

BOLD THINKERS DRIVING REAL-WORLD IMPACT

Averting a Dual Disaster in Africa: Protecting Essential Health Services During COVID-19

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### **Speakers**



### Moderator:

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# **Regional Overview of COVID-19 and Health Systems Resilience**

### **Dr. Ambrose Talisuna** WHO Regional Office for Africa





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### Epidemiological Status Update: 81,368 CASES 2,193 DEATHS Reported from 47 countries (as of 25/05/2020)

### New confirmed cases:

• 2,350 (22 countries)

### New deaths:

• 83 (13 countries)

### Cumulative:

- Confirmed cases: 80,979
- Probable cases: 389
- Total cases: 81,368
- Recovered: 34,189 (42.0%)
- Deaths: 2,193 (2.7%)

Countries affected: 47/47







# Readiness Status by Response Pillar for COVID-19, Feb. 2020



- Overall country readiness was 66%
- Largest readiness gaps were in RRT, IPC, Case management, and RCCE





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# Readiness Status by Country for COVID-19, Feb. 2020







# What is health systems resilience?

- Ability to maintain delivery of essential services, even in presence of shock events
- Multiple types of shock events that can disrupt essential services continuity

TYPES OF SHOCK EVENTS					
		Disease Events	Environmental Events	Economic Events	Political Events
DURATION	Acute events (short duration)	e.g., Ebola Virus Disease, COVID- 19	e.g., floods	e.g., sudden economic downturn with sudden reduction in health funding	e.g., sudden upheavals in government / change of health steward
	Chronic events (longer duration/ repetitive)	e.g., cholera outbreaks, measles	e.g., drought	e.g., slow economic deterioration like in Zimbabwe, CAR, S/Sudan	e.g., gradual de- prioritization of health and multiple weak stewardship





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# System resilience vital signs



Countries are strong in some vital signs, weak in others

- Diversity capacity generally is strong
- Versatility capacity is weak in highly centralized systems
- Awareness and transformation capacities are generally weak, but can easily be strengthened





### Integrating Emergency Preparedness/Response and System Resilience: A Regional Resilience Index



**IHR Capacity Index** 

### System Resilience Index

Regional Resilience Index





# Varying Country Capacities to Mitigate Effects of Shock Events

- Need strong resilience index both IHR capacity and system resilience index
- Four broad country classifications:
  - 1. Strong resilience index (both good system resilience and IHR capacity index)
    - Examples: South Africa, Seychelles, Lesotho, Zimbabwe, Algeria
    - Focus: Close monitoring of essential service continuity; targeted support on request
  - 2. Strong system resilience, but weak IHR capacity index
    - Examples: Gabon, Rwanda, Tanzania, Eritrea, Togo
    - Focus: Accelerate IHR capacity strengthening; prepare for sustaining essential service continuity
  - 3. Weak system resilience, but strong IHR capacity index
    - Examples: Burundi, Angola, Liberia, eSwatini, Congo, Democratic Republic of Congo
    - Focus: Accelerate system resilience capacity; prepare for sustaining essential service continuity
  - 4. Weak resilience index (low system resilience and IHR capacity index)
    - Examples: Malawi, Burkina Faso, Benin, Chad, Congo
    - Focus: Emergency measures for both system resilience and IHR core capacity; plus essential service continuity





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# COVID-19 and the War Room in KwaZulu-Natal, South Africa

**Dr. Richard Lessells** University of KwaZulu-Natal

## **South Africa – Confirmed Cases**



## **Confirmed Cases by Province**



Data Source & Inspiration: Data Science for Social Impact | github.com/dsfsi/covid19za Author: UKZN CoV Big Data Consortium

## **Confirmed Cases by District**



- Moving to districtlevel alert system
- Hotspot is district with 5 or more cases per 100,000
- Level of lockdown may vary by district

### Effect on Essential Health Services Access to Chronic Medication

- HSRC nationwide survey
- N = 19,330
- 13% reported that chronic medication was not easily accessible



### Effect on Essential Health Services Access to TB Diagnosis



- Data from National Health Laboratory System
  - ~ 48% decline in weekly TB Xpert tests nationally
- ~ 33% decline in weekly positive Xpert tests

### Effect on Essential Health Services Access to Primary Health Care



### Total Visits

- Data from uMkhanyakude
  District, KwaZulu-Natal
- Africa Health Research Institute Health & Demographic Surveillance System - 11 primary health care clinics
- 55,545 clinic visits between 27 January – 29 April

 Overall, no change in total clinic visits/clinic/day from prior to and during the lockdown (-6.9 visits/clinic/day, 95%CI -17.4, 3.7)

### **Effect on Essential Health Services** Access to Primary Health Care



- Some evidence of a reduction in child health visits after lockdown (-7.2 visits/clinic/day, 95%CI -9.2, -5.3), seen in both children <1 yr age and children 1-5 yrs age
- Conversely, a significant increase in HIV visits immediately after the lockdown (8.4 visits/clinic/day, 95%CI 2.4, 14.4)

### **Effect on Essential Health Services** Health Care Worker Infections

- Increasing reports of health care worker infections and deaths
- In a single outbreak in a private hospital in eThekwini, KZN in March-April a single introduction of SARS-CoV-2 led to 135 infections (88 staff and 47 patients)
- Strengthening of infection prevention & control systems and practices essential to protect frontline health care workers





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### Panel Q&A



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# Thank you!



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