



## **HIFA discussion on maintaining Essential Health Services during COVID**

Full Compilation

### **EHS-COVID (1) Webinar - Delivering Quality Essential MNCH Services During COVID-19 (English/French)**

30 October, 2020

Forwarded from the Child Health Task Force.

Dear Child Health Task Force Members,

The Network for Improving Quality of Care for Maternal, Newborn and Child Health and the Quality of Care Subgroup of the Child Health Task Force, with support of UNICEF and WHO, are co-hosting a webinar series - Delivering Quality Essential MNCH Services During COVID-19.

The final webinar in the series is Thursday, November 5th at 7am EST/12 noon GMT/3pm EAT, on ensuring safe continuation of child health services at health facilities and in communities (iCCM/IMNCI). Please see the flyer below and attached for more details [\*]. You can register for the webinar here [[https://zoom.us/webinar/register/WN\\_vEH9mPtHR-GUr4p4EoSSSw](https://zoom.us/webinar/register/WN_vEH9mPtHR-GUr4p4EoSSSw)] and more information on the series is available here: <http://www.qualityofcarenetwork.org/webinars/webinar-series-delivering-e...>

This webinar will include EN/FR translation. French invitation flyer forthcoming.

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4th Floor  
Arlington, VA 22202  
Tel: 703.528.7373

Forwarded by Neil Pakenham-Walsh, HIFA  
Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19 [EHS-COVID]

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[\*Note from HIFA moderator (Neil PW): HIFA does not carry attachments/graphics]

## **EHS-COVID (2) WONCA webinars on Essential Health Services and COVID**

30 October, 2020

WONCA (World Association of Family Doctors, HIFA Supporting Organisation) has announced two upcoming webinars (below) that are especially relevant to our new collaboration with WHO on Essential Health Services and COVID. Would anyone like to volunteer to participate in one of these webinars (I think they are an hour each) and share your observations with the forum? At the same time, you can publicise our upcoming thematic discussion (starts mid-November) to other webinar participants and invite them to join us. [neil@hifa.org](mailto:neil@hifa.org)

We [WONCA] are delighted to announce the second series of weekly webinars on COVID-19...

01 November - SIG on Cancer and Palliative care at 1300 UTC

- Registration page for attendees: <https://bitly.com/wonca-covid19-27>

8 November - SIG on Adolescent and Young Adult Care

- Registration page for attendees: <https://bitly.com/wonca-covid19-28>

More

information: <https://www.globalfamilydoctor.com/Resources/COVID19/WONCAWEBINARCOVID19...>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19 [EHS-COVID]

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (3) Stroke systems of care in low-income and middle-income countries: challenges and opportunities**

30 October, 2020

COVID is conspicuous by its absence in this otherwise comprehensive review in The Lancet (31 October 2020). The paper does not even mention COVID or coronavirus. I invite HIFA members to share any observations on the impact of COVID on essential health services for people with acute stroke - and their long-term rehabilitation.

CITATION: Stroke systems of care in low-income and middle-income countries: challenges and opportunities

Jeyaraj D Pandian et al.  
The Lancet, October 31, 2020

DOI:[https://doi.org/10.1016/S0140-6736\(20\)31374-X](https://doi.org/10.1016/S0140-6736(20)31374-X)  
SUMMARY: The burden of stroke is higher in low-income and middle-income countries (LMICs) than in high-income countries and is rising. Even though there are global policies and guidelines for implementing stroke care, there are many challenges in setting up stroke services in LMICs. Despite these challenges, there are many models of stroke care available in LMICs — eg, multidisciplinary team care led by a stroke neurologist, specialist-led care by neurologists, physician-led care, hub and spoke models incorporating stroke telemedicine (ie, telestroke), and task sharing involving community health workers. Alternative strategies have been developed, such as reorganising the existing hospital infrastructure by training health professionals to implement protocol-driven care. The future challenge is to identify what elements of organised stroke care can be implemented to make the largest gain. Simple interventions such as swallowing assessments, bowel and bladder care, mobility assessments, and consistent secondary prevention can prove to be key elements to improving post-discharge morbidity and mortality in LMICs.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (4) Sexual and reproductive health services**

30 October, 2020

Below are the citation and abstract of a new review in the journal Sexual and Reproductive Health Matters. The literature review includes up to 2019 and therefore does not address the impact of COVID. Nevertheless it may provide a baseline from which impact can be assessed. I invite HIFA members to share any papers on the impact of COVID on essential health services for reproductive and maternal health.

CITATION: T. K. Sundari Ravindran & Veloshnee Govender (2020) Sexual and reproductive health services in universal health coverage: a review of recent evidence from low and middle-income countries, Sexual and Reproductive Health Matters, 28:2, 1779632, DOI: 10.1080/26410397.2020.1779632

<https://doi.org/10.1080/26410397.2020.1779632>

### **ABSTRACT**

If universal health coverage (UHC) cannot be achieved without the sexual and reproductive health (SRH) needs of the population being met, what then is the current situation vis-à-vis universal coverage of SRH services, and the extent to which SRH services have been prioritised in national UHC plans and processes? This was the central question that guided this critical review of more than 200 publications between 2010 and 2019. The findings are the following. The Essential Package of Healthcare Services (EPHS) across many countries excludes several critical SRH services (e.g. safe abortion services, reproductive cancers) that are already poorly available. Inadequate international and domestic public funding of SRH services contributes to a sustained burden of out-of-pocket expenditure (OOPE) and inequities in access to SRH services. Policy and legal barriers, restrictive gender norms and gender-based inequalities challenge the delivery and access to quality SRH services. The evidence is mixed as to whether an expanded role and scope of the private sector improves availability and access to services of underserved populations. As momentum gathers towards SRH and UHC, the following actions are necessary and urgent. Advocacy for greater priority for SRH in government EPHS and health budgets aligned with SRH and UHC goals is needed. Implementation of stable and sustained financing mechanisms that would reduce the proportion of SRH-financing from OOPE is a priority. Evidence, moving from descriptive towards explanatory studies which provide insights into the “hows” and “whys” of processes and pathways are essential for guiding policy and programme actions.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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towards SRH and UHC, the following actions are necessary and urgent. Advocacy for greater priority for SRH in government EPHS and health budgets aligned with SRH and UHC goals is needed. Implementation of stable and sustained financing mechanisms that would reduce the proportion of SRH-financing from OOPE is a priority. Evidence, moving from descriptive towards explanatory studies which provide insights into the “hows” and “whys” of processes and pathways are essential for guiding policy and programme actions.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

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## **EHS-COVID (5) Stroke systems of care in LMICs (2)**

### **Impact of COVID on cancer care**

30 October, 2020

Neil,

The question of how COVID-19 has affected the care of patients on the front line in low and middle income countries with NCDs is worth highlighting. To mark next month's London Global Cancer Week ([www.lgcw.org.uk](http://www.lgcw.org.uk)) INCTR UK is inviting health care professionals, patients and their supporters in LMICs to share short descriptions of 50 words or less summarising how the Coronavirus pandemic has affected the care of cancer patients in their country. Selected entries will be posted on the LGCW 2020 website and included in the online (free to view) edition of INCTR's Annual Cancer Control 2020 ([www.cancercontrol.info](http://www.cancercontrol.info)). There is a lot to talk about and, by sharing our experiences, we can show up the areas of need and help light the way forward into the post-pandemic world. Summaries should be sent to me at [mlodge@canet.org](mailto:mlodge@canet.org) by midnight GMT on Monday 2 November.

Best regards,  
Mark

HIFA profile: Mark Lodge is Director of Programme Development at the International Network for Cancer Treatment and Research, Oxford, UK. The INCTR is dedicated to helping to build capacity for cancer treatment and research in countries in which such capacity is presently limited, and thereby to create a foundation on which to build strategies designed to lessen the suffering, limit the number of lives lost, and promote the highest quality of life for children and adults with cancer in these countries, and to increase the quantity and quality of cancer research throughout the world. [www.inctr.org](http://www.inctr.org) mlodge AT canet.org

## **EHS-COVID (5) Sexual and reproductive health services (2) National COVID response plans**

31 October, 2020

Dear colleagues,

I hope all is well. I am reaching out for help – if you could share with me the national COVID response plans for the following countries. The information will help me to prepare a minimum service package for SRH Services when countries are faced with a disaster - such as COVID-19.

Botswana  
Burundi  
Comoros  
Eritrea  
Eswatini  
Ethiopia  
Kenya  
Lesotho  
Madagascar  
Malawi  
Mozambique  
Namibia  
Rwanda  
Seychelles  
South Africa  
South Sudan  
Tanzania  
Uganda  
Zambia  
Zimbabwe



Thank you so much.

Joel

HIFA profile: Joel Francis is an epidemiologist and a researcher at the University of the Witwatersrand, School of Clinical Medicine, Department of Family Medicine and Primary Care.

Prior to joining WITS, I worked as a research scientist with the National Institute for Medical Research in Tanzania and a research fellow with the Department of Global Health and Population at Harvard T.H.Chan School of Public Health, Harvard University.

I hold a Doctor of Medicine (MD) degree (equivalent to MBBCh) from the University of Dar es Salaam, Tanzania, and an MSc in Epidemiology from Harvard University, USA, and a Ph.D. in Epidemiology from the University of London (London School of Hygiene and Tropical Medicine), UK.

My current responsibilities include teaching (supervision of undergraduate, Master, and Ph.D. candidates), and Public Health research. I have over 13 years' experience in conceptualizing, designing, implementing, and analyzing rigorous quantitative observational (large surveys and classical epidemiological) and experimental studies (cluster-randomized trials, randomized clinical trials), systematic reviews, and meta-analysis, and implementation science studies. My substantive research interests have been on HIV, Alcohol and Other Drug Use, Noncommunicable Diseases, and Mental Health, and a more recent interest in the Global Burden of Diseases.

I am a member of editorial boards of three BMC series journals (BMC- Public Health & BMC – Global Health Research and Policy, BMC -Infectious Diseases), the PLOS One journal, a statistical editor for the Health Policy and Planning journal and an editorial advisor at the BMJ Open journal.

I am a member of the Data Safety and Monitoring Board (DSMB) of two ongoing randomized trials in South Africa and Tanzania.

I serve as an honorary lecturer at the Department of Epidemiology and Biostatistics, Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam, Tanzania. And a member of the International AIDS Society. joelmfrancis AT gmail.com

## **EHS-COVID (6) Liberia mental health services 'overloaded' after lockdown, MSF says**

1 November, 2020

Over the coming months, in collaboration with WHO, we are looking at the impact of COVID on essential health services and how they can be maintained. <https://www.hifa.org/projects/essential-health-services-and-covid-19>



Extract below, thanks to DEVEX news. Full text here: <https://www.devex.com/news/liberia-mental-health-services-overloaded-aft...>

BARCELONA — As with many other countries, the three-month COVID-19 lockdown in Liberia caused huge disruptions to mental health services while creating an even greater demand for them. Now, Médecins Sans Frontières says a lack of funding and access to medication is overwhelming service providers in a country that has just two psychiatrists, as providers try to ensure that progress around mental health is not lost.

Since July, MSF has been working to restabilize mental health patients and accommodate the growing demand for treatment.

During the lockdown, the organization's community engagement activities were put on hold and consultations were done over the phone, since a lack of personal protective equipment meant staff members were unable to see patients in person.

Large-scale drug distributions continued outdoors, but with many people leaving Monrovia — the epicenter of the coronavirus in Liberia — or lacking access to a phone, they could no longer receive the medication they needed to cope with a range of mental health issues, said Justine Hallard, mental health project coordinator for MSF in Liberia...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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**EHS-COVID (7) Evidence synthesis communities in low-income and middle-income countries and the COVID-19 response**

1 November, 2020

A critical aspect of maintaining essential health services is to formulate and apply evidence-informed policy and practice. This paper describes some of the challenges faced by evidence synthesis specialists in low- and middle-income countries.

Below are the citation and selected extracts of a Comment in The Lancet.

CITATION: Evidence synthesis communities in low-income and middle-income countries and the COVID-19 response

Ruth Stewart et al.

Published: October 20, 2020

DOI:[https://doi.org/10.1016/S0140-6736\(20\)32141-3](https://doi.org/10.1016/S0140-6736(20)32141-3)

Evidence synthesis specialists have responded to the COVID-19 pandemic. In line with WHO's global roadmap for COVID-19 research, we are working to summarise the available research to support evidence-informed decision making across all sectors for immediate and anticipated challenges, within the COVID-19 Evidence Network to support Decision-making (COVID-END). COVID-END is an umbrella organisation involving 50 evidence synthesis or evidence support organisations that are working together to promote collaboration and reduce duplication of effort in the conduct and translation of COVID-19-related evidence syntheses. As a network we have accelerated investment to enable infrastructure for evidence synthesis and to promote evidence use.

COVID-19 and its related impacts are likely to be felt for many years to come. As the low-income and middle-income country (LMIC) members of a global partnership, we believe that, for global evidence synthesis initiatives to benefit from LMIC expertise and be relevant to LMIC settings, it is important to recognise the conceptual and practical challenges that this pandemic presents to our evidence synthesis organisations...

As a broad community of evidence synthesis specialists based in LMICs, many of us are experiencing common difficulties arising from limited access to computer hardware and software, restrictions on database access, limited data storage capacity, inadequate data coverage, and low internet bandwidth. Our institutions, like many in poorer settings, are relying on the commitment of individuals, many of whom are using personal computers, living in unfavourable conditions, and working under pressure as they and their families and friends suffer the health, economic, and social impacts of the pandemic. Constrained funds are being repurposed from other projects to enable the increased efforts to generate timely and locally relevant evidence syntheses. In some cases, researchers are working without salaries or with job

insecurity.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (8) Evidence synthesis communities in low-income and middle-income countries and the COVID-19 response (2)**

2 November, 2020

Thank you for this piece of valuable information coming like a lifeboat right when we were getting engulfed by Covid - infodeluge (so many write-ups and individual studies from across the globe) and losing clarity on concise verifiable information and evidence from LMICs meeting Scientific standards.

Warm regards,

Sunanda

Dr. Sunanda K. Reddy  
Chairperson (Honorary),  
CARENIDHI Trust , New Delhi , India  
Phone: +91-9818621980,

HIFA profile: Sunanda Kolli Reddy is a Developmental Paediatrician from New Delhi, India, with a special interest in Early Child Care and Development of children with neurodevelopmental problems in underserved communities. She is actively involved in health promotion, community-based research, care provider training for promoting abilities of children with special needs, through the various programmes of Centre for Applied Research and Education on Neurodevelopmental Impairments and Disability-related Health Initiatives (CARENIDHI), which she heads ([www.carenidhi.org](http://www.carenidhi.org)). Her work in the community settings to widen the disability-in-development model of CBR encompasses the wider determinants of health and human capabilities and issues which impact the lives of the poor. She combines her experience in developmental paediatrics with the core work of CARENIDHI's grassroots convergence programmes in partnership with groups working in the area of Implementation research and policy. She is a member of the HIFA working group on Community Health Workers.

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/sunanda>

write2sunanda AT gmail.com

## **EHS-COVID (9) Stroke systems of care in low-income and middle-income countries: challenges and opportunities (3)**

2 November, 2020

Management of stroke in low income countries requires a system that has its base in the community and its apex in the referral hospital. A poor patient with stroke is managed in the near-by hospital by a medical officer. If the family is rich; by a specialist in a higher level hospital. The challenge is short hospital stay, usually because the family cannot afford long stay or the medical officers over-look the long process of rehabilitation. When the patient is stable, they are discharged through the rehabilitation unit (if it exists) who request the patient to make monthly visits to the physiotherapy clinic. Many patients do not return and live a poor quality of dependent life and face early death.

Kisizi hospital in South-West Uganda provides a continuum of care through Community Level Rehabilitation. The stroke patient and any other patient who requires long-term rehabilitation are referred home through the rehabilitation unit (physiotherapy and occupational therapy - no speech therapists yet). Important to note is the rehabilitation personnel are key cadres who contribute to the discharge decision unlike in many settings where this is decided by the doctors. The patient is linked to a Community Based Rehabilitation worker who visits the patient in their home once a week to encourage activities of daily living and reintegration in family and community. A patient whose progress is unsatisfactory is visited by the physiotherapist. This system ensures continuity and is less costly for the family. The main challenge is it has not yet been incorporated in the community insurance scheme which only covers hospital based services.

Alice Nganwa

HIFA profile: Alice Nganwa is Executive Director at WIND Consult Limited in Uganda. Professional interests: Promote equity in development that includes marginalized people and addresses less popular but important development issues such as prevention of road traffic crashes, domestic violence, occupational safety, school health, healthy ageing and minimizing alcoholism and other addictions.  
windconsultug AT gmail.com

## **EHS-COVID (10) Stroke systems of care in LMICs (4)**

3 November, 2020

The challenge of Non Communicable diseases (NCDs) such as Stroke in LMICs are many especially the lack of effective referral from one practitioner to the other and from one facility to the other. Where some referral occurs there is hardly a two-system such that the specialists communicate his intervention to the referring colleagues after the patient has been treated. Apart from lack of continuity of care that results from the ineffective system and poor communication there is the loss of educating and learning that should flow from specialists to primary health care level of care. There is also the One-Stop Centres / Clinics of care for NCDs which not only facilitates Patient Centred Care such as reducing multiple visits to hospital to see different health experts on different days, at huge out of pocket cost to the patient and risks from repeated travel on very bad roads. The situation is compounded by the chronic shortage of experts in supportive / rehabilitative care including speech therapists, physiotherapists, Dietitians and Nutritionist, etc etc.

LMICs must find ways to think out of the box to retain their local experts and not continue to lose them in drives to Western Countries. They need to be innovative in designing care models especially with the on-going realities of COVID-19 pandemic.

Joseph Ana.

HIFA profile: 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](http://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

## **EHS-COVID (11) Health system responses to COVID-19: WHO European region**

3 November, 2020

(with thanks to Irina Ibraghimova and LRC Network)

Health system responses to COVID-19

<https://www.euro.who.int/en/about-us/partners/observatory/publications/e...>

English (PDF, 4.95 MB)

Many countries across the European region and beyond have faced another steep surge in transmissions and a continued challenge from COVID-19. This special issue of Eurohealth reviews some of the innovative practices across the European region and outlines policy lessons for the future. All the articles draw on the COVID-19 Health System Response Monitor (HSRM) platform, a major initiative led by the European Observatory on Health Systems and Policies, the WHO Regional Office for Europe and the European Commission. Contents include:

COVID-19 perspectives - Lessons from the first wave: the Covid-19 Health System Response Monitor (HSRM) an evidence resource and a source of analysis; A perspective from the WHO Regional Office for Europe; A perspective from the European Commission; Covid-19 and health systems resilience; How to respond to the Covid-19 economic and health financing crisis?; Translating evidence into policy during the Covid-19 pandemic: bridging science and policy (and politics)

Preventing transmission - Successful find-test-trace-isolate-support systems: how to win at snakes and ladders; Effective contact tracing and the role of apps: lessons from Europe; How comparable is Covid-19 mortality across countries?

Ensuring sufficient workforce capacity - What strategies are countries using to expand health workforce surge capacity during the Covid-19 pandemic?; How are countries supporting their health workers during Covid-19?

Providing health services effectively - Managing health systems on a seesaw: balancing the delivery of essential health services whilst responding to Covid-19; Restarting more routine hospital activities during Covid-19: approaches from six countries; Keeping what works: remote consultations during the Covid-19 pandemic; The Covid-19 pandemic and long-term care: what can we learn from the first wave about how to protect care homes?

Paying for services - Compensating health care professionals for income losses and extra expenses during Covid-19; Adjusting hospital inpatient payment systems for Covid-19

Governance - In and out of lockdowns, and what is a lockdown anyway? policy issues in transitions; Who's in charge and why? centralisation within and between

governments; National, European, and global solidarity: Covid-19, public health, and vaccines

## Editorial

1. Lessons from the first wave: the COVID-19 Health System Response Monitor (HSPM)
2. The COVID-19 Health System Response Monitor (HSRM) country contributors
3. COVID-19: reflecting on experience and anticipating the next steps
4. European solidarity during the COVID-19 crisis
5. COVID-19 and health systems resilience: lessons going forwards
6. How to respond to the COVID-19 economic and health financing crisis?
7. Translating evidence into policy during the COVID-19 pandemic: bridging science and policy (and politics)
8. Successful find-test-trace-isolate-support systems: how to win at snakes and ladders
9. Effective contact tracing and the role of apps: lessons from Europe
10. How comparable is COVID-19 mortality across countries?
11. What strategies are countries using to expand health workforce surge capacity during the COVID-19 pandemic?
12. How are countries supporting their health workers during COVID-19?
13. Managing health systems on a seesaw: balancing the delivery of essential health services whilst responding to COVID-19
14. Restarting more routine hospital activities during COVID-19: approaches from six countries
15. Keeping what works: remote consultations during the COVID-19 pandemic
16. The COVID-19 pandemic and long-term care: what can we learn from the first wave about how to protect care homes?
17. Compensating healthcare professionals for income losses and extra expenses during COVID-19
18. Adjusting hospital inpatient payment systems for COVID-19
19. In and out of lockdowns, and what is a lockdown anyway? Policy issues in transitions
20. Who's in charge and why? Centralisation within and between governments
21. National, European, and global solidarity: COVID-19, public health, and vaccines

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (12) Invitation to Webinar: Reclaiming Comprehensive Public Health**

3 November, 2020

Dear Colleagues,



I am happy to invite you to an event co-organized by the health systems governance collaborative, the collectivity, uhc2030, and the covid/coronavirus ethics group on 6th November, Friday at 13:00 CET (UTC+2).

In this interactive webinar, we will draw on the recent BMJ Global Health publication *Reclaiming Comprehensive Public Health* (<https://gh.bmj.com/content/5/9/e003886>). We will explore what such a 'reclaim' would require. What would effective public health in a protracted pandemic such as the COVID-19 amount to, in terms of co-operation, communication, participatory decision-making, and action that safeguards the Siracusa principles, respect for human rights, and local-level realities and capacities? What impact do over-centralized, top-down, coercive approaches have on public health and what deficiencies can it lead to in the management of COVID-19? What have we learned from COVID-19 and other pandemics of the type of public health approaches that will be more effective to meet 21st-century challenges, not just regarding pandemics, but also for the crises relating to climate, food, energy, social inequality, and conflict that threaten health?

Kindly Register through this link:

<https://mailchi.mp/d66c6d2590ff/webinar-invitation-5528554>

Best,  
Ateeb

Ateeb Ahmad Parray | Global Health Researcher  
Country Director: STAR Scholars Network  
Visiting Fellow: The Center of Excellence for Gender, Sexual and Reproductive Health and Rights  
Ambassador: Master of Public Health Programme, BRAC James P Grant School of Public Health, BRAC University

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HIFA profile: Ateeb Ahmad Parray is a Fellow at the BRAC James P Grant School of Public Health in Bangladesh and has a professional interest in health policy and systems research, qualitative research, gender and intersectionality, women empowerment etc. Email address: ahmad.ateeb101 AT gmail.com

## **EHS-COVID (13) WHO Academy Survey on SRHR and Covid-19 Learning Needs for Health Workers**

3 November, 2020

The message below is forwarded from the IBP Initiative

Dear IBP Colleagues,

Please see the opportunity below to feed into learning needs of health workers in SRHR in the context of Covid-19.

The WHO Academy is currently conducting a survey on the learning needs of health workers responsible for sexual and reproductive health services in the context of COVID-19. The results of this survey will be used to develop competency-based courses that will support health workers to implement changes to ensure that essential sexual and reproductive health services are maintained during the pandemic.

If you are currently or will be responsible for providing sexual and reproductive health services during COVID-19 take this quick 10 minute survey. The survey is available in all UN languages.

Thank you!

English <https://lnkd.in/dwkJFkZ>

French <https://lnkd.in/dDBieKs>

Spanish <https://lnkd.in/djiFg3F>

Chinese <https://lnkd.in/dYtAQXN>

Arabic <https://lnkd.in/db9f64a>

Russian <https://lnkd.in/dR9sQcR>

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

# **EHS-COVID (14) Primary health care: COVID-19 Digital Classroom**

4 November, 2020

Forwarded from CORE Group

[www.covid-19digitalclassroom.org](http://www.covid-19digitalclassroom.org)

We are happy to announce the launch of our course on Home-based Care and Isolation for COVID-19

The COVID-19 Digital Classroom is a global initiative to provide high-quality, medically reviewed, multimedia content and training courses for community-based health workers and local communities globally.

## **Course 8: Continuity of Primary Health Care During COVID-19**

The goal of this course is to explain how community-based health workers can deliver primary health care during the COVID-19 pandemic. This course introduces strategies to continue routine care visits during the pandemic, including for non-communicable diseases, family planning, sexual and reproductive health, and maternal and child health.

Enroll here <https://communityhealthacademy.course.tc/catalog/course/covid-course-8>

Currently available in English, translations coming very soon

The COVID-19 Digital Classroom is a partnership between the Community Health Academy at Last Mile Health, CORE Group, Medical Aid Films, TechChange, Translators without Borders and UNICEF.

Do you want to support the dissemination of this content?  
Use our social media toolkit!  
Social Media Toolkit

Visit the COVID-19 Digital Classroom <https://covid-19digitalclassroom.org/>

Sign up for news <https://lp.constantcontactpages.com/su/7lcjr0q/digitalclassroom>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (15) Free online course: Improving the Health of Women, Children and Adolescents**

4 November, 2020

From TDR Global

From Evidence to Action

Free online course: <http://bit.ly/MARCHonline>

Free digital upgrade for eligible countries: <https://www.futurelearn.com/study-uk>

### About

Each year, there are roughly 10 million newborn, child, adolescent, maternal, and stillborn deaths. Most of these deaths and linked disabilities can be prevented if evidence-based interventions are implemented.

By signing up for this course, you'll learn from the world's leading experts with direct experience improving the health of women, children and adolescents across the globe.

They'll take you on a unique and compelling learning journey, summarising the latest data, evidence, and research gaps in an accessible way.

### What's new?

Each week of the course has a new section on how COVID-19 is impacting women, children, and adolescents worldwide. In addition, we've included additional and supplementary readings published already in 2020 on these topics - bringing you up to speed with the latest developments.

It is critical to realise that all of our combined efforts and achievements for women and children over the past 20 years are currently threatened by COVID-19. These impacts could set back our attainment of the Sustainable Development Goals, but more importantly they threaten the lives and well-being of millions who entrust us with their health and development.

Free digital upgrades for low-income settings

As part of the Study UK campaign, the British Council and the GREAT Britain campaign are partnering with FutureLearn, to give people in eligible countries access to free courses from UK universities, plus the chance to celebrate their learning with one of up to 50,000 free digital upgrades.

Find out more here: <https://www.futurelearn.com/study-uk>

## ABOUT TDR GLOBAL

TDR Global is a community of passionate scientists and experts who have been working with TDR to support the global research effort on infectious diseases of poverty. TDR Global members are TDR grantees, experts and researchers, TDR Staff, TDR sponsors and supporters. The aim of TDR Global is to catalyze local collaborative actions for research on infectious diseases of poverty by creating an environment of interaction, networking and sharing. <http://www.who.int/tdr/partnerships/tdr-global/en/TDR> | TDR Global

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (16) Impact of COVID-19 on tuberculosis services**

4 November, 2020

Below are the citation and selected extracts of a Comment in The Lancet (24 October). COVID-19 is having a devastating impact on access to tuberculosis worldwide, and yet there are opportunities for synergy. If you have personal experience as a health professional caring for patients with tuberculosis, or information about the situation in your country, please let us know: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

CITATION: Comment| volume 396, issue 10259, p1312-1313, october 24, 2020  
Building a tuberculosis-free world while responding to the COVID-19 pandemic  
Michael J A Reid et al.

Published: October 24, 2020 DOI: [https://doi.org/10.1016/S0140-6736\(20\)32138-3](https://doi.org/10.1016/S0140-6736(20)32138-3)

The COVID-19 response has reduced access to tuberculosis services worldwide, including in China, India, South Africa, and Nigeria.

In India, Kenya, and Ukraine, a 3-month lockdown, followed by a 10-month recovery period, is projected to lead to an estimated 1·65 million, 41 400, and 7960 additional incident tuberculosis cases in the next 5 years, respectively, because of limited access to drugs, diagnostics, and prevention programmes in the past few months.

Despite these challenges, there are opportunities for synergy to expand tuberculosis programmes... COVID-19 and tuberculosis both require robust infection control strategies and similar diagnostic infrastructure... Mitigation strategies that proved successful in tuberculosis can also be deployed to assist in the community control of COVID-19... In addition, given the scale of testing needed in the COVID-19 pandemic, the introduction of testing capabilities in low-income and middle-income countries should be used for tuberculosis and HIV as well....

With sound science, effective collaboration, smart investments, and efficient synergies, COVID-19 efforts could strengthen the global tuberculosis response and not undermine it.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (17) HIFA Project on Essential Health Services and COVID-19**

5 November, 2020

'The COVID-19 pandemic has had a major impact on the capacity of health systems to continue the delivery of essential health services. While health systems around the world are being challenged by increasing demand for care of COVID-19 patients, it is critical to maintain preventive and curative services, especially for the most vulnerable populations, such as children, older persons, people living with chronic conditions, minorities and people living with disabilities.' World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/related-...>

HIFA is collaborating with WHO to promote sharing and learning of experience and expertise around how to maintain essential health services during (and after) the pandemic, in a spirit of solidarity and codevelopment.

Together we are working to:

1. Strengthen the development, dissemination, awareness, understanding and

engagement of WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020).

2. Strengthen uptake of WHO Guidance and briefs, including contextualization, implementation and problem-solving of challenges.
3. Identify and harness country practices and solutions to help inform the collective global response to COVID-19.
4. Disseminate emerging COVID-related research (in liaison with the WHO Science Division, WHO Incident Management Support Team and HIFA partners).

Read more: <https://www.hifa.org/projects/essential-health-services-and-covid-19>

We especially want to hear from frontline health professionals and public health professionals. How has the pandemic affected delivery of health services for your patients? What measures have you taken to maintain access to services?

Our first major thematic discussion on this topic will start here on HIFA on 16 NOVEMBER 2020. Please forward this message to your networks and contacts, and invite them to join us! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (18) Impact of COVID on cancer care (2)**

5 November, 2020

A few days ago Mark Lodge noted that his organisation (International Network for Cancer Treatment and Research) 'is inviting health care professionals, patients and their supporters in LMICs to share short descriptions of 50 words or less summarising how the Coronavirus pandemic has affected the care of cancer patients in their country'. <https://www.hifa.org/dgroups-rss/ehs-covid-5-stroke-systems-care-lmics-2...>

This new Commentary from The Lancet EClinicalMedicine, looking at breast cancer, suggests the global impact is profound.



CITATION: Commentary| volume 26, 100523, september 01, 2020  
Impact of COVID-19 pandemic on clinical and surgical breast cancer management  
Paolo Veronesi & Giovanni Corso  
Open Access Published: September 20, 2020

DOI:<https://doi.org/10.1016/j.eclinm.2020.100523>

The COVID-19 viral pandemic responsible for the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) disease has dramatically impacted our work worldwide in the management of patients in terms of diagnosis and surgical treatment of cancer - including breast cancer. It has led to a rapid and unprecedented re-organization of surgical units to ensure that those patients with respiratory distress disease received optimal care. From this global situation, we can observe two important consequences that affect clinical practice. In the short term, researchers and related resources have been reassigned to managing the test procedures of COVID-19 patients, and routine research activities have been suspended. Moreover, studies and clinical trials for COVID-19 have become a priority. In addition, travel restrictions have meant that several international conferences, audits, and student training have been cancelled. In the medium to longer term, recruitment delays resulting from the pandemic will negatively affect the early diagnosis of cancer and surgical procedures, with implications that are damaging not only financially, but also in terms of potential diagnosis of more advanced cancers, reducing possibilities of survival and optimal care delivery...

We cannot forget also the psychological impact of delayed cancer diagnosis due to the COVID-19 pandemic... we could expect an increased number of new breast cancer cases after the end of the pandemic and a greater number of more advanced breast cancer cases, probably also inoperable.

COVID-19 has had an immense and negative effect on cancer treatment and research. In the very near future, we should expect a new health emergency for the management of these cancer patients.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (19) COVID-19 impact on health services in Africa**

6 November, 2020

News release from WHO AFRO. Read online: <https://www.afro.who.int/news/easing-covid-19-impact-key-health-services>

Easing COVID-19 impact on key health services

05 November 2020

Kampala – The COVID-19 pandemic has strained health systems and disrupted essential health services in Africa. Countries are working to restore and strengthen key services to better withstand shocks and ensure quality care. Regina Kamoga, the Executive Director of Uganda's Community Health and Information Network and Chairperson of the Uganda Alliance of Patients Organizations, speaks about the impact of COVID-19 and solutions to restore essential health services.

What is the impact of COVID-19 on patients seeking services for other diseases?

Many governments in Africa took measures to combat the spread of COVID-19. However, some of the measures totally disrupted the supply chain and health care service delivery system as all efforts were focused on COVID-19. Governments diverted personnel and resources away from priority diseases. Patients with HIV/AIDS, tuberculosis, malaria, cancer, hypertension, hepatitis B, epilepsy, sickle cell, as well as mental health, maternal or childhood conditions, faced an increased risk of complications and death due to inability to access healthcare because of transport restrictions, curfew, and fear of contracting the virus from healthcare settings. The situation was made worse by existing healthcare system challenges which include among others inadequate human resources, financial, infrastructural, supply chain and logistical challenges.

Access to medication has been a major problem for patients with chronic conditions who rely on drugs for their survival and improved quality of life, as they were unable to get their refills while others could not afford medication due to lack of income. On the other hand, self-purchasing and stockpiling of antibiotics and other medicines for those who could afford presented another challenge of medication safety including antimicrobial resistance.

In Uganda patients who had been newly diagnosed with cancer were not able to be initiated into treatment while others missed their three-month refills for hormonal treatment. These delayed initiations and interruption of treatment cycles resulted in increased stress, anxiety, disease progression, recurrence and premature death.

What are the solutions?

Initially the top-down approach worked very well where top leadership was a key factor in mitigating the impact of the COVID-19. This led to governments instituting lockdowns and other preventive measures including social distancing, national, regional and local lockdowns, quarantines, wearing of masks and handwashing. The lessons learnt have shown that the lack of community engagement and patient involvement right from an early stage in the COVID-19 response was a big oversight. Community systems must be urgently strengthened.

Empowering patients to self-manage chronic conditions, especially during such unusual times where they cannot access medical centres as often as possible, is necessary while emphasizing health literacy and telemedicine.

Efforts by key stakeholders to address the psychological needs of the population to mitigate the impact of mental health issues resulting from the challenges of this epidemic is required and should be integrated in all aspects of the response.

It is important to prioritize health care by increasing health sector budgets and reducing reliance on foreign funding. Governments also need to fast track universal health coverage through national health insurance schemes to ensure that vulnerable people access safe and quality health care.

What is the importance of the community, particularly as we face complacency and a possible resurgence in cases?

The potential of community involvement in the COVID-19 response has not been fully exploited. Strengthening community structures such as the role of community leaders, including political, religious, cultural leaders as well as community extension health workers in mobilizing and engaging community members to effectively respond to COVID-19 is invaluable.

In Uganda, community health workers are usually the first point of contact in the community and source of health information. They are trusted, well connected and use appropriate community engagement approaches to mobilize and sensitize the community. They are best placed to demystify the myths and perceptions relating to COVID-19 in the community and address complacency. Involving them in community-based surveillance, case management, contact tracing is a winner.

The ministry of Health has developed a national community engagement strategy. It is aimed at strengthening existing community health systems for integrated people-centred primary health care. Its success will depend on translating theory into action and commitment of all stakeholders.

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## **EHS-COVID (20) World Health Assembly charts course for COVID-19 response and global health priorities**

6 November, 2020

WHO news release. Read online: <https://www.who.int/news/item/05-11-2020-world-health-assembly-charts-co...>

World Health Assembly charts course for COVID-19 response and global health priorities

5 November 2020 News release Geneva

As health leaders prepare to gather for a virtual session of the resumed 73rd World Health Assembly (WHA), WHO has three messages to share.

First, we can beat COVID-19 with science, solutions and solidarity.

More than 47 million COVID-19 cases have now been reported to WHO, and more than 1.2 million people have lost their lives.

Although this is a global crisis, many countries and cities have successfully prevented or controlled transmission with a comprehensive, evidence-based approach.

For the first time, the world has rallied behind a plan to accelerate the development of the vaccines, diagnostics and therapeutics we need, and to ensure they are available to all countries on the basis of equity. The Access to COVID-19 Tools (ACT) Accelerator is delivering real results.

Second, we must not backslide on our critical health goals.

The COVID-19 pandemic is a sobering reminder that health is the foundation of social, economic and political stability.

It reminds us why WHO's 'triple billion' targets are so important, and why countries must pursue them with even more determination, collaboration and innovation.

Since May, Member States have adopted a number of decisions – the Immunization Agenda 2030, the Decade of Healthy Ageing 2020-2030, as well as initiatives to tackle cervical cancer, tuberculosis, eye care, food safety, intellectual property and influenza preparedness.

The resumed session will discuss a 10-year-plan for addressing neglected tropical diseases, as well as efforts to address meningitis, epilepsy and other neurological disorders, maternal infant and young child nutrition, digital health, and the WHO Global Code of Practice on the International Recruitment of Health Personnel, adopted in 2010.

Third, we must prepare for the next pandemic now.

We've seen this past year that countries with robust health emergency preparedness infrastructure have been able to act quickly to contain and control the spread of the SARS-CoV-2 virus.

The WHA will consider a draft resolution (EB146.R10) that strengthens Member States' preparedness for health emergencies, such as COVID-19, through more robust compliance with the International Health Regulations (2005).

This resolution calls on the global health community to ensure that all countries are better equipped to detect and respond to cases of COVID-19 and other dangerous infectious diseases.

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## **EHS-COVID (21) UNICEF and WHO call for emergency action to avert major measles and polio epidemics**

6 November, 2020

Dear HIFA and CHIFA (child health) colleagues,

Extract below. Read online: <https://www.who.int/news/item/06-11-2020-unicef-and-who-call-for-emergen...>

As COVID-19 disrupts immunizations, urgent action needed to protect most vulnerable children from deadly and debilitating diseases

6 November 2020 News release Reading time: 3 min (715 words)

UNICEF and the World Health Organization (WHO) today issued an urgent call to action to avert major measles and polio epidemics as COVID-19 continues to disrupt immunization services worldwide, leaving millions of vulnerable children at heightened risk of preventable childhood diseases.

The two organizations estimate that US\$655 million (US\$400 million for polio and US\$255 million for measles) are needed to address dangerous immunity gaps in non-Gavi eligible countries and target age groups.

“COVID-19 has had a devastating effect on health services and in particular immunization services, worldwide,” commented Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “But unlike with COVID, we have the tools and knowledge to stop diseases such as polio and measles. What we need are the resources and commitments to put these tools and knowledge into action. If we do that, children’s lives will be saved.”...

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

## **EHS-COVID (22) New Cochrane EPOC priority review for COVID-19: Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic**

7 November, 2020

Dear HIFA colleagues

Cochrane EPOC has just published a priority mixed methods review for COVID-19 on 'Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic'.

The review is available

here: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013779/full>

Led by Alex Pollock at Glasgow Caledonian University in the UK, the review concludes that although no evidence was found on how well different strategies work at supporting the resilience and mental well-being of frontline workers, there is limited evidence about things that might help successful delivery of interventions.

Best wishes

Simon

HIFA profile: Simon Lewin is a health systems researcher at the Norwegian Institute of Public Health and the Medical Research Council of South Africa

([www.mrc.ac.za](http://www.mrc.ac.za)). His work is mainly in the field of implementation research, including systematic reviews of health systems interventions; the development and evaluation of strategies for changing professional and user behaviours and the organization of care; and the use of lay or community health workers to deliver care. He is an editor for the Cochrane Consumers and Communication Review Group and the Cochrane Effective Practice and Organisation of Care Review Group. He 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 nokc.no

## **EHS-COVID (23) Reinforcing key health services amid COVID-19**

9 November, 2020

Extracts below from a news release on the WHO Africa Regional Health Office website. Read online: <https://www.afro.who.int/news/reinforcing-key-health-services-amid-covid-19>

This report focuses on Ghana. 'Adapting WHO guidance, the country has developed a national plan for the maintenance of essential health services and identified key services that must be provided during the pandemic.'

Comment from me below.

### **Reinforcing key health services amid COVID-19**

05 November 2020

Accra – Thousands of vaccinators fanned through villages and towns across 73 districts in Ghana, immunizing more than 4.6 million children against vaccine-derived poliovirus. Mass immunization campaigns, like many key health services, have suffered a heavy jolt dealt by the COVID-19 pandemic.

Health authorities in Ghana are now reviving and reinforcing essential services to not only better withstand disruption in case of a new COVID-19 wave but also improve quality. The latest rounds of polio vaccinations carried out in October had had been scheduled for April and May but were shelved in the face of rising COVID-19 cases that overstretched the health system, prompted movement restrictions as well as a ban on mass gatherings.

To safely resume the mass immunization drive, vaccinators were trained on COVID-19 prevention, provided with personal protective equipment and hand sanitizers. Meanwhile, measures to limit COVID-19 transmission are also being implemented in hospitals and health centres as key services are bolstered. In health facilities, pre-triaging spaces have been set up to screen patients before being allowed to seek consultation in a bid to mitigate risks of exposing the patients and health workers to the virus.



Investments have also been made to improve health worker knowledge and skills, and to bolster the health infrastructure. The supply of essential medical materials, including through local manufacturing, is also being enhanced.

Dr Anthony Adofo Ofosu, the Deputy Director General at Ghana Health Service in charge of essential health services, says that in addition to the investments, the lessons learnt during the polio vaccination campaign and the measures being taken to minimize COVID-19 infections as people seek treatment are strengthening the provision of essential services amid the pandemic.

“We have learnt a lot in this period on how to provide these services while protecting both our health workers and the public from COVID-19 infection,” he says. “We have been quite successful in reviving our essential services.”...

Collaborating with World Health Organization (WHO) and other partners, Ghana has over the last three months worked to steer essential health services back on track. Adapting WHO guidance, the country has developed a national plan for the maintenance of essential health services and identified key services that must be provided during the pandemic...

With the efforts to restore essential services beginning to pay off, Dr Ofosu of the Ghana Health Service says that “the country is in a better position to ensure the continuity of these essential services should there be a second wave in COVID -19 infections.”

Comment (NPW): This is a positive and optimistic report from Ghana. The international guidance to which is refers is WHO's Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020). <https://www.who.int/publications/i/item/covid-19-operational-guidance-fo...>

It would be very useful to review the national plan would be useful as a basis for sharing of experience and expertise on how to adapt the WHO guidance for use at country level. However, I was unable to find it on the MoH website and the WHO country office is returning a 404 error.

I would like to invite HIFA members in Ghana to share your observations.

Has a national plan for maintenance of essential health services been developed in other countries, drawing from the WHO guidance?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (24) WHO guidance: Maintaining essential health services**

9 November, 2020

Dear HIFA colleagues,

On 16 November we officially start our first thematic discussion here on HIFA on Maintaining essential health services during (and after) the pandemic.

Over the coming days I invite you to become familiar with WHO's interim guidance on this topic: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020). Our discussion will be largely based on this guidance, informed by your sharing of experience and expertise about current realities in your facility, your community, and your country.

You can download the document

here: <https://www.who.int/publications/i/item/covid-19-operational-guidance-fo...>

Part 1 of the guidance proposes 10 'basic principles and practical recommendations that support decision-making to ensure the continuity of select essential health services, highlighting key actions that countries should consider', and part 2 contains 'specific adaptations and considerations for life course and disease programmes in the context of COVID-19'.

It's worth noting this guidance is described as 'interim', indicating that it will be updated and revised in accordance not only with new evidence, but also informed by the inputs of those (us and others) who use and apply the guidance. Does the guidance address the necessary issues adequately? Is it practical and pragmatic? Can the guidance be readily contextualised for use at country, subnational or facility level?

The guidance is intended primarily for decision-makers and managers at the national and subnational levels, but all of us have a role to play. Earlier this morning we noted an example (Ghana) where the guidance has been incorporated into a national plan, and we look forward to learn more about this as well as experience in other countries.

Feel free to contribute at any time: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (25) Free webinar: Confidence in Asthma Management during the COVID-19 Pandemic**

9 November, 2020

Free webinar: Confidence in Asthma Management during the COVID-19 Pandemic

Saturday 28 November 2020, 1200-1410hrs GMT on Zoom

Following our highly-rated Spring series of respiratory health webinars for global primary care, we are launching two new occasional series about primary respiratory care during COVID-19 that will run over the next six months: Confidence In and Complexity In. We are starting with Confidence In Asthma Management on 28 November 2020, where four of our experienced primary care network will give short updates, allowing plenty of time for questions and interaction with the audience. If you were not able to join any of our first series of webinars, please follow this link for past recordings (<https://www.ipcrg.org/conferences/ipcrg-2020-virtual-conference-sessions>).

The Learning Outcomes

At the end of the webinar participants will be able to recognise the key elements of high quality asthma care in primary care during the pandemic, in order to later analyze, evaluate and take measures to improve the organisation of asthma care in their own contexts.

Specifically, the participants will be able to:

1. Use the preferable, pandemic adjusted methods for diagnosis of asthma and management of an acute exacerbation of asthma;
2. Pay attention to prioritised tasks of asthma care during the pandemic, including good communication with patients and deciding who should be offered review first
3. Identify and manage the specific needs and benefits of interprofessional asthma care due to the pandemic, through examples from the social movement 'Asthma Right Care'.

You can register for the webinar

here [https://us02web.zoom.us/webinar/register/WN\\_qZK5OKvGRRmyvU-vDvxsiQ](https://us02web.zoom.us/webinar/register/WN_qZK5OKvGRRmyvU-vDvxsiQ)

Programme (times GMT)

1200:UK Time Welcome & Intro Siân Williams, CEO, IPCRG

1205: Keynote Lectures

Making an Asthma Diagnosis - Anders Østrem, Norway

The Acute Management of Asthma - Marina García-Pardo, Spain

How do you organise and prioritise routine asthma care – Hanna Sandelowsky, Sweden

Collaborating with Colleagues: Where does Asthma Right Care fit in? - Maria Mar Martinez, Spain

Panel Discussion

1315:Break Stretch with Siân

1320:Oral Abstract Presentations - 5 Oral Abstract Presentations, with Q&A, that were accepted for IPCRG 10th World Conference

1410 Summary and closing remarks

10th World Conference - primary care abstracts on respiratory health

Following postponement in May this year, we have reopened the Call for Abstracts enabling you to submit recent work. Further details can be found by following this link: [www.ipcrg2021.org](http://www.ipcrg2021.org). Deadline for the submission of abstracts is 25 January 2021.

Please go to [www.ipcrg.org](http://www.ipcrg.org) to find out more about the IPCRG, a charity working locally in primary care and collaborating globally to improve respiratory health so that

we can achieve our vision of a global population breathing and feeling well through universal access to right care.

With our best wishes,

Janwillem Kocks

President IPCRG

Siân Williams

CEO IPCRG

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

## **EHS-COVID (26) Breastfeeding, Infant Feeding, Breast Milk and COVID-19**

9 November, 2020

Dear Colleagues,

We have updated our special repository on Breastfeeding, Infant Feeding, Breast Milk and COVID-19. Since our last update Friday 23 October 2020, we have added 28 NEW publications.

[Click here to view the updated repository](#)

All publications provide emerging evidence related to COVID-19 and

- Breastfeeding and breast milk
- Infant feeding recommendations
- Feeding difficulties in newborns

Six articles reported the results of breast milk samples tested for SARS-CoV-2, including two systematic reviews (Neef et al., 2020)(Han et al., 2020), and found all to be negative. Furman and Noble (2020) note that while Holder pasteurization successfully inactivates SARS-CoV-2, it also reduces protective antibodies in human milk; therefore, they recommend infected mothers should continue directly breastfeeding their infants.

Four articles specifically promote breastfeeding of newborns when the mother has COVID-19, emphasizing the loss of protective health benefits to newborns when

breastfeeding is interrupted (Vogel et al., 2020)(Demirci, 2020)(Bhandari et al., 2020)(Bhutta et al., 2020). Another article provides specific guidelines for breastfeeding mothers with suspected or confirmed COVID-19 (Sullivan et al., 2020).

Giampreti et al. (2020) evaluated the safety of medications used to treat COVID-19 among pregnant and lactating women. Fox et al. (2020) analyzed breast milk samples from 15 donors previously infected with SARS-CoV-2, observing a robust immune response to SARS-CoV-2 spike proteins. The authors suggest these findings warrant further investigation of the therapeutic use of extracted milk antibodies, as well as possible protective effects for breastfed infants.

The next update for this specific repository will be on Friday 20 November, 2020. If you know anyone who would benefit from these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

Emergency Response and Recovery Branch, Centers for Disease Control and Prevention (CDC) Atlanta

Hopkins Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health Baltimore

USA (+1) 443-707-9769 email: [mververs@cdc.gov](mailto:mververs@cdc.gov) and [mververs@jhu.edu](mailto:mververs@jhu.edu)

HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (27) Impact of COVID-19 on tuberculosis services (2)**

9 November, 2020

Below is an extract from WHO's Global tuberculosis report 2020, published 14 October 2020.

The full report can be downloaded here: [https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/)

The COVID-19 pandemic threatens to reverse recent progress in reducing the global burden of TB disease. The global number of TB deaths could increase by around 0.2–0.4 million in 2020 alone, if health services are disrupted to the extent that the number of people with TB who are detected and treated falls by 25–50% over a period of 3

months. In India, Indonesia, the Philippines and South Africa, four countries that account for 44% of global TB cases, there were large drops in the reported number of people diagnosed with TB between January and June 2020.

In line with WHO guidance, actions that countries have reported taking to mitigate impacts on essential TB services include expanded use of digital technologies for remote advice and support (108 countries including 21 high TB burden countries) and reducing the need for visits to health facilities by giving preference to home-based treatment and providing TB patients with a one-month supply of drugs (100 countries including 25 high TB burden countries)...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (27) Maintaining surgical services at a rural hospital**

11 November, 2020

Dear Friends

The COVID Pandemic has affected almost all the rural and mission hospitals all over the world. Despite being designated as a COVID Hospital and treating about 200 COVID patients the Shanthi Bhavan Medical Center at Biru in Jharkhand achieved a remarkable feat.

They had no infection of the staff and all the COVID patients were discharged cured without infecting anyone else after coming to the hospital.

You can hear about how they managed this in YouTube lecture organized by the International Federation of Rural Surgeons



[https://www.youtube.com/watch?v=3WyEC0Acv\\_0](https://www.youtube.com/watch?v=3WyEC0Acv_0)

Please do subscribe to get more videos from IFRS.

Attached is a an article published about it in Christian Journal of Global Health

Thanking you

With warm regards

J. Gnanaraj

J. Gnanaraj MS, MCh (Urology), FARSI, FICS, FIAGES

HIFA profile: J Gnanaraj is an Urologist and laparoscopic surgeon trained from Christian Medical College, Vellore. He is currently the Director of Medical Services of SEESHA which is a social service wing of the Jesus Calls ministry. He has upgraded the facilities at the Karunya Rural community hospital at Karunyanagar to a center for minimally invasive surgeries and started the health care plan and the master health check -up and the outpatient clinic at Coimbatore. He designed C3MDS the hospital management software along with computer personnel and designed local modifications and installed it many mission and other hospitals. This is being upgraded to a web based version compliant with the requirement of the National Accreditation Board for hospitals and health care facilities in India. He has designed low cost medical equipment for use at the mission hospitals and doing research on medical equipment in Karunya University. He is the Editor of the Rural surgery Journal of the Association of rural surgeons of India and has 45 publications in national and international Journal. He has presented papers at the conferences of Association of Surgeons of India (Calcutta, Cuttack and Madras), Urological Society of India (Bangalore & Nagarjunasagar), Association of Southern Urologist of India (Ooty & Vellore), Indian Medical Association (Trichy), Rural Surgery (Sivakasi, Ujjain, Sewagram), Association of surgeons of Assam (Silchar), International Federation of rural surgeons (Ifakara, Tanzania), WHO CME for rural surgeons (Herbertpur), International College of Surgeons conference (Trichy). He has organized many innovative diagnostic and surgical camps at interior rural places in India. [jgnanaraj@gmail.com](mailto:jgnanaraj@gmail.com)

## **EHS-COVID (28) Maintaining surgical services at a rural hospital (2)**

11 November, 2020

Dear Jesudian Gnanaraj,

Thank you very much for sharing this comprehensive YouTube video from rural Jharkand in eastern India.

[https://www.youtube.com/watch?v=3WyEC0Acv\\_0](https://www.youtube.com/watch?v=3WyEC0Acv_0)

I am impressed by the precision and discipline of your protocols and engagement of all your staff members to ensure the smooth functioning of your hospital and to prevent spread of COVID, while acting as the COVID referral centre for the region. These measures helped ensure no infections among your staff and all COVID patients were discharged without infecting others.

This was achieved despite lack of resources, and I note in particular your production of locally made PPE (personal protective equipment), including equipment to reduce transmission during intubation.

You mentioned that a paper was attached but unfortunately HIFA does not carry attachments. Please do you have a link for the paper?

Congratulations on your achievement. I look forward to hear and learn from others on the front lines.

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (29) WHO Director-General's opening remarks at the World Health Assembly**

11 November, 2020

Below are extracts from Dr Tedros WHO Director-General's opening remarks at the World Health Assembly (9 November). Read in full

here: <https://www.who.int/director-general/speeches/detail/who-director-genera...>

Almost 50 million cases of COVID-19 have now been reported to WHO, and more than 1.2 million people have lost their lives.

Millions more have died due to disruption of essential health services...

Much of our work this year has been directed at supporting Member States to maintain essential health services, which have been severely disrupted in many countries as a result of the pandemic.

In a WHO survey of 105 countries in August, almost all reported disruption to 25 essential health services, including outpatient care, diagnosis and treatment for communicable and noncommunicable diseases, family planning, mental health conditions and more...

Every day, our 8000 staff all over the world are working in ways most people never see to promote health, keep the world safe, and serve the vulnerable...

Two years ago, this Assembly approved the most ambitious strategic plan in WHO's history, designed to help you, our Member States, deliver a measurable impact in your countries.

All 150 country offices have now developed their own plans to support and implement the General Programme of Work, and as part of our transformation of performance management, every single staff member has now linked their day-to-day work to the GPW...

It's time for the world to heal...

The rule of the game is cooperation, solidarity, compassion, peace.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (30) World Pneumonia Day Panel on "Maintaining Progress on Childhood Pneumonia in the COVID-19 Era"**

11 November, 2020

On November 13, 2020 at 10:00am EST, IVAC will host a 90-minute panel, "Maintaining Progress on Childhood Pneumonia in the COVID-19 Era".

The COVID-19 pandemic now threatens global progress on preventing and treating childhood pneumonia, potentially reversing decades of health gains for the world's most vulnerable children. Please join us for a panel discussion featuring leading scientists and child health advocates addressing the urgent need to maintain progress in fighting childhood pneumonia in the COVID-19 era.

[https://jh.zoom.us/webinar/register/WN\\_W08ki\\_UTQOGi6YAwszQzbQ](https://jh.zoom.us/webinar/register/WN_W08ki_UTQOGi6YAwszQzbQ)

Pneumonia claims the lives of more young children than any other disease – over 800,000 children under 5 each year worldwide are lost to this largely preventable infectious disease. The COVID-19 pandemic now threatens global progress on

preventing and treating childhood pneumonia, potentially reversing decades of health gains for the world's most vulnerable children. Please join us for a panel discussion featuring leading scientists and child health advocates addressing the urgent need to maintain progress in fighting childhood pneumonia in the COVID-19 era.

Panelists include:

Anuradha Gupta, MBA (Gavi)

Bryan N. Patenaude, ScD (IVAC)

Keith Klugman, MD, PhD (Bill & Melinda Gates Foundation)

Senjuti Saha, PhD (Child Health Research Foundation, Bangladesh)

Samir Saha, PhD (Child Health Research Foundation, Bangladesh)

Temie Giwa-Tubosun, MPA (Every Breath Counts)

Moderated by Cynthia Gorney (National Geographic Magazine)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (31) Webinar: Overcoming the fear of using services during COVID**

12 November, 2020

(with thanks to Sara Holtz)

Sounding the Alarm: Overcoming the fear of using services during COVID- CoP webinar

When Thu Nov 19, 2020 1pm - 2pm United Kingdom Time

Where <https://us02web.zoom.us/j/82887234870>

Sounding the Alarm: Overcoming the fear of using facility-based maternal health services during COVID-19: Examples from Nepal and Pakistan

The Care-Seeking & Referral Community of Practice webinar on [DATE] at 8 a.m. EST will describe strategies taken in Nepal and Pakistan to overcome challenges and reservations women have accessing maternal and newborn health services during COVID-19 and why this is important. Several recent reports and articles have suggested that the number of women coming to facilities for antenatal care and delivery has decreased in many countries due to the COVID-19 pandemic. What should be done, and what is being done to address this issue? Two health providers will share their strategies.

A midwife from Pakistan will describe the experiences of midwives in a remote, high mountain, rural region and share strategies to assure women continue to have access to antenatal, delivery, and postpartum care. From Nepal we will hear about the impact on newborn outcomes of women not attending maternal care services. We will also hear about strategies to improve the quality of care for mothers and newborns, the importance of access to maternal services at facilities, and messages to the community to encourage women to access these facilities.

## Agenda

Welcome. Loveday Penn-Kekana, 5 min

Midwives & midwifery practice and education matters at the roof of the world in pandemic. Dr. Rafat Jan. 15 mn

Effect of COVID-19 pandemic response on intrapartum care and stillbirth and neonatal mortality outcomes in Nepal: prospective cohort observational study. Dr. Ashish K.C., 15 min

Discussion: Loveday. 25 min

Here's a link for more information about our webinars <https://www.harpnet.org/care-seeking-referral-community-of-practice-webi...>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (32) Liberia mental health services 'overloaded' after lockdown (2) Mental health services in Ethiopia**

12 November, 2020

Extracts below from a news item on the WHO Africa Regional Office website, and a question from me below. Read online: <https://www.afro.who.int/news/talk-radio-teletherapy-expands-mental-heal...>

Addis Ababa, 5 November – The Erq Ma’ed – or ‘reconciliation table’ – social enterprise has mixed talk radio, communications and counselling to boost the mental health and wellbeing of Ethiopians for nearly a decade...

The pandemic has placed a huge strain on essential health services, including mental health services...

“We typically get around 20 000 calls each year, but the number has already far surpassed that this year,” explains Ephrem Bekele Woldeyesus, chief programme officer at Erq Ma’ed.

“Many calls have been driven by families struggling to relate to each other during the lockdown as well as issues related to domestic and sexual violence and marital crises.”...

I would like to ask HIFA members: What has been the impact of COVID-19 on mental health (and services) in your country? How are these needs being addressed?

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (33) Webinar: Impact of the COVID-19 pandemic on children**

12 November, 2020

The message below is forwarded from our sister forum CHIFA (child health and rights). You can join CHIFA here: [www.chifa.org](http://www.chifa.org)

Dear colleagues

Please see the following information about a valuable webinar organised by ISSOP (the International Society for Social Pediatrics and Child Health) and colleagues, on the global experience of children with COVID 19.

Tony Waterston

CHIFA profile: Tony Waterston is a retired consultant paediatrician who worked mainly in the community in Newcastle upon Tyne, UK. He spent 6 years working in Zambia and Zimbabwe and directed the Royal College of Paediatrics and Child Health Diploma in Palestinian Child Health teaching programme in the occupied Palestinian territories. He was an Editor of the Journal of Tropical Pediatrics and is on the Executive Committee of the International Society for Social Pediatrics. His academic interests are child poverty, advocacy for child health and children's rights. He is currently the lead moderator of CHIFA [www.chifa.org](http://www.chifa.org) He is also a member of the HIFA Steering Group.

[www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group) [www.hifa.org/support/members/tony](http://www.hifa.org/support/members/tony)

Tony.Waterston AT newcastle.ac.uk

Dear friends,

Please join us on December 9th for a webinar detailing and discussing the global experience of children with SARS-CoV-2.

There is much left to learn about the virus and it is important to tap into the global experience of our colleagues.

Please distribute this Flyer as widely as possible and encourage your colleagues to join us.

Stay safe.

Jeff Goldhagen, President of ISSOP

Global Experience of Children with SARS-CoV-2

December 9, 2020 at 08:00—10:00 EST via Zoom

Please pre-register up to 15 minutes prior to the presentation  
at: [https://UFHJax.zoom.us/webinar/register/WN\\_SzUJvGM3S664LZbn2kQ7tg](https://UFHJax.zoom.us/webinar/register/WN_SzUJvGM3S664LZbn2kQ7tg)

This exciting webinar features invited social pediatricians from around the globe to discuss the impact of the COVID-19 pandemic on children.



These speakers and their presentations embody expertise in child rights from North and Latin America, Europe, Africa, and India.

After presentations, the speakers will convene for questions and discussion.

Raul Mercer, M.D.

Coordinator, Social Sciences & Health, Facultad Latinoamericana de Ciencias Sociales; Durand Hospital; Buenos Aires, Argentina

Angela Okolo, M.D.

Advisor, Nigerian Society for Neonatal Medicine; Federal Medical Center; Asaba, Nigeria;

Dodi D. Meyer, M.D.

Professor of Pediatrics, Director of Community Pediatrics, Columbia University Medical Center; New York, NY

Barbara Rubio, M.D.

Associate Professor, European University of Madrid; Hospital Universitario de Getafe; ISSOP General Secretary; Madrid, Spain

Rajeev Seth, M.D.

Medical Director, Child Health and Developmental Centre;  
President-Elect, ISPCAN;  
New Delhi, India

Moderators: Rita Nathawad, M.D. and Jeff Goldhagen, M.D.

Objectives:

1. To understand the differential impact of the COVID-19 pandemic in countries with diverse social, cultural, and economic environments.
2. To learn from the global inequities caused by the pandemic in order to address inequities in child health and well-being.
3. To project what the global post-COVID future will look like for children.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (34) WHO: Nearly 1 in 5 COVID-19 deaths in the African region linked to diabetes**

13 November, 2020

Extracts below from the WHO Africa regional office website. Read online: <https://www.afro.who.int/news/nearly-1-5-covid-19-deaths-african-region-...>

12 November 2020

Brazzaville – The World Health Organization (WHO) finds that 18.3% of COVID-19 deaths in the African region are among people with diabetes, one of the conditions that global studies have found to increase the risk of severe illness and death among patients infected with the virus...

Over the past three decades, the occurrence of type 2 diabetes has risen dramatically in all countries around the world. The African Region has experienced a six-fold increase, from 4 million cases in 1980 to 25 million in 2014. With around 60% of people living with diabetes undiagnosed, the African region has the highest proportion of people unaware of their status. A study in Kenya found that 60% of people diagnosed with the chronic condition were not on medication.

“Far too many people are in the dark as to whether they have diabetes. People with this chronic condition suffer a double blow if they are also infected with COVID-19,” said Dr Matshidiso Moeti, WHO Regional Director for Africa. “We must turn this around by investing in early detection, prevention and treatment of diabetes.”

At the onset and the peak months of the COVID-19 pandemic, health services for diabetes were particularly disrupted. Only about a third of reporting countries in a WHO survey of 41 countries in sub-Saharan Africa indicated that services were fully functional...

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (35) COVID and measles**

13 November, 2020

Extracts from a WHO news release. Read online: <https://www.who.int/news/item/12-11-2020-worldwide-measles-deaths-climb-...>

12 November 2020 News release

Worldwide Measles Deaths Climb 50% from 2016 to 2019 Claiming Over 207,500 Lives in 2019

Measles surged worldwide in 2019 reaching highest number of reported cases in 23 years. Highlighted in a publication by the World Health Organization (WHO) and the

United States Centers for Disease Control and Prevention (CDC), measles cases worldwide increased to 869,770 in 2019, the highest number reported since 1996 with increases in all WHO regions. Global measles deaths climbed nearly 50 percent since 2016, claiming an estimated 207,500 lives in 2019 alone.

After steady global progress from 2010 to 2016, the number of reported measles cases climbed progressively to 2019. Comparing 2019 data with the historic low in reported measles cases in 2016, authors cite a failure to vaccinate children on time with two doses of measles-containing vaccines (MCV1 and MCV2) as the main driver of these increases in cases and deaths.

“We know how to prevent measles outbreaks and deaths,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “These data send a clear message that we are failing to protect children from measles in every region of the world. We must collectively work to support countries and engage communities to reach everyone, everywhere with measles vaccine and stop this deadly virus.”...

Global response to COVID-19 pandemic must not exacerbate the measles crisis

Although reported cases of measles are lower in 2020, necessary efforts to control COVID-19 have resulted in disruptions in vaccination and crippled efforts to prevent and minimize measles outbreaks. As of November, more than 94 million people were at risk of missing vaccines due to paused measles campaigns in 26 countries. Many of these countries are experiencing ongoing outbreaks...

Global immunization partners are engaging leaders and public health professionals in affected and at-risk countries to ensure that measles vaccines are available and safely delivered, and that caregivers understand the life-saving benefit of the vaccine.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (36) Please forward: How can we maintain essential health services during the pandemic?**

13 November, 2020

Dear HIFA colleagues,

(Please forward this email far and wide to your contacts and networks. We want to welcome hundreds of new members for this vital exchange of experience and expertise.)

HIFA and WHO are collaborating on a series of thematic discussions to promote cross country learning on the maintenance of essential health services during the COVID-19 pandemic and beyond.

We are holding a 4-week discussion in 4 languages, across all six HIFA forums, starting 16 November 2020.

'The COVID-19 pandemic has had a major impact on the capacity of health systems to continue the delivery of essential health services. While health systems around the world are being challenged by increasing demand for care of COVID-19 patients, it is critical to maintain preventive and curative services, especially for the most vulnerable populations, such as children, older persons, people living with chronic conditions, minorities and people living with disabilities.' World Health Organization

Q1. How has COVID-19 affected the delivery of essential health services in your health facility or country?

Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain essential health services?

Q4. Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

Q5. The WHO Guidance (below) offers ten principles to maintain essential health services. Which principle is especially important to you and why?

WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020)

<https://www.who.int/publications/i/item/covid-19-operational-guidance-fo...>

Best wishes, Neil

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Join HIFA-Portuguese: <http://www.hifa.org/join/junte-se-ao-hifa-portuguese>

Join HIFA-French: <http://www.hifa.org/join/rejoignez-hifa-francais>

Join HIFA-Spanish: <http://www.hifa.org/join/unase-hifa-espanol>

Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (37) Please forward: How can we maintain essential health services during the pandemic? (2)**

13 November, 2020

Hi Neil and All

Thank you for sharing. We shall spread the news to our various connected-list serves.

But I wish to suggest that we/members leave out, ' (Please forward this email far and wide to your contacts and networks. We want to welcome hundreds of new members for this vital exchange of experience and expertise.) statement', as we circulate the invitation.

I think that in some contexts it may put-off people from joining HIFA or even reading the mail, because they may misconstrue HIFA objectives as being pure a membership drive rather than trying to advance with WHO, the campaign against COVID-19 pandemic.

I suggest that members take out the statement, because it is meant for internal consumption only, before distributing the invitation.

Joseph Ana.

**AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY**

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance  
National Standards and Quality Monitor and Assessor  
National Implementing Organisation: PACK Nigeria Programme for PHC  
Publisher: Medical and Health Journals; Books and Periodicals.  
Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.  
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HIFA profile: 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](http://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

## **EHS-COVID (38) Please forward: How can we maintain essential health services during the pandemic? (3)**

13 November, 2020

Dear Joseph and all,

Thanks for your message and suggestion to leave out "We want to welcome hundreds of new members for this vital exchange of experience and expertise".

To clarify, my intention here was not to increase our membership (although this would be welcome), but to engage new members to maximise our collective experience and expertise for the upcoming discussion. We especially want to reach out to public health professionals and frontline health professionals who may not yet have heard of HIFA, but who are deeply engaged in the challenges of maintaining essential health services during the pandemic.

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (39) COVID-19 and childhood pneumonia**

13 November, 2020

Extract below from a new Comment in The Lancet.

CITATION: Leveraging the COVID-19 response to end preventable child deaths from pneumonia

Henrietta H Fore, Tedros Adhanom Ghebreyesus et al.

Published: November 11, 2020

DOI:[https://doi.org/10.1016/S0140-6736\(20\)32348-5](https://doi.org/10.1016/S0140-6736(20)32348-5)

Pneumonia is still the leading infectious cause of child deaths and claims more than 800 000 children's lives every year...

Although most children have less illness related to COVID-19 than adults, the potential secondary impacts of the pandemic could cause a reversal in progress in child survival. Robertson and colleagues used a model to estimate that, depending on the degree of severity, service disruptions, reductions in access to care because of lockdown measures, and increased rates of wasting due to food shortages over 12 months could cause between 506,900 and 2,313,900 additional deaths among children younger than 5 years.

The data suggest that about a third of these preventable deaths could be from pneumonia and newborn sepsis...

Distribution of pulse oximeters and oxygen equipment, together with additional support to front-line health-care services, offers an opportunity to close the gap in access to these essential diagnostic and treatment tools for hypoxaemia, which is often associated with childhood pneumonia deaths. The COVID-19 response is also an opportunity to invest in training of health-care staff to operate and maintain such equipment and safely administer oxygen to patients...

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (40) COVID and pregnancy, vertical transmission, hyperinflammatory syndromes in children, child and adolescent mental health**



13 November, 2020

NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 12 November 2020

Dear Colleagues,

Since our update last week Thursday 5 November 2020, we have added 121 NEW publications providing emerging evidence related to

COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

Open this

hyperlink: <http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

Thirty-three new articles discuss COVID-19 and pregnancy. Some topics include rates of miscarriage and premature delivery, the relationship between gestational age and COVID-19 morbidity, changes in pregnant women's immunological profiles, the safety of COVID-19 treatments during pregnancy, and clinical guidance for perinatal care. Other topics include the psychological impact of the pandemic on pregnant women and the impact of rising delivery costs in low- and middle-income countries.

Twelve articles in this update examine current evidence regarding vertical transmission of SARS-CoV-2, exploring transmission risk across different trimesters, distribution of ACE2 in the placenta, and the consequences of separating newborns from their mothers.

Fifteen articles were added concerning hyperinflammatory syndromes in children, such as MIS-C/PMIS and Kawasaki Disease (KD). Articles discuss associated symptoms such as myocardial injury and shock, similarities to toxic shock syndrome, immunological profiles, and differences in prevalence between countries.

Twelve articles in this update discuss the pandemic's impact on child and adolescent mental health. Topics include the challenges of virtual partial hospitalization programs, the impact of the pandemic on eating disorders, post-traumatic stress disorder, attention-deficit/hyperactivity disorder, and autism spectrum disorder, as well as strategies for protecting children's mental health.

This is by no means an exhaustive list! Look out for our next weekly update Thursday, 19 November, 2020. Currently we have approx. 3300 publications in the repository.

Mija-tesse VERVERS

Emergency Response and Recovery Branch, Centers for Disease Control and Prevention (CDC) Atlanta

Hopkins Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health Baltimore

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email: [mververs@cdc.gov](mailto:mververs@cdc.gov)<<mailto:mververs@cdc.gov>> and [mververs@jhu.edu](mailto:mververs@jhu.edu)<<mailto:mververs@jhu.edu>>

HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (41) Learning event: Maintaining quality essential health services during COVID-19: Learning from country experiences, 3 December**

13 November, 2020

Maintaining quality essential health services during COVID-19: Learning from country experiences

3 December 2020  
13:00 - 15:00 CET

This learning event, hosted jointly by the WHO COVID-19 Health Services Learning Hub (HLH) and the WHO Global Learning Laboratory (GLL) for Quality UHC, will explore the critical role of quality in maintaining essential health services during the COVID-19 pandemic.

The pandemic has highlighted the critical importance of delivering health services that are effective, safe and people-centred. Focused effort on improving the quality of health services can lessen direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions. Globally, various strategies are being applied by countries to maintain the quality of health services whilst responding to the pandemic.

This learning event will include country perspectives on innovative approaches and common challenges to delivering quality essential health services during COVID-19. It will form part of a broader learning journey on this critical issue, including a pre-learning survey and follow up dialogues to build on identified learning needs.

### Key objectives

The learning event brings together policymakers, health professionals and technical partners to identify and solve common challenges in maintaining quality care during COVID-19.

1. Explore strategies undertaken by countries to integrate quality into the maintenance of essential health services during COVID-19;
2. Identify common barriers and solutions in maintaining quality care during COVID-19;
3. Recognise common learning themes and technical assistance needs from countries.

### About the organizers

The WHO COVID-19 HLH is a dynamic new web platform to support implementation of the WHO COVID-19: operational guidance for maintaining essential health services. The GLL for Quality UHC is a learning mechanism that links the experiences, expertise, and wisdom of people across the world on important issues relating to quality in the context of UHC.

Join us!

Register (<https://who.us15.list-manage.com/track/click?u=540192c501e50b6f7f2ffe21d...>)

We want to hear from you

Join the pre-learning event discussion

Participate in the pre-survey for organizations (<https://who.us15.list-manage.com/track/click?u=540192c501e50b6f7f2ffe21d...>)

Participate in the pre-survey for countries (<https://who.us15.list-manage.com/track/click?u=540192c501e50b6f7f2ffe21d...>)

## **EHS-COVID (42) Event: Preterm Births in a COVID-19 world, 17 November**

13 November, 2020

(Forwarded from CORE Group)

Join us for a special event of the LSTHM-Charité Global Health Lecture Series on World Prematurity Day

Preterm Births in a COVID-19 world: Science, Systems and Social Impact

Tuesday, November 17, 2020

16:30 - 18:00 CET

On World Prematurity Day, Prof Joy Lawn, Professor of Maternal Reproductive and Child Health Epidemiology and Director of MARCH Centre at LSHTM, Dr Suman Rao, Professor of Neonatology, St. Johns' Medical College, India, Dr Queen Dube, Head of Pediatrics, Queen Elizabeth Central Hospital, Malawi and Silke Mader, Chairwoman of the Executive Board and Co-Founder of EFCNI and GLANCE, will focus on the issue preterm births during the COVID-19 pandemic, exploring the direct and indirect effects of COVID-19 on preterm births and newborn care around the world.

Dr Anshu Banerjee, WHO Director of Department of Maternal, New Born, Child and Adolescent Health and Aging, will open the event and will share insights into the policy context for maternal and child health in the current climate. Helga Fogstad, Executive Director of the Partnership for Maternal, Newborn & Child Health (PMNCH), and Dr LuWei Pearson, acting Associate Director and Chief of Health Programme, UNICEF NYHQ, will provide reflections on the commitments needed to address gaps identified.

#### Event Details

Visit the LSHTM event website for further details of the event.

<https://www.lshtm.ac.uk/newsevents/events/preterm-births-covid-19-world-...>

Best wishes, Neil

Let's build a future where children are no longer dying for lack of healthcare information - Join CHIFA (Child Healthcare Information For All): <http://www.hifa.org/forums/chifa-child-health-and-rights>

CHIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All) and assistant moderator of the CHIFA forum. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (43) Impact of COVID-19 on health research**

14 November, 2020

Global health is fundamentally dependent on the availability and use of reliable healthcare information, which in turn is dependent on health research. This new commentary in The Lancet points to the negative impact of COVID-19 on funding for health research, much of which is funded by charities. 'A survey of more than 500 charity-funded early career researchers in the UK found that four in ten are considering leaving research due to funding concerns arising from the COVID-19 pandemic.' Citation, extracts and a comment from me below.

CITATION: More support needed for UK charity-funded medical research

Charmaine Griffiths, Michelle Mitchell, Aisling Burnand

Published: November 12, 2020 DOI:[https://doi.org/10.1016/S0140-6736\(20\)32397-7](https://doi.org/10.1016/S0140-6736(20)32397-7)

The integral role of medical research charities in UK research and development is under threat from the financial impact of the COVID-19 pandemic... From March, 2020, fundraising events across the country were cancelled and charity shops closed for long periods due to lockdowns, contributing to huge income loss. Charity-funded medical research has not benefited from the UK Government's £750 million charity support package,<sup>10</sup> which was aimed at organisations that provide front-line services for patients, rather than research. Nonetheless, many medical research charities have used their expertise to provide evidence-based patient information during the pandemic...

In October, 2020, the Institute for Public Policy Research projected there could be a shortfall of up to £7.8 billion in UK research and development spending between now and 2027 as a result of the pandemic... We also risk losing a generation of scientists because they are unable to secure funding for their research. A survey of more than 500 charity-funded early career researchers in the UK found that four in ten are considering leaving research due to funding concerns arising from the COVID-19 pandemic.

Meanwhile there are reports of disruption of research across all areas of health, including and especially research in low- and middle-income countries. I invite HIFA members to share your experience and observations.

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (44) Please retweet: How can we maintain essential health services during the pandemic?**

14 November, 2020

Dear all,

Please help us publicise our upcoming discussion (starting Monday 16th November) by retweeting:

How can we maintain essential health services during the pandemic? Join 20k professionals for a global discussion with @WHO on the HIFA forums (English, French, Portuguese, Spanish) <https://bit.ly/2H40epu> #healthinfo4all #UHC #healthforall

[https://twitter.com/hifa\\_org/status/1327564271195189248](https://twitter.com/hifa_org/status/1327564271195189248)

Many thanks, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (45) Maintaining Essential Health Services during COVID - Co-learning**

14 November, 2020

Dear Colleagues

Really glad to be participating in this HIFA and WHO collaboration to promote sharing of experience and expertise around the maintenance of essential health services during (and importantly after) the pandemic.

My name is Shams Syed and I lead the Quality Team in the Department of Integrated Health Services at WHO Headquarters. <https://www.linkedin.com/in/shams-syed-6535609/>

Have had the privilege of shaping the WHO COVID-19 Health Services Learning Hub (HLH) through which this collaboration has unfolded.

As you will have seen, the discussions are focused around sharing of experience and expertise around the maintenance of essential health services during the pandemic. What I am particularly appreciative of is that this is being done in a spirit of solidarity and co-development and that the discussion is multilingual.

Some important questions are starting us off...

Q1. How has COVID-19 affected the delivery of essential health services in your health facility or country?

Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain essential health services?

Q4. Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

Q5. The WHO Guidance offers ten principles to maintain essential health services. Which principle is especially important to you and why?

All starts on Monday and can't wait to hear the wisdom emerge from all corners of the world over the next 4 week...

Let us be bold and remember that information can save lives!!

In solidarity.

Shams

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HIFA profile: Shams Syed is the Quality Team Lead within the Department of Integrated Health Services in the UHC & Life Course Division at WHO Headquarters in Geneva. He is a member of the HIFA working group on Essential Health Services and COVID-

19. <https://www.hifa.org/support/members/shams> <https://www.hifa.org/projects/essential-health-services-and-covid-19> syeds AT who.int

## **EHS-COVID (46) Introduction: Jagoda Khatri, Switzerland**

15 November, 2020

Dear All,

Being a new HIFA member, I would like to introduce myself. My name is Jagoda and I am currently working as a Project Support for the WHO's COVID-19 Health Services Learning Hub (HLH). I am Polish national but based now in beautiful Geneva, Switzerland where I finished my studies (Anthropology). Looking forward to e-meeting you via HIFA Forum and discussing on various topics.

With best regards,

Jagoda Khatri

HIFA profile: Jagoda Khatri works with the COVID-19: Health Services Learning Hub at the World Health Organization, Geneva. She is a member of the HIFA working group on Essential Health Services and COVID-19. <https://www.hifa.org/support/members/jagoda> <https://www.hifa.org/projects/essential-health-services-and-covid-19> Email: khatrij AT who.int

## **EHS-COVID (47) WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context**

15 November, 2020

Dear HIFA colleagues,

We look forward to hear your thoughts and observations for cross country learning about 'Maintaining essential health services during the COVID-19 pandemic and beyond'.

Here is a brief overview with five guiding questions: <https://www.hifa.org/news/hifa-and-who-collaborate-promote-sharing-exper...>

Please also download and refer to the WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020)

<https://www.hifa.org/sites/default/files/articles/WHO-2019-nCoV-essentia...>

With thanks and best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19



<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (48) Q1. How has COVID-19 affected the delivery of essential health services in your health facility or country?**

15 November, 2020

The COVID-19 pandemic has had a major impact on the capacity of health systems to deliver essential health services. All around the world health services are being disrupted across all areas: child health maternal health, diagnosis and management of cancer and cardiovascular disease, and non-COVID emergency services. It is critical to maintain preventive and curative services, especially for the most vulnerable populations.

On behalf of HIFA and WHO, I welcome you to Day 1 of our thematic discussion here on the HIFA forum. This week we invite you to explore the key question:

**Q1: HOW HAS COVID-19 AFFECTED THE DELIVERY OF ESSENTIAL HEALTH SERVICES IN YOUR HEALTH FACILITY OR COUNTRY?**

We look forward to hear and learn from your experience. You may like to talk about your personal experience, or perhaps someone you know (a friend, a patient) who has been affected by disruption in services. Or you may choose to describe how the pandemic has impacted your health facility and your colleagues.

We are especially keen to promote cross-country learning. Each of us may know much about what is happening in our own country, but little about what is happening in other countries - please do share what is happening in your country so that others may learn.

As always, the email address is: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Thank you all for sharing your observations in a spirit of solidarity and co-development.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (49) COVID-19 and Universal Health Coverage (1) COVID-19 and adolescent health**

16 November, 2020

Forwarded from The Partnership for Maternal, Newborn & Child Health

SAVE THE DATE

Friday, 11 December 2020

2:00-5:00pm CET

Building on the success of Lives in the Balance: A COVID-19 Summit [<https://www.who.int/pmnch/media/news/2020/lives-in-balance-summit/en/>], PMNCH, CORE Group and UHC2030 will reconvene partners across the globe for a virtual summit to take stock of how COVID-19 is impacting the progress towards Universal Health Coverage (UHC) commitments. Following Lives in the Balance in July, this exciting and interactive event will:

- Provide a space to reflect on progress and challenges and share best practices;
- Identify ways to strengthen multistakeholder collaboration;

- Mobilize meaningful action to protect the progress on UHC and women's, children's and adolescents' health.

The event will provide an opportunity to launch both the inaugural State of UHC Commitment, which aims to provide a multi-stakeholder consolidated view on the state of progress towards Universal Health Coverage (UHC), and the political commitments to PMNCH's key COVID-19 Call to Action asks announced in July [<https://www.who.int/pmnch/media/news/2020/call-to-action-on-COVID-19/en/>].

The summit takes place one day before the international UHC Day on 12 December, which every year marks the anniversary of the first unanimous UN resolution calling for all nations to provide affordable, quality healthcare for all of their citizens. This year, UHC advocates will demand action on universal health coverage, which is critical for our lives, our livelihoods and our future.

Register [<https://www.eventbrite.ch/e/lives-in-the-balance-tickets-128890855017>] and join us to take action for those we refuse to leave behind!

## Live Series

Adolescent health and well-being in times of COVID-19

Live Session 2: Promoting adolescent mental health and well-being

The recording is now available for the second installment of the PMNCH and WHO led series on Adolescent health during COVID-19. In the live session, experts from WHO and UNICEF shared data and guidance for young people to help manage mental health during the pandemic. The event highlighted the stories of two adolescents who shared their experiences in keeping up with studies, social networks, family and illness during lockdown and offered adolescent based solutions for dealing with mental health.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (50) Q3. What have you, your health facility or country done to maintain essential health services? (1) Teleconsulting**

16 November, 2020

I have pasted a synopsis of the WHO Maintaining Essential Health Services during covid19 - attached - document [\*see note 1 below]. I have extracted information from a digital patient view point and in relation to an Neil's invitation to join the WHO and HIFA dialogue about maintaining essential services. I have inserted in italics [\*see

note 2 below] in the extracts the NHS figures on patient use of digital services in England during September 2020: Telemedicine and patients using their own records will be [part of the response to Covid and may well remain mainstream after Covid.

WHO Maintaining essential health services: operational guidance for the COVID-19 context

Interim guidance 1 June 2020 (Through the eyes of a digital patient)

As the outbreak is brought under control and restrictive public health measures are gradually eased, some adaptations in service delivery may need to be reversed, others continued for a limited time, and yet others that are found to be effective, safe and beneficial can be incorporated into routine post-pandemic practice.

(NHS England September 2020 - use of On line services

\*Percentage of patients enabled to book/cancel appointments on line 27.08%

\*Number of appointments booked on line in September 2020 523,770

\*Percentage of patients enabled to order repeat prescriptions on line 31.52%

\*Number of prescription transactions on line in September 2020 4,500,000

\*Percentage of patients enabled to view detailed record on line 9.84%

\*Number of record view transactions on line in September 2020 9,930,000

\*Percentage of patients enabled for at least one of these services 31.97%)

Successful implementation of these strategic shifts will require the active engagement of communities and public and private stakeholders, specific measures to ensure access for socially vulnerable populations, transparency and frequent communication with the public and a high degree of cooperation from individuals.

In particular, the pandemic has placed unprecedented demands on individuals to self-manage many health needs and on informal caregivers ◆ including families, frieends and neighbours ◆ who should be exempted from travell restrictions that could preclude them from providing needed care.

When well-informed and coordinated, adaptations made in the COVID-19 context have the potential to build health system capacity that can be sustained throughout the pandemic and beyond.

In all systems, adaptations made in the pandemic context may provide a foundation for the transformation and integration of primary care services.

Use available technologies and associated regulations to facilitate the shift of clinical encounters to digital platforms and to support self-care interventions wherever appropriate (see Section 1.12).

Redesign chronic disease management strategies around limited or adapted provider encounters and increased self-management, while ensuring access to necessary medications and supplies.

Document adaptive responses (e.g. teleconsultation, integrated primary care, remapping of referral pathways) implemented during the pandemic phase that should be considered for longer-term integration into health system operations.

Utilizing online learning platforms and mobile technology to provide key training (e.g. on management of time sensitive conditions and common undifferentiated presentations in frontline care), clinical decision support and direct clinical services (e.g. telemedicine), if appropriate (see Section 1.12);

There are many relevant and practical examples of the use of digital technologies for maintaining and strengthening service delivery in the COVID-19 context. Telemedicine solutions include clinical consultations conducted via video chat or text message, staffed helplines, e-pharmacies and mobile clinics with remote connections to health facilities for timely access to patient data such as medication lists and diagnostic test results. Digital applications can be used as part of supportive supervision of health workers, and evidence-based digital tools can be used to support clinical decisions on diagnosis and treatment.

In addition, digital health technologies can support medication adherence and empower individuals to take more proactive measures to manage their own health. Evidence-based, high-quality self-care interventions can be delivered via digital technologies (26) and can offer effective alternatives to some face-to-face interactions with providers.

Establish interim guidance and regulation on the: delivery of health services through digital health technologies, taking into account accessibility, liability, safety and privacy;

HIFA profile: 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 AT gmail.com

[\*Note from HIFA moderator (Neil PW):

1. HIFA does not carry attachments. The WHO Guidance may be downloaded here:

<https://www.who.int/publications/i/item/covid-19-operational-guidance-fo...>

2. The text to which Richard refers is marked with asterisks \* ]

## **EHS-COVID (51) Central Sahel Appeal**

16 November, 2020

From the WHO website. <https://www.who.int/emergencies/funding/appeals/central-sahel>

Along with the ongoing COVID-19 pandemic, the situation in the Central Sahel has deteriorated significantly over the last years. Complex and fast-growing crises cause unprecedented needs, while armed violence and insecurity have forced more people to flee their homes, and disrupted basic social services and governance. Across the region, the number of internally displaced people has risen from 70,000 to 1.4 million in less than two years; including 1 million in Burkina Faso, 267,000 in Mali and 140,000 in western Niger.

Human rights violations, including gender-based violence and violence against children, are on a sharp rise. A dramatic food and nutrition crisis hits conflict-affected regions the hardest and, according to the April 2020 Cadre Harmonise analysis, the number of people facing a critical lack of food has more than tripled in Burkina Faso, almost doubled in Mali, and increased by 77 per cent in Niger – without taking into account the socio-economic impact of COVID-19 on populations in the region. Access to people in need has become increasingly difficult, and militarised and politicised response constitutes a major risk to humanitarian action. Humanitarian actors are increasingly exposed to risks and targeted in attacks.

The crisis hits vulnerable communities in a convergence of poverty, social exclusion, food insecurity, population growth, lack of education, weak governance, and conflict – and now COVID-19. The pandemic risks overwhelming the basic services, exacerbating ongoing crises and food and nutrition insecurity, and deeply impacting the socio-economic situation of vulnerable households and their capacity to adapt and recover. Some 13.4 million people in the three countries require urgent assistance – 5 million more than estimated at the beginning of the year. This includes 2.9 million in Burkina Faso, 6.8 million in Mali, and 3.7 million in Niger.

Humanitarian response plans remain severely underfunded.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (52) Q1: How has COVID-19 affected the delivery of essential health services in your health facility or country?**

16 November, 2020

Dear HIFA colleagues,

I have been reviewing the WHO Guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020) in relation to the first question of our discussion (Q1. How has COVID-19 affected the delivery of essential health services in your health facility or country?)

The Guidance says relatively little about the impact of COVID-19 on health services (the focus is understandably on how to maintain services, and the document is now some months old). It does however start with an overview that highlights general concerns:

'Health systems around the world are being challenged by increasing demand for care of people with COVID-19, compounded by fear, stigma, misinformation and limitations on movement that disrupt the delivery of health care for all conditions. When health systems are overwhelmed and people fail to access needed care, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions increase dramatically. Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behaviour and adherence to public health advice...

'As demands on systems have surged and health workers themselves have increasingly been affected by COVID-19 infection and the indirect consequences of the pandemic, strategic adaptations have become urgent to ensure that limited public and private sector resources provide the maximum benefit for populations.

'Countries are making difficult decisions to balance the demands of responding directly to the COVID-19 pandemic with the need to maintain the delivery of other essential health services. Establishing safe and effective patient flow (including screening for COVID-19, triage and targeted referral) remains critical at all levels. Many routine and elective services have been suspended, and existing delivery approaches are being adapted to the evolving pandemic context as the risk–benefit analysis for any given activity changes...'

We need a fuller, more detailed understanding of the impact of COVID-19 in different countries and on different aspects of health care. It is important also to hear testimony from HIFA members working in individual hospitals and healthcare facilities, and in public health positions. There is much that can be learned by cross country sharing of experience.

Please share your experience and observations to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (53) Q1: How has COVID-19 affected the delivery of essential health services? (3) Deaths of frontline health workers**

16 November, 2020

Thank you Neil for fostering, on behalf of HIFA and WHO, such important and helpful discussions at the HIFA Forum.

In regard to the question of how has COVID-19 affected the delivery of essential health services (Q1), I would like to share with you the enormous death toll COVID-19 has taken from health personnel in Honduras, Central America, and specifically from physicians working in the public and private sectors, some as general practitioners and some with specialization. This loss of human talent affects directly the provision of essential health services and has produced a lot of suffering among the health personnel, their families, and the society in general.

Since March 10, when Honduras reported the first COVID-19 cases, up to October 31st, 61 physicians have passed away. Not all of them due to COVID-19 but all of



them and their families affected by the general situation of confinement, limited circulation, closed outpatient clinics, and overwhelmed public and private hospitals, with shortage of medical equipment and supplies to treat complicated cases and limited Intensive Care Unit beds availability. Among these 61 physicians 20 were specialized physicians, including specialties such as epidemiology, obstetrics and gynecology, pediatrics, psychiatry, public health, and urology; some of them less than 40 years old. Very sad indeed.

On October 22, 2020, the Honduras Medical College paid tribute to deceased physicians and those currently on the front line of care. A description of this tribute and also a commemoration as an article was recently published in the *Revista Médica Hondureña* (Alger J, Mejía F, Mejía M. Tributo a los médicos hondureños fallecidos durante la pandemia de COVID-19, octubre 2020. *Revista Médica Hondureña* 2020; 88 (Suplemento 1): 45-48), which is available at the following link:

<https://revistamedicahondurena.hn/assets/Uploads/Vol88-S1-2020-26.pdf>

Here some extracts from the paper:

'In Honduras, health personnel have also suffered these consequences [COVID-19 pandemic] and as of October 2020 the Honduran Medical College has reported the death of 61 physicians during the pandemic [Table 1].

'The first cases of COVID-19 [in Honduras] were reported on 10 March 2020. As of 26 October, 93,214 cases and 2,623 deaths had been reported. The estimated 263 deaths per million Hondurans is similar to that reported on the same date by Canada (264) and higher than reported by Costa Rica (257), Dominican Republic (204), Guatemala (203) and El Salvador (147); all of them with a number of laboratory tests carried out per million inhabitants ranging from 1.02 to 11.45 times more than the number carried out in Honduras. These data of death by COVID-19 in Honduras, the highest in Central America and the Dominican Republic, after Panama (608), could be explained by some of the characteristics of the country that have already been described in other epidemics such as dengue in 2019 and which stand out for their relevance in the current context of the COVID-19 pandemic.

'Honduras faces social and health determinants that require urgent and comprehensive care. Social determinants include poverty and inequality (Gini index of 0.52), insufficient education, mass migration, crime, high homicide rates and drug trafficking. Health determinants include disorganized population growth, unplanned urbanization, insufficient access to safe water, limited access to deteriorated and insufficient health infrastructure, and the ecological consequences of climate change. It adds to the negative effects of governance and failed health policies, the privatization of the health system and corruption, with the diversion of millionaire public funds as a widespread government practice and the consequent weakening of major health and education programmes. And yet, despite obvious and pressing needs,

Honduras' military spending has steadily increased since 2010. All these characteristics of the country have become enhancing elements of the impact of the pandemic on health but also on society at large and the economy, and its negative effects in the medium and long term are under development throughout the region.'

Looking forward to the continuation of the discussions.

Jackeline

HIFA profile: Jackeline Alger works in the Parasitology Service, Department of Clinical Laboratories, Hospital Escuela Universitario, and at the Faculty of Medical Sciences, Universidad Nacional Autonoma de Honduras, Tegucigalpa, 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>

<http://www.hifa.org/support/members/jackeline>

Email: jackelinealger AT gmail.com

## **EHS-COVID (54) Q3. What have you, your health facility or country done to maintain essential health services? (2) Teleconsulting (2)**

16 November, 2020

I retired from English General, Practice (family medicine) before teleconsultations began but feel that these facts about and standards for

teleconsultations may be useful to the HIFA WHO dialogue:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/...>

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

<https://www.england.nhs.uk/2020/05/millions-of-patients-benefiting-from-...>

HIFA profile: 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 AT gmail.com

## **EHS-COVID (55) Q1 How has COVID-19 affected the delivery of essential health services in your health facility or country? (4) Child health in South Africa**

16 November, 2020

The message below is forwarded from our sister forum CHIFA (child health and rights). Child health services in this South African hospital have been severely disrupted although there have been positive aspects: "The pandemic enhanced the spirit of working together".

The pandemic has really impacted the child health service delivery where I'm working. The debate is whether positive or negative.

Our hospital is a quaternary children hospital which works with referrals only. During the early period of the pandemic, we had to focus only on the emergency surgeries. At the beginning of January we had paediatric surgery lists for Cardiothoracic surgery, ENT surgery, Cardiac Cath labs and general surgery. All these were put on hold until July when we had established the flow processes of how the patients will flow from admission to theatre. The only functional wing was the dialysis services which couldn't be stopped.

The pandemic enhanced the spirit of working together in the hospital in my view. Even referring hospitals in and around Johannesburg knew that they had to do COVID-19 swabs before sending the patients for surgery to make the journey easier for the child and family. This strategy reduced hospitalization and helped to speed up the surgical work up process. We had to establish flow processes for NICU, PICU, theatre and general wards.

Once we had established the processes, we commenced slowly with elective cases. There was however an added layer of doing the COVID-19 swab before any surgical intervention could be done. In emergency cases, those were allowed to be done under stricter COVID-19 hospital policy.

The only sad thing was that children who tested positive for COVID-19 and were due to have surgery, were sent back to their referring hospital. These are children coming as far as Eastern Cape province, North West province and Swaziland. They had travelled all this way to have their surgery done and they had to go back without the surgery.

The other impact was that our waiting list for 2020 was impacted on. Cardiothoracic was having about 96 kids on their waiting list for surgery who needed to be presented

at multidisciplinary teams and that couldn't happen because of the pandemic. Missed immunization has been reported and observed on a number of the admissions we have had in the hospital. Upon enquiring, the reasons were either the clinic was closed because someone at the clinic tested positive for COVID-19 or a limited number of people allowed in the clinics barred them from entering the premises.

I have seen the children defaulting on their ARTs. On the other site we were able to get the hospital ready to function amid the COVID-19 pandemic and i think that process has had positive effect on the hospital and staff.

Kind regards

Mmusetsi Mokwatsi

Advanced Nurse Practitioner: Child

CHIFA Profile: Mmusetsi Mokwatsi is a Child Nurse Specialist at the Kimberley Hospital Complex in South Africa. Professional interests: Health policy development, Clinical Leadership, Clinical Research, Child advocacy, Child Nurse development, community involvement in child health, Clinical governance. Email: ratolaonemok AT gmail.com

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**EHS-COVID (56) Q1 How has COVID-19 affected the delivery of essential health services? (5) Impact of COVID-19 in Nigeria**

17 November, 2020

Dreaded and deadly COVID-19 pandemic has affected the health system in Nigeria both ways, very badly with all the terrible deaths and morbidity, destruction of lives and livelihoods as we used to know it, and still unsure as a country, how it will all end, given the second (and maybe third) wave in the temperate countries, in this globalized world with cross-travels, and then on the other hand, some rare positive awareness in the corridors of power, that have left the health system so weak that the country's health indices has remained appalling for decades: many declarations by highly placed policy makers, saying that 'I never knew that the health system was so weak'. Whether such declarations will lead to a positive change, that sees funding of healthcare as one of the most productive investments any country can make remains to be seen. And the early signs are not promising, because even while the pandemic is still raging the annual budget for health in 2021 has dropped!!.

All groups (elites, working class, formal sector, informal sector, unemployed, urban, rural, difficult to reach areas, vulnerable and challenged groups (challenged: physical, mental, visual, speech, hearing etc), and every tier of the already weak Nigeria health system is affected and impacted directly or indirectly by COVID-19 pandemic. In the facilities, whether government owned or private facilities, outpatient and inpatient services, across specialties including childbirth conducted by skilled attendants have dropped drastically, because users are afraid to attend for fear of 'catching' COVID from hospital workers or the facility. The reverse is also true, as news reports are frequent of 'health workers turning away patients who have covid-like symptoms'.

Logistics and supply chain disruption has affected facility stocks of medicines, commodities, and already failing utilities like running water and electricity supply, with deadly consequences for patient outcome. The reported rates of new infection seems to have peaked around August 2020, but no one is certain of why that is so, or whether the drop is real, because most states, if not all but one or two, are not persisting with commitment to testing!. Routine immunization, which at best of times was a struggle to improve the rates, has plummeted, the consequences of which may manifest long after COVID-19 emergency. Mis/dis information/ infodemic, coupled with pre-COVID-19 high levels of superstition, ignorance, poverty, and quackery, has taken root, such that most of the population are in denial at this time (November 2020), even as they read of and watch on TV Cable channels the devastating second / third wave of infections in the Western World, led by the USA. Furthermore, some policy decisions and approaches to the mitigation of the pandemic, have not helped because they have been too concentrated on Urban centers to the neglect of rural population, even though most of the population live and work in rural areas. Distribution of palliatives has also been urban-centred in the main, and therefore has not reached the very poor and unemployed especially those that became unemployed because of COVID Lockdown and restrictions. The failure of palliative schemes has forced most of the population to buy-into the misinformation and to go into denial, preferring to 'die from Covid than by hunger'!!.

Already, Nigeria was facing scarcity of health workers (in numbers and distribution across the zones of the country) exacerbated by acute Brain Drain to the Global North, but COVID-19 has worsened the situation drastically, as staff become infected in the course of treating positive cases, and have to rightly, isolate and quarantine mandatorily. Many have succumbed and died. Running normal shifts in the hospitals has been serious, adversely, and we read of facilities closing down services altogether or scaling down, both of which imperil access and care to patients. It is probably too early to know how this sad situation can be effectively controlled, because the pandemic (even though it appears less burdensome in Africa at this time) has not ended, especially given that a second covid-19 wave is still ravaging Western countries and flights have resumed between Africa and those Hotspots.

The message for now (until there is effective treatment and / or vaccine) must be to sustain and maintain the proven mitigation activities: frequent handwashing with running water and soap; social and physical distancing 2M apart; use of face masks; coughing and sneezing etiquette; rely on only information that comes from reliable sources e.g. the National Centre for Disease Control (CDC) and to Call the Free Toll Number if symptoms develop.

HIFA profile: 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](http://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

**EHS-COVID (57) Q1 How has COVID-19 affected the delivery of essential health services in your health facility or country? (6)**

17 November, 2020

Dear Neil and HIFA colleagues,

Thanks for starting this important and timely discussion.

From many webinars and online conferences that I have 'attended' in the last months I have learnt how important and complex is this problem everywhere. Here are some aspects of the problem that were similar in many countries:

- initially so much attention and resources were devoted to respond to COVID-19 that decision- and policy-makers were not looking for solutions on how to maintain essential health services;
- health care professionals were desperately searching for information on what was better (less risk) for their patients (with chronic conditions) - to postpone treatment and diagnostic procedures and keep them from health care system, or to continue providing those services under new circumstances - and in many cases there was no such evidence available;
- patients were not sure if it was more reasonable to avoid 'contact' with health care system or not.

From my limited experience as a patient here in Croatia I might say that we are able to use without 'contact' some services that were established before - for example, we do not need to visit a GP office to renew a prescription (that could be done online or by phone).

But when changes in the system were needed - that took really a long time. Only a couple of weeks ago they have organized a centralized national information service for oncological patients who were not able to get on time therapy or diagnostic procedures due to disruptions in hospital service delivery (as some hospitals were reorganized to treat only COVID-related cases).

So it is really important to share experience from different countries and regions to find most effective solutions.

Thanks,

Irina Ibraghimova, PhD  
HIFA country representative for Croatia  
Editor, International Journal of Health Governance

<https://www.emeraldgrouppublishing.com/journal/ijhg>

HIFA profile: Irina Ibraghimova is a medical librarian, based in Croatia, and works with health care professionals in the countries of the Former Soviet Union, Central and Eastern Europe, and Africa. Her interests include evidence-based practice (both in health care and in library/informatics field). [www.lrcnetwork.org](http://www.lrcnetwork.org) [www.healthconnect-intl.org](http://www.healthconnect-intl.org) She is a HIFA country representative for Croatia: <https://www.hifa.org/support/members/irina> Email: ibra AT zadar.net

## **EHS-COVID (58) Big Tobacco on COVID-19: breathhtaking exploitation - Thursday, 19 November 2020 @ 08.30 GMT**

17 November, 2020

Big Tobacco is concerned that the COVID-19 pandemic 'will adversely impact our business' and they are taking steps to maximise their profits (and continue to contribute to preventable death and suffering). For example: 'Peer reviewed studies have highlighted an increase in COVID-19 severity in smokers. However the industry and its allies appear to favour the promotion of non-peer reviewed studies<sup>9</sup> that conclude smoking is not an associated risk factor or suggest that media coverage has been unbalanced and lacking nuance.' <https://tobaccotactics.org/wiki/covid-19/>

This webinar from C3 Collaborating for Health is timely:

Please join us in welcoming

HRH Princess Dina Mired, Immediate Past President to the UICC; Dr Bronwyn King, Tobacco-Free Portfolios; José Luis Castro, Vital Strategies

How Big Tobacco is gaining from COVID-19

Join C3 and our guests, HRH Princess Dina Mired, Dr King and Mr Castro, who are leaders in tobacco control and prevention for a dynamic discussion all about how Big Tobacco is capitalising on COVID-19 and what we can do. This seminar is part of London Global Cancer Week.

Register now through Eventbrite. <https://www.eventbrite.co.uk/e/tobacco-control-and-prevention-part-of-lo...>

Zoom links for the event will be sent to registrants in a confirmation email from Eventbrite. Places are limited to ensure an interactive experience, so reserve your place now.



## About the speakers

HRH Princess Dina Mired is a well-known passionate global advocate for Cancer Control and Non-Communicable Diseases and mother of a cancer survivor.

HRH Princess Dina was elected as President of UICC in November 2018. She was the first Arab to have been elected in in such a prestigious global post.

On Sept 2011, Princess Dina delivered, the keynote speech on behalf of all civil society on the opening of the United Nations General Assembly first ever High-Level Meeting on NCD's. In 2018, Princess Dina was chosen again to speak at the third high level meeting on NCDs.

As Director General of the King Hussein Cancer Foundation(KHCF) in Jordan 2002 - 2016, Princess Dina established and led (KHCF) in Jordan for fifteen years transforming the non-profit into the most successful fundraiser for cancer control efforts in Jordan and an internationally known brand. Princess Dina is also a well-known fierce global advocate in the fight against tobacco.

## Dr Bronwyn King, AO MBBS, FRANZCR

Dr. Bronwyn King AO began her medical career working as a doctor on the lung cancer ward at the Peter MacCallum Cancer Centre in Melbourne, Australia. While doing her best to treat her patients (many of whom had started smoking in childhood) Dr King observed first-hand the truly devastating impact of tobacco - many deaths and much suffering. She was unaware that at the very same time she was investing in Big Tobacco via her compulsory superannuation (pension) fund. Tobacco Free Portfolios was set up in response to that uncomfortable discovery. Since then, Dr King has assembled an accomplished team that has been instrumental in advancing the switch to tobacco-free finance across the globe. Her 2017 TEDxSydney talk on tobacco-free finance has been viewed more than three million times.

Dr King is a former elite swimmer who represented Australia and for ten years worked as Team Doctor for the Australian Swimming Team. Dr King has received numerous awards in recognition of her unique contribution to local and global health.

## José Luis Castro, FRSA

José Luis Castro, FRSA is the President & CEO of Vital Strategies, where he has led a rapid expansion of Vital Strategies' portfolio, working with governments to tackle the world's leading killers, primarily in low- and middle- income countries. The organization now reaches into 73 countries and has touched the lives of more than 2 billion people.

Mr. Castro is a notable expert in global health and public health management. Under his leadership, Vital Strategies has led the design and implementation of several groundbreaking public health initiatives.

In October 2020, Mr Castro concluded his six-year term as the 8th Executive Director of The International Union Against Tuberculosis and Lung Disease. He established the renowned International Management Development Program (IMDP), which has trained more than 4,000 managers from 30 countries. In 2014, Mr. Castro co-founded the Global TB Caucus, an international network of over 2,300 parliamentarians from 132 countries, with Nick Herbert MP, to accelerate progress against the TB epidemic. This revolutionary initiative remains one of the world's largest political networks dedicated to advancing a global health priority. Between 1993 and 2001, Mr. Castro provided technical, financial management and logistical assistance to the Indian government in establishing the largest tuberculosis control program in the world. During the largest outbreak of multi-drug resistant tuberculosis ever to occur in the United States, Mr. Castro helped build the program that is still the foundation for tuberculosis control protocol in New York City.

Mr. Castro served as the first President of the NCD Alliance from 2017-2019, a network of over 2,000 civil society organizations in more than 170 countries dedicated to combating the global non-communicable disease epidemic.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (59) Survey: Health and economic impacts of COVID-19 lockdown policies**

17 November, 2020

The message below is forwarded from the Civil Society Engagement Mechanism for UHC2030 (CSEM).

Dear CSEM Members,

The Civil Society Engagement Mechanism (CSEM) of UHC2030 is collaborating with Equal International on a paper that will look at the health and economic impacts of COVID-19 lockdown policies (among others) on individuals, families and communities. The paper will draw on inputs from civil society through this survey (and other methods) to provide recommendations to governments on how to better develop and implement pandemic response policies.

We urge civil society to take the time to respond to this survey to share experiences, knowledge and expertise on this very important topic. Please note the deadline to complete this survey will be Monday, November 23rd at 12pm EST.

To access the survey, please click here. <https://www.surveymonkey.com/r/V8KGH3X>

Best,

CSEM Secretariat

Civil Society Engagement Mechanism

Management Sciences for Health

US-VA-Arlington-All United States

E-mail: [csem@msh.org](mailto:csem@msh.org)

[www.csemonline.net](http://www.csemonline.net)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (60) Official Launch of the African Health Observatory Platform on Health Systems & Policies (AHOP)**

17 November, 2020

Forwarded from HIFA-French and HIFA-Portuguese.

WEBINAR: Join us on 23 November for the launch of @AHOPPlatform where we will be discussing the importance of evidence in re-engineering health systems.

[https://who.zoom.us/webinar/register/WN\\_aZ\\_LnMjwQN22N-kHIjYSZg](https://who.zoom.us/webinar/register/WN_aZ_LnMjwQN22N-kHIjYSZg)

I would like to ask if anyone on HIFA would be willing to attend this webinar and let us know about aspects relating to 'Maintaining essential health services during the COVID-19 pandemic'. If you are interested, please contact me: [neil@hifa.org](mailto:neil@hifa.org)

With thanks, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (61) Keeping Trust in Immunization: Community perception of Vaccination in the time of COVID-19**

17 November, 2020

The message below is forwarded from the Action for Global Health network.

Dear Partners,

Following on from the webinar 'Immunization in the time of COVID-19' hosted in June 2020 outlining the impact of COVID-19 on routine immunization services, we are delighted to invite you to the latest webinar in our immunisation series.

Keeping Trust in Immunisation: Community perception of Vaccination in the time of COVID-19:

An Online Conversation hosted by Gavi CSO Constituency in partnership with ACTION, Gavi, the Vaccine Alliance, RESULTS UK & Save the Children

Join us on Thursday November 19th at 15.00 CET.

Whilst there are enormous challenges facing immunization, the COVID-19 pandemic has sharpened the focus on immunization systems. With global attention on the issue of securing a COVID-19 vaccine, we have an opportunity to highlight the chronic challenges that prevent the equitable distribution of vaccines. This webinar provides a platform for an in-depth analysis on vaccine confidence and seeks to reflect on current measures taken to maintain trust in immunization services.

With a targeted focus on community perception of vaccination, the discussion will feature first-hand testimonies and experiences of community health workers as they explore what it will take to restore trust and understanding of the science behind vaccines and the roles of different actors in sustaining public trust in routine immunization.

Click this link to join: <https://zoom.us/j/97289008615>;

Please share with your networks and interested partners.

Best,

Gavi CSO Constituency with ACTION, Gavi, the Vaccine Alliance, RESULTS UK & Save the Children

Elo Otobo | Save the Children | Health Advocacy Adviser | Policy, Advocacy,  
Research  
1 St John's Lane, London EC1M 4AR

[www.savethechildren.org.uk/policy](http://www.savethechildren.org.uk/policy) | [www.savepolicy.org.uk](http://www.savepolicy.org.uk)

Telephone: +44 (0)20 3763 1316

Skype: eotobo | Twitter: @elosfeed

Save the Children exists to help every child reach their full potential. In the UK and around the world, we make sure children stay safe, healthy and keep learning, so they can become who they want to be.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (62) Impact of COVID-19 on the treatment of cancer patients around the world - Narrative survey responses**

17 November, 2020

Dear Colleagues,

Last month INCTR's annual publication 'Cancer Control 2020' asked colleagues to describe in 50 words or less how the Coronavirus pandemic had affected the care of their cancer patients. A few weeks ago I promised to share these responses with HIFA. You may see the results from 14 countries around the world at <http://www.cancercontrol.info/wp-content/uploads/2020/11/07-survey.pdf> We commend their short responses to your attention, and for the consideration of policymakers.

Kind regards,

Mark Lodge

Mark Lodge  
Commissioning Editor, Cancer Control 2020

Executive Director International Network for Cancer Treatment and Research  
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URL [www.cancercontrol.info](http://www.cancercontrol.info)

HIFA profile: Mark Lodge is Director of Programme Development at the International Network for Cancer Treatment and Research, Oxford, UK. The INCTR is dedicated to helping to build capacity for cancer treatment and research in countries in which such capacity is presently limited, and thereby to create a foundation on which to build strategies designed to lessen the suffering, limit the number of lives lost, and promote the highest quality of life for children and adults with cancer in these countries, and to increase the quantity and quality of cancer research throughout the world. [www.inctr.org](http://www.inctr.org) mlodge AT canet.org

## **EHS-COVID (63) Q1 How has COVID-19 affected the delivery of essential health services? (7) Impact of COVID-19 on supply chains**

18 November, 2020

Dear HIFA colleagues,

The message below is forwarded from our sister forum CHIFA (global child health and rights). The author notes that COVID-19 is disrupting the supply chain for medicines in Cameroon. Is COVID-19 disrupting supply chains (eg for medicines, equipment) in your country?

[chifa] EHS-COVID (7) Q1 How has COVID-19 affected the delivery of child health services in your health facility or country?

Hi,

Covid-19 pandemic has affected supply chain for essential medication for children in Cameroon, notably malaria commodities, and indirectly for those babies being born, antenatal care services have not been optimum due to additional reasons such as lockdown, reticence and the conflict that rages in the English speaking regions of the country.

Kind regards,

Innocent.

CHIFA profile: Innocent Ali is a Researcher at The Biotechnology Centre, University of Yaounde in Cameroon. Professional interests: Malaria, HIV, Tuberculosis and Sexual Reproductive Health Prevention, Treatment, and Control Program Implementation, Governance and Integrated health systems for equitable Primary healthcare. dr.alinn AT gmail.com

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (64) WHO: World leaders commit to eliminate cervical cancer (2)**

18 November, 2020

(This message is mainly about cervical cancer but includes a useful summary of impact of COVID-19 on cancer prevention and control.)

On 30 October we forwarded a press release from WHO

<https://www.who.int/news-room/events/detail/2020/11/17/default-calendar/...>

Followed by a comment from me: "I would like to invite a HIFA volunteer to look at the links between access to reliable information to prevent and manage cervical cancer (whether of the general public or health workers) and health outcomes." If you can help, please let me know: [neil@hifa.org](mailto:neil@hifa.org)

In the meantime, WHO has issued a further press release: A cervical cancer-free future: First-ever global commitment to eliminate a cancer

<https://www.who.int/news/item/17-11-2020-a-cervical-cancer-free-future-f...>

17 November 2020

WHO's Global Strategy to Accelerate the Elimination of Cervical Cancer, launched today, outlines three key steps: vaccination, screening and treatment. Successful implementation of all three could reduce more than 40% of new cases of the disease and 5 million related deaths by 2050.

Today's development represents a historic milestone because it marks the first time that 194 countries commit to eliminating cancer - following adoption of a resolution at this year's World Health Assembly...

"Eliminating any cancer would have once seemed an impossible dream, but we now have the cost-effective, evidence-based tools to make that dream a reality," said WHO Director-General Dr Tedros Adhanom Ghebreyesus. "But we can only eliminate cervical cancer as a public health problem if we match the power of the tools we have with unrelenting determination to scale up their use globally."...

The strategy is launched at a challenging time, however. The COVID-19 pandemic has posed challenges to preventing deaths due to cancer, including the interruption of vaccination, screening and treatment services; border closures that reduced the availability of supplies and that prevent the transit of skilled biomedical engineers to maintain equipment; new barriers preventing women in rural areas from travelling to referral centres for treatment; and school closures that interrupt school vaccine programmes. To the extent possible, however, WHO urges all countries to ensure that vaccination, screening and treatment can continue safely, with all necessary precautions...

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (65) Q1 How has COVID-19 affected the delivery of essential health services? (8) Child health in Hungary**

19 November, 2020

The message below is forwarded from our sister forum on child health, CHIFA.

Dear Neil and Colleagues,



In Hungary, although the first wave of the epidemic was quite moderate, the state of emergency was ordered, so the exacerbation of the epidemic was prevented. During this period experience was gained to treat the epidemic. Outpatient care has been reduced and referred to online counselling. Hospitals and hospital wards were designated to treat severe COVID patients. Health workers over the age of 65 have been excluded from acute patient care. Protocols for testing, diagnosis and treatment of COVID have been developed.

Sadly the test policy and capacity are insufficient so the official data do not correspond to reality. Due to overburdened public health care, many people try to perform tests in private laboratories. As the first wave calmed down the state of emergency was withdrawn, so during the summer the life went back to "normal". The 'result' was the increasingly severe second wave.

Fortunately the data on children are very favourable, as are the international trends. Less than 1% of the COVID patients were children in the first wave and only a few needed hospital treatment. In the second wave 1-2% of infected persons were children. Less than 1% of hospitalized patients were children and for the time being none of them needed respiratory treatment and there were no fatalities among them and only one COVID-infected pregnant woman underwent caesarean section due to preterm birth.

In the primary care in the case of mild symptoms the first step is an online counselling. If COVID infection is suspected, the GP will order an official test and if the test is positive or if the diagnosis is clear based on the symptoms, the quarantine is ordered. The patient is treated through an ongoing online relationship with the family.

If the patient's condition worsens, they are referred to a COVID hospital. Since the beginning of the epidemic, on-line consultation has also been the first step for other diseases followed by a personal examination if necessary. The introduction of a public electronic health care system has made it easier to order medicines and order specialist examinations.

We have successfully maintained the vaccination schedule and the age-related check-ups with concentrating the official vaccination appointments. Unfortunately, social inequality is also a feature of health care in the country. Access to health care in disadvantaged areas, especially in rural areas, is very difficult, but vaccination is also satisfactory in these regions. Because of the priority given to the care of COVID patients, the cares of chronic patients suffer from disadvantages.

As a result of the epidemic, the role of the on-line doctor-patient relationship has come to the fore, and this is likely to continue. Online health care methods are not yet uniform. We would like to know what policies other countries have on this field?

Zsuzsanna Kovacs, Dara Scheiber  
Primary care pediatricians  
Budapest, Hungary

CHIFA Profile: Zsuzsanna Kovacs is a paediatrician, based in Hungary.

She is a CHIFA Country Representative for  
Hungary <http://www.hifa.org/support/members/zsuzsanna>  
Email: drkovacszsuzsa AT freemail.hu

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Forwarded by Neil Pakenham-Walsh, HIFA  
Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (66) HSG: The need for a socially just Covid-19 response in urban informal settlements**

19 November, 2020

Extracts below and a comment from me. Full text here:

<https://healthsystemsglobal.org/news/the-need-for-a-socially-just-covid-...>

Covid-19 has shone a spotlight on the growing inequities experienced by people living and working within informal settlements

12th November 2020

Government responses to Covid-19 have tended to take a very biomedical approach, focusing on prevention messaging and movement restrictions. But these approaches rarely take into account the environmental and economic realities and existing privations of people living in informal settlements. These areas of cities in low- and middle-income countries are generally congested, with cramped, poor quality housing, and a lack of sufficient access to water and sanitation services...

Access to health services: Access to healthcare for pre-existing and non-Covid related needs was disrupted across all the cities, with wide reaching negative impacts. People were scared to utilise health services due to infection risk and services also struggled to cope. Some turned to private providers, incurring greater costs, whilst in some cases costs of transport to reach public facilities increased. In Kenya, elderly people were less able to use services because they needed physical support to reach them.

## Learning from failures in the Covid-19 response

During the Covid-19 pandemic many communities, such as in informal settlements in Freetown Sierra Leone, rallied together to support the most vulnerable through community kitchens, and to disseminate locally appropriate messages about Covid-19 prevention through trusted networks...

Comment (NPW): For me, what is missing in this article is practical guidance on how to manage COVID-19 in informal settlements/slums, and how to maintain essential health services in such settings. Can anyone provide such guidance? We are especially grateful to frontline health workers and others who are working in extremely challenging conditions. Does anyone have contact with frontline health workers in these settings?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (67) Q1 How has COVID-19 affected the delivery of essential health services? (9) WHO survey**

19 November, 2020

As we discuss the impact of COVID-19 on essential health services, I would like to highlight this recent WHO publication. Overview, selected extracts and a question from me below.

Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020

[https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-sur...](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-sur...)

## OVERVIEW

The Pulse survey on continuity of essential health services during the COVID-19 pandemic aimed to gain initial insight from country key informants into the impact of the COVID-19 pandemic on essential health services across the life course. The survey results in this interim report can improve our understanding of the extent of disruptions across all services, the reasons for disruptions, and the mitigation strategies countries are using to maintain service delivery.

## SELECTED EXTRACTS FROM EXECUTIVE SUMMARY

'WHO conducted a key informant survey among ministry of health officials in five WHO regions between May and July 2020...

'In general, disruptions of essential health services were reported by nearly all countries, and more so in lower-income than higher-income countries. The great majority of service disruptions were partial, which was defined as a change of 5–50% in service provision or use. Severe/complete disruptions were defined as a change of more than 50% in service provision or use.

'All services were affected, including essential services for communicable diseases, noncommunicable diseases, mental health, reproductive, maternal, newborn, child and adolescent health, and nutrition services. Emergency services were the least disrupted, although 16 countries reported disruptions across all emergency services. The most severely affected service delivery platforms were mobile services, often suspended by government, and campaigns, for example as used for malaria prevention or immunization.

'The causes of the disruptions were a mix of demand and supply factors. On the demand side, 76% of countries reported reductions in outpatient care attendance. Other factors, such as lockdowns hindering access and financial difficulties during lockdown were also mentioned. On the supply side, the most commonly reported factor was cancellation of elective services (66%)...

COMMENT (NPW): Do these observations align with what you are seeing in your country or your healthcare facility? Can you give any examples of impact in your experience?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (68) Q1 How has COVID-19 affected the delivery of essential health services? (10) Impact on elective care in England**

20 November, 2020

<https://www.health.org.uk/publications/long-reads/elective-care-in-engla...>

Elective care in England

Assessing the impact of COVID-19 and where next

11 November 2020

- While the pandemic's full impact on access to elective care in England is still emerging, this long read uses routine data on 18-week waiting times for consultant-led elective care to look at what we know so far.

- Before the pandemic, meeting the 18-week standard would have required the NHS to treat an additional 500,000 patients a year for the next 4 years - an unprecedented increase in activity, which looked unrealistic before COVID-19 and looks even harder now.

- The number of people waiting for consultant-led elective care was 4.2 million in August 2020, around 196,000 less than at the end of 2019 (4.4 million). But this is only the case because the 32% reduction in the number of elective care pathways completed was exceeded by the 34% reduction in the number of new pathways being started.

- From January to August 2020, the specialties with the greatest reductions in new pathways were oral surgery, trauma and orthopaedics, and ophthalmology (42%, 42% and 40% lower respectively than in the same period in 2019).

HIFA profile: 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 AT gmail.com

## **EHS-COVID (69) Q1 How has COVID-19 affected the delivery of essential health services? (11) Impact on maternal and newborn health**

20 November, 2020

With thanks to Care-Seeking & Referral Community of Practice, who held a webinar yesterday on Sounding the Alarm: Overcoming the fear of using services during Covid-19.

A recording is available

here: [https://us02web.zoom.us/rec/play/kOK1MzfWiCZENBriErqJglKEIwbH2w3mrB6kU\\_E...](https://us02web.zoom.us/rec/play/kOK1MzfWiCZENBriErqJglKEIwbH2w3mrB6kU_E...)

November 19, 2020

Sounding the Alarm: Overcoming the fear of using services during Covid-19 – audio recording

Effect of COVID-19 pandemic response on intrapartum care and stillbirth and neonatal mortality outcomes in Nepal: prospective cohort observational study – presented by Ashish KC, Uppsala University

<https://www.harpnet.org/resource/effect-of-covid-19-pandemic-response-on...>

[NPW note: The above study found use of hospital facilities for births was reduced by approximately half compared with the beginning of the study period. There was a 30% increase in preterm birth and 46% increase in stillbirth. Neonatal mortality was three times greater during the lockdown period compared with before lockdown.]

Midwives & Midwifery Practice and Education Matters at the Roof of the World in Pandemic – presented by Rafat Jan, Aga Khan University

Opening remarks by Loveday Penn-Kekana, USAID's CIRCLE Project and London School of Hygiene & Tropical Medicine

[NPW note. In these remarks Loveday notes the reasons why COVID-19 is Impacting Facility Birth?

- Difficulty reaching facility due to disruption of referral and transport networks and/or movement limitations and restrictions.
- Financial impact of COVID and inability to pay fees.
- Fear of being exposed to COVID at facility.
- Fear of retention at facility if diagnosed with COVID-19/ have a temperature
- Services unavailable and/or poor quality of care due to: HRH understaffing of health workers who are either sick, scared to come to work, or reallocated & supply chain disruptions at-large.
- Disrespectful care from non-evidence based policies (e.g, separation of mothers and babies or forced c-section for COVID+ mothers).
- Very little work has actually been done talking to women and their families
- Hugely varies between regions & countries/ over time ]

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (70) New Updates on Maternal and Child Health, Nutrition and COVID-19**

20 November, 2020

NEW Updates on Maternal and Child Health, Nutrition and COVID-19 excerpts from scientific journal articles - 19 November 2020

Dear Colleagues,

We have updated our scientific repository <https://nam02.safelinks.protection.outlook.com/> Since our update last week Thursday 12 November 2020, we have added 126 NEW publications.

Click here to view the updated repository

Individual months are located on the right-hand side, and new additions are marked in blue. To find the publication or topic of your interest, you can search in an individual month file using the Ctrl+F keys.

All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

Thirty-one new articles discuss COVID-19 and pregnancy. Articles from the last month alone discuss international guidelines for perinatal care during the COVID-19 pandemic, the clinical course and outcomes of COVID-19 in pregnant women, surveys of precautionary practices among pregnant women, and the safety of vaginal delivery in mothers with COVID-19.

Several articles focus on the mental health of pregnant women during the COVID-19 pandemic, examining risk factors for depression, anxiety, and PTSD in pregnant women during this time. Specific topics include the effect of altered delivery plans on rates of postnatal depression, the effect of maternal stress on fetal development, and the importance of continued screening for domestic violence during prenatal visits.

Twelve articles in this update examine current evidence regarding vertical transmission of SARS-CoV-2, exploring maternal and placental defenses against SARS-CoV-2 infection, pathways for infection across the placenta, and the observation of rare lesions seen in the placentas of infected mothers whose newborns were also infected with SARS-CoV-2.

Seventeen articles were added concerning hyperinflammatory syndromes in children, such as MIS-C/PMIS and Kawasaki Disease (KD). Articles discuss associated skin manifestations, consensus-based clinical recommendations for treatment, opportunities for laboratory screening, and the potential role of glycemic monitoring in MIS-C management.



While many articles discuss the clinical course and outcomes of COVID-19 in children, others instead examine the secondary effects of the COVID-19 pandemic on children's health and wellbeing. Articles highlight trends of increased screen time, decreased physical activity, and altered eating habits. Strategies to combat widening educational disparities during school closures are also proposed. While some articles discuss the impact of disrupted vaccination programs, others explore COVID-19 vaccine hesitancy among parents.

This is by no means an exhaustive list! Look out for our next weekly update Thursday, 3 December, 2020 (in two weeks, we will skip one week due to Thanksgiving Holiday in the USA). Currently, we have over 3400 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast Milk. <https://nam02.safelinks.protection.outlook.com/> The next update for that will be Friday, 20 November (tomorrow). If you know anyone who would benefit from these updates, please let me know.

Happy reading!

Mija Ververs

HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States.

Email: mververs AT jhu.edu

## **EHS-COVID (71) Q1 How has COVID-19 affected the delivery of essential health services? (12) Impact on maternal and newborn health (2)**

20 November, 2020

Dear Neil,

You and the HIFA/CHIFA community must have noticed my long absence to connect with the groups or meetings that are taking place. The lockdown for over 7 months has impacted Adele Reproductive Health Foundation (ARHF) drastically ([www.arhf-cameroon.org](http://www.arhf-cameroon.org)). I can only contribute by dropping a small write-up. We have no light due to accrued bills and so can't connect. That said, I am sending this as my own contribution that should be added to reports or meetings organized.

1. Very brief introductions: Dr Gwewasang C. Martin

2. Opportunity to share something about your work, any challenges you are facing, perhaps especially in relation to COVID (optional):

I am a Family Health Clinician in private practice, SRH Consultant, Researcher, Founder & CEO of Adele Reproductive Health Foundation in Cameroon. The lockdown during this COVID-19 has affected our health services and programs drastically. It has caused severe social and economic disruption. Our staff abandoned the project, because of no salaries, and no money to buy food. Patients no more come to clinic, many people flee to rural areas which only help spread corona-virus. We then used this period of lockdown to apply for a new authorization from Ministry of Territorial Administration (MINAT) to prepare for new ideas when the lockdown is over. But this has been challenging and expensive.

3. Invitation to country representatives to help with a new project with the World Health Organization: Maintaining essential health services during the COVID pandemic.

As the COVID-19 pandemic overburdens already weak health systems, it is expected to increase the number of newborn deaths, particularly among babies born too soon and babies born by babies (adolescents). Disrupted essential health services, like family planning or antenatal check-ups, will leave women more at risk of preterm birth and vulnerable infants without the services they need. In order to help with a new project with the WHO: maintaining essential health services during the COVID-19 pandemic, we are preparing in the months ahead to invest in training competent and specialized nurses and health workers to care for these mothers and babies. This is the main mission of the Higher Clinical Training Institute for Family Planning (HICTI4FP), formerly the Clinical Training Center for Family Planning (CTC4FP).

4. Discussion about your role as a country representative

As the [HIFA] Country Representative in Cameroon, I have created the Higher Clinical Training Institute for Family Planning (HICTI4FP), formerly the Clinical Training Center for Family Planning (CTC4FP) with a main mission to train competent and specialized nurses to care and work to reduce the number of newborn deaths, particularly among babies born too soon and babies born by babies (adolescents). HICTI is self-funded and with the lockdown for over 7 months, it is very challenging and difficult to get the project running.

with regards

Gwewasang, Cameroon

HIFA profile: Gwewasang Martin is a clinician at the Adele Reproductive Health Foundation-Clinical Training Center for Family Planning (CTC4FP) in Cameroon. He is also a Researcher, and Sexual and Reproductive Health Consultant. Professional

interests: Family health, community & School health, Maternal & Child Health and Alternative & Complementary Medicine. He is a HIFA Country Representative for Cameroon. <https://www.hifa.org/support/members/gwewasang> adele\_healthcentre AT yahoo.fr

## **EHS-COVID (72) Q1 How has COVID-19 affected the delivery of essential health services? (12) COVID-19 in the Eastern Mediterranean Region**

20 November, 2020

Below are the citation and selected extracts of a new Comment in The Lancet, written by WHO Eastern Mediterranean Region director and colleagues.

CITATION: Tackling COVID-19 in the Eastern Mediterranean Region

Ahmed Salim Al-Mandhari, Richard J Brennan, Abdinasir Abubakar, Rana Hajjeh

Published: November 19, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)32349-7](https://doi.org/10.1016/S0140-6736(20)32349-7)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32349-7/fulltext?dgcid=raven\\_jbs\\_etoc\\_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32349-7/fulltext?dgcid=raven_jbs_etoc_email)

COVID-19 has substantially impacted the Eastern Mediterranean Region (EMR), home to nearly 700 million people across 22 diverse countries. Since the first reported confirmed case in January, 2020, 3 611 352 confirmed COVID-19 cases and 91 738 deaths were reported in the region as of Nov 17, 2020. Most countries saw fairly slow transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during the early months of the pandemic but in May, as social measures, such as restrictions and partial or full lockdowns, were relaxed during the holy month of Ramadan, disease transmission accelerated...

Among the eight EMR countries affected by conflict and humanitarian emergencies — Afghanistan, Iraq, Libya, the occupied Palestinian territory, Somalia, Sudan, Syria, and Yemen — COVID-19 attack rates are substantially lower than in other countries in the region (median 73 cases per 100 000 population vs 1343 cases per 100 000)...

The main challenges to the COVID-19 response in the EMR include information sharing, expanding public health measures, protecting health workers, achieving behaviour change, ensuring continuity of essential health services, and establishing reliable supply chains...

#Maintaining essential health services and systems

The COVID-19 pandemic has compromised delivery of essential health services (EHS) in the region, as countries repurposed health systems to respond. About 75% of EHS had some level of disruption in 13 countries, mostly affecting routine immunisations, dental services, rehabilitation services, and family planning. Countries are now increasingly prioritising continuity of EHS, using WHO's operational guidance. In addition, the pandemic has exposed the fragility of the medical supply chain; there have been shortages of personal protective equipment, ventilators, and diagnostics in all EMR countries...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (73) HSG: The need for a socially just Covid-19 response in urban informal settlements (2) Asha COVID-19 Case Study**

20 November, 2020

I greatly value HIFA and check daily

You ask for responses about work being done in slums and informal settlements.

ASHA is an amazing NGO working in 91 slum communities in Delhi and here is a valuable assessment which you might wish to share

Kind wishes

Ted

HIFA profile: Ted Lankester is Co-Leader of Arukah Network in the UK. Professional interests: Global health. Community based health care. Travel medicine etc

Medical author most recently Setting up community health and development programmes in low and middle income settings OUP 520 pages 2019 with Nathan Grills and 16 co-authors. Email address: [tedlankester@hotmail.com](mailto:tedlankester@hotmail.com)

From: [kiran.martin@asha-india.org](mailto:kiran.martin@asha-india.org) <[kiran.martin@asha-india.org](mailto:kiran.martin@asha-india.org)>

Sent: 05 October 2020 07:06

To: [tedlankester@hotmail.com](mailto:tedlankester@hotmail.com) <[tedlankester@hotmail.com](mailto:tedlankester@hotmail.com)>

Subject: Asha COVID-19 Case Study

Dear Ted,

India is headed for disaster as there are about 100,000 reported cases of Covid-19 added daily to the updated recorded figure of 5,398,230 cases. However, the recorded cases in India are likely to be a small fraction of all Covid-19 infections. It is estimated that India has already crossed 50 million cases.

The health services are fragile in India's poorer states, routine public health services have been discontinued, there is extreme and acute food insecurity resulting in lasting damage from malnutrition and high child mortality, and a prolonged period of unemployment and hunger.

Attached [\*see note below] is a Case Study on Asha's Response to Covid-19 in the slums of Delhi under its care; a population of 700,000 in 91 slums all over the city. This Case Study describes Asha's immediate and evolving response and interventions from the start, the key factors that enabled it, and the encouraging outcomes.

The lead author on this Case Study is Jean Peteet, PhD, MPH, PT, Boston University Clinical Assistant Professor, Emerita, and Board Member of Friends of Asha USA.

I invite you to read and reflect on this report and share it with others who might be interested in looking at successful models of Covid-19 public health programs.

Please reach out to me at: [kiran.martin@asha-india.org](mailto:kiran.martin@asha-india.org) if you have any comments or questions.

I wish to take this opportunity to thank you for your generous contributions to Asha that have enabled us to strategize and implement this Covid-19 public health program in the slums of Delhi. It is my hope that I will continue to receive your support.

With all good wishes.

Kiran Martin

Dr. Kiran Martin

Padma Shri

Founder & Director

Asha Community Health & Development Society

Ekta Vihar, R.K. Puram, Sector 6, New Delhi - 110022, India

Website: [www.asha-india.org](http://www.asha-india.org)

Blog: [drkiranmartin.wordpress.com](http://drkiranmartin.wordpress.com)

Twitter: [twitter.com/DrKiranAsha](https://twitter.com/DrKiranAsha)

Facebook: [facebook.com/ashasociety1](https://facebook.com/ashasociety1)

[\*Note from HIFA moderator (Neil PW): HIFA does not carry attachments. You can download the PDF

here: <https://www.hifa.org/sites/default/files/pages/Asha%20COVID-19%20Case%20...> ]

## **EHS-COVID (74) Q1 How has COVID-19 affected the delivery of essential health services? (13) Impact on surgery in Honduras**

20 November, 2020

Greetings from Honduras. In regard to the question of how the COVID-19 pandemic has affected the provision of essential health services (Q1), I share another example of Honduras reflecting an important negative effect of the pandemic by imposing new challenges in providing these essential health services.

In an article recently published in the Revista Médica Hondureña (<https://revistamedicahondurena.hn/>), Roberto Esquivel, surgeon, in his paper entitled Tiroidectomía por cáncer: Abordaje trans-disciplinario como factor fundamental para optimizar la calidad de atención en Honduras (Cancer thyroidectomy: Transdisciplinary approach as a key factor in optimizing the quality of care in Honduras), makes a historical account of the care of thyroid nodular disease in Honduras, its approach at the Hospital Escuela, the most important public care center in the country and located in the capital city, Tegucigalpa.

The article is available at the following

link: <https://revistamedicahondurena.hn/assets/Uploads/Vol88-S1-2020-18.pdf>

Dr. Esquivel stands out how a better articulation between clinical services (internal medicine, endocrinology, surgery) and support services (radiology, pathology) has had a positive effect to speed up patient care. This continuous improvement had reached one of the highest points but has suddenly suffered a significant setback due to the COVID-19 pandemic.

Here are some excerpts from the article (translated using automatic translator):

"Honduras has a high prevalence of goiter thyroid disease... The Hospital Escuela (HE), Tegucigalpa, is a high volume center of thyroid surgery, with more than 100 procedures per year performed in care for benign and malignant diseases.....

...As of 2008, led by the Endocrinology Service, and to address the deficiencies of the system, the physicians involved by each of the Clinical and Support Services built more fluid communication channels that certainly had the effect of a frank streamlining on the management of the patients....

...The development of the above dynamics has had a dramatic effect on reducing "times" for patient care, in such a way that, as of 2017 and until the end of 2019, in general terms the journey of a patient from the time he/she arrived at the specialized external consultation (endocrinology, surgery) until he/she had a surgical plan took about one-fifth of the time it required in the past, except in cases that warrant stabilization or control of associated conditions (hypo or hyperthyroidism, vitamin D deficiency, etc.).

The unfortunate development of the COVID-19 pandemic has conditioned a pause in the efficient route of care we had achieved for this group of patients, causing a complete cessation of thyroidectomies in HE during the last 7 months, similar to the situation in other countries, resulting from concern for safety, both of patients (there is evidence of unfavorable postoperative evolution in asymptomatic infected surgically intervened) and hospital staff.

As of early October 2020 our Group has counted more than 80 patients pending surgery (source: registration of the HE Endocrinology Service). Undoubtedly such behavior will have consequences on the prognosis of some of the people who have thyroid cancer

... Although telemedicine is a consistent proposal, another aspects to consider are the difficulties involved in their implementation in the clinical route of care of these patients, since it includes moments that cannot be performed remotely: preoperative physical evaluation, ultrasound, aspirational biopsy intakes and early postoperative evaluation. Also, due to the economic-social context, our patients who warrant radio-iodine must still undergo a period of hypothyroidism of 3-4 weeks pre-application, which causes immune dysfunction that makes them vulnerable in case of viral

infections, in addition to the effects of radiation, although on the latter aspect there is still no evidence....."

--

Jackeline Alger, MD, PhD  
Servicio de Parasitologia  
Departamento de Laboratorio Clinico  
Hospital Escuela Universitario  
Tegucigalpa, HONDURAS

HIFA profile: Jackeline Alger works in the Parasitology Service, Department of Clinical Laboratories, Hospital Escuela Universitario, and at the Faculty of Medical Sciences, Universidad Nacional Autonoma de Honduras, Tegucigalpa, 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>

<http://www.hifa.org/support/members/jackeline>

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## **EHS-COVID (75) Introduction: Anushree Rai, India (2)**

### **Invitation to publicise HIFA to your contacts**

20 November, 2020

Dear Anushree,

Thank you for your warm introduction. As newsletter editor, would you be willing to publicise our current discussion on Essential Health Services during the COVID-19 Pandemic?

I invite others on HIFA to please do the same. Please forward the text below to your members and contacts. Thank you.

Subject: [Invitation] WHO-HIFA Forum Discussion on Maintaining essential health services during the COVID-19 pandemic and beyond

HIFA and WHO are collaborating on a series of thematic discussions to promote cross country learning on the maintenance of essential health services during the COVID-19 pandemic and beyond.



<https://www.hifa.org/news/hifa-and-who-collaborate-promote-sharing-exper...>

We are holding a 4-week discussion in 4 languages, on the HIFA forums, starting 16 November 2020.

Background: The COVID-19 pandemic has had a major impact on the capacity of health systems to continue the delivery of essential health services. While health systems around the world are being challenged by increasing demand for care of COVID-19 patients, it is critical to maintain preventive and curative services, especially for the most vulnerable populations, such as children, older persons, people living with chronic conditions, minorities and people living with disabilities. (World Health Organization)

Q1. How has COVID-19 affected the delivery of essential health services in your health facility or country?

Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain essential health services?

Q4. Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

Q5. The WHO Guidance offers ten principles to maintain essential health services. Which principle is especially important to you and why?

WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020)

Join HIFA Forum [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community

with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (76) UN Research Roadmap for the COVID-19 Recovery: Leveraging the Power of Science for a More Equitable, Resilient and Sustainable Future**

20 November, 2020

PAHO/WHO Equity, Health and Human Development – Lista Equidad

Sharing information since 2000

UN Research Roadmap for the COVID-19 Recovery: Leveraging the Power of Science for a More Equitable, Resilient and Sustainable Future

Author: United Nations

Published online: 17 November 2020

The COVID-19 crisis has exposed stark global inequities, fragilities and unsustainable practices that pre-date this pandemic and have intensified its impact. This UN Research Roadmap for the COVID-19 Recovery provides a framework for leveraging the power of science in support of a better socio-economic recovery and a more equitable, resilient and sustainable future.

The Roadmap is a commitment and a guide to make use of research to determine how COVID-19 socio-economic recovery efforts can be purposefully designed to stimulate equity, resilience, sustainability and progress towards the Sustainable Development Goals (SDGs).

Science strategies into action The Roadmap also details how the implementation of an equitable, resilient and sustainable recovery from COVID-19 will require effective science strategies underpinned by investments in data infrastructure and sound scientific methods.

The systems that support societies must quickly adapt to new knowledge and new technologies to recover as effectively as possible. The UN Research Roadmap for the COVID-19 Recovery articulates five research priorities for each of the five pillars identified in the UN Framework for the Immediate Socio-Economic Response to COVID-19.

Below is one example of a research priority for each of the five pillars:

1. Health Systems and Services: What strategies and financing models are most effective in expanding universal health coverage?
2. Social Protection and Basic Services: What are the most effective and equitable ways of ensuring basic income protection for all?
3. Economic Response and Recovery: How can food supply chains be secured for the world's most marginalized populations to ensure food security and nutrition in all circumstances?
4. Macroeconomic Policies and Multilateral Collaboration: What lessons from past economic crises can inform the design of national, regional and global recovery strategies?
5. Social Cohesion and Community Resilience: What are the best strategies for building sustainable, inclusive and resilient cities that protect people from future pandemics and climate change?

Link to the full text (Inglés solamente): <https://bit.ly/LEquidad202015>

Disclaimer: The author/source alone is responsible for the views expressed in this article/publication or information resource, and they do not necessarily represent the positions, decisions or policies of the Pan American Health Organization. = El autor/fuente es el único responsable por las opiniones expresadas en este artículo/publicación o recurso de información y no necesariamente representan las posiciones, decisiones o políticas de la Organización Panamericana de la Salud.

<http://equity.bvsalud.org/wp-content/uploads/2016/04/banner-16anos-en-re...>

Pan American Health Organization, Regional Office of the World Health Organization for the Americas - <http://www.paho.org>

Department of Evidence and Intelligence for Action in Health (EIH)

For additional information, please follow this link <http://equity.bvsalud.org/general-criteria/> or contact

Eliane P. Santos - Advisor, Knowledge Management and Networks  
– [pereirae@paho.org](mailto:pereirae@paho.org)

## **EHS-COVID (77) Request for your help: Research and reports on essential health services during COVID-19 pandemic**

21 November, 2020

Dear all,

HIFA is assisting WHO to identify research and reports for its emerging Knowledge Hub on Maintaining essential health services during the COVID-19 pandemic and beyond.

I would like to invite HIFA members to:

1. Forward relevant research and reports to HIFA
2. Let us know if you are aware of any organisations that are already collecting/disseminating such research.

In relation to 2, I am grateful to Mija Tesse Cora Ververs (USA) who has been forwarding current literature to HIFA on Maternal and Child Health/Nutrition and COVID-19, collated by the Johns Hopkins Bloomberg School of Public Health. Is anyone aware of any similar work in other health areas such as infectious diseases (malaria, TB, HIV...), non-communicable diseases, mental health, surgery...?

With thanks for your help.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (78) Q1 How has COVID-19 affected the delivery of essential health services? (14) WHO survey (2)**

21 November, 2020

In an earlier message I highlighted the WHO publication 'Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020'

[https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-sur...](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-sur...)

Almost every country in the world has experienced disruption in the delivery of essential health services. Below are some selected extracts.

'Demand and supply factors may both play a role. People may stay away from health services out of fear of catching COVID-19. The operation of health services may be affected by shifting resources to fight the COVID-19 pandemic or by closures of health services or facilities. Supplies of medicines and commodities can be disrupted. In addition, societal measures such as a strict lockdown to combat the pandemic may affect people's socioeconomic situation as well as their ability to reach the health services they need.'

'80% of countries had a defined an essential health services package prior to the outbreak, and 66% of all countries had identified a core set of services to be maintained during the COVID-19 pandemic'

'Only 55% of the 105 countries had allocated additional government funding to assure essential health services. This response was more common in upper-middle- and higher-income countries.'

'Noncommunicable disease (NCD) services, essential for a wide range of chronic conditions such as cardiovascular diseases, chronic respiratory conditions, diabetes and cancer, were affected in more than half of the reporting countries (Fig. 9). NCD diagnosis and treatment was disrupted 69% of countries, with 5% reporting severe/complete disruptions. Cancer diagnosis and treatment was adversely affected in 55% of countries.'

Do these observations resonate with you in relation to your country or healthcare facility?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (79) Child health in South Africa (2) Impact of COVID-19 on elective surgery, cancer and diabetes services**

22 November, 2020

Dear HIFA Colleagues,

I'm following very keenly the interesting dialogue on Delivery of Essential Health Services during this pandemic.

The message below from South Africa raises a very worrisome issue 'sad thing was that children who tested positive for COVID-19 and were due to have surgery, were send back to their referring hospital. These are children coming as far as Eastern Cape province, North West province and Swaziland. They had travelled all this way to have their surgery done and they had to go back without the surgery'.

In my personal opinion would it be more sensible to presume all patients could be COVID positive and ensure standard precautions (PPE etc.) prior to any surgical interventions, than turning them away after they tested COVID positive? This has been the reality in LMICs that the patients kept seeking care from one to the other health facilities (often not informing of their tests).

The rich experiences shared in this forum by the health professionals and managers from the field clearly show us the impact of disrupted delivery of care of Non-Urgent Essential Health Services.

While we know that urgent services continued, we would like to hear of your experiences on disruptions or delay in non-urgent surgical procedures, cancer and diabetes?

How were the vulnerable and marginalised population (older people, women, children and refugees) particularly affected?

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia) Hon. Prof. Schulich School of Medicine & Dentistry, WHO Collaborating Centre, Western University, Ontario, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology (SIOG), Chatelaine, Switzerland. [www.siog.org](http://www.siog.org)

Director, Emergency & Surgical Care program, Geneva Foundation for Medical Education & Research (GFMER), Geneva,

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HIFA profile: Meena Cherian is Director, Emergency & Surgical Care program, Geneva Foundation of Medical Education and Research, Geneva, Switzerland. She is a member of the HIFA working group on Essential Health Services and COVID-19. <https://www.hifa.org/support/members/meena>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[www.gfmer.ch](http://www.gfmer.ch) cherianm15 AT gmail.com

## **EHS-COVID (80) Q3. What have you, your health facility or country done to maintain essential health services? (2) Maintaining essential health services in Nigeria**

22 November, 2020

Dear All,

Q3. What have you, your health facility or country done to maintain essential health services?

The Civil Society Organisations(CSOs) and NGOs that we belong to like the Health Resources International Foundation (HRIF); The Dr Bassey Kubianga Education Foundation (BK Foundation); The Mother Hannah Foundation; the Nigerian Universal health Coverage Action Network (umbrella organization for over 50 CSOs and a member of CSEM) have all called on the Presidential Task Force on COVID-19 (PTF) to extend its mitigation efforts to parts of the country outside the urban centres, translate its key messages into many local languages including pidgin, and to engage and empower civil society organisations and NGOs that already operate from those locations and are trusted by the rural population. The private hospital that I chair the



Board of Trustees, Lily Hospitals Limited in Warri and Benin City has done the same positive championing extension of the PTF campaign to include private hospitals who after all are reputed for seeing over 60% of outpatients in the country. Lily Hospital became the first private hospital in the South South Zone of Nigeria to install and commission a PCR machine for testing patients.

We read that the Federal Ministry of Health has extended some training on COVID-19 compliance, recently. We hope it yields fruit. Much cannot be expected of this move, until the primary Health facilities become functional, and CSOs are actively engaged and empowered to do what they do best, that is mobilizing whole population to do the right thing. COVID-19 campaign cannot and should not be left to government personnel only. Their reach does not go far enough.

Joseph Ana.

**\*AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY\***

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

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Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) email: [jneana@yahoo.co.uk](mailto:jneana@yahoo.co.uk) ; [hriwestafrica@gmail.com](mailto:hriwestafrica@gmail.com)

HIFA profile: 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](http://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

## **EHS-COVID (81) Q3. What have you, your health facility or country done to maintain essential health services? (3)**

### **Maintaining essential health services in Croatia**

22 November, 2020

Dear Neil and HIFA colleagues,

I would like to contribute to this relevant and timely discussion, and I would like to shortly present the situation in Croatia regarding COVID-19 and essential health services. Basically, every hospital in the Republic of Croatia was impacted by the pandemic and had to reorganize its work, with many county general hospitals reorganizing at least one hospital ward into an isolation unit for the infected. Croatia has also prepared several checkpoints such as military tents in front of certain clinical hospitals.

Hospital policy all around the country is to admit only those patients whose life is in danger, which then creates a problem in access for many different health services. More specifically, all elective diagnostic and therapeutic procedures have been postponed, except those regarding cancer patients or pregnant women.

In order to ensure the continuity, some hospitals are providing telephone counseling. Family medicine doctors are advised to communicate with their patients by using telephone, e-mail or videoconference whenever possible.

All patients whose non-life threatening condition requires a medical examination are prompted to be examined at home, after the doctor makes sure they or any other household member were not exposed to COVID-19.

Furthermore, mobile palliative teams are envisioned to take a proactive role in providing home care services for chronic and palliative patients.

Each family medicine doctor is obliged to call all of their palliative patients and explain to them over the phone what they should do in the event of a worsening of their existing condition.

Due to the favourable epidemiological situation, certain changes have been introduced in the organization and operation of the school system. Schools are proceeding with

activities related to the determination of physical and mental condition when enrolling in the first school year. During the testing, schools are required to adhere to appropriate epidemiological measures. Since May, classes have been made available for all children from 1st to 4th grade. Parents who still have reasons why they do not want to send their children to school may include the child in school teaching groups later on, but in the meantime they must provide conditions at home for distance learning and be in daily contact with teachers and assistants from the school.

Thank you,

Tomislav Meštrović, MD, PhD, MPH  
HIFA country representative for Croatia

Tomislav Mestrovic is a medical doctor and a clinical microbiologist with a PhD in biomedical sciences, and an Assistant Professor at Croatia's youngest public university, University North. He is also passionately invested in global health communication, health literacy, science journalism and science diplomacy. Tomislav was appointed by the Ministry of Science and Education of the Republic of Croatia as a Managing Committee Member to COST Action on evidence-based medicine run by the European Union. He holds several positions in international societies that resulted in many volunteering initiatives. He is a HIFA Country Representative.

<https://www.hifa.org/support/members/tomislav>

<https://www.hifa.org/people/country-representatives>

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## **EHS-COVID (82) Giving priority to the immunization of frontline health workers, including community health workers, against COVID**

22 November, 2020

Dear colleagues with an Interest in primary health care and community health:

This article highlights some important issues that need to be considered in the global distribution of the COVID vaccine.

Beyond the Rhetoric of Equity: Will the Frontline Healthcare Workers Who Serve the Poor be Prioritized for COVID Vaccine?

<https://www.cgdev.org/blog/beyond-rhetoric-equity-will-frontline-healthc...>

Published in Center for Global Development, November 12, 2020

Authors: Asif Saleh, Maria Khan and Richard A. Cash

'By now we are familiar with the stories about the heroic endurance and sacrifice of healthworkers worldwide. These stories have helped garner widespread political commitments for “equitable distribution” of vaccines. It has been widely accepted globally that frontline healthcare workers should be among the first to receive the first COVID vaccines, when an effective, affordable, and acceptable one is developed.'

Best wishes,

Henry

Henry B. Perry, MD, PhD, MPH  
Senior Scientist, Health Systems Program  
Department of International Health  
Johns Hopkins Bloomberg School of Public Health  
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HIFA profile: Henry Perry is a Senior Scientist at the Johns Hopkins Bloomberg School of Public Health, USA. Professional interests: Community health and primary health care. hperry2 AT jhu.edu

## **EHS-COVID (83) WHO: Continuity of essential health services: Facility assessment tool**

22 November, 2020

WHO has just published 'Continuity of essential health services: Facility assessment tool'.

[https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF\\_assessment-EHS...](https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF_assessment-EHS...)

Below are extracts from the description and a comment from me.

### **USE AND CONTENT**

The Continuity of essential health services: Facility Assessment Tool can be used by countries to rapidly assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 pandemic. It can help to alert the

authorities and other stakeholders about where service delivery and utilization may require modification and/or investment. This assessment tool covers the following aspects of essential health services [...]

The tool can be used in multiple types of health facilities. It can be used once to provide a rapid snapshot of current service capacity, or on a regular basis for tracking and monitoring the continuity of essential health services during the different phases of the pandemic.

## TARGET AUDIENCES

Potential users of this assessment tool include:

- national and subnational health authorities;
- national and subnational COVID-19 incident management teams;
- facility managers; and
- WHO and other partners...

This tool can help to answer the following questions related to the provision of essential health care [...]

This tool can be used from the early stages of an emergency to recovery and continuity after recovery.

Comment (NPW): I would like to invite HIFA members to review this tool and provide feedback. Do you see any challenges in implementing the tool? How does it relate to the broader WHO Guidance (Maintaining essential health services: operational guidance for the COVID-19 context, 2020)?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community

with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (84) Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?**

22 November, 2020

Thank you all for your valuable contributions to the discussion so far. If you missed any of the previous contributions to this discussion, you can review them here: <https://www.hifa.org/rss-feeds/17>

The outputs from this discussion will assist WHO and others to better support essential health services. Over the next few days I invite you to consider Question 2:

### **Q2. WHAT HAS BEEN THE IMPACT OF HEALTH SERVICE DISRUPTIONS ON THE HEALTH AND WELLBEING OF PEOPLE IN YOUR HEALTH FACILITY OR COUNTRY?**

Such impacts might include increased mortality or increased morbidity (perhaps due to late diagnosis or inability to access medicines). Some of the impacts (particularly those related to preventive services, immunisation, screening) are yet to reveal themselves fully. Other impacts are happening now.

COVID-19 causes death and suffering directly (through the disease itself) or indirectly (through its impact on health services, economy, mental health, child health, women's health...).

To date, there have been 1.37 million deaths directly attributable to COVID-19. By contrast, I have not been able to find estimates of indirect deaths attributable to health service disruption. I shall ask our HIFA literature search expert John Eyers if he can help us. Meanwhile, please do share any reports or papers of which you are aware, either for the world or specifically for your country/facility.

We also look forward to hear your personal observations relating to health service disruption.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (85) Request for your help: Research and reports on essential health services during COVID-19 pandemic (2) COVID-19 and malaria**

22 November, 2020

Hi Neil.

Just read your request for research and reports on essential health services during COVID-19 pandemic.

Here is our paper on: Malaria and COVID-19: commonalities, intersections and implications for sustaining malaria control [\*see note below]

<https://www.panafrican-med-journal.com/content/series/37/1/1/full/>

Regards.

HIFA profile: Olufemi Ajumobi is Head of Surveillance and Data Management and Malaria Case Management Specialist at the National Malaria Programme in Nigeria. Professional interests: Health system strengthening, public health, epidemiology, malaria, infectious and non-infectious diseases outbreaks. femiajumobi AT gmail.com

[\*Note from HIFA moderator (Neil PW): Thank you so much Olufemi. For the benefit of those who may not have immediate web access, here is the abstract:

### **Abstract**

The devastating impact of infectious disease outbreaks and pandemics on health systems could be overwhelming especially when there is an overlap in clinical presentations with other disease conditions. A case in point is the disruptive effect of

the Ebola Virus Disease outbreak on health service delivery and its consequences for malaria management in the affected West and Central African countries between 2014 and 2016. This could be the case with the current infectious disease pandemic (COVID-19) the world is experiencing as malaria illness shares many symptoms with COVID-19 illness. Caused by a novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), COVID-19 is reported to have originated from Wuhan city, China in December 2019. COVID-19 was declared a Public Health Emergency of International Concern on 30 January 2020 and declared a pandemic on March 11, 2020 by the World Health Organization (WHO). Practically, all community infrastructure has been activated in affected countries in response to COVID-19. However, the deployment of huge resources in combating COVID-19 pandemic should not be a missed opportunity for the advancement of infectious diseases control including malaria. This calls for conscious and heightened effort to sustain the gains in malaria control. The WHO has emphasized that the response to the COVID-19 pandemic must utilize and strengthen existing infrastructure for addressing malaria and other infectious diseases globally. Leveraging these to maintain malaria control activities in endemic countries could boost and help to sustain the gains in malaria control in accordance with the 2016-2030 Global technical strategy for malaria (GTS) milestones. In addition, it will help to keep the "High burden to high impact" (HBHI) and other initiatives on track. This article highlights the commonalities of the two diseases, discusses implications and recommendations to support decision making strategies to keep malaria control on track in the COVID-19 pandemic era.]

## **EHS-COVID (86) Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country? (2)**

23 November, 2020

I believe that as with Nigeria, many of the views about the impact of the COVID-19 pandemic on lives and livelihoods shall be anecdotal at this point, because the nightmare is still ravaging countries in every continent. Even in warmer African continent, where for yet unexplained reasons, the overall numbers of the infection are much lower for now, the populations must remain alert and compliant with the proven mitigation / prevention messages.

However, some reasonable inferences about the extent and depth of the turbulence/disruption that has hit health systems can be made: every facet of the continuum of the health system is affected, from promotive to preventive, curative, rehabilitative and continuity of care. Dis / Misinformation (infodemic) has blunted and obscured the dissemination of the evidence informed Key messages with the result that majority of the populations are in denial of the existence of covid-19 and would rather believe conspiracy theories, especially in countries like Nigeria, where thankgoodness, the numbers are relatively low for a population of over 200 million people. Global Cable media networks bring the disaster that has befallen even

countries with strong health systems to the sitting rooms of homes and offices in Low Income Countries (LICs), therefore many people in the LICs believe the untruth that covid-19 affects only certain races and color. This misinformation has led to drop in routine immunization, accessing of health facilities for non-covid-19 illnesses, and whether only by coincidence, there are more epidemics of vaccine preventable diseases like Yellow Fever, Measles, etc.

Simple messages that cost little to nothing and which individuals should implement are neglected e.g. wearing mask, physical distancing, handwashing, and other infection control measures, etc. The announcement of imminent arrival in health facilities of potentially useful vaccines has compounded the infodemics situation as anti vaccine videos are going viral, and further confusing the population. There is more funding coming to health and social care (even as some countries are reducing their annual budgetary allocations to health), because of Covid-19 support, but that in itself has not helped the campaign for immunization, because the money goes to mainly covid-19 related mandates. Mis-directed application of the existing and new money by concentrating on higher tier health facilities like Teaching Hospitals, and stand-alone isolation centres and COVID-19 treatment centres, has not helped. Many Civil Society Organisations (CSO, NGOs) have called for a more population-wide targeting of support and palliatives, but such calls are not leading to action by national or the States Task Forces, so far.

Perhaps it is ‘goodluck and providence’ that the numbers in LICs like Nigeria has not reached predicted levels, because if it did the terrible news and pictures of the struggles of health systems in the Global North would be a child’s play. This is not to belittle the damage done to lives and livelihoods in the LIC, but rather to really urge governments and development partners to use this seeming low-level in numbers to shore up and strengthen already weak health systems like Nigeria’s should incase (Godforbid) the numbers escalate. International air travel has resumed and movement of people with it, which poses renewed risk after the lockdowns. Already weak health systems means that organization is poor, no clinical governance measures in place, inadequate supply of drugs, tests, equipment including PPEs, 24/7 running water, 24/7 power, etc have all suffered amplification by even the relatively milder incidence of Covid-19, and therefore affected curative care adversely. The extent we are yet to be certain as the pandemic has not ended.

LICs, like Nigeria, must learn from those countries that have shown relatively better results so far in their management of COVID-19 pandemic, both in life-saving and mitigation of its unprecedented effects on the economy and livelihoods. There are countries that are reporting that they have avoided recession, etc, even though they have gone through terrible experiences with the pandemic at some point in this dreadful 2020 year. It appears that better timed national or regional restrictions of human movement when the virus strikes, from the grassroots up, coupled with enforcement of population-wide preventive messages, leads to shorter infection and less damage to lives and livelihoods in the end. But the jury is still out until the pandemic is declared over. Stop and start, half-hearted measures not supported by



scientific facts, are only compounding the terrible human disaster around the world, including LICs.

Joseph Ana

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

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HIFA profile: 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](http://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

**EHS-COVID (87) Learning event - Maintaining quality essential health services during COVID-19: Learning from country experiences (HLH/GLL)**

23 November, 2020

Dear HIFA –

Can you kindly share the below pre-survey and learning event information with your members?

Thanks so much,  
Nana

HIFA profile: Nana Mensah Abrampah is a Technical Officer at WHO, Switzerland.  
abrampahmn AT who.int

Maintaining quality essential health services during COVID-19

Learning from country experiences

3 December 2020

13:00 - 15:00 CET

This learning event, hosted jointly by the WHO COVID-19 Health Services Learning Hub (HLH) and the WHO Global Learning Laboratory (GLL) for Quality UHC, will explore the critical role of quality in maintaining essential health services during the COVID-19 pandemic.

The pandemic has highlighted the critical importance of delivering health services that are effective, safe and people-centred. Focused effort on improving the quality of health services can lessen direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions. Globally, various strategies are being applied by countries to maintain the quality of health services whilst responding to the pandemic.

This learning event will include country perspectives on innovative approaches and common challenges to delivering quality essential health services during COVID-19. It will form part of a broader learning journey on this critical issue, including a pre-learning survey and follow up dialogues to build on identified learning needs.

Key objectives

The learning event brings together policymakers, health professionals and technical partners to identify and solve common challenges in maintaining quality care during COVID-19.

Explore strategies undertaken by countries to integrate quality into the maintenance of essential health services during COVID-19;

Identify common barriers and solutions in maintaining quality care during COVID-19;

Recognise common learning themes and technical assistance needs from countries.

About the organizers

The WHO COVID-19 HLH is a dynamic new web platform to support implementation of the WHO COVID-19: operational guidance for maintaining essential health services. The GLL for Quality UHC is a learning mechanism that links the experiences, expertise, and wisdom of people across the world on important issues relating to quality in the context of UHC.

Join us !

Register [https://who.zoom.us/webinar/register/WN\\_cKE8t5wzRr67LNjk-Fa94A](https://who.zoom.us/webinar/register/WN_cKE8t5wzRr67LNjk-Fa94A)

We want to hear from you

Join the pre-learning event discussion

Participate in the pre-survey for organizations <https://docs.google.com/forms/d/e/1FAIpQLSfpxCQo5NZJ0-uRXEpAsfA60jEWVD1s...>

Participate in the pre-survey for countries <https://docs.google.com/forms/d/e/1FAIpQLSdRqU8fRVekeTZPTtVXoViYPDVXPKm7...>

## **EHS-COVID (88) Webinar - Supporting the mental wellbeing of community health workers on the COVID-19 frontline, Tues 1 Dec**

23 November, 2020

Dear all,

I'm getting in touch to invite you to join a webinar identifying context-appropriate, scalable solutions and support for the mental wellbeing of community health workers (CHWs) working in low- and middle-income countries during the COVID-19 pandemic, to be held at 9am GMT on Tuesday 1 December. The agenda and registration details are available here: <https://bit.ly/CHWwellbeingwebinar>

The webinar, which The George Institute for Global Health is co-hosting with the Thematic Working Group on Community Health Workers of Health Systems Global, will provide a starting point for a global discussion, both during the event and afterwards through the continuing online conversation, in order to share best practice in supporting CHWs, not just during the current pandemic but to build back better for the future.

We very much hope you can join us.

Best wishes,

Emma

Emma Feeny

Director, Global Advocacy & Policy Engagement

The George Institute for Global Health | UK

Central Working - Fourth Floor Translation and Innovation Hub Imperial College  
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twitter | facebook | e-newsletter

The George Institute for Global Health is proud to work in collaboration with Imperial College London.

HIFA profile: Emma Feeny is Senior Advocacy Advisor at the George Institute for Global Health in the UK. [efeeny@georgeinstitute.org](mailto:efeeny@georgeinstitute.org)

## **EHS-COVID (89) Request for your help: Research and reports on essential health services during COVID-19 pandemic (2) Impact of COVID-19 on tuberculosis services (2)**

24 November, 2020

Greetings from KANCO,

Please see the link below to a study on the Impact of Covid 19 on the TB Epidemic: A Community Perspective Study [\*see note below]

<https://drive.google.com/drive/folders/1Hee8Teggdyg6Es-fnUQHTbmDcurjPTK9>

Kind Regards

| Allan Ragi | Executive Director |

| Office: + 254 020 2323506 / +254 020 2323533 | Mobile: +254 722 203344 | Regent Court, C5 & C6, Argwings Kodhek Road – Opposite Nairobi Womens Hospital | Address: P.O Box 69866 – 00400 Nairobi – Kenya || Email: [kanco@kanco.org](mailto:kanco@kanco.org) | Website: [www.kanco.org](http://www.kanco.org) | Facebook | Twitter |

[\*Note from HIFA moderator (Neil PW): Thank you Allan. This report is also available here:

<http://www.stoptb.org/assets/documents/resources/publications/acsm/Civil...> ]

## **EHS-COVID (90) COVID-19 and gender based violence**

24 November, 2020

Forwarded from IBP

Dear IBP Network Colleagues,

Please see the message below from WHO Colleagues about the International Day for the Elimination of Violence Against Women.

As you know, 25 November is marked as the International Day for the Elimination of Violence against Women every year and is the start of the 16 days of activism campaign against gender violence.

This year in context of COVID-19 and the rise in reported incidents of violence against women, WHO is organizing a panel discussion on 26 November 2020 from 13-14h CET focusing on innovations in addressing violence against women during the COVID-19 pandemic.

Please find attached a flyer with the details about the event. The event will be chaired by the WHO Deputy Director-General – Dr. Zsuzsanna Jakab. Panelists will include senior representatives from Ministries of Health and Service Providers from Argentina, Spain, Iraq and India. Spanish-English interpretation will be available

Please register for the event at: [bit.ly/VAWandCOVID19](https://bit.ly/VAWandCOVID19)  
or [https://who.zoom.us/webinar/register/WN\\_T\\_byPQZtSzWQN4D-inMBTA](https://who.zoom.us/webinar/register/WN_T_byPQZtSzWQN4D-inMBTA)

Please disseminate the information about the event to your networks. Also remember to wear Orange to show your support to end violence against women and girls on November 25th.

More information about WHO's advice on VAW and COVID can be accessed here: <https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/>

Thanks and best wishes

Avni Amin, PhD

Department of Sexual and Reproductive Health and Research

World Health Organization

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1202 Geneva

Switzerland

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Mob: + 41 79 516 3709

Email: [amina@who.int](mailto:amina@who.int)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (91) Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country? (3) NCD services**

24 November, 2020

Dear colleagues

It has been very interesting to read the responses to this email discussion so far. In response to the 2nd question – the impact of health service disruptions on the health and wellbeing of people (as well as in part Q1) - you may be interested to read one of the recent articles in our OpEd series 'Primary Care Perspectives' – 'Ensuring Access to NCD Services: Spotlight on the role of Primary Care' [https://pci-360.com/ncdservices\\_primarycare/](https://pci-360.com/ncdservices_primarycare/)

Co-authored by a number of colleagues at National Institute of Health, Mozambique (Ana Mocumbi, Edna Juda & Chamila Adam) and WHO's Bente Mikkelsen, it provides examples of the impact of Covid-19 on NCD services in Mozambique, as well as specific examples of how people living with NCDs have been affected:

“The number of patients whose chronic illnesses deteriorated (including congestive heart failure, hypertensive crisis, decompensated diabetes mellitus) increased because many remained at home without medication”

In summary the article highlights how the pandemic has served to put a spotlight on the need to strengthen health infrastructures with primary health care at their core – and how we must include NCDs as a priority in post-COVID-19 support for health systems.

Jane Lennon

Communications Manager

Primary Care International

[www.pci-360.com](http://www.pci-360.com)

Skype: jane.lennon87

Primary Care International is a limited company registered in England and Wales. Registered number: 8924010. Registered office: Beaver House, 23-38 Hythe Bridge Street, Oxford, OX1 2EP. IMPORTANT: This message is intended for the addressee only and may contain private and confidential information or material which may be privileged. If this message has come to you in error you must delete it immediately and should not copy it or show it to any other person.

HIFA profile: Jane Lennon is Communications Manager at Primary Care international (PCI): a primary care organisation which works collaboratively to train primary healthcare staff through evidence based guidelines, and to support and strengthen complete health systems. <https://pci-360.com/>

jane.lennon AT pci-360.com

## **EHS-COVID (92) Adaptation of WHO guidelines (2)**

24 November, 2020

Dear HIFA colleagues,

A few minutes ago I forwarded a new paper on adaptation of WHO guidelines. I note this paper is part of a wider study of WHO guidelines described here:

Wang Z, Grundy Q, Parker L, Bero L. Health promoter, advocate, legitimiser — the many roles of WHO guidelines: a qualitative study. Health Res Policy Syst. 2019;17(1):96.

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-...>

This broader paper concludes that 'Packaging future WHO guidelines with operationalising guidance and producing multiple versions for the variety of WHO's audiences would likely help the guidelines fulfil their roles more

effectively.'

This all seems salient in the context of our current thematic discussion on Essential Health Services and COVID-19. This discussion is based on the WHO publication 'Maintaining essential health services: operational guidance for the

COVID-19 context'. <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...>

I would like to invite HIFA members to address the question: To what extent is this guidance practical and feasible for implementation in your country or your facility? What are the challenges in formulating policy as national or facility level? How can this process be better supported?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)



## **EHS-COVID (93) Medline & Embase search for papers relating to Essential Health Services and COVID-19**

25 November, 2020

Dear HIFA colleagues,

Our thanks to HIFA Literature Search expert John Eysers who has run searches on Medline and Embase for papers relating to Essential Health Services and COVID-19:

[https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA-Medline-E...](https://www.hifa.org/sites/default/files/publications_pdf/HIFA-Medline-E...)

30 papers were identified up to 23 November 2020 and their titles are shown below.

I note from these titles that only some of them relate to the impact of COVID-19 on essential health services. I suspect this reflects the challenge of running a search strategy on this topic that will be both sensitive and specific.

To comment on any paper, please email the HIFA forum: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

1. Essential health services delivery in Zimbabwe during the COVID-19 pandemic: perspectives and recommendations.
2. Implementation of Early Detection Services for Cancer in India During COVID-19 Pandemic
3. Remote consultations in the era of COVID-19 pandemic: Preliminary experience in a regional Australian public acute mental health care setting.
4. The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services.
5. Considerations for the otolaryngologist in the era of COVID-19: a review of the literature.
6. Considerations for the otolaryngologist in the era of COVID-19: a review of the literature
7. Essential health services delivery in Zimbabwe during the COVID-19 pandemic: perspectives and recommendations.
8. Leveraging Telemedicine for Chronic Disease Management in Low- and Middle-Income Countries During Covid-19.

9. Management of Canadian Pediatric Patients With Glomerular Diseases During the COVID-19 Pandemic: Recommendations From the Canadian Association of Pediatric Nephrologists COVID-19 Rapid Response Team.
10. Challenges in Delivering Optimal Healthcare to COVID-19 Patients: Focus on Delhi, India.
11. COVID-19: Technology-Supported Remote Assessment of Pediatric Asthma at Home.
12. Offer and use of oral health in primary care before and after the beginning of the COVID-19 pandemic in Brazil.
13. Disruption of healthcare amid covid-19 pandemic in Bangladesh.
14. Low incidence of COVID-19 in the West African sub-region: mitigating healthcare delivery system or a matter of time?.
15. Emerging from the first COVID-19 wave: Archetyping the new NHS ophthalmic waiting room.
16. Telemedicine takes centre stage during COVID-19 pandemic.
17. Covid 19 and access to mental health care-Need of increased investment.
18. Assessing knowledge, attitude, practice, and preparedness of hospital pharmacists in Lebanon towards COVID-19 pandemic: A cross-sectional study.
19. The load and capacity model of healthcare delivery: considerations for the Searchcrisis management of the COVID-19 pandemic.
20. Impacts and challenges of United States medical students during the COVID-19 pandemic.
21. MIT COVID-19 Datathon: Data without boundaries.
22. Person-Centered Approach to the Diverse Mental Healthcare Needs During COVID 19
23. Healthcare access for migrant children in England during the COVID-19 pandemic.
24. Post COVID-19: Planning strategies to resume orthopaedic surgery -challenges and considerations.
25. Health care delivery for heart failure patients during the covid-19 pandemic; a

consensus of the Saudi heart failure working group (Saudi-hf).

26. Personal health of spine surgeons can impact perceptions, decision-making and healthcare delivery during the COVID-19 pandemic-a worldwide study.

27. Real-world data in COVID-19 pandemic: An essential unmet health-care need.

28. Evolving Healthcare Delivery in Neurology During the Coronavirus Disease 2019 (COVID-19) Pandemic.

29. Disruption of healthcare: Will the COVID pandemic worsen non-COVID outcomes and disease outbreaks?.

30. COVID-19 and balance in access to health care in Ethiopia.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (94) COVID-19 Pandemic: strengthening Nigeria's health systems to Protect Everyone and Achieve UHC and Health for All**

28 November, 2020

Hi there,

UNIVERSAL HEALTH COVERAGE DAY 2020

Afrihealth Optonet Association [CSOs Network] hereby invites you to a Zoom meeting.

Topic:

COVID-19 Pandemic: strengthening Nigeria's health systems to Protect Everyone and Achieve UHC and Health for All

When: Dec 9, 2020 10:00 AM - 12.00 PM West Central Africa

Register in advance for this meeting:

[https://us02web.zoom.us/meeting/register/tZUlcuGurT4iHNIY0npBL3qrW\\_3JAAE...](https://us02web.zoom.us/meeting/register/tZUlcuGurT4iHNIY0npBL3qrW_3JAAE...)

After registering, you will receive a confirmation email containing information about joining the meeting.

HIFA profile: Uzodinma Adirieje is a Health and Development Systems Strengthening and Monitoring & Evaluation (M&E) Specialist, Writer/Columnist, Health Economist, Health & Environment/Energy/Climate Development Advocate, Fed. Govt Accredited Management Trainer/Facilitator, Evaluator & Certified Management Consultant. He is CEO & UN/ECOSOC Representative of Afrihealth Optonet Association - a 22-years old civil society network/coalition of about 600 member-organizations in Nigeria, Kenya, Ghana, Haiti, Malawi and Uganda with focus on Health, Energy/Environment, Nutrition/Food Security, and Gender/Good Governance/Human Rights using Partnerships, Advocacy, Research, Capacity Dev't, Outreaches, Monitoring & Evaluation (M&E). Among other professional services, he's also the Chairman, Civil Society Organizations Strategy Group on Sustainable Dev't Goals (CSOSG-SDGs) in Nigeria; Country Group Lead, Civil Society Consultations on 2020 Voluntary National Review (VNR) of the SDGs, Nigeria; Executive Secretary, Nigeria Universal Health Coverage Actions Network (NUHCAN); National President, Nigerian Association of Evaluators (NAE); Member, National Core Working Group on 2020 Voluntary National Review (CWG-VNR), Nigeria; President, Society for Conservation and Sustainability of Energy and Environment in Nigeria (SOCSEEN). He was project Director of the UNDEF-funded Project which promoted the SDGs in 81 Niger Delta communities (2017-2018) and Chairman, national World Malaria Day Committee 2019 in Nigeria.

## **EHS-COVID (95) African Health Ministers urge greater vigilance in COVID-19 fight**

28 November, 2020

Extract below from a news release on the WHO Africa Regional Office website. Read in full: <https://www.afro.who.int/news/african-health-ministers-urge-greater-vigi...>

## African Health Ministers urge greater vigilance in COVID-19 fight

25 November 2020

Brazzaville – African Health Ministers gathering for the resumed Seventieth session of the World Health Organization (WHO) Regional Committee for Africa took stock this week of the region's efforts in combatting the COVID-19 pandemic, with calls to step up vigilance and head off a possible resurgence of infections.

Opening the meeting, Hon. Jacqueline Mikolo, Minister of Health and Population, Republic of Congo and Chairperson of the Seventieth Regional Committee, called for increased high-level political commitment, solidarity, information-sharing, and research on traditional medicines in the fight against COVID-19.

Minister Mikolo reiterated “our commitment to preserve the gains made and work hard and together to contain a possible second wave of COVID-19 in Africa.” She also noted that it was crucial to “fight complacency [in observing COVID-19 preventive measures] by strengthening communication and epidemiological surveillance.”

Most African countries took swift action early, and these efforts to limit movement and gatherings along with implementing key public health measures have helped keep cases and deaths in Africa lower than in many other parts of the world.

WHO Regional Director for Africa, Dr Matshidiso Moeti, underscored the importance of bolstering prevention, notably as people travel or gather for end-of-year celebrations. “As we observe cases surge in parts of Europe and the Americas, and an uptick in our regional daily cases graph, we cannot be complacent. We need to prepare for a resurgence, including scaling-up precautions in risky situations such as festive and elections-related gatherings.”

Over the past three weeks, the African region has recorded a steady increase in COVID-19 cases. As of 22 November, 18 countries reported an increase of more than 20% in the previous seven days when compared with the last seven days...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (96) Reclaiming comprehensive public health (1) Q4. Which groups are especially vulnerable to health service disruptions? (2)**

28 November, 2020

The authors of this paper note (in the full text): 'Longer term lockdowns, bans and quarantines raise challenges for already vulnerable groups in a range of countries and settings, with an accumulating health debt from loss of income, food insecurity, solitude and dying alone, mental health problems and discontinuity of preventive, promotive and curative care for other health conditions.'

This speaks to our question 4: Which groups are especially vulnerable to health service disruptions, and how may their needs be met? It is well recognised that the vulnerable are more at risk not only from the virus itself, but also from the impact of government restrictions and economic consequences.

The authors call for 'participatory public health approaches, which use diverse sources of knowledge, disciplines and capabilities'. To what extent are the voices of the vulnerable being heard, particularly in relation to access to essential health services?

Who is doing what to monitor and address the widening gaps between those who are well resourced and those who are vulnerable?

CITATION: Loewenson R, Accoe K, Bajpai N, et al. Reclaiming comprehensive public health. BMJ Global Health 2020;5:e003886.

<http://dx.doi.org/10.1136/bmjgh-2020-003886>

### **SUMMARY BOX**

- Global and national responses to the COVID-19 pandemic highlight a long-standing tension between biosecurity-focused, authoritarian and sometimes militarised approaches to public health and, in contrast, comprehensive, social determinants, participatory and rights-based approaches.

- Notwithstanding principles that may limit rights in the interests of public health and

the role of central measures in some circumstances, effective public health in a protracted pandemic like COVID-19 requires cooperation, communication, participatory decision-making and action that safeguards the Siracusa principles, respect for people's dignity and local-level realities and capacities.

- Yet there is mounting evidence of a dominant response to COVID-19 where decisions are being made and enforced in an overcentralised, non-transparent, top-down manner, often involving military coercion and abuse in communities, even while evidence shows the long-term harm to public health and human rights.

- In contrast, experiences of comprehensive, equity-focused, participatory public health approaches, which use diverse sources of knowledge, disciplines and capabilities, show the type of public health approach that will be more effective to meet the 21st century challenges of pandemics, climate, food and energy crises, growing social inequality, conflict and other threats to health.

The paper refers to the United Nations (UN) Economic and Social Council in its 1984 Siracusa principles:

'The UN Economic and Social Council in its 1984 Siracusa principles guide the state to exercise its powers for measures that restrict individual freedoms in a manner that:

- Is carried out in accordance with the law.
- Has clear public health purpose to improve or sustain public health by accomplishing essential public health services and functions, as a legitimate objective of general interest.
- Is based on scientific evidence and not drafted or imposed arbitrarily.
- Is strictly necessary in a democratic society to achieve the objective.
- Is well targeted, through the least restrictive alternative, not applying to more individuals than is necessary for the public's health, and given that there are no less intrusive and restrictive means available to reach the same objective.
- Is based on the precautionary principle.
- Includes ongoing public health education and outreach to encourage, facilitate and promote community participation in accomplishing public health goals.
- Is respectful of human dignity, and not discriminate unlawfully against individuals.
- Is of a limited duration and subject to review.'

Note: to contribute to the discussion, just send an email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (97) Webinar: Maintaining family planning and reproductive health services during the Covid-19 pandemic**

28 November, 2020

Forwarded from our colleagues at IBP

Dear IBP Colleagues

As a follow up to the Covid-19 Webinars we held in April 2020, the IBP Covid-19 Task Team will be hosting follow up Regional Webinars to re-visit and learn about challenges and successes in maintaining family planning and reproductive health services during the Covid-19 pandemic. The first in our series will feature regional and country experiences from Asia.

Please register below and join us on Thursday December 10th at 7amEST/13hCEST/18:30hMyanmar/20hPhilippines

Register

Here: [https://who.zoom.us/webinar/register/WN\\_3RF7dTQ0Q9C\\_a2yZIfpnsg](https://who.zoom.us/webinar/register/WN_3RF7dTQ0Q9C_a2yZIfpnsg)

To join the IBP Covid-19 Task Team, visit: [www.ibpnetwork.org](http://www.ibpnetwork.org) à IBPXchange à Covid-19 Task Team

Nandita Thatte, DrPH



Department of Sexual and Reproductive Health  
World Health Organization  
Geneva, Switzerland  
Email: [thatten@who.int](mailto:thatten@who.int)

[www.ibpnetwork.org](http://www.ibpnetwork.org)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (98) Lancet Global Health: War and COVID-19 in Nagorno-Karabakh and Armenia**

28 November, 2020

As we explore questions about essential health services during COVID, some countries are facing the simultaneous challenge of war. This paper discusses the situation in Nagorno-Karabakh and Armenia. Citation, extracts and a comment from me below.

CITATION: War in the time of COVID-19: humanitarian catastrophe in Nagorno-Karabakh and Armenia

Airazat M Kazaryan et al.

Lancet Global Health 2020

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30510-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30510-6/fulltext)

As a small country with a population of 3 million, Armenia has been severely affected by the COVID-19 pandemic, and for several months was among the countries with the highest prevalence of COVID-19. On Oct 23, 2020, the number of confirmed cases was 70 836 and the number of new daily diagnosed cases reached 2484. As a result, Armenia is now the second country in the world with the highest number of new daily diagnosed cases per person (778 cases per million per day), overtaking only the Czech Republic (1321 cases per million per day).

The first case of COVID-19 in Armenia was registered at the beginning of March, 2020, and on March 16, the country declared a state of emergency and went into lockdown. During the next few months, the numbers rose substantially; but by the end of the summer, Armenia was able to flatten the curve. Although there was some increase in the number of cases because of the opening of schools, the number of new daily cases on Sept 26 was 328, and the country had started to overcome the threat from this global pandemic. Unfortunately, this success was short-lived, as another catastrophe began...

On Sept 27, 2020, Azerbaijan initiated a large-scale war against Nagorno-Karabakh... half of the entire Karabakh population, mainly women, children, and the elderly, have already been displaced to Armenia, further exacerbating the humanitarian catastrophe in this region.<sup>5</sup> Several coauthors and signatories of this Comment have witnessed the bombardment of the capital, Stepanakert, when delivering medical care for those in need. Several of our colleagues were killed during this commitment.

As a result of these unrelenting attacks, large numbers of people have been wounded and require medical care, which has put the Armenian and Nagorno-Karabakh health-care systems under unprecedented pressure. This strain has forced many of the existing COVID-19 centres to shift their scope, and most non-emergency medical care has either been delayed or cancelled. Although a ceasefire was agreed on Nov 9, the situation remains volatile and previous ceasefires have proven short-lived...

With this Comment, we, as individuals and physicians from different countries and nationalities, call on our colleagues from all over the world and international medical community to pay attention to this crisis, and raise their voice against war in Nagorno-Karabakh with its ensuing humanitarian catastrophe...

Comment: The WHO guideline 'Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020)' does not specifically mention war or conflict, although it emphasises the need to protect the vulnerable. What is the role of evidence synthesis in supporting the maintenance of health services in conflict situations? I have not found WHO guidance on this. A quick google search identified a potentially useful publication from the International Peace Institute: 'Hard to Reach: Providing Healthcare in Armed Conflict' [https://reliefweb.int/sites/reliefweb.int/files/resources/1812\\_Hard-to-R...](https://reliefweb.int/sites/reliefweb.int/files/resources/1812_Hard-to-R...) Other organisations such as MSF and ICRC have long experience in providing health services during conflict, both in frontline care and in dealing with logistical and political challenges.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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four languages in collaboration with WHO. Twitter: @hifa\_org FB:  
facebook.com/HIFAdotORG neil AT hifa.org

## **EHS-COVID (99) Q2. What has been the impact of health service disruptions in your health facility or country? (4) Impact on people with HIV**

29 November, 2020

December 1st 2020 is World AIDS Day and the lead editorial in this week's Lancet explores the question of how to maintain the HIV response in a world shaped by COVID-19.

Below are the citation and selected extracts. People living with HIV are especially vulnerable at this time, because of disruptions not only to health services but also supplies of essential medicines.

CITATION: Maintaining the HIV response in a world shaped by COVID-19 [editorial]

The Lancet. Editorial| volume 396, issue 10264, p1703, november 28, 2020

Published: November 28, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)32526-5](https://doi.org/10.1016/S0140-6736(20)32526-5)

How might the COVID-19 pandemic shape the future HIV/AIDS response towards reaching the goal of ending HIV/AIDS by 2030?...

The HIV Modelling Consortium has shown that severe treatment disruptions in sub-Saharan Africa—eg, preventing HIV treatment for 50% of patients for 6 months—could lead to an excess of 296 000 HIV deaths within a year. UNAIDS models suggest that 6-month interruptions to services for mother-to-child transmission of HIV could increase new infections among children by 40–80% in high-burden countries...

UNAIDS says the effects of COVID-19 on maintaining treatment services have so far been less severe than originally feared. Thanks to novel approaches, such as home deliveries of medicines and digital platforms for virtual patient support, HIV prevention services have rebounded in many communities...

What has been the impact of COVID-19 on the care of patients with HIV in your health facility or country?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (100) Q3. What have you, your health facility or country done to maintain essential health services? (4)**

29 November, 2020

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. You can review previous messages here: <https://www.hifa.org/rss-feeds/17>

As we enter our third week, I invite you to comment on Questions 3 and 4:

Q3. What have you, your health facility or country done to maintain essential health services?

Q4. Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

To share your experience, expertise or observations, simply send an email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Background: <https://www.hifa.org/news/hifa-and-who-collaborate-promote-sharing-exper...>

With thanks, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (101) Q3 & Q4 feedback**

30 November, 2020

Dear Sir Madam

Hope this mail meet you well

with regarding to the following question and our feedback. I would like to say that to working in any reproductive, gynecology, sexual health clinic is very sensitive for both health workers and clients.

Q3. What have you, your health facility or country done to maintain essential health services?

As I am working in the university and sending the nursing department students to all types and levels of health care facilities, we insure to provide them with updated national and international standard guidelines of care the performance check list and clients feedback are parts from evaluation sheet. In some low resources setting the students contribute to buy the needed equipment and resources.

Q4. Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

This really very important question, as all people should received a respectful and standard care, some are not able to received these types of care because of they are poor, have some disabilities, orphans, young, living far from the health clinic. In the previous cases outreach health care services, home visits, health education, referral

I hope that I provide you honor office with valuable contribution

thanks and best regards

HIFA profile: Hayat Gommaa is professor in nursing at the faculty of allied health sciences, Ahmadu Bello University in Nigeria. Professional interests: public health, women health, reproductive health. Email address: h\_gommaa AT abu.edu.ng

## **EHS-COVID (102) QoC Network COVID-19 Webinar on India/Bangladesh experience, Thursday 10 December @ 10am GMT**

1 December, 2020

Dear HIFA and CHIFA colleagues,

From the Child Health Task Force:

Please see the attached invitation to the next webinar in the QoC Network series: Lessons from improving quality of care during COVID-19. Click here [\[https://zoom.us/webinar/register/WN\\_kbg4KbYtRNymLxLzZ6\\_ysQI\]](https://zoom.us/webinar/register/WN_kbg4KbYtRNymLxLzZ6_ysQI) to register for this webinar: Lesson #2 from Improving Quality of Care during COVID-19: Adapt and Innovate to Support QI Teams in India and Bangladesh, on Thursday, December 10th at 10am GMT/5am EST. To learn more about the full series, please see the webinar series webpage here.

<http://www.qualityofcarenetwork.org/webinars/webinar-series-lessons-impr...>

'This webinar series will share example of quality improvement initiatives that have adapted to respond to the challenges of providing quality maternal, newborn and child health care during the pandemic.

'The series is organized by the Network for Improving Quality of Care for Maternal, Newborn and Child Health, in collaboration with the World Health Organization.'

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (103) Impact of pandemic on health workers**

1 December, 2020

The delivery of essential health services is fundamentally dependent on the ability of health workers to deliver such services. Many of us on HIFA have repeatedly drawn attention to the hugely challenging conditions for many health workers in low- and middle-income countries. Basic needs (information, equipment, medicines...) are not met, even at the best of times. Now, with the added pressures of COVID-19, the capacity of health workers is further eroded.

The WHO Guidance that underlies our discussion says: 'The combination of increased workload and a reduced number of health workers is expected to severely strain the capacity to maintain essential services, and it will particularly impact women, who make up the majority of the health workforce.' WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020) <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...>

As an example, this new paper from Brazil describes the impact on community health workers. With thanks to the Community Health Impact Coalition.

CITATION: Fernandez M, Lotta G (2020) How Community Health Workers are facing COVID-19 Pandemic in Brazil: Personal Feelings, Access to Resources and Working Process. Arch Fam Med Gen Pract 5(1):115-122.

<https://scholars.direct/Articles/family-medicine/afmgp-5-020.php?jid=fam...>

'Comments: It couldn't be clearer: without support and adequate working conditions, the life-saving work of CHWs is jeopardized.

Methods: x-sectional survey (N=882 CHWs)

Takeaway: CHWs feel scared and unprepared in the face of the COVID-19 pandemic. The fear of COVID-19 is related to being unprepared and to failure to receive support from the federal government. The unpreparedness is associated with the lack of material working conditions, such as PPE, guidance from managers and support from superiors and federal government.'

The WHO Guidance recommends: 'Critical support measures include ensuring appropriate working hours and enforced rest periods; providing guidance, training and supplies (including PPE in appropriate sizes for women) to limit health worker exposures; monitoring for illness and stress; ensuring physical security; providing access to mental health care and self-help materials; and ensuring timely payment of salaries, sick leave and overtime, including to temporary staff to eliminate perverse incentives for staff to report to work while ill. Health workers at high risk for

complications from COVID-19 may need to be reassigned to tasks that reduce their risk of exposure.'

I invite you to review the testimony from Jackeline Alger, HIFA Country Representative for Honduras, who describes the enormous death toll COVID-19 has taken on health workers, which 'affects directly the provision of essential health services and has produced a lot of suffering among the health personnel, their families, and the society in general'. <https://www.hifa.org/dgroups-rss/ehs-covid-53-q1-how-has-covid-19-affect...>

How has the COVID-19 pandemic impacted on the health and wellbeing of the health workforce in your country? In what ways has this affected the provision of essential health services?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (104) COVID-19 and malaria**

2 December, 2020

A news release from WHO refers to the impact of COVID-19 on malaria services. Selected extracts and comments/questions from me below.

CITATION: WHO calls for reinvigorated action to fight malaria

Global malaria gains threatened by access gaps, COVID-19 and funding shortfalls

30 November 2020 News release

<https://www.who.int/news/item/30-11-2020-who-calls-for-reinvigorated-act...>



## SELECTED EXTRACTS

The World Health Organization (WHO) is calling on countries and global health partners to step up the fight against malaria, a preventable and treatable disease that continues to claim hundreds of thousands of lives each year. A better targeting of interventions, new tools and increased funding are needed to change the global trajectory of the disease and reach internationally-agreed targets...

In 2020, COVID-19 emerged as an additional challenge to the provision of essential health services worldwide. According to the report, most malaria prevention campaigns were able to move forward this year without major delays. Ensuring access to malaria prevention – such as insecticide-treated nets and preventive medicines for children – has supported the COVID-19 response strategy by reducing the number of malaria infections and, in turn, easing the strain on health systems. WHO worked swiftly to provide countries with guidance to adapt their responses and ensure the safe delivery of malaria services during the pandemic.

However, WHO is concerned that even moderate disruptions in access to treatment could lead to a considerable loss of life. The report finds, for example, that a 10% disruption in access to effective antimalarial treatment in sub-Saharan Africa could lead to 19 000 additional deaths. Disruptions of 25% and 50% in the region could result in an additional 46 000 and 100 000 deaths, respectively.

COMMENTS (NPW): The WHO Guidance 'Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020)' devotes two full pages to Malaria. The Guidance is available here:

<https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...> Here are extracts:

'Early diagnosis and treatment are critical to prevent mild cases of malaria from progressing to severe illness or death. Public health messaging will need to be adapted to ensure that people do not delay seeking care for febrile illness...

'In such circumstances and in areas with malaria transmission, people with fever should be treated presumptively for malaria... [see below]

'Shift planning and budgeting to a single-phase door-to-door ITN distribution strategy, leaving ITNs at the door...' [comments?]

I invite comments on the following paragraph, which I found a bit confusing: 'To minimize the risk of COVID-19 transmission, full PPE is recommended for health workers conducting malaria rapid diagnostic tests (RDTs) on people with confirmed or suspected COVID-19. The lack of PPE or RDTs should not delay treatment. In such circumstances and in areas with malaria transmission, people with fever should

be treated presumptively for malaria. Countries resorting to presumptive treatment for malaria should plan for increased supply needs.' Would full PPE (FFP3 respirators, gowns, eye protection and gloves) be readily available in the primary care setting where most RDTs are carried out? Should all patients with fever and suspected COVID-19 be treated presumptively for malaria? WHO's parallel guidance on Home care for patients with suspected or confirmed COVID-19 says 'In areas with other endemic infections that cause fever (such as influenza, malaria, dengue, etc.), febrile patients should seek medical care, be tested and treated for those endemic infections in accordance with routine protocols, irrespective of the presence of respiratory signs and symptoms.' <https://apps.who.int/iris/handle/10665/333782> This raises a larger question about the challenges of maintaining consistency across guidelines in a situation where things are changing rapidly.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (105) UHC2030 launches an important multi-stakeholder review on progress of commitments and action on UHC**

2 December, 2020

Dear HIFA colleagues,

UHC2030 launches an important multi-stakeholder review on progress of commitments and action on UHC. UHC is an urgent priority to end the current global health crisis and build a safer, healthier future. Are countries stepping up to this challenge?

<https://www.uhc2030.org/blog-news-events/uhc2030-news/state-of-commitmen...>

Below are extracts relating to COVID-19:

'COVID-19 has shown that universal health coverage, strong public health systems and emergency preparedness are essential to communities, to economies, to everyone.'

'The key findings are that, in many countries, poor and vulnerable groups are once again being left behind, and inequities are widening due to the COVID-19 crisis. People are anxious about their health, their finances and their futures, and trust in government and political leaders is eroding in some countries. The COVID-19 pandemic is also exposing and exacerbating weaknesses in health systems, showing that many governments neglected to invest in health, social safety nets and emergency preparedness when it really mattered: before a crisis struck.'

'Uphold Quality of Care: Support, protect and care for health workers, and innovate to improve and maintain quality during emergencies. Front-line health workers have not been supported adequately during the pandemic, adversely affecting the quality of their service.'

'Are governments following the science on COVID-19?' 65% of USA's scientists 'strongly disagree' - the worst of any country measure. By contrast, the overwhelming majority of scientists in other countries (led by New Zealand) thought their government is following the science.

'The survey indicated that lack of clear, evidence-based messages from governments incites fear and mistrust in the population.'

'One third of survey respondents said that people had poor access to health services in their country. Furthermore, 10% of respondents claimed that access was very poor. Less than 25% considered that access to services was good or excellent.'

Vulnerable groups include 'women and girls, people living in remote and rural settings, the poor, people suffering from HIV and tuberculosis, people with rare diseases, LGBTQ+ individuals, migrants, people with noncommunicable diseases and people with disabilities.'

'WHO has issued a recommendation to all countries to suspend user fees for COVID-19 and other essential health care. Few countries that charge fees have heeded this advice, and international donors are doing little to help.'

'Poor communication has led to confusion and limited access to services. Survey respondents noted that communities were often not informed about COVID-19-related disruptions to services or were unclear about where they could access services. Poor

communication also fuelled the spread of misinformation about COVID-19. Respondents reported that: “People are confused.” (Burundi); “People lack information that, when the hospital closed, where they can check their health safely, or access to health service if needed.” (Viet Nam); and “People in my country don’t believe in the pandemic. They said it’s fake. They go about with their normal lives. Nothing has changed, and it’s as it used to

be.” (Nigeria).

Does any of the above resonate with you? I look forward to hear your experience.  
Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (106) Lancet Global Health: War and COVID-19 in Nagorno-Karabakh and Armenia (2)**

3 December, 2020

Dear HIFA colleagues,

On 28 November I sent a message which referred to the impact of COVID-19 in war situations, and specifically to a letter by Airazat M Kazaryan et al. in The Lancet which describes the current situation in Nagorno-Karabakh and Armenia.

<https://www.hifa.org/dgroups-rss/ehs-covid-98-lancet-global-health-war-a...>

This morning I received an email from the Embassy of Azerbaijan in UK saying that the Lancet letter 'contains a lot of biased and distorted information' and requesting me to point readers also to another letter in The Lancet, which presents a different picture.

The first piece is available here:

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30510-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30510-6/fulltext)

And the second piece is here:

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30517-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30517-9/fulltext)

Much of the content of these letters relates to the political situation. HIFA's remit does not include political discussion. Conflict is, however, a health and human rights issue, and those who are affected by it are highly vulnerable - especially where conflict is compounded by public health emergencies such as COVID-19.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (107) Invitation - IOM and IFRC Policy Discussion on Advancing Migrants' Access to UHC in times of COVID-19, 10 December 9:00-10:30 EST**

3 December, 2020

From the IFRC:

Dear Colleagues,

You are cordially invited to a high-level policy discussion co-organized by the International Organization for Migration (IOM), International Federation of Red Cross and Red Crescent Societies (IFRC) and the Group of Friends of Migration in partnership with the Permanent Missions of Morocco and Portugal.

Please see attached an invitation for the event - Advancing Migrants' Access to Universal Health Coverage in times of COVID-19

Event Details:

Date: Thursday, 10 December 2020

Time: 9:00 - 10:30 AM (EST)/ 3:00 - 4:30 PM (UTC +1)

To register: [https://zoom.us/meeting/register/tJYld-quqTwiE9HSCpe3XTHEDK\\_brGMg0mde](https://zoom.us/meeting/register/tJYld-quqTwiE9HSCpe3XTHEDK_brGMg0mde)

Thank you for your interest and we look forward to your participation!

Delegation of the International Federation of Red Cross and

Red Crescent Societies to the United Nations

420 Lexington Ave. Suite 905|New York, NY 10170|USA

Tel. +1 212 338 0161| Fax +1 212 338 9832 | Twitter @IFRC\_NYC

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I invite HIFA members to participate in the above event and share your observations afterwards by email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

The WHO Guidance on EHS and COVID mentions migrants: 'Address the particular needs of marginalized populations, such as indigenous peoples, migrants and refugees, sex workers and the homeless, among others.' Also, the WHO website has an excellent section on migrant health, including the Draft Global Action Plan "Promoting the health of refugees and migrants" (2019-2023) <https://www.who.int/migrants/en/>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (108) Q3. What have you, your health facility or country done to maintain essential health services? (5)**

3 December, 2020

Dear all

In response to the question of what have we been doing to maintain essential services - you may be interested in this article PCI recently co-authored with Angela Chaudhuri, Lord Nigel Crisp and Patricia Odero, - "Social enterprise models can show us the way in reimagining health systems" <<https://pci-360.com/category/primary->

[care-perspectives/](#)> It includes examples of how different social enterprises have responded to covid - maintaining essential services and also pivoting their work to focus on new areas. For example Swasti's Invest for Wellness (i4We) primary healthcare model in India has been providing 'tele-care'; health, counselling and social protection schemes delivered via phone. This includes symptomatic Covid-19 surveillance, testing and follow-up care, but also extends to counselling and responding to gender-based violence. Within two months, i4We programmes clocked more than 30,000 calls from nine sites alone. It also looks at how Dimagi has focused on transforming frontline health services by improving data collection to enhance the quality of healthcare through CommCare, a mobile-based data collection platform. In response to the Covid-19 pandemic, Dimagi collaborated with partners across several countries to customise CommCare to help health systems to meet new demands for immediate and accurate information. And the article also looks at PCI's own Covid-19 open-access e-learning resources<<https://covid19.pci-academy.org/>> for clinicians which were released at the end of March. This was some of the earliest content to be designed and disseminated specifically with primary care facilities in resource-poor settings in mind, and includes guidance on continuation of essential services, including management of NCDs.

More details and examples can be found in the link to the article above.

Jane

Jane Lennon

Communications Manager

Primary Care International

[www.pci-360.com](http://www.pci-360.com)<<http://www.pci-360.com/>>

Skype: jane.lennon87

Primary Care International is a limited company registered in England and Wales. Registered number: 8924010. Registered office: Beaver House, 23-38 Hythe Bridge Street, Oxford, OX1 2EP.

HIFA profile: Jane Lennon is Communications Manager at Primary Care international (PCI): a primary care organisation which works collaboratively to train primary healthcare staff through evidence based guidelines, and to support and strengthen complete health systems. <https://pci-360.com/> She is a member of the HIFA working group on Almaty 2.0.

<http://www.hifa.org/projects/almaty-20>

<http://www.hifa.org/support/members/jane-0>

jane.lennon AT pci-360.com

## **EHS-COVID (109) COVID-19 and Universal Health Coverage (2) Invitation to a zoom meeting in commemoration of Universal Health Coverage day, 9 December**

3 December, 2020

Hello,

Afrihealth Optonet Association is a CSOs network/think-tank of 600 organizations in the global South for the promotion of Health as a state of complete physical, mental and social well-being; and the SDGs, using partnerships, advocacy, research/evidence-generation, capacity development, outreaches, and monitoring and evaluation (M&E) as strategies; while focusing on rural and poor urban communities, vulnerable and disadvantaged populations; and exploring the nexus/interlinkages between Health, Energy and Environment – including climate change, biodiversity and ecosystems, Nutrition and Food Security, and Gender, Good Governance and Human Rights. Afrihealth has a Consultative Status at the United Nations ECOSOC; and successfully implemented the ‘Sustainable Citizens Participation in Nigeria’™s Niger Delta™ Project on the SDGs funded by United Nations Democracy Fund during 2017-2018.

Globally, socioeconomic and health challenges from the COVID-19 pandemic have made the quest for achieving Universal Health Coverage (UHC) more difficult. UHC is key to achieving the development goals (SDGs). It offers financial protections for the vulnerable by providing effective access quality health services to people without them struggling to pay for it. COVID-19 brought stress, disruption of social/protective networks and governance, loss of income, decreased access to health and socioeconomic services, quarantining/stay at home, alcoholism (and even substance abuse), increased SGBV and abuse of women™s rights, resulting to injuries and even death. Nigeria is among the countries striving to get on track for achieving the UHC, and now faces a daunting task due to the impact of COVID-19.

In commemoration of the Universal Health Coverage (UHC) Day in 2020, Afrihealth Optonet Association [CSOs Network] hereby invites you to a zoom meeting: [\*see note below]



Opening Speech/Statement by:

Senator Dr. Adeleke Olorunnimbe Mamora;

Honourable Minister of State, Federal Ministry of Health (FMOH), Abuja, Nigeria

This meeting shall explore approaches to further strengthening Nigeria's Health Systems in a sustainable manner during and after the COVID-19 pandemic era. Scheduled to last for two hours, the meeting shall be an openly moderated dialogue session with a panel, and give opportunity for participants to freely express themselves on the topic; following the Honourable Minister's opening speech/statement.

When: Dec 9, 2020 10:00 AM – 12:00 PM West Central Africa

Registration link in advance for this meeting:

[https://us02web.zoom.us/meeting/register/tZUlcuGurT4iHNIY0npBL3qrW\\_3JAAE...](https://us02web.zoom.us/meeting/register/tZUlcuGurT4iHNIY0npBL3qrW_3JAAE...)

After registering, you will receive a confirmation email containing information about joining the meeting.

Sincerely,

Uzo's

Dr. Uzodinma Adirieje

Executive Director & UN Representative,

Afrihealth Optonet Association (CSOs Network) - an NGO with Consultative Status at the United Nations ECOSOC-

1 Taiwo Close, Toronto Junction; MCC Rd, Uratta, P.O. Box 1484, Owerri, Imo State, Nigeria

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Zoom: [druzoadirieje2015@gmail.com](mailto:druzoadirieje2015@gmail.com)

Blog: <http://druzodinmadirieje.blogspot.com.ng/>

LinkedIn: <https://ng.linkedin.com/pub/dir/Dr.+Uzodinma/Adirieje>

Phone, Telegram & WhatsApp: +234 803 472 5905

Telegram (HEFOSS link): <https://t.me/joinchat/HQnG4hL5xbTZaMHgCdhIBA>

Website: [www.afrihealthcsos.org](http://www.afrihealthcsos.org)

HIFA profile: Uzodinma Adirieje is a Health and Development Systems Strengthening and Monitoring & Evaluation (M&E) Specialist, Writer/Columnist, Health Economist, Health & Environment/Energy/Climate Development Advocate, Fed. Govt Accredited Management Trainer/Facilitator, Evaluator & Certified Management Consultant. He is CEO & UN/ECOSOC Representative of Afrihealth Optonet Association - a 22-years old civil society network/coalition of about 600 member-organizations in Nigeria, Kenya, Ghana, Haiti, Malawi and Uganda with focus on Health, Energy/Environment, Nutrition/Food Security, and Gender/Good Governance/Human Rights using Partnerships, Advocacy, Research, Capacity Dev't, Outreaches, Monitoring & Evaluation (M&E). Among other professional services, he is also the Chairman, Civil Society Organizations Strategy Group on Sustainable Development Goals (CSOSG-SDGs) in Nigeria; Country Group Lead, Civil Society Consultations on 2020 Voluntary National Review (VNR) of the SDGs, Nigeria; Executive Secretary, Nigeria Universal Health Coverage Actions Network (NUHCAN); National President, Nigerian Association of Evaluators (NAE); Member, National Core Working Group on 2020 Voluntary National Review (CWG-VNR), Nigeria; President, Society for Conservation and Sustainability of Energy and Environment in Nigeria (SOCSEEN). He was project Director of the UNDEF-funded Project which promoted the SDGs in 81 Niger Delta communities (2017-2018) and Chairman, national World Malaria Day Committee 2019 in Nigeria.

[\*Note from HIFA moderator (Neil PW): Uzo, thank you and please share the outputs of this meeting with us afterwards.]

## **EHS-COVID (110) Maintaining Quality Care During COVID-19: Learning from country experiences (2)**

### **Liberia**

4 December, 2020

Our first speaker in yesterday's webinar was Dr Lekilay Tehmeh, Clinical Coordinator for Patient Safety & Healthcare Quality Management Unit, Ministry of Health, Liberia.

Liberia's first confirmed COVID-19 case was on 16 March 2020. The pandemic was mitigated by a robust quarantine of all travelers from China and other countries, and lockdown.

To date, there has been a total of only 83 deaths, in a total population of almost 5 million.

Nevertheless, there were staff challenges to commit to both routine and outbreak services resulting in prolonged waiting times. A big fear among health workers about contracting the disease.

Also, there has been a "Response only" mentality which meant a 'focus on COVID-19 response at the detriment of essential health services'

I had a sense from Dr Tehmeh that there was wide relief that the pandemic has not (yet) hit the country as hard as what was feared. It is important to note, however, that essential health services were substantially disrupted, even by the relatively low burden of COVID disease. Credit is due to preventive public health measures. Things could have been so much worse.

I would like to invite others working in Africa and beyond to comment. Do any of the above findings resonate with you in your country?

In particular, it would be interesting to hear from South Africa (which has had more than 20,000 deaths to date), Brazil (175,000 deaths) and India (140,000 deaths).

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community

with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (111) Maintaining Quality Care During COVID-19: Learning from country experiences (3) Zimbabwe**

4 December, 2020

Thanks to HIFA volunteer John Eysers (our literature search expert) I am made aware of this publication from Zimbabwe:

CITATION: Essential health services delivery in Zimbabwe during the COVID-19 pandemic: perspectives and recommendations.

Murewanhema G; Makurumidze R.

The Pan African medical journal. 35(Suppl 2):143, 2020. [Journal Article]

**ABSTRACT:** Zimbabwe reported its first case of COVID-19 on 20 March 2020, and since then the number has increased to over 4000 [the number has now increased to 10,000, with a total of 280 deaths - neilpw]. To contain the spread of the causative SARS-CoV-2 and prepare the healthcare system, public health interventions, including lockdowns, were imposed on 30 March 2020. These resulted in disruptions in healthcare provision, and movement of people and supply chains. There have been resultant delays in seeking and accessing healthcare by the patients. Additionally, disruption of essential health services in the areas of maternal and child health, sexual and reproductive health services, care for chronic conditions and access to oncological and other specialist services has occurred. Thus, there may be avoidable excess morbidity and mortality from non-COVID-19 causes that is not justifiable by the current local COVID-19 burden. Measures to restore normalcy to essential health services provision as guided by the World Health Organisation and other bodies needs to be considered and implemented urgently, to avoid preventable loss of life and excess morbidity. Adequate infection prevention and control measures must be put in place to ensure continuity of essential services whilst protecting healthcare workers and patients from contracting COVID-19.

Comment (NPW): As with Liberia in our most recent message on HIFA, a relatively modest burden of COVID has had substantial impact on essential health services.

This paper is interesting as it refers specifically to the use of the WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020), and also includes 'action-oriented recommendations

that we think are practical and implementable urgently'. It's unclear what process was used to derive the recommendations, whether these are synonymous with national policy, and challenges and drivers for implementation. I have invited the authors to join us.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (112) Register Today! IBP Covid-19 Task Team Webinar Series: Regional Experiences on FP Programming from Asia--Thursday 10 December**

5 December, 2020

Dear Colleagues,

Just a reminder to register for the IBP Covid-19 Webinar on Regional Perspectives on FP Programming next Thursday December 10th at 7am EST/18:30 Myanmar/20h Malaysia/Philippines. Note the webinar will be in English with French interpretation.

Register

Here: [https://who.zoom.us/webinar/register/WN\\_3RF7dTQ0Q9C\\_a2yZIfpnsg](https://who.zoom.us/webinar/register/WN_3RF7dTQ0Q9C_a2yZIfpnsg)

From: THATTE, Nandita

Sent: Saturday, November 28, 2020 12:02 PM

To: [global@groups.ibpnetwork.org](mailto:global@groups.ibpnetwork.org); [covid19@groups.ibpnetwork.org](mailto:covid19@groups.ibpnetwork.org)

Subject: IBP Covid-19 Task Team Webinar Series: Regional Experiences from Asia--  
Thursday 10 December 7amEST/18:30Myanmar/20hMalaysia/Philippines

Dear IBP Colleagues

As a follow up to the Covid-19 Webinars we held in April 2020, the IBP Covid-19 Task Team will be hosting follow up Regional Webinars to re-visit and learn about challenges and successes in maintaining family planning and reproductive health services during the Covid-19 pandemic. The first in our series will feature regional and country experiences from Asia.

Please register below and join us on Thursday December 10th at  
7amEST/13hCEST/18:30hMyanmar/20hPhilippines

Register

Here: [https://who.zoom.us/webinar/register/WN\\_3RF7dTQ0Q9C\\_a2yZIfpnsg](https://who.zoom.us/webinar/register/WN_3RF7dTQ0Q9C_a2yZIfpnsg)

To join the IBP Covid-19 Task Team, visit: [www.ibpnetwork.org](http://www.ibpnetwork.org) à IBPXchange à Covid-19 Task Team

HIFA profile: Nandita Thatte is a Technical Officer at the World Health Organization, Geneva, Switzerland. She is a member of the HIFA working group on Family Planning.

[www.hifa.org/projects/family-planning](http://www.hifa.org/projects/family-planning) [www.hifa.org/support/members/nandita](http://www.hifa.org/support/members/nandita)

## **EHS-COVID (113) Maintaining Quality Care During COVID-19: Learning from country experiences (3) Timor-Leste**

6 December, 2020

I am delighted to join the discussions on HIFA and share some of our experiences in maintaining essential health services in Timor-Leste. [\*see note below]

While there have only been 31 confirmed cases and no evidence of community transmission on this half-island nation in the Asia-Pacific region, anxiety and concerns around COVID-19 have adversely impacted on health services.

Preliminary data gathered on mother and child services have shown a reduction in hospital deliveries (with a concomitant increase in home deliveries), a reduction in ante-natal visits and a drop in family planning methods (with a change in preference from short to long acting methods of contraception).

It is hoped that early lessons from a successful campaign to protect childhood vaccination coverage during the past several months will inform ongoing efforts to improve mother-and-child services in Timor-Leste:

Protecting immunization coverage in Timor-Leste - A summary:

Following its first confirmed case in March 2020, childhood immunization coverage dropped by 30% the next month in April. By over-compensating on the supply side (expanded door-to-door campaigns to identify and vaccinate unprotected children), Timor-Leste has been able to achieve similar coverage by July 2020 as compared with July 2019.

Lessons learnt during this effort:

(1) The value of credible and respected leadership

The provision of clear and credible guidance on the need to continue immunization services by professionals respected by the health community (including the NITAG Chair, DGHS, senior Paediatricians) built confidence in vaccinators for providing safe services

(2) The value of supportive supervision

Re-purposing WHO technical staff to work closely with district immunization coordinators has been invaluable in building trust and competence for health workers to deliver vaccination.

(3) The value of user-friendly granular data to target interventions

Districts provided weekly coverage data, disaggregated to the CHC level. This facilitated identification of poor performing health facilities that were provided extra technical support and supervision to improve performance.

(4) The value of door-to-door campaigns to reach the unreached

The intensive infection control training provided health workers with confidence to provide outreach for non-attenders, take immunization to the door-step and significantly improving coverage rates.

Challenges ahead: This early achievement is fragile. Any surge in COVID-19 cases and these early gains are likely to be whittled away. It is therefore critical to 'bank' and increase efforts during this period of no community transmission so that if and when a surge occurs, its adverse effect on coverage rates will be less severe.

I have a special interest in Universal Health Care and look forward to learning and sharing experiences through this forum.

Splendid!

vinay

Dr Vinay Bothra

Health Policy Advisor

WHO Timor-Leste

HIFA profile: Vinay Bothra is a Health Policy Advisor with the World Health Organization in Timor Leste. vbothra19 AT gmail.com

[\*Note from HIFA moderator (Neil): Many thanks Vinay and welcome to HIFA. All: Dr Vinay Bothra was one of the lead speakers at the WHO online event on 3 December: Maintaining quality

essential health services during COVID-19. A recording will be available shortly. Please all, keep sharing your experiences on this topic.

Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org) In case you want to contact me off-list, my email is [neil@hifa.org](mailto:neil@hifa.org) ]

## **EHS-COVID (114) Q5. WHO Guidance: Which principle is most important to you and why?**

6 December, 2020

Dear HIFA colleagues,

Thank you all for your contributions to our discussion on Maintaining essential health services during COVID-19 and beyond, in collaboration with WHO. We have heard so far from Bangladesh, Croatia, India, Nigeria, Timor-Leste, and Uganda. We look forward to hear from the other 174 countries represented on HIFA :-)

We now enter our final week and I would like to invite you to consider Question 5:

**Q5. THE WHO GUIDANCE OFFERS TEN PRINCIPLES TO MAINTAIN ESSENTIAL HEALTH SERVICES. WHICH PRINCIPLE IS ESPECIALLY IMPORTANT TO YOU AND WHY?**



1. Adjust governance and coordination mechanisms to support timely action
2. Prioritize essential health services and adapt to changing contexts and needs
3. Optimize service delivery settings and platforms
4. Establish safe and effective patient flow at all levels
5. Rapidly optimize health workforce capacity
6. Maintain the availability of essential medications, equipment and supplies
7. Fund public health and remove financial barriers to access
8. Strengthen communication strategies to support the appropriate use of essential services
9. Strengthen the monitoring of essential health services
10. Use digital platforms to support essential health service delivery

The full Guidance can be downloaded here:

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

These ten principles provide are explored in the first half of the Guidance, while the second half looks at issues specific to life course and disease areas.

To take this discussion forward to promote cross-country learning, I would like to invite all to share your views and experience by email to:

[hifa@hifaforums.org](mailto:hifa@hifaforums.org)

The more we share, the more our discussion will be valuable to others.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (115) Maintaining Quality Care During COVID-19: Learning from country experiences (4) South Africa**

6 December, 2020

Dear HIFA colleagues,

South Africa has been by far the worst affected country in sub-Saharan Africa to date. Thanks to our literature search expert John Eysers, here is a paper on the public health response to maintain services. I have invited the authors to join us. Meanwhile, I note this paper is now 5 months old and would be interested to hear more recent experience from other HIFA members in the country.

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

Nyasulu J; Pandya H.

African Journal of Primary Health Care & Family Medicine. 12(1):e1-e5, 2020 Jul 22.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7433230/>

**ABSTRACT:** 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.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (116) Maintaining Quality Care During COVID-19 (5) Eastern Mediterranean Region**

6 December, 2020

A new editorial in The Lancet notes: 'The COVID-19 pandemic has compromised delivery of essential health services (EHS) in the region, as countries repurposed health systems to respond. About 75% of EHS had some level of disruption in 13 countries, mostly affecting routine immunisations, dental services, rehabilitation services, and family planning. Countries are now increasingly prioritising continuity of EHS, using WHO's operational guidance.'

I have invited the authors to join us. Meanwhile I would be grateful for observations from HIFA members. How has COVID-19 affected the delivery of essential health

services in your country? Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

CITATION: Tackling COVID-19 in the Eastern Mediterranean Region

Ahmed Salim Al-Mandhari, Richard J Brennan, Abdinasir Abubakar, Rana Hajjeh

The Lancet, Comment| volume 396, issue 10265, p1786-1788, december 05, 2020

Published: November 19, 2020 DOI: [https://doi.org/10.1016/S0140-6736\(20\)32349-7](https://doi.org/10.1016/S0140-6736(20)32349-7)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (117) Q5. WHO Guidance: Which principle is most important to you and why? (2) 1&10 Governance and Digital platforms**

7 December, 2020

It feels nice to contribute to this weeks question.

As a keen follower of country responses to this covid-19 pandemic, especially the Presidential Task Force on COVID-19 Pandemic in Nigeria, all Ten points are useful, necessary and complement one another. Beginning from point no. 1, on Governance, there is clearly need to demonstrate the highest level of Political Will that can make all the other nine points doable.

In LMICs, no. 10 ('Use digital platforms to support essential health service delivery') shall need modifying to enable there be a hybrid of platforms that includes analogue, paper, other support modalities for essential health services including robust communication plan delivered in local multilingual content that gains community buy-in to the mitigation efforts against COVID-19 disease and its effect on lives and livelihoods..

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH& PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

Tel: +234 (0) 8063600642

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) email: [jneana@yahoo.co.uk](mailto:jneana@yahoo.co.uk) ; [hriwestafrica@gmail.com](mailto:hriwestafrica@gmail.com)

HIFA profile: 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](http://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

## **EHS-COVID (118) COVID-19 and Universal Health Coverage (3) Reminder: Invitation to a zoom meeting in commemoration of Universal Health Coverage day, 9 December**

7 December, 2020

Invitation to attend the Zoom meeting:

UNIVERSAL HEALTH COVERAGE DAY 2020: Invitation to attend the Zoom meeting

Hi there,

UNIVERSAL HEALTH COVERAGE DAY 2020

Globally, socioeconomic and health challenges from the COVID-19 pandemic have made the quest for achieving Universal Health Coverage (UHC) more difficult. UHC is key to achieving the development goals (SDGs). It offers financial protections for the vulnerable by providing effective access quality health services to people without them struggling to pay for it. COVID-19 brought stress, disruption of social/protective networks and governance, loss of income, decreased access to health and socioeconomic services, quarantining/stay at home, alcoholism (and even substance abuse), increased SGBV and abuse of women's rights, resulting to injuries and even death. Nigeria is among the countries striving to get on track for achieving the UHC, and now faces a daunting task due to the impact of COVID-19 which has adversely affected the Health System.

Afrihealth Optonet Association [CSOs Network] hereby invites you to a Zoom meeting.

Topic: Strengthening Nigeria's Health System to Protect Everyone and Achieve UHC and Health for All during the COVID-19 Pandemic

Opening Speech/Statement by:

Senator Dr. Adeleke Olorunnimbe Mamora;

Honourable Minister of State, Federal Ministry of Health (FMOH), Abuja, Nigeria

This meeting shall explore approaches to further strengthening Nigeria's Health Systems in a sustainable manner during and after the COVID-19 pandemic era. Scheduled to last for two hours, the meeting shall be an openly moderated dialogue session with a panel, and give opportunity for participants to freely express themselves on the topic; following the Honourable Minister's opening speech/statement.

When: Dec 9, 2020 10:00 AM - 12.00 PM West Central Africa

Registration link in advance for this meeting:

[https://us02web.zoom.us/meeting/register/tZUlcuGurT4iHNIY0npBL3qrW\\_3JAAE...](https://us02web.zoom.us/meeting/register/tZUlcuGurT4iHNIY0npBL3qrW_3JAAE...)

After registering, you will receive a confirmation email containing information about joining the meeting.

Welcome,

Uzo'

Dr. Uzodinma Adirieje

Global Coordinator & UN Representative,

Afrihealth Optonet Association (CSOs Network) - an NGO with Consultative Status at the United Nations ECOSOC-

HIFA profile: Uzodinma Adirieje is a Health and Development Systems Strengthening and Monitoring & Evaluation (M&E) Specialist, Writer/Columnist, Health Economist, Health & Environment/Energy/Climate Development Advocate, Fed. Govt Accredited Management Trainer/Facilitator, Evaluator & Certified Management Consultant. He is CEO & UN/ECOSOC Representative of Afrihealth Optonet Association - a 22-years old civil society network/coalition of about 600 member-organizations in Nigeria, Kenya, Ghana, Haiti, Malawi and Uganda with focus on Health, Energy/Environment, Nutrition/Food Security, and Gender/Good Governance/Human Rights using Partnerships, Advocacy, Research, Capacity Dev't, Outreaches, Monitoring & Evaluation (M&E). Among other professional services, he's also the Chairman, Civil Society Organizations Strategy Group on Sustainable Dev't

Goals (CSOSG-SDGs) in Nigeria; Country Group Lead, Civil Society Consultations on 2020 Voluntary National Review (VNR) of the SDGs, Nigeria; Executive Secretary, Nigeria Universal Health Coverage Actions Network (NUHCAN); National President, Nigerian Association of Evaluators (NAE); Member, National Core Working Group on 2020 Voluntary National Review (CWG-VNR), Nigeria; President, Society for Conservation and Sustainability of Energy and Environment in Nigeria (SOCSEEN). He was roject Director of the UNDEF-funded Project which promoted the SDGs in 81 Niger Delta communities (2017-2018) and Chairman, national World Malaria Day Committee 2019 in Nigeria.

## **EHS-COVID (119) Maintaining Quality Care During COVID-19 (6) Bangladesh**

7 December, 2020

A paper from Bangladesh, with thanks to John Eyers. HIFA members in Bangladesh - does this paper (published September 2020) resonate with your experience?

CITATION: Disruption of healthcare amid covid-19 pandemic in bangladesh.

Open Public Health Journal. 13 (1) (pp 438-440), 2020. Date of Publication: 2020. (September)

Reza H.M.; Sultana F.; Khan I.O.

**ABSTRACT:** The world is experiencing an unrestrained devastating power of COVID-19. Lack of experience in combating such a pandemic, insufficient medical equipment and professionals, and above all, poor management have led to failure in controlling disease transmission to a large extent in Bangladesh. Therefore, an incredibly high percentage of people may need medical intervention. However, most of the hospitals in the country are not fully ready to cope with the expected surge in critically ill COVID-19 patients. The majority of the private hospitals and some government hospitals are not providing necessary medical care to both COVID-19 and non-COVID-19 patients. Therefore, it is of utmost importance to reinstate the healthcare system to full function to ensure proper treatment to the ailing patients of both COVID-19 and non-COVID-19. Copyright © 2020 Reza et al.

### **SELECTED EXTRACTS**

As of June 01, 2020, a total of 49534 cases of COVID-19 have been detected and 672 deaths [note from HIFA moderator: there have now been 7,000 deaths in Bangladesh] have been recorded in Bangladesh [3]. The rate of infection is increasing daily as the people are not following social distancing protocols or using face-masks as



recommended [2, 5]. The country is likely to observe a huge surge in the number of patients in the upcoming months...

Another alarming observation is that a large number of non-COVID-19 patients who need emergency medical intervention are not being attended by doctors in most of the hospitals amid the pandemic. A huge number of patients suffering from cancer, cardiovascular disease and kidney disease await immediate care from hospitals for their survival. The lack of knowledge, fear, and shortage of medical-grade personal protection equipment (PPE) have created massive panic among healthcare professionals as well as general people...

Many hospitals, including COVID-19 ones, do not have a central oxygen supply and a sufficient number of ventilators. The ICUs are not fully equipped to provide complete care to patients with comorbidities and also the number of ICU beds is inadequate...

Most of the private hospitals are not continuing their operations now... while a significant number of private practitioners agree to perform their duties, a large number of them do not, fearing COVID-19 contagion. Many lab technicians are snubbing workplaces, thus halting medical tests in the diagnostic centers...

Like COVID-19 patients, thousands of non-COVID-19 patients are not obtaining proper medical care from any healthcare center despite the need for emergency medical intervention or surgery...

We recommend the following five points to be implemented immediately to streamline healthcare delivery to both COVID-19 and non-COVID-19 patients.

- (1) All hospitals except COVID-19 ones should be made into two separate wings for treating COVID-19 patients and other types of patients to avoid cross-transmission.
- (2) Continuous supply of oxygen has to be ensured in all COVID-19 hospitals. Oxygen cylinders need to be stockpiled in other hospitals where the central oxygen supply is absent.
- (3) There is a scarcity of ventilators. The number of ventilators should be increased straightaway. ICU should be equipped with all facilities to treat patients with multiple complications.
- (4) There are not enough doctors, respiratory therapists and specialist nurses with the ideal type of critical care expertise. Retired staff should be brought back where possible and existing staff should be adequately trained.
- (5) Non-emergency surgeries can be deferred to increase beds in the event of a big surge in coronavirus patients. Extra beds should be placed.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (120) Q5. WHO Guidance: Which principle is most important to you and why? (3) 10. Digital platforms (2)**

7 December, 2020

Dear Joseph and all,

Thank you for your comment on the 10th principle in the WHO guidance: 'Use digital platforms to support essential health service delivery'

You said: 'In LMICs, no. 10 ('Use digital platforms to support essential health service delivery') shall need modifying to enable there be a hybrid of platforms that includes analogue, paper, other support modalities for essential health services including robust communication plan delivered in local multilingual content that gains community buy-in to the mitigation efforts against COVID-19 disease and its effect on lives and livelihoods.'

I think you are making the point that digital platforms cannot be seen as 'the solution', but need to build on what is there? Moreover, in many low-resource healthcare settings, digital platforms such as those suggested in the WHO guidance ('clinical consultations conducted via video chat or text message, staffed helplines, e-pharmacies...') are simply not feasible?

The WHO guidance is enthusiastic about the use of digital platforms during the current pandemic:

'Innovative approaches using digital platforms allow health systems to better manage the COVID-19 response and to maintain the delivery of essential health services and communicate to the public about how to access these services. Digital modalities can be used to rapidly share and exchange targeted information, whether for training and supporting the health workforce, enabling peer-to-peer communication or implementing surveys to monitor service provision and supply.

'There are many relevant and practical examples of the use of digital technologies for maintaining and strengthening service delivery in the COVID-19 context. Telemedicine solutions include clinical consultations conducted via video chat or text message, staffed helplines, e-pharmacies and mobile clinics with remote connections to health facilities for timely access to patient data such as medication lists and diagnostic test results...

'Evidence-based, high-quality self-care interventions can be delivered via digital technologies and can offer effective alternatives to some face-to-face interactions with providers. Users will require guidance or training in the use of digital health solutions...'

--

The guidance also makes several recommendations and I would be interested in your and HIFA members' thoughts on these. You can download the guidance here: <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Essential...>

As usual please send your contributions to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (121) WHO event: Primary health care: transforming vision into action, 14 December 2020**

8 December, 2020

(Forwarded from WHO)

Primary health care: transforming vision into action

14 December 2020 11:00 – 12:45 CET

In the Declaration of Astana, governments and international partners committed to orient health systems towards primary health care for accelerated progress on universal health coverage and the health-related Sustainable Development Goals. The Operational framework for primary health care helps bring that vision to reality, describing 14 levers that countries can use to strengthen PHC-oriented health systems and proposing relevant actions and interventions.

Marking the two-year anniversary of the Declaration of Astana, this event, hosted by WHO, UNICEF and the Ministry of Health of Kazakhstan, brings together national experiences from across the globe to launch the operational framework and discuss its relevance for strengthening PHC both in the COVID-19 pandemic context and as part of building better.

### Overview

This virtual event will launch the Operational framework for primary health care and discuss its relevance for strengthening PHC both in the COVID-19 pandemic context and as part of building better.

11:00 – 12:00 Ministerial Plenary Session (streamed in the six UN languages)

Welcome & opening remarks - H.E. Alexey Tsoi, Minister of Healthcare of Kazakhstan

WHO Remarks - Dr Tedros Adhanom Ghebreyesus, Director-General, WHO

UNICEF Remarks - Dr Henrietta Fore, Executive Director

Presentation of PHC Operational Framework - Dr Suraya Dalil, Director, Special

## Programme on PHC

Ministerial Panel – featuring Ministers of Health

Reflections on two years since the Declaration of Astana - Zsuzsanna Jakab, Deputy Director-General, WHO

Participants will be able to join one of five roundtable discussions focusing on levers of the Operational Framework, as below:

12:00 – 12:45 Policy Roundtable Discussions with senior policy makers (available in English only)

Roundtable 1: Governance and policy frameworks - Moderator: Helen Schneider, University of the Western Cape

Roundtable 2: Models of care – Moderator: Githinji Gitahi, Executive Director, AMREF

Roundtable 3: Workforce – Moderator: Alaka Singh, WHO Regional Office for South-East Asia

Roundtable 4: Digital technologies for health – Moderator: Mr Benoit Kalasa, Director, Technical Division, UNFPA

Roundtable 5: Financing/strategic purchasing – Moderator: Dr Melitta Jakab, WHO European Centre for Primary Health Care

Join us!

The launch of the Operational framework for primary health care will stream live on Zoom on Monday, 14 December 2020, 11:00-12:45, CET.

This virtual event will highlight country experiences of implementing a primary health care approach. Participants will then have the opportunity to join in discussions on individual levers of the operational framework.

For the ministerial plenary discussion, 11:00-12:00, click to join:

<https://who.zoom.us/j/9606801722>

Password: WEb#881a

For the roundtable discussion, 12:00-12:45, click to join:

<https://who.zoom.us/j/98774502211>

Meeting ID: 987 7450 2211

Passcode: mEEt22#a

Best wishes, Neil

Coordinator, HIFA Astana+ Project

<http://www.hifa.org/projects/astana-declaration>

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## **EHS-COVID (122) COVID-19 and elective surgery - Orthopaedic surgery in India**

8 December, 2020

With thanks to John Eyers.

CITATION: Post COVID-19: Planning strategies to resume orthopaedic surgery - challenges and considerations.

Journal of Clinical Orthopaedics and Trauma. 11 (Supplement 3) (pp S291-S295), 2020. Date of Publication: May 2020.

Iyengar K.P.; Jain V.K.; Vaish A.; Vaishya R.; Maini L.; Lal H.

### **ABSTRACT**

The Coronavirus SARS-CoV-2 (COVID-19) pandemic has had a substantial effect on the health care systems around the world. As the disease has spread, many developed and developing countries have been stretched on their resources such as personnel as well as adequate equipment. As a result of resource disparity, in a populous country

like India, the elective orthopaedic surgeries stand cancelled whilst trauma and emergency services have been reorganised following Indian Orthopaedic Association and recent urgent British Orthopaedic association guidelines. Though these guidelines provide strategies to deal with trauma and orthopaedic surgery management in the present scenario, once the COVID-19 pandemic stabilizes, restarting elective orthopaedic surgery and managing delayed trauma conditions in evolving health care systems is going to be a profound task. We look at the future challenges and considerations of re-establishing trauma and orthopaedic flow during the post-COVID-19 phase and suggest an algorithm to follow.

## SELECTED EXTRACTS

'We highlight the challenges and considerations which we anticipate may be encountered in the post COVID-19 scenario in a resource limited public health system like India with lessons learnt which may be applied to other evolving economies.'

'The planning will be the key logistical challenge and will have to be supported by guidance and observations from other health care organisations like World Health Organisation (WHO)...'

Would HIFA colleagues like to comment on the impact of COVID-19 on elective surgery, whether orthopaedic or other? What impact have disruptions to elective surgery had on the the health and wellbeing of people in your health facility or country?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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Source link:

[https://hifaforums.org/\\_/7y9n2nlq](https://hifaforums.org/_/7y9n2nlq)

## **EHS-COVID (123) Q5. WHO Guidance: Which principle is most important to you and why? (4)**

8 December, 2020

Below are the 10 principles described in the WHO Guidance.

1. Adjust governance and coordination mechanisms to support timely action
2. Prioritize essential health services and adapt to changing contexts and needs
3. Optimize service delivery settings and platforms
4. Establish safe and effective patient flow at all levels
5. Rapidly optimize health workforce capacity
6. Maintain the availability of essential medications, equipment and supplies
7. Fund public health and remove financial barriers to access
8. Strengthen communication strategies to support the appropriate use of essential services
9. Strengthen the monitoring of essential health services
10. Use digital platforms to support essential health service delivery

Each principle is described in full in the Guidance, which you can download here: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-S...>

I look forward to your feedback on the Guidance. Which principle is most important to you? Which is least important?

Are you using the WHO Guidance to help guide policy and practice in your country or health facility? What challenges do you face in interpreting and implementing these principles?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19



<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (124) Q2. What has been the impact of health service disruptions? (5) Impact of pandemic on health workers (2)**

8 December, 2020

Hello everyone,

Sharing an article on the situation of healthcare professionals in India published in BMJ

Read the whole article on- <http://dx.doi.org/10.1136/postgradmedj-2020-138496> [\*see notes below, NeilPW]

The article says- 'Doctors and healthcare workers who are responding to a global health crisis - trying to protect individuals, families and communities in adverse situations with stretched resources, shortage of personal protective equipment (PPE) and other equipment's - have found themselves as unexpected targets in the fight against COVID-19. There have been several reported incidences of such violence against them during this pandemic time in India. Although the exact numbers of such cases cannot be determined, there are a few glaring examples: on 8 April 2020, two trainee doctors in New Delhi were allegedly assaulted by a neighbour who accused them of spreading the disease. On 19 April 2020, the burial of a neurosurgeon who had died after contracting COVID-19 in Chennai was disrupted by a mob who attacked the undertakers. The citizens' opposition was due to a misconception that the contagion may spread in the neighbourhood if the surgeon was buried there. A group of public health workers in Indore, a city in central India, who were trying to 'contact-trace' a person, were descended upon by a group of 100 people pelting stones and drove them away. Increasingly, reports pour in of doctors being spat on, hurled abuses at and driven away.'

Kind regards,

Gladson Vaghela

HIFA profile: Gladson Vaghela is a Medical Student at the GMERS Medical College Gandhinagar, India and has a professional interest in medicine. Gladson is a member of the HIFA working group on Maintaining essential health services during COVID. <https://www.hifa.org/support/members/gladson> Email address: [gladsonsamuel75@gmail.com](mailto:gladsonsamuel75@gmail.com)

[\*Notes from HIFA moderator (Neil PW):

1. Many thanks Gladson. The above URL did not work for me just now so I would like to offer an

alternative: <https://pmj.bmj.com/content/early/2020/08/18/postgradmedj-2020-138496.ab...>

2. It is sad to learn about these attacks on health workers, based on lack of understanding of COVID. Would HIFA members like to comment about the situation in other countries?]

## **EHS-COVID (125) How has COVID-19 affected the delivery of essential health services in your health facility or country? (15) India**

8 December, 2020

Hello everyone!

Sharing a news article on the condition of healthcare facilities in India.

Read the whole news article here- <https://www.livemint.com/news/india/how-covid-19-pandemic-exposed-india-...>

The new article highlighted following concerns that- Terming covid-19 pandemic as a “wake-up call” for India’s health system, a Confederation of Indian Industry (CII) report has said that India's public health-care system is chronically underfunded, leaving big gaps in the primary healthcare delivery.

The report titled-- strengthening public health delivery-- released on Monday said that all public health activities required for covid-19 epidemic control - including testing,

early detection of cases and various preventive measures - are being carried out by Primary Health Centre (PHC)-level staff, despite often being overburdened due to inadequate staffing in many states.

As the primary health centres are already overwhelmed due to the public health crisis and face severe shortage of resources, the report highlighted that inadequate health services due lack of basic supplies and equipment, shortage of skilled work force medical and para-medical staff who are overburdened with long hour duties has further worsened the situation. The medical and para medical staff includes doctors, nurses, mid-wives, auxiliary nursing midwives, ASHAs and Anganwadi workers.

Kind regards,

Gladson Vaghela

HIFA profile: Gladson Vaghela is a Medical Student at the GMERS Medical College Gandhinagar, India and has a professional interest in medicine. Gladson is a member of the HIFA working group on Maintaining essential health services during COVID. <https://www.hifa.org/support/members/gladson> Email address: [gladsonsamuel75@gmail.com](mailto:gladsonsamuel75@gmail.com)

## **EHS-COVID (126) Invitation: CSO - WHO DG dialogue "Digital Health during COVID-19: Opportunities and Challenges" 16 December 2020 at 15:00-16:30 CET**

9 December, 2020

The message below is forwarded from Action for Global Health. This is a special opportunity to interact with Dr Tedros, Director-General of WHO.

\*Latest WHO webinar on the COVID-19 response\*

Dear civil society colleagues,

We have the pleasure of inviting you to participate in an interactive civil society dialogue with WHO Director General Dr Tedros Adhanom Ghebreyesus, on the theme “Digital Health during COVID-19: Opportunities and Challenges”, to take place on Wednesday, December 16, 2020 at 3:00-4:30 Central European Time (GMT + 01:00). This invitation is open to all members of civil society organizations (CSOs), so please share this invitation with your networks.

Organized by the International Medical Informatics Association (IMIA) and IMIA's International Academy for Health Sciences Informatics (IAHSI), this dialogue is part of the series of CSO - WHO DG dialogues selected by CSOs to be organized on different topics of interest for the civil society related to COVID-19 response.

This dialogue on digital health is designed to enable meaningful engagement of WHO with global, national, and local CSOs. The objectives are to provide opportunities for open discussion, to identify priorities and areas of work to advance the implementation and uptake of several WHO resolutions relevant to digital health.

Representatives of international, regional, and national health informatics organizations will address the technological, organizational, legal and ethical challenges regarding digital health that nations face during the Covid-19 pandemic, along with the opportunities that arise from it. Experts in the field will propose policies and strategies to achieve digital health integration into health systems and better preparedness for pandemic situations.

Please find the link to register to the dialogue “Digital Health during COVID-19: Opportunities and Challenges” on Wednesday 16 December 15:00-16:30 Central European Time (GMT + 01:00) below.

[https://who.zoom.us/webinar/register/WN\\_e\\_BPdLhzQxKCvKo5w21k5g](https://who.zoom.us/webinar/register/WN_e_BPdLhzQxKCvKo5w21k5g)

After registering, you will receive a confirmation email containing information about joining the dialogue. You may wish to download the Zoom application. Once you have connected, you can choose your language English/ French/Spanish.

Kind regards,

Gaudenz Silberschmidt

Director, Health and Multilateral Partnerships of the World Health Organization

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Coordinator, HIFA project on COVID-19, supported by University of Edinburgh

<https://www.hifa.org/projects/covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (127) Invitation: CSO - WHO DG dialogue "Digital Health during COVID-19: Opportunities and Challenges" 16 December 2020 at 15:00-16:30 CET (2)**

10 December, 2020

Thank you for sharing this with HIFA community. One additional piece is that HIFA Steering Group member (that's me) will be moderating the session. [\*see note below]

[Register here  
(free): [https://who.zoom.us/webinar/register/WN\\_e\\_BPdLhzQxKCvKo5w21k5g](https://who.zoom.us/webinar/register/WN_e_BPdLhzQxKCvKo5w21k5g) ]

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Independent Consultant in Knowledge Management and eHealth

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President, eHealth Development Association, Jordan

IMIA Vice-President for MEDINFO

Part-time Lecturer & Researcher in Medical Informatics, PLR, Germany

ORCID ID 0000-0003-3843-8430

HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

[\*Note from HIFA moderator (Neil PW): This is tremendous, Najeeb, thank you for letting us know. Please can you give us more information about the objectives for this important meeting. Perhaps we can facilitate discussion here on HIFA in the run-up to the event?]

## **EHS-COVID (128) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage**

10 December, 2020

CITATION: Health policy | online first

Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage

Arush Lal et al.

The Lancet 2020

## SUMMARY

The COVID-19 pandemic has placed enormous strain on countries around the world, exposing long-standing gaps in public health and exacerbating chronic inequities. Although research and analyses have attempted to draw important lessons on how to strengthen pandemic preparedness and response, few have examined the effect that fragmented governance for health has had on effectively mitigating the crisis. By assessing the ability of health systems to manage COVID-19 from the perspective of two key approaches to global health policy—global health security and universal health coverage—important lessons can be drawn for how to align varied priorities and objectives in strengthening health systems. This Health Policy paper compares three types of health systems (ie, with stronger investments in global health security, stronger investments in universal health coverage, and integrated investments in global health security and universal health coverage) in their response to the ongoing COVID-19 pandemic and synthesises four essential recommendations (ie, integration, financing, resilience, and equity) to reimagine governance, policies, and investments for better health towards a more sustainable future.

## SELECTED EXTRACTS

National responses to COVID-19 have varied greatly, from swift and proactive at best to haphazard and negligent at worst.

WHO highly prioritises both GHS and UHC, with major areas of work for health emergencies and UHC.

We cannot keep jumping from one epidemic to the next while ignoring the political will that is required to invest in the foundations of health for all. In the end, truly universal, comprehensive health systems in all countries, which have integrated core capacities for public health and are aligned across all levels of governance, will be our strongest defence against the next great pandemic.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (129) New WHO campaign to help COVID-era quitters kick the habit**

10 December, 2020

The World Health Organization has announced the start of a year-long global campaign to help people quit tobacco, with millions citing the threat of COVID-19 as a new incentive to give up the habit.

Read in full here: <https://news.un.org/en/story/2020/12/1079502>

'Tobacco kills up to half of its users, claiming more than 8 million lives each year. Over 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke, according to WHO.

'Smoking is also a known risk factor for many respiratory illnesses, and smokers are at a higher risk of cardiovascular disease, cancer, respiratory disease and diabetes – making them particularly vulnerable to severe COVID-19.

“If users need more motivation to kick the habit, the pandemic provides the right incentive”, said WHO Director-General Tedros Adhanom Ghebreyesus...

'Florence, an artificial intelligence (AI)-driven 24/7 digital health worker, will tirelessly provide accurate information, help people make a quitting plan, and recommending help-lines and support apps.'

Comment (NPW): Concerns about health are by far the greatest incentive to quit. We take it for granted that people know the extent of the risks, and yet research suggests otherwise.

A study from USA (2017) concluded: 'Most Americans recognize that smoking causes serious diseases, yet many Americans continue to smoke. One possible explanation for this paradox is that perhaps Americans do not accurately perceive the extent to which smoking increases the probability of adverse health outcomes... Most current smokers, former smokers, and never-smokers considerably underestimated the relative



risk of smoking. If, as this paper suggests, people naturally think about the health consequences of smoking in terms of relative risk, smoking rates might be reduced if public understanding of the relative risks of smoking were more accurate and people held those beliefs with more confidence.'

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832906/#:~:text=This%20stu...>

A study in China (2010) found: 'Only about 40% of respondents agreed that smoking causes coronary heart disease (CHD), while only one-fifth agreed that smoking causes stroke and impotence... only 68% of current smokers agreed that smoking causes lung cancer in smokers, compared to more than 90% of former and never smokers'. [https://tobaccocontrol.bmj.com/content/19/Suppl\\_2/i18](https://tobaccocontrol.bmj.com/content/19/Suppl_2/i18)

Is anyone aware of similar studies in other countries?

Knowledge of the health risks of smoking is a critically important incentive to quit. It seems likely that huge numbers of people worldwide continue to smoke without such basic knowledge.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (130) Universal Health Day + Covid-19 and the protection of vulnerable populations with non-pharmacological interventions**

10 December, 2020

This Friday we have two important events at PAHO, and I want to invite you to promote them, to register, and to participate.

1. A webinar and launch of the publication on Protecting populations in vulnerable situations in the context of COVID-19 <https://www.paho.org/en/events/protecting-populations-vulnerable-situati...>

\* Publication: <https://iris.paho.org/handle/10665.2/53078>

2. Universal Health Day, that will be dedicated to the renewal of the Essential Public Health Functions [https://paho-org.zoom.us/webinar/register/WN\\_\\_3yXXsGOTFqEKrBYznYrCQ](https://paho-org.zoom.us/webinar/register/WN__3yXXsGOTFqEKrBYznYrCQ)

Simultaneous translation will be offered English/Português/Español

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HIFA profile: Luis Gabriel Cuervo is a Senior Advisor, Research for Health, Pan American Health Organization / World Health Organization, Washington DC.  
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## **EHS-COVID (131) NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 10 December 2020**

10 December, 2020

Dear Colleagues,

We have updated our scientific repository

[<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>]

Since our last update Thursday 3 December 2020, we have added 127 NEW publications for December (44 new), November (51 new), October (16 new),

September (5 new), August (5 new), July (5 new), and May (1 new). Click [here](#) to view the updated repository

Individual months are located on the right-hand side, and new additions are marked in blue. To find the publication or topic of your interest, you can search in an individual month file using the Ctrl+F keys.

All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from Italy, the United States, the United Kingdom, Turkey, Spain, India, Canada, Poland, Israel, Argentina, Brazil, Korea, the Netherlands, Mexico, China, Iran, Switzerland, Ireland, Pakistan, Singapore, and Tanzania.

Ten new articles focus on vaccination issues. While some articles discuss decreasing immunization rates among school-aged children, others examine potential cross-immunity against SARS-CoV-2 from vaccines commonly administered to children and pregnant women. One study examines thoughts and attitudes towards the COVID-19 vaccine among parents in Turkey, while others review current evidence on age-specific transmission rates and infection-fatality rates associated with SARS-CoV-2 in order to inform public health policies regarding vaccination. Recent literature often weighs the risks and benefits of including pregnant women and children in COVID-19 vaccine trials as gaps in evidence regarding safety and efficacy may limit vaccine uptake among these groups.

Several articles discuss the impact of the COVID-19 pandemic on sexual and reproductive health. This update includes recommendations to ensure that the COVID-19 pandemic does not reverse recent gains in women's education, reproductive health, and HIV prevention. Lessons learned from the 2014-2016 Ebola outbreak in West Africa indicate that the current pandemic may limit access to HIV testing, contraception, antiretroviral treatment, and pre-exposure prophylaxis.

Other articles discuss the disrupted access to safe abortion care in the US during the early stages of the COVID-19 pandemic, as well as potential changes in global fertility due to economic anxiety, changes in family planning behavior, and reduced access to family planning services.

Forty-one new articles focus on COVID-19 and pregnancy. Recent studies compared rates of preterm births and stillbirths during the COVID-19 pandemic to previous years. Studies from India and the US describe the fear and anxiety associated with childbirth during the COVID-19 pandemic. Multiple articles examine both the direct effects of SARS-CoV-2 infection as well as the indirect effects of maternal stress on fetal development. Delayed care-seeking among pregnant women and reduced prenatal visits have also led to missed opportunities in identifying at-risk pregnancies. Discussion of disrupted maternal health services in low- and middle-income countries is also complemented by concrete strategies to build more resilient maternal health services in preparation of future public health crises.

Sixteen articles were added concerning breastfeeding and infant feeding in the context of COVID-19. Several studies determined the rates of SARS-CoV-2 transmission among newborns who roomed with and were breastfed by their mothers. This update also includes updated guidelines for rooming-in practices and breastfeeding based on current evidence. COVID-19 has also impacted donor milk banks, leading to updated milk banking recommendations and modified protocols, illustrated by a case study of one milk bank in India. Another article outlines the rights of pregnant and breastfeeding women in the workplace according to US law, organized into a handout for employees.

This is by no means an exhaustive list! Look out for our next weekly update Thursday, 17 December, 2020. Currently, we have over 3700 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast Milk. [<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>]

The next update for that will be Friday, 18 December 2020. If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

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HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (132) Contextualising the WHO guidance on Maintaining essential health services**

10 December, 2020

Dear HIFA colleagues,

The WHO guidance contains a section on 'Context considerations'. Here it is in full:

'Different areas, even within the same country, may require different approaches to designate essential health services and to reorient health system components to maintain these services. Decision-makers must balance the benefits of specific activities with the risks they pose for the transmission of the virus. The risk–benefit analysis for any given activity depends on the local disease burden and social context, the COVID-19 transmission scenario and the local capacity for service delivery at baseline and as the pandemic evolves.

'Countries have different policies for the public health and social measures they implement to limit the transmission of COVID-19, and their approaches to easing these measures also differ. Policies that restrict movement to limit transmission may create barriers to health care access and will influence the roadmap for restoring services. In particular, the pandemic has placed unprecedented demands on individuals to self-manage many health needs and on informal caregivers — including families, friends and neighbours — who should be exempted from travel restrictions that could preclude them from providing needed care.

'In settings where high-burden infectious diseases have signs and symptoms overlapping with the COVID-19 case definition (such as malaria, pneumonia or tuberculosis [TB]), public health messaging will need to be adapted to ensure that people do not delay seeking care for potentially life-threatening illnesses. Furthermore, in areas where elimination and eradication efforts are under way, even short-term modifications in prevention and treatment approaches may rapidly reverse hard-won gains and have substantial long-term consequences.

'Where, how and from whom people seek health care may vary significantly by context. In some communities, private sector providers and non-governmental organizations (NGOs), including faith-based organizations, are important stakeholders and key service providers. Rapid assessments at the national and subnational levels should guide strategic choices about policy and protocol changes, taking into account that pre-existing gaps in service delivery may be exacerbated during the outbreak. This is particularly important in countries with low capacity and in humanitarian settings, where services will be compromised more quickly. Adaptations and innovations need to account for limitations in resources and capacities (9). When well-informed and coordinated, adaptations made in the COVID-19 context have the potential to build health system capacity that can be sustained throughout the pandemic and beyond.'

Comment (NPW): HIFA member Joseph Ana (Nigeria) and others have frequently emphasised "Context is everything".

The WHO Guidance on Maintaining essential health services is perhaps especially challenging to be valued as a global document, and yet to be contextualisable. I have no special expertise in this area, but I sense that perhaps this Guidance, more than other WHO recommendations, is also more challenging (from a policymaker's perspective) to be contextualised for national policy and practice.

Has anyone on HIFA had a chance to read the WHO Guidance on Maintaining essential health services? In what ways have you used it to inform policy in your country? How might the guidance be complemented by other publications or tools?

As John Lavis and colleagues have said (2018): 'Global guidance can help countries strengthen their health systems to deliver effective interventions to their populations. However, to have an impact, guidance needs to be contextualised or adapted to local settings; this process includes consideration of health system arrangements and political system factors. To date, methods to support contextualisation do not exist. <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-...>

In their paper Lavis and colleagues describe 'a workbook... to enable the contextualisation of WHO's 'Optimizing health worker roles to improve maternal and newborn health' guidance at the national or subnational level. As far as I know, there is still a lack of methods/tools to support contextualisation.

Download the full Guidance on Maintaining essential health services here:

<https://www.hifa.org/news/hifa-and-who-collaborate-promote-sharing-exper...>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (133) Invitation: The impact of COVID-19 on the South Med region**

11 December, 2020

Forwarded from Public Health in the Arab World forum.

The impact of COVID-19 on the South Med region

Online seminar, December 15 at 11 AM CET

The Regional Program Political Dialogue South Mediterranean of the Konrad-Adenauer-Stiftung (KAS PolDiMed) is pleased to invite you to its upcoming online seminar entitled "The impact of COVID-19 on the South Med region" which will take place on 15th December 2020 at 11:00 CET.

The webinar will be an opportunity to present our recent study, which was jointly conducted with the Euro-Mediterranean Economists Association. The aim of this study is to assess the socio-economic impacts of COVID-19 and the healthcare system resilience in the MENA region, mainly the South Mediterranean region.

Please register for the event here [[https://kas-de.zoom.us/webinar/register/WN\\_NiIXTnAGSQmhGOBY3rtnPA](https://kas-de.zoom.us/webinar/register/WN_NiIXTnAGSQmhGOBY3rtnPA)] and if you want to have more information on the event, please click here [<https://www.kas.de/en/web/poldimed/veranstaltungen/detail/-/content/the-...>].

We are very much looking forward to e-welcoming you to this event.

Please share with your network.

Follow us on Facebook and Twitter

Best regards,

Thomas Volk

Thomas Volk

Director / Leiter

Regional Program Political Dialogue South Mediterranean

Regionalprogramm Politischer Dialog im Südlichen Mittelmeerraum

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## **EHS-COVID (133) WHO reveals leading causes of death and disability worldwide: 2000-2019 (2)**

12 December, 2020

Thanks Neil for highlighting the burden of NCDs. [ <https://www.hifa.org/dgroups-rss/who-reveals-leading-causes-death-and-di...> ]

If the poor quality of care in the normal situations led to death and disability, we can imagine how much more the NCDs was affected during the pandemic.



It will interesting to hear of experiences from the field on:

Which groups are especially vulnerable to health service disruptions? How can we ensure to protect them at this time?

Were certain essential health services affected more e.g. essential surgical services to reduce death and disability in cancer, diabetes, congenital anomalies, hernia, other conditions ?

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon. Prof. Schulich School of Medicine & Dentistry, WHO Collaborating Centre, Western University, Ontario, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology (SIOG), Chatelaine, Switzerland. [www.siog.org](http://www.siog.org)

Director, Emergency & Surgical Care program, Geneva Foundation for Medical Education & Research (GFMER), Geneva, Switzerland. [www.gfmer.ch/surgery](http://www.gfmer.ch/surgery)

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<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[www.gfmer.ch](http://www.gfmer.ch) cherianm15 AT gmail.com

**EHS-COVID (134) Thank you for your contributions so far**

13 December, 2020

Dear all on HIFA,

Thank you for your contributions so far on the theme of Maintaining Essential Health Services during COVID and beyond, in collaboration with the World Health Organization.

For those who have joined us in the past few weeks, we have compiled the first 100 messages in in a PDF document that you can download here:

[https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA-EHS-Covid...](https://www.hifa.org/sites/default/files/publications_pdf/HIFA-EHS-Covid...)

I would like to thank the volunteers of the HIFA EHS-COVID group for their support, especially those who are helping with the collation and editing: Gladson Vaghela (India) <https://www.hifa.org/support/members/gladson> ; Sanchika Gupta (India) <https://www.hifa.org/support/members/sanchika> ; and Sandra Bearcroft (UK).

In summary, over the past four weeks we've looked at five questions:

Q1. How has COVID-19 affected the delivery of essential health services in your health facility or country?

Q2. What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain essential health services?

Q4. Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

Q5. The WHO Guidance offers ten principles to maintain essential health services. Which principle is especially important to you and why?

I'm sure you'll agree that we've only scratched the surface of these five questions. There is so much more to learn.

We are especially keen to hear about your observations and experience in relation to your country and your organisation/healthcare facility.

Please continue to send contributions on any aspect of 'Maintaining Essential Health Services during COVID' to [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Our work on this topic is guided by the WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020)<https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...>

Your contributions will help to inform future versions of the guidance.

Thanks again and best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (135) Q4. Which groups are especially vulnerable to health service disruptions? (3) The Health and Economic Impacts of COVID-19 Containment Strategies on the Most Left Behind**

15 December, 2020

Below is an announcement from our colleagues at the Civil Society Engagement Mechanism for UHC2030 (CSEM)

The Health and Economic Impacts of COVID-19 Containment Strategies on the Most Left Behind: Recommendations for how we can build back better, strong and more resilient health and economic systems

A new paper from the Civil Society Engagement Mechanism for UHC2030 (CSEM), in partnership with Equal International, presents the health and economic impacts of COVID-19 policies and containment measures on populations who are most at risk and marginalized along with six recommendations for governments, addressing the negative effects of containment measures on people's health and economies.

This civil society intervention will be introduced at a virtual event on Thursday, 17 December for the launch of "Sustaining lives and livelihoods: a decision framework

for calibrating social and movement measures during the COVID-19 pandemic,” a joint publication by the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD). Registration details coming soon.

This paper includes data from a literature review, 13 key informant interviews and a survey with over 100 civil society respondents. The analysis and civil society reflections point to the critical need to center inclusion at every stage of the COVID-19 response, including when making decisions on containment measures. Populations who are most affected by the pandemic and related policies must be at the heart of effective pandemic responses and fully participate in their planning and implementation.

Read the paper and recommendations

[https://csemonline.net/wp-content/uploads/2020/12/CSEM\\_Health-And-Econom...](https://csemonline.net/wp-content/uploads/2020/12/CSEM_Health-And-Econom...)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (136) How has COVID-19 affected the delivery of essential health services? (16) Impact on maternal and newborn health (3) Kyrgyzstan**

15 December, 2020

Below are the citation and selected extracts of a new Comment in the Lancet Global Health.

CITATION: Improving maternal and newborn health in Kyrgyzstan

Bernd Rechel, Saltanat Moldoisaeva

Lancet Global Health

Open Access Published: December 10, 2020

DOI: [https://doi.org/10.1016/S2214-109X\(20\)30511-8](https://doi.org/10.1016/S2214-109X(20)30511-8)

Kamali and colleagues used publicly available data repositories and the national birth registry of Kyrgyzstan to assess trends of reproductive, maternal, and newborn health and mortality between 1990 and 2018... Their findings showed that, in the past two decades, Kyrgyzstan reduced newborn mortality rates by 46% and mortality rates of

children younger than 5 years by 69%, whereas maternal mortality rates were reduced by 7% and stillbirth rates by 29%.

Although these findings reveal important progress in Kyrgyzstan, it is striking that a much larger decline in newborn mortality was achieved across the central Asian region (70% vs 46% in Kyrgyzstan)...

Access to contraceptives has declined rather than increased in the past few decades...

Overcoming these challenges has become much harder because of the COVID-19 pandemic. Estimates indicate that the impact of the pandemic on mother and child health in low-income and middle-income countries will be devastating as a result of disruptions to routine health care and access to food.

In Kyrgyzstan, the Ministry of Health has set up a coordinating committee on maternal and child health in the context of COVID-19 and endorsed a new protocol for home visits by primary care workers to healthy young children during the COVID-19 epidemic. The ministry also aimed to support the use of telemedicine for antenatal and postnatal care, supported by international development partners. Despite these efforts, routine immunisations have been disrupted and the mid-term to long-term consequences of the pandemic are, so far, difficult to predict.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (137) Guidance on public health interventions for COVID-19 for groups in vulnerable situations and renewal of essential public health functions assessment**

17 December, 2020

The Pan American Health Organization commemorated the Universal Health Day on December 11 with a presentation on the renewed public health functions and the launch of the following two documents (available in English and Spanish).

Link to the launch of the renewal of the Essential Public Health Functions and Universal Health Day 2020 celebration

Pan American Health Organization. The Essential Public Health Functions in the Americas: A Renewal for the 21st Century. Conceptual Framework and Description

[Internet]. Washington, D.C: Pan American Health Organization; Dec 11, 2020. 118 p. Available from: <https://iris.paho.org/handle/10665.2/53124>

Enlace al lanzamiento de la renovación de las funciones públicas esenciales y celebración del Día de la Salud Universal 2020

Organización Panamericana de la Salud. Las funciones esenciales de la salud pública en las Américas: una renovación para el siglo XXI. Marco conceptual y descripción [Internet]. Organización Panamericana de la Salud; 9 Dic 2020. 118 p. Disponible en: <https://iris.paho.org/handle/10665.2/53125>

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## **EHS-COVID (138) COVID-19 and maternal health**

17 December, 2020

Citation, abstract, selected extracts, and a comment from me below. I have invited the authors to join us.

CITATION: Published: 26 November 2020

The Changing Aspects of Motherhood in Face of the COVID-19 Pandemic in Low- and Middle-Income Countries

Jennifer Prince Kingsley, Paul Kingsley Vijay, Jacob Kumaresan & Nalini Sathiakumar

Maternal and Child Health Journal (2020)

## ABSTRACT

**Purpose:** To advocate perspectives to strengthen existing healthcare systems to prioritize maternal health services amidst and beyond the COVID-19 pandemic in low- and middle income countries.

**Description:** COVID-19 directly affects pregnant women causing more severe disease and adverse pregnancy outcomes. The indirect effects due to the monumental COVID-19 response are much worse, increasing maternal and neonatal mortality.

**Assessment:** Amidst COVID-19, governments must balance effective COVID-19 response measures while continuing delivery of essential health services. Using the World Health Organization's operational guidelines as a base, countries must conduct contextualized analyses to tailor their operations...

**Conclusions:** Multi-sectoral investments providing high-quality care that ensures continuity and available to all segments of the population are needed. A robust primary healthcare system linked to specialist care and accessible to all segments of the population including marginalized subgroups is of paramount importance. Systematic approaches to digital health care solutions to bridge gaps in service is imperative. Future pandemic preparedness programs must include action plans for resilient maternal health services.

## SELECTED EXTRACTS

The World Health Organization (WHO) classifies pregnant women as an important subgroup of the population that are most vulnerable in the event of a pandemic or a disaster, taking a relatively high share of the disease and associated emergencies (WHO 2002).

Governments around the world have responded to the COVID-19 crisis by implementing monumental measures to prevent transmission of infection and to treat infected cases. Such response measures have impacted maternal and neonatal health negatively and exacerbated the existing inequalities within societies...

During the ongoing COVID-19 crisis, women in LMICs are more likely to deliver at home without a skilled birth attendant leading to deaths from treatable and preventable conditions...

Perspectives to Maintain and Strengthen Maternal Health Services... decision makers in each country must conduct contextualized analysis to tailor operations to prioritize essential services with trade-offs on strategy of other services of a lesser priority to ensure that limited resources provide maximum benefit for the population... An initial step would be a situational analysis with quantitative and qualitative components conducted among stakeholders including local experts and community members...

Prioritizing maternal and neonatal services as “essential” [\*see note 1 below] will enable all pregnant women including those with suspected or confirmed COVID-19 to continue antenatal care visits, deliver in a functional facility with a skilled birth attendant and have access to post-natal and neonatal care.

In implementing action plans, the WHO’s operational planning guidelines for maintaining essential services [\*note 2] at national, regional and local levels during the COVID-19 pandemic will form the base (WHO 2020c).

Comments:

1. Is there any country where maternity services are \*not\* classified as 'essential'? Can anyone shed light on how services are classified as 'essential' or 'non-essential', with perhaps an example in practice across a country or a healthcare facility?
2. The authors note the WHO’s operational planning guidelines for maintaining essential services as the basis for policy. Has anyone had the opportunity to put these guidelines into practice to help maintain maternal health services?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (139) COVID-19 and maternal health (2)**

### **Access to personal medical records**

18 December, 2020

[in response to EHS-COVID (138) COVID-19 and maternal health]

"Multi-sectoral investments providing high-quality care that ensures continuity and available to all segments of the population are needed. A robust primary healthcare



system linked to specialist care and accessible to all segments of the population including marginalized subgroups is of paramount importance. Systematic approaches to digital health care solutions to bridge gaps in service is imperative. Future pandemic preparedness programs must include action plans for resilient maternal health services."

Maternity patients in England carry their own medical records - a "systematic mean" to bridge gaps in services and to maintain resilient maternal health services. As digital healthcare solutions bridge gaps in services more and more patients will carry originals, copies of our sharing access rights to their records. This allows reduction in duplication, recognizing and correcting errors and omissions in notes, recognizing forgotten or mislaid health care steps or results and sharing vital personal health data with full informed consent.

Patients understand their records to an amount depending on their literacy and on the literacy of their extended family and of their friends and health and social care team. We have produced a Syllabus 12 that educates health professionals in the knowledge, skills and application of sharing contemporary notes with patients.

For the educational requirements for professionals managing digital confidential records we produced a digital toolbox:

Requirements for General Practices to comply with the European Union General Data Protection regulation GDPR

Staff and Data Protection Officer (DPO) team

- Identify DPO team members – the Information Technology (IT) lead, Caldicott guardian (confidentiality ethics lead) , Practice manager, a partner, nurse etc,
- Arrange for someone to read the British Medical Association (BMA) , Information Commissioner Officer (ICO - the UK data protection regulator) and Information Governance Association (IGA) guidance on GDPR.
- Keep the DPO team member up to date with the BMA, ICO and IGA guidance.
- Arrange meetings with all of your partners, salaried doctors, nurses, Professional Allied Medical staff (PAMs), and all of your staff to set out the broad changes of GDPR.
- Ensure that the practice is aware of its new data controller responsibilities
- Revise your data breach detection and reporting arrangements
- Set a program of GDPR training for your staff

### Administrative tasks

- Draw up a plan to reach 100% compliance with GDPR within a reasonable date, for instance by 23 05 2019
- Create and publish any necessary Privacy Notices
- Revise your Subject Access Request (SAR) handling arrangements to meet the new options and deadlines
- Ensure that your Clinical Commissioning Group (CCG) IT agreement is signed

### Data flow mapping

- Review what data processing you do in the practice
- Review what data processing is done on your behalf by external processors, and what data they use to do this
- Check with your CCG what local data extractions your practice is involved in
- Check with any other non National Health Service (NHS) bodies such as researchers or institutions that you have a suitable contract and consent in place
- Check that you are collecting consent for non-direct care communications with your patients

HIFA profile: 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 AT gmail.com

## **EHS-COVID (140) Summary of CHIFA discussion on Maintaining essential child health services during COVID**

18 December, 2020

Dear HIFA members,

In parallel with HIFA, our sister form CHIFA (child health and rights) has been hosting a global discussion on Maintaining essential child health services during COVID (and beyond).

Our aim with CHIFA is to promote cross-county experience to better understand the impact of COVID on child health services, and how this can be addressed. Inputs will help inform future guidance.

<https://www.hifa.org/news/hifa-and-who-collaborate-promote-sharing-exper...>

Below is an article just published in the ICHG Newsletter (International Child Health Group).

During November and December there were 26 messages from 12 CHIFA members in Brazil, Cameroon, Hungary, Kenya, Malawi, Nigeria, South Africa, UK, USA. You can read an edited version of the discussion

here: [https://www.hifa.org/sites/default/files/publications\\_pdf/CHIFA-EHS-COVI...](https://www.hifa.org/sites/default/files/publications_pdf/CHIFA-EHS-COVI...)

#### Highlights

- Important surgery, including cardiothoracic, was cancelled and children sent back to lower levels of system
- Problems with supply chain, including antimalarials
- A positive impact: "The pandemic enhanced the spirit of working together in the hospital. "
- CHIFA members in Kenya, South Africa and Malawi all reported an increase in teenage pregnancies
- Increased use of online consultations
- Increased use of informal healthcare providers in rural areas

Please continue to share your experience and expertise on both CHIFA and HIFA.

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (141) New UHC advocacy guide in COVID-19 context for HIV civil society and community partners**

18 December, 2020

Forwarded from: Civil Society Engagement Mechanism for UHC2030

Dear colleagues,

On International Universal Health Coverage Day, PITCH - a strategic partnership between Aidsfonds, Frontline AIDS and the Dutch Ministry of Foreign Affairs, launched a new guide for civil society and communities to support them in their advocacy for an inclusive UHC during COVID-19 and beyond: <https://bit.ly/UHCguide>

COVID-19 has more than ever demonstrated that global solidarity, shared responsibility and protecting everyone is critical to any serious effort to end pandemics, including AIDS, and achieve health for all.

The new advocacy guide supports partners in developing advocacy approaches that integrate rights-based, community-led and inclusive responses into the UHC agenda in the context of COVID-19 and beyond. It informs longer-term advocacy and messaging to ensure countries have health systems in place that contribute to ending AIDS and are strong and resilient to future health crises.

Feel free to share widely with partners. The guide will also be available in Vietnamese, Portuguese, Russian, Indonesian and Burmese.

Let me know if you have any questions.

Kind regards,

Marielle

Forwarded by

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (142) PMNCH COVID-19 and women's, children's and adolescents' health toolkits**

18 December, 2020

Forwarded from the Partnership for Maternal Newborn and Child Health, and a comment from me below.

### **PMNCH COVID-19 and women's, children's and adolescents' health toolkits**

PMNCH is producing digital thematic toolkits on key issues around COVID-19 and women's, children's and adolescents' health. The toolkits highlight issues relevant to priorities for PMNCH, aligning with the emerging 2021-2035 Strategy and showcase key evidence-based advocacy and communications materials, guidance, multimedia resources, as well as contextualized resources, with a view of providing action-oriented, user-friendly and policy-relevant information packages.

<https://www.who.int/pmnch/covid-19/toolkits/en/>

Given the rapidly changing situation due COVID-19, there is a clear need for up-to-date and trustworthy information on the impact of the pandemic on the health and wellbeing of women, children and adolescents (WCA). There is also a need for clear and reliable resources on effective strategies and interventions that can be used by different stakeholders to mitigate the direct and indirect effects of this unprecedented crisis.

In response, PMNCH is producing digital thematic toolkits on key issues around COVID-19 and WCA health. The toolkits highlight issues relevant to priorities for PMNCH, aligning with the emerging 2021-2035 Strategy and showcase key evidence-based advocacy & communications materials, guidance, multimedia resources, as well as contextualized resources, with a view of providing action-oriented, user-friendly and policy-relevant information packages.

Developed through a partner-centric approach, the COVID-19 & WCAH toolkits will be regularly updated and will include resources that are vetted for quality control and alignment with official WHO recommendations.

We invite our constituencies, communities, parents, youth, families and anyone looking for information, guidance and experiential learnings to explore from the selections below.

Forwarded by

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Comment (NPW): It is worth noting that, 'in line with PMNCH's COVID-19 publication policy, only resources that align with WHO guidelines and recommendations are included in the toolkit'. PMNCH is a WHO-hosted partnership. It would be interesting to hear from other WHO-hosted partnerships and alliances - is there a similar policy in place for them? Furthermore, are there other (non-WHO-hosted) healthcare information providers that explicitly include only resources that align with WHO guidelines and recommendations?

With this in mind, is there scope for promoting and expanding such alignment across an increasing number of healthcare information providers? Could this be a way of engaging with and demonstrating trust and confidence in WHO guidance, at a time when public trust in public and global health needs urgently to be strengthened?

Best wishes, Neil

## **EHS-COVID (143) Health Policy and Planning: From resilient to transilient health systems**

18 December, 2020

Citation, extracts and a comment from me below.

CITATION: From resilient to transilient health systems: the deep transformation of health systems in response to the COVID-19 pandemic

Victoria Haldane, Garrett T Morgan

Health Policy and Planning, <https://doi.org/10.1093/heapol/czaa169>

Published: 14 December 2020

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaa1...>

SELECTED EXTRACTS

As countries confront and adapt to the impact of COVID-19, policymakers, public health officials and political leaders have rallied around one word: resilience. Resilience often narrowly focuses on ‘bouncing back’ to normal as quickly as possible, without critically assessing whether the pre-shock normal should be aspired to (Ebi and Semenza, 2008; Houston, 2015). We argue that the COVID-19 pandemic presents an opportunity for health systems to address the long-standing structural inequalities it reinforces, and the environmental sustainability it undermines, to work towards transformative resilience, or ‘transilience’ (Pelling, 2010) .

Health systems resilience is an emerging concept that is generally understood as ‘the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learnt during the crisis, reorganise if conditions require it’ (Kruk et al., 2015)...

Transilience has been defined as the need to account for issues of social vulnerability and differential access to power, knowledge, and resources (Matin et al., 2018). A transilient health system is one that recognizes the role of healthcare in the human-ecological system and responds to crises in such a way as to avoid future imbalances in power, access to care and health outcomes...

To work towards transilience, the COVID-19 response must be an opportunity for health systems to extend into the community through trusted channels, such as community health workers, that empower community members while actively protecting the health, safety and security (both economic and social) of the largely female healthcare workforce...

The COVID-19 pandemic is a critical opportunity for LMICs to lead a deep-transition towards more sustainable and equitable health systems (Schot and Kanger, 2018). It is imperative that health systems globally leverage the pandemic to bounce forward to not only respond to current shocks, but to actively prevent future crises...

COMMENT (NPW): 'to bounce forward to not only respond to current shocks, but to actively prevent future crises...' - this perspective can be applied to the current infodemic. The focus is not only to deal with the current infodemic, but to build resilience to future infodemics (which are likely to get progressively worse as social media becomes progressively ubiquitous). The key factor to build such 'transilience' is Healthcare Information For All: the progressive realisation of a world where every person has access to the information they need to protect their own health and the health of those for whom they are responsible, and where every person is protected from the harms of misinformation.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (144) UNICEF brief on essential health services**

19 December, 2020

UNICEF brief: Understanding the interruption of essential health services by COVID 19 to guide recovery

<https://www.healthynewbornnetwork.org/resource/understanding-the-interru...>

Summary: 'With more than two hundred days into the COVID-19 pandemic, and over one million deaths, the challenges in access and availability of data to monitor essential health services have been evident. Complementing the socioeconomic impact survey, Health programme in UNICEF Programme Division, in collaboration with 43 country offices and all regional offices, made a comparative analysis of the coverage of essential health services during the period April to June in 2019 and the corresponding period in 2020. The set of tracer indicators selected were antenatal care, institutional delivery, cesarean section, care of sick newborn, post-natal care, immunization (Penta/DPT3), pneumonia and diarrhoea treatment.'

Selected extract: 'The degree of disruption varies considerably amongst countries and regions. Countries in South Asia and Latin America region have been affected much more as compared to those in Sub-Saharan Africa.'

Comment (NPW): The brief looks particularly at antenatal care, institutional delivery, cesarean section, care of sick newborn, post-natal care, immunization (Penta/DPT3), pneumonia and diarrhoea treatment. It does not refer to the WHO Guidance on Maintaining essential health services, but proposes a number of 'country actions'. I recognise some of these from the WHO guidance, but I wonder whether/how the outputs from WHO and UNICEF complement and reinforce each other?

Best wishes, Neil



Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (145) Encouraging health workers to use mHealth for delivering primary healthcare services: policy brief**

19 December, 2020

With thanks to The George Institute. This publication complements Principle 10 of the WHO Guidance on Maintaining essential health services during COVID: 'Use digital platforms to support essential health service delivery'.

<https://www.georgeinstitute.org.in/encouraging-health-workers-to-use-mhe...>

'The Ministry of Health and Family Welfare (MoHFW), Government of India had released a guidance note which identified the use of telehealth platforms to deliver essential medical services for non-COVID health conditions. The WHO guideline on digital interventions for health system strengthening recognises Mobile Health (mHealth) as an effective means to support such service delivery. It minimises patient-provider contact, thus ensuring physical distancing. mHealth involves the use of mobile devices such as smartphones, patient-monitoring devices, personal digital assistants, and tablets to support public healthcare practices. It could be used effectively by healthcare workers to deliver health services to patients remotely and improve overall communication with co-workers, patients and decision makers. It is important to also outline challenges and enabling factors to adoption of mHealth for delivering healthcare services from health workers' perspective.'

'The report provides a summary of evidence from two systematic reviews and a WHO guideline on digital health interventions.'

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (146) Encouraging health workers to use mHealth for delivering primary healthcare services: policy brief (2) Access to personal medical records (4)**

20 December, 2020

Thank you for the notification of the George Institute study in India. It is of note that the report writes 'Due to constant new developments in mHealth applications, it becomes imperative that health workers become familiar with these applications and be supported with the technological know-how. Digital provision of training and educational content for health workers should be adopted and complement traditional methods of delivering continued health education and in-service training.'

The UK General Medical Council has excellent ethical advice for professionals who use teleconsultations

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

It is also of interest that the report found 'Theme 3 - mHealth led to new forms of engagement and relationships with patients and communities - Health workers perceived that through mobile device, they could communicate directly with their patients that may improve care and their relationship with patients. In these cases, generally patients initiated the contact, and the health workers felt that patients took ownership of their health.'

Our research found that patients using access to their records can reduce primary care workload: The impact of patient record access on appointments and telephone calls in two English general practices: a population based study

<https://www.tandfonline.com/doi/abs/10.1080/17571472.2014.11493405>

And patients use mobile health to access their records to understand their own health:

<https://www.sciencedirect.com/science/article/pii/S1386505614001932>

It is also interesting to note that patients are concerned about their most sensitive information being shared: "6 - The importance of protecting confidential patient information when using mobile devices was seen to be important by the health workers. Health workers shared patients' concerns around their personal information concerning stigmatised issues, such as HIV/AIDS and interpersonal violence. Health workers suggested building trust with patients prior to using the devices."

We published research on this issue in the British Computer Society journal <https://hijournal.bcs.org/index.php/jhi/article/view/614>

Patients expect greater "confidentiality to be practised about their sexual health, fertility, contraception, pregnancies, mental health and drug and alcohol abuse which have particularly strong social implications.

HIFA profile: 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 AT gmail.com

## **EHS-COVID (147) Update on HIFA project on Essential Health Services and COVID-19**

20 December, 2020

Dear all,

I would like to say a big thank you to Gladson Vaghela, Sanchika Gupta and Sandra Bearcroft for their help in compiling and analysing the first 142 messages of our EHS-COVID discussion. The compilation is available here

[https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA-EHS-COVID...](https://www.hifa.org/sites/default/files/publications_pdf/HIFA-EHS-COVID...)

We aim to have an edited version ready by the end of this week.

This is part of an extraordinary effort by a larger group of 10 HIFA volunteers to analyse all discussions on HIFA relating to COVID-19 (prefixed Coronavirus) and Essential Health Services (prefixed EHS-COVID), supported by the University of Edinburgh and WHO, respectively. The analysis of the Coronavirus discussion (which now has more than 1,100 messages) is well advanced, thanks to the leadership of HIFA volunteer Rakshith Gangireddy and his team, supervised by Abi Sriharan of the University of Toronto, and we are preparing to submit it for publication.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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## **EHS-COVID (148) Honduras: ecological disasters add up to the COVID-19 pandemic effect**

21 December, 2020

Dear all,

If we thought that the pandemic was already an extreme tragedy for a country's population and health system, in Honduras the natural phenomena Eta and Iota, category 4 hurricanes and tropical storms that affected Central America in the first two weeks of November 2020, caused extensive general damage especially. In particular, damage to health infrastructure adds to the negative effect of the COVID-19 pandemic on the provision of essential health services.

According to PAHO/WHO, as described by the United Nations Office for the Coordination of Humanitarian Affairs (Latin America & the Caribbean. Weekly Situation Update (30 November - 6 December 2020), 7 December 2020. N.Y.: OCHA; 2020; Available in Latin America & the Caribbean: Weekly Situation Update (30 November - 6 December 2020) (reliefweb.int)), more than 400 health facilities reported damage, at least 120 were inoperative by the second week of December, 27 collapsed and 12 reported damage to cold chain equipment. Approximately 100 health

facilities reported that their staff were directly affected by storms, adding to the detriment of the continued provision of much-needed health services. It was also estimated that these damage to health infrastructure resulted in approximately 2 million people being with limited access or without access to health facilities and that at least 500,000 of these people have health needs whose care cannot be postponed.

<https://reliefweb.int/sites/reliefweb.int/files/resources/2020-12-07%20W...>

The effects of the epidemiological crisis due to the pandemics and the socio-economic crisis from ecological disasters are added up to produce a high short- and long-term negative impact on the population of Honduras.

Jackeline

HIFA profile: Jackeline Alger works in the Parasitology Service, Department of Clinical Laboratories, Hospital Escuela Universitario, and at the Faculty of Medical Sciences, Universidad Nacional Autonoma de Honduras, Tegucigalpa, 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>

<http://www.hifa.org/support/members/jackeline>

Email: jackelinealger AT gmail.com

## **EHS-COVID (149) eCOVID-19 living recommendations map and gateway to contextualisation**

21 December, 2020

With thanks to the Evidence-Based Healthcare discussion forum, I learned about the eCOVID-19 living recommendations map and gateway to contextualisation: <https://covid19.evidenceprime.ca/>, which is based on <https://www.fhi.no/en/qk/systematic-reviews-hta/map/>

Below is a description from the website: <https://covid19.evidenceprime.ca/about>

'The COVID19 catalogue of guidelines collects trustworthy recommendations on COVID19 for clinical, public health and health policy. It allows decision-makers to identify relevant recommendations for their question of interest. We use the broadly accepted population, interventions, comparators and outcomes (PICO) to map and catalogize questions and recommendations. One of its primary goals is to allow contextualized local, provincial, regional and jurisdictional decision-making.

'It is a product of the collaboration between Cochrane Canada, the World Health Organization Collaborating Center for Infectious Diseases, Research Methods and Recommendations at McMaster University, Evidence Prime, the Norwegian Institute of Public Health , the Guidelines International Network and many other institutions or organizations (see below for partners).

'This platform is free to access and will feed on continued input from users and it's easy-to-use functions will continue to improve. It will be updated regularly to maintain relevance. All recommendations are supported by a description of its PICO elements and links to interactive Summary of Findings (SoF) tables and the Evidence to Decision tables (EtDs) populated on GRADEPro and other available information.

I have not had a chance to look at this in detail, but the focus appears to be on clinical management of patients. The content does not seem to address health policy in relation to public health measures to contain COVID-19, nor on how to maintain essential health services. The WHO guidance on Maintaining essential health services is not listed.

Can anyone tell us more about the scope of this resource? What tools are available to help policymakers contextualise the WHO guidance on Maintaining essential health services?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (150) Maintaining Quality Care During COVID-19: Learning from country experiences (7)**

21 December, 2020

Dear HIFA colleagues,

With thanks to our colleagues at WHO, we can now share:

1. The presentation slides from the event 'Maintaining Quality Care During COVID-19: Learning from country experiences', hosted by the WHO COVID-19 Health Services Learning Hub & the WHO Global Learning Laboratory for Quality UHC, 3 December:

[https://www.hifa.org/sites/default/files/publications\\_pdf/HLH\\_GLL\\_Virtua...](https://www.hifa.org/sites/default/files/publications_pdf/HLH_GLL_Virtua...)

2. A summary report of the event:

[https://www.hifa.org/sites/default/files/publications\\_pdf/Summary-qualit...](https://www.hifa.org/sites/default/files/publications_pdf/Summary-qualit...)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (151) Greetings**

21 December, 2020

Greetings to all members of this discussion forum. Happy Xmas to all. The world has a challenge at this time of COVID19 pandemic. Many thanks for panelists for exchanging their views about the pandemic. This has come to add to the already existing pandemic like HIV. We all have to work very hard to see how we can come out with a vaccine as the developed world is already doing. We should not also forget to carry out a research with people on ARVs, those on TB medication and others suffering from SARS. This will also help to improve on the Universal Health Coverage (UHC) Thanks and happy Xmas and New Year in advance.

Chia Benard Ful



HIFA profile: 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

## **EHS-COVID (152) Impact of pandemic on health workers (2) Kenya**

21 December, 2020

With thanks to Global Health Now. News item below from Reuters. Read online: <https://www.reuters.com/article/us-health-coronavirus-kenya-strike/kenya...>

'Kenyan doctors in public hospitals are going on strike starting today, saying the government is forcing them to work without adequate PPE and not guaranteeing them treatment if they become ill.'

NAIROBI (Reuters) - Doctors employed in Kenya's public hospitals went on strike on Monday, saying the government is risking their lives by forcing them to treat COVID-19 patients without adequate protection and not insuring them for treatment if they fall ill...

The doctors' union joined nurses and clinical officers working in government hospitals, used by most people in the country, who have been on strike for two weeks...

At least 14 doctors have died of COVID-19 since March, several of them leading specialist physicians, according to the doctors' union...

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (153) Breastfeeding, Infant Feeding, Breast Milk and COVID-19 – excerpts from scientific journal articles**

22 December, 2020

NEW Updates on Breastfeeding, Infant Feeding, Breast Milk and COVID-19 – excerpts from scientific journal articles – 18 December 2020



Dear Colleagues,

We have updated our special repository on Breastfeeding, Infant Feeding, Breast Milk and COVID-19. Since our last update Friday 4 December 2020, we have added 23 NEW publications for December (11 new), November (4 new), October (3 new), September (1 new), August (2 new), and May (2 new).

Click here to view the updated repository

<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

All publications provide emerging evidence related to COVID-19 and

- \* Breastfeeding and breast milk (including viral transmission issues)
- \* Infant feeding recommendations
- \* Feeding difficulties in newborns

While there were several recent reviews of international literature, this update also adds emerging evidence from Jordan, Singapore, India, Turkey, Italy, China, Iran, the United States, the United Kingdom, and Brazil.

In this update, several publications focus on the direct impact of COVID-19 as well as the indirect impact of COVID-19 restrictions on breastfeeding practices. While one US study compared the birth experiences and breastfeeding practices of mothers with COVID-19 to those without, another article announced the protocol for a study in France comparing the birth experiences and breastfeeding practices of women who gave birth during national lockdown to those who did not.

Articles from multiple countries detail proper hygiene precautions to be taken by mothers with COVID-19 who wish to breastfeed their infants. Yet, a narrative review published this month found that there still remains a lack of consistent guidelines surrounding breastfeeding practices for women with SARS-CoV-2. One study from Italy sought to evaluate risk of SARS-CoV-2 transmission between mothers and infants who practiced rooming-in and breastfeeding according to standardized hospital protocol. Also included in this update is a handout detailing the legal rights of pregnant and breastfeeding women in the workplace according to US law, designed specifically for the context of the COVID-19 pandemic.

A commentary from India described procedural adaptations at a milk bank in New Delhi and offers milk banking recommendations during the COVID-19 pandemic, including a guide to help prioritize patients for receiving milk. Another article describes the effects of serum heating and Holder pasteurization of breast milk on levels of SARS-CoV-2 antibodies and their capacity to neutralize the virus.

The next update for this specific repository will be on Wednesday 30 December, 2020. If you know anyone who would benefit from these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

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HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (154) Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles**

22 December, 2020

NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 17 December 2020

Dear Colleagues,

We have updated our scientific repository. Since our last update Thursday 10 December 2020, we have added 110 NEW publications for December (53 new), November (30 new), October (13 new), September (5 new), August (3 new), July (2 new), June (1 new), and May (3 new).

Click here to view the updated repository

<<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

Individual months are located on the right-hand side, and new additions are marked in blue. To find the publication or topic of your interest, you can search in an individual month file using the Ctrl+F keys.

All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from the United States, India, Kazakhstan, Turkey, Brazil, Kyrgyzstan, China, the United Kingdom, Israel, Japan, Spain, Uganda, Italy, South Africa, French Guiana, Sri Lanka, Denmark, Argentina, Qatar, Iran, Korea, Kenya, Greece, the West Indies, Iraq, Peru, and Jordan.

Thirty-two new articles focus on COVID-19 and pregnancy. New publications evaluate the safety of medications used to manage COVID-19 in pregnant women. Others explore the potential effect of SARS-CoV-2 on vitamin E levels during pregnancy. Multiple studies report decreases in prenatal care visits during the COVID-19 pandemic in comparison to previous years. A longitudinal study was announced that will follow a cohort of pregnant women in the US throughout the pandemic, examining prenatal care, maternal mental health, and birth outcomes. Researchers will then follow the health and brain development of children born in this cohort until age 10 years. A survey of midwives in Spain who care for pregnant women with COVID-19 described the fear, anxiety, and loneliness expressed by the women they care for; another article describes a new app developed to support pregnant women and new parents during the pandemic with the goal of alleviating anxiety and stress of adjusting to parenthood in isolation.

Thirteen new articles focus on vaccination issues. New publications frequently discuss considerations for administering COVID-19 vaccines to pregnant women. Since many women will have to weigh the risk of COVID-19 with the unknown effects of the vaccine on fetal development, clinicians should encourage informed patient choice. In light of these evidence gaps, an observational study in the US was announced to help evaluate the safety of COVID-19 vaccines in pregnant women. Other publications examined the impact of the COVID-19 pandemic on childhood immunization rates for measles mumps and rubella, influenza, pneumococcal disease, tetanus, and diphtheria. Another article discusses delays in care-seeking among refugee mothers in Kenya due to fear of COVID-19, impacting the routine immunization of their children. Recent

publications provide communication strategies and talking points to address vaccine hesitancy in parents.

Nine articles were added concerning hyperinflammatory syndromes in children, such as MIS-C/PMIS and Kawasaki Disease (KD). New publications discuss the observed differences in D-dimer levels between pediatric patients with MIS-C and those with COVID-19 alone; others point to acute gastro-intestinal pain and persistent fever as potential warning signs of PIMS-TS/MIS-C. Other topics include mucocutaneous findings and immune abnormalities seen in children with MIS-C. Recommendations are provided for addressing potential shortages in medication, ventilators, respirators, hospital beds, and pediatric intensivists, should a rise occur in pediatric COVID-19 or MIS-C/PIMS-TS cases this winter.

This is by no means an exhaustive list! Look out for our next update Tuesday, 29 December, 2020. Currently, we have over 3800 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast

Milk.<<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fhopkins...>> The next update for that will be Friday, 18 December 2020. If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

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HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (155) Impact of pandemic on health workers (3) Kenya (2)**

22 December, 2020

It took strike actions by different sets of health workers for the Nigerian government to insure front line health workers and increase the paltry risk allowance earlier in the pandemic.

Why it must take a strike by workers In African countries to do what is safe and right, bothers many of us.

Joseph Ana

HIFA profile: 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](http://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

Source link:

## **EHS-COVID (156) Maintaining Quality Care During COVID-19: Learning from country experiences (8) Health education**

22 December, 2020

Hi all

From where I stand I do believe, lack of health care education has really contributed to social/economic suffering for poor urban and rural communities and so developing countries governments should emphasize more on community health education as opposed to doing quick short term health interventions.

Kind regards

Jack Muriungi

Kenya.

HIFA profile: Jack Muriungi is Programs Coordinator at Mission Concern Association, Kenya. Professional interests: Maternal health. Email: mconcern2018 AT gmail.com

## **EHS-COVID (157) Cochrane EPOC briefs: Strategies to support the mental wellbeing of frontline workers during infectious disease epidemics**

22 December, 2020

Dear HIFA colleagues

We would like to share with you a brief that Cochrane Effective Practice and Organisation of Care (EPOC) have prepared on the topic of strategies to support the mental wellbeing of frontline workers during infectious disease epidemics. Please feel free to disseminate these to colleagues who you think might be interested.

A summary appears below.

Best wishes,

Claire

Cochrane EPOC briefs: Strategies to support the mental wellbeing of frontline workers during infectious disease epidemics

Cochrane Effective Practice and Organisation of Care (EPOC) has recently published a mixed methods review focusing on strategies to support the mental wellbeing of frontline workers during infectious disease epidemics. Based on this review, EPOC has prepared a brief for health systems planners and implementers who are considering strategies to support the resilience and mental health of their frontline

workers during a disease outbreak, epidemic or pandemic. The brief can be found here: <https://epoc.cochrane.org/our-reviews/summaries-selected-reviews/covid-1...>

Claire Glenton

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[www.cochrane.no](http://www.cochrane.no)

[www.cerqual.org](http://www.cerqual.org)

HIFA profile: Claire Glenton is a Senior researcher at the Norwegian Institute of Public Health. Email address: claire.glenton AT fhi.no

## **EHS-COVID (158) WHO and EU join together to support COVID-19 response and systems strengthening in Asia**

23 December, 2020

Press release from the WHO Western Pacific Regional Office, and a comment from me below.

WHO and EU join together to support COVID-19 response and systems strengthening in Asia

<https://www.who.int/westernpacific/news/detail/18-12-2020-who-and-eu-joi...>

18 December 2020 News release

This week, the World Health Organization (WHO) and the European Union (EU) agreed to join forces to support eight South East Asian countries in their response to COVID-19 and to strengthen preparedness for future pandemics.

The EU is providing €20 million for a South East Asia pandemic response and preparedness programme. WHO will use the funds to continue supporting the governments of Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam.

“These countries have spent more than a decade preparing for events with pandemic potential, by strengthening their health systems in anticipation of an event like the COVID19 pandemic. This support from the EU will help to build on this work, so that countries across South East Asia are prepared for the next pandemic or health emergency event,” said Dr Takeshi Kasai, WHO's Regional Director for the Western Pacific.

In line with the Global Strategic Preparedness and Response Plan and guided by the Asia Pacific strategy for emerging diseases and public health emergencies (APSED III), the programme aims to strengthen health systems and to support the COVID-19 response in the eight South East Asian countries, with a particular focus on reaching the unreached. The funds will be used to:

Mobilize all sectors and communities to ensure participation in prevention, preparedness and response activities;

Control sporadic cases, clusters and community transmission;

Suppress community transmission; and

Reduce deaths from COVID-19.

The programme represents a joint effort between the EU and WHO's Regional Offices for South-East Asia (which includes Indonesia, Myanmar and Thailand) and the Western Pacific (which includes Cambodia, Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam). To ensure that the interventions in each country will be in line with national priorities as outlined in the national response plans, each WHO Region is working closely with the governments of those countries and other stakeholders, including civil society organizations.

In addition, WHO will use the opportunity provided by the EU funding to engage with the Association of Southeast Asian Nations (ASEAN) which includes all eight countries in the programme, to enhance coordination among ASEAN Member States and promote a regional approach for responding to COVID-19, where similar challenges are faced.

“The European Union is one of WHO's major partners, particularly in emergency response. This partnership will go a long way in ensuring that the South-East Asian Region builds back better during and after the COVID-19 pandemic and is stronger



and more resilient in the years ahead,” said Dr Poonam Khetrpal Singh, WHO’s Regional Director for South-East Asia.

The contribution of the European Union is critical to WHO’s efforts to support countries in responding to the ongoing pandemic in South East Asia, and demonstrates its solidarity as well as its continued commitment to global health.

Comment (NPW): It's interesting that although the title says 'systems strengthening', the text is focused on prevention and management of COVID-19 and does not mention maintenance of essential health services.

Would HIFA members in the Western Pacific region like to comment on maintenance of essential health services in their country? To what extent have services been disrupted in your country or healthcare facility?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (159) Rehabilitation services**

23 December, 2020

Citation, summary, extracts and two comments from me below. We look forward to hear about the provision of rehabilitation services in your country or health facility.

CITATION: Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019

Alarcos Cieza et al.

The Lancet volume 396, issue 10267, p2006-2017, december 19, 2020

Open Access Published: December 01, 2020 DOI: [https://doi.org/10.1016/S0140-6736\(20\)32340-0](https://doi.org/10.1016/S0140-6736(20)32340-0)

## SUMMARY

**Background:** Rehabilitation has often been seen as a disability-specific service needed by only few of the population. Despite its individual and societal benefits, rehabilitation has not been prioritised in countries and is under-resourced. We present global, regional, and country data for the number of people who would benefit from rehabilitation at least once during the course of their disabling illness or injury.

**Methods:** To estimate the need for rehabilitation, data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2019 were used to calculate the prevalence and years of life lived with disability (YLDs) of 25 diseases, impairments, or bespoke aggregations of sequelae that were selected as amenable to rehabilitation...

**Findings:** Globally, in 2019, 2·41 billion (95% uncertainty interval 2·34–2·50) individuals had conditions that would benefit from rehabilitation, contributing to 310 million [235–392] YLDs. This number had increased by 63% from 1990 to 2019. Regionally, the Western Pacific had the highest need of rehabilitation services (610 million people [588–636] and 83 million YLDs [62–106]). The disease area that contributed most to prevalence was musculoskeletal disorders (1·71 billion people [1·68–1·80]), with low back pain being the most prevalent condition in 134 of the 204 countries analysed.

**Interpretation:** To our knowledge, this is the first study to produce a global estimate of the need for rehabilitation services and to show that at least one in every three people in the world needs rehabilitation at some point in the course of their illness or injury. This number counters the common view of rehabilitation as a service required by only few people. We argue that rehabilitation needs to be brought close to communities as an integral part of primary health care to reach more people in need.

## SELECTED EXTRACTS

The traditional workforce in primary care settings (eg, general practitioners, primary care nurses, and community health workers) need to be trained in assessing rehabilitation needs and in the delivery of rehabilitation interventions that address common health problems, such as back pain, COPD, or cardiac disease.

Tele-rehabilitation — the delivery of health-care services via information and communication technologies — can be introduced to support general practitioners.<sup>43, 44, 45</sup> Besides general practitioners, other relevant health-care professionals, policy

makers, and people who require rehabilitation services should also be educated and empowered to be an integral part of this process.

There is emerging evidence that many of the people affected by the COVID-19 pandemic have long-term consequences regardless of the disease severity or length of hospitalisation, and it is clear that many of them will be living with different sequelae after the acute phase of COVID-19, thus increasing the demand for rehabilitation services globally.

#### COMMENTS (NPW):

1. A linked editorial notes 'the challenges of rehabilitation delivery' during the COVID pandemic, but neither the editorial nor the paper comment further on this. Such services might appear to be especially at risk of disruption. Furthermore, given that rehabilitation is already a relatively unsupported specialty in many countries, some services are perhaps vulnerable to being wrongly classified as 'non-essential'. Can anyone on HIFA comment on the provision of rehabilitation services during the pandemic, in your country or your health facility?

2. The emphasis in the paper on community-based services reminds me of the valuable HIFA message from Alice Nganwa (Uganda), who wrote on 2 November (with particular reference to stroke rehab):

'Kisizi hospital in South-West Uganda provides a continuum of care through Community Level Rehabilitation. The stroke patient and any other patient who requires long-term rehabilitation are referred home through the rehabilitation unit (physiotherapy and occupational therapy - no speech therapists yet). Important to note is the rehabilitation personnel are key cadres who contribute to the discharge decision unlike in many settings where this is decided by the doctors. The patient is linked to a Community Based Rehabilitation worker who visits the patient in their home once a week to encourage activities of daily living and reintegration in family and community. A patient whose progress is unsatisfactory is visited by the physiotherapist. This system ensures continuity and is less costly for the family. The main challenge is it has not yet been incorporated in the community insurance scheme which only covers hospital based services.' <https://www.hifa.org/dgroups-rss/ehs-covid-9-stroke-systems-care-low-inc...>

To share your thoughts, email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks and best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (160) COVID-19 reignites drive for a “One Health” approach to tackle preventable illnesses at the animal-human-ecosystems interface**

28 December, 2020

Press release from the WHO Regional Office for South East Asia.

<https://www.who.int/southeastasia/news/detail/24-12-2020-covid-19-reigni...>

24 December 2020 News release SEARO

Stronger Together: FAO, OIE and WHO commit to joint multi-sectoral efforts in Asia and the Pacific

As COVID-19 continues to inflict illness and misery across the Asia-Pacific region, three international organizations have vowed to collaborate and intensify their joint efforts to respond to all health threats, including zoonotic influenza, rabies, antimicrobial resistance and those affecting food safety, through a One Health approach.

The Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) and the World Health Organization (WHO) have reaffirmed their joint commitment to work with their Members through multi-sectoral coordination. A joint Statement of Intent to Coordinate was signed by Asia-Pacific representatives from the organisations in support of the Tripartite One Health Coordination Group.

The Regional Tripartite partners are committed to work with Members through multi-sectoral coordination efforts to support countries' efforts to prevent and manage health threats and strengthen their coordinated efforts, with the aim of protecting the health of animals and people.

The Tripartite One Health Coordination Group for Asia and the Pacific undertakes joint activities including regional workshops on multisectoral collaboration at the animal-human-ecosystems interface.

In October 2020, regional representatives from the Tripartite organisations signed a Statement of Intent to Coordinate. This statement acknowledges the importance of close coordination and communication across sectors, and commits to working together to partner with their Member States and regional organisations to strengthen coordinated efforts to fight existing and emerging health threats.

#### Media Contacts

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (161) Maintaining surgical services at a rural hospital (3) Fear of hospitals**

28 December, 2020

Dear Friends at HIFA

The COVID 19 Pandemic severely affected the travel to the Hospitals. Patients were afraid to go to the Hospitals for treatment for fear of getting infected. This affected many of the rural hospitals too.

Now with the numbers coming down in India, travel and elective work has restarted in the rural hospitals. The Shanthi Bhavan Medical Center in a remote area in Jharkhand managed to treat about 200 COVID 19 patients without them infecting any of the staff

or the relatives. Here are some of the advice regarding travel from SBMC [Shanthi Bhavan Medical Center]

<https://www.youtube.com/watch?v=7WEfcgbTWL0>

Safe travels and Blessed New Year

J. Gnanaraj

J. Gnanaraj MS, MCh (Urology), FARSI, FICS, FIAGES

HIFA profile: J Gnanaraj is an Urologist and laparoscopic surgeon trained from Christian Medical College, Vellore. He is currently the Director of Medical Services of SEESHA which is a social service wing of the Jesus Calls ministry. He has upgraded the facilities at the Karunya Rural community hospital at Karunyanagar to a center for minimally invasive surgeries and started the health care plan and the master health check -up and the outpatient clinic at Coimbatore. He designed C3MDS the hospital management software along with computer personnel and designed local modifications and installed it many mission and other hospitals. This is being upgraded to a web based version compliant with the requirement of the National Accreditation Board for hospitals and health care facilities in India. He has designed low cost medical equipment for use at the mission hospitals and doing research on medical equipment in Karunya University. He is the Editor of the Rural surgery Journal of the Association of rural surgeons of India and has 45 publications in national and international Journal. He has presented papers at the conferences of Association of Surgeons of India (Calcutta, Cuttack and Madras), Urological Society of India (Bangalore & Nagarjunasagar), Association of Southern Urologist of India (Ooty & Vellore), Indian Medical Association (Trichy), Rural Surgery (Sivakasi, Ujjain, Sewagram), Association of surgeons of Assam (Silchar), International Federation of rural surgeons (Ifakara, Tanzania), WHO CME for rural surgeons (Herbertpur), International College of Surgeons conference (Trichy). He has organized many innovative diagnostic and surgical camps at interior rural places in India. [jgnanaraj@gmail.com](mailto:jgnanaraj@gmail.com)

## **EHS-COVID (162) Hospital El Salvador: a novel paradigm of intensive care in response to COVID-19 in central America**

29 December, 2020

Dear HIFA and HIFA-Spanish colleagues,

Please find below the citation and selected extract of a paper in The Lancet Global Health, with a Google Translation into Spanish below (Please note the latter may contain errors).

CITATION: Hospital El Salvador: a novel paradigm of intensive care in response to COVID-19 in central America

Manuel Bello et al.

Published: December 23, 2020 DOI: [https://doi.org/10.1016/S2214-109X\(20\)30513-1](https://doi.org/10.1016/S2214-109X(20)30513-1)

On March 18, 2020, the first case of COVID-19 was confirmed in El Salvador. Closely monitoring pandemic trends worldwide,<sup>2, 3, 4</sup> local experts realised that if El Salvador's cases were to mirror global trends, 20% of people infected with severe acute respiratory syndrome coronavirus 2 would require hospitalisation, and between 5% and 8% would require an ICU bed.<sup>5</sup> Yet there were only 94 ICU beds in the public health system, distributed between nine hospitals (1.45 ICU beds per 100 000 people). By March 18, the occupancy rate was already 80%, meaning that only 19 ICU beds were available for critically ill patients with COVID-19 across the country... To avert the upcoming crisis, it was urgent to increase ICU bed capacity and the reach of critical care specialists. After multiple consultations with public health officials and international agencies, the government decided to build an entirely new hospital exclusively for patients with COVID-19: Hospital El Salvador. Creating Hospital El Salvador represents a unique approach, as most countries in the region opted to set up temporary hospitals...

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Estimados colegas de HIFA y HIFA-Spanish,

A continuación, encontrará la cita y el extracto seleccionado de un artículo en The Lancet Global Health, con una traducción de Google al español a continuación (tenga en cuenta que este último puede contener errores).

CITA: Hospital El Salvador: un paradigma novedoso de cuidados intensivos en respuesta al COVID-19 en Centroamérica

Manuel Bello y col.

Publicado: 23 de diciembre de 2020 DOI: [https://doi.org/10.1016/S2214-109X\(20\)30513-1](https://doi.org/10.1016/S2214-109X(20)30513-1)

El 18 de marzo de 2020 se confirmó el primer caso de COVID-19 en El Salvador. Al monitorear de cerca las tendencias de la pandemia en todo el mundo, 2, 3, 4 expertos



locales se dieron cuenta de que si los casos de El Salvador reflejaran las tendencias mundiales, el 20% de las personas infectadas con el síndrome respiratorio agudo severo coronavirus 2 requerirían hospitalización, y entre el 5% y el 8% requerirían una cama de UCI5. Sin embargo, sólo había 94 camas de UCI en el sistema de salud pública, distribuidas entre nueve hospitales (1 · 45 camas de UCI por cada 100 000 personas). Para el 18 de marzo, la tasa de ocupación ya era del 80%, lo que significa que solo 19 camas de la UCI estaban disponibles para pacientes críticamente enfermos con COVID-19 en todo el país ... Para evitar la crisis que se avecinaba, era urgente aumentar la capacidad de camas de la UCI y el alcance de los especialistas en cuidados intensivos. Después de múltiples consultas con funcionarios de salud pública y agencias internacionales, el gobierno decidió construir un hospital completamente nuevo exclusivamente para pacientes con COVID-19: Hospital El Salvador. La creación de Hospital El Salvador representa un enfoque único, ya que la mayoría de los países de la región optaron por establecer hospitales temporales ...

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join HIFA-Spanish: <http://www.hifa.org/join/unase-hifa-espanol>

Best wishes, Neil

Joint Coordinator, HIFA Project on Multilingualism

<http://www.hifa.org/projects/multilingualism>

## **EHS-COVID (163) Committing to implementation research for health systems to manage and control non-communicable diseases**

29 December, 2020

Below are the citation and selected extracts of a new paper in The Lancet Global Health, together with two comments from me.

Committing to implementation research for health systems to manage and control non-communicable diseases

Robert Marten et al.

Published: December 22, 2020 DOI:[https://doi.org/10.1016/S2214-109X\(20\)30485-X](https://doi.org/10.1016/S2214-109X(20)30485-X)



A 2020 WHO survey found that the ongoing COVID-19 pandemic was disrupting non-communicable disease (NCD) services in 122 (77%) of 159 countries surveyed. COVID-19 is disproportionately affecting people living with NCDs, exacerbating inequalities<sup>1</sup> and limiting interventions to control tobacco and alcohol use, create healthy diets, and promote physical activity. NCDs are already responsible for more than 70% of deaths worldwide, three-quarters of which occur in low-income and middle-income countries (LMICs). The combination of COVID-19 and NCDs also has devastating consequences for people's access to health systems...

There are three reasons why implementation research is a crucial and necessary priority. First, implementation research improves the adoption of health policies and accelerates policy action. Ongoing NCD policy implementation in many countries is weak; for example, one study found, across an average of 151 countries, not even half (49.3%) of WHO-recommended NCD policies are implemented. Implementation research can help to investigate how policies or interventions are implemented, and identify and surmount policy barriers.<sup>3</sup> It determines where and how successful policies have been implemented, and provides insights to improve the delivery of services and policy adoption. It is also a way to narrow the gap between research and practice; WHO has developed a practical guide, a toolkit, and a 2016 guide to implementation research for NCD prevention and control...

Second, implementation research accelerates the local adaptation of best practices, empowers local communities, and improves service delivery. WHO has developed a list of best buys for NCDs with affordable, feasible, and cost effective intervention strategies. However, these strategies have not yet been widely adopted...

Third, a broader, shared commitment to implementation research can enhance the adoption of national NCD strategies, create healthier populations, and accelerate progress on the Sustainable Development Goals (SDGs). Leveraging implementation research can support civil-society actors and policy makers to improve efforts to deliver services, as well as advocate for, develop, and implement more effective policies...

Comments (NPW):

1. The HIFA Evidence-Informed Policy and Practice working group seeks to build a world where every policymaker and every health professional has access to the evidence they need to accelerate progress towards universal access to quality health care and services. Improvements in health and health systems worldwide, and especially in low- and middle-income countries, are largely dependent on the translation of cumulative research evidence into policy and practice. HIFA is uniquely positioned to convene the full range of relevant stakeholders worldwide to explore how this evidence can be better translated, looking at drivers and barriers at all levels: international, national and facility level worldwide. <https://www.hifa.org/projects/evidence-informed-policy-and-practice>

HIFA stands ready to collaborate with others towards these shared goals.

2. Understanding Implementation Research: Case study from the HIFA virtual discussion

forum: [https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA\\_Case\\_Stud..](https://www.hifa.org/sites/default/files/publications_pdf/HIFA_Case_Stud..)

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Best wishes, Neil

Coordinator, HIFA Project on Evidence-Informed Policy and Practice

<http://www.hifa.org/projects/evidence-informed-policy-and-practice>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (164) NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles (5)**

30 December, 2020

Dear Colleagues,

We have updated our scientific repository. Since our last update Thursday 17 December 2020, we have added 129 NEW publications for December (55 new), November (45 new), October (17 new), September (4 new), August (3 new), July (1 new), June (1 new), May (2 new), and March (1 new).

Click here to view the updated repository <https://nam02.safelinks.protection.outlook.com/>

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All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from Israel, Brazil, the United States, Turkey, Australia, India, Ethiopia, Iran, Nigeria, Lebanon, the United Kingdom, Mexico, Ireland, China, Malta, the Netherlands, Italy, Germany, Botswana, Romania, Iraq, Spain, Pakistan, South Africa, France, Oman, Zambia, Jordan, Japan, Belgium, Switzerland, and Singapore.

Thirty-one new articles focus on COVID-19 and pregnancy. Several publications call for anxiety and depression screening among pregnant women given emerging evidence of poor mental health outcomes. One article discusses how misinformation may be causing both anxiety and delayed care-seeking among pregnant women in Pakistan, while another study examines reductions in antenatal care among women in Ethiopia. One article reviewed the challenges of implementing telemedicine in various countries for prenatal and postpartum care. Two recent studies in Mexico used hospital surveillance data to evaluate differences between pregnant and non-pregnant women in COVID-19 morbidity and mortality and examine whether risk varies by age. Another publication presents a review of international clinical trial registries at two timepoints to assess the inclusion of pregnant women in clinical trials for COVID-19 treatments.

Articles on child and adolescent health explore the impact of COVID-19 on children's mental health, sleeping patterns, screen time, physical activity, and routine vaccination. A prospective cohort study of 55 schools in Switzerland used seroprevalence data over time to evaluate SARS-CoV-2 transmission within schools; another study from the Netherlands used age-structured transmission models to evaluate the extent to which school closures can reduce community transmission of SARS-CoV-2, including comparisons by age group. One review summarized the impacts of COVID-19 lockdowns and school closures on children in South Africa while another review examined the impact of COVID-19 on the sexual health and reproductive rights of adolescent girls and young women worldwide.

Several articles in this update examine current evidence regarding vertical transmission of SARS-CoV-2. Several case reports describe SARS-CoV-2 infection in newborns and examine possible modes of transmission. One prospective cohort study followed pregnant women with SARS-CoV-2 to examine viral loads in maternal cord blood, while multiple publications from the last week alone examine evidence of

SARS-CoV-2 in the placenta. Another commentary examines evidence of reduced expression of ACE2 and TMPRSS2 receptors in the placenta, which both play a role in SARS-CoV-2 transmission. Several publications also discuss the maternal antibody response to SARS-CoV-2 during pregnancy as well as the possibility that these antibodies may be passively transferred to the fetus during pregnancy.

This is by no means an exhaustive list! Look out for our next update Tuesday, 5 January, 2021. Currently, we have almost 4000 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast Milk. <https://nam02.safelinks.protection.outlook.com/> The next update for that will be Wednesday, 30 December 2020 (tomorrow). If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

Emergency Response and Recovery Branch, Centers for Disease Control and Prevention (CDC) Atlanta

Hopkins Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health Baltimore

USA (+1) 443-707-9769 email: [mververs@cdc.gov](mailto:mververs@cdc.gov) and [mververs@jhu.edu](mailto:mververs@jhu.edu)

HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (165) Hospital El Salvador: a novel paradigm of intensive care in response to COVID-19 in central America (2)**

30 December, 2020

That was a Novel thing to do! [<https://www.hifa.org/dgroups-rss/ehs-covid-162-hospital-el-salvador-nove...>]. However, there was no mention of increasing their intensive care specialists workforce. It's not just as simple as that, am sure there were other bigger challenges they had to deal with.

Dr. Halima M. Salisu-Kabara \*RN, FWACN, PhD\*

Practice Development Consultant, Kano - Nigeria

Vice - Executive Director & Co - Founder of African Sepsis Alliance (ASA)

Board Member, Global Sepsis Alliance (GSA)

Director, Communication & Media, African Federation of Critical Care Nurses (AFCCN)

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Website: [www.africansepsisalliance.org](http://www.africansepsisalliance.org);

[www.who.int/infection-prevention/en/](http://www.who.int/infection-prevention/en/)

HIFA profile: Halima Salisu-Kabara is Section Head/Coordinator at the Aminu Kano Teaching Hospital in Nigeria. Professional interests: Workforce development, Sepsis Research training and education, Infection Prevention and Control. sdysalisu AT gmail.com

## **EHS-COVID (166) Impact of pandemic on health workers (4) Nigeria**

30 December, 2020

Dear HIFA colleagues,

Our colleagues at Nigeria Health Watch have published a valuable piece comprising voices from the front lines of health care. Below are extracts.

Full text here:

<https://nigeriahealthwatch.com/no-retreat-no-surrender-celebrating-front...>

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## Nigeria Health Watch: Celebrating frontline responders in the fight against COVID-19 in Africa...

We at Nigeria Health Watch spoke to some frontline workers, asking them to share their experiences and challenges in 2020 in relation to dealing with the pandemic, and their expectations for 2021. We curate a few of their thoughts below.

“The COVID-19 pandemic has taught me that we don’t have a health system in this country... we are lucky that the pandemic wasn’t as terrible as it was in Europe. It’s been difficult to have to deaden my conscience not to work because I don’t have equipment to do the work. You have a patient that you have to see but you don’t have what to use to see the patient, basic things, basic PPEs, you don’t have it available and you have to make a lot of noise before those things are released.” - Dr Osarhiemen Iyare, Medical Doctor, Abakaliki.

“Dealing with COVID-19 has made me understand that with effective health measures, we can live healthy and normal lives as long as we follow the WHO recommended guidelines for prevention of the novel coronavirus. The most difficult thing about being a frontline responder is the risk of acquiring this disease while trying to save lives. I am most proud that even with rising cases and deaths every day we have been able to show up and do our best to save lives. I hope that this coming year, every individual will understand the implication of this disease to our community and participate in the implementation of all preventive measures to fight this disease.” - Tyfang Myra Wakuna, Medical Doctor, Cameroun

“... The most frustrating thing about being a frontline worker is the flouting of COVID-19 protocols by leaders in the society fueling disbelief amongst the rest of the population and the associated spread, sickness and deaths. I’m grateful for every opportunity I have had to help communities and local hospitals understand and cope with COVID-19...” - Dr Oladapo Asiyanbi, Medical Doctor, Lagos State.

“... The most difficult thing about being a frontline responder is the "myths" surrounding the epidemic. I’m proud of each opportunity I get to educate people about the misconceptions surrounding COVID-19. In the coming year, I hope for honesty in the part of the government than playing politics with the pandemic.” - Christian Nnoli - Physiotherapist, Abuja...

“As a health worker one of the most significant things that dealing with COVID-19 has taught me is the need to go back to the health practices we had neglected. Practices like frequent washing of hands, the use of sanitisers, and physical distancing. The most difficult thing about being a front-line responder is getting people to understand that COVID-19 is real and practice safety guidelines. It is also working with the fear of being infected by the virus. I’m proud of being able to save lives and contribute positively to providing adequate health care and communicating right information to my clients and patients. Next year, I look forward to tremendous

improvement in our Nigerian health sector.” - Mrs Olukoya Faith Ngozi Aleyakpo, Matron, Abuja.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (167) COVID-19, family planning, and empowerment**

30 December, 2020

'The combination of stay-at-home orders, overwhelmed health care systems, and simply fear of contagion will likely increase the demand for self-care, defined by the World Health Organization as: The ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health care provider.'

The above is one of the key messages of a paper (June 2020) in Global Health: Science and Practice. Below are the citation and key messages, and a comment from me.

CITATION: Doing Things Differently: What It Would Take to Ensure Continued Access to Contraception During COVID-19

Michelle Weinberger, Brendan Hayes, Julia White and John Skibiak

Global Health: Science and Practice June 2020, 8(2):169-175; <https://doi.org/10.9745/GHSP-D-20-00171>

### **KEY MESSAGES**

COVID-19 may fundamentally change women's contraceptive use, thus altering the range of

supplies that will be required in the near term. Policy makers will need to consider country realities and explore service delivery adaptations to meet these changing needs. Existing data can quantify potential shift in contraceptive use to help inform decisions.

Donors, policy makers, and program planners may need to revisit supply plans and the use of financing to ensure that contraception is effectively sustained...

Each country's response will vary depending on how the COVID-19 pandemic unfolds and what choices women make about their continued contraceptive use.

We are entering a disruptive phase for essential health services—hopefully a comparatively short-lived phase—but one that could dramatically change both the content of national family planning programs and the ability of those programs to meet client needs. In the short term, it is important to review procurement plans and programs developed before physical distancing to identify any mismatch with current reality and explore ways to meet current needs. Now more than ever, we must bridge the often-siloed discussions about product and program to minimize the potentially devastating consequences of COVID-19 on women and girls around the world.

COMMENT (NPW): There is indeed a strong case for a greater focus in 2021 on empowerment. Empowerment of the general public, caregivers and health workers with the reliable healthcare information they need to protect their own health and the health of those for whom they are responsible. This is especially important in low-resource settings where trained health workers may not be readily available.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

Source link:

## **EHS-COVID (168) Society for the Advancement of Science in Africa (SASA) & Ugandan Ministry of Health. Final Covid-19 Webinar - January 14, 2021**

1 January, 2021



Topic: Health Research, Policy, & Care Across Africa in the Age of the COVID-19 Pandemic

Program & Zoom Link: <https://sasascience.org/conference/2020-event-program/>

Start Time: 9.30 EST Toronto - 14:30 UTC - 17:30 EAT Kampala

HIFA profile: Sam Lanfranco is Professor Emeritus & Senior Scholar at York University, Toronto, Ontario, Canada. <http://samlanfranco.blogspot.com> . He was formerly chair of the Canadian Society for International Health, and runs the health promotion list CLICK4HP. Lanfran AT Yorku.ca

## **EHS-COVID (169) WHO Regional Office for Europe webinar series on the Covid-19 response**

5 January, 2021

With thanks to HIFA country representative for Croatia Irina Ibraghimova and LRC Network. Times are CET, Central European Time.

19 Jan

12:00-13:00

COVID-19, remote consultations and the future of doctor-patient interaction

Keynote: Erica Richardson, European Observatory on Health Systems and Policies

Register here: [https://us02web.zoom.us/webinar/register/WN\\_vO24gL-eQgqSOe6Se6kXlg](https://us02web.zoom.us/webinar/register/WN_vO24gL-eQgqSOe6Se6kXlg)

26 Jan

12:00-13:00

COVID-19 Apps and the future of digital technologies

Keynote: Nick Fahy, University of Oxford

Register

here: [https://us02web.zoom.us/webinar/register/WN\\_W6TpqccOTEaaA4RQ\\_pgVpw](https://us02web.zoom.us/webinar/register/WN_W6TpqccOTEaaA4RQ_pgVpw)

02 Feb

12:00-13:00

COVID-19 lockdowns and their broader impact: social costs and potential co-benefits

Keynote: Bernd Rechel, European Observatory on Health Systems and Policies

Register

here: <https://us02web.zoom.us/j/85982967047?pwd=ZEtda2t0M0t2cWlFMElxSmPjU0gxQT...>

09 Feb

12:00-13:00

COVID-19 and Health financing: Sustainability and crisis budgets during the pandemic

Keynote: Jon Cylus, European Observatory on Health Systems and Policies

Register

here: <https://us02web.zoom.us/j/88226716336?pwd=a1Z6WDFkTGdVWkdOL252VUtnSXY2QT09>

<https://www.covid19healthsystem.org/Webinars.aspx>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (170) New Date: SASA/Uganda MOH Covid19 Webinar Moved to January 28th - to avoid conflict with January 14th Ugandan Election**

7 January, 2021

The SASA/Uganda Ministry of Health Webinar has been moved to January 28th (from January 14th)

to avoid conflict with the January 14th Ugandan Election (which may disrupt Internet access)

Website Link: <https://sasascience.org/conference/2020-event-program/> with dial in information

Zoom

Room: <https://us02web.zoom.us/j/9599555278?pwd=SlBIemluS0pSa0hEZ3Y0L1VUYk9Cdz09>

**HIFA profile: Sam Lanfranco is Professor Emeritus & Senior Scholar at York University, Toronto, Ontario, Canada. <http://samlanfranco.blogspot.com> . EHS-COVID (171) Strengthening Regional Health Systems Response to COVID-19**

11 January, 2021

The announcement below is forwarded from the Asia eHealth Information Network.

Please join us on January 14, 2021 (Thursday) at 7:00-9:00 pm Manila time for the second day of our 7th AeHIN General Meeting with the theme, "Strengthening Regional Health Systems Response to COVID-19."

On Day 2 (January 14), we will witness the launching of AeHIN Marketplace, a virtual booth space where 20+ groups will showcase their digital health initiatives for COVID-19 response.

If you have missed the first day of the #AEHIN7GM, you may visit our conference website <https://7gm.asiahealthinformationnetwork.org/video-on-demand> for the recording.

We hope to see you again!

Please note the following details to assist you in joining the event smoothly.

**JOINING THE VIRTUAL CONFERENCE**

Platform Link:

[7gm.asiahealthinformationnetwork.org/login](https://7gm.asiahealthinformationnetwork.org/login)

**TECHNICAL PREREQUISITES**

Internet Bandwidth: At least 10Mbps

Internet browser: Google Chrome, Firefox 3.6+, iPhone/iPad: Safari/iOs 5.1+, Android Phone/Tablet: OS 2.3 or higher. Chrome or Firefox are recommended for the

best experience.

**\*\*Refer to the FAQ for detailed technical prerequisites.**

## IMPORTANT NOTES

Your login credentials are only allowed for a single device. If you are logged in to another device, you will be logged out from the first.

For optimal experience, you are advised to participate in the conference/congress via COMPUTER or LAPTOP. Participating via portable devices such as smartphones, tablets, iPad etc. are not encouraged.

You may refer to the Programme and FAQ for further assistance.

Kindly contact the support team at [aeheinmalaysia@gmail.com](mailto:aeheinmalaysia@gmail.com) prior to and during the event for further enquiries. Save your date!

Regards,

AeHIN Secretariat

E:[secretariat@aehein.net](mailto:secretariat@aehein.net)

W: <https://www.asiaehealthinformationnetwork.org/7gm/>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

He was formerly chair of the Canadian Society for International Health, and runs the health promotion list CLICK4HP. Lanfran AT Yorku.ca

## **EHS-COVID (172) Webinar: Covid-19's impact on women's health**

12 January, 2021

Dear HIFA network,

I thought you might be interested in this webinar on the impact of covid-19 on women's health and the role of technology in increasing access to much needed women's healthcare.

\*The Impact of COVID-19 on Women's Health\*

\*Date: Wednesday 20 January, 2021\*

\*Time: 09:00 AM Eastern Time (US and Canada)Register here:\*

[https://zoom.us/webinar/register/WN\\_NtkxKAPzS7SWe0cHZBoi6A](https://zoom.us/webinar/register/WN_NtkxKAPzS7SWe0cHZBoi6A)

Women's health was deeply affected by COVID-19, on many levels. Clinics were actively encouraged to put off regular screening and treatments, hospitals sought to distant pregnant women from other patients due to the added risk of the disease, and women bore the burden disproportionately of stay-at-home orders. According to the UN Population Fund

[https://5006h.r.a.d.sendibm1.com/mk/cl/f/kCeCW-zKUmaFidU8zPVM\\_hsHmsiLQgO...](https://5006h.r.a.d.sendibm1.com/mk/cl/f/kCeCW-zKUmaFidU8zPVM_hsHmsiLQgO...),

the effect on women's and girls' sexual health is nearly unprecedented.

In this webinar, CoVelocity has invited three innovative leaders who are dedicated to improving women's health, and have been wrestling with the effects of the pandemic. We have asked each of these innovative leaders to apply their unique lens -- as technologists, public health professionals, and clinicians -- to share with us their view of how COVID-19 has impacted women's health and what we need to do to get back on track towards more equitable access to healthcare.

Please join us to learn from Dr. Miriam Cremer, Vibhav Joshi, and Erika Brodnock as they explore the impact of the pandemic on Women's Health, and help us explore ways to address the myriad challenges facing women and women's health professionals who seek to build a healthier, more equitable world.

Sign-up for the webinar here

<https://5006h.r.a.d.sendibm1.com/mk/cl/f/O1wv324GChRYXE90ccL8ChTTtMmLvYj...>

\*Yael Misrahi\* General Partner

\*CoVelocity\*

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Website: [covelocity.health](http://covelocity.health)

HIFA profile: Yael Misrahi is a General Partner at CoVelocity, UK. Interests: Healthcare, Innovation, AI, telemedicine. ym AT [covelocity.health](mailto:ym AT covelocity.health)

## **EHS-COVID (173) New WHO tool to help countries advance towards universal health coverage**

12 January, 2021

Dear HIFA colleagues,

As we continue to explore how to maintain essential health services during the COVID pandemic (and beyond) I was reminded of the new decision-making tool from WHO: the UHC Compendium, launched a few weeks ago.

The UHC Compendium is described in the press release below.

Does anyone have experience of using the UHC Compendium? Have you used it in relation to maintaining essential health services during the COVID pandemic?

I was unable to find reference to COVID in the Compendium (albeit with a quick search). I have invited the authors to join us.

Also, we talk of 'universal health coverage' as a package of services that varies between countries, and similarly 'essential health services' are defined nationally. I would welcome your thoughts and insights on how these interrelate, and how they are operationalised during the COVID pandemic.

New WHO tool to help countries advance towards universal health coverage

11 December 2020

<https://www.who.int/news/item/11-12-2020-new-who-tool-to-help-countries-...>

One of WHO's 3 strategic goals is to ensure that an additional 1 billion people in the world are protected by universal health coverage (UHC) by 2023 – able to access the services they need to keep healthy, without falling into poverty as a result.

A key step in making this a reality is for countries to be able to work out what services their people need and how to provide them.

WHO's new UHC Compendium, the product of a wide-ranging multi-year collaboration across WHO programmes and partners, is designed to help them do just this.

Basically a toolbox for countries to build packages of essential services, the Compendium offers national health authorities and decision-makers a database of over 3500 health actions across all health areas from which they can choose when planning and budgeting their health programmes.

The Compendium brings together evidence, guidance, resource inputs and cost analysis into one go-to platform. In addition, it gives tips and options for choosing among the most cost-effective actions to develop a comprehensive package suited to national context.

The database provides a global reference point for how to organize and present information on health interventions for UHC across the full life course and for all diseases, and includes a diverse set of actions spanning prevention, rehabilitation, and treatment, as well as inter-sectoral interventions.

Version 1.0 of the Compendium focuses on clinical health services that can be grouped dynamically into categories such as health programmes, life-course stage, and sustainable development goals.

For example, the Expanded Program for Immunization (EPI) can filter health actions related to immunization to see the relevant health actions in a table.

So country users can refer to the UHC Compendium as a one-stop shop to inform decisions around which services to consider for provision within their system. In forthcoming versions, users will be able to view resource needs, costs and other information to guide their prioritization process.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (174) New WHO tool to help countries advance towards universal health coverage (2)**

13 January, 2021

Dear Neil

Thanks for bringing attention to this. I've now had a look and completed the WHO 2 min survey.

It's hard to comment on some of your points as a lot doesn't seem to be live yet does it? The references aren't hyperlinked or is it operator error (ie me!).

Anyway, here are some of my thoughts:

It would be great if there was a tool that enabled you to calculate both the value to a population and the cost of achieving it. This would need a tool that offered you:

1. Latest data on cost-effectiveness with references
2. A way to calculate the size of the population who would benefit (expressed as rate per 100,000) and references to support that
3. Price ranges - what do the interventions currently cost in a range of settings (which is different from their cost-effectiveness).

It looks as if some of that is work in progress?

Meanwhile, there is a tool that creates visualisations that enables stakeholders to come together to discuss:

<https://www.health.org.uk/funding-and-partnerships/programmes/star-a-too...>

It would be good if the WHO tool could do this.

If you take a single example, asthma. There are a number of interventions listed, but actually, there isn't guidance about priority order. What we know is that there is a



priority order, and at the top is universal access to affordable inhaled corticosteroids, devices (spacers), plus primary care education about chronic disease management and incentives to diagnose.

Thanks

Sian

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

## **EHS-COVID (175) Impact of pandemic on health workers (5) Abuse of health workers**

13 January, 2021

Dear HIFA colleagues,

I was outraged to learn today that exhausted NHS (UK) health workers treating COVID patients are receiving a torrent of abuse from the general public. This abuse is fuelled by false beliefs that COVID is a hoax or a conspiracy. This must be hugely distressing to health workers at a time when they need the most support.

Meanwhile we hear that nearly half of NHS critical care staff are currently suffering from Post Traumatic Stress Disorder, depression or anxiety. <https://www.theguardian.com/society/2021/jan/13/nhs-icu-staff-ptsd-sever...>

Below are extracts from as BBC news item and video: <https://www.bbc.co.uk/news/av/uk-england-london-55616041>

'Dr Samantha Batt-Rawden, an intensive care registrar, says NHS staff are facing "devastating" abuse online and at protests.

"We've actually had a lot of abuse, particularly on social media, it's mainly around that COVID is a hoax or a conspiracy, so people not believing NHS staff who are trying to speak up about how bad things are on the front line. I'm getting 20-30 abusive messages every day"

Examples include:

"You chose your job. Deal with it"

"You don't give a damn about our lives"

"I'm not responsible for anyone's life except my own"

"I couldn't care less who I apparently murder by not wearing a mask"

In response Dr Batt-Rawden, who is president of the Doctors' Association UK, started her own campaign for people to post blue hearts on social media to show their support for health workers.

I am liaising with our HIFA social media team to add a blue heart to HIFA social media pages in solidarity: not only for the NHS (UK) but for health workers worldwide.

Are health workers in other countries receiving similar abuse?

Best wishes, Neil

Coordinator, HIFA project on COVID-19, supported by University of Edinburgh

<https://www.hifa.org/projects/covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (176) Working COVID-19: Study Participation Invitation for Nurses & Midwives**

13 January, 2021

Greetings,

This is an invitation to participate in a global comparative study of nurses and midwives' experiences working during the global coronavirus pandemic. The Spanish version of the study was developed at the request of Juanita Jimenez, former chief nurse of Mexico.

For English: [https://nyu.qualtrics.com/jfe/form/SV\\_5iJnAvi5zwke8QJ](https://nyu.qualtrics.com/jfe/form/SV_5iJnAvi5zwke8QJ)

For Spanish/Para Español: [https://nyu.qualtrics.com/jfe/form/SV\\_29uz72e6b2ff9IN](https://nyu.qualtrics.com/jfe/form/SV_29uz72e6b2ff9IN)

This study has been approved by the New York University Institutional Review Board (#IRB-FY2020-4440) with European Union data protections in place for fully anonymized responses.

Please encourage your nursing and midwifery colleagues around the world to complete the study. It takes about 20 minutes and can be completed on a smart phone.

Questions? Please feel free to email me directly, Dr. Allison Squires, at [aps6@nyu.edu](mailto:aps6@nyu.edu).

Many thanks,

Allison

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Saludos cordiales,

Esto es una invitación a participar en una investigación global sobre las experiencias de enfermeras y parteras trabajando durante la pandemia del coronavirus. La versión Español fue pedido por Juanita Jiménez, la ex-jefa

de enfermería de México.

Para completarse en

Español: [https://nyu.qualtrics.com/jfe/form/SV\\_29uz72e6b2ff9IN](https://nyu.qualtrics.com/jfe/form/SV_29uz72e6b2ff9IN)

Para completarse en

Ingles: [https://nyu.qualtrics.com/jfe/form/SV\\_5iJnAvi5zwke8QJ](https://nyu.qualtrics.com/jfe/form/SV_5iJnAvi5zwke8QJ)

Esta investigación fue aprobado por la Universidad de Nueva York y su comité de ética (#IRB-FY2020-4440) con protecciones del Unión Europeo para respuestas totalmente anónimas.

Por favor, responde a la encuesta y apura a sus colegas de enfermería y partería por todos lados del mundo a participar. Toma aproximadamente 20 minutos a completársela y puede ser completado en un “Smart phone”.

Preguntas? Con gusto recibo su correo electrónico en [aps6@nyu.edu](mailto:aps6@nyu.edu), Dra. Allison Squires.

Muchisimas gracias,

Dra. Allison

\*Allison Squires, PhD, RN, FAAN\*

Associate Professor & Director, Florence S. Downs PhD Program in Nursing

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Associate Editor – International Journal of Nursing Studies

2019 Impact Factor 3.78! 5 year Impact factor

## **EHS-COVID (177) Webinar: Impact Investing to Build Back Better After COVID 19**

13 January, 2021

Hi everyone.

Happy New Year!

Are you interested in learning about the role of impact investing in building back a better world? Join us on Thursday, January 28th for another exciting and cutting edge event hosted by the New York Financial Women's Association, Impact Investing committee.

Innovation in Healthcare: Role of Impact Investing to Build Back Better After COVID 19

[https://www.fwa.org/events/event\\_details.asp?legacy=1&id=1453372](https://www.fwa.org/events/event_details.asp?legacy=1&id=1453372)

\*Thursday, January 28th 5:00 - 6:00 pm EDT\*

I would love to hear your perspectives during the Q&A! Also, please feel free to share this invite with anyone who might be interested in learning directly from investors in the health space.

Best,

Estefania Palomino, LL.M

[www.linkedin.com/in/estefaniapalomino](http://www.linkedin.com/in/estefaniapalomino)

HIFA profile: Estefania Palomino is CEO and Founder of Aleph Consulting in the USA. estefaniapalomino AT gmail.com

## **EHS-COVID (178) Webinar: Covid-19's impact on women's health**

14 January, 2021

Dear Yael and all,

Thank you for your message and we look forward to join you for the webinar on the impact of covid-19 on women's health and the role of technology in increasing access

to much needed women's healthcare, on Wednesday 20 January, 2021.

Register here: [https://zoom.us/webinar/register/WN\\_NtkxKAPzS7SWe0cHZBoi6A](https://zoom.us/webinar/register/WN_NtkxKAPzS7SWe0cHZBoi6A)

You note that 'Women's health was deeply affected by COVID-19, on many levels. Clinics were actively encouraged to put off regular screening and treatments, hospitals sought to distant pregnant women from other patients due to the added risk of the disease, and women bore the burden disproportionately of stay-at-home orders.' and pointed us to a Comment in The Lancet (August 2020) titled COVID-19 has "devastating" effect on women and girls.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext)

I would like to invite you, the panellists for the webinar, and all HIFA members to share your experience and observations on this issue. Together over the next few days we can build a picture of experience at country and facility level on the impact of COVID-19 on women and girls. All: please email your contributions to [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks and best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (179) Second year of pandemic 'could even be tougher': WHO's Ryan**

14 January, 2021

News item from Reuters and a comment from me below.

<https://www.reuters.com/article/us-health-coronavirus-who/second-year-of...>

GENEVA (Reuters) - "The second year of the COVID-19 pandemic may be tougher than the first given how the new coronavirus is spreading, especially in the northern hemisphere as more infectious variants circulate, the World Health Organization (WHO) said on Wednesday.

"We are going into a second year of this, it could even be tougher given the transmission dynamics and some of the issues that we are seeing," Mike Ryan, the WHO's top emergencies official, said during an event on social media.

"We need to look at what's worked in every country and transfer that knowledge to others, things that work in communication, things that have not worked, things that have worked in governance or not worked, things that have worked in science, or not worked, we've got to find the best, we've got to find the best possible combination of all that learning across all of our member states.."

This last comment is especially relevant to our current discussion on how to maintain essential health services during the pandemic. I invite HIFA members to share experience - what has worked and what hasn't - across all domains. As Shams Syed (WHO) said a few days ago here on HIFA: "Lives depend on how we respond."

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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**EHS-COVID (180) BBC: Covid-19 surge leaves key hospital services in crisis**

14 January, 2021

The increase in COVID cases in the UK 'has left key hospital services in England in crisis', doctors are warning.

Below are extracts from a BBC news item today. What is the situation in your country?

NHS data showed A&Es were facing rising delays admitting extremely sick patients on to wards.

Meanwhile, the total number of people facing year-long waits for routine treatments is now more than 100 times higher than it was before the pandemic.

Cancer experts are also warning the disruption to their services was "terrifying" and would cost lives.

Reports have emerged of hospitals cancelling urgent operations - London's King's College Hospital has stopped priority two treatments, which are those that need to be done within 28 days.

And Birmingham's major hospital trust has temporarily suspended most liver transplants.

It comes after a surge in Covid patients in recent weeks.

One in three patients in hospital have the virus - and at some sites it is more than half...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (181) Nigeria: "Our beds are fast filling up in our treatment centres"**

15 January, 2021

BREAKING NEWS By Sola Ogundipe, Omeiza Ajayi, Emmanuel Elebeke & Gabriel Olawale -

National Coordinator of the Task Force, Dr Sani Aliyu, noted that the PTF would soon review the safety protocols to target night crawlers who violate the current safety precautions. "Our beds are fast filling up in our treatment centres and you don't want to be in a situation where decision is taken as to whether you should be put on oxygen or a ventilator.

COVID-19: Minister explains 'why we can't produce vaccines in Nigeria' ON JANUARY 12, 2021 8:15 AM IN NEWS

[Note from HIFA moderator NPW: Extracts below. Read in full online: <https://www.vanguardngr.com/2021/01/covid-19-minister-explains-why-we-ca...> ]

The Federal Government, yesterday, expressed concern over the large crowd of Nigerians besieging offices of National Identity Management Commission, NIMC, nationwide for National Identification Number, NIN, enrollment, saying it may suspend the process to prevent the spread of COVID-19...

The poor also die of COVID-19. Mamora, who expressed worry over the attitude of Nigerians towards the COVID-19 safety guidelines, said it was not true that only the wealthy were dying as a result of the infection. "I am worried about the attitude of our people generally in terms of non-compliance, particularly with respect to non-pharmaceutical interventions. If you go out there, you still see a lot of people who are not bothered in terms of their attitude of not wanting to use the face mask or when it is used, it is inappropriately worn.

"You still see people in large gatherings hosting parties as if nothing is happening. A few states are putting in place enforcement measures. However, the rising figures daily are of huge concern and the deaths that we are recording on daily basis are also of concern... the nation's health care infrastructure was greatly strained as the country was now at a critical level in its hospital capacity...

Director General of the Nigeria Centre for Disease Control (NCDC), Dr Chikwe Ihekweazu, on his part, lamented that hospital capacity in several towns had reached a critical level. He said: "We are reaching a critical level with our hospital capacity in

many towns in Nigeria and we must begin to protect our most vulnerable as we get deeper into this phase of the outbreak. Remember this virus is not tired and it is taking advantage of our tiredness and fatigue.”...

HIFA profile: 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](http://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

## **EHS-COVID (182) Impact of COVID-19 on cancer services in Africa**

15 January, 2021

A new review published in *ecancer* highlights and contextualizes the impact of the COVID-19 pandemic across the cancer prevention, treatment and research landscapes within the African region. The article calls for a risk-adjusted and multidisciplinary approach in order to mitigate the further impact of the pandemic's disruption on cancer patients, their families and healthcare providers.

The article is open access and can be read

here: <https://ecancer.org/en/journal/article/1170-impact-of-the-covid-19-pande...>

Katie Foxall

Head of Publishing

+44(0) 117 942 0952

13 King Square Avenue, Bristol,

BS2 8HU, UK

HIFA profile: Katie Foxall is Head of Publishing at eCancer, Bristol, UK. [katie AT ecancer.org](mailto:katie@ecancer.org)

## **EHS-COVID (183) Role of community health workers**

15 January, 2021

Dear HIFA colleagues,

This paper was originally published in June 2020 and notes that CHWs 'are poised to play a pivotal role in fighting the pandemic'. Does anyone have any experience/observations on the role of community health workers more recently?

Also, are CHWs being adequately supported in their expanded roles? In November, HIFA member Henry Perry drew attention to the need to give priority to the immunization of frontline health workers, including community health workers. Are the right steps being taken to ensure this?

CITATION: Ballard M, Bancroft E, Nesbit J, et al. Prioritising the role of community health workers in the COVID-19 response. *BMJ Global Health* 2020;5:e002550. (June 2020)

<https://gh.bmj.com/content/5/6/e002550>

### **Abstract**

COVID-19 disproportionately affects the poor and vulnerable. Community health workers are poised to play a pivotal role in fighting the pandemic, especially in countries with less resilient health systems. Drawing from practitioner expertise across four WHO regions, this article outlines the targeted actions needed at different stages of the pandemic to achieve the following goals: (1) PROTECT healthcare workers, (2) INTERRUPT the virus, (3) MAINTAIN existing healthcare services while surging their capacity, and (4) SHIELD the most vulnerable from socioeconomic shocks. While decisive action must be taken now to blunt the impact of the pandemic in countries likely to be hit the hardest, many of the investments in the supply chain, compensation, dedicated supervision, continuous training and performance

management necessary for rapid community response in a pandemic are the same as those required to achieve universal healthcare and prevent the next epidemic.

#### Summary box

- Community health workers (CHWs) are poised to play a pivotal role in fighting the pandemic, especially in low-income countries with vulnerable health systems.
- The COVID-19 response must build on existing platforms, infrastructure and relationships wherever possible; the focus should be on supporting the Ministries of Health and regional authorities as they lead coordinated responses.
- Immediate investment in community health systems will help achieve the following goals: PROTECT healthcare workers, INTERRUPT the virus, MAINTAIN existing healthcare services while surging their capacity, and SHIELD the most vulnerable from socioeconomic shocks.
- Achieving these goals will require targeted actions at different stages of the pandemic. These actions are delineated in the article.
- Many of the investments in the supply chain, compensation, dedicated supervision, continuous training and performance management necessary for rapid community response in a pandemic are the same as those required to achieve universal health care and prevent the next epidemic.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Coordinator, Empowering Community Health Workers (CHWs) to accelerate progress towards Universal Health Coverage

HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

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four languages in collaboration with WHO. Twitter: @hifa\_org FB:  
facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (184) Impact of pandemic on health workers (6) Health and social care staff must be vaccinated now, says BMA**

15 January, 2021

Citation and extracts below from a news item in The BMJ (16 Jan). 'Why were doctors and nurses not at the front of the queue?' asks editor-in-chief Fiona Godlee. <https://www.bmj.com/content/372/bmj.n96>

Protecting the health of the health workforce is vital to support COVID patients as well as maintaining essential health services. What is the policy in other countries?

CITATION: Health and social care staff must be vaccinated now, says BMA

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n60> (Published 08 January 2021)

Cite this as: BMJ 2021;372:n60

'The BMA has made an urgent call for all health and social care workers to be vaccinated by the end of January and for those at greatest risk of contracting covid-19 to be vaccinated within two weeks. It said that this was essential, to protect an already depleted workforce and to help prevent the NHS becoming overwhelmed in the next three weeks...

The BMA's chair of council, Chaand Nagpaul, said, "There are almost 27 000 patients with covid-19 being treated in hospitals in England—an increase of more than 50% since Christmas Day. Hospitals are becoming like war zones, and healthcare workers are the exhausted foot soldiers on the front line. GPs are similarly pushed to the limit, delivering an unprecedented mass vaccination programme in the community seven days a week.

"All of these workers are at constant risk of becoming infected, yet they are, beyond all doubt, the most important cog in the covid-19 'care machine.' If they fall ill with the virus and cannot work there will be reduced care, fewer vaccinations given, fewer medical procedures, and fewer patients getting better and going home from hospital, where they may then need GP care. They are also at huge risk and working often 18 hour days."

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (185) Medical education during the COVID-19 Pandemic**

15 January, 2021

This paper looks at the impact of COVID-19 on medical education. The authors note that 'The disruptive effect of COVID-19 has been particularly severe for senior medical students whose teaching takes place mostly in clinical settings'. The paper looks specifically at medical education, but clearly COVID-19 is presenting challenges to education across the health sciences, including nursing and midwifery.

'Disruption of medical education globally, caused by the burden of COVID-19, is likely to continue through the coming months or even years'. The authors propose 'an international networking framework to foster cooperation for improving eLearning delivery in LMICs by creating opportunities for exchanging study materials, ideas, and best practices'.

CITATION: Global Access to Technology-Enhanced Medical Education During the COVID-19 Pandemic: The Role of Students in Narrowing the Gap

Aleksander Dawidziuk, Michal Kawka, Bartosz Szyszka, Ignatius Wadunde and Aastha Ghimire

Global Health: Science and Practice January 2021, <https://doi.org/10.9745/GHSP-D-20-00455>

Although some medical education institutions in high-income countries have the capacity to shift education to eLearning during the COVID-19 pandemic, educational institutions in low- and middle-income countries might struggle to fully implement it. We argue for medical students to advocate for national and international collaboration in adopting technology-enhanced learning globally.

## KEY MESSAGES

- The COVID-19 pandemic has severely affected medical education worldwide. With clinical placements suspended and social distancing rules in place, medical education institutions transitioned to online education to compensate for canceled in-person teaching.
- Although some institutions in high-income countries had the residual capacity to shift their education model to eLearning, educational institutions in low- and middle-income countries may have struggled to fully implement novel solutions due to obstacles such as slow and unstable bandwidth, limited access to computer facilities, and insufficient funding to develop online platforms.
- Some solutions have been postulated, but this issue has yet to be addressed. We argue that medical students have the responsibility to advocate for national and international collaboration to accelerate the adoption of technology-enhanced learning and hybrid teaching models globally.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (185) Impact of pandemic on health workers (7) Protecting health workers in India**

16 January, 2021

By contrast with the UK, where the elderly are prioritised for vaccination over health workers, India has resolved to vaccinate an estimated 10 million health workers in the first round.

<https://www.bbc.co.uk/news/world-asia-india-55632782>

'Prime Minister Narendra Modi launched the programme, which aims to vaccinate more than 1.3 billion people against Covid. He paid tribute to front-line workers who will be the first to receive jabs...

"They stayed away from their families to serve humanity. And hundreds of them never went home. They gave their life to save others. And that is why the first jabs are being given to healthcare workers - this is our way of paying respect to them."

Best wishes, Neil

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## **EHS-COVID (186) WHO: Infection prevention and control guidance for long-term care facilities in the context of COVID-19 update**

16 January, 2021

'Long term care facilities are high-risk settings for transmission of COVID-19 to and among residents and staff. Residents of these facilities are at a higher risk of developing severe disease and death because they tend to be older and to have underlying medical conditions and/or functional decline.'

WHO has issued new guidance on infection prevention and control in these settings:

Infection prevention and control guidance for long-term care facilities in the context



of COVID-19 update

Interim guidance

8 January 2021

[https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC\\_long\\_term\\_care...](https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_long_term_care...)

## Overview

This interim guidance is for LTCF managers and corresponding infection prevention and control (IPC) focal persons in LTCF and updates the guidance published in March 2020. The objective of this document is to provide guidance on IPC in LTCFs in the context of COVID-19 to 1) prevent COVID-19-virus from entering the facility and spreading within the facility, and 2) to support safe conditions for visiting through the rigorous application of IPC procedures for the residents' well-being. WHO will update these recommendations as new information becomes available. All technical guidance for COVID-19 is available online.

In the UK, deaths have disproportionately been among residents of LTCFs, especially during the first wave. I look forward to learning what is happening in your country with respect to protecting residents and staff of LTCFs.

Also, I invite comment on a different but related issue: Residents of LTCFs have very high levels of need for non-COVID essential health services. To what extent has the COVID-19 pandemic impacted on the provision of such services? Please share your observations: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Many thanks, Neil

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**EHS-COVID (187) Webinar: Covid-19's impact on women's health (3)**

16 January, 2021

Further to Yael Misrahi's announcement of a webinar on this subject

[<https://www.hifa.org/dgroups-rss/ehs-covid-172-webinar-covid-19s-impact-...>] I would like to highlight a report in The Lancet, which gives back ground on this issue. Citation and extracts below, and a comment from me.

CITATION: COVID-19 has “devastating” effect on women and girls

Sophie Cousins

WORLD REPORT| VOLUME 396, ISSUE 10247, P301-302, AUGUST 01, 2020

Published: August 01, 2020 DOI:[https://doi.org/10.1016/S0140-6736\(20\)31679-2](https://doi.org/10.1016/S0140-6736(20)31679-2)

In response to COVID-19, in March, WHO issued interim guidance for maintaining essential services during an outbreak, which included advice to prioritise services related to reproductive health and make efforts to avert maternal and child mortality and morbidity...

As the pandemic spread, many countries implemented tough lockdowns and travel restrictions in a bid to slow transmission. In doing so, some governments did not heed WHO's advice, and instead forced sexual and reproductive health services to close because these services were not classified as essential. These services include abortion or even, as Human Rights Watch has reported in Brazil, contraception. This decision not only denied women and girls access to time-sensitive—and potentially life-saving—services, but also further distanced them from already difficult-to-access sexual and reproductive health care...

Natalia Kanem, executive director of the UN Population Fund (UNFPA), told The Lancet that she was concerned about the effect COVID-19 was having on women and girls. “In a word, it is devastating. There are many women in situations of desperation right now and all this tallies up to devastating health and social consequences for that woman, for that girl, for that family, for that community”, she said. “We were doing okay, we still needed to accelerate progress, but now here you have a situation where we could actually go backward. It's unacceptable.”

UNFPA predicts there could be up to 7 million unintended pregnancies worldwide because of the crisis, with potentially thousands of deaths from unsafe abortion and complicated births due to inadequate access to emergency care. Kanem added that she was particularly concerned about “the skyrocketing of gender-based violence”, which she said was a “pandemic within a pandemic and it's very much on my mind”.

COMMENT (NPW): The report was written in August. What has happened since then, and what is the situation in specific countries? What are the barriers and drivers to quality health care? What measures have been taken to deal with the situation, and have these helped?

Register for the webinar

here: [https://zoom.us/webinar/register/WN\\_NtkxKAPzS7SWe0cHZBoi6A](https://zoom.us/webinar/register/WN_NtkxKAPzS7SWe0cHZBoi6A)

\*The Impact of COVID-19 on Women's Health\*

\*Date: Wednesday 20 January, 2021\*

\*Time: 09:00 AM Eastern Time (US and Canada) Register here:\*

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (188) Evaluating epidemic response in humanitarian and low-income settings: A systematic review**

16 January, 2021

This systematic review was published in November 2020. It is based on research before COVID (up to and including 2019), but in the full text the authors point out that 'the gaps identified in this review are particularly pertinent to future evaluations of the COVID-19 pandemic which has reached most low-income and humanitarian settings'. This is especially true for vulnerable populations which are a focus of our ongoing EHS-COVID project with WHO.

CITATION: Warsame A, Murray J, Gimma A, Checchi F. The practice of evaluating epidemic response in humanitarian and low-income settings: A systematic review. BMC Medicine. 2020;18:315

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7606030/pdf/12916\\_2020\\_Arti...](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7606030/pdf/12916_2020_Arti...)

## ABSTRACT

**BACKGROUND:** Epidemics of infectious disease occur frequently in low-income and humanitarian settings and pose a serious threat to populations. However, relatively little is known about responses to these epidemics. Robust evaluations can generate evidence on response efforts and inform future improvements. This systematic review aimed to (i) identify epidemics reported in low-income and crisis settings, (ii) determine the frequency with which evaluations of responses to these epidemics were conducted, (iii) describe the main typologies of evaluations undertaken and (iv) identify key gaps and strengths of recent evaluation practice.

**METHODS:** Reported epidemics were extracted from the following sources: World Health Organization Disease Outbreak News (WHO DON), UNICEF Cholera platform, Reliefweb, PROMED and Global Incidence Map. A systematic review for evaluation reports was conducted using the MEDLINE, EMBASE, Global Health, Web of Science, WPRIM, Reliefweb, PDQ Evidence and CINAHL Plus databases, complemented by grey literature searches using Google and Google Scholar. Evaluation records were quality-scored and linked to epidemics based on time and place. The time period for the review was 2010-2019.

**RESULTS:** A total of 429 epidemics were identified, primarily in sub-Saharan Africa, the Middle East and Central Asia. A total of 15,424 potential evaluations records were screened, 699 assessed for eligibility and 132 included for narrative synthesis. Only one tenth of epidemics had a corresponding response evaluation. Overall, there was wide variability in the quality, content as well as in the disease coverage of evaluation reports.

**CONCLUSION:** The current state of evaluations of responses to these epidemics reveals large gaps in coverage and quality and bears important implications for health equity and accountability to affected populations. The limited availability of epidemic response evaluations prevents improvements to future public health response. The diversity of emphasis and methods of available evaluations limits comparison across responses and time. In order to improve future response and save lives, there is a pressing need to develop a standardized and practical approach as well as governance arrangements to ensure the systematic conduct of epidemic response evaluations in low-income and crisis settings.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (189) Impact of pandemic on health workers (8) Protecting Health Care Workers: A Need for Urgent Action**

17 January, 2021

A new publication from

PreventEpidemics.org <https://preventepidemics.org/covid19/resources/protecting-hcw/>

Executive summary

Even as the world lionizes health care workers as heroes, we fail to keep them safe.

The COVID-19 pandemic has made this contradiction more apparent than ever. As the virus swept the globe in early 2020, public displays of support for overburdened health care workers (HCWs) were common. From Spain to Singapore, residents cheered and banged pots nightly to show appreciation. In the United States, signs at medical facilities blared: “Heroes Work Here.” And yet, the lack of protections for HCWs—and their consequences—were clear: hundreds of thousands of HCW infections, reports of HCWs wearing trash bags in the absence of proper personal protective equipment, and an uptick in mental health issues and suicides as HCWs shouldered the strain of ill-prepared public health systems. Amnesty International found that as of September 2020, at least 7,000 HCWs had died fighting COVID-19. In some places, HCWs have even faced attacks in direct response to public health measures put in place to control COVID-19.

Sadly, these phenomena are not new or unique to the COVID-19 pandemic. Time and again, outbreaks have taken an unacceptable toll on the health and well-being of HCWs. More broadly, HCW infections critically threaten the control of outbreaks by sidelining necessary staff; making HCWs (and by proxy, hospitals and other health care facilities) vectors for spreading disease; depleting the health care workforce, and impeding the regular provision of routine care. In Sierra Leone following the 2014–2016 Ebola outbreak, the loss of HCWs translated to a 23% reduction in health services overall.

In a world that is already facing a dramatic shortage of HCWs—the World Health Organization (WHO) estimates an additional 18 million HCWs will be needed in the next decade — failing to protect them weakens health care systems, and moves us away from the goal of universal health care and the broader vision outlined in the United Nations’ sustainable development goal 3: to ensure healthy lives and promote well-being for all at

all ages.

We know what must be done

The world’s lack of preparedness for outbreaks of all sizes and refusal to adequately protect HCWs is a failure not only of governments, but also of international institutions and donors. We must move from placing individuals at undue risk to accepting collective responsibility and accountability for the well-being of our HCWs. An extensive review of the severe acute respiratory syndrome (SARS) outbreak published by the U.S. Institute of Medicine begins by quoting Goethe:

Knowing is not enough; we must apply. Willing is not enough; we must do.

We must all heed these words and take concrete action to protect HCWs who risk their own lives to care for us all.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (190) Request to get more responses for our survey on Telemedicine**

18 January, 2021

Dear Sir,

We (Mandirola and me) are conducting a survey on Telemedicine (“How can telemedicine help developing countries in the COVID-19 pandemic? Multicenter Study”). We have a long friendship and we have done few research collaboratively. In this COVID-19 pandemic, we have seen the importance of telemedicine. However, we are far behind the implementation of Telemedicine. Our study consists of a survey to determine among health professionals what are the needs of telemedicine in the health sector, especially in the context of the COVID-19 pandemic. We are expecting which are the most critical points to suggest improvements in telemedicine systems, especially to adapt them to a pandemic context.

Your participation in this survey is completely voluntary and all of your responses will be kept confidential. They will only be used for statistical purposes and will be reported only in aggregated form.

The survey comprises of only 14 questions and will take less than 10 minutes to complete.

To participate, please click on the following link: <https://es.surveymonkey.com/r/COVID19TELEMICINE>

Please help us to spread the information among our HIFA members. Thanks in advance for your kind cooperation.

Regards,

Jakir, Mandi

HIFA profile: Jakir Hossain Bhuiyan Masud has been working as an academician, researcher and consultant in the field of Public Health Informatics since 2006. He is the Chairman of Public Health Informatics Foundation (PHIF). He has 11 years of experience with WHO, UNICEF and many national and international organisations. His areas of expertise are Public Health Epidemiology, Health Informatics, Health Economics and Machine Learning. He is a HIFA Country Representative for



Bangladesh. <https://www.hifa.org/support/members/jakir-hossain> Email: jakir\_msd AT yahoo.com

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Please help us to spread the information among our HIFA members. Thanks in advance for your kind cooperation.

Regards,

Jakir, Mandi

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Bangladesh. <https://www.hifa.org/support/members/jakir-hossain> Email: jakir\_msd AT yahoo.com

## **EHS-COVID (191) Survey on Telemedicine (2) Using digital platforms to support essential health service delivery**

18 January, 2021

Dear Jakir,

Thank you for your message about the survey and we look forward to the results.

I have taken this opportunity to review the WHO publication Maintaining essential health services: operational guidance for the COVID-19 context

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

The guidance refers several times to telehealth/telemedicine. I have listed some of these below together with comments/questions for discussion here on HIFA:

1. Document adaptive responses (e.g. teleconsultation, integrated primary care, remapping of referral pathways) implemented during the pandemic phase that should be considered for longer-term integration into health

system operations.

2. Mechanisms to identify additional health workforce capacity include... utilizing online learning platforms and mobile technology to provide key training (e.g. on management of timesensitive conditions and common undifferentiated presentations in frontline care), clinical decision support and direct clinical services (e.g. telemedicine), if appropriate...

3. There are many relevant and practical examples of the use of digital technologies for maintaining and strengthening service delivery in the COVID-19 context. Telemedicine solutions include clinical consultations conducted via video

chat or text message, staffed helplines, e-pharmacies and mobile clinics with remote connections to health facilities for timely access to patient data such as medication lists and diagnostic test results.

4. SRH and HIV services to adolescents... Establish tele-health mechanisms for individual counselling of adolescents that adhere to the principles of confidentiality and noncoercive decision-making.

5. Activate telerehabilitation for recently discharged stroke patients and their family members. If this is not possible, develop safe options for community-based and outpatient follow up.

6. Mental health... Digital health care or telemedicine can be introduced for:

- follow-up visits;
- psychological treatments, if functioning is not severely impaired;
- caregivers of people with MNS disorders;
- group psychosocial care (e.g. mutual-help groups).

#### COMMENTS (NPW)

1. I would like to invite HIFA members to share their experience of telehealth during the COVID pandemic. What has worked well and what not so well in your country or your healthcare facility?

2. The WHO guidance is understandably thin on detail around implementation of telehealth. Its recommendations do not specifically link to further details. The following reference may be particularly useful, although it may need to be updated: National eHealth strategy toolkit. Geneva: World Health Organization, International Telecommunication Union; 2012 <https://apps.who.int/iris/handle/10665/75211>

3. Can HIFA members recommend resources on telehealth that would be useful for health and IT managers to maximise potential in LMICs?

4. What further support/information is needed to help implement WHO guidance relating to telehealth?

5. The Guidance notes: 'There are many relevant and practical examples of the use of digital technologies for maintaining and strengthening service delivery in the COVID-19 context', but does not include references to such examples. Can anyone on HIFA help us identify these?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (192) Webinar: COVID-19 Pandemic Response in Conflict Zones, 30 January 2021**

19 January, 2021

With thanks to Public Health in the Arab World discussion forum. Are you able to participate in this event? If so, please contact me so we can synergise: [neil@hifa.org](mailto:neil@hifa.org)

Speakers:

Dr. Ihlas Altinci

Turkey

Sexual and Reproductive Health Adviser, CARE INTERNATIONAL

Dr Ihlas Altinci has almost ten years experience practicing as family doctor in Syria before moving to Turkey in 2013. Since 2013, She has been remotely managing health, nutrition and sexual and reproductive health project inside Syria working for different International organizations like World Vision, Relief International and CARE International.

Manar Marzouk

Syria

COVID-19 International Modelling Consortium, University of Oxford

Manar Marzouk currently working with the COVID-19 International Modelling Consortium (CoMo) at the University of Oxford on modelling the impact of COVID-19 mitigation measures in different regions in Syria. Her research focus on health policy and health systems in refugee and conflict settings. She has partaken in several projects on health systems and policy analysis in different countries in the MENA region.

Dr. Mohammad Abu Rayya

Palestine

Health Consultant, Ard El-Insan Palestinian Benevolent Association

Dr. Mohammad Abu Rayya is a health consultant for Ard El-Insan Palestinian Benevolent Association in Gaza for Child Health and Nutrition. His 11 years of experience, notably his work on nutritional health education, has greatly impacted the community in nutritional-related health issues through behaviour modification.

Dr. Walid Daoud

Palestine

Director of Chest Department of Shifa Hospital, Gaza

Dr. Walid Abdelsalam Yousef Daoud is a director of Chest Department of Shifa Hospital in Gaza since 2006. He also a part-time Assistant Professor of Chest Medicine at Al-Azhar University in Gaza. His 30 years of work experience and 20 years as educator made him a notable figure in chest medicine. His specialty in chest medicine has an impact on local and international level can be seen through his appointment as National Tuberculosis Program Manager of Palestine and Tuberculosis expert in the World Health Organization (WHO).[...]

## INVITATION TO JOIN OUR COVID-19 INTERNATIONAL WEBINAR

With reference to the above, Hospitals Beyond Boundaries (HBB) is a nonprofit organization that was established in Malaysia in 2012. From the very outset, HBB has focused on helping improve the health of vulnerable and impoverished communities by building clinics and providing medical assistance. During the past eight years, HBB has invested most of its efforts in Cambodia and Malaysia, but it plans to expand its activity to other parts of the world. I am writing on behalf of Hospitals Beyond Boundaries (HBB), to cordially invite you to participate in our Second COVID-19 International Webinar.

The details of the webinar are as follows:

Date: 30 January 2021, Saturday

Time: 5.30 - 7.00pm (MYT) / 9.30a.m - 11.00p.m (UTC +0)

Venue: Online (Zoom)

Topic: Diverse Outlook: COVID-19 Pandemic Response in Conflict Zones

This webinar focuses on how the medical and healthcare professionals in conflict zones work in COVID-19 Pandemic. Our guest speakers are from Turkey, Syria and Palestine. Each of the speakers has a different experience and background in the medical and healthcare industry. To find out more about our guest speakers and the webinar, visit our website: (<https://hbb.org.my/webinar/covid19-2>).

Registration details regarding the webinar have been attached below in form of QR code or you can visit the link (<https://lnkd.in/gGYRjcw>). This email for your perusal and the publicity materials to share with your members. Thank you in advance for your attention and cooperation. Should there be any inquiries at all, please do not hesitate to contact us.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**EHS-COVID (193) BMJ Global Health - Equitable recovery from COVID-19: bring global commitments to community level**

20 January, 2021

Dear Neil and Tony [\*],

I would be grateful if you could publish this article on the HIFA and CHIFA networks. It calls for Equitable recovery from covid-19 and bringing global commitments to community level. At a time when people are heavily focusing on vaccines, almost as a 'silver bullet', it keeps a focus on the wider demands.

- \* Who sits at the table to design the 'reset' shapes the change.
- \* Rather than 'getting back to normal', recovery and 'reset' demands change
- \* Economic recovery should not replicate the features of the global economy that are generating pandemic and other crises
- \* Years of underinvestment left public health and social systems poorly prepared and overstretched
- \* The test of global pronouncements and recovery measures are if they equitably benefit families, young people and children
- \* COVID has intensified women's risks and burdens - recovery must intensify gender equity.

The deficits described earlier point to some critical dimensions of this 'reset', if global pronouncements and recovery measures are to equitably benefit families, young people and children.

I am sure readers will find it interesting.

Equitable recovery from COVID-19: bring global commitments to community level has now been published online by BMJ Global Health.

You can access it at: <http://gh.bmj.com/cgi/content/full/bmjgh-2020-004757>

Best regards Liz

HIFA profile: Elizabeth Mason is former Director of the Department of Maternal, Newborn, Child and Adolescent Health (MCA) in WHO. She is interested in how to provide quality health services for women and children, and how to extend the health system into the community. She spent 24 years living and working in Zimbabwe, and worked across many countries of the African Region. She is a member of the Independent Accountability Panel for Every Woman, Every Child, EWEC, which reports on progress towards the UNSG Global Strategy for Woman, Children and Adolescents. elizabethmason108 AT gmail.com

[\*Note from HIFA moderator (Neil PW): Tony Waterston is lead moderator of our sister forum CHIFA (child health and rights). Join here: <https://www.hifa.org/join/join-chifa-child-health-and-rights> ]

## **EHS-COVID (194) Request to get more responses for our survey on Telemedicine (2)**

20 January, 2021  
Dear Colleagues

Thank You for the invitation to respond to this survey on an important topic. I have just reviewed the online questionnaire and have following observations. I feel these are important observations which will help you gather better data.

- There is no explanation of the rationale and background of the survey. There are many terms which I read for the first time e.g. HL7 FHIR and Snomed CT. These terms must be explained and mentioned in full instead of using abbreviations.
- There is no consent form or option. It is not mentioned who gave the ethics clearance or permission to conduct this study.
- The study asks for detailed identifiers like name, company , city and country. This will be unacceptable to many ( like my self) to divulge my personal information in an online survey. There is no need for such detailed identifiers. If someone is really interested in asking questions provide your email address for further correspondence.
- This resource will help you revise and improve your questionnaire <http://www.fao.org/3/w3241e/w3241e05.htm#the%20qualities%20of%20a%20good...>

Good luck and Best Regards

Farooq

Dr. Farooq Azam Rathore MBBS, FCPS, OJT (USA), MSc (Pain Medicine)

Consultant and Head of Department

Department of Rehabilitation Medicine

PNS Shifa Hospital, DHA II, Karachi, Pakistan

Assistant Professor

Bahria University Medical and Dental College, Karachi

Member, Expert Advisory Panel on Rehabilitation

World Health Organization (WHO)

Executive Board Member and National Representative

Asia-Oceanian Society of Physical and Rehabilitation Medicine

Executive Board Member and LMIC Representative

Cochrane Rehabilitation, Rehabilitation, Italy

Office +92-21-48506605

Cell +92-312-9549821

Appointment / Assistant +92-3200-400675

HIFA profile: Farooq Rathore, is a consultant and assistant professor in Rehabilitation Medicine at the CMH Lahore Medical College, Lahore , Pakistan. His interests include spinal cord injury rehabilitation, stroke rehabilitation, amputee management, pediatric rehabilitation and improving rehabilitation services in low resourced regions of the world. He is country coordinator /representative of , International Society of Physical Medicine and Rehabilitation , Asia-Oceanian Conference of Physical and Rehabilitation Medicine , Asian Spinal Cord Injury Network and International Rehabilitation Forum . Other professionals associations include Medical Research Society of Pakistan, National Academy of Young Scientists and Pakistan Society of Rheumatology. More information on research interests and current research activities is available from <http://pk.linkedin.com/in/farooqrathore> [farooqrathore@gmail.com](mailto:farooqrathore@gmail.com)

## **EHS-COVID (195) Webinar - Resourcing for Health in the era of COVID-19: Maximising bang for buck, 28 January**

20 January, 2021

Dear all,

Please find details below of a webinar that may be of interest.



Best wishes,

Ana

2.30-4.00pm GMT, Thursday 28 January

Resourcing for Health in the era of COVID-19: Maximising bang for buck. Chaired by former DFID employee Allison Beattie with speakers including The George Institute's Dr Jane Hirst, Robert Yates (Chatham House) and Jonathan Cushing (Transparency International), the full agenda and registration details are available here: <https://bit.ly/r4h>

The webinar, which The George Institute are co-hosting with Action for Global Health and the UK Working Group on NCDs, will focus on raising, pooling and optimising use of domestic resources in LMICs, as well as discussing how funds for the COVID-19 response can help reinforce health systems, support advances in universal health coverage, and promote primary care services. We hope that the conversation will continue beyond the webinar on Twitter with #ResourcingForHealth.

Please do join and share this invite with anyone you think would be interested. Feel free to also promote on Twitter with the following tweet and supporting graphic attached:

WEBINAR #ResourcingForHealth in the era of COVID19: Maximising bang for buck

28 Jan

Sign-up to identify how best to ensure pandemic-related resourcing goes further & strengthens #globalhealth action not just now, but to #BuildBackBetter

<https://bit.ly/r4h>

Anastasia Bow-Bertrand

Manager, UK, Communications

My working days are Monday-Thursday

The George Institute for Global Health | UK

Central Working - Fourth Floor Translation and Innovation Hub Imperial College  
London, 84 Wood Lane, London W12 0BZ

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E [abowbertrand@georgeinstitute.org](mailto:abowbertrand@georgeinstitute.org) | W [www.georgeinstitute.org.uk](http://www.georgeinstitute.org.uk)

twitter | facebook | e-newsletter

The George Institute for Global Health is proud to work in collaboration with Imperial College London.

## **EHS-COVID (196) Irish Global Health Network and ESTHER webinar series**

20 January, 2021

I have just discovered this remarkable service.

### **ABOUT THE WEBINAR SERIES**

Organised by the Irish Global Health Network and ESTHER Alliance for Global Health Partnerships. This series of webinars will focus on healthcare professionals and overseas staff working in Global Health in the era of COVID-19. The webinars are held each Friday at 1pm (12pm GMT) hosting experts to discuss various COVID-19 themes relevant to health professionals working in global health.

The webinar series was [\*see note below] aimed at healthcare and development workers, serving to educate, inform, share best practice and evidence-based responses around COVID-19 in LMICs.

Most topics directly or indirectly addressed the challenges of maintaining health services in the context of the pandemic. More than 1500 attended the live webinars, with a further 11,300 online views.

The series was by nature very participatory and developed in an informal conversation style format with a regular anchor and an average of five speakers each week. Speakers came from a varied range of expertise, sharing best practices, experiences and learning across multidisciplinary teams.

View archive: <https://globalhealth.ie/events/past-weekly-webinars/>

\*Note from HIFA moderator: It sounds like the series has been discontinued, which would be a great shame. I shall contact Irish Global Health Network and ESTHER

Alliance for Global Health Partnerships to see if HIFA can contribute to future webinars.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (197) Invitation to join Gender and Health Hub Buzzboard**

20 January, 2021

Dear all,

Happy 2021! Hope you are all keeping well.

\*We are pleased to announce that the Gender & Health Hub Buzzboard ([\\*https://www.ghhbuzzboard.org/\\*](https://www.ghhbuzzboard.org/)) is now live!\*

Based on collective feedback, we invite your contributions to five thematic gender and COVID-19 areas:

\*Health knowledge, behaviour, and status\* of those directly and indirectly affected by COVID-19 across the life course i.e., mental health, NCDs, SRHR, including health promotion and prevention interventions.

\*Therapeutic, diagnostic & digital interventions\*, i.e., COVID-19 biomedical, clinical, biology/immunology research and product development.

\*Health service delivery\* implications and impacts of COVID-19, including utilization, supply chain, workforce, financing, digital health etc.

\*Social & structural\* \*determinants\* of gender dynamics affecting or impacted by COVID-19, including gender-based, intimate partner violence and sexual harassment, social protection, employment, etc.

\*Governance of COVID-19 health systems\*, including relationships with non-health multisectoral, private, and political actors for health (feminist movements, civil society, parliamentarians, private-sector etc.).

The User guide tab <https://www.ghhbuzzboard.org/user-guide> (visible after sign-up/log-in) provides suggested steps to navigate the website. For further information, please also read the posts on the Project information tab (<https://www.ghhbuzzboard.org/blog>)

Please share this invitation email with your friends and colleagues who may be interested in shaping the priority research questions. Please join the conversations as soon as possible, we will be collectively reviewing contributions so that we can move forward before the end of January 2021.

With thanks for your enthusiasm and contributions to date,

Ateeb,

Coordination TWG1

\*Steering team\*

Asha George,

Lavanya Vijayasingham,

Claudia Lopes,

Mamothena Mothupi

Michelle Remme

HIFA profile: Ateeb Ahmad Parray is a Fellow at the BRAC James P Grant School of Public Health in Bangladesh and has a professional interest in health policy and systems research, qualitative research, gender and intersectionality, women's empowerment. Email address: ahmad.ateeb101 AT gmail.com

## **EHS-COVID (198) Impact of COVID-19 on cancer services in Africa (2)**

20 January, 2021

Good day Katie

Thank you for bringing this article to the attention of forum members.

[<https://www.hifa.org/dgroups-rss/ehs-covid-182-impact-covid-19-cancer-se...>]

I concur with the need to harness the use of telemedicine as we work to revitalise oncology services. This also requires a shift of policy in some countries which did not have provisions for telemedicine in their legislation. In my opinion it will be critical to look at issues of data integrity and issues of confidentiality as we try to serve our clients in the best ways we can.

Regards,

Venus Mushininga

Program Manager, Non Communicable Diseases

Ministry of Health and Child Care

Fourth street/Central Avenue

P O BOX CY 1122

Causeway Harare

Phone +2634798554/60

Mobile +263783182249

Skype id : Venus Mushininga

HIFA profile: 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 Zimbabwean 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](mailto:vmushininga@gmail.com)

<http://www.hifa.org/projects/prescribers-and-users-medicines>

<http://www.hifa.org/support/members/venus>

Email: vmushininga AT gmail.com

## **EHS-COVID (199) NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 19 January 2021**

20 January, 2021

Dear Colleagues,

We have updated our scientific repository <https://nam02.safelinks.protection.outlook.com/>

Since our last update Tuesday, 12 January 2021 we have added 132 NEW publications for January (54 new) December (23 new), November (32 new), October (5 new), September (8 new), August (4 new), July (3 new), and June (3 new).

lick here to view the updated repository <https://nam02.safelinks.protection.outlook.com/>

Individual months are located on the right-hand side, and new additions are marked in blue. To find the publication or topic of your interest, you can search in an individual month file using the Ctrl+F keys.

All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from the United Kingdom, Italy, Russia, China, Israel, France, the United States, Canada, India, Singapore, Brazil, Australia, Spain, Turkey, Denmark, Bahrain, Saudi

Arabia, Bangladesh, South Korea, the Netherlands, Germany, Poland, Argentina, Costa Rica, Romania, Mexico, Kuwait, Kenya, Iran, Japan, Switzerland, and Belgium.

Thirty new publications focus specifically on COVID-19 and pregnancy. One study in Israel compared rates of hospitalizations related to ectopic pregnancies before and during the COVID-19 pandemic; another compared birth-related traumatic stress, maternal bonding, and breastfeeding status between women who gave birth before or during the COVID-19 pandemic. Other researchers sought to evaluate whether an antigen-based rapid detection test can be used to help implement universal screening among pregnant women admitted for delivery. A commentary published last week highlights the public health and ethical considerations for including pregnant women in COVID-19 vaccine studies. Another letter to the editor warns of the impact of COVID-19 funding shifts and barriers to antenatal care on maternal morbidity and mortality rates in Sub-Saharan Africa.

Many new publications examine both the direct and indirect impact of the COVID-19 pandemic on child and adolescent health. A new report details the trends of weekly incidence of SARS-CoV-2 infection among children, adolescents, and young adults in the US, stratified by age to coincide with age groupings in educational settings. Another study specifically compared viral loads in symptomatic and asymptomatic children with SARS-CoV-2. Others focus more on the broader impact of the pandemic on child health, such as trends in pediatric hospitalization and health service utilization. One study focused on the effect of COVID-19 lockdowns on diet, physical activity levels, and blood glucose control among children with Type 1 Diabetes; another focused on the mental and physical wellbeing of children with neurodevelopmental disabilities.

Many programs serving children have had to respond in novel ways. One editorial describes how numerous organizations have responded to meet the needs of unaccompanied minors in France, while another details the ways in which a child abuse intervention program in Canada has adapted its services and operations during COVID-19 lockdowns.

This is by no means an exhaustive list! Look out for our next update Tuesday, 26 January 2021. Currently, we have over 4300 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast Milk. <https://nam02.safelinks.protection.outlook.com/> The next update for that will be Wednesday, 27 January 2021. If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

Emergency Response and Recovery Branch, Centers for Disease Control and Prevention (CDC) Atlanta

Hopkins Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health Baltimore

USA (+1) 443-707-9769 email: [mververs@cdc.gov](mailto:mververs@cdc.gov) and [mververs@jhu.edu](mailto:mververs@jhu.edu)

HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (200) Preparing for a COVID-19 resurgence in the WHO African region**

22 January, 2021

Below is an extract from a letter by Benido Impouma et al. in The Lancet (20 January) on Preparing for a COVID-19 resurgence in the WHO African region. The lead author is at WHO Health Emergencies Programme, WHO Regional Office for Africa. I have invited the authors to join us.

Published: January 20, 2021 DOI:[https://doi.org/10.1016/S0140-6736\(20\)32725-2](https://doi.org/10.1016/S0140-6736(20)32725-2)

'Although several countries in Europe are experiencing second waves of the pandemic,<sup>2</sup> there is rising fear of a COVID-19 resurgence in the African region. The recent upsurge seen in South Africa, Nigeria, and Senegal indicates possible resurgence, with notable signs of reduced adherence to public health and social measures (PHSM). As a result, transmission in households, schools, prisons, and other close settings has increased. This increase in transmission might force member states to reinstate lockdown measures with the associated negative socio-economic consequences.

'Three interventions are crucial to prepare for and respond to a possible COVID-19 resurgence. First, communities should be empowered as first responders. The experiences during recurrent Ebola outbreaks, and the HIV pandemic, suggest that member states should invest more in engaging the community in the COVID-19 response by involving community leaders as partners, so improving buy-ins for PHSM, and mitigating harm from misinformation...'



Comment (NPW): The authors do not discuss maintenance of essential health services, but our discussions to date on HIFA suggest the impact of a COVID-19 resurgence on health services in Africa could be devastating. Let us hope that the current surge in infections will improve.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (201) Impact of COVID-19 on nutrition**

23 January, 2021

'UN agencies warn economic impact of COVID-19 and worsening inequalities will fuel malnutrition for billions in Asia and the Pacific - Child and maternal diets particularly vulnerable'

Dear HIFA and CHIFA (child health),

This Press release from WHO SEARO/WPRO grimly predicts that COVID-19 will impact the nutrition of nearly two billion people in Asia and the Pacific. As always, those who are vulnerable are disproportionately affected by the pandemic.

'Mainstreaming nutrition-focused behaviour change campaigns throughout these systems should lead to greater knowledge uptake and sustainability of behaviours helping people to achieve healthy diets.'

Extracts below. Full text here: <https://www.who.int/southeastasia/news/detail/20-01-2021-un-agencies-war...>

20 January 2021 News release SEARO

Bangkok, Thailand - The economic impact of COVID-19 on the world's most populous region is threatening to further undermine efforts to improve diets and nutrition of nearly two billion people in Asia and the Pacific who were already unable to afford healthy diets prior to the pandemic, says a new report published today by four specialized agencies of the United Nations.

The report found that 1.9 billion people were unable to afford a healthy diet, even before the COVID-19 outbreak and the damage it has since caused to economies and individual livelihoods.

Due to higher prices for fruits, vegetables and dairy products, it has become nearly impossible for poor people in Asia and the Pacific to achieve healthy diets, the affordability of which is critical to ensure food security and nutrition for all – and for mothers and children in particular.

Food prices and available incomes govern household decisions on food and dietary intake. But the outbreak of COVID-19 and a lack of decent work opportunities in many parts of the region, alongside significant uncertainty of food systems and markets, has led to a worsening of inequality, as poorer families with dwindling incomes further alter their diets to choose cheaper, less nutritious foods...

Mainstreaming nutrition-focused behaviour change campaigns throughout these systems should lead to greater knowledge uptake and sustainability of behaviours helping people to achieve healthy diets.

Education on what constitutes a healthy diet and how to create hygienic environments at home, in schools and in the community, together with investment in girl's education and infrastructure that underlies good water, sanitation and hygiene practices, are critical...

The report, 'Asia and the Pacific Regional Overview of Food Security and Nutrition 2020: Maternal and Child Diets at the Heart of Improving Nutrition' launched today in Bangkok, is jointly published by the Food and Agriculture Organization of the United Nations, the United Nations Children's Fund, the World Food Programme and the World Health Organization.

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (202) Webinar: Global lessons learnt from the COVID-19 pandemic, 3 February**

23 January, 2021

With thanks to WONCA

The Royal College of General Practitioners (RCGP) in collaboration with the World Health Organization (WHO) invites you to join this FREE webinar to explore the challenges experienced at the start of the COVID-19 crisis, and how health services adapted to manage increasing demands. Date and Time: Wednesday 3 February 2021 / 12:00 - 13:15 GMT.

The webinar will explore challenges experienced at the start of the COVID-19 crisis, ways in which health services adapted at speed to manage increasing demands and the epidemiological and global public health lessons learnt during the pandemic.

There will be expert perspectives provided on topics including:

Overall public health management approaches around the world

Learnings from the healthcare response to the pandemic in the United Kingdom

Learnings from the healthcare response to the pandemic in China

Learnings from the healthcare response to the pandemic in Nigeria

This webinar will be recorded live and be available for delegates to access freely after the webinar date on the RCGP eLearning COVID-19 Resource Hub.

Chair: Dr Valerie Vaughan-Dick, Chief Operating Officer, The Royal College of General Practitioners

Speakers:

Dr Jim Campbell, Director, Health Workforce, World Health Organisation

Professor Martin Marshall, Chair of Council, Royal College of General Practitioners

Professor Yuanli Liu, Founding Dean, School of Health Policy and Management at Peking Union Medical College

Dr Lola Dare, President, Centre for Health Sciences Training, Research and Development

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (203) Knowledge translation in LMICs to support pandemic response and preparedness**

24 January, 2021

Citation and abstract of a new paper in Health Research Policy and Systems journal, and a comment from me below.

CITATION: Prioritizing knowledge translation in low- and middle-income countries to support pandemic response and preparedness

Yodi Mahendradhata & Anna Kalbarczyk

Health Research Policy and Systems volume 19, Article number: 5 (2021)

Published: 18 January 2021

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-...>

## ABSTRACT

The COVID-19 pandemic has created urgent demand around the world for knowledge generation about a novel coronavirus, its transmission, and control, putting academic institutions at the frontline of politics. While many academic institutions are well poised to conduct research, there are well-documented barriers for these institutions, particularly in low- and middle-income countries (LMICs), to further conduct strategic synthesis and dissemination to promote knowledge utilization among policy-makers. These systemic barriers to knowledge translation (KT) pose significant challenges for academic institutions seeking to take advantage of unprecedented policy windows to inform evidence-based decision-making. Global health funding organizations should prioritize the support of academic institutions' activities along the KT pathway, including both knowledge generation and strategic dissemination, to improve knowledge uptake for decision-making to improve health. Institutional capacity-building initiatives for KT have the potential to profoundly impact responses to this and future pandemics.

Comment (NPW): I invite HIFA members to comment on this paper, perhaps especially in relation to implementing the WHO Guidance on Maintaining Essential Health Services. My limited understanding of knowledge translation would see a need to combine the Guidance with other more detailed guidelines (the scope of the Guidance is vast and each section provides only an outline of what is needed), and with locally generated research and data. Even then, as we have seen repeatedly on HIFA over the years, the synthesis this provides is only one part of a much bigger policymaking process. I have invited the authors to join us.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (204) COVID-19 and mental health**

25 January, 2021

[\*Note from HIFA moderator (Neil PW): The original message is in Spanish. Google translation below]

### **ORIGINAL SPANISH**

El miedo y el estrés son respuestas normales en situaciones de cambios o crisis. Así que es comprensible que los pacientes experimenten estos sentimientos en el contexto de la pandemia COVID-19.

Estrés por temor a contraer el virus, se suma el impacto de los importantes cambios en nuestra vida cotidiana provocados por los esfuerzos para contener y frenar la propagación del mismo. Temores que los pacientes trasladan como frustración hacia el personal de salud, con discriminación personal, inclusive.

Como personal de salud es importante inculcar a los pacientes a que cuidemos tanto nuestra salud física como mental. Educándole con avances e información veraz, y no especulaciones. Escuchándole y respondiendo sus dudas.

### **ENGLISH**

Fear and stress are normal responses in situations of change or crisis. So it is understandable that patients experience these feelings in the context of the COVID-19 pandemic.

Stress due to fear of contracting the virus, adds the impact of the important changes in our daily lives caused by the efforts to contain and stop the spread of it. Fears that patients transfer as frustration towards health personnel, including personal discrimination.

As health personnel it is important to instill in patients to take care of both our physical and mental health. Educating you with advances [?advice] and truthful information, and not speculation. Listening to you and answering your questions.

HIFA profile: Roberto Agapito Flores Olivera is a doctor at the UNAH (National Autonomous University of Honduras). Professional interests: To learn and share new experiences that can be useful for the planning of activities to improve health. Email address: robertoolivera92 AT gmail.com

## **EHS-COVID (206) New US CDC director, Rochelle Walensky - "so many things that the CDC needs to tackle"**

26 January, 2021

The Lancet has a world report on the new US CDC director, Rochelle Walensky, appointed by President Joe Biden. Extracts below, full text here:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00076-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00076-3/fulltext)

'Walensky inherits an agency shaken by President Donald Trump's political operatives who threatened to censor COVID-19 research in the CDC's highly respected Morbidity and Mortality Weekly Report (MMWR) journal and demanded changes in guidance posted on the CDC website. Trump flouted its recommendations and contradicted his hand-picked CDC director, Robert Redfield.'...

In an exclusive interview with The Lancet, Walensky said that “science has been muzzled”, during the Trump administration. She aims to reassure CDC scientists that their voice will be heard and ensure that the public understands the scientific rationale for policy changes and guidance....

“I have no intention of leading an agency where the MMWR is reviewed by politicians to see whether it can be published.”

See also the linked

profile: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00076-3/fulltext#coronavirus-linkback-header](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00076-3/fulltext#coronavirus-linkback-header)

'Some people have not had access [in the US during the COVID pandemic] to medical care, exacerbated by years of health inequities, and there is likely to be more uncontrolled hypertension, increased obesity, and missed paediatric vaccinations, she said. “We know that the opioid crisis has only gotten worse and I know we've lost ground in the HIV epidemic, and mental health and suicide — there are so many things that the CDC needs to tackle.”'

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (207) NEW Updates on Maternal and Child Health, Nutrition and COVID-19**

27 January, 2021

NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 26 January 2021 – Johns Hopkins University

Dear Colleagues,

We have updated our scientific repository. Since our last update Tuesday, 19 January 2021 we have added 128 NEW publications for January (71 new) December (20 new), November (31 new), October (2 new), September (1 new), July (1 new), May (1 new), and April (1 new).

<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

or

<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

Individual months are located on the right-hand side, and new additions are marked in blue. To find the publication or topic of your interest, you can search in an individual month file using the Ctrl+F keys.

All publications provide emerging evidence related to COVID-19 and



- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from the United States, Germany, the United Kingdom, France, Brazil, Spain, Nigeria, India, Israel, the Democratic Republic of the Congo, Australia, Sweden, China, Japan, Turkey, Korea, Oman, Cyprus, Italy, the Netherlands, Canada, Ethiopia, Jordan, Switzerland, Italy, Denmark, Russia, Egypt, Mexico, Belgium, Zimbabwe, Sierra Leone, and Cambodia.

New publications frequently discuss the impacts of COVID-19 lockdowns on child and adolescent health. One study examined changes in body mass index, lipid profiles, and vitamin D levels among school-aged children following 6 months of school closures; another assessed the impact of COVID-19 lockdowns on children's oral health. Several new studies reported changing patterns in pediatric hospitalization during the COVID-19 pandemic while others sought to identify factors that might predict hesitancy among parents to seek emergency care for their children. Several known risk factors for child maltreatment have been exacerbated by the COVID-19 pandemic, such as social isolation, recent employment loss, and housing instability. One article presents current evidence on community-level child abuse prevention programs, identifying programs that may be well-suited for adaptation during the COVID-19 pandemic

Several new publications focus on COVID-19, pregnancy, and neonatal health. A recent international study reported the incidences of miscarriage, fetal growth restriction, stillbirth, pre-term birth, and neonatal transmission among pregnant women with SARS-CoV-2. Another study examined placental pathological changes among SARS-CoV-2 infected women in their third trimester of pregnancy. Other researchers focused on the impact of hospital policies to reduce SARS-CoV-2 transmission. While one article centered on universal screening for SARS-CoV-2 among pregnant women admitted for delivery, another discussed the effect of extended hospital stays, lack of skin-to-skin contact, limited maternal milk use, and discharge to caregivers outside primary residences on the neonatal microbiome. Several articles also discuss the effect of the pandemic on pregnant women, evaluating factors like diet, physical activity, sleeping patterns, social wellbeing, mental health, and financial security.

This is by no means an exhaustive list! Look out for our next update Tuesday, 2 February 2021. Currently, we have over 4400 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast Milk.

<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

The next update for that will be Wednesday, 27 January 2021 (tomorrow). If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

Emergency Response and Recovery Branch, Centers for Disease Control and Prevention (CDC) Atlanta

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HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. [mververs AT jhu.edu](mailto:mververs@jhu.edu)

## **EHS-COVID (208) Remote consultations - practical guidance**

27 January, 2021

We are delighted to share with you a highly practical new resource <https://www.ipcrg.org/dth11> on remote respiratory consultations: when and how to use them. It includes a two-page desktop helper and three separate infographics:

- \* A checklist for clinicians on how to prepare
- \* A checklist for patients on how to prepare
- \* An infographic adapted from Wherton's

paper <https://bmjleader.bmj.com/content/4/3/120> on five types of talk to support video consultations.

The examples used are for respiratory symptoms but much applies to all remote consultations in primary care. It was drawn on both the emerging evidence and also the experience of patients and primary care clinicians from low, middle and high income countries including Australia, Bangladesh, Brazil, Germany, Greece, Nepal, Netherlands, Portugal, Spain, Sweden and UK. It also gives examples of app-based technology that could be used and useful tests that can be done remotely.

Our next steps are to provide it in translation and to demonstrate on video.

Hilary Pinnock, from IPCRG, said: “The COVID-19 pandemic has promoted remote consultations from occasional use to first-line contact for almost all consultations. Many people have appreciated their convenience and we anticipate both face-to-face and remote consultations will become a normal part of our respiratory care in the future. However, once the pandemic recedes, colleagues will want to know how to achieve a good balance, and to include remote consultations as a safe and effective option in their clinical care.”

This desktop helper was supported by Boehringer Ingelheim in terms of the development, typesetting, printing and associated costs but they did not contribute to the content.

Actions - please

1. Do download and share with your contacts and networks
2. Suggest other resources that we might produce to help support effective remote respiratory consultations
3. If you would like to help us organise translation/adaptations (together with our partner Translators without Borders) please contact Nicola Connor [businessmanager@ipcr.org](mailto:businessmanager@ipcr.org)

Kind regards

Siân Williams

CEO IPCRG

Professor Janwillem Kocks

President IPCRG

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

## **EHS-COVID (209) Remote consultations - practical guidance (2) Informed consent**

27 January, 2021

Dear Sian,

your checklist for clinicians and patients on how to prepare are an excellent example what to provide to be prepared for a remote respiratory consultation. This could even be a template for other remote consultations.

However what I am missing is the "informed consent". This should be mentioned and used before a first remote consultation will be done.

If you would like to know more about how to generate an informed consent form, how to share it with patients so that they can fill it out online and sign it online on a computer, tablet or smartphone, let me know. I will send you more information about it.

Regards

Anna

Anna E. Schmaus-Klughammer (LLB hons) <[schmaus@klughammer.com](mailto:schmaus@klughammer.com)>

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Geschäftsführer: Anna E. Schmaus-Klughammer

HIFA profile: Anna E Schmaus-Klughammer is president of the association "One World Medical Network". The goal of the association is to improve medical care in LMICs (Low and Middle Income Countries). Our activities start from building primary and specialized health care facilities and continue to organize national cancer screening with connections to national and international expert doctors using telemedicine networks. Training of medical personnel is also an important part of the work of the association.

## **EHS-COVID (210) Remote consultations - practical guidance (3) Informed consent (2)**

28 January, 2021

Thank you for your positive feedback Anna. We agree it could be used for other remote consultations. It was written by primary care clinicians and patients and so much of what is written is generic because they have a

broad scope of practice and experience.

Informed consent: thank you. Yes do share guidance. We will review our checklists, can add to our website and we are writing a manuscript for submission for peer review as well as that has more space to explain.

There was very little discussion about informed consent except for recording, partly because most of the systems in use are not new and so there is no new requirement. However, the position is likely to vary country-specific.

Finally, one of the related issues that did lead to discussion was privacy.

Clinicians are finding it challenging that when they call for a scheduled consultation some patients are not at home in a private quiet space with access to their medicines; they are out shopping or at work.

We welcome other feedback.

Thanks

Sian

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

## **EHS-COVID (211) Remote consultations - practical guidance (4) Informed consent (3)**

28 January, 2021

Should it be best practice to let the patient know the need for privacy and informed consent at the time [time] of scheduling / booking a remote consultation? That they need to be in a private setting preferably alone? Including the physician asking the patient to confirm these criteria are met before starting the consultation? Including letting the patient know that the consultation is recorded and that the recording is governed by accepted patient record rules / confidentiality.

Joseph Ana

HIFA profile: 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, Servicem & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://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

## **EHS-COVID (212) Prioritizing knowledge translation in LMICs to support pandemic response and preparedness**

30 January, 2021

A Commentary in the open-access journal BMC Health Policy and Systems Research.

CITATION: Health Res Policy Syst. 2021 Jan 18;19(1):5. doi: 10.1186/s12961-020-00670-1.

Prioritizing knowledge translation in low- and middle-income countries to support pandemic response and preparedness.

Mahendradhata Y, Kalbarczyk A.

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-...>

### **SUMMARY**

The COVID-19 pandemic has created urgent demand around the world for knowledge generation about a novel coronavirus, its transmission, and control, putting academic institutions at the frontline of politics. While many academic institutions are well poised to conduct research, there are well-documented barriers for these institutions, particularly in low- and middle-income countries (LMICs), to further conduct strategic synthesis and dissemination to promote knowledge utilization among policy-makers. These systemic barriers to knowledge translation (KT) pose significant challenges for academic institutions seeking to take advantage of unprecedented policy windows to inform evidence-based decision-making. Global health funding organizations should prioritize the support of academic institutions' activities along the KT pathway, including both knowledge generation and strategic dissemination, to improve knowledge uptake for decision-making to improve health. Institutional capacity-building initiatives for KT have the potential to profoundly impact responses to this and future pandemics.

Can HIFA members give any examples of barriers to knowledge translation and ways to address them in your country, particularly in relation to the current pandemic?

Please send email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (213) Poverty, precarious work, and the COVID-19 pandemic: lessons from Bolivia**

2 February, 2021

A key aspect of HIFA's ongoing project with WHO is to address the questions: 'Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?'

This Lancet Global Health Commentary looks at the needs of non-salaried, unprotected workers in Bolivia. Extracts below and a comment from me. Full text here: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00001-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00001-2/fulltext)

Non-salaried, unprotected workers and their families have been disproportionately affected by the COVID-19 pandemic. These groups are vulnerable for multiple reasons: their work requires close contact with the public and each other without PPE; their living spaces are overcrowded without access to clean water; and most workers do not have health and unemployment insurance.

The approaches used in Bolivia to deal with the COVID-19 pandemic are instructive for several reasons, and can be applied to many countries around the world, especially low-income countries.

A high proportion of the Bolivian population are affected by unequal, precarious working conditions and poverty, which creates multiple, overlapping vulnerabilities and systemic issues that exacerbate the impact of the pandemic and complicate public policy responses. Similar to many other low-income and middle-income countries, these overlapping issues require a syndemic approach.

In Bolivia, non-pharmaceutical interventions were combined with income supports targeted at workers at risk of impoverishment, but the safe delivery of such interventions was challenging. Although income support is a crucial part of pandemic relief, their delivery must be carefully orchestrated and organised in ways that do not further endanger health—eg, through electronic delivery of funds that do not require beneficiaries to be present in-person.

Policy making at the subnational level has been a crucial aspect of the pandemic response in Bolivia and many other countries around the world. Ideally, local ministries of health should operate under the umbrella of effective national stewardship of public health policy to ensure a robust response to COVID-19. Where national responses are slow or inadequate, local governments must act quickly in the



absence of federal support to implement or maintain non-pharmaceutical intervention where they have jurisdiction.

Bolivia has a long history of delivering public services in cooperation with workers' unions and other civil society groups, yet the Bolivian Government has not engaged these groups to reach vulnerable populations during the COVID-19 pandemic. Governments should apply a multisectoral, interinstitutional approach that harnesses all available formal and informal networks and non-governmental actors to protect their citizens and combat the COVID-19 pandemic.

Comment (NPW): The commentary does not specifically address health service delivery issues and I have invited the authors to join us to comment further. I also invite comment from HIFA members in other countries. What steps have been taken (or should be taken) to protect vulnerable groups?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (214) GDHN Webinar: Preparing for the next pandemic: Leveraging digital technologies for service delivery**

3 February, 2021

[Forwarded from Global Digital Health Network]

This is a reminder to please join the GDHN for our February meeting this Thursday, February 4!

Title: Preparing for the next pandemic: Leveraging digital technologies for service delivery

Date: February 4, 2021

Time: 7:30 AM EST/12:30 GMT

### Webinar Registration

Description: In this presentation, representatives from Pathfinder International's India and Mozambique offices will describe how they made changes to project implementation to maintain impact, even in the midst of a pandemic. Lopamudra Paul and Akshay Gupta will detail how they worked with partner organizations to shift from in-person community meetings and group sessions to digital participation, even before the project began implementation. Norberto Banze will share how his team adapted the mCenas mobile platform to spread awareness of COVID-19 risks and symptoms. The webinar will be moderated by Amy Ratcliffe, Executive MEL Director, and Blake Erhardt-Ohren, MEL Technical Advisor, of Pathfinder International.

### Speakers:

Amy Ratcliffe: Amy Ratcliffe is the Executive Director of the MEL Business Unit at Pathfinder International.

Norberto Banze is a MEL Program Officer in Pathfinder's Mozambique office who spends most of his time working with project teams to develop and maintain digital applications to collect, manage, and analyze data.

Lopamudra Paul is the MEL Director of the YUVAA Project in India, where she provides expertise to the Gates-funded project that seeks to improve access to contraception and shift gender and social norms of young couples.

Akshay Gupta is the MEL & MIS Program Officer of the YUVAA Project and assists with, among other things, coordinating work between Pathfinder and multiple partner organizations for harmonious data collection, management, and analysis.

Blake Erhardt-Ohren: Blake Erhardt-Ohren is a MEL Technical Advisor for Program & Data Analytics at Pathfinder International.

Register today! [https://us02web.zoom.us/webinar/register/WN\\_rH1nCoB-Sy6uN8UjhyDXvAA](https://us02web.zoom.us/webinar/register/WN_rH1nCoB-Sy6uN8UjhyDXvAA)

Warm regards,

Christina

Christina Villella, MPH, TOGAF (pronouns: she/her)

Digital Health Technical Advisor, Center for Digital Health

Co-chair, Global Digital Health Network

JOHN SNOW, INC.

Durham, NC, USA | [christina\\_villella@jsi.com](mailto:christina_villella@jsi.com)

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Forwarded by: Neil Pakenham-Walsh, HIFA  
Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (215) WHO Bulletin, February 2021**

3 February, 2021

The February 2021 issue of the WHO Bulletin is now available and focuses on the COVID response: <https://www.who.int/bulletin/volumes/99/2/en/>

Below is an extract from the lead editorial.

COVID-19 response and mitigation: a call for action [editorial]

Viroj Tangcharoensathien et al.

Bulletin of the World Health Organization 2021;99:78-78A.  
doi: <http://dx.doi.org/10.2471/BLT.20.285322>

Before the COVID-19 pandemic, health systems in most low- and middle-income countries were stretched, contributing to a lack of universal access to health services. During the pandemic, many governments have redirected resources to the COVID-19

response, further stretching the health system and disrupting other disease prevention and treatment services. This issue of the Bulletin goes beyond the health sector to examine some of the wider issues of governance as they affect pandemic response and the introduction of diverse measures at different times...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (216) World Cancer Day, 4 February - WHO: Impact of COVID-19 on cancer care has been ‘profound’**

4 February, 2021

Extracts below. Read online: <https://news.un.org/en/story/2021/02/1083552>

The COVID-19 pandemic has had a “profound” impact on the diagnosis and treatment of cancer around the world, the UN World Health Organization (WHO) said on Tuesday, before highlighting that breast cancer has become the most common type of the disease.

More than a year since the new coronavirus crisis began, its impact on cancer care has been stark, with “50 per cent of governments (having) cancer services partially or completely disrupted because of the pandemic”, said Dr. André Ilbawi, from WHO’s Department of Noncommunicable Diseases.

“Delays in diagnosis are common. Interruptions in therapy or abandonment have increased significantly,” he continued, adding that this would likely have an impact in the total number of cancer deaths in coming years.

“Healthcare professionals have been under great stress to deliver services and there are significant reductions in research and clinical trial enrolment. To state it simply, the consequences of the pandemic on cancer control efforts have been profound.” ...

“In 2020, the number of people diagnosed with cancer globally reached 19.3 million, with the number of people dying increasing to 10 million”, said Dr Ilbawi...

The WHO official warned that the burden of cancer is expected to rise further in the years ahead... The greatest increases will be in low and middle income countries where late-stage diagnosis and lack of access to quality and affordable diagnosis and treatment are common...

--

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (217) Impact of COVID-19 on Cancer Surgical Care services?**

5 February, 2021

Dear HIFA Colleagues,

Thanks Neil for sharing extracts from UN WHO on World Cancer Day  
[<https://www.hifa.org/dgroups-rss/ehs-covid-216-world-cancer-day-4-februa...>].  
Access to surgical services is a very important part of cancer care for early diagnosis, treatment and palliative care.

While during the normal situation, access to timely, safe essential surgical care is huge (5 billion people), therefore, can we imagine the magnitude of this problem during the pandemic?

We would like to hear from all our HIFA members about their experiences as to what was the impact of COVID-19 on cancer surgical Care services?

Best wishes for 2021

meena

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon.Prof.Schulich School of Medicine & Dentistry, WHO Collaborating Centre,  
Western University, Ontario, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology (SIOG),  
Switzerland [www.siog.org](http://www.siog.org)

Director Global Health New Challenges:online courses, Geneva Foundation for  
Medical Education & Research (GFMER), Switzerland. [www.gfmer.ch/surgery](http://www.gfmer.ch/surgery)

HIFA Essential Health Services- COVID Working Group.

Geneva, Switzerland.

HIFA profile: Meena Cherian is Director, Emergency & Surgical Care program,  
Geneva Foundation of Medical Education and Research, Geneva, Switzerland. She is  
a member of the HIFA working group on Essential Health Services and COVID-  
19. <https://www.hifa.org/support/members/meena>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[www.gfmer.ch](http://www.gfmer.ch) cherianm15 AT gmail.com

**S-COVID (218) UHC2030: State of commitment to  
universal health coverage: synthesis, 2020**

5 February, 2021

This publication is from UHC2030, the global movement to strengthen health systems for universal health coverage, based at WHO Geneva. Below is an overview, and a comment from me.

Read online: <https://www.uhc2030.org/blog-news-events/uhc2030-news/state-of-commitmen...>

One year after world leaders endorsed the most ambitious and comprehensive political declaration on health in history, UHC2030 has produced the first synthesis and country profiles of the state of commitments to UHC.

The review is based on diverse stakeholder perspectives which reflect current country situations and asks a simple question: are governments taking action towards meeting their UHC commitments?

What is the state of commitment to universal health coverage (UHC) around the world? UHC2030 launches an important multi-stakeholder review on progress of commitments and action on UHC...

The current state of UHC presents huge challenges. Findings show in many countries, poor and vulnerable groups are being further left behind, and inequities are widening due to the COVID-19 crisis. The COVID-19 pandemic is also exposing and exacerbating weaknesses in health systems, showing that many governments neglected to invest in health, social safety nets and emergency preparedness when it really mattered: before a crisis struck...

There is still much to be done to ensure adequate support to front-line health workers, to meaningfully engage all stakeholders in decision-making and to ensure gender-equitable responses. Furthermore, many countries have not adopted measurable national targets, and public awareness of governments' commitments remains limited.

This must change. "We call on all leaders and other stakeholders across society to take urgent action for health systems that protect everyone – now". These are the words from the UHC2030 co-chairs and the UHC Movement Political Advisory Panel.

We urge all partners of UHC2030 to use our review's political messages and ask national political leaders in all 193 UN member states to take action on universal health coverage. Specifically, we call on all national political leaders to:

- Prioritize UHC to tackle and recover from the COVID-19 pandemic, stop anxiety and rebuild trust.

- Address the systemic inequities that are widening with COVID-19 by creating stronger social and financial safety nets and prioritizing equity.
- Expand and strengthen UHC legislation and regulations, set clear targets, and communicate better.
- Support, protect and care for health workers, and innovate to improve and maintain quality during emergencies.
- Invest in public health and primary health care as a joint effort of health and finance ministers, and local governments.
- Build partnerships through genuine civil society engagement.
- Empower women, who are proving to be highly effective leaders in health emergencies.
- Give UHC principles more weight in every crisis response and build emergency preparedness into all health system reforms.

Find the review here. Now more than ever, we need to come together, to ensure coherent action and to build trust and accountability by widening participation in health governance at all levels. Specific country profiles are also available on our UHC Data Portal for this purpose.

[https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/S...](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/S...)

Comments (NPW):

1. The publication acknowledges the role of HIFA by saying: 'We extend special thanks to Healthcare Information For All for translating the survey responses from country and community stakeholders'. Indeed we thank our many volunteers on HIFA who have helped with translation and other tasks.

2. HIFA exists to help realise a world with high-quality universal health coverage. Indeed HIFA promotes universal access to reliable healthcare information as a \*prerequisite\* for UHC: see our BMJ Global Health paper <https://gh.bmj.com/content/5/5/e002475.full>

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (219) UHC2030: State of commitment to universal health coverage: synthesis, 2020 (2)**

5 February, 2021

Dear HIFA colleagues,

I have skimmed through the 69 pages of this publication and would like to highlight the following:

1. “COVID-19 has shown that universal health coverage, strong public health systems and emergency preparedness are essential to communities, to economies, to everyone.”

Antonio Guterres, UN Secretary-General

2. Countries that have performed better so far on COVID-19 tend to have leaders who interact with the scientific community, heed advice from public health officials and take rapid, decisive action to protect everyone.

3. The key findings are that, in many countries, poor and vulnerable groups are once again being left behind, and inequities are widening due to the COVID-19 crisis

4. In virtually all countries, the COVID-19 pandemic has put front-line health workers under immense pressure and exposed shortcomings in the numbers of health workers, their distribution, their levels of remuneration and the inadequacy of the resources available to them.

5. Disruption of sexual and reproductive health services during COVID-19: Many respondents to our survey described disruption of sexual and reproductive health services during the pandemic.

6. Civil society is not involved [ie is excluded] in national COVID-19 responses

7. The COVID-19 pandemic has spurred unprecedented global collaboration in many fields [eg] the Access to COVID-19 Tools Accelerator (ACT-A) (Box 20).

8. Improve communication both within the health system and among the population. This should include issuing operational guidance for maintaining essential health services and ensuring access to high-quality essential health services for all.

[https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/S...](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/S...)

Comment (NPW):

1. The main purpose of the publication is to provide a response to the question Are governments taking action towards meeting their UHC commitments? The response was largely guided by survey responses, including responses from HIFA members.

2. I note in particular point 2: 'Countries that have performed better so far on COVID-19 tend to have leaders who interact with the scientific community, heed advice from public health officials and take rapid, decisive action to protect everyone.' Indeed many of us have been truly shocked by the blatant disregard of science by several popiltical leaders. We can never have global health if such leaders are allowed to continues to act against science, with impunity. They must be held to account. Who is leading the advocacy on this issue?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (220) UHC2030: State of commitment to universal health coverage: synthesis, 2020 (3)**

6 February, 2021  
Neil,

Thank you for sharing this. Many people are engrossed in self analysis of the tsunami of myths and misinformation and conspiracy theories about the COVID-19 disease, its cause, emerging vaccines (to take or not to take vaccine) that they miss the misery that is global. For me, nos. 3 and 4 points caught my attention:

'3. The key findings are that, in many countries, poor and vulnerable groups are once again being left behind, and inequities are widening due to the COVID-19 crisis' - perhaps the dreadful situation is many degrees higher in LMICs.

'4. In virtually all countries, the COVID-19 pandemic has put front-line health workers under immense pressure and exposed shortcomings in the numbers of health workers, their distribution, their levels of remuneration and the inadequacy of the resources available to them.' - in a world suffering from decades of severe shortages in Human Resources for Health, COVID-19 exacerbates the situation to unbearable levels, again, LMICs are more affected.

One hopes that the HIC (with their own economic hardship) can carry LMICs along especially on the vaccines and eventual effective treatments.

Joseph Ana

HIFA profile: 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](http://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

## **EHS-COVID (220) GDHN Webinar: Preparing for the next pandemic: Leveraging digital technologies for service delivery (2)**

7 February, 2021

Dear HIFA colleagues,

This webinar was publicised on HIFA and took place on February 4th. The organisers have made a summary (below). Read online, view the recording and download the slides here:

<https://www.globaldigitalhealthnetwork.org/2021/02/06/slides-and-recordings>

With thanks to the Global Digital Health Network.

On February 4th, the Global Digital Health Network convened virtually for the Network's monthly webinar hosted by Pathfinder International. The discussion focused on Preparing for the next pandemic: Leveraging digital technologies for service delivery.

In this presentation, representatives from Pathfinder International's India and Mozambique offices described how they made changes to project implementation to maintain impact, even in the midst of a pandemic. Lopamudra Paul and Akshay Gupta detailed how they worked with partner organizations to shift from in-person community meetings and group sessions to digital participation, even before the project began implementation. Norberto Banze shared how his team adapted the mCenas mobile platform to spread awareness of COVID-19 risks and symptoms. The webinar was moderated by Amy Ratcliffe, Executive MEL Director, and Blake Erhardt-Ohren, MEL Technical Advisor, of Pathfinder International.

### **Our Mission**

We champion sexual and reproductive health and rights worldwide, mobilizing communities most in need to break through barriers and forge their own path to a healthier future.

### **Skills transfer during online training**

- Keeping field workers motivated

### **Lessons Learned**

- Digital engagement and content needs to be tailored to users with different access

and skills

- In-person outreach will always be important for a program like ours
- Flexibility and adaptation is essential as we face crises at any scale

Comment (NPW): I note that two of the challenges faced in India were to transfer healthcare skills by online training (this was affected also by digital skills challenges) and keeping frontline health workers motivated.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (222) Impact of pandemic on health workers (10)**

8 February, 2021

In December 2020 we reported a paper from Brazil which reported that 'CHWs feel scared and unprepared in the face of the COVID-19 pandemic. The fear of COVID-19 is related to being unprepared and to failure to receive support from the federal government'. <https://www.hifa.org/dgroups-rss/ehs-covid-103-impact-pandemic-health-wo...>

This new paper corroborates the above findings and provides further insights on the impact of COVID-19 on CHWs and nurses, and their ability to maintain health services.

CITATION: How COVID-19 Has Affected Frontline Workers in Brazil: A Comparative Analysis of Nurses and Community Health Workers

Gabriela Lotta, Vera S. P. Coelho & Eugenia Brage

Received 02 Jul 2020, Accepted 04 Oct 2020, Published online: 05 Nov 2020

**SUMMARY:** The need to respond to the COVID-19 pandemic has created challenges for services delivered by frontline workers (FLW). This paper analyzes how the Brazilian government regulated the reorganization of Primary Health Care (PHC) and how FLW responded to these initiatives, comparing the roles played by nurses and community health workers. Given the multilevel health system, it was expected that the high level of ambiguity would stimulate innovations. However, data show that the ambiguity created different situations for each profession. While nurses were able to adapt their work and act with more autonomy, CHW lost their role in the policy.

### SELECTED EXTRACTS

Our case study looks at what happened with nurses and CHW working in PHC, in Brazil, between March and July 2020.

Brazil is now considered to have had one of the worst responses to the pandemic internationally, and to have committed numerous governmental mistakes (Lancet 2020). Concerning FLW, in April, Brazil had 50 per cent of nurses' deaths from COVID-19 in the world. In July, more than 40,000 frontline health workers were infected with the disease. These data show the high risk faced by FLW during the pandemic in Brazil. It is, therefore, an interesting case for studying the relations between, on the one hand, government regulation, coordination and resource provision and, on the other, how FLW acted during the pandemic.

The findings suggest that ambiguity in regulations, lack of coordination and lack of resources created major uncertainty for FLW. These conditions affected their powerfulness, using the concept proposed by Thomann et al. (2018). However, this situation impacted nurses and CHW differently. While nurses were better able to adapt their work, the role of CHW was downgraded...

When analyzing the level of policy formulation based on these regulations, our main finding is that federal regulations contain a high degree of uncertainty... This uncertainty opened up space for a high level of discretion at the street level, which in normal life may foster creativity and innovation (Matland 1995). However, during a pandemic, discretion combined with a lack of government support and protective equipment can easily turn into inaction, due to the uncertainties and feelings of powerlessness and risk that these workers may experience (Thomann et al. 2018).

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (223) Webinar: How a different kind of virus has accelerated the uptake of digital platforms in Family Planning and Reproductive Health**

8 February, 2021

Dear HIFA,

Please join us for the IBP COVID-19 and FP/RH Task Team's February webinar, COVID-19 and digital: How a different kind of virus has accelerated the uptake of digital platforms in FP/RH, scheduled for Wednesday, 17 February 2021 at 8:00-9:30 EST/13:00-14:30 GMT. There will be simultaneous interpretation into French. Please see more information in the invitation card below [\*], as well as a link to register, which I have copied here. [https://us02web.zoom.us/webinar/register/WN\\_khYofN3mS-Orue0-UUqdjQ](https://us02web.zoom.us/webinar/register/WN_khYofN3mS-Orue0-UUqdjQ)

Sincerely,

The IBP Network COVID-19 and FP/RH Task Team

HIFA profile: Natalie Aparcar is KM & Comms Officer at JHU CCP, United States.  
Email: [natalie.apcar AT jhu.edu](mailto:natalie.apcar@jhu.edu)

[\*Note from HIFA moderator (Neil PW): HIFA does not carry attachments, but you can find the information here: <https://groups.ibpnetwork.org/g/global/topic/80387403> ]

## **EHS-COVID (224) Reuters: COVID creates 'fertile ground' for genital cutting in Africa**

8 February, 2021

Dear HIFA (general health) and CHIFA (child health) colleagues,

A vital part of our current collaboration with WHO is to identify examples of how to maintain essential health services and protect people's health during the COVID pandemic. This is especially true of those who are vulnerable.

'From Kenya, Somalia and Tanzania in the east to Liberia, Sierra Leone and Nigeria in the west, the COVID-19 pandemic has led to a surge in reports of girls across Africa undergoing female genital mutilation (FGM), say women's rights groups...'

Extracts below from a Reuters news item, with thanks to Global Health Now. Full text here: <https://www.reuters.com/article/health-coronavirus-fgm/feature-covid-cre...>

From Kenya, Somalia and Tanzania in the east to Liberia, Sierra Leone and Nigeria in the west, the COVID-19 pandemic has led to a surge in reports of girls across Africa undergoing female genital mutilation (FGM), say women's rights groups...

For the pandemic has created a perfect storm for proponents of cutting: vulnerable girls stuck at home without teachers' protection, anti-FGM groups grounded by lockdown and hard-pressed health services diverted to COVID-19.

Shutdown has also driven poverty higher, said campaigners, so families perform FGM hoping to marry their daughters off to ease the financial burden at home or gain a dowry...

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (225) Webinar: How a different kind of virus has accelerated the uptake of digital platforms in Family Planning and Reproductive Health (2)**

9 February, 2021

The time in EST leaves folks living in PDT out.

8:00 am EST is 5:00 am PDT.

Not practical to participate that early! [\*see note below]

HIFA profile: 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. [hussain.shabina@gmail.com](mailto:hussain.shabina@gmail.com)

[\*Note from HIFA moderator (Neil PW): Thanks Shabina for your comment. Of course it's impossible to find a time that fits for everyone in the global health community. Communities of practice (eg HIFA) allow 24/7 participation and we often complement standalone events by running thematic discussions in the days preceding the event. If you, or Natalie, or other HIFA members would like to run any questions/inputs over the next few days on HIFA to complement the event, please do so. Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org) ]

## **EHS-COVID (224) COVID-19 and Building the Future of Health Systems Learning Series**

11 February, 2021

Dear HIFA colleagues,

As we continue our work with WHO on maintaining essential health services during COVID (EHS-COVID), I was interested to see this webinar announcement from the World Bank. It is part of their Learning Series on 'COVID-19 and Building the Future

of Health Systems' and it 'highlights the promise of innovative, yet practical approaches that can be implemented at-scale', complementing our efforts to identify

How to sign up ALL health workers for COVID-19 vaccination: Approaches that are ready to scale

Thursday, February 11th, 2021

10:00-11:15 AM ET

Join Using WebEx: Meeting 180 955 2151 | Password itWZQJAR373

<https://worldbankgroup.webex.com/webappng/sites/worldbankgroup/meeting/d...>

Synopsis:

'Countries will start vaccinating health workers as one of their first priority populations for the COVID-19 vaccine, but this a daunting task without knowing who they are and where they work. To identify, vaccinate and track this critical priority population effectively, countries need functional, accurate and up-to-date Human Resources for Health Information Systems (HRHIS). HRHIS systems are also essential for the efficient and effective functioning of health systems more broadly, making COVID-19 vaccination investments an important opportunity to strengthen systems beyond this pandemic.

'Reliable data on public and private sector health workers, community health workers and ancillary staff is necessary for vaccine targeting and making strategic decisions about health workforce training, recruitment, and deployment. This is particularly important for many of our client countries where they need to maximize the impact of already constrained resources. Unfortunately, HRHIS completeness, accuracy, and usability vary greatly, and countries often do not have a clear understanding of where critical HRHIS bottlenecks exist and what the solutions to those challenges might be.

'Please join the Service Delivery Innovation Team on Thursday, February 11 at 10:00 am EST as we explore these issues further. We will hear from Anna Schurmann and Brendan Smith at Vital Wave on a recent multi-country HRHIS assessment and gather insights on how to support countries in developing this essential health system architecture. We also welcome Devan Manharlal, a Senior Program Manager at Jhpiego based in Mozambique, to share successes in the country's experience improving the capacity of HRHIS as well as Iris Mwanza, Director of Community Health Roadmap, who will reflect on the opportunity to integrate community health workers into registries, planning and operations for a more complete picture of the full frontline workforce.'

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (225) How governments can harness existing digital tools and platforms**

12 February, 2021

Dear All,

Apologies for cross-posting if you have already seen this message. USAID is partnering with PATH/Digital Square project to assess how governments and investors can harness existing digital tools and platforms to efficiently support response efforts in the ongoing COVID-19 pandemic, including supporting vaccine planning, distribution and monitoring.

We need your help! Please help us better understand the digital tool landscape in these countries by filling out this survey. If you or your organization are supporting deployment and implementation of digital tools in the above countries, we want to hear from you. We ask you that you kindly complete this survey by 19 February 2020. We estimate it will take you 15 minutes per tool per country to complete this information.

SURVEY LINK HERE <https://ee.kobotoolbox.org/single/3W23Uhby>

USAID and Digital Square are partnering with WHO and a large number of investors on this activity including BMGF, CDC, GIZ, UNICEF, World Bank and others. Findings from this project will inform country briefs, highlighting digital tools deployed at scale in countries, those already being used in the COVID-19 response, and opportunities for harnessing existing tools for different COVID-19 use cases. Data is also being shared with the UNICEF for COVAX coordination, and the WHO to update the Digital Health Atlas.

Currently, this assessment focuses on following countries: Afghanistan, Angola, Bangladesh, Benin, Cameroon, Cote D'Ivoire, Ghana, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Niger, Pakistan, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

Thank you in advance for your important contribution to this work!

Regards,

USAID and PATH/Digital Square

Amanda BenDor, MPH

Deputy Director, Partnerships

Pronouns: she/her/hers

Mobile: +1 919.624.2486

Digital Square at PATH

stay connected: Twitter | Website | LinkedIn | Mailing List

HIFA profile: Amanda Puckett BenDor has over a decade of experience working in digital health, human resources for health (HRH) and health systems strengthening in Sub-Saharan Africa. Currently as Deputy Director, Partnerships at PATH's Digital Square Project, Amanda works to coordinate with stakeholders across the digital health ecosystem including investors and global good partners. Amanda is co-chair emeritus of the Global Digital Health Network - a forum for 3000+ members from 100+ countries to share information and engage with the broader community. Formally, Amanda was a Technical Advisor for Digital Health at IntraHealth, leading digital health and informatics programs including the mHero platform, a two-way SMS system between Ministries of Health and frontline health workers. She has a MPH from the Maternal and Child Health Department at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. She is a member of the mHIFA working group. [abendor@path.org](mailto:abendor@path.org)

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/amanda>

# **EHS-COVID (226) Ways forward for healthcare communication during COVID-19**

16 February, 2021

Citation, highlights and a comment from me below.

CITATION: Critical observations on and suggested ways forward for healthcare communication during COVID-19: pEACH position paper

Sarah J White et al. Patient Education and Counselling.

<https://doi.org/10.1016/j.pec.2020.12.025>

## **HIGHLIGHTS**

- Communication in healthcare and COVID-19 have a mutually influential relationship that is informed by policy and has influenced practice.
- The fast-pace at which policies have been developed for and practice has adapted to COVID-19 necessitates critical reflection.
- Evidence-based guidance for communication in healthcare in COVID-19 is central to shaping approaches to public health communication.
- Evidence-based guidance is also necessary for the challenges faced in communicating with patients, their families, and carers during COVID-19.

Communicating uncertainty

Mis- and disinformation about health-related risks during COVID-19

Risk communication in linguistically and culturally diverse communities

Promoting citizens' health engagement throughout communication

Comment: This paper is a reminder that it is not only the content of healthcare information that needs to be evidence-informed. So too does the process of healthcare communication in all its complexity and diversity.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (227) How high-profile COVID-19 deaths in Africa could change health systems**

16 February, 2021

Extracts from a Devex news item and a comment from me below.

How high-profile COVID-19 deaths in Africa could change health systems

By Rumbi Chakamba // 15 February 2021

The deaths of several African ministers due to COVID-19 have sparked a conversation about the need to strengthen local health care facilities that were largely neglected before the pandemic.

So far in 2021, South Africa, Eswatini, Zimbabwe, and Malawi have all lost cabinet ministers to the pandemic. These high-profile deaths have led to concerns that health care systems may be overwhelmed due to a second wave of the coronavirus and the possible spread of a new, more transmissible COVID-19 variant that was first detected in South Africa and has now been found in six other African countries: Botswana, Comoros, Ghana, Kenya, Mozambique, and Zambia.

Politicians in these countries often bypass local health systems and seek care elsewhere...

But COVID-19 has closed borders and made travel impossible, meaning even those in positions of relative privilege have had to rely on the overtaxed health systems in their own countries...

Dube added that Zimbabwe is failing to cope with its COVID-19 caseload and that the system has crumbled. “All along, we thought it was collapsing, we thought it was a gradual disintegration towards the end. But actually when the second wave hit, we literally collapsed,” she said...

Now that everyone has been forced to rely upon local public health facilities due to airport closures, Jobe is hoping there will be a realization that “the country's health services need to be better resourced so that referrals to other countries should greatly

be minimized.”

Comment (NPW): The article suggests that ministers have to rely on 'local public health facilities', without any mention of private hospitals. My understanding is that the rich and privileged in most if not all LMICs have access to private health care in their own country, which may not be the best in the world but is of higher quality than the public services available to the majority.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (228) How high-profile COVID-19 deaths in Africa could change health systems (2)**

17 February, 2021

Yes, it is true that the richer fraction of the Nigerian population unable to fly out on medical tourism since covid-19 struck in 2020 they patronize the private hospitals which are relatively better equipped and managed than their public owned sister hospitals. But all you see is not what you get in practice because the lack of national standards and effective regulations and inspection means that the majority of private clinics are not better in many indicators than the public ones.

It is also true that the richer ones who are also mostly the elites have screamed and shouted their newly discovered surprise at the state of the health system and structures. But you wonder where they were born, where they grew up, where they schooled (primary, secondary and University) and until covid-19 where they lived most of the time? The system is broken every where in the country for decades, so where were these elites?

In one day in April 2020, virtually all the main Newspapers carried the following HEADlines:

'I never knew Nigeria's healthcare infrastructure was in such ...([www.premiumtimesng.com/health/health-news/387036...](http://www.premiumtimesng.com/health/health-news/387036...)); 'Nigerians attack SGF Boss Mustapha for saying he never knew ... (dailypost.ng/2020/04/10/nigerians-attack-sgf...); 'Nigerians attack SGF Boss Mustapha for saying he never knew' ... (dailypost.ng/2020/04/10/nigerians-attack-sgf...); 'Nigerians attack SGF Boss Mustapha for saying he never knew' ... (dailypost.ng/2020/04/10/nigerians-attack-sgf...); '([www.premiumtimesng.com/health/health-news/387036...](http://www.premiumtimesng.com/health/health-news/387036...)).

Guess what, its all the same old story, very little practical action is following these shouts and screams.

At this point, it actually does not feel like genuine cries, does not feel like a renaissance of strong health system strengthening is about to hit African countries, including Nigeria. Where is the investment to back any plans?. It does not feel like COVID-19 is the thing that will change everything about weak Health system. I would like to be pleasantly surprised!.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

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HIFA profile: 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](http://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

## **EHS-COVID (228) NHS long waits 100 times higher than before**

17 February, 2021

Extract below from a BBC news item. Full text: <https://www.bbc.co.uk/news/health-55260338>

The impact of the pandemic on delivery of essential health services in England is huge. What is the situation in your country?

The number of patients in England waiting over a year for routine hospital care is now 100 times higher than before the pandemic, figures show.

Nearly 163,000 out of the 4.4 million on the waiting list at the end of October had waited over 12 months for operations such as hip replacements.

There were just 1,600 year-long waiters in February, NHS England data shows...

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (229) The Lancet Global Health Commission on Global Eye Health**

17 February, 2021

Citation, key messages and a comment from me below.

CITATION: The Lancet Global Health Commission on Global Eye Health: vision beyond 2020

Prof Matthew J Burton et al.

The Lancet Global Health 2021

Published: February 16, 2021

DOI: [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5)

### **KEY MESSAGES**

Eye health is essential to achieve the Sustainable Development Goals; vision needs to be reframed as a development issue

Almost everyone will experience impaired vision or an eye condition during their lifetime and require eye care services; urgent action is necessary to meet the rapidly growing eye health need

Eye health is an essential component of universal health coverage; it must be included in planning, resourcing, and delivery of health care

High quality eye health services are not universally delivered

Highly cost-effective vision-restoring interventions offer enormous potential to improve the economic outlook of individuals and nations

Financial barriers to accessing eye care leave many people behind; eye health needs to be included in national health financing to pool the risk

Technology and treatment developments offer new tools to improve eye health

The eye health workforce is unable to meet population needs in many countries

Reliable survey and service data are key to progress in eye health

Research has been crucial to advances in understanding and treating eye disease

Implementation research is needed, particularly in LMICs, to guide effective delivery of services within universal health coverage.

Comment (NPW): The commission barely mentions the impact of COVID-19 on eye health services. I also note that eye health services are not mentioned in the WHO guidance on Maintaining essential health services: operational guidance for the COVID-19 context interim guidance

( <https://www.who.int/publications/i/item/covid-19-operational-guidance-fo...> )

Can anyone comment on the impact of COVID-19 on eye health services in your country or healthcare facility?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHSA-COVID (230) Co-production of knowledge (3)**

17 February, 2021

Below are the citation and key messages of a paper in the BMJ co-production of knowledge collection.

CITATION: Co-producing the covid-19 response in Germany, Hong Kong, Lebanon, and Pakistan

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n243> (Published 16 February 2021)

Cite this as: BMJ 2021;372:n243

Robert Marten et al.

Robert Marten and colleagues highlight the benefits of co-production during covid-19 and call for it to become embedded in policy making...

### **Key messages**

- The covid-19 response is creating the opportunity for an accelerated and inclusive shift towards co-production for policy making
- It has brought a focus to three cross cutting issues: building on established structures; working together to co-produce research; and disseminating research and engaging communities
- The covid-19 pandemic has forced policy makers to rethink the formal and informal structures of how, where, when, and with whom they collaborate, including with researchers as well as the broader public, patients, and communities
- Unprecedented levels of public attention during the covid-19 pandemic have posed new challenges to evidence based policy making, particularly in terms of communicating sometimes complicated science and dealing with an overabundance of information

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHSA-COVID (231) No entry for 231**

## **EHSA-COVID (232) Co-production of knowledge (4)**

17 February, 2021

Below are the citation, selected extracts and key messages of a new paper in the BMJ Co-production of knowledge collection.

CITATION: International experiences with co-production and people centredness offer lessons for covid-19 responses

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.m4752> (Published 16 February 2021)

Cite this as: BMJ 2021;372:m4752

Eva Turk et al.

The development and implementation of health policies and interventions must be done with, and not simply done to, the people affected...

Co-production of healthcare can take place throughout the health system, ranging from governments working with patient organisations, to health facilities involving patient representatives, to the clinical meeting between a health professional and a patient. Put simply, it involves “getting everybody around the table so you are valuing everyone’s knowledge.” It demands building a shared understanding between researchers, policy makers, practitioners, and managers, as well as patients and their families, and working together to improve quality and care...

the Nigeria Centre for Disease Control established a covid-19 research consortium to strengthen the involvement of stakeholders in the co-production of research. Researchers, policy makers, and representatives of those on the front line of the covid-19 response collaborated to define national research priorities, map existing resources, and develop and implement a long term programme for research—the Nigeria covid-19 research plan, 2020-4...

A systematic review of community participation in health systems research identified 260 papers with more than nominal community participation in the research described. In 95% of papers, communities helped in implementing an intervention but were involved in identifying and defining problems in only 18% of articles. Only five papers discussed power imbalances. Overall, the literature showed little recognition of the many problems that can influence a community’s participation in the co-production of research and models of care, including power relations, prevailing knowledge, and beliefs and cultural barriers...

Failure to co-produce knowledge also has a cost. For example, the Nigerian government developed a national risk communication campaign, ‘Take Responsibility’, to increase covid-19 awareness within the population.<sup>33</sup> It soon became clear, however, that the initial messaging, developed by officials and

disseminated in a top down fashion, was not appropriate because it did not deal with differences such as literacy, language, and other sociocultural variations...

#### Key messages

- For too long, health research and the development of health policies and interventions have been done to, and not with, communities and individuals, often leading to failure
- The covid-19 pandemic has shown the importance of strengthening the co-production of health research and provision of health services by embedding a people centred approach at all levels of healthcare in all countries
- To build back better, researchers and policy makers need to rethink how to involve communities in co-production of research, knowledge, and health systems
- Power dynamics between different groups create barriers that must be dealt with if progress is to be made

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (233) Services provided by community health workers within an urban district in South Africa**

19 February, 2021

Below are the citation and abstract of a new paper in BMC Human Resources for Health - a reminder of the wide scope and importance of services provided by CHWs. Comment from me below.

CITATION: An analysis of the services provided by community health workers within an urban district in South Africa: a key contribution towards universal access to care

L. S. Thomas, E. Buch & Y. Pillay

Human Resources for Health volume 19, Article number: 22 (2021)

Published: 18 February 2021

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960...>

#### ABSTRACT

**Introduction:** Community health worker teams are potential game-changers in ensuring access to care in vulnerable communities. Who are they? What do they actually do? Can they help South Africa realize universal health coverage? As the proactive arm of the health services, community health workers teams provide household and community education, early screening, tracing and referrals for a range of health and social services. There is little local or global evidence on the household services provided by such teams, beyond specific disease-oriented activities such as for HIV and TB. This paper seeks to address this gap.

**Methods:** Descriptive secondary data analysis of community health worker team activities in the Ekurhuleni health district, South Africa covering approximately 280,000 households with 1 million people.

**Results:** Study findings illustrated that community health workers in these teams provided early screening and referrals for pregnant women and children under five. They distributed condoms and chronic medication to homes. They screened and referred for hypertension, diabetes mellitus, HIV and TB. The teams also undertook defaulter and contact tracing, the majority of which was for HIV and TB clients. Psychosocial support provided was in the form of access to social grants, access to child and gender-based violence protection services, food parcels and other services.

**Conclusion:** Community health workers form the core of these teams and perform several health and psychosocial services in households and poor communities in South Africa, in addition to general health education. The teams studied provided a range of activities across many health conditions (mother and child related, HIV and TB, non-communicable diseases), as well as social services. These teams provided comprehensive care in a large-scale urban setting and can improve access to care.

**Selected extract (NPW):** The 2020 Covid-19 pandemic highlighted the important role community health workers (CHWs) play in South Africa, by improving Covid-19 health education and early screening.

**Comment (NPW):** It's notable that the WHO Guidance on Maintaining Essential Health Services during COVID barely mentions the role of CHWs. In what ways can CHW services be deployed or adapted to help maintain essential health services during COVID?

**Typology of CHWs:** A few years ago we discussed on HIFA the need for a typology of CHWs. At that time some of us felt that the existing typology would benefit from refinement. Since then the potential scope of work for CHWs seems to broaden month by month. Can anyone bring us up to date on this issue?

Many thanks, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

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## **EHS-COVID (234) NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 16 February 2021**

19 February, 2021

Dear Colleagues,

Since our last update Tuesday, 9 February 2021 we have added 124 NEW publications for February (47 new), January (16 new), December (26 new), November (20 new), October (2 new), September (3 new), August (1 new), July (6 new), June (2 new), and May (1 new).

Click here to view the updated repository

<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fhopkins...>

All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from the United Kingdom, Canada, Sweden, Brazil, Spain, Australia, Saudi Arabia, Germany, the Netherlands, Turkey, Serbia, China, the United States, South Africa,



Finland, Denmark, Egypt, Norway, Ethiopia, Iceland, Germany, France, Guinea, India, Mexico, Iran, Korea, Ireland, Peru, Italy, Switzerland, Poland, and Sri Lanka.

Many new publications focus on COVID-19, pregnancy, and neonatal health. A systematic review and meta-analysis published last week pooled data on breastmilk samples tested for SARS-CoV-2 RNA and antibodies from mothers with confirmed COVID-19; another systematic review of COVID-19 affected pregnancies estimated rates of maternal death, ICU admission, preterm deliveries, cesarean deliveries, and neonatal SARS-CoV-2 infection. Other topics in this update include histopathological changes to the placenta and intra-uterine growth restrictions associated with SARS-CoV-2 infection during pregnancy. Many articles related to the impact of the COVID-19 pandemic on maternal mental health, with one surveying pregnant women at risk of mental illness to identify factors associated with help-seeking behavior.

Several new publications related to child and adolescent health discuss the direct and indirect effects of COVID-19. Topics vary from the diagnosis and treatment of MIS-C, to SARS-CoV-2 transmission risk in daycare settings and increases in food insecurity among children and families during the COVID-19 pandemic. An article published last week provides initial evidence on the clinical manifestations of the new SARS-CoV-2 variant B.1.1.7 in children and young people. One study evaluated the association between serum albumin levels and clinical manifestations of COVID-19 in children, while another evaluated whether SARS-CoV-2 viral load could predict the clinical course and severity of pediatric COVID-19. A study of COVID-19 health literacy among children and parents across 6 countries also examined sources of information as well as parents' attitudes around discussing COVID-19 with their children.

This is by no means an exhaustive list! Look out for our next update Tuesday, 23 February 2021. Currently, we have 4813 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast

Milk. <<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fhopkins...>

The next update for that will be Wednesday, 24 February 2021. If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

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## **EHS-COVID (235) Maintaining child health services in Malawi**

20 February, 2021

Dear CHIFA and HIFA colleagues,

Below are the citation and extracts of a new paper in Archives of Disease in Childhood, and a comment from me.

CITATION: Chaziya J, Freyne B, Lissauer S et al. COVID-19 in Malawi: lessons in pandemic preparedness from a tertiary children's hospital. Archives of Disease in Childhood 2021;106:238-240.

<https://adc.bmj.com/content/106/3/238>

Queen Elizabeth Central Hospital (QECH) in Blantyre is the tertiary referral hospital for the Southern Region of Malawi. The pandemic heightened existing challenges related to limited human and material resources. Public fear and healthcare worker (HCW) sit-ins associated with concerns around inadequate personal protective equipment (PPE) disrupted services and contributed to delayed patient presentation...

Limited diagnostics led to a risk of inappropriate isolation, unnecessary exposure of high-risk children and guardians to COVID-19 and a reduced level of specialty care for acutely unwell children. We addressed this issue on two fronts. First, we collaborated with the district health team to provide paediatric training and consultation at the local isolation facility. Second, we developed a respiratory COVID zone in the emergency department (ED) where suspected cases could be stabilised...

In February, we faced the real threat of PPE shortage... We received cash donations to develop a reusable gown laundry service, PPE items, cloth masks, water sanitation and hygiene items and hand sanitiser from academic partners, local charities and religious groups...

We have documented a significant drop in both ED and outpatient department attendances. There was a simultaneous rise in the number of children who were pronounced dead on arrival to hospital and a spike of admissions to the 'One Stop' family centre for sexual assault at the time of school closures. This is powerful information to use in public health and advocacy...

Open communication, partnership and strong local leadership are free and can be fostered in any environment. Ultimately, these will be the most effective tools in mitigating the direct and indirect effects of COVID-19 in LMICs.

Comment (NPW): As we continue our EHS-COVID exploration of what works and what doesn't to maintain essential health services, this paper presents a multi-faceted approach. Success is perhaps more dependent on planning and implementing basic public health measures, than on identifying innovative 'magic bullets'. The last comment is interesting: 'Open communication, partnership and strong local leadership are free and can be fostered in any environment.' This has become a truism in public health, and yet it is not straightforward to foster 'open communication, partnership and strong local leadership'. How can such an enabling environment be developed? I invite comment from CHIFA and HIFA members.

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Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (236) Impact of COVID-19 on measles vaccination**

21 February, 2021

Dear HIFA and CHIFA colleagues,

Below are the citation and selected extracts of a Comment in The Lancet Global Health, and a comment from me.

CITATION: Comment| The Lancet Global Health volume 9, issue 3, e223-e224, march 01, 2021

Measles: the long walk to elimination drawn out by COVID-19

Etienne Gignoux, Linda Ezzo, Yap Boum

March, 2021 DOI:[https://doi.org/10.1016/S2214-109X\(21\)00020-6](https://doi.org/10.1016/S2214-109X(21)00020-6)

At the end of 2020, WHO warned that the target set by the World Health Assembly to eliminate measles in five of six WHO regions would not be met. Despite an improvement in vaccination coverage and a decrease in the incidence from 145 to 120 cases per million population between 2000 and 2019, we are far from the elimination target of maintaining less than 1 case per million nationally. The low vaccination coverage and still high incidence of measles translates to an estimated 207 500 measles deaths in 2019. More worrying, the situation had worsened compared with 2016, when only 18 cases per million had been reported.

The COVID-19 pandemic has also worsened the implementation of immunisation campaigns. We are likely to see increasing numbers of unimmunised children susceptible to measles and increasing numbers of measles case fatality ratios that create an environment for measles to return in 2021. These potential measles outbreaks will take us back to decades ago with increased mortality and serious consequences of measles.<sup>2</sup> To prepare for the post-COVID-19 era and to move towards measles elimination, there are five actions that need to be taken by countries and the international community. First, provide leadership and management training to the EPI teams to adequately use strategic problem solving, political advocacy, and other tools to find innovative and homegrown solutions to prevent measles in the post-COVID-19 era. Second, African countries should track progress using a scorecard developed by Wariri and colleagues and report yearly progress to WHO and Africa

Centres for Disease Control and Prevention for a concerted effort. Third, reach unimmunised children through catch-up vaccination schedules and campaigns, including supplementary immunisation activities. Fourth, prepare for the expected outbreaks in 2021 using lessons learnt from ongoing pandemics. Fifth, do not lose sight of measles and rubella elimination targets and implement the new Measles and Rubella Strategic Framework 2021–2030.

Oghenebrume Wariri and colleagues provide a detailed overview of the situation in 15 west African countries... 80% countries are off-track to achieving measles elimination milestones; however, Cape Verde, The Gambia, and Ghana have made substantial progress.

<https://reader.elsevier.com/reader/sd/pii/S2214109X20304812?token=FA060B...>

Comment (NPW): The true impact of COVID on child vaccination and vaccine-preventable disease will not be known for years. Are HIFA/CHIFA members aware of actual and predicted impact in this area? For example, what do we know about COVID and current access to immunisation services?

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Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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**EHS-COVID (237) Partnerships in a Time of COVID-19,  
19 March 2021**

21 February, 2021

Read online: <https://docs.google.com/forms/d/e/1FAIpQLSdG6hj-muNWWayOFxW-kskPRK8cGX0ym...>

THET is pleased to announce our second COVID Partnerships conference in partnership with the ESTHER Alliance and ACHEST. Participants will have the opportunity to reflect on what has been achieved by the Health Partnership community since our Partnerships in a time of COVID conference last April (<https://buff.ly/3qpgQJE>), and look to the future, recognising the immense pressure that is now falling on health workers in every country.

We are especially motivated to organise this free conference at this time, because of the deeply worrying increases in infections and the slow pace of vaccination campaigns in sub-Saharan Africa observed since the start of 2021. It feels important to look afresh at how the Health Partnership community is pulling together, when solidarity is more important than ever. We will meet with humility, recognising that we have much to learn from each other.

As with the previous conference, we are organising this with the support of our friends at WHO.

To register your interest in this event, please provide your details below. A member of the THET team will be in touch with joining instructions.

[www.thet.org](http://www.thet.org) | [esther.eu](http://esther.eu) | [www.achest.org](http://www.achest.org)

Register: <https://docs.google.com/forms/d/e/1FAIpQLSdG6hj-muNWWayOFxW-kskPRK8cGX0ym...>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (238) What are 'essential health services'?**

22 February, 2021

Over the past few months we have been discussing how to maintain essential health services during the pandemic (and beyond). We'll soon be able to share with you a summary of the discussion so far, with thanks to HIFA volunteers Vaghela Gladson, Sanchika Gupta and Sandra Bearcroft.

Meanwhile, I'd like to invite comment on the question: What are 'essential health services'? Is there an accepted definition of this term?

What is designated as essential will vary from country to country. The WHO guidance on maintaining essential health services during COVID-19 notes: 'Different areas, even within the same country, may require different approaches to designate essential health services'.

I would be interested to hear the experience of any HIFA members who have been involved in designating health services as 'essential' or 'non-essential' in your country, whether before or during the current pandemic.

Also, the WHO Guidance recommends the designation of 'a focal point for essential health services as a member of the COVID-19 Incident Management Team'. If you are a member of a COVID-19 Incident Management Team, please do share your experience by sending email to: [hifa@hfaforums.org](mailto:hifa@hfaforums.org)

With thanks, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (239) NEW Updates on Maternal and Child Health, Nutrition and COVID-19 – excerpts from scientific journal articles – 16 February 2021**

23 February, 2021

Dear Colleagues,

Since our last update Tuesday, 9 February 2021 we have added 124 NEW publications for February (47 new), January (16 new), December (26 new), November (20 new), October (2 new), September (3 new), August (1 new), July (6 new), June (2 new), and May (1 new).



Click here to view the updated repository <https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fhupkins...>

All publications provide emerging evidence related to COVID-19 and

- \* Child health (from neonates to adolescents)
- \* Maternal health (pregnant women, women of reproductive age)
- \* Breastfeeding and Infant feeding
- \* Nutrition (related to MCH)

In addition to several international reviews, this update provides emerging evidence from the United Kingdom, Canada, Sweden, Brazil, Spain, Australia, Saudi Arabia, Germany, the Netherlands, Turkey, Serbia, China, the United States, South Africa, Finland, Denmark, Egypt, Norway, Ethiopia, Iceland, Germany, France, Guinea, India, Mexico, Iran, Korea, Ireland, Peru, Italy, Switzerland, Poland, and Sri Lanka.

Many new publications focus on COVID-19, pregnancy, and neonatal health. A systematic review and meta-analysis published last week pooled data on breastmilk samples tested for SARS-CoV-2 RNA and antibodies from mothers with confirmed COVID-19; another systematic review of COVID-19 affected pregnancies estimated rates of maternal death, ICU admission, preterm deliveries, cesarean deliveries, and neonatal SARS-CoV-2 infection. Other topics in this update include histopathological changes to the placenta and intra-uterine growth restrictions associated with SARS-CoV-2 infection during pregnancy. Many articles related to the impact of the COVID-19 pandemic on maternal mental health, with one surveying pregnant women at risk of mental illness to identify factors associated with help-seeking behavior.

Several new publications related to child and adolescent health discuss the direct and indirect effects of COVID-19. Topics vary from the diagnosis and treatment of MIS-C, to SARS-CoV-2 transmission risk in daycare settings and increases in food insecurity among children and families during the COVID-19 pandemic. An article published last week provides initial evidence on the clinical manifestations of the new SARS-CoV-2 variant B.1.1.7 in children and young people. One study evaluated the association between serum albumin levels and clinical manifestations of COVID-19 in children, while another evaluated whether SARS-CoV-2 viral load could predict the clinical course and severity of pediatric COVID-19. A study of COVID-19 health literacy among children and parents across 6 countries also examined sources of information as well as parents' attitudes around discussing COVID-19 with their children.



This is by no means an exhaustive list! Look out for our next update Tuesday, 23 February 2021. Currently, we have 4813 publications in the repository.

We also have a specific repository only on COVID-19, Breastfeeding, Infant Feeding, and Breast

Milk. <https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fhopkins...> The next update for that will be Wednesday, 24 February 2021. If you know anyone who would benefit from any of these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

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## **EHS-COVID (240) What are 'essential health services'? (2)**

23 February, 2021

Dear Neil,

In response to your excellent question: What are 'essential health services'? Is there an accepted definition of this term? WHO has an essential list of medicines which is used by all its member states,

While WHO published guidelines and also examples, however countries will need to define and prioritise their list of services as 'essential'. It will be interesting to hear from our HIFA members their thoughts in the context of NCD, Communicable Diseases, Neglected Tropical Diseases, Child and Maternal Health, immunisation,

Surgical services and crosscutting 'essential services' as Sanitation, Diagnostics (labs, Imaging), Blood banks etc. etc.

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon.Prof.Schulich School of Medicine & Dentistry, WHO Collaborating Centre,  
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HIFA EHS-COVID Working Group

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<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (241) What are 'essential health services'? (3)**

23 February, 2021

Dear Meena and all,

Thanks for your comments. As you say, 'countries will need to define and prioritise their list of services as essential'. This raises a number of questions. How do individual governments compile such a list? What tools are available to help them?

Once a country's essential health services list has been developed, is it then prioritised? How can countries then implement these into policy and practice?

The identification of essential health services inevitably means that some services will need to be designated as 'less essential' or 'non-essential'. It would be interesting to review and compare 'essential' and 'non-essential' services across countries. Politically, there are presumably major challenges in designating services as 'less essential' or 'non-essential'.

One example perhaps of 'less essential' treatment is elective surgery (such as hip replacement) where operations are being deferred for several months. These delays can cause great additional suffering to individual patients. How are different countries handling elective surgery? What other examples are there of 'less essential' care that is being deliberately deprioritised?

Best wishes, Neil

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## **EHS-COVID (242) What are 'essential health services'?**

### **(4)**

24 February, 2021

As we continue to explore this question, and how countries define and implement measures of essentiality during COVID (and at other times), here is a potentially useful recent paper in BMJ Global Health:

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

Karl Blanchet et al. BMJ Global Health. <https://gh.bmj.com/content/5/10/e003675> October 2020

The authors say: 'While each country will need to define essential services according to their epidemiological profile, health system capacity and available resources, we believe that guidance on the type of essential services required by low-income and lower-middle-income countries is a valuable contribution to inform urgent decision making during health crises... 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.'

## KEY POINTS

- A concrete list of 120 essential non-COVID-19 health interventions has been developed based on the Disease Control Priorities-3 highest priority package (HPP).
- Adjustments of HPP was made based on level of urgency of interventions and contextual factors.
- The adjusted HPP could be used by governments and donors as input for discussions about disinvestments and continued investments during the COVID-19 pandemic.
- We argue that the selected interventions are the most essential to deliver and protect, even if substantial resources need to be diverted to the COVID-19 response.
- Each country will need to define essential services according to their epidemiological profile, health system capacity and available resources
- The priority list of 120 essential services is mainly designed for low-income and middle-income countries and humanitarian settings.
- We propose that governments and agencies that are in the process of defining which essential services should be protected under the COVID-19 crisis use our model list as input for further deliberation with key stakeholders, citizens, funders, local and national decision-makers.
- Governments in low-income and middle-income countries and relief agencies need to make clear decisions to not only mitigate the impact of the COVID-19 pandemic but also deliver essential routine services to their populations. This is a clear message from WHO in their operational guidance for maintaining essential health services during an outbreak.

What approaches have been taken in your country (or healthcare facility) to identify 'essential services'? Which services have been identified as 'non-essential'?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (243) COVID-19 and mental health (2)**

27 February, 2021

Citation, summary, selected extracts and a comment/question from me below.

CITATION: COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health

Lola Kola et al. The Lancet Psychiatry 2021

Published: February 24, 2021 DOI:[https://doi.org/10.1016/S2215-0366\(21\)00025-0](https://doi.org/10.1016/S2215-0366(21)00025-0)

### **SUMMARY**

Most of the global population live in low-income and middle-income countries (LMICs), which have historically received a small fraction of global resources for mental health. The COVID-19 pandemic has spread rapidly in many of these countries. This Review examines the mental health implications of the COVID-19 pandemic in LMICs in four parts. First, we review the emerging literature on the impact of the pandemic on mental health, which shows high rates of psychological distress and early warning signs of an increase in mental health disorders. Second, we assess the responses in different countries, noting the swift and diverse responses to address mental health in some countries, particularly through the development of national COVID-19 response plans for mental health services, implementation of WHO guidance, and deployment of digital platforms, signifying a welcome recognition of the salience of mental health. Third, we consider the opportunity that the pandemic presents to reimagine global mental health, especially through shifting the balance of power from high-income countries to LMICs and from narrow biomedical approaches to community-oriented psychosocial perspectives, in setting

priorities for interventions and research. Finally, we present a vision for the concept of building back better the mental health systems in LMICs with a focus on key strategies; notably, fully integrating mental health in plans for universal health coverage, enhancing access to psychosocial interventions through task sharing, leveraging digital technologies for various mental health tasks, eliminating coercion in mental health care, and addressing the needs of neglected populations, such as children and people with substance use disorders. Our recommendations are relevant for the mental health of populations and functioning of health systems in not only LMICs but also high-income countries impacted by the COVID-19 pandemic, with wide disparities in quality of and access to mental health care.

## SELECTED EXTRACTS

'Materials have been developed in many LMICs to promote self-help for stress management during the COVID-19 pandemic and beyond. WHO developed Doing what matters in times of stress: an illustrated guide [<https://www.who.int/publications/i/item/9789240003927>]. The stress management self-help techniques can be practised with just a few minutes each day and include accompanying audio exercises. Released originally in English, with other translations underway, the guide is freely available for use and adaptation, and can be offered as guided or unguided self-help.'

'The expected vulnerability of LMICs to the negative mental health sequelae of COVID-19 can be compared with the impressive efforts in many of these resource-limited countries to develop nationwide policies to address the pandemic itself and its mental health consequences. Some LMICs have developed model programmes to address the pre-existing mental health-care needs and increasing distress related to the pandemic, and have implemented guidance on psychosocial programmes from WHO and international organisations. The sensitivity and comprehensiveness of these mental health responses in some LMICs can be a model for other countries, which are suffering from fragmented mental health responses, minimal financial investment, and scarce outreach to the most vulnerable populations.'

COMMENT/QUESTION (NPW): The last extract ('The expected vulnerability of LMICs...') links to a news article that appears to refer mainly to mental health in the USA. Can anyone provide examples of how low and middle-income countries have developed model programmes?

Best wishes, Neil

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## **EHS-COVID (244) COVID-19 and malaria (2)**

1 March, 2021

In November 2020 a WHO press release expressed concern that 'even moderate disruptions in access to treatment could lead to a considerable loss of life [from malaria]'. <https://www.hifa.org/dgroups-rss/ehs-covid-104-covid-19-and-malaria>

This paper in The Lancet Infectious Diseases provides estimates: 'Under pessimistic scenarios, COVID-19-related disruption to malaria control in Africa could almost double malaria mortality in 2020, and potentially lead to even greater increases in subsequent years. To avoid a reversal of two decades of progress against malaria, averting this public health disaster must remain an integrated priority alongside the response to COVID-19.'

We would be grateful to hear from frontline health professionals. Are you seeing an impact of COVID on essential health services for people with malaria, or other illnesses?

CITATION: Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: a geospatial modelling analysis.

The Lancet Infectious Diseases. 21 (1) (pp 59-69), 2021. Date of Publication: January 2021.

Weiss D.J.; et al.

### **SUMMARY**

**Background:** Substantial progress has been made in reducing the burden of malaria in Africa since 2000, but those gains could be jeopardised if the COVID-19 pandemic affects the availability of key malaria control interventions. The aim of this study was to evaluate plausible effects on malaria incidence and mortality under different levels of disruption to malaria control.

**Methods:** Using an established set of spatiotemporal Bayesian geostatistical models, we generated geospatial estimates across malaria-endemic African countries of the clinical case incidence and mortality of malaria, incorporating an updated database of parasite rate surveys, insecticide-treated net (ITN) coverage, and effective treatment rates...

Findings: We estimated 215·2 (95% uncertainty interval 143·7–311·6) million cases and 386·4 (307·8–497·8) thousand deaths across malaria-endemic African countries in 2020 in our baseline scenario of undisrupted intervention coverage...

Interpretation: Under pessimistic scenarios, COVID-19-related disruption to malaria control in Africa could almost double malaria mortality in 2020, and potentially lead to even greater increases in subsequent years. To avoid a reversal of two decades of progress against malaria, averting this public health disaster must remain an integrated priority alongside the response to COVID-19.

Best wishes, Neil

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## EHS-COVID (245)

5 March, 2021

With thanks to Gloal Health Now. Citation, summary and comment from me below.

Dear CHIFA and HIFA,

'Childhood cancer treatments are being sidelined as hospitals prioritize COVID-19 patients and travel restrictions delay diagnoses - particularly in low- and middle-income countries, a global survey found; some facilities reported complete closure of pediatric oncology services. The Lancet Child & Adolescent Health'

CITATION: Global effect of the COVID-19 pandemic on paediatric cancer care: a cross-sectional study

Dylan Graetz et al.

Published: March 03, 2021 DOI:[https://doi.org/10.1016/S2352-4642\(21\)00031-6](https://doi.org/10.1016/S2352-4642(21)00031-6)

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00031-6/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00031-6/fulltext)



## SUMMARY

**Background:** Although mortality due to COVID-19 has been reportedly low among children with cancer, changes in health-care services due to the pandemic have affected cancer care delivery. This study aimed to assess the effect of the COVID-19 pandemic on childhood cancer care worldwide.

**Methods:** A cross-sectional survey was distributed to paediatric oncology providers worldwide from June 22 to Aug 21, 2020, through the St Jude Global Alliance and International Society for Paediatric Oncology listservs and regional networks...

**Findings:** Responses from 311 health-care professionals at 213 institutions in 79 countries from all WHO regions were included in the analysis. 187 (88%) of 213 centres had the capacity to test for SARS-CoV-2 and a median of two (range 0–350) infections per institution were reported in children with cancer. 15 (7%) centres reported complete closure of paediatric haematology-oncology services (median 10 days, range 1–75 days). Overall, 2% (5 of 213) of centres were no longer evaluating new cases of suspected cancer, while 43% (90 of 208) of the remaining centers described a decrease in newly diagnosed paediatric cancer cases. 73 (34%) centres reported increased treatment abandonment (ie, failure to initiate cancer therapy or a delay in care of 4 weeks or longer). Changes to cancer care delivery included: reduced surgical care (153 [72%]), blood product shortages (127 [60%]), chemotherapy modifications (121 [57%]), and interruptions to radiotherapy (43 [28%] of 155 institutions that provided radiotherapy before the pandemic). The decreased number of new cancer diagnoses did not vary based on country income status ( $p=0.14$ ). However, unavailability of chemotherapy agents ( $p=0.022$ ), treatment abandonment ( $p<0.0001$ ), and interruptions in radiotherapy ( $p<0.0001$ ) were more frequent in low-income and middle-income countries than in high-income countries. These findings did not vary based on institutional or national numbers of COVID-19 cases. Hospitals reported using new or adapted checklists (146 [69%] of 213), processes for communication with patients and families (134 [63%]), and guidelines for essential services (119 [56%]) as a result of the pandemic.

**Interpretation:** The COVID-19 pandemic has considerably affected paediatric oncology services worldwide, posing substantial disruptions to cancer diagnosis and management, particularly in low-income and middle-income countries. This study emphasises the urgency of an equitably distributed robust global response to support paediatric oncology care during this pandemic and future public health emergencies.

**COMMENT (NPW):** In our discussion on HIFA we have been exploring questions around maintaining essential health services, notably "Q3. What have you, your health facility or country done to maintain essential health services?". This paper provides a glimpse in relation to this question, although further details would be welcome:

'Although the effect of the pandemic has been devastating and widespread, health-care systems and providers have demonstrated resilience in response to these challenges. Institutions worldwide have implemented new policies, created checklists, and redistributed resources and staff to battle the pandemic. In our study, institutions reported new use of technology, improved practices around infection control, reprioritisation of the psychosocial needs of families and staff, and care transition to outpatient settings to allow for continued care delivery despite the pandemic. These adaptations, resulting from necessity, often led to the optimisation of existing resources, and might persist beyond the pandemic, resulting in long-lasting improvements in childhood cancer care. These insights should be used to plan for future health emergencies.'

I have invited the authors to join us.

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (246) Impact of pandemic on health workers (11)**

6 March, 2021

Below are the citation and abstract of a new paper in BMJ Global Health.

CITATION: Infection and mortality of healthcare workers worldwide from COVID-19: a systematic review

Soham Bandyopadhyay et al.

BMJ Global Health 2021

<https://gh.bmj.com/content/5/12/e003097>

## ABSTRACT

**Objectives:** To estimate COVID-19 infections and deaths in healthcare workers (HCWs) from a global perspective during the early phases of the pandemic.

**Design:** Systematic review.

**Methods:** Two parallel searches of academic bibliographic databases and grey literature were undertaken until 8 May 2020. Governments were also contacted for further information where possible. There were no restrictions on language, information sources used, publication status and types of sources of evidence. The AACODS checklist or the National Institutes of Health study quality assessment tools were used to appraise each source of evidence.

**Outcome measures:** Publication characteristics, country-specific data points, COVID-19-specific data, demographics of affected HCWs and public health measures employed.

**Results:** A total of 152 888 infections and 1413 deaths were reported. Infections were mainly in women (71.6%, n=14 058) and nurses (38.6%, n=10 706), but deaths were mainly in men (70.8%, n=550) and doctors (51.4%, n=525). Limited data suggested that general practitioners and mental health nurses were the highest risk specialities for deaths. There were 37.2 deaths reported per 100 infections for HCWs aged over 70 years. Europe had the highest absolute numbers of reported infections (119 628) and deaths (712), but the Eastern Mediterranean region had the highest number of reported deaths per 100 infections (5.7).

**Conclusions:** COVID-19 infections and deaths among HCWs follow that of the general population around the world. The reasons for gender and specialty differences require further exploration, as do the low rates reported in Africa and India. Although physicians working in certain specialities may be considered high risk due to exposure to oronasal secretions, the risk to other specialities must not be underestimated. Elderly HCWs may require assigning to less risky settings such as telemedicine or administrative positions. Our pragmatic approach provides general trends, and highlights the need for universal guidelines for testing and reporting of infections in HCWs.

## WHAT ARE THE NEW FINDINGS?

General practitioners were the highest risk specialty for deaths among doctors, while the highest risk nursing specialty was mental health.

Most COVID-19 cases and deaths were reported in the 50–59 age range, while the group aged over 70 years had the highest case fatality rate.

Europe had the highest number of infections and deaths, but the lowest case fatality rate, while the Eastern Mediterranean region had the highest case fatality rate; by population, regions such as the Indian subcontinent and Africa reported a relatively low number of infections and deaths.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (247) BBC: Covid-19 disruptions killed 228,000 children in South Asia, says UN report**

17 March, 2021

Dear HIFA and CHIFA colleagues,

Extracts below from a BBC news item and a comment from me. Full text here: <https://www.bbc.co.uk/news/world-asia-56425115>

The [UNICEF] report - Direct and Indirect Effects of Covid-19 Pandemic and Response in South Asia - examines the effect of these government strategies on

healthcare, social services, including schools, and the economy.

<https://www.unicef.org/rosa/media/13066/file/Main%20Report.pdf>

It estimates that there have been 228,000 additional deaths of children under five in these six countries [Afghanistan, Nepal, Bangladesh, India, Pakistan and Sri Lanka] due to crucial services, ranging from nutrition benefits to immunisation, being halted.

It says the number of children being treated for severe malnutrition fell by more than 80% in Bangladesh and Nepal, and immunisation among children dropped by 35% and 65% in India and Pakistan respectively...

It also estimates that there have been some 3.5 million additional unwanted pregnancies, including 400,000 among teenagers, due to poor or no access to contraception...

The interruption to health services also affected those suffering from other diseases - the report predicts an additional 5,943 deaths across the region among adolescents who couldn't get treated for tuberculosis, malaria, typhoid and HIV/Aids.

Comment (NPW): The text of the report is more nuanced than the news headline. The actual impact is not yet fully known, but the estimates are salutary: 'The number of deaths among children < 5 years are estimated to increase by a total of 228,641 across the six South Asian countries in 2020 compared to the previous year, with 134,789 of these deaths expected to occur in the neonatal period. The greatest increases are anticipated in India (154,020, 15% increase) and Pakistan (59,251, 14% increase) respectively.'

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Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (248) WHO: New research highlights risks of separating newborns from mothers during COVID-19 pandemic**

19 March, 2021

Dear HIFA and CHIFA,

WHO: New research highlights risks of separating newborns from mothers during COVID-19 pandemic

Keeping mothers and babies together could save more than 125 000 lives: WHO

Extracts below. Full text here: <https://www.who.int/news/item/16-03-2021-new-research-highlights-risks-o...>

16 March 2021 News release

New research from WHO and partners shows that the COVID-19 pandemic is severely affecting the quality of care given to small and sick newborns, resulting in unnecessary suffering and deaths.

[See full text of research here: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00013-4/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00013-4/fulltext) ]

A study published in the Lancet EclinicalMedicine highlights the critical importance of ensuring newborn babies have close contact with parents after birth, especially for those born too small (at low birthweight) or too soon (preterm). However, in many countries, if COVID-19 infections are confirmed or suspected, newborn babies are being routinely separated from their mothers, putting them at higher risk of death and lifelong health complications...

“Disruptions to essential health services during COVID-19 have severely affected the quality of care provided to some of the most vulnerable babies, and this includes their right to the lifesaving contact they need with their parents,” said Dr Anshu Banerjee, Director for Maternal, Newborn, Child and Adolescent Health and Ageing at WHO. “Decades of progress in reducing child deaths will be jeopardized unless we act now to protect and improve quality care services for mothers and newborns, and expand coverage of lifesaving interventions like kangaroo mother care.”

WHO advises that mothers should continue to share a room with their babies from birth and be able to breastfeed and practice skin-to-skin contact – even when COVID-19 infections are suspected or confirmed - and should be supported to ensure appropriate infection prevention practices...

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Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (249) World Oral Health Day, 20 March**

19 March, 2021

Dear all,

20 March is World Oral Health Day

Extracts below from from: <https://www.worldoralhealthday.org/>

The World Health Organization reported that oral health services were among the most affected essential health services because of the COVID-19 pandemic, with 77 per cent of countries reporting partial or complete disruption.

“Let’s call it for what it is a dental disaster,” said Dr Gerhard Konrad Seeberger, president of FDI World Dental Federation.

One year after first lockdowns dentists around the world confront the consequences of the COVID-19 pandemic on people’s oral health: higher incidence of tooth decay and more advanced gum disease

Changing routines: people skipping twice-daily toothbrushing, snacking between meals at home, and not visiting the dentist.

What is World Oral Health Day?

On the 20 March every year, we ask the world to unite to help reduce the burden of oral diseases, which affect individuals, health systems and economies everywhere.

Its purpose: to empower people with the knowledge, tools and confidence to secure good oral health.

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'In developing countries like India, 60% to 65% of the population lives in rural areas, where agriculture is the main occupation, illiteracy prevails, and people often neglect their oral

health simply through lack of knowledge.' J Can Dent Assoc. <https://www.cda-adc.ca/jcda/vol-71/issue-10/753.pdf>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (250) Risks of COVID-19 infection among surgery patients - COVIDSurg Collaborative paper in BJS**

28 March, 2021

Dear HIFA colleagues,

You might have seen some of the media coverage last week on a study that suggests that prioritising surgical patients for COVID-19 vaccination could save tens of thousands of lives globally. Here's the paper:

<https://academic.oup.com/bjs/advance-article/doi/10.1093/bjs/znab101/618...>



published on 25 March in BJS (incorporating the British Journal of Surgery and the European Journal of Surgery).

The authors are from the global COVIDSurg Collaborative, led by NIHR Global Health Research Unit in Global Surgery <<https://globalsurg.org/about/>> based at the University of Birmingham, using data for 141,582 patients from across 1,667 hospitals in 116 countries - the world's largest international study on surgery.

In summary, they found that between 0.6% and 1.6% of patients develop COVID-19 infection after elective surgery, and are at between 4- and 8-fold increased risk of death in the 30 days following surgery. Based on the high risks that surgical patients face, the researchers calculate that vaccination of surgical patients is more likely to prevent COVID-19 related deaths than vaccines given to the population at large – particularly among the over-70s and those undergoing surgery for cancer.

Overall, they estimate that global prioritisation of pre-operative vaccination for elective patients could prevent an additional 58,687 COVID-19-related deaths in one year. This could be particularly important for low- and middle-income countries where mitigation measures such as nasal swab screening and COVID-free surgical pathways, which can reduce the risk of complications related to the virus, are unlikely to be universally implemented. Vaccination is also likely to decrease post-operative pulmonary complications - reducing intensive care use and overall healthcare costs.

The study estimated that up to 70% of elective surgeries were postponed during the first wave of the pandemic, resulting in an estimated 28 million procedures being delayed or cancelled globally.

Best regards,

Patrick Wilson

Head of Global Health Communications & Stakeholder Engagement, National Institute for Health Research (NIHR) [www.nihr.ac.uk/globalhealth](http://www.nihr.ac.uk/globalhealth)

HIFA profile: Patrick Wilson is Head of Global Health Communications & Stakeholder Engagement at the National Institute for Health Research (NIHR), UK .  
Professional interest: Global health research. @NIHRglobal patrick.wilson AT nihr.ac.uk

**EHS-COVID (251) Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review**

31 March, 2021

In December 2020 we learned about global reductions in elective healthcare services including outpatient clinics, diagnostic services and elective surgery.

<https://hifa.org/dgroups-rss/coronavirus-1099-bmj-communication-tools-co...>

This systematic review from BMJ provides a detailed overview of 20 countries, and found a median reduction of 37% of services overall, which was highest for visits (42%) and slightly lower for admissions (28%), diagnostics (31%) and therapeutics (30%).

CITATION: BMJ Open. 2021 Mar 16;11(3):e045343. doi: 10.1136/bmjopen-2020-045343.

Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review. Moynihan R et al.

<https://bmjopen.bmj.com/content/11/3/e045343>

## ABSTRACT

**OBJECTIVES:** To determine the extent and nature of changes in utilisation of healthcare services during COVID-19 pandemic. **DESIGN:** Systematic review.

**ELIGIBILITY:** Eligible studies compared utilisation of services during COVID-19 pandemic to at least one comparable period in prior years. Services included visits, admissions, diagnostics and therapeutics. Studies were excluded if from single centres or studied only patients with COVID-19.

**DATA SOURCES:** PubMed, Embase, Cochrane COVID-19 Study Register and preprints were searched, without language restrictions, until 10 August, using detailed searches with key concepts including COVID-19, health services and impact.

**DATA ANALYSIS:** Risk of bias was assessed by adapting the Risk of Bias in Non-randomised Studies of Interventions tool, and a Cochrane Effective Practice and Organization of Care tool. Results were analysed using descriptive statistics, graphical figures and narrative synthesis.

**OUTCOME MEASURES:** Primary outcome was change in service utilisation between prepandemic and pandemic periods. Secondary outcome was the change in proportions of users of healthcare services with milder or more severe illness (eg, triage scores).

**RESULTS:** 3097 unique references were identified, and 81 studies across 20 countries included, reporting on >11 million services prepandemic and 6.9 million during pandemic. For the primary outcome, there were 143 estimates of changes, with a median 37% reduction in services overall (IQR -51% to -20%), comprising median reductions for visits of 42% (-53% to -32%), admissions 28% (-40% to -17%), diagnostics 31% (-53% to -24%) and for therapeutics 30% (-57% to -19%). Among 35 studies reporting secondary outcomes, there were 60 estimates, with 27 (45%) reporting larger reductions in utilisation among people with a milder spectrum of illness, and 33 (55%) reporting no difference.

**CONCLUSIONS:** Healthcare utilisation decreased by about a third during the pandemic, with considerable variation, and with greater reductions among people with less severe illness. While addressing unmet need remains a priority, studies of health impacts of reductions may help health systems reduce unnecessary care in the postpandemic recovery. PROSPERO REGISTRATION NUMBER: CRD42020203729.

## **EHS-COVID (252) Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis**

3 April, 2021

Dear HIFA colleagues,

This new paper in The Lancet Global Health demonstrates the impact of COVID-19 on maternal and newborn health services. This is clearly a critical area for prioritisation. I invite HIFA members to share your observations and experience. Have you noted changes in your health facility or country? Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

**CITATION:** Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis

Barbara Chmielewska et al. Lancet Global Health

Open Access Published: March 31, 2021 DOI: [https://doi.org/10.1016/S2214-109X\(21\)00079-6](https://doi.org/10.1016/S2214-109X(21)00079-6)

### **SUMMARY**

**Background:** The COVID-19 pandemic has had a profound impact on health-care systems and potentially on pregnancy outcomes, but no systematic synthesis of

evidence of this effect has been undertaken. We aimed to assess the collective evidence on the effects on maternal, fetal, and neonatal outcomes of the pandemic.

Methods: We did a systematic review and meta-analysis of studies on the effects of the pandemic on maternal, fetal, and neonatal outcomes...

Findings: The search identified 3592 citations, of which 40 studies were included...

Interpretation: Global maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression. Some outcomes show considerable disparity between high-resource and low-resource settings. There is an urgent need to prioritise safe, accessible, and equitable maternity care within the strategic response to this pandemic and in future health crises.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (253) Maternal and child health in Kenya**

4 April, 2021

Dear Sir/Madam,

Greetings from Kakamega County Kenya.

I am zonal leader Kakamega MNCH Alliance. I work at Shinyalu Model health facility it is a level 3 health facility. Mothers are attending ANC and taking children for immunization physical distancing, hand washing and wearing mask are key in the facility they have limit for attendance to avoid over crowding. Covid 19 vaccine is

going on in the health facility but limited to health workers, teachers and security personnel. OparanyaCare no enrolment going on CHVs are doing good work tracing expectant mothers to go for ANC.

I am trying at least every twice in a week conducting community dialogue mass communication covid 19 and nutrition giving folic supplements, encouraging mothers to plant and eat spinach.

Best regards,

Kristine.

HIFA profile: Kristine Yakhama is a Coordinator at Good Health Community Programmes in Kenya. Professional interests: Maternal Neonatal Child Health. Email address: kristineyakhama AT gmail.com

## **EHS-COVID (254) Effects of the COVID-19 pandemic on maternal and perinatal outcomes (2)**

4 April, 2021

CHVs [\*] are key first contact with community need to be recognized.

HIFA profile: Kristine Yakhama is a Coordinator at Good Health Community Programmes in Kenya. Professional interests: Maternal Neonatal Child Health. Email address: kristineyakhama AT gmail.com

[\*Note from HIFA moderator (Neil PW): CHVs = community health volunteers]

## **EHS-COVID (255) Webinar: Newborns and COVID-19: A discussion with practitioners**

8 April, 2021

Forwarded from Small and Sick Newborn CoP. This webinar addresses one of the key objectives of our Essential Health Services and COVID-19 project in collaboration with WHO: to learn from the experience of frontline health workers and how they have responded/adapted during the pandemic.

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Please join us for a webinar that will follow-up on the information presented during “Newborns and COVID-19: Now is the time to act for every newborn, everywhere” on March 30, hosted by the Network for Improving Quality of Care for Maternal, Newborn and Child Health and the Every Newborn Action Plan management team with the support of WHO and UNICEF. The previous webinar discussed the findings and policy implications of the newly published evidence in the Lancet and BMJ Global Health on the impact of the COVID-19 pandemic on small and sick newborns.

This second webinar will highlight the perspective of practitioners to examine the ongoing efforts to mitigate against the effects of COVID-19 to continue lifesaving care for small and sick newborns. We will hear from country experts on what work has been completed to date, key lessons learned, factors for success, and challenges that still need to be addressed.

Please note we will also offer simultaneous interpretation in French and Spanish.

We would like to hear from you about what issues you would like to discuss during the webinar. Please take a moment to submit your questions or suggested issues here.

Featured speakers to be announced. Click here or the button above to register for the webinar.

Register: <https://savechildren.zoom.us/meeting/register/tJAsduqhpzgvH9T320kOmNaUXp...>

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

Source link:

## **EHS-COVID (256) NEW Updates on Breastfeeding, Infant Feeding, Breast Milk and COVID-19 – excerpts from scientific journal articles – 7 April 2021**

9 April, 2021

Dear Colleagues,

We have updated our special repository on Breastfeeding, Infant Feeding, Breast Milk and COVID-19. Since our last update Wednesday 24 March 2021, we have added 23 NEW publications for March (21 new), and January (2 new).

COVID-19, Breastfeeding, Infant Feeding, and Breast Milk | Center for Humanitarian Health

(hopkinshumanitarianhealth.org)<<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-...>

All publications provide emerging evidence related to COVID-19 and

- \* Breastfeeding and breast milk (including viral transmission and vaccination issues)
- \* Infant feeding recommendations
- \* Feeding difficulties in newborns

While there were several recent reviews of international literature, this update also adds emerging evidence from Greece, the United States, Brazil, Turkey, Belgium, Norway, Switzerland, Ireland, the Netherlands, the United Kingdom, Italy, China, Argentina, France, Iran, and Poland.

More studies were published reporting on anti-SARS-CoV-2 antibody levels breast milk at various time points after administration of mRNA-based COVID-19 vaccines. One study reported that vaccine-induced immune responses detected in breast milk were stronger than those caused by natural SARS-CoV-2 infection. Two studies evaluated COVID-19 vaccine willingness among pregnant and breastfeeding mothers across Europe, with one reporting specific reasons for hesitancy.

A study of prenatal and postpartum recommendations across 33 countries noted considerable inconsistencies across Southeast Asia regarding mother-infant separation and breastfeeding recommendations in the context of maternal SARS-CoV-2 infection. Another study of newborn care practices across 24 hospitals in Brazil reports that the majority of hospitals prohibited mothers exposed to SARS-CoV-2 to have skin-to-skin contact and or initiate breastfeeding within the first hour of life; furthermore, most hospitals developed their own guidelines, which the authors attribute to regional socio-economic differences and lack of consistency across international guidelines.

Similarly, a survey of healthcare providers across 22 countries assessed the impact of the COVID-19 pandemic on family-centered care for hospitalized infants. Another article described the adaptation of family-centered care practices at a Chinese neonatal ICU, reporting comparable breastfeeding rates at discharge compared to before the pandemic which the authors attribute to the success of newly implemented strategies.

This is by no means an exhaustive list! The next update for this specific repository will be on Wednesday, 21 April 2021. If you know anyone who would benefit from these updates, please let me know.

Happy reading!

Mija Ververs

Mija-tesse VERVERS

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HIFA profile: Mija Tesse Cora Ververs is a Health Scientist (CDC), Senior Associate (Johns Hopkins Bloomberg School of Public Health) Johns Hopkins Center for Humanitarian Health, United States. mververs AT jhu.edu

## **EHS-COVID (257) WHO COVID-19 Health Services Learning Hub**

9 April, 2021

Dear HIFA Forums members,

We would like to announce that the WHO COVID-19: Health Services Learning Hub (HLH) is now live! The HLH is a dynamic new platform that uses innovative approaches to collate, document and synthesize emerging areas of learning on the maintenance of essential health services to support countries during the #COVID19 pandemic and beyond, including the recovery and post-pandemic phase.

You can access the website here: <https://hlh.who.int/>

The HLH is a place for knowledge and experience sharing - everyone can be involved in the platform's creation. There are numerous ways to be part of this learning journey:

- Submit an Action Brief to share an innovative way that helps in maintaining essential health services that were impacted by COVID-19. More info here: <https://hlh.who.int/action-briefs>



- Share relevant materials that can be uploaded to our Knowledge Hub: <https://hlh.who.int/knowledge-hub>

- Sign-up to Learning Laboratories - communities of practice focused on key learning themes: <https://hlh.who.int/learning-labs>

If you have any questions or have some other ideas for potential engagement/collaboration, drop us an email: [hlh@who.int](mailto:hlh@who.int)

Thank you for your interest,

HLH Team

Jagoda Khatri

Project Support, COVID-19: Health Services Learning Hub

World Health Organization

HIFA profile: Jagoda Khatri works with the COVID-19: Health Services Learning Hub at the World Health Organization, Geneva. She is a member of the HIFA working group on Essential Health Services and COVID-19. <https://www.hifa.org/support/members/jagoda> <https://www.hifa.org/projects/essential-health-services-and-covid-19> Email: [khatrij AT who.int](mailto:khatrij@who.int)

## **EHS-COVID (258a) How Much Supply Do I Need? A Webinar Series on Estimating Health Commodity Needs in Emergency Settings**

10 April, 2021

Dear colleagues,

We hope you are doing well and will join us for the 3rd and last webinar in the 3-part series on quantification taking place on April 20. If you missed any of the previous sessions, you can view the recordings using the link below. We look forward to seeing you.

How Much Supply Do I Need?

A Webinar Series on Estimating Health Commodity Needs in Emergency Settings

### Part 3: Using Supply Planning to Ensure a Continuous Flow of Health Products

Tuesday, April 20, 2021, 9am EST/13:00GMT

Please join our supply chain experts Barbara Lamphere and Gregory Roche for this webinar, the third in a three-part series focusing on the quantification of health commodities, in humanitarian and emergency response contexts. This webinar series, conducted by JSI in collaboration with IAPHL, is funded by USAID's Bureau for Humanitarian Assistance (BHA). To register for the webinar, use this link:

[https://jsi.zoom.us/webinar/register/6616159061311/WN\\_OkaruK4sS7WF4B2hUk...](https://jsi.zoom.us/webinar/register/6616159061311/WN_OkaruK4sS7WF4B2hUk...)

Building on concepts of preparation and forecasting covered in Part 1, and forecasting of kits covered in Part 2, this webinar focuses on supply planning, the third major activity of the quantification process. Participants will learn how to translate forecast quantities into procurement quantities and we will review how to schedule incoming shipments to ensure a continuous supply of products to the program. Health supply chain managers and program staff involved in quantifying health commodity needs will find this webinar useful.

If you were unable to attend Part 1 or Part 2 of the webinar series, or if you would like to view the webinar again or share it with your colleagues, you will find the on-demand recordings here:

<https://www.jsi.com/how-much-supply-do-i-need-a-webinar-series-on-estima...>

To refresh your knowledge on the content of this webinar, we invite you to participate in a short game. Follow this link <https://www.atingi.games/> to register for the game using the registration code 351258. Scan down the page and select the "Estimating Health Commodity Needs in Emergency Settings" game. Happy gaming!

For more information, visit <https://www.jsi.com/how-much-supply-do-i-need-a-webinar-series-on-estima...>

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## **EHS-COVID (258b) COVID-19 and socioeconomic inequalities in Brazil**

15 April, 2021

An interesting study on the effect of socioeconomic inequalities on healthcare preparedness and response to COVID-19 in Brazil.

Full text link: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00081-4/fulltext#back-bib3](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00081-4/fulltext#back-bib3)

### **CITATION**

Rocha R, Atun R, Massuda A, Rache B, Spinola P, Nunes L, et al. Effect of socioeconomic inequalities and vulnerabilities on health-system preparedness and response to COVID-19 in Brazil: a comprehensive analysis. The Lancet Global Health [Internet]. 2021 Apr 12 [cited 2021 Apr 15];0(0). Available from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00081-4/abstract](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00081-4/abstract)

### **ABSTRACT**

Background: COVID-19 spread rapidly in Brazil despite the country's well established health and social protection systems. Understanding the relationships between health-system preparedness, responses to COVID-19, and the pattern of spread of the epidemic is particularly important in a country marked by wide inequalities in socioeconomic characteristics (eg, housing and employment status) and other health risks (age structure and burden of chronic disease).

**Methods:** From several publicly available sources in Brazil, we obtained data on health risk factors for severe COVID-19 (proportion of the population with chronic disease and proportion aged  $\geq 60$  years), socioeconomic vulnerability (proportions of the population with housing vulnerability or without formal work), health-system capacity (numbers of intensive care unit beds and physicians), coverage of health and social assistance, deaths from COVID-19, and state-level responses of government in terms of physical distancing policies. We also obtained data on the proportion of the population staying at home, based on locational data, as a measure of physical distancing adherence. We developed a socioeconomic vulnerability index (SVI) based on household characteristics and the Human Development Index. Data were analysed at the state and municipal levels. Descriptive statistics and correlations between state-level indicators were used to characterise the relationship between the availability of health-care resources and socioeconomic characteristics and the spread of the epidemic and the response of governments and populations in terms of new investments, legislation, and physical distancing. We used linear regressions on a municipality-by-month dataset from February to October, 2020, to characterise the dynamics of COVID-19 deaths and response to the epidemic across municipalities.

**Findings:** The initial spread of COVID-19 was mostly affected by patterns of socioeconomic vulnerability as measured by the SVI rather than population age structure and prevalence of health risk factors. The states with a high (greater than median) SVI were able to expand hospital capacity, to enact stringent COVID-19-related legislation, and to increase physical distancing adherence in the population, although not sufficiently to prevent higher COVID-19 mortality during the initial phase of the epidemic compared with states with a low SVI. Death rates accelerated until June, 2020, particularly in municipalities with the highest socioeconomic vulnerability. Throughout the following months, however, differences in policy response converged in municipalities with lower and higher SVIs, while physical distancing remained relatively higher and death rates became relatively lower in the municipalities with the highest SVIs compared with those with lower SVIs.

**Interpretation:** In Brazil, existing socioeconomic inequalities, rather than age, health status, and other risk factors for COVID-19, have affected the course of the epidemic, with a disproportionate adverse burden on states and municipalities with high socioeconomic vulnerability. Local government responses and population behaviour in the states and municipalities with higher socioeconomic vulnerability have helped to contain the effects of the epidemic. Targeted policies and actions are needed to protect those with the greatest socioeconomic vulnerability. This experience could be relevant in other low-income and middle-income countries where socioeconomic vulnerability varies greatly.

#### **SPECIFIC EXTRACTS FROM THE PAPER:**

Pre-existing hospital resources, in particular ICU capacity, were positively correlated with vulnerabilities in population health.

This socioeconomic vulnerability is counterbalanced by greater coverage of social assistance and primary health-care programmes, as well as by a timely response from policy and population behaviour, which had important roles in the containment of COVID-19 spread and its effects.

A similar pattern has emerged in other LMICs, where socioeconomically vulnerable groups were the least protected and faced the greatest risk from COVID-19, further widening unacceptable health and socioeconomic inequalities. Targeted policies and actions would have been crucial to protect the most vulnerable groups from the adverse consequences of COVID-19.

Efforts should be made to strengthen local-level public health responses to strengthen health-system resilience.

#### SCOPE FOR DISCUSSION:

- 1) Strategies to improve primary health care coverage to ensure better healthcare delivery
- 2) Individuals belonging to lower socioeconomic status show a general lack of awareness towards necessary public health measures (social distancing, hand sanitization, masking etc;) despite large-scale efforts aimed at raising awareness about the same. How can we improve this situation in such vulnerable populations?

Regards

Vedant Shekhar Jha

HIFA profile: 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](mailto:vedantjha2000@gmail.com)

## **EHS-COVID (259) Community health workers for pandemic response**

16 April, 2021

With thanks to Soumyadeep Bhaumik. We have previously noted on HIFA the vital role of CHWs in helping to address the pandemic: <https://www.hifa.org/dgroups-rss/ehs-covid-183-role-community-health-wor...>

I invite HIFA members to share your experience as CHWs / CHW programme managers. Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

'A rapid evidence synthesis was conducted to understand what role CHWs can play in pandemics. The study found that in previous pandemics, CHWs have played several roles including for generating community awareness countering stigma and contact tracing. CHW engagement in contact tracing might hamper routine primary service delivery. Policies, guidance and training for these had to be developed. Disruption in supply chain, logistics and supportive supervision for CHWs have been common in pandemic scenarios. CHWs have been at increased risk for contracting disease. In the course of pandemics, CHWs have experienced stigmatisation, isolation and socially ostracisation. Improved remuneration, additional incentives, public recognition countering societal stigma, provision of psychosocial support and personal protective equipment were reported to be enablers. There is not much evidence about initialisation of new CHW programmes during pandemics. Considering the complexity of barriers faced even in contexts with well-integrated programmes, ambitious programmes need to be considered with caution.'

Read the full study in BMJ Global Health here (open access)

<https://gh.bmj.com/content/5/6/e002769.long>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (260) Community health workers for pandemic response (2)**

17 April, 2021

Dear all,

The message below is forwarded from [CORE Group rmncah] Are you ready for the ICHC 2021? Below this are details of a session on 19 April of particular relevance to our current discussion on HIFA. Would anyone like to volunteer to attend this (free) and share learning?

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Dear colleagues,

We are excited to welcome you, virtually, to the Institutionalizing Community Health Conference 2021, taking place next week from Monday 19 - Thursday 22 April 2021.

Thank you very much for registering for the conference. We are pleased to announce that the ICHC 2021 Conference website is now live! (click here to access website) You will be able to access the full agenda (also attached), all the plenaries, concurrent sessions, the virtual marketplace, and more. If you have not yet registered, please do so to access the conference platform.

Join over 500 participants from all around the world for four tremendous days of country experience sharing, learning and technical discussions. Make sure your profile is updated and get ready to network!

Our conference platform is interactive and we strongly encourage you to explore the platform! Please be sure to visit the virtual Marketplace where you can learn about new tools and technical resources, read about ongoing and recently published research, chat with presenters about their work and network.

As you explore the conference platform, you will earn 'Tech Points' each time you click on links, RSVP to sessions and start or respond to discussion chats. A prize awaits the individual with the most Tech Points!

Remember to follow us for live updates on Twitter at @ICHC2021, please use Twitter to spotlight your conference take-aways, and use our hashtags to stay in the loop during the conference. #ICHC2021 #Community Health

See you online next week!

Sincerely,

The ICHC Organizing Team

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Plenary: Community Health in Pandemic Response (COVID-19 and beyond)

<https://ichc2021.conference.tc/ichc-2021/events/plenary-community-health...>

Overview

Community-based health care is essential for bringing critical services to the most vulnerable. As trusted members of society, the community health workforce, including community health workers, help families make informed decisions about their health and well-being, and educate them on available services. This community

health workforce, supported by other community platforms (civil society and community-based organizations) are an integral part of primary health care and uniquely positioned to plan, provide frontline support, and respond to emergencies, often serving as a bridge between communities, the formal health system, and government authorities. Emergency preparedness efforts must incorporate community platforms to ensure timely, rapid and effective response to emergencies and ensure continuity of select essential services at community level. We have an opportunity to garner lessons from country experiences on the role of community health systems in the response to COVID-19 to maintain essential health services in future shocks. Participants will appreciate and advocate for a comprehensive and coordinated approach to community-based activities in emergency preparedness and response to strengthen resilience of community and health systems. By institutionalizing community health as part of resilient primary health care systems we will not only ensure effective emergency response, we will protect the community health workforce, sustain services, shield the most vulnerable and lay the groundwork for better health for all.

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Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (261) COVID-19 prevention measures have affected young people's sexual and reproductive health**

17 April, 2021

Dear HIFA and CHIFA

I was interested to learn from one of the authors, Sarah Castle, about this study. She writes:

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'I am delighted to have been co-author of this important study by Rutgers which actively engaged young people in Ghana, Indonesia, Kenya, Nepal, Uganda and Zimbabwe.

'It used a mobile web survey and Focus Group Discussions to assess the impact of COVID-19 prevention measures on their sexual and reproductive health (SRH). Findings indicate that the pandemic curtailed young people's access to SRH information and services and had a profoundly negative effect on their mental well-being and ability to seek preventive or curative care. Fear of catching COVID-19 in health facilities, a lack of transport, and the closure of services were reported by



young people as the main barriers to accessing family planning, STI and HIV testing and treatment during the pandemic.

'With school closures, Comprehensive Sexuality Education (CSE) had ceased or gone online which made it difficult for those with little or no internet access to participate and gain accurate SRH information. Girls had difficulty accessing menstrual hygiene products as, in many cases, they had previously received them from school. The data also revealed an increase in early marriage, gender-based violence and unwanted pregnancy. LGBTQI communities and young people living with HIV were subjected to increased stigma and discrimination.

'The recommendations, largely formulated by the young people themselves, underscored the need for rectifying injustice and inequality, particularly among vulnerable groups, as well as ensuring accessible sources of accurate information together with COVID-secure SRH service delivery.

'If you would like to learn more about the study, you can find the FULL REPORT HERE <https://www.rutgers.nl/sites/rutgersnl/files/PDF-Onderzoek/Rutgers%20SRH...>

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Key findings include:

50% of young people missed reliable information on sex and COVID-19, many used online sources for SRH information. WhatsApp, Facebook and Twitter were commonly used in many settings to request and acquire information about specific SRH issues and services though many young people were in doubt about the quality of the information.

30% of young women were not able to access the family planning services they needed due to COVID-19. SRHR services, like STI/HIV testing and/or treatment, and abortion services were difficult to access due to COVID-19. Fear of catching COVID-19 in health facilities, lack of transport, and health facilities closures was reported by young people as the main barriers to services during the pandemic.

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

I have invited Sarah Castle to join us and invite HIFA members to share your observations about the impact of COVID in your practice or your country.

Best wishes, Neil

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (262) Estimating and mitigating the risk of COVID-19 epidemic rebound associated with reopening of international borders in Vietnam**

20 April, 2021

An interesting study on the application of mathematical modelling to assess the risk of a rebound COVID-19 epidemic on opening of international borders in Vietnam.

Full text available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00103-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00103-0/fulltext)

### **Abstract**

**Background:** Vietnam has emerged as one of the world's leading success stories in responding to COVID-19. After a prolonged period of little to no transmission, there was an outbreak of unknown source in July, 2020, in the Da Nang region, but the outbreak was quickly suppressed. We aimed to use epidemiological, behavioural, demographic, and policy data from the COVID-19 outbreak in Da Nang to calibrate an agent-based model of COVID-19 transmission for Vietnam, and to estimate the risk of future outbreaks associated with reopening of international borders in the country.

**Interpretation:** The successful response to COVID-19 in Vietnam could be improved even further with higher levels of symptomatic testing. If the previous approaches are used in response to new COVID-19 outbreaks, epidemic control is possible even in the presence of low levels of imported cases.

Selected extracts from the paper-

If the population of Vietnam remains highly compliant with mask-wearing policies, our projections indicate that the epidemic would remain under control even if a small but steady flow of imported infections escaped quarantine into the community. However, if complacency increases and testing rates are relatively low (10% of symptomatic individuals are tested), the epidemic could rebound again, resulting in an estimated 2100 infections (95% projected interval 1050-3610) in 3 months. These

outcomes could be mitigated if the behaviour of the general population responds dynamically to increases in locally acquired cases that exceed specific thresholds, but only if testing of symptomatic individuals is also increased.

Questions for scope of discussion:

- 1) How can healthcare settings ensure adequate healthcare delivery and provision of essential healthcare services (eg- adequate testing and screening facilities, medications, PPE kits etc.) during the second wave of COVID-19 affecting many countries?
- 2) How can we help avoid complacency and pandemic fatigue in both vaccinated and unvaccinated individuals?
- 3) What measures are required to be taken by countries anticipating to reopen their international borders, to avoid a potential resurgence of cases?

Regards

Vedant S Jha

HIFA profile: 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>

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## **EHS-COVID (263) Neurological and psychiatric outcomes in survivors of COVID-19**

20 April, 2021  
Hello Everyone,

Here is an interesting article I came across on The Lancet Psychiatry.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(21\)00084-5/fulltext#](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00084-5/fulltext#)

Numerous studies are ongoing and have already been done that prove that COVID-19, primarily being a respiratory disease, also has an impact on other organs over the long term even after the initial recovery from the virus. This Lancet study provides robust results supporting the same argument, performed over a period of six months. However, we need large scale, robust, and long term data to properly identify and quantify the consequences of the COVID-19 pandemic on brain health. Such information is required both to plan services and identify research priorities.

Citations:

[https://doi.org/10.1016/S2215-0366\(21\)00084-5](https://doi.org/10.1016/S2215-0366(21)00084-5)

6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records

Maxime Taquet et al.

Published: April 06, 2021 DOI: [https://doi.org/10.1016/S2215-0366\(21\)00084-5](https://doi.org/10.1016/S2215-0366(21)00084-5)

Published on: The Lancet Psychiatry

Komal Kapoor

CMC Vellore

[komalkapoor16.kk@gmail.com](mailto:komalkapoor16.kk@gmail.com)

HIFA profile: Komal Kapoor is a recent graduate from the Christian Medical College, Vellore in BSc degree allied medical science course. Komal is currently a frontline covid health care worker in CMC Vellore. She is a HIFA catalyst and member of the HIFA working group on Maintaining essential health services during COVID.

<https://www.hifa.org/support/members/komal>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

komalkapoor16.kk AT gmail.com

## **EHS-COVID (264) Neurological and psychiatric outcomes in survivors of COVID-19 (2)**

20 April, 2021

Many thanks for this paper, Komal. This has implications for our current discussion on maintaining essential health services. The authors conclude with the sentence: 'In summary, the present data show that COVID-19 is followed by significant rates of neurological and psychiatric diagnoses over the subsequent 6 months. Services need to be configured, and resourced, to deal with this anticipated need.'

This begs the question: How?

I invite HIFA members to comment on:

1. What is the impact of the pandemic on the delivery of neurological and psychiatric care generally in your country?
2. What has been done (or should be done) to maintain services in your country/facility?
3. How can health workers be better supported to address the increasing needs for neurological and psychiatric care among survivors of COVID-19? What guidance is available? Does it meet the information needs of health workers and survivors/families?

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (265) Neurological and psychiatric outcomes in survivors of COVID-19 (3)**

20 April, 2021

This correspondence from Uganda notes:

'Community mental health care needs to become the primary form of care for patients with psychiatric illness in African countries both during and after the COVID-19 pandemic. With a surge of the pandemic in African countries, the need for isolated spaces and the alternative use of inpatient psychiatric beds for patients with COVID-19 are only expected to rise. An expected increase in the incidence of mental health-related complications will also pose a challenge because of the inadequate space; yet existing patients need ongoing care. Now rather than later, a discussion of community models of care for patients with mental illness need to be expedited.'

CITATION: Correspondence| volume 8, issue 5, p362, may 01, 2021

The COVID-19 pandemic has reinforced the need for community mental health-care models in Uganda

Emmanuel Kiiza Mwesiga, Noeline Nakasujja, Wilson Winstons Muhwezi, Seggane Musisi

Published: March 16, 2021

Lancet Psychiatry

DOI:[https://doi.org/10.1016/S2215-0366\(21\)00070-5](https://doi.org/10.1016/S2215-0366(21)00070-5)

I have invited the authros to join us.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (266) GHTechX: Maintaining Essential Community-Based Services During the COVID-19 Pandemic**

21 April, 2021

The Global Health Science and Practice Technical Exchange starts today for 4 days, and you can register here: <https://globalhealthxchange.com/2021-info/>

This session is especially relevant to our discussion on essential health services during COVID:

Maintaining Essential Community-Based Services During the COVID-19 Pandemic

Apr. 22, 2021 | 1:00pm - 2:00pm BST (UK/London)

<https://ghtechx.conference.tc/2021/events/maintaining-essential-communit...>

'This panel discussion will describe the impact of the COVID-19 pandemic on community-based services for both malaria and TB services, with representatives from the USAID/PMI Defeat Malaria Activity in Myanmar and the USAID TB Platforms Project in the Philippines. Panelists will discuss the design and review of COVID-19 contingency plans and provide an overview of how their projects have been able to maintain community outreach, community-based prevention and screening efforts and overall project implementation during this unprecedented public health emergency. The panel will also underscore the importance of maintaining these activities during public health emergencies to ensure integrity of the health system.'

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## **EHS-COVID (267) COVID-19 and mental health (3)**

22 April, 2021

Hello Everyone,

Here is another article I came across on The Lancet, which sheds light upon giving priority to people with severe mental illnesses for COVID vaccination.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30564-2/fulltext#](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30564-2/fulltext#)

Some important observations from the article:

'When people with severe mental illness do reach out to health-care providers, it is often more difficult for them to receive proper care for their physical illnesses. The diagnosis and management of physical diseases in people with severe mental illness are frequently suboptimal because of stigmatisation, discrimination, erroneous beliefs, and negative attitudes associated with severe mental illness. Individuals with severe mental illness can experience cognitive dysfunction or delusions, have symptoms of apathy, avolition, or anhedonia, and, in general, have lower educational attainment and lower health literacy than the general population. As a result, it can be harder for them to find adequate information on COVID-19, to understand the contents and applicability of this information to their personal situation, and to adapt to the continuously changing health safety regulations. From a public health perspective, knowing how SARS-CoV-2 spreads within certain groups is important to estimate the value of vaccinating the individuals in these groups to stop virus transmission. To our knowledge, no research has yet addressed SARS-CoV-2 transmission in people with severe mental illness.'

I would like to bring your attention to the fact that the level of stigmatization that happens with mental illnesses is one major area of concern in general and also a big barrier in delivering essential medical help to somebody who is dealing with it. Many healthcare workers themselves facing several mental health issues due to the overwhelming conditions in hospitals and are barred from receiving the required help considering the current pandemic and the increased load on the healthcare system and again the stigma. I would like to encourage you all to present your views on it.

CITATION:

PERSONAL VIEW| VOLUME 8, ISSUE 5, P444-450, MAY 01, 2021

COVID-19 vaccination for people with severe mental illness: why, what, and how?

Victor Mazereel, MD

Prof Kristof Van Assche, PhD

Johan Detraux, MD

Prof Marc De Hert, MD

Published: February 03, 2021 DOI: [https://doi.org/10.1016/S2215-0366\(20\)30564-2](https://doi.org/10.1016/S2215-0366(20)30564-2)

Published in The Lancet Psychiatry

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HIFA profile: Komal Kapoor is a recent graduate from the Christian Medical College, Vellore in BSc degree allied medical science course. Komal is currently a frontline covid health care worker in CMC Vellore. She is a HIFA Catalyst on the HIFA working group on Maintaining essential health services during COVID-19.

<https://www.hifa.org/support/members/komal>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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## **EHS-COVID (268) Webinar: Coordinating Multi-sectoral, Multi-level Pandemic Responses, 27 April**

22 April, 2021

The message below is forwarded from the Joint Learning Network. Register here: <https://jointlearningnetwork.zoom.us/meeting/register/tZcsd-itpzkoGNP3lh...>

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Join the Joint Learning Network for Universal Health Coverage (JLN) and the Health Systems Strengthening Accelerator (Accelerator) on April 27, 2021 at 11.30 a.m. to 1.30 p.m. GMT for a webinar on insights, priority actions, and next steps from the National Coordination of Multi-sectoral and Multi-level Pandemic Responses.



Over a six-month period, multi-sectoral teams from six JLN countries - Bahrain, Bangladesh, Ethiopia, Kenya, Mongolia, and Senegal - participated in a cross-country exchange facilitated by the Accelerator. In this final meeting, the participating countries will come together to share some of the learnings from the collaborative and their next steps as many of them battle the second and third waves of the COVID-19 pandemic in their respective countries.

The webinar will be moderated by:

Professor Samba Sow, World Health Organization Special Envoy for COVID-19 for Africa and Director General of the Center for Vaccine Development in Mali

Professor Jongsu Ryu, Invited-chair-professor at the Graduate School of Public Health at Yonsei University in Korea

Professor Raquel Duarte, Pulmonologist and Professor at the Medical School and Institute of Public Health of Porto University and Head of the Infectious Diseases Research Group at Institute of Public Health, Porto, Portugal

We are pleased to announce that participation in this conversation will be offered in both English and French. Guidance for accessing the webinar's interpretation feature will be sent out in advance and explained at the start of the conversation. If you plan on joining the webinar using your Zoom desktop or mobile application, please note that you must have the most up-to-date version to access interpretation.

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Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (269) Webinar: Newborns and COVID-19: A discussion with practitioners (2)**

22 April, 2021

The slides and recording of the Healthy Newborn Network webinar are now available here:

<https://www.healthynewbornnetwork.org/event/webinar-newborns-and-covid-1...>

The webinar included presentations from Colombia, Kenya, and Bangladesh.

1. Natalie Charpak, Pediatrician, Director of the Kangaroo Foundation of Colombia
2. David Gathara, Assistant Professor of Health Systems, London School of Hygiene and Tropical Medicine
3. Professor Mohammad Shahidullah, Chairman, Department of Neonatology, BSMMU

A few points of interest:

1. All three presentations prioritised information sharing and training to maintain essential health services
2. The Colombia and Kenya presentations specifically included a focus on WhatsApp groups as a mechanism for communication and knowledge sharing
3. Colombia and Bangladesh noted the inappropriate (and harmful) separation of newborns from mothers in the early stages of the pandemic, a policy that was subsequently corrected
4. Kenya: 'Lots of webinars during the early days of COVID-19 pandemic to disseminate knowledge, best practices'
5. Kenya: 'A community of practice for newborn care practitioners (neonatologists, paediatricians, nurses, biomedical engineers) via WhatsApp – sharing lessons and best practices'
6. Bangladesh:
  - Many facilities were transformed in COVID19 management unit
  - Reassignment of service providers for COVID19 case management
  - Lack of confidence to manage newborn by the service providers during COVID19...
7. Bangladesh:
  - Service providers and health managers trained on MNCH guideline using virtual platform
  - IEC materials (poster, videos, animation) for providing MNCH services during COVID19 developed
  - Mobile phone based follow up, message dissemination

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Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (270) The impact of COVID-19 lockdown on self-employed women in Zambia**

22 April, 2021

Dear HIFA and HIFA-Zambia members,

One of the questions we have been exploring on HIFA is: What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?

This paper from Zambia provides a valuable insight from direct testimonies of self-employed women in Zambia.

CITATION: The impact of COVID-19 lockdown in a developing country: narratives of self-employed women in Ndola, Zambia. Health care for women international. 41 (11-12) (pp 1370-1383), 2020. Date of Publication: 01 Nov 2020.

Mathew N.; Deborah I.; Karonga T.; Rumbidzai

C. <https://www.tandfonline.com/doi/full/10.1080/07399332.2020.1823983>

### **ABSTRACT**

Women are normally self-employed in businesses involving buying and selling of goods. Such businesses were severely affected by the COVID-19 pandemic lock-down. The researchers explored the impact the of COVID-19 lockdown on self-employed women. The researchers used a qualitative approach. Interviews were used to collect data. Forty participants took part in the study. The data was thematically analyzed. The researchers found that participants were affected by Inadequate food supplies, Hopelessness to revive business, Poor access to health services, Psychological trauma, Defaulting medications, and Challenges of keeping children indoors. There is need to provide social and economic support to self-employed women.

The full text is freely accessible and I note that there is an option to \*listen\* to the text, which would clearly be useful for people with vision impairment.

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (272 – no 271) WHO press relase: COVID-19 continues to disrupt essential health services in 90% of countries**

24 April, 2021

Dear HIFA colleagues (with thanks to Shams Syed, WHO)

Below are extracts from a WHO press release published yesterday, and comments from me. Read in full: <https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-e...>

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WHO press release: COVID-19 continues to disrupt essential health services in 90% of countries

Some signs of recovery emerging but major efforts required to restore and strengthen health services

23 April 2021 News release Geneva

The second round of a World Health Organization “pulse survey“ reveals that over one year into the COVID-19 pandemic, substantial disruptions persist, with about 90% of countries still reporting one or more disruptions to essential health services, marking no substantial global change since the first survey conducted in the summer of 2020.

Within countries, however, the magnitude and extent of disruptions has generally decreased. In 2020, countries reported that, on average, about half of essential health services were disrupted. In the first 3 months of 2021, however, they reported progress, with just over one third of services now being disrupted...

Long-term care for chronic conditions, rehabilitation, and palliative end-of-life care, is also still badly disrupted - severely affecting older people and people living with disabilities.

Potentially life-saving emergency, critical and surgical care interventions are still disrupted in about 20% of countries, reflecting the most immediate indirect consequences of the pandemic. Two thirds of countries also report disruptions in elective surgeries, with accumulating consequences as the pandemic is prolonged.

Among the most extensively affected health services (i.e. those for which more than 40% of countries are reporting disruptions) are those for mental, neurological and substance use disorders; neglected tropical diseases; tuberculosis; HIV and hepatitis B and C; cancer screening, and services for other noncommunicable diseases including hypertension and diabetes; family planning and contraception; urgent dental care; and malnutrition...

This survey looks at 63 core health services across delivery platforms and health areas. It was sent to 216 countries and territories across the six WHO regions. 135 responses were received (63% response rate) from senior ministry of health officials predominantly between January and March 2021. The responses referred to the situation in the country during the 3 months prior to survey submission (in this case predominantly covering periods between October 2020-February 2021).

The purpose of the survey was to gain insights and perspectives on the impact of the COVID-19 pandemic on essential health services and how countries are adapting strategies to maintain essential services.

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Comments (NPW):

1. The full report is available here: <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-sur...> I note with interest that the vast majority of African countries participated, whereas many other regions were underrepresented (for example, it seems that India, Nigeria and the USA did not respond). This raises the broader questions: Why are some countries more responsive to (some) global surveys than others? What might be done to encourage/facilitate greater response to such surveys in the future?
2. The report appears to be a global overview and appears not to include detail on national/in-country experience or comparisons.
3. HIFA's current project with WHO - Maintaining essential health services during COVID-19 (and beyond) - is hugely important to provide detail on national/in-country experience. What is the situation right now with regards to COVID and essential health services in your country? What approaches have you found to be useful (or not useful) to maintain health services?
4. The EHS-COVID working group met yesterday on Zoom and we are preparing a new 2nd Thematic Discussion to start here on HIFA on 10th April. This will build on our 1st Thematic Discussion at the end of last year. Details to follow soon. <https://www.hifa.org/projects/essential-health-services-and-covid-19>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (273) BMJ Innovations: Country-developed strategies and innovations are being used across Africa**

24 April, 2021

This is an interesting paper from authors at the Nigeria Centre for Disease Control. Citation, abstract, key messages, selected extracts - and a comment from me below. The full text is open access and available

here: <https://innovations.bmj.com/content/7/2/347>

CITATION: Ochu CL, Akande OW, Oyebanji O, et al. 'Fighting a Global War Using a Local Strategy': contextualism in COVID-19 response in Africa. BMJ Innovations 2021;7:347-355.

Correspondence to Dr Oluwatosin Wuraola Akande: [akande.wuraola@gmail.com](mailto:akande.wuraola@gmail.com)

### **ABSTRACT**

With a considerably high level of poverty, high population density and relatively fragile health systems, most African countries have a predominance of factors that could contribute to the rapid spread of the COVID-19 pandemic. Despite these challenges, the continent has shown capacity in its response to the pandemic. This may be related to the continent's experience in responding to several infectious disease outbreaks such as Ebola disease, Lassa fever and cholera. Since the beginning of the COVID-19 pandemic, several local innovations have been developed and implemented. These innovations take into consideration unique circumstances in countries such as multiple government levels, belief in traditional medicine, limited access to medical supplies and others. This paper describes the various strategies developed in African countries across leadership and coordination, surveillance, laboratory capacity, case management, infection, prevention and control, risk communications, points of entry, research, logistics and supply chain, partnership, food security and education. We highlight the impact of these strategies on the response so far, and lessons that other regions across the world can learn from Africa's response to COVID-19. Finally, we recommend the urgent need for increased investment in African health and social institutions to enable the development of African-owned and led strategies in response to disease outbreaks.

### **SUMMARY BOX**

What is already known?

- The African continent has arguably outperformed the predicted trajectory of the COVID-19 pandemic.

- In response to the pandemic, there is a surge in innovative strategies and capacities.

What are the new findings?

- Country-developed strategies and innovations are being used across countries in Africa.
- Countries should be empowered to implement indigenous solutions tailored to unique challenges.

## SELECTED EXTRACTS

There has been widespread misinformation and myths regarding the pandemic in Nigeria such as the virus being a hoax. Addressing misinformation, various strategies were adopted which include collaboration with non-government, non-partisan fact-checking organisations and public health associations to debunk rumours and misinformation. Video documentaries and human interest stories were also disseminated, including stories from HCWs, patients and survivors. Cartoons and opinion pieces targeted towards different segments of the population were designed and distributed via social and traditional media. Innovative community engagement strategies such as coproduction of risk communication strategies, audio diagnosis of jingles (playing jingles to community groups and receiving feedbacks), use of trusted voices, community volunteers and town criers all facilitated risk communication in Nigeria. Other African countries faced similar myths and misinformation challenges. To combat these challenges, a South African private firm created a pro bono WhatsApp bot that disseminates timely and accurate information to the public in multiple languages...

As the outbreak progressed with community transmission of the virus, transition to home-based care (HBC) for asymptomatic and mild cases was made to avoid overburdening the healthcare system. NCDC developed an HBC handbook to guide patients, their relations and caregivers on safe practice of this innovative strategy.<sup>31</sup>

African countries have explored the use of local herbs as traditional remedies for COVID-19, although with varying levels of scientific scrutiny. While many herbal remedies are self-acclaimed and yet to undergo preclinical and clinical trials, some are in advanced stages of research and development and very few have completed phase II clinical trials.<sup>26</sup> The novelty of the outbreak and high cost of conventional antiviral agents have spurred many African countries into a scientific spree in search of possible cost-effective local herbal remedies.

## COMMENT (NPW)

"The African continent has arguably outperformed the predicted trajectory of the

COVID-19 pandemic.' Many African countries have seen (as yet) relatively fewer cases and deaths from COVID-19 as compared with Europe and the Americas. But it is hard to attribute this directly to a difference in strategies and innovations, and harder still to know which strategies might have had an impact. Interestingly, the article does not discuss 'maintaining essential health services', except to note that 'home-based care for asymptomatic and mild cases was made to avoid overburdening the healthcare system'.

On HIFA we have noted that provision of essential health services in some African countries has been substantially impacted during the pandemic \*despite\* relatively low COVID-19 case numbers. My concern is that any future surge in sub-Saharan Africa would have disproportionate effects on already weak health systems, with potentially devastating consequences.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (274) Immunization services begin slow recovery from COVID-19 disruptions – WHO, UNICEF, Gavi**

28 April, 2021

Dear HIFA and CHIFA colleagues,

From the WHO website: <https://www.who.int/news/item/26-04-2021-immunization-services-begin-slo...>



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26 April 2021 News release

Immunization services begin slow recovery from COVID-19 disruptions, though millions of children remain at risk from deadly diseases – WHO, UNICEF, Gavi

Ambitious new global strategy aims to save over 50 million lives through vaccination...

A WHO survey has found that, despite progress when compared to the situation in 2020, more than one third of respondent countries (37%) still report experiencing disruptions to their routine immunization services.

Campaigns to immunize against measles, which is one of the most contagious diseases and can result in large outbreaks wherever people are unvaccinated, are the most impacted...

“Millions of children across the world are likely to miss out on basic vaccines as the current pandemic threatens to unravel two decades of progress in routine immunization”, said Dr Berkley, CEO of Gavi, the Vaccine Alliance...

To help tackle these challenges and support the recovery from the COVID-19 pandemic, WHO UNICEF, Gavi and other partners today launched the Immunization Agenda 2030 (IA2030), an ambitious new global strategy to maximize the lifesaving impact of vaccines through stronger immunization systems...

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Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (275) Cancer and COVID-19 vaccines: a complex global picture**

30 April, 2021

An interesting comment [in The Lancet Oncology] on the status of COVID-19 vaccines in cancer patients.

Full text link- [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(21\)00244-8/fulltext#coronavirus-linkback-header](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(21)00244-8/fulltext#coronavirus-linkback-header)

Specific extracts-

Patients with cancer in low-income and middle-income countries (LMICs) are further disadvantaged compared with those in high-income settings because of unequal access to COVID-19 vaccines in already fragile health-care systems.

Most guidelines now recommend COVID-19 vaccination for patients with cancer, making the generalised assumption that the benefits outweigh the risks

The absence of access to vaccines (of any type) remains the major rate-limiting step for many patients with cancer in some of the most vulnerable settings.

The drivers behind this inequity are multiple: vaccine nationalism (hoarding of vaccine supplies), insufficient supply to meet demand, service delivery issues, vaccine hesitancy (concern regarding its safety), and financial challenges.

Prioritised, rapid COVID-19 vaccination of health-care workers and patients with cancer is essential to aid recovery of cancer care systems as they seek to mitigate the impact of delays and backlogs in diagnosis and treatment.

Question for discussion-

What has been the impact of COVID-19 on the quality of care of Cancer patients? (both palliative/ hospice and hospital-based)

Regards

Vedant S Jha

HIFA profile: 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 AT gmail.com

## **EHS-COVID (276) WHO: Home care of patients with COVID-19**

2 May, 2021

Dear HIFA colleagues,

From the WHO 'Science in 5 [minutes]' video series: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-re...>

### **Summary**

'If you are caring for yourself or a loved one at home, how can you keep everyone safe? Who should be cared for at home? How to prevent COVID-19 infection to other family members? What red flags should you look for that tell you it is time to contact the health care provider? WHO's Dr April Baller explains in Science in 5.'

The basic guidance in this video is critically important, especially as many countries are facing a shortage of hospital beds for those with severe disease.

It would be interesting to know the impact of the WHO 'Science in 5' video series, and the extent to which the videos are used and translated by journalists and other content developers. How can the impact be increased, and how can the videos complement and synergise with other communication efforts by WHO and by others?

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (277) Fear of COVID and delays in seeking care for non-COVID disease**

3 May, 2021

Extracts from a UN news article and a comment from me below. Full text: <https://news.un.org/en/story/2021/05/1090972>

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Healthcare workers in Malawi are concerned that misinformation about COVID-19 is preventing patients in dire need of medical attention not related to the virus, from seeking what could be life-saving treatment.

When Eunice Marorongwe, a senior nurse at a rural hospital in Malawi, received a child patient with a serious leg infection, she was shocked at how her parents could keep her at home for a month, without getting treatment to save her life... The leg could not stretch and, from the foot to the knee, it was very bad. It had turned into a green colour and was producing a very bad smell. A tree branch pierced through the girl's right leg, but her parents stayed put at home; not because they saw no need to rush to the hospital for treatment but because of fears and myths surrounding COVID-19...

Mobile clinics and health surveillance assistants have been bringing health services to those living in the most remote parts of the country.

Malawi's Minister of Health, Khumbize Chiponda, says that with support from the UN and partners, "the Ministry of Health continues to send COVID-19 prevention and control messages to communities. Our laboratory testing and disease surveillance capacity has been increased to test more cases across the country."

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Comment (NPW): It is increasingly clear that delays in seeking health care because of COVID-19 misinformation is a major problem. I would like to invite HIFA members to share their observations on what is happening in other countries in Africa and worldwide (especially India and Brazil). Is COVID-19 misinformation leading to late care-seeking for other serious conditions?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (278) CHWs and COVID-19; WHO Health Workforce webinar series; service disruptions due to COVID-19**

4 May, 2021

The message below is forwarded, with thanks to Catherine Kane (WHO), originally drafted on 29 April.

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This week the joint WHO-UNICEF-CHIC implementation support guide, The role of community health workers in COVID-19 vaccination, is published

[\[https://apps.who.int/iris/bitstream/handle/10665/340986/WHO-2019-nCoV-ND...](https://apps.who.int/iris/bitstream/handle/10665/340986/WHO-2019-nCoV-ND...)

The document is intended to support national governments in developing their national deployment and vaccination plans for COVID-19 vaccines by outlining the roles, needs and opportunities for community health workers to contribute.

It builds on and is structured to align with the Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines and the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF 2.0) developed by WHO and UNICEF. This document provides human resources for health options and considerations for national governments in developing robust NDVPs for the introduction of the COVID-19 vaccine(s) that leverage community-based resources.

Please share widely with your networks. We will update the document as new evidence becomes available, so we also look to you to help us understand examples and evidence of CHWs in action globally.

On 5 May, with morning and afternoon options, WHO Health Workforce is launching its Action Series on human resources for health in COVID-19. Guided by the interconnected themes of the International Year of Health and Care Workers – Protect. Invest. Together. – Episode 1 will focus on Protect. Experts from ministries of health, academia, CSOs, labour unions and international organizations will explore lessons learnt on the multidimensional issues: PPE, infection prevention and control, occupational health and safety, mental health resources, fair and decent working conditions, gender transformative action, work organization and more. There will be complementary, equivalent sessions in the morning and afternoon to accommodate different time zones and speaker availability. Register

here [https://who.zoom.us/webinar/register/WN\\_2OF\\_VNGPRQ6\\_sUpMZqG6Vw](https://who.zoom.us/webinar/register/WN_2OF_VNGPRQ6_sUpMZqG6Vw)

We will use the Year hashtag, #SupportHealthCareWorkers and will share updates through @GHWNetwork.

The latest WHO pulse survey highlights that over 90% of countries continue to experience service disruptions due to COVID-19

[<https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-e...>]

This reinforces the importance of having health services available at community level through well-trained and supported CHWs. WHO is pleased to share the newly-published Health policy and system support to optimize CHW programmes for HIV, TB and Malaria services: an evidence guide, developed with the support of The Global Fund [<https://www.who.int/publications/i/item/9789240018082>]. This first WHO evidence guide pulls together the existing guidelines and bodies of evidence, combined with recommendations from WHO experts, to provide a first-ever evidence base for national governments and their partners to design, implement and sustain effective and cost-effective HIV, TB and malaria CHW programmes. Please help us ensure this strong and practical guide reaches programme managers and planners who are working to ensure continuity of essential health services; we would be delighted to join webinars or forums upon request.

Best,

Catherine

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (279) International Day of the Midwife, 5 May**

5 May, 2021

Extracts from the Healthy Newborn Network and a comment from me below. Full text: <https://www.healthynewbornnetwork.org/blog/why-is-it-important-to-invest...>

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Today is International Day of the Midwife (IDM). It is a day to celebrate and to reflect on the impact midwives and midwifery can make on reducing maternal and newborn mortality, morbidity, stillbirths and on improving quality care for women and newborns. It is also a time to consider how COVID-19 has affected women, newborns and health workers as well as how this global pandemic highlights the need for increased investment in midwives...

The International Confederation of Midwives theme for IDM is “Follow the Data: Invest in Midwives”. The case for investment in midwives is strong. Based on a recent

study, if midwifery interventions were scaled up to 95% coverage by 2035, 4.3 million maternal and newborn deaths could be averted each year. This would mean a 67% reduction in maternal deaths, a 64% reduction in neonatal deaths and 65% reduction in stillbirths. The vast majority of lives saved would be in low- and middle-income countries. The provision of midwifery services by midwives who are educated, trained, licensed and regulated is associated with efficient use of resources and cost effectiveness. However, the case for investing in midwives is not new – similar compelling data was released a decade ago. So why hasn't more been achieved?...

We have seen how the coronavirus pandemic has severely impacted the health workforce and service provision. It has reinforced the need to protect and invest in all occupations – including midwives – engaged in preparedness and response, public health and essential health services...

Now is the time for us to say thank you to all health workers, to recognize and celebrate the tremendous work they do. It is also crucially the time for governments to make long-term, sustainable investments in midwifery, midwives and health care providers delivering essential maternal, newborn and reproductive health care in very difficult times, to save the lives of new mothers and newborns.

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On HIFA we have discussed the impact of COVID-19 in terms of increased levels of home births (due at least in part to exaggerated fears of catching COVID-19 in health facilities and hospitals). We have also learned about inappropriate separation of mothers from babies in maternity and special care baby units. I would like to invite HIFA members (especially those of you who are midwives) to share your experience and observations on HIFA. Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (280) Addressing the double burden of the COVID-19 and noncommunicable disease pandemics: a new global governance challenge**

6 May, 2021

This new publication by the WHO authors might be of interest to HIFA colleagues in different countries and regions.

Collins, T., Tello, J., Van Hilten, M., Mahy, L., Banatvala, N., Fones, G., Akselrod, S., Bull, F., Cieza, A., Farrington, J., Fisher, J., Gonzalez, C., Guerra, J., Hanna, F., Jakab, Z., Kulikov, A., Saeed, K., Abdel Latif, N., Mikkelsen, B., Pourghazian, N., Troisi, G. and Willumsen, J. (2021), "Addressing the double burden of the COVID-19 and noncommunicable disease pandemics: a new global governance challenge", *International Journal of Health Governance*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/IJHG-09-2020-0100>

Open access

### **Abstract**

**Purpose:** As the coronavirus disease 2019 (COVID-19) continues to spread across countries, it is becoming increasingly clear that the presence of pre-existing noncommunicable diseases (NCDs) dramatically increases the risk of aggravation in persons who contract the virus. The neglect in managing NCDs during emergencies may result in fatal consequences for individuals living with comorbidities. This paper aims to highlight the need for a paradigm shift in the governance of public health emergencies to simultaneously address NCD and noncommunicable disease (CD) pandemics while taking into account the needs of high-risk populations, underlying etiological factors, and the social, economic, and environmental determinants that are relevant for both CDs and NCDs.

**Design/methodology/approach:** The paper reviews the available global frameworks for pandemic preparedness to highlight the governance challenges of addressing the dual agenda of NCDs and CDs during a public health emergency. It proposes key strategies to strengthen multilevel governance in support of countries to better prepare for public health emergencies through the engagement of a wide range of stakeholders across sectors.

**Findings:** Addressing both CD and NCD pandemics during public health emergencies requires (1) a new framework that unites the narratives and overcomes service and system fragmentations; (2) a multisectoral and multistakeholder governance mechanism empowered and resourced to include stakeholders across sectors and (3) a



prioritized research agenda to understand the political economy of pandemics, the role played by different political systems and actors and implementation challenges, and to identify combined strategies to address the converging agendas of CDs and NCDs.

Research limitations/implications: The article is based on the review of available published evidence.

Practical implications

The uptake of the strategies proposed will better prepare countries to respond to NCD and CD pandemics during public health emergencies.

Originality/value

The article is the first of its kind addressing the governance challenges of the dual pandemic of NCDs and CDs in emergencies.

HIFA profile: Irina Ibraghimova is a medical librarian, based in Croatia, and works with health care professionals in the countries of the Former Soviet Union, Central and Eastern Europe, and Africa. Her interests include evidence-based practice (both in health care and in library/informatics field). She is a HIFA Country Representative for Croatia. <https://www.hifa.org/support/members/irina> [www.lrcnetwork.org](http://www.lrcnetwork.org) [www.healthconnect-intl.org](http://www.healthconnect-intl.org)

ibra AT zadar.net

## **EHS-COVID (281) Maintaining essential health services during the pandemic: Deep dive, 10 May-25 June 2021**

8 May, 2021

Dear colleagues,

On Monday 10 May we start a major thematic discussion here on HIFA in collaboration with WHO. The theme is: Maintaining essential health services during the pandemic and beyond, and builds on our first discussion on this topic in November/December 2020.

We shall explore how to maintain essential (non-COVID) health services for reproductive health, child health, mental health, non-communicable diseases, surgery, emergency care, care for those who are vulnerable... These explorations will unfold on the HIFA discussion forums (English, French, Portuguese, Spanish) week by week over 6 weeks, guided by an expert working group of representatives of WHO and other organisations.

We are keen to welcome more new members onto HIFA, so \*please do forward this message to your friends and colleagues\* and point them to our landing page here:

<https://www.hifa.org/news/who-hifa-maintaining-essential-health-services...>

Taking part in a Zoom meeting? Feel free to put the above URL in the chat and invite all participants to join!

On Twitter? Please

retweet: [https://twitter.com/hifa\\_org/status/1391020326549659655](https://twitter.com/hifa_org/status/1391020326549659655)

Has COVID-19 disrupted the provision of essential health services in your country or facility? What has been the impact of such disruptions on service delivery and health outcomes? What approaches have helped (or might help) to address these issues?

It is especially important that we hear and learn from the experience of health workers and patients on the front line. Your experience and observations will be harnessed by WHO and HIFA into a learning brief to be made available on the WHO website. This will help to support others as we work through this pandemic together, and hopefully be more resilient when the next pandemic strikes.

With thanks,

Neil

Dr Neil Pakenham-Walsh MB,BS

Coordinator, Healthcare Information For All

Corner House, Market St, Charlbury, Oxfordshire OX7 3PN, UK

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W: [www.hifa.org](http://www.hifa.org) Twitter: @HIFA\_org Facebook: HIFAdotORG

HIFA works with the World Health Organization and others to improve the availability and use of reliable healthcare information and protect people from misinformation

20,000 members, 400 supporting organisations, 180 countries, 12 projects, 6 forums, 4 languages

## **EHS-COVID (282) BMJ Innovation - special issue on the innovations that were developed or matured during COVID-19**

8 May, 2021

An editorial by HIFA steering group member Ashley McKimm (BMJ) introduces a special issue of BMJ Innovation with a focus on the innovations that were developed or matured during COVID-19.

CITATION: McKimm A. Innovation will help us leave a positive health legacy from COVID-19 BMJ Innovations 2021;7:247-

248. <https://innovations.bmj.com/content/7/2/247>

### **SELECTED EXTRACTS:**

'In addition to the paradigm shift in vaccine development, we have seen the widescale adoption of telemedicine and significant leaps forward in the application of artificial intelligence in disease prediction and diagnosis. Many innovations will fail, but many others will also have a lasting impact on health long after we have brought the COVID-19 pandemic under control...

In this issue, we are publishing submissions from our special call for papers on the innovations that were developed or matured during the COVID-19 pandemic, many of which will go on to have a lasting positive impact on health.'

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (283) WHO and HIFA: Maintaining essential health services during the pandemic**

9 May, 2021

Dear HIFA colleagues,

Welcome to our second thematic discussion on Maintaining essential health services during the pandemic (and beyond).

1. Over the coming weeks (10 May to 25 June) we shall explore the subject in depth, using a series of entry points: reproductive health, child health, mental health, NCDs, surgery, emergency care... We shall look at the needs of those who are especially vulnerable at this time, and how these needs can be better addressed.

2. I invite you to forward this message to your contacts and networks and invite them to our landing page where they can join us: <https://www.hifa.org/news/who-hifa-maintaining-essential-health-services...>

3. The main discussion will take place here on HIFA, and we shall be having parallel discussion on HIFA-French, HIFA-Portuguese, HIFA-Spanish and CHIFA (global child health).

4. Our reference document for this project is the WHO guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020).

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

The guidance is in two main parts: Operational strategies for maintaining essential health services, and Life course and disease considerations.

5. As we proceed I invite you to reflect on the 280 messages we have already exchanged on this topic. Our thanks to HIFA volunteers Gladson Vaghela (coordinator), Sanchika Gupta and Sandra Bearcroft for their diligent work to synthesise the key learning points in our discussion so far. A draft is currently under review by WHO with a view to publication on the WHO website as a Learning Brief. We'll get this to you as soon as we can.

Thank you for your inputs! Please email any contributions to [hifa@hifaforums.org](mailto:hifa@hifaforums.org) and we'll ensure these are distributed to everyone.

Best wishes, Neil

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Join HIFA-Portuguese: <http://www.hifa.org/join/junte-se-ao-hifa-portuguese>

Join HIFA-French: <http://www.hifa.org/join/rejoignez-hifa-francais>

Join HIFA-Spanish: <http://www.hifa.org/join/unase-hifa-espanol>

Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (284) WHO and HIFA: Maintaining essential health services during the pandemic (2)**

9 May, 2021

Dear HIFA colleagues,

Our preceding messages are currently being prepared as a learning brief for publication on the WHO website. In the meantime, here are a few highlights from the discussion I'd like to share:

Mmusetsi Mokwatsi, South Africa "In South Africa, Sad thing was that children who tested positive for COVID-19 and were due to have surgery, were send back to their referring hospital. These are children coming as far as Eastern Cape province, North West province and Swaziland. They had travelled all this way to have their surgery done and they had to go back without the surgery". [53]

Joseph Ana (Nigeria) "Every facet of the continuum of the health system is affected, from promotive to preventive, curative, rehabilitative and continuity of care... The majority of the populations are in denial of the existence of COVID-19 and would rather believe conspiracy theories, especially in countries like Nigeria. Simple messages that cost little to nothing and which individuals should implement are neglected, e.g., wearing a mask, physical distancing, handwashing". [86]

Jane Lennon (UK) "Swasti's Invest for Wellness (i4We) primary healthcare model in India has been providing 'tele-care'; health, counselling and social protection schemes delivered via phone. This includes symptomatic Covid-19 surveillance, testing and follow-up care, but also extends to counselling and responding to gender-based violence. Within two months, i4We programmes clocked more than 30,000 calls from nine sites alone". [108]

Vinay Bothra (Timor Leste) "Following its first confirmed case in March 2020, childhood immunisation coverage dropped by 30% the next month in April. By over-compensating on the supply side (expanded door-to-door campaigns to identify and vaccinate unprotected children), Timor-Leste has been able to achieve similar coverage by July 2020 as compared with July 2019". [113]

All of the above are open for further discussion. Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks, Neil

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (285) Introduction: Jacinta Ijeoma Ekeh, Nigeria - Reproductive health**

10 May, 2021

Am Jacinta Ijeoma Ekeh, a Country Representative from Nigeria. Am current a master's degree student of public health and international course in health development with track in sexual and reproductive health and right. HIFA have being a good source of information and I can't wait to join this 6 week discussion to learn more from colleagues and friends. [\*see note below]

HIFA profile: Ekeh Ijeoma Jacinta is a family planning service provider with Planned Parenthood Federation of Nigeria. She has over 3 years working experience and is interested in reproductive health. She is a HIFA Country Representative.

<https://www.hifa.org/support/members/ekeh-ijeoma>

Email: ijelink2003 AT yahoo.com

[\*Note from HIFA moderator (Neil PW): Thank you Jacinta. I invite you (and others) to share your experience and observations on the provision of reproductive health services in Nigeria (and elsewhere). Has COVID-19 disrupted the provision of essential health services in your country or facility? What has been the impact of such disruptions on service delivery and health outcomes? What approaches have helped (or might help) to address these issues?]

## **EHS-COVID (286) Webinar: Partnering for frontline health workers during COVID-19 and beyond, 19 May**

10 May, 2021

Forwarded from Devex. If anyone would like to attend this and share your observations with HIFA afterwards, please let us know: [neil@hifa.org](mailto:neil@hifa.org)

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Please join us next week for a webinar on ‘Partnering for frontline health workers during COVID-19 and beyond’ at 2pm on Wednesday 19 May.

The essential role of health care workers has been reinforced during the ongoing COVID-19 pandemic. Following the International Year of the Nurse and the Midwife in 2020, the World Health Organization has designated 2021 as the International Year of Health and Care Workers to highlight the urgent need for investment to ensure such workers are supported, protected and equipped during the COVID-19 response and beyond. The discussion will highlight how long-standing partnerships and sustained investments can support strong health systems during COVID-19 and beyond.

Speakers include:

Catherine Kane, Technical Officer, Health Workforce Team, World Health Organization

Emmanuel Luvai, County Community Health Strategy, Busia County Ministry of Health, Kenya

Samah Mohsen, Health and Nutrition Officer, Save the Children, Yemen

Fiona Smith-Laittan, VP Global Health Unit, GSK

Diana Mukami, Head of Programmes and Digital Learning Director, Institute of Capacity Development (ICD), Amref

We hope you are able to join! Please register here

<https://pages.devex.com/partnering-for-frontline-health-workers.html?utm...>

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (287 – initially numbered 285 erroneously) WHO and HIFA: Maintaining essential health services during the pandemic (3)**

11 May, 2021

Hi Neil,

It was an amazing opportunity to read all the thoughts presented by forum members. Being part of the entire process made me realize the efforts undertaken by different members to continue discussion and its documentation in different forms. The learnings are immensely helpful for the community as a whole. [\*see note below]

Regards,

Sanchika Gupta

HIFA profile: Dr. 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

[\*Note from HIFA moderator (Neil PW): Thank you Sanchika for your help with this. All: You can read the first 142 messages of our EHS-COVID discussion here: [https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA-EHS-COVID...](https://www.hifa.org/sites/default/files/publications_pdf/HIFA-EHS-COVID...)

Gladson Vaghela, Sanchika Gupta and Sandra Bearcroft are now working on later messages



142-260. In addition, our colleagues at WHO are helping develop a publication as a Learning Brief for the WHO website. Our intention throughout this project is to share experience and learning for the benefit of others.]

## **EHS-COVID (288) Webinar: Telemedicine during the COVID-19 Pandemic: lessons learned one year later (English and Spanish)**

11 May, 2021

We have noted in our discussion on maintaining essential health services about the major changes supported by digital health. This promises to be an interesting webinar. Would anyone like to volunteer to take brief notes and share with HIFA afterwards?

Telemedicine during the COVID-19 Pandemic: lessons learned one year later (English and Spanish)

May 12, 2021 11:00 AM in Eastern Time (US and Canada)

Registration / Registro:

Link [https://zoom.us/webinar/register/WN\\_3qee6d2aSB2snY2\\_zqb1hQ](https://zoom.us/webinar/register/WN_3qee6d2aSB2snY2_zqb1hQ)

During the pandemic caused by COVID-19, many countries opted for telemedicine solutions to protect the population, health professionals, and to maintain the provision of services not related to COVID-19 to the population, one of the most relevant examples is related to chronic diseases. These countries have many lessons and experiences that are worth rescuing to be used by other countries in the region. The event will show the experiences of four countries in the region that were successful in expanding the use of telemedicine to share challenges, successes, and opportunities for improvement for other countries in the region.

### **OPENING REMARKS**

Dr. Sebastian Garcia Saiso

Director Evidence and Intelligence for Action in Health

Pan American Health Organization / World Health Organization

Ferdinando Regalía

Chief, Social Protection and health Division

Inter-American Development Bank

## MODERATOR

Marcelo D'Agostino

Sr. Advisor, Information Systems and Digital Health

Pan American Health Organization / World Health Organization

## SPEAKERS

Ana Cristina Chaves Hidalgo, Costa Rica

Sandra Gallegos, Colombia

Rosario Berterretche, MD, Uruguay

María Celeste Savignano, Argentina

Luiz Ary Messina, Brasil

## CLOSING REMARKS

Luis Tejerina

Sector Lead Specialist

Social Protection and Health Division

Inter-American Development Bank

## **EHS-COVID (289) WHO and HIFA: Maintaining essential health services during the pandemic (4)**

11 May, 2021

Hi Neil,

The quotations [<https://www.hifa.org/dgroups-rss/ehs-covid-284-who-and-hifa-maintaining-...>] clearly reflects that we are far away from Universal Health Coverage. Health systems need greater investment in terms of infrastructure, human resources, quality service provision, etc. Accessibility and affordability is a great concern. I was watching a news item that the Covid19 vaccine pricing is highly varied across geographies. This will have a long lasting impression on last mile delivery of vaccine provision for all.

Regards,

Sanchika

HIFA profile: Dr. 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (290) Unethical health service delivery and erosion of public trust in India**

11 May, 2021

Corona cases in India is increasing day by day. Fatality rate is also high.

In such national tragedy some people are behaving inhumanely and black marketing of Remdesivir and O2. Number of such people is negligible but it affect the moral of people. Similarly some Covid Hospital are charging exorbitantly, though the government has fixed the rate/charges but they do not adhere to the rule. Such hospital are very very few but due to their action medical doctor community is defame, many my medical and non medical friends are asking such question.

Hope in developed countries this is not the situation but in some developing and under developed countries situation is not good.

How we can as medical and non medical community do something which will help.

Dr. Balkrishna Kurvey, Ph.D

Peace Through Health

Indian Institute for Peace Disarmament & environmental Protection

HIFA profile: Balkrishna Kurvey is President of the Indian Institute for Peace, Disarmament & Environmental Protection, Nagpur, India. Balkrishna is working for peace, human rights, disarmament, environmental protection as well as public education and awareness for cancer as well as other diseases with Association of Medical Women in India and many medical fraternity. We are involving medical fraternity in many issues in India. bkkurvey AT gmail.com

## **EHS-COVID (291) WHO/HIFA: Maintaining essential health services during the pandemic (5) Immunization against vaccine-preventable-diseases**

12 May, 2021

Dear Dr. Neil and all,

I hope this email finds you well

First of all, I'm glad that we are taking a dive in this crucially important topic; as surely the pandemic has negatively affected essential health services all over the world, but particularly low-income and low-middle-income countries were highly affected.

And since immunization against COVID-19 is probably the hottest health topic at the moment, immunization against vaccine-preventable-diseases (VPDs) is somehow kept in the shadow; as national immunization programs at many developing countries are not working properly for several pandemic-related reasons like the system fatigue, shortage in health workforce and lack of resources.

Immunization programs need the same focus as the pandemic; given we are still in the era of emerging and re-emerging diseases; as neglecting the progress the world has accomplished in combating several vaccine preventable diseases might end up in the world facing future epidemics and maybe even pandemics of VPDs.

I believe further global attention should be provided to the expanded program of immunization (EPI) in conflict settings and countries suffering from already fragile health systems; as this where epidemic foci are probably evolving.

Best regards,

Noha

--

Dr. Noha S. Hassan; MD, FETP, MPH, PhD

Public Health Consultant

Egypt

E-mails:

[Noha.salah.abdelsamie@gmail.com](mailto:Noha.salah.abdelsamie@gmail.com)

[Qs.noha@gmail.com](mailto:Qs.noha@gmail.com)

HIFA profile: Noha S Hassan (MBBCh, FETP, MPH, PhD) is a motivated and experienced public health professional with expertise in the fields of public health, preventive medicine, social medicine, epidemiology and health policy. Noha has experience as a qualified physician/ paediatrician in the areas of child's health, women's and maternal health in addition to experience in the domains of human development, humanitarian aids of vulnerable groups and global health as a volunteer medical student. Based in Cairo, Egypt, she is the regional coordinator for HIFA Country Representatives in the EMRO region.

<https://www.hifa.org/support/members/noha>

Email: Noha.salah.abdelsamie AT gmail.com

## **EHS-COVID (292) Unethical health service delivery and erosion of public trust in India (2)**

12 May, 2021

Very sad to read about this unethical practices especially by health workers with the escalation of death and suffering by the victims of COVID19 pandemic.

But India is not alone in witnessing this unfortunate behavior because many if not all LMICs face the same in varied degrees of severity.

The challenge for LMICs, the people and their governments: if you do not have functional strong health systems in place before disasters like COVID19 pandemic, do not expect the citizens [and] the health workers to suddenly change their bad and unethical behaviors and attitudes during the crisis.

If countries have strong men (autocratic Prime Ministers and Presidents) rather than strong institutions, before the pandemic, do not expect the strongmen to suddenly be democratic in governing the country or to become more transparent and accountable.

Dr Turvey VC alluded to the more patient friendly and centered situation in the handling of covid19 in HICs, but that is partly because they had better regulated strong health systems and personnel before the pandemic and also had more democratic Leaders. Their systems are strong and better suited to ensure that health workers are patient centered, transparent and accountable during crisis like COVID19 pandemic.

Joseph Ana.

HIFA profile: 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](http://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

## **EHS-COVID (293) Research about COVID-19 pandemic effect on NTDs**

12 May, 2021

Dear Sir/ Madam,

I am Raquel Sanchez, a PhD student working in a research about how the COVID-19 pandemic has affected the activities focused on the control and elimination of NTDs.

The research is being conducted in the Valencian International Univeristy.

I am getting in contact with you because of your activity related with the NTDs.

I will really appreciate if you can answer the short survey that I attached below through the link (before the 17th of May). It will only take you 2 minutes time and you will enormously contribute to our research. Do not hesitate to contact me for further information.

<https://forms.gle/GjFLhyRUvayjKTBo8>

Thank you very much in advance.

HIFA profile: Raquel Sanchez Marques is a PhD Student at Valencian International University, Spain. Interests: Epidemiology and Public Health in Neglected Tropical Diseases. raquelsanmarques22 AT gmail.com

## **EHS-COVID (294) Building resilient sexual and reproductive health supply chains during COVID-19 and beyond**

12 May, 2021

Dear HIFA colleagues,

(with thanks to Sanchika Gupta)

Supply chains are not central to HIFA, but they are of course critical to essential health services, and there has been much disruption to supply chains worldwide during COVID.

This detailed 74-page publication from JSI examines supply chain issues in relation to SRH (sexual and reproductive health).

[https://www.rhsupplies.org/uploads/tx\\_rhscpublications/BUILDING\\_RESILIEN...](https://www.rhsupplies.org/uploads/tx_rhscpublications/BUILDING_RESILIEN...)

Selected extracts below.

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Policy guidance from WHO and UN agencies helped overcome bottlenecks, particularly around the movement of health products and the inclusion of SRH within essential services.

Funding availability and flexibility increased responsiveness, particularly around the need to procure PPE and other supplies for infection prevention and control.

Production was affected by the availability of input materials, staff availability/safety, and initial policies restricting movement of people and export of goods.

During the reactive and crisis management periods (Jan/April/May 2020), heavy reliance on China and India for both inputs (API, key starting materials) and finished pharmaceutical products put most manufacturing (international and local) at risk when supplies and shipping from these countries were disrupted.

While many of the manufacturers were able to adapt operations to a new work environment and return production capacity to pre-COVID levels, for others, disruption persists. As COVID-19 rates increase in different parts of the world and airports close or governments enact new restrictions on travel to/from and within certain countries, disruption remains a persistent threat.

COVID-19 exposed new risks and amplified existing vulnerabilities for SRH products

A limited and fragile supply of quality-assured SRH products creates unhealthy market conditions and limits resiliency.

Our supply chains are global: regardless of where a product is manufactured, almost all rely on materials and inputs produced in another country.

COVID-19 highlighted uncomfortable truths about which supply chain improvement initiatives to prioritize.

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For those HIFA members with an interest in supply chains and logistics, I recommend you join the IAPHL discussion forum. International Association of Public Health Logisticians. I am a member myself and they are very active.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

**EHS-COVID (294a – initially numbered 290 erroneously)  
WHO and HIFA: Maintaining essential health services  
during the pandemic (5) Disruption of surgery services**

12 May, 2021  
Dear Sanchika,



Thank you for your comment.

Our discussions so far suggest that 'COVID-19 has had a profound impact on the delivery of essential health services worldwide. Impacts have included disruption of services, with services such as childbirth, family planning and immunization especially impacted. Undue fear of contagion has led people to avoid health services. Deaths and illness of health workers have further eroded care. The importance of community health workers is noted, especially to maintain services for vulnerable people. Examples of adaptation were provided, such as door-to-door campaigns to maintain immunization coverage' (summary, in publication)

On behalf of WHO and HIFA I would like to invite further commentary, especially from HIFA members who are working on the front line. How has COVID-19 affected the delivery of essential health services in your health facility or country?

From South Africa we heard from Mmusetsi Mokwatsi, a Child Nurse Specialist at the Kimberley Hospital Complex: "In South Africa, Sad thing was that children who tested positive for COVID-19 and were due to have surgery, were send back to their referring hospital. These are children coming as far as Eastern Cape province, North West province and Swaziland. They had travelled all this way to have their surgery done and they had to go back without the surgery”.

In the UK thousands of elective surgeries have been cancelled or postponed by the infodemic. Can HIFA members describe what is happening in other countries, for both elective and routine surgery?

What other essential services have been most disrupted in your experience?

We welcome personal experience and case examples, from which we can often learn more than from research papers.

With thanks,

Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (289 repeated) Reproductive health (1) UNFPA: Impact of COVID-19 on Family Planning, March 2021**

13 May, 2021

(with thanks to Sanchika Gupta, reproductive health volunteer of WHO/HIFA working group on Maintaining essential health services during COVID)

Extracts below. Full text here: [https://www.unfpa.org/sites/default/files/resource-pdf/COVID\\_Impact\\_FP\\_V...](https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V...)

One year into the COVID-19 pandemic, emerging evidence points to smaller and shorter disruptions in family planning services than initially projected, largely concentrated in April and May 2020. This speaks to the resilience of health

systems that continued to provide services, the impact of actions by partners to support access to reproductive health supplies and services and, in some contexts, the more limited spread of COVID-19 than some models initially forecast. However, disruptions remain a concern, and limited data and some inconsistencies across countries

require ongoing monitoring and analysis. The severe social and economic impacts of COVID-19 demand intensified action for women and girls.

UNFPA estimates the pandemic disrupted contraceptive use for about 12 million women with a consequence of nearly 1.4 million unintended pregnancies during 2020 across 115 low- and middle-income countries...

UNFPA was able to procure and deliver contraceptives and other reproductive health supplies largely to plan despite supply chain constraints and rising costs. A coordinated COVID-19 response included fulfilling orders placed early

in the year, flexibility at country level, redistribution of supplies, procurement of emergency reproductive health kits and personal protective equipment for health providers, and intensified quarterly monitoring. Still, many countries

continue to face serious obstacles to providing these life-saving commodities. UNFPA continues to work with governments and partners to prioritize the needs of women and girls of reproductive age and to respond urgently during this challenging public health emergency.

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This assessment is reassuring, although it represents a global view. The picture at national and local levels may be less optimistic, perhaps especially with the upsurge in COVID-19 we are now seeing in South Asia and South America. We would be keen to hear the experience of FP professionals working on the ground.

Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (290 repeated) Home care of patients with COVID-19 (2) Evidence informed standardised prescription: home care for mild COVID**

13 May, 2021

A vast majority of those with COVID have mild to moderate symptoms - and can appropriately be managed at home. In most cases people seek care from registered medical practitioners. But many clinicians and consultants are prescribing a cocktail of drugs which are known to have little or no value in improvement of patients. On the other hand it adds unnecessarily to costs, causes anxiety and makes diagnosis of progressive symptoms difficult (progression of disease, complication or drug reactions). To help clinicians tide over and have a tool which is backed by evidence, the evidence-informed standardised prescription has been developed for modern medicine doctors treating mild or moderate COVID cases at home (in-person or telemedicine).

Access is free but restricted to only modern medicine doctors (anywhere in the world) and organisations on a peer-to-peer basis . More details are available here <https://soumyadeepbhaumik.in/2021/05/13/evidence-informed-standardised-p...>

Dr. Soumyadeep Bhaumik

<https://soumyadeepbhaumik.in/>

Recent Pubs:

Trans Royal Soc of Trop Med Hygiene: Prevention, control and management of leptospirosis in India: an evidence gap map

<https://academic.oup.com/trstmh/advance-article/doi/10.1093/trstmh/tra0...>

PloS Neg Trop Dis: Interventions for the management of snakebite envenoming: An overview of systematic reviews

<https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008727>

Please use official e-mail ID for correspondence regarding The George Institute for Global Health, India

HIFA profile: Soumyadeep Bhaumik was the HIFA Country Representative of the Year for 2012, and is a medical doctor from India working in the field of evidence syntheses. He has previously worked as a Senior Research Scientist at the South Asian Cochrane Network and Centre, India and as a Biomedical Genomics Fellow in BioMedical Genomics Centre, Kolkata. He has also consulted for evidence synthesis projects for Evidence Aid, Oxford UK and Public Health Foundation of India. He currently studies international public health in the Liverpool School of Tropical Medicine. In addition he has experience in science and research communication and has written for British Medical Journal, Canadian Medical Association Journal, Lancet and Lancet Oncology and National Medical Journal of India. Soumyadeep is a member of the HIFA working group on Evidence-Informed Policy and Practice. <http://www.hifa.org/projects/evidence-informed-policy-and-practice> drsoumyadeepbhaumik AT gmail.com

## **EHS-COVID (291 repeated) WHO/IBP Implementation Stories: Africa, Wednesday, June 2 (2)**

15 May, 2021

Dear Ados,

Many thanks for notification of this upcoming IBP webinar <https://ibpnetwork.org/page/implementation-stories>

I note the basis for this initiative: 'As more and more countries across the globe are implementing and scaling up High Impact Practices (HIPs) and WHO Guidelines in family planning and reproductive health (FP/RH), projects and programs are gaining valuable insights and lessons learned into what works for their local context. In an effort to share these experiences widely amongst the FP/RH community, the IBP Network hosted a contest calling for field-based program implementation stories.'

On HIFA we are also looking for examples of experience from the front line, specifically around how to maintain essential FP/RH services during COVID-19 (and beyond).

I would like to invite a HIFA volunteer with an interest in FP/RH to participate in the webinar and share observations with HIFA/IBP.

With thanks, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (292 repeated) Infant and Young Child Feeding during COVID-19: Videos for frontline health and nutrition workers**

15 May, 2021

Dear HIFA and CHIFA colleagues,

Forwarded from the CORE Group

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Dear all,

Happy to share with you these two very useful micro-videos on IYCF and COVID-19. Available in English, Arabic, French, Spanish.

Thanks to Save the Children for leading on this and for engaging members of the IFE Core Group. More details below.

<https://resourcecentre.savethechildren.net/library/key-messages-help-str...>

Key messages to help strengthen infant and young child feeding during the COVID-19 pandemic

This micro-learning video aims to provide frontline health and nutrition workers with a basic set of key messages to provide to pregnant women and mothers and caregivers of children

[resourcecentre.savethechildren.net](http://resourcecentre.savethechildren.net)

<https://resourcecentre.savethechildren.net/library/counseling-tips-suppo...>

### Counseling Tips for Supporting Pregnant Women and Mothers and Caregivers of Young Children in IYCF during the COVID-19 Pandemic

This micro-learning video aims to provide basic, practical tips to frontline health and nutrition workers to improve their knowledge in how to support pregnant women and mothers and caregivers with children

[resourcecentre.savethechildren.net](https://resourcecentre.savethechildren.net)

See micro-learning videos by Save the Children in partnership with Action Against Hunger, PATH, IFE Core Group, SafelyFed Canada, and USAID

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Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

With thanks, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (293 repeated) COVID-19 Safe Abortion Response Map - Webinar 26 May**

15 May, 2021

Over the coming week, starting Monday 17 May, HIFA and WHO are working together to develop a better understanding of the impact of the pandemic on essential reproductive health services. This understanding will be based on experience shared here on the HIFA forum. This will be the first of a series of deep dives into how we can maintain essential health services as they relate to specific areas of health (reproductive health, child health, NCDs...). Two volunteers on the WHO/HIFA working group are helping us with reproductive health issues: Onikepe Owolabi (USA) and Sanchika Gupta (India).

Below is a webinar announcement and brief description of the impact of COVID on access to safe abortion services. I would like to invite HIFA members to share any experience/anecdotes. Have you noted a change in access in your country/healthcare facility? What has been the impact on health outcomes?

--

Dear colleagues,

Join this webinar on how organizations have adapted their safe abortion and post-abortion care (PAC) programs to the evolving COVID-19 context.

Please feel free to use the attached flyer as you share this widely within your network.

Register

today! [https://who.zoom.us/webinar/register/WN\\_R6V8AVphSh24YsM0fePUHA](https://who.zoom.us/webinar/register/WN_R6V8AVphSh24YsM0fePUHA)

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## Global Launch: COVID-19 Safe Abortion Response Map

### Description

The COVID-19 pandemic has had devastating impacts on a woman's ability to access safe abortions. The suspension of family planning outreach programs, movement restrictions, disruptions in the supply chain and, fear of contracting COVID-19 have all prevented women from being able to make informed and safe reproductive health choices. As COVID-19 spread around the world, many international non-governmental organisations working in the safe abortion space rapidly adapted their health programs to maintain service delivery while preventing their clients, staff, and communities from contracting COVID-19.

Join us as we launch the COVID-19 Safe Abortion Response Map – an interactive tool that highlights how organisations adapted their safe abortion and post-abortion care (PAC) programs to the evolving COVID-19 context. Explore this map, which captures stories of resilience, digital innovation, and persistent advocacy to maintain access to safe abortions and PAC during the pandemic.

Since June 2020, HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) is collaborating with several partners to prevent unsafe abortion and support women's and girls' health, well-being and rights in the context of COVID-19; partners include DKT International, Ipas, International Planned Parenthood Federation (IPPF), Marie Stopes International, Pathfinder International, PSI. This Group of partners joined forces to develop the COVID-19 Safe Abortion Response Map.

### Time

May 26, 2021 02:00 PM in Amsterdam, Berlin, Rome, Stockholm, Vienna

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (294 repeated) COVID-19 and Telemedicine: Tool for assessing the maturity level of health institutions to implement telemedicine services**

15 May, 2021

'This tool [from PAHO/WHO] has been designed to help health institutions assess their level of maturity to offer telemedicine services. Furthermore, it facilitates the identification of possible gaps or areas that could require more attention and expert technical support. The level of maturity is scored from 1 (lowest) to 4 (highest).'

[https://www3.paho.org/ish/images/toolkit/COVID-19-Telemedicine\\_RATool-en...](https://www3.paho.org/ish/images/toolkit/COVID-19-Telemedicine_RATool-en...)

(available in several languages)

The tool comprises a long checklist of questions, grouped into categories. We would be interested to hear about your observations on the tool. What other resources are important in supporting telemedicine services to help maintain essential health services?

--

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (295) Reproductive health (2) How has COVID-19 affected the delivery of essential REPRODUCTIVE health services in your health facility or country?**

15 May, 2021

Dear HIFA colleagues,

We are now starting our deep dive, here on HIFA, on 'Maintaining essential health services during the pandemic (and beyond)'.



For this first week (17-23 May) we are focusing especially on the theme of maintaining essential REPRODUCTIVE health services during the pandemic (and beyond).

We use the term 'reproductive health' broadly to include pregnancy and childbirth, family planning, safe abortion services, sexually transmitted diseases (including HIV/AIDS), female genital mutilation, gender based violence...

We are grateful to HIFA steering group member Onikepe Owolabi and HIFA global country representative coordinator Sanchika Gupta, who are providing expert input for this discussion.

We invite you to share your comments, experience, observations, publications in relation to this topic. Here are three guiding questions - please feel free to address one of these or any other aspect of reproductive health services:

Q1. How has COVID-19 affected the delivery of essential REPRODUCTIVE health services in your health facility or country?

Q2. What has been the impact of health service disruptions on the REPRODUCTIVE health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain essential REPRODUCTIVE health services?

Together with WHO we are collecting your inputs to create a Learning Brief that will be published on the WHO website to help guide others.

As always, please send your contributions to [hifa@hifaforums.org](mailto:hifa@hifaforums.org) (and please forward this message to any colleagues who have an interest in reproductive health)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in

four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (296) Trust, relevance, and connection in maintaining essential services for malaria**

15 May, 2021

This interesting paper from Global Health: Science and Practice highlights the importance of trust, relevance, and connection in maintaining essential services for malaria.

Citation, key findings and a comment from me below.

CITATION: Navigating the COVID-19 Crisis to Sustain Community-Based Malaria Interventions in Cambodia

Mitra Feldman, Lieven Vernaeye, James Tibenderana, Leo Braack, Mark Debackere, Htin Kyaw Thu, Prudence Hamade and Koun Lo

Global Health: Science and Practice May 2021, <https://doi.org/10.9745/GHSP-D-20-00528>

### **KEY FINDINGS**

Malaria Consortium-supported mobile malaria workers (MMWs) and mobile malaria posts reported no disruptions in services, based on comparisons between 2020 and the same month-period from the previous year.

The communities trust the MMWs because they are recruited from within their communities and are often known to them personally, they speak the same language and are engaged in the same forest activities. Likewise, the MMWs trust their supervisors because of the clear duty of care displayed to them and the provision of consistent, relevant, and rapid support.

A management approach that emphasized trust, relevance, and connection (TRC) made the communities and health service program more resilient to external factors beyond their control and ensured people feel comfortable delivering and using MMW services even during times of uncertainty, such as the COVID-19 pandemic.

### **KEY IMPLICATIONS**

If malaria elimination goals are to be successfully reached, it is vital to continue

delivering essential early diagnostic and treatment services even during a time of potential crisis.

TRC and flexible programming ensure communities and health services are resilient and less dependent on external factors, making it possible for essential service delivery to continue with minimal disruption.

Scaling up the TRC approach to the wider MMW program will assist Cambodia, and potentially other settings, in achieving malaria elimination, regardless of the presence of COVID-19 or other potential extraneous disruptive events.

COMMENT: As the authors concede, 'The reported number of confirmed COVID-19 cases has remained low in Cambodia'. Since the paper was written, Cambodia has seen a surge in COVID-19 cases. I would be interested to hear the experience of malaria services (and services for other infectious diseases) in countries that have seen a high burden of COVID-19.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (297) Reproductive health (3) How has COVID-19 affected the delivery of essential REPRODUCTIVE health services in your health facility or country? (2)**

16 May, 2021

We all will agree that the COVID19 magnitude was underestimated initially by all the stakeholders and had 360 degree effects on all spheres. During emergency situations, Reproductive Health (RH) services took a back seat and the entire focus of the system was on managing the COVID19. It affected the ongoing Reproductive Healthcare projects by different agencies/ organizations. The gap between end user and service provision widened or the accessibility and availability for RH services was reduced.

Sharing few journal articles weblink to add on the ongoing discussion:

Women's health during Covid-19: <https://ijogr.org/html-article/13373>

Impact of COVID-19 pandemic on maternal and child health services in Uttar Pradesh, India: <https://www.jfmpc.com/article.asp?issn=2249-4863;year=2021;volume=10;iss...>

Antenatal care during the pandemic in India: the problem and the solutions: <https://medcraveonline.com/IPCB/antenatal-care-during-the-pandemic-in-in...>

Some of the initiatives undertaken are as follows:

Ministry of Health and Family Welfare, India issued guidance to be used in the management of pregnant women in pandemic.

Guidance for Management of Pregnant Women in COVID-19

Pandemic: [https://www.icmr.gov.in/pdf/covid/techdoc/Guidance\\_for\\_Management\\_of\\_Pre...](https://www.icmr.gov.in/pdf/covid/techdoc/Guidance_for_Management_of_Pre...)

National Commission for Women (NCW), India launches WhatsApp helpline number for pregnant women to provide emergency medical assistance. Expectant mothers from across the country can reach out to the Commission through this number which will be functional round the clock.

<http://www.newsonair.com/News?title=NCW-launches-WhatsApp-helpline-numbe...>

Regards,

Sanchika Gupta

HIFA Global CR Coordinator

HIFA profile: Dr 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

# **EHS-COVID (298) Reproductive health (4) Impact of COVID-19 pandemic on maternal and child health services in Uttar Pradesh, India**

16 May, 2021

Many thanks Sanchika,

I was interested to read one of the papers you cited:

Impact of COVID-19 pandemic on maternal and child health services in Uttar Pradesh, India: <https://www.jfmprc.com/article.asp?issn=2249-4863;year=2021;volume=10;iss...>

## **ABSTRACT**

**Background:** In the wake of the Covid-19 Pandemic, parts of the public health system at increased risk of reduced efficiency include healthcare services for women and children. This in turn could reverse all the progress achieved over the years in reducing maternal and child mortality. In this study, an attempt has been made to assess the indirect effect of the pandemic on maternal and child health services in public health facilities.

**Methods:** Data pertaining to maternal and child health services being provided under specific Government programmes, were collected from public health facilities of District Sant Kabir Nagar in Uttar Pradesh, India. Comparative analysis of the data from the pandemic phase with data from the year 2019 was done to determine the impact on services.

**Results:** Reduced coverage across all maternal and child health interventions was observed in the study. There was an overall decrease of 2.26 % in number of institutional deliveries. Antenatal care services were the worst affected with 22.91% decline. Immunization services were also dramatically decreased by more than 20%.

**Conclusion:** The response of the public healthcare delivery system to the Covid-19 Pandemic is negatively affecting both the provision and utilization of maternal and child healthcare services. It is deterrent to the progress achieved in maternal and child health parameters over the years. Better response strategies should be put in place to minimize lag in service delivery.

It's notable that there was a decrease of 2% in number of facility-based deliveries, whereas there was a much larger 26% decrease in antenatal care. These figures relate to the first wave of the pandemic and it will be interesting to see the impact of the much larger current second wave. Also, it is well known that women who do not receive antenatal care are more likely to deliver at home, and therefore we might

predict that more women will deliver at home, with consequent impacts on maternal and child mortality.

I would like to invite HIFA members to describe what is happening in their country or healthcare facility. Are you seeing a decrease in uptake of antenatal care and facility-based childbirth facilities?

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (299) Reproductive health (5) Antenatal services**

16 May, 2021

With thanks to Sanchika Gupta, we have noted that COVID-19 has resulted in a 23% decrease in antenatal care services in Uttar Pradesh during the first wave. We can anticipate much greater disruption during the current second wave.

The impact of this (let alone that of reduced facility-based childbirth) on maternal and neonatal mortality could be profound.

As our reference document notes (p24):

'Even a modest decline of 10% in service coverage during pregnancy and for newborns could result in an additional 28 000 maternal deaths, 168 000 newborn deaths, and millions of unintended pregnancies as family planning services face disruptions.' Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (2020)

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

In relation to antenatal care, the same document says:

'Where comprehensive facility-based services are disrupted:

- prioritize ANC contacts for low-risk pregnant women during the third trimester and for all pregnant women who are assessed as high risk, including women with comorbidities, who are underweight or overweight, adolescent girls,

women at risk of common maternal mental health conditions, or other vulnerable groups;

- ensure that birth preparedness and complications readiness plans are adapted to take into account changes to services.

Offer 2–3 months of recommended micronutrient supplements and ITNs.

Where feasible, use digital platforms for counselling and screening, including for danger signs.

Whenever possible, book ANC visits to reduce overcrowding and plan to provide all relevant care in a single visit.'

These guidelines were written almost a year ago and I am sure that HIFA members can help develop them further with the benefit of your experience over the past 12 months. Which recommendations, in your experience, are particularly important (or less important)? What have you learned from experience in your country or your health facility about how to maintain antenatal care (and facility-based childbirth)?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (300) Reproductive health (6) WHO/IBP Implementation Stories: Africa, 2 June**

17 May, 2021

Forwarded from IBP Implementing Best Practices. Would anyone like to volunteer to participate on behalf of HIFA and send a brief message to HIFA afterwards?

Contact [neil@hifa.org](mailto:neil@hifa.org)

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As more and more countries across the globe are implementing and scaling up High Impact Practices (HIPs) and WHO Guidelines in family planning and reproductive health (FP/RH), projects and programs are gaining valuable insights and lessons learned into what works for their local context. Join us to learn how documenting these stories can help us understand and learn from real-life experiences implementing HIPs and WHO guidelines — and encourage learning and sharing of experiences related to scaling up evidence-based interventions in FP/RH.

Join colleagues from Nigeria, Kenya, Tanzania, Uganda and Zimbabwe in this second session in our webinars series on the IBP Implementation Stories.

REGISTER

HERE! <https://register.gotowebinar.com/register/2474246823928322060>

For more information please visit:

Implementation Stories: <https://ibpnetwork.org/page/implementation-stories>

WHO Guidelines: [https://www.who.int/health-topics/contraception#tab=tab\\_1](https://www.who.int/health-topics/contraception#tab=tab_1)

High Impact Practices in FP: <http://www.fphighimpactpractices.org/>

To view the first webinar in this series: <https://ibpnetwork.org/page/webinars>

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (301) Reproductive health (7) A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic**

17 May, 2021

This multi-country study found that pregnant and postpartum women had elevated post-traumatic stress disorder, depression/anxiety, and loneliness symptoms in relation to COVID-19 worry factors. Excessive pandemic-related information seeking (5+ times/day) was strongly related to adverse mental health outcomes. The authors



suggest that improving availability of reliable healthcare information 'may help support pregnant women's mental health during this time'.

CITATION: A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic

Archana Basu et al.

Published: April 21, 2021

<https://doi.org/10.1371/journal.pone.0249780>

SUMMARY (with thanks to Maternal Health Task Force)

Researchers conducted a survey among 6,894 pregnant and postpartum women across 64 countries to evaluate the relationship between pandemic-related behavioral and cognitive factors (information seeking, worries, prevention behaviors) and women's perinatal mental health during the COVID-19 pandemic. The results showed that women had elevated PTSD, depression/anxiety, and loneliness symptoms in relation to the COVID-19 worry factors. Moreover, the researchers found that excessive pandemic-related information seeking (5+ times/day) was strongly related to having adverse mental health outcomes. The authors suggest that interventions that focus on pregnant and postpartum women should consider a wide range of mental health impacts including the unique challenges posed by the pandemic.

SELECTED EXTRACT

Providing women with up-to-date, accurate information on how to prevent infection of themselves and their children, helping women understand the steps healthcare systems are taking to prevent infections of patients, especially newborns, and providing consistent prenatal and postpartum care may help support pregnant women's mental health during this time.

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## **EHS-COVID (302) Reproductive health (8) Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection**

17 May, 2021

Citation, summary and a comment from me below.

CITATION: Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection: The INTERCOVID Multinational Cohort Study

JAMA Pediatrics 2021 Apr 22 : e211050.

doi: 10.1001/jamapediatrics.2021.1050 [Epub ahead of print]

<https://pubmed.ncbi.nlm.nih.gov/33885740/>

SUMMARY (with thanks to Maternal Health Task Force)

This multinational cohort study of 18 countries aimed to understand how having COVID-19 during pregnancy affects maternal and neonatal morbidity and mortality. By analyzing the data of 2,130 pregnant women, the researchers found that women who were pregnant during COVID had higher risks of preeclampsia/eclampsia, ICU admission, infections requiring antibiotics, preterm birth, and low birth weight. They also find that the risk of maternal mortality among women with COVID-19 during pregnancy was 22 times higher than the risk of pregnant women without COVID-19. The researchers conclude that follow-up among these individuals and their infants is crucial to understand and monitor long-term health effects.

COMMENT (NPW): In relation to our ongoing discussion on essential health services, the authors note 'deaths were concentrated in institutions from less developed regions, implying that when comprehensive ICU services are not fully available, COVID-19 in pregnancy can be lethal.'

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (303) COVID-19 and oncology services**

17 May, 2021

I have read a recent piece published in BMJ Opinion (entitled 'Cancer must not be the forgotten "C" in the fight against COVID-19'), which states that people in Croatia were fearing a COVID-19 diagnosis more than a cancer diagnosis when the pandemic started. As this phenomenon is not only pertinent to Croatia, an aspect of this that worried a global community of oncologists was the realisation that government-backed measures to combat COVID-19 could have destabilized cancer services across Europe. And the data proved them right - there was a 76% drop in urgent referrals for individuals with symptoms potentially indicating cancer (e.g. breast lump, difficulty swallowing, haematuria, just to name a few).

Consequently, I wanted to see what is new regarding the availability of essential oncology services during the pandemic, and read with great interest a recent study published in the Journal of Oncology Pharmacy Practice, entitled 'Global changes to the chemotherapy service during the COVID-19 pandemic', where they found treatment reduction (69%) and lower usage of immunosuppressive agents (50%). The study can be accessed by using the following

link: <https://journals.sagepub.com/doi/10.1177/10781552211015767>

This is quite worrying, so I wholeheartedly support a recent initiative led by the European Cancer Patient Coalition (ECPC), which on World Health Day (April 7, 2021) released a joint letter signed by 292 cancer organisations across the world, calling for a global effort to mitigate the pandemic's impact on cancer services. The letter can be found here: <https://ecpc.org/news-events/press-release-joint-letter-on-covid-19-and-...>

Furthermore, the "Time To Act" campaign - co-created by patients and health professionals across Europe - was launched on May 11, 2021 and represents an urgent call for action to take decisive and immediate steps in order to ensure that the current COVID-19 pandemic does not spill into a future cancer epidemic for the citizens of Europe. The campaign info can be accessed here: <https://www.europeancancer.org/TimeToAct>

As the pandemic marches on, there is a dire need for an ongoing monitoring of service utilization to adequately inform system response and recovery, as well for the additional insights into the impact of COVID-19-related disruptions on cancer outcomes.

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HIFA profile: Tomislav Mestrovic is a medical doctor and a clinical microbiologist with a PhD in biomedical sciences, and an Assistant Professor at Croatia's youngest public university, University North. He is also passionately invested in global health communication, health literacy, science journalism and science diplomacy. Tomislav was appointed by the Ministry of Science and Education of the Republic of Croatia as a Managing Committee Member to COST Action on evidence-based medicine run by the European Union. He holds several positions in international societies that resulted in many volunteering initiatives. Tomislav is the current holder of the HIFA Country Representative of the Year award (2020) and is also the Europe regional coordinator for HIFA Country Representatives. Email address: tomislav.mestrovic AT gmail.com

## **EHS-COVID (303a) CABI Global Health Update: Covid-19: the rise of telemedicine**

17 May, 2021

Dear HIFA colleagues,

Keep up-to-date in 2021 with FREE to access key scientific news written by CABI's Global Health editors and an extension to our FREE CORONAVIRUS coverage

-----MAY'S FOCUS TOPIC - Covid-19: the rise of telemedicine

The Home page news article is: Covid-19: the rise of telemedicine <https://bit.ly/3w9f561>

The global pandemic has changed the way many in society interact with healthcare professionals ushering in a new age of telemedicine and virtual consultations. While virtual consultations have allowed individuals to access non-urgent healthcare, telemedicine has drawbacks, so can it ever take the place of a face-to-face appointments?

Read the news article here: <https://bit.ly/3w9f561>

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COVID-19 'led to rise in stillbirths, maternal deaths'

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HIFA profile: Jesslyn Thay is Global Health Content Editor at CABI, UK. She is a member of the HIFA Steering Group. <https://www.hifa.org/support/members/jesslyn> Email address: j.thay AT cabi.org

## **EHS-COVID (304) Community epidemic management strategies and COVID-19 in South Sudan**

17 May, 2021

The May 2021 issue of the South Sudan Medical Journal carries an article on 'Community epidemic management strategies and COVID-19 in South Sudan' which investigated existing community infectious disease management strategies outside the clinical healthcare sector, to better understand how communities respond to infectious disease outbreaks. The research demonstrated extensive local methods for infection control and epidemic management which, while they may not reach current clinical standards, provide a strong foundation for collaborative approaches to stopping the spread of COVID-19 and other dangerous diseases. The authors suggest that working with local strategies and frontline non-clinical healthcare providers is key to building a trusted and sustained response to COVID-19 and other epidemics.

Citation: Kindersley & Majok. Communityepidemic management strategies and COVID-19 in South Sudan. South Sudan MedicalJournal 2021; 14(2):35-37 © 2021 [http://www.southsudanmedicaljournal.com/assets/files/Journals/vol\\_14\\_iss...](http://www.southsudanmedicaljournal.com/assets/files/Journals/vol_14_iss...)

HIFA profile: Ann Burgess is the Editorial Advisor for the South Sudan Medical Journal, the only medical journal in South Sudan, which is published quarterly and is free online - see [www.southsudanmedicaljournal.com](http://www.southsudanmedicaljournal.com). annpatriciaburgess AT yahoo.co.uk

## **EHS-COVID (305) COVID lessons for disability-inclusive health systems, Chatham House webinar, 27 May**

17 May, 2021

Dear all,

Please find an invitation below for a webinar organised by the Centre for Universal Health at Chatham House and Special Olympics. As we proceed in collaboration with WHO to share learning on 'Maintaining essential health services during COVID', it is very important we include the needs and perspectives of people with disabilities. I would like to ask for a HIFA volunteer to participate in this meeting and feed back to HIFA any observations you may have. Contact: [neil@hifa.org](mailto:neil@hifa.org)

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Hi all,

The Centre for Universal Health at Chatham House and Special Olympics would like to invite you to attend our upcoming event - Failing up: Strengthening health systems by learning from those left behind during the COVID-19 pandemic.

This event is taking place on Thursday 27th May 2021 1pm - 2pm BST / 8 – 9am EDT, and will be convening experts from academia, civil society, and multilateral institutions to discuss the opportunity to build disability-inclusive health systems by learning from the COVID-19 pandemic response.

This event will feature International Sign Language (ISL) interpretation and closed live captioning, alt-text and screen reader friendly materials to ensure we can welcome a diverse audience. A participation guide will be shared 2-3 days before the event. Should you need additional accommodations or have any other queries please get in touch with [nvandermark@chathamhouse.org](mailto:nvandermark@chathamhouse.org) to discuss options.

Please find a link below to the register for the event:

[https://chathamhouse.zoom.us/webinar/register/8516202022326/WN\\_itpJJG7MS...](https://chathamhouse.zoom.us/webinar/register/8516202022326/WN_itpJJG7MS...)

Feel free to share with your networks; apologies for cross-posting. We look forward to seeing you soon!

Best wishes,

Anjela

Anjela Jenkins (she/her)

Senior Manager, Global Inclusive Health Advocacy

Special Olympics

Telephone/WhatsApp +41 78 422 01 74

E-mail [ajenkins@specialolympics.org](mailto:ajenkins@specialolympics.org)

[www.SpecialOlympics.org](http://www.SpecialOlympics.org)

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (306) UN Secretary-General: Ensure digital technologies are 'a force for good'**

18 May, 2021

With thanks to HIFA member Richard Fitton

Extracts below. Full text here: <https://news.un.org/en/story/2021/05/1092052>

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Although the COVID-19 pandemic has accelerated digital transformation across the planet, millions worldwide still lack Internet access, the UN Secretary-General said on Monday, highlighting why information and communication technologies (ICTs) must be “a force for good.”

In his message for World Telecommunication and Information Science Day, celebrated annually on 17 May, the UN chief called for action to conquer both the pandemic and the digital divide...

“On World Telecommunication and Information Society Day, let us commit to work together to defeat COVID-19 and ensure that digital technologies are a force for good that help us to achieve the Sustainable Development Goals and leave no one behind.”

--

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (307) Reproductive health (8) Digital technologies**

18 May, 2021

Dear HIFA members,

I'm very interested to hear the country/region experiences from our frontline health workers, managers, policy makers and patient groups:

1. How did the Digital Technologies assist the communities to access Reproductive Essential Health Services and Information?
2. Which digital technologies were helpful?
3. Where and if digital technologies were not available: how they could have assisted in timely access to life-saving Reproductive health information and services?

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon.Prof.Schulich School of Medicine & Dentistry, WHO Collaborating Centre, Western University, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology (SIOG), Switzerland. [www.siog.org](http://www.siog.org)

Director Global Health New Challenges:online courses, Geneva Foundation for Medical Education & Research (GFMER), Switzerland. [www.gfmer.ch/surgery](http://www.gfmer.ch/surgery)



HIFA-COVID Essential Health Services Working Group

Geneva, Switzerland. +41 763837253(m); [cherianm15@gmail.com](mailto:cherianm15@gmail.com)

HIFA profile: Meena Cherian is Director, Emergency & Surgical Care program, Geneva Foundation of Medical Education and Research, Geneva, Switzerland. She is a member of the HIFA working group on Essential Health Services and COVID-19. <https://www.hifa.org/support/members/meena>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[www.gfmer.ch](http://www.gfmer.ch) cherianm15 AT gmail.com

## **EHS-COVID (308) Reproductive health (9) Digital technologies (2)**

19 May, 2021

I came across two journal articles which talk about usage of digital technologies in the healthcare sector, specifically women's health and Reproductive Health.

During pandemic and lockdown, telemedicine was found to be a common way for consultations reducing the influx of patients towards general Out Patient Department (OPD). The clients were counselled and advised to keep an eye on warning signs. Both studies found telemedicine as a feasible form of consultation.

Telemedicine for Women's Health During COVID-19 Pandemic in India: A Short Commentary and Important Practice Points for Obstetricians and Gynaecologists <https://link.springer.com/article/10.1007%2Fs13224-020-01346-0>

Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic <https://srh.bmj.com/content/early/2021/02/04/bmj.srh-2020-200976>

Regards,

Sanchika Gupta

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (309) Reproductive health (10) Impact of COVID on obstetric care services**

19 May, 2021

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far.

We have seen how antenatal services are underused as a result of COVID (and we know that underuse of antenatal care is associated with poor health outcomes). I would now like to invite you to comment on childbirth:

1. What has been the impact of COVID on access to - and use of - safe childbirth facilities? We have heard that there has been a reduction in facility-based childbirth in some countries. What are the reasons for this?
2. What has been the impact of these disruptions on health outcomes for mothers and newborns?
3. What can be done to promote access to, and use of, facility-based care?

The WHO guidance on Maintaining essential health services during COVID has the following recommendation for skilled care during labour, childbirth, and postnatal period in a health facility (page 25):

1. Maintain maternity waiting homes where they exist, ensuring that appropriate Infection and Prevention Control guidance is followed.
2. Ensure birth companions are appropriately screened for COVID-19 infection.
3. Ensure safe transport to care for mothers and newborns.

4. Prioritize support for initiation of skin-to-skin contact and early and exclusive breastfeeding.

5. A caesarean section should be performed based solely on obstetric indications, independent of the COVID-19 transmission scenario and the COVID-19 status of the mother.

This guidance was written almost a year ago and will be updated to take into account the experience gained. Every message you send will be considered and is of value to help inform future WHO guidance.

Feel free to send your own personal observations, stories, or anecdotes - as well as publications and reports.

Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (310) Webinar: COVID-19 research priorities in maternal, reproductive and child health**

20 May, 2021

With thanks to Alberto Fernandez, lead moderator for HIFA-Spanish. Would anyone be willing to participate on behalf of HIFA and share your learning with us all afterwards? [neil@hifa.org](mailto:neil@hifa.org)

--

Dear colleagues,

The Maternal, Newborn, and Child Health Working Group of the COVID-19 Clinical Research Coalition is organizing a webinar on COVID-19 research priorities in maternal, reproductive and child health. It will be held next Thursday (27 May).

MORE INFO AND

REGISTER [https://zoom.us/webinar/register/4916135590917/WN\\_FEUjOr3rR96PNylsolgf4g](https://zoom.us/webinar/register/4916135590917/WN_FEUjOr3rR96PNylsolgf4g)

More than a year into the COVID-19 pandemic, there remain a number of significant unanswered questions about the effects of COVID-19 in pregnant and breastfeeding women and children. Most of the data available have emerged from studies led by researchers from high-income nations, producing data that may not be relevant or generalizable to populations within resource-limited settings.

The coalition's Maternal, Newborn, and Child Health Working Group conducted a research priority-setting exercise between October 2020 and January 2021 to identify global research priorities in maternal, reproductive and child health.

WEBINAR OBJECTIVES:

- To disseminate the results of the research priority setting exercise conducted by the Maternal, Newborn and Child Health Working Group (MNCH WG) of the COVID-19 Clinical Research Coalition
- To provide an update of research efforts and emerging data aligned with the identified research priority themes
- To identify and highlight persisting knowledge gaps within the research priority areas and present ideas and opportunities to close these gaps

MODERATORS:

- Prof. Sofía P. Salas | Clínica Alemana Universidad del Desarrollo, Chile & Dr Jackeline Alger | Universidad Nacional Autónoma de Honduras, Honduras

SPEAKERS:

- Dr Melanie Etti | St George's, University of London, UK & Uganda
- Dr Kate Webb | University of Cape Town, South Africa

- Dr Maria Laura Costa | University of Campinas, Brazil

- Prof. Praveen Kumar | Postgraduate Institute of Medical Education and Research (PGIMER), India

I hope you will be able to attend this event and join the discussion. Feel free to share the information within your networks if it is of interest.

with best wishes,

Laila

Laila Harras-Pelletier

Graduate - Public Policy, Global Health

Research Associate Consultant @DNDi

Sciences Po

T. +33 (0)6 41 27 30 95

[laila.harraspelletier@sciencespo.fr](mailto:laila.harraspelletier@sciencespo.fr)

## **EHS-COVID (311) Reproductive health (11) Impact of COVID on obstetric care services (2)**

20 May, 2021

I suggest the following inclusions regarding safe maternity care during COVID-19:

- COVID positive pregnant mother's should be admitted and cared for in obstetric and not COVID-19 wards (We have had maternal deaths in mothers admitted to COVID wards who were not appropriately monitored)
- All obstetric departments (including labour, delivery and postnatal) should have capacity to isolate and provide oxygen and respiratory support for COVID positive women.
- Provision must be made to safely continue breast feeding/ breast milk provision, KMC and parental lodging/visiting for all sick and small newborn.

Thank you.

God bless

Ruth Davidge RN RM RPN, Cert. Neon Intensive Care, fANSA

KZN Neonatal Coordinator

HIFA profile: Ruth Davidge is Neonatal Coordinator at PMB Metro, Hospitals Complex Western, Kwa-Zulu Natal, South Africa. She is President of the Neonatal Nurses Association of Southern Africa, NNASA. She is a Registered Nurse and on the board of the Council of International Neonatal Nurses, COINN. ruth.davidge AT kznhealth.gov.za [www.nnasa.org.za](http://www.nnasa.org.za) [www.nnasa.org.za](http://www.nnasa.org.za) She is a CHIFA Country Representative for South Africa <http://www.hifa.org/support/members/ruth>

## **EHS-COVID (312) PATH: COVID-19 Essential Health Services Policy Tracker**

20 May, 2021

Dear HIFA colleagues,

I have just discovered this resource on the PATH website. I have a sense that activities around "Maintaining essential health services during the pandemic" are highly fragmented. This is perhaps to be expected given the rapidly evolving situation. Does anyone have ideas on how to improve coordination and reduce duplication? I have contacted our colleagues at PATH (a HIFA supporting organisation).

--

PATH is cataloging and analyzing the policies that governments in low- and middle-income countries are making to adapt and maintain essential health services during the COVID-19 pandemic.

<https://www.path.org/programs/advocacy-and-policy/covid-19-essential-hea...>

As the COVID-19 pandemic continues to afflict communities worldwide, there is an urgent need to ensure continuity of essential health services—including maternal and newborn care, routine immunization, sexual and reproductive health services, diagnosis and treatment of HIV, TB, malaria, and noncommunicable diseases—for all populations. Key to protecting these services is cross-country learning and sharing of best practices around policies and actions governments can take to maintain, adapt, and reinstate services. The COVID-19 Policy Tracker project, supported by the Bill &

Melinda Gates Foundation, aims to collect, catalogue, visualize, and disseminate government policy responses and other relevant information related to maintaining and adapting essential health services during COVID-19. This page is a one-stop-shop that gathers all the analyses, dashboards, and other resources developed throughout this project in one place.

## Essential health services during and after COVID-19

At the end of 2020, PATH conducted a sprint analysis of disruptions and efforts to maintain essential health services for the Bill and Melinda Gates Foundation. Looking across six countries, the analysis dove into four critical questions:

What is considered an essential health service?

Which services are most disrupted?

How can the declines in service utilization be explained, and what have been the mitigating actions?

What can we expect essential health service coverage to look like once lockdowns are lifted and vaccines are rolled out?

While some service delivery adaptations show promise for increasing access to services, disruptions will continue to disproportionately drive health losses. There are ways to recoup progress lost during the COVID-19, but financial, operational, and policy barriers must be addressed.

The following briefs explore in detail the service delivery adaptations outlined in pandemic-era government policies in Burkina Faso, Ethiopia, India, Kenya, and Nigeria. We hope these briefs can equip country leaders, donors, and advocates with information about successfully adapting delivery of essential health services through the pandemic and beyond. While the policy adaptations included below are a good step, further data and research is needed on which methods are the most feasible and effective—as well as which adaptations can continue to be used to expand the reach of health service delivery long past the COVID-19 era.

--

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (313 – ORIGINALLY LABELLED 312) PATH: COVID-19 Essential Health Services Policy Tracker**

20 May, 2021

Dear HIFA colleagues,

I have just discovered this resource on the PATH website. I have a sense that activities around "Maintaining essential health services during the pandemic" are highly fragmented. This is perhaps to be expected given the rapidly evolving situation. Does anyone have ideas on how to improve coordination and reduce duplication? I have contacted our colleagues at PATH (a HIFA supporting organisation) to explore possibilities for collaboration.

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As the COVID-19 pandemic continues to afflict communities worldwide, there is an urgent need to ensure continuity of essential health services—including maternal and newborn care, routine immunization, sexual and reproductive health services, diagnosis and treatment of HIV, TB, malaria, and noncommunicable diseases—for all populations. Key to protecting these services is cross-country learning and sharing of best practices around policies and actions governments can take to maintain, adapt, and reinstate services. The COVID-19 Policy Tracker project, supported by the Bill & Melinda Gates Foundation, aims to collect, catalogue, visualize, and disseminate government policy responses and other relevant information related to maintaining and adapting essential health services during COVID-19. This page is a one-stop-shop



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- What can we expect essential health service coverage to look like once lockdowns are lifted and vaccines are rolled out?

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--

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (314) Newborn health services and hand hygiene**

20 May, 2021

We all know that the major risk factor for Neonatal sepsis is Hospital-acquired infection and therefore the impact of COVID-19 on neonatal and child health has a more positive effect due to the significant improvement of HH Practise including the access to Handwashing facilities. On the other side, COVID-19 Might have contributed negatively to neonatal Health especially at the beginning of the pandemic when there is high fear to visit Healthcare facilities and as a result, safe delivery was to some extent compromised.

Molla Godif (BSc, MSc)

Infection Prevention and Control (IPC) Specialist

World Health Organization (WHO), Ethiopia

Former IPC Program Coordinator for MOH

Infection Control African Network ( ICAN ) Member

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Email1: [mollagodif10@gmail.com](mailto:mollagodif10@gmail.com) Email2: [fisehatsionm@who.int](mailto:fisehatsionm@who.int)

HIFA profile: Molla Godif is an Infection Prevention and Control (IPC) Specialist at the World Health Organization, Ethiopia. Professional interests: I am very passionate about Infection Prevention and Control (IPC); Patient safety; quality of Healthcare; Antimicrobial Resistance (AMR). Email: mollagodif10 AT gmail.com

## **EHS-COVID (315) Nature: Universal health care must be a priority — even amid COVID**

20 May, 2021

Extracts below from a viewpoint paper in Nature and a comment from me.

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Vaccinating the world's population against COVID-19 remains a global health priority. But it is vital that this effort does not overshadow the need to ensure that everyone, everywhere has access to basic health care...

A lack of easily accessible health care — and of health systems for sharing information — has impeded the detection and monitoring of COVID-19 infections...

Universal health care might seem a lofty goal amid a crisis, but if we do not push for change now, we will regret it. The pandemic has increased the number of people living in extreme poverty, making them more vulnerable to disease. It's infected, killed and traumatized health-care workers everywhere, most devastatingly in places that had too few already. "Our failure to invest in health systems doesn't only leave individuals, families and communities at risk, it also leaves the world vulnerable to outbreaks and other health emergencies," Tedros said in October 2019. "A pandemic could bring economies and nations to their knees." A few months later, it did. We must not let that happen again.

Nature 593, 313-314 (2021)

doi: <https://doi.org/10.1038/d41586-021-01313-3>

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COMMENT (NPW): The existence of COVID-19 certainly does not reduce the importance of universal health coverage. On the contrary, the emergence of new diseases such as COVID-19 underlines that UHC is critical. Universal access to reliable healthcare information is a prerequisite for universal health coverage, and again COVID-19 emphasises the need for universal access to reliable information and protection from misinformation.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (316) Introduction: Sunny Khan, WHO Health Services Learning Hub - Prioritisation of health services**

20 May, 2021

Dear HIFA members

I wanted to introduce myself as we embark on this important discussion building on the collaboration between WHO and HIFA on a series of thematic discussions related to WHO's operational guidance on maintaining essential health services.

My name is Dr Sunny Khan, Project Lead for the WHO Health Services Learning Hub. I would like to firstly thank members for their participation in previous the first discussion, from which we have gathered important perspectives on how COVID-19 has impacted front line services in a number of countries.

As members review how specific areas have been disrupted for this discussion (i.e. reproductive services), it would be a good opportunity to explore the broader health services context. For example, how has the prioritisation of essential health services been undertaken? What have been the trade offs? What are the key lessons to learn?

I hope this may be a useful starting point to explore these themes.

I will be participating over coming weeks and look forward to seeing how the discussion evolves.

Best wishes

Sunny

HIFA profile: Sunny Khan is the Project Lead for the WHO COVID:19 Health Services Learning Hub. He has worked with WHO since 2016 on a range of technical projects related to health systems and primary healthcare. In addition, he is a practising primary care physician.

He is a member of the WHO/HIFA working group on Maintaining essential health services during the pandemic (and beyond).

<https://www.hifa.org/support/members/sunny>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

## **EHS-COVID (317) Reproductive health (12) Francophone West Africa**

20 May, 2021

Dear HIFA colleagues,

'The challenges that limited the supply and use of RMNCAH services included: lack of standardized guides and procedures for appropriate care, limited knowledge of health workers on the new coronavirus disease, lack of diagnostic materials and kits, ineffective organization of services, anxieties of health workers and populations, and postponement of immunisation mass campaigns.' This is the conclusion of a study by researchers that included WHO. Below are the citation, abstract and a comment from me.

CITATION: Maintaining continuity of essential reproductive, maternal, neonatal, child and adolescent health services during the COVID-19 pandemic in Francophone West Africa

African Journal of Reproductive Medicine, April 2021; 25 (2): 85

Yves Mongbo et al.

<https://www.ajol.info/index.php/ajrh/article/view/207315>

#### ABSTRACT

The study aimed to analyse the challenges and solutions for maintaining the continuity of essential health services during the COVID-19 pandemic in Francophone West Africa. A cross-sectional study involving the managers of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) and vaccination programmes in Francophone West Africa was designed. The challenges that limited the supply and use of RMNCAH services included: lack of standardized guides and procedures for appropriate care, limited knowledge of health workers on the new coronavirus disease, lack of diagnostic materials and kits, ineffective organization of services, anxieties of health workers and populations, and postponement of immunisation mass campaigns. The solutions proposed to address these challenges, included better organization of services to respect the physical distance, provision of adapted guides and care procedures, enhanced communication, training of health workers, effective use of social media and information and communication technologies. This study showed that the managers of RMNCAH programmes are aware of the challenges that could limit the supply and use of essential services during the COVID-19 pandemic.

COMMENT (NPW): I have invited the authors to join us and forwarded the paper to our sister forum HIFA-French. It's notable that the study was conducted back in April 2020, at which time the COVID-19 burden was low. It would be interesting to hear of developments since then. Do we have HIFA members in West Africa who would like to comment?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (318) WHO/HIFA: Maintaining essential health services during the pandemic (6) Is there a review or new guidance underway?**

21 May, 2021

The WHO Interim Guidance for maintaining essential health services during the CoViD-19 pandemic (and beyond) has outlined "Key Actions" to be taken with respect to specific areas of crucial importance. One of such areas is communication strategies to support the appropriate use of essential services. And as noted in the Guidance, "the effective use of digital platforms can rapidly expand the reach of health promotion messaging to target audiences".

However, as technologies keep evolving, and given that the Guidance was developed about six months into the pandemic (which makes it about a year old now), is there a review or new guidance underway?

The WHO President, Tedros Ghebreyesus, while speaking at the Paris Peace Forum Spring Meeting recently, said: "... not just that the world is at risk of vaccine apartheid; the world is in vaccine apartheid." What would be the impact or consequence of this trend on communication in building/sustaining confidence and hope especially in low- and lower-middle countries that account for almost half of the world's population?

ORFEGA, Moses Kumaoron

HIFA profile: Moses Kumaoron Orfega is a Service Improvement Desk Officer at the National Health Insurance Scheme, Nigeria. Professional interests: Social Protection and Financing; Social Health Protection and Universal Health Coverage; Service Quality Improvement; Information Technology. Email: ofegamoses AT gmail.com

## **EHS-COVID (319) Reproductive health (13) Webinar: Global Launch: COVID-19 Safe Abortion Response Map, 26 May 2021**

21 May, 2021

From PSI (USA):

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Register for our webinar on 26 May 2021 8:00 EDT

WEBINAR: Global Launch: COVID-19 Safe Abortion Response Map 26 May 2021

The COVID-19 pandemic has had devastating impacts on women's ability to access safe abortions. The suspension of sexual and reproductive health outreach programs, movement restrictions, disruptions in the supply chain, and fear of contracting COVID-19 have all prevented women from being able to make informed and safe reproductive health choices.

Join this IBP Network webinar as we launch the COVID-19 Safe Abortion Response Map - an interactive tool that highlights how organizations adapted their safe abortion and post-abortion care (PAC) programs to maintain service delivery while seeking to protect their clients, staff and communities from contracting COVID-19.

This collaborative effort by a consortium of organizations is part of the Preventing Unsafe Abortion Partners Group, led by Ulrika Rehnström Loi, HRP and the WHO Department of Sexual and Reproductive Health and Research.

Speakers will share stories from four countries, capturing resilience, digital innovation, and persistent advocacy to maintain access to safe abortions and PAC during the pandemic.

GLOBAL LAUNCH: COVID-19 SAFE ABORTION RESPONSE MAP

26 May 2021

8:00 EDT | 14:00 Geneva

Register

[https://who.zoom.us/webinar/register/WN\\_R6V8AVphSh24YsM0fePUHA?utm\\_source...](https://who.zoom.us/webinar/register/WN_R6V8AVphSh24YsM0fePUHA?utm_source...)

MODERATOR:

Eva Lathrop, Global Medical Director, PSI, will discuss the utility and future development of the safe abortion map

SPEAKERS:

Ando Tiana Raobelison, Deputy Country Representative for Programs, Global Ops-

Africa International, PSI, will discuss IPC adaptation in Benin

Rachel Misra, MSI Reproductive Choices, will discuss telemedicine adaptation in South Africa

Katia Amado, Pathfinder, will discuss PAC phone-follow-up adaptation in Mozambique

Kateera Ahmed, IPPF's Association in Sudan, SFPA, will discuss maintaining access to PAC and information in Sudan through a hotline model

We hope to see you there.

HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) is collaborating with several partners to prevent unsafe abortion and support women's and girls' health, well-being and rights in the context of COVID-19. Partners include DKT International, Ipas, International Planned Parenthood Federation (IPPF), MSI Reproductive Choices, Pathfinder International, PSI, RHSC and others. This group of partners joined forces to develop the COVID-19 Safe Abortion Response Map.

Human Reproduction Programme ibp network World Health Organization

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (320) Prioritisation of health services (2)**

21 May, 2021

Dear Sunny and all,

You ask:

- How has the prioritisation of essential health services been undertaken?
- What have been the trade offs?
- What are the key lessons to learn?

I look forward to responses on these critical questions.



Meanwhile I invite HIFA members to review the relevant section of the WHO Guidance: Maintaining essential health services: operational guidance for the COVID-19 context interim guidance

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

And especially pages 6 and 7 of the Guidance, which are dedicated to: Prioritize essential health services and adapt to changing contexts and needs

Below are a few extracts.

--

High-priority categories include...

In many settings, the temporary suspension of services will lead to a backlog of people needing care...

#### KEY ACTIONS:

- ☐ - Generate a country-specific list of care essential health services based on the context and supported by WHO guidance and tools.
- ☐ Address the particular needs of marginalized populations, such as indigenous peoples, migrants and refugees, sex workers and the homeless, among others.
- ☐ Identify routine and elective services that can be suspended or relocated to less affected areas...

--

As Moses Orfega (Nigeria) has pointed out earlier today, this Guidance was written almost a year ago, and it is important that we learn from HIFA members' experience over the past 12 months to help inform new guidance.

I invite HIFA members to reflect on Sunny's questions:

- How has the prioritisation of essential health services been undertaken?
- What have been the trade offs?
- What are the key lessons to learn?

In particular, this question of "How" to prioritise is fundamental. It seems obvious to me that the question of prioritisation of health services is not a new issue: it is a key

issue for all countries, all the time. So, the question is not just about prioritisation during COVID - it is about the ability to prioritise effectively in all crisis situations, at all times. The two pages in the WHO Guidance provide a few preliminary pointers, but I sense that more substantive guidance is needed for policymakers at national level, and for managers of health facilities. Can anyone recommend such guidance?

I look forward to your comments.

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (321) Reproductive health (14) Health service disruption and maternal and newborn deaths**

22 May, 2021

A systematic review in The Lancet Global Health finds: 'Global maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression. Some outcomes show considerable disparity between high-resource and low-resource settings. There is an urgent need to prioritise safe, accessible, and equitable maternity care within the strategic response to this pandemic and in future health crises.'

Below are extracts from a linked editorial and a comment from me:

--

In The Lancet Global Health, Barbara Chmielewska and colleagues report [[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00079-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00079-6/fulltext)] a systematic review of the effect of the COVID-19 pandemic on maternal and perinatal outcomes. The authors included 40 studies that compared various maternal and neonatal health outcomes during and before the COVID-19 pandemic, from which outcomes that were reported in at least two studies were included in the meta-analysis (31 studies). They found significant increases in the incidence of stillbirth, maternal death, and ruptured ectopic pregnancy, and in mean maternal depression scores during the pandemic. Although the studies from high-income countries (HICs) showed a significant reduction in preterm births (before 37 weeks' gestation) during the pandemic, the same was not seen in low-income and middle-income countries (LMICs). There was significant heterogeneity in outcomes between HICs and LMICs, and the rates of the adverse outcomes were much higher in LMICs. These findings highlight disparities in health care within and across countries...

Studies from LMICs have shown an almost 50% reduction in hospitalisation and emergency visits during the pandemic, with increases in stillbirths and maternal deaths. Countries such as India imposed strict lockdown measures early in the pandemic, leading to restricted access to health-care facilities, whereas many countries deferred lockdowns until later. Redirection of resources and manpower for creating COVID-19 facilities led to compromises in essential non-COVID-19 services, thereby contributing to the adversities...

The recent surge in the use of information technology with increased access to mobile phones and internet, and judicious use of data analytic technology and telemedicine, could benefit the delivery of care to previously inaccessible people...

CITATION: Comment| volume 9, issue 6, e722-e723, june 01, 2021

COVID-19 pandemic and health-care disruptions: count the most vulnerable

Jogender Kumar, Praveen Kumar

Open Access Published: March 31, 2021

DOI:[https://doi.org/10.1016/S2214-109X\(21\)00098-X](https://doi.org/10.1016/S2214-109X(21)00098-X)

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COMMENT (NPW) These papers corroborate previous observations on HIFA. Indeed the true impact of COVID-19 on maternal and newborn health is yet to be seen. Current failure to access antenatal and other services will inevitably translate to worse outcomes.

The authors of the editorial say 'The recent surge in the use of information technology... could benefit the delivery of care to previously inaccessible people'. I would be interested to hear evidence of this. Most of what I have read about technology suggests it creates inequities between those who have and those who do not. Are you aware of digital initiatives that are making a difference to the care of even those who are most vulnerable? One can imagine the benefit of frontline health workers who are empowered with better communication and information retrieval, and perhaps SMS text messaging services (do these reach the most vulnerable, and do they have a real impact?).

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (322) Reproductive health (15) Postnatal care**

22 May, 2021

Dear HIFA colleagues,

The WHO Guidance on Maintaining essential health services: operational guidance for the COVID-19 context recommends the following for postnatal care

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Delivery of four Post Natal Care contacts according to national guidelines

Where comprehensive facility-based services are disrupted:

- prioritize PNC contacts with women and newborns during the first week after birth, including PNC contact within the first 24 hours after birth in the case of a home birth;
- prioritize follow up of high-risk women and newborns.

Where feasible, use digital health platforms for counselling and screening, including for danger signs.

Where in-person visits are necessary, provide all relevant care in a single visit. Offer 2–3 months of recommended micronutrient supplements, ITNs and contraceptives. Consider offering long-acting reversible contraception.

Ensure that complication readiness plans are adapted to take into account changes to services.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...> (page 25)

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How has COVID-19 affected postnatal care (of mother and newborn) in your country or healthcare facility? How has postnatal care been maintained?

The Partnership for Maternal, Newborn and Child Health, which is hosted at WHO, has collated the following guidance:

<https://www.who.int/pmnch/covid-19/toolkits/maternal-newborn/postnatal-c...>

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (323) Newborn health services (2)**

### **Introduction: Beatrice Ezenwa, Nigeria**

22 May, 2021

[I am forwarding this on behalf of Beatrice Ezenwa, with thanks. Neil PW]

Dear Neil and colleagues,

Thanks for the warm welcome.

Introduction: Beatrice N. Ezenwa is a Nigerian based Paediatrician and Neonatologist. She works in the field of Neonatology with several years of research and teaching experience. Her research interests are on high risk newborns with a special interest in early life nutrition. She is a member of the Nigerian Society of Neonatal Medicine and a collaborator with the Neonatal Nutrition Network. She is currently one of the frontline healthcare workers in the fight against COVID 19 in Nigeria.

Thank you

Beatrice Ezenwa

HIFA profile: Beatrice Ezenwa is a neonatology consultant based in Lagos.  
[beatriceezenwa AT yahoo.com](mailto:beatriceezenwa@yahoo.com)

## **EHS-COVID (324) Reproductive health (16) Family planning**

22 May, 2021

Dear HIFA colleagues,

Below are extracts from the WHO Guidance on Maintaining essential health services: operational guidance for the COVID-19 context.

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When facility-based provision of SRH services is disrupted, WHO recommends prioritizing digital health services, self-care interventions, task sharing and outreach to

ensure access to medicines, diagnostics, devices, information

and counselling. This prioritization should include ensuring access to contraception, abortion to the full extent allowed by law, and prevention and treatment services for sexually transmitted infections (STIs), including HIV and human papillomavirus (HPV)...

Relax requirements for a prescription for oral or self-injectable contraception and emergency contraception and provide multimonth supplies with clear information about the method and how to access referral care for adverse reactions...

Safe abortion: Consider reducing barriers that could delay care and therefore increase risk for adolescents, rape survivors and others particularly vulnerable in this context...

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...> (page 29)

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WHO has recently published further guidance in collaboration with USAID and Johns Hopkins:

Providing Family Planning Services During an Epidemic (2021)

<https://www.fphandbook.org/sites/default/files/JHU%20HBk2021%20-%20NEW%2...>

How has COVID-19 affected family planning services in your country or healthcare facility? What has been done, or should be done, to maintain family planning services?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

**EHS-COVID (325) Is there a review or new WHO guidance underway? (2) Prioritisation of health services during COVID-19**

23 May, 2021

Response to Moses 21/5/21 [ <https://www.hifa.org/dgroups-rss/ehs-covid-318-whohifa-maintaining-essen...> ]

Dear Moses

Thank you for your response. Yes, there is indeed a review of the operational guidance planned. We will be pleased to share this when it has been developed.

With regards to the digital interventions you have mentioned, the HLH website has some interesting examples of these in both primary and secondary care. Please let me know what you think.

How does this resonate with your own experience?

Best wishes

Sunny

HIFA profile: Sunny Khan is the Project Lead for the WHO COVID:19 Health Services Learning Hub. He has worked with WHO since 2016 on a range of technical projects related to health systems and primary healthcare. In addition, he is a practising primary care physician. He is a member of the WHO/HIFA working group on Maintaining essential health services during the pandemic (and beyond).

<https://www.hifa.org/support/members/sunny>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

khang AT who.int

## **EHS-COVID (326) How has COVID-19 affected the delivery of essential CHILD health services in your health facility or country?**

23 May, 2021

Dear HIFA and CHIFA colleagues,

This week (24-30 May), in collaboration with WHO we are focusing on the theme of maintaining essential CHILD health services during the pandemic (and beyond).

We use the term 'child health' broadly to include (inter alia) newborn health, child health, adolescent health, immunisation, nutrition, child development and child protection...

We are grateful to CHIFA steering group member Oluranti Ekpo and HIFA global country representative coordinator Sanchika Gupta, who are providing expert input for this discussion.

Here are three guiding questions - please feel free to address one of these or any other aspect of reproductive health services:

Q1. How has COVID-19 affected the delivery of essential CHILD health services in your health facility or country?

Q2. What has been the impact of health service disruptions on the CHILD health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain essential CHILD health services?

Together with WHO we are collecting your inputs to create publications on the WHO website to help guide others. We are especially keen to hear from frontline health workers. We invite you to share your comments, experience, observations, publications in relation to this topic.

Please send your contributions to [hifa@hifaforums.org](mailto:hifa@hifaforums.org) and [chifa@dggroups.org](mailto:chifa@dggroups.org)

Feel free to forward this message to your contacts and invite them to join.

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)



HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (328) Child health (2) Newborns and COVID-19**

24 May, 2021

I am forwarding this message from our child health forum CHIFA, and invite your comments. We are especially keen to learn from frontline experience in different countries, as provided so well here by Arti Maria in New Delhi, India.

--

Dear Neil

Greetings from India

Also my few thoughts:

We are witnessing this horrible phase of COVID 2021....the clinical characteristics of this wave are distinctly different from the last year wave...I can say for newborns for sure...

1. newborn disease is not a rarity any longer..I would say it's not uncommon...
2. the MISC involvement has been seen.
3. Clinical presentation has been with fever, Resp distress, NEC, seizures, encephalitis like picture etc
4. Only previous WHO guidelines are available that recommend skin to skin at birth, exclusive breastfeeding and bedding in of a baby (+ or -) with his/ her COVID + mom 24x7 as far as possible...
5. Currently I am not sure whether this would be the best approach to room in a baby who may be negative in the same COVID ward where other positive patients are kept as there are no other options but to cope like this!!
6. I call upon WHO and other experts to review this issue asap and consider if alternatives need to be considered...at least till surity that we may not inadvertently

may do no harm to our babies!!

7. We also need to have an international registry of newborn cases and their clinical profiles.

Look forward to some clarity or guidance through experiential learning from across the countries to manage our newborns any better in this desperate helpless situation.

Warm regards and praying best of health for all.

Arti Maria

CHIFA profile: Arti Maria is Professor & Head, Dr.Ram Manohar Lohia Hospital, New Delhi, India. Professional interests: Looking after the inborn and referral neonatal units of north India, at Post Graduate teaching Institute of Medical Education & Research of Dr Ram Manohar Lohia Hospital, New Delhi, catering to provide quality care to the sick newborns referred from various parts of North India. Practicing, teaching and engaging in research in neonatology for the last about 22 years in various prestigious teaching hospitals of India. Over the last 10 years, we have innovated and institutionalised family centred care (FCC) for sick newborns, that is now a national health program to be scaled up through the public health system of India. I have led and initiated various research aspects of FCC including developing an implementation framework, doing QI initiatives to improve various neonatal outcomes and engage in Qualitative aspects as well as the followup outcomes of family centred care (FCC). Has some pioneering work on preterm brain injury (PVL) as part of her DM dissertation. Has been a central coordinating team member with IndiaCLEN, and participated in various public health projects. Email address: artimaria AT gmail.com

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Join CHIFA (child health and rights): <http://www.hifa.org/joinchifa>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (329) Child health (3) Immunisation and COVID-19**

24 May, 2021

Here is a perspective on the impact of COVID-19 on child immunisation, with thanks to Prof Imti Choonara, Editor in Chief of BMJ Paeds Open. From our sister forum CHIFA.

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Childhood immunisations are crucial for child health. Inadequate health systems have resulted in major delays in the immunisation of children. It is disadvantaged children who will suffer the most. See the excellent editorial on the situation in India.

Shet A, Dhaliwal B, Banerjee P, et al

Childhood immunisations in India during the COVID-19 pandemic

BMJ Paediatrics Open 2021;5:e001061. doi: 10.1136/bmjpo-2021-001061

Best wishes, Imti (he/him)

Imti Choonara, Emeritus Professor in Child Health

University of Nottingham, The Medical School, Derby DE22 3DT, UK.

Editor in Chief BMJ Paeds Open

Arms sales and child health

<http://bmjpaedsopen.bmj.com/content/4/1/e000809>

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In a recent WHO press release Dr Berkley the CEO of GAVI notes: "Millions of children across the world are likely to miss out on basic vaccines as the current pandemic threatens to unravel two decades of progress in routine immunization"

<https://www.who.int/news/item/26-04-2021-immunization-services-begin-slo...>

What is the impact of COVID-19 on immunisation services in your country/healthcare facility? Is there disruption? What are the consequences? What have you done, or what would you like to do, to maintain immunisation services?

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (330) Child health (4) Child cancer services**

24 May, 2021

Global effect of the COVID-19 pandemic on paediatric cancer care

'Childhood cancer treatments are being sidelined as hospitals prioritize COVID-19 patients and travel restrictions delay diagnoses - particularly in low- and middle-income countries, a global survey found; some facilities reported complete closure of pediatric oncology services. The Lancet Child & Adolescent Health'

CITATION: Global effect of the COVID-19 pandemic on paediatric cancer care: a cross-sectional study

Dylan Graetz et al.

Published: March 03, 2021 DOI:[https://doi.org/10.1016/S2352-4642\(21\)00031-6](https://doi.org/10.1016/S2352-4642(21)00031-6)

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00031-6/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00031-6/fulltext)

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What is the impact of COVID-19 on child cancer services in your country or healthcare facility? We are especially keen to hear the experience of frontline health workers and families.

Best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (331) COVID-19 and mental health (4) Mental Health Services Provision during the Covid-19 pandemic in Cameroon**

25 May, 2021

Dear HIFA colleagues,

We cannot and should not talk of essential health services during the covid-19 pandemic if mental health care services are not mentioned. As we know it is because

there is no health without mental health. Moreover, the covid19 has created a global mental health crisis which was revealed in a UN policy brief in 2020. Furthermore, the 74th World Health Assembly which started today 24th May 2021 is for the first time addressing mental health response. Even if it is because of the covid19, it is a victory to all mental health advocates as myself.

In Cameroon, the covid-19 was an opportunity to develop Cameroon's larval but growing mental health system. In a paper published in The Lancet Psychiatry on October 2020 titled : How mental health care is changing in Cameroon because of the COVID-19 pandemic. The innovative approach put into place by the ministry of public health's mental health department which consisted of enabling mental health care services (counselling, psychoeducation, psychotherapies and pharmacotherapies) to operate at each level of covid19 response proved to be very effective. The establishment of a national psychological support unit providing remote psychological assistance toll free calls at 1511 through two local mobile operators improved the outreach of mental healthcare services.

One day I was in discussions in an online community of practice. A man who had covid-19 was sharing his distress about what he experienced during his illness and management. On requesting from him to talk with him privately having perceived distress in his expressions, he opened up to me and told me he was put in quarantine and had recovered from covid19. He told me how the psychological support he received by the volunteer psychologists of the Public Health Operation Centre (PHEOC) of the ministry of public health was so useful to reduce the stress and fear he had during the quarantine period. This fear was still present when I assessed him whereas he was tested negative. Notably the fear of getting recontaminated and dying and leaving his young family. [\*see note below]

During the covid19 pandemic in Cameroon, local NGOs such as Unipsy et Bien-etre with the support of UNFPA provided mental health healthcare services to pregnant and breastfeeding women. "A partnership has also been established between the German Agency for International Cooperation and iDocta Africa in Cameroon to provide remote medical and psychological support to vulnerable communities including older people and those with comorbidities".

In Cameroon, Mental healthcare services were provided by both the private and public sectors during the early phases of the covid-19. It is clear that these interventions were tailored only or more for persons with covid-19 or suspected to be in contact with a person with covid-19. What about persons living with common to severe mental health disorders? what about persons living with a physical disability or mental disability? what about persons in other vulnerable groups? How did mental health professionals live the covid19 pandemic?

In order to get more understanding on how mental health care services were provided by mental health practitioners in Cameroon, I asked them the question and encouraged

them to share their experiences with US here in the HIFA forum. I am eager to read or receive more stories from colleagues about how mental healthcare services have been provided (or disrupted) in Cameroon during the acute phase of the covid-19 pandemic.

What is the experience of mental health provision in African countries during the covid19 pandemic? I am eager to read stories as well.

Mental Healthcare Information For All and Mental Health Care For All for Everyone and Everywhere is possible! Yet for this to occur concrete Investment in mental health is highly imperative. -

Best wishes,

Didier Demassosso

HIFA CR Coordinator Afro Region

Mental Health Innovation Network Africa Knowledge Exchange Assistant

ASG of the Association of Science Journalist and Health Communicators for the Promotion of Health in Cameroon (AJC-PROSANTE)

--

Didier Demassosso

Mental Health Expert

HIFA Country Coordinator For WHO AFRO Region

HIFA Country representative of the year 2014

MHIN Africa Knowledge Exchange Assistant

Member of the African Evidence Network (AEN)

Cameroon Human Right Fellow 2017

<http://www.hifa.org>

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linkedin.com/in/didier-demassosso

HIFA profile: 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 AT gmail.com

[\*Note from HIFA moderator (Neil PW): Many thanks Didier and I echo your calls for sharing of experience with regards to provision of mental health services during COVID-19. I was interested to read your observation of a man who had recovered from COVID-19 but became stressed and fearful because of 'the fear of getting recontaminated and dying and leaving his young family'. Anyone who has recovered from COVID-19 can be reassured that, on the contrary, they are now relatively protected against reinfection.]

## **EHS-COVID (332) Child health (5) How has COVID-19 affected the delivery of essential CHILD health services in your health facility or country?**

25 May, 2021

Hi HIFA and CHIFA members,

COVID-19 pandemic has taken a toll on child healthcare services. It may be immunization, hospital care services, public healthcare programs, etc. all are affected. The fear of contagion is widespread and parents/ caregivers don't want any risk when it comes to children. The children are usually locked/ forced to be inside homes with reduced chances of interaction with their friends/ social circles. No physical schools and online teaching is currently practised. Reduced physical activity and increased online/ internet activity. Isn't it going to affect their eyesight, psychological status, communication skills, prone to online abuses, etc. in the long run? When it comes to child health every single interaction is important !!

I am sharing a few articles on the impact of child health care services.

Impact of COVID-19 pandemic on maternal and child health services in Uttar Pradesh, India [https://www.jfmpc.com/temp/JFamMedPrimaryCare101509-4248474\\_114804.pdf](https://www.jfmpc.com/temp/JFamMedPrimaryCare101509-4248474_114804.pdf)

The impact of the COVID-19 pandemic on child health and the provision of Care in Paediatric Emergency Departments: a qualitative study of frontline emergency care staff <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-...>

Regards,

Sanchika Gupta

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (333) CoronaCentral: a portal to the entire biomedical literature on SARS-CoV-2**

25 May, 2021

I was interested to see this paper in the Proceedings of the National Academy of Sciences. Citation, abstract and comment from me below.

CITATION: Analyzing the vast coronavirus literature with CoronaCentral. Lever J, Altman RB

PNAS June 8, 2021 118 (23)

e2100766118; <https://doi.org/10.1073/pnas.2100766118>

ABSTRACT: "The SARS-CoV-2 pandemic has caused a surge in research exploring all aspects of the virus and its effects on human health. The overwhelming publication



rate means that researchers are unable to keep abreast of the literature. To ameliorate this, we present the CoronaCentral resource that uses machine learning to process the research literature on SARS-CoV-2 together with SARS-CoV and MERS-CoV. We categorize the literature into useful topics and article types and enable analysis of the contents, pace, and emphasis of research during the crisis with integration of Altmetric data. These topics include therapeutics, disease forecasting, as well as growing areas such as "long COVID" and studies of inequality. This resource, available at <https://coronacentral.ai>, is updated daily.'

URL: <http://pubmed.ncbi.nlm.nih.gov/34016708>

<https://www.pnas.org/content/118/23/e2100766118>

COMMENT (NPW): I did a search on "essential health services" to find "There are no records to display". I would be interested to hear about your experience of using this database, whether to identify clinical research directly on COVID-19, or research relating to 'maintaining essential health services during COVID-19'.

Many thanks, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (334) Child health (6) How has COVID-19 affected the delivery of essential CHILD health services in your health facility or country? (2)**

25 May, 2021

Thank you Sanchika,

Re: Impact of COVID-19 pandemic on maternal and child health services in Uttar Pradesh, India [https://www.jfmpc.com/temp/JFamMedPrimaryCare101509-4248474\\_114804.pdf](https://www.jfmpc.com/temp/JFamMedPrimaryCare101509-4248474_114804.pdf)

'It's notable that there was a decrease of 2% in number of facility-based deliveries [in Uttar Pradesh], whereas there was a much larger 26% decrease in antenatal care. These figures relate to the first wave of the pandemic and it will be interesting to see the impact of the much larger current second wave. Also, it is well known that women who do not receive antenatal care are more likely to deliver at home, and therefore we might predict that more women will deliver at home, with consequent impacts on maternal and child mortality.' Neil PW 16 May 2021

<https://www.hifa.org/dgroups-rss/ehs-covid-298-reproductive-health-4-imp...>

I would like to invite HIFA members to describe what is happening in their country or healthcare facility. Are you seeing a decrease in uptake of antenatal care and facility-based childbirth facilities? What is the impact on newborn and child health services?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (335) Child health (7) Impact of COVID-19 on emergency child health services**

25 May, 2021

Dear Sanchika,

Re: The impact of the COVID-19 pandemic on child health and the provision of Care in Paediatric Emergency Departments: a qualitative study of frontline emergency care staff <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-...>

Thank you for this interesting and recent paper. For the benefit of those who may not have immediate web access, here is the abstract:

### **ABSTRACT**

**Background:** The COVID-19 pandemic and subsequent public health guidance to reduce the spread of the disease have wide-reaching implications for children's health and wellbeing. Furthermore, paediatric emergency departments (EDs) have rapidly adapted provision of care in response to the pandemic. This qualitative study utilized insight from multidisciplinary frontline staff to understand 1) the changes in paediatric emergency healthcare utilization during

COVID-19 2) the experiences of working within the restructured health system.

**Methods:** Fifteen semi-structured interviews were conducted with frontline staff working in two paediatric EDs and two mixed adult and children EDs. Participants included emergency medicine clinicians (n = 5), nursing managerial staff

(n = 6), social workers (n = 2) and nursing staff (n = 2). Thematic Analysis (TA) was applied to the data to identify key themes.

**Results:** The pandemic and public health restrictions have had an adverse impact on children's health and psychosocial wellbeing, compounded by difficulty in accessing primary and community services. The impact may have been more acute for children with disabilities and chronic health conditions and has raised child protection issues for vulnerable children. EDs have shown innovation and agility in the structural and operational changes they have implemented to continue to deliver care to children, however resource limitations and other challenges must be addressed to ensure high quality care delivery and protect the wellbeing of those tasked with delivering this care.

**Conclusions:** The spread of COVID-19 and subsequent policies to address the pandemic has had wide-reaching implications for children's health and wellbeing. The interruption to health and social care services is manifesting in myriad ways in the ED, such as a rise in psychosocial presentations. As the pandemic continues to progress, policy makers and service providers must ensure the continued provision of essential health and social services, including targeted responses for those with existing conditions.

One caveat is that this study is based on experience in just one (high-income) country: Ireland.

Can HIFA and CHIFA members describe the impact of COVID-19 on paediatric emergency services in other countries? We would welcome not only research papers and reports, but also stories of individual experience and case studies.

With thanks, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (336) Impact of COVID-19 on countries with weak health systems**

26 May, 2021

Thank you colleagues for this interesting discussion on the impact of COVID-19 pandemic on health care delivery.

Since the on-going thematic discussion started on HIFA forum, I have struggled to compartmentalize or separate the effects of COVID-19 pandemic on the basis of 'maternal and reproductive care', or 'child care', or any other forthcoming grouping (s). This is because frankly the health system of Nigeria has been poor for so long, and has resisted various attempts at transforming it, before the COVID-19 pandemic that it had to have only one direction of effect no matter how relatively mild the effect: bad

effect and consequences on existing health conditions. Since Covid-19 landed in the country in 2020, the effect has been terrible and terrifying on lives and livelihoods and for the health system the effect is cross-cutting due to the weak structure, processes and poor outcome from all the segments of the system: maternal, reproductive, neonatal, child and others.

I am posting this message to cover both the first and this second week of the discussion.

The first COVID-19 virus patient was confirmed on 27 February 2020 in Lagos, and a few weeks after the News broke, the Chairman of the Presidential Task Force on COVID-19 Pandemic (PTF) (now called Presidential Steering Committee ) declared (and was stating what many Nigerian Leaders feel) that,

“before assuming office during the on-going deadly COVID-19 pandemic, I never knew how bad our country’s health care system is’!.

Most Nigerians wondered why those charged with transforming Nigeria’s health system, directly or indirectly, would not be aware that Nigeria’s health system suffers from multiple chronic failure that accounts for the appalling, mostly avoidable, preventable and treatable conditions that contribute to the high morbidity and mortality of patients, including communicable diseases (CDs), non communicable diseases (NCDs), Neglected tropical diseases (NTDs) for which primary health care should provide the first value-for-resources ‘point of care’ /’entry point to the system’. Programmes such as immunisations, reproductive health, etc suffered from the structural weakness of the whole system before COVID-19 pandemic, and the pandemic has only worsened the challenges.

The dreadful result of the neglected system, before the pandemic, and which has worsened since it started in 2020, is that regrettably Nigeria has 10% of the global disease burden (exacerbated due to its relative large population, current estimate 200 Million), even though the country only accounts for 2% of World population. It also accounts for 10% of global maternal mortality, which means that pregnant women in the country risk 1:13 chance of dying during child birth. Broken down further, about 378,000 women die yearly from pregnancy/labour-related complications, i.e. about 1,036 women die daily, which is the equivalent of loading nine airplanes carrying 120 pregnant women and crashing them daily. For Children, 2 out of 10 children do not reach age-5yrs, which translates to about 573,000 Under-5 children die daily, which is equivalent to 13 planes carrying 120 children crashing daily. (citations: i)National strategic Health Development Plan 2010- 2015. Federal Ministry of Health, Abuja, Nigeria, 2010. and ii)WHO. Working together for health; the World Health Report 2006. Geneva: World Health Organization, 2006.: & FMOH/UNICEF REPORTS).

On the Government side, the PTF (now PSC) on its Covid-19 activities is given credit for doing a fairly good job of mobilizing the population including the non

pharmaceutical prevention and control measures, and since the arrival of the covid19-vaccines, educating the public and promoting people accepting to be vaccinated. The population is largely confused by the fake and misleading information out there, despite the efforts of government and non government stakeholders to spread accurate information.

Over the decades several Organisations, like HRI West Africa([www.hriwestafrica.org](http://www.hriwestafrica.org)) and its subsidiaries, such as the erstwhile ‘BMJ West Africa Local edition (1995-2018)’ and ‘Ndone’, have been promoting health system strengthening, quality and safety programmes, including the Home-grown ‘12-Pillar Clinical Governance programme’, and recently PACK (Practical Approach to Care Kit) Nigeria programme for PHC’, etc to strengthen and improve the resilience of Nigeria’s Health System in all the building blocks and pillars, covering maternal, reproductive, neonatal and child health care. These Organisations missions are driven by the desire to help the country establish a ‘health system that is good enough for the Leaders and all other Nigerians to use proudly, whenever they need to’. That is not the case yet as the Leaders actually patronise the medical tourism market from which it is estimated Nigeria loses about \$2 Billion a year. Money that would have helped the system perform better before, during and after COVID-19 Pandemic. (Reference: Ana, J. ‘Whole SYSTEM Change of Failing Health Systems’.2009.ISBN:978-978-49487-0-8).

As in most of Africa, so far, except for a few of the 54 African countries, the pandemic has been very relatively less impactful in Nigeria, when compared to countries in Europe, the Americas and parts of South Asia. The reason(s) for this difference remain unclear for now, but all Africans are prayerfully glad because considering the weak status of its health systems, a more severe impact from COVID-19 pandemic would have been uncontrollable and catastrophic for both lives and livelihoods.

As Africans in Africa watch what is happening with the deaths and untold suffering from COVID-19 pandemic in other countries like Brazil, India, etc, the prayer is that it never arrives the continent with such ferocity. Both government and non government stakeholders are working round the clock to inform, educate and fight misinformation (political, cultural, religious on social media, etc) to get the population to comply with the tried and tested science driven non pharmaceutical measures (Hand washing, Physical and social distancing, wearing face masks, avoiding over crowding, etc). recent statements from the richer countries, gives hope that there may be no vaccine-apartheid, so that richer countries shall share their COVID-19 Vaccine oversupplies with the poorer nations. So that 'no country is left behind'!.

Joseph Ana

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Healthcare Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

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HIFA profile: 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](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

## **EHS-COVID (337 – initially mislabelled 336) Newborn health services (3) Perspectives on newborn health during COVID-19**

26 May, 2021

Against all predictions, COVID-19 in Nigeria has been relatively mild compared to what was and is being witnessed in some countries.

The first confirmed case of COVID-19 was an Italian citizen who returned to Lagos after a business trip to Italy in February 2020. While the first confirmed child with COVID-19 in Nigeria was a 6-weeks old infant who also imported the disease from the UK. Subsequently, nearly 166,000 cases in both children and adults had been confirmed from different parts of the country with the epicentre in Lagos

According to statistics being released by the NCDC, Lagos has been the worst-hit state in Nigeria. Our facility was one of the facilities designated as COVID-19 isolation and treatment centre. We were the first centre with an organized protocol for managing and delivering pregnant COVID-19 positive women. <https://www.tandfonline.com/doi/full/10.1080/14767058.2020.1763948> So far we have not recorded any COVID-19 infection in any exposed newborn. <https://www.clinical-medicine.panafrican-med-journal.com/content/article...> We have not documented nor confirmed any case of neonatal COVID-19 infection in our facility. However, we do not routinely test all neonates for COVID-19 unless they or their mothers fail the routine screening test as outlined in our protocol.

From our clinical observations, the COVID-19 may have impacted our newborns not by causing the infection but by changing the health-seeking behaviour. During the peak of the pandemic, institutional deliveries declined, ill babies were not readily brought to hospitals. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8076627/> Those that managed to present were severely ill or have sustained severe complications before presenting. For example, more cases of babies with acute bilirubin encephalopathy were seen compared with those without ABE. Some of these complications may have resulted from the difficulty to access health care facilities during the lockdown as movement and transportation were restricted. Also, the fear of contracting the disease in hospital, resource diversion, and closure of facilities that comprised access to essential health services may have all contributed to the decline.

The present pandemic has exposed a lot of deficiencies in our health system. Our educational and social systems were not spared. Individuals, communities and government have to have a rethink, go back to the drawing board and critically reappraise our healthcare system and other systems and come up with a workable plan on how to mitigate pandemics and other disasters without compromising healthcare for all.

Beatrice Ezenwa

HIFA profile: Beatrice Ezenwa is a neonatology consultant based in Lagos.  
beatriceezenwa AT yahoo.com



## **EHS-COVID (338) A perspective from Honduras**

26 May, 2021

Below is a message from HIFA-Spanish (autotranslated). You can read the original here: <https://www.hifa.org/dgroups-rss/comentario-honduras-trav%C3%A9s-de-la-t...>

Join HIFA-Spanish: <http://hifa.org/join/unase-hifa-espanol>

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Honduras through the storm ...

In Honduras we received the coronavirus pandemic in one of the worst scenarios. If you've ever heard the phrase "From bad to worse", this is the most accurate description.

In 2019, Honduras experienced the most serious health emergency in its history, until that moment, the dengue epidemic. This epidemic reported more than 112,000 dengue cases and more than 200 deaths in the course of that year. "Going through this storm" it was evident the immaturity of the Honduran Health System and the shortage of resources (human, financial and material). Faced with so many limitations, we were sure that the health system was not ready for another health emergency.

By March 11, 2020, Honduras confirms its first cases of COVID-19 in the country, and within two months it was already reporting more than 2,000 confirmed cases and 121 deaths from this disease.

The COVID-19 "storm" has lingered for longer than we expected, with many more months to come. Throughout these months we continue to face the same limitations, including the availability of beds, ICU availability, shortage of material and equipment, poor epidemiological surveillance system, and insufficient human resources.

Vaccination is the hope we have to control this pandemic. In the world, countries such as the United Kingdom, Chile, and the United States have a high percentage of vaccinated population, to such an extent that in some cities the

CDC has established that the use of a mask is no longer mandatory. In Central American territory, El Salvador leads in vaccination with 1,543,904 doses applied, followed by Costa Rica (1,251,900), Panama (882,282), Guatemala (323,720) and



Nicaragua (166,350). Honduras ranks last in the region with only 114,225 doses applied, but it's better late than never ...

We know that "There is no evil that lasts a hundred years" we hope to reach calm, enjoy it and say "it took me many storms to obtain it."

Lilian Esmeralda Martínez Espinal

Social Service Physician

National Autonomous University of Honduras

Help create a world where no more people die or suffer for lack of knowledge of health care. Join <http://hifa.org/join/unase-hifa-espanol>

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (339) Newborn health services (4) Webinar: Protecting Regional [PAHO] Achievements in Neonatal Health After COVID-19, 1 June 2021**

26 May, 2021

PAHO/WHO Equity, Health and Human Development – Lista Equidad

Sharing information since 2000

Protegiendo los logros regionales en salud neonatal después de la COVID-19 =  
Protecting Regional Achievements in Neonatal Health After COVID-19

Cuándo/When: 01 Junio 2021

Hora/Time: 11:30 am – 01:00 pm (EST – Washington, D.C.)

Enlace para registración / Link to registration: <https://bit.ly/3ujRrCn>

[...]

The unforeseen and intense spread of the 2019 coronavirus disease pandemic (COVID-19) in the Region of the Americas has dramatically exposed and amplified

the presence of inequalities and inequities, a prominent feature in terms of environmental health, social and economic conditions in the Region. Along with this, it is worth highlighting the impact of the Pandemic on the sustainability of essential care and interventions, for which there is evidence of significant disruptions. There is evidence of the deep and differential socioeconomic impact in the short and long term, together with the direct impact on access and quality of care, particularly in newborns, with potentially serious consequences for the health of populations and, above all, for the equitable distribution of health and the well-being opportunities of all ages. Such situation has relevant implications for Goal 3 of the 2030 Agenda for Sustainable Development, based on the promise to leave no one behind. In this webinar, the fifth in the Series on COVID-19, the SDG Health Goals and Equity, aspects related to neonatal health before and after the pandemic will be discussed.

#### AGENDA:

Apertura/Opening: 11:30 am – 11:40 am

Dr. Sebastian Garcia, Departamento de Evidencia e Inteligencia para la Acción en Salud (EIH/OPS)

Facilitador/Facilitator: Dra. Patricia Soliz, Departamento de Evidencia e Inteligencia para la Acción en Salud (EIH/OPS)

Presentación 1: 11:40 am – 11:55 am

Desafíos en salud neonatal entre pre y post pandemia desde la perspectiva de derechos = Challenges in neonatal health between pre and post pandemic from a rights perspective

Dr. Pablo Duran, Centro Latinoamericano de Perinatología/Salud de la Mujer y Reproductiva (CLAP/SMR/OPS)

Presentación 2: 11:55 am – 12:10 pm

Disminuir las desigualdades en salud neonatal: la fórmula para acumular capital humano = Reducing inequalities in neonatal health: the formula for accumulating human capital

Dr. Oscar Mujica, Departamento de Evidencia e Inteligencia para la Acción en Salud (EIH/OPS)

Presentación 3: 12:10 pm – 12:25 pm

Experiencia en el Programa Canguro en República Dominicana = Experience from the Kangaroo Care Program in the Dominican Republic

Dra. Nidia Cruz. Coordinadora Infantil de la División de Salud Materno Infantil y Adolescentes. Ministerio de Salud Pública. República Dominicana

Preguntas – Discusión / Questions - Discussion

Cierre/Closing: 12:50 pm

Dra. Suzanne Serruya, Centro Latinoamericano de Perinatología/Salud de la Mujer y Reproductiva (CLAP/SMR/OPS)

## **EHS-COVID (340) COVID-19 and mental health (5)**

### **Mental health helplines**

27 May, 2021

Hello Didier,

Indeed, thank you for highlighting and articulating the imperative aspect of mental health, which has largely been overlooked during this pandemic and it is great to see efforts in place to deal with it in Cameroon.

I would like to highlight an initiative we recently took. Belonging to India, which is currently dealing with a major crisis, the mental health of citizens, especially the younger generation, has been deeply impacted. To this end, there have been several initiatives of providing 'mental health services for free', that have come up - some of which are unfortunately exploitative and not legitimate, thereby increasing the stigma and burden of mental health in a country where mental health and well-being is already stigmatised.

\*We have collaborated with the Global Health Youth Foundation, to specifically understand and document the accessibility of and accessibility to quality mental health services for young people aged (up to 30 years) currently residing in India\*.

The survey description can be found below -

\*Ever since the start of the second wave, we have seen a rapid increase in the number of mental health helplines becoming available, in order to help people in distress. While this has significantly encouraged more people to reach out to seek help, it has also highlighted exploitation, gaps in accessibility to and unmet standards of upholding mental health practice by professionals/services. At GHYF, we have taken this initiative to document the experiences (or lack thereof) of using a mental health helpline/ service during the recent second wave which has hit India. You can fill out

the form below and also encourage young people within your networks to do so, and share your perspectives with us.\*

<https://forms.gle/1xnkAHMhBfaac7s7A>

For further queries or doubts, you can email us at [ceo@ghyf.org](mailto:ceo@ghyf.org)

HIFA profile: Stuti Chakraborty is currently working at Christian Medical College, Vellore. She is the SEARO regional coordinator for HIFA country representatives; part of the SDG 3 as well as Science Policy working group for the United Nations Major Group for Children and Youth; a country correspondent for YourCommonwealth; and has been a country correspondent for IHP Global. She has also been a pioneer member for the launch of the India Chapter of Women in Global Health as a Chapter Officer. She was a youth speaker from India to shed light on the topic of 'Gender Equity in the Healthcare Sector' for the GHWN Youth Hub Online Conference hosted in December 2019. She has represented her country across several platforms including being a youth representative from the UN MGCY at the Global Conference on Primary Healthcare held in Astana in 2018. In her work, she advocates for young people's health with a special focus on the rights of Persons with Disabilities. She is the Head of Advocacy for Polygeia Global Health Student Think Tank. She co-founded Stimulus, a youth-led non-profit initiative that aims to raise awareness about the brain sciences. Email [stutibb AT gmail.com](mailto:stutibb@gmail.com)

## **EHS-COVID (341) Child health (8) UNICEF: Averting a lost COVID generation - A six-point plan**

27 May, 2021

This report from UNICEF (November 2020) presents a holistic picture of the impact of COVID-19 on children, of which disruption to essential child health services is an important part. Extracts below. Download full report

here: <https://www.unicef.org/reports/averting-lost-generation-covid19-world-ch...>

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After almost one year since the COVID-19 pandemic began, the impact of the virus on the world's children and young people is becoming clearer – and increasingly alarming. Children face a trifecta of threats: direct consequences of the disease itself, interruption in essential services and increasing poverty and inequality.

Despite being less affected than any other age group, emerging data suggest that children and young people's health may be more directly impacted by COVID-19 than originally anticipated when the crisis began in late 2019. Disruptions to essential

services such as education, health care, nutrition and child protection interventions are harming children. A severe global economic recession is impoverishing children and compounding deep pre-existing inequalities and exclusion.

This World Children's Day, UNICEF is taking stock of the global impact of COVID-19 on children and young people, laying out what we know from the latest available data and research, highlighting what is still unclear as well as the options for action, and urging the world to take bold and unprecedented steps to reimagine a better future for children.

How has COVID-19 impacted children?

- Around 2 million additional child deaths under age 5 and 200,000 additional stillbirths could occur over a 12-month period with worst-case interruptions to services and rising malnutrition.
- An additional 6 to 7 million children under age 5 may suffer from wasting or acute malnutrition
- 140 million additional children are living in monetary poor household due to COVID-19.
- COVID-19 has put a spotlight on the fact that 3 billion people globally have no access to a place to wash their hands; 700 children die every day from diseases caused by this lack of inadequate water, sanitation and hygiene.<sup>10</sup>
- Gender-based violence is predicted to increase by another 15 million cases for every three months of COVID-19 lockdowns.
- Approximately 70 per cent of mental health services for children and adolescents are disrupted. Because most mental health conditions develop during adolescence, young people especially are at risk.

The disruption of services and their impact on children are both a supply and demand issue. Government lockdowns and the shutdown of schools and health centres restrict access, while fear of infection, distrust of institutions,

discrimination, transportation challenges and other factors play into the decisions by parents, caregivers, and children and young people to stay away from facilities and services.

Around one third of countries have had a drop of at least 10 per cent in coverage for routine vaccinations, outpatient care for childhood infectious diseases, and maternal health services... The top reasons for decline in

health services across these countries are reduction in demand due to fear of infection; mobility restrictions due to lockdown; and closure or postponement of services

The least developed countries have had a significantly higher rise in child poverty during COVID-19

UNICEF is calling on governments and partners to:

- 1 Ensure all children learn, including by closing the digital divide.
- 2 Guarantee access to health and nutrition services and make vaccines affordable and available to every child.
- 3 Support and protect the mental health of children and young people and bring an end to abuse, gender-based violence and neglect in childhood.
- 4 Increase access to clean water, sanitation and hygiene and address environmental degradation and climate change.
- 5 Reverse the rise in child poverty and ensure an inclusive recovery for all.
- 6 Redouble efforts to protect and support children and their families living through conflict, disaster and displacement.

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (342) Child health (9) Essential health services and child rights**

27 May, 2021

This new report from Human Rights Watch helps to put access to essential child health services in a wider context for child health and wellbeing, and draws attention to a surge in exploitative child labour.

Extracts below. Full text

here: [https://www.hrw.org/sites/default/files/media\\_2021/05/crd\\_childlabor0521...](https://www.hrw.org/sites/default/files/media_2021/05/crd_childlabor0521...)

Covid-19 Pandemic Fueling Child Labor

Children in Ghana, Nepal, Uganda Describe Grueling Hours, Low Pay

- The unprecedented economic impact of the Covid-19 pandemic is pushing children into exploitative and dangerous child labor.
- Many children feel they have no choice but to work to help their families survive, but a rise in child labor is not an inevitable consequence of the pandemic.
- Governments and donors should prioritize cash allowances to enable families to maintain an adequate standard of living without resorting to child labor.

According to the Committee on Economic Social and Cultural Rights, which oversees compliance with the International Covenant on Economic, Social, and Cultural Rights, states parties are required to:

- ensure access to a social security scheme that provides a minimum essential level of benefits to all individuals and families that will enable them to acquire at least essential health care, basic shelter and housing, water and sanitation, foodstuffs, and the most basic forms of education; [...]

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (343) Child health (10)**

27 May, 2021

Dear HIFA and CHIFA colleagues,

Thank you for your contributions so far on Maintaining essential child health services during COVID-19 (and beyond).

I would like to draw your attention to the section on child health in the WHO Guidance (pages 26-27)

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

Here are extracts:

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While mortality rates for COVID-19 appear to be low in children and adolescents (41), this group may be disproportionately affected by the disruption of routine health services.

Models have estimated that disruption to essential services lasting up to 12 months could lead to as many as 2.3 million additional deaths in children under the age of 5 in low- and middle-income countries...

Early evidence suggests that during the pandemic, children and adolescents are at a greater risk of depression and anxiety, online harassment, and sexual and reproductive health problems, such as unintended pregnancy and intimate partner violence...

Sick child acute care visits (common childhood illnesses and acute malnutrition)...

Sick child chronic care visits (chronic conditions and developmental disabilities)...

Well child care including growth and developmental monitoring and counselling...

Immunization of children and adolescents...

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What is happening in your country in relation to these different areas of essential child health services? What is the impact of COVID-19 on access and delivery of child health services? What has been the impact of these disruptions on child health? What measures are needed to improve child health services?

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (344) Child health (11) Vaccine misinformation in Iraq/Kurdistan**

27 May, 2021

Thanks Neil,

In addition to these effects, one particular area of concern in Iraq (and its Kurdistan region) is related to vaccines. The misinformation and negative publicity around COVID-19 vaccine did not affect people's willingness to receive the latter but also hesitancy toward vaccines in general. We are receiving worrying information that parents are families are now more reluctant to vaccinate their children because of the misinformation and bad publicity that COVID-19 has received recently.

Video message by an Iraqi doctor has been widely shared on social media that warns people about the 'grave' consequences of receiving a vaccine. These, we believe, has



affected the public's acceptance to vaccine in general including those provided in children.

HIFA profile: Goran Zangana is a medical doctor and Associate Research Fellow with the Middle East Research Institute, Iraq. He is currently based in the UK. Email: goran.zangana AT meri-k.org

## **EHS-COVID (345) Child health (12) Impact of COVID-19 on maternal and child health in Bangladesh**

27 May, 2021

Dear HIFA and CHIFA members,

Sharing an article which talks about the correlation between COVID19, effect on GDP and MNCH.

I feel it is just the tip of the iceberg.

Direct and indirect effects of COVID-19 on maternal and child health in Bangladesh

<https://www.tandfonline.com/doi/pdf/10.1080/09720510.2020.1833465?needAc...>

Abstract: Bangladesh has been going through an incremental trend of GDP growth rates for a long time. The GDP is the key aspect to measure the economic growth of a country. But the current world wide pandemic due to the COVID-19 hardly affects the world's economy as well as Bangladesh. The present lockdown make the wheel of the industries uncertain. The main source of the GDP of this country is ready made garment sector which has been shut down since mid of March 2020. Already 20 billion of cancellation of foreign order makes the situation worse. Also, the foreign remittance has been decline dramatically due to the loss of jobs of Bangladeshi workers in foreign countries. The overall economic situation declines in this country due to the COVID-19 which has huge impact on the health care system especially in maternal and child health. In this paper, the economic situation of Bangladesh before and during the COVID-19 has been shown. Also, how the COVID-19 would affect the condition of maternal and child health across the country directly as well as indirectly through the GDP has been discussed.

Regards,

Sanchika

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (345) Child health (12) Impact of COVID-19 on maternal and child health in Bangladesh**

27 May, 2021

Dear HIFA and CHIFA members,

Sharing an article which talks about the correlation between COVID19, effect on GDP and MNCH.

I feel it is just the tip of the iceberg.

Direct and indirect effects of COVID-19 on maternal and child health in Bangladesh

<https://www.tandfonline.com/doi/pdf/10.1080/09720510.2020.1833465?needAc...>

Abstract: Bangladesh has been going through an incremental trend of GDP growth rates for a long time. The GDP is the key aspect to measure the economic growth of a country. But the current world wide pandemic due to the COVID-19 hardly affects the world's economy as well as Bangladesh. The present lockdown make the wheel of the industries uncertain. The main source of the GDP of this country is ready made garment sector which has been shut down since mid of March 2020. Already 20 billion of cancellation of foreign order makes the situation worse. Also, the foreign remittance has been decline dramatically due to the loss of jobs of Bangladeshi workers in foreign countries. The overall economic situation declines in this country due to the COVID-19 which has huge impact on the health care system especially in maternal and child health. In this paper, the economic situation of Bangladesh before and during the COVID-19 has been shown. Also, how the COVID-19 would affect the

condition of maternal and child health across the country directly as well as indirectly through the GDP has been discussed.

Regards,

Sanchika

HIFA profile: Dr 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (346) Nature: Universal health care must be a priority — even amid COVID (2)**

27 May, 2021

The Kurdistan Regional Government (KRG) of Iraq has done exactly the opposite in terms maintaining essential services in the region. One policy that is particularly disturbing is cuts in the salaries of civil servants including public health workers. Amid a global pandemic, the KRG decided to implement an austerity programme. The austerity measures included cutting 21% of the salaries of public employees including health workers. The financial difficulties resulting from the pandemic have certainly contributed to a push toward austerity. However, plans to reduce the size of the public sector has in fact started immediately after the 2003 US-led Iraq war. The pandemic, the ISIS crisis of 2014 and recurrent falls in oil prices have served as a window of opportunity to justify preplanned austerity measures.

Cuts in the salaries that the health workforce receive resulted in disastrous consequences. Health workers are spending less time in public health facilities. They are actively seeking jobs in the private fee-for-service based private market. In addition, moral amongst public healthcare workers is at record low level. The pandemic has, clearly, caused significant constraints on the fiscal space of many governments. However, surely there are better mechanisms for improving efficiencies

than cutting healthworkers salaries in the middle of a global pandemic. Reducing waste, tackling corruption, taxation on tobacco and other harmful products are just few examples of policies that governments like the KRG might consider in these difficult circumstances. Such measures will help the fight for UHC.

HIFA profile: 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.

<https://www.hifa.org/support/members/goran>

goran.zangana AT meri-k.org

## **EHS-COVID (347) Reproductive health (18) New High Impact Practices in Family Planning (2)**

27 May, 2021

Dear Ados and all,

Thank you for highlighting the new presentation series on High Impact Practices in Family Planning

<https://www.fphighimpactpractices.org/hip-brief-presentations/>

These look really useful as they can be adapted as needed.

I had a quick look at one of the presentations, on Digital health to support FP providers.

I was interested to see the priority research questions:

- Do digital applications that support family planning providers contribute to client-level outcomes such as increase in modern contraceptive prevalence rate?
- Which digital health interventions for family planning providers are most cost-effective?
- How can governments invest in digital health technology to support health providers' work in a way that doesn't exacerbate inequity, with rural communities being denied the full benefits of digital health interventions due to inconsistent coverage and access?

Questions such as these might be useful to explore on HIFA too.

I also note a page was launched recently relating to COVID and FP services

<https://www.fphighimpactpractices.org/applications-of-the-high-impact-pr...>

Looking forward to continued collaboration.

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (348) COVID-19 and Neglected Tropical Diseases**

28 May, 2021

Dear Colleagues,

In reference to the current ongoing discussion on the impact of COVID-19 on essential health services; there is actually some good news!

Today, the World Health Organization's World Health Assembly (WHA74) officially endorsed 30 January as World Neglected Tropical Diseases Day.

World Days are such amazing opportunities for advocacy for pressing issues; and while some might consider Neglected Tropical Diseases (NTDs) not as pressing as other health issues; the increasing prevalence and burden of these diseases among children and vulnerable groups especially in low and middle income countries quite proves the opposite.

Services directed towards control and elimination programs of NTDs have been seriously affected by the pandemic; and hopefully recognizing a world's day for NTDs is a step in the right direction.

Best regards,

Noha

--

Dr. Noha S. Hassan; MD, FETP, MPH, PhD

Public Health Consultant

HIFA Regional Coordinator for Eastern Mediterranean Region

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Twitter: <https://twitter.com/NohaSalahHassa1>

HIFA profile: Noha S Hassan (MBBCh, FETP, MPH, PhD) is a motivated and experienced public health professional with expertise in the fields of public health, preventive medicine, social medicine, epidemiology and health policy. Noha has experience as a qualified physician/ paediatrician in the areas of child's health, women's and maternal health in addition to experience in the domains of human development, humanitarian aids of vulnerable groups and global health as a volunteer medical student. Based in Cairo, Egypt, she is the regional coordinator for HIFA Country Representatives in the EMRO region. Email Noha.salah.abdelsamie AT gmail.com

## **EHS-COVID (349) Child health (13) Inviting your feedback on the WHO guidance**

28 May, 2021

Dear HIFA and CHIFA colleagues,

Below are selected extracts from the child health section of the official WHO guidance (2020): Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (June 2020), and a comment from me below.

The guidance is available here: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

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Where possible, integrate child- and adolescent-targeted messaging (49) through mass

and digital media into national and subnational communication strategies. Broadcast educational programmes on TV and radio during school closures.

Establish tele-health mechanisms for the provision of counselling about preventing NCDs and provide brief interventions on substance use prevention and sexuality.

Assess the impact of differential access to health information and education during school closures.

Create contingency plans to provide mental health services during school closures for students who mainly rely on school-based services.

Consider using digital platforms to provide psychosocial support and for early detection and management of mental health conditions.

Intensify classroom-based socioemotional learning after schools reopen.

Enhance opportunities for young people and their families to access mental health and psychosocial support services.

Adopt alternative strategies to inform adolescents about where and how to access SRH and HIV information and services.

Establish tele-health mechanisms for individual counselling of adolescents that adhere to the principles of confidentiality and noncoercive decision-making.

If available, engage community groups and youth networks to extend the provision of SRH and HIV information and services

Inform adolescents – males and females – where and how to get support and care in case of intimate partner violence or sexual violence. Use the media, if possible.

Advise health workers about the heightened risk to adolescents of intimate partner violence and sexual violence and the need to provide support and care discreetly and to ensure confidentiality.

Establish helplines and safe houses, if possible.

Advocate with authorities to ensure that menstrual hygiene products are included in lists of priority health products to mitigate supply disruption.

Provide information to girls and women about alternative, reusable menstrual health products.

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Comment: I invite HIFA and CHIFA members to provide feedback on the guidance and suggestions for how the guidance might be improved and updated (a new edition is currently in planning). What do you find useful (or not so useful) about the guidance? How can it be improved?

I think perhaps one of the most challenging aspects of this guidance is that it has to cover so much material - Operational strategies, life course and disease consideration - in a relatively small publication (50 pages). Inevitably, it includes many recommendations without necessarily describing the "how" to implement them. There is perhaps an opportunity for the guidance to link more explicitly to a series of how-to guidelines?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (350) Impact of COVID-19 on elective (non-urgent) surgery**

29 May, 2021

Dear HIFA colleagues,

Over the coming week I invite you to share your experience and expertise on maintaining essential health services during the pandemic, with a special focus on two health areas:

1. Elective (non-urgent) surgery
2. Cancer services.

In this message I introduce questions around ELECTIVE (NON-URGENT) SURGERY. I'll introduce cancer services in a separate message tomorrow.

Elective surgery or elective procedure is surgery that is scheduled in advance because it does not involve a medical emergency. Examples include cataract surgery, hysterectomy, hernia repair, cholecystectomy, hip replacement, knee replacement and many others.



In the UK the number of people on the waiting list for elective surgery has increased dramatically during the pandemic, with periods where all such procedures have been cancelled to free up resources for COVID-19 patients. This has inevitably caused much suffering and distress, and in many cases will have allowed disease to progress and result in complications.

Here are the guiding questions:

Q1. How has COVID-19 affected the delivery of elective (non-urgent) surgery in your health facility or country?

Q2. What has been the impact of this on the health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain elective surgery services?

As always we shall work with WHO to collate your input for the benefit of others.

Email your response by replying to this message/compilation or email to [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

(Please note: please continue to send your contributions on any aspect of essential health services, at any time, including reproductive health, child health and any other health area...)

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (351) Impact of COVID-19 on elective (non-urgent) surgery (2) Joint replacement surgery**

29 May, 2021

Dear HIFA colleagues,

1. I would like to acknowledge two colleagues who are helping to plan and implement this week's discussion on elective surgery and cancer services: Meena Cherian and Sanchika Gupta.

Meena Cherian is Director Integrated Emergency & Surgical Care program, Geneva Foundation of Medical Education and Research, Geneva, Switzerland. [www.gfmer.ch](http://www.gfmer.ch)

<https://www.hifa.org/support/members/meena>

Sanchika Gupta is an Indian healthcare specialist with eight years of experience as both clinician and public health programmer. She is currently the HIFA Global Country Representative Coordinator and is based in New Delhi, India.

<https://www.hifa.org/support/members/sanchika>

2. Below are the citation and extracts of a recent editorial in The Lancet Rheumatology, with a particular focus on joint replacement surgery in the UK.

CITATION: Editorial| volume 3, issue 2, e83, february 01, 2021

Too long to wait: the impact of COVID-19 on elective surgery

The Lancet Rheumatology

Published: February, 2021 DOI:[https://doi.org/10.1016/S2665-9913\(21\)00001-1](https://doi.org/10.1016/S2665-9913(21)00001-1)

[https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(21\)00001-1/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(21)00001-1/fulltext)

Nearly 10 million people in the UK are now waiting for surgical procedures, up from 4 million before the pandemic hit. Among them are nearly 100 000 patients whose joint replacement surgeries were cancelled during the first COVID-19 wave, many of whom are left struggling with daily activities because of severe pain and limited mobility. The UK is not alone in this dilemma; a US report projected a backlog of more than 1 million joint and spinal surgeries by mid-2022. Drastic measures will be required to clear these backlogs...

Orthopaedists and rheumatologists caution that delaying surgery in patients with the most severe disease can lead to more complicated surgeries, increased use of medications, more difficult recovery, and worse outcomes, including increased rates of revision surgery and reduced quality of life. A recent study projected 50% greater odds of worse outcomes when surgery is delayed by more than 6 months—far less time than thousands of patients have already waited...

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (352) Impact of COVID-19 on cancer services**

30 May, 2021

On behalf of HIFA and WHO, here are the guiding questions on cancer services:

Q1. How has COVID-19 affected the delivery of cancer services in your health facility or country?

Q2. What has been the impact of this on the health and wellbeing of people in your health facility or country?

Q3. What have you, your health facility or country done to maintain cancer services?

Note: Please feel free to comment on any aspect of cancer during COVID-19, including care-seeking, screening, diagnosis, treatment and palliate care...

The HIFA working group will continue to work with our WHO colleagues to collate your inputs for the benefit of others.

With best wishes, Neil

Coordinator, WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

Let's build a future where every person has access to reliable healthcare information and is protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health movement (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 20,000 members in 180 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **EHS-COVID (353) Reproductive health (19) Gender-based violence services**

30 May, 2021

Dear Neil,

I just saw your request for feedback regarding the WHO Covid-19 interim guidance [<https://www.hifa.org/dgroups-rss/ehs-covid-349-child-health-13-inviting-...>]. I agree with your proposed thoughts. From my area of modern slavery & human trafficking, if you refer to the recent UN Special Rapporteur's covid-19 report on the sale and exploitation of children (<https://undocs.org/en/A/HRC/46/31>) it is clear that the failure for many states to recognise gender-based violence services as essential services (and also challenges to access of reproductive health and contraception) during the pandemic has had major consequences. This is in the context of an estimated 13 million more child marriages by 2030 (related to COVID-19 influenced multi-dimensional poverty and other factors), spikes in sexual violence and unplanned teenage pregnancies, increase in survival sex and sale of virginity. These are potentially health and wellbeing issues with multi-generational impacts and it would be great to advocate for these particular essential support needs.

Many thanks,

Laura

Dr Laura Wood BM MA MRCPCH

PhD Candidate Child Modern Slavery & Health (Intercalating)

Child & Family Modern Slavery Lead

VITA: Advancing the health response to modern slavery

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HIFA profile: Laura C N Wood is a Paediatrician & Research Director at VITA: Advancing the Health Response to Modern Slavery, England. Professional interests: Child & family modern slavery and human trafficking. Child & family health justice. Migrant Health. Social Paediatrics. Medical Education. Collaborative Research. Email address: laurawood AT vita-training.com

## **EHS-COVID (354) Impact of COVID-19 on cancer services (2) Cancer screening services**

31 May, 2021

Sharing an article from BMJ which talks about managing the cervical cancer screening services during the pandemic in Italy.

Delivering cervical cancer screening during the COVID-19 emergency. <https://srh.bmj.com/content/familyplanning/early/2021/04/28/bmj-srh-2021-...>

Key messages:

- During the SARS-CoV-2 pandemic, conventional cervical cytology (Pap smear) screening flexible-timing invitations were changed to fixed-timing invitations to ensure social distancing.
- Due to the scheduling change, the number of tests conducted per hour decreased from 4.1 (July-December 2019) to 3.6 (July-December 2020).
- Nevertheless, the lockdown backlog was successfully addressed through a substantial, but sustainable reorganisation of obstetrician activities, obtaining performances comparable to 2019.

Regards,

Sanchika

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (355) Reproductive health (20)**

31 May, 2021

Q1. How has COVID-19 affected the delivery of essential REPRODUCTIVE health services in your health facility or country?

Essential reproductive health services (ERHSs) had reduced access to care during the early outbreak period as compare to pre-COVID-19 period. However there is an increase in access due to observations of Covid-19 safety protocols

Q2. What has been the impact of health service disruptions on the REPRODUCTIVE health and wellbeing of people in your health facility or country?

Access to emergency contraceptives, increase in DBV, fear to visit health facilities, increase in home delivery leading unskilled birth attendants

Q3. What have you, your health facility or country done to maintain essential REPRODUCTIVE health services?

Ensuring safety protocols are observed

Provision of PPEs

Reduction in service time

Follow ups increase (revisitation)

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“Without rural nursing workforce rural healthcare would collapse “ and we can not achieve universal health coverage and SDGs

Senkyire Ephraim Kumi, RN

B.Sc.(Hons) Nursing in Paediatrics,

GLANCE chair committee member, The Network: TUFH(policy fellow 2020), nca,

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(S)senkyire88

Current research

SENKYIRE, E.K ., Shroff F. and Luzuriaga, I. (2020) “Eradicating the Pandemic of Violence against Women (VaW) during COVID-19: the critical imperative for health:”, Social Innovations Journal, 4. ISSN: 2692-2053

Available at:

<https://socialinnovationsjournal.com/index.php/sij/article/view/485>

## **EHS-COVID (356) COVID-19 and Neglected Tropical Diseases (2)**

31 May, 2021

Dear Dr. Noha,

Thanks for sharing this latest development on WHA 74 endorsed on 30 January as World Neglected Tropical Day!

This endorsement as a "Platform" would give ample opportunities to advocate further to gain political and partners and community commitment to reach set targets in the WHO NTD roadmap 2021-2030. This resolution will give further boost to mobilize additional resources to NTDs during this ongoing COVID-19 pandemic

All the best!

Dr. C R Revankar.MD.DPH.MB.BS

Public Health Medical Consultant

HIFA profile: Chandrakant R Revankar is a medical doctor working in the field of Communicable disease control for more than 30 years. He is specially interested in Neglected Tropical Disease elimination/eradication and TB control through primary health care services. He has vast experience in public health programme planning and implementation, decentralised health system, primary health care, advocacy, operational research etc. As a freelance health consultant, currently he is providing his expert services to World Health Organization, international health agencies, NGOs, Community based health organizations, universities and medical professional bodies specially in developing countries (as and when called for). He is based in New Jersey, USA. revankarc AT gmail.com

## **EHS-COVID (357) What does it mean to engage the public in the response to covid-19?**

31 May, 2021

BMJ 2021; 373 doi: <https://doi.org/10.1136/bmj.n1207> (Published 26 May 2021) Cite this as: BMJ 2021;373:n1207

What does it mean to engage the public in the response to covid-19?

- <https://www.bmj.com/content/373/bmj.n1383>

**\*Naomi Scheinerman\*** and **\*Matthew McCoy\*** explain how governments and other authorities should respond to calls for public engagement in covid-19 response and recovery

Over the past year, numerous individuals and institutions have called on governments and other authorities to engage, involve, or include the public in covid-19 response and recovery efforts. In the United Kingdom, for instance, the Nuffield Council on Bioethics urged the government to ensure that key decisions about covid-19 are “taken with the widest possible engagement across all sections of society.” In the United States, a coalition of more than 100 voluntary associations pressed government agencies to “recommit to, and not retrench from, their duty to include the public” in policy making processes related to the pandemic.

These calls follow a long campaign to increase public engagement in urgent or controversial matters of health and science policy and make an intuitively compelling appeal to democratic values. They rest on the premise that consequential decisions about the response and recovery from covid-19 should not be left to experts but should instead be subject to inclusive debate and deliberation. Public engagement is particularly important during the covid-19 pandemic when the effectiveness of measures such as masking, social distancing, and vaccination requires cooperation and trust across all sectors of society.



However, as with previous calls for public engagement, the meaning of “engagement” and its practical implications for covid-19 response and recovery are complex and at times ambiguous. We examine the different types of demands found in calls for public engagement in pandemic decision making and explain how to meet them.

Transparency [...]

Ethical reasoning [...]

Informal deliberation [...]

While some calls for public engagement in the covid-19 response emphasise governments’ responsibility to share information with the public, others emphasise ways that the public should be actively involved... Informal deliberation can enhance institutional decision making by contributing information and perspectives that are not represented by experts and policy makers.

Formal deliberation [...]

These are small groups of people (from around 10 to several hundred) who are selected, often at random, to engage in facilitated deliberation about policy topics related to covid-19. [...]

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HIFA profile: 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 AT gmail.com

Source link:

## **EHS-COVID (358) Impact of COVID-19 on elective (non-urgent) surgery (3)**

31 May, 2021

Dear HIFA colleagues,

Surgical services including cancer services were most affected during the initial phase of the pandemic due to various reasons such as the overwhelming COVID-19 admissions, shortage of PPE, ventilators, staff, ICU beds, trained staff etc.

The long waiting periods for non-urgent surgeries including Minimally Invasive Surgeries, and surgeries for cancer resulted in grave consequences of morbidity, disability and mortality.

However, this initiated the surgical groups to develop protocols and pathways to advise policy makers to address this issue for the coming months.

I would like to share some interesting papers considering pros and cons of performing surgeries during the pandemic.

1. Elective Surgery during the Covid-19 Pandemic

<https://www.nejm.org/doi/full/10.1056/NEJMclde2028735#:~:text=In%20March...>  
.

2. Mitigating the risks of surgery during the COVID-19 pandemic

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31256-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31256-3/fulltext)

3. Current Evidence for Minimally Invasive Surgery During the COVID-19 Pandemic and Risk Mitigation Strategies

[https://journals.lww.com/annalsurgery/Fulltext/2020/08000/Current\\_Evi...](https://journals.lww.com/annalsurgery/Fulltext/2020/08000/Current_Evi...)

It will be very interesting to hear your experiences from your countries, particularly for people affected in rural and remote areas.

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon.Prof.Schulich School of Medicine & Dentistry, WHO Collaborating Centre, Western University, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology (SIOG), Switzerland. [www.siog.org](http://www.siog.org)

Director Global Health New Challenges:online courses, Geneva Foundation for Medical Education & Research (GFMER), Switzerland. [www.gfmer.ch/surgery](http://www.gfmer.ch/surgery)

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HIFA profile: Meena Cherian is Director, Emergency & Surgical Care program, Geneva Foundation of Medical Education and Research, Geneva, Switzerland. She is a member of the HIFA working group on Essential Health Services and COVID-19. <https://www.hifa.org/support/members/meena>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[www.gfmer.ch](http://www.gfmer.ch) cherianm15 AT gmail.com

## **EHS-COVID (359) Impact of COVID-19 on elective (non-urgent) surgery (4)**

31 May, 2021

Hi Neil,

I found the white paper published by IQVIA dated 9 February 2021 on 'Elective surgeries in US and EU amid COVID-19'.

Paper narrates:

Elective surgeries, which dropped significantly in the US and European Union at the outset of the COVID-19 pandemic, are rebounding, and further growth is possible, according to an IQVIA MedTech Pulse Survey of hospital surgeons and executives in both regions. In addition, Participants identified six categories to focus on amid the recovery:

Economic and budget sustainability

Preparation for a future wave

Procurement and expansion of infrastructure

Recovery

Safety

Treatment capacity and pandemic management

Document can be accessed at: <https://www.iqvia.com/-/media/iqvia/pdfs/library/white-papers/iqvia-exec...>

Regards,

Sanchika

HIFA profile: Dr 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (360) Impact of COVID-19 on cancer services (3) Access to cancer services in Iraq**

1 June, 2021

In Iraq, the pandemic affected the delivery of cancer treatment services greatly. In the Kurdistan Region of Iraq (KRI) the pandemic was associated with a financial crisis and economic depression. A decrease in the size of the fiscal space of the Kurdistan Regional Government (KRG) has resulted in a reduction of payment to essential cancer treatment services.

For example, the KRG has issued an order recently with regards to payment to pharmaceutical companies delivering cancer treatment medicines to public hospitals. The Ministry of Finance issued order number 1120 on May 16th, 2021 with that regard. According to that order, the Ministry of Finance agreed to pay only 2% of the monthly financial dues of the pharmaceutical companies providing cancer treatment medicines. In the same order, the Ministry of Finance instructed that cleaning and catering companies be paid 70% of their monthly dues.

The failure of the government to pay the financial dues of pharmaceutical companies has resulted in significant difficulties for patients and families. Media reports highlighted recently the plight of cancer patients who are struggling to pay for their treatment in the private market because of the limited availability of such treatments in public hospitals. Private hospitals have filled the void to a limited extent but also at a high price resulting in catastrophic expenditures.

In these difficult circumstances, governments need to think about better policies to create efficiencies while maintaining essential services and life-saving measures.

HIFA profile: 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.

<https://www.hifa.org/support/members/goran>

goran.zangana AT meri-k.org

## **EHS-COVID (361) Forum on Equal Access to Healthcare in the Middle East and North Africa (MENA) Region**

1 June, 2021

Dear All:

Please check if anyone is interested to join.

Thank you,

OLA

Forum on Equal Access to Healthcare in the Middle East and North Africa (MENA) Region

Date: Thursday, June 3rd 2021

Time: 09:00 - 17:45 (CEST)

Online event: [www.webster.ch/live](http://www.webster.ch/live)

In view of the multifaceted and major challenges and crises that the people and healthcare systems in the MENA region are confronting, Webster University's MENA Center for Peace and Development is organizing a one-day event with the participation of healthcare experts from international organizations, NGOs, universities and research institutes to discuss and shed light on these crucial and pressing issues.

The participants will address the following themes:

Healthcare & ArmedConflict/Occupation

Healthcare & EconomicSanctions

Healthcare & Gender/Minorities

Healthcare & COVID-19

You can access the forum's tentative program HERE <https://webster.us8.list-manage.com/track/click?u=0570bc10a644d825095733...>

The event is free of charge and open to anyone, but we kindly ask that you register HERE [above URL].

All the details of the event and Zoom link are available HERE. [above URL]

For more information, please contact the MENA Center for Peace and Development at [mena@webster.ch](mailto:mena@webster.ch)

We look forward to seeing you online soon!

Ola El Zein, Ph.D.

Head

Saab Medical Library

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HIFA profile: Ola El Zein is Head of the Saab Medical Library, American University of Beirut, Lebanon. oe14 AT aub.edu.lb

**EHS-CO(VID (362) Reproductive health (20)**

1 June, 2021

This paper from the LSHTM is especially interesting as it includes reports from frontline health workers in over 60 LMICs with 'local solutions to the direct and indirect challenges brought to maternal and newborn health services by COVID-19'. This is one of the objectives of the current WHO/HIFA project so there is potential for collaboration.

CITATION: Protecting hard-won gains for mothers and newborns in low-income and middle-income countries in the face of COVID-19: call for a service safety net

Wendy Jane Graham et al. BMJ Global Health 2020

Correspondence to Professor Wendy Jane Graham; [Wendy.Graham@lshtm.ac.uk](mailto:Wendy.Graham@lshtm.ac.uk)

<http://dx.doi.org/10.1136/bmjgh-2020-002754>

## SUMMARY

- The adverse impact of COVID-19 on maternal and newborn services in low-income and middle-income countries risks undermining improvements in health outcomes and care achieved over the last three decades.
- Alarming declines in the use of services and in the quality of care in health facilities are being reported from sources on the ground, captured rapidly and in real time using e-communication tools.
- Local solutions to the direct and indirect challenges brought to maternal and newborn health services by COVID-19 must be captured effectively and shared efficiently to support health workers and managers.
- Providing adequate funding to maintain essential services alongside urgent action plans for COVID-19 is essential to enable rapid adaptation and modifications to service delivery in response to different transmission scenarios and stages of the pandemic.

## SELECTED EXTRACTS

In this commentary, we use insights from those on the ground in low-income and middle-income countries (LMICs) to highlight both the impact of COVID-19 on facility births and the innovative local solutions being adopted to mitigate these effects.

What was clear long before COVID-19 is that some facilities are unsafe for the physical and mental well-being of women and newborns and that the most marginalised women often receive the poorest quality of care

Examples of reports received during a recent online survey and webinar organised by the authors. Collectively, these voices, hailing from over 60 LMICs, suggest two main trends: declining use of services and deteriorating quality, in some cases dramatically so.

1. Service use is falling, owing to

- Fear of using services
- Women cannot get to services or delay in accessing

2. Overall quality of care is deteriorating, owing to

- Under-staffing of existing services
- Rapidly changing guidelines with unclear or inconsistent communication
- COVID-19 aggravates existing challenges and weaknesses in provision of maternity and newborn care and brings new ones.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-CO(VID (363) Reproductive health (21)**

1 June, 2021

Following from my previous message, here are some aspects of reduced demand and 'local solutions to the direct and indirect challenges brought to maternal and newborn health services by COVID-19'.

### **A. REDUCED DEMAND**

1. Fear of using services

- Fear of women/babies becoming infected, and bringing illness back to homes, being treated badly, or costs if unable to work and pay for care.
- Fear of being quarantined away from family and support networks in case women test positive.
- Fear of aggravating domestic violence if use of services defies partner.
- Ambulances feared as sources of COVID-19 infection.



## Solutions:

- Radio campaigns and messaging urging women to continue attending maternity care services.
- Use of visual aids and pictographs in public places and health facilities to ensure women with low literacy have access to correct information.
- Increased use of Whats App and other social media, with appropriate safeguards for reliability of information, to communicate with women and share information about health workers.

## 2. Women cannot get to services or delay in accessing

- Huge demands on few hospital transport/ambulances that exist, with ambulances used for COVID-19.
- Confusion over public health messaging about staying at home means women delay to seek care, and some facilities are seeing a marked increase in complicated cases on admission.
- Curfews, permit requirements from a local authority, bans on private vehicles, shutdowns of public transport.
- Childcare responsibilities (school closure) and care for elderly prevent women from seeking care for themselves or their newborns...

CITATION: Protecting hard-won gains for mothers and newborns in low-income and middle-income countries in the face of COVID-19: call for a service safety net

Wendy Jane Graham et al. BMJ Global Health 2020

Correspondence to Professor Wendy Jane Graham; [Wendy.Graham@lshtm.ac.uk](mailto:Wendy.Graham@lshtm.ac.uk)

<http://dx.doi.org/10.1136/bmjgh-2020-002754>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (364) Reproductive health (22)**

1 June, 2021

Here are some more observations from the LSHTM study, with examples of local solutions.

B. Overall quality of care is deteriorating, owing to:

1. Under-staffing of existing services

- High levels of staff absenteeism and resignation.
- Health workers redeployed elsewhere.
- Less skilled/unqualified health workers assigned to maternity care (locum staff, students and interns).
- Stressed, demotivated and tired health workers, with fear of unsafe working environment, including key support workers such as cleaners.

Solutions

- Badges/permits to allow health workers to travel during lockdown/curfew.
- Telementoring to support (lone) healthcare workers.
- Change in rosters of nurses and doctors to reduce numbers of people per shift and lengthen shifts, with the intention of limiting exposure of all personnel at the same time.
- Active involvement of facility staff in forums to share ideas for adapting services/care and for problem-solving.
- Peer support systems for health workers' mental health and psychosocial well-being.

2. Rapidly changing guidelines with unclear or inconsistent communication

- Some advice may become outdated or may be proven dangerous; mechanisms to share updates are not clear and dissemination slow and limited.
- New information coming in rapidly, no systems to digest/disseminate this to health workers.
- Minute-by-minute barrage of fake and real news, causing anxiety and fear.
- Confusion over PPE for different contexts and workers.

Solutions

- Hospital-produced protocols in every department on managing suspected and confirmed COVID-19 cases.

- Virtual training to strengthen IPC knowledge and practice, for COVID-19 cases, and dissemination of new guidelines.

3. COVID-19 aggravates existing challenges and weaknesses in provision of maternity and newborn care and brings new ones.

- Limited availability of COVID-19 test kits; results take 1–2 days.
- Disruption of imports of medicines/commodities, increased costs.
- Lack of PPE...
- Forced separation of mothers with suspected/confirmed COVID-19 (and those in isolation while waiting for test results) from their newborns, breastfeeding prohibitions, barring parental visits to newborns in neonatal units.

#### Solutions

- Local fundraising to purchase PPE for maternity ward staff.
- Guidelines for wearing and laundering facility health worker uniforms.
- Improving maternity ward layout consistent with outbreak management, emergency hotlines for PPE shortages...

CITATION: Protecting hard-won gains for mothers and newborns in low-income and middle-income countries in the face of COVID-19: call for a service safety net

Wendy Jane Graham et al. BMJ Global Health 2020

Correspondence to Professor Wendy Jane Graham; [Wendy.Graham@lshtm.ac.uk](mailto:Wendy.Graham@lshtm.ac.uk)

<http://dx.doi.org/10.1136/bmjgh-2020-002754>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (365) Impact of COVID-19 on elective (non-urgent) surgery (5)**

1 June, 2021

Dear HIFA Members and Dr. Meena Cherian

Thanks for the articles about Surgeries especially Laparoscopic surgeries during the Pandemic. The Gas Less Laparoscopic Surgeries especially for surgeries like Appendicectomies and Pelvic surgeries which are possible with Single small Umbilical incision has advantages due to the isobaric system, the ability to continuously use suction, and the possibility of surgeries under spinal anesthesia

<https://journals.sagepub.com/doi/full/10.1177/0049475520945444>

During the Pandemic most of the rural hospitals in India did the following

- 1) Stopped all Surgical Work
- 2) Later re-started with Only Emergency Surgical work
- 3) When the urban hospitals were overwhelmed only the rural hospitals were available for elective surgical work.

Many hospitals doing Laparoscopic surgeries especially in the urban areas reported that the Operating Room [OR] staff were getting infected. This made the rural hospitals do elective surgeries either with Open surgeries or when facilities are available by Gas Insufflation Less Laparoscopic surgeries [GILLS].

It is also good to note that although few none of the rural hospitals performing GILLS had Covid infection among the OR staff.

HIFA profile: J Gnanaraj is an Urologist and laparoscopic surgeon trained from Christian Medical College, Vellore. He is currently the Director of Medical Services of SEESHA which is a social service wing of the Jesus Calls ministry. He has upgraded the facilities at the Karunya Rural community hospital at Karunyanagar to a center for minimally invasive surgeries and started the health care plan and the master health check -up and the outpatient clinic at Coimbatore. He designed C3MDS the hospital management software along with computer personnel and designed local modifications and installed it many mission and other hospitals. This is being upgraded to a web based version compliant with the requirement of the National Accreditation Board for hospitals and health care facilities in India. He has designed low cost medical equipment for use at the mission hospitals and doing research on medical equipment in Karunya University. He is the Editor of the Rural surgery Journal of the Association of rural surgeons of India and has 45 publications in national and international Journal. He has presented papers at the conferences of Association of Surgeons of India (Calcutta, Cuttack and Madras), Urological Society of India (Bangalore & Nagarjunasagar), Association of Southern Urologist of India (Ooty & Vellore), Indian Medical Association (Trichy), Rural Surgery (Sivakasi, Ujjain, Sewagram), Association of surgeons of Assam (Silchar), International Federation of rural surgeons (Ifakara, Tanzania), WHO CME for rural surgeons (Herbertpur), International College of Surgeons conference (Trichy). He has

organized many innovative diagnostic and surgical camps at interior rural places in India. [jgnanaraj@gmail.com](mailto:jgnanaraj@gmail.com)

## **EHS-COVID (366) COVID-19 and mental health (6)**

### **World Health Assembly recommends reinforcement of measures to protect mental health during public health emergencies**

1 June, 2021

WHO press release: World Health Assembly recommends reinforcement of measures to protect mental health during public health emergencies

Extracts below. Full text here: <https://www.who.int/news/item/31-05-2021-world-health-assembly-recommend...>

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Since the beginning of the COVID-19 pandemic, unemployment and financial instability, disruption to education, social isolation, intimate partner and family violence, fear of life-threatening disease, and sudden loss of loved ones, have become increasingly common. All of these are risk factors for mental health conditions and behavioural problems such as depression and substance use disorders...

In 2020, a wide range of resources were developed in many languages by WHO in collaboration with partners, including: a stress management guide for the general public; a guide for COVID-19 responders on basic psychosocial skills; and a toolkit to help older adults maintain mental well-being...

During the World Health Assembly, delegates endorsed the Comprehensive Mental Health Action Plan 2013-2030, including the plan's updated implementation options and indicators. For the first time, the plan includes an indicator on preparedness for providing mental health and psychosocial support during emergencies...

--

A draft decision on Promoting mental health preparedness and response for public health emergencies at the WHO Executive Board meeting previously noted (January 2021): '93% of the 130 countries participating in the survey reported disruptions in one or more services for mental, neurological and substance use disorders, while the demand for mental health services is increasing'

[https://apps.who.int/gb/ebwha/pdf\\_files/EB148/B148\(3\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB148/B148(3)-en.pdf)

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (367) Impact of COVID-19 on elective (non-urgent) surgery (6) WHO guidance**

1 June, 2021

Thanks to J Gnanaraj for sharing his direct experience as a rural surgeon in India.

I have just consulted the WHO guidance on Maintaining essential health services during COVID-19 and it says remarkably little about how to maintain essential surgical services. While other areas of health have dedicated sections, surgery is only mentioned in passing. Here are all the instances I could find, followed by a comment from me.

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The suspension of surgical services, for example, is likely to create substantial backlog in most systems, with some procedures that were initially deemed elective becoming progressively more urgent

Anticipate and plan for surge capacity to manage the backlog of nonurgent health services that were suspended (e.g. cataract surgery).

Tailor and modify to individual circumstances and service context: treatment sequence (such as the use of chemotherapy or radiotherapy before surgery)

Delay elective surgery for epilepsy and delay any psychometric assessments

Suspend non-urgent surgical interventions and rehabilitation [for Buruli ulcer] when there is minimal risk of deformity if treatment is delayed.

Where availability of surgical services is limited, hydrocele surgeries may be postponed. Surgical camps should be postponed.

Where surgical services are limited, prioritize surgical correction of trichiasis cases in whom greater numbers of eyelashes touch the cornea or where trichiasis affects the only eye with good vision. For other patients, consider instructing a family member to undertake careful epilation with high-quality forceps.

--

Comment (NPW): Would it be helpful for surgeons and hospital managers to have more comprehensive guidance on how to maintain essential surgery services, which might complement the current general guidance? Is anyone aware of such guidance?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (368) COVID-19 and oral health services**

1 June, 2021

Citation, extracts and a comment from me below.

CITATION: Stefan Listl et al. Including oral diseases and conditions in universal health coverage

Bulletin of the World Health Organization 2021;99:407.  
doi: <http://dx.doi.org/10.2471/BLT.21.285530>

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The coronavirus disease 2019 (COVID-19) pandemic has increased the amount of government support required to meet people's basic needs, including oral health and oral health care. Efforts towards universal health coverage (UHC) are only starting to include oral health and oral health care... Globally, oral diseases and conditions (dental caries, periodontal diseases, tooth loss and oral and pharyngeal cancers) represent some of the most preventable disease burdens; they also disproportionately affect poorer and marginalized groups. Untreated caries, severe periodontitis and tooth loss are among the 10 most prevalent conditions, globally affecting more than 3.5 billion people in 2017...

In their early stages, oral diseases and conditions are largely preventable and/or treatable with appropriate measures such as the use of fluorides; and reduction of sugar, tobacco and alcohol consumption...

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Comment (NPW): What has been the impact of COVID-19 on oral health and provision of dental health services? How has this impacted (or will impact) on people's health?

A paper from South Africa notes 'There are no guidelines for South African dental practitioners to follow in the time of the COVID-19 pandemic. This paper provides consolidated evidence and best practice on how to prevent and minimise the spread of infection within the dental setting through the use of a flowchart.'

[http://www.scielo.org.za/scielo.php?script=sci\\_arttext&pid=S0011-8516202...](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0011-8516202...)

What guidance is available to guide provision of services by dental practitioners in low-resource settings?

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (369) Impact of COVID-19 on cancer services (4) Cancer screening services (2)**

1 June, 2021

Dear HIFA and HIFA-Zambia colleagues,

This paper finds 'it is possible to improve access to safe cervical cancer prevention services during the COVID-19 pandemic in WLHIV through a coordinated approach among key stakeholders and service providers'. Another way of reading this might be "there is no alternative to well-supported, coordinated services - no quick wins for low-resource settings". Are you involved in a cancer screening programme? What has been your experience during COVID-19?

CITATION: Cervical cancer prevention during COVID-19 pandemic: The CRS EPIC3-90 project, Zambia.

Topics in Antiviral Medicine. Conference: Conference on Retroviruses and Opportunistic Infections, CROI 2021. Virtual. 29 (1) (pp 175), 2021. Date of Publication: March 2021.

Chaila M.J et al.

### **ABSTRACT**

Background: The Epidemic Control 90-90-90 (EpiC 3-90) Project is a U.S Centers for Disease Control & Prevention (CDC) funded project that supports the Ministry of



Health (MOH) in Zambia to achieve the UNAIDS 90-90-90 targets in faith-based and Government facilities. The project also supports prevention activities including cervical cancer (CaCx) screening in Women Living with HIV (WLHIV). CaCx remains the most frequent cancer in Zambia accounting for about 25% of all new cancer cases annually. It is also the most common cause of cancer related death in the country. EpiC 3-90 carried out technical support to the 15 supported districts from April 2020 to September 2020 to improve the CaCx screening in WLHIV.

Method(s): EpiC 3-90 created an HIV prevention & comorbidities unit, with adequate staffing to support the establishment of CaCx screening points in supported regions...

Result(s): The average number of WLHIV screened for cervical cancer increased from 242 per month (October 2019-March 2020) to 442 (April-September 2020) indicating 82.6% improvement. This translated to an increase in the number of WLHIV who were screened from 1,450 in the first half of the year to 2,651 in the second half of the year. By September 2020, 4,101 WLHIV had been screened for CaCx (Figure 1).

Conclusion(s): It is possible to improve access to safe cervical cancer prevention services during the COVID-19 pandemic in WLHIV through a coordinated approach among key stakeholders and service providers. CaCx prevention services need to continue due to its high disease burden in Zambia.

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Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (370) Systematic review of experiences and perceptions of key actors within health systems internationally in responding to COVID-19**

2 June, 2021

Citation and abstract below. I found this paper quite challenging to interpret and have invited the authors to join us.

CITATION: Turner S, Botero-Tovar N, Herrera MA, Borda Kuhlmann JP, Ortiz F, Ramírez JC, et al. Systematic review of experiences and perceptions of key actors and organisations at multiple levels within health systems internationally in responding to COVID-19. *Implementation Science*. 2021;16:50

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8103061/pdf/13012\\_2021\\_Arti...](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8103061/pdf/13012_2021_Arti...)

## ABSTRACT

**BACKGROUND:** COVID-19 has presented challenges to healthcare systems and healthcare professionals internationally. After one year of the pandemic, the initial evidence on health system responses begins to consolidate, and there is a need to identify and synthesise experiences of responding to COVID-19 among healthcare professionals and other health system stakeholders. This systematic review of primary qualitative studies depicts the experiences and perceptions of organisations and actors at multiple levels of health systems internationally in responding to COVID-19.

**METHODS:** Six main databases of biomedical information, public health and health administration research were searched over the period October 1, 2019, to October 21, 2020. Information extracted from included studies was analysed thematically.

**RESULTS:** Thirty-four studies were eligible for data extraction. Nine of those studies, of lower methodological quality, were removed from the thematic analysis of study results. Considering the professional level experiences, predominant themes of the studies consisted of the new roles and responsibilities of healthcare workers, burnout and distress, recognition of 'unseen' healthcare workers, and positive changes and emergent solutions amid the crisis. Organisational level findings of the studies included provision of psychological support, COVID-19 as "catalyst" for change, and exercise of more "open" leadership by managers and health authorities. Continuous training, regulation of working conditions, providing supportive resources, coordinating a diversity of actors, and reviewing and updating regulations were roles identified at the local health system level.

**CONCLUSIONS:** The experiences of frontline healthcare workers have been the focus of attention of the majority of primary qualitative studies as of October 2020. However, organisational and wider system level studies indicate that some responses to COVID-19 have been characterised by increased emphasis on coordination activities by local health system actors, making service adaptations at pace, and reliance on expanded roles of front-line workers. The need for theory-informed qualitative studies was identified at the organisational level.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (371) Prioritisation of health services**

3 June, 2021

Part of the remit of the ongoing WHO/HIFA project on Maintaining essential health services during COVID is to explore the 'why, what and how' of prioritising health services. The WHO guidance that underpins our discussions provides two pages on this subject and I welcome your thoughts - see pages 6 and 7 of the guidance

here: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-S...>

The issue of prioritisation of services has not been discussed in depth on HIFA and we invite especially policymakers, hospital managers and frontline health workers for your thoughts on this. I suspect such prioritisation is complex and needs to be explored at national, district and facility levels. As this paper points out, the voice of 'communities' needs also to be actively included. Here is a new paper on this subject that provides a small piece of the picture. The paper does not specifically relate to prioritisation during COVID-19, but introduces some principles.

CITATION: Deliberative engagement methods on health care priority-setting in a rural South African community

Aviva Tugendhaft, Karen Hofman, Marion Danis, Kathleen Kahn, Agnes Erzse, Rhian Twine, Marthe Gold, Nicola Christofides

Health Policy and Planning, <https://doi.org/10.1093/heapol/czab005>

## ABSTRACT

Public engagement in priority-setting for health is increasingly recognized as a means to ensure more ethical, inclusive and legitimate decision-making processes, especially in the context of Universal Health Coverage where demands outweigh the available resources and difficult decisions need to be made. Deliberative approaches are often viewed as especially useful in considering social values and balancing trade-offs, however, implementation of deliberative engagement tools for priority-setting is scant, especially in low- and middle-income settings. In order to address this gap, we implemented a context-specific public deliberation tool in a rural community in South Africa to determine priorities for a health services package. Qualitative data were analysed from seven group deliberations using the engagement tool. The analysis focused on understanding the deliberative process, what the participants prioritized, the reasons for these selections and how negotiations took place within the groups. The deliberations demonstrated that the groups often considered curative services to be more important than primary prevention which related to the perceived lack of efficacy of existing health education and prevention programmes in leading to behaviour change. The groups engaged deeply with trade-offs between costly treatment options for HIV/AIDS and those for non-communicable disease. Barriers to healthcare access were considered especially important by all groups and some priorities included investing in more mobile clinics. This study demonstrates that deliberative engagement methods can be successful in helping communities balance trade-offs and in eliciting social values around health priorities. The findings from such deliberations, alongside other evidence and broader ethical considerations, have the potential to inform decision-making with regard to health policy design and

implementation.

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (372) WHO Western Pacific Region: Advice to hospitals on how to ease pandemic pressure**

3 June, 2021

This new publication offers guidance for hospitals and health systems in the Western Pacific region. It refers to the global guidance on Maintaining essential health services, which we have been using as the basis for our EHS-COVID discussions. I have looked at it briefly and I suspect it may be useful as a checklist (what needs to be done), but seems thin on practical means (how to do it). Are there similar publications for other regions? What are the strengths and limitations of such guidance?

<https://iris.wpro.who.int/bitstream/handle/10665.1/14532/WPR-DSE-2020-01...>

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Hospitals in some countries and areas in the Western Pacific Region are under pressure as cases of coronavirus disease 2019 (COVID-19) surge.

In response, the World Health Organization (WHO) has updated its interim guidance for countries and areas in the Region to support health systems under pressure and those continuing to prepare for a rise in cases. The publication – on managing hospital services, maintaining essential routine health care and generating surge capacity – provides guidance to national and subnational health authorities, senior decision-makers, and hospital administrators and staff.

The main principles for actions in hospitals are:

- manage the COVID-19 caseload, including surge capacity,
- maintain continuity of essential services,
- ensure good coordination at every level,
- provide clear and accurate internal and external communication,
- make efficient use of scarce resources and swiftly adapt to increases in demand, and

- create a safe environment for hospital staff.

The guidance joins an extensive range of WHO guidance to hospitals and health systems on managing COVID-19...

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (373) Impact of COVID-19 on cancer services (5)**

4 June, 2021

Dear HIFA members,

Sharing an article on Cancer care services during COVID19 from India. The paper highlights that the pandemic has affected low socio economic status/ rural population the most and reducing their accessibility to healthcare services.

Impact of COVID-19 pandemic on cancer surgery: Patient's perspective <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8013664/pdf/JSO-123-1188.pdf> [\*see note below]

Best regards,

Sanchika

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

[\*Note from HIFA moderator (Neil PW): Thanks Sanchika, for the benefit of those without immediate web access here is the abstract:

## Abstract

**Background:** Coronavirus disease 2019 (COVID-19) has impacted cancer care globally. The aim of this study is to analyze the impact of COVID-19 on cancer healthcare from the perspective of patients with cancer.

**Methods:** A cross-sectional survey was conducted between June 19, 2020, to August 7, 2020, using a questionnaire designed by patients awaiting cancer surgery...

**Results:** A significant adverse impact was noted in all five domains ( $p < 0.05$ ), with the maximal impact felt in the domain of financial status followed by healthcare access. Patients with income levels of INR  $< 35$  K (adjusted odds ratio [AOR] = 1.61,  $p < 0.05$ )... experienced the most adverse COVID-related impact.

**Conclusion:** Delivering quality cancer care in low to middle-income countries is a challenge even in normal times. During this pandemic, deficiencies in this fragile healthcare delivery system were exacerbated. Identification of vulnerable groups of patients and strategic utilization of available resources becomes even more important during global catastrophes, such as the current COVID-19 pandemic. Further work is required in these avenues to not only address the current pandemic but also any potential future crises.]

## EHS-COVID (374) Prioritisation of health services (4)

4 June, 2021

How has the prioritisation of essential health services been undertaken during COVID-19? What have been the trade offs? What are the key lessons to learn? Our colleague Sunny Khan at WHO put these questions recently on HIFA

[ <https://www.hifa.org/dgroups-rss/ehs-covid-316-introduction-sunny-khan-w...> ] and we look forward to your responses.

Meanwhile, I see that the Partnership for Maternal, Newborn and Child Health has provided a toolkit for parliamentarians to help them 'to prioritize and address challenges around women's, children's and adolescents' health and well-being in debates and policies, and to ensure visibility of WCAH within response and recovery plans for COVID-19'.

You can access the toolkit here:

<https://pmnch.who.int/resources/tools-and-toolkits/pmnch-covid-19-and-wc...>

I invite HIFA members to review and comment on the toolkit and to let us know of any other tools that help policymakers (or hospital managers, or senior health professionals) to prioritise services.

You may also like to comment on the section on Prioritization in the WHO guidance (pages 6-7):

<https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...>

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (375) Impact of COVID-19 on cancer services (6) Cancer screening services (3)**

4 June, 2021

Throughout this discussion we are using the WHO guidance as our reference document. We also hear from our WHO colleagues that an updated version is planned, which gives all of us the opportunity to provide feedback on how the current guidance can be improved. <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...>

The following guidance on cervical screening is given on page 30 in the section on Sexual and reproductive health services:

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- See specific adaptations for HPV vaccination found in the WHO and UNICEF frequently asked questions (57). [\*see note below]
- Promote self-sampling for HPV testing, facilitating the collection of specimens through pharmacies or drop-offs at facilities. Promote online advice after a negative screening test and adequate management after a positive screening test.
- Utilize a single-visit approach to screen for and treat precancerous lesions, if the capacity exists and services can be safely delivered.
- Prioritize screening access for women living with HIV.

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Further guidance is given on page 34 in the section on Noncommunicable diseases (page 34):

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Cancer screening (cervical, breast, colorectal)

- Modify and consider temporarily delaying cancer screening programmes, particularly those that are facility based.
- Consider promotion of home-based, self-sampling for cervical cancer (HPV test) and colorectal cancer in settings with appropriate infrastructure and capacity.
- Maintain communication with and diagnostic follow up for those who have a screening test. Remote support can be utilized for counselling after a negative test and planning for management after a positive test. Screening for high-risk individuals (such as cervical cancer screening for women living with HIV) may be prioritized.

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[\*Note from HIFA moderator (Neil PW): 57 appears to be the incorrect reference and I was unable to find the correct source for WHO and UNICEF frequently asked questions]

I invite HIFA members to comment on the guidance. How might it be improved in future editions?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (376) Impact of COVID-19 on cancer services (7)**

4 June, 2021

Below is the WHO guidance on maintaining cancer services during COVID-19, from the publication 'Maintaining essential health services: operational guidance for the COVID-19 context interim guidance'

<https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential...>



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COVID-19 can negatively impact NCD outcomes for adults and children through several pathways including the higher susceptibility to COVID-19 infection and higher case fatality rates among people with NCDs; delays in

diagnosis of NCDs resulting in more advanced disease stages; delayed, incomplete or interrupted therapy (treatment, rehabilitation, palliation) of NCDs; and increases in behavioural risk factors, such as physical inactivity

and increased use of harmful substances. Examples include... worsened cancer prognosis as a result of a delayed diagnosis...

Cancer early diagnosis programmes:

- Initiate or increase campaigns to encourage the general public to seek consultation for possible symptoms of cancer.
- Utilize virtual consultations to minimize delays in diagnosis.
- Maintain in-person clinical appointments, as needed, for time-sensitive services (e.g. evaluation of abnormal bleeding) and decision-making...

Diagnosis of cancer

- Prioritize cancer imaging studies that can inform time-sensitive decision-making about treatment...

Specialist care of cancer

- Prioritize timely initiation of cancer treatment for cancers in which delays impact outcomes.
- Because cancer patients with advanced disease who are diagnosed with COVID-19 are at a higher relative risk for a poorer outcome, adaptations to treatment plans may be required.
- Prioritize the treatment of cancers for which the benefits of early initiation of therapy outweigh the risks of initiating therapy in the pandemic context, taking into account exposure risks and the extent to which the patient is

immunocompromised.

- Tailor and modify to individual circumstances and service context:

-- treatment sequence (such as the use of chemotherapy or radiotherapy before

surgery);

-- treatment regimens (such as the duration of therapy for patients in deep remission);  
and/or

-- treatment plan (such as candidates for allogenic hematopoietic stem cell transplantation).

For people with cancer who are diagnosed with COVID-19, consider immediately changing their cancer treatment plans, including potentially suspending immunosuppressive therapies.

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WHO is planning to update the guidance. How might it be improved?

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (377 – originally mislabelled 376) How COVID-19 has fundamentally changed clinical research in global health**

4 June, 2021

'The COVID-19 pandemic has not only re-emphasised the importance of well designed randomised clinical trials but also highlighted the need for large-scale clinical trials structured according to a master protocol in a coordinated and collaborative manner. There is also a need for structures and incentives to enable faster data sharing of anonymised datasets, and a need to provide similar opportunities to those in high-income countries for clinical trial research in low-resource regions where clinical trial research receives considerably less research funding.'

This is the conclusion of a paper in The Lancet Global Health, part of a new series on Clinical Trials in Global Health.

The paper is here:

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30542-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30542-8/fulltext)

and here is the full series:

<https://www.thelancet.com/series/clinical-trials-global-health>

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (378) Webinar: Self-Management of Care During the Covid-19 Pandemic: Perspectives, Strategies, and Results**

4 June, 2021

Description from Core Group. Register

here: <https://us02web.zoom.us/meeting/register/tZ0vdO2ggj4tG9Aut5fbHSNQIDSY2uB...>

If you participate, please do share your learning here on HIFA.

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Thursday, June 17, 2021 | 8:30 - 9:30 AM ET | Online

The COVID-19 pandemic forced many health care workers and public health professionals who develop and implement interventions to reconsider options for self-management of care for people living with non-communicable diseases. With people unable or unwilling to visit health facilities on a regular or as-needed basis, self-management of care became a critical and crucial component of care during the COVID-19 pandemic.

This webinar will focus on self-management of care among people living with NCDs. Perspectives will be shared from a frontline health worker and from ProjectHOPE, an organization with deep experience in implementing NCD public health programs for over two decades. Specifically, ProjectHOPE will share results from a multi-country diabetes self-management intervention. The presenters will discuss perspectives on self-management of care, strategies for better patient engagement, results, and lessons learned for long-term change in the delivery of self-management of care programming during COVID and beyond.

Webinar Lead: Barbara L. Smith MPH, CDPM, Senior Program Officer, Project HOPE and Katelyn Bryant-Comstock, MPH, Knowledge Management Advisor, IntraHealth International

Webinar Moderator: Arti Patel Varanasi, PhD. MPH, CPH, President & CEO, Advancing Synergy and Chair, CORE Group NCD Interest Group

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (379) COVID-19 and mental health services**

5 June, 2021

Dear HIFA colleagues,

We are shortly entering our fifth week of our deep dive into Maintaining essential health services during COVID-19. This thematic discussion, sponsored by WHO, aims to promote sharing of experience and expertise among HIFA members for the benefit of others worldwide. We are especially keen to hear about the impact of COVID-19 on mental health \*services\*, but we recognise the huge impact on mental health in general and we welcome comments on this also.

Here are some guiding questions:

Q1. What has been the impact of COVID-19 on the MENTAL health of people in your country?

Q2. What has been the impact of COVID-19 on the MENTAL health of health workers in your country/facility?

Q3. How has COVID-19 affected the delivery of essential MENTAL health services in your health facility or country?

Q4. What has been the impact of health service disruptions on the MENTAL health and wellbeing of people in your health facility or country?

Q5. What have you, your health facility or country done to maintain essential MENTAL health services?

Q1. There are increasing reports that COVID-19 has had profound impacts on the mental health of the general public. COVID-19 itself can cause or precipitate long-

term mental health problems. Every person who dies from COVID leaves behind family and friends whose mental health may be affected by the bereavement. COVID-19 can precipitate poverty and mental health issues directly, or indirectly as a result of 'lockdown' measures and job losses. All of this would suggest there is an increased need for mental health services, just at the time when such services may be less accessible.

Q2. COVID-19 has caused increased mental health problems, especially stress and burnout, among health workers, who have been under enormous pressure with rising workloads, longer shifts, disempowerment (as in India, whereby lack of basic treatments such as oxygen has disempowered health workers of their ability to give lifesaving care), and high risk of occupational exposure to COVID-19.

Q3. We would be grateful for your observations on 'How has COVID-19 affected the delivery of essential MENTAL health services in your health facility or country?'. Has COVID reduced the availability of services, or perhaps reduced demand for such services (perhaps due to fear of contagion)? Has the pandemic had an impact on the quality of services?

Q4. What has been the impact of health service disruptions on MENTAL health and wellbeing? Is there evidence of increased rates of common mental illnesses and/or suicide. To what extent are these due to COVID-19 and lockdown measures, as compared with inadequate access to mental health services?

Q5. What have you, your health facility or country done to maintain essential MENTAL health services? We have heard on HIFA, for example, about the increased use of telehealth - but how effective is this as a means of providing psychiatric assessment and support? And what about vulnerable people who are relatively excluded from such services?

We look forward to hear from you! [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Komal Kapoor, Sanchika Gupta, Neil Pakenham-Walsh

Mental health subgroup of WHO-HIFA Collaboration: HIFA project on Essential Health Services and COVID-19

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

HIFA profile: Komal Kapoor is a recent graduate from the Christian Medical College, Vellore in BSc degree allied medical science course. Komal is currently a frontline covid health care worker in CMC Vellore. She is a HIFA Catalyst on the HIFA working group on Maintaining essential health services during COVID-19.

<https://www.hifa.org/support/members/komal>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

komalkapoor16.kk AT gmail.com

HIFA profile: Dr 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

HIFA profile: Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (380) Impact of COVID-19 on elective (non-urgent) surgery (7)**

5 June, 2021

Dear HIFA colleagues,

Thanks Neil for pointing out that there is still much work to be done to emphasize on policy decisions for Essential Surgical Services among other public health services to achieve SDGs and reach Universal Health Coverage.

I'm pleased to share our paper just published on Global community perception of 'surgical care' as a public health issue: a cross sectional survey

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10...>

I would like to thank all who participated and shared through HIFA our 3 min. anonymous survey to a wide range of 1954 people in 118 countries.

Thanks Dr Gnanaraj for sharing your experience in rural settings and innovative techniques for laparoscopy.

Hoping more HIFA colleagues will share their experiences as requested in my earlier posting about Surgical services and Cancer services during the pandemic  
[<https://www.hifa.org/dgroups-rss/ehs-covid-358-impact-covid-19-elective-....>]

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon.Prof.Schulich School of Medicine & Dentistry, WHO Collaborating Centre,  
Western University, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology  
(SIOG), Switzerland. [www.siog.org](http://www.siog.org)

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HIFA profile: Meena Cherian is Director, Emergency & Surgical Care program,  
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a member of the HIFA working group on Essential Health Services and COVID-  
19. <https://www.hifa.org/support/members/meena>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

[www.gfmer.ch](http://www.gfmer.ch) cherianm15 AT gmail.com

## **EHS-COVID (381) Webinar: Self-Management of Care During the Covid-19 Pandemic (2) Call for volunteer**

5 June, 2021

Dear all,

I sent the message below to HIFA yesterday. I suspect there may be some important lessons to be learned in relation to our current discussion, but I am unable to

participate as I have another meeting. Would anyone like to go to this on behalf of HIFA and send us a brief email about it afterwards?

Register

here: <https://us02web.zoom.us/meeting/register/tZ0vdO2ggj4tG9Aut5fbHSNQIDSY2uB...>

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Thursday, June 17, 2021 | 8:30 - 9:30 AM ET | Online

The COVID-19 pandemic forced many health care workers and public health professionals who develop and implement interventions to reconsider options for self-management of care for people living with non-communicable diseases. With people unable or unwilling to visit health facilities on a regular or as-needed basis, self-management of care became a critical and crucial component of care during the COVID-19 pandemic.

This webinar will focus on self-management of care among people living with NCDs. Perspectives will be shared from a frontline health worker and from ProjectHOPE, an organization with deep experience in implementing NCD public health programs for over two decades. Specifically, ProjectHOPE will share results from a multi-country diabetes self-management intervention. The presenters will discuss perspectives on self-management of care, strategies for better patient engagement, results, and lessons learned for long-term change in the delivery of self-management of care programming during COVID and beyond.

Webinar Lead: Barbara L. Smith MPH, CDPM, Senior Program Officer, Project HOPE and Katelyn Bryant-Comstock, MPH, Knowledge Management Advisor, IntraHealth International

Webinar Moderator: Arti Patel Varanasi, PhD. MPH, CPH, President & CEO, Advancing Synergy and Chair, CORE Group NCD Interest Group

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Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (382) COVID-19 and mental health services (2)**

6 June, 2021



Dear HIFA members,

In March 2020, to break the chain of transmission of COVID-19 cases Indian government enforced a nationwide lockdown. The entire country was behind four walls. This was not any holiday to sit at home 24X7 and watch TV/radio news channels who were broadcasting COVID-19 horror stories with each passing day. Fear of contagion and death was the supreme factor. Apart from the health issues, life was in turmoil! Loss of wages for daily workers, reduction in salaries for employees, laid off employees, insecurities for children's education, increased household chores workload, increased professional workload due to 'Work From Home' or online meeting fatigue, struggle to pay rents/ EMIs (loan monthly instalments), struggle to place online orders for essential items on e-commerce platforms, students stick to computer screen for online classes (are they adequately equipped against online abuses), cleaning houses/ household items N times/ day with different sort of cleaning and sanitizing materials\* was maniac experience (wasting precious water). The list is endless.

\*I was referring to cleaning and sanitizing materials to those different brands who were featured daily on TV advertisements. Their products included hand sanitizer, floor cleaners, toilet cleaners, antiseptic solutions, etc. and claiming that all can kill Coronavirus! There was a flood of these products.

It manifested among the masses in the form of insecurity, confusion, agitation, disturbance, frustration and altered food habits/ lifestyle/ sleep. The population was deeply engrossed in the feeling of COVID-19 and had a single Q in their minds: What will happen tomorrow? All this had an impact on their family life and relationships which was evident in the form of arguments, blaming others, disagreements, disputes, fights, and domestic violence. It was like a path with no destination!

Best regards,

Sanchika Gupta

HIFA Global CR Coordinator

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (383) COVID-19 and mental health services (3)**

7 June, 2021

The guidance on mental health is available on pages 37 and 38 of Maintaining essential health services: operational guidance for the COVID-19 context interim guidance

<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-s...>

Extracts are shown below in relation to our five discussion questions.

A new version of the Guidance is planned. We would like to invite your thoughts on the existing guidance and how this can be improved.

Q1. What has been the impact of COVID-19 on the MENTAL health of people in your country?

Q2. What has been the impact of COVID-19 on the MENTAL health of health workers in your country/facility?

Q3. How has COVID-19 affected the delivery of essential MENTAL health services in your health facility or country?

Q4. What has been the impact of health service disruptions on the MENTAL health and wellbeing of people in your health facility or country?

Q5. What have you, your health facility or country done to maintain essential MENTAL health services?

Q1. The WHO Guidance has this to say on the impact of COVID-19 on mental health:

'Mental health conditions include a range of mental, neurological and substance use (MNS) disorders and their associated psychosocial, cognitive and intellectual disabilities. The direct and indirect consequences of the pandemic impact these conditions in many different ways. Major stressors are a potent risk factor for the development, exacerbation and relapse of a range of MNS disorders and unhealthy

patterns of behaviour, including the use of alcohol and psychoactive drugs and excessive gaming or gambling. Among people with substance use disorders, disruption of the supply of alcohol and drugs during the pandemic can result in severe withdrawal states. COVID-19 itself is associated with neurological manifestations, such as delirium, encephalopathy, agitation, stroke and meningoencephalitis. Social isolation, reduced physical activity and reduced cognitive stimulation may increase the risks of cognitive decline and dementia, and people with dementia have higher susceptibility to COVID-19 and higher rates of death associated with the disease.'

Q4. The WHO guidance notes:

'The disruption of care for MNS disorders can be life-threatening, such as in the cases of interruptions to treatment for epilepsy, unaddressed suicide risk, disrupted harm reduction services, and unmanaged opioid overdose and

severe alcohol withdrawal syndromes. It may also lead to increased contact with the criminal justice system or expose people to intolerable suffering (such as in severe depression, acute psychosis, opioid withdrawal or severe

dementia), and can have an impact on child development in the case of antenatal or postnatal MNS disorders. WHO recommends that mental health services be enhanced and strengthened in the pandemic context. Providing safe care for MNS disorders in prisons and detention centres is a priority, given the high rates of MNS disorders in incarcerated populations and the high risk of infection in confinement.'

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (384) COVID-19 and mental health services**

### **(4) Impact of COVID-19 on mental health**

7 June, 2021

Dear HIFA members,

In April 2021, there was a new wave of COVID-19 in India which was described as highly virulent. Untimely deaths of family members/ relatives/ friends/ colleagues had led to the feeling that everything is finished. Single earning member of the family has lost its battle to the virus or a single child of the family is gone or the entire family is no more or parents' death due to COVID-19 have left their children alone in the world. Hearing these stories created a dull, doom and dark atmosphere and loss of faith in individual power.

Best regards,

Sanchika Gupta

HIFA Global CR Coordinator

HIFA profile: Dr 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (385) Impact of COVID-19 on elective (non-urgent) surgery (8)**

7 June, 2021

Dear Meena

Thank you for sharing your new paper. Below are the citation, abstract and a comment from me.

CITATION: Global community perception of 'surgical care' as a public health issue: a cross sectional survey

Nurhayati Lubis, Meena Nathan Cherian, Chinmayee Venkatraman & Fiemu E. Nwariaku

BMC Public Health volume 21, Article number: 958 (2021)

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10...>

ABSTRACT

**Background:** In the last decade surgical care has been propelled into the public health domain with the establishment of a World Health Organisation (WHO) designated programme and key publications. The passing of the historic World Health Assembly Resolution (WHA) acknowledged surgical care as a vital component towards achieving Universal Health Coverage (UHC). We conducted the first worldwide survey to explore the perception of surgical care as a public health issue.

**Method:** The anonymous, cross sectional survey targeted worldwide participants across a range of professional backgrounds, including non-medical using virtual snowball sampling method (in English) using Google Forms (Google Inc., Mountain View, CA, USA) from 20th February 2019 to 25th June 2019. The survey questions were designed to gauge awareness on Sustainable Development Goals (SDGs), UHC, WHO programmes and key publications on surgical care as well as perception of surgical care as a priority topic in public health.

**Results:** The survey was completed by 1954 respondents from 118 countries. Respondents were least aware of surgical care as a teaching topic in public health courses (27%; n = 526) and as a WHO programme (20%; n = 384). 82% of respondents were aware of UHC (n = 1599) and of this 72% (n = 1152) agreed that surgical care fits within UHC. While 77% (n = 1495) of respondents were aware of SDGs, only 19% (n = 370) agreed that surgery was a priority to meet SDGs. 48% (n = 941) rated surgical care as a cost-effective component of Primary Health Care. 88% (n = 1712) respondents had not read the WHA Resolution on 'Strengthening emergency and essential surgical care and anaesthesia as a component of UHC'.

**Conclusion:** There is still a widespread gap in awareness on the importance of surgical care as a public health issue amongst our respondents. Surgical care was not seen as a priority to reach the SDGs, less visible as a WHO programme and not perceived as an important topic for public health courses.

**COMMENT (NPW):** This survey was conducted before the current pandemic, but the 'widespread gap in awareness on the importance of surgical care as a public health issue' is certain to have had an impact on the provision of essential surgery services during the pandemic. Have such services been underprioritised by governments at this time? What can be done to maintain national and local support for surgery services?

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (386) Health Information on Social Innovations from Latin America and the Caribbean**

8 June, 2021

Dear HIFA List,

It is my great pleasure to extend an invitation to help identify social innovations which have improved public health and the equitable delivery of health services, during the Covid-19 pandemic and implemented by citizens, communities or organizations within a country in Latin America or the Caribbean.

You can read about this open crowdsourcing call at <https://socialinnovationinhealth.org/identification/identifying-innovati...>

If you or your organization are interested in partnering to improve the dissemination of this crowdsourcing call, you can write to [lachub@socialinnovationinhealth.org](mailto:lachub@socialinnovationinhealth.org) and request the dissemination materials, available in English, Spanish, Portuguese, and French. Interested organizations can request to be considered for inclusion in the dissemination partners website.

This year's call is hosted by the Social Innovation in Health Secretariat in the Americas: a collaboration of the Pan American Health Organization (PAHO/WHO), the Centro Internacional de Entrenamiento e Investigaciones Médicas (CIDEIM) and the Universidad Nacional Autónoma de Honduras (UNAH).

Yours truly,

Luis Gabriel

Dr. Luis Gabriel Cuervo

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## **EHS-COVID (387) COVID-19 and mental health services (5) Impact of COVID-19 on mental health (2)**

8 June, 2021

Dear Colleagues,

The covid-19 pandemic when it started in March 2020 in Cameroon took many by surprise. No one really understood what was happening. This surprise was in itself potentially traumatic. The acme of panic, fear of the unknown, fear of dying and confusion started when the lockdown measures by the Prime minister on the 18th of March was stated.

I think it is this lockdown which had and still has important impact on the general population. It had and has changed routine habits and behavior important for mental health and wellbeing. Moreover in the second phase of the pandemic when confinement and quarantine had to be done, many had and still experience psychological distress.

The fear was so intense in the population that the mental health department of the ministry of public health had to constantly reassure the population. I even was approached by a journalist to talk about the psychological impact of covid-19 and what can be done to reduce it. Fear then was so intense in the population.

It should be noted that hospital settings during the covid-19 pandemic in Cameroon have now got a different social representation and perception than before it. People feared and still do fear going to the hospital to seek for health care services relating to covid 19 management. Perhaps it has extended to other services. One of the reason stems from death associated with covid-19 in the hospital and its impact on the mourning, bereavement and burial processes of people. Moreover fear and distrust of the health system has increased during the covid-19.

The inability to see and bury their loved ones who died in the hospital as a result of Covid19 has been for many particularly very traumatic.

I remember I received a lady during a clinical session who was hypertensive and whose hypertensive scores had increased during the grief, mourning and bereavement processes of her sister in law, wife to her junior brother who died by covid-19. Well when i met her she had not even started the work of grief. It is the clinical sessions she received that induced it. Been from a region of Cameroon very faithful to rituals of the

dead, the absence of the corpse because the hospital where her sister-in-law died, had to bury it soonest. The absence of the corpse plunged her into generalized anxiety disorder, depression and trauma.

She also recounted been traumatized by how the hospital handled the corpse and the whole situation of having to mourn and grief without the corpse.

It is important to talk of the health professional population working in hospitals. In the early onset of the pandemic. Those health professionals who were diagnosed positive for covid-19 were stigmatized. I met one nurse whom while i was having psychotherapies with, disclosed she had had covid-19 and how her hospital stigmatized her. She told me how painfully she experienced the diagnosis of Covid19 in the hospital she was working in. She told me it was traumatic how the hospital she was working in (both the administration and her colleagues) handled her situation.

The covid-19 pandemic has impacted on the behavior, attitudes and habits of population, the health professionals, a specific population have also been affected, and the perception, representation of the health system by the population seriously affected as well. Time and research will tell to which significant extents. However, it is clear that this impact is very perceptible in the social interactions and language at all levels. As one walks in the streets, sees and listens. For example touching behaviour is affected seriously. African-Cameroonians are very fond of touching one another when they interact. Burial rituals have also been affected seriously.

All these are stressors, maladaptive behaviours which have built up since March 2020 and impacting silently on the population's mental health.

Best wishes,

Didier Demassosso

HIFA Country Representative Coordinator Afro Region

HIFA profile: 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>

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## **EHS-COVID (388) Impact of COVID-19 on mental health of health workers**

8 June, 2021

Extracts from a news item and a comment from me below. Full text here: <https://www.bbc.co.uk/news/uk-57395232>

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NHS and care staff in England are so burnt out that it has become an "emergency" and risks the future of the health service, MPs have warned.

A highly critical report said workers were exhausted and overstretched because of staff shortages.

It said the problems existed before the pandemic - although coronavirus has worsened the pressures...

Liz Stavacre, an intensive care nurse, said her unit had seen a lot of resignations, including people leaving nursing altogether "because they're so burnt out and can't deal with it anymore".

She told BBC Radio 4's Today programme: "It's been a very difficult year. We're very tired - we're physically tired, we're emotionally tired, and there's very little time to take a break from what's happening."...

Many groups representing doctors have warned that having stressed and unwell staff risks safe patient care...

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Comment (NPW): NHS staff in England are relatively well supported with better staff:patient ratios, equipment, treatment facilities, salaries and other basic needs of frontline health workers, as compared with many health staff in low- and middle-income countries. The stresses must be even greater in many LMICs, especially those such as India and Nepal that have seen such heavy caseloads recently. I invite HIFA members to share what is happening in their country and their hospital/health facility. Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Best wishes, Neil

Neil Pakenham-Walsh, HIFA Coordinator, [neil@hifa.org](mailto:neil@hifa.org) [www.hifa.org](http://www.hifa.org)

## **EHS-COVID (389) Impact of COVID-19 on mental health of health workers (2)**

8 June, 2021

Dear HIFA members,

Health workers of all categories (doctors, nurses, pharmacist, laboratory staff, paramedical staff, ambulance services, sanitation workers, medical supply chain professionals etc.) all were overburdened with work and their duty schedules. Fear of contagion and spread among their family members was rampant. Non COVID-19 issues include frustration and anger for their inability to treat or cure the patient, or say the patient is not responding to any treatment. Remuneration issues like less salary/ no salary for months has created a struggle to bear their own and family expenses. Sleepless nights, inner struggle and keeping the momentum to fight the invisible was not easy to handle.

Adding the voices of medical professional students whose exams were delayed or they are solely depending on online classes. Their career struggles are still unheard.

Frontline workers include persons who are involved in helping last rites of the deceased in the crematoriums, cemetery or others have one single Question 'how many deaths will we see?' Imagining their situation gives goosebumps!

Best regards,

Sanchika Gupta

HIFA Global CR Coordinator

HIFA profile: Dr 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 INCLIN, 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-COVID19 project. In 2021, HIFA nominated her as Global Country Representative Coordinator. Currently, she is based in New Delhi, India and is

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## **EHS-COVID (390) Impact of COVID-19 on mental health of health workers (3)**

8 June, 2021

Dear Colleagues,

I hope this message finds you well

Mental health all over the world has been negatively affected in response to events related to this pandemic, and among the highly affected are the health care providers; me included (as a medical doctor).

Already health care providers suffer from conditions related to stress and long working hours like chronic fatigue syndrome and burnout syndrome. However, this pandemic has taken such conditions to a whole new level!

Although health care providers have been on the front line of pandemic response, they are not only risking their own lives but the lives of their close and beloved ones as well. However, and despite this huge role, they suffered from stigma.

Some health care providers were having a really hard time in hiring a service provider like a babysitter, maid or others for fear of infection, especially in the early days of the pandemic.

In some countries; the deceased from the health team were even facing some burial issues, also from fear of infection.

Although reported incidents of such stigma have diminished after a while, they didn't vanish.

I think lack of proper understanding of infection transmission may be one of the attributing causes of these events, given such incidents are more prevalent in developing countries where health literacy is not at its optimum.

More studies on the mental health of health care providers are needed, but what is surely more urgent; is a system for mental health support for health care providers given the exposure of triggers or factors affecting their mental health due to work nature.

Thank you and best regards,

Noha

HIFA profile: Noha S Hassan (MBBCh, FETP, MPH, PhD) is a motivated and experienced public health professional with expertise in the fields of public health, preventive medicine, social medicine, epidemiology and health policy. Noha has experience as a qualified physician/ paediatrician in the areas of child's health, women's and maternal health in addition to experience in the domains of human development, humanitarian aids of vulnerable groups and global health as a volunteer medical student. Based in Cairo, Egypt, she is the regional coordinator for HIFA Country Representatives in the EMRO region. Email Noha.salah.abdelsamie AT gmail.com

## **EHS-COVID (391) Impact of COVID-19 on the health system in Nigeria**

8 June, 2021

In response to Neil's comment on the effect of Covid-19 on the health system/staff, I thought I should comment on Nigeria especially.

With international airports closed all over the world at the first peak in 2020, and the health systems of the high income countries (HICs), which have been the 'healthcare safe havens' of the rich and leaders of LMICs, overwhelmed by their own healthcare needs of their citizens, because of more severe Covid-19 pandemic effects, everyone in Nigeria was forced to stay home in the country especially the leaders and high-networth persons (similar to other LMICs). The consequences of chronic executive negligence had come home to roost!! Covid-19 ensured that previously ignored calls for attention to reform healthcare in Nigeria may now receive executive appropriate attention and action. These ignored calls in Nigeria include, "Nigeria's health system is haemorrhaging from health workers brain drain, do something," "Most Nigerian doctors and nurses are seek jobs abroad," "President Buhari's lamentation about medical tourism during his inauguration in 2015 is still awaiting action," and "President Buhari's pledge to ban foreign medical treatment for public officials in 2015 is a farce with himself going to UK for treatment", "too many strike action by health workers due to poor conditions in the workplace, do something", etc. At the same time, the fear of being infected with the Covid-19 virus and rampant misinformation about Covid-19 risk was keeping patients away from health facilities, which means that there are huge backlogs of chronic diseases follow-up, and patients are reporting even later than before the pandemic, which makes recovery and prognosis worse still. Anecdotes reveal that stress, depression and other psycho-social and mental illness are on the increase across board without respect for status, employed or not, man, woman, youth or child.

Ironically, there are some positive effects from Covid-19 pandemic on the Nigeria health system which has suffered from longstanding under investment and attention. For instance, all the governments (federal, state / FCT and Local) and private/corporate sector seem to actively want to improve the healthcare system: 'the Federal Government released about N15 billion and some state governments have released hundreds of millions as emergency health sector grants', 'rich Nigerians and the organised private sector donated billions of naira to provide essential materials such as PPEs, staff hazard allowances, etc', healthcare is mentioned as an investment, just like real estate, so that it may be reformed and repositioned through private sector-driven interventions, including setting-up world-class specialist hospitals, supported by health professional organisations including the Nigerian Medical Association, development agencies and health-related not-for-profit organisations, manned by Nigerian health professionals and experts at home (and from diaspora)'. There seems to be wider understanding that 'facilities alone do not run hospitals, but that the human capacity, capability, skills and the right attitude are essential for quality and safe healthcare delivery, everywhere. The Covid-19 tragedy seems to have motivated governments and other stakeholders in Nigeria to want to invest in research and vaccine production rather than totally depend on external sources and imports. The Federal Government released N10 Billion for a start on vaccine development efforts.

It appears also that government has been woken up by Covid-19 virus and its disastrous consequences on Lives and Livelihoods, to want to finally listen to repeated calls by serious watchers of the weak health system to partner with the private sector to take over selected services /provision of certain items in the failing public hospital and turn them into performing facilities, delivery patient centred, cost-efficient and affordable services. It appears that government, on preventive health, at all levels is seeking to ensure provision and availability of and access to basic necessities such as running water, electricity, basic hygiene and sanitation and other basic equipment and consumables. It appears lessons that were not learnt after the Ebola virus epidemic in 2014 are about to be learnt this time from the Covid-19 pandemic by continuing the non pharmaceutical prevention and control measures, such as 'wearing face mask', 'physical distancing', 'frequent hand washing', and continuing ongoing fumigation and disinfection of public places'.

It is to be hoped that these positive effects from what is a disaster Covid-19 pandemic, will actually be implemented so that the health system not only conquers this pandemic but is ready for any other one in future.

Joseph Ana.

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National Healthcare Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

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HIFA profile: 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](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

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## **EHS-COVID (393 – no 392) COVID-19 and mental health services (6) Impact of COVID-19 on mental health (3)**

9 June, 2021

Dear HIFA members,

General or Specialist Out Patient Department (OPD) services were closed due to COVID-19 lockdown. Only emergency services were provided. This effected service delivery to existing patients with reduced chances of doctor-patient interaction. New patient diagnoses and treatment were mostly affected.

There are instances of discontinuation of treatment for existing patients. This led to increased severity of symptoms in the existing patients. Due to non-availability of services prospective care seekers had found it difficult to cope up with the mental health ailments resulting in grave consequences. There have been incidents of suicides during lockdown or jumping from the top floor of hospital buildings after being diagnosed with COVID-19. The positive case diagnosis creates fear and anxiety in the individual and they start thinking that I am gone and finished. Many times, they consider COVID19 to be a death sentence.

Best regards,

Sanchika Gupta

HIFA Global CR Coordinator

HIFA profile: Dr 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 INCLIN, 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (394) Impact of COVID-19 on mental health of health workers (3) COVID-19 stigma**

10 June, 2021

Dear Colleagues,

The covid-19 pandemic has been working as an eye opener in the health system. Revealing the strength and weaknesses of the system.

The covid-19 is showing that health worker's mental health and Well-being is not sufficiently taking care of. The covid-19 has acted as an additional stressor in the workplace. Work place mental health for example in the hospital is a taboo in Cameroon.

During the early onset of the covid 19 pandemic, in June 2020 I was fortunate to receive a state registered nurse. She was hospitalized in my hospital for a mental health crisis that occurred in her work place. In one of my sessions with her, she disclosed to me that prior to her having the mental health crisis she had undergone two major events which angered her on the one hand and traumatized her on the second hand. I will mention just one of the situations relating to my discussion.

She told me she was diagnosed with covid-19 while in service in this public hospital where she has been working for almost ten years. Immediately her status was known she was stigmatized and did not receive the care she needed. She told me this attitude and behavior of the hospital angered her extremely as she had been working very hard prior to the covid-19 and was expecting from the management some more consideration. She mentioned that this situation was traumatic to her. Moreover, it should be said that the news of her "becoming mad" in the hospital further stigmatized her, hampering her recovery. But since she was passionate about her work she was still resilient.

When I had the session with her she had not yet done her control test. Since she was not managed by the hospital I could not know if she was covid-19 free or not. It meant I myself could have been infected. She had told me it is thanks to certain traditional medication with hydrochloroquine which she managed to get, I don't remember the other drug that she got well.

Yes, the mental health of health workers in Cameroon is not a priority. It took time for me to enable the administration of this nurse to understand that she had a mental health condition which was also related to her work place (the hospital). That her work load should be reconsidered.

I strongly believe that during the covid-19 the mental health of many health workers has declined. Covid-19 as an additional stressor, coupled with the poor working conditions, extreme work loads has certainly aggravated the mental health of the health workers.

The work of Fetei et al. (2017) titled : Prevalence and determinants of burnout syndrome amongst physicians in Cameroon: a research proposal, is revealing of the grave lack of information on the mental health of Cameroonians health workers. To the best of my knowledge the epidemiology of mental health conditions in the health



work force is not known. This can be understood since mental health in Cameroon is still not receiving the necessary attention it should.

The covid-19 has fragilized the health work force but strengthened the health system. But with a demoralized health work force, possible issues of burnout, depression, trauma, and generalized anxiety disorder due to the experiences of health workers, the assets the system has acquired might quickly be less sustainable.

The experience of that 47 old nurse i am sure is just an infinitesimal example.

The work of Feteh et al. (2017) hoping they finally did the research puts to the forefront the health and mental health needs of health workers in Cameroon and its implications for the performance of the health system as a whole.

Health policies, work place policies in cameroon should make mental health a priority. As health workers who are in good mental health work better.

Mental health is a fundamental human health right, violation of this right is sadly a reality lived by health workers, workers in general, and patients as well in Cameroon

We are optimistic as we are working in collaboration with the mental health department of the ministry of public health to make this attitude improve in support of mental health for all. An imperative necessity for universal health coverage.

Best wishes,

Didier Demassosso

HIFA Country Representative Coordinator Afro Region

Mental Health Innovation Network Africa (MHIN) knowledge Exchange Assistant

HIFA profile: 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>

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## **EHS-COVID (395) Impact of COVID-19 on elective (non-urgent) surgery (9) Lack of awareness of essential surgical care as a public health issue**

10 June, 2021

Re: <https://www.hifa.org/dgroups-rss/ehs-covid-385-impact-covid-19-elective-...>

Dear Neil,

Your comment on our survey (in the recent paper) conducted in the pre-pandemic phase which highlights the gaps in the awareness of 'essential surgical care as a public health issue' could have had its implications on prioritising policies to ensure access to timely and safe essential surgical services including cancer services during the initial pandemic.

Therefore, its impact on disability and mortality needs to be researched further for evidence-based policies during the current pandemic phase, particularly on the vulnerable and marginalised populations.

Our HIFA colleagues can share their field experiences for us all to better understand its impact on their communities.

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

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HIFA profile: Meena Cherian is Director, Emergency & Surgical Care program,  
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## **EHS-COVID (396) Impact of COVID-19 on elective (non-urgent) surgery (10) Impact of COVID-19 on cleaning services**

10 June, 2021

One of the areas that COVID-19 affected is the cleaning services at hospitals and operating theatres and other health facilities in the Kurdistan Region of Iraq (KRI).

Because of the associated financial crisis, the Kurdistan Regional Government (KRG) is not able to pay companies that hire cleaners of hospitals.

Today, June 10th, 2021, more than 120 cleaners demonstrated in front of the Dr Khalid Hospital in Koya. They protested the inability of the KRG and the contracted companies to pay their salaries for more than 6 months.

The workers have continued to work over those 6 months without a salary. Those workers have reported that they were worried that if they boycott work, their positions will be filled by others who are willing to work as volunteers in the hope that those volunteers would be employed more permanently in the future.

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Goran Zangana

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HIFA profile: 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.

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## **EHS-COVID (397) Webinar: Self-Management of Care During the Covid-19 Pandemic: Perspectives, Strategies, and Results**

10 June, 2021

Forwarded from CORE Group. This is a reminder that our exploration of essential health services needs to consider not only facility-based services, but also health care in the home and community, and self-care. Would anyone like to volunteer to attend this webinar and share your observations with HIFA afterwards?

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Session 2: Self-Management of Care During the Covid-19 Pandemic: Perspectives, Strategies, and Results

Thursday, June 17, 2021 | 8:30 - 9:30 AM ET | Online

The COVID-19 pandemic forced many health care workers and public health professionals who develop and implement interventions to reconsider options for self-management of care for people living with non-communicable diseases. With people unable or unwilling to visit health facilities on a regular or as-needed basis, self-management of care became a critical and crucial component of care during the COVID-19 pandemic.

This webinar will focus on self-management of care among people living with NCDs. Perspectives will be shared from a frontline health worker and from ProjectHOPE, an organization with deep experience in implementing NCD public health programs for over two decades. Specifically, ProjectHOPE will share results from a multi-country diabetes self-management intervention. The presenters will discuss perspectives on self-management of care, strategies for better patient engagement, results, and lessons learned for long-term change in the delivery of self-management of care programming during COVID and beyond.

Webinar Lead: Barbara L. Smith MPH, CDPM, Senior Program Officer, Project HOPE and Katelyn Bryant-Comstock, MPH, Knowledge Management Advisor, IntraHealth International

Webinar Moderator: Arti Patel Varanasi, PhD. MPH, CPH, President & CEO, Advancing Synergy and Chair, CORE Group NCD Interest Group

Webinar Presenters:

Frontline Health Worker Perspective: IntraHealth International - Mme Yacine Ndiaye, Nurse, Dakar Senegal

5 Steps to Self-Care: A Multi-Country Implementation: ProjectHOPE – Barbara Smith, Senior Program Officer

Register

Now <https://us02web.zoom.us/meeting/register/tZ0vdO2gqj4tG9Aut5fbHSNQIDSY2uB...>

About the Webinar Series:

Noncommunicable diseases (NCDs) are responsible for over 41 million deaths worldwide each year with 85% of these deaths occurring in low- and middle-income countries (LMICs). In 2011, the campaign for the prevention and control of NCDs was introduced as a priority activity by the United Nations. As global health priorities transitioned from the Millennium Development Goals to the Sustainable Development Goals, NCDs emerged as a set of conditions that have direct links to achieving goals and targets of the SDGs. The CORE NCD Interest Group Webinar Series will provide an opportunity to understand the progress we have made in elevating the NCD agenda since the first United Nations High-Level Meeting on NCD and to craft solutions around the challenges that persist. It is important that we identify sustainable opportunities and solutions for integrating NCD priorities into global health programs recognizing the burden the current COVID-19 pandemic has placed on global citizens and health systems. Webinar participants will have an opportunity to learn from NCD experts and to share their own experiences working as advocates and implementers.

For more information contact: NCD Interest Group Chair, Arti Patel Varanasi, PhD, MPH ([avaranasi@advancingsynergy.com](mailto:avaranasi@advancingsynergy.com))

If you're not yet part of the NCD Interest Group, sign up now to receive regular updates: <https://lists.coregroup.org/lists/subscribe/ncd>

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## **EHS-COVID (398) COVID-19 and mental health services (8)**

11 June, 2021

Dear HIFA members,

- Government of India issued guidelines for 'Mental Health in the times of COVID-19 Pandemic'.

<https://www.mohfw.gov.in/pdf/COVID19Final2020ForOnline9July2020.pdf>

It describes in detail about the common mental health presentations during the pandemic, mental health issues in COVID-19 patients, children, adolescents, adults, older adults, pregnant and post-partum women, disabled persons, frontline workers, domestic violence and substance abuse cases.

- Government of India issued guidelines for 'Managing mental health illness in hospital settings during COVID-19' <https://www.mohfw.gov.in/pdf/GuidelinesforDeliveryofMentalMentalHealthca...>

- Many mental health helpline numbers were issued to prevent suicides, depression and stress prevention.

- Mind relaxation online sessions were organized by different therapists.

- Online consultations were started by many organizations.

The biggest challenge is reach, how many are able to access these services?

Rural settings and hard to reach areas are still not able to become part of the system. Online consultations/ sessions are only available for those who have the power of technology.

I observed one positive side of COVID-19 and mental health that it had brought to the surface and discussed on the table about health priorities of mental well-being. Even the general public are losing the reluctance to talk about it. I see a change!

Best regards,

Sanchika Gupta

HIFA Global CR Coordinator

HIFA profile: Dr 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-COVID19 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](mailto:sanchika12@gmail.com) or Twitter @sanchika\_gupta. <https://www.hifa.org/support/members/sanchika>

## **EHS-COVID (399) Impact of COVID-19 on mental health of health workers (4)**

11 June, 2021

COVID-19 resulted in significant mental health pressures on doctors and activists in Iraq and its Kurdistan Region of Iraq (KRI).

I am reporting in this submission on the plight of a colleague who is practicing medicine in Halabja province.

Dr Baxan Talabani, a general practitioner working in Halabja province, was arrested by the security forces on May 31st, 2021. Dr Baxan's 'crime' was that she exposed a number of gross irregularities and corruption related to the COVID-19 response. She used social media to post videos and other evidence of expired medicines, charging extra fees illegally and other irregularities. The feared security force of Asyaish (security in Kurdish) attached Dr Baxan that evening. Her ailing mother and student sister were terrorised by the force. Her two young children were traumatised.

The directorate of health in Halabja, sued Dr Baxan using 'an mobile phone abuse' law. She spent three days in a security force prison with terrorists and other criminals. After her release on bail, Dr Talabani received many death threats. She had to displace to another city to protect her life and the life of her family.

Halabja is a city that was attacked by chemical weapons on 1988 by the Saddam Hussain regime killing 5,000 people in minutes. The city is still traumatised by that attack and in grave needs for medical and public health services.

This horrible story shows that colleagues are facing significant challenges not only related to the trauma of seeing large numbers of patients for long hours, but also corruption and irregularities in the health system is also

creating other challenges.

Dr Baxan was not silenced by those threats and intimidations. Overnight, Dr Talabani became a national figure. All of the major news medias in the region hosted and interviewed her. We hope that Dr Talabani's activism will contribute to a better health system in Iraq.

However, such activism is not without significant toll on the mental and physical wellbeing of colleagues like Baxan. International support and solidarity with Baxan will help ease some of the unimaginable burden that she is so courageously shouldering on behalf of all us.

below are some of Dr Talabani's media appearances:

<https://www.rudaw.net/sorani/onair/radio/episodes/episode/mizhar-0205202102>

<https://rojnews.news/%D9%83%D9%88%D8%B1%D8%AF%D8%B3%D8%AA%D8%A7%D9%86/%D...>

<https://cs-cz.facebook.com/RadioRudaw/videos/452313502501513/>

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\*Goran Zangana\*

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HIFA profile: 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.

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## **EHS-COVID (400) Impact of COVID-19 on mental health of health workers (5) Invitation to join COVID-Related Mental Health: A Webinar Series**

11 June, 2021

Invitation to join COVID-Related Mental Health: A Webinar Series- a combined initiative of Johns Hopkins school of Nursing and Christian Medical College, Vellore, College of Nursing

Dear All,

As a part of the ongoing thematic discussion on the Impact of Covid19 on Essential mental health services, I would like to bring this to your notice and also invite you all to attend a Mental Health Focused webinar series which is joint initiative of Johns Hopkins School Of Nursing and Christian Medical College, Vellore, College of Nursing.

In response to COVID-19 crisis in India, hospital and health care workers have expressed feelings of burn out, ineffective coping, and moral distress. Johns Hopkins School of Nursing and Christian Medical College Vellore, College of Nursing, have partnered to provider a series of 1-hour mental health focused webinars that would be offered in partnership to nurses throughout India.

Please refer to the attached flyers for information about a weekly webinar series starting this Friday, June 11 at 7:00am EDT (Baltimore, USA) / 4:30pm IST (Chennai, India).

Registration links are in the attached flyers or can be accessed via QR codes on the flyers. [\*see note below]

COVID & Mental Health in India Series (13).pdf

[https://drive.google.com/file/d/1nVEI8h5oe\\_Kce4MBymCpDUYccA\\_W2Fg2/view](https://drive.google.com/file/d/1nVEI8h5oe_Kce4MBymCpDUYccA_W2Fg2/view)

COVID & Mental Health in India Series (12).pdf

<https://drive.google.com/file/d/1SgvfjJqonQR-qNc3ukGHVgResbsvfe-Y/view>

COVID & Mental Health in India Series (14).pdf

[https://drive.google.com/file/d/1DKRmfHvJteCkgFnsBAli\\_ajAJ8p53SbZ/view](https://drive.google.com/file/d/1DKRmfHvJteCkgFnsBAli_ajAJ8p53SbZ/view)

COVID & Mental Health in India Series (16).pdf

[https://drive.google.com/file/d/1C6d\\_BWVpp22qO6SV\\_u3Vbpb5hu4a37tq/view](https://drive.google.com/file/d/1C6d_BWVpp22qO6SV_u3Vbpb5hu4a37tq/view)

COVID & Mental Health in India Series (17).pdf

[https://drive.google.com/file/d/1PSOtWzVLf4VAtMre\\_NtUtA6wSx8n8yoQ/view](https://drive.google.com/file/d/1PSOtWzVLf4VAtMre_NtUtA6wSx8n8yoQ/view)

COVID & Mental Health in India Series (15).pdf

[https://drive.google.com/file/d/15\\_UA4--SXZxKb\\_SsdT4CztQmqEuGSOWy/view](https://drive.google.com/file/d/15_UA4--SXZxKb_SsdT4CztQmqEuGSOWy/view)

Best,

Komal Kapoor

[komalkapoor16.kk@gmail.com](mailto:komalkapoor16.kk@gmail.com)

CMC, Vellore.

HIFA profile: Komal Kapoor is a recent graduate from the Christian Medical College, Vellore in BSc degree allied medical science course. Komal is currently a frontline covid health care worker in CMC Vellore. She is a HIFA Catalyst on the HIFA working group on Maintaining essential health services during COVID-19.

<https://www.hifa.org/support/members/komal>

<https://www.hifa.org/projects/essential-health-services-and-covid-19>

komalkapoor16.kk AT gmail.com

[\*Note from HIFA moderator (Neil PW): HIFA does not carry attachments. I have provided the URLs above. Each one relates to a specific webinar with link to register]

## **EHS-COVID (401) Quality (32) Overinvestigation and overtreatment of COVID-19**

12 June, 2021

Dear HIFA colleagues,

Here is another perceptive commentary from Soumyadeep Bhaumik (HIFA country representative (India) and HIFA Evidence working group member) and colleagues.

He explores the links between COVID-19 and 'low-value care' in India, with particular reference to 'irresponsible' overinvestigation and overtreatment - among those who can afford it, at the expense of those who cannot.

I invite others from India and worldwide to comment on what is happening in your country.

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Low-value medical care in the pandemic—is this what the doctor ordered

Lancet Global Health 2021

Soumyadeep Bhaumik et al.

Published: June 02, 2021 DOI: [https://doi.org/10.1016/S2214-109X\(21\)00252-7](https://doi.org/10.1016/S2214-109X(21)00252-7)

The humanitarian crisis India faces in the second wave of COVID-19—the rapid surge of cases, the collapsing health system, and the death and despair—are being documented in real time. However, the large-scale practice of low-to-minimal value care and its consequences have escaped notice.

A majority of those with COVID-19 disease have mild-to-moderate symptoms and are managed by qualified doctors out of hospital. A typical prescription for COVID-19 in India includes azithromycin, doxycycline, ivermectin, hydroxychloroquine, vitamin C, vitamin D, zinc, acetylcysteine, and inhaled budesonide or dexamethasone.<sup>2, 3</sup> The antiviral favipiravir became the top selling drug in India in April, 2021,<sup>4</sup> despite not being recommended for COVID-19 by any major guidelines. Anticoagulants such as rivaroxaban are prescribed in outpatient settings, even for patients without increased thrombotic risk, against the recommendations of most international expert panels.

Broad-spectrum antibiotics are added under the pretext of treating secondary infections.

In India, a battery of diagnostic tests is also being conducted for patients with COVID-19—blood counts, blood sugar, kidney and liver function tests, D-dimer, interleukin-6, procalcitonin, C-reactive protein, ferritin, and lactate dehydrogenase...

High-resolution CT scans of the chest are ordered routinely and repeated frequently...

The complexity of clinical decision making notwithstanding, prescribing low-value therapy that does not provide clinical benefit is never desirable, even less so in the context of a pandemic when resources are scarce...

While millions of Indians struggle to stay alive and healthy and avoid going into poverty during the COVID-19 pandemic, such irresponsible behaviour has enabled others to engage in pandemic profiteering...

There is an urgent need for democratising evidence-informed medicine in India. Clinical guidelines should be based on evidence, responsive to local resources, and include a broad range of stakeholders, including patients and their caregivers. Because medical evidence evolves rapidly, especially during a pandemic, guidelines should also be adaptive in nature, and disseminated in a transparent manner using appropriate tools.