The Manchester Briefing on Covid-19:
International lessons for local government response & recovery

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What is 'The Manchester Briefing on Covid-19'?

'The Manchester Briefing on Covid-19' is aimed at local government emergency planners, resilience officers, and those who will plan and implement the recovery to Covid-19.

Each week we aim to bring together international lessons which may prompt your thinking on response and recovery to Covid-19. Normally these briefings will be much shorter, but this week's is longer as it is the first one and brings lessons from the last 3 weeks.

The lessons are taken from websites (e.g. UN, WHO), documents (e.g. from researchers and governments), webinars (e.g. those facilitated by WEF, GCRN), and other things we find. We hope to bring you lessons from Covid-19 from experts in civil protection, resilience and recovery.

This week, 'The Manchester Briefing on Covid-19' includes:

- **Briefing 1.** How you can use the Disaster Resilience Scorecard and its Public Health Addendum to help you to think about aspects of recovery
- **Briefing 2.** How you can plan recovery using the UK's framework to conduct impact assessments
- **Briefing 3.** Lessons you may find helpful from across the world
- **Briefing 4.** A blog on how society can recover from Covid-19

Please email me (Duncan.shaw-2@manchester.ac.uk) if you:

- find this briefing to be helpful and would like to receive future briefings
- have suggestions on how to improve the briefing
- would be willing to contribute your knowledge to the briefing (via a 30 minute interview)

Briefing 1: Integration of the Disaster Resilience Scorecard for Pandemic Response and Recovery

UNDRR's Disaster Resilience Scorecard (DRS) offers a whole-of-society, multi-sectoral approach to addressing city resilience to disasters. This, alongside its Public Health Addendum (PHA), can be implemented to assess city response, recovery and resilience to the COVID-19 pandemic. Additional benefits of using these frameworks includes assessment of potential secondary emergencies during the pandemic (e.g. simultaneously, a flood) and their impacts on the healthcare system.

The DRS and PHA are free, widely used, and complement the work of many cities working with UN's Making City Resilient Campaign (MCR). Many cities will have already completed an assessment of their city resilience using the DRS and so know the process.

The DRS and PHA guide you to think about your response and recovery to Covid-19 by considering:

1. Organization & Governance	• The involvement of public health and medical professionals in disaster planning and management

	• The involvement of other professionals (e.g. sanitation, water, energy, communications) in public health planning
2. Risk understanding	• Inclusion of a pandemic scenario in risk planning • Inclusion of pandemics (and pre-existing chronic health stresses – malaria, malnutrition) as a complexity factor, alongside "disasters as usual" – floods, earthquakes, fire etc
3. Financial architecture	• Adequacy and protection of funding • Resilience "dividends" – other benefits that arise from resilience spending
4. Land use and building codes	• Code and zoning compliance of key facilities
5. Ecosystem services	• Protection of ecosystem services with health benefits - natural water filtration, tree cover, recreation space
6. Capacity	• Availability of public health skills – medical and other • Availability and sharing of required data with (that is, to and from) other stakeholders
7. Social capacity	• Community engagement processes and effectiveness • Community trust of information provided • Community mental health and mental stress management
8. Infrastructure	• Resilience of key health infrastructures • Resilience of other relevant infrastructures– water, power, communications, sanitation, trash collection • Surge capacity • Continuity of care facilities for those already sick
9. Disaster response	• Early warning systems • Integration with emergency management • Education, rehearsals, drills, public health supplies
10. Recovery planning	• Offsetting long run impacts on health • Learning and improving.

The PHA gives 24 subjects to think about your strategies for addressing Covid-19 and ensuring that your recovery is comprehensive to include a wide range of public health issues. The subjects particularly relevant for pandemics are:

Ref.	Subject	Addresses	Assessment
A.1.1/A9.2	Public health system professionals are part of disaster risk management governance/ Integration of public health with emergency management	• Governance mechanisms for disaster risk and emergency management include public health professionals • Emergency care, primary care, environmental heath, epidemiology, medical supplies, other government entities, etc.	To what extent does/do the governance mechanism(s) for disaster risk management integrate public health considerations?
A2.1	Inclusion of public health emergencies and disasters (disease outbreaks/pandemics, famine, water shortages, etc) as a disaster scenario in their own right.	• Disaster risk planning includes public health emergencies • Pandemics/outbreaks and other public health disasters are included in risk scenarios adopted by the city.	To what extent are public health emergencies and disasters included in disaster risk planning?
A2.2	Inclusion of foreseeable public health impacts from other disaster risk scenarios (eg flood, heat events, earthquake)	• Consideration of public health impacts arising from other disasters	To what extent are public health impacts included in the city's scenario planning for other disaster risks?
A2.3/A8.3/A9.4	A2.3 Inclusion in disaster planning of pre-existing chronic health issues/ Continuity of care for those already sick/Consideration of at-risk populations or those living at home with pre-existing conditions	• Consideration of impact of pandemics/outbreaks on those already requiring long-term medical care • consideration of those living at home as well as in hospital with pre-existing conditions	To what extent are pre-existing chronic health issues included in scenarios where disasters are likely to exacerbate these, or where they are likely to impede recovery?
A3.1	Funding for public health aspects of resilience	Funding earmarked for addressing public health implications of disasters • Essential hospital services, alternate care sites, emergency medical supplies, etc.	To what extent is funding identified and available to address public health implications of disasters?
A6.1	Availability of public health skills	• Sufficient, skilled health professionals to maintain public health around disasters • Doctors, nurses, allied health professionals, pharmacists, environmental health,	To what extent are the skills required to plan and maintain public health around disasters available to the city?

		epidemiologists, supply chain managers, laboratory technicians, etc	
A6.2/A6.2.1	Sharing of public health system data with other stakeholders including health systems	• Public health data shared with all stakeholders that need it • Awareness of public health assets and facilities needs pre and post disaster.	To what extent is public health data shared with other stakeholders who need it?
A7.1	Effectiveness of public health system at community engagement in context of a disaster.	• Communities are prepared to maintain public health levels after a disaster • Infectious diseases monitoring and alerts, air and water quality testing and supporting vulnerable.	To what extent do communities understand and are they able to fulfil their roles in maintaining public health levels after a disaster?
A7.1.2	Community access to and trust of public health information.	• Community can access and trust public health information • Emergency hygiene, disease prevention, support for vulnerable and outbreak information.	To what extent do communities receive, respect and are willing to act upon public health information?
A7.2	Community's ability to "return to normality" – mental health	• Consideration of psychosocial support for long-term distancing measures • consideration for mourning and commemoration	To what extent are communities' mental health needs addressed?
A8.1	Hardening of public health infrastructure items not considered in Essential 8	Existence of health infrastructure besides hospitals • Isolation capabilities, community clinics, nursing homes, laboratories, drugstores, supplies, etc.	Existence of resilient public health infrastructure besides hospitals
A8.2	Surge capacity for public health infrastructure where not considered in Essential 8	• Health facilities can manage a surge of patients • Estimated loss of critical bed days, urgent medical supplies and health workforce shortages.	To what extent are hospitals and emergency care centres able to manage a sudden influx of patients?
A9.1	Early warning systems for health related emergencies	• Early warning systems exist for impending healthcare emergencies • City monitors health trends for the early warning of a healthcare emergency, such as a pandemic and chronic healthcare stress that is building towards a "tipping point".	To what extent do early warning systems exist for impending healthcare emergencies

A9.3	Existence and effectiveness of educational safety measures to the public	• Continued transparent and timely public health information	To what extent is the public educated on what is safe and unsafe in terms of public health during and following a disaster?
A9.5	Ability to deliver public health supplies to people in need.	• Supply items and equipment required to maintain public health after a disaster • PPE, first aid supplies, infection control and sanitation supplies, medications and medical equipment.	To what extent has can the city supply items and equipment required to maintain public health after a disaster.
A10.1	Mitigating long term impact on public health	Resurgence control and prevention	Existence of comprehensive public health plans
A10.2	Learning and improving	Regular impact assessments in line with changing governance strategies	Existence of formalized mechanism to learn from performance of public health system

To give an example of the detail and presentation of each subject, A9.5 is included below:

| A9.5 | Ability to deliver public health supplies to people in need. | To what extent has can the city supply items and equipment required to maintain public health after a disaster. | 5 – A comprehensive list of required items exists, and tested plans are known to be adequate to deliver them rapidly to the entire population.

4 – A list exists but it may not be comprehensive, and plans may not be tested or fully adequate for the entire city.

3 – A list exists, and key items will be available to 75% of the population.

2 – No list but stockpiles and supplies exist for some items. Distribution capability may reach 50% of the population.

1 – Some stocks of key items but no attempt to plan these and distribution mechanism unlikely to be successful even if it exists at all.

0 – No attempt to address this issue. | Emergency management supplies will include, but are not limited to:

- Redundancy in the power system or cold chain for storage of temperature-sensitive supplies;
- First aid supplies and infection control;
- Water purification tablets and equipment;
- Hygiene and sanitation supplies;
- Baby formula, diapers;
- Common medications and home medical equipment supplies in appropriate formulations and sizes for each segment of the community.

In some countries emergency management agencies will specify lists of such items. |

Briefing 2: A framework to conduct impact assessments for recovery planning

Most UK Local Resilience Forums (LRF), the local body which plans for crisis such as Covid-19, will begin to think about early recovery planning in the coming weeks.

Using the UK Government's National Recovery Guidance and Emergency Response and Recovery Guidance, and international lessons from pandemic response and recovery, we have developed a loose framework to assess the impact of Covid-19 and consider what dimensions recovery may need to address. This provides structure to document national/international early recovery lessons for Covid-19 that we summarise in Briefing 3 below.

The framework asks you to consider types of impact, and how you can address each to enable recovery to take place:

Categories of impact	Examples of enablers of recovery
Humanitarian Assistance (inc health)	• **Humanitarian Assistance:** Volunteers; Assistance to vulnerable people; Homeless/rough sleeping; financial support; Return of displaced communities. • **Managing health:** Management of casualties**;** Communication of health initiatives. • **Management of deaths:** Body management and disposal**;** Memorials community commemoration and psychological impacts.
Economic	• **Economic:** Business impacts; human resource management
Infrastructure management	• **Management:** Waste management; Digital infrastructure and cyber security; Smart urbanism; Utilities / essential services. • **Resumption of services**: Educational establishments, welfare services, transport system). • **Supply Chains & Logistics**: Testing and reagents; Sustained delivery (face masks, gowns, gloves etc/sanitizer); Inventory management, prepositioning; Transformation of corporations/businesses to support the effort e.g. ventilator and hand gel production. • **PPE and resource sourcing**: Adequacy of responder hygiene and safety measures
Environmental	• **Green spaces:** Environmental spaces that can accommodate social distancing**;** Access to all**;** Green agenda. • **Environmental waste management:** Recycling; Pollution and decontamination and waste.
Legal Frameworks	• **Governance and legislation**: Emergency legislation transition into recovery; structures are in use; integration with government mechanisms; Funding
Communication and engagement	• **Communication:** Connectivity between Health and the wider system; Media, communications, elected members; • **Community engagement**.

Briefing 3: Lessons from the week

Below is a series of short lessons on response and recovery to Covid-19 that we found to be particularly interesting. These lessons will have different relevance for different readers depending on your country, role, context, and experience with Covid-19.

These lessons are structured according to:

- Humanitarian Assistance
- Economic
- Infrastructure management
- Environmental
- Communications
- Governance and legislation

Humanitarian Assistance	Country/ Region	Source
Your organisation should **provide early implementation of psychosocial support** to build mental health provisions that can meet demands later on in recovery. Psychosocial support can be delivered on a self-selection basis, volunteers can be used to process this information.	USA	State volunteer coordinator
Your organisation should **provide additional psychosocial support for stigmatised or marginalised groups**, those with underlying health conditions, and those that may be part of a marginalised group and have a health condition (i.e. those living with HIV).	Africa	Toppenberg-Pejcic, D., Noyes, J., Allen, T., Alexander, N., Vanderford, M., & Gamhewage, G. (2019). Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever. Health Communication, 34(4), 437–455.
Your organisation should **ensure appropriate composition of their community engagement teams**, and the impacts this can have on women and other marginalised groups. Women face specific constraints when gaining access to information on outbreaks and services that they need to access. This can be further hindered by community engagement teams that are dominated by men.	Sierra Leone	Toppenberg-Pejcic et al.
Your organisation should **identify strategies to tackle spikes in gender based violence** as a result of isolation, social distancing and quarantine measures. They should consider requirements for increased social and legal support for elongated/reoccurring lockdowns, and holistic partnerships with the voluntary sector to support and protect those at risk and educate both men and women.	China, The Republic of Korea, Italy, UK.	Prof- International Center for Collaborative Research on Disaster Risk Reduction, Executive of Hospital, CRO, LRF
Your organisation should **assess the health seeking behaviours of certain populations** within their community. Health seeking behaviours will impact the success of disease suppression as behaviours impact access and understanding of public health measures (lessons from influenza A∕H5N1 and 'swine influenza' A∕H1N1).	Asia	Azziz-Baumgartner, E., Smith, N., González-Alvarez, R., Daves, S., Layton, M., Linares, N., Richardson-smith, N., Bresee, J., & Mounts, A. (2009). National pandemic influenza preparedness planning. Influenza and Other Respiratory Viruses, 3(4), 189–196.x

Your organisation should **help the public to access public health information** and consider the effectiveness of different ways that public health information is disseminated. An 'information for all' approach is needed so that those with disabilities are included. This may include translation of information into brail, use of audio information, and signed videos for the deaf community.	Africa	Toppenberg-Pejcic et al
Your organisation should **advise that, for some populations, it will not be possible to ease restrictions on their movement outside of the home** until: • an effective vaccine is developed • an effective treatment is developed • community-wide immunity is achieved to reduce the risk to acceptable levels for all groups. These individuals will require protection that includes isolation and will need a blend of national and community-based programs. For example: • Delivery of food and medicine • Provision of a specialized medical care environment • Social support • Financial assistance (for basic living expenses)	Asia	Ryan, B., Coppola, D., & Deon, C. (2020). Incremental Community-Based Exit Strategies for Initiating And Removing Covid-19 Lockdowns. Security Nexus, March, 1–18.
Your organisation should **train response volunteers for recovery via webinars**, to maintain volunteer interest, momentum and capacity for recovery activities (i.e. for long-term food and medicine delivery, as well as other tasks)	USA	State volunteer coordinator
Your organisation should **capitalise on new volunteer-to-volunteer relationships**, to help provide multi-sectoral delivery of services and to build connections with vulnerable groups that they may have previously struggled to engagement with. For example, foodbanks could partner with organisations to combat wider issues of discrimination.	USA	Team Rubicon
Your organisation should **capitalise on the digital revolution in volunteering** by developing apps, utilising online campaigns, digital marketing and webinars for training sessions. This can help to support recovery and ongoing resilience activities as the public become more connected and engaged with local government and their communities.	USA	American Red Cross
Your organisation should **test volunteers to see if they are infected with Covid-19**, and the potential for track and trace, to the risk of resurgence or infection,	USA	American Red Cross

especially in the vulnerable populations they support. Collecting this information can help to model the transmission of the virus.		
Economic		
Your organisation should **think strategically about how the rise in online working can revitalise the local economy** and consider what services can be restarted in a more digital manner. For example, helping smaller businesses to boost their online presence or development of apps to support delivery of their products or provision of their services. This can help maintain an efficient workforce, boost the economy, and support customers and digitally connect the entire supply chain.	Germany	CEO Digital corporation
Your organisation should **implement tax breaks** for sectors that are most affected by the crisis such as tourism, restaurants and events.	Italy	CRO
Infrastructure management		
Your organisation should **continue moving their services to online delivery** where possible to help those who are working from home, by strengthening digital infrastructure, network coverage in their areas and should consider developing cyber security campaigns. Out city "is trying to design a new digital routine, shaping work, events, meetings and initiatives on new online formats" for foreseeable future.	USA Italy	American Red Cross CRO
Your organisation should **coordinate procurement between government and voluntary sector** to anticipate the long-term provision of services i.e. foodbanks (in US Feeding America had their orders cancelled by suppliers as government bought stocks)	USA	Feeding America
Your organisation should **identify where to source, pre-position and warehouse resources for disasters that may happen during the response and recovery to Covid-19**. This will seek to mitigate the cascading impacts of simultaneous events e.g. PPE and other resources needed if homes flood and people are to be evacuated from their homes and temporarily housed.	USA	American Red Cross
Environmental		
Your organisation should **develop a strategy to reimagine the use of green spaces** so that they are accessible to all and accommodate social distancing for the foreseeable future.	Italy	CRO

Your organisation should **monitor reductions in carbon emissions and promote clean air campaigns** by encouraging the continuation of online and remote working after Covid-19 movement restrictions are relaxed.	Germany	CEO Digital corporation
Your organisation should **plan for the effect of cascading disasters that happen at the same time as Covid-19**. This should plan for solutions and mass care and solutions which respect social distancing during evacuation and shelter.	USA	American Red Cross
Communications		
Your organisation should **encourage the use of digital technologies during restricted movements** to support culturally appropriate information tools. This should consider how apps can be used in different languages suitable to the diversity of user.	Germany	CEO Digital corporation
Your organisation should **disseminate information in appropriate formats** to ensure all communities receive information that is accurate and helpful to them. This will involve mapping community groups to understand their: individual characteristics; information needs; effective channels; appropriate languages and presentation.	Africa	Toppenberg-Pejcic et al
Your organisation should **analyse their local communities by disaggregating all data collected by important characteristics (e.g. sex, age, and disability)** to ensure that they can target those communities appropriately. Information should then be provided in a format and manner that makes it accessible to all, accounting for vulnerabilities in the community. Your organisation should consider IFRC Guidelines on this to support vulnerable people.	Africa	Toppenberg-Pejcic et al
Your organisation should, in their communication with the public, **enhance the welfare and happiness of the entire community including those who are healthy**. This can involve communicating digitally and providing virtual services during extended periods of isolation e.g. the virtual opening of art galleries and museums.	Italy	CRO
Governance and legislation		
Your organisation should **assess whether the 'Disaster Resilience Scorecard for Public Health' can inform its thinking about aspects of recovery**. This scorecard is described in Topic 1 of this briefing in terms of how is provides attributes for rapid assessment to support holistic approaches to thinking about recovery.	The Republic of Korea	Ryan, B., Coppola, D., & Deon, C. (2020). Incremental Community-Based Exit Strategies for Initiating and Removing Covid-19 Lockdowns. Security Nexus, March, 1–18.

Your organisation should **assess the 'Disaster Resilience Scorecard for Public Health' and whether it is helpful to their recovery planning for Covid-19**. The assessment should consider its attributes for providing holistic needs assessments through its multi-sectoral rapid assessments for recovery.		Resilience of local governments: A multi-sectoral approach to integrate public health and disaster risk management
Your organisation should **think about impact assessment in its widest form** including assessing the impact of Covid-19 on following categories: • Business and economy • Environment and infrastructure • Finance and legal • Health and welfare • Communications • Community recovery • Science and technology	UK	UK County Council-Emergency Planning & Resilience
Your organisation should **evaluate the needs of their communities**. This should agree a framework to collect and prioritise needs. To support this, Your organisation could consider the following frameworks to ensure their evaluation of need is rigourous and consistent: • Maslow's hierarchy of needs • Principles of resilience • Kubler Ross Grief Cycle • Walt Disney Method (vision, logic, action)	The Netherlands UK	CRO UK County Council-Emergency Planning & Resilience
Your organisation should **support community recovery by disseminating free international standards to enhance community recovery**. The British Standards Institution (BSI) has made the following standards available for free to planners: • BS ISO 22319:2017 Community resilience - Guidelines for planning the involvement of spontaneous volunteers • BS ISO 22330:2018 Guidelines for people aspects of business continuity • BS ISO 22395:2018 Community resilience. Guidelines for supporting vulnerable persons in an emergency • BS ISO 22320:2018 Emergency management. Guidelines for incident management	UK	https://www.bsigroup.com/en-GB/topics/novel-coronavirus-covid-19/risk-management-and-business-continuity/

Your organisation should **support business recovery by disseminating free international standards to the business community**. BSI has made the following standards available for free to businesses: • PD CEN/TS 17091:2018 Crisis management: Building a strategic capability • BS EN ISO 22301:2019 Business continuity management systems — Requirements • BS EN ISO 22313:2020 Business continuity management systems. Guidance on the use of ISO 22301 • ISO/TS 22318:2015 Guidelines for supply chain continuity • ISO 22316:2017 Organizational resilience. Principles and attributes. • Risk Management • BS ISO 31000:2018 Risk management — Guidelines • BS 31100:2011 Risk management - Code of practice and guidance for the implementation of BS ISO 31000	UK	https://www.bsigroup.com/en-GB/topics/novel-coronavirus-covid-19/risk-management-and-business-continuity/
Your organisation should **offer a 'Mutual Aid Fund' to help those charities and other community organisations that are in financial difficulty** and support the comeback of the economy through city activities. This should receive donations from all aspects of society including, individuals, organisations, and others.	Italy, UK	CRO
Your organisation should **initiate a Recovery Coordination Group to begin planning the recovery of the area to the effects of Covid-19**. At a strategic level, the Corporate Leadership Team should appoint a lead strategic officer to provide strategic oversight and decision making for the recovery.	UK	UK County Council-Emergency Planning & Resilience
Your organisation should **strengthen and support public health systems by ensuring representation of all sectors on the Recovery Coordination Group**. The Recovery Coordination Group should take multiple actions simultaneously to ensure swift progress on recovery is made.		Skills, Systems & Synergies for Sustainable Development https://www.4sd.info/wp-content/uploads/200325-Narrative-Eleven-Non-health-Dimensions-of-the-COVID-19-Emergency.pdf
Your organisation should **assign appropriate senior officers and other knowledgeable parties to the Recovery Coordination Group**. These staff will plan recovery by designing and implementing aspects of recovery and decide how this can be done more effectively for the recovery of all of society. Key roles in the Recovery Coordination Group includes: • Strategic Lead	UK	UK County Council-Emergency Planning & Resilience

• Tactical Lead • Secretariat / Programme Management Officer • Functional representatives: Appropriate staff from relevant service areas		
Your organisation should **ensure empathy is prominent in the Recovery Coordination Group** including in all strategic decision making and activities and the application of 'Principles of Resilience' to provide an all-of-society approach that considers need and their circumstance.	UK	UK County Council-Emergency Planning & Resilience
Your organisation should **analyse the impact of Covid-19 on all aspects of their cities**. These should be formed as impact assessments that analyse: • Local Community Impacts (from national guidance) • Humanitarian Impact Assessment (from ERF Humanitarian Assistance Plan) • Equality Impact Assessments • Multi-agency impact analysis	UK	UK County Council-Emergency Planning & Resilience UK Cabinet Office https://www.gov.uk/guidance/national-recovery-guidance
Your organisation should **create a Recovery and Humanitarian Advisory Group to specifically address the multifaceted needs of vulnerable people during the recovery**. This group should provide strategic overview, co-ordination, and direction of work being done across the response and within local governments which is relevant to 'humanitarian assistance' and 'recovery'. This group would aim to minimise duplication of efforts and gaps and reduces the risk that people assume that widespread help is being delivered when actually more targeted is being done – leaving gaps. The Recovery and Humanitarian Advisory Group should: • appoint a Chair and identify members • provide advise during the response phase • encourage empathy in strategic decision making as well as a people-focussed approach • appoint a co-ordinator to help administer the group The RHAG will provide specific humanitarian assistance information into the Recovery Coordination Group (and may eventually be subsumed into that group).	UK	UK County Council-Emergency Planning & Resilience

Your organisation should **create a Recovery Co-ordination Group to co-ordinate a wide ranging, county-wide approach to recovery**. This group should provide strategic leadership and coordination to all partners across the city as it seeks to recover from Covid-19. This group has a broad remit, and thereby differs to the narrow remit of the Recovery and Humanitarian Advisory Group which will provide reports into the Recovery Co-ordination Group.	UK	UK County Council-Emergency Planning & Resilience
Your organisation should **ask the Recovery Co-ordination Group to develop a wide-ranging recovery strategy and action plan**, focussing on short, medium and long term activities. This group should include governance arrangements and sub-groups to address particular aspects of recovery and should plan for the transition between response and recovery phases of Covid-19	UK	UK County Council-Emergency Planning & Resilience
Your organisation should **target recovery plans to different communities based on how they have been impacted and their resultant recovery needs**. This should take a strategic approach to ensure that all of society are considered in the plans and that these vary across regions (e.g. levels of unemployment, age of population). This should develop briefing packs to assess the needs of recovery in a variety of sectors.	USA UK	American Red Cross Hackney Council https://www.local.gov.uk/sites/default/files/documents/Covid-19%20Briefing%20Pack%20-%20Who%20are%20our%20most%20vulnerable%20residents_.pdf
Your organisation should **collect stakeholder and community feedback on actions and their delivery**. This will monitor and evaluate strategies to ensure stakeholders' needs are being met and that actions are having the desired impacts.	UK	UK County Council-Emergency Planning & Resilience
Your organisation should **assess the continuity of recovery strategies across national boundaries** to ensure all areas understand the strategic objectives of their neighbours. This should consider how the control of population movement could minimise risk of resurgence of Covid-19, and how the simultaneous opening of services could support national economy but compromise other aspects of recovery including the prevention of subsequent waves of infection.	USA	State volunteer coordinator
Your organisation should **develop recovery plans that include potential for cascading, simultaneous disasters** which may require emergency responses activities e.g. evacuation of homes during a flood, amid the epidemic.	USA	Resilience of local governments: A multi-sectoral approach to integrate public health and disaster risk management

Your organisation should **identify lessons learned and update their DRR plans, procedures and practices with knowledge gained during the Covid-19 response**. This should integrate lessons from all sectors to improve DRR practices with information about epidemics that effect all aspects of society, commerce and life. Covid-19 has change thinking that pandemics were limited to the health sector and has moved its prominence into all sectors and to all stakeholder. Cities are now epidemic aware and this social and institutional memory should be recorded and used to inform plans.	USA	American Red Cross

Briefing 4 – Blog: How can society recover from COVID19?

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Staff from the University of Manchester are currently helping local authorities across the region and the country develop successful plans for ensuring their recovery from COVID19. At the moment, the authorities and emergency services are focussing, rightly, on the immediate response to the COVID19 outbreak including the acquisition and distribution of medical resources, the instituting of economic contingency measures along with restrictions on movement and social interaction. But even as response is ongoing, civic leaders are already planning for society's recovery from COVID19. In this blog, we discuss aspects of what recovery means and how it will be implemented drawing on the evidence from recoveries from other crises such as Ebola in West Africa and Hurricane Katrina in New Orleans.

The uncertainty, long response and scale of the COVID19 pandemic means that recovery will need to take place as part of the response which is reinforced by UK government guidance on recovery and lessons from previous emergencies. Drawing from evidence from the impact of emergencies, we can consider recovery as a strategy that is pursued with both short term and long-term goals. Whilst compelling, a goal of 'Getting back to normal' for recovery is too simplistic, particularly given that the challenges we currently face are far larger and will ensure longer than a typical emergency response and the intangible and transferable damage to health, economies and social structures are on a global scale which has been rarely accounted for in emergency preparedness plans. Instead, what recovery aims to establish is 'a new normal'- a way of life that, in some ways, might resemble life before the crisis but that is also adapted to and conditioned by the crisis that has passed; building on lessons learned through the crisis.

Short term recovery will look to re-start basic services, livelihoods, governance and the re-initiation of social lives. It is important to consider the speed at which short term recovery should take place. In the longer term, recovery should seek to reconcile, improve and amend some of the shortcomings, mistakes and vulnerabilities that exacerbated the emergency's effects in the first place. Drawing on UK government guidance on recovery, recovery should be focused in key areas: humanitarian assistance, such ongoing help to the homeless and vulnerable people; economic recovery such as the re-opening of retail and the restaurant sector; infrastructure including the re-opening of schools and return to full transport timetables; and environmental, particularly should social distancing continue to be required during the recovery phase. To this we add legislation/governance as recovery will include re-interpreting emergency legislation and restrictions put in place for Covid-19, and their need after the response.

To develop robust recovery plans, a thorough assessment of the communities and the response system's vulnerabilities are required together with the development of clear recovery aims. A deep impact assessment of the damage enacted by the crisis is required even whilst the crisis is still unfolding. Despite their devastating impacts, crisis events provide invaluable information about the weaknesses of our systems. Recovery looks to generate positive outcomes to address the fragilities and opportunities that the emergency has exposed and the magnitude of its impacts are indicators of the nature and the scale of the required change during recovery. In the UK and other countries across the world, this might mean recognising the need for different expenditure on resources on key public sector services as well as alternative ways of delivery such as the use of digital technology

in primary care services. It might also mean finding ways to maintain the levels of volunteering and community activism evidenced in recent weeks in helping those made most vulnerable – with volunteering being taken to an unbelievable new level nationwide. The restrictions across the country lead us to consider enhanced protection of green-spaces, the effect of reduced commuting, our use of digital services, and ongoing emergency legislation affording housing to homeless people. Therefore, securing resources for a prolonged impact and recovery is key. In addition, it is important to have early engagement with communities in the impact assessment and in the development of recovery aims and strategies.

Recovery might not seem like the most important aspect of emergency governance. It may not seem appropriate or possible to discuss strategic recovery during the response phase and perhaps it deflects somewhat from the heroic scenes of front-line responders taking action to save lives. Yet the lessons from previous emergencies and crises indicate that recovery must start early and can lead to a better future. At the least, its implementation can determine our ability to find ourselves again after an unprecedented shock. At its best, recovery can be ground-breaking as it possesses the potential to remake a more equitable, sustainable society that is also better prepared for emergencies that maybe to come. Whether this promise is realised hinges on experts from across local communities working together to develop actions for the benefit of everyone.

For more information on 'The Manchester Briefing on Covid-19' please email me on:

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First briefing:
Week beginning
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