

Webinar Summary Report

Promoting health throughout the life-course during the COVID-19 pandemic webinar series

Webinar 11: Options to maintain essential health services during COVID-19

Wednesday, 28 October 2020, 13:00 hrs (IST)

Summary

Presentation 1

Health workers training to maintain essential SRH services – Dr Tana Wuliji, WHO, Geneva

Dr Tana gave an overview of the WHO academy and shared that the academy is trying to get the best from the science to adult learning as well as the latest development in technology. With the Academy, we are working on standardization and also with other institutions, societies and professional associations, etc. She further shared that WHO academy has several courses and the first course is a competency-based module on maintaining sexual reproductive health. An app has been launched in May 2020 in response to high demand from health workers.

With COVID-19, we have trained more HW who are responsive, competent and practical. These disruptions have had many impacts now and will have long-time consequences as well. Appropriate support to HW is important so that they are well equipped and comfortable to take on a new role and implement the change in the care process. With these learning solutions, a competency-based module has been designed and will be launched as a learning solution in December 2020.

Presentation 2

Midwives! Their contribution to maintaining coverage of SRH service - Ms Sayeda Mahfuja Aktar Jhumu, Midwife, Upazila Health Complex, Bangladesh

Ms Mahfuja gave an overview of the midwifery scope of practice in Bangladesh and shared that the first batch of diploma midwives was deployed in 2018. In Bangladesh, 1600 certified midwives are trained for additional six months. The midwifery services include all reproductive health care services, i.e. awareness building, preconception care, antenatal care, postnatal care, family planning, normal delivery, gender-based violence management, adolescent, mother & neonatal health services, etc. Midwives are deployed at different levels of health care service including SRH services in Cox's Bazar camps for refugees even during pandemic situation. Professional Association (Bangladesh Midwifery Society – BMS) during COVID-19. Active members of BMS received 82 free online courses including COVID-19 learning materials. BMS provided cloth masks, gloves, face shields/sanitizer to all UpHC. BMS is providing virtual help by providing continuous information through hotline. The government declared incentives for all health care providers; cash if anyone gets infected or dies because of COVID-19. The one-time incentive of two months of salary was given to all providers including midwives, nurses, and doctors.

Presentation 3

Self-care interventions to support maintaining essential health services for SRHR, Dr Manjulaa Narasimhan, WHO, Geneva

Dr Manjula explained that self-care is the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health-care provider. Self-care interventions are about tools that support self-care. These can be evidence-based information, medicines, diagnostics, products, and technologies that, depending on the intervention, can be used with or without the direct supervision of a health worker.

She shared that the WHO has published guidelines on maintaining essential services during COVID in June 2020. In this guideline, there is a section on sexual and reproduction maternal child health, NCDs cover a lot of services which are critical at this time beyond COVID. This intervention is needed to be prioritized now when the people are not able to come into health care facilities, an intervention that they can do at the safety at their home. Interventions that are supported through telemedicine or digital means. One example is the use of digital technology could be a client to provide telemedicine to give counseling for self-injectable contraception and share the result of HIV self-test or pregnancy test and getting advice and it can be about connecting with the health system e.g. vaccination time, education, etc.

Dr Manjula concluded with availability of a communication tool kit and a lot of technical and communication material available in 6 UN languages. It is for poor countries to use and promote intervention during COVID.

Presentation 4

The demand for SRH services in the community - Ms Suchitra Dalvie, INROADS

Ms Dalvie gave an overview of the Asia Safe abortion Partnership and shared that it is a safe abortion advocacy platform and that we have a member from one of the countries of South-East Asia. She highlighted that about 100 million people are still being pushed into extreme poverty (defined as living on 1.90 USD or less a day) because they have to pay for health care. Over 930 million people (around 12% of the world's population) spend at least 10% of their household budgets to pay for health care. These are the statistics from the pre-COVID era so things are direr now and more people will be pushed to poverty and less access to essential services. The unsafe abortion rate per 1000 live births there is overlap between the countries and then the shortage of health services providers similar countries having critical shortage have SRH issues. It is difficult to understand health as a single issue. Leave no one besides means ending extreme poverty, reducing inequalities, and addressing discriminating behaviours. Understanding who is being left behind and the reason is important to take positive action against the exclusion of left-behind individuals. COVID 19 has magnified the gaps that are already existed and now affected those people who are habituated to easier access, educated, urban class people are facing the barriers, and all the other people. We should use COVID as an opportunity to view the old system with a new lens. In this situation the couple are also unable to use contraception and there are going to

be a huge number of unwanted pregnancies resulting in unsafe abortion, live births, and maternal deaths.

She concluded that there is biggest impact of social determinants but unfortunately it receives the smallest investment. When individuals spend a big amount on medical services which has the smallest impact which makes them healthy. She ended her presentation with a quote from Arundhati Roy that “Pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next”.

Discussion

The Q&A session was interactive. There were some interesting questions to the panelists. Dr Meera moderated the Q&A session.

Concluding remarks

The concluding remark was delivered by Dr Neena Raina with following key messages:

Health workforce impacts the delivery of services and also is a burden to the existing health workforce who are becoming sick and many health workers like doctors, nurses have lost their lives as well and they are called COVID worriers. Apart from lowering the infection rate lock down period is useful to strengthen and readiness of the health system.

She also highlighted that Self-care Guidelines 2019 encouraged countries to make sure that this is adopted and during this pandemic the self-care guidelines are extremely important for people and the community.

The new normal, using virtual online platforms for various purposes; to connect, online courses and she encouraged participants to download the link provided by Tana for the online course for HWF.

She highlighted that pandemic cannot be led by the health system alone; empowering community with information on self-protection measures is equally important.