**Briefing Note on Status of and Response to COVID Situation**

**Purpose**

This note provides a summary of the current situation across CGIAR on COVID impacts on staff welfare and business continuity – it is not covering the research response. This note will be updated based on emerging information and decisions as the actions below are worked through.

**Background – actions taken, current ways of working and latest challenges**

The new pandemic spike in India – and signs that other countries might face a similar crises situation – call for a more hands-on, focused, and collective action.

A call with India Country Office Heads on Friday 7 May provided concrete ideas for additional **System-wide actions**. The table below shows the top coordination actions in place or underway:

<table>
<thead>
<tr>
<th>Top current coordination actions underway</th>
<th>Status/next steps</th>
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<tbody>
<tr>
<td>1. Set up <strong>Center Focal Point network</strong></td>
<td>Underway – meets monthly</td>
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<td>2. Expanding access and providing additional capacity for <strong>counselling services and medical advice</strong></td>
<td>Underway – from mid-2020</td>
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<td>3. Call between EMT and <strong>Indian Country Office Managers</strong> to take stock of situation</td>
<td>Completed - Friday May 7</td>
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<td>4. <strong>Create a COVID Global Response coordination team</strong> to help lead our response: Elwyn Grainger-Jones, Kundhavi Kadiresan, Jimmy Smith, Jonathan MacKay (coordination support), Francesco Tresca (SO HR), Yorgos Solomos (risk). Objective is to guide our collective response to the pandemic and its impact on our staff and business - complementing Center Focal Point network</td>
<td>Created and underway</td>
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<td>Top current coordination actions underway</td>
<td>Status/next steps</td>
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<td>5. Create a <strong>preparatory checklist</strong> of actions for a COVID flare up for use by Country managers – learning from India country managers (e.g. creating a pool of oxygen capacities, establishing a common pool of medical practitioners, ensuring all staff have access to 24/7 medical helpline, arranging safe transport to vaccination centers, etc.)</td>
<td>Underway – not yet completed</td>
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<td>6. <strong>Update analysis</strong> of the ‘at risk’ list of countries</td>
<td>Underway – not yet completed</td>
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<td>7. For the most at-risk countries, arrange <strong>country-by-country calls with heads of offices</strong></td>
<td>Underway – not yet scheduled</td>
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<td>8. For at-risk countries, ask country managers to <strong>identify a country COVID-19 response focal point</strong>, and add those focal points to the COVID-19 Focal Points network (if not part of it)</td>
<td>Over next 2 weeks</td>
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<td>9. Seek to <strong>add CGIAR staff to the UN vaccination program</strong> - write to the DG FAO to ask if they might systematically sponsor CGIAR (as they and IFAD have done already in some countries). If that fails, try same with IFAD.</td>
<td>Underway – to send letter week beginning 17 May</td>
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<td>10. <strong>Explore other avenues for vaccines availability</strong> if fail to enter UN vaccination program – e.g. email to see if USAID will help distribute surplus US vaccines, explore global purchasing options.</td>
<td>TBD</td>
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<td>11. Explore options on how centers can support staff to get access to <strong>oxygen cylinders, concentrators and medicine</strong></td>
<td>TBD</td>
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## More Detail on Prior Actions

Early March 2020, the Centres and System Organization acted quickly to respond to the immediate challenges that the COVID-19 pandemic presented for our staff, partners and operations, and forward planning. At the early stages of the pandemic a COVID-19 Centers/Alliances Focal Points network at System level was established with coordination provided by the SO. The work of this group that initially met weekly included:

1. the development and update of a **COVID-19 risk register**
2. exchange of information and **best practices**
3. a “**CGIAR guide to planning for return to the physical workplace**”
4. **data gathering** on the situation such as infection cases/deaths
5. **lessons learned and arising opportunities** to strengthen crisis management, communication, and business continuity capabilities, that can be further supported by One CGIAR

The Center/System Org Focal Points network is still in place and currently meets monthly (the frequency was reduced late 2020). In past months discussions and work have shifted towards latest challenges such as sourcing and access to vaccines, negative perception and refusal by staff to get vaccinated, and the impact on business continuity.

## Situation Analysis

**System-wide overview**

Based on data collected by the COVID-19 Focal Points, 462 staff have been tested positive. Sadly, 7 died.

The majority of Centers/Alliances staff continue to work from home, with only skeleton staff in campus/office. Two Centers (IITA and AfricaRice) have most of their staff back in campuses/office, and have put in place the necessary health and safety measures, e.g. taking
temperature of staff, staggered entrance/exit times; social distancing, wearing mask in common areas, hands sanitation.

Availability and access to vaccines is problematic in most countries. In addition, there is reluctance by many staff to being vaccinated. Most Centers/Alliances have organized vaccines awareness raising sessions to provide accurate information on vaccines.

In addition to India (more details below), there are a number of other countries where the situation appears to be worsening, with a spike of new infections putting the health systems under considerable pressure. Such countries include Pakistan, Bangladesh, Philippines, and Indonesia. The Global Response Task Force will conduct a country-by-country analysis to identify the highest risk countries and anticipate actions based on lessons learnt in India.

Current key risks include:
- Staff physical and mental health and safety.
- Reputational risks associated with perception that CGIAR may not be responding quickly enough or that response is insufficient; or that procurement of vaccines, medicines, oxygen and other prime necessity items not done through legitimate sources.
- Loss of capacity due to staff not being available or unable to work and/or reduced productivity.

A dedicated task force that – based on analysis – anticipates COVID-19 hot spots and supports in-country concerted action can provide additional capacity, ensure increased effectiveness and consistency of action across Center/Alliance and more effectively manage the above risks.

**Situation in India**

Number of daily infections and deaths remain high (a daily average of approximately 400k and 4k, respectively in the past week). Many of our staff contracted COVID, and several were hospitalized. Since the beginning of the pandemic, 2 staff have died in India. Many local support staff have suffered losses in their families.

Critical and Center-Specific Actions:
- Coordination to support staff access to critical medical supplies (via a provider network to assist staff with sourcing these vital medical assets in the event of need)
- Availability and access to vaccines
- Psychological support for staff
- Support and training for managers.
As the impact of the pandemic has escalated to unprecedented levels, there has been spontaneous coordination amongst Centers/Alliance that have staff in the country, though actions have, in the main, being Center/Alliance specific. They include:

- Seeking to procure oxygen cylinders and concentrators (became increasingly difficult)
- Dedicated on-line counselling sessions
- Providing transportation to staff to reach vaccination centers
- Delivery of food to more vulnerable staff and their families
- Establishing information hubs on availability of medical care
- Managers reaching out regularly to support staff.