

ABSTRACTS

Dr. Rüdiger Krech, WHO

Covid-19 - A wake Up Call for Change

The world is in turmoil as we face a pandemic and start to experience the effects of climate change. People are struggling as a rapidly changing environment is often making it difficult for people to cope and increase control over, and to improve their health. As a consequence, people's right to health is often compromised. Inter-related crises are the catalyst for substantial social and political unrest.

Public Health needs a serious evolution to be able to respond to the multiple challenges facing people, the planet, prosperity and peace. While we have highly effective instruments to empower and engage people, design governance for health and well-being and technical instruments that would enable us to detect risks for health earlier, we need to embrace the complexity and seediness of transformation into our routine work. The world has received wake up calls every five years in this millennium. H5N1, H1N1, Ebola and now Covid19. So far, we have not heard these wake-up calls as governments engaged in incremental change. They responded with some joined external evaluations about preparedness, some table top emergency exercises during some high-level policy meetings, some national pandemic preparedness plans which were rarely implemented. So far, the urgency of a much-needed review of the root causes of risks and related need for adaptation of sector responses has not been initiated. This is disturbing as a potential fatigue of stakeholders that we have seen after each of the crisis in this millennium (and the wish to just go back to the status before and go on with life) has triggered the next crisis which was more severe than the previous one. The worry is that we will see this fatigue again, despite the political rhetoric, and some incremental change again as a result, rather than to go the extra mile.

I will talk about health as a seismograph for development, the need for fundamental societal change to be able to handle future crisis, outline how innovative public health can serve as a compass for building resilient societies and how a framework of well-being can serve bringing different players together.

Petro Ilkiv, IKP

Ukraine: Covid-19 – Opportunity or Threat for Country Healthcare and Technical Assistance Provision

The Covid-19 pandemic has been a stress test for the whole Ukrainian healthcare system organization, revealing its inefficiencies and pushing the optimization of service provision and pooling resources. While in 2020, the availability of tests and vaccines was the major challenge; in 2021, the main challenge was to motivate the population, especially risk groups, to get vaccinated with now available vaccines. Covid-19 has forced all Swiss supported projects to adapt and adjust implementation modalities. Capacity building activities were mostly provided online, reaching a broader audience from all parts of Ukraine. Synergies among all Swiss financed projects continued being promoted, through organizing joint partners meetings and linking thematic activities implemented by different projects. As a concrete reaction on COVID-19, a small action aiming at awareness raising and behavioural changes of the population and medical workers related to Covid-19 vaccination perception was launched in partnership with UNICEF.

Carmen Sant Fruchtmann, SwissTPH

How an Online Community of Practice Facilitated the Use of Systems Thinking Approaches for more Resilient Health Systems during COVID-19

The Swiss Tropical and Public Health Institute (Swiss TPH) hosts a Technical Support Centre with expertise in health systems resilience and district-level health systems strengthening. The Centre has been facilitating the adaptation of systems thinking tools and bringing the concept of system wide change to district health management teams in Botswana, Pakistan and Timor-Leste since the onset of the pandemic.



In March 2020, driven by the ongoing challenges of the COVID-19 pandemic, we had to rethink how we would operationalize the initiative, as face-to-face implementation became impossible. This shift led to the creation of a digital District Systems Thinking Community of Practice (CoP). The CoP emerged as a way to conduct capacity-building activities and establish a structure to learn from each other. The CoP sessions became a place for exchange and discussion, instead of vertical capacity building, which indirectly led to a more equal partnership.

Initially the exchange was rather focused at national level, but soon the jump was made to engage also districts teams and to hear their challenges to respond to COVID-19 and see how the systems thinking resources and material could alleviate them. As the meetings largely took place online it was possible to link peers across countries. At intervals, international experts were invited to join the CoP to widen the circle of experience. Attention was paid to ensuring a balance of inputs across the countries, hierarchical levels, age and gender.

Riccardo Lampariello, Terre des hommes Foundation

Using Innovation to Monitor Secondary Impact amid COVID-19 Pandemic

There is a concern that the death toll caused by the disruption of health services and changes in health seeking behaviour could dwarf the direct impact of COVID-19 in sub-Saharan Africa, particularly among children. Digital health tools could provide a unique source of reliable information for an accurate and timely picture of COVID-19's impact. We show the case of a digital job-aid tool for consultations of children under-five which is deployed at scale in Burkina Faso and its potential to monitor health services and health seeking indicators.

The analysis of 4,700,000 consultations suggests that the deteriorating security context is the main driver of a decrease in the use of healthcare services in Burkina Faso, and that COVID-19 has had a small effect. Digital tools at the frontline are an essential component of a resilient primary healthcare system, allowing healthcare managers to continuously monitor the system performance and take action.

Norohaingo Andrianaivo, Memisa (Guinea)

Ensuring Accessibility to Health Care Services for Vulnerable Population and Strengthening Health System in the COVID 19 Context

Funded by the European Union, Memisa and its local Guinean partner (Fraternité Médicale Guinée) are implementing a project which aim to enhance accessibility of the population, especially marginalized and vulnerable population, to quality health services and respond to health specific needs during and after COVID 19 crisis situation.

The Republic of Guinea recorded its first case of COVID 19 on March 12, 2020. Since then, the pandemic has spread throughout the country, with 28 524 confirmed cases as of August 20, 2021, despite the implementation of response measures. The pandemic has exposed the country to a worsening situation of a health care deprivation that has already existed in a certain degree prior the COVID 19 pandemic onset. The project adopts two implementation strategies that comply to Memisa strategic objectives as strengthening local health structures to improve quality and availability of health care and working with local community on solidarity, health rights and health financial access. Therefore, the project's first strategy consists in intervening at the health level both on the supply and the demand sides. For the supply, the approach is strengthening the health care services providing by building the capacity of supported health centres in infection control through health workers training, donation of infection prevention kits and medical equipment, building incinerators. In addition, on the demand side, the approach is working with the community health workers in sensitizing the population to adopt needed measures to fight against the COVID-19 and to continue to use health centres when needed. The second strategy tackles the social protection issues. In fact, although the death rate related to COVID 19 is relatively low since March 2020, the socio-economic

impact of the COVID-19 has been increasing the risks of vulnerability of the weakened layer of population. The intervention supports financially the health care costs, transportations and foods costs during the search for care of the most vulnerable and marginalized population at the health centres. This action intends to leave no one behind during this crisis situation to prevent increasing inequalities on health service access. At the end of the project, we aim to reach at least two million of population within 4 out of 7 regions in Guinea and with mostly vulnerable population living in very remote areas.

Monika Christofori-Khadka, Swiss Red Cross

COVID-19. Leveraging the Auxiliary Role of the Local Red Cross and Red Crescent Societies

According to their constitution, most Red Cross and Red Crescent Societies globally stipulate their auxiliary role to the Government. This means, that RCRC is independent, yet supports local Government in any humanitarian area as required and defined by their respective Government. RCRC societies, which were able to position themselves in the public sphere, were assigned special mandates. Others remained dormant in their auxiliary role. COVID-19 and the need to prepare, act and react to the pandemic brought the RCRC on the radar of most Governments. They sought active support and involvement of the local RCRC partners in COVID-19 prevention, social mobilisation, testing, vaccination campaigns, running of quarantine centres, supporting with cash contributions and vouchers and filling the gaps, where the local public health system and/or private providers could not meet the needs.

COVID-19 enabled those RCRC Societies to position themselves as important players and partners of Governments, they gained in visibility and credibility. Keeping that closeness not only in regards to COVID-19 but also in other areas is desired. However, this depends on resources and funding. Overall RCRC Societies report that their role was strengthened through COVID-19. In the future RCRC can play a bigger role in local pandemic preparedness and prevention through the community-based volunteers and the use of community based epidemic surveillance systems. Keeping that closeness not only in regards to COVID-19 but also in other areas is an aspiration for the future.

Dr Margaret Pascoe, Ruedy Lüthi foundation

Comprehensive HIV Care during COVID-19 in Harare, Zimbabwe

The COVID-19 pandemic has exerted significant pressure on health systems and consequently health service delivery on a global scale. This pressure is magnified in resource constrained settings where health institutions often fail to meet the needs of the population in non-pandemic situations. This paper uses clinical experiences to highlight HIV routine care responses to COVID-19 and measures put in place to maintain comprehensive care at Newlands Clinic despite lockdowns in Zimbabwe. We found that although patients faced travel restrictions and had apprehensions of COVID-19 infection while accessing healthcare services, finding HIV services operational was a positive experience. HIV treatment and access to the clinic's Nutrition program and mental and social health services was maintained to address the psychosocial impact of COVID-19. Providing care was however affected by limited operations at referral centres, supply challenges for ART and lab consumables and restricted community tracing of patients. While COVID-19 adapted HIV health service delivery, maintaining comprehensive HIV care is essential. Our experiences support the need for further inquiry into effective ways of identifying vulnerable groups during a health crisis and providing holistic interventions that are acceptable, safe and effective for people living with HIV.

Thomas Schwarz, Medicus Mundi international

How to Strengthen Pandemic Preparedness and Response: Assessing Proposals for new Legal, Financial and Institutional Instruments

The Covid-19 pandemic sheds a light on the shortcomings and failures of international cooperation and solidarity and global health governance. This has led to calls for new instruments and mechanisms for pandemic preparedness and response at the international level, including legal mechanisms (a pandemic treaty), new financing mechanisms (a global threats fund) and new institutions (a UN global health threats).



With the pandemic still far from being over, with the failures of countries and the international system not yet fully assessed, and in the current chaotic setting of multilateralism, do such proposals really have the potential to make a difference? Who is behind them, and for what reasons? And, as we have so many instruments already, and the money is plentiful around the world, and so are the institutions shall we not rather use them properly, in accordance to their mandate, instead of creating new bodies and new ideas? Last but not least, what is missing in the mainstream narrative and proposals on “pandemic preparedness and response”?

Video Statements by

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- Allan Maleche founding Executive Director of Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)
- Vithika Yadav, Head and Co-founder of Love Matters India
- Dr. Sara L.M. Davis (known as Meg) is a senior researcher and lead of the Digital Health and Rights Project, a participatory action research project at the Global Health Centre, Graduate Institute, Geneva.
- Claudio Schuftan is a freelance public health consultant in Ho Chi Minh City, Vietnam and an ex-adjunct associate professor in the Department of International Health at the Tulane School of Public Health in New Orleans, USA.
- Eduardo Missoni, adjunct professor at the Bocconi University in Milan (Italy) and at its Post-graduate Management School (SDA-Bocconi)
- Patrick Mwesigye, Team Leader - Uganda Youth and Adolescents Health Forum – UYAHF, part of Girls Not Brides global network
- Linos Muvhu, Society for Pre and Post Natal Services (SPANS) in Zimbabwe, part of Girls Not Brides global network
- Sulakshana Nandi, Co-chair People's Health Movement Global Steering Council, India
- Dr. Tijani Salami, Founder and CEO Sisters Caregivers Project Initiative in Nigeria, part of Girls Not Brides global network
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