



## CORONASYS WORKSHOP SERIES

Addressing the corona pandemic in Armenia through systemic risk management

**WORKSHOP 5 IN COLLABORATION WITH UNDP:** The role of national disaster management authorities in pandemic response

### 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.*

*This workshop has been made possible in cooperation and sponsorship by the United Nations Development Programme.*

**Workshop № 05, date: 08 April 2021**

### **Workshop Topic: The Role of the National Disaster Management Authorities in Pandemic Response**

Purpose of the workshop was the presentation of key findings of a UNDP assessment report on the role of national disaster management authorities in the COVID-19 crisis response and the impact on COVID-19 on NDMA's operations in 17 countries across the South Eastern Europe, Eastern Europe, South Caucasus and Central Asia region (Europe and Central Asia -ECIS). Four of the 17 countries were studied in greater depth, among them Armenia. Opening remarks were given by **Ms. Mihaela Stojkoska** as the acting resident representative by UNDP in Armenia and Professor **Dr. Martin Voss** from the Freie Universität Berlin. The assessment report findings were presented by **Mr. Vasko Popovski**, Consultant from the regional UNDP office and insight to the response of the Ministry of Emergency Situations in Armenia were shared by **Mr. Armen Chilingaryan**, DRR Programme Manager UNDP Armenia. A question and answer session concluded the workshop. Detailed notes of the opening remarks and presentations follow below:

## Key highlights

- COVID-19 pandemic crisis emphasized the crucial role that the national and local governments play in mitigation and response to this type of complex crises. It is critically important to reform our approach to disaster risk governance towards the designing of new models for mitigation, preparedness, response and recovery from complex disasters: the overall imperative will be to strengthen disaster risk governance for long-term resilience goals, with a key focus on the systemic and emerging risk.
- While we focus on dealing with the current COVID-19 crisis and its impact, it is also crucial to make full use of lessons learned from this pandemic. First and foremost, we must look ahead and consider ways to both prevent such a crisis again and, at the same time, support NDMAs and other stakeholders' with strengthening of their capacities and build more resilient disaster management system and society. In the longer term, this will help Armenia in "building forward better" to prevent, respond to and recover from such crises along a sustainable, prosperous, and people-centered development pathway.
- We all acknowledge that disaster risk management cannot be addressed without joint efforts of the Government, international organizations, civil society and, certainly citizens of Armenia and the outcomes generated by today's webinar will further shape our collective efforts -- and provide further impetus -- to promote risk informed development agenda and UNDP stands ready to support the Governments' efforts to rebuild a better and more resilient society.

## Detailed notes

### Opening remarks by Mihaela Stojkoska, UNDP Resident Representative (a.i.) in Armenia:

In her opening remarks Mihaela Stojkoska recognized the importance of the workshop in the face of what has started as a health crisis and has since brought on multiple challenges including threatening the progress made towards the Sustainable Development Goals. COVID 19 emphasises what crucial role partnerships play and how critical and important it is to refine our responses with emphasis on long term resilience building (strengthening foresight and pre-emptive planning) and with focus on multiple risks. The study and assessment findings that are being presented are making full use of the lessons learned in the crisis. Key elements are the importance to strengthen NDMAs and building forward better using a whole of society approach through a people centred development pathway with the aim to build more resilient societies.

### Opening remarks by Prof. Dr. Martin Voss, Academy Disaster Research and Disaster Research Unit at the Free University Berlin:

In his opening remarks, Prof. Voss acknowledges the lessons learned and questions raised for a lifetime not only from the pandemic but the multiple parallel crises worldwide, including different environmental hazards, conflicts and war, racial discrimination, political unrest and climate change. Prof. Voss recognizes that in order to spark new thoughts, learning processes, and ideas for strengthening resilience, we need to share comparative perspectives, inside/outside views and exchange our various experiences and knowledge. Sharing the example of Germany, Prof. Voss stated that the pandemic revealed that there is much work ahead in better bridging institutions and different levels as well as linking different fields of competence such as disaster management and public health. He argues that we need more integrated and systemic risk management approaches in order to face the growing complexities of current and future



threats. Integration means that all relevant sectors, resources, actors and measures are included. And systemic management implies that capacities are aligned to respond reflexively to various direct and indirect impacts and dynamic effects.

### **Assessment study of the role of NDMAs in COVID-19 Crisis Response and Impact of COVID-19 on NDMAs Operations**

The study was led by UNDP in collaboration with UNDRR. It was conducted in the last quarter of 2020 in 17 countries across the South Eastern Europe, Eastern Europe, South Caucasus and Central Asia region (Europe and Central Asia -ECIS) in the response and recovery efforts to the SARS-CoV-2 pandemic crisis.

#### **Presentation of study results: Vasko Popovski, UNDP consultant**

Mr. Popovski presented the study results by highlighting that the new normal across the world is one of many concurring disasters taking place in the “post normal” complex times, affecting countries across the globe in an unprecedented way and with much uncertainty. This leads to long term consequences, impacting our societies in multiple ways and exacerbating existing and creating new vulnerabilities. Some of the consequences in the Europe and the Commonwealth of Independent States (ECIS) region include impact on GDP, poverty increase, more unemployed, fewer remittances, increased food insecurity and more cases of gender-based violence.

#### **Key findings of the study:**

- NDMAs are key entities within the national DRM system. They have, however, only played a limited role during the COVID-19 response, mainly supporting the overall response coordination.
- NDMAs were active in provision of services for facilitating the pandemic response efforts i.e. alongside the essential competencies, many non-traditional and new ones, required by the “now normal” were implemented.
- COVID-19 pandemic as an emerging systemic risk needs a systemic response where NDMAs are partners and in many cases leading entities.
- There are insufficient experiences for this type of complex disasters in the ECIS region.
- There is some evidence of cross-border, sub-regional cooperation e.g. DPPI in Southeast Europe, CESDRR in Central Asia, provision of protective equipment (Kazakhstan, Uzbekistan) or vaccines to the neighbouring countries (Serbia).
- There is a need for multi-sector approaches which ensure timely and efficient pandemic crisis response and resilient recovery and the National DRR Platforms can play an important role.
- ICT innovative tools are the foundation for timely, efficient, effective and inclusive emergency management throughout the phases of the disaster cycle.
- It is crucial to break the silos of the traditional DRM, allowing for better mainstreaming of pandemic risk, biohazards, and health emergencies.
- NDMAs should further adapt to the situation in order to absorb the external shocks while transforming to continue operations as per the “new normal”.
- Important actions/measures by NDMAs comprise coordination, planning, response, support among others.



- Measures for the reduction of future pandemic risk/biohazards are, among others, training, exercises, communications, coordination, training of citizens, people centred approaches (citizens), and improved hospital infrastructure.

Four subregions were specifically assessed for deeper understanding of national and local contexts in these countries: Armenia, BIH, Moldova, North Macedonia, Kyrgyz Republic.

### **General recommendations**

- Strengthen risk governance for future pandemics/biohazards through integration in strategies/operational planning documents.
- NDMA to lead risk-hazard assessments.
- Conduct scenario planning and trainings for biohazards.
- Develop NDMA contingency planning and ensuring business continuity.
- NDMA to lead CRNA and resilient recover.
- Enhance decentralization and transfer of competencies to local levels for enhanced mitigation, preparedness and response to the existing pallet of risks, while being prepared for the future.

### **Specific Recommendations:**

Recommendations related to the COVID-19 pandemic crisis response:

- Understanding what went well and what were the gaps during the pandemic crisis response.
- Strengthening of the disaster/humanitarian coordination, cooperation and communication.
- Regular review of SOPs and other protocols for enhanced response.
- Use of ICT innovative solutions in an inclusive and participative manner, integrating the needs of all beneficiaries.
- Enhanced cross-border, sub-regional and regional cooperation.
- Ensure gender-equal and inclusive response to and recovery from the pandemic.
- Leverage the power of partnerships for pandemic response and recovery while leaving no one behind.

### **Recommendations related to the future of pandemic risk/biohazards:**

- Enabling policy and normative environment for resilience, ensuring a better understanding of the systematic risk, greater mainstreaming of health aspects and pandemic risk/biohazards.
- Build the capacities and expertise of the NDMA for the pandemic risk/biohazards through professional development and specialized training of staff.
- Integrate R&D, academia and private sector for designing innovative solutions for the preventative response to biohazards,
- Provide stable and regular financing of NDMA.

### **Future key priorities:**

Key priorities for the future of NDMA in the region include capacity building leading to stronger technical capacity, strengthening response mechanisms, as well as conducting risk assessments leading to more foresight in planning for the response to biohazards and other risks.

## **Challenges and response to COVID-19 in Armenia, presented by Mr. Armen Chilingaryan, DRR Programme Manager UNDP Armenia:**

Mr Chilingaryan precluded his presentation by highlighting that Armenia currently experiences its third wave of COVID-19 and is thus in a critical moment in time to establish the next steps to curb the outbreak.

### **Key services of the Ministry of Emergency Situations (MES) in 2020:**

- The MES Crisis Management National Center, 911 Emergency Call service, the Rescue Services Medical Department and the Rescue Service Psychological Assistance Division received collectively over 19,000 calls during lock down in 2020.
- The MES supported Commandants Office and the representatives of Rescue Service worked in 3 shifts with over 50 staff/shift.
- The MoH (hot line) was supported by MES on accepting emergency calls by 2 hot line telephone numbers and providing transportation of returnees from the airport to medical institutions.
- The 130 officers of MES supported Police during lock down to monitor self-isolating citizens.
- The MES provided disinfection activities on demand in 248,186 cases and 16-20 special MES cars with loudspeakers provided awareness raising on a daily basis.
- Furthermore, information was disseminated through TV, Social Media (Facebook mainly), and Operators of mobile communication (agreement with all operators and MES).

### **Findings and recommendations of the SEIA**

- The SEIA revealed deficiencies in both content and delivery of crisis-related communication.
  - Recommendation: Develop and implement a crisis communication strategy for the government in order to support the implementation of crisis management policies carried out by the government and local administrative bodies.

The crisis communication strategy should be inclusive and comprehensive and include detailed actions before, during and after the crisis. Integration of tailored formats of communication, pre-developed messages and special coordination mechanisms will significantly improve the effectiveness of crisis management policies and reduce the time necessary for recovery.

- Finding: There were several critical moments when existing health institutions were not able to admit and attend to all patients, particularly in Yerevan.
- Regional and local health centres were not equipped to tackle the situation.
- Lack of health care infrastructure, equipment, staff and ambulance services were highlighted during the regional assessments.
  - Recommendation: Develop a national strategy for crisis preparedness and management of the health care system. These findings indicate a need to have a comprehensive strategy and relevant scenario-based contingency plan for preparedness and response to pandemics and other crises.

- Finding: The SEIA confirmed that mental health issues registered during the COVID-19 pandemic were due to the lack of responsive social services during emergency situations.
  - Recommendation: Strengthening emergency social services. The pandemic showed an urgent need for establishing and managing inclusive and accessible Hotline Services in all communities to support people in difficult social circumstances.
  - The experience of a successfully functioning emergency services and 911 emergency call centre at the MES can be utilized to create “SOCIAL 911” services in all regions and communities.
  
- Finding: The lack of proper ambulance and health services in communities throughout the country was amplified during the COVID-19 pandemic when the need for emergency services increase rapidly.
  - Recommendation: Ensure reliable and efficient community ambulance services. The creation of medical and ambulance reserves, which can be mobilized during emergencies, could be an immediate strategy for building resilience at community level and existing 911 service capacities in the regions can be an option.
  - Consider decentralization in the health care system to ensure agility and access to immediate medical assistance and continuous quality health care services. The design of a more decentralized health care system should incorporate capacity building of local health care providers to ensure quality services at all levels.
  - Development of disaster preparedness and response plans in cooperation with MES; availability of scenario-based contingency plans within medical, educational facilities and critical infrastructures at all levels.

In autumn a hospital assessment took place in which 3 hospitals were assessed. Based on the findings a model was developed that has been now tested and is being rolled out to other hospitals as well.

### **Questions and Answers:**

*The first question concerned the preparedness of the Armenian legal and communication/information system in the country and the fact that legal acts had to be amended almost on a daily basis.*

The regional perspective of the question was addressed by Vasko Popovski: During the study, aspects of normative/legislative frameworks were reviewed. Nine of 18 countries had national strategies developed, not all of them have epidemics included as hazard. For examples, some did not have a full elaboration of types of biohazards, about their potential exposure to the population and about the possible impact on the society. This resulted in the finding that further mainstreaming of biohazards in national plans is needed.

ICT was used to different levels and often extensively across the region, especially GIS data and data platforms for monitoring purposes. Not all modes used reached all parts of the societies. What is missing in the ICT is the early warning factor for pandemics/biohazards.

Armen Chilingaryan provided the national perspective: Early warning system improvement is one of the critical issues identified. A new early warning system is now being tested in Armenia (using TV, radio, cell phone and other information dissemination tools). The testing period is ongoing, once concluded there is



a need for proper legislative documents for EWS and ICT. It is necessary to review the action plan of the Disaster Risk Management National Strategy.

*The second contribution from a participating expert concerned the public health care system.*

The Public Health Care system is playing a huge role in the response to the pandemic. Therefore, we need to focus more on this system improvement. Even if it is well established, there are still a lot of gaps in the areas of early response, prevention etc. It would be interesting to access case studies from other countries if possible to develop some bench marking on best practices for learning purposes and adapting for use in the region. There are still a lot of policy gaps, starting from triage to contact tracing etc.

For the Armenian context and with regard to hospital emergency preparedness and response, three main risks were identified as crucial: earthquake, pandemic, conflict escalation.

*The third contribution from a participating expert concerned the need for coordination.*

The importance of NDMA's roles in coordination was highlighted. There is a need to improve early warning and empower communities (self-governing bodies). During the pandemic, a lot of issues were left to community level which was without resources and/or without normative documents. These are key issues that need urgent attention.

## Further workshops from this series

**CoronaSys Workshop I: Addressing a Twindemic** | [Protocol](#)

**CoronaSys Workshop II: Disaster Risk Management in Armenia** | [Protocol](#)

**CoronaSys Workshop III: COVID-19 Logistics – Strategies and Challenges** | [Protocol](#)

**CoronaSys Workshop IV: Vulnerabilities and Resilience – Coping with COVID-19 in Armenia** | [Protocol](#)

## Annexes:

### Workshop Participants

We thank all of the 55 participants for their time and valuable contributions.

### Represented institutions in the expert dialogue:

- Academy of the Disaster Research Unit
- Armenian Red Cross Society
- ARNAP Foundation, DRR National Platform of Armenia
- Crisis Management State Academy
- Disaster Research Unit, Freie Universität Berlin
- Government of the Republic of Armenia
- International Organization for Migration
- Khustup Rescue Detachment
- Lore Rescue team NGO
- Ludwig Maximilian University of Munich
- Lusavorich Medical Center
- Ministry of Emergency Situations, Armenia
- National Center for Disease Control, Armenia
- Technische Hochschule Deggendorf
- United Nations Development Programme
- Yerevan State Medical University

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