# 環球(Sphere)

## 環球計畫標準及冠狀病毒之應對

冠狀病毒正蔓延於全球，對於 COVID-19 疫情的爆發，個人、社區及人道救援

行動者如何以最好的方式來應對？環球手冊又該如何指引我們？

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**讓我們分享經驗與教訓**

環球整理出應對冠狀病毒的相關做法及跡象。若你對本文有意見或有任何好的做法要分享，
請聯繫 handbook@spherestandards.org。

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**架構**

本文分為兩部分：

A. 第一部分將介紹全面性介入的重要基本原則。
B. 第二部分為手冊中「WASH 與 Health」的相關標準與指引。

## A. 全面性方法 (Holistic approach)

環球計畫提供人道援助工作者全面性及以人為中心的方法，並以三項基本章節:人道主義
憲章(Humanitarian Charter)、保護原則(Protection Principles)及人道主義標準核心(Core
Humanitarian Standard)來支持 4 項技術性章節。應對冠狀病毒[1]有三個重要因素：第一，人
應被視為人類，而不只是病患案例，**人的尊嚴(Human dignity)**是環球計畫中重要的部
分；第二，**社區參與(Community Engagement)**的重要性；第三，在防止冠狀病毒的擴散
時，不能忽視受影響者之**其他需求(other needs)**及廣泛人口之長期醫療需求。

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[1] 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 Organization)

1.  <u>人的尊嚴 (Human dignity)</u>

閱讀《環球手冊》時，請本著**人道主義憲章(Humanitarian Charter)**的精神。人們有權利活得有**尊嚴(dignity)**，也請永遠記住保護原則及人道主義標準的核心基本原則：人民必須隨時參與制定應對措施。

因應冠狀病毒只有對所有目標人群進行篩選、檢測(若發現有感染)及治療的情況下才有成效，這就是為什麼需要發掘那些可能猶豫或不願意接受治療的人。那些有**病恥感(stigma)**的人，或者擔心自己會因為感染冠狀病毒而被汙名化的人，有可能會隱藏病情以避免受到歧視，因此可能會造成他們不願意就醫或尋求醫療照護，所以提供支持性的資訊與照護是很重要的。此與保護原則第1項與第2項有直接關係，也詳述了人道主義憲章的精神：享有受到尊嚴、保護及援助的權利。

➔ **保護原則1**：*強化人的安全、尊嚴及人權，避免讓他們再次受到傷害*。相關內容包括保護原則的風險，重要訊息的分析，敏感性資訊的處理及支持社區保護機制等。

➔ **保護原則2**：*根據人民需求可以公平獲得協助且不受歧視，該原則也顯示人道援助憲章中三個基本權利之一。*

2.  <u>社區參與 (Community engagement)</u>

衛生條件差是傳染病傳播的重要因素之一。冠狀病毒是透過飛沫傳染，因此手部衛生是預防病毒傳播的核心要素，宣導勤洗手非常重要，但需要社區一起參與才能發揮最大作用。藉由社區參與、溝通與決策，建立互信及彼此了解。衛教部分必須特別著重在勤洗手及防疫等其他安全措施，如：與他人保持適當距離。

➔ 相關洗手，請參閱：**健康促進標準1.1(健康促進)**及**1.2(衛生用品)**。

社區固有的觀念與信仰足以支持或阻礙因應措施的執行，因此需要理解與改善。一些社區固有的社會規範可能需要修正以防止疾病傳播，例如：可以與社區合作研議其他可以取代握手之問候形式，或市場內肉品與動物之其他處理方式；另在受影響的社區中尋求COVID-19有效的預防及治療措施，若社區工作人員須家訪尋找案例或執行相關工作時，則他們必須接受這類的相關培訓(請參閱以下衛生標準2.1.4)。

同樣地，有效的社區參與能辨別與處理**謠言及錯誤資訊(rumors and misinformation)**。這些謠言在城市中傳播的速度特別快，因此在**都市中心(urban centres)**需要發掘重要的參與團體，例如：學校、社團、婦女團體或計程車司機等，另公共場所、媒體及科技也皆能提供幫助；例如透過科技及時提供有關醫療照護與服務的正確資訊。另第二級與第三

級之醫療照護機構在城市中也較為積極，因此有能力提供其他地區初級醫療照護服務，協助他們對於傳染性疾病的早期預警、反應及服務之能力提升。

➔ 相關社區參與，請參閱：**WASH簡介章節及WASH簡介標準6：在疾病爆發與醫療機構內實行WASH**。

➔ 相關城市指引，請參閱：*何謂環球計畫？ 城市環境章節*與**WASH簡介章節**，以及**衛生簡介章節**。

3. <u>受影響社區的居民需求及更廣泛的醫療需求</u> (Human needs of affected communities and broader medical needs)

➔ 對於受影響者，社會心理及安寧照護對他們的自我意識、歸屬感及情緒康復很重要，請參閱：**衛生標準2.6與2.7**。

其他環球計畫手冊中的醫療準則也需要考量，這些問題包含孕產婦、產婦健康、非傳染性疾病、受傷、兒童健康照護及其他議題，不論是受COVID-19影響的人或其他人，皆應遵行。2014年，在西非的許多醫護人員被調派去對抗伊波拉(Ebola)疫情，導致其他地方得不到醫療照護支援，因此孕產婦死亡人數增加、兒童疫苗接踵不足而導致次年疾病爆發，以及非傳染性疾病患者無法得到持續性照護等。在一些被遺棄的衛生站或區域，死亡人數更顯著。

**B. 醫療措施 (The medical response)**

在WASH和Health的章節中，將有關於冠狀病毒醫療措施之指引。

1. <u>WASH (WASH Chapter)</u>

➔ **標準1.1(健康促進)要求**：*透過衛教讓民眾必須知道公共衛生的關鍵風險是水、環境衛生及個人衛生等，這個衛教可推廣於個人、家庭及社區，以減少風險。*

➔ **標準1.2(衛生用品)要求：** *讓受COVID-19影響的人可以獲得與使用合適的衛生用品，以維持他們的衛生、健康、尊嚴及福利。*

➔ **WASH標準6 (在醫療機構中的WASH)要求：** 疾病爆發時，所有醫療機構皆需維持WASH最基本的感染預防與控制標準，該標準可直接適用於COVID-19且**應全面(in its entirety)**；並也再次強調健康促進及社區合作。下圖說明疫情爆發期間以社區為基礎的

WASH步驟及說明COVID-19應採取具體的措施，例如**手部衛生(hand hygiene)**。

➔ 相關衛生措施，請參閱以下**傳染病標準2.1.1至2.1.4**。
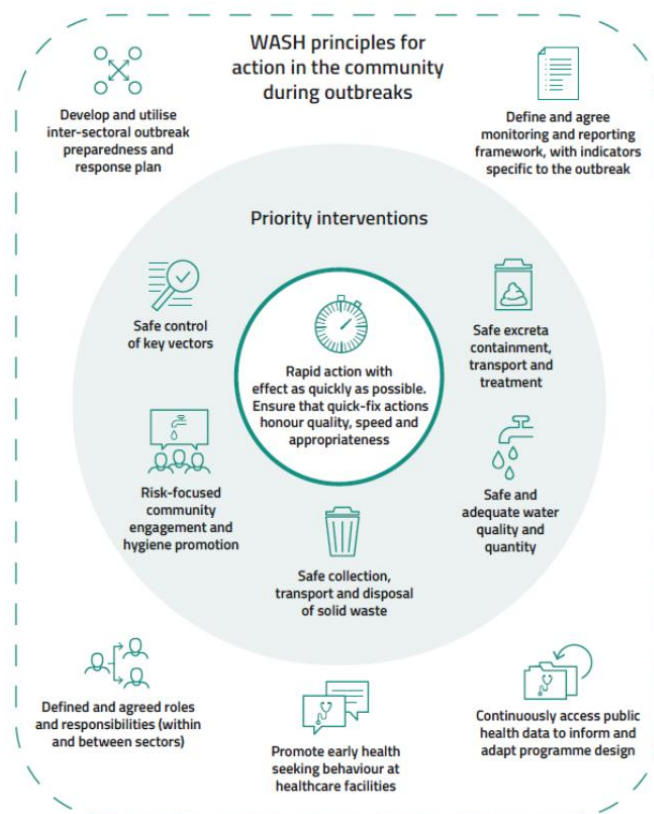


2. <u>衛生健康章節</u>　(Health Chapter)

衛生健康章節將分為兩部分：(1)醫療系統與 (2)基本健康照護

(1) 醫療系統(Health systems)

好的醫療照護系統能應對危急中的所有醫療照護需求，因此即使大規模的疾病爆發，相關的健康照護仍能繼續執行。醫療照護系統是全面性的，包含各個層級，從國家、地區、區域、社區到家庭照護、軍隊及私營部門等；重要的是要了解危機對醫療照護系統的影響，而訂出人道主義應對措施的優先需求。

醫療系統部分及其五項標準在整體上是相關聯的，應特別注意是：

➔ **醫療系統標準1.1(提供醫療服務)**，包括可近性、可接受性、有負擔能力、社區照護、適當與安全的設施及感染預防及控制(IPC)等相關的指引。

➔ **醫療系統標準1.2(醫護人員)**，包括醫療品質指引、及強調對醫護人員適當培訓的重要性。

➔ **醫療系統標準1.3(獲得基本藥物與醫療設備)**。

➔ 醫療系統標準**1.5(醫療資訊)**，關於疾病監測部分，與**傳染性疾病標準2.1.2**(監測、疫情爆發及早期應對)有關。

(2) 基本健康照護–傳染性疾病(Essential healthcare – Section on Communicable diseases)
傳染性疾病一節中的四個標準(醫療標準2.1.1-2.1.4)彼此皆極為相關，包含預防(2.1.1)；監測、疫情爆發及早期應對(2.1.2)；診斷與案例管理(2.1.3)；以及疫情爆發準備與應對(2.1.4)。應特別注意如下：

➔ **標準2.1.1(預防)**：*人們可以利用醫療資訊來預防傳染性疾病。該標準也與社區參與相互連結，重點在於透過溝通及社區參與，降低民眾恐懼及阻止謠言。另一個重要的項目是預防及控制措施，例如風險評估、衛教與疫苗施打(如果研發成功的話)。*

➔ **標準2.1.2(監測、疫情爆發偵測及早期應對)**：*監測與通報系統能提供早期爆發檢測及早期應對。這部分與醫療資訊系統相關。*

➔ **標準2.1.3(診斷與案例管理)**：包括三項非常重要的部分: 明確的風險溝通與訊息傳遞(KAI)，利用標準案例管理協議(KA2)並具有足夠的檢驗與診斷能力(KA3)，另也強調接受長期照護者之治療確保不受到干擾(KA4)。該標準之重要指引為：治療方案、急性呼吸道感染(除繼發性細菌感染外，病毒感染無需抗生素)以及檢驗測試。

➔ **標準2.1.4(疫情爆發前準備與應對)**：主要包含前置作業之準備與應對計畫(KA1)、控制措施(KA2)、物流與應對能力(KA3)及配套措施(KA4)。該指引包括疫情爆發前之準備與應對計畫、疫情爆發控制、兒童病死率以及兒童照護。

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# 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?

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**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.

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**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*)

*Sphere is thankful to Dr Eba Pasha for her contribution to the drafting of this document.*

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).
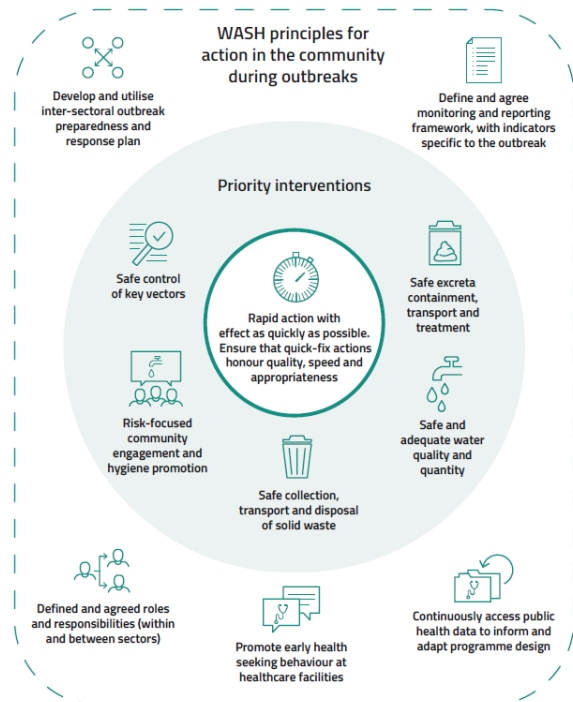
2.   Health Chapter

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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