

CORONASYS WORKSHOP SERIES

Addressing the corona pandemic in Armenia through systemic risk management

WORKSHOP 3: COVID-19 LOGISTICS- STRATEGIES AND CHALLENGES

Rationale

The CoronaSys workshop series brings together international experts to exchange experiences, discuss gaps and challenges, and ponder on joint questions concerning the response to the SARS-CoV-2 pandemic. Particular emphasis is put on medical solutions, technological innovations, and socio-political policies, as well as on the identification of best practices for prevention, detection, containment, and treatment. Reflecting on the pandemic from a whole-of-society perspective, the aim is to create a think forum on strategies for systemic pandemic and risk management.

The workshops are organized by the Academy of the Disaster Research Unit, associated with the Disaster Research Unit at the Free University of Berlin. They are part of the research project “CoronaSys: Addressing the corona pandemic in Armenia through systemic risk management”, sponsored by the German Federal Ministry of Education and Research. The workshop protocols offer insights on the conversational course with an emphasis on key points. All participants are granted the opportunity to review and comment on the draft version of the workshop protocols prior to their publication.

Workshop № 03, Date: 12 February 2021

Workshop Topic: COVID-19 Logistics – Strategies and Challenges

COVID-19 has meant multiple challenges for almost all sectors. One of the areas that has certainly been among the most challenging is logistics. Examples include the procurement and stockpiling of personal protective equipment (PPE), the procurement and storage of vaccines and the establishment of vaccination centres or the cooperation of multiple actors at different levels.

Of course, each country faces its own challenges. While in Germany, the procurement of materials and vaccines is currently the focus of public discourse, Armenia was confronted with other difficulties and challenges due to the simultaneous occurrence of the pandemic and the armed conflict in Nagorno-Karabakh and its subsequent effects.

In the third workshop of our CoronaSys workshop series **Oliver Oswald** (Federal Agency for Technical Relief, Germany) and **Armine Hayrapetyan** (Ministry of Emergency Situations, Armenia) presented their experiences and perceptions on logistical aspects of the Coronavirus crisis.

Key highlights

- Competition in the procurement of PPE and other essential equipment was a major challenge at the beginning of the pandemic → a structure of self-sufficiency should be established to be better prepared for future crises
- Effective crisis communication is key to ensuring the public's compliance
- Communication and collaboration structures between emergency response, the federal government, local communities, and private actors should be improved
- Psychological effects of the pandemic have to be taken into account

Detailed notes

Presentation by Oliver Oswald, Federal Agency for Technical Relief (THW), Germany

- THW is responsible for technical and logistical emergency/crisis response
- **Volunteer-based civil protection mechanism** (80,000 volunteers, 2,500 permanent staff)
- Initial challenge: lack of personal protection equipment on all levels (local to federal) and lack of understanding of pandemic mechanisms in general
- Call to estimate required equipment at the beginning of the pandemic until December 2021 → procurement was based on initial requests, later there were other rounds of checking
- **Procurement competition** just within Germany (among institutions, regions, etc.), price jumps → German government decided to centralize procurement via open house tender (no up-stream pipeline visibility, lack of distribution strategy)
- **Mandate of THW:** logistical support in the distribution of personal protection equipment (PPE), in total 15% on the federal level (85% on local/state level where local THW branches supported as well in distribution from central to local logistic hubs and large-scale consumers)
- Intransparency concerning up-line logistics: it was not always clear what and when deliveries would arrive at the central hub
- **Challenges** to repackage e.g. sanitisers into smaller bottles (bottles ran out in Germany) and then re-distribute them
- Logistical challenges in summary:
 - up-stream pipeline visibility especially at the beginning due to ad hoc mechanisms
 - quality insurance/control (wait for quality clearance, piling up of goods)
 - catering to requested/required figures
 - storage (volume, hazard goods – issues with safety standards and regulations)
 - pack size (IBCs vs bottles – person refilling needs to be qualified to do so; re-packaging material was sold out quickly)
 - gaps needed to be addressed as they showed up and in-process

Discussion

- At the beginning of the pandemic, a majority of goods came from China; the hand-sanitiser production was scaled up in Germany → lesson learned: there is a need to consider building a certain **structure of self-sufficiency** which allows stepping into production very quickly
- Community mask-wearing only developed very slowly in Germany → has this dynamic affected THW's work? Issue of **crisis communication**: message got to the public that masks needed not to be worn in the community but the full message was that the masks were more needed in the medical sector because there was a shortage of medical masks in the early stages of the pandemic (before mask production was scaled up)
- The idea of federal procurement was to procure at the production level, thus not to step into the local markets

Presentation by Armine Hayrapetyan, Ministry of Emergency Situations (MES), Armenia

- Response actions from the view of the Ministry of Emergency Situations
- Armenia, like any other country, was not ready for this kind of pandemic
- **Crisis Management National call centre (911)** received many calls: 11,366, Rescue Service Medical Department of MES: 3,947, Rescue Service Psychological assistance division of MES: 3,823 → total received 19.011 and solved 17,282 cases
- **First MES activities** comprised awareness-raising and behavioural advice via loudspeaker cars, media channels (TV, social media esp. FB), operators of mobile communication spread short messages to all cell-phones (agreement with all operators and MES in case of emergencies)
- **Cooperation by MES:**
 - Commandant's Office (immediate participation) → 3 shifts, 56 persons per shift, a total of 106 MES employees to issue decrees and address the emergency
→ contact tracing, contact persons and infected people needed to isolate, "Stay-home" App
 - MES support for the Ministry of Health (hotline) → 2 telephone numbers accepting MOH hotline by MES, transportation of the people from the airport to medical institutions via MES cars and means
 - MES support for the police: 130 officers in duty with police, 119 controlling self-isolated also via "Stay-home" App
 - Regional governments
 - Disinfection activities on demand (248,186 cases by MES)
- **Psychological assistance:**
Rescue Service Psychological Assistance Division of MES (children, elderly people, vulnerable groups, isolated people) → telephone calls, Zoom calls by all affiliated employees of the division (even people on paternity leave took part in this remote assistance)
- International assistance in the provision of protective equipment: China, US Embassy etc.
- **Legislative documents created:**
 - Related Risks and Community Involvement Issues Action Plan
 - MES operative group action plan for Emergencies in Public health sphere of international significance
 - Response plan and methodological guidelines for Medical Institutions Risk Management

- **Psychological health aspects** (pandemic, violent conflict) need to be paid particular attention to, based on one assessment together with UNDP and other stakeholders: 3 % of respondents had physical issues with Covid-19 but 39% reported psychological issues with Covid-19 in one of the border communities (note: respondents of the sample were from the general population and not from the group of COVID-19 patients)

Discussion

- **Distribution of personal protective equipment:**
Despite some campaigns, people generally can buy them in the pharmacy (some uncertainty about the usefulness of community masks); gloves and masks became mandatory in shops etc. and higher educational institutions (most classes are online until today)
- **Gaps:** organisational issues, crisis communication, need of cooperation between emergency response, local communities, private actors, need of strong legislation, questions about the use of volunteers, issues of resilience community building, nothing was ideal

Further workshops from this series

- “Addressing a Twindemic- Pandemic Preparedness in the Health Sector and beyond”, 16 September 2020. Protocol: [CoronaSys Workshop Series – CoronaSys \(a-kfs.de\)](#)
- “Disaster Risk Management in Armenia. Capacities and Challenges: Armenian disaster risk and pandemic management”, 08 December 2020. Protocol: [CoronaSys Workshop Series – CoronaSys \(a-kfs.de\)](#)

Upcoming workshops from this series

- “Vulnerabilities and Resilience- Coping with COVID-19 in Armenia”, 03 March 2021

Annexes:

Workshop Participants

We thank all participants for their time and valuable contributions.

Represented institutions in the expert dialogue

- Academy of the Disaster Research Unit, Germany
- Charité Universitätsmedizin, Germany
- Federal Agency of Technical Relief (THW), Germany
- Ludwig Maximilian University of Munich, Germany
- Maple Leafs Clinic, Armenia
- Ministry of Emergency Situations in Armenia, National Sendai Focal Point Armenia
- Reliefgoods.org, Austria
- Technische Hochschule Deggendorf (THD), Germany
- United Nations Development Programm UNDP, Armenia

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