduction, Regional Office for Asia-Pacific:

- Builds on early lessons from Cyclone Harold in the Pacific.
- Examines ongoing prevention and preparedness measures at the national and local level in other high-risk countries.
- Provides recommendations on how to address climate and disaster risk in an era of COVID-19.
- Points the way forward with a massively reinvigorated localization agenda.

The brief reflects the interventions and feedback from the 16 April webinar under the same title, which UNDRR co-organized with the UN Office for the Coordination of Humanitarian Affairs (OCHA).

OVERVIEW

2019 was a tough year for communities and countries of Asia Pacific in terms of disasters. More than 68 million people were affected across the regionⁱ. Climate-related hazards, many of which have become more unpredictable and extreme due to climate change, were responsible for most of these disasters. For most of the year, disaster prevention efforts remained firmly focused on natural hazards. It was only on the very last day of 2019, when a cluster of pneumonia-like illnesses were reported from Wuhan, China, that attention began to shift to a new risk- managing the threat of what would become a global pandemic.

At an institutional level, government agencies are already stretched thin trying to manage the COVID-19 response. Countries like the Philippines, which typically experiences 20 tropical storms of varying strength a year, must now continue with their storm preparedness efforts while ensuring that they contain COVID-19 from spreading further.

The concern of many is that if a similar – or potentially higher – number of people are affected by climate and other related hazards this year, then disaster management capacities across the region risk becoming completely overwhelmed.

Some countries in the region are already experiencing the dual impact of weather hazard-induced disasters and the COVID-19 pandemic. Earlier this month, Cyclone Harold wreaked havoc across several Pacific Islands, especially Vanuatu (see box). This is on top of a drought that has impacted several north Pacific island states, including Palau, Federated States of Micronesia, and the Marshall Islands.

Countries in other parts of the region are also struggling with these dual challenges. Since the start of the year, Indonesia has been responding and dealing with the impact of heavy rains, floods and landslides. Sri Lanka, on the other hand, recently reported that over a half million people have been affected by drought over the last three monthsⁱⁱ.

In this midst of these dual challenges, countries must not lose sight of the need to protect the most vulnerable from the impacts of both. Moreover, they need to examine their current preparedness plans to ensure that they are in line with their COVID-19 efforts. Managing such complex risks cannot be done by any single agency but must be a whole-of-government endeavour.

Early Lessons from Cyclone Harold

Vanuatu ranks as the world's most disaster risk prone country. Cyclone Harold struck on 6 April destroying up to 90 percent of homes, 60 percent of schools and – critically at this time of COVID-19 – 20 percent of health centres were destroyed. Several other parts of Vanuatu were badly hit as were towns and villages in Solomon Islands, Fiji and Tonga.

More than a week after the cyclone, access in Vanuatu remained a challenge. Airports and ports were not fully operational. Flooding and fallen trees blocked many roads and tracks. Several communities remained cut off. An estimated 160,000 people remained in need of assistance, which is more than half of the country's population. The cyclone hit less than two weeks after Vanuatu declared a State of Emergency to deal with COVID-19, restricting population mobility. Various guidelines, including those on social distancing, were enforced to prevent the spread of the disease. At the time of the cyclone, no cases of COVID-19 had been confirmed. However, testing capacity remained both limited and available only offshore.

The duality of crises has resulted in a tough balance between pandemic prevention and cyclone response. The country had to relax social distancing measures as a result of Cyclone Harold. Meanwhile, Fiji, also hit by the cyclone, urged communities moving into evacuation centres to 'keep up social distancing'. In both countries the situation remained extremely challenging.

Vanuatu is allowing international assistance but is maintaining strict COVID-19 prevention measures. For example, it is instructing air crews to remain on board during unloading of supplies and is maintaining a quarantine of humanitarian relief supplies. Governments have also agreed to activate a 'Pacific Humanitarian Pathway' to facilitate critical supplies to countries in need. However, current COVID-19 point of entry requirements are adding to the challenge of reaching several remote communities.

RESPONSE CHALLENGES

1. Response trade-offs and preparedness challenges

In situations where disaster managers are dealing with crises on multiple fronts, responding to one disaster may exacerbate the impact of another. For instance, COVID-induced mobility restrictions may hinder safe evacuations while physical distancing regulations may preclude evacuating large numbers of people to temporary shelters. Accordingly, the ongoing lockdown and mobility restrictions caused by the COVID-19 pandemic call for new approaches and revision of existing contingency plans to safely evacuate and house people, if needed. In addition, the restrictions imposed for COVID-containment create significant barriers to conducting key preparedness actions such as simulation exercises. Community awareness and risk communication may also be impacted, especially when dissemination at the community level depends heavily on community leaders, organisations and volunteers conducting direct outreach to at-risk communities.

2. Compounded vulnerabilities of most-at-risk groups

Disasters act on and exacerbate existing vulnerabilities which are often linked to gender, age, ethnicity, income, health and nutritional status, amongst other factors. COVID-19 has already proven to impact certain groups disproportionately for both epidemiological and socio-economic reasonsⁱⁱⁱ. The twin impact of disasters and COVID-19 will have a far more adverse effect on groups that are already marginalised and vulnerable. At the same time, existing social protection measures are often not agile enough to respond to the needs of vulnerable individuals and households. In India, a substantial number of poor are excluded from social safety nets for various reasons, such as lack of appropriate identification to get a ration card^{iv}.



Shelters have helped save lives from weather disasters, but could serve as incubators for COVID-19 (Photo: SICOM)

3. Institutional coordination and collaboration with civil society

Addressing multiple disasters at once requires a great level of coordination between government ministries and partners at the regional, national and local levels. Countries with a low level of coherence in policies, plans and institutional mechanisms are likely to struggle to put rapidly in place appropriate response coordination mechanisms. The dual impacts of a pandemic and a climate or other natural hazard-related disasters will require an integrated disaster risk management approach with close engagement between health officials and disaster management authorities amongst others. In addition, scaled-up cooperation and coordination with civil society will be required to enhance community-level prevention, preparedness and response measures to manage the simultaneous disasters.

4. Challenges to frontline workers

Local actors, including volunteers, are typically the first to respond to a disaster after emergency response teams. The mobility and distancing restrictions imposed by COVID-19 will hamper disaster responses, including their speed and efficiency. Disaster responders will require special personal protective equipment (PPE) and training on how to respond to a disaster while adhering to COVID-19. In addition, international assistance in the form of surge support may be curtailed due to travel restrictions and the need for quarantine.

POLICY GUIDANCE

A key lesson drawn from the dual impact of COVID-19 and climate-related hazards is the need for countries to focus on a multi-hazard integrated disaster risk management approach that includes high levels of disaster preparedness and accelerated disaster risk reduction across sectors. Key recommendations include:

1. Enhance multi-hazard disaster preparedness efforts, including revision of SOPs and contingency plans

Countries should seek to augment their capacities and resources towards enhancing preparedness for climate-related hazards as they concurrently battle the COVID-19 pandemic. This includes undertaking- through a consultative process- the revision of standard operating procedures (SOPs) and contingency plans to incorporate containment measures for COVID-19, such as physical distancing and provision of PPE. Contingency planning should consider how to put in place special provisions for older people and high-risk groups to limit their exposure to the virus while also ensuring health care is available at evacuation sites and shelters. Identification of additional evacuation sites (such as schools and government facilities) will reduce the occupational density of the temporary shelters. Planning may also consider staggering evacuations to minimize the amount of time vulnerable communities spend in the shelters.

Other measures include pre-positioning emergency supplies and adapting early warning messaging to include information on physical distancing and preventive behaviours during evacuations. Preparedness measures should also focus on strengthening the response capacity of the health system to allow it to better deal with increased numbers of patients as a result of potential double disasters.

2. Be proactive to reduce vulnerability from COVID-19 and from other hazards

Reducing the dual impact of COVID-19 and climate-related disasters can be achieved by

“COVID-19 has underlined that our response mechanisms, particularly for black swan events – in both developing and developed countries – require a lot of strengthening”

Kamal Kishore

Member, National Disaster Management Authority, India

scaling up efforts to reduce underlying vulnerabilities and by anticipating the consequences of the disasters, especially on at-risk groups. For example, the twin impact of Cyclone Harold on top of existing COVID-19 prevention measures compounded vulnerabilities among the most marginalized communities in the Pacific. Vanuatu responded commensurately by boosting its efforts to address these fragilities through practical measures such as reprogramming protection measures for vulnerable girls and women.

Early action to reduce the impact of other disasters can also be critical. This can be facilitated through community-level mapping of where vulnerable households reside so that targeted support can be provided both to prevent the spread of COVID-19 and to prevent negative

NOTE: The Republic of Korea has developed guidelines for local authorities to ensure that evacuated people live in independent spaces with minimal physical contact, while taking special care of older persons, pregnant women and people with chronic diseases. The capacity of such shelters, including when schools and sports facilities are used, will be at 50 percent of the usual evacuation centres and all costs will be covered through the Disaster Relief Fund.

impacts from other disasters. For example, in the case of heatwave action plans, measures can be taken to identify the most vulnerable, such as elderly, so they can be assisted early on and treated in local primary care facilities. This would reduce the eventual burden on already stretched hospitals.

Another aspect of vulnerability is food security. As lockdowns are imposed or extended, special efforts must be directed to support the poor and those most at risk of nutritional decline. This is especially important to address any longer-term impacts of the pandemic and other disasters. Moreover, throughout all measures, protection of children and women must be prioritised.

3. Prioritise integrated disaster risk governance

Good risk governance saves lives and protects livelihoods. Several countries in the region are already using legal and policy provisions of disaster risk management to bolster their COVID-19 response. For example, Vanuatu invested heavily to strengthen its institutional, legislative and coordination arrangements after its last major disaster - Cyclone Pam in 2015 - and these arrangements helped ensure a smooth response in the face of this year's double disaster. Similarly, the National Disaster Management Act 2005 of India has been very useful in providing a pre-existing legal structure to respond to COVID-19. Some other countries, however, are fragmented in their approach to risk governance with little interaction between key ministries and disaster management authorities. Countries may also lack a sound legal basis or strategy to effectively orchestrate responses to simultaneous disasters that are spread across multiple sectors and levels of governments.

It is particularly important to better align prevention and response efforts of health ministries and disaster management authorities. The 2016 Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 provide a blueprint for integrating health into disaster management planning and disasters into health planning. They call for the establishment of multi-sectoral disaster risk management committees that include health officials and seek to strengthen the integration of biological hazards into multi-hazard disaster risk management. At the same time, the Bangkok Principles also call for better integration of disaster management in health policies and programming at the national and local levels. Countries should seek to begin implementing the Bangkok Principles as a matter of urgency and approach UNDRR for support, if needed.

RECOMMENDED ACTIONS

1. **Enhance multi-hazard disaster preparedness efforts.**
2. **Strengthen overall health system preparedness.**
3. **Proactively reduce the vulnerability from other hazards.**
4. **Plan specifically to protect older people, and other vulnerable groups.**
5. **Prioritise integrated disaster risk management.**
6. **Protect first responders and frontline workers.**
7. **Support local action to prevent, prepare for and respond to disasters.**
8. **Use remote assessments and community feedback to determine humanitarian needs.**

4. Protect the first responders and frontline workers

As with health workers responding to the COVID-19 crisis, disaster response teams, humanitarian workers and volunteers should also be protected from any exposure to the virus while assisting communities at the frontlines of a climate-related disaster. In addition to providing first responders with appropriate PPE, protocols should be introduced on how they can protect themselves from COVID-19 and for the provision of psychosocial care.

In Bangladesh, the volunteers of the Cyclone Preparedness Programme are being provided with PPE and protocols for administering first aid and primary health care have been redesigned to minimize COVID-19 exposure. To manage and train the thousands of volunteers, alternative communication and dissemination channels are being used to avoid large gatherings.



Some donor governments are already putting in place steps to ensure humanitarian relief is disinfected and does not expose the recipient to COVID-19 (Photo: DFAT)

5. Support local action to prevent, prepare for and respond to disasters

Since the World Humanitarian Summit in 2016, calls for far more investment in local action have only been partially heeded. Local level actors are the first to respond to emergencies, yet often cannot easily access resources to support their prevention and response activities. Due to the travel and quarantine restrictions, it is likely that, except in exceptional circumstances, developing countries will have to rely on national and local responders to meet humanitarian needs. This requires reflection on how to provide appropriate reinforcement to local and national actors in diverse and complex humanitarian contexts. Accordingly, as part of preparedness measures, partnership strategies and funding agreements between international, national and local actors, including donors, should be revised to increase direct funding to local partners. This increased reliance on local actors should be accompanied by a corresponding increase in the representation of local actors in coordination and decision-making fora. At the same time, principles should be put in place that champion inclusive approaches that tap

into the capacity of faith-based organizations, women and youth groups, and indigenous leaders.

6. 'Game-change' the model of international assistance

To 'do good while doing no harm' during a global pandemic, development partners should consider changes to both their systems and organizational cultures. To minimize exposure risk, traditional tools for developing humanitarian needs assessments such as primary data collection can be replaced with community feedback mechanisms. Also, support should be increased to national and local responders to utilize remote-based information systems and pre-disaster exposure information to assess levels of damage. Good practice tools include the Joint Analysis of Disaster Exposure (JADE), which was developed by OCHA, WFP and the Pacific Disaster Centre, can estimate how many people are affected and in what way so that international support for local actors can be 'front-loaded.'

Acknowledgement


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Additional Resources

1. Pacific Action Plan for 2019 Novel Coronavirus (COVID-19) Preparedness and Response. <https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19>
2. Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030
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