

# VIRTUAL CONFERENCE PARTNERSHIPS IN A TIME OF COVID-19 #COVIDPARTNERSHIPS



## CONFERENCE REFLECTIONS

***“The way forward is solidarity: solidarity at the national level and solidarity at the global level.”***

- Dr Tedros Abhanom Ghebreyesus, Director General, World Health Organization, April 2020.

These words from Dr Tedros on the 13th April were an inspiration. Three days earlier, THET had launched our [Lives on the Line: Health Worker Action Fund](#), channeling funds to support the physical and mental wellbeing of health workers on the frontline of the response to COVID-19 in Africa and parts of Asia. This was the least we could do, in recognition of the extensive and long-standing ties of professional friendship between health workers in the UK and their peers overseas. The UK has been gravely affected by COVID-19, but as we learnt from our partners across the Health Partnership community, this was not a time to turn inwards. Instead, it was a time for solidarity at a global and national level, underpinned by the solidarity expressed between health workers across borders.

Working with the [ESTHER Alliance](#) and [Medics.Academy](#), and with early and enthusiastic support from our partners at the World Health Organization, we worked furiously over the following two weeks to provide an international stage for this expression of solidarity. The result was '[Partnerships in an Era of Covid-19](#)', a one-day online conference which attracted 25 speakers from three continents and 750 registered attendees from 54 countries. We used Zoom and in addition, over [100 resources](#) were shared and discussed through the medium of Slack. 'Partnerships in an Era of COVID-19' was no substitute for face-to-face support, but it unequivocally showed how technology could be used to sustain relationships built up over time, and provide for the rapid and low-cost exchange of views and advice. Made urgent by COVID-19 and inevitable by climate crisis, we at THET believe that conferences and learning-exchange will never quite be the same.

For those who took part or who have since watched the conference [online](#), the event was a vehicle for expressing the most practical of thoughts and reflecting on what we can do as individuals to express solidarity at this time. In the recommendations and commentary that follow, you will see how we expressed our thoughts about the value of information-exchange and learning, the sharing of lived experience, the role of advocacy and of personal donations.

The conference captured a 'moment in time'. I am writing this introduction at the beginning of June, for example, and already the end of April feels like a different era. The consistent thread, however, is the certain knowledge that individual health workers at the forefront of the response to COVID-19 are under almost unprecedented strain. As the pandemic passes from one continent to the other, affecting all in turn, we must remain restless in our determination to express our solidarity with each other.

Ben Simms, CEO, THET

# AT A GLANCE...

## 28 SPEAKERS

## 54 COUNTRIES

## 750 REGISTERED ATTENDEES

### CONFERENCE SPEAKERS

Lord Nigel Crisp - APPG Global Health & Nursing Now

Ben Simms - THET

Dr Monica Musenero - AFENET

Dominic Farrell - DFID, UK

Prof. Dr Julia del Amo - National Centre for Epidemiology, Spain

Dr Ed Kelley - WHO

Saleyha Ahsan - Bangor Hospital & Channel 4

Dr. Raliat Onatade - Barts Health Trust

Scott Purser Nottingham University Hospital

Dr Mark Simmonds - Nottingham University Hospital

Dr Thinn Thinn Hlaing - THET Myanmar

Dr Claudia Aguirre - ESTHER Alliance

Dr Aubrey Kalungia - University of Zambia

Dr Sheba Gitta - THET Uganda

Prof. Mark Honingsbaum - Lecturer & Author

Dr Salomon Corvil - African Field Epidemiology Network

Prof. Koichi Izumikawa - Nagasaki University

Dr Peter Harrington - Gorey Malawi Health Partnership

Prof. Eva Kantelhardt - Martin-Luther University

Richard Skone James - THET

Amanda Banda - Health Workers For All Coalition

Dr Matthew Harris - Imperial College London

Dorcas Gwata- Central and Northwest London NHS Trust

Nebojsa Nikolic - IFMS

Dr Anup Bastola - Sukraraj Tropical and Infectious Disease Hospital, Nepal

Dr Sarah Urassa - Kilimanjaro Christian Medical Centre, Tanzania

Dr David Weakliam - ESTHER Alliance


Dr Shams Syed - WHO

**Prof. Judith Ellis OBE - THET**

[FOR THE FULL AGENDA, CLICK HERE.](#)

### GET IN TOUCH

If you are involved in a Health Partnership, THET would like to hear from you! We are looking to record the experiences of Health Partnerships during the COVID-19 pandemic through a Living History project as we seek to better understand and analyse how individuals and teams are responding across the UK Health Partnership community.

 [learning@thet.org](mailto:learning@thet.org)

## STRIKE THE BALANCE

We must rapidly respond to COVID-19 while maintaining essential services to avoid indirect deaths.

Dr Edward Kelley, Director of the Department of Integrated Health Services at WHO, stressed that we must take a dual approach in our response to COVID-19 to ensure that essential health services are maintained for LMIC citizens. LMIC Governments and health officials reiterated this throughout the conference, expressing the vital need to maintain essential health services alongside the national COVID-19 response in order to save lives.

## RESOURCE

*WHO guidance can be operationalised rapidly, such as:*

[Maintaining essential health services: operational guidance for the COVID-19 context](#) - A set of targeted immediate actions that countries should consider at national, regional, and local level to reorganise and maintain access to essential quality health services for all.

As noted by Dr Sheba Gitta, THET Country Director for Uganda, “It is a delicate balance given that COVID is very resource intensive to address”, and areas such as maternal and child health need continued investments. Dr Monica Musenero, Senior Presidential Advisor on Epidemics in Uganda, stressed that we must ensure the continued delivery of medicines, while Dr Aubrey Kalungia, a Lecturer and Research Fellow at the University of Zambia, urged continued HIV and STI care, especially the supply of anti-retroviral therapy (ART).

Progress made towards limiting the spread of other diseases, such as widening access to hygiene facilities at health institutions, will help to limit the spread of COVID-19. From the WHO’s perspective, work on the current pandemic is not something entirely separate from the sustainable development goals but actually a “white hot spotlight on that development agenda”, concluded Dr Edward Kelley.

Reflecting on these points, Dr Shams Syed, Quality Team lead at the Department of Integrated Health Services at WHO, argued that “*Health Partnerships can help with finding the balance between essential services and the COVID-19 response*”, but stressed the need to redefine the Health Partnership model during these times and the need for direct technical exchange focusing on, for example, clinical care for COVID-19 patients with specific attention to compassion, quality and innovation.

## EXAMPLE

An insight from the Ebola epidemic provided by Dr Peter Harrington, a GP involved in the Gorey-Malawi Health Partnership, is that deaths from non-communicable diseases (NCDs) can outstrip deaths from infectious disease outbreaks. This is something reiterated in the academic literature, which finds that excess deaths from Malaria during the Ebola outbreak in Guinea, for example, likely outstripped deaths from Ebola.<sup>1</sup>

## LEARN RAPIDLY

We can learn rapidly from one another, especially as countries reach different stages of the pandemic.

Many speakers noted that although commonalities exist across borders, countries remain at different stages of the pandemic, with some on the other side of their peak and others still in the early stages of disease spread. At the time of writing (June 2020), Africa is still recording very few new cases compared to other regions, though the numbers are rising, whereas South East Asia is still recording a fairly high number of new cases, though far below the Americas and Europe.<sup>2</sup>

Speakers from the frontline remarked that in sub-Saharan Africa, the full effect of the pandemic had yet to be felt. This provides crucial context for the learning points presented in this paper. Indeed, Dr Sheba Gitta made clear that those who act early will see payoffs, something reiterated by commenters in academia who argue that Africa’s “biggest advantage, of course, is time.”<sup>3</sup>

## DEVELOP SPECIALIST FACILITIES

**We need to develop specialist facilities rapidly.**

An insight from the conference which complements a dual approach is the idea of setting up specialist facilities rapidly. This means COVID-19 patients and health workers can be separated from routine services, allowing the latter to continue. Dr Thinn Thinn Hlaing, THET Country Director in Myanmar, and Dr Aubrey Kalungia in Zambia, both noted that their national health systems were in the process of setting up isolated facilities for COVID-19 care. Dr Monica Musenero, meanwhile, noted that in Uganda they have set up a parallel system for COVID-19 patients attended by health workers housed separately from their families. This again is key in preserving already limited human resources, as well as ensuring the wellbeing of health workers and their families.

Drawing on their experience of the virus in China and applying it to the African context, Zhao et al. corroborate this point advising to: “Quarantine all confirmed cases, test and track all close contacts. Due to the scarcity of medical resources in African countries, all severe cases should be strictly controlled and quarantined. Mild cases can quarantine at the hotel near hospitals and healthcare professionals should be arranged to take enhanced observations”.<sup>4</sup> By setting up appropriate facilities, lives and resources can be saved.

## CUT THROUGH THE TAPE

**We need to cut through unnecessary red tape.**

A positive that emerged from the conference was that COVID-19 is providing an opportunity to cut through red tape and act quickly to tackle problems in the health system, both in LMICs and beyond. Dr Thinn Thinn Hlaing noted that:

*“usually things would have taken months to get done, nowadays we are getting it done in two weeks”.* This includes setting up the specialist facilities mentioned above. Scott Purser, Deputy Chief Nurse at Nottingham University Hospital in the UK, remarked that future practice could be informed by the current spirit of allowing health workers to take quick action in response to needs on the ground. A recent article picks up on this, arguing: *“It is also important to acknowledge that healthcare workers are powerful agents for change and need to be involved in decision making and in shaping the outbreak response”*.<sup>5</sup> The empowerment of health workers is key to partnerships in a time of COVID-19.

## RETURN TO BASICS

**We must ‘get back to basics’ and tackle the pandemic through infection prevention and control measures.**

For Dr Thinn Thinn Hlaing, a focus on recovery from the start means making COVID-19 a turning point for Infection Prevention and Control (IPC). Indeed, panellists agreed that a focus on IPC is paramount. Colleagues from the NHS, WHO, Zambia, Ireland, Uganda, and Japan all agreed that we need to redouble our efforts in this area—especially around education and basic infrastructure.

Dr Aubrey Kalungia made IPC a priority for action telling us that *“after initial isolation of cases in Zambia, the next step was community response in terms, especially, of hand-washing. Prevention is key.”* Dr Kalungia also posed the question, *“How can different areas (e.g. pharmacy) support infection prevention?”*

Dr Mark Simmonds, a Consultant in Critical Care Medicine at Nottingham University Hospital, told us that the most important thing he has learned is that people survive or not depending on whether we get the basics right. There is no magic bullet. And that *“If you get that right, everything else is in the details”*.

Professor Izumikawa from the University of Nagasaki, Japan, also stressed the importance of education on infection control.

***“Hand hygiene is essential and increased provision in hospitals is a priority.”***  
- Dr Edward Kelley

## LEARN FROM OTHERS

We can learn lessons from other infectious disease outbreaks.

One positive note struck by several speakers was that, in sub-Saharan Africa, experience with previous infectious disease outbreaks such as Ebola, will help in dealing with COVID-19. The academic literature also stresses that *“health infrastructures are less fragile than they have been in the past”*.<sup>6</sup>

One important learning from the Ebola outbreak, according to Dr Matthew Harris, Clinical Senior Lecturer in Public Health at Imperial College London, is that in times of crisis some responsibilities can be shifted from doctors and nurses to healthcare assistants and administrative staff in order to free up resources.

We need standardised guidance on PPE and other related areas.

Dr Thinn Thinn Hlaing stressed the need to standardise PPE guidelines across borders whilst adapting them for different cultural contexts. Dr David Weakliam, Director of the Global Health Programme at Health Service Executive, Ireland, supported this view, suggesting that we should share guidance we already have from Europe on dealing with COVID-19, though it may need tailoring to low-income contexts.

As expressed by Dr Aubrey Kalungia, guidance on other related areas, such as on hand sanitiser and other prevention methods in healthcare contexts, is also necessary.

Dr Raliat Onadate, Group Chief Pharmacist for Barts NHS Trust, reminded us that we should adapt guidance on use of medicines to fit the situation to ensure they are being used safely and that adequate supply is maintained. Anup Bastola of the Tropical and Infectious Disease Hospital in Kathmandu, Nepal similarly stressed the need for training to enhance knowledge on critical care.

***“COVID-19 has no borders or boundaries  
...we’re all at different stages but there is  
a big desire to work together in solidarity.”  
- Judith Ellis, THET***

## RESOURCE

[COVID-19 Preparedness for Health Facilities in Low-Resource Settings Video Series.](#)

Dr Peter Harrington introduced us to a range of short and clear videos based on WHO advice that can be shared with partners via WhatsApp and Facebook. These provide advice on getting your institution ready in terms of:

- Physical infrastructure
- Protecting staff
- Maintaining essential services
- Assessing COVID-19 patients
- Handwashing and PPE
- Treating COVID-19 patients who have other conditions.

We can harness technology to facilitate peer to peer learning opportunities.

The revolution in technology that enabled the conference highlights the urgency facing the global health community as we tackle the COVID-19 pandemic. However, it also signals the elevation of this virtual approach to many aspects of our response in a time of climate crisis.

The necessity to use technology to facilitate the conversation also resulted in far wider engagement and greater accessibility. In a world after lockdowns, we will likely see a greater use of technology to give everyone a seat at the table and shared decision making in global health.



## EXAMPLE

Participants highlighted the need to:

- Develop learning communities.
- Rapidly share resources & information.

## DEVELOP CONTEXT SPECIFIC APPROACHES

We cannot simply cut and paste approaches from high income countries and apply them to LMICs.

Many of the speakers stressed that a whole of government approach will be needed if we are to limit the damage caused by the disease in LMICs. Dominic Farrell, Policy and Programmes Officer in the Health Services Team at DFID UK, stressed that the approach of any Health Partnership must be connected to that of national ministries and professional associations to ensure a unified response. In support of this, Dr Shams Sayed observed that *“national directions need to be grounded by the realities of health services at the front line”* and that *“partnerships can be a litmus test for national directions”*.

The reduced resources in LMIC settings makes clear that one size doesn't fit all when it comes to government and health system responses to COVID-19. Dominic Farrell noted that *“we cannot simply cut and paste approaches”*. In particular, he noted that cheap and simple interventions, rather than expensive technologies like ventilators, will be key to the response in LMICs.

Dr Aubrey Kalungia noted the need to share best practice in managing scarce resources, something Health Partnerships will prove useful in facilitating. The other key difference in LMIC settings, mentioned by Dr Edward Kelley, is the differing socioeconomic structure. This makes lockdown policies particularly problematic.

As Mehtar et al. note, the benefits of lockdown are fewer in LMICs due to the lower proportion of older people and the fact that health systems are often already at capacity. The authors also note that the high numbers of informal labourers in LMICs would be hit hard economically by policies which stop them going to work.<sup>7</sup> Thus, lockdown policies must be carefully considered.

We can do more with less for the many using frugal innovation.

Dr Sarah Urassa, Director of Hospital Service at the Kilimanjaro Christian Medical Centre in Tanzania, remarked that we can do a lot with what we already have, especially via frugal innovations. Dr Matthew Harris defined such innovation as simply doing more with less for the many.

## EXAMPLE

Many examples were shared by participants, including:

- The creation of homemade face masks in Pakistan weeks before the UK was considering such an approach.
- Distilleries in India making hand sanitisers.
- The Philippines using acetate with holes punched in as visors.
- Nigeria and India deploying community health workers for contact tracing.

Dr Matthew Harris noted that we are just beginning to see these kinds of innovations in the UK with quick approval of new medical equipment and RCTs. Many LMICs have been doing this for a long time. Now is the time to learn from them.

Through the WHO Twinning Partnership Programme, health workers from a Liberian hospital who gained expertise in infection control during the Ebola outbreak provided training to colleagues at Nagasaki University Hospital in Japan. The sharing of expertise is beneficial both now in terms of responding to COVID-19 and in the future, noted Professor Izumikawa.

***“Health Partnerships can act as a vehicle for identifying innovations that already exist and deepening our understanding of how frugal innovation occurs.”***  
- Dr Matthew Harris

## BUILD MORE RESILIENT HEALTH SYSTEMS

We should focus on recovery from the start and use this opportunity to build more resilient health systems.

Looking to the longer-term, Dr Shams Syed stressed that governments and health systems must focus on recovery from the start. Dr David Weakliam argued for using this opportunity to build a more resilient health system, and Dominic Farrell suggested that we can learn how to better respond and build back better to strengthen health systems.

Kapata et al. support the idea of using the current crisis to build back better by stressing the need “to align public health resources, scientific expertise and experience, and political commitment so that any future infectious disease outbreaks can be stopped before they become an epidemic in Africa”.<sup>8</sup> Dr Shams Syed built on this point, calling for a systems focus with clear linkages between the public health and the clinical worlds.

## ADDRESS THE HEALTH WORKER SHORTAGE

We must make the WHO recruitment code more effective as a trained workforce is critically important to an effective response to COVID-19.

Recognition of the unique challenges in tackling the virus in LMICs formed a foundation for action at the conference. In particular, the shortage of health workers was noted as a difficulty in effectively tackling COVID-19.

This is reiterated in a Lancet article by Martinez Alvarez et al. in which they highlight that in West Africa most countries have fewer than two doctors per 10,000 people, and that this may leave health systems struggling to respond.<sup>9</sup> This only goes to show the continued importance of limiting brain drain from LMICs and thinking more deeply about health worker mobility, something Dr Sarah Urassa commented on at the conference.<sup>10</sup>

## RESOURCE

The [WHO Global Code of Practice on the International Recruitment of Health Personnel](#), which THET has recently helped to review, is a key reference point in tackling this problem.

THET’s latest policy report, [From Competition to Collaboration](#) examines how the UK’s ambitions to increase international recruitment sit alongside – and often undermine – long standing UK commitments to support the development of health services in LMICs.

## PROTECT HEALTH WORKERS

We need to protect our health workers both physically and psychologically.

There was a consensus that protecting our health workers, no matter which country they practice in, is a top priority. Anup Bastola told us that more government support is required to strengthen healthcare facilities and increase health worker safety levels.



Amanda Banda, co-chair of the Health Workers for All Coalition, went further telling us that we may need to push governments to ensure proper protection of health workers and recounted incidences of legal actions in Zimbabwe and strikes in Malawi.

Closely allied to this need to physically protect our health workers is the need to provide psychosocial support. As argued by Dr David Weakliam, we must protect and look after health workers emotionally. Dr Mark Simmonds shared his experience working in the NHS: *“We’ve had to maintain a pressure and a pace I’ve never and probably never will have to go through again but we’ve done that by working as a team.”*

Dr Monica Musenero also stressed the need for psycho-social support for health workers and spoke of the trauma of dealing with the Ebola outbreak in West Africa. To combat this, psychological support has been set up for healthcare workers in Uganda in recognition of the stress that they may be under. Dr Saleyha Ahsan, Bangor Hospital, UK highlighted the stress associated with caring for family members with the virus, self-isolation and balancing the risk of going to hospital vs. staying at home. Dr Ahsan also noted that high numbers of health workers dying from COVID-19 in the UK are Black, Asian and Minority Ethnic (BAME). What procedures and protections should be in place to support these workers? A pressing and urgent issue.

Dorcas Gwata, THET Honorary Advisor and a Mental Health Nurse working in the UK NHS, emphasized the importance of providing healthcare for vulnerable communities, especially women who will be the worst affected, while acknowledging the need to be mindful of context and culture in managing COVID-19.

***“We need to make sure that our frontline health workers are adequately protected. They are precious resources, so when we lose one the ripple effect is huge.”***  
- Dr Sheba Gitta

## NEXT STEPS

For the weeks, months and years to come, speakers put forward a range of recommendations on how best to action the points presented in this paper. Dr Sara Urassa, for example, stressed the need to hold governments to account to ensure they follow through on their budget allocations. Along similar lines, Anup Bastola highlighted the role that governments must play to increase health worker safety levels.

For Health Partnerships, Dr Shams Syed advised partners to address the need for direct technical exchange while focusing on quality, innovation and compassion. To effectively address the current and future pandemics, we must continue to take a health systems approach that links public and clinical health and must not forget about the goal of Universal Health Coverage.

## REFERENCES

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