The Sphere standards and the Coronavirus response

The Coronavirus is spreading globally. How can individuals, communities and humanitarian actors best respond to the COVID-19 outbreak? How can the Sphere Handbook guide our response?

Let's share lessons learned
Sphere collates and disseminates emerging practice and evidence in the Coronavirus response. If you have comments on this document or any good practice to share, please contact handbook@spherestandards.org.

Structure
This document has two sections:
A. The first section covers fundamental principles which are crucial to a successful, holistic intervention.
B. The second covers relevant standards and guidance in the handbook's WASH and Health chapters.

A. Holistic approach

Sphere offers a holistic, people-centred approach to humanitarian work, with the three foundation chapters – Humanitarian Charter, Protection Principles and Core Humanitarian Standard – supporting the four technical chapters. For the Coronavirus[1] response, there are three important overarching factors: Firstly, people should be seen as human beings, not just cases. **Human dignity** is woven throughout the Handbook. Secondly, **community engagement** is crucial. And thirdly, focusing on preventing the spread of the Coronavirus should not make us forget affected people's **other needs**, nor the long-term medical needs of the wider population.

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[1] **About the Coronavirus COVID-19**
Coronaviruses are a large family of viruses. The most recently discovered coronavirus, first identified in the Hubei region (China) in December 2019, causes disease COVID-19. In severe cases, COVID-19 may result in pneumonia, severe acute respiratory syndrome, kidney failure and death. Some 81,000 cases were reported at the global level as of 26 February 2020. (*Source: World Health Organisation*)

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1. Human dignity

When you use the Sphere Handbook, please do so in the spirit of the **Humanitarian Charter.** People have a right to life with **dignity**. Always remember the fundamentals of the Protection Principles and the Core Humanitarian Standard: People must always be involved in shaping the response.

A Coronavirus response will only be effective if all targeted people can be screened, tested and – if found ill – treated. This is why you will need to identify people who may be hesitant to come forward for treatment. Those who are living with conditions associated with **stigma** or indeed those who fear they may be stigmatised for having the Coronavirus can be driven to hide the illness to avoid discrimination. This may prevent people from seeking health care immediately and discourage them from adopting healthy behaviours. It is important therefore to provide supportive messaging and care. In this regard, Protection Principles 1 and 2 are directly relevant, as they elaborate on the three rights spelled out in the Humanitarian Charter: the rights to dignity, protection and assistance:

→ **Protection Principle 1**: *Enhance people's safety, dignity and rights and avoid exposing them to further harm,* discusses protection risks, the importance of context analysis, the treatment of sensitive information and supporting community protection mechanisms (where they are not counter to the public health objectives).

→ **Protection Principle 2**: *Access to impartial assistance according to need and without discrimination.* This Principle expresses the right to receive humanitarian assistance, one of the Sphere's three rights expressed in the Humanitarian Charter.

2. Community engagement

Poor hygiene is an important factor in the spread of infectious diseases. The Coronavirus is spread by droplets; therefore, hand hygiene is a central element in preventing its spread. Hygiene promotion with a focus on handwashing is therefore critical but can only work if the community is fully engaged. This involves building trust and mutual understanding by engaging communities in communications and decision-making.

Hygiene promotion must include a strong focus on regular handwashing and any other safety measures specific to this particular response, for example keeping your distance from other people.

→ For handwashing, see: **Hygiene Promotion Standards 1.1 (Hygiene promotion)** and **1.2 (Hygiene items)**.

Existing community perceptions and beliefs can support or hinder a response, so it is important to understand and address them. Some social norms may need to be modified to prevent disease transmission. For example, you may need to work with the community to find alternative forms of greeting to replace handshakes, or the way meat and animals are handled in marketplaces. Also identify and encourage specific COVID-19 disease prevention and treatment measures which will work within the affected community. If community outreach workers actively go out to find cases or carry out related tasks, they must be trained to do this (see also Health standard 2.1.4, below).

Similarly, effective community engagement can identify and address **rumours and misinformation.** These spread particularly quickly in cities. In **urban centres,** it is therefore particularly important to identify and engage community and interest groups, for example schools, clubs, women's groups or taxi drivers. Public spaces, media and technology can help. Use technology to promptly provide accurate information on healthcare and services. Secondary and tertiary healthcare providers are often more active in cities, so increase these providers' capacity to deliver primary healthcare. Engage them in early warning and response systems for communicable diseases and increase their capacity to deliver their usual services.

→ For community engagement, see: **Introduction to the WASH chapter** and **Introduction to WASH standard 6: *WASH in disease outbreaks and healthcare settings***.

→ For urban guidance, see: ***What is Sphere?* Section on urban settings** and **Introduction to the WASH chapter** as well as **Introduction to the Health chapter**.

3.   Human needs of affected communities and broader medical needs

→ For affected people, psychosocial and palliative care contribute critically to their sense of self and of belonging and emotional healing, see: **Health standards 2.6** and **2.7**.

All other health standards of the Sphere Handbook continue to be relevant as well. These cover maternal and reproductive health, non-communicable diseases, injury, child health care and other issues. They should be continued, both for affected people and beyond. In 2014 in West Africa, many health staff were diverted and deployed to the Ebola response, which left other services in health care unsupported. This meant more maternal deaths, insufficient childhood immunisations leading to disease outbreaks in the following year and no continuous care for patients with non-communicable diseases. The number of deaths from abandoned health centres and regions was significant.

B. The medical response

There is guidance in the WASH and Health chapters on the medical response to the Coronavirus.

1.   WASH Chapter

Please use the guidance in the full **Hygiene Promotion section**, including Key actions, Indicators and Guidance notes.

→ **Standard 1.1 (Hygiene promotion)** requires that *People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.*

→ **Standard 1.2 (Hygiene items)** requires that *Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.*

→ **WASH standard 6 (WASH in healthcare settings)** states: *All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks.* This standard is directly applicable to the COVID-19 response and should be used **in its entirety**. It again highlights hygiene promotion and working with communities. The diagram below provides an overview of key community-based WASH actions during an outbreak. COVID-19 specific interventions should be taken e.g. relating to **hand hygiene**.

→ For related health actions, see the **Communicable diseases standards 2.1.1** to **2.1.4** (below).
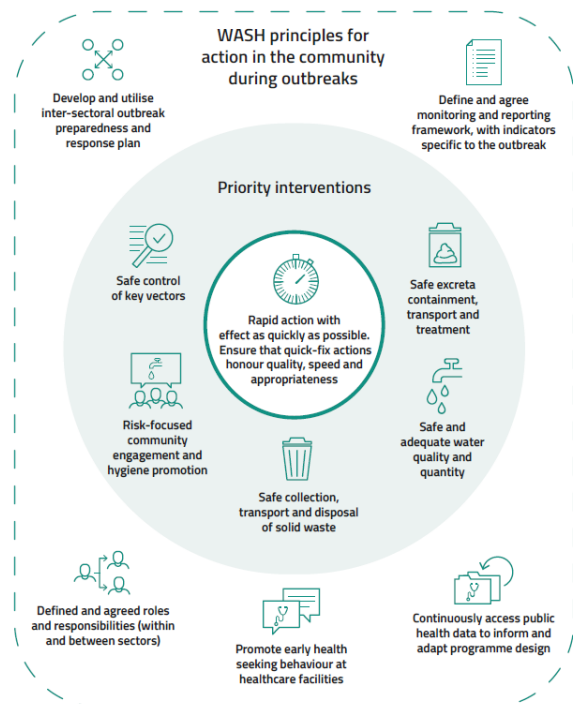
2.   Health Chapter

The Health chapter has two sections: i) Health systems and ii) Essential healthcare.

i)   Health systems

A well-functioning health system can respond to all healthcare needs in a crisis so that even during a large-scale disease outbreak, other healthcare activities can continue. The health system encompasses all levels,

from national, regional, district and community to household carers, the military and the private sector. It is important to understand the impact of the crisis on health systems to determine priorities for humanitarian response.

The Health systems section with its five standards is relevant in its entirety. Particular attention should be paid to:

→ **Health systems standard 1.1 (Health service delivery)** includes Guidance notes on availability; acceptability; affordability; community level care; Appropriate and safe facilities; Infection Prevention and Control (IPC).

→ **Health systems standard 1.2 (Healthcare workforce)** includes a Guidance note on Quality, highlighting the importance of training workforce appropriately for a particular response.

→ **Health systems standard 1.3 (Access to essential medicines and medical devices)**.

→ **Health systems standard 1.5 (Health information)** has a section on disease surveillance. It is linked to **communicable diseases standard 2.1.2** (Surveillance, outbreak detection and early response).

ii)   Essential healthcare – Section on Communicable diseases

All four standards in the section on Communicable diseases (Health standards 2.1.1 – 2.1.4) are extremely relevant. They cover Prevention (2.1.1); Surveillance, outbreak detection and early response (2.1.2); Diagnosis and case management (2.1.3); and Outbreak preparedness and response (2.1.4). Particular attention should be paid to:

→ **Standard 2.1.1 (Prevention)**: *People have access to healthcare and information to prevent communicable diseases.* This standard links back to community engagement. Key action 2 addresses fears and rumours, linking back to engaging and understanding communities. Equally important are Key actions 4 and 5 covering prevention and control measures. Please read Guidance notes on risk assessments, intersectoral prevention measures, health promotion and vaccination (if is developed, currently there is no approved vaccine)

→ **Standard 2.1.2 (Surveillance, outbreak detection and early response)**: *Surveillance and reporting system provide early outbreak detection and early response.* This standard should be looked at in its entirety. It links with health systems standard 1.5 (health information, see above)

→ **Standard 2.1.3 (Diagnosis and care management)**. The Key Actions are critical. They include clear risk communication and messaging (KA1), using standard case management protocols (KA2) and having adequate laboratory and diagnostic capacity (KA3). Ensuring that treatment for people receiving long-term care is not disrupted (KA 4) is also highlighted. Important Guidance notes for this standard are: Treatment protocols; Acute respiratory infections (but no antibiotic needed for viral infections except for secondary bacterial infections); and Laboratory testing.

→ **Standard 2.1.4 (Outbreak preparedness and response)**. Key actions cover Preparedness and response plan (KA1), Control measures (KA2), Logistic and response capacity (KA3) and Coordination (KA4). The Guidance notes cover Outbreak preparedness and response plans; Outbreak control, Case fatality rate (still estimated at 2% for COVID–19); and Care of children.

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