

The items below are selected to catalyse discussion on HIFA around maintaining essential health services during COVID.

<https://www.hifa.org/news/new-hifa-thematic-discussion-maintaining-essential-health-services-during-pandemic-what-have-we>

The search strategy is described at the bottom of this document, and the original search had 391 results. The HIFA moderator (Neil PW) has selected the items below in relation to the four questions currently under discussion. 22 November 2021

1. LOOKING BACK OVER THE PAST 18 MONTHS, IN WHAT WAYS HAS COVID-19 AFFECTED YOUR WORK? WHAT IMPACT HAS COVID-19 HAD ON YOUR ORGANISATION OR YOUR HEALTH FACILITY? HOW HAVE THINGS CHANGED OVER TIME AND WHERE ARE YOU NOW?

IMPACT 2021

TY - JOUR

AB - The coronavirus disease 2019 (COVID-19) pandemic may have short-term and long-term impacts on health services across sub-Saharan African countries. A telephone survey in Burkina Faso, Ethiopia, and Nigeria was conducted to assess the effects of the pandemic on healthcare services from the perspectives of healthcare providers (HCPs) and community members. A total of 900 HCPs (300 from each country) and 1,797 adult community members (approximately 600 from each country) participated in the study. Adjusted risk ratios (ARRs) and 95% confidence intervals (CIs) were computed using modified Poisson regression. According to the HCPs, more than half (56%) of essential health services were affected. Child health services and HIV/surgical/other services had a slightly higher percentage of interruption (33%) compared with maternal health services (31%). A total of 21.8%, 19.3%, and 7.7% of the community members reported that their family members and themselves had difficulty accessing childcare services, maternal health, and other health services, respectively. Nurses had a lower risk of reporting high service interruptions than physicians (ARR, 0.85; 95% CI, 0.56-0.95). HCPs at private facilities (ARR, 0.71; 95% CI, 0.59-0.84) had a lower risk of reporting high service interruptions than those at governmental facilities. Health services in Nigeria were more likely to be interrupted than those in Burkina Faso (ARR, 1.38; 95% CI, 1.19-1.59). Health authorities should work with multiple stakeholders to ensure routine health services and identify novel and adaptive approaches to recover referral services, medical care, maternal and child health, family planning, immunization and health promotion, and prevention during the COVID-19 era.

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AU - Hemler, E. C.

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AU - Lankoande, B.

AU - Millogo, O.

AU - Chukwu, A.

AU - Workneh, F.

AU - Kanki, P.

AU - Baernighausen, T.

AU - Berhane, Y.

AU - Fawzi, W. W.

AU - Oduola, A.

DB - MEDLINE

DP - Ovid Technologies

N1 - Using Smart Source Parsing

Jun

Assefa, Nega

Sie, Ali

Wang, Dongqing

Korte, Michelle L

Hemler, Elena C

Abdullahi, Yasir Y

Lankoande, Bruno
Millogo, Ouhire
Chukwu, Angela
Workneh, Firehiwot
Kanki, Phyllis
Baernighausen, Till
Berhane, Yemane
Fawzi, Wafaie W
Oduola, Ayoade

PY - 2021

SP - 23

ST - Reported Barriers to Healthcare Access and Service Disruptions Caused by COVID-19 in Burkina Faso, Ethiopia, and Nigeria: A Telephone Survey

T2 - American Journal of Tropical Medicine & Hygiene

TI - Reported Barriers to Healthcare Access and Service Disruptions Caused by COVID-19 in Burkina Faso, Ethiopia, and Nigeria: A Telephone Survey

VL - 23

ID - 3

ER -

TY - JOUR

AB - BACKGROUND: The COVID-19 pandemic and country measures to control it can lead to negative indirect health effects. Understanding these indirect health effects is important in informing strategies to mitigate against them. This paper presents an analysis of the indirect health effects of the pandemic in Kenya.

METHODS: We employed a mixed-methods approach, combining the analysis of secondary quantitative data obtained from the Kenya Health Information System database (from January 2019 to November 2020) and a qualitative inquiry involving key informant interviews (n = 12) and document reviews. Quantitative data were analysed using an interrupted time series analysis (using March 2020 as the intervention period). Thematic analysis approach was employed to analyse qualitative data.

RESULTS: Quantitative findings show mixed findings, with statistically significant reduction in inpatient utilization, and increase in the number of sexual violence cases per OPD visit that could be attributed to COVID-19 and its mitigation measures. Key informants reported that while financing of essential health services and domestic supply chains were not affected, international supply chains, health workforce, health infrastructure, service provision, and patient access were disrupted. However, the negative effects were thought to be transient, with mitigation measures leading to a bounce back.

CONCLUSION: Finding from this study provide some insights into the effects of the pandemic and its mitigation measures in Kenya. The analysis emphasizes the value of strategies to minimize these undesired effects, and the critical role that routine health system data can play in monitoring continuity of service delivery.

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DB - MEDLINE

DP - Ovid Technologies

KW - *Covid-19

Humans

Kenya/ep [Epidemiology]

Pandemics/pc [Prevention & Control]

*Pandemics

Qualitative Research

SARS-CoV-2

M1 - 1

N1 - Barasa, Edwine

Kazungu, Jacob

Orangi, Stacey

Kabia, Evelyn

Ogero, Morris

Kasera, Kadondi

PY - 2021

SP - 740

ST - Indirect health effects of the COVID-19 pandemic in Kenya: a mixed methods assessment

T2 - BMC Health Services Research

TI - Indirect health effects of the COVID-19 pandemic in Kenya: a mixed methods assessment

VL - 21

ID - 48

ER -

TY - JOUR

AB - The first COVID-19 case was reported in Ethiopia on 13th March 2020 and series of announcements of set of measures, proclamation and directives have been enacted to fight the coronavirus pandemic. These have implications for the regular health services including the TB control program. This brief communication assesses the impact of the COVID-19 response on the TB control activities of Addis Ababa health centers based on research project data. We compared the patient flows in pre-COVID-19 period (quarter 1, Q1) and during COVID-19 (quarter 2, Q2 and quarter 3, Q3) of 2020 at 56 health centers in Addis Ababa from all 10 sub-cities per sub-city. The patient flow declined from 3,473 in Q1 to 1,062 in Q2 and 1,074 in Q3, which is a decrease by 62-76% and 52-80% in Q2 and Q3 respectively as compared to that of Q1. In Q2, Kolfe keranio and

Kirkos sub-cities recorded the biggest decline (76 and 75% respectively) whereas Yeka sub-city had the least decline (62%). In Q3, Kirkos sub-city had the biggest decline (80%) and Addis ketema sub-city had the lowest (52%). We conclude that the series of measures, state of emergency proclamation and government directives issued to counter the spread of COVID-19 and the public response to these significantly affected the TB control activities in Addis Ababa city as attested by the decrease in the patient flow at the clinics. Health authorities may inform the public that essential health services are still available and open to everyone in need of these services.

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AU - Beyene, N. W.

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DB - MEDLINE

DP - Ovid Technologies

KW - *Covid-19

*Delivery of Health Care/og [Organization & Administration]

Ethiopia

Humans

*Tuberculosis/pc [Prevention & Control]

N1 - Beyene, Negussie Wodajo

Sitotaw, Alemu Lakew

Tegegn, Ben

Bobosha, Kidist

PY - 2021

SP - 243

ST - The impact of COVID-19 on the tuberculosis control activities in Addis Ababa

T2 - The Pan African medical journal

TI - The impact of COVID-19 on the tuberculosis control activities in Addis Ababa

VL - 38

ID - 75

ER -

IMPACT OF COVID ON EHS

TY - JOUR

AB - INTRODUCTION: The COVID-19 pandemic has disrupted health systems around the world. The objectives of this study are to estimate the overall effect of the pandemic on essential health service

use and outcomes in Mexico, describe observed and predicted trends in services over 24 months, and to estimate the number of visits lost through December 2020.

METHODS: We used health information system data for January 2019 to December 2020 from the Mexican Institute of Social Security (IMSS), which provides health services for more than half of Mexico's population-65 million people. Our analysis includes nine indicators of service use and three outcome indicators for reproductive, maternal and child health and non-communicable disease services. We used an interrupted time series design and linear generalised estimating equation models to estimate the change in service use and outcomes from April to December 2020. Estimates were expressed using average marginal effects on the risk ratio scale.

RESULTS: The study found that across nine health services, an estimated 8.74 million patient visits were lost in Mexico. This included a decline of over two thirds for breast and cervical cancer screenings (79% and 68%, respectively), over half for sick child visits and female contraceptive services, approximately one-third for childhood vaccinations, diabetes, hypertension and antenatal care consultations, and a decline of 10% for deliveries performed at IMSS. In terms of patient outcomes, the proportion of patients with diabetes and hypertension with controlled conditions declined by 22% and 17%, respectively. Caesarean section rate did not change.

CONCLUSION: Significant disruptions in health services show that the pandemic has strained the resilience of the Mexican health system and calls for urgent efforts to resume essential services and plan for catching up on missed preventive care even as the COVID-19 crisis continues in Mexico.

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DB - MEDLINE

DP - Ovid Technologies

KW - *Covid-19

Cesarean Section

Child

Female

*Health Information Systems

Health Services

Humans

Interrupted Time Series Analysis

Mexico/ep [Epidemiology]

Pandemics

Pregnancy

SARS-CoV-2

M1 - 9

N1 - Using Smart Source Parsing

Dobova, Svetlana V

Leslie, Hannah H

Kruk, Margaret E

Perez-Cuevas, Ricardo

Arsenault, Catherine

PY - 2021

SP - 09

ST - Disruption in essential health services in Mexico during COVID-19: an interrupted time series analysis of health information system data

T2 - BMJ Global Health

TI - Disruption in essential health services in Mexico during COVID-19: an interrupted time series analysis of health information system data

VL - 6

ID - 33

ER -

IMPACT 2020

TY - JOUR

AB - COVID-19 pandemic has posed huge challenges for the health system in Africa; however they haven't been well quantified. The purpose of this study was to assess the impact of COVID-19 pandemic on curative and preventive activities in health care facilities at 17 integrated health centers in Niamey by comparing the first half of 2020 and the first half of 2019. The differences were more pronounced in the second quarter of 2020, with a 34% reduction (95% CI: -47% to -21%) for curative care, 61% (95% CI: -74% to -48%) for pentavalent vaccines 1 and 3 and 36% (95% CI: -49% to -23%) for VAR 1. A nearly zero gain of 1% (95% IC: -2% to 4%) was reported for prenatal care attendance, thus reversing the gains of the first quarter. The COVID-19 pandemic has had negative effects on service deliveries to the most vulnerable groups, such as women and children. New strategies, such as community engagement, are essential.

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DB - MEDLINE

DP - Ovid Technologies

KW - *Covid-19

Child

*Delivery of Health Care/og [Organization & Administration]

Delivery of Health Care/td [Trends]

Female

Humans

Niger

Pregnancy

Prenatal Care/sn [Statistics & Numerical Data]

Retrospective Studies

Vulnerable Populations

M3 - Multicenter Study

N1 - French

Abdoulaye, Mariama Baissa

Oumarou, Batoure

Moussa, Haladou

Anya, Blanche-Philomene Melanga

Didier, Tambwe

Nsiari-Muzeyi, Biey Joseph

Katoto, Patrick

Wiysonge, Charles Shey

OP - Impact de la pandémie de la COVID-19 sur l'utilisation des services de santé dans la ville de Niamey: une analyse dans 17 formations sanitaires de janvier à juin 2020

PY - 2021

SP - 159

ST - [The impact of the COVID-19 pandemic on health service utilisation in the City of Niamey: a study conducted in 17 health care facilities from January to June 2020]

T2 - The Pan African medical journal

TI - [The impact of the COVID-19 pandemic on health service utilisation in the City of Niamey: a study conducted in 17 health care facilities from January to June 2020]

VL - 39

ID - 13

ER -

TY - JOUR

AB - Countries in Latin America and the Caribbean have become hotspots of the novel coronavirus (COVID-19) pandemic, exacerbating socioeconomic inequalities and overwhelming fragmented health systems. Studies from the United States and Europe have highlighted the disproportionate effects of COVID-19 on patients with cancer and the disruption it has caused on cancer care delivery. The HOLA COVID-19 Study aims to understand how cancer care in Latin American countries has been affected by the COVID-19 pandemic.

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Bergerot, Paulo Gustavo. Centro de Cancer de Brasilia (CETTRO), Brasilia, DF, Brazil.

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AU - Olazagasti, C.

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AU - Soto-Perez-de-Celis, E.

AU - Duma, N.

DB - MEDLINE

DP - Ovid Technologies

KW - *Betacoronavirus/ip [Isolation & Purification]

Covid-19

*Coronavirus Infections/co [Complications]

Coronavirus Infections/tm [Transmission]

Coronavirus Infections/vi [Virology]

*Delivery of Health Care/sn [Statistics & Numerical Data]

*Delivery of Health Care/td [Trends]

Humans

International Cooperation
Latin America/ep [Epidemiology]
Neoplasms/ep [Epidemiology]
*Neoplasms/th [Therapy]
Neoplasms/vi [Virology]
Pandemics
*Pneumonia, Viral/co [Complications]
Pneumonia, Viral/tm [Transmission]
Pneumonia, Viral/vi [Virology]
*Practice Guidelines as Topic/st [Standards]
SARS-CoV-2
M1 - 5
N1 - Bernabe-Ramirez, Carolina
Velazquez, Ana I
Olazagasti, Coral
Bergerot, Cristiane Decat
Bergerot, Paulo Gustavo
Soto-Perez-de-Celis, Enrique
Duma, Narjust
PY - 2020
SP - 605-608
ST - The HOLA COVID-19 Study: An International Effort to Determine How COVID-19 Has Impacted
Oncology Practices in Latin America
T2 - Cancer Cell
TI - The HOLA COVID-19 Study: An International Effort to Determine How COVID-19 Has Impacted
Oncology Practices in Latin America
VL - 38
ID - 254
ER -

TY - JOUR

AB - To contain the coronavirus pandemic (COVID-19), a strict nationwide lockdown has been enforced and the health systems have been reorganized to deal with this entity. During this period, changes in the care of non-infectious diseases have been observed. Our aim was to describe the impact of the COVID-19 pandemic in the care of non-communicable diseases. A structured retrospective survey was carried out in 31 healthcare centers affiliated with the Asociacion de Clinicas, Sanatorios y Hospitales Privados de la Republica Argentina y Camara de Entidades de Diagnostico y Tratamiento. We compared data for April 2019 versus April 2020 regarding emergency room consultations, hospital admissions, invasive procedures and treatments, and bed occupancy. In April 2020, we observed a decrease in emergency room visits (75%) and hospitalizations (48%). A 62% decrease in admissions was noted for angina pectoris and acute coronary syndromes and a 46% decrease in admissions for stroke and transient ischemic attack. A meaningful decrease was found in coronary angioplasties (59%) and total percutaneous interventions (65%), and also a decrease in general surgeries (73%), and cardiac surgeries (58%). Although social distancing measures are a key public health strategy to flatten the infection curve, the observed decrease in medical visits and interventions may impact negatively on cardiovascular, cerebrovascular and cancer related morbidity and mortality. A collective effort is required to avoid the unintended consequences and collateral damage of the COVID-19 pandemic.

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AU - Bozovich, G. E.

AU - Alves De Lima, A.

AU - Fosco, M.

AU - Burgos, L. M.

AU - Martinez, R.

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AU - Torn, A.

AU - Sala Mercado, J.

DB - MEDLINE

DP - Ovid Technologies

KW - Argentina

Betacoronavirus

Covid-19

*Coronavirus Infections

Cost of Illness

*Delivery of Health Care/og [Organization & Administration]

Hospitals, Private

Humans

*Noncommunicable Diseases/th [Therapy]

*Pandemics

*Patient Acceptance of Health Care

*Pneumonia, Viral

Quarantine

Retrospective Studies

SARS-CoV-2

Social Isolation

N1 - Spanish

Bozovich, Gerardo E

Alves De Lima, Alberto

Fosco, Matias

Burgos, Lucrecia M

Martinez, Roberto

Dupuy De Lome, Roberto

Torn, Andres

Sala Mercado, Javier

OP - Dano colateral de la pandemia por COVID-19 en centros privados de salud de Argentina

PY - 2020

SP - 37-41

ST - [Collateral damage of COVID-19 pandemic in private healthcare centres of Argentina]

T2 - Medicina

TI - [Collateral damage of COVID-19 pandemic in private healthcare centres of Argentina]

VL - 80 Suppl 3

ID - 317

ER -

TY - JOUR

AB - INTRODUCTION: Access to health care and care delivery during the COVID-19 pandemic may be challenging for cancer patients. Several guidelines have been developed, which recommend treatment adjustments depending on the site of cancer, grade, and stage. However, few studies in India and across the globe have looked into the real challenges faced by cancer patients and assessed the effectiveness of the adopted interventions. This study was undertaken with the objective to study the challenges faced by cancer patients in India during the COVID-19 pandemic.

MATERIALS AND METHODS: This was a cross-sectional study undertaken between May 1, 2020 and May 15, 2020. A link to a prestructured questionnaire was sent through email to 100 randomly selected cancer patients in different stages of treatment and follow-up. Data were decoded and entered in Microsoft Excel 2010 and analyzed using descriptive statistics.

RESULTS: Slot availability for teleconsultation, network issues, deferral of radiotherapy dates and long waiting hours beyond appointment time, transportation problems from residence to hospital, restriction of visitors/attendants, deferral of surgery, deferral of tumor boards, delay and deferral of advice of the nutritionist, problems faced in extension of visa, unavailability of peer group support services and psychological counseling sessions, difficulty in maintaining precautionary measures, availability of chemotherapy medications and availability of chemotherapy slots in day care were cited as problems faced by cancer patients. Majority (91.7%) of the study respondents mentioned an increase in their anxiety levels.

CONCLUSION: As highlighted in the study, cancer patients faced challenges in cancer care delivery during the COVID-19 pandemic. This study suggests the need for larger studies on cancer patient care during a pandemic.

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AN - 32830619

AU - Mitra, M.

AU - Basu, M.

DB - MEDLINE

DP - Ovid Technologies

KW - Covid-19

*Coronavirus Infections/ep [Epidemiology]

Cross-Sectional Studies

*Delivery of Health Care/og [Organization & Administration]

Health Care Surveys

Health Services Accessibility

Humans

India/ep [Epidemiology]

*Neoplasms/th [Therapy]

*Pandemics

*Pneumonia, Viral/ep [Epidemiology]

N1 - Mitra, Manasij

Basu, Maitraye

PY - 2020

SP - 2150132720942705

ST - A Study on Challenges to Health Care Delivery Faced by Cancer Patients in India During the COVID-19 Pandemic

T2 - Journal of Primary Care & Community Health

TI - A Study on Challenges to Health Care Delivery Faced by Cancer Patients in India During the COVID-19 Pandemic

VL - 11

ID - 307

ER -

HEALTH SYSTEMS STRENGTHENING

TY - JOUR

AB - BACKGROUND: Low-resource countries with fragile healthcare systems lack trained healthcare professionals and specialized resources for COVID-19 patient hospitalization, including mechanical ventilators. Additional socio-economic complications such as civil war and financial crisis in Libya and other low-resource countries further complicate healthcare delivery.

METHODS: A cross-sectional survey evaluating hospital and intensive care unit's capacity and readiness was performed from 16 leading Libyan hospitals in March 2020. In addition, a survey was conducted among 400 doctors who worked in these hospitals to evaluate the status of personal protective equipment.

RESULTS: Out of 16 hospitals, the highest hospital capacity was 1000 in-patient beds, while the lowest was 25 beds with a median of 200 (IQR 52-417, range 25-1000) hospital beds. However, a median of only eight (IQR 6-14, range 3-37) available functioning ICU beds were reported in these hospitals. Only 9 (IQR 4.5-14, range 2-20) mechanical ventilators were reported and none of the hospitals had a reverse transcription-polymerase chain reaction machine for COVID-19 testing. Moreover, they relied on one of two central laboratories located in major cities. Our PPE survey revealed that 56.7% hospitals lacked PPE and 53% of healthcare workers reported that they did not receive proper PPE training. In addition, 70% reported that they were buying the PPE themselves as hospitals did not provide them.

CONCLUSION: This study provides an alarming overview of the unpreparedness of Libyan hospitals for detecting and treating patients with COVID-19 and limiting the spread of the pandemic.

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 AN - 32631682
 AU - Elhadi, M.
 AU - Msherghi, A.
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 AU - Ben Saleim, N.
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 AU - Alnafati, N.
 AU - Almiqlash, B.
 AU - Biala, M.
 AU - Alghanai, E.
 DB - MEDLINE
 DP - Ovid Technologies
 KW - Betacoronavirus/ip [Isolation & Purification]
 Covid-19
 COVID-19 Testing
 Clinical Laboratory Techniques/sn [Statistics & Numerical Data]
 *Coronavirus Infections/di [Diagnosis]
 Coronavirus Infections/ep [Epidemiology]
 *Coronavirus Infections/th [Therapy]
 Cross-Sectional Studies
 Delivery of Health Care/sn [Statistics & Numerical Data]
 Health Facilities/sn [Statistics & Numerical Data]
 Health Facilities/sd [Supply & Distribution]
 Health Personnel/sn [Statistics & Numerical Data]
 *Health Resources/sd [Supply & Distribution]
 Hospitals/sn [Statistics & Numerical Data]
 Hospitals/sd [Supply & Distribution]
 Humans
 Intensive Care Units/sn [Statistics & Numerical Data]

*Intensive Care Units/sd [Supply & Distribution]
Libya/ep [Epidemiology]
Pandemics
Personal Protective Equipment/sn [Statistics & Numerical Data]
Personal Protective Equipment/sd [Supply & Distribution]
*Pneumonia, Viral/di [Diagnosis]
Pneumonia, Viral/ep [Epidemiology]
*Pneumonia, Viral/th [Therapy]
SARS-CoV-2
Surveys and Questionnaires
Ventilators, Mechanical/sd [Supply & Distribution]
World Health Organization
M1 - 4
N1 - Elhadi, Muhammed
Msherghi, Ahmed
Alkeelani, Mohammed
Alsuyihili, Ali
Khaled, Ala
Buzreg, Anis
Boughididah, Tariq
Abukhashem, Mohamed
Alhashimi, Ayiman
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Ben Saleim, Najah
Bahroun, Sumayyah
Elharb, Abdelmunam
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Alnafati, Nafati
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Biala, Marwa
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PY - 2020
SP - 227-232
ST - Concerns for low-resource countries, with under-prepared intensive care units, facing the COVID-19 pandemic
T2 - Infection, Disease & Health
TI - Concerns for low-resource countries, with under-prepared intensive care units, facing the COVID-19 pandemic
VL - 25
ID - 262
ER -

2. HOW HAVE YOU RESPONDED TO THESE CHALLENGES? WHAT WORKED WELL AND NOT SO WELL?

SOLUTIONS: COMMUNICATION

TY - JOUR

AB - The coronavirus disease 2019 (COVID-19) pandemic has affected many countries with increasing morbidity and mortality. Interestingly, many of the actions and policies adopted in countries are linked to the social determinants of health (SDH). The SDH are critical determinants of health and health inequalities that are not directly within the health sector. Policies such as social distancing, good hygiene, avoiding large gatherings, cancelling of social and sports events, using personal protective equipment, schools and restaurants closure, country lockdown, etc. are not necessarily within the health sector but have been promoted to prevent and attenuate COVID-19 infection rates significantly. The SDH that serve to reduce morbidity will forestall or substantially reduce the pressure on many weak health systems in developing countries that cannot cope with increased hospitalisation and intensive health care. This paper argues that one of the most critical social determinants of health (i.e. effective crisis and risk communication), is crucial in many developing countries, including those with fewer confirmed coronavirus cases. We note that the effectiveness of many of the other SDH in reducing the burden of the COVID-19 pandemic hinges on effective communication, especially crisis and risk communication. Although many countries are adopting different communication strategies during the COVID-19 crisis, effective crisis and risk communication will lead to building trust, credibility, honesty, transparency, and accountability. The peculiarity of many developing countries in terms of regional, cultural, linguistic and ethnic diversity is an essential consideration in ensuring effective crisis and risk communication. Developing countries facing significant poverty and disease burden cannot afford to handle the burgeoning of COVID-19 infections and must take preventive measures seriously. Thus, we submit that there is a need to intensify SDH actions and ensure that no one is left behind when communicating crisis and risk to the population to address the COVID-19 pandemic.

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DB - MEDLINE

DP - Ovid Technologies

KW - Betacoronavirus

Covid-19

Communicable Disease Control

*Communication

*Coronavirus Infections/ep [Epidemiology]

Delivery of Health Care/td [Trends]

*Developing Countries

Humans

Pandemics

*Pneumonia, Viral/ep [Epidemiology]

SARS-CoV-2

*Social Determinants of Health

M1 - 1

N1 - Ataguba, Ochege A

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PY - 2020

SP - 1788263

ST - Social determinants of health: the role of effective communication in the COVID-19 pandemic in developing countries

T2 - Glob Health Action

TI - Social determinants of health: the role of effective communication in the COVID-19 pandemic in developing countries

VL - 13

ID - 234

ER -

SOLUTIONS: GENERAL

TY - JOUR

AB - OBJECTIVE: To compile the lessons learned in the Greater Maghreb, during the first six months of the fight against the COVID-19 pandemic, in the field of "capacity building" of community resilience.

METHODS: An expert consultation was conducted during the first week of May 2020, using the "Delphi" technique. An email was sent requesting the formulation of a lesson, in the form of a "Public Health" good practice recommendation. The final text of the lessons was finalized by the group coordinator and validated by the signatories of the manuscript.

RESULTS: A list of five lessons of resilience has been deduced and approved : 1. Elaboration of "white plans" for epidemic management; 2. Training in epidemic management; 3. Uniqueness of the health system command; 4. Mobilization of retirees and volunteers; 5. Revision of the map sanitary.

CONCLUSION: Based on the evaluation of the performance of the Maghreb fight against COVID-19, characterized by low resilience, this list of lessons could constitute a roadmap for the reform of Maghreb health systems, towards more performance to manage possible waves of COVID-19 or new emerging diseases with epidemic tendency.

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DB - MEDLINE
DP - Ovid Technologies
KW - Africa, Northern/ep [Epidemiology]
Algeria/ep [Epidemiology]
Attitude of Health Personnel
*COVID-19/ep [Epidemiology]
*COVID-19/th [Therapy]
Civil Defense/mt [Methods]
Civil Defense/og [Organization & Administration]
Civil Defense/st [Standards]
Community Participation/mt [Methods]
Conflict of Interest
*Delivery of Health Care/og [Organization & Administration]
*Delivery of Health Care/st [Standards]
Delivery of Health Care/sn [Statistics & Numerical Data]
Delphi Technique
Expert Testimony
Global Health/st [Standards]
Health Care Reform/og [Organization & Administration]
Health Care Reform/st [Standards]
*Health Care Reform
Hospital Bed Capacity/st [Standards]
Hospital Bed Capacity/sn [Statistics & Numerical Data]
Humans
Mauritania/ep [Epidemiology]
National Health Programs/og [Organization & Administration]
National Health Programs/st [Standards]
Pandemics
Public Health/mt [Methods]
Public Health/st [Standards]
SARS-CoV-2/ph [Physiology]
Tunisia/ep [Epidemiology]
M1 - 10
N1 - Ben Abdelaziz, Ahmed
Berkane, Salah
Ben Salem, Kamel
Dahdi, Sid Ahmed
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Achouri, Mohamed Yacine
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PY - 2020
SP - 657-663

ST - Lessons learned from the fight against COVID-19 in the Great Maghreb.Five lessons for better resilience

T2 - Tunisie Medicale

TI - Lessons learned from the fight against COVID-19 in the Great Maghreb.Five lessons for better resilience

VL - 98

ID - 187

ER -

<https://www.nature.com/articles/d41586-020-01563-7>

TY - JOUR

AN - 32457526

AU - Condo, J.

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DB - MEDLINE

DP - Ovid Technologies

KW - Covid-19

COVID-19 Testing

Clinical Laboratory Techniques

Contact Tracing

Coronavirus Infections/di [Diagnosis]

*Coronavirus Infections/ep [Epidemiology]

Coronavirus Infections/mo [Mortality]

*Coronavirus Infections/pc [Prevention & Control]

*Delivery of Health Care/st [Standards]

Humans

*Pandemics/pc [Prevention & Control]

Pneumonia, Viral/di [Diagnosis]

*Pneumonia, Viral/ep [Epidemiology]

Pneumonia, Viral/mo [Mortality]

*Pneumonia, Viral/pc [Prevention & Control]

Prevalence

Rwanda/ep [Epidemiology]

M1 - 7809

M3 - Letter

N1 - Condo, Jeanine

Uwizihwe, Jean Paul

Nsanzimana, Sabin

PY - 2020

SP - 384

ST - Learn from Rwanda's success in tackling COVID-19

T2 - Nature

TI - Learn from Rwanda's success in tackling COVID-19

VL - 581

ID - 340

ER -

TY - JOUR

AB - BACKGROUND: Health systems around the world are being challenged by an on-going COVID-19 pandemic. The COVID-19 pandemic and associated response can have a significant downstream effect on access to routine health care services, and indirectly cause morbidity and mortality from causes other than the disease itself, especially in resource-poor countries such as Ethiopia. This study aimed to explore the impact of the pandemic on these services and measures taken to combat the effect.

METHODS: The study was conducted at St. Paul's hospital millennium medical college (SPHMMC) from December 15, 2020 to January 15, 2021 using a comparative cross-sectional study design. We collected data on the number of clients getting different essential health care services from May to October 2019 (Pre COVID) and the same period in 2020 (during a COVID-19 pandemic) from the patient registry book. The analysis was done with SPSS version 24 software.

RESULT: Overall, the essential services of SPHMMC were affected by the COVID-19 pandemic. The most affected service is inpatient admission, which showed a 73.3% (2044 to 682) reduction from the pre-COVID period and the least affected is maternal service, which only decreased by 13% (3671 to 3177). During the 6 months after the COVID-19 pandemic, there was a progressive increment in the number of clients getting essential health services.

CONCLUSION AND RECOMMENDATION: The establishment of a triple setup for fighting against COVID-19, which encompasses non-COVID services, an isolation center and a COVID-19 treatment center, played a vital role in preserving essential health services.

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AU - Anteneh, D.

DB - MEDLINE

DP - Ovid Technologies

KW - COVID-19/ep [Epidemiology]

*Covid-19

Cross-Sectional Studies

*Delivery of Health Care/sn [Statistics & Numerical Data]

Ethiopia/ep [Epidemiology]

Health Services/sn [Statistics & Numerical Data]

*Health Services

Hospitals

Humans

Pandemics

M1 - 1

N1 - Dandena, Firaol

Teklewold, Berhanetsehay

Anteneh, Dagmawi

PY - 2021

SP - 1105

ST - Impact of COVID-19 and mitigation plans on essential health services: institutional experience of a hospital in Ethiopia

T2 - BMC Health Services Research

TI - Impact of COVID-19 and mitigation plans on essential health services: institutional experience of a hospital in Ethiopia

VL - 21

ID - 12

ER -

<https://journal.einstein.br/article/emerging-from-the-covid-19-pandemic-the-numbers-and-lessons-that-will-stay-with-us-forever/>

EDITORIAL

Emerging from the COVID-19 pandemic: the numbers and lessons that will stay with us forever

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DOI: 10.31744/einstein_journal/2021ED6207

In Brazil, the first patient with coronavirus 2019 disease (COVID-19) was diagnosed on February 26, 2020. He lived in the city of São Paulo (SP), Brazil, and had recently returned from a trip to Europe. Over the next couple of weeks, most of the new cases of COVID-19 had an identifiable epidemiological risk factor – either having travelled abroad or been in contact with a patient known to have severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. However, as initial containment measures failed, the epidemic that had started in the high-income brackets quickly spread to the whole community, hitting people of low-income brackets in a particularly hard manner. () As of August 31 st , 2020, a total of 257,778 cases had been confirmed in the city of São Paulo, and 11,400 deaths had been attributed to COVID-19 (<https://www.seade.gov.br/coronavirus/>).

In this context, the public and private health systems in São Paulo were forced to make adjustments, often coming together to allow rational and efficient use of limited medical resources. Several public health measures put into place in response to the SARS-CoV-2 pandemic, including city-level quarantine and mandatory widespread use of cloth or surgical masks later on. However, establishing temporary field hospital facilities and appointing selected public hospitals as reference centers for treatment of COVID-19 were the cornerstone of the public healthcare policy.

TY - JOUR

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DB - MEDLINE
DP - Ovid Technologies
KW - Brazil
*COVID-19/th [Therapy]
*Delivery of Health Care/td [Trends]
Hospitals, Teaching/og [Organization & Administration]
Humans
*Pandemics
M3 - Editorial
N1 - Degani-Costa, Luiza Helena
Rolla, Fabiana
Oliveira, Raphael Augusto Gomes
Schettino, Guilherme de Paula Pinto
Cordioli, Ricardo Luiz
Hohmann, Fabio Barlem
Campos, Niklas Soderberg
Alencar, Roger Monteiro
Ferraz, Leonardo Jose Rolim
Piza, Felipe Maia de Toledo
PY - 2021
SP - eED6207
ST - Emerging from the COVID-19 pandemic: the numbers and lessons that will stay with us forever
T2 - Einstein
TI - Emerging from the COVID-19 pandemic: the numbers and lessons that will stay with us forever
VL - 19
ID - 149
ER -

TY - JOUR

AB - The Western Cape province was the early epicentre of the coronavirus disease 2019 pandemic in South Africa and on the African continent. In this short article we report on an initiative set up within the provincial Department of Health early in the pandemic to facilitate collective learning and support for health workers and managers across the health system, emphasising the importance of leadership, systems resilience, nonhierarchical learning and connectedness. These strategies included regular and systematic engagement with organised labour, different ways of gauging and responding to staff morale, and daily 'huddles' for rapid learning and responsive action. We propose three transformational actions that could deliver health systems that protect staff during good times and in times of system shocks. (a) Continuously invest in building the foundations of system resilience in good times, to draw on in an acute crisis situation. (b) Provide consistent leadership for an explicit commitment to supporting health workers through decisive action across the system. (c) Optimise available resources and partners, act on improvement ideas and obstacles. Build trusting relationships amongst and across actors.

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AU - Parbhoo, A.

AU - Lehmann, U.

DB - MEDLINE

DP - Ovid Technologies

KW - *Covid-19

Delivery of Health Care/og [Organization & Administration]

*Health Personnel/ed [Education]

Humans

Leadership

Pandemics

SARS-CoV-2

South Africa

*Teaching

*User-Computer Interface

M1 - S1

N1 - Engelbrecht, Beth

Gilson, Lucy

Barker, Pierre

Vallabhjee, Krish

Kantor, Gareth

Budden, Mike

Parbhoo, Anita

Lehmann, Uta

PY - 2021

SP - 168-173

ST - Prioritizing people and rapid learning in times of crisis: A virtual learning initiative to support health workers during the COVID-19 pandemic

T2 - International Journal of Health Planning & Management

TI - Prioritizing people and rapid learning in times of crisis: A virtual learning initiative to support health workers during the COVID-19 pandemic

VL - 36

ID - 52

ER -

TY - JOUR

AB - The coronavirus disease 2019 (COVID-19) pandemic has disrupted health systems worldwide, gravely threatening continuity of care for non-communicable diseases (NCDs), particularly in low-resource settings. We describe our efforts to maintain the continuity of care for patients with NCDs in rural western Kenya during the COVID-19 pandemic, using a five-component approach: 1) Protect: protect staff and patients; 2) Preserve: ensure medication availability and clinical services; 3) Promote: conduct health education and screenings for NCDs and COVID-19; 4) Process: collect process indicators and implement iterative quality improvement; and 5) Plan: plan for the future and ensure financial risk protection in the face of a potentially overwhelming health and economic catastrophe. As the pandemic continues to evolve, we must continue to pursue new avenues for improvement and expansion. We anticipate continuing to learn from the evolving local context and our global partners as we proceed with our efforts.

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AU - Too, K.
AU - Manji, I.
AU - Gala, P.
AU - Vedanthan, R.
DB - MEDLINE
DP - Ovid Technologies
KW - *Covid-19
*Continuity of Patient Care/og [Organization & Administration]
*Delivery of Health Care/og [Organization & Administration]
Humans
Kenya
*Noncommunicable Diseases/th [Therapy]
Rural Health Services/og [Organization & Administration]
N1 - Kamano, Jemima
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Ayah, Richard
Limo, Obed
Gathecha, Gladwell
Saenyi, Eugene
Jefwa, Pendo
Too, Kenneth
Manji, Imran
Gala, Pooja
Vedanthan, Rajesh
PY - 2021
SP - 143
ST - Maintaining care delivery for non-communicable diseases in the face of the COVID-19 pandemic in western Kenya
T2 - The Pan African medical journal

TI - Maintaining care delivery for non-communicable diseases in the face of the COVID-19 pandemic in western Kenya

VL - 39

ID - 21

ER -

TY - JOUR

AB - Introduction: Rwanda has made significant advancements in medical and economic development over the last 20 years and has emerged as a leader in healthcare in the East African region. The COVID-19 pandemic, which reached Rwanda in March 2020, presented new and unique challenges for infectious disease control. The objective of this paper is to characterize Rwanda's domestic response to the first year of the COVID-19 pandemic and highlight effective strategies so that other countries, including high and middle-income countries, can learn from its innovative initiatives.

Methods: Government publications describing Rwanda's healthcare capacity were first consulted to obtain the country's baseline context. Next, official government and healthcare system communications, including case counts, prevention and screening protocols, treatment facility practices, and behavioral guidelines for the public, were read thoroughly to understand the course of the pandemic in Rwanda and the specific measures in the response.

Results: As of 31 December 2020, Rwanda has recorded 8,383 cumulative COVID-19 cases, 6,542 recoveries, and 92 deaths since the first case on 14 March 2020. The Ministry of Health, Rwanda Biomedical Centre, and the Epidemic and Surveillance Response division have collaborated on preparative measures since the pandemic began in January 2020. The formation of a Joint Task Force in early March led to the Coronavirus National Preparedness and Response Plan, an extensive six-month plan that established a national incident management system and detailed four phases of a comprehensive national response. Notable strategies have included disseminating public information through drones, robots for screening and inpatient care, and official communications through social media platforms to combat misinformation and mobilize a cohesive response from the population.

Conclusion: Rwanda's government and healthcare system has responded to the COVID-19 pandemic with innovative interventions to prevent and contain the virus. Importantly, the response has utilized adaptive and innovative technology and robust risk communication and community engagement to deliver an effective response to the COVID-19 pandemic.

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AU - Clancy, C. M.

AU - Uwamahoro, D.

AU - Nahayo, E.

AU - Biramahire, J.

AU - Aluisio, A. R.

AU - Ndebwanimana, V.

DB - MEDLINE

DP - Ovid Technologies

KW - COVID-19/ep [Epidemiology]

COVID-19/pc [Prevention & Control]

*Covid-19

Change Management

Communicable Disease Control/lj [Legislation & Jurisprudence]

Communicable Disease Control/mt [Methods]

Communicable Disease Control/og [Organization & Administration]

*Communicable Disease Control

Communication

Delivery of Health Care/og [Organization & Administration]

Delivery of Health Care/td [Trends]

*Delivery of Health Care

Disease Transmission, Infectious/pc [Prevention & Control]

*Government Regulation

Humans

Organizational Innovation

Risk Management/mt [Methods]

Risk Management/og [Organization & Administration]

*Risk Management

Rwanda/ep [Epidemiology]

SARS-CoV-2

M1 - 1

N1 - Karim, Naz

Jing, Ling

Lee, J Austin

Kharel, Ramu

Lubetkin, Derek

Clancy, Camille M

Uwamahoro, Doris

Nahayo, Ernest

Biramahire, Joseph

Aluisio, Adam R

Ndebwanimana, Vincent

PY - 2021

SP - 23

ST - Lessons Learned from Rwanda: Innovative Strategies for Prevention and Containment of COVID-19

T2 - Annals of Global Health

TI - Lessons Learned from Rwanda: Innovative Strategies for Prevention and Containment of COVID-19

VL - 87

ID - 132

ER -

[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30311-8/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30311-8/fulltext)

TY - JOUR

AD - Keene, Claire. Medecins Sans Frontieres, Khayelitsha, Cape Town, South Africa.

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DB - MEDLINE

DP - Ovid Technologies

KW - Betacoronavirus

Covid-19
Coronavirus Infections/mi [Microbiology]
*Coronavirus Infections/pc [Prevention & Control]
Coronavirus Infections/tm [Transmission]
Counseling/mt [Methods]
*Delivery of Health Care/mt [Methods]
*Disease Transmission, Infectious/pc [Prevention & Control]
*HIV Infections/th [Therapy]
HIV Infections/tm [Transmission]
Humans
*Pandemics/pc [Prevention & Control]
Pneumonia, Viral/mi [Microbiology]
*Pneumonia, Viral/pc [Prevention & Control]
Pneumonia, Viral/tm [Transmission]
SARS-CoV-2
South Africa
Telemedicine/mt [Methods]
*Tuberculosis/th [Therapy]
Tuberculosis/tm [Transmission]
M1 - 9
N1 - Keene, Claire
Mohr-Holland, Erika
Cassidy, Tali
Scott, Vera
Nelson, Aurelie
Furin, Jennifer
Trivino-Duran, Laura
PY - 2020
SP - 844-846
ST - How COVID-19 could benefit tuberculosis and HIV services in South Africa
T2 - The Lancet Respiratory Medicine
TI - How COVID-19 could benefit tuberculosis and HIV services in South Africa
VL - 8
ID - 243
ER -

TY - JOUR

AB - Early detection of cancer greatly increases the chances of better survival. The emergence of COVID-19 pandemic has disrupted several essential health services globally and early detection of cancer services is one of them. The routine cancer screenings have plummeted in many developed countries since the crisis. India has highest estimated lip and oral cavity cancer cases worldwide (119,992, 33.8%) and the second highest number of breast (162,468, 17.8%) and cervix uteri (96,922, 30.7%) cancers in Asian sub-continent. Not only India has high burden of cancer, but the majority (75-80%) of patients have advanced disease at the time of diagnosis. Hence it is imperative that early detection services should be kept functional at out-patient settings so that at least the patients coming to hospitals with early signs and symptoms can be diagnosed as early as possible.

Strategies need to be adopted to continue early detection services and ensure safety of patients and health care workers from COVID-19 transmission.

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DB - MEDLINE

DP - Ovid Technologies

KW - Betacoronavirus

Covid-19

Coronavirus Infections/co [Complications]

*Coronavirus Infections/ep [Epidemiology]

*Early Detection of Cancer

Humans

India/ep [Epidemiology]

*Mass Screening/mt [Methods]

Neoplasms/co [Complications]

*Neoplasms/di [Diagnosis]

Neoplasms/ep [Epidemiology]

*Pandemics

Pneumonia, Viral/co [Complications]

*Pneumonia, Viral/ep [Epidemiology]

SARS-CoV-2

M1 - 1

M3 - Editorial

N1 - Khanna, Divya

Khargekar, Naveen Chandrahas

Khanna, Ajay Kumar

PY - 2020

SP - 1073274820960471

ST - Implementation of Early Detection Services for Cancer in India During COVID-19 Pandemic

T2 - Cancer Control

TI - Implementation of Early Detection Services for Cancer in India During COVID-19 Pandemic

VL - 27

ID - 294

ER -

<https://apps.who.int/iris/handle/10665/334177>

The COVID-19 pandemic has revealed gaps in health system resilience in countries of the WHO South-East Asia Region.

In doing so, the pandemic has provided governments with an opportunity to recognize and fill those gaps to better protect against future shocks. The existing core capacities for health emergencies must be more risk-informed, better funded and strengthened through cross-sectoral synergies and linkages. The principles of the right to life, the right to health and universal health coverage must continue to guide efforts to build community and health system resilience. Improving the awareness and health literacy of populations, policy-makers and the health workforce is key to preventing and controlling any disease that threatens the safety and security of populations in the region

TY - JOUR

AD - Khetrupal Singh, Poonam. WHO Regional Director for South-East Asia.

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AN - 32978338

AU - Khetrupal Singh, P.

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DB - MEDLINE

DP - Ovid Technologies

KW - Asia, Southeastern/ep [Epidemiology]

Covid-19

*Coronavirus Infections/ep [Epidemiology]

*Delivery of Health Care/og [Organization & Administration]

*Emergencies

Humans

*Pandemics

*Pneumonia, Viral/ep [Epidemiology]

World Health Organization

M1 - 2

M3 - Editorial

N1 - Khetrupal Singh, Poonam

Jhalani, Manoj

PY - 2020

SP - 93-94

ST - Safeguarding essential health services during emergencies: lessons learnt from the COVID-19 pandemic

T2 - WHO Southeast Asia Journal of Public Health

TI - Safeguarding essential health services during emergencies: lessons learnt from the COVID-19 pandemic

VL - 9

ID - 256

ER -

TY - JOUR

AB - Malaysia was faced with a life-threatening crisis in combating COVID-19 with a number of positive cases reaching 5305 and 88 deaths by 18th April 2020 (the first detected case was on 25th

January 2020). The government rapidly initiated a public health response and provided adequate medical care to manage the public health crisis during the implementation of movement restrictions, starting 18th March 2020, throughout the country. The objective of this study was to investigate the relative efficiency level of managing COVID-19 in Malaysia using network data envelopment analysis. Malaysia state-level data were extracted from secondary data sources which include variables such as total number of confirmed cases, death cases and recovered cases. These variables were used as inputs and outputs in a network process that consists of 3 sub processes i) community surveillance, ii) medical care I and iii) medical care II. A state-level analysis was performed according to low, medium and high population density categories. The efficiency level of community surveillance was highest compared to medical care processes, indicating that the overall inefficiency is greatly influenced by the inefficiency of the medical care processes rather than the community surveillance process. Results showed that high-density category performed well in both community surveillance and medical care II processes. Meanwhile, low-density category performed better in medical care I process. There was a good overall performance of the health system in Malaysia reflecting a strong preparedness and response level to this pandemic. Furthermore, resource allocation for rapid response was distributed effectively during this challenging period.

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DB - MEDLINE

DP - Ovid Technologies

KW - Algorithms

*COVID-19/dt [Drug Therapy]

*COVID-19/pc [Prevention & Control]

Databases, Factual

*Delivery of Health Care/st [Standards]

*Efficiency, Organizational

Humans

Malaysia

Pandemics/pc [Prevention & Control]

Population Surveillance

Public Health

SARS-CoV-2

M1 - 2

N1 - Md Hamzah, Nurhafiza

Yu, Ming-Miin

See, Kok Fong

PY - 2021

SP - 273-285

ST - Assessing the efficiency of Malaysia health system in COVID-19 prevention and treatment response

T2 - Health Care Management Science

TI - Assessing the efficiency of Malaysia health system in COVID-19 prevention and treatment response

VL - 24

ID - 53

ER -

TY - JOUR

AB - In health outcomes terms, the poorest countries stand to lose the most from these disruptions. In this paper, we make the case for a rational approach to public sector health spending and decision making during and in the early recovery phase of the COVID-19 pandemic. Based on ethics and equity principles, it is crucial to ensure that patients not infected by COVID-19 continue to get access to healthcare and that the services they need continue to be resourced. We present a list of 120 essential non-COVID-19 health interventions that were adapted from the model health benefit packages developed by the Disease Control Priorities project.

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AU - Nam, S. L.
AU - Norheim, O. F.
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AU - Watkins, D.
AU - Johansson, K. A.
DB - MEDLINE
DP - Ovid Technologies
KW - *Altruism
Betacoronavirus
Covid-19
*Coronavirus Infections
Developing Countries
Health Services Accessibility/og [Organization & Administration]
Health Services Accessibility/st [Standards]
*Health Services Accessibility
Humans
*Pandemics
*Pneumonia, Viral
Poverty
Public Health
SARS-CoV-2
M1 - 10
M3 - Review
N1 - Using Smart Source Parsing
Blanchet, Karl
Alwan, Ala
Antoine, Caroline
Cros, Marion Jane
Feroz, Ferozuddin
Amsalu Guracha, Tseganeh
Haaland, Oystein

Hailu, Alemayehu
Hangoma, Peter
Jamison, Dean
Memirie, Solomon Tessema
Miljeteig, Ingrid
Jan Naeem, Ahmad
Nam, Sara L
Norheim, Ole Frithjof
Verguet, Stephane
Watkins, David
Johansson, Kjell Arne

PY - 2020

SP - 10

ST - Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic

T2 - BMJ Global Health

TI - Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic

VL - 5

ID - 287

ER -

<https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3135>

The lack of equipment in public health facilities forced patients to purchase essential supplies such as oxygen from private sellers at unaffordable prices.² Even though the vast lack of oxygen increased mortality, the government did not invest in oxygen infrastructure.²

On the other hand, the government published a series of COVID-19 guidelines, with an incomplete description of their methodology and evidence assessment.¹² Guidelines included drugs without scientific support on efficacy such as hydroxychloroquine, azithromycin and ivermectin (for hospitalized and ambulatory patients), leading to massive self-medication, millionaire expenses and probably worsened the system's collapse due to the adverse effects.¹² Although some updates have withdrawn some of those, many persist in the guidelines.

Finally, communication has been deficient at every level. With a highly politicized environment, media and politicians have played a significant role in disinformation. On several occasions by opening the floor to nonscientist or even charlatans to give their opinion on control measures, or promoting different antiscientific approaches. These messages have caused confusion and distrust in the population.

Last January 26, the president decreed a new lockdown in many regions of the country due to the increase in deaths that is close to the highest number per day in the worst stage of the first wave. With a current tremendous increase in the number of cases, ICU patients, and deaths; Peru faces a second wave without resolving many of the problems detected at the beginning of the pandemic. The country failed to learn the lessons identified during the first wave.

TY - JOUR

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DB - MEDLINE

DP - Ovid Technologies

KW - *COVID-19/ep [Epidemiology]

Delivery of Health Care/og [Organization & Administration]

*Delivery of Health Care

Humans

*Learning

Peru/ep [Epidemiology]

SARS-CoV-2

M1 - 3

M3 - Letter

N1 - Herrera-Anazco, Percy

Uyen-Cateriano, Angela

Mezones-Holguin, Edward

Taype-Rondan, Alvaro

Mayta-Tristan, Percy

Malaga, German

Hernandez, Adrian V

PY - 2021

SP - 995-998

ST - Some lessons that Peru did not learn before the second wave of COVID-19

T2 - International Journal of Health Planning & Management

TI - Some lessons that Peru did not learn before the second wave of COVID-19

VL - 36

ID - 44

ER -

TY - JOUR

AB - BACKGROUND AND AIMS: COVID-19 has had a crippling effect on the health care systems around the world with cancellation of elective medical services and disruption of daily life. We would like to highlight the learning opportunities offered by the current pandemic and their implication for a better future health care system.

METHODS: We have undertaken a comprehensive review of the current literature to analyse the consequences of COVID-19 on health care system. Using suitable keywords like 'COVID-19', 'telemedicine', 'health care' and 'remote consultations' on the search engines of PubMed, SCOPUS,

Google Scholar and Research Gate in the first week of May we gathered information on various aspects of effect of COVID-19.

RESULTS: There has been a shared drive worldwide to devise strategies to protect people against viral transmission with reinforcement of hand hygiene and infection control principles but also to provide continuity of health care. Virtual and remote technologies have been increasingly used in health care management.

CONCLUSION: COVID-19 has offered unique learning opportunities for the health care sector. Rationalizing and optimizing available resources with resilience shown on the coronavirus frontline during the crisis are some of most important lessons learnt during the crisis. Importance of personal hygiene and re-enforcement of infection control measures have been acknowledged. Telemedicine revolution will be a vital factor in delivering health care in the future.

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DB - MEDLINE

DP - Ovid Technologies

KW - *Betacoronavirus/ip [Isolation & Purification]

Covid-19

*Coronavirus Infections/ep [Epidemiology]

*Coronavirus Infections/pc [Prevention & Control]

Coronavirus Infections/vi [Virology]

*Delivery of Health Care/st [Standards]

Disease Management

Humans

India/ep [Epidemiology]

*Learning

*Pandemics/pc [Prevention & Control]

*Pneumonia, Viral/ep [Epidemiology]

*Pneumonia, Viral/pc [Prevention & Control]

Pneumonia, Viral/vi [Virology]

Prognosis

SARS-CoV-2

*Telemedicine/mt [Methods]

M1 - 5

M3 - Review

N1 - Iyengar, Karthikeyan

Mabrouk, Ahmed

Jain, Vijay Kumar

Venkatesan, Aakaash

Vaishya, Raju

PY - 2020

SP - 943-946

ST - Learning opportunities from COVID-19 and future effects on health care system

T2 - Diabetes & Metabolic Syndrome

TI - Learning opportunities from COVID-19 and future effects on health care system

VL - 14

ID - 263

ER -

TY - JOUR

AB - South Africa had its first coronavirus disease 2019 (COVID-19) case on 06 March 2020 in an individual who travelled overseas. Since then, cases have constantly increased and the pandemic has taken a toll on the health system. This requires extra mobilisation of resources to curb the disease and overcome financial losses whilst providing social protection to the poor. Assessing the effects of COVID-19 on South African health system is critical to identify challenges and act timely to strike a balance between managing the emergency and maintaining essential health services. We applied the World Health Organization (WHO) health systems framework to assess the effects of COVID-19 on South African health system, and proposed solutions to address the gaps, with a focus on human immunodeficiency virus (HIV) and expanded programme on immunisation (EPI) programmes. The emergence of COVID-19 pandemic has direct impact on the health system, negatively affecting its functionality, as depletion of resources to curb the emergency is eminent. Diversion of health workforce, suspension of services, reduced health-seeking behaviour, unavailability of supplies, deterioration in data monitoring and funding crunches are some of the noted challenges. In such emergencies, the ability to deliver essential services is dependent on baseline capacity of health system. Our approach advocates for close collaboration between essential services and COVID-19 teams to identify priorities, restructure essential services to accommodate physical distancing, promote task shifting at primary level, optimise the use of mobile/web-based technologies for service delivery/training/monitoring and involve private sector and non-health departments to increase management capacity. Strategic responses thus planned can assist in mitigating the adverse effects of the pandemic whilst preventing morbidity and mortality from preventable diseases in the population.

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DB - MEDLINE

DP - Ovid Technologies

KW - Covid-19

*Coronavirus Infections/ep [Epidemiology]

*Delivery of Health Care/og [Organization & Administration]

Humans

*Pandemics

*Pneumonia, Viral/ep [Epidemiology]

South Africa/ep [Epidemiology]

M1 - 1

N1 - Nyasulu, Juliet

Pandya, Himani

PY - 2020

SP - e1-e5

ST - The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services

T2 - African Journal of Primary Health Care & Family Medicine

TI - The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services

VL - 12

ID - 311

ER -

TY - JOUR

TY - JOUR

AB - OBJECTIVES: This study aimed to determine the strategies used and critical considerations among an international sample of hospital leaders when mobilizing human resources in response to the clinical demands associated with the COVID-19 pandemic surge.

METHODS: This was a cross-sectional, qualitative research study designed to investigate strategies used by health system leaders from around the world when mobilizing human resources in response to the global COVID-19 pandemic. Prospective interviewees were identified through nonprobability and purposive sampling methods from May to July 2020. The primary outcomes were the critical considerations, as perceived by health system leaders, when redeploying health care workers during the COVID-19 pandemic determined through thematic analysis of transcribed notes. Redeployment was defined as reassigning personnel to a different location or retraining personnel for a different task.

RESULTS: Nine hospital leaders from 9 hospitals in 8 health systems located in 5 countries (United States, United Kingdom, New Zealand, Singapore, and South Korea) were interviewed. Six hospitals in 5 health systems experienced a surge of critically ill patients with COVID-19, and the remaining 3 hospitals anticipated, but did not experience, a similar surge. Seven of 8 hospitals redeployed their health care workforce, and 1 had a redeployment plan in place but did not need to use it. Thematic analysis of the interview notes identified 3 themes representing effective practices and lessons learned when preparing and executing workforce redeployment: process, leadership, and communication. Critical considerations within each theme were identified. Because of the various expertise of redeployed personnel, retraining had to be customized and a decentralized flexible strategy was implemented. There were 3 concerns regarding redeployed personnel. These included the fear of becoming infected, the concern over their skills and patient safety, and concerns regarding professional loss (such as loss of education opportunities in their chosen profession).

Transparency via multiple different types of communications is important to prevent the development of doubt and rumors.

CONCLUSIONS: Redeployment strategies should critically consider the process of redeploying and supporting the health care workforce, decentralized leadership that encourages and supports local implementation of system-wide plans, and communication that is transparent, regular, consistent, and informed by data.

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AU - Panda, N.

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AU - Hannenberg, A. A.

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AU - Molina, G.

DB - MEDLINE

DP - Ovid Technologies

KW - COVID-19/ep [Epidemiology]

*COVID-19/th [Therapy]

Cross-Sectional Studies

*Delivery of Health Care/og [Organization & Administration]

*Health Personnel/og [Organization & Administration]

Humans

*Leadership

New Zealand/ep [Epidemiology]

*Pandemics

Qualitative Research

Republic of Korea/ep [Epidemiology]

Singapore/ep [Epidemiology]

United Kingdom/ep [Epidemiology]

United States/ep [Epidemiology]

M1 - 4

N1 - Panda, Nikhil

Sinyard, Robert D

Henrich, Natalie

Cauley, Christy E

Hannenberg, Alexander A

Sonnay, Yves

Bitton, Asaf

Brindle, Mary

Molina, George

PY - 2021

SP - 256-263

ST - Redeployment of Health Care Workers in the COVID-19 Pandemic: A Qualitative Study of Health System Leaders' Strategies

T2 - Journal of patient safety

TI - Redeployment of Health Care Workers in the COVID-19 Pandemic: A Qualitative Study of Health System Leaders' Strategies

VL - 17

ID - 91

ER -

TY - JOUR

AB - Ensuring quality and safe care during the coronavirus disease 2019 (COVID-19) pandemic offers a challenge to already strained health systems in low and middle-income countries (LMICs), such as Pakistan with less shock-absorbing capacities. There is a dearth of evidence on mechanisms to provide optimum quality care to COVID-19 patients in the resource-constrained healthcare environment. The lessons learned from the Ebola virus outbreak for the deficient health systems and quality improvement are considered to propose strengthening the health systems response to deliver quality-assured care to patients during the current pandemic. In this regard, the World Health Organization (WHO) health systems framework can serve as a guiding principle towards providing quality-assured and safe healthcare services during the ongoing pandemic in Pakistan by ensuring the availability of an adequate workforce, medical supplies and equipment, strong governance, active information system, and adequate health financing to effectively manage COVID-19. Research evidence is needed to be better prepared for an effective and coordinated health systems response to offer quality and safe care to patients. Key Words: Health systems approach, COVID-19 pandemic, Quality of healthcare, Safe care.

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AU - Pradhan, N. A.

AU - Feroz, A. S.

AU - Shah, S. M.

DB - MEDLINE

DP - Ovid Technologies

KW - *COVID-19/ep [Epidemiology]

*Delivery of Health Care/og [Organization & Administration]

Developing Countries

Humans

Pakistan/ep [Epidemiology]

*Pandemics

SARS-CoV-2

M1 - 1

M3 - Review

N1 - Pradhan, Nousheen Akber

Feroz, Anam Shahil

Shah, Syed Mairajuddin

PY - 2021

SP - S38-S41

ST - Health Systems Approach to Ensure Quality and Safety Amid COVID-19 Pandemic in Pakistan

T2 - Jcsp, Journal of the College of Physicians & Surgeons - Pakistan

TI - Health Systems Approach to Ensure Quality and Safety Amid COVID-19 Pandemic in Pakistan

VL - 30

ID - 140

ER -

TY - JOUR

AB - Coping with the COVID-19 pandemic has been painful and no single model for such a purpose is perfect. However, sharing experiences is the best way for countries to learn real-time lessons and adapt to this rapidly changing pandemic. This commentary shares with the international community how an adaptive model of health system organization and responses helped Vietnam to break transmission of coronavirus. We find that an effective model is adaptive to time and context, and mobilizes and engages the wider society. We identify merging of different health system units into Center for Diseases Controls as a health system organization that saved massive resources. The early establishment of a formal committee responding to the pandemic helped unify every public health strategy. The mobilization of different stakeholders and communities added resources and facilitated a synchronous implementation of response strategies, even where those strategies involved significant personal or financial sacrifice. National training on Covid-19 treatment for healthcare professionals across the entire hospital system was useful to expand the health service availability. Quickly published response guidelines helped to activate every level of the health system and involve every sector of society. A strategy of keeping high alert and preemptive action is also essential for coping with the pandemic.

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Gilmour, Stuart. Graduate School of Public Health, St. Luke's International University, Tokyo, Japan.

AN - 32557815

AU - Van Nguyen, H.

AU - Van Hoang, M.

AU - Dao, A. T. M.

AU - Nguyen, H. L.

AU - Van Nguyen, T.

AU - Nguyen, P. T.

AU - Khuong, L. Q.

AU - Le, P. M.

AU - Gilmour, S.

DB - MEDLINE

DP - Ovid Technologies

KW - Betacoronavirus

Covid-19

Coronavirus Infections/ep [Epidemiology]

*Coronavirus Infections/pc [Prevention & Control]

Delivery of Health Care/mt [Methods]

*Delivery of Health Care/og [Organization & Administration]

*Developing Countries

Humans

*Infection Control/mt [Methods]

*Pandemics/pc [Prevention & Control]

Pneumonia, Viral/ep [Epidemiology]

*Pneumonia, Viral/pc [Prevention & Control]

SARS-CoV-2

Vietnam/ep [Epidemiology]

M1 - 5

N1 - Van Nguyen, Huy

Van Hoang, Minh

Dao, An Thi Minh

Nguyen, Hoa L

Van Nguyen, Tien

Nguyen, Phuong The

Khuong, Long Quynh

Le, Phuong Mai

Gilmour, Stuart

PY - 2020

SP - 988-992

ST - An adaptive model of health system organization and responses helped Vietnam to successfully halt the Covid-19 pandemic: What lessons can be learned from a resource-constrained country

T2 - International Journal of Health Planning & Management

TI - An adaptive model of health system organization and responses helped Vietnam to successfully halt the Covid-19 pandemic: What lessons can be learned from a resource-constrained country

VL - 35

ID - 266

ER -

TY - JOUR

AB - The stated objective of the COVID-19 lockdown was to allow time to prepare healthcare facilities. Preparation must include administrative and environmental measures, which when combined with personal protective equipment, minimise the risk of the spread of infection to patients and healthcare workers (HCWs) in facilities, allowing HCWs to safely provide essential services during the pandemic and limit the indirect effects of COVID-19 caused by healthcare disruption. We present our model for facility preparation based on colour-coded zones, social distancing, hand hygiene, rapid triage and separate management of symptomatic patients, and attention to infection transmission prevention between HCWs in communal staff areas. This model specifically addresses the challenges in preparing a facility for COVID-19 in a low-resource setting and in rural areas. In addition, we include links to resources to allow workers in low-resource settings to prepare their facilities adequately.

AD - Wilkinson, L S. International AIDS Society, Johannesburg, South Africa; Centre for Infectious Epidemiology and Research, Faculty of Health Sciences, University of Cape Town, South Africa. lynne.susan.wilkinson@gmail.com.

AN - 32880262

AU - Wilkinson, L. S.

AU - Moosa, S.

AU - Cooke, R.

AU - Muller, A. M.

AU - Boyles, T. H.

DB - MEDLINE

DP - Ovid Technologies

KW - Ambulatory Care Facilities

Betacoronavirus

Covid-19

Capacity Building

*Coronavirus Infections/ep [Epidemiology]

Coronavirus Infections/pc [Prevention & Control]

Coronavirus Infections/tm [Transmission]

*Delivery of Health Care/og [Organization & Administration]

Disinfection

Environment Design

Hand Disinfection

*Health Facilities

*Health Personnel

Hospitals

Humans

Infection Control

Mobile Health Units

Pandemics/pc [Prevention & Control]

Personal Protective Equipment/sd [Supply & Distribution]

*Pneumonia, Viral/ep [Epidemiology]

Pneumonia, Viral/pc [Prevention & Control]

Pneumonia, Viral/tm [Transmission]

SARS-CoV-2

South Africa/ep [Epidemiology]

Ventilators, Mechanical/sd [Supply & Distribution]

M1 - 9

N1 - Wilkinson, L S

Moosa, S

Cooke, R

Muller, A M

Boyles, T H

PY - 2020

SP - 835-836

ST - Preparing healthcare facilities to operate safely and effectively during the COVID-19 pandemic:
The missing piece in the puzzle

T2 - South African Medical Journal

TI - Preparing healthcare facilities to operate safely and effectively during the COVID-19 pandemic:
The missing piece in the puzzle

VL - 110

ID - 297

ER -

DIGITAL HEALTH

TY - JOUR

AB - Introduction: the current COVID-19 pandemic has occasioned the increased adoption of telemedicine. This study reports the uptake and trend of a new teleconsultation service in a Tanzanian hospital.

Methods: this is a retrospective observational study that profiled requests for teleconsultations and uptake of the service between April 1, 2020, and June 30, 2020.

Results: two hundred and eighteen telephone inquiries were received over the 3 months. One hundred and sixteen (53.2%) individuals followed through with the teleconsultations. Paediatric (38.8%) and Internal medicine (32.8%) were the subspecialties with the highest number of teleconsultations. In a frame of 3 months, teleconsultation uptake was highest in May and lowest in June.

Conclusion: there was a steady rise and a rapid fall in requests and uptake of teleconsultation services over the period under evaluation. Lack of insurance coverage for teleconsultations was a significant barrier. We propose a re-education and reiteration of the benefits of telemedicine to all stakeholders. This is important for the current era and beyond.

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Mukhtar, Murtaza. Outpatient Service Department, Aga Khan Hospital, Dar es Salaam.

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AN - 33282080

AU - Adebayo, P. B.

AU - Jusabani, A.

AU - Mukhtar, M.

AU - Zehri, A. A.
DB - MEDLINE
DP - Ovid Technologies
KW - COVID-19/ep [Epidemiology]
*COVID-19/th [Therapy]
*Delivery of Health Care/td [Trends]
Humans
*Remote Consultation/sn [Statistics & Numerical Data]
Retrospective Studies
*SARS-CoV-2
Tanzania/ep [Epidemiology]
*Tertiary Care Centers
M1 - Suppl 2
N1 - Adebayo, Philip Babatunde
Jusabani, Ahmed
Mukhtar, Murtaza
Zehri, Ali Akbar
PY - 2020
SP - 125
ST - The changing trend of teleconsultations during COVID-19 era at a tertiary facility in Tanzania
T2 - The Pan African medical journal
TI - The changing trend of teleconsultations during COVID-19 era at a tertiary facility in Tanzania
VL - 35
ID - 221
ER -

TY - JOUR

AB - The current pandemic of coronavirus disease 19 (COVID-19) has been a global concern since early 2020, where the number of COVID-19 cases is also on a rapid surge in Bangladesh with the report of a total of 276,549 cases after the detection of the first three cases in this country on 8 March 2020. The COVID-19 pandemic has made a seismic shift in the healthcare delivery system, where physician offices have accelerated digital health solutions at record speed, putting telemedicine (i.e., telehealth) at centre stage. Amid the severely contagious COVID-19, telemedicine has moved from being an optional service to an essential one. As the developing country, there are some barriers to get evenly distributed advantages of this approach due to the digital divides and disparities. In this commentary, we have described the importance of telemedicine service amid the outbreak of COVID-19 in Bangladesh, the barriers and challenges that the country is facing to implement this approach and the strategies to overcome these barriers in this developing country.

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AN - 32857887

AU - Chowdhury, S. R.

AU - Sunna, T. C.

AU - Ahmed, S.
DB - MEDLINE
DP - Ovid Technologies
KW - Bangladesh/ep [Epidemiology]
*COVID-19/th [Therapy]
Delivery of Health Care/mt [Methods]
Delivery of Health Care/og [Organization & Administration]
Developing Countries
Health Literacy
*Health Services Accessibility
Humans
Patient Acceptance of Health Care
Telemedicine/mt [Methods]
*Telemedicine
M1 - 1
N1 - Chowdhury, Saifur Rahman
Sunna, Tachlima Chowdhury
Ahmed, Shakil
PY - 2021
SP - 4-12
ST - Telemedicine is an important aspect of healthcare services amid COVID-19 outbreak: Its barriers in Bangladesh and strategies to overcome
T2 - International Journal of Health Planning & Management
TI - Telemedicine is an important aspect of healthcare services amid COVID-19 outbreak: Its barriers in Bangladesh and strategies to overcome
VL - 36
ID - 184
ER

TY - JOUR

AB - Purpose: To describe the experience of tele-consultations addressed at the centre of excellence of a multi-tier ophthalmology hospital network in India during the ongoing novel coronavirus (COVID-19) lockdown.

Methods: This cross-sectional hospital-based study included 7,008 tele-consultations presenting between March 23rd and April 19th 2020. A three-level protocol was implemented to triage the calls. The data of patient queries were collected using a Google Form/Sheets and the tele-calls were returned using the patient information retrieved from the electronic medical record system.

Results: Overall, 7,008 tele-calls were addressed, of which 2,805 (40.02%) patients where a clinical-related query was answered were included for analysis. The most common queries were related to redness/pain/watering/blurring of vision (31.52%), closely followed by usage of medications (31.05%). The majority of the queries were directed to the department of cornea (34.15%), followed by retina (24.74%). Less than one-fifth of the patients were from the lower socio-economic class (16.08%) and one-fourth were new patients (23.96%). The most common advice given to the patient was related to management of medications (54.15%) followed by appointment related (17.79%).

Emergency requests requiring further evaluation by an ophthalmologist accounted for a small percentage (16.36%) of patients.

Conclusion: Tracking of tele-consultations and access to patient information from the electronic medical records enabled a timely response in an ongoing lockdown due to the COVID-19 pandemic. The current experience provided valuable insights to the possibility of managing patient follow-up visits remotely in the future.

AD - Das, Anthony V. Department of eyeSmart EMR and AEye; Department of Tele Ophthalmology; Indian Health Outcomes Public Health and Economics Research Centre, L V Prasad Eye Institute, Hyderabad, Telangana, India.

Rani, Padmaja K. Department of Tele Ophthalmology, L V Prasad Eye Institute, Hyderabad, Telangana, India.

Vaddavalli, Pravin K. The Cornea Institute, L V Prasad Eye Institute, Hyderabad, Telangana, India.

AN - 32461415

AU - Das, A. V.

AU - Rani, P. K.

AU - Vaddavalli, P. K.

DB - MEDLINE

DP - Ovid Technologies

KW - Adult

*Betacoronavirus

Covid-19

*Coronavirus Infections/ep [Epidemiology]

Cross-Sectional Studies

*Delivery of Health Care/og [Organization & Administration]

*Electronic Health Records/og [Organization & Administration]

*Eye Diseases/th [Therapy]

Female

Hospitals, Special

Humans

India

Male

Middle Aged

Ophthalmology

Pandemics

*Pneumonia, Viral/ep [Epidemiology]

*Quarantine

*Remote Consultation/mt [Methods]

Rural Population/sn [Statistics & Numerical Data]

SARS-CoV-2

Urban Population/sn [Statistics & Numerical Data]

Young Adult

M1 - 6

N1 - Das, Anthony V

Rani, Padmaja K

Vaddavalli, Pravin K

Comment in (CIN)

PY - 2020

SP - 1007-1012

ST - Tele-consultations and electronic medical records driven remote patient care: Responding to the COVID-19 lockdown in India
T2 - Indian Journal of Ophthalmology
TI - Tele-consultations and electronic medical records driven remote patient care: Responding to the COVID-19 lockdown in India
VL - 68
ID - 339
ER -

TY - JOUR

AB - BACKGROUND: At the end of 2019, a novel coronavirus (COVID-19) was identified in China. The high potential of human-to-human transmission led to subsequent COVID-19 global pandemic. Public health strategies including reduced social contact and lockdown have been adopted in many countries. Nonetheless, social distancing and isolation could also represent risk factors for mental disorders, resulting in loneliness, reduced social support and under-detection of mental health needs. Along with this, social distancing determines a relevant obstacle for direct access to psychiatric care services. The pandemic generates the urgent need for integrating technology into innovative models of mental healthcare.

AIMS: In this paper, we discuss the potential role of telepsychiatry (TP) and other cutting-edge technologies in the management of mental health assistance. We narratively review the literature to examine the advantages and risks related to the extensive application of these new therapeutic settings, along with the possible limitations and ethical concerns.

RESULTS: Telemental health services may be particularly feasible and appropriate for the support of patients, family members and healthcare providers during this COVID-19 pandemic. The integration of TP with other technological innovations (eg, mobile apps, virtual reality, big data and artificial intelligence (AI)) opens up interesting future perspectives for the improvement of mental health assistance.

CONCLUSION: Telepsychiatry is a promising and growing way to deliver mental health services but is still underused. The COVID-19 pandemic may serve as an opportunity to introduce and promote, among numerous mental health professionals, the knowledge of the possibilities offered by the digital era.

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AU - Martinotti, G.

AU - di Giannantonio, M.

DB - MEDLINE

DP - Ovid Technologies

KW - Artificial Intelligence

*COVID-19/px [Psychology]

Delivery of Health Care/mt [Methods]

Family/px [Psychology]

Health Personnel/px [Psychology]

Humans

*Mental Disorders/th [Therapy]

Mental Disorders/vi [Virology]

Mental Health Services/es [Ethics]

Mobile Applications

Privacy

*Psychiatry/mt [Methods]

*Psychotherapy/mt [Methods]

SARS-CoV-2

Telemedicine/es [Ethics]

*Telemedicine

Virtual Reality

M1 - 1

M3 - Review

N1 - Using Smart Source Parsing

Jan

Di Carlo, Francesco

Sociali, Antonella

Picutti, Elena

Pettoruso, Mauro

Vellante, Federica

Verrastro, Valeria

Martinotti, Giovanni

di Giannantonio, Massimo

PY - 2021

ST - Telepsychiatry and other cutting-edge technologies in COVID-19 pandemic: Bridging the distance in mental health assistance

T2 - International Journal of Clinical Practice

TI - Telepsychiatry and other cutting-edge technologies in COVID-19 pandemic: Bridging the distance in mental health assistance

VL - 75
ID - 216
ER -

TY - JOUR

AB - BACKGROUND: Coronavirus disease (COVID-19) is an infectious disease that started in Wuhan, China in late 2019 and later spread around the world. Diabetes has been recognized as a possible risk factor for COVID-19 complications.

OBJECTIVE: International Society for Pediatric and Adolescent Diabetes (ISPAD) investigated perceptions, challenges and experience of health care professionals (HCP) taking care of children and young people with diabetes worldwide during COVID-19 pandemic.

METHODS: From 21st April to 17th May 2020, during COVID-19 pandemic, a web-based survey was sent to ISPAD members and former participants of ISPAD conferences by email.

RESULTS: Responders from 215 diabetes centers from 75 countries completed the survey. Majority were from UK (35; 16.3%), USA (20; 9.3%), and India (15; 7%). HCP were mostly pediatric endocrinologists (64%). During COVID-19 pandemic, 16.5% of responders continued face-to-face consultation while most changed to telephone (32%) or video (18%) consultations. 19% reported a shortage of medical supplies. 22% reported a delay in diagnosis of patients with new-onset diabetes, while 15% reported a higher incidence of DKA. 12% reported having one or more patients with COVID-19. Most of the 86 children and adolescents with diabetes and COVID-19 had only mild/moderate symptoms, while 5 required admission to an intensive care unit. No deaths were reported.

CONCLUSIONS: This large global survey during COVID-19 pandemic showed that many HCP adapted to the pandemic by resorting to telemedicine. One fourth of HCP reported delays in diagnosis and an increased rate of DKA. The emergence of COVID-19 pandemic had an important impact on family's behavior that might have led to increase in diabetic ketoacidosis presentation.

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Calliari, Luis Eduardo. Pediatric Endocrine Unit, Pediatric Department, Santa Casa School of Medical Sciences, Sao Paulo, Brazil.

Scaramuzza, Andrea Enzo. Diabetes and Endocrinology and Nutrition, Division of Pediatrics, ASST Cremona, Ospedale Maggiore di Cremona, Cremona, Italy.

AN - 32686287

AU - Elbarbary, N. S.

AU - Dos Santos, T. J.

AU - de Beaufort, C.

AU - Agwu, J. C.

AU - Calliari, L. E.

AU - Scaramuzza, A. E.

DB - MEDLINE

DP - Ovid Technologies

KW - Adolescent

*Covid-19
Child
Cross-Sectional Studies
Delayed Diagnosis
*Delivery of Health Care/td [Trends]
Diabetes Mellitus, Type 1/di [Diagnosis]
*Diabetes Mellitus, Type 1/th [Therapy]
Health Personnel
Humans
Incidence
Pandemics
Practice Patterns, Physicians'/td [Trends]
Surveys and Questionnaires
Telemedicine
M1 - 7
N1 - Elbarbary, Nancy Samir
Dos Santos, Tiago Jeronimo
de Beaufort, Carine
Agwu, Juliana Chizo
Calliari, Luis Eduardo
Scaramuzza, Andrea Enzo
PY - 2020
SP - 1083-1092
ST - COVID-19 outbreak and pediatric diabetes: Perceptions of health care professionals worldwide
T2 - Pediatric Diabetes
TI - COVID-19 outbreak and pediatric diabetes: Perceptions of health care professionals worldwide
VL - 21
ID - 144
ER -

TY - JOUR

AB - BACKGROUND AND AIMS: Dentistry involves close face-to-face interaction with patients, hence during the COVID-19 pandemic, it has mostly been suspended. Teledentistry can offer an innovative solution to resume dental practice during this pandemic. In this review, we provide a brief overview of applications of teledentistry.

METHODS: Articles on teledentistry, relevant to this review, were searched and consulted from PubMed, Google Scholar, and Cochrane database.

RESULTS: Teledentistry is the remote facilitating of dental treatment, guidance, and education via the use of information technology instead of direct face-to-face contact with patients.

Teleconsultation, telediagnosis, teletriage, and telemonitoring are subunits of teledentistry that have important functions relevant to dental practice. There are many challenges for acceptance of teledentistry by the dentists as well as patients, which need to be addressed urgently.

CONCLUSION: Teledentistry can offer a novel solution to resume dental practice during the current pandemic, hence, the need of the hour is to incorporate teledentistry into routine dental practice. If not fully replace, at least teledentistry can complement the existing compromised dental system during the current pandemic.

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AN - 32593116

AU - Ghai, S.

DB - MEDLINE

DP - Ovid Technologies

KW - *Betacoronavirus/ip [Isolation & Purification]

Covid-19

*Coronavirus Infections/ep [Epidemiology]

Coronavirus Infections/vi [Virology]

*Delivery of Health Care/st [Standards]

*Dentistry/mt [Methods]

Humans

India/ep [Epidemiology]

Pandemics

*Pneumonia, Viral/ep [Epidemiology]

Pneumonia, Viral/vi [Virology]

*Referral and Consultation/sn [Statistics & Numerical Data]

SARS-CoV-2

*Telemedicine/mt [Methods]

M1 - 5

M3 - Review

N1 - Ghai, Suhani

PY - 2020

SP - 933-935

ST - Teledentistry during COVID-19 pandemic

T2 - Diabetes & Metabolic Syndrome

TI - Teledentistry during COVID-19 pandemic

VL - 14

ID - 240

ER -

TY - JOUR

AB - In the current era of COVID-19 pandemic where at least some degree of social distancing is the norm and hospitals have emerged as hotspots for acquiring the infection, it has become important for oncologists to devise methods of providing care to cancer patients while minimizing patients' exposure to healthcare settings. In light of the on-going pandemic, it has been recommended that in-patient visits for cancer patients should be substituted by virtual visits and patients should be advised to proceed directly for infusion treatment. Telemedicine and tele-health based interventions have emerged as reasonably practical solutions to these impediments in the delivery of care to cancer patients. Technological advancements have resolved the issue of connectivity for telemedicine even to the remotest places. Teleconsultation is becoming an acceptable alternative for patients and health care providers in this era of information technology. Albeit the challenges that we are facing are diverse and therefore cannot have a singular full proof answer, telemedicine and tele-health based interventions seem to offer promise in effectively complementing our efforts

in that direction. Telemedicine is beneficial for both patients and doctors in term to provide quality care without shifting to physical location.

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AN - 33465561

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AU - Shankar, A.

AU - Saini, D.

AU - Seth, T.

AU - Roy, S.

AU - Aden, D.

AU - Bhandari, D.

AU - Singh, P.

DB - MEDLINE

DP - Ovid Technologies

KW - COVID-19/ep [Epidemiology]

*COVID-19/pc [Prevention & Control]

COVID-19/vi [Virology]

*Delivery of Health Care/mt [Methods]

Delivery of Health Care/td [Trends]

Developing Countries

Humans

*Medical Oncology/mt [Methods]

Medical Oncology/td [Trends]

Neoplasms/di [Diagnosis]

*Neoplasms/th [Therapy]

Pandemics

*SARS-CoV-2/ip [Isolation & Purification]

SARS-CoV-2/ph [Physiology]

*Telemedicine/mt [Methods]

Telemedicine/td [Trends]

N1 - Grewal, Udhayvir Singh

Shankar, Abhishek

Saini, Deepak

Seth, Tulika

Roy, Shubham

Aden, Durre

Bhandari, Dhiraj

Singh, Pritanjali

PY - 2021

SP - 100313

ST - Tele-health and cancer care in the era of COVID-19: New opportunities in low and middle income countries (LMICs)

T2 - Cancer Treatment And Research Communications

TI - Tele-health and cancer care in the era of COVID-19: New opportunities in low and middle income countries (LMICs)

VL - 27

ID - 84

ER -

TY - JOUR

AB - In response to the Covid-19 pandemic, many low- and middle-income countries (LMICs) expanded access to telemedicine to maintain essential health services. Although there has been attention to the accelerated growth of telemedicine in the United States and other high-income countries, the telemedicine revolution may have an even greater benefit in LMICs, where it could improve health care access for vulnerable and geographically remote patients. In this article, we survey the expansion of telemedicine for chronic disease management in LMICs and describe seven key steps needed to implement telemedicine in LMIC settings. Telemedicine can not only maintain essential medical care for chronic disease patients in LMICs throughout the Covid-19 pandemic, but also strengthen primary health care delivery and reduce socio-economic disparities in health care access over the long-term.

AD - Hoffer-Hawlik, Michael A. Columbia University Vagelos College of Physicians and Surgeons, New York, NY, US.

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Frieden, Thomas R. Resolve to Save Lives, New York, NY, US.

Gupta, Reena. Resolve to Save Lives, New York, NY, US.

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AN - 33150128

AU - Hoffer-Hawlik, M. A.

AU - Moran, A. E.

AU - Burka, D.

AU - Kaur, P.

AU - Cai, J.

AU - Frieden, T. R.

AU - Gupta, R.
DB - MEDLINE
DP - Ovid Technologies
KW - *COVID-19/th [Therapy]
*Chronic Disease/th [Therapy]
Delivery of Health Care/og [Organization & Administration]
*Disease Management
Health Plan Implementation/og [Organization & Administration]
*Health Services Accessibility/og [Organization & Administration]
Healthcare Disparities/og [Organization & Administration]
Humans
*Poverty
Primary Health Care/og [Organization & Administration]
*Telemedicine/og [Organization & Administration]
Workflow
M1 - 1
N1 - Hoffer-Hawlik, Michael A
Moran, Andrew E
Burka, Daniel
Kaur, Prabhdeep
Cai, Jun
Frieden, Thomas R
Gupta, Reena
PY - 2020
SP - 63
ST - Leveraging Telemedicine for Chronic Disease Management in Low- and Middle-Income Countries During Covid-19
T2 - Global heart
TI - Leveraging Telemedicine for Chronic Disease Management in Low- and Middle-Income Countries During Covid-19
VL - 15
ID - 176
ER -

TY - JOUR

AB - In a brief span of a few months, coronavirus disease (COVID-19) pandemic has brought a major paradigm shift in operation of clinical services around the world. Infection may be mild, moderate or severe; many remain asymptomatic. High burden of non-communicable and communicable diseases theoretically puts Pakistani population at increased risk of severe COVID-19 infection. Considering the universal risk of infection, the outpatient services in Pakistan need to be redesigned. Starting with risk assessment of the facility and provision of a dedicated telephone connection, structure and workflow need to be redesigned in order to minimise risk of exposure to healthcare professionals, staff and patients. Patients with COVID-19 patients should be identified before they arrive in the facility and should be served expeditiously, in an environment which prevents cross-transmission of infection. Tele-consultation is assuming an important role. Changes which are taking place in response to Covid-19 pandemic will have far reaching effects on clinical services in Pakistan.

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AN - 32515378
AU - Jamil, B.
DB - MEDLINE
DP - Ovid Technologies
KW - Ambulatory Care/mt [Methods]
Ambulatory Care/st [Standards]
*Ambulatory Care
*Betacoronavirus
Covid-19
Coronavirus Infections/di [Diagnosis]
Coronavirus Infections/ep [Epidemiology]
Coronavirus Infections/pc [Prevention & Control]
Coronavirus Infections/th [Therapy]
*Coronavirus Infections
Delivery of Health Care/mt [Methods]
Delivery of Health Care/st [Standards]
Humans
Pakistan
Pandemics/pc [Prevention & Control]
*Pandemics
Pneumonia, Viral/di [Diagnosis]
Pneumonia, Viral/ep [Epidemiology]
Pneumonia, Viral/pc [Prevention & Control]
Pneumonia, Viral/th [Therapy]
*Pneumonia, Viral
Remote Consultation
Risk Assessment
SARS-CoV-2
M1 - Suppl 3)(5
N1 - Jamil, Bushra
PY - 2020
SP - S52-S55
ST - Clinical features, diagnosis and management of COVID-19 patients in the outdoor setting
T2 - JPMA - Journal of the Pakistan Medical Association
TI - Clinical features, diagnosis and management of COVID-19 patients in the outdoor setting
VL - 70
ID - 334
ER -

TY - JOUR

AB - BACKGROUND: Internet hospitals in China are in great demand due to limited and unevenly distributed health care resources, lack of family doctors, increased burdens of chronic diseases, and rapid growth of the aged population. The COVID-19 epidemic catalyzed the expansion of online health care services. In recent years, internet hospitals have been rapidly developed. Ping An Good

Doctor is the largest, national online medical entry point in China and is a widely used platform providing online health care services.

OBJECTIVE: This study aims to give a comprehensive description of the characteristics of the online consultations and inquisitions in Ping An Good Doctor. The analyses tried to answer the following questions: (1) What are the characteristics of the consultations in Ping An Good Doctor in terms of department and disease profiles? (2) Who uses the online health services most frequently? and (3) How is the user experience of the online consultations of Ping An Good Doctor?

METHODS: A total of 35.3 million consultations and inquisitions over the course of 1 year were analyzed with respect to the distributions of departments and diseases, user profiles, and consulting behaviors.

RESULTS: The geographical distribution of the usage of Ping An Good Doctor showed that Shandong (18.4%), Yunnan (15.6%), Shaanxi (7.2%), and Guangdong (5.5%) were the provinces that used it the most; they accounted for 46.6% of the total consultations and inquisitions. In terms of department distribution, we found that gynecology and obstetrics (19.2%), dermatology (17.0%), and pediatrics (14.4%) were the top three departments in Ping An Good Doctor. The disease distribution analysis showed that, except for nondisease-specific consultations, acute upper respiratory infection (AURI) (4.1%), pregnancy (2.8%), and dermatitis (2.4%) were the most frequently consulted diseases. In terms of user profiles, females (60.4%) from 19 to 35 years of age were most likely to seek consultations online, in general. The user behavior analyses showed that the peak times of day for online consultations occurred at 10 AM, 3 PM, and 9 PM. Regarding user experience, 93.0% of users gave full marks following their consultations. For some disease-related health problems, such as AURI, dermatitis, and eczema, the feedback scores were above average.

CONCLUSIONS: The prevalence of internet hospitals, such as Ping An Good Doctor, illustrated the great demand for online health care services that can go beyond geographical limitations. Our analyses showed that nondisease-specific issues and moderate health problems were much more frequently consulted about than severe clinical conditions. This indicated that internet hospitals played the role of the family doctor, which helped to relieve the stress placed on offline hospitals and facilitated people's lives. In addition, good user experiences, especially regarding disease-related inquisitions, suggested that online health services can help solve health problems. With support from the government and acceptance by the public, online health care services could develop at a fast pace and greatly benefit people's daily lives.

AD - Jiang, Xuehan. Ping An Healthcare Technology, Beijing, China.

Xie, Hong. Ping An Healthcare and Technology Company Limited, Shanghai, China.

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Li, Tao. Ping An Healthcare and Technology Company Limited, Shanghai, China.

Gao, Jinsheng. Ping An Healthcare and Technology Company Limited, Shanghai, China.

Xu, Xiuping. Ping An Healthcare and Technology Company Limited, Shanghai, China.

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Wu, Dejun. Ping An Healthcare and Technology Company Limited, Shanghai, China.

Xie, Guotong. Ping An Healthcare Technology, Beijing, China.

AN - 33729985

AU - Jiang, X.

AU - Xie, H.

AU - Tang, R.
AU - Du, Y.
AU - Li, T.
AU - Gao, J.
AU - Xu, X.
AU - Jiang, S.
AU - Zhao, T.
AU - Zhao, W.
AU - Sun, X.
AU - Hu, G.
AU - Wu, D.
AU - Xie, G.
DB - MEDLINE
DP - Ovid Technologies
KW - Adult
*COVID-19/ep [Epidemiology]
China/ep [Epidemiology]
Cross-Sectional Studies
*Delivery of Health Care/mt [Methods]
Female
Humans
Male
SARS-CoV-2/ip [Isolation & Purification]
Surveys and Questionnaires
*Telemedicine/mt [Methods]
Young Adult
M1 - 4
N1 - Jiang, Xuehan
Xie, Hong
Tang, Rui
Du, Yanmei
Li, Tao
Gao, Jinsheng
Xu, Xiuping
Jiang, Siqi
Zhao, Tingting
Zhao, Wei
Sun, Xingzhi
Hu, Gang
Wu, Dejun
Xie, Guotong
PY - 2021
SP - e25817
ST - Characteristics of Online Health Care Services From China's Largest Online Medical Platform:
Cross-sectional Survey Study
T2 - Journal of Medical Internet Research
TI - Characteristics of Online Health Care Services From China's Largest Online Medical Platform:
Cross-sectional Survey Study

VL - 23
ID - 77
ER -

TY - JOUR

AB - In response to coronavirus disease-2019 pandemic (COVID-19), the government of Uganda instituted movement restrictions to curb disease spread. However, this affected accessibility to medical services in a setting where the healthcare system is not equipped to handle most healthcare needs of the populace outside hospital premises. This gap led to the prominence and unprecedented rise in the use of digital health technologies to deliver health information and services at a distance (telehealth) during the COVID-19 outbreak. The use of telehealth modalities including tele-consultation, tele-psychiatry, call centers and mobile phone health information dissemination increased. The COVID-19 pandemic augmented the rising role of digital health technologies as a much needed aspect of medical service delivery in our times. However, the efficacy and impact on clinical outcomes across various healthcare thematic areas need to be explored further and more evidence generated.

AD - Kamulegeya, Louis Henry. The Medical Concierge Group, Kampala, Uganda.

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Musinguzi, Davis. The Medical Concierge Group, Kampala, Uganda.

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AN - 33623568

AU - Kamulegeya, L. H.

AU - Bwanika, J. M.

AU - Musinguzi, D.

AU - Bakibinga, P.

DB - MEDLINE

DP - Ovid Technologies

KW - *COVID-19/pc [Prevention & Control]

Call Centers

Cell Phone

*Delivery of Health Care/mt [Methods]

Delivery of Health Care/og [Organization & Administration]

Digital Technology/mt [Methods]

*Health Services Accessibility

Humans

Information Dissemination

*Telemedicine/mt [Methods]

Uganda

M1 - Suppl 2

N1 - Kamulegeya, Louis Henry

Bwanika, John Mark

Musinguzi, Davis

Bakibinga, Pauline

PY - 2020

SP - 43

ST - Continuity of health service delivery during the COVID-19 pandemic: the role of digital health technologies in Uganda

T2 - The Pan African medical journal

TI - Continuity of health service delivery during the COVID-19 pandemic: the role of digital health technologies in Uganda

VL - 35

ID - 164

ER -

TY - JOUR

AB - COVID-19 is a global health emergency that exposed the gaps in health systems globally, especially in sub-Saharan Africa home to many fragile healthcare systems and a region beset with a large burden of disease. Various mitigation strategies have been put in place to stop the spread of COVID-19 and management of patients in sub-Saharan Africa. However, much still need to be done. Digital health provides the promise for the continent to bridge the gap in decreasing the negative impact of COVID-19 and effectively mitigate the pandemic. This commentary argues how countries in sub-Saharan Africa need to embrace the use of digital health in public health interventions to vigorously mitigate the COVID-19 pandemic and to contribute towards attaining universal health coverage (UHC).

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AU - Mogessie, Y. G.

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AU - Claude, N.

AU - Buntongyi, N.

AU - Lucero-Prisno, D. E.

DB - MEDLINE

DP - Ovid Technologies

KW - Africa South of the Sahara

COVID-19/ep [Epidemiology]

*COVID-19/pc [Prevention & Control]

*Delivery of Health Care/og [Organization & Administration]

*Digital Technology

Humans
Public Health
Universal Health Insurance
N1 - Mogessie, Yidnekachew Girma
Ntacyabukura, Blaise
Mengesha, Dawit Tesfagiorgis
Musa, Mohamed Babiker
Wangari, Marie-Claire
Claude, Nsabimana
Buntongyi, Nit
Lucero-Prisno, Don Eliseo
PY - 2021
SP - 240
ST - Digital health and COVID-19: challenges of use and implementation in sub-Saharan Africa
T2 - The Pan African medical journal
TI - Digital health and COVID-19: challenges of use and implementation in sub-Saharan Africa
VL - 38
ID - 79
ER -

PRIMARY CARTE AND CHWs

TY - JOUR

AB - BACKGROUND: Community health workers (CHWs) are well-positioned to play a pivotal role in fighting the pandemic at the community level. The Covid-19 outbreak has led to a lot of stress and anxiety among CHWs as they are expected to perform pandemic related tasks along with the delivery of essential healthcare services. In addition, movement restrictions, lockdowns, social distancing, and lack of protective gear have significantly affected CHWs' routine workflow and performance. To optimize CHWs' functioning, there is a renewed interest in supporting CHWs with digital technology to ensure an appropriate pandemic response.

DISCUSSION: The current situation has necessitated the use of digital tools for the delivery of Covid-19 related tasks and other essential healthcare services at the community level. Evidence suggests that there has been a significant digital transformation to support CHWs in these critical times such as remote data collection and health assessments, the use of short message service and voice message for health education, use of digital megaphones for encouraging behavior change, and digital contract tracing. A few LMICs such as Uganda and Ethiopia have been successful in operationalizing digital tools to optimize CHWs' functioning for Covid-19 tasks and other essential health services.

CONCLUSION: Yet, in most LMICs, there are some challenges concerning the feasibility and acceptability of using digital tools for CHWs during the Covid-19 pandemic. In most cases, CHWs find it difficult to adopt and use digital health solutions due to lack of training on new digital tools, weak technical support, issues of internet connectivity, and other administrative related challenges. To address these challenges, engaging governments would be essential for training CHWs on user-friendly digital health solutions to improve routine workflow of CHWs during the Covid-19 pandemic.

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AN - 33390163
AU - Feroz, A. S.
AU - Khoja, A.
AU - Saleem, S.
DB - MEDLINE
DP - Ovid Technologies
M1 - 1
N1 - Feroz, Anam Shahil
Khoja, Adeel
Saleem, Sarah
PY - 2021
SP - 1
ST - Equipping community health workers with digital tools for pandemic response in LMICs
T2 - Archives of Public Health
TI - Equipping community health workers with digital tools for pandemic response in LMICs
VL - 79
ID - 58
ER -

TY - JOUR

AB - BACKGROUND: Primary health centers (PHCs) represent the first tier of the Indian health care system, providing a range of essential outpatient services to people living in the rural, suburban, and hard-to-reach areas. Diversion of health care resources for containing the coronavirus disease (COVID-19) pandemic has significantly undermined the accessibility and availability of essential health services. Under these circumstances, the preparedness of PHCs in providing safe patient-centered care and meeting the current health needs of the population while preventing further transmission of the severe acute respiratory syndrome coronavirus 2 infection is crucial.

OBJECTIVE: The aim of this study was to determine the primary health care facility preparedness toward the provision of safe outpatient services during the COVID-19 pandemic in India.

METHODS: We conducted a cross-sectional study among supervisors and managers of primary health care facilities attached to medical colleges and institutions in India. A list of 60 faculties involved in the management and supervision of PHCs affiliated with the community medicine departments of medical colleges and institutes across India was compiled from an accessible private organization member database. We collected the data through a rapid survey from April 24 to 30, 2020, using a Google Forms online digital questionnaire that evaluated preparedness parameters based on self-assessment by the participants. The preparedness domains assessed were infrastructure availability, health worker safety, and patient care.

RESULTS: A total of 51 faculties responded to the survey. Each medical college and institution had on average a total of 2.94 (SD 1.7) PHCs under its jurisdiction. Infrastructural and infection control deficits at the PHC were reported in terms of limited physical space and queuing capacity, lack of separate entry and exit gates (n=25, 49%), inadequate ventilation (n=29, 57%), and negligible airborne infection control measures (n=38, 75.5%). N95 masks were available at 26 (50.9%) sites. Infection prevention and control measures were also suboptimal with inadequate facilities for handwashing and hand hygiene reported in 23.5% (n=12) and 27.4% (n=14) of sites, respectively. The operation of outpatient services, particularly related to maternal and child health, was significantly disrupted (P<.001) during the COVID-19 pandemic.

CONCLUSIONS: Existing PHC facilities in India providing outpatient services are constrained in their functioning during the COVID-19 pandemic due to weak infrastructure contributing to suboptimal patient safety and infection control measures. Furthermore, there is a need for effective planning, communication, and coordination between the centralized health policy makers and health managers working at primary health care facilities to ensure overall preparedness during public health emergencies.

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Rustagi, Ruchir. Department of Community Medicine, Maulana Azad Medical College, New Delhi, India.

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AN - 32452819

AU - Garg, S.

AU - Basu, S.

AU - Rustagi, R.

AU - Borle, A.

DB - MEDLINE

DP - Ovid Technologies

KW - *Ambulatory Care/og [Organization & Administration]

Covid-19

*Coronavirus Infections/ep [Epidemiology]

Cross-Sectional Studies

*Health Facility Administration

Humans

India/ep [Epidemiology]

*Pandemics

*Pneumonia, Viral/ep [Epidemiology]

*Primary Health Care/og [Organization & Administration]

M1 - 2

N1 - Garg, Suneela

Basu, Saurav

Rustagi, Ruchir

Borle, Amod

PY - 2020

SP - e19927

ST - Primary Health Care Facility Preparedness for Outpatient Service Provision During the COVID-19 Pandemic in India: Cross-Sectional Study

T2 - JMIR Public Health and Surveillance

TI - Primary Health Care Facility Preparedness for Outpatient Service Provision During the COVID-19 Pandemic in India: Cross-Sectional Study

VL - 6

ID - 341

ER -

EBOLA

TY - JOUR

AB - COVID-19, caused by a novel coronavirus named SARS-CoV-2, was identified in December 2019, in Wuhan, China. It was first confirmed in sub-Saharan Africa in Nigeria on 27 February 2020 and has since spread quickly to all sub-Saharan African countries, causing more than 111,309 confirmed cases and 2,498 deaths as of 03 June 2020. The lessons learned during the recent Ebola virus disease (EVD) outbreaks in some sub-Saharan African countries were expected to shape and influence the region's responses to COVID-19 pandemic. However, some of the challenges associated with the management of the EVD outbreaks persist and create obstacles for the effective management of the COVID-19 pandemic. This article describes the commonalities between the EVD epidemics and COVID-19 pandemic, with a view to draw on lessons learned to effectively tackle the ongoing pandemic. Key successes, failures and lessons learned from previous EVD outbreaks are discussed. Recommendations on how these lessons can be translated to strengthen the COVID-19 response in sub-Saharan Africa are provided.

AN - 32654261

AU - Afolabi, M. O.

AU - Folayan, M. O.

AU - Munung, N. S.

AU - Yakubu, A.

AU - Ndow, G.

AU - Jegede, A.

AU - Ambe, J.

AU - Kombe, F.

DB - MEDLINE

DP - Ovid Technologies

KW - Africa South of the Sahara/ep [Epidemiology]

*COVID-19/ep [Epidemiology]

*Delivery of Health Care/st [Standards]

*Disease Outbreaks

*Hemorrhagic Fever, Ebola/ep [Epidemiology]

Humans

*Public Health Practice/st [Standards]

SARS-CoV-2

Social Stigma

M1 - 1

N1 - Afolabi, Muhammed O

Folayan, Morenike Oluwatoyin

Munung, Nchangwi Syntia

Yakubu, Aminu

Ndow, Gibril
Jegade, Ayodele
Ambe, Jennyfer
Kombe, Francis

PY - 2021

SP - 25-30

ST - Lessons from the Ebola epidemics and their applications for COVID-19 pandemic response in sub-Saharan Africa

T2 - Developing World Bioethics

TI - Lessons from the Ebola epidemics and their applications for COVID-19 pandemic response in sub-Saharan Africa

VL - 21

ID - 133

ER -

TY - JOUR

AB - Guidelines include recommendations intended to optimize patient care; used appropriately, they make healthcare consistent and efficient. In most lower-middle income countries (LMICs), there is a paucity of well-designed guidelines; as a result, healthcare workers depend on guidelines developed in Higher Income Countries (HICs). However, local guidelines are more likely to be implemented because they are applicable to the specific environment; and consider factors such as availability of resources, specialized skills and local culture. If guidelines developed in HICs are to be implemented in LMICs, developers need to incorporate local experts in their development. Involvement of local stakeholders may improve the rates of implementation by identifying and removing barriers to implementation in LMICs. Another option is to encourage local experts to adapt them for use in LMICs; these guidelines may recommend strategies different from those used in HICs, but will be aimed at achieving the best practicable standard of care. Infrastructural deficits in LMICs could be improved by learning from and building on the successful response to the human immunodeficiency virus/acquired immunodeficiency syndrome pandemic through interactions between HICs and LMICs. Similarly, collaborations between postgraduate medical colleges in both HICs and LMICs may help specialist doctors training in LMICs develop skills required for guideline development and implementation.

AD - Olayemi, Edeghonghon. Department of Haematology, College of Health Sciences, University of Ghana, Accra, Ghana.

Olayemi, Edeghonghon. Ghana Institute of Clinical Genetics, Korle Bu, Accra, Ghana.

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Benneh-Akwasi Kuma, Amma A. Department of Haematology, College of Health Sciences, University of Ghana, Accra, Ghana.

AN - 28295193

AU - Olayemi, E.

AU - Asare, E. V.

AU - Benneh-Akwasi Kuma, A. A.

DB - MEDLINE

DP - Ovid Technologies

KW - *Delivery of Health Care/st [Standards]

*Developing Countries
Guideline Adherence
Hematology/st [Standards]
Humans
*Practice Guidelines as Topic
M1 - 6
M3 - Review
N1 - Olayemi, Edeghonghon
Asare, Eugenia V
Benneh-Akwasi Kuma, Amma A
PY - 2017
SP - 846-854
ST - Guidelines in lower-middle income countries
T2 - British Journal of Haematology
TI - Guidelines in lower-middle income countries
VL - 177
ID - 358
ER -

3. A HEALTH SERVICE IS ONLY AS GOOD AS THE PEOPLE WHO WORK WITHIN IT. HEALTH WORKERS HAVE BEEN UNDER EXTRAORDINARY PRESSURES FOR SEVERAL MONTHS ON END. WHAT HAVE WE LEARNED AND HOW CAN WE BETTER SUPPORT HEALTH WORKERS GOING FORWARD?

IMPACT ON HWs

TY - JOUR

AB - BACKGROUND: SARS-CoV-2 (COVID-19) has had a significant impact on every South African but more specifically healthcare professionals, including speech-language pathologists (SLPs). In response to the COVID-19 pandemic, South Africa implemented a nationwide lockdown as confirmed cases continued to rise. Understanding the impact of COVID-19 on SLPs has a three-fold purpose: to re-evaluate service provision, service delivery platforms and to identify the need for support to SLPs during a time of crisis. It is also crucial in guiding how policies and interventions need to be modified.

OBJECTIVES: The study aimed to better understand how the workspace of SLPs in hospitals was impacted by COVID-19, how they experienced this process and the implications for them as healthcare professionals in both the private and public sector throughout South Africa.

METHODOLOGY: An exploratory cross-sectional study design was used to meet the aims of the study. Thirty-nine SLPs from different provinces in South Africa, working in government and private hospitals during COVID-19, responded to the online survey. Results were analysed using descriptive statistics and thematic content analysis.

RESULTS: SLPs' roles, responsibilities and service delivery were impacted by COVID-19. It was necessary for typical outpatient therapy services to be modified; there were changes to the role of the SLP in the hospital and inpatient services were curtailed.

CONCLUSION: This study provides insightful information to SLPs employed in hospitals to know that they are experiencing similar challenges. It also confirms the resilience of healthcare professionals, including SLPs, when faced with novel and unprecedented situations.

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AN - 33764150

AU - Adams, S. N.

AU - Seedat, J.

AU - Coutts, K.

AU - Kater, K. A.

DB - MEDLINE

DP - Ovid Technologies

KW - Adult

*Attitude of Health Personnel

COVID-19/ep [Epidemiology]

Cooperative Behavior

Cross-Sectional Studies

*Delivery of Health Care/og [Organization & Administration]

Humans

Middle Aged

Pandemics

*Personnel, Hospital/px [Psychology]

Qualitative Research

SARS-CoV-2

South Africa/ep [Epidemiology]

*Speech-Language Pathology/og [Organization & Administration]

Surveys and Questionnaires

M1 - 1

N1 - Adams, Skye N

Seedat, Jaishika

Coutts, Kim

Kater, Kelly-Ann

PY - 2021

SP - e1-e12

ST - 'We are in this together' voices of speech-language pathologists working in South African healthcare contexts during level 4 and level 5 lockdown of COVID-19

T2 - South African Journal of Communication Disorders - die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings

TI - 'We are in this together' voices of speech-language pathologists working in South African healthcare contexts during level 4 and level 5 lockdown of COVID-19

VL - 68

ID - 123

ER -

TY - JOUR

AB - The article aims to discuss the care provided by female healthcare workers in Brazil during the Covid-19 pandemic, based on a sociological analysis by authors who discuss such care as devalued and poorly paid work performed to a large extent by low-income women. The work involves social constructions of emotions and has used the body as a work instrument in care for others. In addition, the increasingly precarious nature of health work in Brazilian society, aggravated in recent decades, with an increase in temporary contracts, loss of labor rights, overload of tasks, and adverse work conditions, among others, adds to the increase in medical and hospital care in the Covid-19 pandemic. In this context, female healthcare workers experience lack of personal protective equipment, fear of coronavirus infection, concerns with their children and other family members, and illness and death of coworkers and themselves. The article highlights the need for government attention and management of healthcare work and professional societies, analyzing the work conditions female healthcare workers are experiencing in confronting the pandemic.

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AN - 33729355

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AU - Andrade, C. B.

DB - MEDLINE

DP - Ovid Technologies

KW - Attitude to Death

Brazil/ep [Epidemiology]

*COVID-19/ep [Epidemiology]

COVID-19/px [Psychology]

COVID-19/tm [Transmission]

Delivery of Health Care/ec [Economics]

Delivery of Health Care/st [Standards]

Delivery of Health Care/td [Trends]

*Delivery of Health Care

Family

Fear

Female

Health Personnel/ec [Economics]

Health Personnel/px [Psychology]

*Health Personnel

Humans

National Health Programs

*Pandemics

Personal Protective Equipment/sd [Supply & Distribution]

Salaries and Fringe Benefits/td [Trends]

Sex Factors

Sociological Factors

Workplace/px [Psychology]

Workplace/st [Standards]

M1 - 3

N1 - Portuguese, English
Bitencourt, Silvana Maria
Andrade, Cristiane Batista
OP - Trabalhadoras da saude face a pandemia: por uma analise sociologica do trabalho de cuidado
PY - 2021
SP - 1013-1022
ST - Female healthcare workers and the Covid-19 pandemic in Brazil: a sociological analysis of healthcare work
T2 - Ciencia & Saude Coletiva
TI - Female healthcare workers and the Covid-19 pandemic in Brazil: a sociological analysis of healthcare work
VL - 26
ID - 129
ER -

TY - JOUR

AB - The article considers the key factors that negatively affect the quality of work of medical workers and the quality of medical care to the population in the context of the COVID-19 pandemic, which in practice leads to additional deaths from a new coronavirus infection. There are two key reasons that can have a negative impact on the quality of work of medical workers and lead to an increase in the death rate of the population: 1) lack of relevant scientific support; 2) lack of qualified psychological support. The first reason does not allow to increase the professional competence of medical workers, the second reason leads to their professional deformation and emotional burnout. To solve the problem, it is proposed to use modern information and communication technologies: 1) creation of a rapidly updated database and an online system for sharing experience in COVID-19 treatment, centrally accessible to all Russian health workers; 2) creation of a remote psychological support service, also centrally accessible to all Russian health workers.

AD - Sertakova, O V. Ministry of Health of the Moscow Region, 143407, Krasnogorsk, Russia.

Dudin, M N. Institute of Market Problems of the Russian Academy of Sciences, 117418, Moscow, Russia, dudimn@mail.ru.

Krekova, M M. Moscow Polytechnic University, 107023, Moscow, Russia.

AN - 34327939

AU - Sertakova, O. V.

AU - Dudin, M. N.

AU - Krekova, M. M.

DB - MEDLINE

DP - Ovid Technologies

KW - COVID-19/dt [Drug Therapy]

COVID-19/mo [Mortality]

*Covid-19

*Delivery of Health Care/st [Standards]

*Health Personnel

Humans

*Pandemics

Russia/ep [Epidemiology]

Social Support

COVID-19 drug treatment

M1 - Special Issue

N1 - Russian

Sertakova, O V

Dudin, M N

Krekova, M M

PY - 2021

SP - 652-657

ST - [Improving the Quality of Work of Medical Workers and the Level of Assistance to the Population as a Necessary Condition for Minimizing Deaths in the Covid-19 Pandemic]

T2 - Problemy Sotsialnoi Gigieny i Istorii Meditsiny

TI - [Improving the Quality of Work of Medical Workers and the Level of Assistance to the Population as a Necessary Condition for Minimizing Deaths in the Covid-19 Pandemic]

VL - 29

ID - 36

ER -

TY - JOUR

AB - COVID-19 has stressed healthcare systems across the globe. We present the experience of an intern medical officer working in a tertiary care hospital during the first wave of the pandemic in Sri Lanka. Her narrative describes how the stress of the pandemic brought into sharp focus the strengths and weaknesses in the health system. We suggest some strategies to improve our health services as the world faces the second wave and an uncertain future. These include structural changes in healthcare services at institutional and national levels, focused educational programmes for healthcare professionals to impart generic skills of disaster management, and the development of telehealth services and computerisation of health systems. We believe that we must maintain this focus to ensure that our patients can be guaranteed quality healthcare in the future.

AD - Subhani, Brabaharan. Clinical Medicine, NHSL, Colombo, Sri Lanka.

Wijayaratne, Dilushi. Clinical Medicine, NHSL, Colombo, Sri Lanka.

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Jayasinghe, Saroj. Clinical Medicine, NHSL, Colombo, Sri Lanka saroj@clinmed.cmb.ac.lk.

Jayasinghe, Saroj. Clinical Medicine, Faculty of Medicine, University of Colombo, Colombo, Sri Lanka.

AN - 33972386

AU - Subhani, B.

AU - Wijayaratne, D.

AU - Jayasinghe, S.

DB - MEDLINE

DP - Ovid Technologies

KW - Age Factors

COVID-19/ep [Epidemiology]

COVID-19/th [Therapy]

*Covid-19

Delivery of Health Care/og [Organization & Administration]

Delivery of Health Care/td [Trends]

*Delivery of Health Care
Disaster Planning
Fear
Female
*Health Resources
Humans
*Internship and Residency
Male
*Pandemics
*Physicians/px [Psychology]
SARS-CoV-2
Sri Lanka/ep [Epidemiology]
Stress, Psychological
M1 - 3
M3 - Personal Narrative
N1 - Subhani, Brabaharan
Wijyaratne, Dilushi
Jayasinghe, Saroj
PY - 2021
SP - 380-383
ST - Lessons from the frontlines: a junior doctor's experience of the first wave of the COVID-19 pandemic in a resource-limited setting
T2 - Medical Humanities
TI - Lessons from the frontlines: a junior doctor's experience of the first wave of the COVID-19 pandemic in a resource-limited setting
VL - 47
ID - 17
ER -

STIGMA

TY - JOUR

AB - Sub-Saharan Africa is most affected by the AIDS pandemic and Lesotho is no exception. In many countries, healthcare workers are at the forefront of the fight against AIDS. This study explores the difficulties facing healthcare workers in Lesotho using a combination of qualitative methods--focus group discussions and in-depth interviews. The findings suggest that healthcare workers are afraid of contracting HIV from their patients and this affects their delivery of services. In addition, the results revealed that poor infrastructure and shortage of supplies at the facilities hinder healthcare workers from performing their duties effectively. The other concern was the heavy workload and severe time constraints which puts enormous stress on healthcare workers. Stigma and discrimination emerged as major problems for healthcare workers. Addressing the challenges facing healthcare workers is essential in effectively managing the AIDS pandemic facing the continent.

AD - Koto, Masebeo Veronica. a Masters in Population Studies, is a Researcher affiliated to the School of Built Environment and Development Studies at the University of KwaZulu-Natal, Durban, South Africa.

Maharaj, Pranitha. b PhD, is a Professor affiliated to the School of Built Environment and Development Studies at the University of KwaZulu-Natal, Durban, South Africa.

AN - 27128878

AU - Koto, M. V.

AU - Maharaj, P.

DB - MEDLINE

DP - Ovid Technologies

KW - *Delivery of Health Care/og [Organization & Administration]

Female

Focus Groups

HIV Infections/th [Therapy]

*HIV Infections

Health Personnel/px [Psychology]

*Health Personnel/sn [Statistics & Numerical Data]

Health Services Needs and Demand/og [Organization & Administration]

Humans

Lesotho/ep [Epidemiology]

Male

*Social Stigma

Social Support

Workload

M3 - Review

N1 - Koto, Masebeo Veronica

Maharaj, Pranitha

PY - 2016

SP - 53-9

ST - Difficulties facing healthcare workers in the era of AIDS treatment in Lesotho

T2 - SAHARA J: Journal of Social Aspects of HIV/AIDS Research Alliance

TI - Difficulties facing healthcare workers in the era of AIDS treatment in Lesotho

VL - 13

ID - 362

ER -

TY - JOUR

AB - OBJECTIVES: Report on communication and qualified listening in nursing work in the face of the COVID-19 pandemic.

METHODS: This descriptive, theoretical and reflexive report was developed by nurses between March 20th and May 25th 2020 at Emergency Care Services in the city of Fortaleza, Ceara, Brazil. Health communication served as the theoretical background for this research.

RESULTS: Two main thematic categories were highlighted: (i) Resignifications of communication in the work relationships of the health team and (ii) Guided listening to users by nurses at the Emergency Care Services during the pandemic.

CONCLUSIONS: The experience revealed an excerpt of what is found under the conditions of the current situation resulting from COVID-19. Communication turned into an essential tool to maintain

professional relationships and culminate in collaboration and cooperation of the team in order to provide a close relationship with the user and promote the quality of health care processes.

AD - Rodrigues, Maria Eunice Nogueira Galeno. State University of Ceara, Brazil, eunicegaleno@hotmail.com.

Belarmino, Adriano da Costa. State University of Ceara, Brazil, adrian_belarmin@hotmail.com.

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Gomes, Ilvana Lima Verde. State University of Ceara, Brazil, ilverde@gmail.com.

Ferreira Junior, Antonio Rodrigues. State University of Ceara, Brazil, arodrigues.junior@uece.br.

AN - 33306899

AU - Rodrigues, Meng

AU - Belarmino, A. D. C.

AU - Custodio, L. L.

AU - Gomes, I. L. V.

AU - Ferreira Junior, A. R.

DB - MEDLINE

DP - Ovid Technologies

KW - Brazil

*Covid-19

*Communication

Cooperative Behavior

*Delivery of Health Care/og [Organization & Administration]

Delivery of Health Care/st [Standards]

Humans

Interprofessional Relations

*Nurses/og [Organization & Administration]

Nursing/og [Organization & Administration]

Patient Care Team/og [Organization & Administration]

Quality of Health Care

M1 - 3

N1 - Using Smart Source Parsing

Oct

Rodrigues, Maria Eunice Nogueira Galeno

Belarmino, Adriano da Costa

Custodio, Livia Lopes

Gomes, Ilvana Lima Verde

Ferreira Junior, Antonio Rodrigues

PY - 2020

ST - Communication in health work during the COVID-19 pandemic

T2 - Investigacion y Educacion en Enfermeria

TI - Communication in health work during the COVID-19 pandemic

VL - 38

ID - 172

ER -

4. THE CONTENT FROM PREVIOUS DISCUSSIONS SUGGEST THAT IN SOME CONTEXTS THERE HAS BEEN BOTH A DISRUPTION IN DELIVERY OF SERVICES AND ALSO IN DEMAND, ASSOCIATED WITH EXAGGERATED FEARS OF INFECTION FROM HEALTH FACILITIES. HOW HAVE ATTITUDES CHANGED IN YOUR EXPERIENCE/COUNTRY?

TY - JOUR

AB - Covid-19 pandemic was associated to fear among patients, doctors and nurses, it was responsible of a work impairment in health structures organisation. All patients were at home, only Covid patients were at hospital. Our country has a quick reaction, we declared the pandemic as a social disease with free management. All hospital had the order to create their own Covid-19 circuit. We report the experience of our hospital in the crisis management with the creation of the circuit, its organisation, the management of the different financial, technical, human, sanitary, psychological and logistical aspects. The great point of this crisis was the fear, stress of caregivers for themselves and their families. The other point for members of Covid Cell was the race against time, the learning of a new job: a manager or a polyvalent chief. The presence of a Covid-19 circuit is necessary for each hospital at the epidemic time but it must be managed by infectious diseases doctors, lung specialists, intensive care givers and emergency room caregivers in collaboration. An enhancement of the structures is necessary at the level of medical wards and beds of intensive care.

AN - 33480013

AU - Abdelmalek, R.

AU - Maghraoui, H.

AU - Zribi, M.

AU - Guerfali, M.

AU - Ammous, A.

AU - Mourali, M. S.

AU - Abdellatif, S.

DB - MEDLINE

DP - Ovid Technologies

KW - *COVID-19/pc [Prevention & Control]

*Delivery of Health Care/og [Organization & Administration]

*Emergency Medical Services/og [Organization & Administration]

Hospitals

Humans

Tunisia/ep [Epidemiology]

M1 - 8-9

N1 - Abdelmalek, R

Maghraoui, H

Zribi, M

Guerfali, M

Ammous, A

Mourali, M S

Abdellatif, S

PY - 2020

SP - 600-605

ST - COVID-19 circuit management: la Rabta experience

T2 - Tunisie Medicale

TI - COVID-19 circuit management: la Rabta experience

VL - 98

ID - 152

ER -

TY - JOUR

AB - Introduction: the COVID-19 pandemic since its emergence has posed a great danger to the health of the general populace while impacting the Nigerian healthcare delivery significantly. Since its emergence, the health system has been stretched with overwhelming responsibilities. The study assessed health providers' perceived impact of coronavirus pandemic on the uptake of health care services in South West Nigeria.

Methods: a descriptive cross-sectional design using an online structured survey was used to elicit responses from 385 Nigerian health workers selected by convenience sampling technique. Data analysis was done with the Statistical Package for Social Sciences (SPSS) version 26. Comparison of the uptake of healthcare before and during the COVID-19 pandemic was performed using the Chi-square test.

Results: findings revealed a significant difference between the uptake of health care prior and during the COVID-19 pandemic ($\chi^2 = 92.77, p=0.000$) as 253 respondents (65.7%) reported that the hospital recorded a low turn-out of patients during the pandemic and 184 (47.8%) indicated that some of the facility units/departments were temporarily closed due to COVID-19 pandemic. Similarly, there was a significant difference between health-related conditions requiring hospital admission before and during COVID-19 pandemic ($\chi^2 = 3.334, p=0.046$). Factors influencing uptake of health services during the COVID-19 pandemic are: fear of nosocomial infection, fear of stigmatization, and misconception/misinformation on COVID-19 diseases and care. Conclusion: the Nigerian health system in the past months has been remarkably impacted by the pandemic. This calls for immediate restructuring to maintain an equitable distribution of care, while minimizing risk to patients and health providers.

AD - Afolalu, Olamide Olajumoke. Department of Nursing Science, Osun State University Osogbo, Osun State, Nigeria.

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AU - Afolalu, O. O.

AU - Atekoja, O. E.

AU - Oyewumi, Z. O.

AU - Adeyeye, S. O.

AU - Jolayemi, K. I.

AU - Akingbade, O.

DB - MEDLINE
DP - Ovid Technologies
KW - Adult
Anxiety
COVID-19/ep [Epidemiology]
COVID-19/pc [Prevention & Control]
*COVID-19/px [Psychology]
Cross-Sectional Studies
*Delivery of Health Care/sn [Statistics & Numerical Data]
Fear
Female
Health Personnel
*Health Services/sn [Statistics & Numerical Data]
Health Services Accessibility
Humans
Male
Middle Aged
Nigeria
*Pandemics/pc [Prevention & Control]
Patient Acceptance of Health Care/px [Psychology]
SARS-CoV-2
Surveys and Questionnaires
N1 - Afolalu, Olamide Olajumoke
Atekoja, Oluwabusolami Esther
Oyewumi, Zaccheus Opeyemi
Adeyeye, Semiu Opeyemi
Jolayemi, Karimat Itunu
Akingbade, Oluwadamilare
PY - 2021
SP - 26
ST - Perceived impact of coronavirus pandemic on uptake of healthcare services in South West Nigeria
T2 - The Pan African medical journal
TI - Perceived impact of coronavirus pandemic on uptake of healthcare services in South West Nigeria
VL - 40
ID - 7
ER -

TY - JOUR

AB - About a week after the confirmation of Nigeria's index case of COVID-19 on February 27, 2020, the Nigerian federal government set up a 12-member Presidential Task Force for the Control of the Coronavirus. The country's borders were closed on March 23, and the lockdown of cities was also implemented. The unanticipated disruption of scholarly or professional advancement for the 94% of university students who are not currently learning may increase the burden of mental illness among these students and predispose them to social vices. Two suicide deaths occurred during the lockdown. Poverty, lack of trust in the government, ignorance, denial and misplaced religious zealotry negatively impact on the behavior of Nigerians. Fear-induced behavioral changes such as

consuming lemon, ginger, garlic, local herbs, and other substances for protection have also become rampant. Loss of income due to the lockdown and the accompanying destitution can also be a pathfinder for numerous other sicknesses and deaths. For the benefit of enhanced prevention and control of infection, only government-funded hospitals and a few designated privately owned hospitals have been permitted to provide continued services at this time. The number of shifts in these hospitals were adjusted such that there are fewer health care professionals in the hospital at a given time. This strategy has inhibited treatment and care for certain groups of people who are not COVID-19 patients. Efforts are being made to develop telehealth services, but most rural residents may not benefit from them. (PsycInfo Database Record (c) 2021 APA, all rights reserved).

AD - Chukwuorji, JohnBosco Chika. Department of Psychology, University of Nigeria.

Iorfa, Steven Kator. Department of Psychology, University of Nigeria.

AN - 32551760

AU - Chukwuorji, J. C.

AU - Iorfa, S. K.

DB - MEDLINE

DP - Ovid Technologies

KW - *COVID-19/pc [Prevention & Control]

Communicable Disease Control/og [Organization & Administration]

Communicable Disease Control/st [Standards]

*Communicable Disease Control

Delivery of Health Care/og [Organization & Administration]

Delivery of Health Care/st [Standards]

*Delivery of Health Care

Humans

Mental Disorders/et [Etiology]

*Mental Disorders

Nigeria

*Socioeconomic Factors

M1 - S1

N1 - Chukwuorji, JohnBosco Chika

Iorfa, Steven Kator

PY - 2020

SP - S188-S190

ST - Commentary on the coronavirus pandemic: Nigeria

T2 - Psychological Trauma:Theory, Pesearch, Practice and Policy

TI - Commentary on the coronavirus pandemic: Nigeria

VL - 12

ID - 115

ER -

Ovid MEDLINE(R) ALL <1946 to November 12, 2021> Searched 14th
Nov 2021

- 1 COVID-19/ (118500)
- 2 Pandemics/ (70392)
- 3 (covid* or pandemic*).ti,ab. (203700)
- 4 1 or 2 or 3 (218779)
- 5 "essential health services".ti,ab. (290)
- 6 "Delivery of Health Care"/mt, og, st, sn, td [Methods, Organization & Administration, Standards, Statistics & Numerical Data, Trends] (47686)
- 7 5 or 6 (47948)
- 8 4 and 7 (1494)
- 9 (afghanistan or albania or algeria or american samoa or angola or "antigua and barbuda" or antigua or barbuda or argentina or armenia or armenian or aruba or azerbaijan or bahrain or bangladesh or barbados or republic of belarus or belarus or byelarus or belorussia or byelorussian or belize or british honduras or benin or dahomey or bhutan or bolivia or "bosnia and herzegovina" or bosnia or herzegovina or botswana or bechuanaland or brazil or brasil or bulgaria or burkina faso or burkina fasso or upper volta or burundi or urundi or cabo verde or cape verde or cambodia or kampuchea or khmer republic or cameroon or cameron or cameroun or central african republic or ubangi shari or chad or chile or china or colombia or comoros or comoro islands or iles comores or mayotte or democratic republic of the congo or democratic republic congo or congo or zaire or costa rica or "cote d'ivoire" or "cote d'ivoire" or cote divoire or cote d ivoire or ivory coast or croatia or cuba or cyprus or czech republic or czechoslovakia or djibouti or french somaliland or dominica or dominican republic or ecuador or egypt or united arab republic or el salvador or equatorial guinea or spanish guinea or eritrea or estonia or eswatini or swaziland or ethiopia or fiji or gabon or gabonese republic or gambia or "georgia (republic)" or georgian or ghana or gold coast or gibraltar or greece or grenada or guam or guatemala or guinea or guinea bissau or guyana or british guiana or haiti or hispaniola or honduras or hungary or india or indonesia or timor or iran or iraq or isle of man or jamaica or jordan or kazakhstan or kazakh or kenya or "democratic people's republic of korea" or republic of korea or north korea or south korea or korea or kosovo or kyrgyzstan or kirghizia or kirgizstan or kyrgyz republic or kirghiz or laos or lao pdr or "lao people's democratic republic" or latvia or lebanon or lebanese republic or lesotho or basutoland or liberia or libya or libyan arab jamahiriya or lithuania or macau or macao or republic of north macedonia or macedonia or madagascar or malagasy republic or malawi or nyasaland or malaysia or malay federation or malaya federation or maldives or indian ocean islands or indian ocean or mali or malta or micronesia or federated states of micronesia or kiribati or marshall islands or nauru or northern mariana islands or palau or tuvalu or mauritania or mauritius or mexico or moldova or moldovian or mongolia or montenegro or morocco or ifni or mozambique or portuguese east africa or myanmar or burma or namibia or nepal or netherlands antilles or nicaragua or niger or nigeria or oman or muscat or pakistan or panama or papua new guinea or new guinea or paraguay or peru or philippines or philipines or phillippines or philippines or poland or "polish people's republic" or portugal or portuguese republic or puerto rico or romania or russia or russian federation or ussr or soviet union or union of soviet socialist republics or rwanda or ruanda or samoa or pacific islands or polynesia or samoan islands or navigator island or navigator islands or "sao tome and principe" or saudi arabia or senegal or serbia or seychelles or sierra leone or slovakia or slovak republic or slovenia or melanesia or solomon island or solomon islands or norfolk island or norfolk islands or somalia or south africa or

south sudan or sri lanka or ceylon or "saint kitts and nevis" or "st. kitts and nevis" or saint lucia or "st. lucia" or "saint vincent and the grenadines" or saint vincent or "st. vincent" or grenadines or sudan or suriname or surinam or dutch guiana or netherlands guiana or syria or syrian arab republic or tajikistan or tadjikistan or tadhikistan or tadhik or tanzania or tanganyika or thailand or siam or timor leste or east timor or togo or togolese republic or tonga or "trinidad and tobago" or trinidad or tobago or tunisia or turkey or turkmenistan or turkmen or uganda or ukraine or uruguay or uzbekistan or uzbek or vanuatu or new hebrides or venezuela or vietnam or viet nam or middle east or west bank or gaza or palestine or yemen or yugoslavia or zambia or zimbabwe or northern rhodesia or global south or africa south of the sahara or sub-saharan africa or subsaharan africa or africa, central or central africa or africa, northern or north africa or northern africa or magreb or maghrib or sahara or africa, southern or southern africa or africa, eastern or east africa or eastern africa or africa, western or west africa or western africa or west indies or indian ocean islands or caribbean or central america or latin america or "south and central america" or south america or asia, central or central asia or asia, northern or north asia or northern asia or asia, southeastern or southeastern asia or south eastern asia or southeast asia or south east asia or asia, western or western asia or europe, eastern or east europe or eastern europe or developing country or developing countries or developing nation? or developing population? or developing world or less developed countr* or less developed nation? or less developed population? or less developed world or lesser developed countr* or lesser developed nation? or lesser developed population? or lesser developed world or under developed countr* or under developed nation? or under developed population? or under developed world or underdeveloped countr* or underdeveloped nation? or underdeveloped population? or underdeveloped world or middle income countr* or middle income nation? or middle income population? or low income countr* or low income nation? or low income population? or lower income countr* or lower income nation? or lower income population? or underserved countr* or underserved nation? or underserved population? or underserved world or under served countr* or under served nation? or under served population? or under served world or deprived countr* or deprived nation? or deprived population? or deprived world or poor countr* or poor nation? or poor population? or poor world or poorer countr* or poorer nation? or poorer population? or poorer world or developing econom* or less developed econom* or lesser developed econom* or under developed econom* or underdeveloped econom* or middle income econom* or low income econom* or lower income econom* or low gdp or low gnp or low gross domestic or low gross national or lower gdp or lower gnp or lower gross domestic or lower gross national or lmic or lmics or third world or lami countr* or transitional countr* or emerging economies or emerging nation?).ti,ab,sh,kf. (2134669)

10 8 and 9 (391)