Pandemic Security
Call-to-Action 2: Preparing Communities to Protect their Most Vulnerable During the Next Pandemic

General Information

Call-to-Action: Leveraging community-led innovations to improve equity and protect the forgotten, excluded, and dispossessed in the next pandemic

Proposed funding amount (USD): $4.5 Million

CTA Partner: Johns Hopkins Bloomberg School of Public Health

Supporting partners: Thai National Health Foundation or University of Manila (TBD)
Makerere University, Uganda

Details of Call-to-Action

Problem Statement:
Vulnerable populations around the world, including people with low socioeconomic status, minorities, and migrants and refugees, have largely been left out of the COVID-19 response, suffering enormous and disproportionate losses in both health and wealth. Disabled people, who are at higher risk for the disease, lost much of their access to health services; those with fragile mental health have experienced increased depression and anxiety; slum dwellers have even more limited access to basic services such as water and sanitation; and migrants and asylum seekers have often been left out of vaccination plans. But it doesn’t have to be this way when another pandemic or widespread disease strikes: these inequities are preventable.

During COVID-19, we have witnessed the negative effects that occur for hundreds of millions of people when communities break down, when there is a lack of trust in governments and science, when public health officials are willfully ignored, and when interventions fail or do not consider evolving circumstances. But we have also seen some communities come together to protect their most vulnerable and ensure an equitable and context-specific response.

These communities were able to help their vulnerable members during COVID-19 using innovative strategies and bottom-up approaches. Global, national and local leaders need to prepare for the next public health disaster by learning what challenges existed for different communities, how they succeeded in overcoming them, and how their accomplishments can be replicated and scaled up.
Collecting, analysing and disseminating these innovative strategies will take an organised effort and a track record of public health success. The Johns Hopkins Bloomberg School of Public Health has been on the frontlines of this pandemic, has partners worldwide, and is a global leader in public health. With your support, we can empower communities to be agile and resilient, and to execute crucial preparedness activities. This preparation will protect all community members, including the most vulnerable, for the common good, and ultimately, strengthen the resilience of national health systems through sustained community trust.

**Approach:**

- Develop a Global Community Pandemic Innovation Lab that serves as a network where communities come together to discuss and learn from their pandemic responses.
- Develop a global challenge that provides funding to networks of governments, innovators, and communities to scale up effective community interventions.
- Convene hubs of global and community leaders to learn about and develop innovative and context-specific plans for pandemic preparedness that will protect the most vulnerable.

**Desired Outcomes:**

- Empowered and educated local and national leaders who are prepared to protect their most vulnerable populations from future disease outbreaks.
- Strengthen the resilience of national health systems through sustained community trust.

**Geographic Focus:**

Initially, we will focus on two geographies:

(i) Asia (exact geographies TBD); and

(ii) East Africa (Burundi, Kenya, Rwanda, S. Sudan, Tanzania, Uganda) through our partner in Uganda.
Project Timeline:

- Identification of focal communities – Month 1.
- Preparation for launch of the global challenge funding call: development of website, design of call for innovations, identification of review panel members – Months 2-3.
- Launch of call for community innovations in varied contexts regarding pandemic preparedness, surveillance, and response to protect specified vulnerable groups – Months 4-5.
- Panel reviews submissions and selects eight innovators to receive awards and small grants – Months 6-7
- Documentation and evaluation of innovations is conducted jointly by affected communities, innovators, and academic partners – Months 8-15.
- Monthly webinars to share learnings from innovations across the innovator communities – Months 8-15.
- Convening of government, civil society, and researchers in (1) South East Asia and (2) East Africa to discuss learnings, build bridges, and support further scale up – Month 17.
- Launch of “Take it to Scale” challenge, providing funding to networks of government innovators, and civil society to scale up effective community engagement interventions for pandemic preparedness, surveillance, and response – Month 18.
- Award of 2-3 “Take it to Scale” grants – Month 23
- Renewal of funding for launch of Round 2 and support and evaluation of “Take it to Scale” grants – Month 24

CTA Partner’s background:

Johns Hopkins Bloomberg School of Public Health is the largest and highest-ranked school of public health in the world. Our faculty are leaders in keeping millions of individuals around the globe safe from illness and injury by pioneering new research, deploying knowledge in the field, and educating tomorrow’s public health leaders. Our faculty play significant roles in the fight against COVID-19 and future pandemics.

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Resources:

This project is led by three Johns Hopkins entities: the Alliance for a Healthier World, the Center for Health Security, and the Center of Humanitarian Health.

The Call-to-Action builds upon ongoing work supported by Gates Ventures on exemplars in Global Health focusing on essential health services during Covid-19 led by Johns Hopkins.

The Center for Humanitarian Health launched a somewhat similar initiative, though without the same level of resourcing, from which it learned valuable lessons that were published here.

This document from the Independent Panel for Pandemic Preparedness and Response lists some of the ways in which communities have contributed to the pandemic preparedness and response, as well as identifies challenges in community engagement.

Note: Information in this document is correct as of 19 October 2021.