COVID-19 Information Note: Considerations for Global Fund Support for Resilient and Sustainable Systems for Health

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1.   Summary

This note describes the possible effects of COVID-19 on health and community systems and the implications for HIV, TB, and malaria services. It posits options for leveraging Global Fund resources that play to our comparative advantage of speed and flexibility and supporting inclusive approaches that involve communities and non-state actors.

Based on lessons learned from previous epidemics, including the 2014-2016 Ebola outbreak in West Africa, and what we have seen thus far in the early COVID-19 experience, there are several challenges that may be experienced in the short- to medium-term:

  (i)   **decreased demand for non-COVID services** as patients stay away from facilities;
  (ii) unmet needs for essential health services, including for HIV, TB and malaria, **as COVID-19 patients overwhelm health facilities**;
  (iii) the **primary health care system collapses** (or is barely functional) as health workers cannot work in the absence of personal protective equipment, basic health products and salaries; and
  (iv) an **overburdened laboratory system** places a strain national laboratory infrastructure and capacities, possibly crowding-out diagnostic capacity for HIV, TB and malaria.

This guidance uses a checklist approach to help ensure key health systems elements of the response are not overlooked. It covers the following areas: governance and health financing, laboratory systems, human resources for health and community systems. Initial experience suggests that countries are currently requesting support for: (i) the purchasing of personal protective equipment (PPE), (ii) COVID-19 testing , (iii) additional staffing and scale-up of community health workers (CHWs) and (iv) behavior change and communication (BCC).

As the effects of COVID-19 emerge, this guidance will be updated in response to new information and partner feedback.

2.   Context and Global Fund response

The Global Fund strongly encourages countries to take immediate action to mitigate the potential negative impact of COVID-19 on existing HIV, TB and malaria programs supported by Global Fund grants, as well as steps to address critical health system issues that may improve resilience and preparedness both in the short and longer-term. General information on the Global Fund's COVID-19 response is available here for partners. Situation reports will be updated regularly.

Overall, health systems will face significant challenges in the coming weeks and months as they both respond to COVID-19 and try to maintain essential health services. Countries with **sporadic**

cases and clusters of cases can control the disease by isolating, testing and treating confirmed cases and meticulous contact tracing. Countries experiencing community transmission will likely need to adapt wide-ranging mitigation measures to slow transmission of the virus and reduce the burden on the health system. Possible lockdowns might affect the delivery of health services in several ways as people cannot travel to health facilities, frontline health providers stay away from work, and the manufacturing and supply of medical products is severely affected. There are four key health systems challenges that may be experienced in the short- to medium-term.

(i) **Decreased demand for non-COVID services**: As experienced in West Africa during Ebola, many patients without COVID-19 symptoms may stay away from both public and private health facilities out of fear of catching the disease. This will drive down the demand for services related to HIV, TB and malaria affecting prevention, testing and treatment activities. *Key response*: Leverage community systems for effective communication and service delivery (see Section D below).

(ii) **COVID-19 patients overwhelm the health system**: People with COVID-like symptoms – including both the critically ill and the "worried well" – may overwhelm the health system, as seen to date in hospitals, leaving little capacity for the sustained delivery of HIV, TB and malaria health services, including for women and children as well as other vulnerable populations. *Key response*: Decentralize decision-making including resources to health facilities for locally-led response. Consider contracting with non-state actors and engaging the private sector. Leverage community systems for effective communication and service delivery (see Sections A & D below).

(iii) **PHC system collapses:** Primary health care systems may be deeply affected and/or collapse as health workers abandon primary health posts in the absence of adequate equipment, commodities and salaries. Resources may be reallocated to secondary and tertiary facilities or health budgets may suffer as countries face serious macro-economic shocks. *Key response*: Support measures that keep the health workforce healthy, motivated and properly equipped to deliver care (see Section C below).

(iv) **Overburdened laboratory systems:** A large increase of COVID-19 testing will put a strain on national laboratory infrastructure and capacity, possibly crowding out diagnostics for HIV, TB and malaria. *Key response*: Ensure that HIV, TB and malaria testing capacities are maintained through specific actions to strengthen laboratory capacity and the laboratory system overall (see Section B below).

Below is **guidance on specific areas of RSSH programmatic focus and prioritization in the acute phase** of the COVID-19 response that address the above challenges. The Global Fund is enabling countries to use up to 5% of approved grant funding to fight COVID-19 and mitigate the impact the pandemic will have on programs to fight HIV, TB and malaria.

3. Areas of consideration for programmatic focus and prioritization

In the short-term, there is a need to **address issues related to testing, BCC and infection tracking** in response to COVID-19. These are discussed below. In addition, there is also a need to strengthen national and subnational mechanisms that support the continuous delivery of HIV, TB and malaria services in the context of COVID-19. WHO has recently developed Operational Guidelines for Maintaining Essential Health Services during an Outbreak.

i.   **Governance and Health Financing**

- **Emergency operation center**: If not fully funded, contribute to a health coordination mechanism such as a Public Health Emergency Operation Centre (PHEOC).

- Support activities related to the **mapping and assessment of service delivery settings and platforms** to help countries identify essential services, including at the community level. See Section 2 of WHO's Operational Guidance for Maintaining Essential Health Services. Provide support to strengthen referral systems which may include inputs such as transportation, power sources, equipment and communication costs.

- Continue to support **public financing systems** which will enable governments to increase fund flows to local levels. WHO has provided recommendations on how to budget for the COVID-19 response.

- **Decentralized financing**: Consider providing direct support to facilities enable them to respond more effectively to the local context. This could be through a mechanism like direct facility financing which was successfully implemented in Sierra Leone during the Ebola crisis.

- **Contracting for health services**: Consider contracting with non-governmental organizations, faith-based organizations and/or private providers for the continued delivery of HIV, TB and malaria services.

ii. Laboratory Systems

(see COVID-19 Information Note: Considerations for Global Fund Support for Laboratory Systems)

- **Diagnostic testing**: Molecular testing is the gold standard for diagnosis currently recommended by WHO and multiple technologies have recently received regulatory approvals for COVID-19 testing. The Foundation for Innovation in Diagnostics has compiled a list of available technologies. The role of rapid diagnostic tests for antigen detection for COVID-19 is being evaluated but is not currently recommended for clinical diagnosis pending more evidence on test performance and operational utility.

- **Support systems**: For laboratories to function support systems are needed. Global Fund grants can be used to support the following:
  - **Integrated specimen transport networks**, **quality management systems**, **information systems**, **equipment management systems**, **waste management systems** and most importantly **lab workers**
  - Development of **standard operating procedures** (SOPs) to account for prioritization of testing (e.g., COVID-19, EID, VL, TB testing on GeneXpert) and workflow.
  - **Supply chain management**. Due to short shelve life of many test kits, non-availability of kits due to global competition for supplies, multiple testing protocols, stock management and supply planning for lab testing will need support. We anticipate increased use of common consumables and PPE for COVID-19 and HIV and TB-related testing in laboratories
  - **Biosafety practices**. Any testing for the presence of the virus responsible for COVID-19 or of clinical specimens from patients meeting the suspected case definition should be performed in appropriately equipped laboratories, by staff trained in the relevant technical and safety procedures.
  - **Waste management**. It is anticipated that with the increased use of single use PPE's and increase in volume of testing there will be a need to strengthen and support waste management systems in line with WHO guidance.

iii. Human Resources for Health

- **PPE**: Personal protective equipment (PPE) is important to health worker morale. Include all cadres (e.g., facility-based providers, CHWs, peer educators and outreach workers) in the

quantification. Other partners have generally taken the lead in its procurement, and PRs are strongly encouraged to source PPE and other COVID-19 related medical supplies through national or regional channels as early as possible to minimize supply delays and disruptions. WHO has issued general guidance on the occupational safety of health workers, as well as general infection prevention and control measures. Additional information on PPE is available from the CDC.

- **Access:** Ensure that health providers, including CHWs, are designated as essential. In the event of national, subnational or local confinement measures (i.e., lockdowns, curfews, etc.), health providers should not experience any restriction of access to carry out their critical duties.

- **Salaries**: COVID-19 will likely exacerbate underlying health workforce shortages. Maintain existing health worker salaries and incentives and scale-up the number of health workers, including the recruitment of community health workers, through existing grants. Use digital technology where possible. Mobile money salary payments to health workers were critical to ensuring continuity of services during the Ebola outbreak in Liberia and Sierra Leone.

- **Risk allowances:** Consider payment of additional risk allowances to ensure an adequate supply of health providers at the frontline. This should be coordinated by the MoH and harmonized with other health financing and technical partners. UNDP has published lessons learned from their payment program for Ebola response workers.

- **Training**: Support the expansion of health provider training currently in grants. Mobilize and train all health workers, including CHWs, other lay providers and volunteer systems, for COVID-19 recognition, triage and care. As there will be a need for adaptive mobile and/or distance training approaches, support web-based platforms to provide key trainings where feasible.

- **Supervision**: Supervision will become even more important as the stresses on health workers increase. Existing grants can be used to ensure health providers have on-the-job support either by mobile / digital technology or in-person. Remote supportive supervision may be necessary, as well as updated standard treatment protocols. Guidance outlining the redistribution health workforce capacity is available in Section 5 of WHO's Operational Guidance for Maintaining Essential Health Services during an Outbreak.

iv. Community Systems

- **CHWs and community-based organizations**: Continue to support CHW programs in existing grants and scale-up as needed to enable effective infection prevention communication, case detection and management of COVID-19, as well as to sustain essential health services. Focus on: i) how they can disseminate clear and accurate messages to the community and ii) delivering the package of community-level health services outlined in the national community health strategy, including HIV, TB and malaria services as appropriate. The Community Health Impact Coalition has issued guidance on setting priorities for deploying and protecting CHWs during the COVID-19 response.

- **Renumeration:** Importantly, CHWs, peer educators and outreach workers should continue to be paid even if they are unable to do work in-person to reach targets set pre-COVID-19.

- Expand the **scope of community-based interventions** currently funded through community systems strengthening (CSS) activities to include the following:

  o Engage CSOs and community leaders to disseminate information in a timely manner, monitor access to and quality of service delivery and provide feedback from the community. Include feedback from members of most marginalized and vulnerable communities in ongoing discussions and decision-making.

  o Support CBOs to monitor the impact of COVID-19 in their communities, including who is being excluded from services. CBOs might also help to monitor the impact of COVID-19 on health service providers in their communities.

- o Enhance the capacity of informal caregivers in the community to provide social support and outreach. Additional guidance is available from WHO here. The CDC has also issued guidance on home care.
  - o Ensure communities can develop and disseminate user friendly information on specific needs of PLHIV; people affect by TB or malaria, including up to date information regarding how to access treatment and other essential health commodities and diagnostics, within context of COVID-19. Additional information is available here.

- **Support effective communication.** Government produced jingles and "spots" usually have limited effect and are usually not cost-effective. Interpersonal communications (IPC) from CHWs, community volunteers, religious leaders, and traditional leaders is usually more effective, as lessons from Ebola have demonstrated. Inform communities about key messages in relation to ongoing HIV, TB and malaria service provision in the context of COVID-19 for accessing health management, treatment, diagnostics at health facilities and through differentiated service delivery. IFRC, UNICEF and WHO have prepared a Risk Communication and Community Engagement Action Plan (RCCE).

4.   Additional resources

i.   Technical Recommendations

- COVID-19 control in low-income settings and displaced populations: what can realistically be done? https://www.lshtm.ac.uk/newsevents/news/2020/covid-19-control-low-income-settings-and-displaced-populations-what-can

- IFRC, UNICEF and WHO: Key tips and discussion points for community workers, volunteers and community networks https://www.unicef.org/media/65926/file/COVID-19:%20Key%20tips%20and%20discussion%20points%20for%20community%20workers%20and%20volunteers.pdf

- JHPIEGO Infection Prevention and Control 2018 http://resources.jhpiego.org/resources/infection-prevention-and-control-reference-manual-health-care-facilities-limited-resources

- Partners in Health Response to COVID-19 https://www.pih.org/pages/coronavirus-full-response

- Prevent, detect, respond: How community health workers can help in the fight against COVID-19 https://blogs.bmj.com/bmj/2020/03/27/prevent-detect-respond-how-community-health-workers-can-help-fight-covid-19/

- Save the Children's COVID-19 Program Framework and Guidance https://resourcecentre.savethechildren.net/library/save-childrens-covid-19-program-framework-and-guidance-and-companion-pieces

- UNICEF's Health Response to COVID-19 https://www.unicef.org/documents/preparedness-response-coronavirus-2019

- WHO: Operational Planning Guidelines to Support Country Preparedness and Response https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf

- WHO: Operational Guidance for Maintaining Essential Services during an Outbreak https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

- WHO/Europe: Strengthening the Health Systems Response to COVID-19 http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/strengthening-the-health-systems-response-to-covid-19

ii. Lessons Learned

- COVID-19: Protecting frontline healthcare workers – what lessons can we learn from Ebola? https://blogs.bmj.com/bmj/2020/03/25/healthcare-workforce-safety-and-ebola-in-the-context-of-covid-19/

- Emergent Threats: Lessons learned from Ebola https://academic.oup.com/inthealth/article/11/5/334/5544162

- Lessons from SARS for Future Outbreaks https://www.ncbi.nlm.nih.gov/books/NBK92465/

- Never Again: Building Resilient Health Systems and Learning from the Ebola Crisis https://www-cdn.oxfam.org/s3fs-public/file_attachments/bp-never-again-resilient-health-systems-ebola-160415-summ-en.pdf

- The Next Epidemic: Lessons from Ebola https://www.nejm.org/doi/full/10.1056/NEJMp1502918

- What makes health systems resilient against infectious disease outbreaks and natural hazards? Results from a scoping review. https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7707-z

- WHO: SARS: Lessons Learnt https://www.who.int/whr/2003/chapter5/en/index5.html