



HIFA discussion on maintaining Essential Health Services during COVID

**Full Compilation
First 100 messages**
13 December 2020

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] 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.

2733 Crystal Drive
4th Floor
Arlington, VA 22202
Tel: 703.528.7373

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

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 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

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - 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

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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30 October, 2020

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ABSTRACT

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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 OPE 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) 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). 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 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 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 www.hifa.org
<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). 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 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 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

ahmad.ateeb101@gmail.com | www.researchgate.net/profile/Ateeb_Parray

(+880) 1302843604 (WhatsApp enabled)

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

4 November, 2020

Forwarded from CORE Group

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 www.hifa.org

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 www.hifa.org

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

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 www.hifa.org

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

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.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 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.

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

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.

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

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 www.hifa.org

Join HIFA: 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). 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 Ofori, 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 Ofori 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>

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

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 (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

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. Deadline for the submission of abstracts is 25 January 2021.

Please go to 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

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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 (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/

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>

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

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

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

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 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 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

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 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

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

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

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 He is also a member of the HIFA Steering Group.

www.hifa.org/people/steering-group 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

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 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 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 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

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 (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.
Tel: +234 (0) 8063600642

Website: www.hriwestafrica.com email: jneana@yahoo.co.uk ; 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 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 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 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

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 (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>

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,¹⁰ 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 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

Many thanks, Neil

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

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

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>

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 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, friends and neighbours ◆ who should be exempted from travel 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 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

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>

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 a 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 paed 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

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - 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

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 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 changers 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 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: breathtaking 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 studies⁹ 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 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

www.csemonline.net

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

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

With thanks, Neil

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

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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 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
[INCTR] UK
Prama House
267 Banbury Road
Oxford OX 2 7HT UK

Tel. +44 (0)1865 735467
Fax +44 (0)1865 339301
Mob +44 (0)7828 223406
Email mlodge@canet.org
URL 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 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>

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

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 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 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>

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...

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>

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...

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

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.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). 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>

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

From: kiran.martin@asha-india.org <kiran.martin@asha-india.org>

Sent: 05 October 2020 07:06

To: tedlankester@hotmail.com <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 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

Blog: drkiranmartin.wordpress.com
Twitter: twitter.com/DrKiranAsha
Facebook: 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

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>

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

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

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>

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...

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>

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

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 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.

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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 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>

Email address: tomislav.mestrovic AT gmail.com

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
Baltimore, MD, USA 21205

Hperry2@jhu.edu<<mailto:Hperry2@jhu.edu>>; 443-797-5202

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...

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>

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 Eysers 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>

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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Website: www.hriwestafrica.com email: jneana@yahoo.co.uk ; 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 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

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/CHWellbeingwebinar>

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
London, 84 Wood Lane, London W12 0BZ

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E efeeny@georgeinstitute.org | W www.georgeinstitute.org.uk

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

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 | Website: 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
or 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

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

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

Skype: jane.lennon87

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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>

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 Eyers 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...

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

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>

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...

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, Monitoing & 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 (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>

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

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>

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

To join the IBP Covid-19 Task Team, visit: www.ibpnetwork.org à IBPXchange à Covid-19 Task Team

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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-19.1 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.⁵ 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... 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>

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>

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

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>