WHO-HIFA Project: Maintaining essential health services during COVID-19 and beyond
(Third thematic discussion, messages #402-508)
Edited by Gladson Vaghela, Aashish Lamichhane, Vedant Jha, Neil Pakenham-Walsh, February 2022

HIFA is collaborating with WHO to promote sharing and learning of experience and expertise around the maintenance of essential health services during and after the pandemic, in a spirit of solidarity and co-development. Below is the structured long edit version of the discussion from message number 402 to 508, which includes the period of the third thematic discussion 'What have we learned'. Full compilations and long edits of earlier discussions are available on the HIFA website (www.hifa.org), and derivative Action Briefs are available on the WHO Health Services Learning Hub (https://hlh.who.int/).

Overview

There were 107 contributions from 22 HIFA members in 14 countries. The editors have selected contributions from 18 members in 12 countries (Australia, Cameroon, Canada, Honduras, India, Iraq, Netherlands/Zambia, Nigeria, Norway, United Kingdom, United States, and Zimbabwe) to illustrate the key points raised. Their HIFA professional profiles are listed below. Also provided below is a list of publications to which (all 22) HIFA members referred.

The number of messages exchanged was significant but less than the previous two discussions. This may reflect the choice of questions, whereby there were some similarities between the questions in the third discussion as compared with previous discussions.

Q1 asked: "Looking back over the past 18 months, in what ways has COVID-19 affected your work? What impact has COVID-19 had on your organization or your health facility? How have things changed over time and where are you now?" Key points included: low resilience, with major disruptions despite relatively low caseload in some countries; lack of access to health care; impact of restrictions on mental health care services; mental health of health workers; access to essential healthcare information; and impact of restrictions on partnerships.

Q2 asked: "How have you responded to these challenges? What worked well and not so well?". Key points were improved coordination of services; task sharing; public health communication; teleconsultation (restricted to those with internet)

Q3 asked: "A health service is only as good as the people who work within it. Health workers have been under extra ordinary pressures for several months on end. What have we learned and how can we better support health workers going forward?" Response: Meeting the basic needs of health workers is fundamental to strengthen health services, especially when they are under intense and prolonged stress

Q4 asked: "We have noted there is not only disruption to the delivery of services but also in demand for services, associated with exaggerated fears of contagion from health facilities. How have attitudes changed in your experience/country?" Response: fear of visiting health facilities; escalating prices for consumers to prevent and treat COVID-19; lack of trust in modern medicine versus traditional medicine.

Responses to the above questions are provided below, with further interpretation by the editors after each question, and reflections on gaps and further questions raised, under 'What we have yet to learn'.

Q1. Looking back over the past 18 months, in what ways has COVID-19 affected your work? What impact has COVID-19 had on your organization or your health facility? How have things changed over time and where are you now?

Goran Zangana (Iraq) All of a sudden, tests such as CRP, D-dimer and Ferritin (all nonspecific markers of inflammation) became the 'gold standard' for almost every patient with suspected COVID-19.

Miracle Adesina (Nigeria) During this present pandemic, due to restriction of movement to curtail the spread of the virus, they couldn't get the information via that means. So, they were also caught in the mace of misinformation and fallacies. Additionally, they didn't get access to other vital health information on important topics such as family planning, mental health, etc. as projects conducted in the camp were not resilient in pandemic settings.

Didier Demassosso (Cameroon) The COVID-19 pandemic in Cameroon has had an ambivalent effect on Cameroon's mental health care services delivery and on its users. On the one hand mental health care services provided to individuals belonging to vulnerable groups (for example persons living with a physical or mental health disability) was and still is seriously affected and on the other hand, persons who had COVID-19, persons who were to be tested or who were tested COVID-19 positive, including their family members (in the process on contact tracing) received adequate and improved mental health care services.

In fact, the barrier measures put forward by the Cameroonian government restricting the number of persons in public services was a great hindrance to the mental health care services.

For instance, group therapies were halted in the CNRPH with hospitalized patients and care givers of these patients. Moreover, [mental health workers] had to reframe face to face consultations because of the need to respect physical distancing. The wearing of the mask by patients during clinical encounters was a hindrance to the clinical process's need to rely on nonverbal cues.

Group counselling sessions which were reduced initially have even stopped completely as the fear of going to the hospital and fear of the health professionals increased during the pandemic.

Until today mental health service delivery in CNRPH is not what it used to be before the COVID-19.

COVID-19 has affected not only the mental health of health and mental health workers alike but how health care and mental health care is done. During the first phase of the COVID-19 pandemic, the health system was under extreme strain. Hospitals were under alert. Health providers were under pressure, fear (death and contamination) and stress.

Levi (Australia) We found similar trend for high prevalence of mental health problems of depression, anxiety and stress among Bangladeshi residents during the COVID-19 pandemic. We think there is a need for mental health support in this population to minimise the long term effects.

Chiabi Bernard Ful (Cameroon) We face challenges like lockdowns due to the conflict in anglophone Cameroon where patients find it difficult to travel to the district hospital for consultation, diagnosis and treatment. Due to these lockdowns, patients could be consulted in their communities, with sample collection and transportation to the district hospital laboratory for analysis. International and donor organisations should invest their funds in such research and innovations. This will close the gaps in the diagnosis, treatment and care for patients especially those in conflict affected zones of Sub Sahara African countries and other LMICs.

Jackeline Alger (Honduras) HIFA members reported disruption of services across a number of different areas during the COVID-19 pandemic, particularly for reproductive health and childbirth; child health, immunisation; mental health; cancer prevention and treatment; and surgery. The impact - and the solutions - is complex and multifaceted. Overall, there is a need for strengthening of health systems. Some low- and middle-income have been overwhelmed at times despite many of them having a lower caseload than many higher-income countries. Particular concerns in LMICs have included the limited availability of intensive care services, availability of oxygen, increase in home births performed by untrained birth attendants, and disruption in routine immunisation schedules.

Arlet Splint (Zambia) The West was not fair in sharing their vaccines and knowledge to prevent further spread of the Covid virus for Zambia. The European Union promised a lot but did little so far via WHO or their Covax program. Foundations tried their best to help their friends in Zambians (sending money to purchase protection materials) but due to travel restrictions board members could not visit them personally. Being on the spot is much better to continue the relation. Contact via Skype was possible but a poor substitute.

Joseph Ana (Nigeria) Africa suffers the chronic effects of weak health systems in the 54 countries that make it up: heavy health illiteracy, poor access to health facilities, poor health care delivery in the facilities, poor outcome and unacceptable levels of morbidity and mortality from already prevalent diseases, talk more of a new deadly virus causing a pandemic. Many reasons have been adduced by as many experts and discussants all over the world. Some say it is because Africa is predominantly populated by black race, but that cannot be true. Black Pepple in Europe, USA and

the UK have come of worse from the nasty deadly virus. Some say it is the hot sun, but again California, Texas, Southern Europe etc. have hot sun. Others say it is because of 'innately stronger immunity of Africans living in Africa because they are forever slowly inoculated by all the various bites from all manner of bugs, at night and daytime, from childhood to old age. The absence of the high numbers of death compared to the colder countries had led to apathy and increasing doubt and ambivalence about even the existence of COVID19 virus in many sections of the population. This is made worse by widespread mid/disinformation and pre-covid superstition, ignorance and weak health care system.

Katie Foxall (UK) Oncology nurses and their patients face a double burden in Lower- and Middle-Income Countries (LMICs), where resources are limited under normal circumstances and now must accommodate pandemic-related challenges. The special issue includes personal reports and narratives describing the early psychosocial effects of the pandemic, for example lockdowns and increased staff shortages due to diversion to COVID-19 wards or vulnerable nurses with chronic conditions or pregnancy staying at home while some became infected with COVID-19 and died.

Editorial Comments: Q1

Metrics: 7 contributors in 5 countries (Cameroon, Honduras, Iraq, Nigeria, Zambia)

What we learned:

1. Resilience: "Some LMICs have been overwhelmed at times despite many of them having a lower caseload than many higher-income countries"
2. Access to health care: "We face challenges like lockdowns due to the conflict in anglophone Cameroon where patients find it difficult to travel to the district hospital for consultation, diagnosis and treatment"
3. Mental health: "The barrier measures put forward by the Cameroonian government restricting the number of persons in public services was a great hindrance to the mental health care services... the wearing of the mask by patients during clinical encounters was a hindrance to the clinical process's need to rely on nonverbal cues."
4. Health workers: "Health providers were under pressure, fear (death and contamination) and stress."
5. Vaccination: "The West was not fair in sharing their vaccines and knowledge to prevent further spread of the Covid virus for Zambia."
6. Information: "They [the public] didn't get access to other vital health information on important topics such as family planning, mental health, etc. as projects conducted in the camp were not resilient in pandemic settings."
7. Partnerships: "Due to travel restrictions board members could not visit them personally. Being on the spot is much better to continue the relation. Contact via Skype was possible but a poor substitute"

What we have yet to learn:

1. How to strengthen the resilience of LMICs to prepare for higher caseloads

2. How to increase trust and reduce fear of hospitals and health professionals
3. How to better support health workers

Q2. How have you responded to these challenges? What worked well and not so well?

Miracle Adesina (Nigeria) Our solution to improve access to health information was use of a community-led and digital innovation.

Additionally, we developed infographics of prevention of coronavirus in more than 100 languages to satisfy the language needs of the varieties of the camp residents.
We also utilized outreaches led by our volunteers, camp leaders and some of the camp youths.

To improve access to health services we are utilizing a community - based, -led and -participatory models and task shifting approaches.

To explore healthcare needs for the vulnerable and disadvantaged populations, better tailored and specific questions to different areas of healthcare must be asked.

Didier Demassosso (Cameroon) I was informed just recently that Health professionals had also received mental health care services during the COVID-19 from the Ministry of public health.
During the pandemic the Ministry of Public Health made two collaborations. One with the Ministry of Secondary Education, with respect to drafting of a psychological manual for students in secondary schools. School counsellors were put into the forefront in the use of this tool. Moreover, with the support of the WHO a response plan targeting children and adolescents was drafted.

A psychological unit was opened in the Ministry of Public Health to coordinate this mental health care services. However, the services were seriously challenged as a result of lack of funding necessary to carry on training, sensitization and remote psychological support.

There are equally important unmet mental health needs, for instance the psychological support to the mental health teams which worked during the COVID-19. This team was made up of volunteer psychologist and they worked to support the health system. There is need therefore to strengthen the system's human work force by building at all levels more than ever before mental health capacity.

Sanchika Gupta (India) There are many mobile applications cropped up during the pandemic providing doctor patient consultation. But availability is for those who have a smartphone with internet connectivity means who already have access to technology and just take one more step to reach out to the healthcare system. The gap between the existing healthcare system and those who don't have access to technology is the real challenge.

Simon Lewin (Norway) The conclusion suggests that we need to strengthen mental health services in most countries. We have recently published a Cochrane review on the effects of taskshifting of care for people in LMICs with mental disorders and distress to primary-levels workers. The review includes 95 randomised trials from 30 LMICs, and addresses taskshifting for management of anxiety and depression, and also for a range of other mental health issues.

Joseph Ana (Nigeria) We currently have almost completed the analysis of a patient experience / satisfaction survey in the PHC facilities in Buachi State, Nigeria where PACK is used and the result seems to be excellent to all the questions about the care, they (patients) received.

Our discussion adjourned on the note that all stakeholders in the health sector and system need to intensify efforts to educate the public on the need to avoid complacency because COVID19 is real, and to promote acceptance to be vaccinated whenever the vaccines arrive, and to continue preventive actions including regular hand washing, use of mask especially when on a crowd / indoors, and physically distance self from others.

Venus Mushinings (Zimbabwe) From my experience as part of the Zimbabwe National COVID-19 response team, I have noted that in a pandemic situation there is need to be flexible in coming up with and implementing policy. In my opinion, a very critical aspect that contributed to the ability to be dynamic and evaluate policies as the pandemic unfolded was the way the governance structures of the pandemic response were organised with clearly spelt of terms of reference. This allowed stakeholders to have timely input into policy. One other important aspect was the availability of daily data from the Surveillance Pillar in terms of the pandemic. Data elements were added to cater for different data needs. Analysis was timely and allowed for adjustment for policy. It was also quick to come up with policies as there was already a system that was in place to respond to other pandemics. Adopting already existing policies for the COVID 19 pandemic contributed to the quick response.

Richard Fitton (UK) A significant change in England was the issue of COPI notices. These notices on behalf of the Director of Policy and Strategy, NHSX, Department of Health and Social Care On behalf of the Secretary of State for Health and Social Care increased the sharing of personal health data during the pandemic. The health and social care system is taking action to manage and mitigate the spread and impact of the current outbreak of Covid-19. Action to be taken will require the sharing of confidential patient information amongst health organisations and other appropriate bodies for the purposes of protecting public health, providing healthcare services to the public and monitoring and managing the outbreak.

Esha Ray Chaudhuri (Canada) A key lesson from the current pandemic is that countries need to share lessons and actively coordinate, complement and supplement each other's public health responses, especially between neighbours.

Editorial Comments: Q2

Metrics: 7 contributors in 6 countries (Cameroon, India, Nigeria, Norway, UK, Zimbabwe)

What we learned:

1. Service delivery: Coordination "governance structures of the pandemic response were organised with clearly spelt of terms of reference"
2. Service delivery: Task sharing "we are utilizing a community-based, -led and -participatory models and task shifting approaches"
3. Communications: Public "all stakeholders in the health sector and system need to intensify efforts to educate the public on the need to avoid complacency because COVID-19 is real,"
4. Mobile health: "There are many mobile applications cropped up during the pandemic providing doctor patient consultation. But availability is for those who have a smartphone with internet connectivity"

What we have yet to learn:

1. How to strengthen coordination and task sharing
2. How to better communicate key information on COVID-19 to the general public
3. How to increase public access to mobile phones and internet

Q3. A health service is only as good as the people who work within it. Health workers have been under extra ordinary pressures for several months on end. What have we learned and how can we better support health workers going forward?

Vedant Shekhar Jha (India) Measures to empower healthcare systems by increasing human resource and availability of personal protective equipment, vaccinations, medications, tele-health services, emphasis of quality of life and mental health support to decrease the burden faced by the healthcare workers due to the resurgence of COVID-19.

Neil Pakenham-Walsh (UK) I have skimmed through the report [https://www.who.int/publications/i/item/WHO-UHL-PHC-SP-2021.01] and there are a few references to health workers, but surely, they are central to health systems strengthening. To paraphrase Lincoln Chen et al (2004): The only way to achieve health systems resilience is through the health worker: There are no shortcuts. In my view, far more attention is needed to empower health workers with their basic needs.

Q4. We have noted there is not only disruption to the delivery of services but also in demand for services, associated with exaggerated fears of contagion from health facilities. How have attitudes changed in your experience/country?

Chiabi Bernard Ful (Cameroon) COVID-19 pandemic has resulted to an increase in TB death due to stigma as patients presenting with signs and symptoms refuse to go the health unit for diagnosis and treatment. This can be reduced if we intensify TB case finding. TB and COVID share similar signs and symptoms and if medical consultants could request a covid test together with a sputum sample for TB diagnosis, more cases will be diagnosed and treated since test and treatment are free. Research is already ongoing at the level of the district hospital where patients sent for covid test, a sputum sample is collected for analysis as part of the TB case finding intensification to diagnose and treat more patients

Goran Zangana (Iraq) As for prevention, private retailers increased the prices of masks, gloves and other essential equipment for prevention early on in the pandemic. Several herbal medicines were promoted as effective prophylaxis against COVID-19, and their prices went up. Private pharmacies also increased the prices of Vitamins, particularly Vitamin D, Vitamin C and Zinc. These substances are promoted as preventative medicines against COVID-19, and their prices escalated.

Private hospitals didn't hesitate much to increase the prices of doing such tests. The most extensive exploitation of the COVID-19 outbreaks arguably happened in this area (of medicines and presumed therapeutics). The prices of many medicines promoted as 'treatment' for COVID-19 went up substantially, in some cases even skyrocketing. And unsurprisingly, oxygen cylinders became another "commodity" with escalating prices for those who decided to treat their family members in their own homes.

Yakum Martin Ndinakie (Cameroon) In the first place, the major problem faced in Cameroon is misinformation making a lot of people to lost trust in the modern medicine and turn more to traditional remedies. When the pandemic started in China by the end of 2019, this first impression in our population was that China was too far and we should not expect to be affected. However, when we registered our first cases early in 2020, a lot of people took to the social media saying that there is nothing like COVID-19 in Cameroon and that the government is using it as a pretext to receive funds from the international community for COVID-19 response.

Gradually as the pandemic expanded, I guess maybe because it touched a lot of people directly or indirectly through their family members, many other versions of the misinformation came out but what I take not is that some people accepted that there is covid-19 but still saying that the health facilities are "killing" the cases. Talking with several people in my neighbourhood, I realized several of them had symptoms that they suspected covid-19 but decided to contact a provider to come and manage them at home rather saying that they do not want to go to the hospital and die. However, I think this is associated with stigma because they simply refuse going to the treatment centres but still requested a doctor or nurse to treatment at home. With the introduction of vaccines, a lot of people are reluctant from taking the vaccines because they think it is not safe. I think is vaccine hesitancy issue is not only about vaccine but about health promotion activities in general because we see the same thing with the wearing of facemask (including even locally made masks).

As people are running away from the hospital, it is of course normal that they do not want to take their children for immunization sessions and other activities in the hospital. However, this generally affected minor situations because I have seen families that are "preaching" hospital is dangerous take their own children to the health facilities though only when it was already critical. As you know, in a critical situation means the patient can die. I was in one of the hospital when my wife was just delivered of a baby and saw a woman whose child died and she was busy shouting "Hospital X has finally killed my child". This is weird but true, she arrived at the hospital already crying because the child was already in a very bad situation and the child died close to 30 minutes later.

Editorial Comments: Q4

Metrics: 3 contributors from 2 countries (Cameroon, Iraq)

What we learned:

1. Fear and stigma: "COVID-19 pandemic has resulted to an increase in TB death due to stigma as patients presenting with signs and symptoms refuse to go the health unit for diagnosis and treatment"

2. Affordability: "Private retailers increased the prices of masks, gloves and other essential equipment for prevention…Several herbal medicines were promoted as effective prophylaxis against COVID-19, and their prices went up. ... Private pharmacies also increased the prices of

Vitamins... tests... medicines promoted as 'treatment' for COVID-19 went up substantially, in some cases even skyrocketing... oxygen cylinders became another "commodity" with escalating prices...

3. Trust: "the major problem faced in Cameroon is misinformation making a lot of people to lost trust in the modern medicine and turn more to traditional remedies... [people are] saying that the health facilities are "killing" the cases"

What we have yet to learn:

1. Practical ways to build trust in modern medicine and health services
2. Practical ways to help the public make better decisions about seeking care

HIFA profiles of contributors

Miracle Adesina is a physical therapist, healthcare innovator, global health researcher with focus on sexual and mental health and has over 5 years of experience in sexual and mental health advocacy and research. He is a United Nations Academic Impact Millennium Fellow, Global Youth Ambassador for Theirworld (UK-based), Global Goodwill Ambassador, HundrED Ambassador and sits on the board of US-based Universal Care for Africa Foundation. He currently serves as the Country Coordinator (Nigeria), Slum and Rural Health Initiative (SRHIN) and Senior Research Associate at SRHIN Research Academy. Miracle has over 50 publications in peer-reviewed international journals and serves as journal reviewer for more than 15 journals. He envisions a world where health information and services will be available and affordable for individuals in slums, villages, underserved communities, internally displaced persons camps and rural regions. Miracle is a member of the WHO/HIFA working group on Maintaining essential health services during COVID-19.
https://www.hifa.org/support/members/adesina
https://www.hifa.org/projects/essential-health-services-and-COVID-19
Email: miracle.adesina@srhin.org

Jackeline Alger, MD, PhD, is a parasitologist working at the Departamento de Laboratorio Clínico, Hospital Escuela and at the Unidad de Investigación Científica, Facultad de Ciencias Médicas, Universidad Nacional Autónoma de Honduras (UNAH), Tegucigalpa, Honduras. She is a board member of the Instituto de Enfermedades Infecciosas y Parasitologia Antonio Vidal (IAV), a non-profit organization devoted to training, advising, and conducting research in the field of infectious diseases. She combines clinical laboratory work, teaching, and research activities with mentoring students, faculty and health professionals performing health research, building interdisciplinary bridges, promoting international collaboration, and networking to advance scientific and ethical research and social innovation for health in Honduras. She is a Country Representative for HIFA and CHIFA and is the 2-time holder of HIFA Country Representative of the Year Award 2015 and 2018. http://www.hifa.org/people/country-representatives/map

Email: jackelinealger AT gmail.com

Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: www.hriwestafrica.com Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.
http://www.hifa.org/support/members/joseph-0
http://www.hifa.org/people/steering-group
Email: jneana AT yahoo.co.uk

Esha Ray Chaudhuri is an Equity Analyst, in Canada. Professional interests: Equity Issues in Health and Health Care with particular focus on interface of Local and Global contexts. She is a member of the WHO-HIFA Catalyst Group on Learning for quality health services. https://www.hifa.org/projects/learning-quality-health-services
Email address: ed.consult3@gmail.com

Didier Demassosso is a mental health practitioner, Consultant (WHO, MoPH Cameroon...), Mental health advocate, Youth advocate with 10 years experience in mental health development in Cameroon. He is also a health communicator and educationist. HIFA Country Representative For Cameroon/ HIFA Country Representative of the year 2014 / Regional Coordinator for Africa. He also currently volunteers for the Mental Health Innovation Network Africa as Knowledge Exchange Assistant.
http://www.hifa.org/people/country-representatives/map
http://www.hifa.org/support/members/didier
Email: didier.demassosso@gmail.com

Richard Fitton is a retired family doctor - GP, British Medical Association. Professional interests: Health literacy, patient partnership of trust and implementation of healthcare with professionals, family and public involvement in the prevention of modern lifestyle diseases, patients using

access to professional records to overcome confidentiality barriers to care, patients as part of the policing of the use of their patient data. Email address: richardpeterfitton7@gmail.com

Katie Foxall is Head of Publishing at eCancer, Bristol, UK. katie AT ecancer.org

Chiabi Benard Ful is Director of Boyo Association for Rural Development (BARUDEV--Cameroon). This is a local NGO found in Boyo district of North Western Cameroon. Our activities are to empower women, protect the sexual and reproductive health for women and girls, and protect the rights of children. We have been training community health workers to follow up patients, pregnant women, sick children and refer them to the hospital. barudev AT yahoo.co.uk

Sanchika Gupta is an Indian healthcare specialist with eight years of experience as both clinician and public health programmer. She explored wide breadth of public health realm viz. family planning/reproductive health, maternal, adolescent and child health during her association with national and international NGOs namely INCLEN, MAMTA, Jhpiego and Pathfinder International. She acquired technical expertise in advocacy, program management, research, monitoring and evaluation throughout her fieldwork in eight Indian states (Assam, Bihar, Haryana, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh). She is the nominee of '120 under 40: the new generation of family planning leaders' in 2019. In the recent years, she has been associated with HIFA through its Social Media Working Group and EHS-COVID-19 project. In 2021, HIFA nominated her as Global Country Representative Coordinator. Currently, she is based in New Delhi, India and is available on email id sanchika12@gmail.com or Twitter @sanchika_gupta.
https://www.hifa.org/support/members/sanchika

Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. Email address-hussain.shabina@gmail.com

Vedant Shekhar Jha is a Medical Cadet at the Armed Forces Medical College Pune, India. Professional interests: Palliative care, exploring unmet needs of cancer patients, the effective communication of health awareness. He is a HIFA catalyst on the HIFA working group on Maintaining essential health services during COVID-19.
https://www.hifa.org/support/members/vedant
https://www.hifa.org/projects/essential-health-services-and-COVID-19
Email address: vedantjha2000@gmail.com

Levi is a Researcher at Queensland University of Technology in Australia. Professional interests: Ocular Health, Epidemiology, Population Health, and Diabetes. o_leviuche@ hotmail.com

Simon Lewin is a health systems researcher at the Norwegian Institute of Public Health (www.fhi.no/en/) and the South African Medical Research Council (www.mrc.ac.za). He has a keen interest in how research evidence can be used to inform decisions for health systems in low- and middle-income countries (LMICs) and at the global level in multilateral organisations such as the WHO. As Joint Co-ordinating Editor of Cochrane Effective Practice and Organisation of Care (EPOC: epoc.cochrane.org) and lead for the Norwegian EPOC satellite, he has played a key role in strengthening Cochrane's work in the field of health systems and in developing Cochrane methods for qualitative evidence synthesis. Cochrane is a HIFA supporting organisation and Simon is a member of the HIFA working group on CHWs: http://www.hifa.org/projects/community-health-workers
http://www.hifa.org/support/members/simon
Email: simon.lewin AT fhi.no

Venus Mushininga is a pharmacist with the Ministry of Health and Childcare in Zimbabwe. She is a founder and President of the Zimbabwe Society of Oncology Pharmacy and the Zimbabewan delegate to the European Society of Oncology Pharmacy. Professional interests: Oncology, Dissemination of information through to Health Professionals and the public, Research. She is co-coordinator of the HIFA working group on information for Prescribers and Users of Medicines.
Email: vmushininga@gmail.com
http://www.hifa.org/projects/prescribers-and-users-medicines
http://www.hifa.org/support/members/venus
Email: vmushininga AT gmail.com

Yakum Martin Ndinakie is an Epidemiologist at M.A.SANTE in Cameroon. Professional interests: Health research in general and infectious diseases of poverty in particular. Martin is a HIFA country representative for Cameroon. https://www.hifa.org/support/members/martin martinyakum@gmail.com

Neil Pakenham-Walsh, HIFA Coordinator, neil@hifa.org www.hifa.org

Arlet Splint is Secretary of Platform Zambia, a group of Dutch Foundations, all working for Zambian citizens, spread all over the country. All board members are board member of their "own" foundation but saw it is possible to help each other (sharing knowledge, sharing space in a container etc) if we join via internet and Zambia-days. The last day the Zambian ambassador for the Benelux came from Brussels. There are Foundations working for a school, for an orphanage, for a hospital etc. We show stories and sometimes even a vacancy on our website: www.platformzambia.nl pasplint AT hetnet.nl

Goran Zangana is a medical doctor and Associate Research Fellow with the Middle East Research Institute, Iraq. He is a HIFA country representative for Iraq and is currently based in the UK.

Citations

The following documents were referred to during the course of the discussion:

1. Abir T, Kalimullah NA, Osuagwu UL, Yazdani DMN, Husain T, Goson PC, et al. Prevalence and factors associated with mental health impact of covid-19 pandemic in bangladesh: A survey-based cross-sectional study. Ann Glob Heal [Internet]. 2021 Apr 26 [cited 2022 Jan 21];87(1):43–4. Available from: http://www.annalsofglobalhealth.org/articles/10.5334/aogh.3269/

2. Aiyar Y, Chandru V, Chatterjee M, Desai S, Fernandez A, Gupta A, et al. India's resurgence of COVID-19: urgent actions needed [Internet]. Vol. 397, The Lancet. Elsevier; 2021 [cited 2022 Jan 21]. p. 2232–4. Available from: http://www.thelancet.com/article/S0140673621012022/fulltext

3. Independent Panel for Pandemic Preparedness T. COVID-19: Make it the Last Pandemic COVID-19: Make it the Last Pandemic by The Independent Panel for Pandemic Preparedness & Response [Internet]. 2021 [cited 2022 Jan 21]. Available from: https://theindependentpanel.org/

4. Gudi N, Konapur R, John O, Sarbadhikari S, Landry M. Telemedicine supported strengthening of primary care in WHO South East Asia region: Lessons from the COVID-19 pandemic experiences. BMJ Innov [Internet]. 2021 [cited 2022 Jan 21];7(3):580–5. Available from: http://innovations.bmj.com/

5. Kirmani, Salman, and Ali Saleem. "Impact of COVID-19 Pandemic on Paediatric Services at a Referral Centre in Pakistan: Lessons from a Low-Income and Middle-Income Country Setting." Archives of Disease in Childhood 106, no. 7 (July 1, 2021): 627–28. https://doi.org/10.1136/archdischild-2020-319424.

6. Roxby P. A&Es "overwhelmed" by children with mild winter viruses, doctors warn [Internet]. [cited 2022 Jan 21]. Available from: https://www.bbc.com/news/health-57583733

7. Edelman, Alexandra, Robert Marten, Hernán Montenegro, Kabir Sheikh, Shannon Barkley, Abdul Ghaffar, Suraya Dalil, and Stephanie M Topp. "Modified Scoping Review of the Enablers and Barriers to Implementing Primary Health Care in the COVID-19 Context." Health Policy and Planning 36, no. 7 (August 1, 2021): 1163–86. https://doi.org/10.1093/heapol/czab075.

8. Parra-Saavedra M, Miranda J. Maternal mental health is being affected by poverty and COVID-19 [Internet]. Vol. 9, The Lancet Global Health. Elsevier; 2021 [cited 2022 Jan 26]. p. e1031–2. Available from: http://www.thelancet.com/article/S2214109X2100245X/fulltext

9. Organization world H. COVID-19 pandemic leads to major backsliding on childhood vaccinations

, new WHO , UNICEF data shows [Internet]. 2021 [cited 2022 Jan 21]. p. 5–9. Available from: https://www.who.int/news/item/15-07-2021-covid-19-pandemic-leads-to-major-backsliding-on-childhood-vaccinations-new-who-unicef-data-shows

10. Nepal sees huge rise in maternal deaths as Covid keeps women at home | Maternal mortality | The Guardian [Internet]. [cited 2022 Jan 21]. Available from: https://www.theguardian.com/global-development/2021/jul/15/nepal-sees-huge-rise-in-maternal-deaths-as-covid-keeps-women-at-home

11. Moscibrodzki, Patricia, Jingjing Li, Rosanna W Peeling, Beatrice Halpaap, Luis Gabriel Cuervo, Magaly M Blas, Noel Juban, Meredith Labarda, Weiming Tang, and Joseph D Tucker. "Social Innovation in Health: A Critical but Overlooked Component of the COVID-19 Pandemic Response." BMJ Innovations 7, no. 3 (July 1, 2021): 523. https://doi.org/10.1136/bmjinnov-2021-000703.

12. G, Shapira, Ahmed T, Drouard Shp, Amor Fernandez P, Kandpal E, Nzelu C, Wesseh Cs, et al. "Disruptions in Maternal and Child Health Service Utilization during COVID-19: Analysis from Eight Sub-Saharan African Countries." Health Policy and Planning 36, no. 7 (August 12, 2021). https://doi.org/10.1093/heapol/czab064.

13. World Health Organization. Tuberculosis deaths rise for the first time in more than a decade due to the COVID-19 pandemic [Internet]. World Health Organization. 2021 [cited 2022 Jan 19]. Available from: https://www.who.int/news/item/14-10-2021-tuberculosis-deaths-rise-for-the-first-time-in-more-than-a-decade-due-to-the-covid-19-pandemic

14. Esther T, Irene M, Denis A-A, Damasco W, Michael H. How to Connect Young Ugandans to Family Planning and HIV Services amid COVID-19 Lockdowns | IntraHealth [Internet]. [cited 2021 Dec 25]. Available from: https://www.intrahealth.org/vital/how-connect-young-ugandans-family-planning-and-hiv-services-amid-covid-19-lockdowns

15. Chapman HJ, Veras-Estévez BA. Lessons Learned During the COVID-19 Pandemic to Strengthen TB Infection Control: A Rapid Review. Glob Heal Sci Pract [Internet]. 2021 Dec 31 [cited 2021 Dec 28];9(4):964–77. Available from: https://www.ghspjournal.org/content/9/4/964

16. Splinter MJ, Velek P, Ikram MK, Kieboom BCT, Peeters RP, Bindels PJE, et al. Prevalence and determinants of healthcare avoidance during the COVID-19 pandemic: A population-based cross-sectional study. PLOS Med [Internet]. 2021 Nov 23 [cited 2021 Dec 28];18(11):e1003854. Available from: https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003854

17. Control of patient information (COPI) notice - NHS Digital [Internet]. [cited 2022 Jan 3]. Available from:https://digital.nhs.uk/coronavirus/coronavirus-covid-19-response-information-governance-hub/control-of-patient-information-copi-notice

18. World Health Organization. World Malaria Report 2021. 2021 [cited 2021 Dec

28];(December):322. Available from: https://cdn.who.int/media/docs/default-source/malaria/world-malaria-reports/978924004049-eng.pdf

19. Index developed with ADVANCING COLLECTIVE ACTION AND ACCOUNTABILITY AMID GLOBAL CRISIS. [cited 2022 Jan 3]; Available from: www.ghsindex.org